An ageing population - meeting the challenge

Jeremy Porteus
Director, Housing LIN

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About the Housing Learning and Improvement Network

- Previously responsible for managing the DH’s £227m Extra Care Housing Fund and £80m Telecare in England grant
- 48,000 members across housing, health and social services to help improve partnership working and integration on housing and care
- Essential online resources on housing with care for older people to support commissioners, funders and providers in market development, innovation and investment
- Publish papers to brief on latest policy, research and practice developments in housing for older people
- Member of the Prime Minister’s Challenge on Dementia Group
- 9 regional ‘learning labs’ in England supporting local information exchange, peer-to-peer shared learning and improvement activities, and exemplar study visits
- Sector support in Wales to establish a Welsh Housing LIN in 2013/14
A demographic ‘time bomb’?

- 2.4 million more older households by 2036 = total £16.8m
- 1 in 5 people with dementia over 65 years of age. This rises to 1 in 4 to those over 80
- But, majority of older people live well into old age and we need to look at housing solutions that both meet lifestyle choices and can be ‘care ready’

Source: www.hm-treasury.gov.uk
What are the health demands driving change in England?

- Over 15 million people in England with a long term condition e.g., heart disease, diabetes, asthma, respiratory problems and dementia
- Older people account for 55% of GP appointments, 68% of outpatient appointments and 77% of inpatient bed stays
- Overall, the state spends £140b on older people of which 6% is on social care, 35% on health and 59% on welfare/pensions
- More likely to have other complex needs leading to disabilities which require care and/or support
The economic case for independence at home?

- A fall at home that leads to a hip fracture costs the state £28,665 on average – over 100 times the cost of installing hand and grab rails.

- Where it is appropriate, postponing entry into residential care for one year saves an average of £28,080 per person.

- A hospital discharge service that enables older people to return to a safe and suitable home environment saves over £100 per day – the amount charged to local authorities when patients ‘block beds’.
Why integration matters - drivers for health and social care system reform

- **Reduce Demand**
  Prevent or reduce levels of demand e.g., acute (inpatient, A&E and outpatient care), primary (community health) and social care (residential or intensive home care)

- **Reduce Costs**
  Reduce unit costs e.g., tariffs for condition specific interventions
  Reduce costs of existing and new packages eg renegotiate block contacts
  Reduce staffing costs/overheads, redesign service

- **Contributions from citizens**
  Use of personal budgets, self funder market
Different levels of prevention: demand management

• To stop people entering system
  Public Health – exercise, eating, drinking, etc
  Health Care – the right treatment and preventive measures (stroke recovery or falls prevention)
  Information and Advice

• To reduce demand within the system
  Recovery, re-ablement, recuperation
  Right level of health care
  Partner with community-based organisations and housing

• Solutions
  Better housing choices, energy efficiency, tackling fuel poverty, telecare, aids & adaptations, equipment & advice
Achieving cost savings in social care

- Nursing care (average per person) £570 per week (£29,640 per annum)
- Residential care (average per person) £334 per week (£17,370 per annum)
- Rehab (average 6 weeks intervention) £556 per episode (includes 6 clinical hours / 30 hours assistant)
- Average personal care package £224 per week (£11,650 per annum) – based on average rates for 2 hours per day

Estimated average cost per annum of 6 week intervention plus care at home £12,206, saving on nursing care and residential care
A Triple ‘A’ approach to living well at home

- Evidence presented to the APPG drew specific observations from Inquiry Members that:

  **Advice** - “We believe that it [FirstStop] could become the AA equivalent for housing advice services for older people”

  **Adaptations** - “Handpersons are the gods of the older persons’ world”

  **Access** - “We need to change our thinking about housing and older people from one of delivering specialist services to more market driven, mainstream consumer choice”
Developing your Market Position Statement

- How might accommodation and care for older people change over the next 20-30 years to cater for ‘baby boomers’, including extra care?
- What impact will changing wealth and tenure on accommodation and services older people might want as opposed to might need?
- What will the implications of levels of equity held by older people, estimated to be nearly £1 trillion?
- What policies/strategies in place for Lifetime Neighbourhoods and future adaptability?
- Do you have the tools to predict demand?
“The message from our Inquiry is that this is the time to consider the steps in the Housing our Ageing Population: Plan for Implementation to take the opportunity to achieve the double benefit of fulfilling the housing requirements of older people while simultaneously making available family homes for the next generation.”

Lord Best, Chair
APP哲 on housing and care for older people
HAPPI – 10 components of good design quality

1. the new retirement homes should have generous internal space standards, with potential for three habitable rooms and designed to accommodate flexible layouts.

2. care is taken in the design of homes and shared spaces, with the placement, size and detail of windows, and to ensure plenty of natural light, and to allow daylight into circulation spaces.

3. building layouts maximise natural light and ventilation by avoiding internal corridors and single-aspect flats, and apartments have balconies, patios, or terraces with enough space for tables and chairs as well as plants.

4. in the implementation of measures to ensure adaptability, homes are designed to be ‘care ready’ so that new and emerging technologies, such as telecare and community equipment, can be readily installed.

5. building layouts promote circulation areas as shared spaces that offer connections to the wider context, encouraging interaction, supporting interdependence and avoiding an ‘institutional feel’, including the imaginative use of shared balcony access to front doors and thresholds, promoting natural surveillance and providing for ‘defensible space’.

6. in all but the smallest developments (or those very close to existing community facilities), multi-purpose space is available for residents to meet, with facilities designed to support an appropriate range of activities – perhaps serving the wider neighbourhood as a community ‘hub’, as well as guest rooms for visiting friends and families.

7. in giving thought to the public realm, design measures ensure that homes engage positively with the street, and that the natural environment is nurtured through new trees and hedges and the preservation of mature planting, and providing wildlife habitats as well as colour, shade and shelter.

8. homes are energy-efficient and well insulated, but also well ventilated and able to avoid overheating by, for example, passive solar design, the use of native deciduous planting supplemented by external blinds or shutters, easily operated awnings over balconies, green roofs and cooling chimneys.

9. adequate storage is available outside the home together with provision for cycles and mobility aids, and that storage inside the home meets the needs of the occupier.

10. shared external surfaces, such as ‘home zones’, that give priority to pedestrians rather than cars, and which are proving successful in other countries, become more common, with due regard to the kinds of navigation difficulties that some visually impaired people may experience in such environments.
Capital and revenue investment

- DH £300m specialised housing fund
- DH £261m social care capital grant
- DH £40m contribution to DFG to support reablement, more ahead?
- DH £50m via PCTs and LAs to support dementia-friendly environments
- 3 million lives campaign for teleare/health, but
- Supporting People in England and new commissioning with tightening eligibility criteria and increasing self-funder market
- Use of equity release to move to ‘downsize’ to purpose-built ‘care ready’ housing and/or to pay for personal care and support
Alternative funding sources

- Social Finance
- Insurance products/bonds
- Public/Private partnerships
- Personal Equity/Assets
- Downsizing
- Neighbourhood based solutions
- Co-production/community led
- Co-housing
- Other public subsidy i.e., health
A future Agenda in Wales

• What scope is there for better planning, commissioning and/or access alternative public and private sector funding to promote innovation in lifestyle choices for older people or stimulate a specialist housing or ‘HAPPI’ market?
• Can you both deliver at scale, make sure it is affordable (and to whom) and meet the needs of local communities?
• Can age-friendly communities help partners such as not-for-profit, statutory health and social care services support more people in the community, meet growing demand of an ageing population? What outcomes could work best for you?
• Are there other market opportunities such as: health, aids and adaptations, telecare, co-housing, homesharing, social capital?
• What strategies and policies are in place to engage, involve and listen to the housing with care needs of older people and their carers? Is there a FirstStop equivalent?
• Register to become a member of the Housing LIN and help shape a future Welsh Housing LIN
Thank You

Jeremy Porteus
Director

Email: j.porteus@housinglin.org.uk
Tel: 07899 652626
Website: www.housinglin.org.uk

Housing LIN
c/o EAC, 3rd Floor
89 Albert Embankment
London, SE1 7TP

Email: info@housinglin.org.uk
Tel: 020 7820 8077
Twitter: @HousingLIN