



BETTER HOMES, BETTER LIVES



RESEARCH 2017-2018

APPENDIX A(2) - SUMMARY OF STAKEHOLDERS VIEWS

APPENDIX A(2) - STAKEHOLDER INTERVIEW GUIDE AND SUPPORT MATERIAL

Below is a summary of the views expressed by the 38 stakeholders interviewed. The findings from these interviews were used as material for the discussion groups, for the Changemakers Day workshop to generate ideas, and are reflected in the key findings and recommendations.

- 1. We are all aware that we are all living longer but would you say that the majority of people in Cornwall appreciate the significance to society of this trend ?**

There were very mixed views on this but there was some consensus that many are most likely aware of the symptoms on the system such as pressure on social care, primary care and healthcare. However, they live in the here and now and fail to plan ahead. There is also denial driven by fear of losing functionality and the consequences of loss of independence. Many are not having the difficult conversations with their families about issues such as dementia, end of life wishes nor are they making timely decisions about housing. A number of stakeholders felt that most people, whether aware or not, are not changing their lifestyle behaviours to improve their physical and mental wellbeing.

- 2. What would you say are the key challenges facing the elderly in Cornwall at the moment?**

Almost everyone mentioned social isolation, loneliness and the lack of a support network as a problem for many. This is exacerbated for those who moved to Cornwall as a couple when they retired and have subsequently lost their partners and so are lost alone with no family nearby and no support network.

In some areas the number of second homes in some areas results in them being 'ghost towns' during the winter. Second homes also drive up property prices so that children cannot afford to live near their parents with the resulting lack of readily available family support.

Transport was also much mentioned with the lack of good transport links, especially in rural areas, leading to a dependence on cars. Without a car older people are unable to access shops and essential services and can leave them imprisoned within a small area or even in their home.

Poor housing stock and lack of housing choice was also felt to be a serious challenge. Much of Cornwall's housing stock is old and difficult to heat and maintain and unsuitable for anyone with any kind of mobility issues.

Poor quality care provision - both residential and domiciliary. The rural nature of the county makes getting carers out to give care in the home a real challenge for care providers. Carers earn relatively low wages and so are often not able to live close enough to their place of work. Care for dementia sufferers and those with mental health issues was considered to be very poor indeed.

Day care centres are closing , services are diluting. There are specific issues around ambulance services abandoning elderly people at hospital with no way to get home. The pressure on healthcare services is an issue for everyone.

3. What would you say are the key opportunities for the private sector with regard to the senior market in Cornwall?

The care sector was the overwhelming first choice for many. Both domiciliary and residential care sectors need some new players who can shake up the sector and improve quality.

Housing of all kinds was also perceived to be a key opportunity including specialist housing such as Extra Care schemes, co-housing, secure tenure private rental and retirement villages.

Assistive technologies and smart homes to enable people to stay safely in their homes for longer.

Opportunity to employ more older people. The older population is the fastest growing segment but is not being fully utilised.

Leisure, sport and educational facilities to improve wellbeing, increase opportunities for social contact including targeting younger more active older people.

Attractive inclusive design bathrooms so that home adaptations to aid function do not result in making a home look, and feel, like a hospital.

4. Would you say that there is adequate provision of specialist housing for people in later life in Cornwall? If No, why do you think that more has not been developed?

Not surprising that this was an overwhelming 'No'. Some noted that there are some private sector schemes being built by specialist developers like McCarthy and Stone and Churchill but that there is very little at the middle and lower sectors of the market.

There was no real concrete reasons given for this lack of provision but there was comment that the Council had been too slow to adopt new ideas, had failed to plan strategically, not taken action when funds were available from Central Government and so are now playing catch up in a climate of austerity. Also that the focus has been on family housing as that is what developers want to build and planning has also had a strong focus on family housing.

5. In other European and Scandinavian countries community centres are often shared by both old and young, e.g. mixing nursery provision for children with day care for the elderly. Do you think this is something we should be doing more in the UK?

Another overwhelming consensus to support this as a way forward and not just in day care but in residential care homes like the Humanitas model in the Netherlands where students live in care homes free of charge in exchange for doing chores and helping with the residents.

Many expressed concerns that the UK is seeing a breakdown of families and family culture that is not happening in places like Germany and Scandinavia and that we need to be more imaginative and interventionist to tackle this

Some felt that we also need to provide accommodation where old and young could live together.

6. **Have you heard of co-housing? (If No, explain briefly) Currently there are no co-housing projects in Cornwall although some are being explored. Do you think this is something that should be encouraged and facilitated?**

Many had not come across this model before. The consensus, once this was explained, was that it would not suit everyone but that we should be encouraging people to take the initiative on all kinds of self build options.

7. **Have you heard of Extra Care? If No, explain briefly).We have only a handful of Extra Care developments in Cornwall although we know that more are under consideration. Why do you think it has taken such a long time to get these underway?**

The majority were familiar with the term and were pleased to learn that the Council was at least looking into it. Many commented that the Council is too slow, too slow, lacking in leadership and are focussed too much on the short term. Also that they lack the trust and flexibility required to work with others to develop these schemes.

8. **According to Local Government Association Budget surveys , Local Government directors always say that prevention is a priority and yet the budget for prevention is always cut. Have you heard about Social Impact Bonds ? (if answer is No, show diagram and explain) Do you see a place for Social Impact Bonds assisting with prevention issues and the funding of social care of the elderly in Cornwall?**

Many had not heard of Social Impact Bonds and once it was explained were cautiously supportive of anything that could be another way of funding preventive initiatives.

Those who were familiar with the concept were mostly supportive with only one or two unconvinced about their effectiveness.

One stakeholder pointed out that one of the problems affecting spending on prevention is the NHS 12 month funding cycle. If this was a 3 year or 5 year cycle it would be easier to get funding for initiatives that cannot show returns in the short term.

9. **We are aiming to generate ideas for viable pilot projects. What would you particularly like to see get off the ground in Cornwall?**

The ideas below marked with an asterisk and number were mentioned by that number of people.

More day centres with full time managers and their own premises offering a wide range of services and support.

*** 3 - A network to help collaboration and facilitate collective action**

There is pressure on services created by an influx of older people into Cornwall. We need to find a way to give preference to local residents and encouraging more people of working age to come to Cornwall.

*** 3 A form of neighbourhood watch scheme , perhaps run by parish councils, where people volunteer to be the person in the street who keeps an eye out, especially on older people to ensure they are OK.**

Work on improving healthy life expectancy

Ways (technologies, adaptations?) to help people stay independent at home for longer and to enable transitions from hospital

Collaborative and community -based advocacy and advice helping people to plan for later life and end of life and make better housing choices.

*** 3 Home share schemes/ Multigenerational shared living scheme**

*** 2 More Extra Care schemes**

Independent Living Centres

*** 3 Mixed age leisure and activity centres including day centres for young and old**

Proper housing delivery plan for all tenures

*** 2 Pathway flat schemes - small schemes of specialist flats with rehab facilities and care to help people to get out of hospital and back home**

A coherent plan for all neighbourhoods to help people live independently

Parish managed micro schemes - building a few new eco units for older people to move into and their larger home could then be rented or sold to a larger family with an association with the parish or need to be there. This way people can stay connected with their own support network and not lose their home if they want children to inherit.

Networked approach to services and care. More people are going to stay in their homes than move into some kind of new development so we need to make sure these people are properly supported.

Adequate funding for versatile accommodation to be built in settlements of less than 3000

Review of planning requirements to ensure that ALL homes are built to a good standard so that the elderly and less able can live in them

Affordable and reliable transport service - there are voluntary transport services but they compete and don't work together.

Targets over time to get more older people into the workforce

More preventative work - funding to support people so that they don't need care so soon

Workplace related day care for older people to enable more family carers to get employment

Co -housing projects

Better support for family carers - perhaps to establish a carers' discount and benefits scheme so that people who are family carers are made to feel that their contribution is valued.

Establishment of a mixed age village with inclusive, accessible homes and facilities to enable more community spirit

Support information

What is Co-housing?

Although not really a specialist housing for older people model it can be utilised for them. Cohousing communities are intentional communities, created and run by their residents. Each

household has a self-contained, private home as well as shared community space. Residents come together to manage their community, share activities, and may also occasionally eat together.

Cohousing is a way of resolving the isolation many people experience , recreating the neighbourly support of the past. This can happen anywhere, in your street or starting a new community using empty homes or building new.

Cohousing communities can be inter-generational, welcoming anyone of any age and any family structure, or specifically to cater for people who are older or are communities of common interest, for example for women or LGBT groups.

What is Extra Care housing?

Also known as ‘very sheltered’ housing or ‘assisted living’, this is a type of ‘housing-with-care’. Staff are usually available up to 24 hours a day to provide help with washing, dressing, toileting and taking medication. There is usually an emergency alarm system, which may be connected to care staff instead of an external call centre.

Domestic help, such as shopping and laundry, may be available and meals may be provided in a communal dining room or in individual flats. Extra care housing is not the same as a care home, although some schemes are linked to a nearby care home (sometimes called ‘close care’).

Residents in extra care housing live independently in fully self-contained properties with their own front door. Extra care housing can be rented or owned, meaning the resident has a legal interest in the property. Care home residents are usually licensees with fewer rights than tenants or leaseholders. Nursing care, such as having wounds dressed, catheter care or being given medication, is not generally provided by staff in an extra care scheme, but may be provided by a visiting district nurse.

There is now a considerable body of research that indicates that the Extra Care scheme model has the potential to result in positive outcomes in terms of physical and mental health measures and savings on health and social care costs.

There are currently two Extra Care schemes in Cornwall, commissioned by the Council, for people over 55 years old with age related support needs (people under 55 with a disability will be considered). These two schemes offer 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, run by Aster.

Social Impact Bond information

(Taken from Government Knowledge Box Guidance on developing a Social Impact Bond)

1. What are Social Impact Bonds?

There are a range of entrenched social problems that government has consistently struggled to address, including children in care, homelessness, youth unemployment or long-term health issues. Social Impact Bonds (SIBs) bring together the public, private and voluntary sectors to solve these challenges by having a clear and relentless focus upon delivering the outcomes we want to see. They incentivise service providers to deliver the best possible outcomes by making government funding conditional on achieving results. Service providers receive upfront funding to deliver the project from Social Investors.

There are now more than 30 Social Impact Bonds across the UK, supporting tens of thousands of beneficiaries in areas like youth unemployment, mental health and homelessness.

