

NEW

APPROACHES



TO HOUSING FOR OLDER PEOPLE

WHY NOW?
WHAT ARE
OTHERS DOING?
GETTING IT RIGHT

Supporting organisations to
pioneer new ways of working and
review current and emerging practice



Housing LIN

Connecting people, ideas and resources

JUNE 2014



About CIH

The Chartered Institute of Housing (CIH) is the independent voice for housing and the home of professional standards. Our goal is simple – to provide housing professionals with the advice, support and knowledge they need to be brilliant.

CIH is a registered charity and not-for-profit organisation. This means that the money we make is put back into the organisation and funds the activities we carry out to support the housing industry. We have a diverse and growing membership of more than 22,000 people who work in both the public and private sectors, in 20 countries on five continents across the world.

Find out more at: www.cih.org

About Housing Learning and Improvement Network (LIN)

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the 'learning lab' for over 40,000 housing, health and social care professionals in England involved in delivering housing, care and support services for older people and people with complex needs.

For further information about the Housing LIN's comprehensive online resources and shared learning and service opportunities, including 'discovery' visits and network meetings visit www.housinglin.org.uk

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What is this all about?

Being older can last a long time – policy approaches look at an age range from 55 to over 100. People’s resources, aspirations and needs can vary enormously over that time frame, and older people cannot be looked at as a homogenous group. So the range of housing choices and offers needs to increase. This briefing looks at how models of bespoke housing for older people (often termed sheltered or retirement housing) could be developed in the future that:

- enable increasing numbers of older people to have better and more attractive housing options that provide more fit for purpose affordable solutions to their housing needs.
- enable health and care services when needed to be delivered in/closer to home, providing better outcomes for older people and achieving savings for the public purse, by reducing dependency on acute services.
- enable older people to have a living environment that promotes personal safety, social engagement and activity, maximising wellbeing and reducing the ill effects of social isolation and the adverse impacts of some long term conditions.

There is a challenge in the terms used for bespoke housing; ‘sheltered’ and ‘retirement’ may no longer be the most appropriate terms when many people living in these homes are and will increasingly still be in paid or voluntary employment. Throughout this briefing we will use the term bespoke housing/accommodation to reflect that change. But in addition, we acknowledge that many older people will still want to continue living in mainstream homes, and therefore CIH/Housing LIN continue to call for new homes to be developed to higher energy efficiency and accessible standards, such as Lifetime Homes Standards to increase the provision of affordable and accessible homes in the overall supply.

However, bespoke models of housing for older people, as explored here, are an important element within that wider range of choice, and contribute opportunities for getting local housing markets to work more efficiently, by encouraging older people to move to more manageable and adaptable homes, releasing larger homes for families. Housing LIN/Elderly Accommodation Council (EAC) forecast a deficit of 240,000 of such bespoke homes by 2030. However, with appropriate planning and financial resourcing (including tax incentives) it can supplement the current focus on new build housing for first time buyers, and may deliver more strategic use of smaller/brownfield sites. And with the rising numbers of single person older households, and growing awareness of the health impacts of loneliness and social isolation, these models may provide additional benefits and value for people’s wellbeing.

The briefing is divided into three sections:

- the first asks why we should be thinking about options for housing older people now? It focuses on the key national and business drivers for change.
- the second asks what are others doing? It explores the approaches that other organisations have taken in developing new or remodelling current housing.
- the third asks how do you make sure you get it right? It considers the challenges and issues that you need to take into consideration when deciding on and implementing your approach. It also explores what is needed in the wider policy and financial context to encourage more players to be involved in what is currently a niche market.



Why should we be thinking about this now?

Tackling the UK's housing crisis is a critical issue for political parties in the run up to the next election, with an estimated 250,000 new homes each year required over the next 10 years. The independent Lyons Commission, established by Labour, is looking at all routes that could cumulatively achieve a huge step up in delivery - up to 200,000 a year by the end of the next parliament. The coalition government's inquiry, the Elphicke Review, is considering how more social housing can be delivered, including through the pivotal role of local authorities, both as strategic planning authorities with land and other assets, and where retaining stock, through levering in additional finance against their rental streams to build more homes.

The number of homes needed is very large and challenging, and we are still far from achieving it - in 2013, only 109,370 were completed. However, the numbers are not the only critical issue in delivering for the future. We have a changing and increasingly ageing population. By 2050, there will be 19 million people over 65, and 8 million over 85, with a significant proportion living alone. Average life expectancy now is 82.6 for women and 78.7 for men, and rising; one in three children born in 2013 will live to be over 100. The strides in prolonging life expectancy are to be celebrated, but we have yet to match the increased years of life with a similar increase in healthy life expectancy. At 65 men have a 47 per cent chance of remaining disability free, compared to 42 per cent for women. Living longer significantly increases the risk of dementia; by 2021, over one million will be living with dementia, and the proportion of people with dementia doubles for every five year age group. As a result, there is more pressure on public services, particularly social care and health services. The over 65s currently account for 37 per cent of primary care spend and 46 per cent of acute care, whilst demographic changes cost £400 million annually at a time when social care budgets are being reduced by 20 per cent, and public funding constraints will continue into the next parliament.

All of which means that 'business as usual' is not an option, either in how we develop housing choices for an ageing population, or in the health and care systems. There is a need to create mechanisms to reduce dependency on high cost intensive interventions from acute health and care, through creating environments and support for improved quality of life. Housing has a critical role to play, in terms of warm, safe, accessible and affordable homes, and in services that can help people to maintain their wellbeing and manage long term health conditions. We need to plan for and deliver housing of the right types, sizes and tenures to meet the changing housing and health needs of the population including older people.

What are the national drivers?

For central government the drive to deliver more bespoke homes for older people arises from several key agendas:

- delivering more homes, and doing so in a way that supports more effective housing markets
- shifting from acute and high cost health and care interventions to sustainable community based solutions
- developing a shared approach to funding future demands for care and support, following on from the recommendations of the Dilnot Commission, and maximising the impact of public investment by levering in more institutional, private and personal finances.

The Dilnot Commission was an independent review of funding for care and support, commissioned by the coalition government. It developed recommendations to share the funding for residential care between individuals and the state, by introducing a cap to the amount people would have to pay for care before receiving state assistance. The recommendations have been taken forward (although with a significantly higher level to the cap) and the framework for its introduction is set out by the Care Act 2014.

Two government roundtables to date have focused on housing for older people, attended by the ministers for housing, care and support, and pensions. The events brought together housing leads and major developers across the social and private sectors, to identify how best to address the gap in delivery of new bespoke models that can better support the needs and aspirations of an ageing population, and how to translate expressed interest in alternative housing options into proactive planning for later life.

Currently the government is shaping the legislative framework to deliver more integrated solutions, and shifting funding towards housing and community based interventions, to support those agendas. The Care Act 2014:

- replaces and streamlines previous social care legislation
- establishes the principle of wellbeing to shape assessments and delivery of services, including explicit mention of suitability of accommodation as part of that
- drives integration of health and care services, including 'health related' services such as housing
- introduces responsibilities to provide information and advice for all people requiring care and support, and to undertake assessments, including for self-funders and carers. This will equip social care with extensive knowledge of local needs, in turn enabling it to manage the diversity of provision in the market

- sets the framework for changes to funding mechanisms for care and support as recommended in the Dilnot Commission (sharing responsibility for funding care between individuals and state)
- sets out duties to co-operate, including across local housing and social care authorities, and with private registered providers of housing
- sets out a statutory obligation for Safeguarding Adult Boards
- provides additional focus on the needs of carers, which has potential implications for housing space standards and design, to enable carers to carry out their responsibilities in a safe environment.

The above captures the key significant clauses for housing partners in developing working relationships with care partners locally. Accompanying guidance (at the point of publication this was out for **consultation**) should further reinforce the benefits of effective integration of housing with social care and health partners in delivery of the ambitions of the Care Act, particularly around specialist accommodation and supporting people at home:

- Better Care Fund (BCF)
- a funding stream created from existing monies for joint health and social care commissioning of community based and preventative services
- which includes the £220 million investment in Disabled Facilities Grant (DFGs)
- more details on the fund available [here](#).

The inclusion of DFG funding in the BCF underlines the significance to the Department of Health of housing adaptations as part of the preventative agenda; however, the involvement of local housing authorities and provider partners to date in drawing up plans is extremely limited. Future plans will be based on clear evidence of delivery and savings, so continuing to develop the evidence base of the costs and outcomes from investment in adaptations and other housing related support services is pivotal, as is the active engagement of strategic housing authorities and housing/support providers, along with public health and clinical commissioning group partners.

Although the ongoing pressure on social care budgets is a potential drain on this resource, the BCF provides some opportunity to develop housing support services within specialised and general housing in the future, particularly in the light of reductions in other local authority funding (previously supporting people funding).

- the Care and Support Specialised Housing Fund (CASSHF)

This is a programme of investment from the Department of Health for specialist housing solutions for older and disabled people, managed by the Homes and Communities Agency and the GLA in London, in addition to their other capital programmes. Up to £315million is available over five years (from 2013/14) in two tranches to support the development of affordable specialised housing, particularly for sale/ shared ownership, for older and disabled people. The second tranche of capital funding, expected later in 2014, will be targeted at stimulating the delivery of tenure mixes, including outright private market options.

- the Health and Housing Partnership Agreement

A national level partnership agreement is being developed by the Department of Health, NHS England and Public Health England with leading housing bodies including CIH and Housing LIN, to set out the importance of closer working across the sectors to deliver shared ambitions for better outcomes for individuals and communities. As part of the agreement, an action plan will identify key areas where national working can support and drive better joint working locally.

What are the business drivers for organisations?

The proportion of older people who are home owners - 76 per cent - represents a large potential pool of customers with significant resources that should make them a key market for developers; currently older householders have an estimated £250 billion of equity. As consumers of goods and services, they spend approximately £121 million a year. There is a significant potential for the development of bespoke homes and support services that can be tailored to the needs of individuals. However, only about five per cent of older people live in bespoke accommodation, and only just over 100,000 of those homes are private developments.

Following the Dilnot Commission, older people's housing equity is increasingly identified as the means by which some people can share responsibility for funding their care needs in the future. Arguably investment in their homes, including moving to bespoke accommodation, would be an efficient way to utilise what funding was released, providing better outcomes as well as lower costs. It would also be a new market for housing developers and providers, particularly if some of the measures (see: What we need to be able to deliver) could be introduced to limit risk levels and make it worth developers diversifying into this market.

Better local solutions for strategic housing authorities?

National and local focus on incentives and support to increase housing supply have largely been on support to enable first time buyers to get on the housing ladder, and to increase housing options for families and younger households through a step up in private rented homes, for example, through the Build to Rent and Mortgage Guarantee programmes.

However, taking a more strategic approach to this, reflecting on ageing population profiles, and the implications for health, is likely to lead to a shift of attention to the opportunities for quality bespoke housing provision, across all tenures in the right places, which could:

- attract older people to move earlier, or actively plan for a later home move, rather than this being triggered by a crisis, such as bereavement or after a serious fall
- release more existing family housing of all tenures
- enable local housing markets to operate more efficiently (where coupled with adequate funding/mortgage options)
- provide opportunities for more integrated planning and delivery of housing with health and social care, for example through developing bespoke housing alongside new health centres, or through the use of 'hub and spoke' models (services based in local extra care or retirement schemes extended out to residents of retirement or general housing in the local area) as part of a wider community resource.

Learning from others

The South Essex Commission of Enquiry into collaboration between housing, health and adult social care was established in 2010.

Its brief was to re-engineer services to support and enable resilience in communities, particularly by addressing the ageing demographic of its population.

The commission's 2011 report identified health and social care as key areas where a preventative approach - incorporating housing - could help address those challenges. **Thurrock Council**, as convener of the commission of enquiry, has taken forward many of the recommendations.

With the support of Inclusive Neighbourhoods, experts in local area coordination, Thurrock introduced Local Area Coordinators (LACs) to:

- support people to find non-service solutions and reduce demand for care/health interventions
- increase relationships and circles of support to address social isolation
- improve access to information about local groups, resources and opportunities

- develop community connections and understanding, build community and citizen's resources, and encourage the growth of inclusive, supportive communities.

The LACs do this by knowing their local areas - support groups, community groups and voluntary opportunities - and helping people to link into these to achieve their desired outcomes. They also work with - and through - the developing 'community hubs' which provide signposting and links to existing activities and services in the community. Hubs work with organisations such as community or voluntary groups - building on the local assets, skills and facilities that already exist.

For Thurrock, community hubs are as much an approach as a physical place for contact. The aim is for local people, working with statutory service providers and voluntary groups, to identify local priorities and local solutions (community and volunteer groups, microenterprises etc). These contribute to community resilience, support people and improve quality of life in the local area. They encourage a culture where communities are able to do things for themselves, rather than expect and rely on statutory providers to provide services and support for them. This enables statutory providers to radically rethink the services they deliver, focusing on those in most need and requiring professional support.

Other council services, including housing, are looking at how their own recruitment processes and ways of working can be shaped to mirror and work with the LACs. They want to support this community and 'citizen asset' or 'strength-based' approach to finding solutions and generating positive outcomes for individuals and communities.

As part of that approach, Thurrock, a stock-holding authority, is using its housing revenue account (HRA) settlement to develop new housing options for older people, alongside appraisals of existing stock. New developments, such as South Ockendon, are bespoke models built to HAPPI design standards (see below), and with high levels of energy efficiency. These are closely linked with the community hubs that are being developed.

Thurrock Council is also working with private housing developers to engage them with the opportunities for bespoke development for older people in the area. Thurrock is seen as a price-sensitive area, and the potential risk of delivering to higher standards can be viewed as a barrier for developers. Thurrock is keen to explore the possibility of top-up funding from health to make the HAPPI standard for older peoples' housing affordable.

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What are others doing?

This section sets out some of the different ways that organisations are addressing the needs of increased numbers of older people and the bespoke options and services they are looking to deliver; from an increased focus on the accommodation offer, to ways to sustain and develop new services that deliver support for wellbeing.

The Department of Health's care and support specialised housing fund has ensured that more homes are and will be delivered in the short term, in particular for ownership. But, in the long term, there are significant challenges for on-going revenue funding for support that is a key element of the overall package.

Most developments of new bespoke housing over recent years have been focused on extra care housing rather than retirement/sheltered housing, due to the ambition of care authorities to shift provision from residential to more independent living models. Care commissioners still see increased options for older people with long term conditions as a critical factor in service commissioning, and require solutions that can address needs across communities (regardless of housing tenure). This is a consideration in the models housing providers choose to develop where health/care funding is being targeted. Even for these schemes however, revenue funding for support functions (as opposed to care) is becoming constrained, with reductions in local authority financial settlements.

So many providers are looking closely at how design can support flexible use and adaptability to different age and client groups as part of a strategic approach to their existing housing stock. Alongside that, there is a focus on improved quality of development, and location as critical factors in the long term success of new provision. Where support remains part of the offer, delivery of support services includes increased use of low cost and voluntary models, short term health focused services, and development of services for self-funders.



'Downsizing' accommodation

Having learned lessons from older, obsolete sheltered housing schemes, the quality of design is a central focus for new bespoke housing across all the different models, as outlined in the HAPPI reports.

Housing our Ageing Population: Panel for Innovation (HAPPI).

This was a panel of experts brought together by the Homes and Communities Agency to identify what reforms were needed to ensure that future bespoke housing for older people met needs and aspirations, and to drive forward improvements for higher quality, sustainable homes. It looked at examples of innovative housing across Europe, and set out a framework of 10 key design principles to raise the quality of bespoke housing including: generous internal space standards; design to allow in natural light; dual aspect to maximise natural ventilation and light; making it 'care ready' and adaptable for new technologies; shared spaces to encourage interaction and remove institutional feel; multi-purpose space and facilities; design that engages positively with the street and local community; energy efficient and well insulated; adequate storage space; and shared external areas giving priority to pedestrians.

In 2011, the All Party Parliamentary Group on Housing and Care for Older People held an inquiry to ascertain the obstacles that were preventing HAPPI from being adopted. The subsequent **HAPPI 2** report, 'Housing our Ageing Population: Plan for Implementation' sets out a number of recommendations for government and industry alike to encourage the take up of the HAPPI principles.

In response to reduced support funding, and to encourage people approaching retirement to plan actively and positively for their housing futures, a new model is emerging that is focused on providing high quality accommodation but with reduced/no specialist support traditionally associated with retirement housing.

This potentially allows the provider to retain more autonomy over the models it develops, and focuses its key partnership on its customers, and the local strategic housing authority, rather than balancing the requirements of multiple commissioners. In being adaptable and care ready it still supports the wider drive for wellbeing and independent living for older people.

Key features include:

- a high quality, well designed accommodation offer, including light and adequate storage
- service charges are kept low and eligible for housing benefit, and there is no traditional support
- care readiness - built to Lifetime Homes Standards and the HAPPI criteria, making them easy to adapt for future use including input of personalised care packages
- there is capacity to put in technology, such as telecare, which is itself flexible, mobile and not hard wired.

The focus on the individual units of accommodation, and paring back of communal facilities supports increased viability and makes this a model that can be more easily adapted to regional and local variations. Focused on the quality of accommodation, safety and security as a draw for encouraging older people to move to a smaller, more suitable home, this model supports continued independence through adaptations where needed.

Personalised support and care can be delivered to anyone in their own home, so the model supports individual wellbeing. However, the lack of communal facilities means it is limited in providing the opportunities for development of local community, and self-supporting social activities. Its location in relation to other facilities and activities in the locality is therefore highly important, in the light of the growth of single person older households, and the increasingly well recognised impacts of social isolation.

Learning from others

Hanover Housing Association is developing a new model of bespoke housing for older people. Targeted at a younger spectrum of older people, these are intended to encourage people to downsize from family housing to high quality apartments. Key to this is the quality of the accommodation offered, incorporating HAPPI standards. The model provides the additional security often appreciated by older people, but without the additional support that falls outside housing benefit, avoiding the difficulty of support revenue funding. Capital costs are lower due to the lack of communal facilities on site.

Service remodelling on existing schemes:

Hanover has developed a framework of local area agreements on existing retirement schemes. The level of services is agreed with residents and is also shaped by existing facilities and funding. The agreements cover management issues (snow and ice policies for example) through to support and activities where appropriate.

Where support funding is lost/reduced, Hanover is linking with local voluntary groups to provide some of the support/social activities. A range of voluntary organisations are Hanover's partners, depending on which are active in the local community, for example, the Cinnamon Trust, which also aims to involve residents themselves as volunteers.

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Retirement villages

Using economies of scale to address and reduce overall cost has become a significant trend in how providers are seeking to continue to develop homes that encompass many different communal facilities and services, to maintain the active approach to wellbeing that is core to their model. Building to large scale, organisations such as the Extracare Charitable Trust are able to provide scope for a range of tailored choices on the same site, with a range of communal facilities, activities and support, through to delivery of care on site. It works to ensure a balanced and mixed community and to facilitate engagement of its residents in generating a positive approach to activities, wellbeing and ageing in place safely. Key elements include:

- an accommodation offer of high quality and design
- large scale, mixed tenure, delivering capacity, facilities and services
- a menu of services
- onsite care and support
- involvement and influence of residents in development and delivery of services.

However the schemes, due to size, require large sites and viability in areas of extremely high and low land costs is challenging, limiting areas where this model can be offered as a housing choice.

But the provision of a significant range of communal facilities and activities, positions schemes well as a local hub for care and support services into the community (e.g. extra care at home) and to attract people in to enjoy the gym, restaurant and so on.

Registered housing providers and charitable organisations are favourably placed to develop these schemes, as some of the activities, where chargeable, would attract VAT for private market providers.

Learning from others

New developments by the **Extra Care Charitable Trust** are built on a large scale to ensure that they can:

- achieve balanced, active and supportive communities - aiming for only approximately one third of residents requiring care packages
- deliver mixed tenure approaches - with schemes including homes for leasehold, shared ownership and rent, although the balance is different on each scheme, dependent upon location, demand and viability
- provide extensive communal facilities and services - including gyms and common rooms to promote activities, and wellbeing advisors to support residents to manage their health conditions.

Challenges:

Given the challenges for viability in certain areas, opportunities to bridge funding gaps, whether to obtain high value land or to support people to access this option where they have no or limited assets, would enable this model to be offered across different regional and local areas.

Services:

The wellbeing service, a key part of this model, is a nurse-led service providing an assessment of residents' health needs. Staff work with residents to actively manage their conditions, to avoid crisis and hospitalisation, and support more effective and planned health interventions. The association is also exploring pilots with health care assistants working under the direction of a nurse manager, to reduce costs.

The association's own charitable reserves have been used to fund a locksmith service to support people with dementia on their schemes. The service uses an Enriched Model of dementia to understand a person's unique experience of their condition and develops skilled interventions that 'unpick' the disabling affects of dementia and 'unlocks' the potential to live an independent, healthy and active life.

Evaluation:

Work is ongoing to link with health and care funding, and a longitudinal evaluation by Aston University will provide valuable evidence of its impacts. Interim evaluations to date indicate that, three months after moving into a retirement village, residents are maintaining cognitive functioning and have positive impacts on measures of perceived health, social functioning and independence.

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Service clusters

There is potential for hub and spoke models to be extended into a strategic locality focused approach to both housing and support service provision for older people. Basing existing or developing services in and from the communal facilities of local extra care or retirement schemes can provide a more accessible route for people to connect to opportunities to find social connections, activities and support. Potentially this could involve multiple partnerships across public and other sectors to develop and deliver what local people want to sustain independent living and quality of life – similar to the asset based local area approach developing in Thurrock. Adding local transport to the picture to support connectivity, this is a model that could be flexible to rural and urban areas, based on community or service based geographies.

Learning from others

Aspen Retirement is a subsidiary within the Stepnell Group, that undertakes construction and development with extensive experience across housing, care and health sector provision. Under its contractor role, it is delivering significant care and extra-care facilities for a large RSL in Worcester.

Stepnell's company structure, which includes a specialist developer of primary care facilities (Brackley Investments), enables it to take a strategic approach to linking services and opportunities across housing, health and care agendas, delivering both for social/affordable housing providers, and identifying opportunities for private sector development, which can be undertaken by its specialist housing division, Aspen Retirement.

Aspen's approach to retirement and extra care housing provision involves developing locality based approaches that enable it to link up its services in clusters of provision - extra care hubs, retirement properties (of differing size/meeting local needs and site opportunities) and provision of services into the wider community.

It sees its structure and experience at partnering with a range of organisations across private and public sectors as critical to responding flexibly to the localism agenda, effectively delivering a range of housing choices for older people, and linking this to the wider health and care agendas.

Web address: www.aspenretirement.co.uk



Co-production/ new models

More bespoke housing for older people, with a focus on support being provided for each other by the people choosing to live in the scheme, is now being delivered with the help of large specialist providers such as Hanover. However, this remains a small element within overall provision and development of these schemes takes a significant amount of time. For example, Hanover has been supporting the **OWCH** (older women's co-housing) group in London for a number of years and only in 2013 was it able to secure and begin building on a site in High Barnet.

Other forms of mutual supportive housing, where older people provide housing in return for support are even more limited but potentially larger specialised housing schemes could enable a mixed age scheme that delivered the same kind of support. Community land trusts and community right to build are potential routes for increasing these options. These enable local groups collectively to scope the issue and solutions that they want to address through mutual support underpinned by structural, housing based solutions that retains their own control. It is driven by and sustains a collective and asset based approach to achieving shared outcomes.

Learning from others

The purpose built **Intergenerational housing and community services in Alicante** scheme is on three sites and combines high quality housing for older people with housing and economic needs, and for young people under 35 with low incomes, who have some community engagement experience, and who get involved on a

voluntary basis with daily running of the scheme and particularly the social activities on site. There are extensive communal facilities (common room, library, IT suite and so on), whilst the rents are social rents and built to high environmental standards.

The scheme also supports wider community regeneration, and wellbeing through a health centre. *Source: BSHF*

Use of legacy retirement/sheltered stock

The Department of Health's care and support specialised fund has provision for remodelling of existing sheltered/retirement housing, where there is demand that it can address. In spite of the significant level of investment in the fund, and its aim to incentivise and support more private market provision and more developers to engage with it, not all needs or aspirations will be met through new supply. Remodelling of the physical structure and the support services is therefore an important approach in many localities to providing more housing options for older people.

Many older sheltered/retirement schemes have proved difficult to let due to the nature of the accommodation (small bedsits or shared facilities) or poor location. Increasingly housing organisations are undertaking robust options appraisals to inform asset management and investment plans, including which schemes can be remodelled or refurbished, and which need to be de-designated and used for other age/client groups, or decommissioned. Where location is good, and the scheme is well connected to facilities and services, investment to upgrade the physical structure and to improve the quality of accommodation is often the best way to use stock effectively. Alongside physical changes however, providers should look at what support services people may still want, how this can be provided differently within the existing funding envelope, or where new and different funding or ways of delivery are needed. Local authorities with retained stock, arms length management organisations (ALMOs) and some stock transfer associations may be better placed than other housing providers due to the 2012 housing revenue account settlement and borrowing raised at transfer.

Learning from others

Derwentside Homes was established as a stock transfer association in 2006. Forty one per cent of its homes are suitable for older people, with eight specialised schemes and 2,500 bungalows. The demand for its homes is similarly weighted towards older people; 50 per cent of its tenants are over 60 and it has over 1,000 waiting for older people's accommodation. Its tenant base lacks significant assets; 74 per cent of existing older tenants are in receipt of housing benefit. Forty six per cent of tenants have significant mobility problems, so ensuring accommodation is adaptable and accessible is a critical element in its improvement programme.

As part of the transfer a stock improvement programme included significant investment of £5.6 million across its sheltered stock, focused on developing an independent living service for people over 55. Consultation with tenants has shaped the approaches taken across its stock, including two significant refurbishments, one of which includes facilities accessible to other local residents - Castle Court's leisure and IT suite on site. As a result of its improvements, and the high standard of accommodation, more couples in their early older age now prefer accommodation in Castle Court to the bungalows, contributing to the higher proportion of households there paying full rent - around 50 per cent)

Service development:

The association's housing support officers based in the schemes provide signposting and links to its own and other existing community services. Support services, including a re-locator service, support people to move into its specialised housing.

The association has also developed services through accessing charitable grants, including:

Silvertalk - National Lottery funding was used to establish this, which trains volunteers, including older tenants, to support people experiencing loneliness and isolation through regular phone calls,

signposting to other services/opportunities, and checking on wellbeing at particular times of year.

Money advice scheme - set up with funding from Comic Relief, this scheme supports older people to manage their finances more effectively, set up bank or credit union accounts, switch energy providers and so on, to increase and make the most of their money.

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Remodelling support

With the reduction of local revenue funding for support, different approaches to financing and service transformation are needed, often through a combination of the following:

- negotiation with the local authority for ongoing support contracts. This frequently involves the development of local hub and spoke models, requiring a reassessment of existing retirement housing tenants' needs and refocusing of the released resources into households with needs in the wider community, including people in their own homes
- reduction/changes to services for residents of schemes. Many providers are looking at mixed approaches to continuing support, by the increasing use of volunteers or connections to existing voluntary/community groups
- maximising use of communal facilities more effectively for older people, and wider groups in local communities - including multiple community and voluntary partners, statutory partners or local groups who can be charged for the use
- linking retirement schemes with nearby extra care to make services viable, and enabling a mixed tenure approach
- developing services with local health providers, utilising communal space, providing different types and duration of support
- changing use of some accommodation to provide intensive support to avoid hospitalisation or more usually to enable step down/rehabilitation services, to help a person get ready to return to their own home and living independently.

Learning from others

Merlin Housing is a stock transfer association in south Gloucestershire established in 2007. A significant proportion of its resident base is older - over 50 per cent are over 55. To deliver improved housing choices strategic reviews of existing schemes are ongoing, with some decommissioned or upgraded. New specialist stock has been delivered through section 106 arrangements.

Service remodelling:

Hubs have been established in three main schemes, with teams operating from each one, working across the organisation's sheltered stock. The remodelled teams include Independent Living housing officers, site officers (site maintenance, handyman services and low level adaptations) and independent living advisors.

The association is piloting chargeable services for self-funders in the community from these hubs, including handyman services; gardening; decorating and cleaning.

Support needs are banded into low, medium and high, and can respond flexibly to the changing needs of residents, for example, a high level input is in place whenever a resident is discharged from hospital. Short term interventions are provided by another team (supplemented where necessary by the independent living staff);

interventions include hospital discharge work, and often complex arrangements to enable other professionals such as district nurses to become involved more effectively (house cleaning and clearance where people are hoarding, for example). This service works closely with Merlin's in-house Aids and Adaptations Team to sustain independence and speed up hospital discharges through suitable home adaptations up to the value of £4,000.

The skills set for support staff has changed significantly with the remodelled structure; mandatory training includes mental health awareness, safeguarding, complex needs, substance misuse, and all support staff are dementia friends, increasing awareness and appropriate, inclusive approaches to support solutions.

Partnerships are being explored with other services, including Macmillan nurses, and provision of a community base enables training and links into community volunteers. A project officer was employed to establish a base of volunteers working alongside specialist advisers working with residents and the wider community to deliver 'social outcomes' developing activities to address loneliness and isolation. Advisors work to identify on a scheme by scheme basis what residents want, what exists in the community to which links can be made, or to establish activities that are then continued with volunteers and residents.

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The specialist service offered by **B3 Living** (a stock transfer organisation based in Hertfordshire) has been significantly remodelled into a base and outreach (hub and spoke) service to ensure more effective use of the existing support resource into the wider local community, and greater targeted support to existing sheltered housing residents.

Three bases are being developed as flexicare (extracare models) from which the teams of Independent Living officers operate. A common banding system is applied across residents and community based customers. This also allowed B3 to provide more appropriate services targeted towards the increasing number of residents exhibiting early signs of dementia (approximately 30 per cent). Regular reassessments are undertaken to ensure that people are receiving the right level of care, and levels can be more frequently adjusted according to circumstance, for example a high level on a hospital discharge. The scheme builds on existing floating support that was established prior to the contract renegotiation, supporting people waiting for flexicare.

The service transformation has taken place over a year to help residents adjust to the changes. The lowest level of support is now the alarm system and an annual review; the main on-site support is a housekeeper/concierge role funded through housing benefit. An enhanced housekeeper role, providing some support to residents' activities, was offered, but this has only been taken up by two of the schemes.

Strategic lead officers in the organisation are well linked into the local health and housing structures, which has placed them in a good position to build on existing partnerships to embed the health and wellbeing agenda into their work, and extend services into the wider community. Work is being done to accurately cost what the services would be for self-funders in the locality to position them to increase their customer reach, and usefulness to local public sector partners.

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North Tyneside Homes is undertaking a comprehensive programme of improvement and remodelling across its specialist housing schemes to provide proactive and enabling homes that promote health and wellbeing. Aims are to:

- increase the supply of desirable homes - high quality, spacious and adaptable apartments in 'hotel chic' style developments. The dominant property size is one bedroom; of 922 apartments only 90 have two bedrooms
- support choice, independence and wellbeing of residents
- help people to live longer in their homes
- reduce fuel poverty through improved energy standards
- contribute to the local economy and jobs market through the improvement programme.

Award winning services

Services have been remodelled to produce flexible support focused on prevention and enablement of wellbeing, reducing dependency on high cost health/care interventions. Objectives include:

- maximising control and optimising wellbeing
- preventing ill health and aiding recovery
- supporting self-management of chronic diseases, including piloting a telehealth scheme
- extending services into the community and enabling residents to utilise other community services

Scheme managers have been trained to refer residents into the NHS Trust's admission avoidance resource team, which responds quickly to avoid hospital admission - in the process supporting this team to achieve their objectives. Staff can also refer directly to the emergency care practitioners' team to access community services such as physiotherapy or occupational therapy.

The pilot scheme demonstrated savings to the NHS Trust of £11,000 in the first three months and is now being rolled out across all sheltered schemes, and written into the NHS Trust's care pathway for older people.

Partnerships at the front line are supported by strategic links; the project has a steering group including the director of public health and director of adult social care. Learning from the project will be captured by Northumberland University.

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Key shared points:

- increased flexibility for housing support provision within an agreed contractual envelope is allowing the housing provider to respond more flexibly to needs as these change, across and within its customer base
- partnerships have been key to funding for and ways in which services have been remodelled - including intensive short term interventions to support hospital discharge/avoid hospital admission
- these partnerships also provide the opportunity for cross sector training and shared referral processes that better support preventative interventions
- increased use of volunteers to address support shortfalls, particularly activities and social inclusion/involvement
- funding for physical scheme remodelling required to support long term service changes, and to sustain independent living.

How do you make sure you get it right?

This section raises some of the issues to consider when deciding which approach will best fit your organisation's strengths and expertise.

Have you explored the potential to work in partnership?

Developing effective links and partnerships across strategic housing and planning authorities as well as social care authorities is important to ensure that:

- housing and support providers' local knowledge of places and communities is included in joint strategic needs assessments and housing assessments, and in turn influences the local strategies that will shape the commissioning of care and support, and the nature of the housing provision across all tenures, as reflected in Local Plans
- opportunities are developed through existing fora, including health and wellbeing boards to establish how bespoke housing options and support can address the savings and outcomes required by the local care, clinical commissioning groups and hospital trusts - through effective hospital discharge, reablement, emergency admission avoidance and so on
- collaborative and collective working with specialist housing and support providers locally will enable care and health partners to engage more quickly and readily with housing, and facilitate joint working to develop a local evidence base to be used alongside national evidence to underpin service commissioning, for example, through the Better Care Fund
- Accommodation and services are mapped to identify gaps and provide individual housing providers with the opportunity to link into existing services, develop shared services or innovate with new provision - a whole system, place based approach to developing services.

(See also CIH/Housing LIN: [Developing your local housing offer for health and care: targeting outcomes.](#))

Have you engaged with local communities?

Housing providers have connections with tenant and resident groups that health and social care partners can lack. This provides a valuable network, with which partners can engage, and from whom they can understand local priorities for services, and how local people would prefer to access these.

Networks of community groups and residents' associations are also key stakeholders with whom housing and care partners need to work to raise support for more effective housing and community based interventions for older people. For example, in response to difficulties in gaining planning permission for bespoke housing, providers can identify and work with local community champions to influence assessments and plans in consultation processes.

Increasingly, specialist providers are adopting co-production techniques to fully involve and work with residents to improve the design and delivery of housing and services. With the pressure to deliver a step change in housing numbers, and the concerns of how bespoke housing will impact on local communities and services, it is important that solutions are arrived at with, rather than imposed on local people. The leadership of local councillors and key local organisations, including housing providers, are critical in that role.

What other services can help people to move?

Working with local communities can also help providers to identify why more older people do not move to more suitable homes, and to identify where new services can help to overcome the barriers. For example, older people under-occupying social housing often choose to move not only where there are really attractive alternatives which will suit them better, but because many social landlords have developed services to help them move, undertaking the administrative and practical measures it entails. This is rarely available to older people in their own homes, and may in many cases be a valuable incentive to encourage people to plan ahead.

Are you and your customers clear about your unique offer?

There is a large gap between the numbers that research indicates would be interested in moving to smaller/bespoke housing as they get older, and the numbers who do. Housing providers' experience of difficult to let retirement housing is not always due to the quality but can also be due to the fact that older people, and their families, are often unclear about what bespoke housing really is and the support services it can offer. With the impact of localism driving local solutions for local priorities, potentially more models with slight changes in what they offer will arise. The housing industry needs therefore to be quite clear about what its models are and the values that underpin them, and how services

will be delivered, and be proactive in marketing that to their local community and potential residents.

There is also a challenge to address the tenure options older people will want now and in the future, and how this can be delivered alongside the tenure neutral approaches to services required by health and care commissioners.

Increased opportunity to retain some equity/asset is likely to be favoured by older people now and in the future, but in the future, greater flexibility in tenure options, and how models can support staged release of equity as circumstances change may become increasingly significant.

This requires sensitive housing management as well as support approaches by providers, to balance both support and care needs with an environment that encourages active lifestyle choice, and the practical issues of development viability and long term sustainability for service charges.

Have you identified key commissioners?

Most of the examples in this briefing focus on how partnerships to provide support and wellbeing services work alongside a quality housing offer. This will require housing providers to look at how best to engage with health and care commissioners, particularly where funding is required, as identified above.

However, providers without care expertise still have an invaluable role to play in increasing the options for older people in terms of fit for purpose housing solutions, including specialised options, such as Hanover's downsizing homes, with a clear focus on encouraging/supporting active lifestyle choices by older people. To support ageing and wellbeing most effectively, these will need to be built to high standards as exemplified in the HAPPI report, providing accessible and adaptable solutions into the future, including technological solutions for support.



What do we need to be able to deliver?

There are some areas for national and local government intervention to help to achieve the delivery of more bespoke housing for older people, and some new flexibilities that may be useful to support a step up in delivery.

Planning

The National Planning Policy Framework (NPPF) requires local planning authorities to 'identify the scale and mix of housing and the range of tenures that the local population is likely to need over the plan period which:

- meets household and population projections, taking account of migration and demographic change
- addresses the need for all types of housing, including affordable housing and the needs of different groups in the community (such as, but not limited to, families with children, older people, people with disabilities, service families and people wishing to build their own homes)
- caters for housing demand and the scale of housing supply necessary to meet this demand.

The accompanying **guidance** provides further information on the linkages between planning and developing healthy communities and addressing wellbeing.

Anecdotally, specialist housing providers, particularly of private developments, have experienced significant difficulty in obtaining planning permission for housing for older people. Government should encourage local partners across housing, health and care to respond to the levers it has set out in the Care Act, the integrated funding of the BCF and the care and support specialist housing fund, through greater engagement by all partners in the health and wellbeing boards.

That forum can provide the vehicle through which partners bring their local knowledge forward, and through it to help to shape local assessments, strategies and the Local Plan, including: joint strategic needs assessments; market position statements on social care provision; housing needs assessments.

- Community Infrastructure Levy and section 106

Both the community infrastructure levy (CIL) and section 106 have increased impacts on delivery of bespoke housing due the level of communal space included in most schemes, and the amount of additional cost this places on the numbers of units that can be sold.

There is an argument for looking at how CIL and section 106 requirements are applied in respect of bespoke accommodation where there is clear evidence of need, and what flexibility can be applied locally to support viability of these developments in lower value areas. This is particularly appropriate where the local welfare authority and strategic housing authority require the provision of communal facilities in support of wider plans for health and wellbeing services available to older people in a locality.

Incentives and support

Opportunities could be further developed by expanding or directing the use of existing government interventions to support delivery of more bespoke housing for older people.

Use of public land

The government's programme to support use of public sector land for development provides an opportunity to identify sites in brownfield areas, in close proximity to existing facilities, which would be suitable for developing bespoke homes.

The Build Now Pay Later programme, which helps developers by provision of public land for which payment is made at a later date, could have particular potential for incentivising current and new developers to provide more bespoke homes. One of the barriers to more organisations working in this arena is the need for huge capital outlay up front, as phasing development is more difficult to achieve, and fewer purchasers will buy off plan, making it more difficult to juggle finances than in general housing schemes.

Bridging the affordability gap for residents

CIH has called for stamp duty land tax exemption for older people on Pension Credit, to help them to move to bespoke homes that, in the long run, will help them to afford to run the home, to stay warm and well, and provide support to maintain their health and wellbeing. The small loss this would mean for the Treasury would be offset by the health gains and cost savings that a safe, warm and accessible home can provide, and where help to manage their health will lead to reductions in calls on GPs' time and medication.

It may also be appropriate for some of the help to buy initiatives, particularly the equity loan for new build homes, to be provided for older people moving to bespoke housing in areas where their family or friends and support networks exist, to enable informal care to take place.

Addressing scheme viability

Viability is a significant challenge to the delivery of bespoke homes, so measures that can mitigate some of the risk from tying up capital for such long periods, that can make financing easier to access, and therefore reduce some challenges for viability, could all contribute to increased involvement in this sector. This includes government schemes and guarantee initiatives which could be explored to direct at development of more bespoke homes for older people.

The Chancellor's announcement in the 2014 Budget of £500million to help small and medium developers access finance to build more homes is very welcome, and may help the smaller private developers who are providing small numbers and schemes to do more, as well as helping others not currently engaged to address the higher costs and risks that go with building bespoke homes.

Currently, the option for private market rented retirement homes is limited, which limits the range of options available for older people to forms of ownership or social rented provision. The **Build to Rent** programme has been well subscribed; future rounds could usefully explicitly include the provision of more bespoke homes for older people for private rent.

The recently announced flexibilities for older people in how they use and invest their pensions could also provide opportunities to channel funds into bespoke housing, or larger portfolios that include such housing. Investment vehicles for older people's savings could provide funding to registered housing providers, private developers or consortia working across local areas. This would be a useful way to direct resources into the very small private rented market in bespoke housing, and may allow more flexibility for older people who want this type of home but may not want to continue to own the home, or who may need to change their tenure later on to release funding for care.

Identifying new opportunities

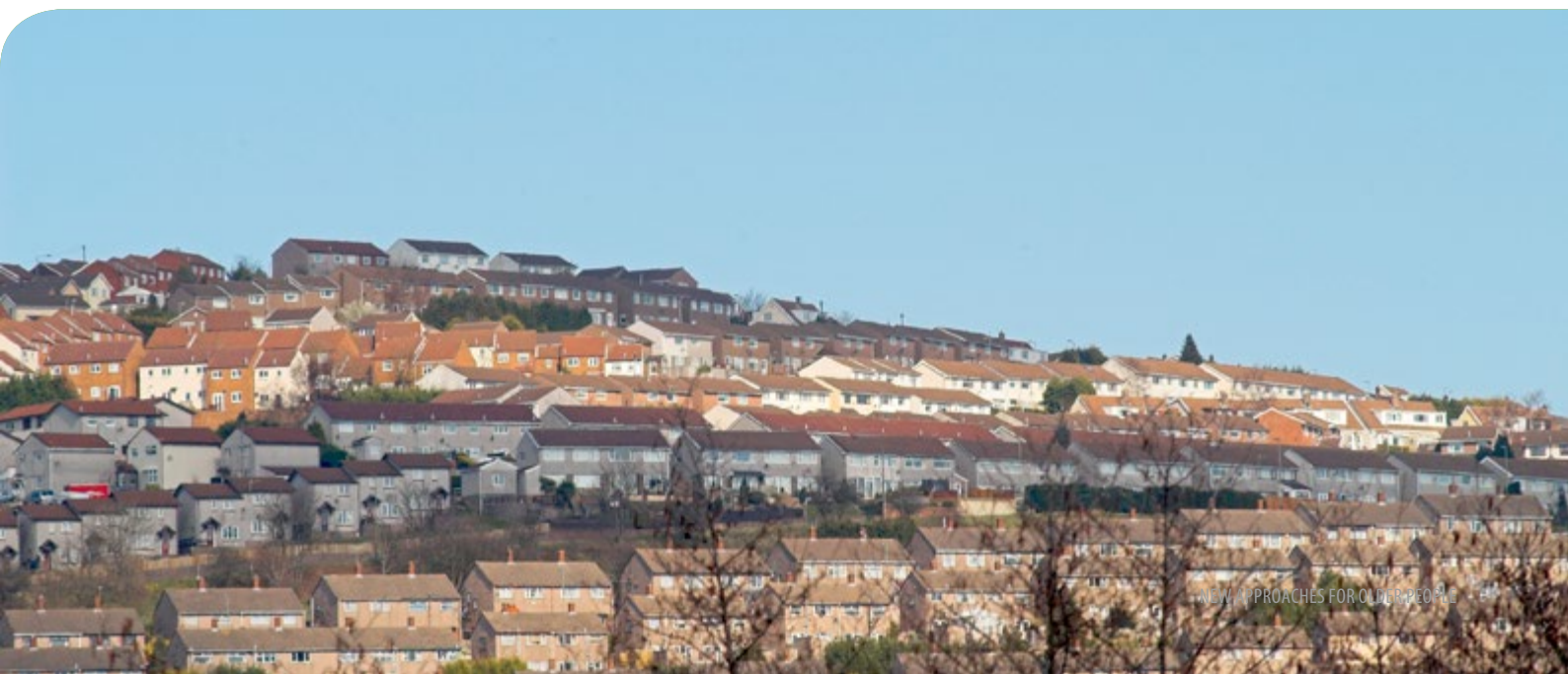
New vehicles for private institutional investment in housing are being developed that can potentially support both new housing development and remodelling. For example; Aviva Investors REaLM Social Housing offers low cost development finance, secured on existing properties (lease and leaseback), which would support providers to develop new homes or refurbish existing homes.

Aviva Investors REaLM Social Housing financing also comes with an Option and Substitution Agreement, which allows the registered provider to substitute properties in and out of the funding

portfolio. A provider could therefore secure the financing against a portfolio, invest the finance in refurbishing or remodelling existing retirement schemes and then substitute the refurbished units in, taking others out of the portfolio. This way the provider is constantly in a cash generating position.

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As new investment models develop, organisations will need to evaluate which will best suit their own local and organisational priorities, and most effectively support delivery of new and flexible models of bespoke housing.



Final Thoughts

For government and local authorities, the rising numbers of older people and the pressures on health and social care services means that new approaches to stimulate increased housing options that support active, connected and independent lifestyles amongst the ageing population is vital. And for businesses both in the not for profit and profit making sectors, the level of wealth and buying power of older people means that there are new opportunities for developing quality bespoke housing and for remodelling the existing stock to meet the needs of older people for years to come.

To do that successfully and learn from past mistakes means that, at the local level, the housing industry needs a fuller and more sophisticated understanding of what older people want now and are likely to want and need as they age further, and how to make models of bespoke housing that will offer increased choice, being more flexible and adaptable to changing aspirations.

The localism agenda will mean that those models may have a greater rather than reduced level of local variation, so the industry therefore needs also to learn how to communicate its offer to older people more effectively, and how to develop models with the experts - older people themselves.

This report looks at the approaches of organisations that are working to meet the opportunities of our ageing population; it also identifies some of the critical challenges to this, notably but not exclusively around financing, and offers some challenges back to local and central government, for their role in developing a framework that can make it easier for the industry to respond.

Useful resources

CIH

www.cih.org/

www.cih.org/housinghealthandsupport

Housing LIN

www.housinglin.org.uk/

<http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/?>

References for statistics

The Office for National Statistics and The Alzheimer's Society



A fresh, new concept designed to help drive sector led thinking and the development of new operating models that face the most challenging period for housing in many years. Our participating organisations really value being part of a project that's helping to develop 'next practice' and from the peer networking and expert input provided by CIH.

NEW Working together to house and support an ageing population

A collaborative approach to explore new models for older people's housing and support including assets, finance, housing management, resident involvement, customer care, sheltered, extra care and support.

For further details on how to register contact domini.gunn@cih.org