Putting Older People First: Our vision for the next five years

A whole system approach to meeting housing, health and wellbeing outcomes for our older populations in South West England
1. Our vision: a whole system approach to meeting housing, health and wellbeing outcomes for our older populations

We are a group of leaders working across South West England in the housing, health and social care sectors. We represent a range of different organisations and services but share an aspiration to build a whole system approach to meeting housing, health and wellbeing outcomes for our older populations across the region. We aim to:

- Act as role models and leaders in our field, and so influence practice more widely across the region and nationally.
- Co-produce directly with older people to ensure our work is in tune with future expectations.
- Improve the way we work together to develop, share and diffuse good practice and expertise in the design and delivery of our services across housing, health and social care.
- Identify opportunities and create new and innovative ways of working as a response to the issues facing the region.
- Encourage and build effective networks to add value to the strategic partnerships between the sectors.

2. Why do we think this is important in the South West?

Some of the key characteristics why this is important include:

We have a rising older population across the region: the over 65 population across the South West is set to increase by almost 40% by 2030.¹

There is significant variation across the region: for example, the percentage of the total population over 85 by 2020 varies from between 2% - 3% in Swindon, Bristol and Plymouth, 3.59% in Cornwall, and up to between 4% - 5% in Devon, Torbay and Dorset.

¹ All population data is taken from Projecting Older People Population Information System www.poppi.co.uk
We have high numbers of older owner occupiers in the region: there are relatively high levels of owner occupation across the region, although again this varies so for example c72% people aged 65-74 in Bristol were owner occupiers in 2011 whereas c82% in Cornwall and c83% in Devon and Dorset. Housing options need to reflect this whether in terms of a mix of tenure on offer, or through housing related support services which enable older people to remain living independently in their own home for as long as they wish.

The numbers of older people living in care homes is projected to increase significantly and unsustainably: projecting forward from 2011 census data the numbers of people aged over 65 in care homes (with or without nursing) could rise from approximately 37,000 in 2014 to just under 62,000 in 2030. Given the known preference for older people to remain living in their own homes, and the pressures on public budgets, we need to ensure there are housing options available which provide an attractive choice and which meet a range of health and social care as well as housing needs.

There are increasing numbers of older people living with dementia and other long term conditions, many of whom will be living in social housing not specifically designed for older people: The number of people living with dementia across the south west are projected to increase from c84,000 to c134,000 by 2030.

Given significant funding pressures we need to think creatively and be able to justify funding being directed at particular services: The Association of Directors of Social Services predict that the funding gap for social care is estimated to reach £4.3billion by 2020. Demography is the biggest single pressure, requiring an additional 3% per year to maintain services at their current level.³

The NHS Five Year Plan highlights the need to develop and promote new models of health care based in local communities and integrated with social care: services need to be integrated around the patient. Higher levels of savings in the NHS are needed: “we believe it is possible – perhaps rising to as high as 3% by the end of the period – provided we take action on prevention, invest in new care models, sustain social care services, and over time see a bigger share of the efficiency coming from wider system improvements.”³

National policy has recognised the important role housing can play in contributing to the health and wellbeing of the population, and we need to respond to this:

“Supporting people to live as independently as possible, for as long as possible, is a guiding principle of the Care Act”

Department of Health (2014) Care and Support Statutory Guidance

Local authorities have a statutory duty to consider an individual’s wellbeing in their decision making; ensure the provision of preventative services; and carry out their care and support functions with the aim of integrating services with those provided by health, housing and others.

---

² ADASS (2015) Distinctive, Valued, Personal: Why Social Care Matters – the next five years
³ NHS (2014) Five Year Forward View
⁴ Skills for Care (2015) Adult social care and the workforce in the south west
There are significant workforce implications facing the public sector in the region, and we need to ensure that we can retain and recruit the best staff.

The key challenges in the region include:

- Recruitment and retention of staff, particularly in more rural authorities
- Heavy reliance on zero hours contracts in region, and
- High turnover amongst care workers and nursing staff.4

3. About us

3.1 Integrating ideas: an integrated network

We are at the cutting-edge of knowledge and expertise across policy and practice in the region through our strong networked relationships, to test out new ideas and new ways of working.

We meet regularly as a group to develop and deliver a programme of activities which seek to build capacity across the region and promote innovation and good practice particularly in areas which crossover the traditional housing, health and social care boundaries.

The South West Leadership Set has an excellent track record of work with colleagues to carry out an assessment of the market for older people’s housing across the south west and identified a number of actions that were needed both strategically and operationally in the region.

We are committed to “working closely with regional agencies in the South West to build the capacity and capability across housing, health and social care commissioners and providers to meet the housing with care needs and aspirations of an ageing population in the region”.5

We have carried out a review to assess progress against these recommendations and since then we have worked to promote good practice and share learning through regular regional events and publications (for examples see the Housing LIN website: www.housinglin.org.uk/HousingRegions/SouthWest/).

3.2 Our services

We represent a wide range of housing and housing related service providers across the region, as well as leaders from related fields including health and social care.

The supply of specialist housing for older people across the region as a whole is significant, although again this varies between individual local authorities.

---

4 Skills for Care (2015) Adult social care and the workforce in the south west

### Housing with support

<table>
<thead>
<tr>
<th></th>
<th>Rent</th>
<th>Sale</th>
<th>All</th>
<th>Per 1,000 population aged 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>South West</td>
<td>37,764</td>
<td>20,086</td>
<td>57,850</td>
<td>127.1</td>
</tr>
<tr>
<td>England</td>
<td>122.9</td>
<td></td>
<td></td>
<td>16.0</td>
</tr>
</tbody>
</table>

### Housing with care

<table>
<thead>
<tr>
<th></th>
<th>Rent</th>
<th>Sale</th>
<th>All</th>
<th>Per 1,000 population aged 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>South West</td>
<td>4,901</td>
<td>2,393</td>
<td>7,294</td>
<td>16.0</td>
</tr>
<tr>
<td>England</td>
<td></td>
<td></td>
<td></td>
<td>16.7</td>
</tr>
</tbody>
</table>

There is a diverse market of providers developing and managing specialist housing in the region. So, for example, nine developers have completed 58 schemes for sale in the region between 2010 and 2015, of which 41 were by McCarthy and Stone, and 10 by Churchill Retirement Living; fourteen providers have completed 24 schemes for rent in the region in the same period, of which 5 were by Housing and Care 21, 4 by Sanctuary Supported Living, and 4 by Aster Living.

The Homes and Communities Agency report that supported housing accounted for total 10% of the regional affordable housing programme in 2014/2015; namely 833 of the 8,632 completions. Of these, nearly 75% were for purpose-built, specialist housing for older people.  

**Example:** In Cornwall, there has been a significant growth in the proportion of people buying and owning their own home over the last few decades. 80% of people aged 65 and over now live in homes they have bought.

At the same time, the region has a pressing demand for housing of all types and tenures. The South West is building less than 60% of the new homes it needs. It is estimated that 110,000 homes will be required in the South West over the next 5 years but land supply means only 87,000 will be built. Over the same period, between 4,000 and 5,000 new specialised housing are needed in the region.  

**Example:** Camborne Public Rooms, the award winning redevlopment of the former public assembly rooms providing 18 affordable rent apartments targeted at people over 50 with personalised care plans or in receipt of higher level disability living allowance.

*Coastline Housing*

[www.housinglin.org.uk/pagefinder.cfm?cid=8878](http://www.housinglin.org.uk/pagefinder.cfm?cid=8878)

---


7 National Housing Federation (2012), *Home Truths: The housing market in south west England*

8 [www.housinglin.org.uk/SHOPAT/](http://www.housinglin.org.uk/SHOPAT/)
4. Our immediate priorities

We will continue to build on examples of good practice across the region, and develop a shared understanding of the benefits to be gained from working across the health, social care and housing systems to deliver outcomes for our older populations.

Our priorities are developed by the group based on our understanding of what is important across the region, and what activities are likely to have the biggest impact for our local populations. Some examples of how include:

We will actively support initiatives which contribute to more integrated approaches to service design and delivery.

**Example:** Bath & North East Somerset CCG working with the Council plan to create a pooled budget as part of a review of community services. They propose GP-led ‘wellbeing’ hubs to better meet local health and social care needs in an integrated way, based around a single shared service plan for every patient.

We will promote the development of new models of care based in and around our housing services, taking the opportunities these present to develop community based, local services which deliver better outcomes. We will highlight the benefits of taking co-productive and inclusive approaches to service design.

**Example:** There are 19 Community Hubs for Older People in Gloucestershire. They are either purpose built within Extra Care Housing Schemes or are situated within Sheltered Housing Schemes, Village Halls and Day Centres. By providing a broad range of activities within a safe comfortable environment, Community Hubs will engender an ethos of active ageing and positive outcomes in wellbeing will follow. With the growth of social prescribing on the horizon, the Community Hubs represent a very viable option for health professionals to refer/recommend into.

www.housinglin.org.uk/pagefinder.cfm?cid=9580
We will build an evidence base which shows how our housing and housing related services contribute to the wider health and social care agenda. This will include through prevention, as well as supporting the management of long term conditions.

**Example:** Last year:
- We enabled 274 people to be discharged from hospital
- We prevented 673 hospital admissions
- We prevented 530 admissions to residential and nursing care

*Curo Housing Association*

We will work proactively to raise awareness around dementia, including how housing organisations can enable people living with dementia, and their carers, to live independently within the community.

**Resource:** We plan to become a dementia friendly organisation through:
- Focusing our initial efforts in a pilot area where we know changes will have an impact on a significant number of our customers
- Involving customers and staff
- Embedding proven, practical measures wherever this is feasible as quickly as is practicable
- Raising awareness and improve advice and support for staff
- Integrating dementia friendly measures into our existing change programmes

*The Guinness Partnership*  
[www.housinglin.org.uk/pagefinder.cfm?cid=9599](http://www.housinglin.org.uk/pagefinder.cfm?cid=9599)
We will raise awareness about the potential that technologies offer in supporting older people to live independently, and seek to address the barriers to wider adoption.

There is a clear opportunity for housing providers and technology enabled services to facilitate the move to greater delivery of care and support at home and over the barriers to adoption.9

Barriers to adoption include:

• Uncertainty of revenue funding
• Confused ownership of housing, support & care functions
• Lack of leadership
• Culture
• Lack of capital funding
• Lack of awareness

Benefits in housing with care:

• System integration
• Reduction in falls
• Outcomes for residents
• Service usage
• Productivity
• Reduction in costs

We will actively promote good quality in the design of attractive housing options for older people in the south west.

HAPPI Winner 2013 Prince Charles House, St Austell, Cornwall (Ocean Housing)

This compact 3 storey building which provides 31 supported flats for older people is the first significant demonstrator project for the Cornwall Eco Town. It has been designed to achieve a BREEAM rating of outstanding and was inspired by the HAPPI (Housing our Ageing Population: Panel for Innovation) report.10

10 [www.housinglin.org.uk/Topics/browse/Design_building/HAPPI2/](http://www.housinglin.org.uk/Topics/browse/Design_building/HAPPI2/)
Acknowledgements

This vision statement has been written by the Institute of Public Care at Oxford Brookes University on behalf of the SW Housing LIN Leadership Set. It has been sponsored by Public Health England.

We are extremely grateful to all the members of the SW Housing LIN Leadership Set for their insight and contributions.

About the Housing LIN

The Housing Learning and Improvement Network (LIN) is the leading ‘learning lab’ for a growing network of housing, health and social care professionals in England and Wales involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

Previously responsible for managing the Department of Health’s Extra Care Housing Fund, the Housing LIN is called upon by a wide range of statutory and other organisations to provide expert advice and support regarding the implementation of policy and good practice in the field of housing, care and support services.

For further information about the work we do as a Leadership Set, or to find out more about good practice across the region, please visit our South West Housing LIN webpages at: www.housinglin.org.uk/HousingRegions/SouthWest/

And, if you would like to become involved with the SW Housing LIN Leadership or help this work to continue, then please contact the Housing LIN at: info@housinglin.org.uk

Published by

Housing Learning & Improvement Network
c/o EAC, 3rd Floor,
89 Albert Embankment
London SE1 7TP
Tel: 020 7820 8077
Email: info@housinglin.org.uk
Web: www.housinglin.org.uk
Twitter: @HousingLIN