Cambridgeshire Older People's Accommodation Programme Board

Older People's Accommodation Strategy

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1.0 The Role of Accommodation in Health and Social Care

Over the next 25 years, the population will change. Specifically, both the number of older people and the proportion of older people (people 65 years and over) in society will increase. The fact that people are living longer is something to be celebrated, but it does create a challenge for health and social care agencies in the current environment. Age is a crucial factor in health and social care service use. Organisations commissioning and providing such services in Cambridgeshire are therefore forecasting budget-busting increases in demand for services. In fact, it appears to be the case that demand for health and social care services is already rising faster than there are resources to pay for services, or capacity in the system to provide services even if the resources were available.

Therefore, health and social care organisations are looking to preventative programmes to ensure that the effects of having a healthier and longer-lived population do not cause the system to break down leading to inadequate care and support services and social injustice.

One of the crucial factors in successfully preventing situations where people need help from the health and social care system, or managing their needs well so the help they require is minimised, is suitable accommodation. In this strategy, 'accommodation' means all types of housing and care that older people might live in, temporarily or permanently. It includes general needs housing at one end of a spectrum of intensity of support, housing with some sort of support in the middle and residential / nursing care at the highest end, with a range of different approaches in between. It also includes hospital provision, both acute and community-based.

A good stock of accommodation for all older people is important, but we are particularly interested in the types of specialist accommodation available for people with health and social care needs (or those at higher risk of developing such needs) and options to help people to stay in their own homes, even if they have needs that previously would have meant they needed specialist accommodation.

All health and social care agencies in the county make decisions that affect the commissioning and availability of suitable accommodation for older people at risk of needing health and social care support. However, there is no one agency that has ultimate control over housing and care accommodation, so it is impossible to have absolute control to ensure suitable capacity across all sectors is delivered.

Furthermore, housing and care accommodation options are very complex and a lack of co-ordination with no agreed overarching aim or guiding principles makes it very challenging to adequately plan and deliver a choice of suitable housing/care accommodation for older people. To tackle this issue this strategy defines some guiding principles to shape approaches to accommodation for older people, that will

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support the development of suitable accommodation that people want to live in and supports them to reduce or manage their risks of needing health and social care.

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1.1 Aim and objectives

The Cambridgeshire Older People Accommodation Programme Board brings together the County Council, district councils, the CCG, the System Transformation Board, Cambridge University Hospitals, Hinchingbrooke Hospital, and UnitingCare to discuss issues around where older people live when they are well and when they are unwell.

Our joint purpose is to co-ordinate health, housing and social care agencies so our work supports older people's access to accommodation that they want to live in, that enables them to remain independent within their community wherever possible. By co-ordinating activity, we hope to help older people to have a choice about where they live, even if their health and social care needs are high or escalating.

We will also oversee some projects to address specific gaps or take advantage of opportunities we have identified in local housing provision.

This strategy is 'live', in the sense that the strategy is not fixed for a time period and will need to be updated and informed by the latest modelling, research in good housing/care for older people, organisational and political priorities, and opportunities for development as they present themselves.

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2.0 Where we are now/challenge/why we are doing this

2.1 The Ageing Population

Over the next 25 years, the population of Cambridgeshire will grow to approximately 801,100 in 2036.

The population of people who are over 65 is expected to grow rapidly over that period too.

By 2036, there are expected to be 195,200 people over 65 living in Cambridgeshire, approximately twice the 100,300 that were living here in the 2011 census[1].

This continues a pattern of growth that has been obvious since the 2001 census. The 2011 census showed that Cambridgeshire was the fastest-growing shire county in the country over the past 10 years. Over the whole 35 year period between 2001 and 2036, the overall population is expected to grow by 45%, to 801,100 people.

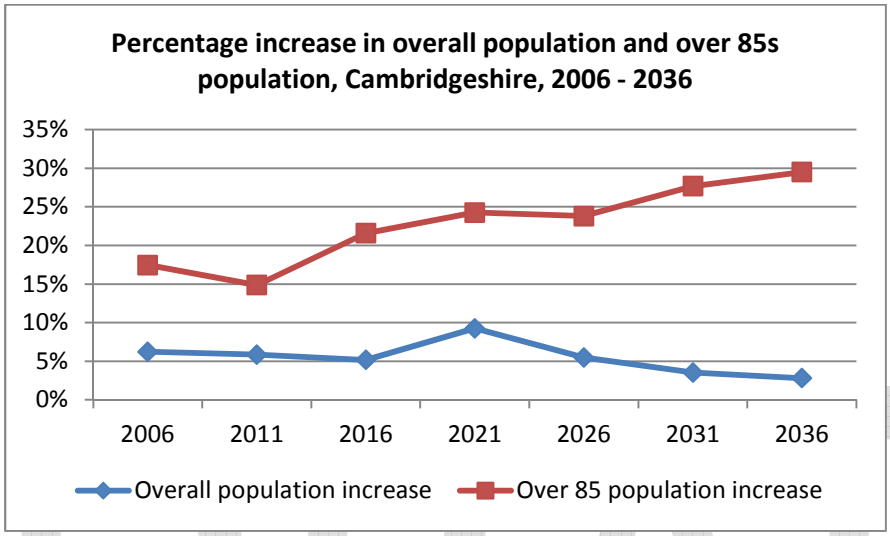
However, the growth in the over 85s is the most startling comparing 2001 to 2036. Over that period, the population of over 85s is expected to grow by 317%, from

1 Source: Research and Performance Population Forecasts Feb 2015

10,303 in 2001 to 43,000 in 2036. This is very challenging for health and social care, because people over 85 need a lot more support than younger people.

The chart below shows this dramatic rate of increase compared to the overall rate.

Figure 1: Population change in Cambridgeshire 2006-2036



This increase in older people will change the population make-up of the county.

In 2011, the population aged under 65 accounted for around 84% of the total. By 2036, this will reduce to 76%, giving rise to a number of attendant social and economic impacts including likely pay cost increases as workers become more scarce. Therefore, in 2036 there will be fewer working age people to help support people as they age.

The population growth is not evenly spread around the county. During the period 2001 – 2011, Huntingdonshire and South Cambridgeshire saw much more growth in the number of over 65s than the rest of the county.

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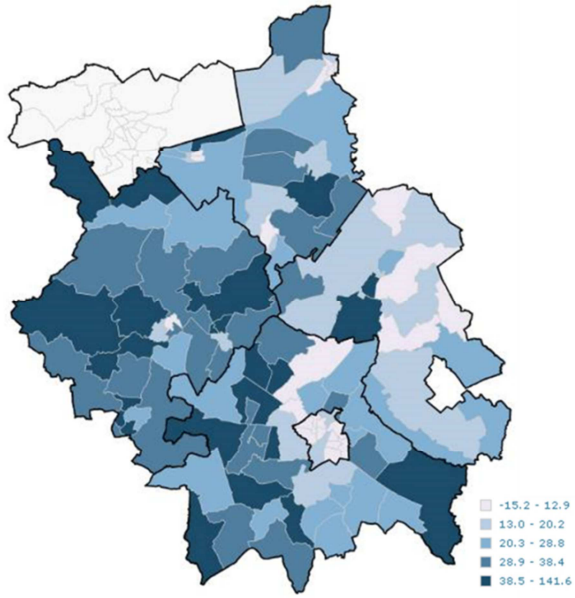
Figure 2: Population change in Cambridgeshire 2001 – 2011



2.2 Funding

Local authorities of all types are facing increasing challenges to meet needs within existing funding.

Although funding is predicted to stay relatively consistent over the next five years, with increases in population and inflation we expect to have a significant shortfall if we continue to deliver services as we are.

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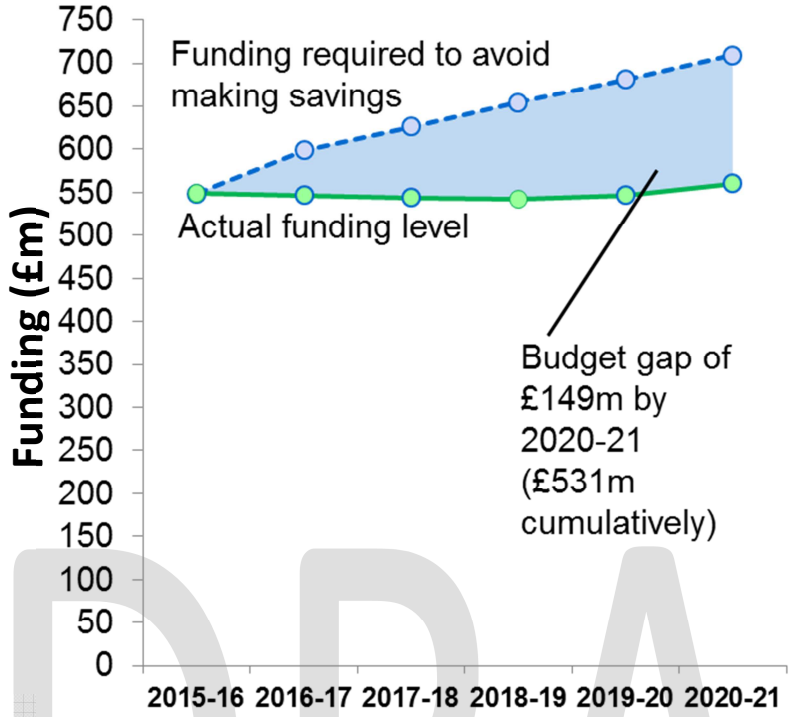
Figure 3: Funding gap for Cambridgeshire County Council 2015-16 to 2020-21



Similar charts can be produced for NHS agencies and district councils.

It is very positive that in the future, in general, people will live longer than they ever have before. However, this fact creates a challenge for health and social care commissioners in a world of finite resources.

Health and social care are 'demand-led' services, that is, if people need help or treatment, it statutorily must be provided to them. Social care services are provided if someone meets eligibility criteria and is subject to a financial assessment, although the eligibility criteria are set at a high level of need; the NHS is a universal service with no lawful recourse to the use of eligibility criteria on any significant scale. Managing our budgets therefore partly depends on reducing the frequency or severity of people's needs.

We know that living in a place that is appropriate to your needs is a protective factor, and helps to minimise intensive or complicated health treatment or social care support.

It is for these reasons that we have come together to discuss ways of co-ordinating our activity and make sure we are doing everything we can to help people to live healthily and independently.

2.3 Local Policy

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All planning authorities are required to produce a Local Plan which details planning policy for a local planning area for the next 15-20 years. Local plans must plan positively for the development and infrastructure required in the area, include broad locations for strategic development, allocate sites to promote development and identify land which is genuinely important to protect from development.

The Fenland Local Plan for the next 20 years was adopted May 2014 and the East Cambridgeshire Local Plan to 2031 was adopted April 2015. However, a recent appeal decision relating to the five year housing supply has meant that the East Cambridgeshire District Council will commence an early review of the local plan with a target for adoption in February 2018. The inspector of the South Cambridgeshire and Cambridge City Local Plan suspended hearings and sought further clarification prior to the plan being adopted; South Cambridgeshire and Cambridge City will be taking their recommendation through their democratic process in late 2015. Huntingdonshire Local Plan is still in the draft stage with an anticipated submission date in late 2016.

The adopted and draft local plans for Cambridgeshire do not provide detailed policy regarding specialist housing/care accommodation needs. Most local plan policies relating to residential care facilities are reactive in that they state they will respond to identified needs, although Huntingdonshire does have some more details in regards to care homes.

The lack of specific detailed policy in regard to accommodation for older people will not necessarily hinder development of housing specifically designed to meet the needs of older people. Local plans do provide a policy foundation; for example, they require developers to allocate some of the land specifically for developing accommodation for older people.

Furthermore, all the local plans draft and current have some policy in regard to Lifetime Homes standards which is a benefit in choice in regards to general needs housing. However, new planning practice guidance states that where a local authority adopts a policy to provide enhanced accessibility or adaptability, they must clearly gather evidence to determine whether there is a need for additional standards and justify setting appropriate policies in their local plan. This is to because any enhanced housing standards have cost implications and therefore impact on scheme viability and ultimately may result in a reduction in affordable housing provision. The case for appropriate standards or design therefore still needs to be made.

Our strategy is therefore intended to provide some guidance to fill this gap, in the hope that it will be helpful when specific developments are being considered to have information from local health and social care agencies about their views on what it would be most helpful to offer older people and their families so that their need for treatment or social care support is minimised.

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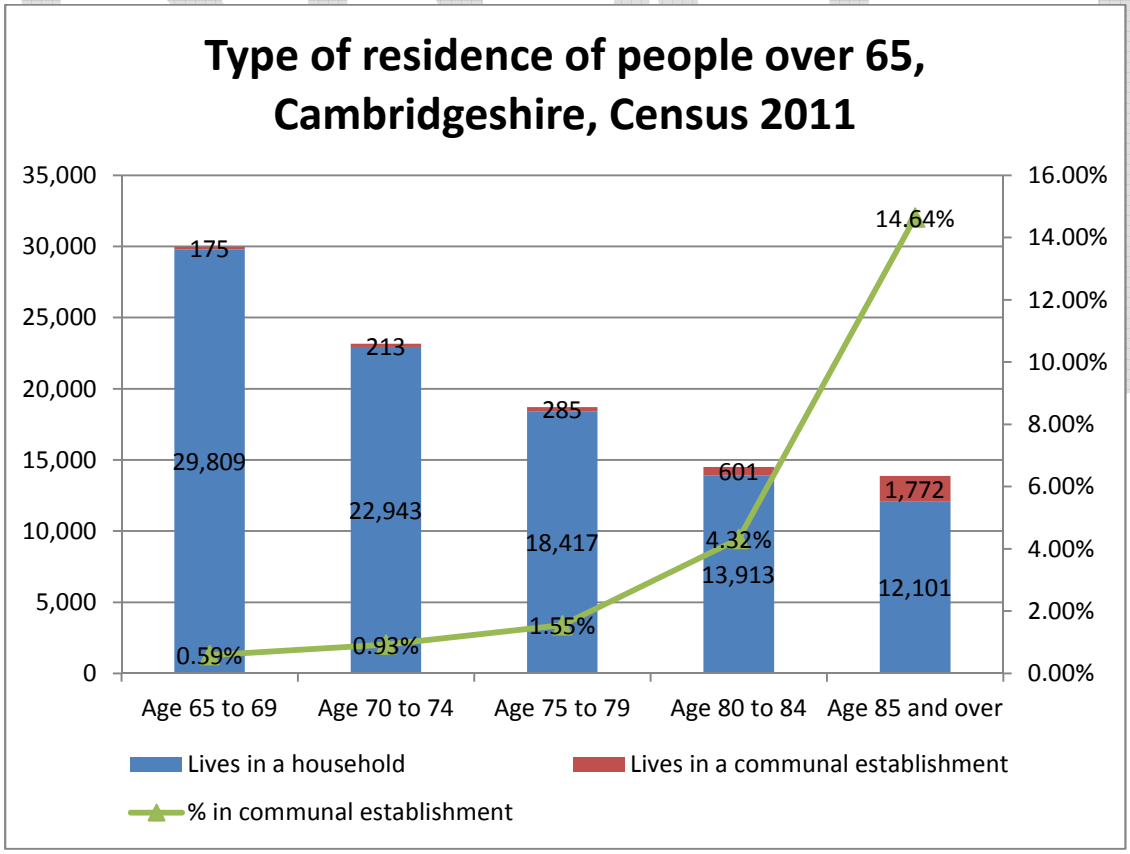
3.0 The Current System, Stock and Future Need

3.1 The Current System

There are a total of 109,840 people living in the county who are over 65 (ONS mid-year estimate 2013). According to the 2011 Census, 97% of people over 65 lived in households[2] with the remaining 3% living in communal establishments[3] (such as care homes). This suggests that only approximately 3,000 people over 65 live in communal establishments.

Although very few people live in communal establishments, the percentage of the population living in communal establishments quite significantly increases in the population who are over 85 in comparison to those aged 65-84.

Figure 4: the percentage of the older people living in households and communal establishments



2 A household is defined as: one person living alone, or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area. This include: sheltered accommodation where 50% of more have their own kitchens (irrespective of whether there are other communal facilities). www.ons.gov.uk

3 Communal Establishment are defined as establishments with 10 or more bed spaces, which provide managed residential accommodation www.ons.gov.uk

This clearly shows the importance of households to our strategy, and this will be discussed further below. However, there are also categories of accommodation that are not categorised and counted well by the Census, but which the health and social care system relies upon.

Currently most people live in general needs housing that they own, however, as needs change they may move around as the accommodation becomes less suitable for them. If someone falls ill or has an accident they may require a stay in hospital or temporary bed based care. Once they have received the care provided they may move back into their housing, or if this is no longer deemed suitable move into more specialist accommodation or a care home.

As well as temporary stays, people might choose to move house to somewhere more appropriate permanently. Some people make planned moves as their needs escalate, for example, someone may struggle to walk up stairs so will desire to move from a two storey house to a bungalow or specialist housing.

Figure 5 describes how people move around the system. The orange dashed box covers temporary and permanent accommodation types that are often commissioned by health, housing and social care agencies to support needs, i.e. the parts of the system that local authorities have more control over. A shortfall of any one categories indicated in figure 5 within the orange dashed box has an impact on the entire system.

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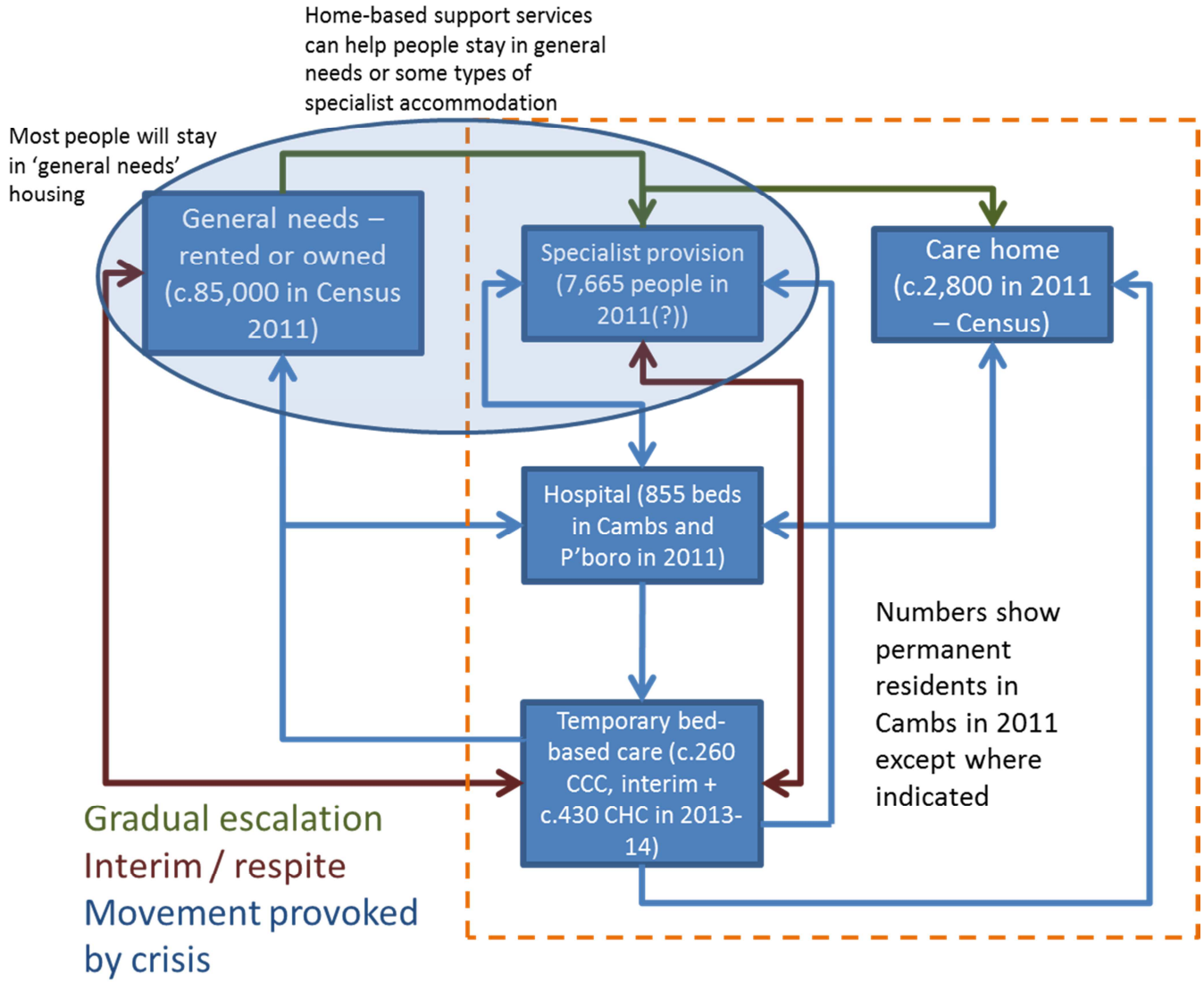
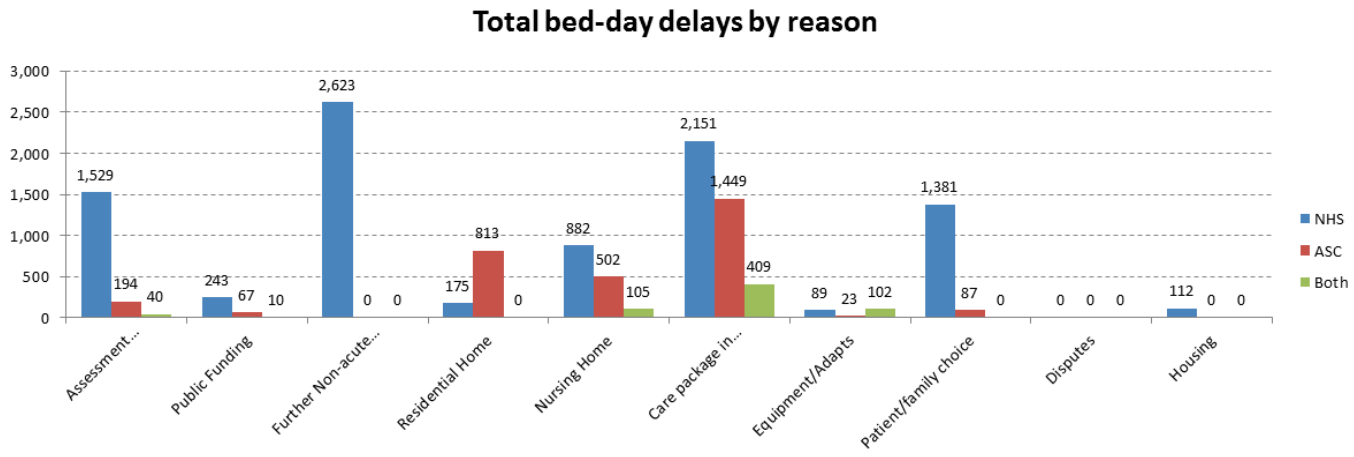
Figure 5: model of where older people live and how they move around the system



Delayed transfer of care (DTOC) from hospital is one of the easiest ways to establish whether the system is working.

Up to and including August 2015, there had been 13,100 bed-days lost to delayed transfers of care in hospitals. Many of these delays are caused because there is not a safe care arrangement in place, including a safe place for someone to live when they are medically fit to leave hospital but unable to live completely independently.

Figure 6: total bed-days lost to delayed transfers 2015-16 (up to August 2015) by attributable organisation and reason



Delays because a suitable nursing or residential home is not available suggest more capacity is needed in permanent places for people with high needs to live, an issue which is obviously about accommodation / care; but where people are delayed needing a care package at home, or if further non-acute healthcare treatment is needed, this could also be about accommodation – if their home is not suitable for them to live because they are not as mobile as they were, or if there is not the bed capacity in a community hospital for a course of rehabilitation for example.

Delayed transfers of care from hospitals to suitable accommodation should therefore be viewed as a 'canary in the mine' and demonstrates that the current provision of accommodation, taken in the most general sense, is inadequate to meet the needs of the older population.

It is unlikely that a traditional state-planned approach will help to relieve this problem on its own. Understanding what is considered 'enough' accommodation to meet the needs of the current and future population of older people is very complicated, for four reasons:

- People's circumstances and preferences are a major factor in deciding where they want to live
- There are multiple sources of demand
- Provision of each affects others, e.g. specialist social rented provision is supposed to reduce need for temporary bed-based care

- Monitoring of what has been commissioned does not show us unmet demand

This therefore suggests that a more sophisticated strategy, which is sensitive to the fact that there is a market in provision and supports people to make good choices at the right time for them, is more likely to be successful.

3.2 Where people currently live

3.2.1 General needs housing

The majority of older people live in their own home. 83% of over 60s in the UK are owner occupiers (APPG, 2014). This suggests that approximately 91,000 over 65s in Cambridgeshire are living in their own home.

76% of over 65s in the Eastern Region have a net housing wealth of over £100,000, and 32% with over £250,000. This suggests there is a significant amount of private housing wealth in the county, because it compares to 66% of over 65s nationally with over £100,000 net housing wealth, and 24% with net housing wealth of over £250,000.

Figure 7: Net housing wealth of over 65 age group, by region

Region	<£0–£0	£1–£99,999	£100,000–£249,999	£250,000–£499,999	£500,000+
North East	36%	18%	36%	8%	2%
North West	25%	14%	46%	12%	3%
Yorkshire & The Humber	29%	13%	46%	10%	2%
East Midlands	19%	11%	48%	18%	3%
West Midlands	20%	8%	54%	15%	3%
East of England	21%	3%	44%	26%	6%
London	33%	3%	23%	29%	12%
South East	18%	3%	40%	28%	10%
South West	19%	4%	44%	26%	7%
Wales	18%	15%	52%	12%	2%
Scotland	30%	24%	34%	9%	2%
Total GB	**24%**	**9%**	**42%**	**19%**	**5%**

Source: The Affordability of Retirement Housing, All Party Parliamentary Group on Housing and Care for Older People

Net housing wealth can be seen as an enabler of appropriate housing choice ,as set out in Section 4.

3.2.2 Specialist Housing

The following table shows the number of specialist housing schemes in the county, arranged by district and type of scheme.

There is not a single authoritative data source of these.

Figure 8: Specialist housing in Cambridgeshire

Type of schemes	CITY	ECDC	Fenland	Hunts	SCDC	Total	Total pop*
Sheltered (council/ housing association)	26	28	18	26	44	142	5,112
Private sheltered	4	2	0	6	6	18	648
Alms-houses	0	1	0	0	2	3	90
Care/nursing homes*	26	10	23	22	13	94	3,760
Extra Care	3	3	2	2	3	13	549
Age exclusive (housing association)	13	1	3	4	10	31	1,116
Close care/very sheltered	4	0	1	0	0	5	150
Total	**76**	**45**	**47**	**60**	**78**	**306**	**11,425**

* The Census figure is used in the diagram above rather than this figure

Base source: Elderly Accommodation Council (EAC) July 2014 – taken from draft 'Older Persons Housing Strategy for Cambridgeshire' (Stephen Hills, SCDC)

[Sue Beecroft has been working on updating this dataset – but not yet in reportable state]

In the Prevention of Older People's Ill Health JSNA, some work was done to establish the number of sheltered and extra care schemes per district. Fenland and Huntingdonshire had fewer schemes of these types per person.

Figure 9: Sheltered and extra care schemes in Cambridgeshire

District	Number of schemes	Approximate number of household units	Over 65 population (2011 Census)	Rate per 1,000 over 65
Cambridge City	26	897	14,601	61.43
East Cambridgeshire	33	953	14,307	66.61
Fenland	28	873	19,319	45.19
Huntingdonshire	36	1173	27,300	42.97
South Cambridgeshire	48	1645	24,702	66.59
Total	**171**	**5541**	**100,229**	**55.28**

Source: Cambridgeshire Supporting People; reproduced in Prevention of Ill Health in Older People JSNA, Apr 2013

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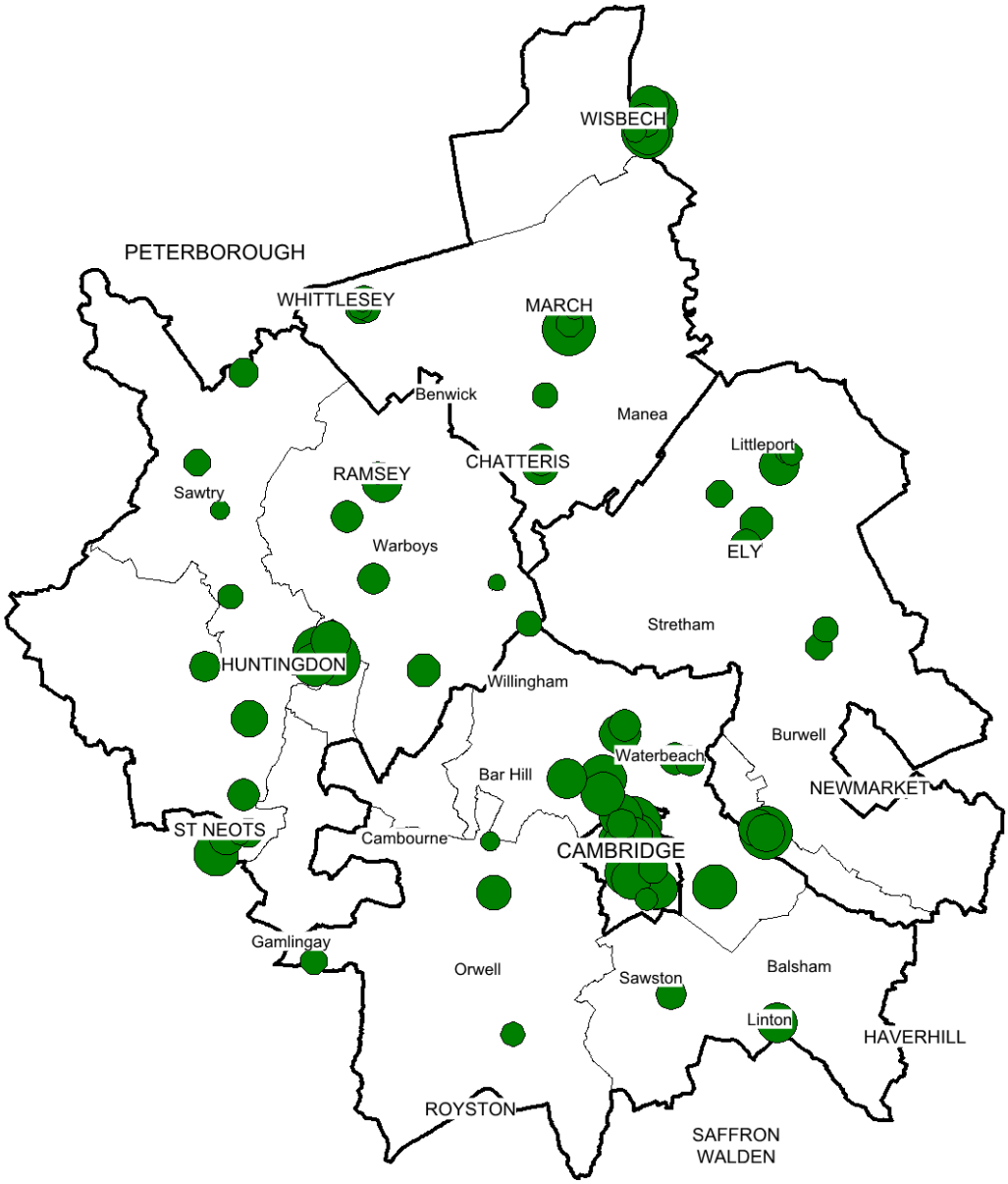
3.2.3 Care Homes

Figure 10 shows care homes across Cambridgeshire that are used by CCC and registered with CQC. The size of the circle is the number of registered beds (the map is divided into districts and proposed UnitingCare neighbourhood team boundaries).

Figure 10: Care Homes across Cambridgeshire used by CCC and registered with CQC



The information shown on the map above is shown below in a table, alongside a rate calculation to allow comparison of districts. The table includes a treatment of Cambridge City and South Cambridgeshire as one area, because in many ways they make more sense to be taken together.

This table shows that East Cambridgeshire and Huntingdonshire have a lower rate of care home beds per 1,000 people than the county average.

Figure 11: Care home beds in Cambridgeshire suitable for older people

		From 2013 forecast	
District	**On BAT**	**District over 65 population**	**Rate per 1,000 over 65s**
Cambridge	805	15,200	52.96
East Cambridgeshire	475	15,600	30.45
Fenland	795	20,700	38.41
Huntingdonshire	962	30,300	31.75
South Cambridgeshire	670	27,200	24.63
Grand Total	**3707**	**109,000**	**34.01**
City and South Cambs combined	1475	42,400	34.79

People who live in these care homes could pay for their own care there (known as 'self-funders'), or they could have their care arranged by the Council (some will be in this situation and pay for their own care – known as 'full-costers').

People could also be placed in these care homes and funded by Continuing Health Care (CHC).

3.2.4 Hospital/temporary bed based care

There are three acute hospitals in the Cambridgeshire and Peterborough areas – Addenbrooke's (Cambridge University Hospitals Trust), Hinchingbrooke, and Peterborough and Stamford Foundation Hospital Trust. Between them, there were around 855 beds[4] commissioned for older people in these hospitals in 2013-14 at any given time.

Hospitals are supported by a variety of non-acute short-term temporary bed-based provision for people who are over 65[5]. This includes services that are described as 'interim', 'intermediate', 'respite' or 'step-up' (not exhaustive list, other descriptions could be used too). All of these services involve using a bed in a building, with

4 This figure comes from modelling provided to the group in spring 2015, undertaken by the System Transformation Board. It may have been updated since.

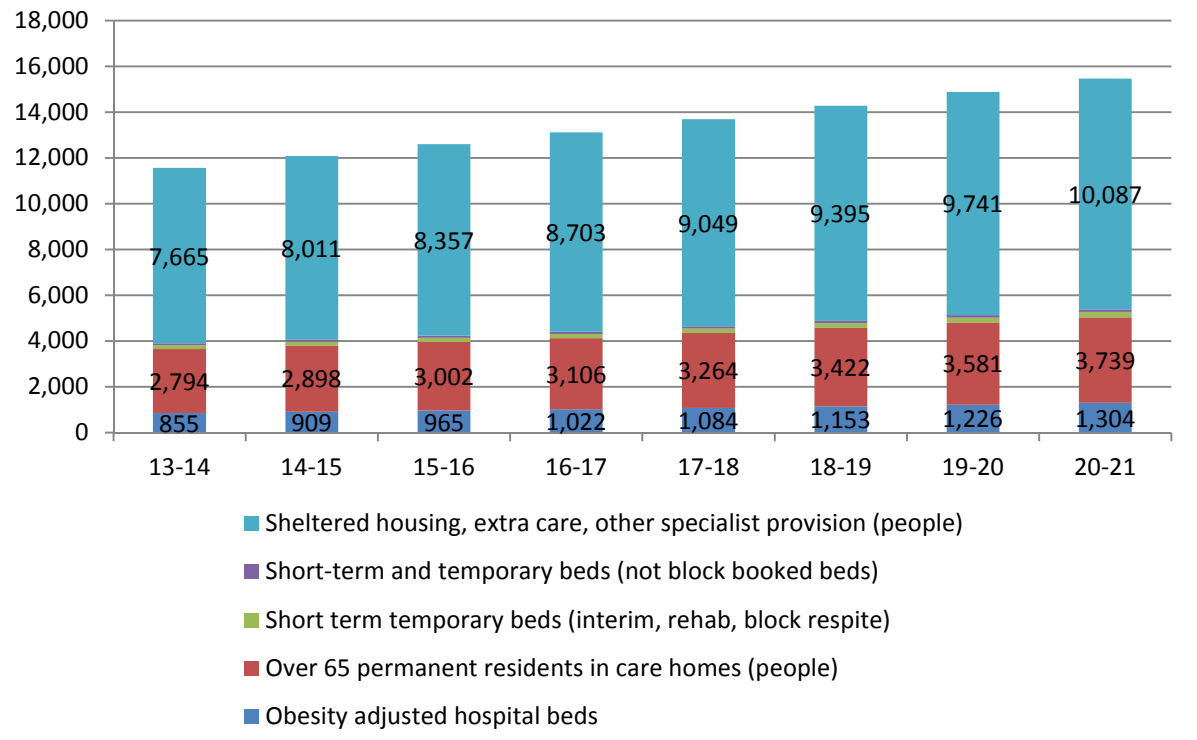
5 The interim report of the Carter Review into operational efficiency in NHS hospitals suggested in June 2015 that hospitals should explore developin
g their own sub-acute services. P19
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/434202/carter-interim-report.pdf

medical or caring staff available to support someone. In 2013-14, a review of the variety of provision available suggested there are around 60 beds in community hospitals providing rehabilitation and interim support. Other interim beds, both block booked and spot purchased, were in care homes (but have been counted in the description above of the number of care home beds in the county).

3.3 Number of units/bed spaces needed to meet demand

Modelling for the development of this strategy[6] suggests that in 2013-14, there were approximately 12,000 places available in the accommodation covered by the orange dashed box in the diagram of the system. By 2020-21, we would need around 4,000 more beds of different types in order to maintain the current levels of service given the expected population growth.

Figure 12: Baseline projection of OP accommodation needs 2013-14 to 2020-21, Cambridgeshire



This modelling suggests that if policy remains the same and the characteristics of the population are the same, we will need a lot more building-based provision in the county. However, this ignores a) many people want to remain in their own home in general needs housing stock, b) there are many options for supporting them better in their existing home too; and c) new more attractive models of care acommodation may be possile to develop using private sector funding.

6 This modelling should be taken with caution, and is indicative only of the approximate numbers of beds and places required . It is not a precise estimate.

In fact, our policy is to reform the system to avoid the need for as much high acuity bed-based care as possible, by encouraging independent living. There is evidence of success with programmes like reablement. Half or more of the people who are currently supported by reablement do not need an ongoing package of support at the end of the reablement, and others have a reduced need compared to their situation without reablement. The plan is to build upon these outcomes and extend the service further to avoid admissions to hospital as well as reducing need for social care.

Furthermore, the characteristics of the population are changing. The next cohort of older people (born after the Second World War) have had a different life experience from those who were born between the wars; their expectations, lifestyles and health needs could be different (hence inclusion of obesity in hospital bed base model).

Some elements of the system are not very well represented here. For example, hospice care for people at the end of their lives is not included in these figures.

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3.4 Conclusions

There is a particular concern for the Huntingdonshire areas as there is projected a rapidly growing over 65 population, relatively low provision of extra care and sheltered schemes, and relatively low provision of care homes, however, there is a generally lower proportion of 75+ year olds.

Furthermore, Huntingdonshire also has an issue with the age profile of the existing sheltered housing stock. There are a number of schemes with bed-sit accommodation, or for which there is low demand. A number of schemes have had an injection of resources to address this, e.g. Ashton House in Yaxley was demolished and there is a current planning application in for general accommodation, and Langley Court is being redeveloped for extra care.

City and South Cambs relatively well provided with extra care and sheltered; when combined together they are provided with care home beds at about the average rate for the county but there is a lot of existing pressure in the system already suggesting there will be a need for more provision in the future as the population increased.

The nominal requirements set out here are financially unaffordable and practically unachievable. They therefore provide further impetus to the policy of reform.

Recognising this challenge and that we ultimately do not have choice over provision of housing as the majority of people live in general needs housing or specialist housing controlled by the private sector, we need to have a clear set of principles in that all organisations can sign up to. This will provide us with a clear direction and put us in a better situation to influence the housing market.

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4.0 Accommodation that prevents health and social care needs developing[7]

Housing is complex. It is difficult to precisely predict the accommodation needs and desires of a future population. Even if needs and wants were appropriately planned for, there is no one organisation in control of housing so a 'command and control' approach will not ensure delivery. The majority of housing, specialist and general needs, is delivered by the private sector but housing policy is determined by central and local government. Furthermore, policy is changeable as new Governments arise and even when stable policy is not always enforced when viability concerns emerge. Add in the complexities of health and social care system, it is evident that planning and delivering enough suitable housing options for older people is going to be very difficult.

So far, this paper has highlighted the pressure created by an increasing and ageing population. It has identified that a strategy of simply continuing to meet needs in the same way as we currently do will be impossible, both because we cannot build facilities at a fast enough rate and because to do so and provide services from them would be unaffordable.

Our strategy is therefore based on the idea that given a good set of options to choose from, people will naturally choose the option that enables them to live healthily and well, which will limit their need for health and social care as they get older.

This section will discuss some of the options that research suggests could suit older people and achieve the ambition of limiting their health and social care needs. These options have been chosen due to their diversity and suitability in supporting the health and social needs of the older population and are based on the research undertaken by Sheffield Hallam University (Robinson, McCarthy, Preece, & Robinson, 2015). They provide a starting point for a description of what 'good' options for older people's accommodation look like.

4.1 Downsizing (moving from general needs housing to smaller general needs housing)

The idea behind downsizing is that if older people are able to move into more suitable accommodation they will be able to maintain independence, live a better quality of life and reduce their need of support from the health and social care system. There is some caution in emphasising downsizing among older people as

7 This section is based on the discussion in the 'Housing for older people: A literature review' paper by Sheffield Hallam University in 2015

this can be seen as ageist, however a majority of older people are interested in moving into more suitable accommodation to meet their needs.

A survey of 1,500 over 60s in 2013 suggests that more than half of people over 60 are interested in moving, 33% of whom want to downsize and 25% of the over 60s (increasing to 41% of 76-81 year olds and 34% of the over 81s) said they would be interested in buying a purpose built retirement property (Wood, 2013).

The reasons most commonly cited by the over 60s reporting an interest in moving home were: because they wanted a more suitable property (43%), e.g. a smaller garden or fewer stairs; 26% said their property was too big for them, rising to 44% of people with four bedrooms and 60% of those with five or more; 19% said that maintenance was a problem.

For the over 60s who were not interested in moving (42%), the most common reasons were: their house suited their needs (88%), proximity to family and friends (32%), it would be too stressful (23%), and sentimental attachment to the home/area (21%) (Wood, 2013).

These figures show that more people were interested in downsizing to another home than purchasing a specialist property (Wood, 2013). This suggests a case to encourage the development of smaller properties not only for young professionals/families (as recently announced by the Government, who want more starter homes to be developed) but smaller properties, including bungalows, for older people too. The expense of bungalows, which are seen as desirable, is a barrier to downsizing but an increase in supply could help decrease prices (Hill, Sutton, & Cox, 2009), and we have seen above that in general, we have reason to expect that older people in Cambridgeshire are well-off in terms of housing wealth compared to the rest of the country.

A wider availability of Lifetime Homes or smaller homes may enable more people to move from homes that may be difficult for them to look after, heat or impact on their mobility and therefore have a negative effect on their health and need for support.

Lifetime homes are designed so that they are flexible and adaptable and can offer better living environments for everyone and support the changing needs of individuals and families at different stages of life. However, there is not enough evidence at this time to determine if they would in fact be a home for life.

There are some studies that have suggested that implementation of the standards can be achieved with minimal cost increases but the recent Housing Standards Review could become an obstacle to implement Lifetime Homes standards as local planning authorities will need to gather evidence to determine where there is a need for additional standards and justify setting appropriate policies in their local plans.

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Currently no local plans (draft or final) in the area have justified Lifetime Homes Standards.

4.2 Retirement Village (moving from general needs housing to a specific type of housing)

A retirement village is wholly comprised of accommodation for older people, usually over 55 years of age. Developments are typically on a larger scale (in excess of 150 units) with no upper limit but in the UK most seem to be no more than 250-300. The level of care and support on offer can vary. Leisure and communal facilities which foster interaction are balanced with independent living arrangements. They can be offered by a range of providers and of mixed tenure.

Offering a range of housing tenures and support options retirement villages can attract residents of different socio-economic backgrounds. Research has found that people did interact across tenures, yet more established relationships were formed among people from the same tenure (Evans, 2009).

There is currently not sufficient evidence to understand what size of population is needed within a given radius to ensure the scheme will be viable, although there are organisations who have a lot of experience in this area, e.g.the Extra Care Trust and Longhurst Housing Association. In Cambridgeshire, retirement villages have not been developed and so the movement has not got going. In other parts of the country it is far more common place and once people know about it, the demand increases.

4.3 Private Retirement Housing

Private retirement housing is grouped dwellings of any tenure specifically designated for older people provided by the private sector house building industry. Sites are usually less than a hectare in size, comprising between 30-60 units with a resident house manager, 24 hour emergency call system and a range of communal facilities.

The market leader of this type of housing, McCarthy and Stone, offer purchase only retirement housing but some private developers offer housing for rent. This type of housing generally caters for the relatively affluent elderly owner occupiers with an average age of around 80. Private retirement housing retains the benefit of home ownership, independence and self-esteem, whilst offering security, reduced housing responsibility and enhanced level of companionship and social activity.

Some areas are economically unviable for private developers due to the low house prices, which suggests it may be difficult to develop in the north of Cambridgeshire. A further affordability problem was with the middle market: home owners with modest levels of equity who cannot afford to purchase a retirement property outright but may not want to rent later in life.

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4.4 Sheltered Housing

There are a variety of sheltered housing definitions but in general most sheltered housing schemes provide independent, self-contained homes in a block or small estate where all residents are aged 55 and over. The level of care offered various: from no care input to those offering residential care. Most sheltered housing is provided by local councils or housing associations.

The location, size and stigma associated with sheltered housing impact on the desirability of this type of accommodation – it is often associated with loss of autonomy and associated with 'end of life.' Several major housing associations have been developing remodelling programmes to change sheltered schemes into extra care housing, partially to address the unpopular outdated designs and in response to government policies to develop housing with care schemes. It is not recommended that new sheltered accommodation is developed. However, we need to think about how to maintain and develop the current sheltered housing stock and services already in the county, which could require resources to refit existing unsuitable stock.

4.5 Extra Care Housing

There is no standard definition of extra care housing, but it is commonly self-contained accommodation primarily for older people, with support staff available on the premises 24 hours a day and domestic care available. Community facilities and services are available with the option for meals to be provided. The homes are intended for life with personal care delivered flexibility. It is owner-occupied or offers security of tenure if rented. Most, if not all, extra care housing is provided by housing associations.

The pull factors of extra care housing include tenancy rights, the flexibility of on-site support, security and accessible living arrangements

It is difficult to compare costs between schemes because of diversity in how schemes change, interplay with welfare benefits and differences in funding arrangements. Although it is generally found that cost per person increased following a move into extra care this was associated with improved social care outcomes and generally reduction in costs to health and social care services (Baumker, Netten, & Darton, 2010) . Furthermore, extra care residents were less likely to be admitted to hospital overnight and less likely to enter institutional accommodation compared to those receiving domiciliary care in the community (Kneale, 2011).

4.6 Co-Housing for Older People

Co-housing is a type of community in which each household has its own private living space whilst at the same time sharing facilities such as workshops, laundry

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facilities, visitor accommodation and a space where the community can come together for meals and social events.

4.7 Residential and nursing care

We recognise that the county will always need some residential and nursing care for people with high needs. We are aware that currently Cambridgeshire has the lowest level of care home provision per capita in the Eastern region. This inevitably has an impact on availability and choice. We have seen particular challenges in relation to specialist resources such as Nursing Home dementia care. The existence of delays in people leaving hospital to appropriate provision shows that the system is probably very nearly at maximum capacity, and work to estimate the usage of care home beds suggests that there is likely only to be 2% spare capacity in the system, suggesting that small variations in demand from week to week could 'gridlock' the system. In addition there is a significant national and local challenge in relation to the cost of providing residential and nursing care. To date the County Council has used a variety of mechanisms to hold down cost pressures and to maximise the availability of affordable care. The approach includes working to challenging benchmarks, block purchasing from preferred providers and the development of the Cambridgeshire Brokerage. It is recognised that the supply issues mean that- while these actions have been beneficial- they are no longer adequate to ensure the sufficient supply of affordable care provision. Instead the Council will need to use a variety of means to ensure an increase in supply. Work already underway includes the development of the Council's own care home provision. Additionally, discussions have begun about the potential to work with external partners to use Council assets to extend the supply of care home provision. Initial discussions suggest that there is considerable scope for collaboration with both public and independent bodies. The work will need to consider workforce requirements along with the built environment.

What is important to us is that form of accommodation is well integrated with communities, and could form part of a mixed development to increase choice. For example, work undertaken for members of the Programme Board has shown examples of care homes for people with dementia that form a part of a development that includes extra care and other forms of housing for people with lower needs.

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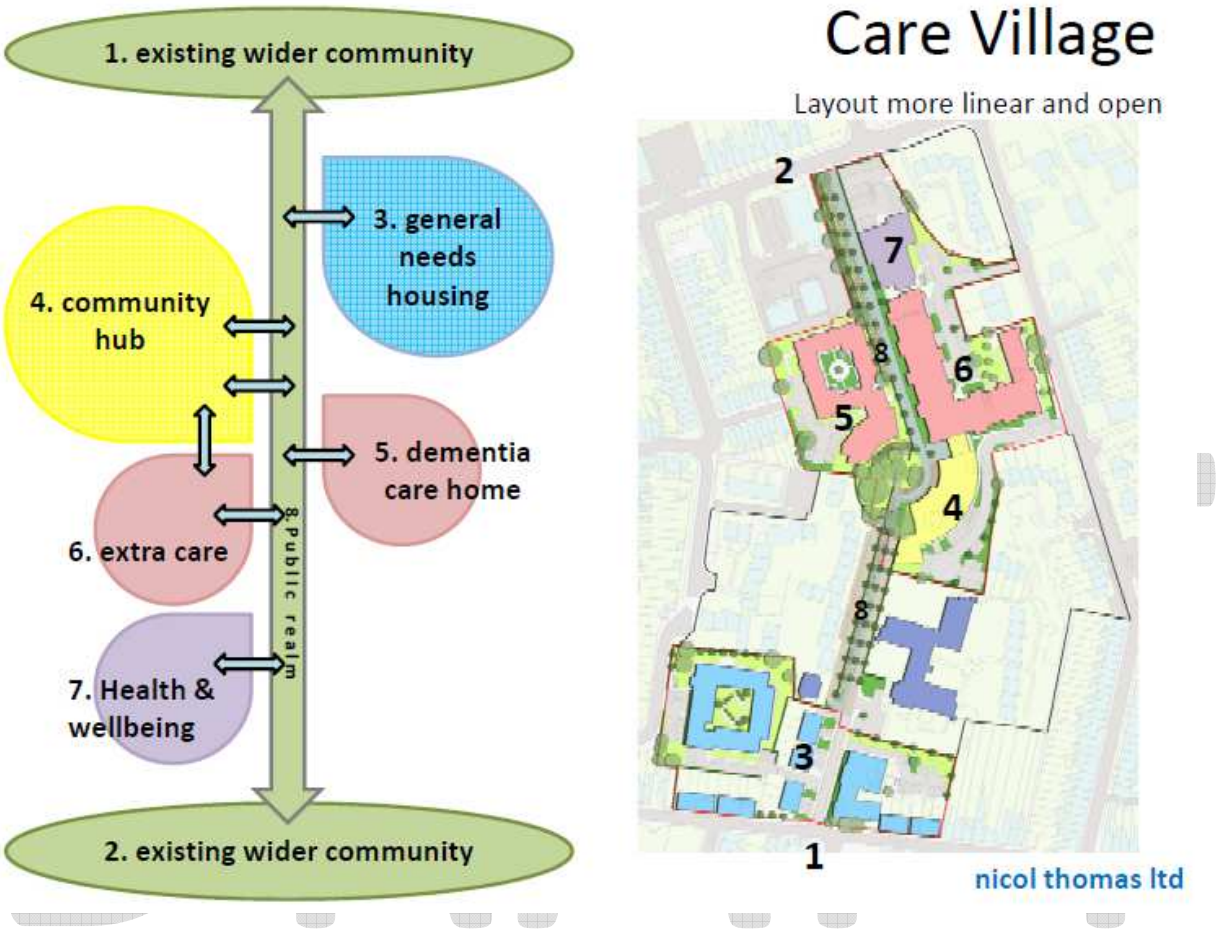
Figure 13: Possible options for layout of Care Village



4.8 Repair and maintenance (support with maintaining existing general needs housing so it remains suitable)

Ensuring that all older people are able to repair, improve or maintain their own home is important to promote their independence. Regardless of whether it is a specialist or general needs home housing will inevitably need upkeep and some people may need additional aids fitting to ensure their mobility needs are met. Different people will require different levels of support to do this – some will require living in extra care facility (or similar) with the benefit of support already on site, while other may just need the support of a Home Improvement Agency, or need none at all. It is important that the support in available and that choice of the individual is preserved.

Furthermore, with the developments in technology and telecare improving people's ability to remain independent, it is imperative that all new builds and supportive

accommodation are fitted with appropriate infrastructure to enable telecare to be incorporate. Adaptations to improve established general needs housing should also be encouraged and implemented where possible.

4.9 Planning ahead (ensuring that choices about housing are made before there is an acute need)

Incorporating flexibility and forward thinking in order to promote prevention and enable choice for the growing cohort of older people with specific housing requirements will take more than just providing the various accommodation options.

Encouraging and in some cases supporting older people to plan ahead so that they are in suitable accommodation prior to reaching a crisis, is critical to enabling more older people to maintain independence within their community. Making planned moves to more suitable accommodation early on allows people to make informed choices so they move to accommodation that they want to live in and avoid being pushed to relocate by health factors. It is essential that all health, housing and social care commissioners and providers support older people, especially those not currently at crisis point, to make informed choices about their accommodation status to avoid reliance on health and social care service or potentially requiring a move to accommodation that limits their independence.

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5.0 Opportunities

There are a variety of opportunities across the county to deliver a choice of options that will enable older people to access accommodation that will support them to remain independent. Most notably in the various new communities planned for development and on land under public sector ownership.

5.1 New Communities

The scale of development across Cambridgeshire is considerable. Cambridgeshire has already undergone considerable growth but a variety of new housing developments are being planned that will bring a substantial amount of new housing to the area. New communities provide a variety of opportunities to support a choice of good quality affordable accommodation options tailored for older people, including housing development but also addressing safe walking routes, opportunities for social interaction,and proximity to services like shops or buses.

A new communities offer an opportunity to design optimal solutions rather than being constrained by existing models. This presents a great opportunity to design a community and accommodation that suits a variety of needs now and flexibility for the future. Figure 14 provides a map of the strategic growth sites planned in Cambridgeshire with seven of the larger sites identified:

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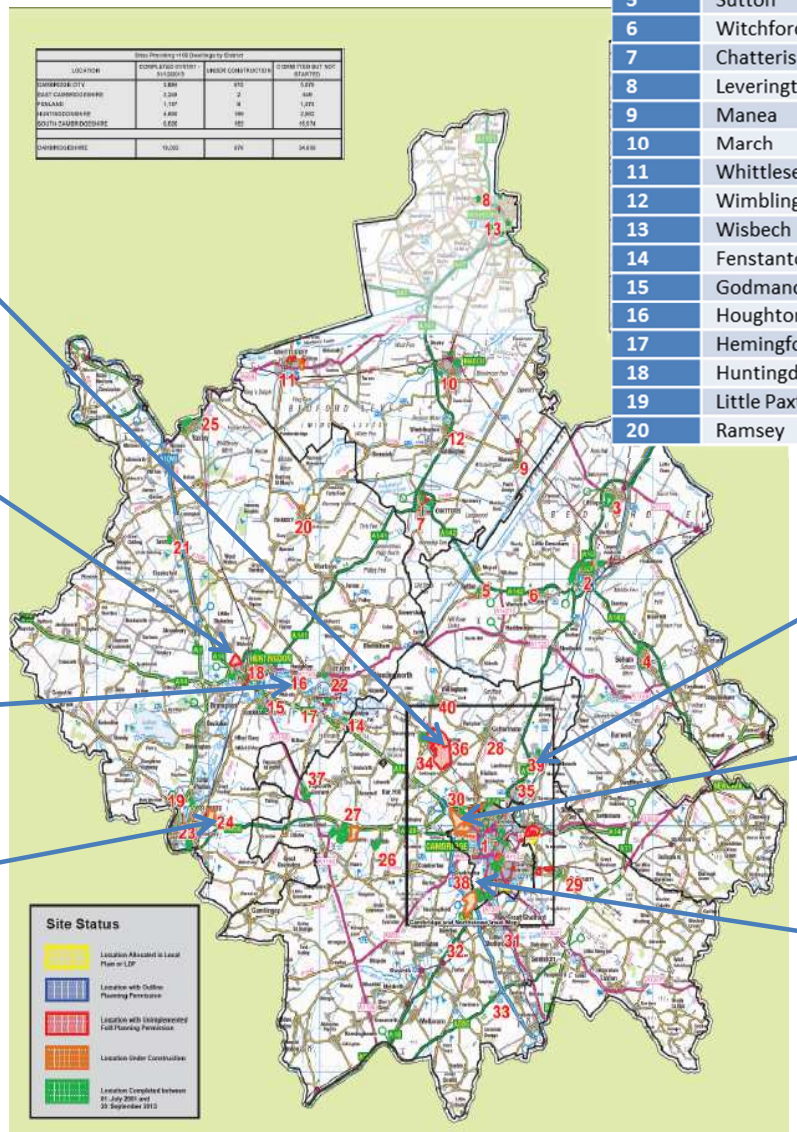
Figure 14: the strategic growth sites planned in Cambridgeshire with seven of the larger sites identified

Key to Location with Sites Providing >100 dwellings			
1	Cambridge	21	Sawtry
2	Ely	22	St Ives
3	Littleport	23	St Neots
4	Soham	24	St Neots Loves Farm
5	Sutton	25	Yaxley
6	Witchford	26	Caldecote
7	Chatteris	27	Cambourne
8	Leverington	28	Cottenham
9	Manea	29	Fulbourn
10	March	30	Girton
11	Whittlesey	31	Great Shelford
12	Wimblington	32	Hauxton
13	Wisbech	33	Heathfield
14	Fenstanton	34	Longstanton
15	Godmanchester	35	Milton
16	Houghton & Wyton	36	Northstowe
17	Hemingford Grey	37	Papworth Everard
18	Huntingdon	38	Trumptington
19	Little Paxton	39	Waterbeach
20	Ramsey	40	Willingham



Northstowe – Upon completion expect to provide 10000 homes for 24,000 people, 20% of which is expected to be affordable

Alconbury Weald – Upon completion expect to provide up to 5000 homes, key phase 1 to consist of 10% affordable homes.

Wyton – Upon completion expect to provide up to 4500 homes, 35% of which is expected to be affordable

St Neots Eastern Expansion – Upon completion expect to provide 3,800 homes, viability is currnetly underway to establish the proportion of affordable housing.

Waterbeach– Upon completion expect to provide up to 9500 homes, 40% of which will be affordable.

Cambridge North West Fringe– Upon completion expect to provide 5800 homes, 40% of which will be affordable.

Cambridge Southern Fringe – Upon completion expect to provide 4100 homes , 40% of which will be affordable. Some homes are already occupied

5.2 Making Assets Count

Making Assets Count (MAC) is a partnership of public sector organisations in Cambridgeshire that uses their combined property portfolio in a more efficient and effective manner. MAC aims to deliver better public services for communities and reduce the cost of property occupation by fully utilising the property portfolio and thereby release property no longer needed.

MAC has gathered database of all public property assets in Cambridgeshire. This information can be used to identify potential opportunities to develop accommodation for odler people. Full details of public assets in Cambridgeshire can be accessed at http://my.cambridgeshire.gov.uk/?tab=maps

5.3 Hinchingbrooke Health Campus

Hinchingbrooke Hospital has already submitted plans for an integrated facilities on the health campus at Hinchingbrooke Hospital. These plans include inter-generational living with care, community and primary care, education, and additional hospital facilities. Hinchingbrooke will further explore plans for the intergenerational living which will include lifetime housing, flexible care apartments and specialist dementia care.

6.0 Proposals

Our strategy is to influence and co-ordinate development and public sector activity in order to encourage the development of good options for older people. However, there are some areas where we want to take a more pro-active role – for example, where there are opportunities to develop on publicly-owned land, or where our action could support the market to speed up the development of good options which are needed in the short term.

The workstreams set out as part of the accompanying action plan are areas that have been identified by the Programme Board as projects which could be enhanced and supported by a greater degree of co-ordination and communication between partners.

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Appendix 1: Comments from Older People Accommodation Programme Board that have not yet been incorporated into this strategy

The strategy needs to emphasise and explore further the link between hospital capacity and demographyincluding being updated with the latest modelling.

The strategy needs to make reference to the current workforce issue and work underway to address this. Agreed that it was important to reference the need to have an adequate supply of people to support delivery of the strategy and that reference to the workforce should include the wider family system.

No reference to the HAPPI design standards in this document. It might be a good idea to include these too

The strategy needs to go out for consultation with the other housing authorities in the County. I would suggest that it could be considered at a sub-regional Housing Board meeting. They are generally held on the first Friday of the month so the next opportunity would be 4th December, if Agenda time allows.

An executive summary, including summary of the principles, would be helpful.