

Housing with support strategy

Chapter 1 – Older people

What needs do older people have in terms of accommodation?

As people age they can experience a change in their health and an increase in conditions that impact on their general wellbeing. Life circumstances also impact on wellbeing such as loss of a loved one or change in financial status. It is widely recognised that housing can play a key part in a person's health and wellbeing with the right accommodation enabling people to live at home for longer whereas poor or inappropriate accommodation can result in a deterioration or loss of independence. NHS England reflects this with a recently issued (Oct 2016) "Quick Guide: Health and Housing" which focuses on three elements: how housing can help prevent people from being admitted to hospital; how housing can help people be discharged from hospital; and how housing can support people to remain independent in the community.¹

The main things that affect older people in relation to housing are:

Accessibility - a person's ability to get around can reduce as they get older, physical causes of this vary from: injury, such as after a fall; illness such as COPD; stroke; sensory impairment; or dementia. The environment a person lives in can help or hinder them in getting around, supporting independence often starts with ensuring that a person can access all that they need to in their own home. Stairs and layout of the home can be a barrier to full accessibility, disabled facilities grants can pay for adaptations to make accommodation accessible.

Security features highly in older people's wellbeing and their accommodation plays a key part in whether they feel safe and secure. This might relate to location of the property or physical aspects of the building such as window and door locks. A feeling of insecurity can impact on mental health leading to anxiety and social isolation so that ensuring that people can access accommodation where they feel safe is linked to their health and general wellbeing.

Social isolation and loneliness are increasingly a problem for older people and can have a major impact on mood, wellbeing and mental health. Retirement for instance can bring a time of contentment but it can also signify a major change with a loss of routine and social contacts. Loss of a spouse can often lead to a reduction in or withdrawal from social networks and can compound a situation where someone finds themselves increasingly on their own. Being alone is not always a problem and won't

¹ Quick Guide: Health and Housing Transforming Urgent and Emergency Care Services in England NHSE October 2016 DOH and PHE

have a negative impact on everyone but for many it can lead to depression and loneliness. Accommodation can be a causal factor or, conversely, can address the issue by providing social opportunities locally.

Many older people are carers, that is to say they spend a large proportion of their time looking after a relative or friend. As dementia is more prevalent in older age and is increasing the number of people caring for someone with this condition has increased. In a 2014 report Alzheimer's Society calculated that "the number of people with dementia in the UK is forecast to increase to over 1 million by 2025 and over 2 million by 2051" and that informal carers provided £11.6 billion of support to people with dementia.²

There are a large number of older people who develop dementia. Whilst dementia does not necessarily impose any specific requirements for accommodation it can often lead to a residential placement due to care and support needs or due to the impact on a carer. Housing with support can extend the period a person with dementia can cope at home but any move needs to be accomplished before the condition reaches a level where a move is not possible. For this reason early intervention is recommended but there are various barriers to this including the wishes of the individual and the limits of funding for prevention measures.

To some extent all of the above identified needs can be addressed through appropriate accommodation. Sometimes people need help and support with anything from benefits advice to finding a local interest group and these interventions can be the lifeline that helps an individual to manage in their own home. The caring role is a demanding one which can impact on an individual's wellbeing, it can increase social isolation for instance. The location and proximity to support and social opportunity can be key to helping a carer continue to support somebody at home. In addition the availability of suitable respite opportunities for the cared for can have an important part to play in ensuring a carer can continue in their role. Accommodation with care and support onsite can ensure the people living there get the support they need.

People do not generally live in supported accommodation unless or until there is a need to so there is generally a decision to move required which for older people can have a number of barriers: how to buy and sell a property might not be within recent experience and can feel daunting; how to organise a move might not be familiar or feel achievable for an individual; how to clear the collected accumulation in a home of many years can be an overwhelming prospect; and the financial advantages or disadvantages of a move need to be considered.

"The buying decision, and indeed whether to buy or to rent, is far from straight forward. All too often, the decision is made by well-meaning family members with little input from the person actually making the move. And the decision to make the move is often triggered by a crisis – and event that leaves their current, and often long-term, home unsuitable. As ever, hindsight is a wonderful thing: there is little forward planning."³

² https://www.alzheimers.org.uk/info/20025/policy_and_influencing/251/dementia_uk Alzheimer's Society Dementia UK Report 2014

³ THE OTHER END OF THE HOUSING MARKET: HOUSING FOR OLDER PEOPLE A report from law firm Winckworth Sherwood 2017

How much housing with support is needed for older people?

The population of older people is growing, appendix 2 details the extent to which this affects North Somerset. Appendix 3 outlines the provision of housing with support for older people which is available in North Somerset currently. By considering these two elements – how many people who might potentially benefit from housing with support and the number of places available we should be able to assess how much more is needed but there are so many variables which impact on an individual's situation that it is very difficult to actually quantify demand for any one specific provision. This makes planning of future provision problematic.

The Wider Bristol HMA Strategic Housing Market Assessment ⁴ notes that the importance of providing appropriate housing for older people is highlighted in planning guidance:

“The need to provide housing for older people is critical given the projected increase in the number of households aged 65 and over ... Plan makers will need to consider the size, location and quality of dwellings needed in the future for older people in order to allow them to move. This could free up houses that are under occupied.”⁵

Summary of demand:

- In 2014 there were 47,795 people over 65 in North Somerset and in 2015 the local authority received 2161 referrals of older people for a service.
- Of these referrals 363 (17%) had the primary reason identified as access or mobility issues, 1375 (64%) referrals had the primary reason identified as a need for personal care.
- If we use the increase in population projected for 2039 (61%) to speculate on the increase in demand for services by 2039 the number of people with access and mobility needs would be 584, the number with personal care needs would be 2214 and 536 people over 65 will need services related to memory and cognition (203 more than 2015).
- Statistics provided in 2013⁶ (NS Market Position Statement) indicate that, whilst single occupancy rises from 22.5% in the age group 65-69 to 27.5% of households in the 70-74 age range, the most significant change is the over 75 age range where 78.7% of households have single occupants.
- An analysis of projected demand for Extra care housing in North Somerset made in 2013 using the Strategic Housing for Older People Analysis Tool (Housing LIN) indicated that demand would outstrip supply by more than 200% by 2030:

Figure 2

⁴ “Wider Bristol HMA Strategic Housing Market Assessment” volume two
Establishing the need for all types of housing
November 2015

⁵ Planning Practice Guidance (March 2014), ID 2a-021

⁶ https://ipc.brookes.ac.uk/market-position-statements/North_Somerset_Accommodation_Based_Services_MPS_2013.pdf

Extra Care	Provision 2013	Demand 2013	Projected demand 2015	Projected demand 2020	Projected demand 2030
Total	262	573	603	718	993
Rent	154	338	355	423	586
Lease	108	235	247	294	407

It is apparent that there is less extra care housing in North Somerset than would be expected for the population but demand involves appetite as well as statistics. Swift filling of the most recent scheme to open at Tamar Court would seem to indicate that there is an appetite for this type of provision in the area but more work could be done with older people to ascertain the type of accommodation with support that they are looking for and what needs to be in place for them to be able to make a move.

How is accommodation with support funded?

Development costs:

Funding for the development of older people specific housing is changing. In the past housing associations have worked in partnership with the LA to develop extra care housing using grants from the HCA (Homes and Communities Agency), LA input and their own investment. The changes to housing benefit in 2015 means that the business plans of these providers need substantial revision. Whereas they had long term projects predicated on expected income from rent, the changes have a significant potential impact on that income and as a result their ability to invest has changed. The 2016 Autumn statement allows for increased flexibility with regard to the spending of the £4.7billion Shared Ownership and Affordable Homes Programme but the Government's current focus is still largely on supporting development of home ownership schemes rather than rental. Local Authority funding continues to be challenged as councils face further austerity arrangements and ongoing reductions in spend.

It is proposed by Government that from April 2018 higher rate HB payments made to residents in supported housing funding will move from DWP to local authorities. The implications this will have both on individuals and in terms of developing new provision will emerge over the next 12 months as the details of the proposals and funding become clear.

In order for providers to recover initial investment, future projects to develop extra care schemes will need to provide flats for sale as well as rent. This could be advantageous in North Somerset as there has been a shortage of affordable extra care flats for sale in the locality but it will also result in a reduced number of flats available for rent.

Accommodation costs:

A large proportion of older people own their own home, this is often a family sized house and can become a burden to manage in terms of maintenance. Despite the potential difficulties however homeowners may not consider a move unless they have a change in circumstances which renders their existing home no longer appropriate. Purchasing a property, paying legal and moving costs, loss of local network can all prove barriers to moving even when a home is becoming

increasingly difficult to manage. Older people who rent their home might also be more comfortable with moving to a smaller rented property which has other advantages but still have the difficulty of leaving their home of many years.

Sometimes the reasons for staying are financial. A person who owns their own home might consider moving to smaller accommodation with support but properties of this type tend to be sold at a premium and the sale of a house might not cover the cost. Rented accommodation in many schemes is only available for council allocation, people with their own property are not eligible.

Older people are often amongst the poorest in our society and can be reliant on pensions and benefits to live rather than on wages or capital interest. Properties offering additional services incorporate an additional charge for those services. The cost of any specialist housing therefore needs to take into account the likely income of the intended residents. Accommodation costs may be met through benefits but are not funded by social care.

Care and support costs:

As described above, the means of older people can be limited and they may not be able to afford to arrange the care and support they need. If they are assessed as eligible for support the council is responsible for ensuring that they are provided with the services they are assessed as needing. North Somerset spent over £5m on supporting people at home and £760k on ECH support in the 2015-16 financial year.⁷ The average weekly cost of support in ECH was higher per person than in the community which supports the assumption that is possible for people to remain living independently with higher levels of need in extra care housing. In addition to funding from council social care budgets, services are also provided by CCG funding where there is a health need.

Figure 3

Setting	Average weekly cost
Disabled Facilities Grant adaptation	£65 (£3375 one-off grant)
Homecare in the community	£169
Homecare in ECH	£220
Residential care (mainly physical needs)	£456
Nursing care	£622
Hospital bed	£2370 (£390/day NHS)

Given the budget restrictions all councils and health services are currently facing it is crucial that every pound is spent to maximum effect. Figure 2 illustrates the comparative cost of different provisions. In a direct comparison it could be assumed that supporting people in the community is the most economic option whereas residential care is the most costly but these figures do not reflect the whole picture. In reality support in the home is economic up to a point, once care levels exceed 30 Hours (for example 2x 1 hour visits plus 1x 30 minute visit every day) the cost is higher than a residential place. Community packages for older people are often a much lower number of hours, in an extra care setting higher levels of care can often

⁷ NSC finance statistics, Feb 2017

be sustained as the staff are all based in the same setting and there is significantly less travel time and staff can be used to greater effect.

Support at home can be more economic as night time care for example might be provided by a carer or other family members at no cost to the LA. Extra care housing can provide value for money as a person might remain there longer and with a higher level of needs than they do at home in the wider community because of the presence of onsite staff on call at a cost shared over all the residents.

For some people support in the community represents an economic use of resources, for others a costly one. Decisions to fund placements are always made according to the needs of the individual, the availability of suitable provision and best value. In the financial context we now find ourselves (NSC plans to make £5m reduction on spend on adult services in the next year⁸) it is increasingly important to address housing and support needs at an early stage in order to maximise people's independence and reduce reliance on costly services.

Evidence of good practice in housing with support for older people:

HAPPI (Housing our Ageing Population: Panel for Innovation) was originally launched in 2009 as a report that considered an international picture of accommodation for older people and found that the UK was lagging behind other European countries. The second report in 2012 (Housing our Ageing Population: Plan for Implementation) was developed by an all-party parliamentary group and underlined the economic and social advantages of a house-building programme for "downsizers" and made a series of suggestions for policy-makers and practitioners. The most recent HAPPI report (Housing our ageing population: Positive Ideas) was released in 2016 and finds that:

- "1% of Britons in their 60s are living in tailor-made retirement properties, compared to 17% in the US, and 13% in Australia and New Zealand.
- Homes designed for those retiring or in their 'extended middle age' achieve cost savings and have significant benefits in health and wellbeing, including tackling isolation and loneliness, while also releasing capital to improve the incomes and quality of life of older people.
- The number of homes built specifically for older people each year has fallen from 30,000 in the 1980s to fewer than 8,000 in recent years."

The report points out that local authorities are influential in developing the market, that housing providers are in a unique position to contribute significantly to meeting the needs of older people:

"And, most importantly, as we get older we need to think ahead and consider our future needs in a positive light. Meanwhile, as a key part of the electorate, older people should make more of the power they have to change national and local policies and strategies, not least, in respect of the housing choices for life in retirement."⁹

⁸ 2016 Medium Term Financial Plan Refresh

⁹ Happi3 Making Retirement Living a Positive Choice, June 2016.

There is evidence that moving into extra care housing has a positive impact on the wellbeing of older people including reduced admissions to care homes and hospital. Community Care reported:

“People aged over 80 entering extra care housing receiving a care package were half as likely to move into institutional care within five years as a similar group receiving home care in the community, found the International Longevity Centre-UK report.

A quarter of residents entering extra care with a care package, or who later required a care package, saw a decline in their social care needs over five years.

And extra care service users aged over 80 also had a lower incidence of hospitalisation than domiciliary care users, leading to savings of up to £544 per person per year. They were also less likely to experience falls.”¹⁰

An in-depth study by PSSRU¹¹ also lists the benefits:

- physical functional ability appeared to improve or remain stable over the first 18 months
- more than a half (of those studied) had still either improved or remained stable by 30 months
- cognitive functioning remained stable for the majority of those followed-up
- at 30 months a larger proportion had improved than had deteriorated
- when matched with a group of equivalent people moving into residential care, costs were the same or lower in extra care housing

These benefits are felt by the individual who is able to maintain a better level of wellbeing and also by statutory services who can use resources more efficiently as a result. Another example illustrates the benefits for health budgets:

“A report by BRE suggests that in 2011 cold and damp homes cost the NHS an estimated £864m in first year treatment costs. They contribute to excess winter deaths and illnesses, particularly from cardiovascular and respiratory disease. Unsafe housing is associated with increased falls, leading to otherwise avoidable hospital admissions. A report by BRE using 2011 data suggests that bringing the highest risk housing up to average standards could save the NHS £435m in first year treatment costs.”¹²

All Parliamentary Group on Housing and Care for Older People.

¹⁰ From Community Care <http://www.communitycare.co.uk/2011/09/09/extra-care-housing-delivers-better-outcomes-than-home-care/> September 2011

¹¹ Improving housing with care choices for older people: an evaluation of extra care housing Ann Netten, Robin Darton, Theresia Baumker and Lisa Callaghan Dec 2011

¹² Quick Guide: Health and Housing Transforming Urgent and Emergency Care Services in England NHSE October 2016 DOH and PHE

Research into the cost effectiveness of Extra care housing is ongoing and evidence to support the case is growing, for instance:

“A case study by East Sussex County Council which looked at the business case for ECH concluded that the cost of extra care housing was on average half the gross cost of the alternative placements, while the enabling design and accessible environment of extra care housing supported self-care and informal family care, and the on-site restaurant not only benefited residents’ nutrition, but also acted as a social hub and springboard for social activities.”¹³

Another successful resource to augment support at home is assistive technology. Equipment that can monitor areas of risk or make everyday tasks or communication easier is an economic way to support independence. Examples range from plugs that allow water to drain when the sink reaches capacity and thus reduce flooding to sensors that can alert staff or relatives should a person fall. Age UK published a review of the use of technology by older people and whilst they identified some barriers to using it they also recognised that many older people are already benefitting:

- Older people (65+) are increasingly accessing information and advice, goods and services via the internet.
- There are reasons other than cost-saving for technological solutions to help older people remain independent in their own homes, including assistance with everyday tasks compensating for lost physical and cognitive function.
- Technology can also be successfully used for monitoring older people remotely, but this works best with the older (potential) beneficiaries’ informed consent and active participation. ¹⁴

In North Somerset the use of assistive technology has been impeded by the lack of a single dedicated resource to implement. The creation of a new post to focus specifically on the delivery of assistive technology could ensure its targeted use to people for whom it will make the greatest difference. It is anticipated that these will include people going into supported living and those leaving hospital. The aim would be to ensure technology becomes a ‘standard’ offer at an early stage to avoid care dependency in the longer term.

The most recently developed extra care scheme in North Somerset is at Tamar Court in Worle and features a Wellness centre which provides day time activities for people with dementia. It is envisaged that the provision will develop into a “community hub” predominantly for older people. Its aims include:

- To give Persons who are socially isolated the opportunity to meet others in their local community.

¹³ Weis W & Tuck J (2013) The Business Case for Extra Care Housing in Adult Social Care: An Evaluation of Extra Care Housing schemes in East Sussex, Case Study 78, Housing LIN.

¹⁴ http://www.ageuk.org.uk/documents/en-gb/for-professionals/computers-and-technology/evidence_review_technology.pdf?dtrk=true

- To provide activities that stimulate and give Persons fun and enjoyment to improve their wellbeing and quality of life.
- To be an outward facing community resource that offers a programme of activities that benefit the residents of the development and the local community.

Tamar Court is already demonstrating the economic benefits to the council: there have been 19 nominations to date (of 32 possible) and cash savings have been calculated at £52k/year. If the other 13 places are filled on a similar basis a further £35k savings per year might be realised. In addition to cash savings attributable to care package reductions the potential avoidance of residential placements could add a further £200k per year savings.

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Housing with support strategic ambitions for older people

This chapter has considered how housing with support can be beneficial for older people, how much is required in North Somerset and what is needed to make it come about. It has also looked at the evidence for the benefits of housing with support for older people. The following table summarises the key issues and the strategic ambitions to resolve them.

	Issue	Evidence	Ambition for future	Strategy
1	Extra Care Housing (ECH) provision in North Somerset (NS) is currently below recommended amount for population (LIN tool) and predominantly in one area. ECH has been shown to effectively support people to remain independent for longer reducing impact on statutory services.	The Housing Lin “SHOP” tool estimates 603 ECH places are required in NS based on population and we have 327 giving a shortfall of 276. Cash savings achieved in latest scheme of £52k/year, and avoidance of residential care equates to further £200k per year savings.	Sufficient extra care housing across the county so that there is capacity to offer choice for most people considering a move.	Work with partners to deliver 2 more 65 unit schemes in next 5 years - Yatton and Weston. Plan for a further 2 65 unit schemes in the following 5 years, areas to be identified, possibly Clevedon and/or Nailsea. Work with CCG under “Better Care Fund” to invest in future schemes.
2	Increasing numbers of older people in next 15 years will result in increasing demand for all services. Supporting people to remain as independent as possible reduces demand on financial resources and produces better outcomes for individuals.	By 2039 the number of people over 65 with access and mobility needs would be 584 and the number with personal care needs would be 2214. 536 people over 65 will need services related to memory and cognition. “SHOP” tool indicates that the need for ECH provision will increase to 993 by 2030.	Long term commissioning intentions of the council are understood and the housing market is engaged with developing solutions including more ECH and increased use of assistive technology including telecare and telehealth.	Publish a regular market position statement to ensure the commissioning intentions of the council are fully understood by providers. Use a partnership approach to facilitate the long term aim to increase ECH provision further, potentially creating a further 6 schemes of 65 units by 2039.

3	Increase in dementia and rise in numbers of people living longer in the community results in an increased level of frailty and therefore risk.	See appendix 2. Increase of over 85's by 163% by 2039. By 2030 there will be 5,978 people aged 65 and over with dementia (74% increase), 1,747 of them over the age of 90 (109% increase).	Increase the use of assistive technology to monitor risk and increase independence amongst older people.	Create a dedicated post in social care to support and promote the use of assistive technology to ensure that it becomes a part of most care packages as well as being more readily available to the general public.
4	ECH housing in NS is predominantly available to those assessed as eligible for local authority financed social care which excludes people in need who own their own home.	Of the 5 ECH schemes in NS only 2 can be accessed independently of the council referral system.	All future schemes will need to be mixed tenure in order to provide a flexible business model for housing providers and to extend the options available for all older people.	Increase the development of mixed tenure schemes including shared ownership.
5	Within the current ECH model in NS people with dementia are unlikely to meet eligibility criteria for ECH referral until a point at which moving is not beneficial.	There are 146 ECH flats in NS into which the council can make nominations. In these there are 24 people with dementia and another 20 with memory issues. This equates to 16%.	In future people with dementia will have the opportunity to consider their future accommodation needs at an early stage, e.g. at point of diagnosis.	Ensure new models of ECH facilitate earlier admission for people with dementia. Build on learning from new model with in house dementia service. Include at least one respite unit in each ECH scheme going forward.
6	The current model of ECH exhibits tensions around the level of need of residents. With no clear way of measuring prevention in place the clearest savings are made from avoiding	Too many high needs reduces community participation and too few doesn't provide any measurable savings for the council.	In future the county will have sufficient extra care places for there to be mixed levels of need in each scheme and there will be a transparent system for ensuring this.	Develop a transparent system for balancing levels of need within a scheme whilst maintaining economy of council spend.

	admission to care homes for those with significant need.			
7	<p>Many older people are not aware of the accommodation choices available to them and do not consider a move until they have to.</p> <p>In addition the biggest barrier to moving seems to be the practical difficulties in doing so such as reducing furniture to fit new property.</p>	<p>13% of all admissions into a residential or nursing home in the last year (April 2016-Feb 2017) were from a hospital stay (32 people).</p> <p>Engagement with older people consistently raised this as an issue.</p>	<p>All older people can access advice and support on how to maintain their independence including housing advice, and this is available at an early stage. Support to undertake a move – with finances, reducing possessions and administration will be easily accessed.</p>	<p>Next iteration of the early intervention strategy for older people will have an increased focus on getting information to people regarding the importance of accommodation choice at every opportunity.</p> <p>Develop promotion plan for alternative housing across the sector.</p> <p>Work with housing providers to develop access to help with practicalities of a move.</p>

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