



Leicestershire Adult Social Care

Accommodation strategy for
older people 2016 – 2026



gardening



prevent
need



family



residential care



retirement
schemes



loneliness



delay
need



reablement



DIY/maintenance



HELP
LINE



secure home

telecare



assistive
technology



reduce
need



lifetime homes



adaptations



resilience



warm homes

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Executive summary

This high level strategy reflects the adult social care vision to prevent need, reduce need, delay need and meet the need for health and social care services. It considers the demands of an increasingly older population, supply and gaps in different types of housing options and considers cost effective models of accommodation to support the older population over the coming years.

Given the important role housing plays in individual's health and wellbeing and therefore on their need for health and social care services, the strategy recognises the value of working in an integrated way with the housing sector, health partners, and the voluntary sector, to deliver a flexible and co-produced plan that achieves the required outcomes for partners and citizens. The development of this strategy intends to build on the many successful partnership approaches already delivered locally and provide further opportunities to develop approaches that not only meet the priorities of adult social care, but can also support the delivery of joint local strategies such as Better Care Together and the Health and Wellbeing Board. The strategy is intended to guide, co-ordinate and facilitate adult social care's contribution to developing different types of accommodation support for older people.

The successful delivery of this strategy will provide improved outcomes for older people by enabling more people to remain living in their home of choice, with greater levels of independence and reduced risk to their physical and emotional wellbeing, and so will have an improved quality of life in their older age.

Engagement of key stakeholders and partners during the development of this strategy reinforced the need to develop a multi-agency approach in relation to accommodation for older people that ensures the concept of 'the last home/last time buyer' is regarded as important as first time buyers and family housing. The delivery and promotion of Leicestershire County Council's accommodation strategy for older people will require on-going multi-agency collaboration to achieve real change.

The strategy is intended to guide, co-ordinate and facilitate adult social care's contribution to developing different types of accommodation support for older people

Introduction and background

Older people want the same as everyone else from their accommodation i.e. shelter, affordability, somewhere they feel safe and autonomous, which is private, and they are able to relax and be with family and friends. In general they may want to feel part of a community and have accommodation that can give them a sense of financial security, pride and status. The exact expectation or reality of what that accommodation looks like, where it is located and how it is financed will vary, but in the main people want to reside somewhere they feel they have choice and control and be able to say: “This is how I want to live and be treated in my own home”.

Older people may see remaining or ‘staying put’ in their current home as a sign of independence. It is important that older people are well informed about the various options that are open to them regarding accommodation when determining the best way to maximise independence and maintain health and wellbeing.

On average, older people spend more time at home than other generations, making them more susceptible to the effects of poor-quality housing. According to Age UK¹, over-65s spend around 80 per cent of their time in their own homes, with over-80s spending 90 per cent of their time at home. Due to increasing life expectancy, older people are now more likely than ever to be resident in housing that may not best meet their needs either due to the property size, design or the person’s ability to maintain the property. It is also more likely that families do not live locally, so may be less able to provide some of the practical support their older relatives may need.

Older people are especially vulnerable to loneliness and social isolation and it can have a serious effect on their health. According to Age UK, more than two million people in England over the age of 75 live alone, and more than a million older people say they go for over a month without speaking to a friend, neighbour or family member. People can become socially isolated for a variety of reasons, such as deteriorating health or mobility, no longer being the hub of their family, leaving the workplace or the deaths of spouses and friends. Insight work undertaken by the frail older people’s workstream, as part of Leicester, Leicestershire and Rutland’s Better Care Together, has identified accommodation-based support as a key factor in addressing loneliness and isolation.

Older people’s accommodation is a complex picture because there is no fixed definition of what constitutes ‘old age’, some older people’s housing schemes have entry criteria of 55 years of age but may have people living in them over the age of 100 years. People’s choice of accommodation varies significantly and can be determined by personal circumstances or attachment to a property or community, rather than purely practical decisions which considers both current and future needs such as health, accessibility, running and maintenance costs. Older people therefore sometimes find themselves having to make decisions about their accommodation at a time of crisis, rather than in a planned way.

The scope of this strategy is in connection to the statutory responsibilities of the county council to meet the wellbeing and social care needs of older people with either a physical or mental impairment and to enable them to achieve specified outcomes such as maintaining personal hygiene and a habitable home environment. The approach is to work in a preventative way with partner agencies, to consider how the accommodation people live in and the practical housing support available can help them to live independent, active lives for longer.

This strategy is being developed at a time of an unprecedented reduction in public expenditure. It is vital that cost effective ways are found that enable older people to maintain/adapt their accommodation or move to more suitable accommodation where they can maximise their independence.

¹ Age UK Housing in Later Life, 2014

Legislative drivers

The county council is committed to the principles of the Care Act² 2014, including personalisation (i.e. enabling older people to exercise control over how they are supported and cared for), prevention, promoting wellbeing and integration.

This strategy recognises that Leicestershire County Council and its service providers must ensure that:

- The county council serves a diverse population;
- Everyone should have access to the resources and facilities which the county council commissions;
- Full account is taken of people's views and expectations when designing and delivering services;
- Resources are distributed in such a way as to ensure that equality of access and opportunity is maintained as a priority and a right;
- The county council will, when necessary, target delivery of services to individuals and groups;
- The council fulfils its responsibilities, as required by the Care Act, for market shaping and sustainability and ensuring the market reflects a strong local focus;
- The needs of carers and the importance of advocacy are recognised.

The Care Act states that if a person has been assessed as requiring a certain type of accommodation to meet their needs, then they have the right to the choice of options available for that type of accommodation. If that choice is out of the local authority's area, the responsibility for meeting that person's needs still remains with the 'placing authority'. This principle does not apply where the person moves to accommodation in a different area of their own volition without the local authority making the arrangements.

The Care Act established the universal deferred payment scheme, which means that people can delay selling their house to pay for their care at a point of crisis or during the transition into care. Leicestershire County Council already had these arrangements in place.

The National Dementia Strategy³ identifies the importance of providing housing and housing support options for people with dementia and their carers. Housing should be part of a jointly commissioned strategy, including assistive technology and other health and social care support that delivers improved outcomes and end of life care for people with dementia.

If people living in residential care or supported living (including extra care) and in some cases in their own home, lack mental capacity and are being deprived of their liberty, through continuous supervision and control and are not free to leave, a deprivation of liberty and has to be authorised. This is to ensure people are looked after in a way that is in their best interest and does not inappropriately restrict their freedom.

² Statutory guidance to support local authorities implement the Care Act 2014

³ The **National Dementia Strategy**, 2009

The Better Care Fund is required to achieve specific targets in relation to avoiding admissions to hospital and residential care, preventing delayed transfers of care, preventing readmissions to hospital for people discharged from hospital and undergoing reablement, reducing injuries in people over 65 years as a result of a fall and improving customer experience. There is a strong recognition locally of the value of joint initiatives between district and borough councils, health and social care to achieve these targets. Specific housing related schemes have been piloted under the ‘umbrella’ of the Lightbulb Project, including a pilot to focus on adaptation processes across the county and districts, improving self- help options through advice and information, exploring opportunities for smarter procurement, targeting housing support services to link with primary and secondary health services and initiatives. Lightbulb is a partnership programme supported by the seven district councils, health partners and the county council to bring together a range of practical housing support into a single point of access or referral.

The district councils, ‘housing offer for health and wellbeing report’⁴ describes the ‘housing offer’ that Leicestershire’s district and borough councils can contribute to the delivery of the local health and wellbeing strategy’s objectives and includes a range of support for older people.

Equality and Diversity; As the composition of the older population diversifies in terms of interests, ethnicity, marital status, living arrangements and religion, it may become more challenging to provide environments that will meet everyone’s preferences but every effort should be made, to help address people’s preferences, for example, the inclusion of multi-faith prayer rooms in shared accommodation.

Accommodation that older people occupy includes;

- General purpose housing
- Lifetime homes
- Sheltered/retirement schemes
- Homeshare schemes
- Shared Lives Services
- Extra Care housing
- Residential and nursing care

For further descriptions and details of local supply please see appendix 1 - page 23

It is important that professionals across health and social care are supported to understand what accommodation options are available locally so that the range of alternatives that are appropriate to meet people’s needs can be fully considered with the person. Information and advice needs to be available for older people regarding potential housing for all tenures, including affordable or private sector housing for rent, outright or shared ownership.

⁴ Leicestershire District Councils ‘Housing Offer for Health and Wellbeing Report’, September 2013, by Domini Gunn and Trish Nixon

Current demand and supply of accommodation for older people in Leicestershire

The older person population of Leicestershire is projected to increase significantly up until 2036. The Leicestershire Joint Strategic Needs Assessment (JSNA) predicted that between 2015 and 2030 the number of people aged over 75 years is expected to increase by 39.74% (from 59,900 in 2015 to 94,400 in 2030).

Pensioner households make up between 21% and 25.7% of all households in the various districts of Leicestershire.

See appendix 2 (page 26) for projected demographic information.

The Leicester and Leicestershire Strategic Housing Market Assessment (SHMA) is about to be refreshed, together with Leicestershire's Local Enterprise partners. It will review demographic data and market signals that will identify needs profiles for the districts and any 'hot spots'. The first full report will be available in July/August 2016.

The data sources available provide an indication of requirements, however, there are limitations in determining exact requirements, particularly in light of our strategic intentions to prevent, reduce and delay need, and the opportunities that interventions such as assistive technology can offer.

Age is used as an indicator for modelling services, however it must be noted that age does not necessarily correlate to health and wellbeing status, the need for support or to the cost to the public purse. The majority of older people are able to live healthily and independently in general purpose housing without the need for moving or specialist adaptations. However, for some people, their accommodation will either positively or negatively impact on them as they experience the natural effects of ageing, long term health conditions or acute illnesses.

A toolkit has been developed by Housing Learning and Information Network(Lin), in association with the Elderly Accommodation Council (EAC) and endorsed by the Department of Health, to identify potential demand for different types of specialist housing for older people and model future range of housing and care provision.

The toolkit suggests per thousand people over 75 years there should be:

- 125 x conventional sheltered housing properties;**
- 20 x 'enhanced' sheltered housing properties - it might not, for example, have the full range of communal and other facilities typically available within extra care;**
- 25 x extra care properties.**

This equates to 170 specialist units per thousand people over 75.

The analysis below shows there to be a total of 91 specialist units per 1,000 people aged 75 and over in Leicestershire in 2012⁵

⁵ Strategic Housing Market Analysis (SHMA)2014.

Locality	Affordable	Market	Total	Supply Per 1,000 aged 75+
Blaby	900	34	934	120
Charnwood	802	352	1,154	88
Harborough	517	349	866	120
Hinckley & Bosworth	479	191	670	76
Melton	298	21	319	74
NW Leicestershire	411	85	496	68
Oadby & Wigston	264	211	475	85
Leicestershire	3,671	1,243	4,914	91

Along with housing partners we need to review the definitions of these three types of housing as there can be an overlap. Local experience indicates that current conventional sheltered housing stock is often difficult to fill as it isn't built to mobility/wheelchair accessibility standards, and there is a lack of facilities, on-site support and social activities. The various descriptions can cause confusion and make comparisons difficult. However, the overall target suggested for a range of 'specialist accommodation' for older people across different tenures may act as a useful guide.

Since 2012, there have been an additional 50 extra care units at Oak Court in Blaby and a further 62 extra care units are currently being built in Loughborough. There have been some private retirement developments notably Glenhills Court in Glen Parva (50 units).

There are many more sheltered housing or 'independent living schemes' around the county than extra care schemes. Historically, these schemes had a live in or visiting scheme manager, but this model was phased out some years ago, leaving current provision with a remote call system and limited on-site support services with residents needing to be capable of independent living, although they do offer some opportunity to promote inclusivity and combat social isolation.

Some districts have reviewed their sheltered housing provision and undertaken refurbishment and/or a decommissioning programme, but some schemes still provide outdated facilities that do not meet the current space and accessibility standards required for meeting the needs and aspirations of older people.

The opportunity to provide further refurbishment or remodelling, and additional care and support within these complexes may mean they can provide suitable accommodation for some people who do not need the full level of support provided by extra care.

The local picture in relation to specialist accommodation will be further informed through the refresh of the SMHA.

Indicative projected need for specialist housing for older people to achieve 170 per 1,000 by 2036 SHMA 2014

Locality	Need	Supply	Net need as at 2012	Additions since 2012	Net need 2016
Blaby	2,706	934	1,772	50 +50	1,722
Charnwood	4,459	1,154	3,305	62	3,243
Harborough	2,903		2,037		1,937
Hinckley & Bosworth	3,169	670	2,499		2,499
Melton	1,581	319	1,262		1,262
NW Leicestershire	2,593	496	2,097		2,097
Oadby & Wigston	1,640	475	1,165		1,165
Total			14,137		13,975

Nationally, residential care living is reported to account for approximately 4% of over 65 year olds⁶. Based on the figure of 134,000 people over 65 years in Leicestershire and 180 care homes registered with the CQC in Leicestershire, totaling 4,818 beds, this equates to 3.6% if all available beds are occupied. The Adult Social Care Outcomes Framework (ASCOF) shows that permanent local authority commissioned admissions to residential care has been gradually decreasing in Leicestershire, despite the increasing older population, but is still in the range of the bottom national performance quartile. Residential care is an expensive resource for individuals and for the local authority. Research suggests that in many cases older people would prefer alternative options to residential care. It is therefore important to ensure this performance is improved and alternative approaches and options are found.

Permanent admissions to residential care of people over 65 per 100,00 population - Leicestershire	2012/13	2013/14	2014/15
	798.1	756.2	711.8

Bottom national quartile = 790.5

Average national quartile = 641.9

Top national quartile = 539.6

There are 180 care homes registered with the Care Quality Commission in Leicestershire (total of 4,818 beds); of these 151 are registered as residential care, (3,297 beds) and 29 are registered as nursing homes (1,521 beds).

⁶ Homes and ageing in England, Helen Garrett and Selina Burris, Building Research Establishment ref Source ONS 2011

Locality	Number of residential homes	Total number of residential beds	Number of nursing homes	Total number of nursing beds
Blaby	21	426	3	137
Charnwood	47	831	10	489
Harborough	14	354	3	246
Hinckley & Bosworth	27	615	3	159
Melton	9	276	1	61
NW Leicestershire	19	376	5	234
Oadby & Wigston	14	383	4	195
Total	151	3,297	29	1,521

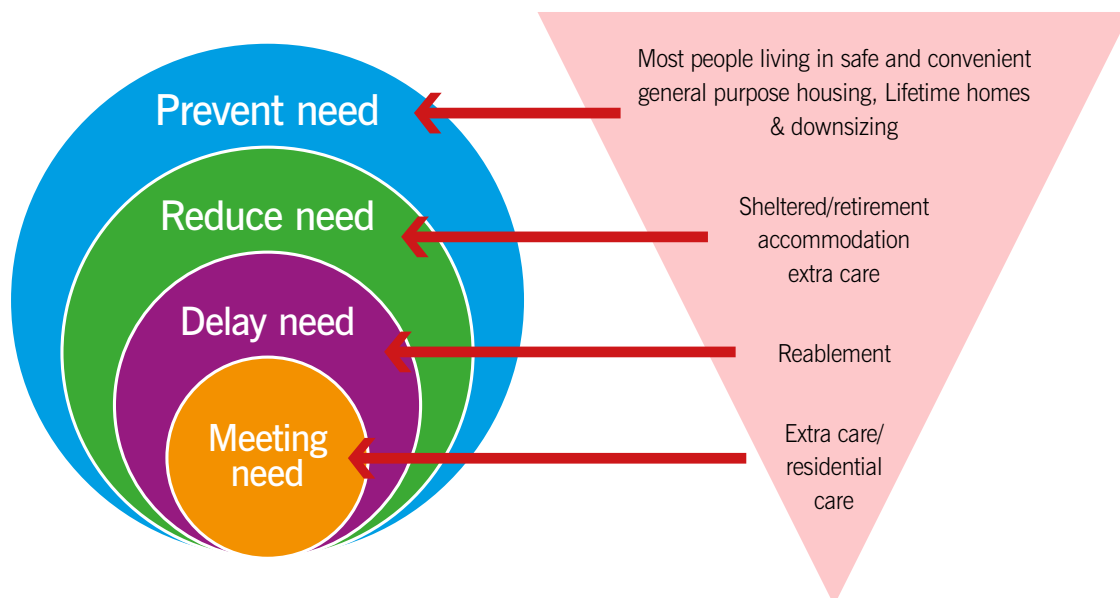
A survey carried out by Leicestershire County Council in September 2015, as part of the fee review identified that the care homes were running at between 90 to 95% occupancy. This includes a mixture of self-funded places and places commissioned by health and social care.

The population in care homes are predominantly aged over 75. Charnwood has the largest growth in its population aged 75 and over. However, in percentage terms, the largest growth, between 2011 to 2036, is projected to be in Harborough (126%), Melton (111%) and North West Leicestershire (110%)⁷.

Leicestershire adult social care strategic approach

Leicestershire's adult social care strategy is the proposed plan for the next four years to put in place a new, more cost-effective approach to delivering adult social care. The model, which is a 'layered' approach (see diagram below) will meet our obligations under the Care Act 2014 and is designed to ensure that people can get the right level and type of support, at the right time. This strategy looks at how, by working with partner agencies, our approach to housing for our older population can contribute to achieving the change required. There is clearly overlap and accommodation related services can contribute in different ways to prevent, reduce, delay and meet need.

⁷ Strategic Housing Market Analysis (SHMA)2014.



Each domain will now be examined in turn with specific consideration of the accommodation need of older people.

Prevent need

People are able to make informed choices about their present/ future accommodation needs to maintain good health and wellbeing

The National Housing Federation and other representatives from the housing sector have worked with the key NHS and social care bodies to produce a Memorandum of Understanding (MoU)⁸ to aid the integration of housing, health and care. The MoU demonstrates to the health sector the central role of the home and related support services in improving the health and promoting the wellbeing of tenants and residents. It identifies that key features of the right home environment (both permanent and temporary) are:

- Warm and affordable to heat;
- Free from hazards, safe from harm and promotes a sense of security;
- Enables movement around the home and is accessible, including to visitors;
- Support from others if needed.

Advice and information

Providing co-ordinated advice and information to the whole population about making homes safe and convenient, and supporting people to plan for their future needs, will enable older people to remain independent and within their chosen community.

Housing support services such as advice and information services, housing options advisors, in-reach housing support into hospitals and primary care services can help people to cope with issues relating to their tenancy and keeping their homes warm and in good repair to prevent emotional stress or practical difficulties. This support needs to be available to people in all tenures of housing, and adult social care staff need to act as a signposting service in connection to Care Act responsibilities.

⁸ Memorandum of Understanding (MoU) to support joint action on improving health through the home Dec 2014

Ensuring people have access to independent advice, including independent financial guidance, to enable them to make informed decisions is vital. For example it might be better for some people to let out their current property and rent somewhere less expensive.

Adaptations and equipment

Older people's housing needs can mostly be accommodated through simple alterations to their current homes such as modernising heating systems, good home maintenance, handrails, assistive technology and replacing baths with showers.

Telecare, telehealth and other assistive technology systems can be adapted to suit each individual within their own home as part of their care needs assessment regardless of accommodation type and tenure. Assistive technologies can include helpful devices such as medication reminders, property exits or movement sensors and flood detectors (for those with low level dementia), as well as falls detectors and environmental control systems for those with mobility difficulties and health monitoring systems for those with long term conditions. Evidence relating to the cost-effectiveness of assistive technology is still limited but it is generally considered that, if delivered in a preventative way, telecare and telehealth can substantially reduce mortality, reduce the need for admissions to hospital, lower the number of bed days spent in hospital and reduce the time spent in A&E.

An adult social care equipment, adaptations and assistive technology strategy and action plan 2016 – 2020 is currently being developed.

Accommodation choice

Working with housing partners to facilitate increased availability of lifetime homes and bungalows will result in people having homes that can meet their needs as they get older and experience changes to their health and social circumstances, so delaying the need for them to move to alternative accommodation.

A study of 1,500 people over 60 years in 2013 showed over half are interested in moving⁹ (88% of those who didn't said it was because they felt their current accommodation already suited their needs). The study showed more people were interested in downsizing than in purchasing specialised property.

Downsizing can be attractive to individuals as a way of reducing their outgoings and releasing funds to help them enjoy a more comfortable retirement and prevent difficulties in maintaining the home and heating a large property. Older people also recognise the benefit of freeing up accommodation for the younger generations they care about.

9 The top of the Ladder, Wood 2013.

A survey carried out among subscribers to www.retireeasy.co.uk found the average age at which people envisage downsizing is 65. However it needs to be recognised that when considering downsizing many older people may still want access to a garden and to keep their pets. Two bedrooms appeared to be the preferred choice, providing space for family, carers, storage, hobbies or separate bedrooms for a couple. Bungalows were found to be very popular with older people downsizing, but it is clear that there remains an inadequate supply and consequently increases prices. In reality, it may be difficult to provide a significant number of bungalows and increasing the supply of lifetime homes may be a more cost effective option. District and borough council strategies will be considering providing bungalows in locations where a specific demand can be established and bungalows on smaller plot sizes may make them more affordable to provide.

For those who do downsize in a forced move, either due to rules being imposed by a housing provider or because of a life event such as illness or bereavement, it is likely to have a negative impact on older people's health and wellbeing. A voluntary and planned move will be far more likely to improve the person's wellbeing and sense of choice and control.

The majority of the current older generation in Leicestershire are owner-occupiers.

Proportion of population aged 65 and over by age and tenure, i.e., owned, rented from council, other social rented, private rented or living rent free, year 2011

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	85.04%	81.63%	72.11%
Rented from council	6.80%	8.65%	13.44%
Other social rented	3.47%	4.50%	7.06%
Private rented or living rent free	4.70%	5.22%	7.38%

The equity release market is reported to have hit an all-time high supporting the development of high-quality residential developments for older people¹⁰. However Elderly Accommodation Counsel (EAC) findings¹¹ shows some owners may want to relinquish the responsibility and move into rented property as they grow older but that people are wary of leaseholds and service charges.

People's aspirations are often influenced by their knowledge of what is available. Lack of information about the market can limit people's thinking beyond what they are aware of, or make it difficult for older people to fully understand the options available to them and therefore to be able to make informed choices about their future.

There may be opportunities to re-designate the use of some outdated, difficult to let housing stock into 'community hubs' to provide innovative, preventative services to the local community.

¹⁰ Housing an Ageing population (England) House of Commons Library Briefing Paper number 07423 9th December 2015

¹¹ Should I stay or should I move EAC

At present;

The importance of the home environment in supporting good health and wellbeing is not as well understood as it could be within adult social care and clear information and advice about what people can do for themselves is not readily available within teams to be able to share with service users.

We will;

- Work closely with housing organisations, providers and partners to take a more proactive approach to advice and information which relates to housing, to enable people to take more responsibility for maintaining their homes, make changes and plan for their older age.
- Utilise evidence from the Lightbulb pilots and ensure alignment with the emerging adult social care equipment, adaptations and assistive technology strategy and action plan 2016 – 2020.
- Work with partners to promote the need for sufficient lifetime homes, bungalows and sheltered/retirement accommodation options distributed around the county to incentivise downsizing and prevent demands on health and social care services and unnecessary admissions to extra care or residential care. This will include the review of existing outdated accommodation and identifying possible alternative use for such properties.
- Empower staff to encourage people to take responsibility for their housing needs in order that they can maintain their health and independence.
- Share and promote new learning on how the home and housing interventions, e.g. dementia-friendly housing and housing adaptations can deliver health outcomes and improve wellbeing.
- Support older people with dementia and mental health problems to live in homes that support their wellbeing and that of carers.

Reduce need

By working with individuals and partner agencies we will identify those people most at risk of needing support in the future and intervene early to help people to stay well and prevent decline.

Councils and some social landlords provide adaptations in their tenanted properties and local authorities administer Disabled Facilities Grants (DFGs) in other tenure properties, to fund home adaptations such as stairlifts, level access showers(LAS) and ground floor extensions, in order to facilitate access into and within the home for older and disabled people. The Disabled Facilities Grant allocation is now part of the integrated Better Care Fund. A study in 2015 by the national body for home improvement agencies, Foundations, has shown that older people who had adaptations made to their home via the DFG move into residential care around four years later than those who have not¹². Many people will not be eligible or want to apply for a DFG but could benefit from adapting their homes to enable them to retain their independence or just incorporating design features that make life easier as they get older.

DFG's completed in Leicestershire between 1.4.15 and 31.1.16 (10 months)

All	lifts	LAS/toilets	>10K e.g ramps, door alterations	Children
473	123	275	39	36

Adaptations can sometimes take a considerable time to be provided. Reducing waiting times and speeding up the delivery of home adaptations is essential to ensure people's housing needs are met in a timely way and anticipate future needs if the person has a progressive condition. Home Adaptations for Disabled People: A detailed guide to related legislation, guidance and good practice¹³ recommends timescales for each stage of the process. The Lightbulb pilot is already having a positive impact on achieving this.

Homeshare schemes are another way of reducing the needs of older people for health and social care services. Limited research currently exists into the outcomes achieved from these relatively underdeveloped opportunities for older people. Currently we do not have a Homeshare scheme in Leicestershire, but there is potential for development, particularly in areas with a high student population such as Loughborough.

¹² Foundations, Public Sector Executive 8.12.15.

¹³ Home Adaptations for Disabled People: A detailed guide to related legislation, guidance and good practice 2013

At present;

Adaptations, services are generally limited to people who identify themselves to social care services, although they are provided in a preventative way without the person needing to be Care Act eligible.

We will;

- Building on the Lightbulb pilot, work to ensure a shared approach with health partners, linked to Better Care Together and the locally developing Memorandum of Understanding, to aid the integration of housing, health and care.
- Explore opportunities to develop a more proactive and innovative approach to develop the private housing adaptation, assistive technology and daily living equipment market, including use of trusted assessors and accreditation schemes.
- Utilise health risk stratification tools and patient management and tracking systems, to identify people who may most benefit from assistive technology, daily living equipment and adaptations to their accommodation.
- Explore evidence and opportunities to develop homeshare schemes

Delay need

We will focus on support for people who have experienced a crisis or have an illness or disability by providing accommodation and housing related services in a way that makes sure a crisis can be avoided in the future, or managed effectively if it happens again.

Housing schemes linked to supporting recovery and reablement, for those who have experienced a crisis or who have defined illness or disability, has received policy support from the Department of Health as one means of prolonging and regaining independence¹⁴. Reablement can enable patients/ service users with physical and mental health needs to stay in their own homes for longer, reduce the need for home care or residential care and improve outcomes for users.

Reablement can be used to help individuals to maintain or regain their independence and avoid unnecessary admissions to hospital. Reablement includes a range of therapeutic interventions including; developing skills, confidence and stamina; problem solving including finding new safer techniques for doing things and ways of conserving energy; using adaptive approaches including use of equipment, assistive technology and adapting the environment.

¹⁴ The NHS Outcomes Framework for 2014/2015

Leicestershire hospital pathways work¹⁵ has identified 'Pathway 2' as home based reablement for people to maximise their independence following a hospital admission and 'Pathway 3' as being for patients who are medically fit for discharge from hospital, but deemed not to be initially safe to return to their home. Residential reablement schemes provide a safe environment for optimising health and well-being and undertaking further assessments and reablement prior to the person returning home. This can help to make significant improvements in the timeliness and effectiveness of discharge from hospital, especially for frail older people, supporting the reduction in length of hospital stay and deconditioning that occurs.

At present;

There have been a number of developments locally, through the Better Care Fund, including the new approach to home care across health and social care (to be introduced in November 2016), developing a comprehensive approach to reablement, an extra care reablement pilot (Oak Court October 2015 to March 2016) , the commissioning of bed based reablement by health colleagues, increased use of assistive technology, development of falls prevention strategies and the introduction of Local Area Co-ordinators. However there is still a need for further integration of services and ensuring new ways of working are thoroughly evaluated and effective approaches embedded into 'business as usual' delivery models.

We will;

- Review the findings of the pilot to establish if it is beneficial to utilise more extra care schemes to provide opportunities for reablement.
- Support the development of the residential reablement opportunities.
- Review our contracts to include incentives for domiciliary/sheltered/ retirement/extra care and residential care providers to re-able customers and reduce packages.
- Promote greater use of telecare and telehealth.

¹⁵ Better Care Together Leicester, Leicestershire and Rutland Pathway redesign

Meeting need

For those assessed as eligible for funding and needing support that can't be provided to someone by their family and community, services will be provided in a targeted and innovative way that ensures affordability, maximises the use of the individual's assets and community resources and maintains the person's optimum level of choice independence.

A person-centred approach through staff developing care packages with older people in any accommodation will increase inclusion and give opportunities for social relationships to prevent social isolation and loneliness. Communal facilities, such as restaurants, activity rooms or health facilities, either in sheltered schemes, extra care schemes or care home settings, should be encouraged for use by older people from the wider community.

Shared Lives schemes support people and/ or their carers, by helping people to feel able to continue managing for longer and identify support before they hit crisis. The Shared Lives scheme run by the council is mainly for people with a learning disability, although this does include some older people. It has been difficult to effectively use the scheme for older people in many cases due to finding people whose homes are suitable to accommodate the physical needs of older people, or people who are able to manage older people with more complex needs such as advanced dementia.

National evidence suggests that extra care housing can help to reduce levels of social isolation and loneliness, which are known to affect people's emotional and mental wellbeing. Studies have concluded that living in extra care housing is associated with improved mental health, quality of life and social wellbeing and can therefore help to reduce the risk of older people needing greater levels of health and social care support associated with mental health decline.¹⁶

Extra care is regarded as an effective alternative to residential care as a way of meeting needs of people who can no longer manage living in general purpose or sheltered/retirement housing, even with adaptations or a support package. In 2012/13, East Sussex County Council commissioned an independent evaluation of its extra care housing that concluded that when assessing where residents in the schemes would live if they were not living in extra care housing, 63% were judged as needing residential/elderly mentally ill/nursing care¹⁷.

There are currently five extra care housing schemes in Leicestershire, that are funded or commissioned by Leicestershire County Council, plus a further development being built in Loughborough that is due to be available during 2017. These schemes have been set up under differing arrangements and so it is difficult to demonstrate cost effectiveness and it is recognised that the current extra care model may not be achieving the savings originally forecast. The cost of extra care for both the individual and the local authority varies considerably depending on the person's level and type of needs and their personal and financial circumstances. The non-financial outcomes or indirect financial savings therefore also need to be taken into consideration in determining the benefits of extra care. An ongoing review seeks to clarify and identify a recommended way forward. Once these actions have been undertaken and outcomes can be evidenced there will be a clearer remit for further expansion.

¹⁶ Housing Learning and Improvement Network.

¹⁷ Extra Care Housing in East Sussex, Evaluation Report, Georgiana Robertson Consultant, Social Care and Housing, June 2013

Extra care schemes are intended to be a person's 'home for life', so schemes need to be able to support people with complex health and social needs, with the support of the local health and social care services. This includes supporting people with long term conditions, people with acute illnesses, supporting people following discharge from hospital or when they are palliative or end of life.

The International Longevity Centre undertook a study of three extra care schemes and found extra care does delay the need for transfer to institutional care, when compared to a matched group in the community¹⁸. About 10 per cent of residents in extra care housing in this study enter institutional accommodation from extra care housing after five years of residence compared to 19 per cent of those living in the community in receipt of domiciliary care. The difference improves for people entering extra care aged over 75 years when their chances of entering institutional care are reduced by 47% in the first two years and by 35% in the first five years, when compared with a matched group in the community.

Evidence¹⁹ shows that extra care residents are potentially less likely than older people living alone in the community to call upon emergency, out of hours and routine health care advice and assistance, due to the support and reassurance available from support staff and neighbours within their scheme. Extra care schemes also offer opportunities for cost effective delivery of therapeutic, treatment and health promotion activities, such as flu jabs, lunch clubs, nutrition, exercise and general wellbeing advice sessions. No evidence has been found to show if this same level of prevention could be achieved in other forms of sheltered or retirement accommodation, but this could be achievable depending on the ethos and role of the scheme manager.

One study²⁰ of three extra care schemes found it does appear to reduce the number of admissions to hospital by one day a year for people aged 80 years plus, when compared to a matched group in the community, but it does not appear to impact materially on the lengths of stay once admitted. This research also found lower levels of domiciliary care were required.

Extra care schemes can greatly help to reduce carer strain for older couples, especially for a carer who is looking after someone with dementia.

Some people do have a level of physical or mental health need that exceeds that which can be reasonably met or managed by the extra care provider or have needs that have the potential to lead to serious risk or disruption to others. This has been identified where;

- they require regular night time attention that can't be provided by the resources available within the scheme.
- the person has advanced dementia.
- their required level of nursing care exceeds that of the community nursing service.
- they require specialist health services which cannot be met in a community setting.
- they cannot meet criteria that the housing provider may have such as capacity to enter into and maintain a tenancy and financial ability to pay rent and service charges, even with the support available.

¹⁸ Establishing the extra in extra care housing Kneale 2011

¹⁹ Housing Learning and Information network – A discussion paper on the cost effectiveness of Extra Care Services. Gerald Pilkington Associates.

²⁰ Establishing the extra in extra care housing, Kneale 2011

Residential care and residential nursing care can be provided for both permanent and respite placements in accordance with Leicestershire social services eligibility criteria and practice guidance. The care home market is reasonably stable in that occupancy is not so high that the council is unable to find places when they are needed, but not so low that it threatens the financial viability of care homes in Leicestershire. It is important that when people move into residential care there is still a focus on maximising and maintaining individual's independence and wellbeing.

At present;

Sometimes other housing options, such as adaptations and the use of assistive technology, Shared Lives or extra care housing need to be more carefully considered before a move to residential care is arranged. Systems such as Just Checking²¹ may not be as widely used as they could be and the use of the current extra care schemes in the county need to be reviewed to ensure they are being used appropriately and are delivering the required outcomes.

We will;

- Explore opportunities to develop the share Lives scheme run by the council.
- Ensure comprehensive assessments and robust allocation protocols are in place to ensure extra care schemes are used appropriately and that individuals are being reviewed and packages of care adjusted in a timely way.
- Review current mix of residents within existing extra care schemes and compare with proposed mix to identify if residents needs are being met and schemes are delivering objectives.
- Evaluate current usage of extra care schemes and financial outcomes being achieved and use finding to outline a cost effective model of extra care moving forward.
- Utilise information from the Strategic Housing Market Analysis, due to be available in the Summer/Autumn 2016 and localised analysis being undertaken by some borough and district councils, to identify the split needed for different types of sheltered/retirement/extra care accommodation. Clarify locations where more or different stock is needed, or if there is any under-utilisation, to ensure there are sufficient affordable schemes that will support people to remain as independent as possible and avoid unnecessary admissions to residential care.
- Work with partners to identify potential locations and funding options, including attracting investment from mainstream builders to provide new appropriate accommodation in areas where required.
- Work with partners to ensure combined property assets used effectively to develop accommodation for older people.
- Utilise evidence from other areas to inform size, scope and design of new extra care schemes.
- Clarify ratio of residential care to extra care housing required and increase the balance of extra care provision.
- Ensure existing assets are being fully utilised to act as 'community hubs' to provide additional support to older people in their community such as opportunities as equipment and wheelchair loan storage, sites for visiting chiropodist, hairdresser, optician, social and voluntary activities etc, providing assisted bathing/showering facilities and providing temporary support in times of crisis.

²¹ www.justchecking.co.uk

Other issues to be considered

1. Leicestershire County Council needs to understand and keep abreast of the impact of proposed changes to housing benefit payments, rent rates and caps, right to buy schemes and other policy or legislative changes, introduced nationally or locally, which may affect people living in private rented properties or in social housing and assess the impact on providers to maintain existing properties and invest in new stock.
2. Some people with learning disabilities encounter issues related to ageing at an earlier stage in their lives and people are more likely to need support and care as they grow older, so specific consideration needs to be given to identifying numbers and strategies for appropriate support. As long as the accommodation remains suitable for them, people with a learning disability living in a supported living schemes should not be expected to move from their home just because of their age.
3. New Extra Care schemes take on average four years from identification to completion so there is a need to have dialogue with district and borough councils about potential schemes 'in the pipeline'.
4. In order to make funds available to help pay for the cost of care, to adapt or maintain their homes, and to support their incomes for other living expenses many older people have turned to equity release as a means of supplementary pensions and other assets.

There are two main types of equity release plan available: lifetime mortgages and home reversions.

Lifetime mortgage plans provide a loan secured against the home of the recipient. The loan accumulates compound interest over time and must be repaid from the sale of the recipient's home; either at death or when moving into long-term care.

Home reversion involves the older person selling their home, or part of it, to a reversion company who will in turn provide a lease allowing the older person to remain in their home rent-free (or for a token rent), either until death or movement into a care home. Concern has been highlighted due to the compound interest attached to equity release loans, which can reach 'staggering' sums after a number of years; particularly given that equity release packages can be made available to people as young as 55, hence the need for independent financial advice to be readily available. The strategy could explore ways of people having access to 'independent financial information and advice', support for social lending possibly coupled with some grant help.

Finance

It is essential that implementation of this strategy delivers a preventative approach to support the delivery of the Medium Term Financial Strategy. Investment can only be made if there is evidence that outcomes will be delivered and assurance given that cost effective models of accommodation are being used. It is expected that savings can be realised but further work to understand this is required.

The impact/uncertainty regarding rent reductions from housing associations and the likely Local Housing Allowance rent cap, in addition to any effect of the introduction of the 'living wage', will need to be taken into account and may affect available investments in future developments.

Conclusion

The majority of older people live independently in general purpose housing. Supporting people to make their homes safe, accessible, warm, secure and convenient and to make informed choices about moving to more suitable accommodation where relevant, can prevent, reduce and delay the need for health and social care services.

Co-ordinated advice and information is key to supporting people to take responsibility to plan for their future housing needs, including financial advice, information about daily living equipment, adaptations and assistive technology. Front line health and social care workers need to be confident to discuss with older people and, where relevant, their carers about maintaining healthy housing and planning for older age. Information and advice needs to be available for older people regarding potential housing for all tenures, including affordable or private sector housing for rent, outright or shared ownership. Available accommodation options needs to be available to people from all tenures but desirable opportunities are especially needed for the majority of older people who are home owners.

Evidence exists that, if well provided, extra care can reduce need for health and social care services. Some of the same benefits can potentially be achieved from enhanced retirement/sheltered schemes depending on the level of support available from assistive technology, visiting health, social care and support staff. Schemes that act as a hub maintain close links with the local community and deliver greater outcomes. It is anticipated that future sheltered and extra care housing developments will be mixed tenure to meet the diverse needs and financial resources of our ageing population.

Housing schemes linked to reablement, including adaptations and other housing support services, can delay the need for people to move to alternative accommodation and delay the need for more costly health and social care services.

For people who can no longer manage to live in general purpose or sheltered accommodation, extra care can provide not only a more cost effective alternative to residential care but also achieve more positive outcomes in terms of optimising independence and reducing loneliness for some people. Some evidence exists that shows people with medium to high needs aged 80 years plus are most likely to provide the best financial return on investment in developing and providing this type of accommodation. We need to review the local situation to ensure the current strategy is effectively delivering outcomes and providing value for money and that we maximise the opportunities extra care can offer going forward.

Our current provision of specialist older person's housing (including sheltered and extra care) in Leicestershire is still significantly below the anticipated demand to meet the needs of the increasing numbers of older people based on the toolkit endorsed by the Department of Health.

There is a need to ensure accommodation for older people is given high priority for housing strategy decisions through working with partners to review the adequacy of the current provision and identify potential locations and funding options, (including securing private investment) For improving the existing stock or increasing capacity to meet projected demands.

Specialist accommodation needs to be targeted and it is vital that clear contracts and protocols are developed and understood that ensure allocation of places in schemes is used appropriately, kept under review and where relevant care is adjusted in a timely way.

Appendix 1 Accommodation that older people occupy

General purpose housing; Either owner occupied or rented, that isn't specifically designed for older people.

Homeshare is an inter-generational housing scheme which looks to match an older person with living space with another person, who provides an agreed amount of support in exchange for a low rent level. The other person is often a student, or a younger person undertaking an internship. Specific and qualified care is not provided. Instead, companionship and general help e.g. domestic tasks, shopping, help to use the computer and gardening are the primary means of support offered. For significant numbers, the real benefit of homesharing is the security of having someone in the house at night.

In the UK, the Homeshare Association is administered by Shared Lives Plus, who maintain a record of all programmes running across the UK. In June 2015, Lloyds Bank Foundation and the Big Lottery Fund each invested £1m in the Homeshare National Programme with pilot schemes taking place in Oxfordshire and greater London. There currently doesn't appear to be any scheme in Leicestershire (Leicester City do have a scheme).

A high proportion of UK homesharers are from Australia, New Zealand, Eastern Europe and other countries and are visiting the UK to broaden their experience. Some are mature students but many are working.

Evidence from the UK and overseas suggests Homeshare is most successful in urban areas where:

- There are significant numbers of older people living alone;
- Property is expensive to rent or buy;
- Transport links are good;
- There are significant student populations including mature and overseas students;
- Some new rural schemes have identified large groups of young people at the bottom of council house waiting lists;

The costs of Homeshare are those of advertising the programme and employing one or more co-ordinators and administrative support staff. Some programmes recoup some or all of their costs from charges made to participants. For a Homeshare programme to be established in an area, there will be a need to spend time awareness raising, advertising and recruiting participants. Unit costs are likely to be high initially but to reduce once the scheme has reached a 'critical mass' of participants to be able to make timely matches between compatible people.

Homeshare is not a regulated service and there are no legal restrictions on which people or organisations could set up a programme. However, some of the more successful programmes are embedded within established not for profit organisations working in the field of adult services or supported housing.

Safeguarding is a key consideration in all of the UK schemes. Homesharers, the suitability of the home and the needs of the householders are assessed before any introductions are made. This is done face to face by most schemes. All schemes have a verification process that includes DBS, reference checks and interviews for the Homesharer. Structured support is also seen as essential during the first few weeks by all schemes in order to support the transition for both participants and help resolve any initial issues and refine and clarify, where necessary, the support being provided by the Homesharer. Most schemes operate a trial period for the Homeshare relationship with regular telephone contact, face to face meetings and end of trial review. The average monthly charge is around £140 for the householder and £160 for the Homesharer, some schemes charge VAT and some have additional administration and matching fees. In all but one of the UK schemes the Homesharer pays no additional rent but commits up to ten hours of support to the householder per week.

Shared Lives services; offers long term support, short breaks and daytime support in and from the homes of local families. The Shared Lives service run by Leicestershire County Council is registered and inspected by the Care Quality Commission (CQC). Carers are trained and are all approved and monitored and paid for the services they provide which can include helping with personal care, encouraging independent living skills and joining in leisure activities. Issues faced by the service are finding people whose homes are suitable to accommodate the physical needs of older people or people who are able to manage older people with more complex needs such as advanced dementia.

Lifetime homes; this is accommodation that meets a set of standards which make properties more accessible, safer, more convenient and adaptable to changing needs, such as being suitable for the fitting of a stairlift or vertical lift or having space for a bedroom downstairs, having doors and halls wide enough for a wheelchair and space to turn a wheelchair and walls able to take an adaptation.

In October 2015, new national housing Optional Space Standards were introduced which largely put the Lifetime Homes Standard in place. Building Regulations M(4) Category 2, 'accessible, adaptable dwellings' included a new standard for accessibility, higher than the current national minimum standard, which a local authority can apply where needs and viability tests are met.

The cost of building to the Category 2 standard for a three-bedroom property was estimated by the Housing Standards Review to be £521 more than building to current Part M. However, this has been disputed as not fully reflecting both space and process costs that make the actual additional costs higher than this. However the estimated £521 cost is the equivalent of one week in residential care.

A positive partnership with local planners, who have responsibility for deciding if proposed development go ahead or not and the standards applied is key to ensure accommodation for older people is viewed as a priority.

The core capital finance for new housing schemes is:

- Social Housing Grant – available to registered providers (generally housing associations) through the Homes and Communities Agency (HCA) has been a funding source but will cease for any schemes not already agreed.
- Developers own resources, either for outright sale or shared ownership.
- Adult social care or housing authority resources
- Clinical commissioning groups
- Section 106 agreements

Sheltered / Independent Living/ Assisted Living/retirement schemes; accommodation that provides older residents independent living with a limited level of support, provided by registered social landlords and the private housing sector, either for sale or rent. Nationwide there has been a move away from resident wardens and most schemes are now connected to a lifeline call centre with a visiting scheme manager. One feature of this type of accommodation is the concept of promoting the mutual support residents can offer each other, both practically and emotionally. Design of this accommodation varies considerably but some of the older schemes tend to have small rooms and narrow corridors, creating problems for people requiring wheelchairs, equipment or someone present to help with care and may only be suitable for single people rather than couples. Conversion cost for some of these schemes can be expensive and attract value added tax, making new build a more attractive option as the tax does not apply there. By comparison some private modern schemes can provide a very high specification and facilities. Private schemes may not have admission criteria, other than possibly related to age and accept people for lifestyle or pre-emptive reasons with no care needs on admission or for many years.

Extra Care Housing; is defined as well designed accessible housing, primarily for older people, that provides self-contained accommodation and offers care and support that is available 24 hours per day. It generally includes some communal facilities and should be able to accommodate people's changing needs by providing flexible and responsive services. Extra care should be underpinned by an ethos and culture that promotes wellbeing and independence.

Sheltered/retirement and extra care housing providers will not be registered as a care home with the Care Quality Commission. The provider of any domiciliary care has to register. In practice, it appears that as long as individuals are free to choose who provides their planned care and support using their own money or personal budgets, availability of care around the clock – the core 24/7 service – can be packaged together with housing services and so far has not resulted in needing to be registered as a care home.

Residential and nursing care;

Institutional settings where a number of people, usually living in single rooms, have access to on-site care, generally for people with high dependency needs; registered with CQC under different categories including residential, nursing, dementia. Generally, care is expensive but varies from home to home and can be funded through a mix of individuals fully funding or receiving financial support from health or social care.

Appendix 2 Demographic projections.

The numbers and proportions of the population in Leicestershire aged 65 and over will continue to increase (JSNA)

POPPI projections 2015	2015	2020	2025	2030	% increase from 2015 to 2030
People aged 65-69	42,400	38,600	41,200	47,900	11.48%
People aged 70-74	31,700	40,200	36,900	39,600	20.00%
People aged 75-79	24,400	29,000	37,100	34,300	28.86%
People aged 80-84	17,800	20,500	24,800	32,000	44.38%
People aged 85-89	11,100	12,900	15,500	19,100	41.88%
People aged 90 and over	6,600	8,300	10,700	14,000	52.86%
Total population 65 and over	134,000	149,500	166,200	186,900	28.30%
Total Population 75 and over	59,900	70,700	88,100	99,400	39.74%

Projected number of people with dementia for 65+ year olds in Leicestershire from 2010 to 2030 JSNA

	2015	2020	2025	2030
65 – 69 year olds	525	477	510	584
70 – 74 year olds	876	1,092	999	1,075
75 – 79 year olds	1,455	1,711	2,148	1,978
80 – 84 year olds	2,186	2,532	3,016	3,797
85 + year olds	4,169	5,134	6,432	8,159
	(45%)	(47%)	(49%)	(52%)
Total for people with dementia 65+ yr	9,211	10,946	13,105	15,593
Total of All 65+ yrs	136,000	151,500	168,000	188,300

Projected number of people aged 65 and over with a limiting long term illness JSNA

	2015	2020	2025	2030
65 – 74 year olds	26,974	28,467	28,176	31,343
75 – 84 year olds	22,512	26,307	32,286	34,262
85 + year olds with	10,324	15,586	15,776	19,894
Total for people with LLTI 65+ yr	59,810	67,360	76,238	85,499
Total for All 65+ yrs	136,000	151,500	168,000	188,300

Pensioner households by local authority area: (Census 2011) SHMA 2014

	Blaby	Charnwood	Harborough	Hinckly and Bosworth	Melton	NW Leics	Oadby & Wigston
Single pensioner	4,741	7,980	4,368	5,608	2,692	4,706	3,031
2 or more pensioners	4,141	6,371	3,841	4,683	2,218	3,678	2,461
All households	38,686	66,516	34,898	45,377	21,490	39,128	21,339
Total % pensioner households	23%	21%	23.5%	22.7%	22.8%	21.4%	25.7%

