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Future options for housing and care: Improving housing that facilitates care and support for older people

Commission on the Role of Housing in the Future of
Care and Support – Policy discussion paper



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Foreword

‘Every decision about care, is a decision about housing’, so wrote the Association of Directors of Adult Social Services (ADASS) in its paper *Nine statements to help shape adult social care reform* (ADASS, 2020b).

And yet we know that for many people there is a lack of choice and availability of supportive settings to meet people’s individual needs.

If we are to successfully improve people’s experiences and outcomes in later life, we need to think again about how we find ways to improve the quality, quantity and choices of future generations needing housing with care and support.

There are plenty of chinks of light and optimism. One such vision of what is possible is presented by Social Care Future, a coalition of people who want to bring about positive change in social care and we must reflect and harness this commitment in our work.

‘We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.’

Despite the challenges we face, we want to be part of a positive future for social care. This is why the three of us were excited to be asked to chair a new Commission on the Role of Housing in the Future of Care and Support, funded by Dunhill Medical Trust. The Commission will, by drawing on previous work and through extensive engagement with the sector and the evidence, set out a new vision and roadmap for how we fund, commission, plan and deliver the change that is needed.

We’re delighted to be working with an esteemed and experienced group of commissioners drawn from across the sector, as well as people with lived experience, to develop proposals and recommendations. We hope these will be useful to government as it formulates its long-term plan for social care and help people in practice draw up their own local plans.

We believe that there are real opportunities to build on the many excellent examples of innovative practice. These will help us to chart a course which sets out how we can make the very best of provision available to all. Let us grasp this chance to truly make a difference.

This first report from the Commission sets out the scope of our work and our intentions. It provides an overview of some of the critical issues that need to be considered and describes the principles on which future provision should be based. It is meant to pose the judicious questions on which we need to work during the coming months and spark discussion. Your input is warmly welcomed: please do send us your thoughts, creative ideas and examples of the great practice we know are out there. We look forward to hearing from you.

Rt Hon Paul Burstow, Sir David Pearson CBE, Julienne Meyer CBE

Introduction

The **Commission on the Role of Housing in the Future of Care and Support** was launched in October 2020 and will present a blueprint for the future to enable greater choice and availability of housing and support for older people who may find it difficult to live independently at home, or who choose to live somewhere which provides more support options. The Commission is funded by the Dunhill Medical Trust and Chaired by Rt Hon Paul Burstow, Sir David Pearson CBE and Professor Julienne Meyer CBE; with Social Care Institute for Excellence (SCIE) providing the secretariat.

Amongst other work, including new research, the Commission will revisit the work of the Commission on Residential Care (CORC) – which reported in 2014 and develop a **new vision and roadmap** setting out how we fund, commission, plan and deliver a growing range of financially deliverable models which enhance choice, flexibility and improved outcomes. It will be informed by the experiences of and learning from, the COVID-19 pandemic.

The Commission is of the view that whilst a range of models of housing with care and support exist, they are not available consistently and to all who need them across the country. The primary focus of this Commission will be on how we develop **alternative models** (including innovative models in relation to care homes); some of which already exist, but others may need to be developed. The Commission will concentrate on the needs of people over the age of 65, although it will also take account of examples of best practice in relation to working age adults (including those with learning disabilities), where their application to the needs of older people is perceived to be pertinent. It will also consider the specific needs of BAME (Black, Asian and minority ethnic) communities, LGBTQ (lesbian, gay, bisexual, transgender and queer or questioning) communities and people with disabilities; who often find it more difficult than others to access high-quality housing that facilitates their care and support.

This is the first report of the Commission and a more extensive final report, cost-benefit modelling and an innovation directory are planned for publication in the summer. It aims to provide a short overview of the key issues facing the sector, an initial vision for the future and some preliminary ideas which the Commission believes merit further exploration. It also provides initial findings from a national public perception survey of over 1,500 people; which was undertaken, in collaboration with YouGov, in December 2020. It poses some questions which the Commission believes are critical for its remaining work to address. **Please get in touch with the Commission's secretariat via Rebekah.Luff@scie.org.uk to share any thoughts on this paper and examples of good practice.**

Scope and definitions

This Commission will consider a broad spectrum of housing types that provide access to care – using for now, the umbrella term ‘**housing that facilitates care and support**’ to describe these. Included in our scope are care homes, retirement communities, sheltered housing, supported living and shared lives (which we describe in more detail shortly). New models of housing identified as good practice through the work of this Commission, may also be included as the Commission’s work progresses. We recognise that this definition of housing that facilitates care and support is not universally recognised, so as part of its remit this Commission will propose new definitions which are acceptable to the sector and can be understood by people who use such services.

In considering these options, our starting point is that there is no such thing as ‘one size fits all’ for people who require a form of housing that facilitates care and support. The experience of ageing is highly personal, with an individual’s health, family situation, networks of support, financial flexibility and general outlook on life all impacting that experience and need. The point then should be not that one model is ‘better’ or ‘worse’ but that the housing that facilitates care and support should provide a range of choice. Crucially the whole spectrum of choice should be available to all.

The five models we will look at are:

1. **Care homes** (also referred to as residential homes and nursing homes) are places where personal care and accommodation are provided and regulated together as one package. People may live in this form of housing for short or long periods. Whilst care homes are used for respite care, for many people it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Some care homes, sometimes called nursing homes, are also registered to provide qualified nursing care for those that need it.
2. **Retirement communities** (which includes extra care housing, assisted living and retirement villages) are purpose-built (or purpose-adapted) with accommodation that is owned, part-owned or occupied under a tenancy agreement. Staff are based 24 hours a day on site, with optional care and domestic services available. Individual, self-contained accommodation is in a building specifically designed to facilitate the delivery of personal care and support to older adults; with access to, when needed, extensive amenities on site or in the wider community.
3. **Retirement housing** (also known as sheltered housing or retirement flats) consists of self-contained homes for sale, shared-ownership, or rent and have scheme managers and emergency call systems. It usually has a shared lounge and may have a shared garden, laundry facilities and a guest room. Typically, it consists of 40-60 units.
4. **Supported living** is for people who can either live by themselves with support or share an ordinary or purpose-built home with a small number of other disabled adults of working age or older people. If the latter, each person normally has their own bedroom. The rest of the property is communal space and normally this will include at least a living room and kitchen/dining area.
5. **Shared Lives** supports adults over the age of 16 with learning disabilities, mental health problems or other needs that make it harder for them to live on their own and is regulated by the Care Quality Commission. It is growing in popularity for older age groups and is seen as an alternative to supported living or residential care. The schemes match someone who needs care with an approved carer. The carer shares their family and community life, and gives care and support to the person with care needs.

The size of the ‘market’ for each of these models, varies enormously, as shown in Box 1.

Box 1. Shape of provision in England

- There are approximately 21,000 care homes with capacity to support 456,000 people.
- There are approximately 70,000 retirement community units in England (Age UK, 2019).
- In England 2017–2018, 12,350 people were being supported in Shared Lives arrangements, growing to 12,800 by June 2020 (Shared Lives Plus, 2018).
- There are approximately 445,000 sheltered housing units (Age UK, 2019).
- There are between 22,000 and 30,000 supported living units, 76 per cent of which are shared housing and 24 per cent are self-contained (Mencap 2018).

A note on UK national variation

Health and care services and systems vary significantly across England, Scotland, Wales and Northern Ireland and local structures of provision, commissioning, planning and inspection vary widely. Many of the challenges (funding pressures, demographic changes, negative public perceptions, poor availability of advice and other issues) are, however, broadly similar across the four nations. In this regard, this report has primary application in England. Nonetheless, the Commission hopes that many of the principles of good practice posited to address the challenges, together with the evidence presented below will inspire providers, commissioners, funders, policy-makers and planners across the UK to work with those who need such settings to develop and deliver a broader range of options.

Progress since the Commission on Residential Care

The **Commission on Residential Care 2014 (CORC)** was formed in July 2013 and reported in September 2014. Composed of a group of academics, experts and practitioners and chaired by Rt Hon Paul Burstow MP, the Commission was tasked with exploring what the future of residential care should be in the wake of the Care Act 2014. The think tank Demos provided the secretariat.

CORC's aims were to:

- create a vision for residential care in a 21st-century care system, not bound by existing definitions of 'residential care' or 'care home' but based on a new offer (or range of offers) which can deliver on the outcomes people want and value; this vision includes both older and working-age people with disabilities.
- set out how the existing residential care offer (broadly defined) could change to deliver this vision, across financial, operational, governance and cultural aspects of care – drawing on existing good practice at home and abroad.

CORC proposed 38 recommendations to embed good practice and challenge public perceptions, including enshrining a broader, more accurate definition of 'housing with care' throughout government policy; ensuring that there is a greater co-location of care settings with other community services such as colleges; the expansion of CQC's role in inspecting commissioning practices; and promoting excellence in the profession through the introduction of a licence to practice and a living wage. The full report with recommendations can be found [here](#).

The Commission stressed the importance of the social care workforce crisis particularly in care homes where low pay, and high vacancy and turnover rates have meant that services are threatened with closure by the lack of staff available, and made a number of recommendations. There has been little progress on the pay of care workers across the sector, with more than half of social care workers in the UK earning less than the living wage. However, there has been some progress made on implementing the recommendations relating to workforce training and development. The Care Certificate was launched in April 2015 and it identified set of standards that health and social care workers adhere to in their daily working life.

As recommended by CORC, we have also seen the take-up of more new technologies in care settings (e.g. facilitated by developments in artificial intelligence and the Internet of Things) – a trend accelerated by COVID-19. See Box 2 for examples. In addition, there have been new innovations in housing models, although as we argue in this report, there is further we need to go.

Box 2: Examples of the developments in the last decade of innovative use of technology in housing that facilitates care and support settings

Telehealth – remote monitoring and management of physiological conditions, e.g. blood pressure, blood glucose.

Telemedicine – remote diagnosis, analysis and treatment of medical conditions

Telecare – personal alarms and security systems, e.g. wearable devices to monitor and use of sensors to prevent falls

Work-related technology – digital technology to enhance systems of care e.g. digital care planning, online training and use of phones, text messages, email or video conferencing tools decrease the amount of face-to-face communication

Communications technology – equipment and programs that are used to process and communicate information e.g. Care Workforce App and use of WhatsApp groups

Entertainment technology – equipment to enhance meaningful activities and social connections e.g. use of tablets for entertainment and to keep in touch with loved ones

Smart home devices – 'intelligent' web-connected electronic device or system which may operate standalone or in a network with other devices to help people maintain independence and assist with daily living e.g. thermostats, smart lighting, fall prevention sensors

Since 2014, progress has also been made in relation to age and dementia-friendly housing design. The Housing our Ageing Population Panel for Innovation (HAPPI) series of reports, for instance, has proved influential in raising awareness of the attractive care-ready design features that can make housing specifically designed for older people something to which to aspire and not dismiss. The government has also changed planning policies and guidance on housing for older people in order to increase the availability of accessible housing for older people and those who are disabled (House of Lords, 2021).

Box 3: HAPPI 10 key design features

1. Space and flexibility
2. Daylight in the home and in shared spaces
3. Balconies and outdoor space
4. Adaptability and 'care-ready' design
5. Positive use of circulation space
6. Shared facilities and 'hubs'
7. Plants, trees and the natural environment
8. Energy efficiency and sustainable design
9. Storage for belongings and bicycles
10. External shared surfaces and 'home zones'

But there are also areas where little or no progress has been made. CORC proposed a new definition for the sector – 'housing with care' – which incorporated all types of housing with access to care, but there is little evidence that this has been widely adopted. According to parliamentarians looking at housing for older people, definitions remain 'confusing' (UK Parliament, 2018). Indeed, we will be honest in admitting that, as a group of commissioners,

we have had our own debates, confusion and misunderstandings about definitions, so we will try to adopt the approach of examining the issues from the perspective of those who need support, and to give them a voice in envisioning new collaborative care models in a housing setting.

CORC wanted to see a flourishing market of supply which gives people a spectrum of choices of 'housing with care'. A number of recommendations were made on how changes to funding, planning and commissioning could stimulate this growth in the market. As the statistics in Box 1 show, the expansion of the market has not kept up with demand. There remain, for instance, only 70,000 extra care units (well below the 410,000 care home beds), and several local authorities do not have a single extra care scheme. According to the Associated Retirement Community Operators (ARCO), there is an uneven distribution across the market for retirement community units, with 66 per cent of UK retirement communities available for affordable or social rent, whilst only 1 per cent are for the middle market and 8 per cent for the high end. So even if people can afford to purchase or rent a property at a higher price, the choices might well be limited locally.

For those whose care is publicly funded (people with assets worth less than £23,250), or who struggle to pay for accommodation, the choices can be very limited. According to a recent study by the British Property Federation there is a significant shortfall in supply of sheltered housing and even though the majority of housing with care (also called retirement communities) is affordable or for lower rent, there are many parts of the country with very low coverage of these kinds of property (British Property Federation, 2020; ARCO, 2019).

The impact of COVID-19 on the market has also yet to be fully understood. Concerns about the safety of some housing with care and support options have been identified in recent research (Institute for Public Policy Research, 2020) and are likely to impact significantly in the future on what forms of care people choose for themselves.

CORC proposed that information and advice for people needed to improve dramatically, especially to counter some of the negative perceptions of some types of housing with access to care. Evidence suggests that little progress has been made on developing better information, advocacy and advice to support decision-making, or address public concern about different models of housing that facilitates care and support. Public knowledge about social care, and indeed different housing options, remains under developed.

Drivers of future demand for housing that facilitates care and support

A broad range of critical drivers will shape the future of housing that facilitates care and support. These are:

- **Ageing population:** Just under one in every five people in the UK is aged 65 or older. By 2048, it will be one in four (Centre for Ageing Better, 2020). Although lifespans have increased, health spans have not, which means many of people's older years are spent in ill health with 40 per cent of over 65s having a limiting long-term health condition (Association Retirement Community Organisations, 2020a). Therefore, old age does not automatically bring social care needs, but it makes it more likely. The number of older people with learning disabilities is expected to rise significantly in coming years (National Institute for Health and Care Excellence, 2018). As a result, demand for housing that facilitates care and support for both older people and working age adults will continue to rise in the coming years.
- **Reductions in funding for social care:** Reductions in funding for social care over the last 12 years has severely limited the ability of local authorities to invest in new housing that facilitates care and support, especially for those who meet the social care eligibility thresholds. Between 2009/10 and 2014/15, funding fell dramatically for adult social care and, whilst it has improved somewhat since, it is still £0.4 billion below where it was in 2010/11 and well below what is estimated is needed. Moreover, cuts have not been evenly distributed, with some local authorities more severely affected than others (The King's Fund, 2020).
- **Lack of available housing that facilitates care and support:** All of the evidence points to there being a significant under-supply of all of the types of housing that facilitate care and support covered by this Commission, including care homes, retirement communities, retirement housing, supported living and Shared Lives:
 - It was estimated in 2017 that we will need 71,000 more care home beds in England by 2025 (Lancet, 2017).
 - There is a significant imbalance between supply and demand, with development of new retirement community units lagging behind growing demand both in the UK but also when you compare us to countries like the US and New Zealand (British Property Federation, 2020).
 - It is estimated that we need at least 260,000 retirement community units to be developed by 2029 (British Property Federation, 2020)

'Our ageing population will increase demand for specialist housing. Construction rates will need to be five- or six-times current rates to ensure the UK makes adequate improvements in penetration rates for housing with care.'

British Property Federation (2020)

These drivers of growing demand, also interact with a number of significant challenges to providing people with adequate choice, quality and flexibility in options for housing that facilitates care and support, such as:

- **Market fragility:** Data increasingly shows that the market for many providers of housing that facilitates care and support is fragile, their situation exacerbated by COVID-19 (CQC, 2020). Some care home providers are on the verge of collapse, or finding they have to hand back contracts (The King's Fund, 2020). In its Coronavirus Survey, published in June 2020, the Association of Directors of Adult Social Services (ADASS, 2020a) found that a quarter of directors now have concerns about the financial sustainability of most of their care home providers since the outbreak.
- **Public understanding of social care:** Public understanding of social care and the different housing options that facilitate care and support continues to be low (Health Foundation, 2018). This is compounded by what the public perceive as a lack of high-quality information, advice, guidance and advocacy support to help people make the right choice. In a recent survey most people thought it was too difficult to find the right information (56 per cent) and found the care system too complex (e.g. costs and payment options) to find their way through (78 per cent) (Just Group, 2020). We will need better information and advice to support informed decision-making for people seeking housing that facilitates care and support.
- **Workforce shortages:** Much documented in other reports (Skills for Care, 2020), the pressures facing the workforce in social care continue to grow. The accounting firm PWC estimates that we will have a deficit of 290,000 care workers required to meet demand in 2030 (PWC, 2018). Many social care providers will struggle to recruit enough skilled workers. The Brexit agreement, which moves us towards a points-based immigration system, is likely to worsen this situation.
- **Variability in care quality:** The quality of care, as measured by CQC, varies between regions, sizes and types of provider of care (CQC, 2019). The public also perceive care quality to vary enormously depending on the ability to pay.
- **Inequalities:** Evidence shows that many people from BAME communities, LGBTQ communities and people with disabilities find it more difficult than others to access high-quality housing that facilitates care and support. Recent statistics have shown that both BAME and people with learning disabilities have been disproportionately affected by the pandemic (Public Health England, 2020a & 2020b).
- **Living alone:** Across the UK, nearly a third of people aged 65 and over (3.6 million people) live alone and around one in ten (1.2 million people) are ageing without support from children. The number of one-person households in England is projected to increase by 26 per cent between 2016 and 2041 (Age UK, 2019). More people who live alone will need housing to support them live independently as they age.
- **Dementia:** The number of older people with dementia in the UK will increase by 80 per cent, from almost 885,000 in 2019 to around 1.6 million in 2040 (London School of Economics, 2019), with huge implications for the levels of care people will require, alongside issues about the design and use of technology, in different housing environments.

- **Loneliness:** 1.4 million older people class themselves as ‘often lonely’ and it is estimated this will rise to 2 million people over the age of 50 by 2025/26 (Age UK, 2019). Loneliness is associated with a range of poor health outcomes. There is a need to factor in the rise of loneliness and sense of isolation into thinking about housing that facilitates care and support.
- **Advances in technology:** There has been a steady proliferation of new technologies in social care, including artificial intelligence (AI), assistive technology and robotics, although its efficacy, usability and potential has been under researched and under exploited. As we develop new forms of housing that facilitates care and support, useful technology has the real potential to enhance care experiences and outcomes (building on the accelerated use during the COVID crisis). Further evidence of what works will emerge through the Dunhill Medical Trust-funded **Technology for an Ageing Population: Panel for Innovation (TAPPI)** led by the Housing LIN, the first report from which is planned for May 2021.

Future vision for housing that facilitates care and support

The statistics provided in the previous section show how stark the future for many will be if we do not deliver on a vision for better housing that facilitates care and support – one which offers people, flexibility, choice, quality and personalised options. We know that there is a strong association between health and housing (Health Foundation, 2020) and that if we don't build better preventative housing that facilitates care and support, we will see people suffer worse health. To make this happen, we need to see a rapid growth in investment in this area and a joined-up approach to housing and care. It is truly a national priority. By not investing in preventative interventions we will only increase the propensity for people to need acute care and end up living in a place not of their choosing – which is more expensive and detrimental for all.

The Commission has identified the following features that need to be reflected in any future landscape. These build on other quality frameworks, such as the Think Local Act Personal 'I statements' (Think Local Act Personal, 2018), the My Home Life hallmarks of what good looks like (NCHR&D, 2007) and the Housing LIN HAPPI principles (refer back to Box 3). These are:

- **In the right place:** People should be able to access housing that facilitates care and support in both a place they want to live and a community with which they identify. Where possible, they need to get their care and support in the place of their choice, by the right people, at the right time at a cost that is affordable. In our survey, 36 per cent of respondents said that living near to friends and family was one of the most important considerations, when thinking about care and support in older age. This has to be taken into account.
- **Promoting independence:** We support people to live independent lives, in a place they call home, for as long as possible. This is not only good for people in protecting quality of life and reducing misery, but also good for society in suppressing/managing demand for acute secondary care. Maintaining independence for as long as possible is clearly a priority for the public. In our YouGov survey carried out in December 2020, 51 per cent of people – the highest of any category – rated independence as the most important consideration, when thinking about needing care or support in old age.
- **Person-centred and relationship-centred:** In order to deliver personalised care, we need to focus on relationships between residents, relatives and staff and between care homes and their local communities and the wider health and social care system. Central to this is striving to maintain people's identity. Our survey found that 40 per cent rated 'having access to the internet, phone and technology' were one of the most important considerations when thinking about care and support in older age.
- **Strengths-based:** We should start with people's strengths not with any limitations they may have due to age, illness or disability. Care should be treated as a relationship rather than transactional. Housing that facilitates care and support should focus and build on people's unique strengths, or assets, skills and capabilities, as well as their needs. We should strive to create communities which bring people together, and connect individuals to community resources, regardless of where a person lives.

- **Enable choice and control:** We must enable people to have choice and control in relation to a broad range of options for housing that facilitates care and support, regardless of the economic resources at their disposal or where they live in England. To enable improved choice and control, we need better independent and impartial information, advice and advocacy.
- **Promoting equality:** Everyone, regardless of their age, ethnicity, gender, sexual orientation, or disability, has a right to high-quality, personalised and accessible housing that facilitates care and support.
- **Keeping the workforce fit for purpose:** Developing a workforce that leads, reflects and learns is central to ensuring that people receive high-quality care, whatever setting they live in.
- **Co-production and shared decision-making:** Involvement of people who use care and support in respect of housing should be widened and deepened. This means we need to see greater levels of involvement of people in the commissioning, planning and design of new housing developments as well as the increased involvement of people who live in supported accommodation in shaping their own care and support plans. In our survey, 31 per cent of respondents said that being involved in decision-making was one of the most important considerations when thinking about care and support in older age.

‘The voice of people who live in care homes and their families need to be listened to as this will provide the right direction for the future. Any guidelines should use this as the basis.’

Member of the Commission’s Co-production Panel

In order to deliver this vision, we need to begin by:

- **Dramatically increasing the supply of housing** that facilitates care and support provision, particularly encouraging the growth in the number of units which support people with lower level and intermediate care needs. It is estimated that 400,000 units of extra care and sheltered houses are needed by 2035 (UK Parliament, 2018).
- **Increasing the range of housing that facilitates care and support options** available for those who need it, so that in every area there is a full spectrum of care homes, retirement communities, retirement housing, supported living and Shared Lives schemes available for the growing numbers of older people, including those who are living alone.
- **Ensuring suitable housing that facilitates care and support options for all**, regardless of people’s ethnicity, age, disability and sexual orientation and appropriate to meet their individual needs.
- **Encouraging innovative and successful models to grow**, including those being developed by voluntary, community and social enterprise organisations and the private sector.
- **Put the power into the hands of the consumer**, to deliver ‘effective demand’ (effective demand exists when the consumer knows what is available, wants to buy it and can afford to do so).

- **Enable providers to seek out, explore and innovate** to meet consumer demands and desires, including through research and testing out new concepts and models of care.

Further analysis and recommendations about the future shape of housing that facilitates care and support will be made in the Commission's Final Report planned for the summer of 2021.

Delivering this vision – emerging ideas for reform

The initial work of the Commission has led to a number of proposals about how we might fund, plan, commission and deliver best practice in relation to housing that facilitates care and support for older people in the future. A number of questions have emerged, which provide a framework for the remaining work to be undertaken by the Commission. These are described below.

A plan for the reform of social care and sustainable funding

As SCIE and other national partners argued last year, the Government needs to publish within this year an ambitious, and far-reaching plan for the future of adult social care (SCIE, 2020). This plan needs to set out how it will bring about longer-term investment into the sector which is simpler and fairer. The plan needs to provide a framework which will encourage investment into housing that facilitates care and support and connect social care to wider changes in housing and infrastructure. The proposals should offer a roadmap for reform and commit to significant progress in implementation before the end of the parliament.

The Commission believes that within this framework, specific commitment needs to be made to increase capital spending on new forms of housing that facilitates care and support, including retirement communities (also referred to as extra care) and supported living units. In parallel we need to create better incentives and levers to encourage developers to increase levels of investment in housing that facilitates care and support, including:

Reform in the planning system

The difficulties facing planners seeking to develop retirement communities (also referred to as extra care) have been well documented (Housing Learning Improvement Network, 2011; British Property Federation, 2020; ARCO 2020a). Retirement community housing is not currently defined within the planning system, making it harder to build these as compared with care homes. Whilst recent guidance from planning appeals and central government reports give some direction, there is still a lack of clarity for planners and developers. A stronger requirement needs to be placed on local planning authorities to set out objectively and based on good evidence and analysis of their specific community needs, how they will meet this need through a range of housing options.

Clear regulatory framework for retirement communities

Unlike the care home sector, whose growth is aided by a clear set of regulation stretching back to 1984, retirement communities are not defined in regulation. According to ARCO (2020a), this is a key reason for the 'provision gap' not being filled. There is a need now to implement sector-specific legislation on regulations and standards.

Developing more appropriate tenure options

Currently, the main tenure models in the UK involve either rental tenancies or the leasehold system (including shared ownership). Internationally, tenure options tend to be more flexible and not tied to long-lease ownership or rentals, and developing more flexible tenure options that suit the needs of customers and those providing services will be key.

Strategic approach to prevention

Across health, social care and housing policy, there has been a significant drive towards prevention and early intervention. In its recent statement on social care reform, ADASS states that *‘people should be supported to live at home and remain in their communities, unless their needs can only be met elsewhere’* (ADASS, 2020b). The movement calling for a better future for social care – *Social Care Future* – similarly calls for everyone to *‘live in a place we call home, with the people and things we love, doing the things that matter to us’*.

This is why prevention needs to be at the heart of the strategy for improving the quality of housing that facilitates care and support. Initial proposals for further reforms include:

- A commitment to invest in housing that facilitates care and support options that are based where people grew up and lived – not miles away, or in another council area.
- More partnership working between integrated care systems (recently formed partnerships which seek to commission and join up health and care) and housing partners to develop a wider range of housing for both independent and collective living; utilising NHS estates, where possible, to build new models which stop people being forced into inappropriate housing options.
- Acceleration of technology (telehealth, telemedicine, telecare, work-related technology, communication technology, entertainment technology, smart home) to maintain people’s independence and wellbeing.

Increased provision for people with intermediate care needs

There was broad agreement that as part of this prevention agenda, we need to develop more options and best practice models for people with intermediate care needs – those who cannot support their own care at home or choose to live in a more supported environment, but do not require a care home.

ARCO (2020a) has identified a significant ‘provision gap’ for those needing lower to intermediate care and calls for an increase in the level of provision of retirement communities (also called extra care), which is proven to be especially effective at supporting people with intermediate care needs.

‘Reform must be underpinned by the “Home First” principle. This is likely to mean a much stronger emphasis on some existing types of care and support which are housing based, such as supported living and extra care housing, as well as new and innovative forms of care.’

ADASS, 2020b

Growing this type of provision would also seem to be popular with the public. In our YouGov survey for this Commission, extra care and retirement villages (two forms of retirement community) stand out as the most popular care settings for older age – seven in ten say they would consider retirement villages whilst just over half say they would consider extra care.

The economic benefits of increasing capacity could be considerable. In relation to retirement communities, ARCO (2020a) estimates that, if the sector can grow to provide for 250,000 people by 2030 (currently provision is 75,000), the retirement communities sector (also

referred to as extra care) will have a turnover of £70 billion and release over 562,500 bedrooms into the general housing market.

ARCO has called for a cross-government taskforce to look at ways in which the growth of extra care can be accelerated.

‘By exploring potential areas for change, including sector-specific legislation on fees and regulation, clarity in the planning system, and new tenure models, the Task Force would help propel the sector closer to the levels of provision seen in other countries – where the legal and regulatory framework is much stronger.’

ARCO (2020a)

‘[We need] increased capital investment to help expand our digital infrastructure and pump prime a significant expansion of housing-based care solutions such as supported living and extra care. The future must be one in which every decision about care is a decision about housing.’

James Bullion, President, ADASS

Aligning local care home, housing, health and social care plans and resourcing

There are fundamental connections between care homes, housing, health and social care. However, despite their demonstrated interdependencies, the Commission does not feel that these connections are fully recognised or reflected in policy, institutional incentives, regulation or practice. Local leaders – including independent providers, local public services, local authorities, housing authorities, the NHS and those responsible for social care – should work together to have a shared objective and a single plan and budget for housing, health and social care. This would be further strengthened by being embedded within planning policy frameworks, sustainability and transformation partnerships, integrated care systems, joint strategy needs assessments and NHS plans. It should be supported by cost-benefit analyses of adapted and accessible housing that facilitates care and support.

Integrated care systems (ICSs) and primary care networks (PCNs) will increasingly have a critical role in shaping health and social care commissioning and delivery in local places. Through their leadership of place-based partnerships, the NHS has a major role to play in bringing together health and social care strategy. Through these partnerships and the development over time of a ‘single pot’ of health and care funding for local places, the NHS, local authorities and other partners can play a critical role in influencing place-based planning and housing that facilitates care and support developments, such as extra care and other supported living facilities. The multidisciplinary teams (MDTs) within PCNs, which will bring health and care together in neighbourhoods, can ensure that there is a deeper integration between care homes and primary care, e.g. with GPs linked to specific care homes.

Central Bedfordshire Council – Using the planning system to help deliver housing for older people

Central Bedfordshire has developed a highly-regarded approach to planning for homes for older people. The approach is driven by the following principles:

- Approach to the whole market – not just those needing public support
- Addressing the entire continuum from general needs housing to care and nursing homes
- Use Council assets where appropriate and to maximum effect
- Engage with the market and to develop partnerships

The approach was evidence-led, with the Council commissioning its own independent research of a representative sample of older people. The local plan reflects the clear evidence and priorities for older people's housing. Using the plan, the Council proposed clear policies that:

- define dwellings suitable for older people
- require a percentage of any new development (over 10 dwellings) to be suitable for older people
- require larger developments (over 100 dwellings) to have suitable retirement community provision where possible.

The Council developed a detailed **investment prospectus** to invite the right kind of housing developers to plug identified gaps. The plan has delivered a significant growth in high-quality care units, including new council-owned care homes, a large extra care development and more supported living homes.

Encourage citizen engagement and co-production

The importance of involving people much more in decisions about their housing was seen by the Commission as a vital area where further progress was needed. To bring the vision described earlier to life, the principles and practice of co-production in the design of housing that facilitates care and support needs to be embedded in local decision-making about planning, commissioning and in the design of new developments.

Co-production, which SCIE defines as '*people who use services and carers working with professionals in equal partnerships towards shared goals*', can not only enhance outcomes for people who use services, but also help ensure that resources are better spent. We need to build the understanding and skills of policy-makers, commissioner, planners, designers and housing professionals in the practice of co-production (SCIE, Design Council, Centre for Ageing Better, 2018).

'We need to press the case for cementing co-production brick by brick into the foundations of 'care-ready' housing and communities.'

Jeremy Porteus, Housing LIN and commissioner

Flowers House – Consultation with people using services

Flowers House is a supported living scheme for people with dementia situated next to Bletchley Park. There are 30 one-bedroom flats and four two-bed flats designed for adults who live with dementia. It is supported living accommodation with 24-hour care delivered by the on-site staff, tailored to meet individual needs. Flowers House provides the opportunity for couples to remain living together with care available as required.

The scheme was built in partnership with Milton Keynes Council and Grand Union Housing Group (GUHG), opening in 2012.

Prior to the scheme opening, people with dementia in Milton Keynes were supported at home by domiciliary care services until their needs could no longer be met, at which point they would often move into a care home. One of these care homes was dated and required extensive work or a rebuild. Following consultation with people who were using services, staff and the wider public, the preferred option was to build a new scheme to provide a flexible model of accommodation alongside a range of care and support needs.

Better information, advice and advocacy

Public understanding of social care and the different housing options that facilitate care and support continues to be low (Health Foundation, 2018). This is compounded by what the public perceive as a lack of high-quality information, advice, guidance and advocacy support to help people make the right choice. In our survey of the general public conducted in December 2020, we found that while familiarity with care homes (94 per cent) and retirement villages (82 per cent) was high, only 60 per cent were aware of extra care housing, 60 per cent of supported living and 33 per cent were aware of the Shared Lives option. We will need better information and advice to support informed decision-making for people seeking housing that facilitates care and support.

Silverlinks – Advice and support for older people making housing decisions

The Silverlinks project aims to increase older people's capacity to manage the key life transition of where to live in later life. It is about enabling older people to make more informed decisions about whether or not to continue to live in their current home, possibly to adapt that home or sometimes to move. It supports this decision-making either at a point of crisis e.g. with onset of disability or following bereavement, or in advance of such life-altering events.

People in need of advice and support regarding housing are linked with other older adults who have dealt with similar life transitions. In this way, older people pass on information and raise awareness about later life housing and care options, as well as sharing their own experiences and offering mutual support.

Silverlinks is part of the Big Lottery's Silver Dreams fund, managed by Care and Repair England and delivered by local organisations in a number of areas in England.

Investing in improvement ('stick AND carrot')

The sector is felt to have undergone significant change, with little in the way of investment in transformation and improvement. Social care provision and the housing sector are hugely heterogeneous, with a mix of fragmented private, public and third sector provision, making it challenging to deliver sector-wide approaches to improve consistency and quality of provision and delivery. That said, the CQC has made strides in how it inspects adult social care provision since the establishment of a new regulatory regime for adult social care in 2014. This now needs to be paired with a national system of support with a focus on improvement (akin to NHS Improvement).

Funding and other resources are required to develop and deliver a transformation and improvement programme for adult social care, linked to strong independent means of assessing how well local systems work together – with metrics to incentivise this. Mirroring the offer that is provided by NHS England and NHS Improvement to NHS organisations, local housing that facilitates care and support organisations (including the independent sector) should be able to access a range of support including: turnaround planning, workforce development, business case development, peer-to-peer learning and best practice exchanges.

Enabling, inclusive and accessible design

The Commission felt that overall design of housing had improved in recent years, aided by breakthroughs in technology and good design principles. However, it was felt that, in the future, all buildings need to reflect excellent enabling and accessible design principles, reflecting **Housing LIN's HAPPI principles** which are based on the 10 key design criteria for older persons' housing, listed in Box 3. In developing new housing, people need to be increasingly involved in co-producing the design of new or repurposed buildings so that they reflect their preferences and needs. Local and neighbourhood health, housing and care plans need to include design principles that create inclusive 'age-friendly', 'dementia-friendly' and 'disability-friendly' design, ensuring that prior to approval, new developments incorporate these principles into their plans (SCIE, Design Council, Centre for Ageing Better, 2018). These principles also need to be applied to any planned improvements to existing retirement living stock so that it is future-proofed to meet changing care needs.

Tree Top Village, Newcastle

Walker is a post-industrial community, which has been devastated by the demise of coal and heavy industry and the collapse of shipbuilding and power-generation manufacturing. Numerous initiatives to regenerate the area over the last 25 years have struggled to arrest the decline. Tree Top was designed to become the centre piece of the wider Walker Regeneration Programme. Residents were fully involved in shaping the design of the scheme through research and co-production.

The scheme is a flagship development for Your Homes Newcastle (YHN) and Newcastle City Council, inspired by the principles of the Dutch pioneer, Dr Hans Becker, of ageing well and combining high-quality accommodation with leisure facilities for residents and local people alike to enjoy. Exclusively for people over the age of 55, whilst not an extra care scheme, Tree Top Village consists of a main building, offering 75 sheltered housing apartments, bordered by 36 one- and two-bedroom homes and eight bungalows with gardens. With a hotel-like feel, the main building is centred around an impressive glass atrium with a lobby, reminiscence library, Italian restaurant, hair and beauty salon, mobility

shop and card/gift shop. These amenities are open to the public, to support the integration of older people with the wider community, as well as bring investment to the local area. Each of the properties can also easily be adapted to respond to a range of needs and has a level access shower, a transfer area and access to an on-site scooter store.

Residents have offered some very positive feedback about their experience of living at Tree Tops. In particular they report feeling safe and settled in their new homes and enjoy the different village amenities. Since relocating into Tree Top Village, the hair and beauty salon owner has had to increase her staff to accommodate the increased clientele from residents, their family and friends and the restaurant has also recruited local people as staff. Both retailers offer a discount to residents in Tree Top Village, of which residents are taking full advantage. Overall, the development has changed the lives of the majority of residents due to the social aspects of its design and operation and it has reduced levels of social isolation.

Exploiting the full potential of digital technologies

Technology can play a critical role in improving the lives of people who live in housing with access to care and support. Despite years of under-investment in technology, COVID-19 demonstrated further how liberating and connecting good technology can be. In Westminster, for instance, artificial intelligence (AI) calls were used to reach out to shielded people to ensure that they were receiving good support, including those in extra care and independent living facilities. Innovations in assistive technology, artificial intelligence, self-care apps, wellbeing calls, integrated service user records, and wearables have underscored the enormous value of technology to supporting people to live independent and fulfilling lives.

A number of relevant programmes have started to look at the issue of technology within housing and social care, including a new [Commission to explore role of technology in a reformed social care system](#), which is led by ADASS and TSA¹, and the Technology to Aid our Ageing Population: Panel for Innovation (TAPPI), which will explore what good looks like in technology for housing and care for an ageing population.

Improving commissioning

Effective and imaginative commissioning will be at the heart of future reforms if they are to be successful. The Commission is keen to see progress made in new models of commissioning and market shaping that place more control with the person in receipt of care and support.

In its present state, commissioning is felt to be disjointed, narrowly focused on purchasing certain forms of housing and lacking a strong outcome focus. There is also huge scope for imaginative partnerships and ventures with the private sector and developers, to bring much needed additional investment into the housing that facilitates care and support sector.

¹ The representative body for technology enabled care (TEC) services

The Commission argues that we need to develop a whole-system, joined-up approach to commissioning, involving care homes, housing, housing developers, and health and social care working in close and equal partnership.

Commissioning in the future needs to:

- be more able to demonstrate that its purchasing power is drawn from the needs, desires and choices of older people, including those living with dementia
- be more place based, focusing on the whole local community, including the private sector and voluntary sector
- have access to pooled budgets to harness the buying power of the whole statutory sector to commission better housing that facilitates care and support solutions
- be evidence based, drawing on national and local data and guidance to inform best practice
- be asset based, building on the strengths, human and physical resources which already exist in communities
- be outcome based, seeking to shape markets and provision which is geared towards the achievement of outcomes such as independence, resilience, social connection and health and wellbeing.

It also needs to focus on the longer term, expanding the number of longer-term contracts, giving developers and smaller organisations more security to plan for the longer term.

Developing a workforce for the future

Workforce and skills were a core concern for the Commission and an area in need of further reform. In the future, we will need a different kind of career structure for the care workforce. At the moment the workforce is beset with challenges, including recruitment problems and low pay. The Commission supports the recent calls by the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and Skills for Care (SfC) for a comprehensive, long-term, workforce strategy for the care workforce, similar in scope and ambition to the 'People Plan' for the NHS (NHS England and Improvement, 2019).

To ensure that this strategy aligns with the role of housing in the future of care and support, it is vital that the workforce plan recognises the need for:

- Investment in leadership development to equip people across the system with the right skills to lead fast-changing and often complex organisations (particularly those which integrate different care services on one site or use cutting-edge technology)
- Development of skills and capabilities around supporting people with complex and multiple health and social care needs, including dementia
- Increased skills in supporting people through the use of technology, including assistive technology, artificial intelligence and digital care-planning tools
- Increasing the expertise of commissioners in planning, designing and commissioning a mixed market of housing for the future of care and support, including using innovative models of contracting, such as outcome-based payments and alliance contracting (Nesta, Shared Lives Plus, SCIE, 2018).

Build the role of housing that facilitates care and support into national and local economic development strategies

The economic contribution of suitable housing that facilitates care and support has been underplayed in policy-making for several decades, despite the growing evidence base. Our analysis revealed that there has been little exploration of the multiplier effect – that is, the positive impact on the wider economy as a result of initial investment in new housing. Within this sector, the role of housing that facilitates care and support has the potential to create jobs and attract investment – the recent report by West Midlands ADASS (West Midlands ADASS, 2020), demonstrates the further investment and jobs created by extra care developments in Coventry.

There is need for a strong focus within local economic plans on how investment in housing that facilitates care and support can help increase employment, construction and inward investment. As part of the next phase of the Commission's work, cost-benefit modelling of the different housing that facilitates care and support, including analysis of the wider economic benefits of investment to communities, will be produced.

Earlsden Park Village, Coventry – economic benefits of specialist housing

In Coventry, this Extra Care Charitable Trust scheme integrates housing and care and takes the form of a 10-storey, high-rise building. There are 262 one- and two-bedroom apartments, 101 of which were for sale and 109 for shared ownership, the balance being rental properties reserved for those needing personal care. Indeed, a third of the 350 residents, including those with dementia, receive support in their own home. As well as providing much housing and potentially, freeing up family housing elsewhere, the development employed more than 200 people in its construction and 'around 35 village staff have been recruited locally to support the on-site care, hospitality and leisure services'. It is estimated that as a result of this development, £44 million was invested in Coventry's economy.

Investment and commitment to growing innovation

Finding ways to ensure that innovation in this sector flourishes and develops to its potential – or is brought to scale, to use the jargon – needs to be at the heart of future thinking about housing that facilitates care and support. SCIE along with our colleagues at Nesta, have argued in recent years for a more concerted effort to invest in innovative models of care (Nesta, Shared Lives Plus, SCIE, 2018). There is a plethora of new innovations and creative ways to support people to live well that have burgeoned in recent years, including:

- care homes which are using acoustic monitoring technology and digital care planning to enhance safety and person-centred care
- care homes which bring together older people and children together in shared facilities and encourages inter-generational friendships
- the development of 'homes within homes' models. These encompass mixed models of provision on the same site, such as care homes, extra care units and specialist dementia units, which enable people to move between settings according to their needs without

having to move out of the community and lose continuity with surroundings, friends and care workers

- asset-based care homes which enable residents to connect and contribute to all aspects of community life and bring the care home into the community as a visible and accessible asset
- shared living schemes which enable younger people to stay with older people and provide low-level support in return for reduced rent.

However, as SCIE has argued in several reports in recent years (SCIE, Shared Lives Plus, Think Local Act Personal, 2019), whilst there are many good examples of innovative approaches to providing housing that facilitates care and support in person-centred ways, they tend to exist in pockets and are not yet seen as core business within the sector. For many housing operators and potential investors, there is a lack of incentive to invest in some of the more innovative models, with funding and capital spend scared to pump prime new developments. A priority task for the Commission it was felt, is to identify the levers and conditions which need to be put in place for innovation to thrive.

Nightingale Hammerson – Intergenerational living

Nightingale House is a faith-based residential care home for older adults located in South West London. The Jewish charity Nightingale Hammerson runs the care home and is over 175 years old. In January 2017, a weekly intergenerational baby and toddler group began in the home's main lounge. This was followed by the opening of an on-site social enterprise day nursery, Apples and Honey Nightingale CIC in September 2017. Apples and Honey Nightingale sets aside 20 per cent of nursery places for care home staff to use for their own children at a heavily subsidised rate.

The intergenerational programme is delivered jointly by both organisations and takes place daily between nursery children and care home residents. The majority of residents at Nightingale House are between 85 and 106 years old, with a small proportion under 85. The children who attend Apples and Honey Nightingale are 2 to 4 years old.

In March 2019, Nightingale Hammerson published the first findings of a study that measured the impact of the daily intergenerational programme on the wellbeing of the care home residents. It found that the intergenerational sessions alleviate symptoms of loneliness and depression, stimulates the brain in different ways and lifts the spirits of all involved.

Questions to be further explored by the Commission

The initial deliberations of the Commission have shone a light on some of the critical issues, ideas for improvements and examples of good practice. Further questions we aim to explore include:

1. What are the critical lessons we need to learn from the COVID-19 pandemic about how we develop high-quality and accessible housing that facilitates care and support in the future?
2. What should a new funding settlement for social care include if the aim is to grow choice and supply of best practice models of housing which facilitates care and support for older people?
3. How do we make the case that spending on social care is economic infrastructure investment, not revenue funding, that supports the wider economy?
4. How do we make best use of capital investment to support the growth of best practice models?
5. How do we best encourage inward investment into the housing that facilitates the care and support sector?
6. How do we create the right conditions which encourage developers of a wider range of housing that facilitates care and support?
7. How do we shift more power and control to people (who are purchasing care and support) so that a greater level of purchasing power and therefore market shaping power, resides with people?
8. How do we create a suitable range of options for places to live for people with dementia?
9. How do we encourage a more regional approach (especially harnessing the power of combined authorities) to investment which ensures we have less of a postcode lottery of supply?
10. What actions are needed to tackle the inequalities faced by some communities, especially BAME, LGBTQ and those with disabilities, to high-quality housing with access to care and support?
11. What improvements do we need to make to the planning system to encourage the growth of housing that facilitates care and support?
12. What are the economic and social benefits of investment in preventative forms of housing that facilitates care and support, e.g. on reduced life spent without independence or low wellbeing?
13. How do we develop and embed co-production and co-design in how we plan, commission, design and provide housing that facilitates care and support?

14. What kind of innovations will we need in the design, use of technology and location of houses to equip us to support an ageing population with more complex needs?
15. Are there new funding and investment models we need to consider in order to fund new models of housing that facilitates care and support?
16. What kind of leadership, skill and capabilities will we need in the future to support people in different kinds of models of housing that facilitates care and support?
17. What is the role of integrated care systems and primary care networks in building a more aligned and coordinated approach to commissioning and developing housing that facilitates care and support across health, housing, local government and the private sector?

Next steps for the Commission

The Commission will build on this interim report during the course of the next five months with a focus on the following activities:

- An appreciative enquiry with a wide range of people who use services, carers and people who work in current services to explore what currently works well, what could make it better, how people can work together to make this happen and what needs to be put in place to make it happen more of the time.
- Produce the full report of a population survey which will explore attitudes on options that facilitate care and support.
- Analysis of the consumer's role in the defining and development of housing with care options. Produce a consumer toolkit to enhance and embolden consumer power in the market.
- Robust analysis of the costs and benefits, financial and non-financial, of at least four different models of housing that facilitates care and support to produce a commissioner's toolkit which enables the exploration of different scenarios locally for commissioning different models of housing with care and support.
- A mapping exercise to support policy-makers, professionals and the public to better define and understand current models of housing that facilitates care and support and to create shared definitions that make more sense to more people.
- In-depth case studies of promising and innovative housing models, which we will present in an innovation directory.
- Detailed implementation roadmap to guide policy-makers, commissioners and providers.

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