



BETTER HOMES, BETTER LIVES



**A WILLOW (WELLNESS IN LATER LIFE OPPORTUNITY WORKSHOP)
REVIEW AND RECOMMENDATIONS FOR COLLABORATIVE ACTION
TO IMPROVE THE HOMES AND COMMUNITIES OF OLDER PEOPLE
IN CORNWALL**

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WILLOW

(WELLNESS IN LATER LIFE OPPORTUNITY WORKSHOP)

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**1.0
PROJECT
WILLOW
INTRODUCTION**

WILLOW?

Willow stands for Wellness in Later Life Opportunity Workshop. It is a collaborative forum for businesses or organisations, in the public, private and voluntary sectors, who are looking for opportunities to improve products and services related to the living and community arrangements of older people in Cornwall.

The belief that wellness into later life represents an exciting opportunity, and not a catastrophe to be suffered, is a defining character of Willow and its partners and collaborators. The aim is to create a collaborative community of people who wish to be instrumental in the creation of a financially sustainable future for wellness in later life in Cornwall that will be a model for others all over the world.

While the focus for delivery is Cornwall, Willow adopts an open-minded and outward

looking approach. Willow seek to inspire and initiate pilot projects in Cornwall that can be held up as national and international exemplars in the future, through new models of collaboration and delivery.

Willow has been launched with a research-based discovery project designed to investigate and report on the key issues that influence investment and delivery of innovative housing options for older people in Cornwall, both now and in the future. Although there are very many issues that need addressing to improve the lives of people in later life in Cornwall, we started our work with housing because it is so fundamental to wellbeing. There are many studies that demonstrate that where we live has an enormous impact on our physical and mental health. Inappropriate housing for older people can lead to injury, illness, worsening of long term conditions, loss of mobility, depression and social isolation.



WILLOW NECESSARY?

It is widely understood that the UK's population is ageing and Cornwall is experiencing this impact more acutely than most regions. Compared to the rest of England and Wales, Cornwall has a higher proportion of its population in all age bands over 50 and a lower proportion in all age bands under 50. As the graph below clearly shows, Cornwall's older population is forecast to grow at a far greater rate than the overall population rate of 12% from 2014 to 2030.

Although Cornwall is perceived as a good place to retire there is a serious shortage of specialist housing for older people. Evidence suggests that, by 2030, Cornwall will need an additional 500 conventional sheltered units for rent, just over 10,000 conventional sheltered homes for sale 1,900 enhanced sheltered housing units, 2,200 extra care housing units and nearly 500 dementia care homes. This shortfall, taken within the context of a general housing shortage, is often perceived as a huge problem but should also be viewed as an opportunity for both private and public sector players to find innovative ways to meet this need.

The Joseph Rowntree Foundation 2012 report on housing choices for older people states "The specialist housing currently on offer does not reflect the choices that most older people make. Three-quarters of all older households are owner-occupiers but only one quarter of specialist housing is for purchase. Most older people want a home with at least two bedrooms but most specialist provision has only one bedroom."

There is a common tendency to perceive older people as a group in society who are on low incomes and are simply a drain on the public purse. However, the facts tell a different story. The current baby boomer generation retirees are an attractive market for a multitude of products and services. Average pensioner incomes have risen faster than average earnings since the mid 1990s. It is estimated that pensioner incomes have risen by approximately 44% in real terms between 1994/5 and 2008/9. Three quarters of people retiring now own their own homes and around 80% of people aged 65+ in Cornwall are owner-occupiers. Retirement is also a time when most people make decisions about housing for the future.

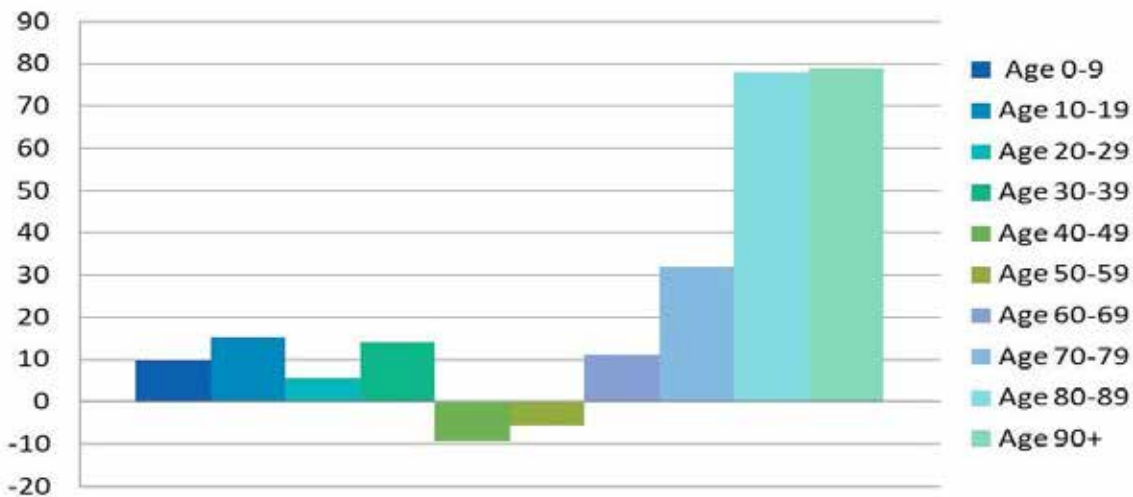


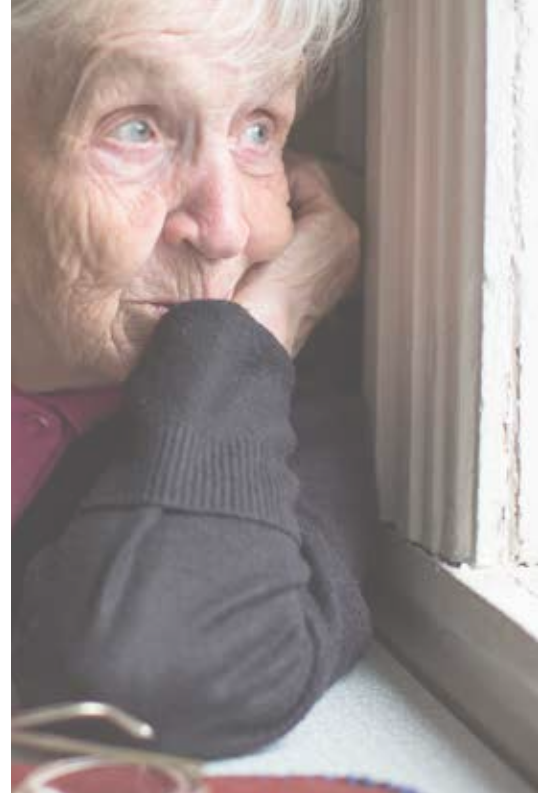
Figure 1: % change of population of Cornwall in 10 year age bands from 2014-2030

Source: ONS (2014) Population Projections

“THREE QUARTERS OF PEOPLE RETIRING NOW OWN THEIR OWN HOMES AND AROUND 80% OF PEOPLE AGED 65+ IN CORNWALL ARE OWNER-OCCUPIERS”.

The impact that housing has on the wellbeing of all people, and particularly older people, cannot be underestimated. There are some obvious desirable features for housing for older people. These include:

- » level surfaces to help prevent falls
- » secure and safe environment
- » Adequate space to accommodate mobility equipment
- » Energy efficiency
- » Easy to clean and maintain
- » Easy access to shops, medical and other personal services and transport



However, the physical characteristics of any dwelling do not tell the full story. Many studies have demonstrated that social isolation and loneliness increase mortality risk and negatively impact on the wellbeing of older people. It is also recognised that access to regular health assessment and screening will reduce the risk of admission into hospital or residential care.

It is therefore recognised that when considering development of specialist housing for older people, the community in which the dwelling exists is key to its acceptance by consumers and ultimate market success. It is important to emphasise that the term community is not used here simply to define location. It is used in the context of people, and organisations of all kinds, coming together to live and operate within a mutually beneficial support mechanism.

Although the majority of older people would prefer to stay in their own homes for as long as possible, it is inevitable that circumstances necessitate some to enter residential care at some stage in their lives. According to 2011 census data, 3.2 % of people aged 65 and over in Cornwall were living in residential care. A breakdown of these people by age shows that 0.6% of those aged 65 - 74, 2.8% of those aged 75 - 84 and 13.7 % of those aged 85 and over were in residential care.

There are many factors influencing admission to residential care including acute illness, falls, general health deterioration, cognitive decline, pressure on carers and loneliness. Unless more effective ways to keep people functioning happily and independently in their own homes can be found, the demand for residential care can only increase as we live longer.

The financial stresses and other problems facing the residential care, social care, domiciliary and health care sectors in Cornwall, as elsewhere in the UK, are widely reported and discussed. It is recognised that the current demand growth for care of all kinds is far exceeding supply and many elderly people are having to cope without their care needs being met.

There are many studies, reports and plans on the diverse topics that impact on all of the issues mentioned above and the vast majority of them highlight the need for innovation and fresh visions in the housing and care sectors for older people. This project was designed to take this opportunity forward in a positive, dynamic and collaborative way.

COMPILED USING OFFICE OF NATIONAL STATISTICS DATA[1]

SPECIALIST HOUSING FOR OLDER PEOPLE; HOUSING EVIDENCE BASE

BRIEFING NOTE BN27, CORNWALL COUNCIL, 2015[2]



[1.3] WHAT WE SET

OUT TO DO AND HOW

It is envisaged that the project will bring together a vast amount of information that will be very valuable to anyone interested in this area. However, the key benefit to collaborators and partners is the opportunity to share and work together with others who are equally committed to this area of opportunity. It is this process, designed to maximise the generation of ideas and their successful implementation, that will enable and support new developments and innovative outcomes.

The objective of this research and discovery project was to generate executable and viable ideas around the reimagining of living and community arrangements that will maximise the financial, health and emotional wellbeing of older people in Cornwall.

This project was not designed to produce a research report as its key deliverable but rather to begin the process of bringing together public, private and voluntary sectors with opportunities and possibilities within a multi-faceted vision for Cornwall with a focus of investment in housing for people in later life. The optimum outcome was always to draw up some specific proposals for actionable pilot projects to be taken forward. The methodology we used was as illustrated in the diagram (see page 11).

The project started out with a programme of research to identify the drivers of change and the various existing housing models that would be suitable for the purpose of housing older people living in Cornwall. These findings were then distilled in order to be aired and explored with key stakeholders and consumers in order to see how these concepts, or others, might be applied in Cornwall.

Part of that initial research phase was a data mapping exercise and the results of this can be found in **Appendix G(1.1),(1.2)&(1.3)**.

The original plan was to conduct 20 stakeholder guided interviews but 38 were eventually completed. The interviews contained questions (**guide document is Appendix A(1)**) that were based on the key issues raised in the research phases. The results from these were then added to the mix to complete the discussion guides (**guide document and stimulus materials is Appendix B**) for the group discussions. A summary of the stakeholder interviews can be found in **Appendix A(2)**.

These groups were made up of a total of 43 residents of Cornwall aged 60 and above, in locations across Cornwall. One of the core aims of these discussions was to gain insights about what wellness in later life means to people in Cornwall. More specifically, we discussed what they wanted from housing and the community in which they live. It was also important to find out how enthusiastic, or even perhaps resistant, they might be to new and innovative technologies, housing models etc. The insights gleaned from these conversations have been included in the evidence base section of this report where appropriate.

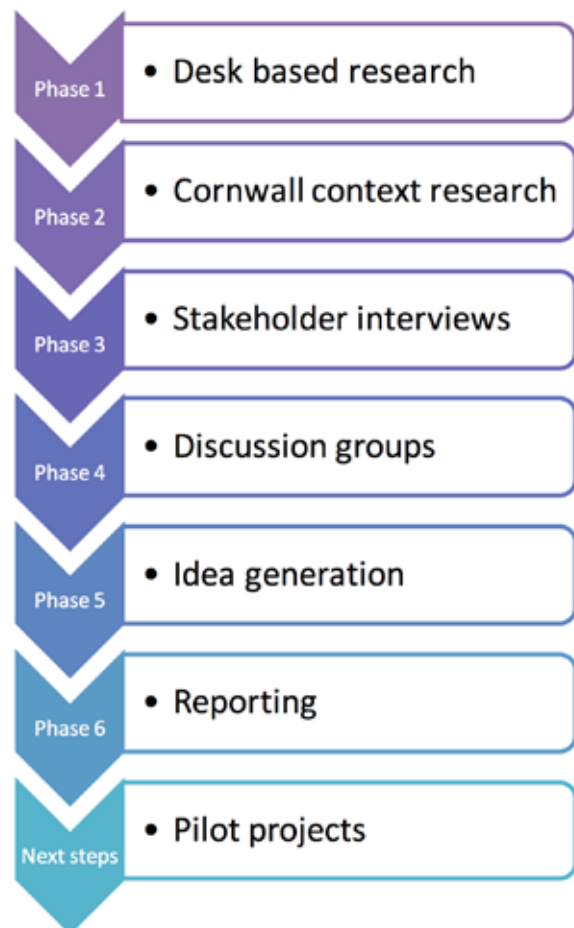
There were also discussions with a total of 12 people, in two groups in different locations, of people who volunteer in organisations dealing with older people in Cornwall. These discussions differed from the residents' groups and a slightly modified stakeholder interview was used as the guide.

A website - **www.willowkernow.com** was also set up to reach out to participants and others interested in the topics being discussed.

The next phase of the project was to bring together as many of the stakeholders as possible to generate ideas for projects to be considered. The Project Willow Changemakers' Day took place on the 27th April at St Austell Conference Centre. People from diverse backgrounds were invited to

participate, representing as many as possible of the relevant aspects within the public, private and voluntary sectors.

Thirty three participants took part in the day's workshop style sessions. The participants represented organisations from public, private and voluntary sectors with particular skills and experience in health and social care, housing, planning, transport, advice and advocacy, assistive technology, day-care services, fitness and social inclusion. The process was certainly enriched by the wealth of varied knowledge, perspectives and experiences. The workshop preview and agenda is **APPENDIX C(1)** and a list of the topics presented for discussion can be seen in **APPENDIX C(2)**.



[1.4] WHAT ARE THE DESIRED OUTCOMES?

In the first instance, the primary desired outcome was to persuade more organisations to invest more in this opportunity. In the broadest sense the project's key focus is on a sustainable, recognisable, socially acceptable and ultimately measurable increase in the physical, emotional and financial wellbeing of older people in Cornwall.

In terms of housing, which was the core focus, the desired primary outcomes were to increase provision, in Cornwall, of affordable, sustainable and attractive housing for older people that is fit for purpose, specifically in terms of:

- » Energy efficiency
- » Manageable maintenance costs
- » Easy access to shops, personal services and transport
- » Use of appropriate communication and assistive technologies
- » Secure, safe environment, and also;
- » Improvement in the standard of housing stock
- » Consequential increase in availability of larger housing units
- » Reduction in the number of crisis-driven house move and care support decisions
- » Build vibrant, supportive communities offering social contact and opportunities to participate in leisure, educational and fitness activities



The critically important desired secondary outcome is for improved housing options to contribute to the reduction of social and health care costs for older people in Cornwall while seeing an improvement in health and wellbeing indicators and the standard of care provision. More specific goals were:

- » Reduction in admission rates to hospital and residential care
- » More efficient, integrated and person-centered care and health service management
- » Fewer older people suffering a sense of social isolation and loneliness
- » Improved QCC ratings of standards of care provision, both in-home and residential
- » Fewer unmet care needs
- » Easy access to fitness, exercise and social activities
- » Improved technology and community support for dementia sufferers
- » Improved recognition and support for family and voluntary carers

We would also wish to see Willow contribute, in some way, to changing the reality and the perception of older people as an asset to society rather than a burdensome liability. The economic contribution that older people make to our society is already significant both in terms of employment, volunteering and family support but this is perhaps neither widely enough understood nor acknowledged.





2.0

**KEY FINDINGS AND
RECOMMENDATIONS**

[2.1] WELLNESS INTO LATER LIFE

‘CHANGEMAKER’ TASKFORCE

THERE IS AN IMMEDIATE NEED TO CREATE A COLLABORATIVE TASKFORCE, WITHOUT SILOS AND BOUNDARIES, TO ADDRESS THE ISSUES, BOTH POSITIVE AND NEGATIVE, CREATED BY THE AGEING OF CORNWALL’S POPULATION.

The older population (60+) in Cornwall is increasing faster than the overall population and faster than other places in the UK. There is a need to immediately address the special challenges and needs older people face that are not currently being met. However, there is also a need to recognise the assets, of all kinds, that older people have to offer and to make sure that people of all ages are given the opportunity to contribute to the wellbeing of Cornwall’s population, irrespective of age. There is a very real opportunity for Cornwall to become an exemplar society for people in late life but a

great deal will have to change before we are even close to that.

This taskforce needs to represent the key stakeholder organisations in the public, private and voluntary sectors and be brought together and supported in a managed way. Ideally, all communities and interest groups in Cornwall would also be represented.

During the process of completing this Willow project it has become clear that there are many passionate, experienced, highly skilled people involved in a multitude of ways that impact on the wellness of people in later life in Cornwall. What seems to be missing is a mechanism for pulling these people together to enable the potential positive outcomes to equal far more than the sum of the parts.

Most importantly, this taskforce needs to

IDENTIFY AND EMPOWER THE CHANGEMAKERS.

“Changemakers are people who can see the patterns around them, identify the problems in any situation, figure out ways to solve the problem, organise fluid teams, lead collective action and then continually adapt as situations change”

(quote from David Brooks, New York Times, 8 Feb 2018)



[2.2] ACCELERATING SPECIALIST

HOUSING SUPPLY

WE NEED TO ACCELERATE THE DEVELOPMENT OF SPECIALIST HOUSING WITH CARE FOR OLDER PEOPLE

There is a strong body of evidence to support the development of specialist housing in Cornwall that can offer older people both independence and meaningful support. The Extra Care model has proven to be particularly beneficial when implemented and managed well. Plans are now being progressed by Cornwall Council to facilitate the supply of 750 of Extra Care units to add to the existing 64 units in Redruth and 55 in Liskeard. These units will be a very welcome addition to Cornwall's specialist housing stock but there is still more that needs to be done. There is also a need to achieve maximum potential for residents and the surrounding community and understanding what already exists within every community network area is a critical starting point.

We also need to bear in mind that need is not the same as demand. We need to promote the benefits of specialist housing using a single trusted voice via trusted community champions to create a positive buzz within communities that will spread county-wide.



“we need to bear in mind that need is not the same as demand”



WE NEED TO DO MORE TO ENCOURAGE INVESTMENT IN THE HOUSING THAT WE NEED IN CORNWALL, RATHER THAN ONLY THE HOUSING THAT DEVELOPERS WANT TO BUILD.

There is increasing interest in the retirement housing and care markets in the UK from large corporate investors and pension funds, even from overseas investors. However, we do need to understand that we are not the only potential recipients of these funds. It is a fact that developers, of all kinds, can make bigger returns by providing general housing than specialist housing for the elderly.

WE NEED TO DEVELOP PLANS THAT WILL SUPPORT THE GROWING NUMBER OF DEMENTIA SUFFERERS AND THEIR FAMILIES.

The number of people with dementia in Cornwall will increase with the number of elderly in the population. Awareness of the issues needs to be raised to increase understanding and tackle intolerance. Dementia-friendly living environments, such as the ground-breaking Hogeweyk dementia village in the Netherlands, need to be explored.

WE NEED TO DEVELOP FULLY SERVICED TRANSITIONAL ‘PATHWAY’ REABLEMENT FACILITIES.

Despite considerable recent improvements in performance against targets, delayed transfer of care remains a serious issue in Cornwall and this could be helped by developing more purpose built transitional pathway facilities. There is evidence to show that housing services can make a significant impact on improving how transitions from acute care are managed. There is scope for fully serviced apartments to be built. ***See Workstream 7 in Recommended Projects section.***

WE NEED TO PROVIDE GUIDANCE AND SUPPORT TO ENCOURAGE AND FACILITATE CO-HOUSING AND SELF-BUILD PROJECTS.

Community group initiatives and self-builds are very common in many countries but are very rare here in the UK. The public sector cannot be expected to meet all needs and there are those who may well be interested to take control of their own housing need. We should be seeking to provide practical support in order to facilitate a variety of options and encourage innovation and self-reliance. We are aware that there are people looking to initiate such group schemes but they appear to be coming up against significant barriers. ***See Workstream 10 in Recommended Projects section.***

OLDER PEOPLE'S WANTS AND NEEDS

WE NEED TO UNDERSTAND MORE ABOUT THE NEEDS AND PREFERENCES, AVAILABLE RESOURCES AND CURRENT SITUATIONS OF OLDER PEOPLE, AND THEIR COMMUNITIES, IN CORNWALL.

There is limited data available to suggest the most attractive housing models, tenure types and services needed to maximise take-up and successful outcomes for housing for the elderly.

Getting the tenure right is critical and more research needs to be done to ensure a comprehensive choice of tenures, including lifetime leases and shared ownership, is available to older consumers. If we don't listen and engage with potential consumers, and their communities, in order to truly understand what is needed, community by community, we risk wasting significant resources and building white elephants while still failing to meet needs. Tenure also dictates funding and attractiveness to potential investors and developers.

ONE THING WE DO KNOW IS THAT ANY OLD 'OLD-PEOPLES FLAT' JUST WILL NOT DO AND ONE SIZE WILL NOT FIT ALL.

Housing for older people has to be practical and future-proofed but also varied, exciting and attractive. We need to design and build aspirational homes and communities that are chosen as lifestyle choices and not stereotypical accommodation in ageing 'ghettos' that would only be 'chosen' by the majority if they had no other choice.

We know that there are many emotional drivers that result in older people choosing to 'stay put', even in unsuitable homes. These drivers are powerful and, combined with the practical issues, such as the cost and hassle of moving and the shortage of available suitable housing, they present a significant obstacle to persuading people to move to more suitable accommodation. There are plenty of exemplars to inspire and guide us - we just need to understand what great looks like to Cornish people.



[2.4] SUPPORTING THOSE

‘STAYING PUT’

We acknowledge that the majority of older people are going to ‘stay put’ in mainstream housing and do what is called aging in place. This may be a positive choice or it can be the result of having no other viable options. If the latter is the case we need to look to develop advice and advocacy services that can take the pain out of the moving process.

WHATEVER THE REASON, WE HAVE TO MAKE SURE THAT THOSE ‘STAYING PUT’ ARE PROPERLY SUPPORTED.

If the goal is to keep people living happily and independently for as long as possible there is a great deal that needs to be done. In some ways it is far more challenging to meet these needs than build new specialist homes, especially in a largely rural environment like Cornwall.

WE NEED TO ENSURE THAT EVERYONE, INCLUDING PEOPLE WHO ARE SELF-FUNDING, HAVE ACCESS TO ADVICE, INFORMATION AND SUPPORT CONCERNING HOUSING ISSUES THEY MAY BE FACING E.G. HOME ADAPTATIONS, HOME MAINTENANCE AND UPKEEP, DECIDING WHETHER TO MOVE AND SUPPORT FOR MOVING WHERE NECESSARY. THERE IS CERTAINLY SCOPE FOR ONLINE HELP BUT SUPPLEMENTED BY PHYSICAL PREMISES OF SOME KIND SO THAT PEOPLE CAN SEE MODEL SHOW ROOMS AND SPEAK FACE TO FACE WITH AN ADVISOR.

These **Independent Living Hubs (ILH)**, if properly equipped and managed, can provide the necessary support and advice to ensure that people are living in the best home for them and that their homes are fit for purpose.

There is overwhelming evidence to support that timely, preventative home adaptations lead to reduction in falls and other conditions requiring medical treatment and social care services. However, there is also evidence to suggest that people put off installing adaptations for a number of reasons and these delays can be costly. The process can also be complex and drawn out which presents another barrier.

There is also evidence to suggest that accessible, holistic and locally-based advice, information and support to older people on housing and related issues can produce significant returns on investment. The Council’s Home Solutions Team does provide advice but there is a need to expand and upgrade the capability. In addition to the benefits enjoyed as a result of people being housed appropriately, the interaction with the community will also create an opportunity to learn more about the issues people face and make contact with people who may be considering a move.

[2.4] SUPPORTING THOSE 'STAYING PUT'

There are many non-decent dwellings in Cornwall including a higher than national average proportion of dwellings in fuel poverty. More needs to be done to ensure that older people have access to trustworthy and affordable contractors and handyman services. Again, the Home Solutions team can provide information about this but capacity and awareness of this capability needs to be raised. There is a real opportunity for public, private and voluntary sectors to collaborate to establish exemplar sites and services. **See Workstream 8 in Recommended Projects section.**

WE NEED TO FIND WAYS TO REACH OUT AND ENGAGE THE SOCIALLY ISOLATED PEOPLE IN CORNWALL.

There are many of them - the elderly, family carers, the mentally ill and other vulnerable people who may see no-one, and go nowhere, for days at a time. The majority of the stakeholders we interviewed mentioned social isolation as one of the most pressing challenges faced by the elderly in Cornwall. Despite the sterling efforts of many voluntary groups this remains an immense problem and more work needs to be done to alleviate this sad state of affairs. Social trends like childlessness, smaller families and increased geographic mobility are among the contributory factors that lead to more older people needing help to connect with their community.

WE NEED TO TACKLE THE TRANSPORT PROBLEMS MANY ELDERLY PEOPLE FACE THAT KEEP THEM IMPRISONED WITHIN THEIR HOMES AND PREVENT THEM FROM ACCESSING SHOPS AND SERVICES.

The lack of reliable and affordable transport in Cornwall is a real problem for the elderly in Cornwall, especially for those living in rural areas. It is also essential that transport links are considered when planning any new residential developments and service facilities.

WE NEED TO EXPLORE THE VIABILITY OF, AND DEMAND FOR, AN AGENCY THAT CAN BRING TOGETHER ELDERLY PEOPLE WITH SPARE ROOMS AND 'HELPMATE' LODGERS.

There are a significant number of elderly people in Cornwall living in homes with spare rooms. There is potential to explore setting up a scheme which could enable these rooms to be let for below average rents to students and low income workers in return for an agreed number of hours help around the house. This is done all over the world and in other places within the UK.





WE NEED TO DEVELOP INCLUSIVE AND SUPPORTIVE COMMUNITIES FOR ALL, OFFERING ACCESSIBLE AND FUTURE-PROOFED HOMES TO PEOPLE OF ALL AGES.

Over and above the need for specialist housing with support and care options, there is a need to look to the future and ensure that homes built in Cornwall are as adaptable and versatile as possible. Age segregation is increasing in the UK with the consequence that generations have less empathy for others and the costs of providing care for young and old is higher. Bringing people together, with communal facilities available, can help to re-enable the neighbourly support that will benefit everyone. **See Workstreams 1-6 in Recommended Projects section.**

WE NEED TO REGENERATE CORNWALL'S TOWN CENTRES AND GET STARTED ON THE RE-PURPOSING OF BUILDINGS AND REDEVELOPING OF OBSOLETE SITES TO PROVIDE RESIDENTIAL UNITS AND MORE CONVENIENT AND ACCESSIBLE SERVICES FOR OLD AND YOUNG ALIKE.

Town centres in Cornwall are stagnating and retail trends threaten the continued use of town centres to be a collection of shops with some services. See Workstream 4 in Recommended Projects section.

WE NEED MORE COMMUNITY BASED DAY-CARE FACILITIES FOR YOUNG AND OLD WITHIN OUR COMMUNITIES.

Reliable and sustainable day-care for the elderly in Cornwall is in short supply and decreasing rather than increasing to meet growing demand. There is a growing body of evidence to show that care facilities that provide care for children and adults, including the elderly, offer enormous benefits to everyone. There are also potential cost savings to provide vibrant multi-generation care centres within communities. This would not only help to combat the scourge of social isolation and loneliness that many elderly people in Cornwall face every day but would offer meaningful and much needed support for already over-burdened family carers.

[2.6] ADDRESSING CARE AND SUPPORT SHORTFALLS

We need to ensure that Cornwall's health and social care providers are fit for the task ahead and motivate everyone to do what they can to care for themselves and those around them.

Care providers in Cornwall's public, private and charitable voluntary sectors, need to be in a much healthier condition than they currently are to face the ever increasing demand that is an inevitable result of an ageing population.

The media is only too keen to publicise the scandal of abuse within residential care homes, the social care funding crisis, elderly people languishing on trolleys for hours on end within A&E facilities or being kept in hospital to deteriorate because there is no care and support available to enable them to return home.

Sadly, these are not 'fake news' stories and are merely the tip of a growing iceberg that stretches deep into our lives. This has a significant impact on elderly people with chronic conditions or limitations that render them dependent on others to cope with their everyday activities. Care providers are facing enormous challenges to provide exemplary care to an increasing number of elderly people while not receiving sufficient payment from local authorities to enable them to meet minimum pay standards. Working in the care industry is not seen as an attractive career prospect by many young people but more as a job of last resort. These issues are certainly not

peculiar to Cornwall but that does not mean that we should not be working together to regenerate the care sector.

'Housing with care' is not just a label. If models like Extra Care are to be successful the care aspect of the formula will be as challenging, if not more so, than creating the buildings.

If people are to age successfully in place we have to make sure that good, reliable trustworthy domiciliary and day-care is available.

WE NEED TO START WORKING ON WAYS TO SUPPORT FAMILY CARERS IN CORNWALL.

The formal care sector's problems are the ones we hear most about but the silent army of family carers is having a tough time of it. Cornwall's unpaid carers saved authorities an estimated £1,308 million in 2015 alone. Statistics show that carers are spending more hours caring than previously and far more needs to be done to support them. These people are the 'forgotten saviours' of our society. Without them our society would collapse and many people would die. It is that simple. We need to start improving their lives.

“We need to invest more in assistive technologies.”

When the people of Japan realised that they were unable to meet the demand for carers for their fast-ageing population, they turned to technology to see what could be done. Their research work resulted in many smart home and assistive solutions to help support the everyday lives of older people.

Technology can offer huge potential benefits for people living with dementia, physical limitations, sensory loss and chronic medical conditions, and to their carers. More needs to be done to evaluate the many technologies available and promote take-up of the most beneficial and cost-effective.

AND LAST, BUT CERTAINLY NOT LEAST, WE SHOULD NOT FORGET THAT WE ALL NEED TO BE TAKING RESPONSIBILITY FOR OUR OWN WELLNESS THROUGHOUT OUR LIVES.

We need to be changing our behaviours so that we are stronger and more resilient in mind and body as we enter the later years of our lives.

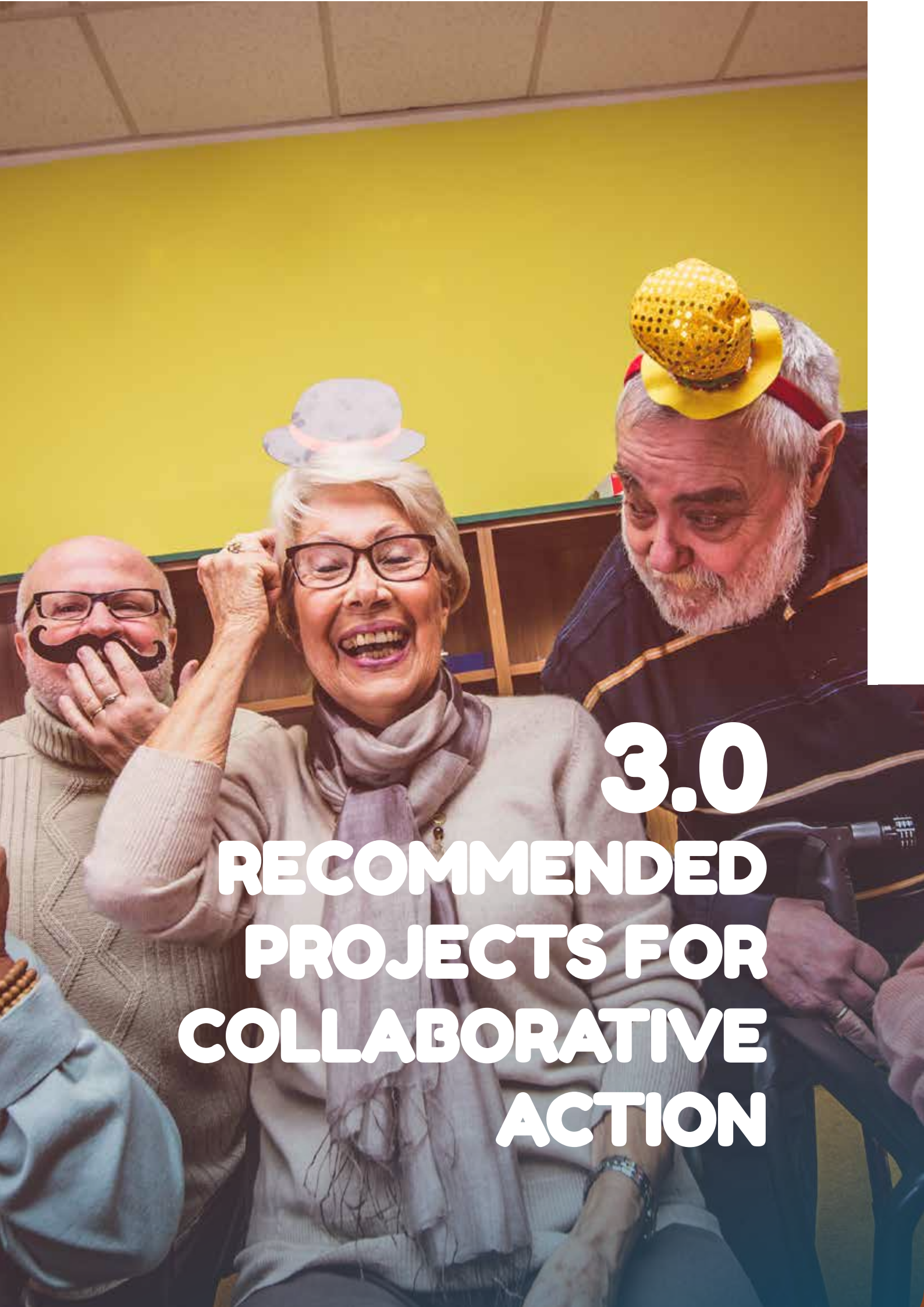
Although we are living longer, this trend is not matched by the time we can expect to live without any limitations to our activities. There are also huge disparities between the affluent and deprived areas, even within Cornwall.

There is a growing body of evidence proving the causal link between housing and community services and healthy ageing. Prevention has never been more important but we are living in a system that seems to want to only invest in the immediate returns and solve the immediate crisis, however inconsequential these might be compared to the potential returns over the long term. We are also experiencing a disturbing trend of people abdicating their responsibility to look after themselves and expecting others to do so instead.

There is plenty of evidence to show that improvements can be made at all times in our lives, even when we are very frail and elderly.

WE NEED TO DO MORE TO MOTIVATE AND ENABLE PERSON-CENTRED POSITIVE LIFESTYLE BEHAVIOURS AMONG YOUNG AND OLD TO IMPROVE PHYSICAL AND MENTAL HEALTH OUTCOMES.

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3.0
RECOMMENDED
PROJECTS FOR
COLLABORATIVE
ACTION

[3.0] WORKSTREAMS 1-6

KERNOW HOMES FOR LIFE (KHFL) DESIGN BLUEPRINTS, OPERATIONAL PRINCIPLES AND EXEMPLAR LAYOUTS

The ten workstreams below are those recommended to be taken forward immediately to accelerate the provision of more, and better, housing for older people in Cornwall.

A core focus of the Willow project has been to encourage collaborative action moving forward and these projects are intended as starting points for organisations and individuals to work together to achieve common objectives.

At the time of writing this report, in August 2018, a call to action has gone out to stakeholders and interested parties to step forward to lead these workstreams and a number of initial conversations show some encouraging progress.

The strongest mandate to emerge from the Willow project was that of **KERNOW HOMES FOR LIFE (KHFL) - AGE PROOFED HOMES IN COMMUNITIES FOR ALL**. This solution is based on the need to build age-proofed homes that people of any age, or with any limitation, can live in safely and comfortably. Currently, many older people move because they can no longer manage well in their existing home but then struggle to find something they like.

This recommendation does not preclude the provision of smaller clusters within the wider developments meeting specific needs. Neither does it negate the need for 'housing with care' and dementia friendly options to be made available for people with more complex needs. It is also intended that the guiding principles and exemplars resulting from this work would also be applied to all redevelopment and adaptation work being undertaken.

KHFL homes will be designed and built to accommodate everyone from cradle to grave in a connected, supported and supportive community. The support and network services will be planned and developed simultaneously with the buildings. The developments will vary in size according to land availability and demand but will all eventually form part of a county-wide 'hub and spoke' system of communities, community facilities and services.

This concept has received interest from a number of organisations and it is proposed that the next step needs to be to establish and agree a set of design principles that will effectively act as a Toolkit for the development of these inclusive, accessible homes in Cornwall.

We propose that in order to make this work achievable and manageable within a reasonable timeframe the task will be broken down into a number of separate but linked workstreams. In order to simplify, and speed up the work required it is recommended that the Rural HAPPI 4¹ and DWELL² project principles are used as a foundation.

RURAL HOUSING FOR AN AGEING POPULATION; PRESERVING INDEPENDENCE, HAPPI 4 RURAL HAPPI APPG ENQUIRY, JEREMY PORTEUS, APRIL 2018[1]

DESIGNING WITH DOWNSIZERS, THE NEXT GENERATION FOR AN ACTIVE THIRD AGE, DWELL PROJECT, UNIVERSITY OF SHEFFIELD, PARK, ZIEGLER AND WIGGLESWORTH, 2016[2]



WORKSTREAM 1

COMPONENT DESIGN

This first workstream will take a micro view of age-proofing component design within homes. This will include the review of existing designs for a number of critical housing components to include bathrooms, toilets, doors, windows, kitchen furniture, appliances and assistive technologies with bathrooms, kitchens and assistive technologies being the priority areas.

The initial deliverable will be a set of design principles for these components that can be applied locally. The goal is to ensure that products within homes are both functional and attractive. This can be applicable to both new builds and adaptations.

WORKSTREAM 2

EXEMPLAR HOME LAYOUTS

This workstream will look at design principles and exemplar layouts for age -proofed dwellings for new developments. While this may seem like a mammoth task there is already a great deal of exemplar work to refer to, such as the DWELL project's house types.

WORKSTREAMS 3-6

SITE SCENARIO BLUEPRINTS

These workstreams will be developing exemplar designs for four different development scenarios. The scale and nature of these model communities will depend on availability of sites, there is a need to specify requirements for the following scenarios and identify potential sites.

Available sites, local demand and the need to enable people to remain close to friends and family support networks are all factors that need to be taken into account to determine the optimum design features. For each scenario, there is also a need to consider technology and transport links to existing towns and

facilities. It is hoped that these design recommendations can be applied to specific sites and developments going forward.

Although these are listed here as separate workstreams there obviously needs to be a consistent design approach across them all. The issues regarding transport and other service and community links also need to be addressed in a 'joined-up' way.

WORKSTREAM 3

BLUEPRINT FOR KHFL VILLAGE LIFE - 4+ UNITS

This workstream will develop exemplar recommendations for KHFL developments in small rural schemes of 4+ units. Developments of this type are well suited to Cornwall's population distribution with many people living in small villages and hamlets with poor transport links and facilities. They need to be carefully planned to meet local demand and enable older and vulnerable people to remain close to their family, friends and support networks.

Another aspect for this workstream could also be how to encourage rural landowners to release suitable sites for these developments. These smaller schemes are probably best suited to be developed by housing associations, land trusts, co-housing self- builds and small developers.

WORKSTREAM 4

HOMES ON THE HIGH STREET - 20+ UNITS

We only have to walk down the high streets in many towns in Cornwall to see that they are gradually declining with shop-fronts being boarded up at an alarming rate.

This is a national trend and some forecasts suggest that as many as 25% retail premises on our high streets will be derelict in less than five years. With the trend towards more on-line shopping and visiting stores in large retail parks , this decline is unlikely to reverse and it is therefore crucial that town centre sites are redeveloped and regenerated.

Residential properties for old and young, day-care centres, drop-in centres, pathway apartments, care hubs and other community facilities can fit well in town centre sites and can help to reverse the inevitable decline. This creates opportunities to provide 'hub and spoke' connected community facilities in town centre areas. Many town centres in Cornwall have large buildings that have the potential to be re-purposed in this way.

WORKSTREAM 5

CONNECTED EDGE OF TOWN- 50+ UNITS

There are a number of sites available at the edge of existing towns that can be developed following these principles and can also contain pathway apartments and community facilities for day care, education, fitness and nutrition. These developments would also be ideally suited to include an Independent Living Centre (see Workstream 8).

There is such a site currently being planned. It is near Penzance, at Polwithen, and we are fortunate to have a willing landowner to work with the Willow project. The plan is to create a wholly inclusive community of around 200 people at Polwithen, a site which offers a great deal of potential as it is well connected to a major conurbation.

WORKSTREAM 6

NEW VILLAGES - 150+ UNITS

These larger development sites, such as Threemilestone near Truro, will offer the biggest and best opportunities to create an exemplar KHFL development with a wide variety of community facilities.

These self-contained centres would provide all of the services that the residents will need on a regular basis including GP, pharmacies, day-care for all ages, dining, shops, treatment hubs, fitness and leisure facilities and outdoor spaces.

These sites are scarce in Cornwall so we do need to ensure that any sites are developed to their maximum potential and provide the foundation to build inclusive, supportive and vibrant communities for old and young alike.

WORKSTREAM 7

FULLY SERVICED PATHWAY APARTMENTS

This project addresses the issue of bed-blocking, a serious issue here in Cornwall. There are far too many people remaining in hospital simply because there is insufficient support and care available to them in their homes. There are a number of studies that show that an intensive transitional phase of reablement, combined with timely home adaptations, can get people back at home quickly and successfully.

This workstream will work on the design and operational delivery of services of fully serviced pathway apartments. These can form part of the facilities provided within town centres, connected edge of town and new village scenarios. However, given the very specific nature of these apartments it makes sense to separate out this workstream whilst keeping close contact with the other 'site-based' workstreams.

WORKSTREAM 8

INDEPENDENT LIVING HUBS

This workstream will work to design and implement a delivery mechanism to give advice, information and support concerning housing issues to everyone, including people who are self-funders. These would include home adaptations, home maintenance and upkeep, deciding whether to move and support for moving where necessary. There is certainly scope for online help but supplemented by physical premises of some kind so that people can see model showrooms and speak face to face with an advisor. These Independent Living Hubs (ILH), if properly equipped and managed, can provide the necessary support and advice to ensure that people are living in the best home for them and that their homes are fit for purpose.

There is a real opportunity for public, private and voluntary sectors to collaborate to establish exemplar sites and services.

WORKSTREAM 9 PLANNING AND POLICY ISSUES

This workstream will need to be led by Cornwall Council as it addresses the need to review current planning policy relevant to these KHFL developments and design principles.

The objective of this workstream is to accelerate and enable the developments envisaged within the various but particularly with the KHFL community blueprint work.

WORKSTREAM 10 DELIVERABILITY TOOLKIT

This workstream focuses on how to take the need for new inclusive and accessible homes forward from concept to completion. The workflow will include issues and opportunities for new and innovative delivery for co-housing, shared equity, lifetime leases and other emerging models.

This workstream will review the legal, planning, funding and tenure issues with a view to providing some guidance notes and helping to simplify the process required to achieve a smooth and successful outcome.

“

**THREE QUARTERS OF
PEOPLE RETIRING NOW
OWN THEIR OWN HOMES
AND AROUND 80% OF
PEOPLE AGED 65+ IN
CORNWALL ARE OWNER-
OCCUPIERS”.**



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4.0
EVIDENCE BASE FOR
KEY
FINDINGS AND
RECOMMENDATIONS

‘CHANGEMAKER’ TASKFORCE

"CHANGEMAKERS ARE PEOPLE WHO CAN SEE THE PATTERNS AROUND THEM, IDENTIFY THE PROBLEMS IN ANY SITUATION, FIGURE OUT WAYS TO SOLVE THE PROBLEM, ORGANISE FLUID TEAMS, LEAD COLLECTIVE ACTION AND THEN CONTINUALLY ADAPT AS SITUATIONS CHANGE" (QUOTE FROM DAVID BROOKS, NEW YORK TIMES, 8 FEB 2018)



THE CORNISH PEOPLE ARE GETTING OLDER AND THERE IS A NEED TO TAKE ACTION TO IMMEDIATELY ADDRESS THE SPECIAL CHALLENGES AND NEEDS OLDER PEOPLE FACE THAT ARE NOT CURRENTLY BEING MET. WE BELIEVE THIS IS BEST ACHIEVED BY CREATING A COLLABORATIVE TASKFORCE, WITHOUT SILOS AND BOUNDARIES, TO ADDRESS THE ISSUES AND, JUST AS IMPORTANTLY, THE OPPORTUNITIES CREATED BY THE AGEING OF CORNWALL'S POPULATION.

The older population (60+) in Cornwall is increasing faster than the overall population and faster than other places in the UK. While this project has been focussed on the housing issues it has been impossible to avoid the myriad other issues related to ageing that are not receiving the attention they deserve. Providing the right homes in the right places at the right price, for young and old, is a big enough challenge but it forms only part of the jigsaw. There is a very real opportunity for Cornwall to become an exemplar society for people in late life but a great deal will have to change before we are even close to that.

The social care crisis in the UK is evident here in Cornwall as are problems with our healthcare services and housing shortage. A recent Age UK report¹ comparing England's social care funding with that of Japan, Germany, Spain, Italy and France concluded that the UK does not compare well. The truth is that none of these countries have found the perfect sustainable solution but England has procrastinated for decades without any major reforms of the system being implemented despite much research and consultation. This is not a party political comment of any kind as parties of all colours have failed to grasp the nettle.

While we wait for yet another green paper perhaps it is time to accept that change is long overdue and that rather than continue to wait we take action.

The issue is so important and fundamental that we cannot leave the solution to any one sector which is why the recommendation is to join the energies, experiences, passions and resources of organisations in public, private and voluntary sectors in a collaborative 'think and do' tank.

This taskforce needs to represent the key stakeholder organisations in the public, private and voluntary sectors and be brought together and supported in a managed way. Ideally, all communities and interest groups in Cornwall would also be represented.

During the process of completing this Willow project it has become clear that there are many passionate, experienced, highly skilled people involved in a multitude of ways that impact on the wellness of people in later life in Cornwall. What seems to be missing is a mechanism for pulling these people together to enable the potential positive outcomes to equal far more than the sum of the parts.

Most importantly, this taskforce needs to identify and empower the changemakers.

WE NEED A MINDSET CHANGE - TO SEE THE POSITIVES AND THE OPPORTUNITIES, NOT JUST THE NEGATIVES AND THE PROBLEMS

That we are all living longer is surely a blessing, not a curse? A key factor guiding us in this work needs to be the recognition of the assets, of all kinds, that older people have to offer and to make sure that people of all ages are given the opportunities they want to contribute to the wellbeing of Cornwall's population, irrespective of age.

AN INTERNATIONAL COMPARISON OF LONG TERM CARE FUNDING AND OUTCOMES: INSIGHTS FOR THE SOCIAL CARE GREEN PAPER, INCISIVE HEALTH FOR AGE UK, AUGUST 2018[1]



Also we need to ensure that the contribution older people currently make to society is properly recognised.

We need to challenge the various stereotypes applied to older people as people who are a drain on society as bed blockers, house blockers, taking jobs from young people while being overly protected in terms of pensions and property wealth.

RVS's 2011 Gold Age Pensioners report² estimated that taxes paid by people aged 65 or over amounted to around £45 billion a year and are forecast to rise to around £82 billion by 2030. The spending power of people in this age group was £76 billion and forecast to grow to £127 billion by 2030. The value of social care provided by older people was worth £34 billion a year and forecast to grow to £52 billion by 2030.

The value of older people's volunteering is over £10 billion a year and forecast to grow to nearly £15 billion by 2030.

Older people contributed £10 billion a year through charity and family donations (including childcare services for families and neighbours) and this was forecast to grow to over £15 billion by 2030. They also provided on average 326 hours in free care for grandchildren, parents and other family members: an annual contribution valued at over £15 billion.

Taking all these contributions together, older people were estimated to be making an annual net positive contribution of £40 billion to the UK economy (i.e., net of the costs of pension, welfare and health support): by 2030 the positive net contribution of over 65s was forecast to rise to an estimated £77 billion.

There is a widespread persistent perception that older people in work take jobs from younger people but evidence³ suggests this is incorrect. The number of jobs in the economy is not fixed, but depends on Government and private spending (when

spending increases the number of jobs increases). Evidence suggests that the employment rate of older people has little effect on the employment of younger people, and if anything a higher employment rate of older people tends to slightly increase the employment rate of younger people.

TAKEN FROM GOLD AGE PENSIONERS, VALUING THE SOCIAL-ECONOMIC CONTRIBUTIONS OF OLDER PEOPLE IN THE UK, , ROYAL VOLUNTARY SERVICE, 2011 [2]
PHASING OUT THE DEFAULT RETIREMENT AGE, IMPACT ASSESSMENT, BIS, 2011[3]

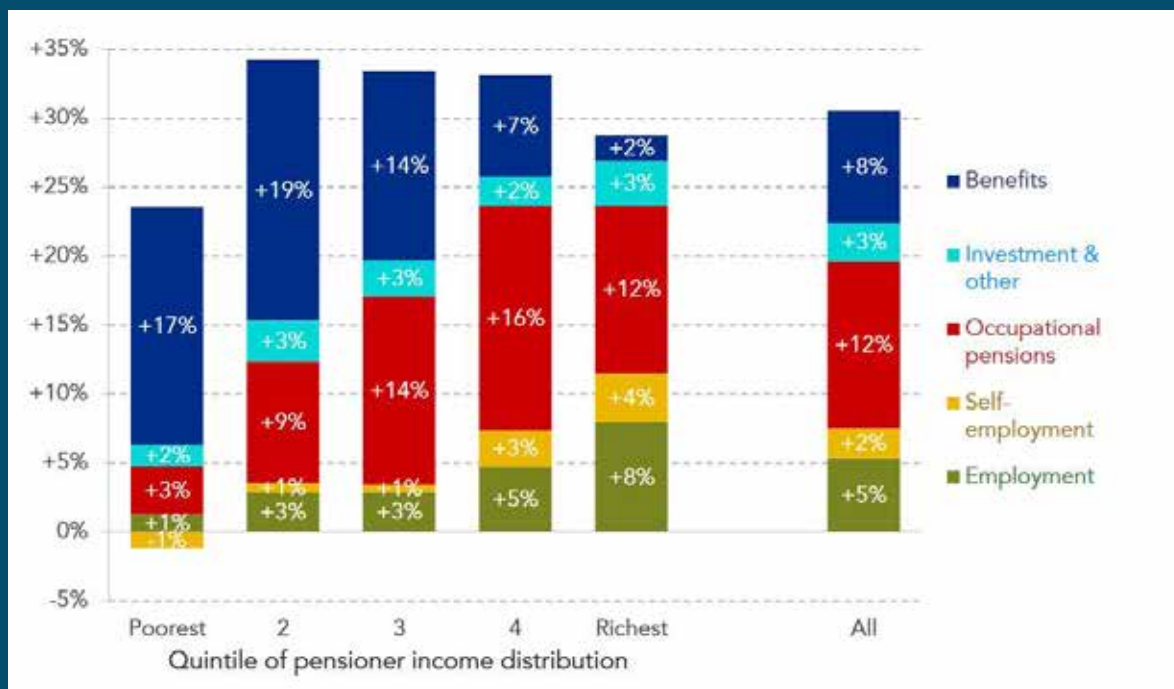
We also need to be rethinking our attitudes towards the concept of retirement and perhaps even questioning whether it is still an appropriate concept for the future. The workforce will continue to age for at least another 20 years, as the large age groups born between 1950 and 1970 are replaced by the much smaller cohorts born between 1990 and 2010. A quarter of the workforce is already over 50 and labour force participation rates among people over 50 have been rising steadily, reversing the late 20th century trend towards earlier retirement. 16% of people aged 65-74 are now still in paid work, as are more than 3% of those over 75. The UK Commission for Employment and Skills estimates that over 12 million vacancies will need to be filled in the next ten years, mainly as a result of the retirement of older workers, but there are only 7 million young people currently in school to replace them, leaving 5 million unfilled vacancies.

Pensioner incomes have grown considerably over recent years as we can see from the chart below, taken from a recent report⁵ by the Intergenerational Commission. It plots real gross income growth per adult from 2001-02 and 2014-15, for each quintile of pensioner income distribution. It shows that all incomes, from the

richest to the poorest have seen growth from multiple sources. This same report also tells us, if we deduct housing costs, the median income pensioner household is better off than the median income working age household. This rather surprising turn of events is complex and it does not overturn the fact that there are pensioner households, particularly workless, single person oldest age households still struggling financially.

In order to achieve the necessary paradigm shifts required to our thinking about older people, we first need to appreciate the huge diversity of what we consider to be 'older people'. If we take, for example, everyone aged 60 to 100 as our 'older people', it takes very little analysis to appreciate that claiming that this is a homogenous group is as ridiculous as claiming those aged 20 -60 are a homogenous group.

A MORI survey⁶ of older people across England identified six groups (as seen on page 37) of people aged 50 and over according to their experiences, circumstances and levels of wellbeing. The groups were of broadly similar size and evenly distributed across the country. These groups demonstrate that age alone should not be the focus for developing services and products for older people.



WORKING FUTURES, 2012-2022, UKCES, 2014 [4]
 AS TIME GOES BY; SHIFTING INCOMES AND INEQUALITY BETWEEN AND WITHIN GENERATIONS, INTERGENERATIONAL COMMISSION AND RESOLUTION FOUNDATION, FEB 2017[5]
 LATER LIFE IN 2015, AN ANALYSIS OF THE VIEWS AND EXPERIENCES OF PEOPLE AGED 50 AND OVER, CENTRE FOR AGEING BETTER, DEC 2015 [6]



» **THRIVING BOOMERS – TYPICALLY IN THEIR 60S AND EARLY 70S AND LIVING WITH A PARTNER**

They are financially secure, in good health and have strong social connections. They feel fortunate and have the highest overall levels of happiness.

» **DOWNBEAT BOOMERS - – DEMOGRAPHICALLY SIMILAR TO THE THRIVING BOOMERS.**

Despite being financially secure, having good health and a large number of social connections, their overall levels of happiness are only average. They tend to reflect on missed opportunities or things they could have done differently.

» **CAN DO AND CONNECTED – USUALLY IN THEIR 70S OR 80S AND OFTEN WIDOWED.**

Their health can be poor and they lack disposable income, but despite this they have higher than average levels of happiness. They have strong social connections, can rely on others for support and have a positive outlook on life.

» **WORRIED AND DISCONNECTED– TYPICALLY AGED 70 OR OVER AND RETIRED.**

While financially stable they sometimes have poor health. They are more likely to be socially isolated, often due to bereavement or losing social connections that they had enjoyed through work. Many are apprehensive about later life and they have below average levels of happiness.

» **SQUEEZED MIDDLE AGED– PREDOMINANTLY IN THEIR 50S**

In good health and still in work. They are squeezed for time, finances and in their homes. With caring responsibilities for both children and their own parents, they have less time for their social connections or preparations for later life. They already have low scores in terms of happiness and, with retirement still a long way off, there is real cause for concern about the future.

» **STRUGGLING AND ALONE – DISTRIBUTED ACROSS ALL AGES.**

They have long standing health conditions which affect their ability to work and impact on their ability to have social connections. They are more likely to be living alone, have fewer people they can rely on for support and are more likely to experience financial insecurity. They have the lowest levels of happiness of all the groups and are finding life very difficult.

CORNWALL IS GETTING OLDER

23.5 % of Cornwall's residents (130,000) of Cornwall are aged 65+⁸.

This chart, using ONS 2014 population projection data, plots the % population increase in 10 year age bands from 2014 - 2030. It clearly demonstrates that the proportion of older people in the population is projected to increase to 28.6% by 2030, a total of 176,257 people over the age of 65. The oldest age bands are projected to have the highest increase rates and, by 2030, 5.2% of Cornwall's population is projected to be aged 85 and over, a total of 31,943.

The map of Cornwall at Appendix 1 shows the distribution of people aged 65 and over and we can see that the older people tend to be concentrated around the coastal areas. The oldest age bands are of particular importance as the probability of disability and illness increase with age with the consequence that the level of social care and healthcare support services required increases as people get older. The high concentration of older people in certain areas will inevitably put strain on services in those locations.

Of immediate relevance to the issue of housing is the fact that as people age they are less likely to be able to do specific tasks around the house and will be less mobile. Using data from ONS and General

Household Survey (see Appendix 2) we can see that as many as 41% of people aged 85+ report that they have difficulty getting out of doors and walking down the road, compared to only 6% of people aged 65+. 24% of 85+ reported difficulty with stairs compared to only 5% of those aged 65+. These estimates suggest that nearly 21,000 people aged 65+ will have difficulty coping with stairs by 2030⁹.

As our population ages, the number of people with limitations affecting their housing choices will increase. The number of people aged 65+ in Cornwall limited a lot by a long term illness is projected to increase from 32,966 in 2014 to 46,030 in 2030 .

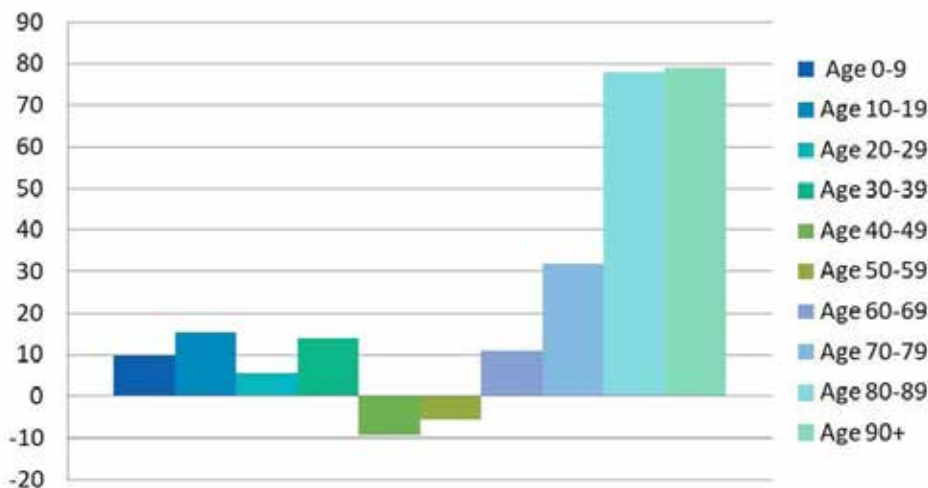


Figure 1: % change of population of Cornwall in 10 year age bands from 2014-2030

Source: ONS (2014) Population Projections

Exacerbating the problems faced by the elderly struggling to cope with mobility and everyday personal care, such as dressing, toileting and bathing, is that many older people live alone.

There were 32,153 one person households in Cornwall in 1981¹⁰ and this number had increased by 115% to 69,269 by 2011. There was a 47% increase in pensioner one person households and a huge 295% increase in other one person households. In 2011, 76% of all one person households were aged 50 or more.

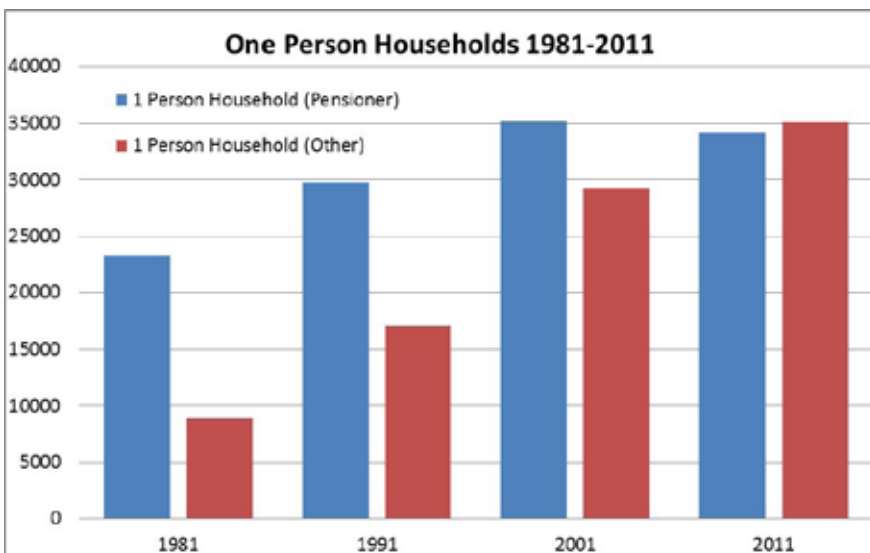
The 2012 based household projections predicted that one person households would increase by about 15% between 2010 and 2030. One person households aged 65 and under were predicted to remain at a fairly stable number whereas one person households aged 65 or more were estimated to increase by 30%.

The latest figures¹¹ show that there were 19,100 (14.7%) people aged 65, in the workforce in Cornwall. This represents 7.2% of the workforce, down slightly on the figure of 7.5% a year earlier. Overall, since 2004, there has been a general upward trend in both numbers and share of the workforce of those aged 65 and over. In 2004

there were 6,600 which rose to 15,000 in 2011 when it dipped and recovered in late 2014, then rose to a peak of 20,000 in late 2016.

This is higher than the UK employment rate¹² of 10.2% of people over 65. Recent research by PWC¹³ finds that there are substantial financial benefits for everyone if there are more older people in the workplace. Iceland, which has topped PWC's Golden Age Index, comparing 34 countries' old age employment rates and earnings, since it started in 2003 with 54.4% of over 65s in employment. Sweden is ranked 4th with 21.9% and the UK 19th out of 34.

There would certainly seem to be potential for more older people to join the workplace if they wanted to. With skills shortages biting into the economy there does seem to be scope to reskill some of these older people. Employers need to be aware of the benefits and opportunities to employ more older people. We also need to ensure that older people are aware that our current employment laws protect their rights to continue working beyond retirement age.



SINGLE PERSONS HOUSEHOLD HOUSING EVIDENCE
 BASE BRIEFING NOTE 31 (BN31), CORNWALL
 COUNCIL [10]
 LABOUR MARKET ANALYSIS, CORNWALL COUNCIL,
 FEB 2018 [11]
 ONS DATA, EMPLOYMENT RATE OF 65+ , DEC 2017 -
 FEB 2018[12]
 GOLDEN AGE INDEX, PWC,2017[13]

APPENDIX 1: MAP OF CORNWALL SHOWING DISTRIBUTION OF PEOPLE AGED 65+

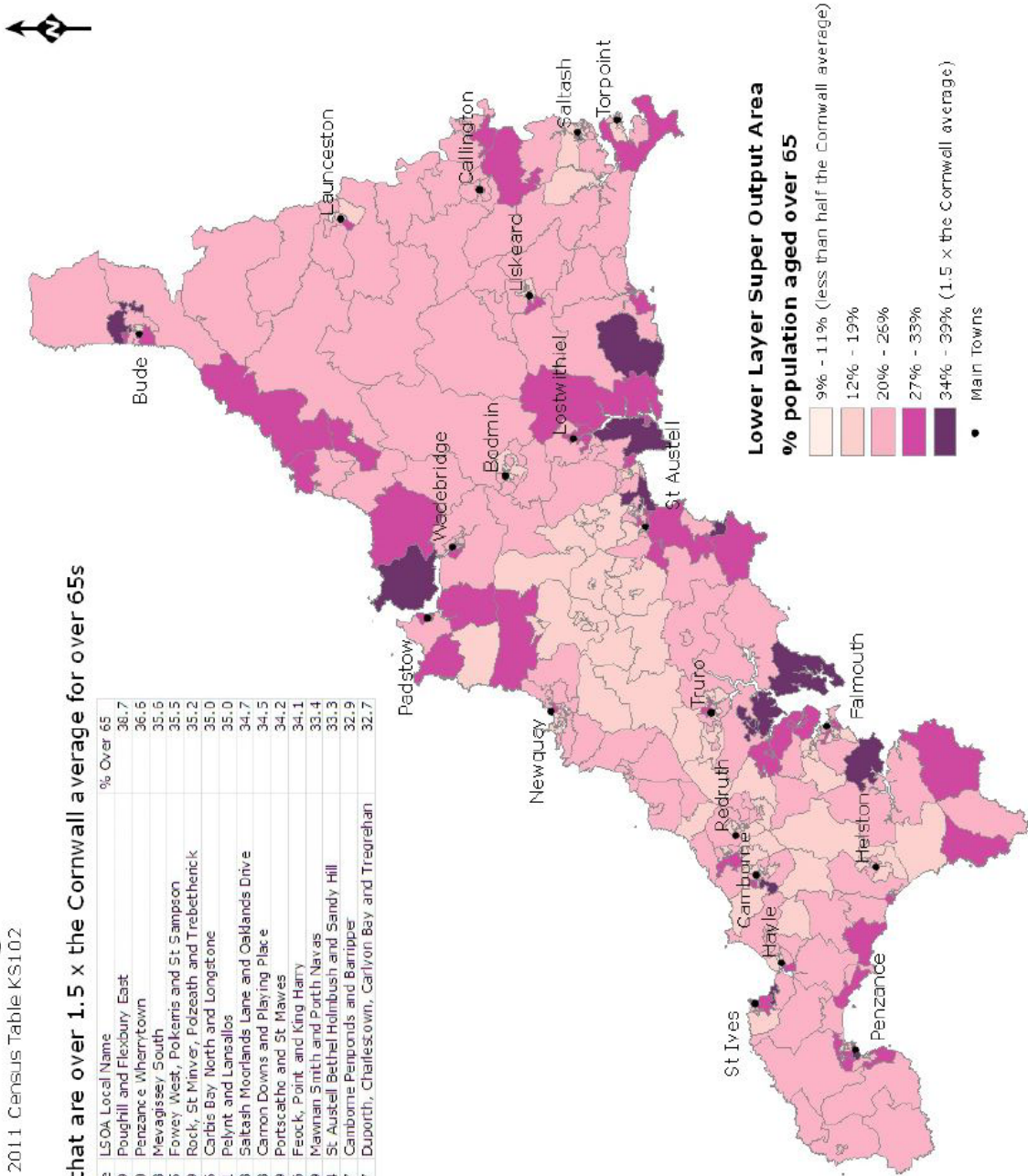
SOURCE: COPIED FROM CORNWALL COUNCIL HOUSING EVIDENCE BASE BRIEFING NOTE 27(BN27) [8]

Population Aged 65+

Source: 2011 Census Table KS102

Areas that are over 1.5 x the Cornwall average for over 65s

| LSOA Code | LSOA Local Name | % Over 65 |
|-----------|--|-----------|
| E01016959 | Poughill and Flexbury East | 36.7 |
| E01019000 | Penzance Wherrytown | 36.6 |
| E01019038 | Mevagissey South | 35.6 |
| E01019025 | Fowey West, Pokemis and St Sampson | 35.5 |
| E01032899 | Rock, St Minver, Fodezath and Trebetherick | 35.2 |
| E01016966 | Carbis Bay North and Longstone | 35.0 |
| E01016761 | Pelynt and Lansallos | 35.0 |
| E01016796 | Saltash Moorlands Lane and Oaklands Drive | 34.7 |
| E01016818 | Caron Downs and Playing Place | 34.5 |
| E01016849 | Portscatho and St Mawes | 34.2 |
| E01016816 | Fock, Point and King Harry | 34.1 |
| E01016879 | Mawnan Smith and Porth Navas | 33.4 |
| E01019044 | St Austell Bethel Holmbush and Sandy Hill | 33.3 |
| E01016877 | Camborne Penponds and Barripper | 32.9 |
| E01019017 | Duporth, Charlesown, Carlyon Bay and Tresrehan | 32.7 |



APPENDIX 2 : NUMBER AND % OF PEOPLE OVER 65 REPORTING DIFFICULTIES WITH SPECIFIC MOBILITY TASKS ¹⁵



| Age | Base number of people | | Getting out of doors and walking down the road | | Getting up and down the stairs | | Getting around the house (on the level) | | Getting to the toilet | |
|-------|-----------------------|--------|--|--------|--------------------------------|-------|---|------|-----------------------|------|
| | 2010 | 2030 | 2010 | 2030 | 2010 | 2030 | 2010 | 2030 | 2010 | 2030 |
| 65-69 | 33,900 | 43,700 | 6% | 6% | 5% | 5% | 1% | 1% | 1% | 1% |
| | | | 2,034 | 2,623 | 1,695 | 2,186 | 339 | 437 | 339 | 437 |
| 70-74 | 26,400 | 37,500 | 10% | 10% | 7% | 7% | 0% | 0% | 1% | 1% |
| | | | 2,640 | 3,754 | 1,848 | 2,628 | 0 | 0 | 264 | 375 |
| 75-79 | 21,400 | 32,000 | 14% | 14% | 10% | 10% | 2% | 2% | 1% | 1% |
| | | | 2,996 | 4,474 | 2,140 | 3,196 | 428 | 639 | 214 | 320 |
| 80-84 | 16,200 | 31,100 | 20% | 20% | 16% | 16% | 2% | 2% | 1% | 1% |
| | | | 3,240 | 6,219 | 2,592 | 4,975 | 324 | 622 | 162 | 311 |
| 85+ | 15,500 | 31,900 | 41% | 41% | 24% | 24% | 2% | 2% | 3% | 3% |
| | | | 6,355 | 13,096 | 3,720 | 7,666 | 310 | 639 | 465 | 958 |

CORNWALL COUNCIL HOUSING EVIDENCE BASE BRIEFING NOTE 27 (BN27).
 FIGURES BASED ON ONS CENSUS AND GENERAL HOUSEHOLD SURVEY 2001
 WITH 2030 FIGURES CALCULATED USING SAME PROPORTIONS AS 2010. [15]

AT A GLANCE SNAPSHOT OF OLDER PEOPLE IN CORNWALL AND IOS¹⁴

121,600 people over 65, 23% of the population

Over 75 population predicted to increase by 19,418 from 2011 to 2021

At 65, men and women can expect to live a further 19 and 21.3 years respectively, longer than the national average

A third of people over 65 are unable to manage at least one self-care activity

Cardiovascular disease, cancer and respiratory disease account for almost 3/4 of deaths annually, with significantly higher cardiovascular deaths than national average

HOMES

4000 people over 65 live in residential care homes

The residential care home population is ageing, 60% are aged 85 and over

80% of older people live in privately owner housing

11.4% of households in Cornwall, and 19.7% in the IOS live in fuel poverty, higher than regional and national averages

18% extra deaths in the winter months compared to summer months, Excess winter deaths account for 7% of all deaths in Cornwall and is the fifth highest cause of death

19,194 people over 65 provide some unpaid care for a family member or friend, 39% provide over 50 hours a week

HABITS

Could be up to 20,500 people over 60 who often or always feel lonely

18% over 65 report drinking alcohol on 5 or more days a week, more than any other age group

13% over 60 are smokers, lower than other age groups.

Older adults are the most sedentary with many older adults spending ten or more hours every day sitting or lying down

28% of patients admitted to hospitals and care homes are under nourished

45% of adults over 65 have a disability limiting their day to day activities. This rises to 84% of over 85's

HEALTH

The most common long term conditions are hypertension, diabetes, asthma and chronic kidney disease. Stroke, cancer, asthma, heart failure and dementia prevalence rates are in the top decile nationally.

1,081 people over 65 are registered blind or severely sight impaired, 1,196 are partially sighted

52,000 people over 65 have a moderate or severe hearing impairment and 1,400 are profoundly deaf

19,618 people suffer from neurological conditions, including epilepsy, Parkinson's disease, multiple sclerosis and motor neurone disease

In 2012/2013 there were 784 emergency admissions for fractured neck of femur in people over 65 , 565 (72%) were people over 85

After a fall involving a fracture an older person has a 50% probability of having seriously impaired mobility and 10% chance of dying within the year.

HEALTH AND SOCIAL CARE

22.4% of an average GP practice population is aged over 65, 10% are aged over 75 and 3% over 85

72% of patients treated by community nurses are aged over 75

Medicines error is one of the most common patient safety incidents and older people with multiple medications are particularly at risk

84% of people using social care services felt safe and secure and 77% felt in control of their lives

Very low rates of personal budget holders and self-directed care in Cornwall compared to national average

Gross expenditure on older adult clients per head of older population is £ 738, 23% lower than the median spend of its nearest statistical neighbours (£955)

52% of emergency admissions are people with some level of frailty, highest rates in North Kerrier GP locality

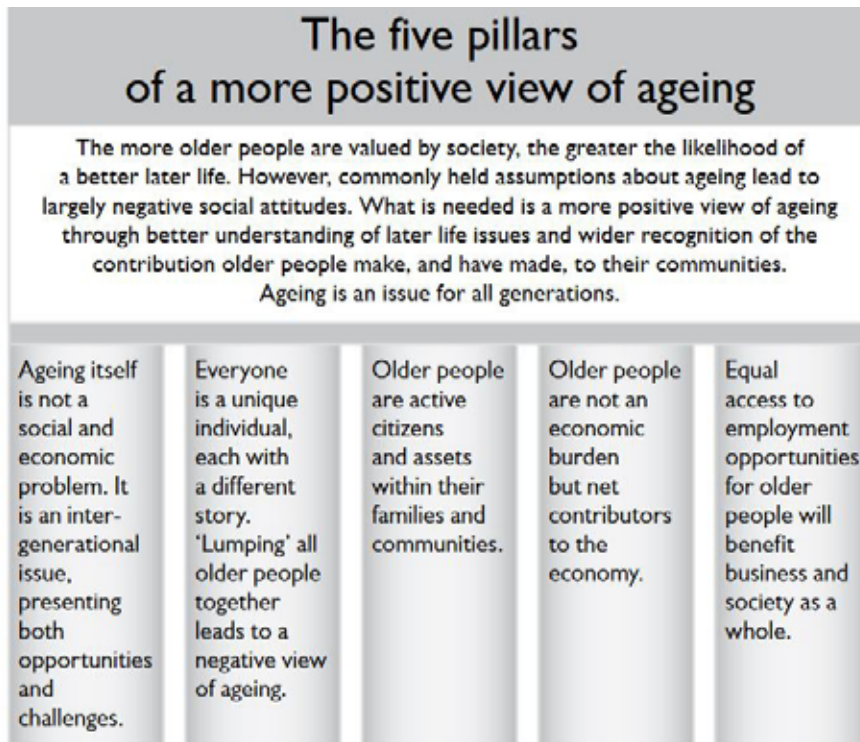
All admissions are significantly lower than national and regional averages at 54,702 admissions per 100,000 people aged over 65. However, there are higher than average admission rates for stroke, Parkinson's disease and higher rates of hip replacements and heart bypass

60-70% of all patients over 70 admitted to hospital have a co-morbidity, the two primary co-morbidities are dementia and heart failure.

In 2012/2013 5,000 patients over 65 were admitted twice or more

Average seasonal vaccine uptake in over 65's is 71.3%, uptake among carers is much lower at 50%

MODIFIED EXTRACT FROM CORNWALL COUNCIL REPORT - JOINT STRATEGIC NEEDS ASSESSMENT, FRAILITY IN OLDER PEOPLE, CORNWALL COUNCIL PUBLIC HEALTH, JULY 2015[14]



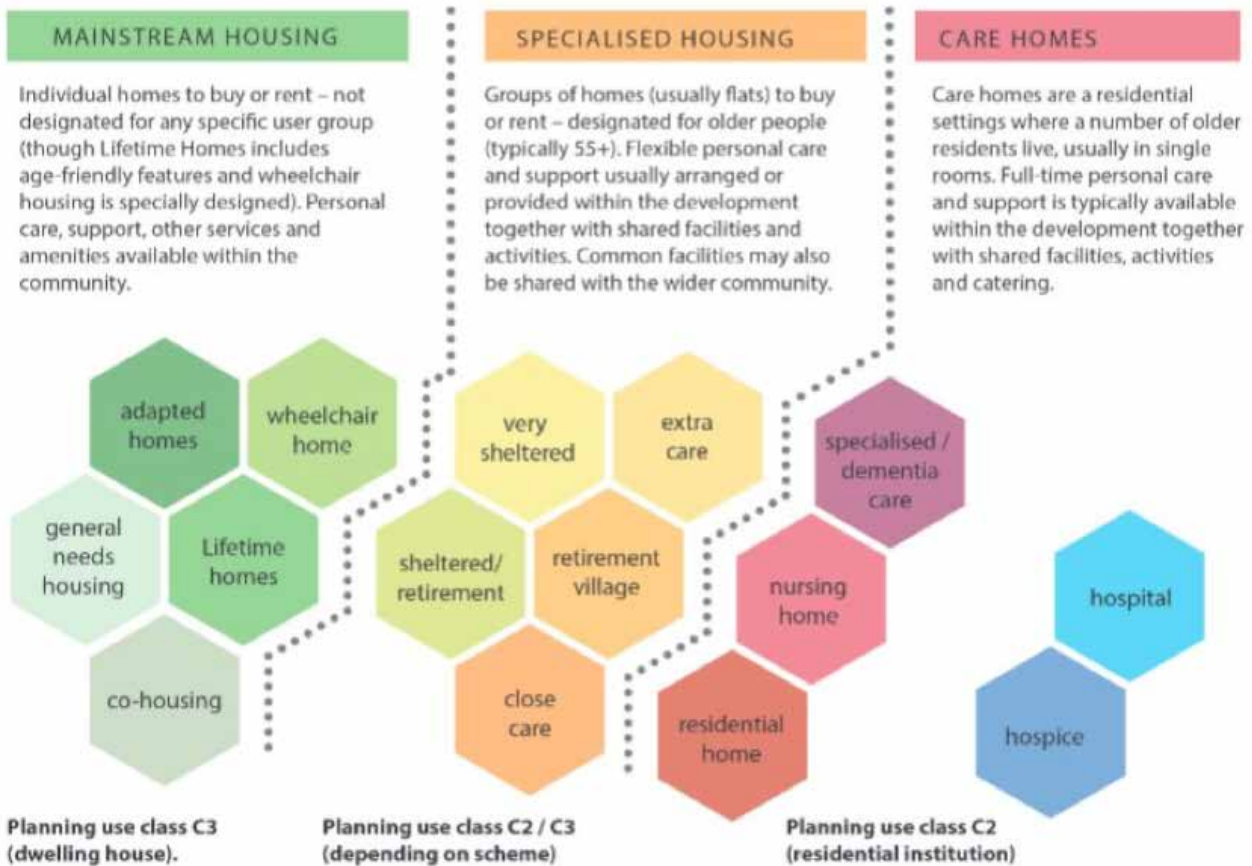
The diagram to the left is taken from a recent report⁷ by England Age Network and shows five pillars of a more positive view of ageing that we would recommend we take forward into all work we do with, and for, older people in Cornwall.

A NEW NARRATIVE ON AGEING, ENGLAND AGE NETWORK, 2018[7]

HOUSING SUPPLY

“ THERE IS A RECOGNITION THAT CORNWALL NEEDS TO BE DEVELOPING SPECIALIST HOUSING WITH CARE FOR OLDER PEOPLE TO BRIDGE THE FUTURE PROVISION GAP. ”

THERE ARE MANY TYPES OF SPECIALIST HOUSING FOR OLDER PEOPLE AS THIS SHOWN IN THIS DIAGRAM, TAKEN FROM THE DWELL PROJECT WORKING DOCUMENT.



DEVELOPING EXTRA CARE SCHEMES IN CORNWALL

There is a strong body of evidence to support the development of specialist housing in Cornwall offering older people both independence and meaningful support, but particularly the model referred to as Extra Care. Plans for some Extra Care units are now being progressed by Cornwall Council but more needs to be done and scheme design needs to achieve maximum potential for residents and the surrounding community. Understanding what already exists, what has already been proposed, and what could be redeveloped or improved within every community network area is a critical starting point.

The Extra Care Provision Gap in Cornwall is considerable as identified in this extract from Cornwall Council Community Based Support and Housing Commissioning Framework 2017-2025¹

“There are currently two Extra Care schemes commissioned by the Council for people over 55 years old with age related support needs (people under 55 with a disability will be considered) offering a total of 119 units of accommodation; 64 units of accommodation in Redruth , Miners Court run by Coastline Housing and 55 units in Liskeard at Passmore Edwards Court (pictured below), run by Aster.



It is estimated that approximately 3,530 units of housing with care for people with age related needs are required in Cornwall by 2025. This includes 2,936 units for sale and 594 units for rent. This should include access to self-contained accommodation, carer and support and links to the local community. The intention is to work with housing providers to better understand the needs of people living in sheltered housing units to consider the potential to develop housing with care (including Extra Care).”

A previous Council briefing note², published in 2015, stated that

“Cornwall’s position statement on extra care housing has three key messages,

- » Existing sheltered housing schemes need to be remodelled and, where appropriate, converted to extra care housing.
- » The relative number of residential care home placements needs to be reduced and the number of alternative options of accommodation with care and support needs to increase, including extra care.
- » A balanced extra care housing market needs to be developed that offers units for private rent, social rent and for sale.”

Understandably, projections will change over time but it is clear that there is a recognised need for a substantial number of specialist housing units for older people. Fortunately, Cornwall Council is currently working on plans to develop the first phase of Extra Care facilities in Cornwall of 750 units. The process has already begun to select strategic partners to work with the Council to develop units across the county. This is an encouraging start but much more needs to be done.

CORNWALL COUNCIL COMMUNITY BASED SUPPORT AND HOUSING
COMMISSIONING FRAMEWORK, 2017-2025[1]

CORNWALL LOCAL PLAN: HOUSING EVIDENCE BASE BN27: SPECIALIST

INSIGHTS FROM WILLOW DISCUSSION GROUPS ON THIS TOPIC

Contained within the Willow discussion groups was a guided discussion of the various types of specialist housing for older people. The purpose of this was to try to get a feel for how well informed older people in Cornwall are, and what their perceptions are of the various models.

While many of the participants seemed to be generally very well informed about many issues, the overall knowledge about specialist housing models was very poor. Only a small minority had heard of Extra Care, possibly because there are so few schemes in Cornwall. Some thought that, judging by its name, it was some kind of advanced care home; perhaps a home for people with very advanced or complex needs such as dementia. This does beg the question of whether Extra Care is an appropriate term to use for this model. Perhaps a name that reflects a way to live independently, but with care options available, within a supportive community would have more appeal.

It will not come as any surprise that our participants strongly expressed that they saw life in a residential care home as the very last option. A prospect, to be feared, in some cases, more than death. Any model that is

perceived to have any form of institutionalisation is unlikely to be attractive.

Everyone had heard of sheltered housing and the perception of this model was generally that it was neither attractive nor worthwhile. The general feeling expressed was that many of the schemes they were familiar with were old-fashioned and run-down. There was also negativity regarding the fact that cutbacks had, in most cases, seen live-in or full time managers or wardens being replaced by part-time 'floating' support staff. This suggests that it might be wise to also avoid the word 'sheltered' when referring to specialist schemes.

Once the concept was explained there were polar reactions.

" I THINK THAT SOUNDS GREAT - ESPECIALLY IF IT HAS SWIMMING POOL, ACTIVITIES AND FACILITIES. PROBABLY COULDN'T AFFORD IT THOUGH"

" I DROVE PAST ONE OF THESE 'VILLAGES' AND IT HAD A HUGE LOCKED GATE, IT WOULD BE LIKE LIVING IN PRISON"

This would suggest that it is not a foregone conclusion that people will welcome these schemes with open arms. The recommendation would be to ensure a high level of community engagement as soon as sites are identified.

The saving grace is that there is so little existing supply that places in properly planned schemes will be taken up. Also, we should not forget that specialist properties for older people have had their share of bad press because of unreasonable or misleading exit fees and problems experienced on losses made when reselling.

All of these issues suggest that we should be looking to promote the benefits of specialist housing using a single trusted voice via trusted community champions to create a positive buzz within communities that will spread county-wide.

The ECHO project³ found that people are only likely to go into Extra Care Housing (ECH) before they need care, thereby preventing or postponing their need for formal care, if they are aware of what ECH is, where it is and have had contact with a good ECH scheme.

They also need to have the capacity to make their own decisions and have the necessary funds. Barriers to entry included not having available funds until care needs are present and if the scheme will only take residents who already have care needs.

PRESENTATION OF ECHO PROJECT FINDINGS;
PROVISION OF SOCIAL CARE IN EXTRA CARE
HOUSING, 6TH SEPTEMBER 2017 [3]

TRENDS IN EXTRA CARE⁴

There are many different Extra Care models and schemes being built but there are some key trends that add value to the residents and the community in which they are situated.

COMMUNITY HUBS

Extra care schemes are increasingly becoming community hubs, providing health and social care, activities, fitness facilities, cafes, hairdressers and educational services to both residents and the local community. Some schemes open their facility for day care, which brings the community in and allows the residents to access the wider community. This ensures that the schemes bring benefits to as many people as possible.

JOINT COMMISSIONING OF HEALTH AND SOCIAL CARE

Extra care housing can also play a role in the joint commissioning of health and social care services. It has an increasingly common role as a transitional pathway giving intermediate care and rehabilitation to patients leaving acute care who are unable to look after themselves at home. This helps to overcome bed-blocking of hospital beds and builds patients' confidence which, in turn, results in fewer returns to acute care.

COMPONENTS IN LARGER SCHEMES

Several developments now have an extra care building within a larger campus that can include a care home for people with high-dependency needs and retirement dwellings for people who are more independent.

DENSITIES AND REGENERATION

With land and construction costs increasing, there is pressure for higher density developments that cater for a wide range of needs. Extra care schemes may also be used for regeneration as they can sometimes be used to meet the 'affordable housing' element in Section 106 agreements, with the additional advantage that those moving into them may release family-sized houses onto the market.

DIVERSITY

There are schemes, such as Riverside's three new schemes in Hull, that are opening their doors to anyone over 18 and not restricting to the elderly. This provides a more diverse community. While diversity is generally seen to have positive benefits sensitivities can arise. The ECHO project⁵ found that some residents in ECH schemes found it difficult to deal with dementia sufferers within their scheme. Tensions arose as more of the residents coming into the schemes had more complex care needs and this was, inevitably, changing the nature of the environment. Some residents had negative experiences such as a dementia sufferer coming into the wrong home by mistake or displaying aggressive or inappropriate behaviour. This is a real issue and can be partially alleviated by ensuring that all residents are given proper dementia awareness training so that they understand how they need to behave in the event of a problem.

MIXED TENURE

It is becoming increasingly important to offer a mixture of tenure options within a scheme. This does bring the challenges of managing mixed tenures but ownership, shared ownership, lifetime leases, private and social renting are all legitimate tenure options and offering a variety can help to ensure maximum take-up within a smaller community.

HOUSING LIN EXTRA CARE HOUSING COST MODEL

REPORT, APRIL 2015 [4]

PRESENTATION OF ECHO PROJECT FINDINGS; PROVISION OF SOCIAL CARE IN EXTRA CARE HOUSING, 6TH

SEPTEMBER 2017[5]

THE EVIDENCE IN FAVOUR OF SPECIALIST HOUSING FOR OLDER PEOPLE, INCLUDING EXTRA CARE - AT A GLANCE



Specialist housing can offer older people a host of advantages, including

- » Dedicated on-site support
- » Warm, secure and safe environment
- » Repairs and maintenance
- » Support for informal carers
- » Personal services, including cafes, hairdressers
- » Peace of mind for family that relative is being cared for
- » Opportunities for social contact, both within the scheme and out into the wider community
- » Opportunities for improving health and fitness
- » Educational services


As one would expect, different models appeal in different ways to different people and this needs to be borne in mind.

The recent Housing LIN report for Keepmoat Generation⁶ documents a substantial body of evidence supporting the development of specialist housing, some of which are mentioned here.

A study by Aston University in 2015⁷ found that The ExtraCare Charitable trust model can result in **significant savings and benefits** including :

- » Reduction of total NHS costs of 38% for NHS budgets over a 12 month period
- » Reduction of 51.5% after 12 months in NHS costs for 'frail' residents
- » Reduction of 46% in routine GP appointment in Year 1
- » Reduction in the duration of unplanned hospital stays , from an average of 8 - 14 days to 1-2 days
- » Reduction in depression
- » Cost of providing lower level social care was £1,222 less per person (17.8% less) per year than providing the same level of care in the community and the cost of higher level social care was £4,556 less (26% less) per person per year
- » 19% of Extra Care residents designated as 'pre-frail' at baseline had returned to a 'resilient' state 18 months later
- » Significant improvements with cognitive function, independence, health perceptions, depression and anxiety

DEMONSTRATING THE HEALTH AND SOCIAL COST-BENEFITS OF LIFESTYLE HOUSING FOR OLDER PEOPLE, HOUSING LIN FOR KEEPMOAT REGENERATION/ENGIE, OCT 2017 [6]
ASTON RESEARCH STUDY, EVALUATING THE BENEFITS OF THE EXTRACARE CHARITABLE TRUST MODEL OF EXTRA CARE, 2015 [7]



A Housing LIN case study by East Sussex County Council⁸ which looked at the business case for extra care housing concluded that its **cost was on average half the gross cost of the alternative placements**. The enabling design and accessible environment of extra care housing supported self-care and informal family care, and the on-site restaurant not only benefited residents' nutrition, but also acted as a social hub and springboard for social activities, saving £1m per scheme per annum.

People feel more positive when they live in a community. Research⁹ into people's experience of wellbeing and satisfaction with extra care housing found that relationships underpin positive outcomes for residents. The research was carried out at Strand Court, Ashley House, in N.E. Lincolnshire and used 'relational value' as the measure.

In an extra care housing scheme in the West Midlands, Nehemiah Housing Association found¹⁰ that the presence of an on-site scheme manager 5 days a week with a focus on wellbeing **improved self-reported resident satisfaction, reduced the number of emergency call outs and reduced the number of voids in the scheme.**

Reducing social isolation in later life and increasing mental stimulation by improving housing conditions, age-friendly environments,

services and communities improves health and has been found¹¹ to **delay the onset of cognitive decline by up to 1.75 years**

There is even evidence to suggest that living in a care village can **increase life expectancy by up to 5 years**. A case study of Whiteley Village found that this to be true for female residents aged between 65 and 69.

Research¹³ in a scheme in N.E. Lincolnshire found that people living in extra care housing **needed less formal care**, as measured by the size of their 'care packages' than a control group in the community. They **had fewer admissions into a care home and fewer deaths** than the control group. After moving in to the extra care scheme their **care package costs reduced and were 16% lower compared to the cost pre-admission**. The saving to adult social care in home care costs was £2,400 per person per year.

The savings referred to above may seem like small potatoes but when looked at on a population level the impact is tremendous. For example, one study¹⁴ estimates that if one couple for every 50 older homeowners moved into a new unit of specialist retirement housing for at least 10 years, this would yield savings in the long-term of between £675 million and £2.6 billion depending on the region, or £14.5 billion across the country.

THE BUSINESS CASE FOR EXTRA CARE HOUSING IN ADULT SOCIAL CARE: AN EVALUATION OF EXTRA CARE HOUSING SCHEMES IN EAST SUSSEX, HOUSING LIN CASE STUDY 78 (WEIS & TUCK), 2013 [8]

EVALUATING EXTRA CARE – VALUING WHAT REALLY MATTERS. HOUSING LIN CASE STUDY 129 (LACEY & MOODY) DECEMBER 2016 [9]

A FRESH OUTLOOK ON WELLBEING: DELIVERING PERSON-CENTRED CARE ACROSS THE WEST MIDLANDS HOUSING LIN CASE STUDY 128. (YATES) SEPT. 2016[10]

GROWING OLDER IN THE UK. A SERIES OF EXPERT AUTHORED BRIEFING PAPERS ON AGEING AND HEALTH. BMA. KUMAR ET AL. SEPTEMBER 2016[11]

DOES LIVING IN A RETIREMENT VILLAGE EXTEND LIFE EXPECTANCY? INTERNATIONAL LONGEVITY CENTRE UK (MAYHEW ET AL) 2017[12]

EVALUATING EXTRA CARE – VALUING WHAT REALLY MATTERS. HOUSING LIN CASE STUDY 129 (LACEY & MOODY) DEC. 2016[13]

VALUING RETIREMENT HOUSING. EXPLORING THE ECONOMIC EFFECTS OF SPECIALIST HOUSING FOR OLDER PEOPLE. STRATEGIC SOCIETY CENTRE (LLOYD) AUGUST 2016 [14]

OTHER RESEARCH¹⁵ HAS SHOWN THAT SPECIALIST HOUSING FOR OLDER PEOPLE HAS A NUMBER OF BENEFITS INCLUDING:

» **Quality of life:**

92% of residents are very happy and contented and 64% said their health had improved since moving. 83% of residents believe they can maintain their independence for longer.

» **Sustainable communities:**

this type of housing can re-introduce residential uses into central locations, and as older residents tend to use local shops and community facilities more often this can help to halt the decline we are experiencing within many of our town centres. Larger developments can also provide facilities that are of benefit to the wider community.

» **Reducing fuel poverty:**

residents usually receive lower energy bills than in their previous homes and are more likely to stay warm in colder weather. Cornwall has a worse fuel poverty issue than many other regions, with 15% in fuel poverty compared to 11% nationally.

» **Stimulating the housing market:**

increasing the stock of specialist housing could release more family homes in communities which has knock on effects for other types of homeowners.

» **Reducing or delaying the need for care:**

older people account for 55% of doctor appointments, 68% of out-patient appointments and 77% of in-patient bed stays so reducing the demand for acute health and care services benefits both the older person and local services. It is estimated that the state saves on average £28,100 per year for each year that a resident postpones moving into residential care. Health and social care provision is also more efficient if visits to several residents can be made in the same location.

» **Benefits to the economy:**

estimates demonstrate that an average scheme of 40 apartments provides investment of about £5 million into the local economy, about 50 people are employed in terms of construction and around 17 full and part time jobs are created.

It is important to stress that the benefits evaluated in these studies have related to certain specific models of Extra Care. Not all models are created equal and so benefits may well differ. However, there is certainly sufficient evidence for us to be confident that the Extra Care model has huge potential to positively transform the lives of older people who need care, and their carers.

GOOD DESIGN FOR EXTRA CARE SCHEMES

There is much debate about what constitutes good design for an Extra Care Scheme. The Housing LIN website contains a comprehensive library of resources including reports, research, case studies and even a series of videos on various subjects concerning Extra Care¹⁶ and is an obvious starting point for advice on developing superlative Extra Care developments.

However, although there are some universal positive design features it is critically important to ensure that sufficient research is done to ensure the right design is built in the right location at the right price. Engaging the existing local community in the planning process will also reap dividends.

The following design principles were first outlined in the Housing LIN Factsheet No.6 in 2008 and remain a solid starting point. These are

- » To provide a 'Home for Life' – as far as practically possible.
- » To create an enabling environment.
- » To be domestic in style.
- » To create a building to be proud of.
- » To enable staff to run and manage the building efficiently and to meet the care and support needs of residents.
- » To allow individuals to find privacy, comfort, support and companionship.
- » To create a resource for the local community.
- » To provide a mix of tenures and a range of care needs (to respond to market changes)
- » To achieve the required sustainable targets.
- » To provide for the various staff needs.

Designing Homes for Extra Care is a video in the Housing LIN ECH series of videos that looks at this issue and show cases some examples of good scheme designs.



HOUSING LIN SPOTLIGHT ON EXTRA CARE SERIES, 2017/2018 [16]

WE NEED TO DEVELOP PLANS THAT WILL SUPPORT THE GROWING NUMBER OF DEMENTIA SUFFERERS AND THEIR CARERS.

According to the Alzheimer's Society Research website, around 1.7% of Cornwall's population are currently living with dementia. This equates to just over 9000 people and this number will increase as the number of elderly people grows. It is now one of the most significant health issues and if Cornwall is to become an exemplar wellness in later life county we need to do more.

The Alzheimer's Society¹⁷ also estimates that around two thirds of the 800,000 people with dementia in the UK live in their own homes in the community, most in general needs housing that is not specialised for their needs. Around a third live alone, either with the support of a carer or with no support at all. Most people with dementia are cared for by one of the 670,000 family carers. Two thirds of care home residents have a form of dementia and up to a quarter

of hospital beds are occupied by someone with dementia and home care workers also provide care to people with dementia. Too often, lack of availability of support in the community has meant people with dementia are admitted to long term and acute care earlier than expected. It is also difficult for people with dementia to have access to accommodation between mainstream homes in the community and long term care in care homes, such as sheltered housing or Extra Care.

Awareness of the issues needs to be raised to increase understanding and tackle intolerance. We need to encourage employers and organisations to become dementia friendly to help overcome the stigma attached to the condition. More, and larger, collaborative events on National Dementia Carers' Day and Dementia Action Week and working with organisations like Dementia Friends, can raise awareness and help people living with dementia, and their carers, to overcome the stigma attached to dementia and feel part of a community that supports them.

We also need to invest more in trialling and raising awareness of the many assistive technologies that exist¹⁸ that can help people with dementia to stay independent and alleviate stress for carers. These technologies can help in many ways including:

- » Memory aids to help with daily living and medication,
- » GPS tracking devices or sensors to alert if someone has left the house
- » Special plugs or automatic shut off devices to prevent flood risk
- » Temperature sensors
- » Fall sensors and sensors that can identify potentially dangerous changes in behaviour
- » Automatic lights
- » Communicating with others
- » Mental stimulation
- » Easy to use equipment (e.g. music players, radios and smartphones)

“ WE CAN BE INSPIRED BY MANY INITIATIVES, BY PUBLIC, PRIVATE AND VOLUNTARY SECTORS, THAT ARE HELPING TO BUILD DEMENTIA-FRIENDLY COMMUNITIES AND HELP TO ADDRESS THE CHALLENGES FACED BY DEMENTIA SUFFERERS AND THEIR CARERS.

HOME TRUTHS: HOUSING SERVICES AND SUPPORT FOR PEOPLE WITH DEMENTIA, ALZHEIMER'S SOCIETY, JUNE 2012[17]
[HTTPS://WWW.ALZHEIMERS.ORG.UK/GET-SUPPORT/STAYING-INDEPENDENT/ASSISTIVE-TECHNOLOGY-AND-DEMENTIA](https://www.alzheimers.org.uk/get-support/staying-independent/assistive-technology-and-dementia) [18]

NETHERLANDS

SUPERMARKET TRAINS ITS STAFF

Albert Heijn, a supermarket chain in the Netherlands embarked on a project in 2015 in partnership with The Hague City Council and care provider, Royaal Zorg. Their staff received training from Alzheimer Nederland to help them to spot customers who may be experiencing problems because of dementia and alerting care volunteers as appropriate. It also helped to ensure that customers with dementia who may have forgotten to pay were not immediately accused of shoplifting. This initiative was launched as part of The Hague's Super Zorg project to improve the quality of care in the city.

INDONESIA

TECHNOLOGY HELPS TO CONNECT FAMILIES¹⁹

In 2015, the estimated number of people living with dementia in Indonesia was approximately 1.2 million. This number is expected to increase to 4 million by 2050. The economic cost of dementia for Indonesia is estimated to reach US\$ 2.2 billion per year by 2050. The Sahabat Dementia (Dementia Friends) programme in Indonesia consists of educational sessions about dementia for multi-disciplinary professionals, family care partners and communities.

An adapted version of the Sahabat Dementia sessions are also given to social workers, health care specialists, nurses, psychologists and general practitioners as part of the 'Purple Troops' programme. 'Purple troops' are a volunteer team formed of a variety of health and social professionals who serve as first responders in cases of missing people who may be living with dementia.

The Jakarta local government also supports this initiative through its app (Qlue) which can be used to report missing people. Trained social workers identify if a located person may be living with dementia, and take the individual to the nearest primary care centre. Once at the care centre, a health check and dementia screening is arranged. Meanwhile, the Purple Troops work with the Provincial Social Welfare Office to connect the lost person to their family, using Qlue.

CHINA

GIANT ONLINE RETAILER DEVELOPS CUSTOMISED APP FOR SENIORS

Taobao, the Alibaba-backed online retailer has launched an "elderly-friendly" version of its shopping app. There are currently 222 million people aged over 60 in China and, by 2020, that number is expected to hit 255 million - almost 20% of the country's population.

Taobao's customized app is designed to be easier for older shoppers to use and can link straight to their children's account who have the "pay-for-me" option if they are inclined to cover their parents' purchase costs. The customized app also displays a photo of their child on every page so users can easily share products or start a conversation via phone or text. It also has a larger, less crowded interface, and uses more shortcuts for navigation.

EXTRACT FROM BUILDING A DEMENTIA -FRIENDLY WORLD; SHOWCASING INNOVATIVE DEMENTIA-FRIENDLY PROGRAMMES, 2017 [19]

DUTCH GROUND - BREAKING DEMENTIA VILLAGE MODEL - HOGEWYK

EXTRACT FROM HOGEWYK WEBSITE

Dementia-friendly environments, such as the ground-breaking Hogeweyk dementia village in the Netherlands, need to be explored.

The Hogeweyk (part of Hogeweyk care centre. A weyk or wijk being a group of houses, similar to a village) is a specially designed village with 23 houses for 152 dementia-suffering seniors.

The elderly all need nursing home facilities and live in houses differentiated by lifestyle. Washing, cooking and so on is done every day in all of the houses. Daily groceries are done in the Hogeweyk supermarket. Hogeweyk offers its dementia-suffering inhabitants maximum privacy and autonomy. The village has streets, squares, gardens and a park where the residents can safely roam free. Just like any other village Hogeweyk offers a selection of facilities, like a restaurant, a bar and a theatre. These facilities can be used by Hogeweyk residents AND residents of the surrounding neighbourhoods. Everybody is welcome to come in!

Hogeweyk's view on care is founded in day to day life in society. In normal society living means having your own space to live and managing your own household. People live together with other people sharing the same ideas and values in life. This makes the place where one lives a home. Hogeweyk residents have already lived a life where they shaped their own life, where they made choices about their own household and standards. The fact that a resident cannot function "normally" in certain areas, being handicapped by dementia, does not mean that they no longer have a valid opinion on their day to day life and surroundings. The residents opinion on life, housing, values and standards determine their "lifestyle". There are 7 lifestyles defined in Hogeweyk: urban, artisan, Indonesian, homey, Goois (upper class), cultural and Christian. Every Hogeweyk home houses six to eight people with the same lifestyle. This lifestyle can be seen in the decor and layout of the house, the interaction in the group and with the members of staff, day to day activity and the way these activities are carried out. Every house manages its own household with a permanent staff. Another aspect of normal living is being able to move freely inside the house AND outside. A normal house in a normal village in a safe environment gives the residents of Hogeweyk this freedom in safety.

Only patients categorized as having "severe cases of dementia or Alzheimer's disease" are admitted to Hogeweyk.

Hogeweyk was designed by architects Molenaar&Bol&VanDillen and opened in December 2009. It was built on four acres of land. Construction cost €19.3 million and was funded primarily by the Dutch government (providing €17.8 million,) plus €1.5 million in funding and sponsorship from local organisations. The cost per resident is similar to more traditional nursing homes at around €5,000 per month.

WHAT THE HOGEWYK VILLAGE INCLUDES

GROUND FLOOR

- » - 16 living units approx. 320m²
- » - De Poort / The gate (entrance)
- » - The theatre
- » - The restaurant
- » - De Bonte Hof / The Lively Court (community centre)
- » - Public restroom
- » - Hogeweyk supermarket
- » - Grand Café
- » - Hardware store
- » - Snoezelruimte / Dozing room
- » - Mozart Hall
- » - Activity centre
- » - Physical therapy
- » - Hair salon
- » - Outpatient care unit

FIRST FLOOR

- » - 7 homes approx. 320 m²
- » - public restroom
- » - Large meeting room
- » - Small meeting room
- »



WE NEED TO DEVELOP FULLY SERVICED TRANSITIONAL 'PATHWAY' REABLEMENT FACILITIES

Delayed transfer of care is a serious issue in Cornwall and this is not helped by the inadequate supply of purpose built transitional pathway facilities. There is evidence to show that housing services can make a significant positive impact on improving how transitions from acute care are managed.

A need to develop properly serviced and managed pathway housing facilities was a key output at the Willow Changemakers' Day and is one of the recommended projects for collaborative action. These units could be developed as standalone units or as part of a larger community project or Extra Care facility.

Workshop output stressed the need for these units to be available within a reasonable distance from patients' homes to enable the family to be involved and to assist family and friends to visit.

The other imperative is for timely support to get home adaptations and technology installed so that returning home is properly planned simultaneously.

WHY CORNWALL NEEDS THESE FACILITIES

The National Audit Office (NAO) estimates that the NHS spends around £820 million a year treating older patients who no longer need to be in hospital²⁰. In 2014/2015 there were 1.6 million total delayed bed days in England - 62 % of those were patients over 65 .

Despite recent improvements in performances against targets, delayed transfer of care remains a challenge in Cornwall and could be alleviated with purpose built transitional pathway facilities. There is evidence to show that housing services can make a significant positive impact on improving how transitions from acute care are managed.

There are very few specialist pathway apartments in Cornwall. We are aware of four based in the two Extra Care developments in Liskeard and Redruth and 5 in an enhanced sheltered housing scheme in St Agnes, but no others.

Proposed positive outcomes

- » Fewer lost bed days in acute facilities and residential care with resulting savings
- » Decrease in physical deterioration caused by inactivity in hospital
- » Reduction in 'revolving door' scenario of readmissions due to inadequate post treatment rehab and support
- » People staying independent in their own homes for longer
- » Less stressful transition and increased confidence
- » Family members and carers better prepared and able to manage

NATIONAL AUDIT OFFICE 2016 - DISCHARGING
OLDER PATIENTS FROM HOSPITAL [20]

EVIDENCE OF HOW HOUSING SERVICES CAN HELP PROVIDE BETTER SOLUTIONS

There is a lot of evidence to show that housing services can make a significant impact in improving how transitions from acute care are managed. A recent National Housing Federation report²¹ detailed various case studies of different housing services that are proven to reduce discharge delays and help prevent unnecessary admissions to acute and residential care. One case study featured is One Housing Group's scheme in Kings Cross London. It has 10 step down units provided within an Extra Care scheme of 50 units. These offer time-limited (6 weeks) reablement in purpose built apartments where people can relearn skills and get support from occupational therapists, physiotherapists, social workers and support workers. Outcomes were measured over a 10 month period in 2014/2015 and were as follows:

- » 57% referrals from acute hospitals, 43% referrals from community
- » Patients stayed on average 41 days
- » Savings were made of between £400-£700 per person per week in excess bed days. Across the 10 apartments this equated to between £200,000 and £364,000 of savings per year to the NHS
- » There was a 30% reduction in the size of care package needed when they returned home, compared to those not using service, which delivers savings to the local authority
- » 95% who moved on avoided moving to residential care

Another case of early intervention reaping dividends is Leicester Care's Lightbulb project²²

The Lightbulb project brings together housing teams in each of Leicestershire's district councils with GPs and other health and care professionals. As well as supporting people to remain in their own homes, Lightbulb includes a "hospital housing enabler team" operating in acute and mental health hospitals across the county. This group identifies and resolves housing issues that are potential barriers to patients being discharged.

Evaluation of pilot schemes suggests that the Lightbulb project, being fully implemented across Leicestershire this year, will save £2m a year in health and care costs – for an annual investment of £1m. For social care, costs of supporting people have been reduced by an average of 23% over a two-month period where there has been an intervention by a Lightbulb team. Scaled up, this could save the county council £250,000 in adult social care spending alone.

In a report for the Housing Learning and Improvement Network, Alison Moran, performance manager at Blaby district council, says that of 18 sample cases where the individual had suffered falls, 17 had reported no further falls after intervention. "A reduction of one fall per year for these 17 people alone would result in a cost saving of £21,000 for the local health and care economy. All of these customers reported feeling safer and more confident around the home."

WE NEED TO PROVIDE GUIDANCE AND SUPPORT TO ENCOURAGE AND FACILITATE CO-HOUSING AND SELF BUILD

Community group initiatives and self-builds are very common in many countries but are very rare here in the UK. The public sector cannot be expected to meet all needs and there are those who may well be interested to take control of their own housing need. We are aware that there are people looking to initiate such group schemes but they appear to be coming up against significant barriers. It is worth noting that the co-housing scheme for older women (OWCH) featured below took almost two decades from idea to completion because of the complexity of the various processes.

Co-housing is not really a housing model that is exclusively intended as specialist housing for older people but it can be utilised in this way. Co-housing communities can be inter-generational, welcoming anyone of any age and any family structure, or specifically to cater for people who are older or who share values e.g. religious groups or eco friendly, self-sufficiency.

HOME FROM HOSPITAL - HOW HOUSING SERVICES ARE RELIEVING PRESSURE ON THE NHS [21]

REPORTED IN GUARDIAN ARTICLE BY PAUL DINSDALE, OCTOBER 2017 AND HOUSING LIN CASE STUDY 35, THE LIGHTBULB PROJECT; SWITCHED ON TO INTEGRATION IN LEICESTERSHIRE, JULY 2017[22]

Co-housing communities are intentional communities, created and run by their residents. Each household has a self-contained, private home in addition to shared community space. Residents come together to manage their community, share activities, and often regularly eat together. Managed well, co-housing can help to resolve the problems of social isolation many people experience today by creating and nurturing neighbourly support.

These communities can be set up in new build projects or by re-purposing existing buildings. They are typically 10 -40 households but can be smaller and larger than this. Schemes are designed to enable informal social contact. Residents manage their own community, looking after the maintenance and development of it, running the finances, tending the gardens, organising shared activities. The community is governed in a non hierarchical way, often using consensus decision making. All adult residents are encouraged to take part in decision making; some communities also require residents to undertake a set number of hours work for the community.

Clearly, this model would not suit everyone but offers significant benefits to those who are prepared to work together with others and be motivated to participate in the building and management.

EXTRACT FROM THE HOUSING LIN CASE STUDY

THE OLDER WOMEN'S COHOUSING COMMUNITY

(OWCH) - THE UK'S FIRST SENIOR WOMEN'S COHOUSING COMMUNITY - CASE STUDY FROM HOUSING LIN RESOURCES

When 'New Ground' Cohousing opened in High Barnet at the end of 2016 it was the UK's first ever senior cohousing community and mixed tenure. It provides 25 purpose built homes for 26 women aged from early 50's to late 80's in High Barnet, North London. It has received many well-deserved accolades and awards for its very pleasing, age-proofed architecture. The OWCH group had planned with Pollard Thomas Edwards, Architects (PTEA), for plenty of light, personal space and storage and for shared facilities for their community. In short, the building was designed for comfortable ageing and to enhance a sense of neighbourliness.

MORE THAN PHYSICAL DESIGN

AN EXTRACT FROM THE COHOUSING WEBSITE

Newly formed cohousing groups tend to become overly fixated on finding a site and delivering a building, while neglecting the parallel input into community-building. For cohousing to work, these two development streams need to keep in balance. There is not much point in striving for a lovely building only to move into it as a dysfunctional group.

Ask any member of OWCH what she values most about her new home and she would reply: 'I live in an active community where I know and can rely on all my neighbours'. To the many professionals who have visited 'New Ground' since it was completed in 2016, the group's message has been: 'The physical architecture is great, but it is the social architecture that makes this place stand out'. Visitors swiftly discern that group solidarity is well-developed in 'New Ground' and its communal facilities are well used. Whilst a casual observer might mistake the building and its shared facilities for an up-market sheltered housing complex, 'New Ground' is in fact an 'intentional community' based on shared commitments, and the women themselves are in charge of it. They have chosen to live as a self-managing group according to an agreed set of core values. But before anyone re-defines them as a commune, please note that each has her own self-contained flat and front door and that one of those core values is to maintain an acceptable balance between personal and communal space.



**VIDEO ABOUT THE
OLDER WOMEN'S CO-
HOUSING (OWCH)
PROJECT IN BARNET
(3 MINS 55 SECS)**

<https://youtu.be/p9llvsza8IE>

COHOUSING HAS BEEN ADOPTED INTERNATIONALLY

AN EXTRACT FROM THE COHOUSING WEBSITE

The first cohousing community was built in Denmark in 1972 for 27 families, close to Copenhagen. Since then cohousing has spread rapidly, and today 1 percent of the Danish population, about 50,000 people live in cohousing.

Sweden also has a long-standing cohousing tradition. The Swedish feminist movement played a key role to promote cohousing as a way to share common chores more equally between the genders. Today, the association Kollektivhus Nu ("Cohousing Now") is successful in promoting the idea across the country. In Sweden most of the Cohousing projects are state-owned, as they were developed as part of a large societal project of an active welfare state; recently built cohousing however is now also privately owned.

The Netherlands' first cohousing ("Centraal Wonen") was built in the mid-70s. Today there are more than 100 Centraal Wonen projects in the Netherlands. The Netherlands have created a particular type of cohousing model, which is based on the organisation of large cohousing communities into clusters of 5 to 10 units. Each of these clusters has its own common facilities and the right to choose its new members, however, there is one large commonly shared building for parties, meetings etc. Around half the cohousing projects in the Netherlands are large scale. There are some 300 senior cohousing communities ("Groepswonen van Ouderen") in the Netherlands.

In Germany the opportunity of the 'baugruppen' model for groups to access land has led to significant growth in Cohousing; there are more than 150 Cohousing projects in Berlin's region alone.

Cohousing is now growing in the rest of Europe, namely France, Spain, Belgium, and Italy. In Italy two types of cohousing organisations have emerged Cohousing Venture, a private cohousing consultancy firm, and CoHabitando and CoAbitare, both non-profit companies.

The Danish term bofællesskab (living community) was introduced to North America as Cohousing by two American architects, Kathryn McCamant and Charles Durrett. Since the first cohousing community was completed in the United States, Muir Commons in Davis, California, now celebrating 25 years, more than 160 communities have been established in 25 states, with more than 125 in development.

Cohousing is also gaining popularity across Canada, Australia, New Zealand and Japan.

OLDER PEOPLE'S WANTS AND NEEDS

ANY OLD "OLD-PEOPLE'S FLAT" WILL NOT DO AND ONE SIZE WILL NOT FIT ALL. HOUSING FOR OLDER PEOPLE HAS TO BE PRACTICAL AND FUTURE-PROOFED BUT ALSO VARIED, EXCITING AND ATTRACTIVE.

If anyone was thinking that any old place will do to put your old people conveniently out of the way they have another serious think coming. Older people are no different to younger people in that they want a nice place to live, and why shouldn't they? The factors that affect their perceptions and preferences are as varied as any other age group would be and the drivers and influencers are often powerful emotional ones. It is not just about what is practical. And the 'younger-older' people, in their 60's, are likely to have expectations and demands much higher than those of their parents. We risk peril, and miss a huge opportunity, if we build convenient little boxes to 'deal with the elderly problem' using outdated elderly stereotypes that have never served us well. We need to be building innovative and engaging homes in vibrant supportive communities aimed at a heterogeneous and discerning market.

This extends to the design of components within homes, such as bathrooms and kitchens. A fully functional bathroom with adaptations does not have to look like a hospital facility. They can still be designed to look stylish and manufacturers are beginning to appreciate the potential of this market and are offering a combination of style and easy access.

We need to be innovative but be focussed on what older people want and accept that one size will certainly NOT fit all. We need a range of attractive options in the right places and at the right price so we need to offer different tenures to ensure maximum appeal and take-up. Failure to research this properly and build homes that older people will choose to live in will only exacerbate Cornwall's housing shortage issues for people of all ages.

Whatever the pros and cons of downsizing, staying put is often seen as the easy option. The emotional drivers combined with the significant costs and hassle of moving provide a robust justification for many who do not move. There are both push and pull factors in play and it is to be recommended that people make the move while it is still a lifestyle choice and not a decision driven by a crisis, as is often the case when left until later in life.

In 2011, the National Housing Federation's (NHF) report, Breaking the Mould, asserted that the shift towards localism and an ageing population presents an opportunity for significant innovation in meeting the housing needs of older people. The report, partly based on focus groups and polling carried out with older people, outlines nine key themes that older people reported they wanted from their housing

- » Accessible
- » Spacious and attractive
- » Safe and secure
- » In an age-friendly environment
- » Offers freedom, choice and flexibility
- » Has help at hand
- » Provides flexible, personalised support
- » Lets you socialise and feel included
- » Allows you to make decisions

WILLOW DISCUSSION GROUP INSIGHTS ON THIS TOPIC

In the Willow discussion groups there was an overwhelming sense that these older people are just like anyone else. They want to live in an attractive home that suits their needs and aspirations. Important to bear in mind is that their housing choices may be less influenced by need than younger households and more by emotional drivers.

Reflection of social status was a key issue. The majority are no longer working fulltime and so their home has become an even more important symbol of their success, their achievements and position in the world and affects their self-esteem. In effect, many see their home as an expression of their own identity. For some, they will also be the first generation in their family that have an estate of any value to pass to their children.

Many are living in long term homes that hold many memories, of children and family. They are, for many, a tangible remainder of life lived and love shared.

Feelings ran very high about the issue of 'house-blocking' and 'under-occupancy'. There were many comments along the lines of :

" Well if I want to live in a four bedroom house that I have worked hard to buy, I d..n well will and nobody is going to tell me I can't"

"Why should I live in a poky one-bedroom flat just because I am older. I love my house. It makes me happy"

" I would rather die than have to live in a flat like the council flat I grew up in"

And they were not at all complimentary either about the accommodation on the market for older people - some of it they considered very expensive for what it was.

One lady (aged 72) had been looking for a new home for 7 months and was very unimpressed with what is on offer. She recounted a story that she viewed a new build 'age restricted' development and was in the 2nd bedroom with the sales person. She pointed out that all of the walls were compromised in some way - windows, doors etc and there was nowhere to put a wardrobe. " Oh, we didn't think old people would have many clothes" was the reply. She replied that she currently lives in a 3 bedroom home with wardrobes in all rooms and they are all stuffed with clothes.

Another lady said that the kitchen she saw had base unit cupboards. " I can't bend down safely anymore and haven't seen the back of my bottom cupboards for years. Why don't they put drawers instead? It's supposed to be for old people and they don't bother to find out what we need. ""

Another lady , who is just under 5 feet tall commented that nearly everything - switches, fuse box, cupboards were all out of her reach with no mechanisms to help her. " If they want my money they are going to have to do a lot better than they are now" was her comment.

When asked what they look for when they are considering somewhere to live there were many different priorities, but having some kind of manageable outside space was important to many of them.

Being on one level was seen as a good idea but bungalows seemed to be much more appealing than flats but in short supply. Flats seem to be thought of as places of last resort.

Storage is very important. "You might call it clutter, but it is all of my memories. I want to have it with me"

Access to shops, services and transport were all considered very important with a dichotomy of opinion regarding a preference to rural v urban living. Many people who live in rural or remote areas do understand that this does affect how connected they are with others, although some said that small villages often have better informal support networks.

" I suppose it's what you are used to and how much money you've got. I can't think of anything worse than being stuck miles from anywhere down a country lane" (Lady aged 67 lives in centre of St Ives)

There was general agreement that living as a couple or single is a really major difference and a concern for many living in a couple household at the moment. Feeling confident, safe and secure when alone was a worry for some.

" I don't know what I will do if John (spouse) goes before I do. I don't drive and so I think I would have to move or I would be very isolated"

There was a clear element of denial at play in some cases. Some will admit that they should be addressing the issue of their last home but just don't get round to it. A minority seem to have already selected their home considering the practicalities, like this lady:

" When I bought my house I didn't want to move again so I made sure it had a straight staircase so I could put in a stair lift easily if I had to. And I have a flat walk into town for shops. That sort of thing "

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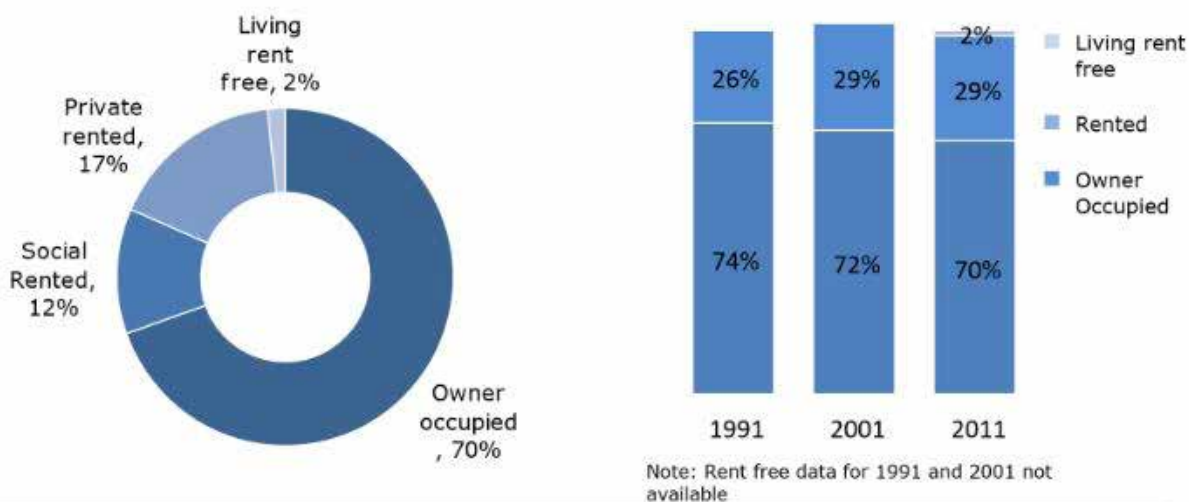
**I WOULD RATHER DIE
THAN HAVE TO LIVE
IN A FLAT LIKE THE
COUNCIL FLAT I
GREW UP IN”**

WE NEED TO UNDERSTAND MORE ABOUT THE NEEDS AND PREFERENCES, AVAILABLE RESOURCES AND CURRENT SITUATIONS OF OLDER PEOPLE, AND THEIR COMMUNITIES, IN CORNWALL.

We already know that one size will not fit all when we are developing housing for older people. And, as any business manager knows, it is folly to develop products without first researching the market. There is very little data available in Cornwall to guide us with regard to the most attractive housing models, tenure types and services needed to maximise take-up and successful outcomes for housing for the elderly.

More research and education needs to be done to ensure a comprehensive choice of tenures, including lifetime leases and shared ownership, is available to older consumers. If we don't listen and engage in order to truly understand what is needed, community by community, we risk wasting significant resources and building white elephants while still failing to meet needs.

Building the right product at the right price is critical and we need to know more about the financial situations of older people. We know that the majority, around 72%, of over 65s in Cornwall own their homes outright but we know nothing really about what their preferences might be regarding the tenure choice they would make should they move house. This level of home ownership is consistent with the national picture as we see that in 2014-15¹, three quarters (76%) of older households were owner occupiers compared with about half (53%) of younger households. Some 62% of older households owned outright compared to 9% of younger households. Older households refer to households where the oldest person is over 55, younger households refer to households where the oldest person is aged 55 and under.



The tenure breakdown on the left is from the 2011 Census, and is expressed as the tenure that individual households occupied as of March 2011.

We cannot assume that people who are currently home owners will want to tie up all, or any, of the equity in their existing property in another property. Many properties may be of relatively low value and there are always other calls on available funds, especially when there is a low household income. The other uses for equity are demonstrated by a report, called Silver Spenders, of recent research done by Legal and General on the equity release market. They asked people who had released equity, or were planning to do so, their reasons for releasing equity. 36% wanted to use the money for refurbishments and renovations to their home, 19% to cover their daily living expenses, 17% for a holiday, 15% to pay off personal debt and 13% to pay off mortgage debt, 15% wanted to help a family member with a deposit for a home, 14% to cover medical expenses, 13% to buy a new car or motorbike and 7% to invest in other assets. We can see from this list that older people may have many other things to do with the equity they have accumulated in their home.

On the other hand, some home owners may feel wary about the loss of control and certainty when taking on a lease compared to owning and outright freehold. In order to be sure of offering the right property at the right price, on the right terms we need to do a lot more listening.

'DOWNSIZING' TO 'RIGHTSIZING'

The term downsizing has long been understood to mean older people selling large family homes and moving into smaller accommodation. As we learned from our discussion groups, there is some resistance among older people to the premise that older people are 'house-blocking'. This term is seen to imply wrong doing and that living in a house larger than they are supposed to live in is in some way anti-social and denies young families the right to live in them. This situation is, of course, largely the result of chronic shortage of housing of all kinds in the UK.

However, in the last few years we are seeing the term 'rightsizing' emerging to describe the trend of older people moving in retirement. The implication here being that older people are moving to a property that is right for their needs.

The term 'last time buyers' is another new label used to describe people moving in retirement, but it needs to be used with caution. The whole issue of retirement is changing and our preconceptions of when, or even if, people choose to give up work needs to change. The ageing of our population requires a paradigm shift in the way we look at our later years and how we plan housing also needs to be enlightened to reflect a less structured older life path for many.

In the box below are some of the key findings from The English Housing Survey - Housing for Older People Report - 2014 -15 and it is clear that we need to challenge any assumptions we might have about a trend of older people moving to smaller homes. The picture these findings give us is one of older people choosing to live in large, detached homes. Indeed, people are more satisfied with their home if it is 'too large' for their needs. 'Downsizing' does not appear to be a major driver as only 15% of those who had moved in the last three years did so to move to a smaller home. And while there are certainly many older people in the country living in poverty with very low incomes we need to see that this picture is not universal and there are many older people who have sufficient financial means to make choices.

THE ENGLISH HOUSING SURVEY - HOUSING FOR OLDER PEOPLE
REPORT 2014 -15 [1]

OLDER HOUSEHOLDS WERE FAR MORE LIKELY TO LIVE IN DETACHED HOMES AND BUNGALOWS COMPARED WITH YOUNGER HOUSEHOLDS, AND FAR LESS LIKELY TO LIVE IN TERRACED HOMES OR FLATS.

Over a third (38%) of older households lived in detached homes or bungalows compared to 16% of younger households. About a quarter (23%) of older households lived in terraced houses and 15% in flats compared to 34% and 24% of younger households. The proportions who lived in semi-detached houses did not vary by age.

COMPARED TO YOUNGER HOUSEHOLDS, OLDER HOUSEHOLDS WERE LESS LIKELY TO HAVE MOVED WITHIN THE LAST THREE YEARS.

Only 9% of older households had moved in the past three years compared to 36% of younger households. Older households who did move were more likely to have moved due to family or personal reasons or because they wanted a smaller home. They were also more likely to have moved to a home more than 10 miles away. About a quarter (27%) of older households who had moved in the past three years did so for personal or family reasons and 15% moved because they wanted a smaller home. This compares to 17% and 2% respectively for younger households. Over a third (36%) of older households who had moved in the past three years moved to a home more than 10 miles away compared to 26% of younger households.

THE PROPORTION OF OLDER HOUSEHOLDS LIVING IN FLATS HAS FALLEN WHILE THE PROPORTION LIVING IN DETACHED HOMES HAS INCREASED.

In 2014, 15% of older households lived in flats, down from 20% in 1996. The proportion living in detached homes was 22%, up from 14% in 1996.

THE OLDER THE HOUSEHOLD, THE MORE LIKELY IT WAS TO BE A LONE HOUSEHOLD.

Over a third (38%) of older households were lone households compared to 19% of younger households. Nearly half (47%) of those aged 75-84 and 61% of those aged 85 or older were lone households.

DUE TO THE LARGE PROPORTION WHO OWN OUTRIGHT, OLDER HOUSEHOLDS TENDED TO HAVE HIGHER INCOME AFTER HOUSING COSTS AND HIGHER PROPERTY EQUITY COMPARED WITH YOUNGER HOUSEHOLDS.

Older households had a median income of £22,300 compared with £19,000 for younger households. Among older households, the older the household the lower the median income. Those households where the oldest person was aged 55-64 had the highest median income (£24,100) and those aged 85 and over had the lowest median income (£19,600). Older households had median equity of £220,000 compared to £127,000 in younger households. Households where the oldest person was aged 65-74 had the highest median equity (£230,000).

IN 2014, OLDER HOUSEHOLDS LIVED IN LARGER HOMES THAN YOUNGER HOUSEHOLDS. THIS WAS NOT THE CASE IN 1996.

In 2014, average internal floor area was 95m² in the homes of older households compared to 86m² for younger households. In 1996, however, average floor area was similar for older and younger households at around 85m². Average floor area remained fairly constant for younger households over the 1996 to 2014 period, but increased from 84m² to 95m² for older households. These findings likely reflect changes in the types of homes occupied by the different age groups over time including the higher proportion of older households living in detached homes.

OLDER HOUSEHOLDS HAD A HIGH LEVEL OF SATISFACTION WITH THEIR ACCOMMODATION; SATISFACTION WAS EVEN HIGHER AMONG HOUSEHOLDS THAT WERE UNDER-OCCUPYING THEIR HOME.

Most (94%) older households were satisfied with their accommodation compared to 86% of younger households. The majority (97%) of older households who under-occupied were satisfied with their accommodation compared to 88% of those whose accommodation was at standard (i.e. had the right number of bedrooms for the occupants of the house).

ALL GROWN UP AND NOWHERE TO GO?

According to recent research from financial services group Legal and General and economics consultancy CEBR, there are now 3.1 million homes owned by Britons over 55. Of these, the number who have considered downsizing has risen from 32 per cent to 39 per cent in the last three years.

But for many of these older homeowners, downsizing has proved too difficult. Of all last time buyers (here the term refers to people aged over 55) who have considered downsizing in the last five years, nearly half said they didn't move because there were no suitable properties available.

The research also revealed that the share of last time buyers who have not been able to downsize due to a lack of suitable properties has nearly doubled from 25 per cent in 2015 to 49 per cent today.

This presents an enormous opportunity for Cornwall to get it right and develop homes that will be both attractive and practical. This can only be done by actively seeking out the answers to what people are looking for and applying innovative thinking to housing solutions of all kinds.



*Older households are households where the eldest person is over 55. Younger households are households where all are 55 and under.

'STAYING PUT'

WE ACKNOWLEDGE THAT THE MAJORITY OF OLDER PEOPLE ARE GOING TO 'STAY PUT' IN MAINSTREAM HOUSING AND DO WHAT IS CALLED AGEING IN PLACE. THIS MAY BE A POSITIVE CHOICE OR IT CAN BE THE RESULT OF HAVING NO OTHER VIABLE OPTIONS. IF THE LATTER IS THE CASE WE NEED TO DEVELOP ADVICE AND ADVOCACY SERVICES THAT CAN TAKE THE PAIN OUT OF THE MOVING PROCESS.

There are private relocation services available that specialise in helping older people to move and there is even a membership organisation called the Senior Moves Partnership. It is important to ensure that services can be trusted and are affordable.

WHATEVER THE REASON, WE HAVE TO MAKE SURE THAT THOSE 'STAYING PUT' ARE PROPERLY SUPPORTED. IF THE GOAL IS TO KEEP PEOPLE LIVING HAPPILY AND INDEPENDENTLY FOR AS LONG AS POSSIBLE THERE IS A GREAT DEAL THAT NEEDS TO BE DONE. IN SOME WAYS IT IS FAR MORE CHALLENGING TO MEET THESE NEEDS THAN BUILD NEW SPECIALIST HOMES, ESPECIALLY IN A LARGELY RURAL ENVIRONMENT LIKE CORNWALL.

Cornwall has a higher than national average fuel poverty with 15% of its dwelling leading to fuel poverty¹ compared to 11% nationally. There are 92,380 non-decent private sector dwellings across Cornwall. Much of Cornwall's housing stock is relatively old, 35% of dwellings have solid walls, making them difficult to insulate and heat and 45% of properties do not have access to a main gas supply.

Across the South West there were 3,200 excess winter deaths² (EWD) from December

2016 to March 2017, 17.8 % higher than the rest of the year. Cornwall's 243 excess deaths were only 12.4 % higher than the rest of the year compared to the 20.9% figure across England and Wales.

WE NEED TO ENSURE THAT EVERYONE, INCLUDING PEOPLE WHO ARE SELF-FUNDING, HAVE ACCESS TO ADVICE, INFORMATION AND SUPPORT CONCERNING HOUSING ISSUES THEY MAY BE FACING E.G. HOME ADAPTATIONS, HOME MAINTENANCE AND UPKEEP, DECIDING WHETHER TO MOVE AND SUPPORT FOR MOVING WHERE NECESSARY. THERE IS CERTAINLY SCOPE FOR ONLINE HELP BUT SUPPLEMENTED BY PHYSICAL PREMISES OF SOME KIND SO THAT PEOPLE CAN SEE MODEL SHOW ROOMS AND SPEAK FACE TO FACE WITH AN ADVISOR. THESE INDEPENDENT LIVING HUBS (ILH),

if properly equipped and managed, can provide the necessary support and advice to ensure that people are living in the best home for them and that their homes are fit for purpose.

There are many non-decent dwellings in Cornwall including a higher than national average proportion of dwellings in fuel poverty. More needs to be done to ensure that older people have access to trustworthy and affordable contractors and handyman services. Again, the home solutions team can provide information about this but capacity and awareness of this capability needs to be raised.

There is a real opportunity for public, private, and voluntary sectors to collaborate to establish exemplar sites and services.

It is important to ensure that those not eligible for local authority funding are also helped and enabled to make their homes safe, comfortable and fit for purpose.

SEE WORKSTREAM 8 IN RECOMMENDED PROJECTS SECTION.

THE TIMELY PROVISION OF PREVENTATIVE HOME ADAPTATIONS CAN REAP SIGNIFICANT REWARDS

There is overwhelming evidence to support that timely, preventative home adaptations lead to reduction in falls and other conditions requiring medical treatment and social care services. However, there is also evidence to suggest that people put off installing adaptations for a number of reasons and these delays can be costly. The process can also be complex and drawn out which presents another barrier. Cornwall Home Solutions Agency (CHS) reports⁴ that there is evidence to suggest that people who fail the means test for eligibility for local authority funding assistance do not go ahead with the adaptations they need.

This extract from the 2017 Centre for Ageing Better report - Room to Improve, shows us that relatively small investments can result in big savings.

" Research shows that low-cost home modifications can lead to a 26% reduction in falls that need medical treatment and savings of £500 million each year to the NHS and social care services in the UK. Adapting homes could also offset the need for residential care for many. The average Disabled Facilities Grant (used to adapt homes) is £7,000 (one-off payment) compared to the average residential care cost per person of £29,000 per year (Foundations et al, 2015). "

With older people spending more time in their homes than other age-groups it is crucial that their home environment is safe, comfortable, accessible and easily usable.

In 2015 the Building Research Establishment (BRE) reported⁵ that poor housing costs the NHS an estimated £1.4 billion. A subsequent briefing paper on homes and ageing⁶, looked at households aged 55 years or more and estimated that the cost to the NHS, in first year treatment costs, of the poorest housing among older households is £624m. The total cost of remedial work was estimated at £4.3 billion, a huge sum, but one which would pay for itself in around seven years.

The most common Category 1 hazards found in homes of older people were excess cold (690,000) and falls on stairs (467,000), which together accounted for around 80% of these hazards. Undertaking all the work to reduce the risks of excess cold is the most expensive, almost £3 billion, and comprises 70% of the total repair costs to address all of the poorest housing. Nonetheless, mitigating the risks of excess cold would also result in the highest NHS savings of £440 million, around 70% of the total estimated savings, and the work would pay for itself in around seven years.

DEFINITION OF HOME ADAPTATION³

Home adaptations encompass both minor and major adaptations. Minor adaptations are the most common adaptations and cost under £1,000. They include: hand rails, grab rails, ramps, steps, lighting improvements, lever taps, heating controls, key safes and door/window/curtain opening/closing equipment.

Major adaptations cost £1,000-£10,000, and include: bathroom adaptations, provision of level access showers and wet rooms, toilet installation/replacement, door widening, alterations to room layouts, kitchen adaptations and stair lifts.

HOUSING SERVICE PLAN, 2017/18, CORNWALL COUNCIL [1]

ONS, EXCESS WINTER MORTALITY STATISTICS, 2016-17 [2]

TAKEN FROM HOMES THAT HELP; A PERSONAL AND PROFESSIONAL PERSPECTIVE ON HOME ADAPTATIONS, CENTRE FOR AGEING BETTER, JULY 2018 [3]

A COLLABORATIVE & INNOVATIVE HOME IMPROVEMENT AGENCY- DELIVERING HOUSING SOLUTIONS FOR PEOPLE OVER 60 AND PEOPLE OF ALL AGES WITH A DISABILITY, 2016-2019, CORNWALL HOME SOLUTIONS AGENCY [4]

THE COST OF POOR HOUSING TO THE NHS BRIEFING PAPER, NICOL, ROYS AND GARRETT, BUILDING RESEARCH ESTABLISHMENT, 2015 [5]

HOMES AND AGEING IN ENGLAND, BRIEFING PAPER, GARRETT AND BURRIS, BRE [6]

FACTS ABOUT FALLS⁷

FACTS ABOUT FALLS, PUBLIC HEALTH ENGLAND WEBSITE, AUGUST 2018 [7]

Falls and fractures are a common and serious health issue faced by older people in England. People aged 65 and older have the highest risk of falling; around a third of people aged 65 and over, and around half of people aged 80 and over, fall at least once a year. The human cost can include distress, pain, injury, loss of confidence, loss of independence and mortality. For health services, they are both high volume and costly.

In terms of annual activity and cost:

- » **The Public Health Outcomes Framework (PHOF) reported that in 2013 to 2014 there were around 255,000 emergency hospital admissions related to falls among patients aged 65 and over, with around 173,000 (68%) of these patients aged 80 and over**
- » **Falls were the ninth highest cause of disability-adjusted life years (DALYs) in England in 2013 and the leading cause of injury**
- » **Unaddressed fall hazards in the home are estimated to cost the NHS in England £435 million**
- » **The total cost of fragility fractures to the UK has been estimated at £4.4 billion which includes £1.1 billion for social care; hip fractures account for around £2 billion of this sum**
- » **Short and long-term outlooks for patients are generally poor following a hip fracture, with an increased one-year mortality of between 18% and 33% and negative effects on daily living activities such as shopping and walking.**
- » **A review of long-term disability found that around 20% of hip fracture patients entered long-term care in the first year after fracture**
- » **Falls in hospitals are the most commonly reported patient safety incident with more than 240,000 reported in acute hospitals and mental health trusts in England and Wales**

THE NEED FOR IMPROVED LOCALLY BASED ADVICE AND ADVOCACY SERVICES

There is also evidence to suggest that accessible, holistic and locally-based advice, information and support to older people on housing and related issues can produce significant returns on investment. The Council's Home Solutions Team already provides advice so expanding and raising awareness of what they do should not take long to implement and is relatively low cost to establish, making it a quick win. In addition to the benefits enjoyed as a result of people being housed appropriately, the interaction with the community will also create an opportunity to learn more about the issues people face and make contact with people who may be considering a move.

The large majority of reports on the issue of housing for older people call for better, more accessible services to be made available to help older people make the right decisions about potentially very complex issues. There are some excellent portals and specialist websites offering information but they can be difficult to navigate and pretty heavy going, even to the tech-savvy. Websites and portals are a good start but they are usually nationally focussed and local information is very thin on the ground. Even local sites, such as Cornwall Link, can only offer superficial help and signposting to more personal services. The most critical failing of these websites is that they are not personalised. They do little to help an older person consider their own situation and find the right solution for them. Among the many issues on which advice would be useful are:

- » Repairs, maintenance and adaptations, and access to funding for these
- » Home improvement agencies, handypersons, trusted traders
- » Heating and energy efficiency
- » Moving home, including practical and financial aspects of moving
- » Housing options, including specialist housing
- » Being aware of specialist housing fees and charges
- » Care options and financing of care
- » Referral to trusted financial specialists
- » Carer support and training
- » Tenure options
- » Tenancy rights and duties
- » Housing benefits, council tax and bedroom tax

According to the ONS release - Internet Users in the UK - 2017, virtually all adults aged 16 to 34 years were recent internet users (99%), in contrast with 41% of adults aged 75 years and over. Recent internet use among women aged 75 and over had almost trebled from 2011 but adults aged 75 years and over also had the highest rate of lapsed internet users at 7%, up from 5% in 2016. This suggests that, although more adults aged 75 years and over started using the internet, they are not necessarily continuing to use it.

Advice and information services should not be seen as something that is nice to have as there is plenty of evidence to support the claim that good advice and information services can result in real, and even measurable, changes in people's lives. As is the case when the First Stop Manchester service was evaluated.



FIRST STOP MANCHESTER CASE STUDY

This is a multi-agency service, including Manchester Move and First Stop Advice. It provides advice, including face to face, to people aged 50 -95 in North Manchester. One Housing and Care Options Advisor provides locally-based, good quality and practical housing advice (whether to move or stay put) alongside looking at care needs and signposting to financial advice where necessary.

Housing Options for Older People (HOOP) did an evaluation of the cases the advisor worked on from April 2015 - September 2016. In this 18 month period there were estimated savings to the NHS and local authority of £964,647 for a cost of £60,000. This is a return of £16 for every £1 invested; not to mention the considerable benefit to the recipients of the advice and their families.

INSIGHTS FROM WILLOW DISCUSSION GROUPS ON THIS TOPIC

In the Willow discussion groups, with Cornwall residents aged 60 and over, there were strong feelings expressed by people who were angry that they were increasingly expected to use the internet to do everything. People mentioned that they were increasingly having problems with banking, GP's surgeries, hospitals and many other critical services because they do not have a mobile phone or use a computer.

Mostly the younger people in the groups, are regular users of the internet for communication, research and shopping but, among those, there were some complaints about slow speed and poor connectivity, especially those living in rural areas.

There was a very low level of understanding about the different specialist housing models, some tenures e.g. shared ownership and financial solutions such as equity release. The majority of the participants were hearing about concepts like Extra Care for the first time in the discussion group. Some people expressly asked that there should be more information that is locally based and simply explained.

NOT ALL DECISIONS ARE EQUAL

There are broadly three types of 'movers'⁸ among older person households:

- » **'lifestyle' movers (typically the younger age range)**
may move to the coast or countryside, to a vibrant city centre, or even abroad, seeking a better quality of life;
- » **'planners' (typically the middle age range)**
move before they need to, and while they still have the energy: factors influencing the planners include the onset of health problems and a realisation that their existing housing will become less suitable; in terms of quality of life, what is important is that they remain in control; and
- » **'crisis movers' (often the older age range)**
typically hang on in their existing housing as long as possible, until they have to move, often because of accident or ill health. They are less likely to have any choice, and more likely to end up in a care home even if that is not their preference and other types of housing (e.g. Extra Care) would have met their needs better. .

Clearly, we need to try to avoid as many as possible being 'crisis movers' but that might take some innovative ideas to persuade people to have the difficult conversations with their families and confront the difficult issues. Also, the more attractive the alternative housing choices are the more likely people are to become 'lifestyle' or 'planners' movers.

IMPROVING CORNWALL'S HOUSING STOCK THROUGH BETTER MAINTENANCE AND IMPROVEMENT SERVICES

There are many non-decent dwellings in Cornwall including a higher than national average proportion of dwellings in fuel poverty. Housing is classed as non-decent if it fails to meet the Government's Decent Homes Standard, and means they are not warm enough, are in a state of disrepair or do not have modern facilities. More needs to be done to ensure that older people have access to trustworthy and affordable contractors and handyman services.

Again, the Home Solutions team can provide information about this but awareness of this capability needs to be raised. There are certainly business opportunities for the private sector to increase capacity but ensuring that services and products are reliable and of high quality is paramount.

Poor electrical safety is also a concern. According to recent research⁹ nearly two thirds of households with a couple over 60 do not meet basic electrical safety standards, which include having such life-saving devices such as a modern fuse box, residual current device, circuit breakers and PVC wiring.

The report reveals serious concerns about the electrical safety of older people. More than 350,000 people are seriously injured by electricity every year and older adults are more likely to be affected. A person over 60 is ten times more likely to die in a fire than someone one aged 17 to 24.

The Charity explains how older people are disproportionately at risk because they are living in their properties for longer. Consequently, there is a longer time between comprehensive checks and the electrical installations and appliances also tend to be older. 42% of householders who have lived in their property for 30 or more years live in non-decent accommodation. It is yet another factor putting older and vulnerable people at risk simply by living in older properties that are not being properly assessed and maintained.

MARKET ASSESSMENT OF HOUSING OPTIONS FOR OLDER PEOPLE, A REPORT FOR SHELTER AND JOSEPH ROWNTREE FOUNDATION, 2012 [8]

A SHOCK TO THE SYSTEM: ELECTRICAL SAFETY IN AN AGEING SOCIETY, ELECTRICAL SAFETY FIRST, 2015 [9]

FINDINGS FROM THE ENGLISH HOUSING SURVEY - HOUSING FOR OLDER PEOPLE REPORT - 2014 -15

(Older households refer to households where the oldest person is over 55, younger households refer to households where the oldest person is aged 55 and under)

- » **Compared with younger households, average repair costs were lower for homes occupied by older households, but the proportion of non-decent homes was much the same.**

Average repair costs needed in homes occupied by older households were £12m compared to £14m for younger households.

- » **The proportion of non-decent homes occupied by older and younger households was similar at 19- 20%. However, households where the oldest person was aged 85 years or over were more likely to live in a non-decent home than other age groups.**

Some 29% of households where the oldest member was 85 or over lived in a non-decent home. This compares to 17% for households aged 55-64 years and 20% for households where the oldest person was under 55.

- » **Older households had less energy efficient homes compared with younger households and those aged 85 or over had the lowest energy efficiency.**

The mean SAP rating for older households was 60 compared to 62 for younger households. For households aged 85 and over, it was 57. The proportion in the most energy efficient homes, EER Bands A-C, was 22% for older households and 30% for younger households. The proportion in the least energy efficient homes, EER Bands F-G, was 6% for older households and 4% for younger households. For households aged 85 and over the proportion was 10%.

FACTS ABOUT LONELINESS AND SOCIAL ISOLATION IN THE UNITED KINGDOM¹⁴

Extract from Campaign to End Loneliness website

- » 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month (Victor et al, 2003)
- » Over half (51%) of all people aged 75 and over live alone (ONS, 2010)
- » Two fifths all older people (about 3.9 million) say the television is their main company (Age UK, 2014)
- » 63% of adults aged 52 or over who have been widowed, and 51% of the same group who are separated or divorced report, feeling lonely some of the time or often¹⁵ (Beaumont, 2013)
- » 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health (Beaumont, 2013)
- » A higher percentage of women than men report feeling lonely some of the time or often (Beaumont, 2013)

WE NEED TO FIND WAYS TO REACH OUT AND ENGAGE THE SOCIALLY ISOLATED PEOPLE IN CORNWALL.

There are many of them - the elderly, family carers, the mentally ill and other vulnerable people who may see no-one, and go nowhere, for days at a time. The majority of the stakeholders we interviewed mentioned social isolation as one of the most pressing challenges faced by the elderly in Cornwall. Despite the sterling efforts of many voluntary groups this remains an immense problem and more work needs to be done to alleviate this sad state of affairs.

It is not just about feeling lonely either. It is about feeling connected to the community; feeling that one's life has a purpose, and a value to others, that is so important. Many older people want to give and not just receive but isolation from family, or any meaningful community, robs them of the opportunities to have a positive and valued role.

Estimates¹⁰ of prevalence of loneliness tend to concentrate on the older population and they vary widely, with reputable research coming up with figures varying between 6 and 13 per cent of the UK population being described as often or always lonely.

A significant pattern is that both loneliness and isolation appear to increase with age, and among those with long-term health problems. It also shows, a particularly strong correlation between isolation and loneliness.

According to the latest Age Concern and Help the Aged survey results, 7 per cent of people 65+ in England say they always or often feel lonely, and 33% said they were sometimes lonely. Interestingly, this 'always or often' figure has been in gradual decline since 2001, where a high of 13 per cent was recorded.

Life transitions such as retirement, divorce, bereavement or negative health event

such as loss of mobility are key triggers for loneliness. 30% of people with limited mobility say they 'always' or 'often' feel lonely. 54% of people who are recently bereaved regularly feel lonely. A lack of social connections can be linked to cardiovascular health risks and increased death rates, risk of depression and dementia.

There are a number of social trends that contribute to social isolation such as the increasing number of people without children. The Institute of Public Policy Research estimates¹² that, by 2030 there will be 2 million people aged over 65 without children, up from 1.2 million in 2012. This figure is only those who have never had children, not pre-deceased, estranged or distant.

Little has been published contrasting loneliness in urban and rural areas, but a small-scale survey by Care and Repair found that 10 per cent of interviewees in rural areas mentioned isolation and loneliness as an issue, compared to 20 per cent in urban areas, which could indicate that, in spite of greater physical isolation, older people in rural areas may have better networks of support.

A positive choice to move into more suitable accommodation can help people to maintain healthy independent lifestyles in a variety of ways. Communal areas offer a chance for social interaction as well as almost 45 per cent of residents reporting¹³ having better or much better contact with family and friends.

AGE UK REPORT - PROMISING APPROACHES TO REDUCING LONELINESS AND ISOLATION IN LATER LIFE, JAN 2015. [10]

ESCAPING THE BUBBLE: WORKING TOGETHER TO TACKLE LONELINESS IN COMMUNITIES ACROSS THE UK, BRITISH RED CROSS, DECEMBER 2016 [11]

THE GENERATION STRAIN, COLLECTIVE SOLUTIONS TO CARE IN AN AGEING SOCIETY, IPPR, APRIL 2014 [12]

A BETTER FIT? CREATING HOUSING CHOICES FOR AN AGEING POPULATION. SHELTER (HUGHES) 2012). [13]

MEASURING NATIONAL WELL-BEING, OLDER PEOPLE AND LONELINESS, BEAUMEONT, 2013 [14]

MEASURING NATIONAL WELL-BEING, OLDER PEOPLE AND LONELINESS, BEAUMEONT, 2013 [15]

THE IMPACT OF LONELINESS ON OUR HEALTH

Loneliness is a bigger problem than simply an emotional experience. Research¹⁶ shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity. Loneliness increases the likelihood of mortality by 26%.

HOLT-LUNSTAD J, TB, LAYTON JB. 2010. SOCIAL RELATIONSHIPS AND MORTALITY RISK: A META-ANALYTIC REVIEW. PLOS MEDICINE 7 (7),2015 [16]

EXTRACT FROM CAMPAIGN TO END LONELINESS WEBSITE, FULL DETAILS OF REFERENCES CAN BE FOUND IN RE-SOURCE LIST [17]

FACTS ABOUT LONELINESS AND PHYSICAL HEALTH¹⁷

- » Loneliness increases the likelihood of mortality by 26% (Holt-Lunstad, 2015)
- » The effect of loneliness and isolation on mortality is comparable to the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking (Holt-Lunstad, 2010)
- » Loneliness is associated with an increased risk of developing coronary heart disease and stroke (Valtorta et al, 2016)
- » Loneliness increases the risk of high blood pressure (Hawkey et al, 2010)
- » Lonely individuals are also at higher risk of the onset of disability (Lund et al, 2010)

LONELINESS AND MENTAL HEALTH

- » Loneliness puts individuals at greater risk of cognitive decline (James et al, 2011)
- » One study concludes lonely people have a 64% increased chance of developing clinical dementia (Holwerda et al, 2012)
- » Lonely individuals are more prone to depression (Cacioppo et al, 2006) (Green et al, 1992)
- » Loneliness and low social interaction are predictive of suicide in older age (O'Connell et al, 2004)

MAINTAINING INDEPENDENCE

Academic research is clear that preventing and alleviating loneliness is vital to enabling older people to remain as independent as possible. Lonely individuals are more likely to:

- » Visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term care (Cohen, 2006)
- » Undergo early entry into residential or nursing care (Russell et al, 1997)
- » Use accident and emergency services independent of chronic illness. (Geller, Janson, McGovern and Valdini, 1999)



WE NEED TO TACKLE THE TRANSPORT PROBLEMS MANY ELDERLY PEOPLE FACE THAT KEEP THEM IMPRISONED WITHIN THEIR HOMES AND PREVENT THEM FROM ACCESSING SHOPS AND SERVICES.

The lack of reliable and affordable transport in Cornwall is a real problem for the elderly in Cornwall, especially for those living in rural areas. It is also essential that transport links are considered when planning any new residential developments and service facilities.

There are services offered by a number of voluntary organisations, including Age UK Cornwall, RVS and Volunteer Cornwall. However, a shortage of available and affordable transport options never seem to be enough, and many elderly people struggle getting to medical appointments. It also keeps them in their homes and is a major contributory factor to social isolation.

Cornwall's bus services have been cut, as have services across the UK, in response to central government funding cuts and pressures on local government budgets. Approximately 50% of Cornwall's bus services are subsidised by Cornwall Council¹⁸ as they are allegedly not commercially supportable and these bus services are often the only form of non-car transport in rural areas. These subsidised services undertake some 4 million passenger journeys a year, of the total of over 10 million bus journeys made on all local services in Cornwall each year.

However, there is widespread anecdotal evidence about how difficult it is to get around in Cornwall using public transport. Unreliable, expensive and inadequate public transport has the biggest impact on those living in rural areas and people in vulnerable groups¹⁹ such as older people who are unable to drive or do not own a car, the disabled and those on low incomes.

Young people are also affected as they take fewer car journeys than they did in the past. 17-20 year olds took 377 car trips on average

in 2011, compared to 600 in the mid-1990s. Driving licence holding amongst 17-20 year olds has also dropped from 48% in the mid-1990s to 38% today. It also negatively affects those looking for work as around two thirds of people claiming job-seekers allowance either do not have access to a car or a licence to drive it.

A new report²⁰ by KPMG used new econometric analysis and found a statistically significant association between local bus service connectivity and deprivation, with a 10% improvement in local bus services connectivity associated with a 3.6% reduction in deprivation after controlling for other local factors.

Further analysis comparing key socio-economic metrics associated with a 3.6% improvement in the IMD score found there are material improvements in employment, material reductions in people claiming benefits, increases in people over the age of 16 staying on education and improvements in health.

CORNWALL COUNCIL WEBSITE, AUGUST 2018 [18]

CAMPAIGN FOR THE PROTECTION OF RURAL ENGLAND WEBSITE [19]

A STUDY OF THE VALUE OF LOCAL BUS SERVICES, A REPORT FOR GREENER JOURNEYS, KPMG, AUGUST 2016] [20]

Transport

Cornwall's geographical shape and position make infrastructure delivery challenging - Dispersed and sparsely populated settlement pattern combined with Cornwall's coastline present issues of accessibility and challenges for equal provision of services



Car ownership in Cornwall is not a sign of wealth – **high proportions of car ownership reflects Cornwall's rural nature** where conventional public transport is often not viable.



17.3% of households do not have access to a car⁷

Over **68%** of cars in Cornwall are over 6 years old²⁰ reflecting the fact that for many the car is an expensive necessity rather than a luxury.



64% of people in employment travel to work by car

3% use public transport⁷



THE FOLLOWING CASE STUDIES WERE SUBMITTED TO THE CAMPAIGN FOR BETTER TRANSPORT WEBSITE BY REAL CORNWALL RESIDENTS AND PAINT A POOR PICTURE OF PUBLIC TRANSPORT.

CAROLINE

"I use buses to get to meetings which aren't on the train line, so buses are important for my business.

We have had cuts to bus services on Old Hill (Falmouth) which means I can't get a regular bus from outside my door to the nearest towns. Now I have to trek over a muddy field to get to the nearest bus stop.

The cost of using the bus for family outings is really limiting and so we only use them after a long walk, to ride back home, as we are a family of five (and dog).

The buses are less frequent and more costly than going by train. The return fare to my nearest big town (Truro) for meetings is now £7.50, whereas by train it is £2.65. However, now that the railway line has been damaged at Looe and Dawlish by the recent storms, my ability to travel 'up-country' by train is limited. Even though we are trying to be as sustainable as possible, I think we will be forced to get a car now to get around.

As a rural economy, we cannot afford NOT to have good transport services.

There is a stark difference to being in a major city such as London where transport is cheaper and more frequent. Last time I came to London, outside of the rush hour I could travel from West London to Essex for £2.70, a distance of around 15 miles. Compare that to £2.70 on the bus from Falmouth to Penryn (1.5 miles) and you can see how rural people are dis-served. The tube services are every three minutes, but in Cornwall sometimes even the hourly bus doesn't turn up and children, pensioners and working people are left on the side of the road wondering whether the bus will be coming at all. When waiting in the dark, down a country lane, this really isn't fair."

JOHN

"When I retired I gave up my car. I have grandchildren and a great granddaughter, and I felt I had a responsibility to cut down on fossil fuels. I thought I could manage by using buses instead, but this may not be true in the future.

I live in rural Cornwall, where buses have been badly cut; for instance, the bus from Helston to Camborne used to run hourly, now it's every two hours. This reduces its utility considerably. I fear that there will be further cuts and the buses I use may be cut completely.

If the local authority supported the buses more, they would be more widely used. As it is, there's a process of continued attrition leading to reduced utility of services, which in turn leads to reduced passenger numbers, until the local authority can say the buses are no longer needed.

The bus company seems to send its oldest buses to Cornwall. One tourist, having paid £17 for his family of four to travel around two miles, told me: "It wouldn't be so bad if the bus wasn't old, dirty, uncomfortable and smelly."

I'm disgusted that the council is reducing support for local buses while subsidising Newquay Airport by £3 million a year, around £14 per passenger. It says that the airport is of strategic importance because it brings visitors and their money to Cornwall, but a similar thing could be said of buses. A lot of tourists use our local buses: one route near me is always full of tourists on the top deck. But if buses continue to be cut - and continue to be old and dirty - tourists won't use them.

Elderly people in Ashton use the bus for going to the doctors and dentists, attending hospital appointments, shopping and visiting family and friends. Elderly people who no longer have a car really depend on bus services to maintain their independence. If villages are cut off, as is happening, elderly people will be more and more isolated.

The bus cuts are so bad that I am considering getting a car again, and I am sure that others are considering the same thing. This will result in increased carbon emissions and increased traffic on our badly-maintained rural roads.

By not funding infrastructure such as buses, the Government forces individuals to spend more, leading to increased GDP which they can then claim as a success.

I don't like to speak badly of local buses, but enough is enough. If we don't speak out, there will be no bus service at all."

DELILAH

"The buses where I live in Cornwall have been getting worse and worse each year, with more and more cuts to running times. It makes it so hard for young people without a car and older people too to get around, just getting from where I live (Ruan Minor/Mullion area) to Helston, the nearest town, is so difficult with the bus as it currently runs.

"The timetable seems to be more and more sparse and lacking every time a new one comes out! It's really not good enough. It makes it hard for young people like myself to find a job when we live in a rural area and cannot afford to run a car. It has certainly jeopardised many job opportunities for me. The lack of access to nearby towns means that I am often overlooked for jobs, despite the fact I have a good degree and numerous other qualifications. It is just not fair." Delilah Gardner

JENNA

"I use buses to get to work and for leisure. It took me three hours to get from Perranporth to Porthleven when I was doing my old job. The journey was beautiful but painful! I recently went swimming after work in Pool and was surprised to find that the last direct bus to Penryn leaves at 18:17. Sunday and evening services are dismal and impact on your quality of living. I am currently living in Flushing and the service is very limited so I am considering moving back to Penryn. This is even worse for people who don't have a car. I think that public transport should be 100 times better so that it's a viable alternative to the car. When the next lot of cuts happen they will probably be even more painful."

WE NEED TO EXPLORE THE VIABILITY OF, AND DEMAND FOR, AN AGENCY THAT CAN BRING TOGETHER ELDERLY PEOPLE WITH SPARE ROOMS AND 'HELPMATE' LODGERS .

There are a significant number of elderly people in Cornwall living in homes with spare rooms. There is potential to explore setting up a scheme which could enable these rooms to be let for below average rents to students and low income workers in return for an agreed number of hours help around the house.

There are schemes all over the world and in other places within the UK that match homeowners and potential sharers with proper vetting to prevent abuse. The arrangement is usually a very low rent, or no rent at all, is paid by the sharer to the homeowner in return for an agreed number of hours of help around the house. This does not include any personal care but can include all kinds of chores e.g. shopping, gardening, walking the dog, cooking etc. There is the added bonus that the elderly person has someone in the house to keep them company and make them feel more secure.

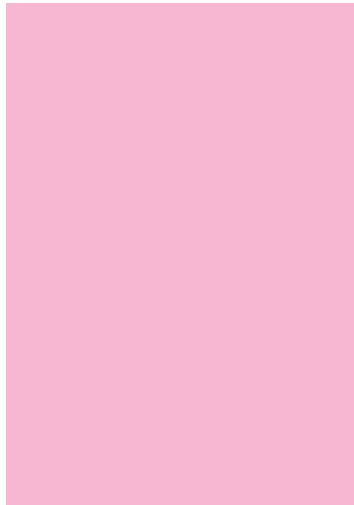
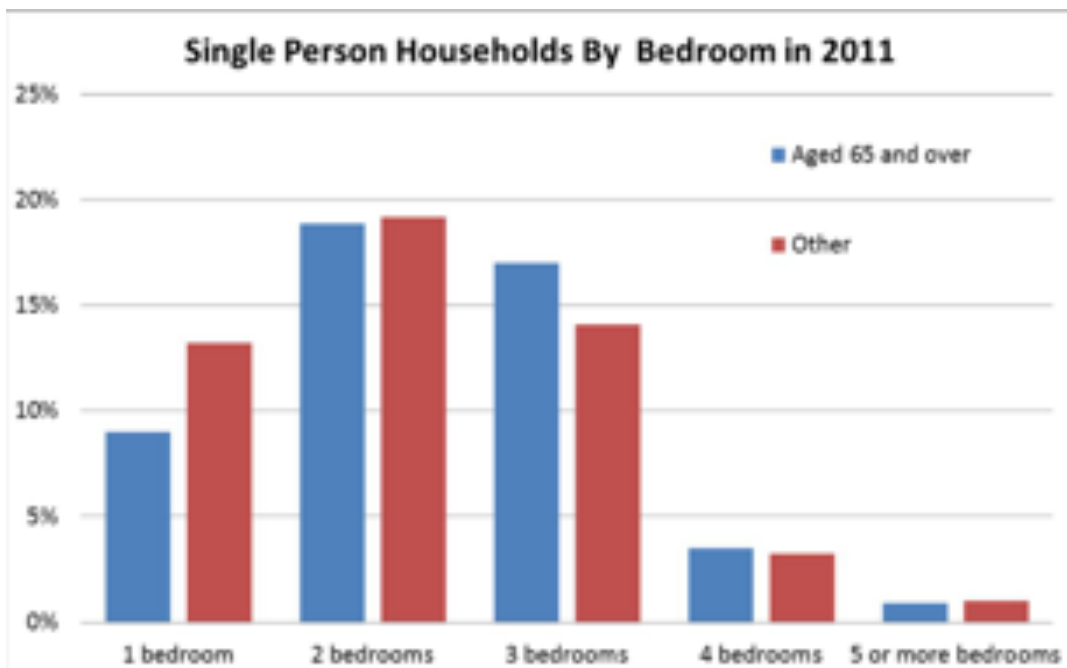
THE POTENTIAL OPPORTUNITY IN CORNWALL

In Cornwall, in 2011, one person households made up 30.6% (69,269) of all households (230,389 households) in Cornwall. The vast majority (76%) of these households are aged 50 and over. This could be due to a number of factors including separation, divorce or the death of a partner.

One person households are predicted²¹ to continue to increase: those aged 65 and under will remain fairly stable number whereas those aged 65 or more are predicted to increase by 30% between 2010 and 2030. As is seen in the graph below a significant number of single person households are living in homes with at least one bedroom that could be rented out.

Developing similar schemes in Cornwall would also help to address the problem of attracting workers for industries like the care sector where incomes are not sufficient to pay the market rents in many areas.

This solution is not going to be for everyone but none of the housing solutions will be universally popular and we need to be developing a variety of solutions. There are also issues around potential abuse but this model is working very successfully around the world so this can obviously be managed. Given the relatively low cost and short development timescale of this model, it certainly deserves consideration.



SINGLE PERSON HOUSEHOLDS, HOUSING EVIDENCE BASE
BRIEFING NOTE 31, CORNWALL COUNCIL [21]

WE NEED TO DEVELOP INCLUSIVE AND SUPPORTIVE COMMUNITIES FOR ALL, OFFERING ACCESSIBLE AND FUTURE-PROOFED HOMES TO PEOPLE OF ALL AGES.

Over and above the need for specialist housing with support and care options, there is a need to look to the future and ensure that homes built in Cornwall are as adaptable and versatile as possible. Age segregation is increasing in the UK with the consequence that generations have less empathy for others and the costs of providing care for young and old is higher. Bringing people together, with communal facilities available, can help to re-enable the neighbourly support that will benefit everyone.

The clearest mandate to arise from the Willow Changemakers' Day was the need for Cornwall to develop accessible and inclusive homes in carefully designed communities that are open to people of all ages. This concept is not new and is also referred to as 'Lifetime Neighbourhoods' but we have named this element of the project output Kernow Homes for Life (KHFL) and a number of the recommended workstreams fall under the KHFL umbrella. See Workstreams 1-6 in Recommended Projects section.

It is important to note that this does not preclude the

provision of smaller clusters within the wider developments meeting specific needs.

These communities need to offer the opportunity to have contact with people who have similar values, backgrounds, aspirations and interests. Age is only one factor that makes us who we are but it defines us less as individuals than a 'segregation-based' housing policy would have us believe.

Neither does it negate the need for 'housing with care' and dementia friendly options to be made available for people with more complex needs.

However, there is an increasing number of younger adults, and families, who would benefit from living within such a community. It would make it easier to support family carers, many of them elderly and requiring help themselves. The decision to develop communities that are not age-restricted was a deliberate decision to avoid older people being excluded from the wider community. Most mainstream homes are not built to be fit for a lifetime and older people find that they have to move to live in an age-appropriate home, or stay put and suffer the consequences.

There is also a need for accommodation for workers on lower incomes within Cornwall. The cost of market rents in many places in Cornwall is a major disincentive for workers in the care and construction sectors, with resulting serious skill shortages.

The premise is that KHFL homes would be designed and built to accommodate everyone from cradle to grave in a connected, supported and supportive community. The support and network services would need to be planned and developed simultaneously with the buildings. The developments would vary in size according to land availability and demand but would eventually form part of a county-wide 'hub and spoke' system of communities, community facilities and services.

They would contain a range of housing types offering independent living units with communal facilities (in larger developments) with all providing easy access to existing facilities. The housing types would be predominantly smaller units, subject to local need. They would be available on a variety of tenures to ensure maximum uptake.

The homes will be attractive and not perceived as an 'old people's last resort' or crisis driven option but a lifestyle option. There is a lot of research that shows that there are many over 55 year olds who would like to downsize but are unable to find suitable homes. Offering them an attractive and future-proofed option that also enables them to live within a wider and more diverse community rather than being segregated into an 'elderly' community may also increase the release of larger family homes onto the market.

Insights from the discussion groups on this topic

A preference to be part of a more diverse community, and not just live with other older people, was strongly expressed by the majority of participants, all aged 60+, in the Willow discussion groups. In one discussion the term 'old peoples ghetto' was used. Currently the options to have the best of both worlds are extremely limited indeed.

It is human nature to want to be perceived positively by society at large and many of the discussion group participants expressed strongly their need to be seen to be contributing, to be strong and 'worthwhile' and to have a sense that they have a purpose.

Another, related, insight from the discussions was the realisation that it is not only the older people within communities who would benefit from a little neighbourly help. One of our participants mentioned that, in her street, the person who needs the most regular support from her neighbours is a single mother who is out at work and looking after three children.

This raises another important issue that is often completely overlooked. This is that older people are not, as seems to be a common perception, always on the receiving end of help and support but are very often very much the givers. The majority of voluntary workers are over the age of 60 and this aspect is of crucial importance when we are looking at developing vibrant and supportive communities.

Guiding Principles

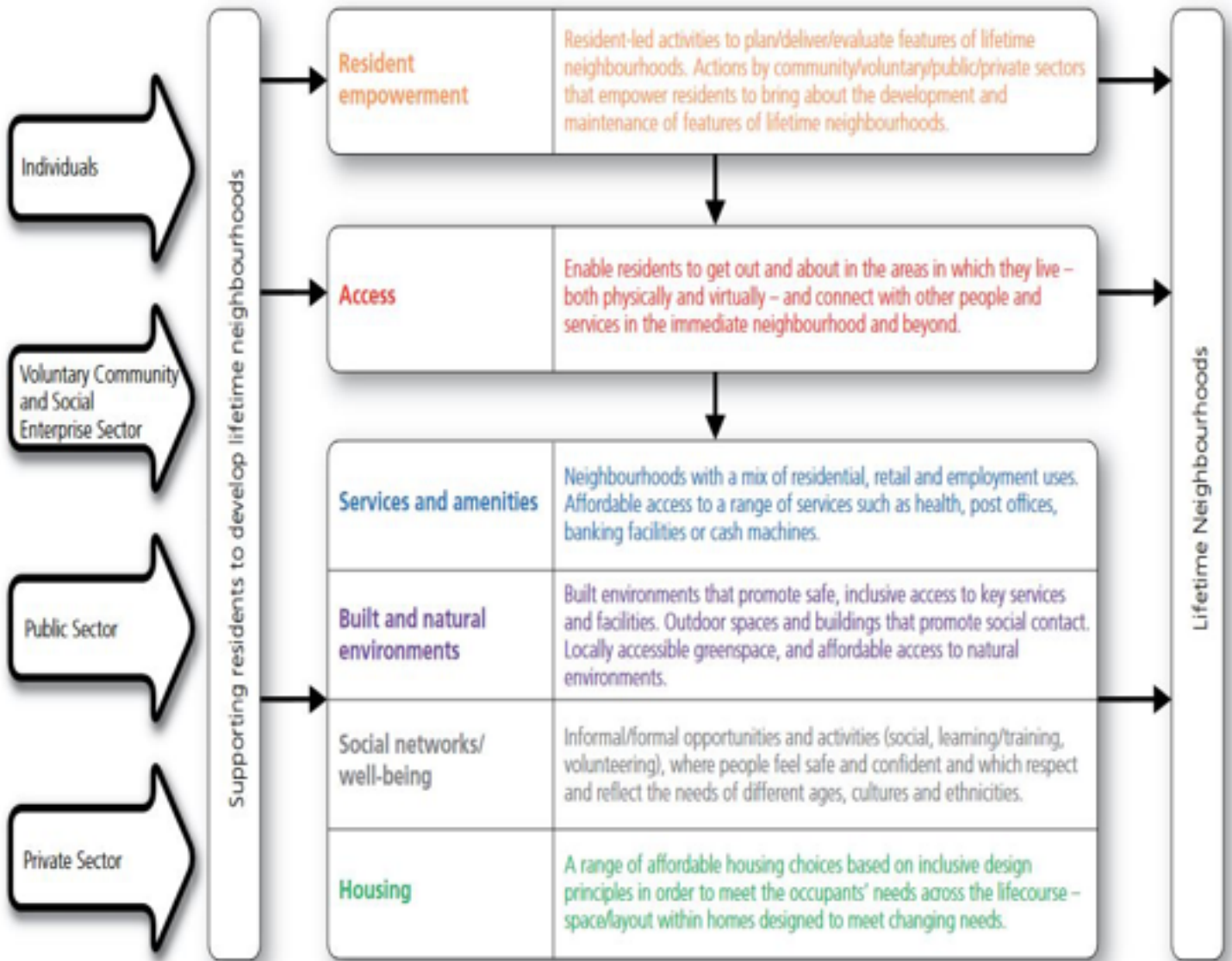
As is so often the case with development work of this nature there is excellent work that has already been done that can serve as the foundation and guiding principles on which to build the plans for the KHFL developments.

The first of these is The Department of Communities and Local Government (DCLG) Lifetime Neighbourhoods report, published in 2011. It examined in detail what a Lifetime Neighbourhood is and how it should be built and offers a wealth of information and guidance to anyone looking to develop such a community.

Firstly, it outlined that a Lifetime Neighbourhood is an environment that:

- » Is accessible and includes all members of the community,
- » Is attractive and safe for pedestrians,
- » Offers a range of facilities, services and green spaces for all ages,
- » Offers housing options for residents of any age and ability,
- » Provides opportunities for volunteering, socialising and other activities,
- » Engages all residents in community decision-making, and,
- » Promotes a strong sense of place and local identity.

Figure 1: Lifetime Neighbourhoods: Key Components



The diagram above is Figure 1 from the DCLG report which outlines the Key Components of a Lifetime Neighbourhood. Another useful resource for advice and guidance is the Lifetime Neighbourhoods Practice Example Summary Resource document, Housing Research Number 246, DCLG, Dec 2011 accompanying this report.

Rural HAPPI 4¹

It is also recommended that the new Rural HAPPI 4 principles should apply to all developments, as applicable. All of these features were mentioned within the Willow Changemakers' Day workshop sessions as necessary and not just 'nice to haves'. It was very encouraging to see that there was so much common thinking and agreement within the Willow workshop conversations with the findings and recommendations of the APPG report as we can see from this extract from the report on intergenerational living.

“

"Life can be difficult for old people and they should not be deliberately cut off from the rest of the community. One option is to provide inter-generational buildings, which would include apartments for independent older people and a number of units reserved for younger people who would provide services to the community. This could solve several problems at once by providing homes and jobs for younger people, company for the older residents as well as a breakdown of the generational divide."

APPG HOUSING AND CARE FOR OLDER PEOPLE- RURAL HOUSING FOR AN AGEING POPULATION: PRESERVING INDEPENDENCE, HAPPY 4 -THE RURAL HAPPY INQUIRY, RELEASED 30 APRIL 2018.[1]
DESIGNING WITH DOWNSIZERS, THE NEXT GENERATION OF ' DOWNSIZER HOMES' FOR AN ACTIVE THIRD AGE: ADAM PARK, FRIEDRICKE ZIEGLER AND SARAH WIGGLESWORTH, UNIVERSITY OF SHEFFIELD, DWELL PROJECT ,2016 [2]

THE RURAL HAPPY 4 PRINCIPLES ARE:

- » Generous internal space standards not least to allow for overnight visitors / carers
- » Plenty of natural light with varied views and vistas
- » Accessible private balconies or private outdoor space at ground floor
- » Adaptability and 'care aware' design which is digitally / technology enabled
- » Circulation and break out spaces that encourage interaction and avoid 'institutional feel'
- » Access to outward facing on-site shared facilities or community 'hubs' within easy reach
- » Easy access to green space – village green – natural landscape with resting and sitting places
- » Fabric first approach, draught-free affordable warmth, ease of control and energy efficient
- » Extra storage for personal belongings and ease of access to mobility aids
- » Close proximity of accessible public transport and level access for private transport drop off areas

The third place to look for guidance is the body of work done by the DWELL project at the University of Sheffield. The Designing with Downsizers report set out to create a roadmap for anyone looking to develop homes intended to appeal to people looking to downsize as they grow older. The report is a comprehensive study including house types, many illustrations and technical standards and can be considered a useful reference work.

WE NEED TO REGENERATE CORNWALL'S TOWN CENTRES AND GET STARTED ON THE REPURPOSING OF BUILDINGS AND REDEVELOPING OF OBSOLETE SITES TO PROVIDE RESIDENTIAL UNITS AND MORE CONVENIENT AND ACCESSIBLE SERVICES FOR OLD AND YOUNG ALIKE.

Town centres in Cornwall are stagnating and retail trends threaten the continued use of town centres to be a collection of shops with some services. Walking through many of the towns in Cornwall, such as Bodmin, St Austell and Liskeard, is testament to the decline of the traditional town centre as a retail hub. Charity shops are now occupying much of the space previously occupied by small shops squeezed out of business by supermarkets, out of town retail parks and online retailers.

The successful award-winning conversion renovation in 2013 of the listed Public Rooms in Camborne town centre is an example of what can be done with large redundant buildings in central locations. Coastline Housing, the developer, created 1 and 2 bedroom 18 apartments in an affordable rent scheme for over 50s and people in receipt of higher level Disability Living Allowance. They were built to HAPPI criteria, within the restraints of working with a listed property. Two units were built to wheelchair standard. They all offer level access and are hard wired for telecare and similar systems. There is no staff support but a telecare Lifeline system is available to residents. See *Workstream 4 in Recommended Projects section*.

In the meantime, there is much that can be done to make Cornish towns more age-friendly, like the Take a Seat Campaign in Nottingham. The City Council launched the campaign to encourage businesses to offer older people a

seat when they are out and about. Participating businesses receive a "We are age-friendly" window sticker, a branded foldable chair and Take a Seat branded shopping bags, all funded by the City Council. They are encouraged to go further and make toilet facilities available and maybe even offer tea or a glass of water. When an older person sees the sticker they know they will get a warm welcome, and a seat. The Campaign has gone from strength to strength and more than 300 premises have signed up.

Many Cornish towns are hilly, like Nottingham, and places to sit and rest are few and far between. Campaigns like Take a Seat can make it easier for older people to get out and shop, with the confidence that they have lots of places that will be there for them if they have a problem.

Even something like a simple accessible and affordable cafe on the high street with age-friendly social activities can encourage older people to come out, meet people and feel welcome.



WE NEED MORE COMMUNITY-BASED DAY-CARE FACILITIES FOR YOUNG AND OLD WITHIN OUR COMMUNITIES.

Reliable and sustainable day-care for the elderly in Cornwall is in short supply and decreasing rather than increasing to meet growing demand. There is a growing body of evidence to show that care facilities that provide care for children and adults, including the elderly, offer enormous benefits to everyone. There are also potential cost savings to provide vibrant multi-generation care centres within communities. This would not only help to combat the scourge of social isolation and loneliness that many elderly people in Cornwall face every day but would offer meaningful and much needed support for already over-burdened family carers.

There is an opportunity to develop places in convenient locations to meet the need for affordable day-care for children and older people. Many family carers are not able to go out to work, even part-time, because there is insufficient day-care nearby.

The experience of these facilities in other countries, and the results from social experiments such as the televised St Monica's Trust experiment of introducing 4 year olds into a care home, suggests that everyone benefits. There is also a potential to enjoy economies of shared facilities e.g. catering, maintenance, heating etc. These centres could be developed as standalone services or as part of a larger community project.

Having reliable and consistent daily care available within a community will enable family carers to have some much needed and deserved respite. It also means that they can plan ahead and even commit to working which will make a significant difference to their lives.

For those elderly living alone, such centres will offer a safe, warm environment with nutritious food, social contact and stimulation. These centres can also offer fitness, social and educational programmes that can be delivered by volunteers, by payment of a reasonable fee or sponsored by local businesses.

It is also a safe and convenient venue for self-managed groups to use for meetings and activities.



Proposed positive outcomes

- » Reduced social isolation and loneliness for older people and their carers
- » Improved physical and mental health outcomes
- » Strengthening local community connections and creating a focus for community activities
- » Enabling family carers to enter the workforce and live fuller, more connected, lives

THESE CENTRES ARE HAPPENING ALL OVER THE WORLD BUT ARE ONLY JUST STARTING HERE IN THE UK

Germany has developed more than 500 of these Multigenerational centres. They were first established in Lower Saxony in 2003 by Ursula von der Leyen, then family minister of the region, now federal defence minister. When she was promoted to the government, she took her idea with her and 500 centres across the country were founded and given €40,000 a year each.

Centres are only allowed to spend half of the annual budget on salaries in order to encourage the use of volunteers. "The idea is that the state only gives us the first push", said Annette Köppel, the centre's chairperson in Pattensen, a small town near Hanover. In Pattensen, additional funds are raised through charging a nominal fee for workshops and selling food in the canteen, as well as through local charities and sponsorship.

The Mehrgenerationenhaus in Pattensen, literally a "multigeneration house", is a kindergarten, a social centre for the elderly and somewhere young families can drop in for coffee and advice. Pensioners volunteer to read books to the children once a week and run a "rent-a-granny" service to relieve exhausted parents. In return, teenagers offer to show elderly people how to use computers and mobile phones.

In the Netherlands intergenerational living has been happening for some time. University students across the Netherlands have been moving into under-occupied retirement schemes. Often rent free and in exchange for spending at least 30 hours per month with the older people who live there, doing things the professional staff cannot always do, like simply hanging out together. This approach has been seen to benefit everyone. Helsinki in Finland hosts a similar scheme.

In Barcelona, the City Council and a number of Universities got together to test the idea of housing students in the homes of older people. This was started in 1996 with around 20 people and has now grown to a fully consolidated programme across Spain, operating across 27 cities.

There have been intergenerational care facilities in the US for more than two decades. At the Intergenerational Learning Centre in Seattle, the very young and very old have been rubbing shoulders for years. There is now a two-year waiting list for children to access this day-care. They do music, dancing and art projects alongside what are effectively adoptive grandparents and great-grandparents.

An Institute of Public Policy report³ concluded "Multigenerational houses are a key part of Germany's ageing population plan", In the years ahead, these approaches will not be a 'nice to have' but a necessity, as families will need an extra helping hand to cope with caring responsibilities and pressure grows to contain the rising public costs of health and social care."

A Housing LIN report⁴, concludes "The many proven and possibly unexplored benefits of intergenerational living are wide and varied. There are the social benefits of stimulating learning for old and young; economic benefits, including sharing skills and learning for staff, recruitment and retention, use of communal facilities and of course setting a USP. Beyond this, there are wider societal benefits including reducing age segregation and tackling social isolation and loneliness. With these in mind isn't it time we started to properly explore and promote what our European neighbours have been successfully doing for some time, and introduce intergenerational living in our Retirement Housing and Extra Care schemes?"

THE GENERATION STRAIN, COLLECTIVE SOLUTIONS TO CARE IN AN AGEING SOCIETY, MCNEIL AND HUNTER, IPPR, APRIL 2014 [3]
INTERGENERATIONAL LIVING, ITS SCOPE AND POTENTIAL: CAN AGE INTEGRATION BE PROMOTED BY CO-LOCATION IN EXTRA CARE SETTINGS?, HOUSING LIN, , AUGUST 2017 [4]

QUOTES FROM ELDERLY RESIDENTS OF NIGHTINGALE HOUSE, APPLES AND HONEY - THE UK'S FIRST INTERGENERATIONAL CARE FACILITY

John, resident, 92 years' old, shares "It is the highlight of my week. I never had children of my own and I enjoy watching the children play and playing with them. It is such a joyful experience. I forget everything else going on and I share in their joy with them. I also see the effect it has on the other residents. One gentleman who comes never speaks to anyone else at all when he is upstairs. He doesn't speak at all. He is silent. But when he comes down here, he lights up and he does speak. He becomes himself and it makes me very happy to watch this."

As one resident explained to us, aged 90, "I never had any children of my own, and now I feel I am a grandmother to so many of them. I have made wonderful friends, and being with the children is the highlight of my week. When I arrived here at Nightingale, I was terribly depressed. I felt- this was it, and I didn't want to live. But now, I feel I have some use, and I have this joy of being with the children, and the whole nursery team. I visit with them, and I feel part of something that is truly wonderful."

Another woman, aged 92, told a member of staff, "Seeing the children, and having them here, has given me reason to live, to keep going. I was very depressed before and I just wanted to die. Now that I see them here, I feel it encourages me to keep going and to keep trying."

The opportunities offered by this approach to housing and its contribution to a number of current socio-economic challenges are wide and varied across the whole spectrum of ages. The challenges facing young people are due not only to a lack of housing stock but also the unequal way it's distributed between the generations. This is set against the reality that almost a third of housing stock is headed by a person of retirement age with estimates of housing wealth of older people soaring.

Co-locating nurseries into retirement villages and Extra Care schemes across the country is something that is already being explored across England. Indeed Housing & Care 21, the largest provider of Extra Care housing in England, have themselves started to explore the idea of using redundant day centre spaces to locate nurseries.



We need to ensure that Cornwall's health and social care providers are fit for the task ahead and motivate everyone to do what they can to care for themselves and those around them.

Care providers in Cornwall's public, private and charitable voluntary sectors, need to be in a much healthier condition than they currently are to face the ever increasing demand that is an inevitable result of an ageing population.

The media is only too keen to publicise the scandal of abuse within residential care homes, the social care funding crisis, elderly people languishing on trolleys for hours on end within A&E facilities or being kept in hospital to deteriorate because there is no care and support available to enable them to return home.

Sadly, these are not 'fake news' stories and are merely the tip of a growing iceberg that stretches deep into our lives. This has a significant impact on elderly people with chronic conditions or limitations that render them dependent on others to cope with their everyday activities. Care providers are facing enormous challenges to provide exemplary care to an increasing number of elderly people while not receiving sufficient payment from local authorities to enable them to meet minimum pay standards. Working in the care industry is not seen as an attractive career prospect by many young people but more as a job of

last resort. These issues are not peculiar to Cornwall but that does not mean that we should not be working together to regenerate the care sector.

'Housing with care' is not just a label. If models like Extra Care are to be successful the care aspect of the formula will be as challenging, if not more so, than creating the buildings.

If people are to age successfully in place we have to make sure that good, reliable trustworthy domiciliary and day-care is available.

An in-depth study of the care sector in Cornwall was not within the scope of the Willow project but the inadequate supply of good quality domiciliary and residential social care was named as many of our stakeholders as a key challenge facing older people in Cornwall.

The Trusted Care website ranks Cornwall 29th out of 47 counties in terms of its care provision.

- [CARE CLOSER TO HOME COMMISSIONING, OUTLINE BUSINESS CASE, CORNWALL COUNCIL, NHS KERNOW CCG, OCTOBER 2017 \[1\]](#)
- [TRANSFORMING ADULT SOCIAL CARE, THE CORNWALL OFFER, CORNWALL COUNCIL CABINET PAPER, JAN 2017\[2\]](#)

A recent Cornwall Council/ NHS Kernow CCG paper¹ outlining a new strategic case for improved home care procedures named the following as current challenges:

- » High volume of conversions at A & E Depts. - i.e. higher than national average of those admitted
- » Higher than national average delayed transfer of care from hospital cases
- » Use of 999 and Ambulance services for falls support tying up expensive resources
- » Gap in supply due to rurality and/or accessibility to an available workforce
- » Insufficient supply of specialist services for complex needs
- » Insufficient available services for people with end of care needs with preferred place of death
- » Increased use of more costly alternatives e.g. temporary residential care beds
- » Increased number of people with reduced independence because they have increased health and social care needs because of temporary care solution led to decompensation and over-reliance on support
- » Over reliance on long term care placements
- » Poorer quality of quality of life and patient experience
- » Increased use of home care provision not awarded through robust contract
- » Increased demographic pressures with people living longer with multiple long term conditions and a greater number of people with unhealthy lifestyles
- » Increased, and potential further increase in, provider failure in Cornwall

As an example from a Cornwall Council report , on average Adult Social Care receives approximately 23,700 requests per year for advice or help. This results in around 6,600 statutory assessments which results in 1,990 packages of care for older people with around 280 admitted to long term residential care. Spending on residential care now accounts for 58% of the annual purchasing budget for older people; 34% of budget is spent on domiciliary care. The Council acknowledges that many care home placements could be avoided if there was timely access to appropriate services, which may include alternative housing solutions. The report estimates that if practice decisions matched that of the best performing councils 84 fewer people per year would be admitted to residential care.

In a statement on Adult Social Care that Councillor Rob Rotchell made in December 2017 he mentioned that:

" Recent Care Quality Commission (CQC) reports into local health and social care have made it clear that services are not sufficiently or consistently meeting people's needs. It found that:

- » The quality and safety of care services is not consistently good enough
- » Patients described their experiences of receiving care as not always good – although they generally had a more positive experience of services provided by their GP surgery
- » People often had poor experiences of moving out of hospital and to a care home or back home with social care support – they described coming up against a lack of choice, poor information sharing between organisations and a lack of home care packages
- » Patients who were discharged from hospital and needing ongoing support, found the arrangements to try to help them confusing, despite the efforts of frontline staff and care teams"

This is all set against a backdrop of an overspend on social care by Cornwall Council of £2.130 million in 2016/17 and an overspend by NHS Kernow CCG in the same year of £53.7 million. Clearly this situation is unsustainable and there are many plans being debated, and hopefully successfully implemented, to improve performance.

WE NEED TO START WORKING ON WAYS TO SUPPORT FAMILY CARERS IN CORNWALL.

The formal care sector's problems are the ones we hear most about but the silent army of family carers is having a tough time of it. Cornwall's unpaid carers saved authorities an estimated £1,308 million in 2015 alone. Statistics show that carers are spending more hours caring than previously and far more needs to be done to support them. These people are the 'forgotten saviours' of our society. Without them our society would collapse and many people would die. It is that simple. We need to start improving their lives.

In the UK, between 2012-13 and 2016-17, the average carer-reported quality of life score decreased³ from 8.1 to 7.7 (out of a maximum score of 12), indicating a deterioration in their overall quality of life. Carer-reported quality of life scores were 0.3 points higher in men than women across all years. The quality of life score for

men decreased from 8.3 to 7.9 between 2012-13 and 2016-17, and the quality of life score for women decreased from 8.0 to 7.6 over the same time period. Carers in the '65 and over' category had an average quality of life score that was 0.5 to 0.6 points higher than those in the '18-64' year old category across all years. The 2014-15 score for Cornwall was 7.5 which indicates that much could be improved.

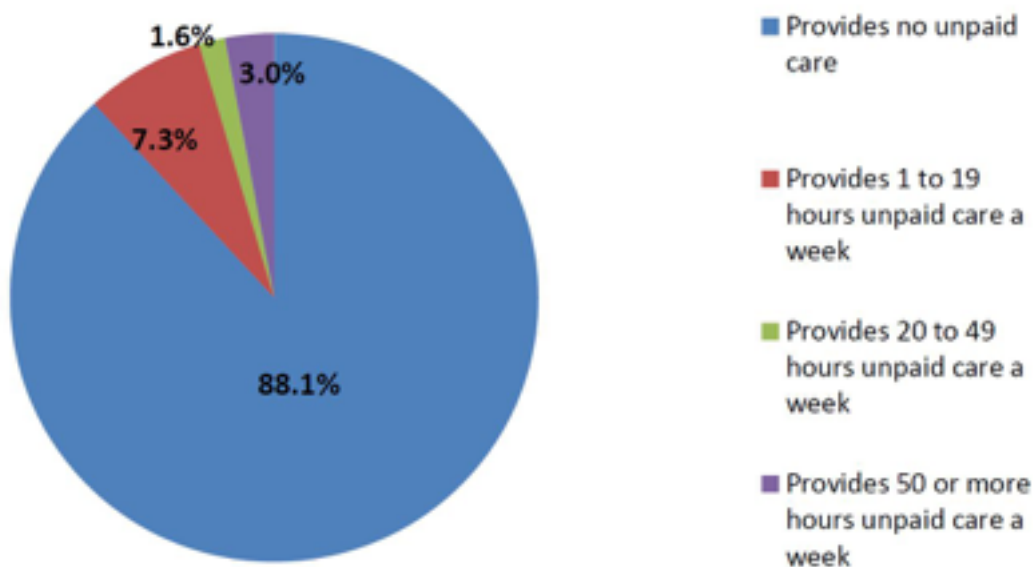
As the evidence below clearly demonstrates the family carers in Cornwall are an incredible resource but research and anecdotal evidence tells us that these people are having a tough time of it. During the course of the project we talked to unpaid carers and found that many are just pushed into the role of carer by circumstances. Their husband has a stroke or Mum becomes too frail to cope alone and there are few available affordable, or acceptable, alternatives. You just have to bite the bullet and get on with it. For the majority it is also a role with no end in sight.

Family carers often feel trapped in their situation with very little respite care available at all, even if they can afford to pay for self-funded residential care. The majority of care homes are not willing to take advance bookings for respite care and in-home care is also scarce and expensive.

Many carers have to give up their jobs and struggle to maintain a social life; even finding time to visit the hairdresser can be a major trial. The responsibility of providing care to an elderly person is enormous requiring a lot of time, effort and patience. Many carers struggle with their own health issues and often feel that no-one much cares about them as long as they keep caring.

The number of people in Cornwall providing unpaid care¹ rose by 14% from 55,400 people in 2001 to 63,200 in 2011. The increase in the number of unpaid carers across England and Wales was 11.7%. The chart below shows the number of unpaid care hours provided by people in Cornwall in 2011:

Proportion of Population Providing Unpaid Care in Cornwall



According to the Carers UK report , A Carer's Life, the economic value of the contribution made by carers in the UK is now £132 billion per year, almost double its value in 2001 (£68 billion). £132 billion is close to the total annual cost of health spending in the UK ,which was £134.1 billion in the year 2014-2015. It is more than the market value of HSBC Holdings or Visa PLC.

This report estimated the value of Cornwall's unpaid carers in 2015 to be £1,308 million. This is a sizable contribution and surely deserves more recognition and practical and meaningful support. Failure to do so risks that carers' physical, mental and emotional health suffers to the extent that they also need care, instead of giving care to someone else. Not to mention that these people are doing an incredible job that deserves not to be taken for granted by an ungrateful society.

Carers' contribution is growing - the 2015 figure is 7% higher than the figure for 2011. This is mostly because carers are providing more hours of care (82%), and partly due to the increased hourly cost of paid homecare (18%).

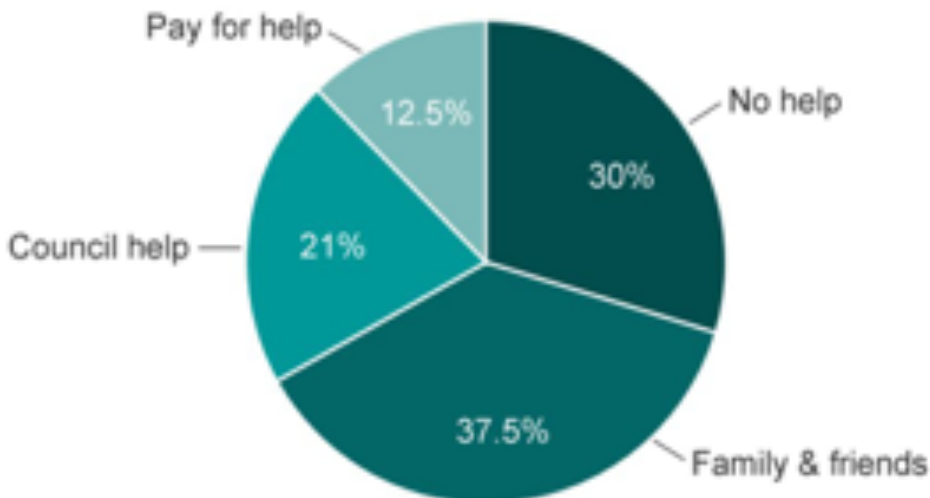
CARERS ARE PROVIDING MORE CARE FOR TWO MAIN REASONS:

- » Care needs are greater - Between 2001 and 2015, the number of people aged 85 and over increased by over 431,000 (+38%) and the number of people with a limiting long-term illness increased by 1.6 million (+16%)
- » Less homecare support - Between 2010-11 and 2013-14, less homecare support was provided by local authorities to people with care needs in England (where the reduction was greatest) and in Scotland. Numbers of homecare clients and hours of homecare increased in Wales and Northern Ireland, but still did not keep pace with rising care needs

This conclusion of the IPC Report, November 2017 - A Carer's Life, Implications and Considerations for Commissioning calls for more to be done for carers.

"During the focus groups many carers recounted stories of 'reaching the end of their tether' but being forced to continue their caring role because there was no alternative, no services, little support and no one else to do the job. But is that really all carers can hope for – to survive? Is that really what society wants – an army of carers just trying to survive another day? Surely, first and foremost carers are people who have rights and dreams. People who, to be resilient, must be recognised and valued for the experts they are and supported to do the job no one else can do. In a time of austerity can smart commissioners afford to do anything else?"

THE BBC COMPILED CHART (BELOW) USING DATA FROM VARIOUS SOURCES SHOWS THAT ALMOST 40% OF ALL CARE NEEDS OF OLDER PEOPLE IN ENGLAND ARE BEING MET BY FAMILY AND FRIENDS.



Source: Age UK, Laing Buisson, NHS Digital, Carers UK



WE NEED TO INVEST MORE IN ASSISTIVE TECHNOLOGIES.

When the people of Japan realised that they were unable to meet the demand for carers for their fast-ageing population, they turned to technology to see what could be done. Their research work resulted in many smart home and assistive solutions to help support the everyday lives of older people.

Technology can offer huge potential benefits for people living with dementia, physical limitations, sensory loss and chronic medical conditions, and to their carers. More needs to be done to evaluate the many technologies available and promote take-up of the most beneficial and cost-effective. We should certainly be expecting all new build specialist housing to be hard-wired to accommodate telecare and similar systems as a minimum.

The main difficulties that face older people who wish to remain living in their own homes are usually connected with mobility, illness and cognitive functioning, for example difficulties with remembering things. There is a wealth of technology now available that can assist with most of these difficulties.

Everybody wants to feel safe and for older people and those who care for them this is of even more importance, especially for those living alone.

Mobile and cordless telephones have made it easier for people to stay in touch and call for help when needed but there are systems available that build on this. There is a range of sensors and computer monitor systems that will raise an alert in a number of circumstances without someone having to make a telephone call or press a button. These can be set to monitor everything from physical functioning, such as heart rate, to activity and movement or lack of it, conditions within the home and even callers at the door.

Older people often find themselves prescribed with a bewildering number of medicines to be taken at particular times throughout the day. There are now devices, sometimes known as 'stand alone' devices, that can help with this by providing a prompt when it is time to take a particular medicine.

We all take for granted how simple it is to turn on a light when we need to move around in the dark, but for some older people even this can prove difficult. Technology offers some solutions for this with

devices that can be operated remotely to turn on lights and other devices without the need for moving and bending. Moving in the dark to find a light switch can present a serious danger to the more frail and physically impaired and remote switching devices can help to reduce the dangers.

Being trapped within the home is difficult for anybody and it is important that the mobility of an older person is maintained as much as possible. Apart from physical difficulties, problems with memory can reduce mobility considerably. For those who suffer from confusion or memory loss even a short walk to a corner can be a daunting and distressing prospect, but there are now systems available that help locate a person (very much in the way that other GPS location systems such as Sat Nav and mobile phone navigation apps do) and allow them to ask for help when needed. There are some ethical issues around monitoring of individuals but these can be overcome with good management.

Technology solutions are not about replacing human contact or restricting independence but rather to enhance care provided and enable the older person to lead a fuller, more independent life.



INSIGHTS FROM OUR DISCUSSION GROUPS ON THIS TOPIC

There was a mixed reception to the use of assistive technologies from enthusiastic support to suspicion and nervousness about using them. Many had never seen, or even heard of, some of the more sophisticated technologies. There was a consensus that these should not be used to replace human contact but to supplement and allow quality time to be spent by carers.

It is clear that resources need to be invested in communicating the benefits and potential of these technologies to improve quality of life and keep people independent for longer if we want them to be accepted and implemented in homes.

THESE TECHNOLOGIES NOW COME IN MANY FORMS AND CAN OFFER MANY BENEFITS INCLUDING:

- » Promoting independence
- » Enabling people living with dementia to have access to 24-hour support through low cost equipment in their home.
- » Reducing anxiety and providing reassurance for family and friends
- » Supporting medication adherence and good nutrition and hydration
- » Improving resident monitoring in care homes
- » Take over menial tasks from carers in care facilities to enable them to focus on more quality patient contact and support
- » Delaying care home admissions by enabling people living with dementia and conditions limiting their daily activities to stay independent for longer.
- » Supporting family carers
- » Reduce hospital admissions and length of stays

CITY IN JAPAN - USING QR CODES TO KEEP DEMENTIA SUFFERERS SAFER

We are familiar with people microchipping their pets to ensure they're easily found when lost, but now a city in Japan wants to apply a similar approach to their elderly -- and they're turning to QR code stickers instead of microchips. Officials in Iruma, near Tokyo, are supplying tiny waterproof QR code stickers to families with elderly relatives at risk of wandering away from their homes and getting lost. The QR stickers -- which last about a month -- can be stuck onto a fingernail or carried around on a key holder. If the program is broadened to the whole country, people who come across a disoriented member of the elderly population could scan their stickers with their smartphones, using an app, and find out the wearer's registration number, their hometown and the telephone number of their city hall.

While the visible QR codes raise significant privacy concerns -- as theoretically anyone with a QR reader app could scan them -- the information provided does not contain the person's name and address but there is a system in place to get them home. Even the police, for example, must always go through the city council to obtain such information.

AND LAST , BUT CERTAINLY NOT LEAST, WE SHOULD NOT FORGET THAT WE ALL NEED TO BE TAKING RESPONSIBILITY FOR OUR OWN WELLNESS THROUGHOUT OUR LIVES.

We need to be changing our behaviours so that we are stronger and more resilient in mind and body as we enter the later years of our lives.

Although we are living longer, this trend is not matched by the time we can expect to live without any limitations to our activities . There are also huge disparities between the affluent and deprived areas , even within Cornwall.

There is a growing body of evidence proving the causal link between housing and community services and healthy ageing. Prevention has never been more important but we are living in a system that seems to want to only invest in the immediate returns and solve the immediate crisis, however inconsequential these might be compared to the potential returns over the long term. We are also experiencing a disturbing trend of people abdicating their responsibility to look after themselves and expecting others to do so instead.

There is plenty of evidence to show that improvements can be made at all times in our lives, even when we are very frail and elderly.

WE NEED TO DO MORE TO MOTIVATE AND ENABLE PERSON-CENTRED POSITIVE LIFESTYLE BEHAVIOURS AMONG YOUNG AND OLD TO IMPROVE PHYSICAL AND MENTAL HEALTH OUTCOMES.

DISTURBING TREND IN DISABILITY FREE LIFE EXPECTANCY

THIS EXTRACT FROM THE AGE UK BRIEFING OF HEALTH AND CARE OF OLDER PEOPLE IN ENGLAND 2017 ADDRESSES THE DISTURBING FACT THAT WHILST WE ARE LIVING LONGER, THIS TREND IS NOT MATCHED BY THE TIME WE CAN EXPECT TO LIVE WITHOUT ANY LIMITATION OF OUR ACTIVITIES. THIS IS KNOWN AS DISABILITY FREE LIFE EXPECTANCY.

“ Furthermore, while greater longevity overall is still to be welcomed, unfortunately far too many of those extra years are being spent in poor health. It is of great concern that the most recent data presented here point towards more, not less, ill-health and disability in later life.

Over the last decade disability free life expectancy (DFLE) increased significantly between 2005-07 and 2010-12, and over that time woman gained an average of 0.5 years of good health and men around 0.4 years. However, since then DFLE has declined for both sexes. Men have lost a shocking 75 per cent of the gains made in the earlier part of the decade, with women close behind losing 60 per cent.

In 2005-07 a woman could expect to live another 10.7 years free from disability at 65, this peaked in 2010-12 at 11.2 and has now fallen back to just 10.9. Meanwhile men could have expected 10.2 years free from disability in 2005-07, peaking at 10.6 before declining to 10.3.

It has long been the case that increases in life expectancy have outpaced improvements in DFLE, however the gap is now growing faster than before as improvements in life expectancy just about hold their own and past gains in DFLE are eroding. As a result, more of us are spending more time in later life with multiple long-term conditions, frailty, dementia and social care needs.”

State pension age for UK women will rise to 65 by 2018, to 66 for men and women by 2020, with a further increase to 68 by 2046 at the latest. The relationship between health and work is bidirectional, with benefits of work on physical and mental health, although if longer working life is accompanied by an increase in the time spent with health problems and work disability, continued working will be problematic.

HIGHLIGHTS FROM ASSOCIATED RETIREMENT COMMUNITY OPERATORS RESEARCH ON PHYSICAL ACTIVITY IN OVER 65'S

NHS advises people over 65 to do 2.5 hours of moderate exercise and muscle strengthening per week

They surveyed 1000 people over 65 and found:

- » 70% wanted to be more active
- » 35% were 'not very' or 'not at all' active
- » 24% said they felt self-conscious in gyms
- » 22% said facilities don't accommodate the needs of older people
- » 29% said facilities were too expensive
- » Nearly a quarter said they would go if they had someone to go with and this increased to a third of those who lived alone
- » 37% cited medical reasons or injury as the reason they did not exercise
- » 25% of those living alone said they would go if there were more older people there and 23% of them would go if classes were aimed at older people

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REPORT AUTHORS

The project was led, and the report written, by Carol Randall, Principal Consultant of Candere with support from Rachael Gaunt, Director of Innovation and Placemaking at Poynton Bradbury Wynter Cole Architects Ltd. Having met at a networking event, Rachael and Carol discovered that they share a passion - that of the future of elderly care. Both have professional experience related to this topic in their own fields and resolved to find a way to further the progress of living and community arrangements for older people in Cornwall.

Together they decided to pull together a forum of people who, collectively, have the skills, experience, resources and determination to convert the much discussed, researched and written about, aspiration of living well in later life in Cornwall into a reality.

They took their project proposal to the Cornwall Council Adult Social Care team who decided to sponsor the housing related launch project.

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CAROL RANDALL
PRINCIPAL CONSULTANT
CANDERE

Carol is the principal consultant at Candere and works with businesses, large and small, to develop a unique differentiated proposition and build a brand that will outshine its competitors. The Candere approach is strategically focused and creatively driven, designed to effect innovative thinking.

Carol has recently returned to the UK after 15 years in Singapore advising on many aspects of wellbeing and ageing. Her career developed with world leading global reinsurer, Swiss Re. During this time she was responsible for researching and developing new and innovative business models and leading sales, marketing and client management teams. In addition she researched and co-authored Swiss Re's Long Term Care series of publications, spoke at seminars around the world on LTC Insurance related issues and led Swiss Re's collaboration with United Nations for International Year of Older Persons report on "Society for All Ages". Her last role for Swiss Re was Head of Business Development, Life and Health, South East Asia.

In recent years Carol has worked with clients in South East Asia to develop Long Term Care Insurance products and ran informative workshops for the Singapore government when they were introducing their national Long Term Care insurance system. She also supported work in this area in Hong Kong, Japan and India.

Carol brings valuable insight and leadership within the wellbeing and ageing arena and has developed strong networks within the South West through her leadership of Willow.



RACHAEL GAUNT RIBA
DIRECTOR
PBWC ARCHITECTS

Rachael is a qualified architect and placemaker with over 20 years of design experience. She leads the collaborative innovation and placemaking Studio at Cornish architectural practice, PBWC, based in St Ives. The 24 person studio includes a dedicated team of specialist focussing on ageing and wellbeing.

Rachael advises housing associations and private sector clients on matters in the role of lead consultant and is passionate about the need to promote positive manifesto for place, to encourage independence into later life. She collaborated with Jeremy Porteus on Happi 4 – Rural Housing for an ageing population and is an active member of the Housing LIN SW leadership set.

Willow is a project of personal interest to Rachael and she has dedicated the past 2 years to an immersive review of the role of housing to help facilitate improved health and wellbeing benefits. Her current portfolio includes care operators, registered social landlords, private sector developers, local authorities and charities. She is committed to supporting the change makers in Cornwall to help accelerate the delivery of specialist housing and improve design standards and quality of life.