



**COUNTY COUNCIL**  
**Social Services**

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# **VERY SHELTERED HOUSING**

## **Strategic Development Plan**

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# CONTENTS

PART I	Page
I. Introduction	3
i. The Policy Background	
II. Current Position	4
i. Cumbria SSD Committed Schemes Summary	
ii. The Strategic Emergence of Very Sheltered Housing	
III. Building Capacity & Partnerships	5
i. Enabling Service Delivery Model	7
IV. Funding	8
PART II: Very Sheltered Housing – Needs Analysis	
I. Methodology	9
i. Demographics	
ii. Attendance Allowance	
iii. Residential Care	
iv. ODPM – Supply Profiles	10
v. Ranking Profile	
Part III: Phased Development Plan	10

## I. INTRODUCTION

This document outlines the strategy to develop Very Sheltered Housing schemes across Cumbria that builds upon Cumbria Social Services three-year Commissioning Strategy for Community Care Services for Older People and their Carers.

This plan focuses on Cumbria Social Services strategic intent to assist in the planning, development and commissioning of very sheltered housing schemes for specific locations in Cumbria.

Applying work already undertaken to develop a commissioning strategy for community care services, this document will inform the commissioning of care services for schemes based on local community need and residential capacity. It will therefore be a significant contribution to joint planning and commissioning arrangements with partner organisations.

### i. The Policy background

The Royal Commission on the Funding of Long-term Care called for further expansion of alternatives to residential care, including the development of innovative housing schemes. Cumbria County Council responded to this in the Social Services Commissioning Strategy for services for older people and their carers, which was the result of a fundamental Best Value review of how services were commissioned and provided in Cumbria. The plan included some clear statements of intent regarding how the Department intended to respond strategically to the anticipated increases in the number of people aged over 85 years and the impact this will have on the residential and nursing home market. The plan stated:

*“It is proposed to expand the Care Market to include very sheltered housing as an alternative for many people who are currently admitted into residential care”.*

i.ii Cumbria County Council Corporate Strategy 2001 – 2002 and beyond included as one of its key objectives of improving services to the elderly with a specific target to;

- establish commitment from provider organisations to develop four very sheltered housing schemes.

i.iii Cumbria County Council Corporate Strategy and Performance Plan 2002 to 2005 under Support to vulnerable people has placed as a top priority to;

- put into practice the Commissioning Strategy for services to older adults.

i.iv The commissioning strategy 2002 outlines a three-year strategy for the commissioning of community care services for older people and their carers developed and agreed with local statutory and independent (including voluntary sector) partners in social care, health care and housing. This plan reflects the responsibilities detailed in the agreement ‘Building Capacity and Partnerships in Care’, published by the Department of Health and builds upon recently agreed Social Services commissioning strategy.

This plan demonstrates that support for older people is placing increasing demands upon services and signals a commitment to joint commissioning, integrated service provision and pooled funding to break down the unhelpful barriers between health and social care agencies by fully utilising the powers within Health Act Flexibility and Local Government Act arrangements.

The commissioning strategy proposes the expansion of prevention and rehabilitation services in order to maintain people in their own communities. The emphasis will be upon delivering effective services at affordable costs where they are needed and wanted by local people. The development of very sheltered housing is recognised in the strategy as being one of a range of services.

## II. CURRENT POSITION

### ii. Cumbria SSD: Scheme Summary

**Table One:** Very Sheltered Housing: Operational Schemes and Schemes in Development

AREA	SCHEME NAME	PARTNER AGENCY	NUMBER OF EXTRA CARE TENANCIES	IMPLEMENTATION DATE
Penrith	Lonsdale Court	Housing 21	20 potential tenancies only 16 VS tenants due to lack of voids	Operational
Carlisle	Burnside Court	Anchor Trust	Currently 10 VSH tenants, stepping up to 24 by 2005	Operational
Whitehaven	Monkwray Court	Anchor Trust	20 tenancies to be developed on an incremental basis over 36 months	Target start date 1 <sup>st</sup> Dec 2003
Appleby	Rampkin House	Eden HA	10 dwellings plus community support	Start date 24 <sup>th</sup> August 2003
Ambleside	Rowan Court	Impact HA	10 tenancies plus community support	Target start date January 2004
Millom	Jubilee Court	Home HA	14 tenancies	Housing Corporation Funding Approved. Provisional Start Date April 2004
Barrow	Site TBC	Anchor Trust	20 tenancies	New Funding Application to Housing Corporation Target start date 2004/5
Windermere	Birthwaite	SLDC	20 tenancies	Target start date April 2005
Dalton-in-Furness	?	?	Minimum 14	Target start date April 2005

### iii. The Strategic Emergence of Very Sheltered Housing

Over the past years sheltered housing has been one of the main options for older people to receive support and remain living independently. A report by the Audit Commission called 'Home Alone' however raised two questions relating to this housing provision.

- Is the accommodation in the right place, where needs are greatest?
- Is it of suitable quality?

Finding the right answers to these questions will be paramount if sheltered housing is to maintain a secure future as a provision for older people services. This report also evidenced that 87% of local authorities struggled with 'difficult to let' sheltered units. Suggesting that causal factors were in part the growth in residential care homes, the preference of older people to remain in ordinary housing, and the quality of the existing stock of public sector sheltered housing.

The limitations of traditional sheltered housing schemes has led to the emergence of various forms of 'very' sheltered housing which is distinguishable from the original model by:

- The provision of meal/meals
- The provision of additional services i.e. domiciliary care
- The possibility of a more barrier-free environment

In many ways, residential care and sheltered housing have moved closer together, with 'very' sheltered housing providing higher levels of on-site care and support that previously was only available in a residential care setting. This form of provision, however, only caters for a small proportion of the older population and that the vast majority of older people will choose to remain living in their own homes. Cumbria County Council supports this in policy and practice where it is widely agreed that very sheltered housing as a model is seen as one of a range of options and not a panacea.

## III. BUILDING CAPACITY AND PARTNERSHIPS

- iii.i The Department is keen to work in partnership with key strategic organisations to develop very sheltered housing that aims to fulfil joint and complimentary outcomes in service delivery. To do this effectively apart from provision of long-term accommodation, sheltered housing schemes with intensive social care support could also include the provision of;
- rehabilitation services;
  - respite;
  - short term support;
  - day care;
  - location for prevention initiatives;
  - healthy living centre;
  - base for floating support services,

- link with existing residential care home;
- specialist resource for older people with mental health needs seeking better outcomes.

Although the list is not exclusive it demonstrates the potential for a wide range of partners, including health, voluntary organisations, local authority housing providers, and independent sector providers.

iii.ii Making links with District Council housing providers, independent sector providers and supporting People Commissioning Body enables better outcomes for the future role of sheltered housing schemes. Evidence shows that new residents of sheltered housing are getting older and more physically frail. Sheltered and/or warden supported accommodation is often seen as an interim measure before or in preference to residential care. Local authorities and housing providers are therefore being challenged to make best use of the stock and service provision to meet consumer demand by:

- Improving the marketing of accommodation and services to all potential older people
- Improving letting arrangements and procedures
- Assessing local demand and supply
- Financial modelling on each scheme to demonstrate profit/loss and income where possible, the cost benefits for other providers i.e. health and Social services
- Appraising the stock conditions and service delivery
- Reviewing the links with other community services and
- Identifying appropriate solutions and outcomes on re-provisioning services or maintaining existing delivery.

iii.iii Under Supporting People arrangements, contract reviews will need to be undertaken to inform the overriding Best Value review mechanisms and help deliver local authority and provider strategies and meet Supporting People priorities. These reviews will directly reflect sheltered housing strategic planning in the way services are planned and delivered giving an overall understanding of the effectiveness of each scheme.

Some of these include:

- Clarity about the range of needs that scheme is currently meeting
- How well needs are currently being met
- The cost effectiveness of services
- Ability to adapt to meet medium and long term needs
- The quality of the building and its facilities
- The relationship and mix of services going into the scheme
- The relationship of the scheme with the community in which it is based; and
- Demand.

The Supporting People Strategy requires the Commissioning Body to have a strategic plan for the long-term provision of sheltered housing. This is intended to take into account the balance of needs and range of provision for a diverse older population in the future. It will also consider the capacity of sheltered housing to provide support to the neighbourhood and the wider community.

iii.iv The “Enabling” Service delivery model suggested by The Audit Commission’s Joint Review provides a useful tool to analyse the status of current sheltered housing services.

**i. Enabling Service Delivery Model**

*Enhancing Safety*

Dependence

<p>Dependence</p>	<p>Independence ? ;?</p>	<p><b>STIFLING</b></p> <ul style="list-style-type: none"> <li>• Residential care</li> <li>• Nursing home</li> <li>• Delayed discharge</li> </ul>	<p><b>ENABLING</b></p> <ul style="list-style-type: none"> <li>• Very sheltered housing</li> <li>• Rehabilitation services</li> <li>• Resource centres</li> </ul>
		<p><b>RESCUING</b></p> <ul style="list-style-type: none"> <li>• Accident and emergency admissions of older people</li> <li>• Unplanned admissions to residential care</li> </ul>	<p><b>OUT ON A LIMB</b></p> <ul style="list-style-type: none"> <li>• Loneliness and isolation at home or in sheltered accommodation?</li> <li>• Lack of support to carers create care breakdowns</li> </ul>

*Less safe/unmanaged risk*

This model would put some residential/nursing and some hospital care into the stifling quadrant; some category 1 and 2 sheltered houses into services somewhat out on a limb, with too little support for tenants as their needs intensify. Very sheltered housing appears in the enabling quadrant.

iii.v Using this model will focus strategic thinking to consider outcomes that a scheme generates and therefore gives a clearer indication of the strategic objectives that are being worked towards. The strategic questions that are likely to arise from using the service delivery model framework in respect of housing and residential needs are:

- What are the estimates on the proportion of local services in each quadrant?
- How can services be re-shaped, re-engineered or decommissioned in order to move towards enabling at a strategic level?
- To what extent do current and future service plans lead towards promoting the enabling quadrant?
- How is the enabling service model and philosophy reflected in joint strategies and plans?

Cumbria social services very sheltered strategy can demonstrate the use of the enabling model. As depicted in Table One (paragraph 1) Lonsdale Court and Burnside Court, demonstrate how the Department has worked in partnership to

assist the re-shaping and re-engineering of both schemes. Lonsdale Court underwent a three-year programme to remodel the facilities to provide a better standard of accommodation to improve the market take-up of sheltered provision and provide intensive support services to tenants.

The approach to Burnside Court differed in that social care funded by social services on a spot purchase arrangement was re-engineered to provide the tenants with an on-site care team by block contracting arrangements.

Both schemes depict the different approaches used by Social Services and partner organisations by applying the “Enabling” service delivery model to achieve a better outcome for older people moving to sheltered housing by re-designing the environment that seeks to enhance safety and promote independence.

## IV. FUNDING

- iv.i Social Services contribution towards partnership arrangements is to provide funding for the social care support service – domiciliary/personal care – via block contracting arrangements to establish an on-site care provision. The block contract will be for an agreed set period of no more than three years subject to contract monitoring reviews and quality assurance standards being maintained. Requests for funding from Social Services will be considered on an annual basis in line with social service resource allocation procedures.
- iv.ii The service will be assessed and provided by social services as agreed with the service user, and detailed in a care plan. This service will therefore come under the charging policy of social services and be charged in accordance with these procedures. All non-related domiciliary care support will be the responsibility of the housing provider and will be subject to the rules defined under Transitional Housing Benefit and from April 2003 Supporting People.



## Part II: VERY SHELTERED HOUSING – NEEDS ANALYSIS

- ii.i The intention of this analysis is to determine the demand and service development of very sheltered dwellings in Cumbria. This is achieved by analysing information based on Attendance Allowance claims, demographics and supply data of registered residential care. To enable meaningful comparisons across the six districts in Cumbria, (Allerdale, Copeland, Carlisle City, Eden, South Lakes and Barrow) 43 communities have been identified based on geographical ward locations. (See appendix a, which lists each location and the wards identified that form part of the Community). Whilst these locations are discretionary and subject to bias, the release of Census 2001 information will enable more detailed planning based on parish profiles. In addition to this at some stage wider consultation could be undertaken to determine natural communities across Cumbria.

### II.II METHODOLOGY

#### ii.ii.i Demographics

To establish the total population and older adult population figures for each of the Communities, data was taken from each ward profile in Cumbria, supplied by the office for National Statistics, Policy and Research Unit 2000. To bring this information up to date for 2001, district wide percentage increases were added to each ward for the three age bands 60 – 74, 75-84 and 85+, (See appendix bi - bvi)

#### ii.ii.ii Attendance Allowance

Previous research determining need levels has concentrated on the provision of community care hours purchased by social services teams. This method however relies upon the discretion and bias of social work assessments and eligibility criteria. It is a fair assumption that service users needing support commissioned by social services should also be in receipt of Attendance Allowance, however, not all benefit claimants of this allowance may necessarily be receiving social care purchased by social services or be eligible for a service. The nature of this non-means tested benefit is also characterised by the two levels of award and therefore enables quantification of the numbers of older people with high or low care needs.

To establish the number of people in receipt of this benefit a percentage increase was applied to all wards taken from district wide figures for 2002 and ward figures for 1998.

**N.B.** It is acknowledged that in 2000 some of the wards in Cumbria underwent boundary changes and therefore these figures will need to be updated once more up to date figures are released. (see appendix bi - bvi).

#### ii.ii.iii Residential Care

Information was supplied by the research undertaken which informed the Commissioning strategy for social care services for older people. This data included both total number of registered residential care and current level of care funded by Cumbria Social Services in the private sector and Cumbria Care homes. The results

of which were applied to the community profiles to establish the level of existing residential care for each location (see appendix bi - bvi).

#### **ii.ii.iv ODPM – Supply Profiles**

For use by the Supporting People Team the Office of the Deputy Prime Minister earlier this year released supply profiles identifying a projected higher and lower range of supported housing provision for each of the six districts in Cumbria. Based on total population figures these profiles have been used to provide an indicative total of very sheltered dwellings that could be sustained in each of the 43 communities (see appendix a).

#### **ii.ii.v Ranking Profile**

The results of this analysis are shown in appendix C, which details the locations in each district against the criteria listed. This is followed by appendix D that has placed the communities in order of priority based on current need and supply of residential care. The ranking of each community is compared to the ODPM supply data to provide an indicative number of units per scheme that could be sustained in each location compared with the number of units per scheme based on current need.

**ii.ii.vi** The outcome of this analysis presents 21 possible location where a very sheltered scheme could be developed based on a minimum of 10 units per scheme.

### **PART III. Phased Development Plan**

**iii.i** The Commissioning Strategy for Community Care Services for Older People and their Carers presented a range of options for the future provision of residential care applying different scenarios to meet rising demand. Scenario three considered the option of maintaining the current level of residential care placements funded by social services by diverting service users to alternative provisions of support. Following this model for resource planning a phased development plan can be implemented for very sheltered housing.

**iii.ii** The results of this plan are depicted in the following table (iii.iii). This table details the ranking order of each location, with the total number of dwellings to be commissioned over the next ten years maintaining a total in accordance with scenario three. This plan should not however preclude opportunistic planning as the development of any scheme will be dependent on a number of external factors that social services will have little influence over.

iii.iii Very sheltered housing – phased development plan

Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Penrith Lonsdale Crt	20	20	20	20	20	20	20	20	20	20	20	20	20
Carlisle Nrth Burnside Crt	8	14	24	24	24	24	24	24	24	24	24	24	24
Windermere Birthwaite				20	20	20	20	20	20	20	20	20	20

Barrow X 3 VSH				20	20	20	20	20	20	20	20	20	20
											28	28	28
													28
Millom Jubilee Crt			14	14	14	14	14	14	14	14	14	14	14
Appleby Rampkin Hse		10	10	10	10	10	10	10	10	10	10	10	10
Ambleside Rowan Crt			10	10	10	10	10	10	10	10	10	10	10
Dalton				14	14	14	14	14	14	14	14	14	14
Egremont					14	14	14	14	14	14	14	14	14
Cockermouth					20	20	20	20	20	20	20	20	20
Cleator Moor						20	20	20	20	20	20	20	20

Kendal X 2 VSH						20	20	20	20	20	20	20	20
											24	24	24
							20	20	20	20	20	20	20

												20	20
Ulverston							28	28	28	28	28	28	28
								20	20	20	20	20	20

												25	25
Arnside								15	15	15	15	15	15
Grange									18	18	18	18	18
Maryport									18	18	18	18	18
Whitehaven Monkway Crt		8	14	28	28	28	28	28	28	28	28	28	28
Carlisle South										20	20	20	20
Wigton										12	12	12	12
<b>Total VSH dwellings</b>	<b>28</b>	<b>52</b>	<b>92</b>	<b>160</b>	<b>194</b>	<b>234</b>	<b>282</b>	<b>317</b>	<b>353</b>	<b>385</b>	<b>437</b>	<b>482</b>	<b>510</b>
<b>Commissioning Plan – Scenario 3</b>	<b>60</b>	<b>100</b>	<b>140</b>	<b>180</b>	<b>220</b>	<b>260</b>	<b>300</b>	<b>340</b>	<b>380</b>	<b>420</b>	<b>460</b>	<b>500</b>	<b>540</b>

## Appendix A: COMMUNITY PROFILES BY DISTRICT

COMMUNITIES	WARDS INCLUDED
<b>SOUTH LAKES</b>	
Ambleside	Coniston, Lakes Ambleside, Lakes Grasmere, Hawkshead
Kendal	Whinfell, Lyth Valley, Levens, Natland, Kendal Underley, Kendal Strickland, Kendal Stonecross, Kendal Parks, Kendal Oxenholme, Kendal Nether, Kendal Mintsfeet, Kendal Kirkland, Kendal Highgate, Kendal Heron Hill, Kendal Glebelands, Kendal Fell, Kendal Far Cross, Kendal Castle, Burneside
Ulverston	Low Furness & Swarthmoor, Ulverston Central, Ulverston East, Ulverston North, Ulverston South, Ulverston Town, Ulverston West, Broughton, Crake Valley
Windermere	Staveley-in-Westmoreland, Windmere Applethwaite, Windmere Bowness North, Windmere Bowness South, Windmere Town
Sedbergh	Sedbergh
Kirkby Lonsdale	Kirkby Lonsdale
Arnside	Arnside & Beetham, Burton & Holme, Crooklands, Milnthorpe,
Grange	Staveley-in-Cartmel, Holker, Grange, Cartmel
<b>BARROW</b>	
Dalton	Dalton South, Dalton North
Barrow – in-Furness	Parkside, Risedale, Ormsgill, Walney North, Walney South, Roosecote, Newbarns, Hawcoat, Barrow Island, Central, Hindpool
<b>COPELAND</b>	
Whitehaven	Bransty, Harbour, Hensingham, Hillcrest, Kells, Mirehouse, Sandwith, Moresby
Millom	Haverigg, Millom Without, Newtown, Holborn Hill

N.B. Areas in bold (e.g. **Penrith**) represent schemes either established or with SSD commitment to fund domiciliary care contract.  
 Project management timescale prior to launch (Typically 2 years planning/implementation/commissioning)

Egremont	Egremont South, Egremont North, Beckermet
Cleator Moor	Cleator Moor North, Cleator Moor South, Ennerdale
Frizington	Frizington, Arlecdon
St.Beas	St Beas
Gosforth	Gosforth
Seascale	Seascale
Bootle	Bootle
Distington	Distington

<b>ALLERDALE</b>	
Silloth	Silloth, Holme
Aspatria	Aspatria, Wharrels, Solway, Boltons
Maryport	Netherhall, Ellenborough, Ewanrigg, Flimby
Keswick	Keswick, Derwent Valley
Workington	St John's, St Michael's, Clifton, Seaton, Moss Bay, Moorclose, Harrington, Stainburn,
Marsh	Marsh
Cockermouth	All Saints, Broughton St Bridget's, Crummock, Christchurch, Dalton
Wigton	Wigton, Waver, Warnell, Wampool
<b>CARLISLE</b>	
Dalston	Dalston
Burgh	Burgh
Carlisle West	Denton Holme, Upperby, Currock, Yewdale, Morton, Belle Vue
Carlisle Nrth	Castle, Belah, Stanwix Rural, Stanwix Urban
Carlisle S'th	Botcherby, Harraby, St Aidans
Wetheral	Wetheral, Hayton, Great Corby & Geltsdale
Longtown	Longtown & Rockcliffe, Lyne
Brampton	Brampton, Irthing
<b>EDEN</b>	
Penrith	Penrith Carleton, Penrith East, Penrith North, Penrith Pategill, Penrith South, Penrith West
Alston	Alston Moor
Appleby	Appleby, Appleby Bongate, Kirkby Thore, Long Marton, Morland, Warcop
Greystoke	Greystoke, Dacre, Ullswater, Skelton
Hesket	Hesket, Kirkoswald, Lazonby, Hartside, Langwathby
Kirkby Stephen	Kirby Stephen, Brough, Orton with Tebay, Ravenstonedale
Shap	Shap, Askham, Eamont, Crosby Ravensworth

## Appendix Bi: South Lakes District Results Table

	Community	Total Population on 1999	60 – 74 2001	75 – 84 2001	85+	Attendance Allowance All Claims 2002	Attendance Allowance High Rate 2002	Registered Residential Beds	SSD Supported + Cumbria Care Beds
<b>South Lakes District</b> ODDM Supply Profiles Very Sheltered Dwellings 44:135	Ambleside	8358	1319	631	182	208	70	0	0
	Kendal	37477	5817	2462	677	940	390	188	125
	Ulverston	20403	3286	1159	448	800	293	133	111
	Windermere	104479	1787	868	316	266	79	62	61
	Sedbergh	3773	618	235	74	88	40	21	5
	Kirkby Lonsdale	2551	403	212	73	71	29	17	5
	Arnsdale	10890	2048	952	350	368	168	95	39
	Grange	9279	2121	1092	424	554	223	143	74

**Appendix Bii: Results Table**

Barrow District 29:90	Community	Total Population on 1999	60 – 74 2001	75 – 84 2001	85+	Attendance Allowance All Claims 2002	Attendance Allowance High Rate 2002	Registered Residential Beds	SSD Supported + Cumbria Care Beds
	Dalton	11965	1526	568	119	434	163	60	31
	Barrow – in Furness	58281	8722	3138	765	2676	852	349	271



**Appendix Biii: Results Table**

Copeland District 29:88	Community	Total Population on 1999	60 – 74 2001	75 – 84 2001	85+	Attendance Allowance All Claims 2002	Attendance Allowance High Rate 2002	Registered Residential Beds	SSD Supported + Cumbria Care Beds
	Whitehaven	26409	3763	1353	322	761	295	209	155
	Millom	8983	1379	600	177	279	93	84	47
	Egremont	10906	1564	580	148	305	99	34	34
	Cleator Moor	7917	1146	379	83	252	88	38	38
	Frizington	3961	567	201	36	69	22	0	0
	St.Bees	1651	194	77	14	23	10	0	0
	Gosforth	1563	264	108	24	29	9	0	0
	Seascale	2847	527	185	42	43	17	3	2
	Bootle	1370	216	100	36	42	9	0	0
Distington	4156	616	238	80	93	31	41	13	

## Appendix Biv: Results Table

Allerdale District 40:122	Community	Total Population on 1999	60 – 74 2001	75 – 84 2001	85+	Attendance Allowance All Claims 2002	Attendance Allowance High Rate 2002	Registered Residential Beds	SSD Supported + Cumbria Care Beds
	Silloth	4854	958	398	116	93	57	74	24
	Aspatria	8087	1433	554	171	184	74	27	20
	Maryport	12124	2022	740	244	441	209	121	68
	Keswick	6955	1383	764	298	206	90	59	36
	Workington	32335	5400	1904	594	1092	418	213	150
	Marsh	1688	301	105	25	39	21	0	0
	Cockermouth	15383	2555	911	357	439	212	90	43
	Wigton	10847	1782	642	239	210	90	81	55

## Appendix Bv: Results Table

Carlisle District 42:129	Community	Total Population on 1999	60 – 74 2001	75 – 84 2001	85+	Attendance Allowance All Claims 2002	Attendance Allowance High Rate 2002	Registered Residential Beds	SSD Supported + Cumbria Care Beds
	Dalston	5453	911	453	202	57	20	0	0
	Burgh	2019	268	139	78	34	7	0	0
	Carlisle West	34914	5128	2035	606	985	368	195	140
	Carlisle Nrth	21573	3198	1368	398	543	228	40	26
	Carlisle S'th	17412	2582	974	288	426	166	151	114
	Wetheral	8374	1208	555	237	158	71	54	26
	Longtown	6100	888	358	135	122	55	71	29
	Brampton	6474	939	505	207	156	77	76	45

## Appendix Bvi: Results Table

Eden District 21:64	Community	Total Population on 1999	60 – 74 2001	75 – 84 2001	85+	Attendance Allowance All Claims 2002	Attendance Allowance High Rate 2002	Registered Residential Beds	SSD Supported + Cumbria Care Beds
	Penrith	15089	2399	1096	352	482	183	165	80
	Alston	2129	310	138	43	35	13	19	19
	Appleby	7954	1297	486	153	134	51	29	26
	Greystoke	5695	979	337	63	97	31	0	0
	Hesket	8107	1240	415	109	143	60	0	0
	Kirkby Stephen	5961	924	384	121	155	71	82	40
	Shap	5370	891	299	84	148	58	0	0

## Appendix C: Ranking by Districts

AREA	AA High Rate Need per 1000 pop over 60	Ranking	AA total claims Need per 1000 pop over 60	Ranking	SSD funded + Cumbria Care residential care. Need per 1000 pop over 75	Ranking	Total registered residential care. Need per 1000 pop over 75	Ranking	Total registered residential care. Need per 1000 total population	Ranking
<b>Ambleside</b>	32.8	<b>22</b>	97.5	<b>22</b>	0	<b>43</b>	0	<b>43</b>	0	<b>43</b>
Kendal	37.1	<b>28</b>	104.9	<b>25</b>	39.8	<b>24</b>	59.8	<b>24</b>	5.01	<b>23</b>
Ulverston	56.8	<b>40</b>	163.4	<b>41</b>	69.07	<b>8</b>	82.7	<b>17</b>	6.5	<b>16</b>
Windermere	26.2	<b>16</b>	89.5	<b>18</b>	51.5	<b>16</b>	52.3	<b>27</b>	5.9	<b>18</b>
Sedbergh	25.8	<b>15</b>	94.9	<b>21</b>	16.1	<b>30</b>	67.9	<b>23</b>	5.56	<b>20</b>
Kirkby Lonsdale	24.7	<b>11</b>	103.1	<b>24</b>	17.5	<b>29</b>	59.6	<b>25</b>	6.66	<b>13</b>
Arnside	43.5	<b>32</b>	109.8	<b>27</b>	29.9	<b>27</b>	72.9	<b>20</b>	8.7	<b>7</b>
Grange	46.1	<b>36</b>	152.3	<b>39</b>	48.8	<b>17</b>	94.3	<b>12</b>	15.4	<b>1</b>
<b>Dalton</b>	60.5	<b>41</b>	196.1	<b>42</b>	45.1	<b>21</b>	87.3	<b>15</b>	5	<b>23</b>
Barrow – in- Furness	64.5	<b>43</b>	211.9	<b>43</b>	69.4	<b>6</b>	89.4	<b>14</b>	5.9	<b>18</b>
<b>Whitehaven</b>	48.1	<b>37</b>	139.9	<b>37</b>	92.5	<b>2</b>	124.7	<b>5</b>	7.9	<b>9</b>
Millom	32	<b>21</b>	129.4	<b>34</b>	60.4	<b>11</b>	108.1	<b>9</b>	9.3	<b>5</b>
Egremont	43.1	<b>31</b>	133	<b>35</b>	46.7	<b>18</b>	46.7	<b>28</b>	3.1	<b>30</b>

Cleator Moor	54.7	<b>39</b>	156.7	<b>40</b>	82.2	<b>4</b>	82.2	<b>18</b>	4.7	<b>25</b>
Frizington	27.3	<b>18</b>	85.8	<b>16</b>	0	<b>43</b>	0	<b>43</b>	0	<b>43</b>
St.Bees	35	<b>26</b>	80.7	<b>12</b>	0	<b>43</b>	0	<b>43</b>	0	<b>43</b>
Gosforth	22.7	<b>10</b>	73.2	<b>8</b>	0	<b>43</b>	0	<b>43</b>	0	<b>43</b>
Seascale	21.2	<b>9</b>	57	<b>3</b>	8	<b>32</b>	13.2	<b>32</b>	1	<b>32</b>
Bootle	25.5	<b>14</b>	119.3	<b>31</b>	0	<b>43</b>	0	<b>43</b>	0	<b>43</b>
Distington	8.5	<b>1</b>	99.5	<b>23</b>	40.8	<b>22</b>	128.9	<b>4</b>	9.8	<b>4</b>
<b>Silloth</b>	19	<b>7</b>	63	<b>4</b>	46.6	<b>19</b>	143.9	<b>3</b>	15.2	<b>2</b>
Aspatria	33	<b>23</b>	85.2	<b>15</b>	27.5	<b>28</b>	37.2	<b>30</b>	3.3	<b>28</b>
Maryport	62	<b>42</b>	146.7	<b>38</b>	69.1	<b>7</b>	122.9	<b>6</b>	9.9	<b>3</b>
Keswick	28	<b>19</b>	84.2	<b>14</b>	33.8	<b>26</b>	55.5	<b>26</b>	8.4	<b>8</b>
Workington	46	<b>35</b>	138.2	<b>36</b>	60	<b>12</b>	85.2	<b>16</b>	6.5	<b>16</b>
Marsh	49	<b>38</b>	90.4	<b>19</b>	0	<b>43</b>	0	<b>43</b>	0	<b>43</b>
Cockermouth	44	<b>33</b>	114.8	<b>29</b>	33.9	<b>25</b>	70.9	<b>21</b>	5.8	<b>19</b>
Wigton	25	<b>13</b>	78.8	<b>10</b>	62.4	<b>10</b>	91.9	<b>13</b>	7.4	<b>10</b>

<b>Dalston</b>	13	<b>2</b>	36.3	<b>1</b>	0	<b>43</b>	0	<b>43</b>	0	<b>43</b>
Burgh	14	<b>4</b>	70.1	<b>6</b>	0	<b>43</b>	0	<b>43</b>	0	<b>43</b>
Carlisle West	41	<b>29</b>	126.8	<b>33</b>	53	<b>15</b>	73.9	<b>19</b>	4	<b>27</b>
Carlisle Nrth	43	<b>30</b>	109.3	<b>26</b>	14.7	<b>31</b>	22.6	<b>31</b>	1.2	<b>31</b>
Carlisle S'th	36	<b>27</b>	110.8	<b>28</b>	90.3	<b>3</b>	119.6	<b>7</b>	6.5	<b>16</b>
Weatheral	29	<b>20</b>	79	<b>11</b>	45.4	<b>20</b>	68.2	<b>22</b>	4.2	<b>26</b>
Longtown	13	<b>3</b>	88.4	<b>17</b>	58.9	<b>13</b>	144.3	<b>2</b>	4.7	<b>25</b>
Brampton	33	<b>24</b>	94.4	<b>20</b>	63.2	<b>9</b>	106.7	<b>10</b>	6.9	<b>11</b>
<b>Penrith</b>	18.9	<b>6</b>	125.3	<b>32</b>	55.2	<b>14</b>	114	<b>8</b>	5.3	<b>21</b>
Alston	26.5	<b>17</b>	71.3	<b>7</b>	105	<b>1</b>	105	<b>11</b>	8.9	<b>6</b>
Appleby	24.8	<b>12</b>	69.2	<b>5</b>	40.6	<b>23</b>	45.3	<b>29</b>	3.2	<b>29</b>
Greystoke	16.9	<b>5</b>	53	<b>2</b>	0	<b>43</b>	0	<b>43</b>	0	<b>43</b>
Hesket	34	<b>25</b>	81	<b>13</b>	0	<b>43</b>	0	<b>43</b>	0	<b>43</b>
Kirkby Stephen	20.7	<b>8</b>	78.3	<b>9</b>	79.2	<b>5</b>	162.3	<b>1</b>	6.7	<b>12</b>
Shap	45.5	<b>34</b>	116	<b>30</b>	0	<b>43</b>	0	<b>43</b>	0	<b>43</b>

## Appendix D

## Ranking by location identifying very sheltered housing scheme size

AREA	Combined Ranking	Very Sheltered Units per total population	Very Sheltered Units per need	Outcome No. of units per Area
Shap	193	6.7	7.8	
Marsh	186	2.1	1.5	
Bootle	174	1.6	1.9	
<b>Ambleside</b>	<b>173</b>	<b>10.8</b>	<b>8.7</b>	<b>VSH x 10</b>
Hesket	167	10.3	7.6	
St.Beas	167	2	1	
Frizington	163	4.9	3.1	
<b>Carlisle Nrth</b>	149	27	28	<b>VSH x 27.5</b>
Gosforth	147	1.9	1.3	
<b>Dalton</b>	<b>142</b>	<b>15.3</b>	<b>12.5</b>	<b>VSH x 14</b>
<b>Egremont</b>	<b>142</b>	<b>13.7</b>	<b>14</b>	<b>VSH x 14</b>
Burgh	139	2.4	1.6	
Greystoke	136	7.2	5.1	



Dalston	132	6.8	2.8	
<b>Cockermouth</b>	<b>127</b>	<b>20.2</b>	<b>20.2</b>	<b>VSH x 20</b>
<b>Cleator Moor</b>	<b>126</b>	<b>9.9</b>	<b>11.6</b>	<b>VSH x 10</b>
Aspatia	124	10.6	7.8	
<b>Barrow – in-Furness</b>	<b>124</b>	<b>74.7</b>	<b>77.4</b>	<b>VSH x 76</b>
<b>Kendal</b>	<b>124</b>	<b>49</b>	<b>39.7</b>	<b>VSH x 44</b>
<b>Carlisle West</b>	<b>123</b>	<b>43.8</b>	<b>51</b>	<b>VSH x 47</b>
<b>Ulverston</b>	<b>122</b>	<b>26.6</b>	<b>33.7</b>	<b>VSH x 30</b>
<b>Workington</b>	<b>115</b>	<b>42.7</b>	<b>48.1</b>	<b>VSH x 45</b>
Arnside	113	14.17	15.5	<b>VSH x 15</b>
Sedbergh	109	4.86	3.7	
Seascale	108	3.5	1.9	
Grange	105	12	23.3	<b>VSH x 18</b>
Kirkby Lonsdale	102	3.37	2.9	
Weatheral	99	10.4	8	

<b>Appleby</b>	98	10.1	7.1	<b>VSH x 10</b>
Maryport	96	15.9	19.3	<b>VSH x 18</b>
<b>Windermere</b>	95	13.6	11.2	<b>VSH x 12</b>
Keswick	93	9	9.5	
Whitehaven	90	33.2	35.2	<b>VSH x 34</b>
Carlisle S'th	81	21.9	22	<b>VSH x 22</b>
<b>Penrith</b>	81	19.1	25.6	<b>VSH x 22</b>
<b>Millom</b>	80	11.2	12.8	<b>VSH x 12</b>
Brampton	74	8.1	7.9	
Longtown	60	7.6	6.3	
Wigton	56	14.2	9.7	<b>VSH x 12</b>
Distington	54	5.1	4.2	
Alston	42	2.6	1.8	
Kirkby Stephen	35	7.5	8.2	
Silloth	35	6.3	5.1	

