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Demonstrating the Health and Social Cost-Benefits of Lifestyle Housing for Older People

Report prepared by the Housing LIN for Keepmoat Regeneration / ENGIE

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Demonstrating the health and social care cost-benefits of lifestyle housing for older people

Introduction

This report by the Housing Learning and Improvement Network (LIN) for Keepmoat Regeneration/ENGIE sets out the case for developing specialist retirement housing for people aged over 55 (see project brief at Appendix One).

As reported in *You and Yours* (BBC R4 on Wednesday, 2 August 2017) there will be a shortfall of over 70,000 residential care home places by 2026 as the health and care economy struggles to address demand placed on its services due to an ageing demographic. However, using the Housing LIN's Strategic Housing for Older People analysis tool (SHOP@), the Local Government Association in their recent report, forecast that notwithstanding the need for more residential care there will be a deficit of 400,000 purpose-built homes for older people by 2030. They are calling for a "residential revolution" in the supply of new houses for our ageing population. But, at present, only c.8,000 per annum are completed for rent or sale, and this number needs to at least quadruple just to meet current demand.

Commissioned by Keepmoat Regen/ENGIE, the evidence for the numerous benefits of this type of accommodation is cited in this report, together with the savings to the public purse where they apply. In scope is:

i) age restricted retirement housing or sheltered accommodation

ii) care villages and

iii) specialist extra care housing (which has services and care available on-site).

While the benefits of housing with *care* on site are the easiest to monetise, it can be safely assumed that old people living in 'age ready' housing have access to personal social care if and when they require it. References, with links, are listed at the end of the document.

This report is set out in two parts:

- Part One pulls together the headline facts and figures on the health and social care cost-benefits of lifestyle housing for older people. These are listed in an 'at a glance' format.
- Part Two provides the substantative findings and sources the relevant evidence base.

Part One: At a Glance - Key facts and figures

Just 2 per cent of English housing stock is retirement housing and homes built specifically for older people have **decreased from 30,000 per year in the 1980s to 8,000 per year** today.

The **number of specialist homes for older people** will need to **increase by 400,000 units** in less than 20 years as a result of our ageing population.

The suitability of housing is critical to the health and wellbeing of individuals and the capacity of public services **to support healthy ageing** over the long term.

Nearly **2.5 million people over 75** live alone. The under-occupation of housing and the lack of viable alternatives for older people looking to downsize are potentially **preventing significant savings to health and social care costs and adding to delayed transfers of care**.

Almost a **third (29%) of all households aged over 55 are looking to downsize**. This increases to almost two thirds (63%) of those living in houses with more than two bedrooms. **The most common reasons for not going through with a move were a lack of suitable properties (25%)**.

If one couple for every 50 older homeowners moved into a new unit of specialist retirement housing for at least 10 years, this would yield **savings in the long-term of between £675 million and £2.6 billion depending on the region, or £14.5 billion** across the country.

People living in a retirement community **are more socially connected and therefore less prone to loneliness**. Reducing social isolation in later life and increasing mental stimulation via improved housing conditions, age friendly environments, services and communities improves health and has been found to **delay the onset of cognitive decline by up to 1.75 years**. There is statistical evidence that living in a care village **increases life expectancy by up to 5 years**.

People in extra care housing use less care (domiciliary/home care) hours than if they were living in the community. Research found that **people living in extra care housing needed less formal care**, as measured by the size of their 'care packages', than a control group in the community. They had **fewer admissions into a care home and fewer deaths** than the control group. After moving in to the extra care scheme their care package **costs reduced and were 16% lower** compared to the cost pre-admission. **The saving to adult social care in home care costs was £2,400 per person per year**.

Postponing entry into residential care by one year could reduce non-core costs by £26,000 per person or £15,500 if a move to extra care housing. One housing association found that **10% of their 1,200 sheltered residents would require residential care** if sheltered housing wasn't available. **The cost to the taxpayer of residential care for these notional 120 people would be £2m**.

Some studies have estimated that almost **a third of residential care placements could be avoided if alternative housing choices were available locally**.

Extra care housing residents' **unplanned hospital admissions reduce from 8-14 days to 1-2 days**, compared to the community. Additionally, over a 12 month period, total NHS costs (including GP visits, practice and district nurse visits and hospital appointments and admissions) **reduce by 38% for extra care residents**. Routine GP appointments for extra care residents **fell by 46% after a year**.

Part Two: The Evidence Base

Key findings

Active ageing

In 'Growing Older in the UK' the BMA established that in general older people access health services more frequently than the younger population. They experience a higher prevalence of limiting long term illness and a greater use of hospital and outpatient services (occupying one in 2 hospital bed days per year verses one in 6 hospital bed days for the younger population). The BMA argues that health is not just about illness – 'active ageing' is about optimising opportunities for health, participation and security. Action in this area needs to extend beyond the absence of disease, it should look to support the ability and opportunity for people to play an active role in society and shape their own lives as they grow older.

Preventative interventions, such as improving access to good quality environments, employment, housing, and social connectedness, are likely to see health benefits throughout the life course, including in later life and are likely to ease demand on health services. *(Source: Growing Older in the UK. A series of expert authored briefing papers on ageing and health. BMA. Kumar et al. September 2016.)*

Around 34% of older people in England live in non-decent homes. Those on low income are less likely to heat their homes adequately and are more likely to experience fuel poverty and cold homes. It is well established that cold housing leads to excess winter deaths in older people. Winter deaths are linked to poorly heated or insulated homes, while older people, particularly over-75s, are more likely to feel lonely, isolated or trapped in their homes. *(Source: Age UK Factsheet: Later Life in the United Kingdom, 2011).*

Making the 'preventative' business case

The National Housing Federation suggest that the value of sheltered housing and extra care housing can be found in benefits to the individual, the community and the tax payer, mostly as 'preventative' services (preventing the need for more costly interventions). Areas where schemes deliver value:

- provide peace of mind, safety and security for vulnerable older people
- support and maintain independence
- better individual physical and mental health
- free up family housing for the wider community
- maintain and develop links with the community
- maximise incomes of older people and reduce fuel poverty

- delay and reduce the need for primary care and social care interventions including admission to long term care settings
- prevent hospital admissions
- enable timely discharge from hospital and prevent re-admissions to hospital
- enable rapid recovery from periods of ill-health or planned admissions
- lower care costs.

(Source: The Value of Sheltered Housing. National Housing Federation (Berrington) January 2017.)

The benefits of integration

It is well established that the wider determinants of health include housing, employment and transport. But prevention can only happen if health, housing and social care are integrated at local level. People should not have to fit the care system, the system should start with the individual citizen and be built around their needs. *(Source: Unblocking: Securing a health and care system that protects older people. Localis. (Thompson et al) Feb 2015)*.

In the same report the NHS Future Forum acknowledge: 'We have heard that there is little understanding of the dependencies between health, social care, housing and other services, especially in relation to the effectiveness of housing in preventing, delaying, reducing or diverting demand on more costly health and social care services. For example, the NHS spends £600m treating people every year because of 'category 1' (the most severe) hazards in poor housing, the vast majority being associated with falls.' *(Source: Department of Health, Integration – A report from the NHS Future Forum, 2012)*.

The demand and supply of retirement housing

As society ages, the housing system– both public and private – has been so slow to adapt to the changing needs of this important group. After all, the cohort of baby boomers now entering older age are both numerous and politically influential. Many of them have accumulated wealth, much of it in the form of housing equity. There is clearly a market opportunity to offer more and better housing options tailored to the needs and aspirations of older people. *(Source: Unblocking: Securing a health and social care system that protects older people (Thompson et al) 2015)*.

Research undertaken by the Centre for Economics and Business Research has found that almost a third (29%) of all households aged over 55 are looking to downsize, and that this increases to almost two thirds (63%) of those living in houses with more than two bedrooms. The most common reasons for not going through with a move were a lack of suitable properties (25%). *(Source: Last Time Buyers. Legal and General. 2015)*.

Sixty-eight per cent of two spare bedrooms, technically known as 'under occupation'. It has been estimated that if all of those interested in buying retirement properties were able to do so then it would mean more than three million properties would be released. *(Source: Top of the Ladder, Demos 2013)*.

The under-occupation of housing and the lack of viable alternatives for older people looking to downsize are potentially preventing significant savings to health and social care costs and adding to delayed transfers of care. *(Source: The Office for National Statistics General Lifestyle Survey found that nearly 2.5 million people over 75 live alone. Office for National Statistics, General Lifestyle Survey 2011, March 2013)*.

Demand for specialist housing is bound to outstrip supply. Just 2 per cent of English housing stock is retirement housing and homes built specifically for older people have decreased from 30,000 per year in the 1980s to 8,000 per year today. *(Source: The affordability of retirement housing, Demos, 2014)*. More generally, a quarter of over-60s expressed particular interest in buying a retirement property - a total of 3.5 million people – though the availability of such property at the time of the report's publication - 100,000 - is a tiny percentage of that number. *(Source: Top of the Ladder. Demos (Wood) 2013)*.

Last month, the LGA reported that there is a distinct and urgent need to better provide a range of housing options to meet the wide variety of housing circumstances, aspirations and needs of people as they age. Their analysis reveals that the number of specialist homes for older people will need to increase by 400,000 units in less than 20 years as a result of our ageing population. *(Source: LGA 2017)*.

Large numbers of elderly people living alone are also living in what was family housing, and this means that firstly the housing is not suitable and secondly it adds pressure to the housing market. Living in unsuitable housing results in a greater risk of accident or injury. Falls and fractures in people aged 65 and over account for more than four million hospital bed days each year in England alone. *(Source: Age UK, "Nearly 2 million NHS days lost to delayed discharge", 11 June 2014)*.

Creating happy environments

There has been numerous research on the HAPPI principles, championed by the All Party Parliamentary Group on Housing and Care for Older People, chaired by Lord Best.

The principles are based on 10 key design criteria. Many are recognisable from good design generally - good light, ventilation, room to move around and good storage - but they have particular relevance to the spectrum of older persons' housing which needs to both offer an attractive alternative to the family home, and be able to adapt over time to meet changing needs. Some of the key considerations for the Panel were:

- almost a million older people will still be living in houses over 90-years old in 2016;
- falls among older people have been estimated to cost the state over £1 billion a year, 1 in 4 falls involve stairs, and the majority take place in the home;

- postponing entry into residential care by one year could reduce non-core costs by £26,000 per person;
- the over-65s will grow by 3.1 million between 2008 and 2025, the over-80s by 1 million. *(Source: Housing our Ageing Population: Panel for Innovation (HCA) 2009).*

A Housing LIN case study also shows that the quality of the build of housing for older people can result in a positive experience amongst older residents and, in particular, improvements in happiness. *(Source: The benefits of extra care housing on the quality of life of residents: The impact of living in Campbell Place, Fleet. Housing LIN Case Study 93 (Burns) 2014).*

Social connectedness and reducing loneliness

Overcoming loneliness & isolation

Evaluations of retirement housing schemes have largely shown positive outcomes for older people. Residents' health, safety and wellbeing tends to improve and there are increased opportunities for social interaction.

A positive choice to move into more suitable accommodation can help people to maintain healthy independent lifestyles in a variety of ways. Communal areas offer a chance for social interaction as well as almost 45 per cent of residents reporting having better or much better contact with family and friends. *(Source: A Better Fit? Creating Housing Choices for an Ageing Population. Shelter (Hughes) 2012).*

People living in a retirement community are more socially connected and therefore less prone to loneliness. Loneliness and social isolation form a hidden epidemic in the UK that is negatively impacting on people's health and wellbeing. Studies show loneliness can be as damaging to health as smoking. *(Source: Social relationships and mortality risk: a meta-analytic review.* PLoS Medicine 7 *(Holt-Lunstad & Layton) 2010)*.

Life transitions such as retirement, divorce, bereavement or negative health event such as loss of mobility are key triggers for loneliness. 30% of people with limited mobility say they 'always' or 'often' feel lonely. 54% of people who are recently bereaved regularly feel lonely. A lack of social connections can be linked to cardiovascular health risks and increased death rates, risk of depression and dementia. *(Source: Escaping the Bubble: Working Together to Tackle Loneliness in Communities Across the UK, British Red Cross December 2016)*.

Promoting wellbeing

People feel more positive when they live in a community. Research into people's experience of wellbeing and satisfaction with extra care housing found that relationships underpin positive outcomes for residents. The research was carried out at Strand Court, Ashley House, in N.E. Lincolnshire and used 'relational value' as the measure. *(Source: Evaluating Extra Care – valuing what really matters. Housing LIN Case Study 129 (Lacey & Moody) December 2016)*.

Reducing demand for care

In an extra care housing scheme in the West Midlands, Nehemiah Housing Association found that the presence of an on-site scheme manager 5 days a week with a focus on wellbeing improved self-reported resident satisfaction, reduced the number of emergency call outs and reduced the number of voids in the scheme. *(Source: A Fresh Outlook on Wellbeing: Delivering Person-centred care across the West Midlands Housing LIN Case Study 128. (Yates) Sept. 2016)*.

Reducing dependency

Reducing social isolation in later life and increasing mental stimulation via improved housing conditions, age-friendly environments, services and communities improves health and has been found to delay the onset of cognitive decline by up to 1.75 years. *(Source: Growing Older in the UK. A series of expert authored briefing papers on ageing and health. BMA. Kumar et al. September 2016)*.

Increased longevity

Improving life expectancy

There is statistical evidence that living in a care village increases life expectancy by up to 5 years. A case study of Whiteley Village found this to be true for female residents aged between 65 and 69. *(Source: Does living in a retirement village extend life expectancy? International Longevity Centre UK (Mayhew et al) 2017)*.

Keeping couples together and supporting informal carers

Maintaining relationships

Housing with care keeps couples together where one needs care and the other does not. Anecdotally, keeping spouses together is considered to be inherently a good thing and there has been a lot of negative publicity in the media when couples have been separated by the care system, or just because one has to move into a care home due to their health and care needs.

The Care Act 2015 gives local authorities a statutory duty to provide support to informal (usually meaning family) carers. For couples, having care available on site has the benefit of providing such support to the ‘carer’. He or she can effectively receive respite, go out and participate in activities, all the while knowing that their spouse is being safely cared for by the staff. *(Source: In Sickness and In Health, Extra Care Housing works especially well for couples. Housing LIN Case Study 122 (Livadeas) 2016)*.

Saving money in adult social care

Care efficiencies

Housing with care saves money in Adult Social Care budgets by reducing the amount of care provided and by helping people to stay well, thus avoiding the need for more intensive care later on. Research in a scheme in N.E. Lincolnshire found that people living in extra care housing needed less formal care, as measured by the size of their 'care packages' than a control group in the community. They had fewer admissions into a care home and fewer deaths than the control group. After moving in to the extra care scheme their care package costs reduced and were 16% lower compared to the cost pre-admission. The saving to adult social care in home care costs was £2,400 per person per year. *(Source: Evaluating Extra Care – valuing what really matters. Housing LIN Case Study 129 (Lacey & Moody) Dec. 2016)*.

Offering a 'dividend' to local health and social care economies

The provision of specialist retirement housing has been found to influence:

- Health and care costs
- Local authority adult social care expenditure
- First-time buyers ability to get on to the property ladder, and their subsequent retirement wealth and housing costs.

The development of a single new specialist retirement housing unit may result in savings to the state as follows:

Type of saving	Estimated value per person	Estimated value per unit with 2 people
Health and care needs	£9,700	£19,400
Local authority social care entitlement	£18,600	£37,200
First-time buyers and future retirement wealth	£54,800	£54,800
Total	**£83,100**	**£111,400**

Such potential economic effects can also be expressed at a population level. For example, if one couple for every 50 older homeowners moved into a new unit of specialist retirement housing for at least 10 years, this would yield savings in the long-term of between £675 million and £2.6 billion depending on the region, or £14.5 billion across the country. *(Source: Valuing Retirement Housing. Exploring the Economic Effects of Specialist Housing for Older People. Strategic Society Centre (Lloyd) August 2016)*.

Better choice and control

Furthermore, by releasing equity in their home, old people can pay for their own care, thus saving money for the public purse. In 'Ready for Ageing?' the Parliamentary Committee on Public Services and Demographic Change argues that older people have benefited greatly from a tax system that favours home ownership, so it is not unreasonable for them to fund their own care as opposed to relying on (younger) tax payers to pay for their care *(Source: Ready for Ageing? Committee on Public Service and Demographic Change July 2013)*.

Preventing the need for institutional care

Capital return on investment

Clear financial benefits are delivered by sheltered housing to local authorities across health and social care, not least in increasing independence and reducing or delaying the need for older people to enter residential care. The national financial benefits of capital investment in specialist housing for vulnerable and older people have been examined by Frontier Economics in 2010. They compared the net capital cost of developing specialist housing over general housing. The calculated net benefit of a person living in specialised housing was converted to the net present value of these benefits over the 40 year lifetime of the building. They found an average net benefit of £444 per person per year, this was primarily driven by reducing reliance on health and social care services. *(Source: Financial benefits of investment in specialist housing for vulnerable and older people: A Report for the Homes & Communities Agency (Frontier Economics) 2010)*.

Preventing institutional care

Those in extra care housing are less likely to enter institutional accommodation compared to those living in the community who are already in receipt of domiciliary care. *(Source: Establishing the Extra in Extra Care. International Longevity Centre (Kneale) 2011)*.

Amicus Horizon (now Optivo) calculate that around 10% of their 1,200 sheltered residents would require residential care if sheltered housing wasn't available. The cost to the taxpayer of residential care for these notional 120 people would be £2m. This is compared to the £1.4m cost of the sheltered housing service for 1,200 people. *(Source: The Value of Sheltered Housing. National Housing Federation (Berrington) January 2017)*.

Not only does good retirement housing play an important role in increasing the quality of older people's lives, it improves health and wellbeing, for example by delaying the need to move from independent living into residential care and reducing hospital admissions. By being structured so as to flexibly provide additional care and support as

and when needed, retirement housing can help delay people's moves into residential care and reduce hospital admissions. A lack of properties that can be flexibly adapted to people's evolving care needs means too many older people end up moving into residential care as a result of preventable crises - because there simply isn't accommodation available that enables their lower level care and support needs to be met. Some studies have estimated that almost a third of residential care placements could be avoided if alternative housing choices were available locally. *(Source: All Party Parliamentary Group on Housing and Care for Older People, The Affordability of Retirement Housing, 2013)*.

While not everyone will require residential care during their lifetime, a 2010 study estimated the average lifetime duration of residential care that all individuals aged 65 can expect to receive, covering local authority, private and NHS funded institutional care. The figure does not relate to average 'lengths of stay' in residential care, but rather, the average amount of residential care that older people can expect to use in their lifetime, regardless of whether they ultimately go on to use residential care. The research found that average expected lifetime duration of residential care was around 5-6 months for men and 12-13 months for women.

Separate research of residential care fees found that in 2014-15, the average cost per adult aged 65+ supported in long-term residential care and nursing care was £535 per week for local authorities. By combining the data, an average person aged 65+ will use an average of 9 months of residential care in their lifetime. This care will cost £535 per week or £2,300 per month. Multiplying 9 months by £2,300 per month, we can estimate: Average expected lifetime cost of residential care for a person in mainstream housing is £20,700. If we then assume that an older person living in a specialist retirement housing unit is 0.75% as likely to move into residential care as someone in mainstream housing – i.e. half of the reduced probability achieved through extra care accommodation - we can estimate that: Average expected lifetime cost of residential care for a person in specialist retirement housing is £15,500 (after rounding). This represents a saving of around £5,000 per person. *(Source: Comas-Herrera A and Wittenberg R (2010) Expected lifetime costs of social care for people aged 65 and over in England, PSSRU)*.

Saving money in social care and in the NHS

Compressing health and social care revenue costs

An evidence review which specifically looked at the experience of old people in affordable rented retirement housing found that sheltered and extra care housing is there to meet very real needs. It found around 60% of residents reported a 'disability-related requirement' and 15-18% moved for reasons connected to homelessness. They also found that residents, over a quarter of whom were aged over 85, reported a wide range of impairments/ill health:

- mobility (43%)
- physical health 40%
- sensory impairment (12% visual, 15% hearing)
- chronic disability/illness 13%
- mental health 9%.

(Source: Supported housing for older people in the UK: an evidence review. Joseph Rowntree Foundation (Pannell & Blood) 2012).

In addition to care in their own home, specialist retirement housing may enable older people with a disability to carry on living at home for longer, reducing the amount of time they spend living in a care home. For example, a study by Kneale and Smith (2013) found that extra care housing residents aged 80 years and older are approximately half as likely to enter residential care compared with older people in the community in receipt of domiciliary care, albeit with some caveats. As an intermediate form of accommodation between mainstream housing and extra care, specialist retirement housing could therefore be expected to reduce the probability of someone entering residential care during their lifetime by between 0% and 50%.

People in extra care housing use less care (domiciliary/home care) hours than if they were living in the community. For example, if meals are provided by the scheme, less care hours may be required in preparing food etc. Additional efficiencies can be gained by delivering care to a number of people on one site reducing travel and mileage costs associated with domiciliary care in the community, and giving increased flexibility in the delivery of that care. This is of particular benefit when the social care workforce is under such pressure nationally.

On the basis of this evidence and analysis, we can estimate total average savings from lower home care needs over 10 years resulting from installed equipment and adaptations of around £900.

Looking at a combination of social care and health benefits, research into private sheltered housing concluded that the residents who needed inpatient care remained in hospital for under half the average length of time compared to general population of people aged 75+. The costs saved are substantial:

- Average cost of a fall requiring A&E attendance £2,000
- Fall at home leading to hip fracture costs the state (av) £28,665
- Postponing entry to residential care by one year saves £28,020
- Average annual cost of weekly 10 hour care package £18,408
- Average cost of delayed discharge from hospital £1,065
- Average cost of non-elective hospital admission £1,674

(Source: The economics of housing and health: the role of housing associations. The Kings Fund & New NHS Alliance (Buck, Simpson & Ross) 2016).

A study into the wellbeing of 162 new residents into an ExtraCare Trust village by Aston University, with quantative measurements of health, cognitive ability and mobility concluded:

- NHS costs were cut by 38% over 12 months.
- Residents experienced a reduction in the duration of unplanned hospital stays from 8-14 days to 1-2 days.
- Routine GP appointments fell 46% after a year.
- Numbers of people with clinical levels of depression fell by 64.3% over 18 months.
- Of the residents who arrived in a 'pre-frail' condition, 19% had returned to a 'resilient' state 18 months later.
- After 18 months, residents experienced a 10% improvement in their autobiographical memory – the ability to recall events, objects and people.

(Source: Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the ExtraCare Charitable Trust (Holland et al) 2015).

A Housing LIN case study by East Sussex County Council which looked at the business case for extra care housing concluded that its cost 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, saving £1m per scheme per annum. *(Source: The Business Case for Extra Care Housing in Adult Social Care: An Evaluation of Extra Care Housing schemes in East Sussex, Housing LIN Case Study 78 (Weis & Tuck), 2013)*.

Reducing NHS in-patient admissions and facilitating discharge

Savings to the acute sector

Savings in the NHS come from several areas. In their review of the evidence Demos quantified the financial benefits of Sheltered Housing in cost savings to the NHS as follows:

Area of Saving	Cost Saving
Reducing inpatient stays (all)	£300m
Reducing inpatient stays (following an emergency admission specifically)	£156m
Averting falls – savings to ambulance and A&E	£1.79m £10.98m
Averting falls – savings to hospital care for hip fractures	£79.5m
Averting falls – savings to post-treatment bed days specifically for hip fractures	£47.3m
Averting falls – savings to all health and social care for hip fractures	£156.3m
Reducing loneliness – reduced health service use	£17.8m
Total savings per year	**£486 million**

(Ref 22. The Social Value of Sheltered Housing. Demos (Wood) 2017).

In their study the ILC-UK found that for extra care housing residents unplanned hospital admissions reduce from 8-14 days to 1-2 days, compared to the community. Additionally, over a 12 month period, total NHS costs (including GP visits, practice and district nurse visits and hospital appointments and admissions) reduce by 38% for extra care residents. Routine GP appointments for extra care residents fell by 46% after a year. Falls rates in extra care housing measured at 31% compared to 49% in general housing. *(Source: Establishing the Extra in Extra Care. International Longevity Centre UK (Kneale) 2011)*.

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APPENDIX ONE

Demonstrating the health and social care cost-benefits of lifestyle housing for older people

Client: Keepmoat Regen / ENGIE Project Brief July 2017

Context

Keepmoat requires a focused report that identifies the specific benefits to NHS organisations and local authority social care from the housing solutions for older people that Keepmoat is developing.

The Keepmoat 'offer' is described as:

"We will provide age ready housing, which we have intelligently designed to easily adapt with no major works to accommodate any physical challenges people may face in later life to guarantee the home will never fail or restrict an individual and access to well-being support services, which will ensure older people safely occupy their own home. We will engage with our customers to promote a healthy lifestyle and facilitate easy access to services. We expect to:

1. *Prevent admissions to A&E, typically caused by inappropriate housing and lack of support in maintaining the home, isolation leading to poor mental health and other debilitating illness caused by living in the wrong environment.*
2. *Enable earlier discharge from hospital following any planned or unplanned treatment.*
3. *Prevent the need for people to move into institutional care homes.*
4. *Reduce the reliance on public services, because people will be supported by the on-site services and they will better support each other within their purpose built chosen retirement community.*

We will support the individual's personal care requirements through liaison with local agencies, voluntary sector, their families and friends through an individualised person-centred approach; we will not be providing 24/7 personal care on site. Our services include a full time Life Style coordinator, a Care taker and a 24/7 virtual concierge call centre service. The service charge is also person centred, we will charge a basic core service charge to cover housing and estate management and then customers will add "Pay As You Go" services, such as; Gardener, Handy Man, Dog walker, Housekeeping, Repairs etc as and when they require them, either permanent or temporary during periods of greater need."

Requirements

To undertake an evidence review and synthesise the content of relevant evidence, market intelligence, policy and guidance in relation to how retirement housing and Keepmoat's 'offer' may help:

- To prevent admissions to A&E, typically caused by inappropriate housing and lack of support in maintaining the home, isolation leading to poor mental health and other debilitating illness caused by living in the wrong environment.
- To enable earlier discharge from hospital following any planned or unplanned treatment.
- To prevent the need for people to move into institutional care homes.
- To contribute to reducing the reliance on public services, because people are supported by on-site services and they will better support each other within their purpose built chosen retirement community.

The review should draw on the full range of recent market, academic research and good practice reports, e.g. that the Housing LIN disseminates.

Output

The output will be a succinct and focused report that sets out the evidence of the health and social care cost-benefits, as set out above, that could be delivered based on Keepmoat's older people's housing offer that provides age-ready housing which is designed to adapt to older people's changing needs as they age, which enables older people to safely occupy their homes, supports them to maintain a healthy lifestyle and to access other services as required.

Disclaimer

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About the Housing LIN

The Housing LIN is a sophisticated network bringing together over 40,000 housing, health and social care professionals in England and Wales to exemplify innovative housing solutions for an ageing population.

Recognised by government and industry as a leading 'knowledge hub' on specialist housing, our online and regional networked activities:

- connect people, ideas and resources to inform and improve the range of housing choices that enable older and disabled people to live independently
- provide intelligence on latest funding, research, policy and practice developments, and
- raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver aspirational housing for an ageing population.

For more information about housing for older people, visit the Housing LIN's dedicated pages at:
www.housinglin.org.uk/Topics/browse/Housing/HousingforOlderPeople/

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