

Contents

- 1. Introduction**
- 2. Summary of Recommendations**
- 3. National Local Demographics**
- 4. Demand and Needs Assessment**
- 5. What Type of Specialist housing**
- 6. The Council Own Stock**
- 7. The Older Person Living in General Needs Accommodation**

1. Introduction

1.1 This report was commissioned by London Borough of Havering with the aim of assessing the overall need for housing for older people within the borough, both now and for foreseeable future. It looks at the current provision including the different types of accommodation that are available. This includes both general needs housing and also various forms of specialist housing.

1.2 It looks in some detail at the sheltered housing stock that is owned by the borough and reviews the future need for that accommodation based on the current and projected need for that accommodation.

1.3 Finally it reviews the current services that are available to enable older people to remain in their own homes.

1.4 The report does not assess the implications to the councils HRA and Registered Social Landlords of the announcement in the budget of 8th July 2015 of reducing Social Housing Rents by 1%.

2 Summary of Recommendations

2.1 To note that report indicates that there is a current projected surplus of Affordable sheltered schemes within the borough and that this is projected to continue even with the projected growth in the number of older people living in Havering (Section 4 .5.8)

2.2 To note that there is a current and projected deficit in sheltered/retirement housing for lease and sale within Havering (Section 4 .5.8)

2.3 To note that there is a current and projected deficit of enhanced and extra care housing of all tenures within Havering, but that this is particularly prominent in the sale/lease tenures. (Section 4 .5.8)

2.4 To consider the review of the Council's own sheltered housing schemes and the recommendations for each scheme as detailed below (section 6)

| Scheme | 0 | 1 | 2 | 3 | Grand Total | Recommendation |
|-------------------------------|----|----|---|---|-------------|--|
| LOMBARD COURT | 9 | 4 | 1 | | 14 | being closed |
| ROYAL JUBILEE COURT | 54 | 23 | 2 | | 79 | Close and consider site for care village |
| SOLAR/SERENA/SUNRISE | 11 | 42 | 2 | | 55 | Close and consider site for care village |
| DELDERFIELD HOUSE | | 14 | | | 14 | Close and sell site for redevelopment |
| PARK LANE/MAYGREEN CRESCENT | 3 | 27 | 1 | | 31 | Close as part of overall estate regeneration |
| QUEEN STREET | | 30 | | 1 | 31 | Close as part of overall estate regeneration |
| CHARLBURY CRESCENT | | 50 | | 1 | 51 | Retain |
| COCKABOURNE COURT | | 22 | 1 | | 23 | Retain |
| COLE COURT | | 33 | 2 | | 35 | Retain |
| COTTONS COURT/FAMBRIDGE COURT | 6 | 48 | 1 | | 55 | Retain |
| POPLAR STREET | | 38 | | | 38 | Retain |

Appendix 9

| | | | | | | |
|---|------------|------------|-----------|----------|------------|--------------------------------------|
| RAVENSCOURT GROVE | | 64 | 1 | | 65 | Retain |
| THOMAS SIMS COURT | 3 | 28 | 1 | | 32 | Retain |
| WILLIAM TANSLEY SMITH HOUSE | | 22 | 1 | | 23 | Retain |
| ADELPHI CRESCENT/GARRICK HOUSE | | 40 | 1 | | 41 | Retain But install Lift |
| BARDS COURT | | 28 | | 1 | 29 | Retain But install Lift |
| HOLSWORTHY HOUSE/NEAVE CRESCENT | | 40 | 1 | | 41 | Retain But install Lift |
| BEEHIVE COURT | 13 | 33 | 2 | | 48 | Retain Providing BS can be converted |
| BRUNSWICK COURT | 15 | 31 | 1 | | 47 | Retain Providing BS can be converted |
| DELL COURT | 23 | 5 | 1 | | 29 | Retain Providing BS can be converted |
| Grand Total | 137 | 622 | 19 | 3 | 781 | |
| If all sites initially recommended for closure portfolio reduced by | | | | | | |
| | | 224 | | | | |
| Revised total number | | | | | | |
| | | 557 | | | | |

2.5 To consider whether the Council wants to commission the development of additional extra care and /or Retirement Village Schemes utilising the decommissioned sheltered sites in particular Royal Jubilee Court and Solar, Serena, Sunrise. (section 5)

2.6 To note that any decision to consider closure of any existing sheltered scheme will need the appropriate consultation with tenants prior to the Council making any final decision.

2.7 To open dialogue with suitable RSL's who would consider entering into an agreement/partnership with the borough in the provision of a Retirement Village and or additional Extra Care Schemes.(section 5)

2.8 To consider opening dialogue with existing RSL Sheltered Housing Providers to understand what the future intentions are relating to their existing schemes within the borough.(section 5)

2.9 To consider what action should be taken in developing services for those older people who remain living in General needs accommodation (section 7)

3. National and Local Demographics

3.1 The National Picture

3.1.1 Today, older people's housing needs and choices are very different from previous generations. Changes in life expectancy, income levels and social expectations of life after retirement have all contributed to a re-imagining of housing options for older people, with an emphasis on independence, choice and enablement. The global economic crisis, triggered in 2008, has already and will continue to impact on people's employment patterns: future generations are likely to have to work longer with a consequent further reappraisal of what constitutes the age of retirement, and indeed, of what it means to be an 'older person'.

3.1.2 Our population is increasingly active and our perceptions of what defines old age are evolving in the context of increased longevity. Living longer, however, also means that some people may experience a longer period of requiring more support and care in later older life. This means that we will be looking to support a larger group of older people across a continuum of need: from those who require very little support to remain independent and active participants in their communities to those, predominantly in the later stages of life, who will require increasing levels of support.

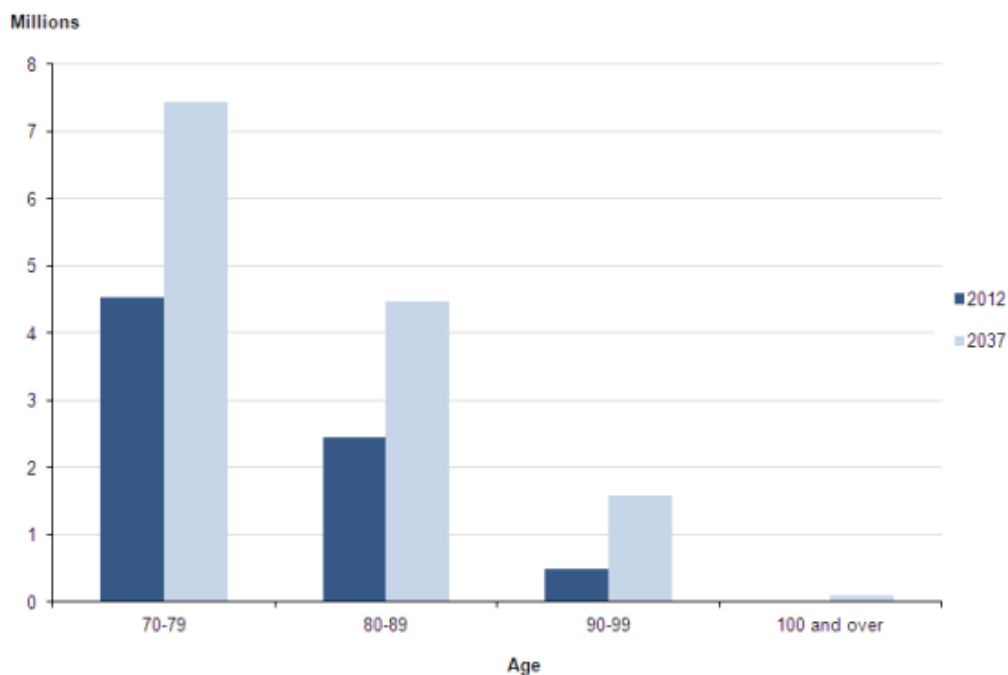
3.1.3 Age is not the only factor which will define the older population's needs, health, their current housing and economic situation will also have an effect on their long term needs and the options that are available to them

3.1.4 Improvements in life expectancy mean that Britain, in common with most other Western countries, has a growing population of older people. In 1950, the average man retired at 67 and could expect to spend 10.8 years in retirement. Now life expectancy at age 65 is an additional 17.6 years for men and 20.2 years for women.

3.1.5 The Office for National Statistics (ONS) estimates that, if current trends continue, people aged 75 or older will make up 11% of the UK population in 2031, from the current 8%. This represents a national increase of 3.2m people in the next twenty years.

3.1.6 The over 85s now constitute the fastest growing age group in the UK, with the number projected to quadruple by 2051. The population of this age group is now 1.4 million. It is worth noting that the number of 85+ people is growing at a much faster rate than the rest of the population: in the period 2002-2009, while the UK population grew by 4.2%, the numbers of people aged 85 + grew by 21.5%. Furthermore the number of centenarians has more than tripled in the last 25 years and is forecast to increase eightfold by 2034 to nearly 90,000 people. The ONS has predicted that a third of babies born in 2013 will reach the age of 100.

3.1.7 The table below from ONS illustrates the overall growth in older people.



3.1.8 As well as increasing in size, the older population is becoming more complex. The UK now has an ethnically diverse older UK population, which displays greater heterogeneity in its living arrangements. And for the first time, the population of pensionable age outweighs the child population.

3.1.9 Life after retirement age is now increasingly divided into two periods – a comparatively fit and healthy early old age with relative wealth and prosperity, and an older old age where incapacity and ill health are more prevalent.

3.1.10 National studies have shown that disability free life expectancy at 65 is 10.8 years for men and 11.4 for women. Current estimates are that 36% of men and 52% of women aged 75 are unable to manage at least one domestic task on their own, rising to 68% and 82% respectively at 85¹. It is also estimated that 19% of men and 27% of women aged 75 have reported at least one fall during the previous 12 months, rising to 43% for both men and women at 85².

3.1.11 One of the key challenges that health and social care agencies will continue to face with an increasingly older population is dementia. There are currently 750,000 people living with dementia in England and Wales and this is likely to double over the next 30 years, with the costs associated with this condition likely to treble³.

3.1.12 Yet despite the increasing prevalence of these physical and mental health challenges, approximately 50,000 people in the UK are likely to be placed in residential care because of a lack of suitable support in the home and the

¹ Prevalence rates from Living in Britain Survey (2001), www.POPPI.org.uk

² Ibid

³ Alzheimer's Society Dementia report (2011)

community, indicating that at national and local levels we need to design more appropriate solutions to meet these challenges.

3.1.13 Suitability of housing has an important effect on quality of life and health outcomes for older people. This requires a range of specialist housing services, from adaptations to helping people stay in their own homes, to sheltered housing, to full time nursing care for the most infirm. The challenge is to provide housing that reduces the need for care (such as avoidable residential care) whilst being attractive, desirable and financially viable, within a strategy that responds to changes in both demographics and expectations.

3.1.14 Nationally older people are more likely to be home owners (75%) than the population as a whole, with again a much greater proportion being mortgage free. Conversely it has been estimated that two thirds of low income older households are home owners. The Council of Mortgage Lenders has estimated that there is around £1 trillion of un-mortgaged equity held by older home owners. There are around seven million households which are now led by a person over 65 and this will continue to increase.

3.1.15 The vast majority of older people (90%) live in their own homes. Nationally there are around 500,000 specialist housing units (sheltered through to Extra Care) with 400,000 of these being in the social housing sector. Therefore whilst there is a demand for specialist older person housing any long term solution does also have to include how people's existing homes and communities can be improved to allow older people to live independently within their own homes.

3.2 The Local picture

3.2.1 In many respects Havering's position is a reflection of the national picture. Unlike many other parts of London Havering has a proportion of older people which is currently just above the national average. It has the largest percentage of older people of any London borough. ONS also predicts that Havering's older person population will grow significantly in the future, increasing by 16% by 2021 accounting for nearly 50,000 people. The growth being very significant for the over 85's

Source ONS 2015 update

| % & No. of older people | England | Havering | |
|------------------------------------|----------------|-----------------|--------|
| 2011 census | 16.5% | 17.8 | 44,000 |
| ONS Estimate 2015 | 17.9 | 18.7 | 46,000 |
| ONS Estimate 2021 | 19.2 | 19.0 | 50,000 |
| ONS Estimate 2037 | 24.3 | 22.1 | 69,000 |

| Older People numbers | 2015 | 2020 | 2025 | 2030 |
|-----------------------------|------|------|------|------|
|-----------------------------|------|------|------|------|

| | | | | |
|--------------|----|----|----|----|
| 65-69 | 14 | 12 | 14 | 16 |
| 70-74 | 10 | 13 | 12 | 13 |
| 75-79 | 9 | 9 | 12 | 11 |
| 80-84 | 7 | 7 | 8 | 10 |
| 85-89 | 5 | 5 | 5 | 6 |
| 90+ | 3 | 3 | 4 | 5 |
| 000 | 46 | 49 | 54 | 61 |

3.2.2 In terms of tenure Havering has a greater number of its older population that own their own homes than both nationally and regionally, with the numbers in social housing being substantially less than London as a whole and also nationally.

3.2.3 The majority of those older people who own their own home are mortgage free 73% (as per Housing Needs and demand assessment 2012), with over 85% of those responding indicating that the equity ownership is in excess of £100,000.

| Tenure | Owner Occ | Shared Owner | Local Authority | Other Social Rent | Private Rent | Living Rent Free |
|-----------------|------------------|---------------------|------------------------|--------------------------|---------------------|-------------------------|
| England | 74.1 | 0.5 | 10.2 | 8.7 | 4.4 | 2.1 |
| London | 64.5 | 0.5 | 16.6 | 10.8 | 6.0 | 1.6 |
| Havering | 82.9 | 0.2 | 10.6 | 2.6 | 2.5 | 1.2 |
| Havering | 23277 | 67 | 2968 | 721 | 711 | 328 |

Source ONS2011 census

3.2.4 In terms of the type of accommodation that older people occupy, this again reflects the national picture with the overwhelming majority of Havering's older population living in non-specialist general needs accommodation. There is a considerable degree of under occupation in both social and owner occupied sectors.

3.2.5 National studies have shown that the majority of older people do not consider moving to alternative accommodation until particular circumstances mean that a move is necessary. Havering have recently conducted a survey of older people with the intention of better understanding the housing needs of older people. Preliminary results indicate that 79% of those responding to the survey had either no plans to move or had not thought about moving, therefore confirming the general lack of preparedness for older people to want to move.

3.2.6 Of those that did express a desire to move reasons given for wanting to move varied greatly, with the main ones being that the property was too big, less maintenance and the need for adapted accommodation. The preferred type of accommodation was a bungalow (56%) with a strong preference for a minimum of two bedrooms (61%).

3.2.7 When asked about moving into supported/specialist accommodation of the choices that the survey offered, retirement villages were heavily favoured (80%). This is perhaps not surprising as it was the most obviously independent living of the choices offered. It also uses terminology which is more easily understood than the names traditionally associated with Older Persons' specialist housing such as "sheltered and "extra care" which are often not well understood.

3.2.8 Currently the borough of Havering has just under 2000 specialist housing units for older people of all tenures. This includes sheltered housing, retirement and assisted living schemes and extra care housing. Note this figure does not include general needs housing that the Council has designated for older people. In excess of 60% of these are social housing, the majority of this group being the Council's own sheltered housing. (approx.800 units).

3.2.9 Nevertheless the quantity of private sector specialist older persons' accommodation is generally higher than for most other London boroughs (8th highest) and in part could be a reflection of the very high degree of owner occupation in the borough and the fact that the market is able to support a relatively high proportion of private retirement housing.

| Private-sale/lease | Social Rent | Total |
|--------------------|-------------|-------|
| 710 | 1219 | 1929 |

Source GLA older persons housing need report/elders Accommodation Council database

3.2.10. The fact that house prices are low for London (3rd Lowest borough) also means that the prices for Retirement Schemes are considerably lower than for other parts of London. There are also private sector schemes that have received planning permission and are currently due to be constructed for example McCarthy and Stone development at the ex-council owned site in Windmill Lane Upminster.

3.2.11. The private sector schemes tend to be newer and are either one or two bedroom properties with no studio or bedsit accommodation. The Council's properties were generally developed earlier and some do contain a percentage of smaller studio/ bedsit accommodation. A detailed assessment of the Council's own stock is detailed in section 6 of this report. There are a smaller number of Housing Association schemes (excluding Extra Care Schemes) totalling just over 300 units. The majority of these are located in seven schemes. Five of these consist of one and two bedroom units and two have a number of bedsits. Both of the schemes containing bedsits are owned by the same association (Anchor).

3.2.12. There are currently three schemes which have been specifically developed for Extra Care. Two of these schemes cater for both shared ownership and social rent whilst the third is a social rent scheme only. All three of these schemes have been developed by Housing Associations who are the prime developers of this type of accommodation across the country.

3.2.14 There are no specific schemes that are specifically designed for meeting the needs of older people who suffer from dementia although the existing Extra Care schemes do have tenants who have dementia and the agreements with the housing and care providers require them to accept people with levels of moderate dementia. Currently the majority of dementia clients will, when having to move from their homes by Adult Social Care, be placed in residential care. Havering's 2011 JSNA reported that there were 3014 people with dementia and predicted that this could rise to 4691 by 2030. It estimated that 63% of people with dementia remained in their own homes whilst 37% were in Residential accommodation.

3.2.15. In discussions with Havering officers it was also clear that there were other vulnerable groups of older people where the current specialist provision was not always suitable for their needs, especially those with learning disabilities and mental

health problems. There is a separate piece of work being carried out to look at this in more detail. However It is worth highlighting a particular group which can be best described as individuals who have a particularly chaotic lifestyle, often as a result of substance abuse (drugs, alcohol) whom Adult Social Care and Housing will have a statutory responsibility to assist but placing them in either sheltered or extra care schemes creates particular management issues and can be disruptive to other residents. In looking at future provision there could be a case for having a specific resource provided (possibly as move on accommodation) to house this group?

3.2.16 Whilst this report is generally looking at the older persons' requirements for independent living and therefore does not specifically address the residential and nursing care market in the borough, it is important to note that the borough has approx. 40 residential and nursing homes within the borough delivering in excess of 1500 beds.

3.2.17 This is a considerable number and far in excess of neighbouring boroughs. The Council has already indicated that it considers there are already sufficient registered care homes in Havering to meet both existing and projected needs. There are usually between 100 and 200 vacancies within care homes at any time. (Havering commissioning intentions 2013). One of the key objectives of the Council is to maximise the number of older people who can live independently for as long as they are able and will therefore look at what measures it can put in place to minimise its own use of residential accommodation. Having appropriate specialist independent accommodation for older people is integral to achieving this objective. It is also important to have effective measures to enable those older people who want to remain living independently in general needs accommodation so to do.

3.2.18 Currently Havering Adult Social Care perform above the London Average in terms of its admissions to Residential care. (584.7 per 100,000 of population. However with the projected increase in overall population it has been estimated that the numbers the Council will have responsibility for could increase by up to 18% between 2014 and 2020, an increase of nearly 200 admissions with an increase in net cost to the Council of £4.6m . This is in addition to the projected increase in costs as a result of the Care Act with cost pressures of £6.3m in 2016/17 and £6.1m in 2017/18.

3.2.19 A fundamental component of the Care Act is the 'suitability of accommodation' in meeting the at-home care and support needs of older and vulnerable people. The Act and the accompanying regulations and guidance outline how housing can support a more integrated approach and set out local implementation requirements. Of particular note:

- A general duty to promote wellbeing makes reference to suitable accommodation
- Housing not just the 'bricks and mortar', also includes housing related support or services
- Housing must be considered as part of an assessment process that may prevent, reduce or delay an adult social care need
- Information and advice should reflect housing options, as part of a universal service offer

- Care and support delivered in an integrated way with cooperation with partner bodies, including Housing

Therefore this needs to be taken into consideration when both assessing a designing services.

4. Demand and Needs Assessment

4.1 As can be seen from the demographic section of this report Havering has a large older population, which predominantly own their own houses, live in general needs accommodation which is often under occupied. For those who own their own property the majority own this outright (73%) and have in excess of £100,000 in equity.

4.1.2 Is there therefore a need for any additional specialist older person housing and if so what type of housing should that be? This section examines what is the specific need for specialist older persons' accommodation for all residents of Havering.

4.1.3 The assessment of future need for such accommodation is not a straightforward exercise. A number of predictive models have been developed but all of these stress the need to ensure that local circumstances are taken into consideration. This section will examine two of those national models - GLA Older Persons Housing Needs Study and Housing LIN toolkit as well as the Council's own previous assessment relating specifically to Extra Care housing before proposing its own Havering Model.

4.2 GLA Older Persons Housing Needs Study

4.2.1 In 2013 the GLA produced a report which set out what it considered were the projected specialist Older Persons' housing needs for each borough. This assessment did not make any distinction between the different forms of specialist housing. Their calculation was based on the Retirement Housing Group Model which looks at the number of older persons' households. Some of the assumptions they made were applied on a London wide basis e.g. the assumed number of older people requiring/wanting to move into specialist housing , whilst others e.g. tenure mix the data specific to each borough was used. The key assumptions were

- That 15% of households aged 75 and over and 2.5% of households 65-74 require specialist older persons' housing
- That 50% of the affordable rented older persons' housing stock is not fit for purpose but all the sale stock is fit for purpose.
- Affordable and private renters require an affordable rented product.
- 80% of home owners require a sale product and 20% require a shared equity product.
- Population estimates based on 2011 census data
- They used EAC (Elderly Accommodation Council) database to ascertain current supply
- They then calculated potential demand in 2015 and 2025 and compared this with current supply. They then take the average of the surplus/deficit for 2015 and 2025 to derive an annual target for provision of retirement housing by each Borough.

4.2.2 There overall conclusions were that London as a whole by 2025 should aim to provide

- 2,620 sale units per annum
- 955 intermediate (shared ownership/equity) units per annum
- 325 affordable rented units per annum

4.2.3 However for a significant number of boroughs they considered that there was an oversupply of affordable specialist older persons housin; Havering was one of those boroughs.

4.2.4 For Havering they estimated that there had been a reduction in overall supply between 2010 and 2013. This occurred in the affordable housing area and presumably reflects the initial rationalisation of the Council's own Sheltered Housing Stock; there was however a small growth in the Private sector properties.

| | Total | Market | Affordable |
|---------------|--------------|---------------|-------------------|
| 2010 | 2106 | 645 | 1461 |
| 2013 | 1929 | 710 | 1219 |
| Change | -177 | +65 | -242 |

4.2.5 When this is considered against the current and projected demand the GLA report indicated that there is a significant deficit in the supply of Private Market Properties (intermediate and Owner Occ) but a current surplus of affordable properties. When this is projected to 2025 there is a considerable growth in the deficit of market properties but still a surplus (be it smaller) for affordable rent properties. It should also be noted that their calculation assumes that only 50% of the current affordable specialist housing is fit for purpose. If for example 100% of the existing affordable stock was considered fit for purpose in 2025, then the overall surplus of affordable stock increases to 636 (from 26).

| | Total deman | Owner | Inter | Rent | Total | Owner | Ren 50% | Deficit/Surplus Total | Ownes | Inter | Rent |
|-------------|-------------|-------|-------|------|-------|-------|----------|-----------------------|-------|-------|-------------|
| 2015 | 2838 | 1867 | 467 | 505 | 1929 | 710 | 610 | 1518 | 1157 | 467 | -106 |
| 2025 | 3277 | 2155 | 539 | 583 | 1929 | 710 | 610 | 1958 | 1445 | 539 | -26 |
| | Total deman | Owner | Inter | Rent | Total | Owner | Ren 100% | Deficit/Surplus Total | Ownes | Inter | Rent |
| 2015 | 2838 | 1867 | 467 | 505 | 1929 | 710 | 1200 | 1518 | 1157 | 467 | -716 |
| 2025 | 3277 | 2155 | 539 | 583 | 1929 | 710 | 1200 | 1958 | 1445 | 539 | -636 |

4.2.6 Using this model they have then calculated that Havering needed the following annual target of new specialist accommodation.

| Total | Owner Occupy | Intermediate | Affordable |
|--------------|---------------------|---------------------|-------------------|
| 185 | 135 | 50 | 0 |

4.2.7 The advantage of using this model is that it is being used by the GLA when it is assessing need and where the borough or Registered Providers and also when it is assessing any grant applications for building specialist older persons' housing in Havering. This is also reflected in the GLA priority for its specialist housing grant fund, the latest round specifically targeting schemes that are able to increase the number of specialist units available for home owners.

4.2.8 However as with any regionally based study it may not necessarily have picked up all the local nuances. For example the assumed level of 50% unfitness in the boroughs existing affordable housing stock may not be accurate. It also does not give any breakdown between the different types of SOPH.

4.3 Housing LIN SHOP Toolkit

4.3.1. The Housing LIN working with the Elders Accommodation Council has, over a number of years, developed its own model (SHOP) for assessing need. This in part follows the same model as the RHO in making an assessment of the number of people over 75 who would need specialist housing. The model has the advantage of breaking down need into different types of specialist accommodation and also assessing the tenure split based on national and local information. There is an on line toolkit which already has information on each local authority. It also allows for the base data assumptions to be varied. The Standard model which is based on work carried out for Department of Health entitled "More Choice Greater Voice" assumes the following :

- That 12.5% of people over 75 require Sheltered Accommodation
- That 2% of people over 75 require enhanced sheltered accommodation (care available but not 24 hour cover)
- That 2.5% of people over 75 require Extra Care

4.3.2 This higher overall percentage is in part based on the fact that in other countries such as Australia and USA there is a greater use of specialist housing and therefore an assumption that a greater proportion of older people could move to specialist housing as against remaining in their own homes.

4.3.3 These figures give a considerably greater assumed level of specialist older persons' accommodation than the GLA study.

4.3.4 The SHOP toolkit uses the same information as the GLA study in assessing the current available supply and also similar population projections.

4.3.5 Overall using the standard SHOP calculations results in a greater demand than the GLA both now and in 2025.

| Demand | 2015 | 2025 | 2030 |
|--------------------|-------------|-------------|-------------|
| GLA | 2838 | 3277 | N/a |
| Housing LIN | 3842 | 4879 | 5356 |
| Difference | 1004 | 1602 | |

4.3.5 When this is broken down into the specific types of specialist housing and also where appropriate by tenure the following figures emerge.

4.3.6 The first table considers the current situation. This assumes that 21/79 split between rent and sale for all of the different types of accommodation.

| | Demand 2015 | Supply |
|---------------------------------|-------------|-------------|
| Sheltered Housing Total | 2825 | 1734 |
| -Social Rent | 593 | 1024 |
| -Lease | 2232 | 710 |
| Enhanced Sheltered Total | 452 | |
| -Rent | 95 | 0 |
| -Lease | 357 | 0 |
| Extra Care Total | 565 | 195 |
| -Rent | 119 | 175 |
| -Lease* | 446 | 20 |

4.3.7 The second table projects the need in 2025. The modelling assumptions for the projected need uses the ONS population projection figures and assumes the same distribution between lease/sale and affordable rent.

| | 2020 | 2025 | 2030 | Deficit/surplus 2025 based on current supply |
|---------------------------------|-------------|-------------|-------------|--|
| Sheltered Housing Total | 3063 | 3588 | 3938 | -2254 |
| -Rent | 643 | 753 | 827 | +271 |
| -Lease | 2419 | 2834 | 3111 | -2124 |
| Enhanced Sheltered Total | 490 | 574 | 630 | -574 |
| -Rent | 103 | 121 | 132 | -121 |
| -Lease | 387 | 453 | 498 | -453 |
| Extra Care Total | 613 | 718 | 788 | -523 |
| -Rent | 129 | 151 | 165 | +24 |
| -Lease | 484 | 567 | 622 | -547 |

4.3.8 Both the current and future projections presume a higher level of overall need for specialist older persons' housing than the GLA mode. However it should be stressed that the Housing Lin stress that they consider that their base model does need to be adapted to take into account local conditions . For example stressing that in areas which have a large older population and where the market has developed its own solutions such as having a large number of care homes, this needs to be taken into account when considering how the future market will be developed. Other factors will be the Council's own approach to developing alternatives to Residential accommodation.

4.3.9 Where there is consistency with the GLA figures is the acceptance that the areas where there is a considerable deficit is the private market and where there is a surplus in the affordable sheltered accommodation.

4.4 Havering Assessment Extra Care Housing Strategy 2011

4.4.1 Havering officers have previously undertaken their own assessment of the need for Extra Care housing. This was contained within the Extra Care Housing Strategy 2011 to 2021. This was compiled prior to the 2011 census data. It therefore used the most up to date census projections that were available in 2010. It also used other Havering specific information such as older persons on Housing Register, survey data for 2006 Older Persons' Housing Strategy, Adult Social Care data in relation to both health of older people in Havering and the current and projected use of Residential homes.

4.4.2 The projection only considered the need for Extra Care Housing. It also assumed that the only persons moving into Extra Care housing were people who needed care (as defined by FACS). They produced the following calculation - an overall figure of 630 additional Extra Care Units or 63 per year over a 10 year period. Whilst this calculation did not cover sheltered housing it is a useful comparator when assessing the overall need for specialist older persons housing.

4.5 What is the correct figure for Havering?

4.5.1 The following section draws on the previous information and puts forward a proposal for estimating the need for specialist older persons' housing in Havering. Any projection takes a number of assumptions which may turn out to not be accurate and therefore have an effect on the original projection. In terms of the overall demographic projections of the growth in the numbers of older people, these are likely to be reasonably robust. Although they may be affected if there was a dramatic change in the numbers of older people either moving into or out of Havering.

4.5.2 The split between the rented and sale proportion of the market makes the assumption that the levels of home ownership will remain the same and it may be prudent to also consider scenarios where the current rent/sale split increases or marginally drops. However this variation can also be built into any development, programme with the providers of specialist housing having the ability to move properties between being either rented or leased depending on the particular market conditions.

4.5.3 There are then the assumptions relating to the popularity and need for specialist older persons' housing and whether the current assumptions will be accurate. Both the GLA and the LIN calculations assume a level of need for specialist housing which is greater than the market currently provides. For example they recommend for Sheltered Housing that the figure of 125 people per 1000 over 75 where the average figure for England in 2014 for 105 and this had fallen from 2010 when it was 110. Whilst this in part is caused by the relative late development of the private sector retirement housing market, will the UK ever get to the levels that are achieved in other countries? In the USA and Australia for example around 5% of the older population live in specialist retirement housing against the 0.5% in the UK. The GLA, and to a greater extent the Housing LIN models, bring us closer to that

level. It however comes at a time when technology and also policy and practice mean that people stay within their own homes?

4.5.4 In the public and not for profit sector there has been a virtual stopping of the building of any new sheltered/retirement schemes with new schemes being almost entirely Extra Care and latterly Retirement Villages. There is also a growing understanding in the social housing sector that the increasingly scarce stock of family housing is being occupied by older people who are also under occupying the property. A large majority of older people, as is evidenced by Havering own survey (79%) as well as numerous national surveys, does not consider moving until circumstances force them into it. For those who do consider moving most prefer to move into smaller general needs accommodation which can provide easy access e.g. a bungalow. This does raise the question that in addition to any specialist older persons' housing is there also not a demand for that type of housing to be constructed? For example a "last home" concept to match the "starter home" concept that is already accepted as a way for young households to start independent living?

4.5.5 On this basis our view is that at this point in time there is possibly an over estimate on the overall need, especially the entry level specialist older persons' housing-retirement/sheltered. This is not to say that, especially for leased/sale properties, there is not a need for additional ones to be built. But we think this should be at a slightly lower level than is specified for example by the LIN.

4.5.6 We consider that the split between the properties that need to be built for sale/lease and those for affordable rent is broadly correct with over 80% of Havering's older population being home owners and nearly three quarters of those owning their property outright. It follows that this split should also be reflected in the older persons' specialist housing market. However we would not recommend assuming that the current level of home ownership will significantly change for future projections

4.5.7 We are also of the view that having a more detailed breakdown which differentiates different types of specialist older persons' housing is essential. The separation of Enhanced Sheltered and Extra Care is useful in that it identifies the different level of care that is required. Enhanced being care but without 24 hour cover whilst Extra Care assumes that 24 hour cover is provided. However it is likely that in modern Extra Care or Retirement Villages both levels of care will be provided in one scheme.

4.5.8 Therefore the only change in terms of modelling would be to reduce the demand level for sheltered/retirement schemes to 100 people per 1000 of over 75 population. The rationale for this is that the agreed strategy in Adult Social Care is to try, where possible, for people to remain in their own home. The market split figures would also remain the same as in the earlier example. Using these assumptions this produces the following figures.

| Havering | 2015 | | | 2025 | | |
|---|--------|--------|----------|--------|--------|----------|
| | Demand | Supply | Variance | Demand | Supply | Variance |
| Sheltered Housing 100 per 1000+75 | 2260 | 1734 | 526 | 2870 | 1734 | |
| -Rent | 475 | 1024 | +549 | 603 | 1024 | +421 |
| -Lease | 1785 | 710 | 1075 | 2267 | 710 | 1643 |
| Enhanced Sheltered 20 per 1000 +75 | 452 | 0 | 452 | 574 | 0 | 574 |
| -Rent | 95 | 0 | 95 | 121 | 0 | 121 |
| -Lease | 357 | 0 | 357 | 453 | 0 | 453 |
| Extra Care 25 per 1000+75 | 565 | 195 | 370 | 718 | 195 | 523 |
| -Rent | 119 | 175 | +56 | 151 | 175 | +24 |
| -Lease | 446 | 20 | 426 | 567 | 20 | 547 |

4.5.9 As can be seen the majority of the need relates to provision within the private sector. The Council does, as part of its strategic role, need to identify that need and to assist in enabling that to occur via its strategic policies but does not have a statutory responsibility to either build or commission that development. The exception to this relates to accommodation that is designed to also provide levels of care (Extra Care and Retirement Villages). These schemes are likely to contain a mix of tenures. They are also not likely to be commissioned without the support of the local authority as the developer/provider will want to be clear that there is both a need and resources to fund the Care element of any scheme.

4.5.10 The figures also clearly evidence that there is an over-supply of affordable sheltered housing, the majority of which in Havering is owned by the Council. This over-supply could be increased if, in developing new developments which cater for mixed dependency, some older people who previously would have moved into older sheltered prefer to move into these newer developments. Section 6 of this report looks in detail at the current condition of the Council's sheltered housing stock and makes recommendations as to the future use of individual schemes. In addition it is also recommended that the Council enters into discussions with the RSL providers who own sheltered stock in the borough to understand their intentions.

4.6 Summary

- There is currently provision of approx 2000 specialist housing units in the borough.
- Majority of this provision is in the public/not for profit sector

- The current and projected demand indicates that this will be considerably bigger in the private sector.
- That currently there is surplus of sheltered accommodation in the public/not for profit sector.
- That there is currently sufficient capacity in the public/not for profit sector to meet projected increase in population levels (this does not take into account quality of existing stock)
- Future growth would therefore be concentrated in the private sector
- That the current Extra Care Housing provision is almost exclusively for affordable rent. None of the private sector schemes currently offer Extra Care facilities.
- There is no specific provision for older persons with dementia or for other vulnerable older people

5. What type of New Development and who moves into them?

5.1 At the cutting edge, the older persons' housing sector continually adapts to changes in aspirations, demographics, need and more immediately, the market and funding options. This has led to the development of different types of older persons' housing. These include:

- Larger purpose-built extra care, from 80 to village scale, that integrate with the wider community
- Co-housing initiatives that are funded, commissioned and managed by the residents
- Smaller schemes designed to high space and mobility standards with limited communal and support facilities
- Specialist developments that cater for higher levels of dependency and dementia
- Developments that cater for active lifestyles and young-older people
- Developments combined with other housing and care to create community hubs
- For those developments that have been developed by Housing Associations the mixed tenure development is becoming the norm. This is both a reflection on the reduced level of grant funding and the need to cross subsidise the affordable rent properties and also the relative lack of private sector older persons' housing when compared to the public sector.

5.2 Within the public/not for profit sector the development of Extra Care Schemes has tended to be the dominant type of new development. The newer tend now to be mixed tenure for the reasons detailed in the previous paragraph. One of the other issues relates to how mixed the residents are in respect of their care needs. One of the reasons for developing Extra Care schemes was the ability to provide care services on site and allow residents to remain in the schemes rather than move into residential accommodation. That is not to say that individuals do not receive support if they remain in their own homes or traditional sheltered accommodation. It has been argued that Extra Care could become an alternative for people moving into residential care. This was one of the prime reasons for Havering supporting the development of the newest Extra Care Scheme Dreywood.

5.3 The rationale being that moving into supported accommodation would enable individuals to remain in independent living accommodation longer because there is the support around them and also that it could actually improve a person's health or delay the decline in their physical wellbeing. There have been a number of studies aimed at seeing whether this assumption is correct. A study in 2011 of three extra care providers was carried out by the Institute of Longitudinal Studies "Putting the extra in Extra Care". They compared data from extra care schemes and the general community and concluded that residents of Extra Care accommodation were less likely to move into residential accommodation than a comparable group of older people living in the community (10% as against 19%) and that there was evidence of lower admissions to hospitals and less falls. They concluded that Extra Care was very much a home for life and that an expansion of extra care would result in substantial savings for local authorities and the NHS.

5.4 There has just been published a further study carried out by Aston University on behalf of the Extra Care Charitable Trust, a large not for profit provider of Extra Care and Retirement Villages. This was a three year study looking at comparable groups of individuals, one group living in Extra Care and Retirement Village schemes run by ECCT and the other group living in the community. The study undertook a very detailed analysis of each individual in the study, measuring not just their actual interactions with the NHS, level of care received etc but also attempted to measure how their physical and mental health had changed over the period of the study. They concluded that the Extra Care group's health generally improved when compared both to the condition when they commenced the study and also compared with the comparator group. Examples include:

- 19% of extra care residence improved from a pre-frail condition to being physically resilient
- 14.8% reduction in depressive symptoms
- 10.1% improvement in autobiographical memory

5.5 In terms of interaction with the NHS they claim that there was a reduction in unplanned admissions to hospital reducing from 8-14 days to 1-2 and a 46% reduction in visits to GP. Overall they claim that there was a 38% reduction in NHS costs.

5.6 For local authorities they argued that there was both a reduction in the need for people to move into residential care and a reduction in the cost of providing domiciliary care compared with providing this in the community. They translated the savings in care costs as 17.8% for lower care and 26% for higher levels of care.

5.7 This study was only carried out in schemes run by ECCT who promote a model of integrated housing, health and social care and the study is clear that it is measuring this model. This model is similar to other extra care providers although ECCT is highly regarded within the sector and considered to provide effective levels of care and support. Most of their schemes are mixed tenure and very much promote the mixed dependency model. They will include individuals who have made a

lifestyle choice to move into their schemes (especially those who have purchased leases) and have no care needs and also a combination of those who have some level of dependency (from low to medium to high) usually on a third/ third/ third split.

5.7 Looking at the position in Havering and the three existing Extra Care schemes, these are predominantly affordable/social rented units 170. There are five shared ownership units in Painsbrook, and 20 shared ownership for Dreywood Court. The Council has nomination rights for the rented properties and a lettings agreement which reflects the mixed dependency model. The care model for each of the schemes promotes the mixed dependency model aiming for a third split for each band;

Low-1-7 hours care per week

Medium 7-14 hours care per week

High 15+ hours care per week

5.8 An analysis of 14/15 residents receiving care via the Council's contract indicates that the average number of hours of care received for individuals in the Extra Care Schemes suggests that currently this mix is not being achieved with a higher proportion of the residents being in the lower two bands (53 low 41 medium 19 High). The largest proportion of the High category is in the newest scheme Dreywood. It should be noted that the average care hours received by those in Extra Care Schemes is considerably above the either the average for home care as a whole or for the Council's sheltered schemes

| Location | Numbers | Average age | Ave Hours per client per week |
|-------------------------|---------|-------------|-------------------------------|
| All Home Care | 1805 | 84.23 | 5.74 |
| Extra Care Only | 113 | 80.33 | 9.13 |
| Councils Sheltered Only | 72 | 84.17 | 5.98 |

5.9 This in itself is not necessarily a problem, especially if it is accepted that the overall Extra Care environment will have the positive effect that the Aston University study indicates and that it will improve a person's health and delay or eliminate a person's need to move into residential accommodation. There is no reason to suppose that this is not the case. There could however be an issue if the care contracts that have been negotiated assume that there is a higher level of care to be provided than is actually the case and there is no flexibility to reduce this cost. Secondly if budgets had been predicated on savings being achieved because those moving into the extra care schemes would have moved into residential accommodation?

5.10 Our understanding is that there are issues with both these questions. A very basic analysis of the data for the previous year would suggest that there is some difficulty in having enough hours to comply with the contract and therefore the Council is paying for hours it does not need. We understand that this is still the case with Dreywood. The contract itself assumes a mix of dependency rather than being

weighted to the higher end dependency that the budget projections would tend to suggest was assumed. There would therefore always be individuals moving into schemes who would not otherwise qualify for residential care. Although it may well be that in future years they remain in the Extra Care accommodation when otherwise they would have moved into residential there are not the short term savings. This is in no way advocating that Extra Care Schemes are not being successful or should not be continued, only that in financial terms they should be considered much more in terms of deferred residential costs for future years rather than immediate cost savings.

5.11 Discussions with existing owners of the Extra Care accommodation suggests that they do have concerns about how schemes are being managed in the future. Notwithstanding the level of care currently being delivered they are concerned that with the great pressure that Adult Social Care budgets are under there will be an increasing move to change the mixed dependency models and have schemes which predominantly or solely have high dependency residents. The argument is that this could result in a de-facto care home which reduces the advantages that the Extra Care environment is designed to create (own home, independence etc), although still being economically advantageous to the local authority. Some providers would be prepared to accept this model if they were given the appropriate assurances concerning long term care contract. There is however the added concern that with new Extra Care Developments being likely to be mixed tenure, it will become increasingly more difficult to sell the shared ownership and leased units. This is because the purchasers of those units are much more likely both not to need the care element or if they do are self-funders and will not want to live in an environment where the majority of residents are receiving high levels of care. Given that the financial model will require a degree of cost subsidy from the shared ownership and sales units to fund schemes this would make future schemes unviable. There is already some evidence that the relative higher level of care being delivered at Dreywood Court, coupled with the introduction of more vulnerable older people, is having a negative effect on the perception of the scheme .

5.12 The development of Retirement Villages is something which has largely been carried out outside of London. These share a lot of the same features as Extra Care schemes. But where some newer Extra Care schemes are starting to reduce some of the communal facilities as they become under increasing financial pressure, the overall larger number of properties makes it easier to continue to have such items a restaurant, fitness centres shops, medical support and a large range of activities.

5.13 Another significant factor is that the number of residents who receive care is likely to be no more than 25% but as the scheme is likely to be up to 250 units this still represents a significant resource for the Local authority. Schemes will always be mixed tenure with a typical mix being 50% sale 30% shared ownership and 20% rent. Given the relative high prices for London schemes the model could be flexed with a higher proportion of shared ownership being offered as against outright sale.

5.14 Given that the majority of residents will not have care needs the village is also aimed for individuals who would have opted to move into the lower levels of

supported accommodation such as retirement housing or the traditional local authority sheltered scheme. It therefore is aimed at covering the full spectrum of older persons' specialist housing.

5.15 With Havering having a deficit of private specialist housing for older people whilst arguably still needing additional extra care accommodation, then the development of a village could be considered an attractive proposition. In discussing this with officers there has been some concern expressed that as the scheme will have a high number of properties for sale and also shared ownership this could attract purchasers from outside the borough. This in turn may lead to an increase in demand for social care which would then be the responsibility for Havering to supply.

5.16 For a scheme to be developed it is unlikely to go ahead without it being actively supported by the local authority. This is outside of any role the authority has in exercising its planning responsibilities. This is because any developer/provider will want some undertaking/agreement about the proportion of the clients that will need care and the Council's role in providing funding and/or contracts to deliver that care. If the Council entered into any such agreement it is likely to have 100% nomination rights to those properties. In reality this is likely to be the rented element of the scheme. Any developer may well also agree to undertake any initial marketing of units for sale and shared ownership to Havering residents and the Council can actively pursue this itself. However it is extremely unlikely that any developer would agree to any more restrictive undertaking as the viability of the scheme will depend on achieving sales.

5.17 The very large level of home ownership amongst older people in Havering, coupled with the fact that nearly three quarters of these own their property mortgage free with considerable equity, would indicate that there is the potential demand to fill the sale and shared ownership part of the scheme with largely Havering Residents.

5.18 If a scheme was developed as there are no others in the immediate area it could also potentially attract people from other boroughs. The relatively low house prices could also be an influence. Is this however any different from what currently operates with the existing privately owned retirement and assisted living developments that already exist and are still being built? Looking at the supply of private specialist housing in neighbouring boroughs Bexley and Redbridge already have more units than Havering whilst Barking and Dagenham, Waltham Forest , Greenwich and Newham have less.

| Borough | Private Older Person Units |
|----------------------|-----------------------------------|
| Barking and Dagenham | 160 |
| Bexley | 914 |
| Greenwich | 177 |
| Havering | 710 |
| Newham | 0 |
| Redbridge | 922 |
| Waltham Forest | 293 |

Source GLA study

5.19 The second factor to consider is how many who do move from other boroughs will qualify for local authority assessed assistance both in terms of assessing the need and also whether they would qualify financially or be self-funders? In terms of need this is unlikely to be different from the overall Havering population, where currently 98% of those receiving care pay for some part of it. In respect of the financial position, given that individuals are purchasing property, they are likely to be at least initially be self-funders. Whilst it is undoubtedly true that in future some are likely to be the responsibility of the Local authority it is not considered to be something that would substantially affect the current future care projections.

5.20 If the Council was supportive of the development of a Retirement village or further Extra Care schemes could the Council be involved in the development itself, either by itself or in partnership with a developer/provider? As has already been identified the Council has a surplus of sheltered accommodation. As is detailed in the next section some of that stock is past its sell by date and needs to be closed. If the Council was to agree to this it would have surplus sites with the potential for redevelopment. A number of those sites would be suitable for developing new Extra Care schemes and two potentially for Village Schemes (see next section for more detail).

5.21 The Council has already set up its own development company which could potentially develop the sites. However such a company would still have to ensure that any development was viable and therefore face the same pressures to achieve a high percentage of sales to cross subsidise the rental units. This would mean that there may still be the need to sell units to older people outside of the borough. There may be potential to use resources from within the Council's own HRA to both aid the initial development and also have the rented properties within the HRA? The initial capital expenditure is likely to be high in the region of £45million for a high quality development with a significant number of two bed properties, although the cost could be reduced if the scheme had smaller units and scaled down community facilities. An Extra Care scheme build cost would be less in the region of £100k per unit not including land costs. The Council will be bearing all of the risk and there will be the opportunity cost of not being able to use that money for developing other accommodation.

5.22 The Council would also have to make the decision whether, once the property was built, it owned and managed the property itself, presumably developing the existing older persons' sheltered service to manage the new units.

5.23 A further option would be to enter into a joint venture or partnership with an existing specialist provider who has experience in operating Extra Care schemes and or Retirement Villages. The exact nature of any agreement would have to be carefully worked out. The Council could invest via its land and/or additional capital grant which in turn would mean it would get both the 100% nomination rights plus return on its investment via a proportion of any profit/surplus generated by the scheme. This option has the advantage of a lower level of upfront investment and a sharing of the risk.

5.25 In looking at new developments for older people the fact that the majority of older people live in general needs accommodation cannot be ignored, neither can the fact that there is a high level of under occupation. Havering's own research indicates that older people do not consider moving until circumstances make it a priority. For those who have considered moving usually this is into smaller accommodation with preference for bungalows rather than specialist housing. The popularity of the Council's development of small bungalows in the grounds of a number of sheltered schemes would seem to be confirmation of a latent demand to move if the right property becomes available. However the numbers of existing older tenants specifically asking for smaller property is considerably less than the actual levels of under occupation. Currently 186 tenants over 65 are on waiting list of which, 9 need larger property, 87 need property of same size, 90 need property of a smaller size. Consideration could be given to developing smaller general needs units specifically for older people to encourage further downsizing and making available family size units.

5.24 Summary

- Current research indicates that there could be considerable long term financial savings for Councils and NHS by extended use of Extra Care and Care Village Schemes. There is also some evidence that it improves the health and well-being of residents
- Savings for local authorities are more likely to be deferred cost rather than short term savings
- It is essential to have an element of flexibility built into care contract relating to Extra Care schemes
- Havering needs to relook at the current care contracts for its Extra Care schemes to ensure it is getting best value for money
- A Retirement Village development could produce a greater degree of flexibility in delivering care needs.
- Development of any Retirement Village is not without risk and due to high number of sale and SO units needs to be carefully managed.

- There is potential to develop both additional Extra Care schemes and a Care Village from land released due to closing some existing sheltered scheme. The Council could develop these themselves or either into partnership or joint venture with a developer provider. This is considered the preferred option.

6. The Council's own Sheltered housing Stock

6.1 The Council currently has 20 sheltered accommodation schemes. Most of these were built in the late 60's and early 70's. In 2006 the Council undertook a review of its then sheltered stock and took the decision to close a number of schemes. This was after all schemes were assessed on a number of factors including :

- Cost of bringing properties to decent homes standard
- Tenant Satisfaction
- Disposal Value
- Detailed Features
- Maintenance costs
- Void Level
- Bedsits

6.2 A total of 7 schemes were recommended for closure of which six have now been closed. The one scheme which remains open which was originally recommended for closure is Royal Jubilee Court.

6.3 A further three schemes were recommended for remodelling. One, Lombard Court, is in the process of being closed and will then be redeveloped. A second, Delderfield, has been partially sold off leaving a small block of 14 properties. Family units are being developed on the sold part of the site by East Thames Housing Association. Dell Court was the third scheme which has a high proportion of bedsits and it was anticipated within the report that they would be able to be converted. To date these have not been converted and remain unpopular. Dell is adjacent to the larger Ravenscroft scheme which can be viewed spatially as a single provision.

6.4 The closing of the schemes reduced the number of bedsits which were becoming increasingly unpopular and difficult to let. Havering are to be commended in taking the decision to close schemes as many authorities when faced with similar issues have baulked at closing schemes confining the decision to the "too difficult list".

6.5. The Council has recently revised how it delivers its sheltered service, which has created a single team to deliver the housing support service. The aim is also to build on the practice of some schemes to better develop links with older people in the surrounding area that the scheme is located in. The cost of the sheltered service is covered by a combination of service charges and contribution from the HRA. Following a survey which identified that some tenants within the schemes experienced loneliness a befriending scheme has been established which is delivered by Tapestry. This scheme is funded by the HRA. Whilst not within the remit of this report to look into this structure it is worth noting that the changes that have been made look practical and should be effective in delivering a good quality service to residents. The development of the community model, sometimes called

hub and spoke, is also considered good practice. Considerable efforts are also being made to better publicise the Sheltered Housing schemes. This has resulted in an increase in the number of people expressing an interest in moving to sheltered accommodation, which is now two per week. Nevertheless as has been evidenced in section xx of this report even with this reduction, the borough as a whole still has a surplus of social rented sheltered housing and it is likely that the less popular schemes and individual properties that are too small (bedsits) or have poor access (no Lifts) will remain the most difficult to let.

6.6 There is therefore the need to undertake a further evaluation of the remaining schemes with the aim of assessing whether schemes are capable of having a long term future or whether they have reached the end of their useful life. During the last four years there has been extensive investment in all schemes as properties have been brought up to decent homes standards. This has included the fitting of new bathrooms and kitchen, ensuring windows are upgraded and replaced. In addition the communal areas have been upgraded along with improvements to the external areas. Broadband connection is now also available to all tenants. The total expenditure was in excess of £8m. This means that in terms of fabric of the building there is little that can be done to further upgrade individual properties within schemes. Some remodelling has taken place where within a small number of schemes there were still shared services. There is only one scheme Sunrise Lodge where there are still shared facilities. There are however still a significant number of bedsits with five schemes having more than 20% of their units of this size. There are also a significant number of units where there is no lift access to first floor.

6.7 As part of the Council's overall HRA business plan it has been shown that the schemes can be sustained over the 30 year life of the plan. This takes into account the need to continue to upgrade the fabric and services to the building. There is also some resources set aside to undertake further conversions of Bedsits over next three years (£1.28m with plans currently being drawn up to enable bedsits in Beehive Court to be converted into two beds but does not assume any further upgrades such as additional Lifts.

6.8 It has for some time been increasingly difficult to let bedsits and many remain vacant. There are also difficulties in letting those properties that do not have access to lifts, although this is not as big an issue as the bed sits.

6.9 The overall size of individual one bed properties varies. Most would not meet the modern space standards for one bed properties 55 sq. metres. However the majority are capable of housing a single person but might be considered too small for a two person household. This is reflected in the occupation levels with over 92% of the units being let to single people.

6.10 If the properties are going to have a long term use then it is not realistic to ignore the need to have a plan to deal with those schemes which still contain bedsits and also address the lack of lifts. Unless these issues are addressed those properties that are bedsits will increasingly become unlettable and certainly are not sustainable in even the short term. Current evidence suggests that the more popular schemes without lifts can still be let to active older people but rules out frailer older people from taking them. It also means that as older people get frailer then there will be a need for them to move to ground floor accommodation. Whilst the lack of lifts

may not affect schemes as greatly as bedsits they will increasingly become more difficult and again this issue cannot be ignored. Schemes are currently being looked at to see whether lifts can be economically installed. This includes the provision of stair lifts in some blocks. Preliminary indications are that this could be achieved in a number of the schemes.

6.11 A scheme's location is important as a good scheme that caters for older people will have good access to local shops, doctors and local community facilities and good accessible transport links. Flat and level access to the scheme is also essential. Security is always considered a high priority for older people and schemes must be capable of being safe and secure.

6.12 Given that there is a surplus of affordable rented sheltered units it seems sensible to establish clear criteria that schemes have to comply or within a cost envelope could comply with in order to prioritise which schemes should be considered for closure.

6.13 The following is a draft criteria:

- Scheme has to be viable without assuming any bedsits are let?
- Has to be capable of sustaining a "community model"?
- Able to get lift access to upper floors- or those properties treated as unlettable in any business model and the assumed rent income significantly discounted
- Must be in right areas
- Individual properties must be large enough to meet aspirations of future generations of older people?

6.14 An attempt has been made to consider each scheme against these criteria. Where appropriate consideration has also been given to whether there is an appropriate alternative use for the scheme, this has resulted in the following suggested approach to each scheme. At this stage it should be noted that there has been no consultation with tenants on either the overall criteria that are being applied or the recommendations for any individual schemes. If the Council does wish to consider closing a scheme or making a major alteration then there will be a need to undertake the appropriate consultation and no final decisions should be made until this consultation has been undertaken and its outcomes duly considered. Attached as appendix 1 is a more detailed analysis of each scheme.

6.15 The following schemes currently meet major scheme criteria issues and therefore can be retained without any additional expenditure outside of what has been assumed in the HRA business plan.

- Cole Court
- William Tansley Hse
- Cockabourne Court
- Chalbury Crescent
- Cottons and Fambridge
Ravenscourt

6.16 The following schemes could remain open if existing lift access issues can be addressed

- Bards
- Garrick House
- Holsworthy House
- Thomas Simms Court

6.18 The following schemes could be considered for either closure or be retained if bedsits could be made into one bed units . Initial plans have already been drawn up for Beehive Court bedsits to be converted. This would see the existing bedsits converted into two bed accommodation. It is understood that it is also possible to convert the bedsits in Dell Court. Brunswick is likely to be more difficult due to the physical location of the existing bedsits.

- Dell Court – 90% bedsits (if considered separate from Ravenscourt)
- Beehive Court 27%bedsits
- Brunswick- 32% bedsits

6.19 The following scheme will in the longer term be unsustainable due to its small size and impending redevelopment on adjacent site. It is therefore recommended it be closed and the site sold for development.

- Delderfield

6.20 The following schemes are unpopular. Although the geographical areas are suitable for older persons' accommodation the specific estates they are located on, especially Park Lane Maygreen, are not popular. Should be considered as part of a wider regeneration of the area and closed

- Park Lane Maygreen
- Queen Street Villas

Alternative use for sites.

6.21 All of the schemes that are either recommended for closure, or closure is an option, are capable of having alternative accommodation built on them. Royal Jubilee Court and the Sunrise/Serena/ Solar complex are the largest sites, both being in excess of one hectare and depending on planning could be capable of having a Retirement Village constructed on them, possibly not as big as the preferred size of 250 dwellings but certainly in excess of 150 units. If it was considered viable to have a village constructed then it is recommended that a detailed feasibility study is convened to confirm the suitability of these two sites. It should be noted that it is understood that when the land that Royal Jubilee Court was gifted to the Council that there was a covenant put on the land which states that the land must be used for housing older people.

6.22 Beehive Court is large enough to have built a standard Extra Care Scheme but would also be suitable for the development of general needs accommodation as would all other sites. It is also one of the schemes whose bedsits could be converted into a smaller number of two bed units. However in respect of Queen Street and Maygreen Estate this would have to be carried out as part of a more widespread regeneration of the area.

6.33 In addition one part of Queen Street may also be suitable for adaption for hostel accommodation if this was considered to be a need and was of financial advantage to the Council. Part of the scheme already contains a homeless hostel. The other part of the site would be suitable for general needs accommodation.

6.34 Delderfield as indicated earlier has already had part of the original scheme sold to East Thames housing Association and the rump of 14 units is unlikely to have a long term viability, especially once the new family size accommodation is constructed . Negotiating a sale of the remainder of the land to East Thames would seem to be a logical action. They could build either further family accommodation or create a number of smaller shared ownership units for younger people as starter homes.

6.35 the table below summarises possible development options.

| Scheme | Aprox Size Hectares | Current number of units | Retirement Village | Extra Care | Gen Needs Dev | Estate Regen |
|--------------------|---------------------|-------------------------|--------------------|------------|---------------|--------------|
| SSS | 1.124 | 55 | ✓ (200) | ✓ | ✓ | X |
| RJC | 1.095 | 79 | ✓ (150) | ✓ | ✓ | X |
| Beehive Court | 0.6375 | 48 | X | ✓ (90) | ✓ | X |
| Queens Street | 0.315 | 31 | X | X | - | ✓ |
| Park Lane Maygreen | 0.7 | 31 | X | X | - | ✓ |
| Brunswick | 0.31 | 47 | X | X | ✓ | X |
| Dell | 0.425 | 29 | X | X | ✓ | X |
| DeIlderfield | 0.14 | 14 | X | X | ✓ | X |

6.36 This still leaves a number of options to be considered and some schemes may be able to have their life extended if bedsits can be effectively converted.

6.37 Producing a Development Strategy

This report has shown that there is currently a surplus of affordable rented properties at the entry level of specialist Older Persons' Housing, with a deficit for leased properties. When considering the more dependent models (enhanced sheltered and extra care) there is an overall deficit but the greatest need is for provision for sale (be it outright sale or shared ownership). Modern specialist housing developments are

Appendix 9

also designed to cater for individuals with differing levels of care needs and therefore it makes sense when looking at future schemes to consider that those wanting differing care needs can be catered for in the same scheme.

6.38 Furthermore designing larger developments such as Retirement Villages means that they can also accommodate older people with little or no care needs but who want to live in a safe older persons' community .

6.39 The review of the Council's own sheltered stock shows that there are a number of schemes which are difficult if not impossible to effectively modernise. At least two are also on large sites which would be suitable for building on older persons' developments. The Council therefore has the ability to make more efficient use of its own assets. It would also enable units to be constructed which assist in dealing with the pressures facing Adult Social Care due to the predicted growth in the numbers of older people. Prioritising those sites for older person developments would enable developments to be constructed which meet the projected needs. This relates both to the types of support given to the residents and also the tenancy mix.

In the example given below it is assumed that six schemes would be closed reducing the current sheltered portfolio by just over 250 units. On two of the sites Retirement Villages were then constructed.

| Scenario as per 4.5.8 | Units Available | Demand 2015 | Surplus | Demand 2025 | Surplus |
|---|-----------------|-------------|---------|-------------|---------|
| Sheltered | | | | | |
| Rent (councils and Housing Association) | 1024 | 475 | 549 | 603 | 421 |
| Assume all reduction to come from Council owned Stock | | | | | |
| If Following sites Decommissioned | | | | | |
| Royal Jubilee court | | 79 | | | |
| SSS | | 55 | | | |
| Delderfield | | 14 | | | |
| Queens Street | | 31 | | | |
| Maygreen/Park Lane | | 31 | | | |
| Brunswick | | 47 | | | |
| | | 257 | | | |
| Units Available | | 767 | | | 257 |

Appendix 9

| Scenario as per report 4.5.8 | | Units Available | Demand 2015 | Deficit | Demand 2025 | Deficit |
|------------------------------|-------------------------------|-----------------|-------------|---------|-------------|---------|
| | Enhanced Sheltered | | | | | |
| | Rent | 0 | 95 | 95 | 121 | 121 |
| | Sale | 0 | 357 | 357 | 453 | 453 |
| | Extra Care | | 452 | 452 | 718 | |
| | Rent | 175 | 119 | -56 | 151 | -24 |
| | Sale | 20 | 446 | 426 | 567 | 547 |
| | | | | | | |
| | overall Surplus/Deficit Rent | | | | | 97 |
| | overall Surplus/Deficit Sale | | | | | 1000 |
| | Retirement Village RJC | | | 150 | | |
| | Retirement Village SSS | | | 200 | | |
| | | | | | | |
| | Total | | | 350 | | |
| | Assume 80/20 split Sale/Rent | | | Rent | 70 | |
| | | | | Sale | 280 | |
| | Revised Surplus /Deficit Rent | | | | | 27 |
| | Revised Surplus /Deficit Sale | | | | | 720 |

6.40 Summary

- The Council has restructured its sheltered housing service in an effective manner
- It has invested in its sheltered housing stock and most properties have been modernised to the maximum level
- There are a number of schemes that have a high number of bedsit properties which makes them unviable in the long term
- Not all schemes have full access to lifts for properties above the ground floor, if action is not taken to install lifts or this not economically viable then those properties are unlikely to have a long term future at least as accommodation for older people.
- There is potential for up to six schemes to be closed due to number of bedsits and one due to its lack of size
- Up to a further four schemes could also be closed if lift issues could not be addressed.
- Two schemes could be closed as part of regeneration of overall area.
- There are considerable redevelopment opportunities on the sites that could potentially close including the construction of additional Extra Care schemes

or a Retirement Village. This would assist in delivering properties to help address the projected pressures on adult social care budgets.

7 The Older Person living in General Needs Accommodation

7.1 The majority of this report has concentrated on what specialist housing is required for older people. There has not been a detailed examination to date of all the services that the Council and its partners provide to older people who wish and are able to remain living in their own general needs accommodation. However as has already been established the majority of older people live in their own homes and will continue to do so. The introduction of the Care Act re-emphasised the right of people to remain in their own homes and the role that local authorities have in making a person's housing needs to be an integral part of any needs assessment. It is worth repeating the points made at beginning of this report that an authority has:

- A general duty to promote wellbeing makes reference to suitable accommodation
- Housing not just the 'bricks and mortar', also includes housing related support or services
- Housing must be considered as part of an assessment process that may prevent, reduce or delay an adult social care need
- Information and advice should reflect housing options, as part of a universal service offer
- Care and support delivered in an integrated way with cooperation with partner bodies, including housing

7.2 In the Council's and CCG's better care funding submission it was highlighted the importance of having an integrated approach to services along with the importance of people being able to stay independent and remain in their own homes. Therefore this needs to be taken into consideration when both assessing and designing services. Currently Havering offer a variety of services which do assist people to remain within their own home. There is a specific work stream within the Better Care Plan –Intermediate Care Pathway which is aimed at building on the work and services that are already in place, including reablement, telecare, falls initiatives and the provision of aids and adaptations including DFG's. The Council spent over £600k last year giving Disabled Facility Grants to ensure that people were able to remain in their own home, 66% of this resource being spent on people over 65 (73 individual grants) . Separately the Council's Housing Department allocated £500k for similar work for tenants living in Council property.

7.3 There is evidence of good working relations between the Occupational Health Service and the Housing Grants team to ensure that schemes are progressed. What perceives to be lacking is housing itself being integrated into the work stream.

An older person living in their own home, especially if it is not a Council or Housing Association property, is unlikely to have a one stop place where they can go to receive advice. Often an issue relating to a person's home may be linked to other issues. For example an inability to keep their home in good repair may result in health issues e.g. falls, financial problems can equally result in problems e.g inability

to properly heat their home. Adopting a preventative approach to these issues is only possible if an integrated approach involving Housing, Health and Social Care is adopted. In the past Home Improvement Agencies were established which were able to provide (limited) financial support via grants, advice and practical assistance via, for example, handyman schemes to offer comprehensive support services to older home owners. Separately Havering do offer all the services that a Home Improvement agency would offer. It is considered that as part of the Intermediate Care Pathway, or a similar vehicle if this not appropriate, consideration be given to the establishment of a Home Improvement Agency or a similar vehicle.

8 Financial Savings

8.1 In undertaking this review the importance of trying to find savings to assist the Council in trying to cope with the pressures of increased demands especially in respect of adult social care costs has been emphasised.

8.2 Particular concern was expressed that savings that had been assumed to be accruing as a direct result of commissioning Dreywood Court were not being achieved. As has been detailed earlier in the report this is considered to be more to do with an over estimation of the potential savings that can occur, especially at the commencement of the contract, than Extra Care being more expensive. It does however illustrate the importance of ensuring that any future commissioning of Extra Care or Retirement Village schemes is carried out realistically.

8.3 Care has to be taken to ensure that any revenue associated contracts such as the Care are sufficiently flexible to enable changes to be made to it to reflect actual use rather than a fixed amount. With the introduction of personalisation Extra Care Providers are getting more used to contracts which contain a core element which guarantees them a fixed percentage and a flexible element which relies both on the actual care needs of the individuals who occupy the scheme and the fact that some of those may wish to exercise their right to have a personal budget.

8.4 Secondly in commissioning any scheme consideration should also be given as to whether a better and more flexible approach can be achieved by letting to the same provider both the Housing Management and care aspects of the contract. Some potential providers will strongly prefer this approach whilst others will not. The advantage of this approach is that overall responsibility remains with one provider and it can be easy to deliver an integrated service to the resident without having to be concerned whether a particular service is housing related or Care. Down side is that the provider has to be competent to deliver at an economic price for both Housing Management and Care.

8.5 If the Council uses its own land to develop an Extra Care or Retirement Village scheme it has the value of this to bring into any negotiations. With limited availability of grant there will almost certainly be an expectation by the potential provider and also the GLA that the land will be offered at a discounted value to assist in the development of the scheme. Entering into a formal joint venture may be able to improve the overall deal as this may enable the Council to be able to use its own borrowing ability (either within or outside HRA); however this would have to be considered in comparison with other investment opportunities which may be considered better.

8.6 In the longer term if sheltered accommodation remains vacant and therefore does not attract a rental income then this will be an adverse effect on the Council's HRA business plan and therefore closing the schemes and reinvesting the resource elsewhere is going to be beneficial to the Council. A separate piece of work is being undertaken to look at the housing needs of other vulnerable client groups it is possible that decommissioned sheltered schemes will be able to be used to house clients from these groups on a permanent or temporary basis and this could create some genuine savings. This aspect of the project will be developed over the next few weeks.

8.7 Finally in considering whether it is appropriate to form a Housing Improvement Agency consideration should be given as to whether this should be placed within the HRA . Given that housing staff already carry out adaptations for their own properties and also already have a support service for older people this is not without validity whilst any work carried out for non-council tenants would result in a re-charge this could still be as financially advantageous arrangement for both the HRA and General Fund.

Appendix 1

Existing Sheltered Schemes

| Bards Court Heaton Ave Harold Hill | | Site Size Approx. Hectares | 0.25 | Comment | Recommendation |
|---|----|----------------------------------|--------|--|-------------------------|
| Numbers | | Lift | No | Lift issue needs to be addressed . Otherwise generally popular & with relatively low on-going maintenance costs | Retain but install Lift |
| Bed Sit | 0 | Maintenance cost/unit | 17.97k | | |
| One | 28 | Maintenance cost Adjusted/unit | n/a | | |
| Two | 0 | Bedsit % | 0 | | |
| Three | 1 | Constructed | 1969 | | |
| Total | 29 | | | | |

| Beehive Court Gubbins Lane Harold wood | | Site Size Approx. Hectares | 0.64 | Comment | Recommendation |
|---|----|----------------------------------|--------|---|---|
| Numbers | | Lift | No | This site has both issue of relative large number of bedsits plus lack of Lift. If issue of bedsits is not capable of being addressed then property will not be viable and should be closed. Site is relatively large and would be suitable for redevelopment | Close unless bedsits can be reconfigured & Lift installed |
| Bed Sit | 13 | Maintenance cost/unit | 19.89k | | |
| One | 33 | Maintenance cost Adjusted/unit | 27.27k | | |
| Two | 2 | Bedsit % | 27% | | |
| Three | 0 | Constructed | 1973 | | |
| Total | 48 | | | | |

Appendix 9

| Brunswick court Bruswick Ave Upminster | | Site Size Approx. Hectares | 0.31 | Comment | Recommendations |
|---|----|----------------------------------|--------|---|-----------------|
| Numbers | | Lift | No | High number of bedsits with limited ability to convert, coupled with high maintenance costs and lack of lift means this scheme is a high priority for closure. Site may be suitable for GN development or independent older persons accommodation | Close |
| Bed Sit | 15 | Maintenance cost/unit | 21.8k | | |
| One | 31 | Maintenance cost Adjusted/unit | 30.98k | | |
| Two | 1 | Bedsit % | 31.91 | | |
| Three | 0 | Constructed | 1964 | | |
| Total | 47 | | | | |
| | | | | | |

| Charlbury Crescent Harold hill Romford | | Site Size Approx. . Hectares | 0.54 | Comment | Recommendation |
|---|----|------------------------------------|---------|---|----------------|
| Numbers | | Lift | Partial | A larger scheme with all one beds and Lift access to majority of block . Higher maintenance costs but considered to have a long term future | Retain |
| Bed Sit | | Maintenance cost/unit | 21.44k | | |
| One | 50 | Maintenance cost Adjusted/unit | n/a | | |
| Two | | Bedsit % | 0 | | |
| Three | 1 | Constructed | 1983 | | |
| Total | 51 | | | | |
| | | | | | |

| Cockabourne Archibald Rd Harold wood | | Site Size Approx. Hectares | 0.3 | Comment | Recommndation |
|---|----|----------------------------------|---------|--|-------------------------------|
| Numbers | | Lift | Partial | Generally meet scheme criteria ,although a smaller development no issue re bedsits but only partial Lift access although slightly high maintenance costs | Retain but address lift issue |
| Bed Sit | 22 | Maintenance cost/unit | 21.88k | | |
| One | 1 | Maintenance cost Adjusted/unit | N/a | | |
| Two | 0 | Bedsit % | 0 | | |
| Three | 0 | Constructed | 1970 | | |
| Total | 23 | | | | |
| | | | | | |

Appendix 9

| Cole Court Dorking Rd Harold Hill | | Site Size Approx. Hectares | 0.461 | Comment | Recommendation |
|--|----|----------------------------------|--------|---|----------------|
| Numbers | | Lift | Y | A popular scheme built to a good standard with no access or bedsit issues. Low maintenance costs mean this is a high priority to retain | Retain |
| Bed Sit | 0 | Maintenance cost/unit | 17.896 | | |
| One | 33 | Maintenance cost Adjusted/unit | n/a | | |
| Two | 2 | Bedsit % | 0 | | |
| Three | 0 | Constructed | 1984 | | |
| Total | 35 | | | | |

| Cottons & Fambridge Marks Rd Romford | | Site Size Approx. Hectares | 0.54 | Comment | Recommendation |
|---|----|----------------------------------|--------|--|----------------|
| Numbers | | Lift | Yes | A scheme close to Romford centre and generally popular , Relatively high maintenance costs and small number of bedisits overall size and popularity of scheme means should be retained | Retain |
| Bed Sit | 6 | Maintenance cost/unit | 21.357 | | |
| One | 48 | Maintenance cost Adjusted/unit | 23.972 | | |
| Two | 1 | Bedsit % | | | |
| Three | 0 | Constructed | 1978 | | |
| Total | 55 | | | | |

Appendix 9

| Delderfield Hse Portno close Romford | | Site Size Approx. Hectares | | Comment | Recommendation |
|---|----|----------------------------------|-------|---|---|
| Numbers | | Lift | N | This is the smallest scheme owned by Havering. Majority of site which contained bedsits has been disposed of and is being redeveloped by East Thames into family housing. Rest of scheme is likely to be unviable and not popular when new development is completed already becoming difficult to let | Close and possible sell site to East Thames to extend development |
| Bed Sit | 0 | Maintenance cost/unit | 18.33 | | |
| One | 14 | Maintenance cost Adjusted/unit | n/a | | |
| Two | 0 | Bedsit % | 0 | | |
| Three | 0 | Constructed | 1974 | | |
| Total | 14 | | | | |

| Dell Court Ravenscroft Grove Hornchurch | | Site Size Approx. Hectares | | Comment | Recommendation |
|--|----|----------------------------------|---------|--|--|
| Numbers | | Lift | Partial | This complex often considered with Ravenscroft however high percentage of Bedsits makes Dell as a separate unit potentially unviable and in need of closure if bedsits cannot be converted | Close if bedsits cannot be converted, consider use for alternative client group if development difficult due to location |
| Bed Sit | 23 | Maintenance cost/unit | 18.39 | | |
| One | 5 | Maintenance cost Adjusted/unit | 23.19 | | |
| Two | 1 | Bedsit % | 90 | | |
| Three | | Constructed | 1972 | | |
| Total | 29 | | | | |

Appendix 9

| Garrick house Adelphi Crescent Hornchurch | | Site Size Approx. Hectares | | Comment | Recommendation |
|--|----|----------------------------------|---------|--|---|
| Numbers | | Lift | partial | Popular scheme with low maintenance cost and partial lift access | Retain but install Lift to ensure full access |
| Bed Sit | 0 | Maintenance cost/unit | 16.98 | | |
| One | 40 | Maintenance cost Adjusted/unit | n/a | | |
| Two | 1 | Bedsit % | 0 | | |
| Three | 0 | Constructed | 1976 | | |
| Total | 41 | | | | |

| Holsworthy House Neave Crescent Harold Hill | | Site Size Approx. Hectares | 0.46 | Comment | Recommendation |
|--|----|----------------------------------|---------|---|---|
| Numbers | | Lift | Partial | Very low maintenance costs, popular and high priority to retain | Retain but install Lift to ensure full access |
| Bed Sit | 0 | Maintenance cost/unit | 12.192 | | |
| One | 40 | Maintenance cost Adjusted/unit | n/a | | |
| Two | 1 | Bedsit % | | | |
| Three | 0 | Constructed | 1976 | | |
| Total | 41 | | | | |

| Maygreen Crescent/ Park Lane | | Site Size Approx. Hectares | 0.7 | Comment | Recommendation |
|---|----|----------------------------------|--------|---|--|
| Numbers | | Lift | No | Is part of estate that although in reasonable which needs regenerating Needs to be redeveloped as part of overall redevelopment of area | Close as part of overall redevelopment |
| Bed Sit | 3 | Maintenance cost/unit | 23.659 | | |
| One | 27 | Maintenance cost Adjusted/unit | 26.193 | | |
| Two | 2 | Bedsit % | 9.68 | | |
| Three | | Constructed | 1968 | | |
| Total | 31 | | | | |

Appendix 9

| Queen Street Romford | | Site Size Aprox Hectares | 0.315 | Comment | Recommendation |
|-----------------------------|----|--------------------------------|--------|---|--|
| Numbers | | Lift | No | This is in an area which requires overall regeneration. Scheme part of scheme has also been adapted for use as homeless hostel although sheltered part is self-contained it is still dated and is not popular | Close as part of overall regeneration . Scheme could be used as temporary homeless hostel if demand dictates |
| Bed Sit | 0 | Maintenance cost/unit | 21.373 | | |
| One | 30 | Maintenance cost Adjusted/unit | n/a | | |
| Two | 0 | Bedsit % | n/a | | |
| Three | 0 | Constructed | 1960 | | |
| Total | 30 | | | | |

| Ravenscourt Grove Hornchurch | | Site Size Approx. Hectares | 0.425 (incl Dell) | Comment | Recommendation |
|-------------------------------------|----|----------------------------------|-------------------------|---|-------------------------|
| Numbers | | Lift | No | Scheme is linked to Dell where communal facilities are located. Generally popular but Lift access needs to be addressed. Would still be viable without Dell although issue of communal facilities | Retain but install Lift |
| Bed Sit | 0 | Maintenance cost/unit | 18.397 | | |
| One | 64 | Maintenance cost Adjusted/unit | n/a | | |
| Two | 1 | Bedsit % | N/a | | |
| Three | | Constructed | 1971 | | |
| Total | 65 | | | | |

| Royal Jubilee court Main Rd Romford | | Site Size Approx. Hectares | 1.095 | Comment | Recommendation |
|--|----|----------------------------------|---------|--|--|
| Numbers | | Lift | Partial | Scheme is located in prime position and site is very large. Land originally gifted to brough with restriction re use for elderly. High percent of bedsits makes scheme unviable Temporarily being used for re-ablement | Close scheme potential for redevelopment as care village or large extra care |
| Bed Sit | 54 | Maintenance cost/unit | 19.364 | | |
| One | 23 | Maintenance cost Adjusted/unit | 61.119 | | |
| Two | 2 | Bedsit % | 68.35 | | |
| Three | 0 | Constructed | ?? | | |
| Total | 79 | | | | |

Appendix 9

| Solar Serena Sunrise Sunrise Ave Hornchurch | | Site Size Approx. Hectares | 1.124 | Comment | Recommendation |
|--|----|----------------------------------|---------|---|---|
| Numbers | | Lift | Partial | This is a large site with 3 separate buildings. One Sunrise has large number bedsits and shared facilities. Site is prime for redevelopment | Close and redevelop . Possible site for Care Village, large Extra Care or general development |
| Bed Sit | 11 | Maintenance cost/unit | 19.293k | | |
| One | 42 | Maintenance cost Adjusted/unit | 24.116k | | |
| Two | 2 | Bedsit % | 20 | | |
| Three | 0 | Constructed | 1969 | | |
| Total | 54 | | | | |

| Thomas Sims Court Wood Lane Elm Park | | Site Size Approx. Hectares | 0.2875 | Comment | Recommendation |
|---|----|----------------------------------|---------|---|---|
| Numbers | | Lift | Partial | Popular with low maintenance cost even after adjusting for small number of bedsits. Very lively community model for other schemes to aspire to. Consider whether these can be modified also Lift needs to be installed to access some flats | Retain but install Lift and look to remodel bedsits |
| Bed Sit | 3 | Maintenance cost/unit | 12.317 | | |
| One | 28 | Maintenance cost Adjusted/unit | 13.592 | | |
| Two | 1 | Bedsit % | | | |
| Three | | Constructed | 1982 | | |
| Total | 32 | | | | |

| William TansleySmith Hacton Lane Hornchurch | | Site Size Approx. Hectares | 0.21 | Comment | Recommendation |
|--|----|----------------------------------|--------|--|----------------|
| Numbers | | Lift | Yes | Relatively small but all one bed with full access generally popular. With just above average maintenance costs | Retain |
| Bed Sit | 0 | Maintenance cost/unit | 19.476 | | |
| One | 22 | Maintenance cost Adjusted/unit | n/a | | |
| Two | 1 | Bedsit % | n/a | | |
| Three | 0 | Constructed | 1985 | | |
| Total | 23 | | | | |