



Continuing Care Neighbourhoods: neighbourhoods that continually care

This viewpoint argues that all of our residential neighbourhoods and communities - urban, suburban and rural - need to be considered as 'continuing care neighbourhoods' if we are to meet the needs and aspirations of older people and the socio-economic challenges of our ageing population.

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The National Health Service is close to breaking point. One of the primary factors behind the financial pressure on health delivery is the growing number of older people being hospitalised, often for lack of alternative care and support options in the community.

This situation has been exacerbated over the past few years by local authorities funding strictures and the removal of ring-fencing of adult services budgets. As a consequence, care and support in the community has been significantly reduced in the face of the demographic challenges of an ageing population and growing numbers of older people with long-term health conditions. Small wonder that our NHS Accident and Emergency departments have been in crisis over the recent winter period!

Clearly, this trend is not sustainable. It is imperative that we shift the focus and funding for the care and support for older people away from the NHS and back to the community.

Staying Put

The great majority of older people choose, and will continue to choose, to remain in their own homes rather than to move to any form of specialist or 'senior' housing, however attractive the 'lifestyle' alternative that this offers. The 'Baby Boomer' generation now at retirement age wish to remain independent, active and close to friends, family and community for as long as possible. Those of us opting to 'stay put' therefore account for some 90% of older people with care needs. This is fortuitous as it also represents the only affordable housing and care option as the population ages.

Care in the community relies on the informal sector and care agencies; informal care and support provided by spouses, family and friends on the one hand and the services provided by the Home Care and Home Improvement industry by commercial providers and voluntary providers, such as Care and Repair, on the other. Home Care industry is already one of the largest employers in the UK and is set to grow exponentially in the coming years as Health and Adult Services become more integrated.

But staying put is no panacea...

Home Care services are generally competitively tendered and therefore minimal in terms of the levels of support on offer. As a result, many older people with increasing levels of need live in isolation in the community where they are entirely dependent on very brief home care visits for all their social contact.

There are large numbers of older people with dementia and long-term illness who are largely, if not entirely, dependent on the care and support of their partners and families. These carers often suffer social isolation themselves as a result of providing 24 hour care and support in the home. If this situation is to be sustainable, we also need to care for the carers.

The question is how we can better support growing numbers of older people in their own homes.

As more technology 'savvy' generations reach retirement age, part of the answer will be in smart technology and the increasingly important role it can play in terms of access to health information, care and support and indeed in terms of social connectivity and wellbeing.

But it will inevitably require a coordinated approach with collaborative working between health and care providers, by voluntary organisations and community groups, between local authority departments and across the public and private sectors. No small task but one that could gainfully provide a focus for Health and Wellbeing Boards.

If we are to make it happen, there needs to be a shift in mind-set and a good starting point would be to adopt the concept of 'Continuing Care Neighbourhoods'.

Continuity of Care Concept

Those involved with the housing and care sector will be familiar with the concept of the Continuing Care Retirement Community (CCRC); a separate community of older people living together as a lifestyle choice where continuity of care can be provided in a range of different housing and care settings appropriate to the changing needs of its residents.

The shift that we need in mind-set is to consider all of our residential communities, urban, suburban and rural as 'Continuing Care Neighbourhoods' which are intergenerational, age-friendly and provide a network of care and support.

Better Care Fund

The need for better integration of Health and Adult Services has been recognized by government and some funding allocated to promote and facilitate closer working between the NHS and local authority Adult Services departments.

In the absence of a clear strategic direction, this process has been very slow in gathering momentum; but it is now beginning to deliver greater efficiency in some areas.

However, very little if any of this funding is currently intended for the development of new housing or other community-based care facilities. If it is to succeed, the initiative needs to embrace the provision of more specialist housing and care and support facilities and an infrastructure that will be essential in supporting greater numbers of older people 'staying put'.

Strategy Development

The strategy for developing a Continuing Care Neighbourhood must be based on a sound understanding of local need and existing provision.

Local Authorities will be pivotal in gathering this information and in building the strategy for their constituencies local partnerships for delivery. The process will require a holistic overview of housing stock across public and private sectors; a high level survey of general housing stock currently occupied by older people, its fitness for purpose, stock condition and accessibility; the local demographics including the under-occupation of family homes; a survey of specialist housing provision in the area; a survey of local care providers and housing developers working in the sector.

This information should then be viewed in the context of the health provision in the area; GP's Surgeries, Walk-in Centres, Primary Care Centres, Palliative Care Homes, Community and Acute Hospitals.

At the same time, we need to be promoting the development of a range of inclusively-designed housing typologies for older people that offer attractive alternatives to 'staying put'.

Building Blocks

Many of the building blocks are already in place in our communities. However, the task of providing a holistic support network will involve identifying and pulling together the strands of provision that already exist and then filling the gaps to ensure locally based continuity of care that is tailored to the needs of each community/neighbourhood.

Private developers have identified the market for CCRC's and there are a number being developed in mainly rural locations; the benefits of Extra Care accommodation have been

widely recognised as a more affordable alternative to residential care and nursing homes; there is also a new generation of nursing/care homes being developed, often underpinned by private equity investment.

However, many of the community based facilities to support people at home are either in short supply or entirely missing. We need to be building more inclusively-designed homes in desirable urban locations for downsizers; appropriate accommodation for rehabilitation/intermediate care; dementia specific care homes; day care/resource centres; respite accommodation that will enable informal carers, spouses and family to have a break. All of these strands of provision should form an essential part of a Continuing Care Neighbourhood.

Some could be provided in the form of a neighbourhood or community 'hub' or alternatively they could constitute a looser 'care network' across a wider area. They could cluster around existing healthcare facilities such as a community hospital or GP Surgery or be integrated within new urban extensions or regeneration projects. Or perhaps the Healthy Living Centre concept could be expanded to incorporate GP surgeries and other community based health facilities or even a gym!

The Challenge

Delivering a vision for Continuing Care Neighbourhoods will involve forging new partnerships at local level, rethinking the current strategy for public sector land disposal and challenging the current planning process and its legislative straitjacket.

It is also imperative that a more strategic approach is adopted for the disposal of publicly-owned land rather than simply selling it to the highest bidder.

In considering their Local Plans, local authorities should liaise closely with the local Health Authority to ensure that NHS and other publicly owned land is allocated for specialist housing, health and community uses to address the missing elements for building an integrated health, housing and community based care and support network.

New communities, whether urban extensions, new garden cities, or inner city regeneration, must be designed to be age-friendly, age-inclusive and intergenerational with appropriate, inclusively-designed new housing strategically located close to the heart of the community, with easy access to health, transport, leisure and retail facilities. Appropriate specialist housing should be placed on the same footing as affordable housing provision and included in any substantial new residential development as an essential element to building a sustainable community.

Planning Policy needs to be reviewed to facilitate and, if necessary for viability, incentivise appropriate development for older people across the public and private sectors. There needs to be greater clarity around the Use Class Orders with regard to C2 (institutional) and C3 (housing) for housing 'with care' projects. Furthermore, a more flexible approach will need to be adopted by planning authorities especially with regard to the application of the Community Infrastructure Levy and in respect of Section 106 contributions.

At the same time, we must explore new housing and care typologies such as the 'Care Hotel' that provides short term stay for rehabilitation and respite accommodation at the heart of communities or adjacent to health centres and hospitals; smaller community based geriatric hospitals; specialist dementia care clinics and day centres; community resource centres with easily accessible information on the care and support services that are available in the area and how to access them; community hubs that provide a base for carers and outreach support in the form of meals-on-wheels and laundry services.

In addition to these community based facilities and the services provided through health, social care agencies and voluntary organisations, the softer aspects of promoting and sustaining individual health and wellbeing through better social and community connectivity will be key to the future success of care in the community.

Each residential community will have its own particular range of needs dependent on local demography and socio-economic profile.

Funding streams will need to be co-ordinated, ideally with an interdepartmental fund to facilitate a strategy for Continuing Care Neighbourhoods across the country. We will need to invest in order to save.

We already have so many of the elements in place. The challenge lies in joining these up, in breaking down the silos and in building a truly collaborative approach between government agencies and across local authority departments to co-create neighbourhoods that continually care.

The question is whether we have the collective vision and political will to make it happen.

Note

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network.

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, 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.

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