HOUS/05

Cambridgeshire Older People's Accommodation Programme Board

Older People's Accommodation Strategy

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Executive Summary

In Cambridgeshire, there is a rapidly expanding older population, a tightening of public sector funding and a system of specialist and care accommodation for older people that seems to be at capacity. These factors have created a situation where key services are in short supply, restricting choice and contributing to pressures in NHS and Social Care Services. A particular area of concern is hospital discharge, where the availability of residential and nursing home placements is one of the major causes of delay. , The level of demand for local care services is so high that it is driving up prices, putting more pressure on public sector budgets that are dependent on private sector provision in order to make sure that older people are safe and well.

The pressure created by an increasing and ageing population cannot be eased by continuing to meet needs in the same way; we cannot build facilities at a fast enough rate and even if we were able to, providing services from them would be unaffordable. The public sector must therefore transform our approach to accommodation for older people.

We know that living in suitable accommodation that is appropriate to someone's needs is a protective factor, and likely to reduce the frequency or severity of people's needs. This includes, in some cases, the need for institutional care. Ensuring there is enough suitable accommodation to meet the needs of the older population is therefore essential to help make sure that the levels of need in the population are manageable within current resources.

However, housing is complex. There is not a single organisation in control of housing, so a 'command and control' approach will not ensure delivery. Although housing policy is determined by central and local government, the majority of housing, specialist and general needs, is delivered by the private sector operating in a market that is particularly sensitive to macro-economic forces and changes in finance.

Furthermore, it is difficult to precisely predict the accommodation needs and desires of a future population. Understanding what is considered 'enough' accommodation to meet the needs of the current and future population of older people is very complicated, for four reasons:

- People's circumstances and preferences are a major factor in deciding where they want to live
- There are multiple sources of demand
- Provision of each affects others, e.g. a range of accommodation specifically designed to promote independent living should reduce need for institutional bed-based care
- Monitoring of what has been commissioned does not show us unmet demand

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

Recognising the challenges we need to have a clear set of aims that all organisations can sign up to. This will provide us with a clear direction and put us in a better situation to influence the housing market.

Our strategy is based on the idea that given a good set of options to choose from, people will naturally choose the option that enables them to live healthily and well, which will limit their need for health and social care as they get older. To achieve this, the Older People Accommodation Board will adopt three priorities:

- Address current issues to help manage demand in the health, social care and housing systems in the short term
- Increase choice and affordability for those requiring specialist care in the medium and long term
- Influence and develop a choice of good accommodation options for older people (general needs and specialist supported) in the medium and long term

1.0 The Role of Accommodation in Health and Social Care

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

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

One of the crucial factors in successfully preventing situations where people need help from the health and social care system, or managing their needs well so the help they require is minimised, is suitable accommodation. Inadequate housing exacerbates health problems and creates other problems, particularly injuries associated will falls: injuries due to falls among older people have been estimated to cost the state £1 billion a year – 1 in 4 falls involve stairs and the majority take place in the home.[1]

In this strategy, 'accommodation' means all types of housing that older people might live in, temporarily or permanently. It includes mainstream housing at one end of a spectrum of intensity of support, housing with some sort of support in the middle and residential / nursing care at the highest end, with a range of different approaches in between. It also includes hospital provision, both acute and community-based.

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

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

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1 Homes & Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI)

Furthermore, housing and care accommodation options are very complex and a lack of co-ordination with no agreed overarching aim makes it very challenging to adequately plan and deliver a choice of suitable housing/care accommodation for older people. To tackle this issue the strategy sets out agreed aims that will shape approaches to accommodation for older people and support the development of suitable accommodation that people want to live in and supports them to reduce or manage their risks of needing health and social care.

1.1 Purpose and Aims

The Cambridgeshire Older People Accommodation Programme Board brings together Cambridgeshire County Council, district and city councils, Peterborough City Council, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), the System Transformation Board, Cambridge University Hospitals, and Hinchingbrooke Hospital. The Older People Accommodation Programme Board reports to the Cambridgeshire Executive Partnership Board (CEPB).

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

We will achieve this by:

- Addressing current issues to help manage demand in the health, social care and housing systems in the short term
- Increase choice and affordability for those requiring specialist care
- Influence and develop a choice of good accommodation options for older people (general needs and specialist support)

Without better housing in the community in which people belong, the choice for older people will often lie between getting by in unsuitable accommodation or uprooting to some form of institution home, often removed from familiar surroundings. Such moves are usually triggered by crisis rather than planned ahead and even if they are planned older people are constrained by location, availability and tenure – putting into question whether this is really a choice.[2] Our strategy aims to change this current situation and give older people true choice in their accommodation.

The strategy will be reviewed yearly to ensure that our approach is working and to reflect any updated information due to latest modelling, research, changes in organisational and political priories and any changes in housing or planning policy.

2 Ibid.

1.2 Definition of Accommodation

The range of specialised or supported housing options for older people is substantial. Due to the various types of housing for older people but with few agreed definitions, the Older People Accommodation Programme Board has developed some definitions for the various forms of housing. There are only six definitions (see appendix 1); we have decided to limit the number of definition to six to reduce complexity, not to ignore the variety of housing options available for older people. All types of housing for older people should fit into one of the six definitions. Specialist housing or specialist provision in this strategy refers to extra care and sheltered accommodation as defined in appendix 1.

2.0 Drivers for Change

2.1 The Ageing Population

Over the next 25 years, the population of Cambridgeshire will grow to approximately 801,100 in 2036.The population of people who are over 65 is expected to grow rapidly over that period too. By 2036, there are expected to be 195,200 people over 65 living in Cambridgeshire, approximately twice the 100,300 that were living here in the 2011 census.[3]

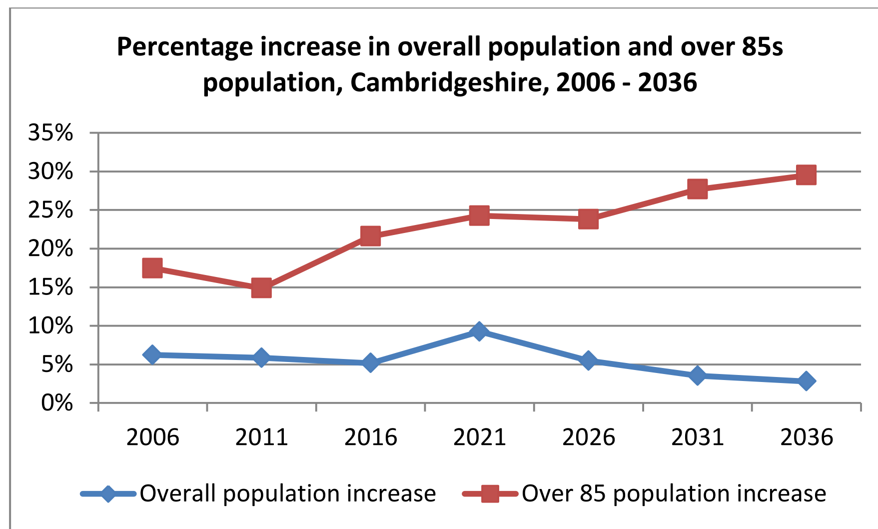
This continues a pattern of growth that has been obvious since the 2001 census. The 2011 census showed that Cambridgeshire was the fastest-growing shire county in the country over the past 10 years. Over the whole 35 year period between 2001 and 2036, the overall population is expected to grow by 45%.

However, the growth in the over 85s is the most startling comparing 2001 to 2036. Over that period, the population of over 85s is expected to grow by 317%, from 10,303 in 2001 to 43,000 in 2036. This is particularly challenging for the health and social care system because people over 85 need a lot more support than younger people.

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

3 Research and Performance Population Forecasts Feb 2015

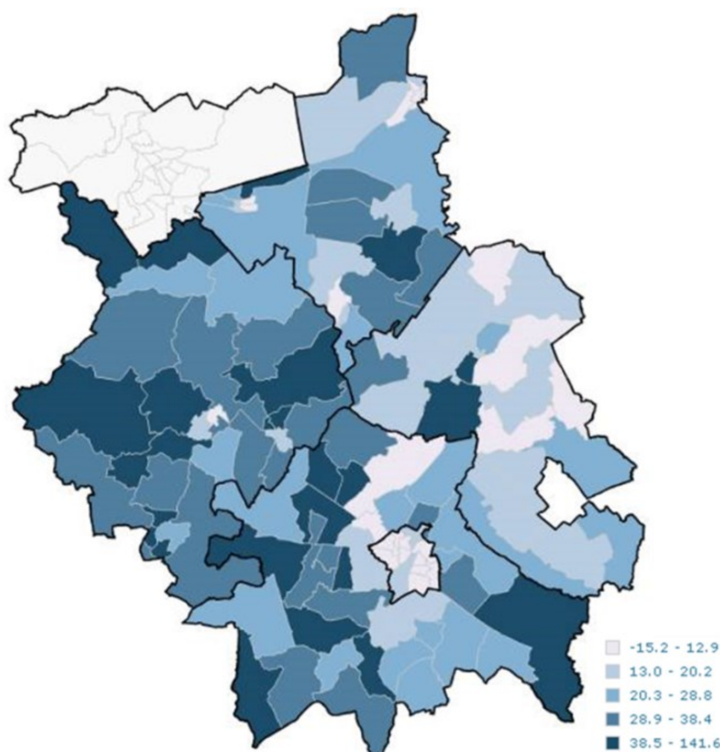
Figure 1: Population Change in Cambridgeshire 2006-2036



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

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

Figure 2: Population Change in Cambridgeshire 2001 – 2011

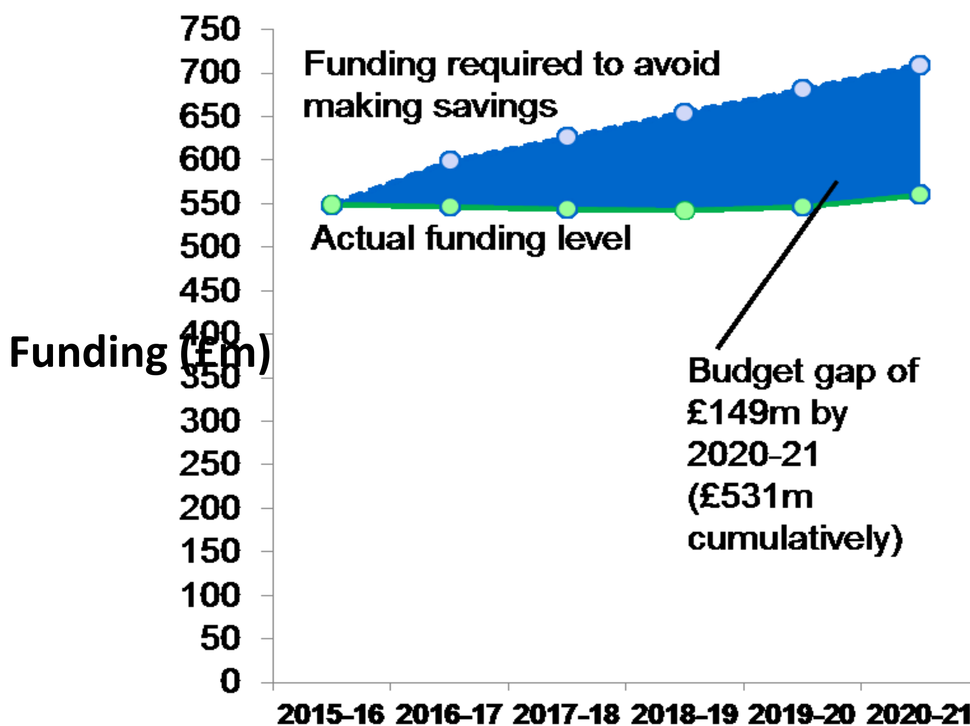


It is currently projected that between 2011-2036 Huntingdonshire, South Cambridgeshire and East Cambridgeshire will experience a 106%, 100% and 97% increase in the over 65s respectively compared to Fenland 78% increase and Cambridge City at 80%.

2.2 Funding

Local authorities are facing increasing challenges to meet needs under significant financial pressures. Although funding is predicted to stay relatively consistent over the next five years, with increases in population and inflation there will be a significant shortfall if the way services are delivered does not change. In real terms this equates to a budget reduction of around 40%. This does not take into account the sizable budget savings that have already been made since 2010.

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



The local health system is also facing significant financial challenges. The local health system receives over £1.7 billion each year to pay for NHS services. However, like nearly all health and care systems in the NHS, Cambridgeshire and Peterborough are struggling to meet the needs of the local population within the fixed financial budget. In 2015/16 alone, current estimates indicate that the local health

system will spend about £150 million more on NHS services than the financial resources that are available – an overspend of about 9%.[4]

While the amount of money that the local health system receives to pay for NHS services is expected to increase steadily over the next five years (to total more than £2.1 billion by 2020/21), this will not be enough to cover the additional costs of increasing demand for services and rising inflationary costs if the system does not change. The latest projections show that if nothing changes, the total deficit for the system will grow to £480 million by 2020/21.[5]

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

2.3 Workforce

In addition to lack of physical capacity in terms of bed spaces, there is also a recruitment and retention problem across the health and social care system.

For example, according to recent Skills for Care analysis of the adult social care sector and workforce in Cambridgeshire, the turnover rate of care workers over the past 12 months is 24.4%, and as of December 2015, 5.9% of care worker roles in Cambridgeshire were vacant. This equates to an estimated 500 vacant care worker roles.[6]

Making sure that there is enough staffing provision in the system is essential for it to function. This applies to mainstream accommodation as well as specialist provision like nursing homes, as some older people will need to access care support to enable them to remain in the their own home. Therefore a quality workforce is essential to the success of this strategy. Some action is already being taken to address this issue, including the planned inclusion of key worker housing at Hinchingbrooke Health Campus.

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4 NHS. (2016). Cambridgeshire and Peterborough Fit for the Future: Working together to keep people well. Evidence for Change.
5 Ibid.
6 https://www.nmds-sc-online.org.uk/Get.aspx?id=/Research/Regional Reports/Regional Reports Summary Eastern/Cambridgeshire.pdf For more details see Cambridgeshire and Peterborough Fit for the Future: Working together to keep people well – Evidence for change, 2016; and Cambridgeshire County Council Market Shaping Strategy (Draft), 2016.

2.4 The Current System of Accommodation

There are a total of 109,840 people living in the county who are over 65 (ONS mid-year estimate 2013). According to the 2011 Census, 97% of people over 65 lived in households[7] with the remaining 3% living in communal establishments[8] (such as care homes). Currently most people live in general needs housing that they own,[9] however, as needs change, which often corresponds with ageing, they may move around as the accommodation becomes less suitable for them.

Some people make planned moves in anticipation of a change in needs or as their needs escalate, for example, someone may struggle to walk up stairs so will desire to move from a two storey house to a bungalow or specialist housing. While others may require a stay in hospital or temporary bed based care in response to falling ill or an accident; once they have received their care they may be able to move back home, or if this is no longer deemed suitable, move into more specialist accommodation or a care home. However, a shortfall of any one category of accommodation will impact on the entire system.

Figure 4 describes how people move around the system. The orange dashed box covers temporary and permanent accommodation types that are often commissioned by health, housing and social care agencies to support needs, i.e. the parts of the system that local authorities have more control over. A shortfall of any one categories indicated in figure 4 within the orange dashed box has an impact on the entire system.

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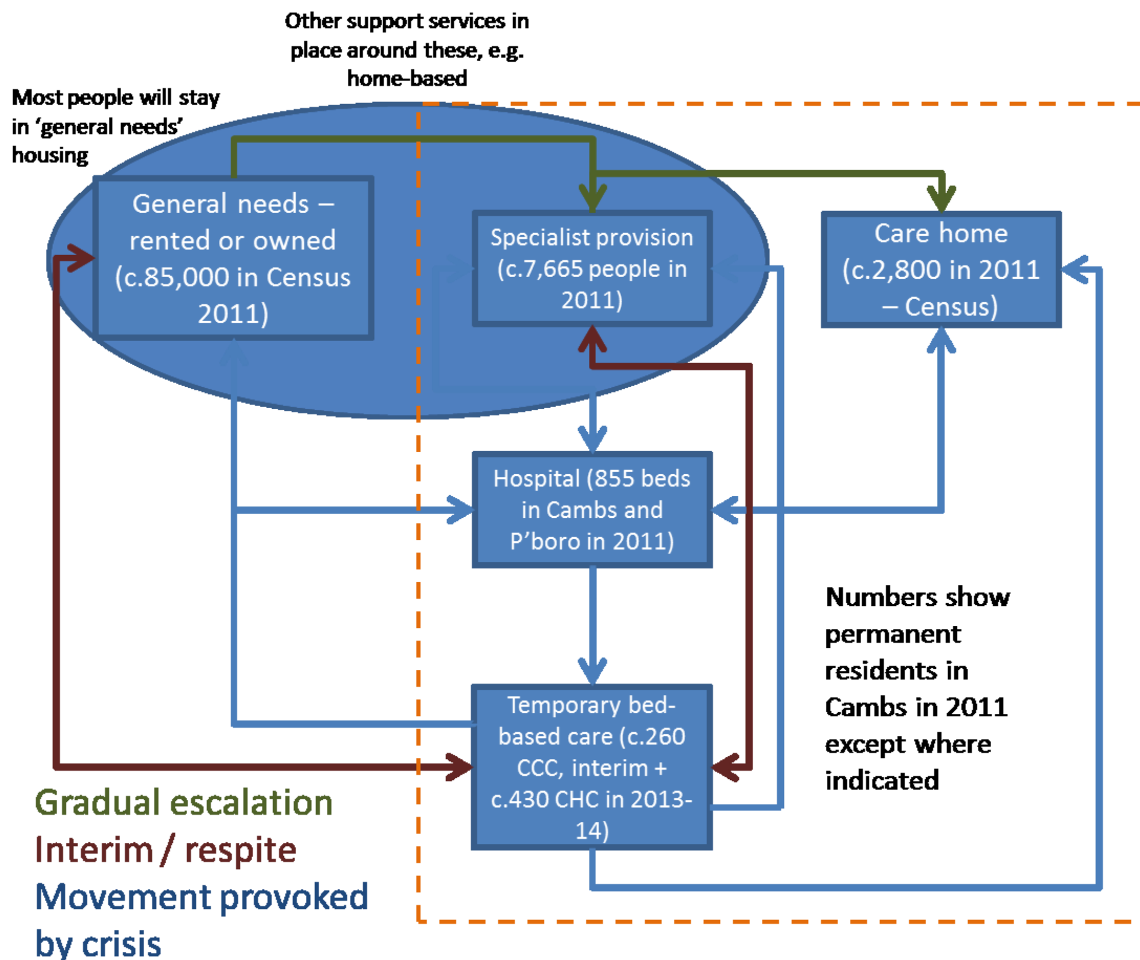
7 A household is defined as: one person living alone, or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room or sitting room or dining area. This include: sheltered accommodation where 50% of more have their own kitchens (irrespective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

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

9 APPG. (2014). The Affordability of Retiremnet Housing. *All Party Parliamentary Group on Housing and Care for Older People*

Figure 4: Model of where older people live and how they move around the system[10]



2.5 Delayed Transfers from Hospital

Measuring the number of people who experience 'delayed transfers of care' (DTOC) from hospital is one of the most obvious ways to establish whether the system is working effectively or whether there are problems. In 2015-16, in Cambridgeshire, an average of 2,442 bed days per month were lost as a result of someone being fit to leave hospital but unable to.

Someone might be unable to leave hospital either because there is not a suitable servicefor them to be discharged to (either in their own home or in institutional care) or because the processes of the health and social care system have not been completed in time. We know that the Cambridgeshire Health and Social Care system has a higher rate of delayed transfers than the English average, and we also know that a significant proportion of people are delayed in hospital in Cambridgeshire because of capacity issues – in residential, nursing and home care services.

10 See section 3.0 for source of numbers

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

Delayed transfers of care from hospitals to suitable accommodation should therefore be viewed as an indicator that the current provision of accommodation, taken in the most general sense, is inadequate to meet the needs of the older population.

3.0 Where Older People Currently Live

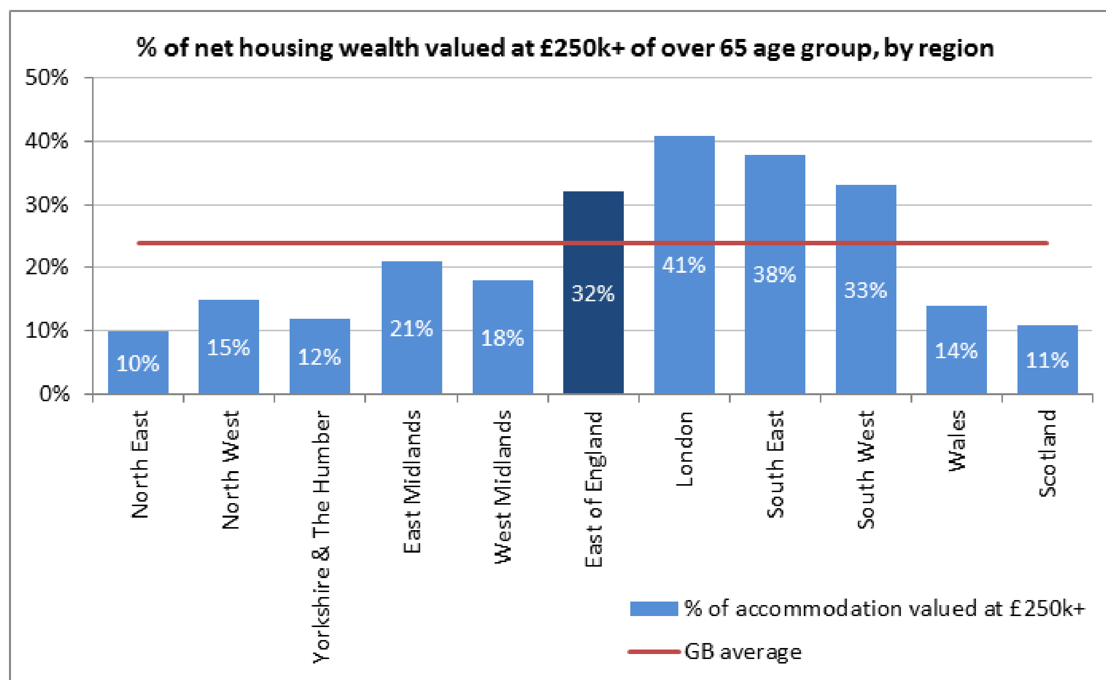
3.1 Owner Occupiers

The majority of older people live in their own home, 83% of over 60s living in England are owner occupiers, 64% without a mortgage.[11] Rates of home ownership peak in the 76-80 age bracket (at 91%), before sharply dropping (this may be the point at which people enter residential care or other accommodation option that they do not own such as with their adult children).[12] This suggests that approximately 91,000 over 65s in Cambridgeshire are living in a home they own home. Of those who rent the majority of which are in the social rented sector and a small number of older people in private rented housing.[13]

With the vast majority of older people owning their own home there is economic incentive for developers to tailor properties to suit older people. It is estimated that in the UK the over 60s own £1.28 trillion in housing wealth, of which £1.23 trillion is un-mortgaged.[14] 76% of over 65s in the Eastern Region have a net housing wealth of over £100,000, and 32% with over £250,000. This suggests there is a significant amount of private housing wealth amongst older people in the county which could entice the private market to ensure provision of sufficient good quality accommodation options for older people. Figure The chart below shows that approximately 1/3 of the housing worth >£250k in the East of England is owned by people over 65, and this is a larger proportion than in many other areas around the country.

11 APPG. (2014). The Affordability of Retiremnet Housing. *All Party Parliamentary Group on Housing and Care for Older People*
12 Ibid.
13 Housing LIN. (2012). Older People and Housing: Section A Paper A3
14 APPG. (2014). The Affordability of Retiremnet Housing. *All Party Parliamentary Group on Housing and Care for Older People*

Figure 5: Percentage of Housing Wealth Valued at £250k+ of Over 65 Age Group, by region



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

3.2 Specialist provision: Extra Care and Sheltered Accommodation

Census data does not tell us how many over 65s are in Extra Care or Sheltered Accommodation as both are classed as households. There is not a single authoritative data source for Extra Care or Sheltered Accommodation. However, the Elderly Accommodation Council and the Prevention of Older People's Ill Health JSNA, have some figures regarding the number of sheltered and extra care schemes per district.

Figure 6: Specialist housing in Cambridgeshire

Type of schemes	CITY	ECDC	Fenland	Hunts	SCDC	Total	Total pop*
Sheltered Housing	**34**	**31**	**19**	**32**	**52**	**168**	**6,000**
Extra Care Housing	**3**	**3**	**2**	**2**	**3**	**13**	**549**
Nursing and Residential Care Home	**26**	**10**	**23**	**22**	**13**	**94**	**3,760**

Age Exclusive Housing	**13**	**1**	**3**	**4**	**10**	**31**	**1,116**
Total	**76**	**45**	**47**	**60**	**78**	**306**	**11,425**

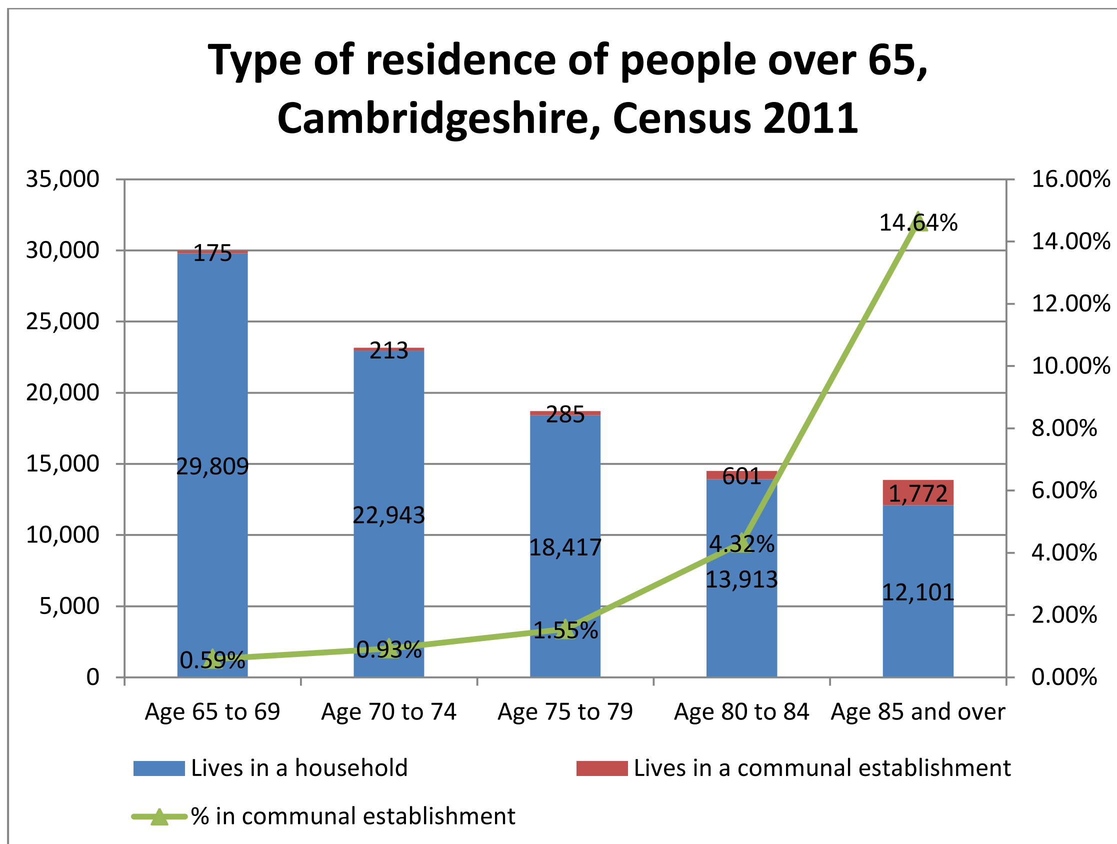
Base source: Elderly Accommodation Council (EAC) July 2014 – taken from draft 'Older Persons Housing Strategy for Cambridgeshire' (Stephen Hills, SCDC). * The Census figure is used in Figure 4 rather than this figure

According to these figures, Fenland and Huntingdonshire have fewer schemes of these types per person.

3.3 Care Homes

Based on Census 2011 data we can estimate that approximately 3,000 people over 65 live in communal establishments in Cambridgeshire. Although very few people live in communal establishments, the percentage of the population living in communal establishments quite significantly increases in the population who are over 85 in comparison to those aged 65-84.

Figure 7: the Percentage of Older People Living in Households and Communal Establishments, 2011



There are 92 providers in the county registered with the CQC to provide residential and / or nursing care to people aged 65+. 82 of these are used by CCC and are included on the Bed Allocation Tool (BAT) used by the CCC Brokerage Team. These 82 providers have a total capacity of 3,609 beds, which represents the entirety of the CCC in-county care market for older people

Figure 8: Total Capacity of residential and/or nursing beds to people aged 65+ in Cambridgeshire, April 2016

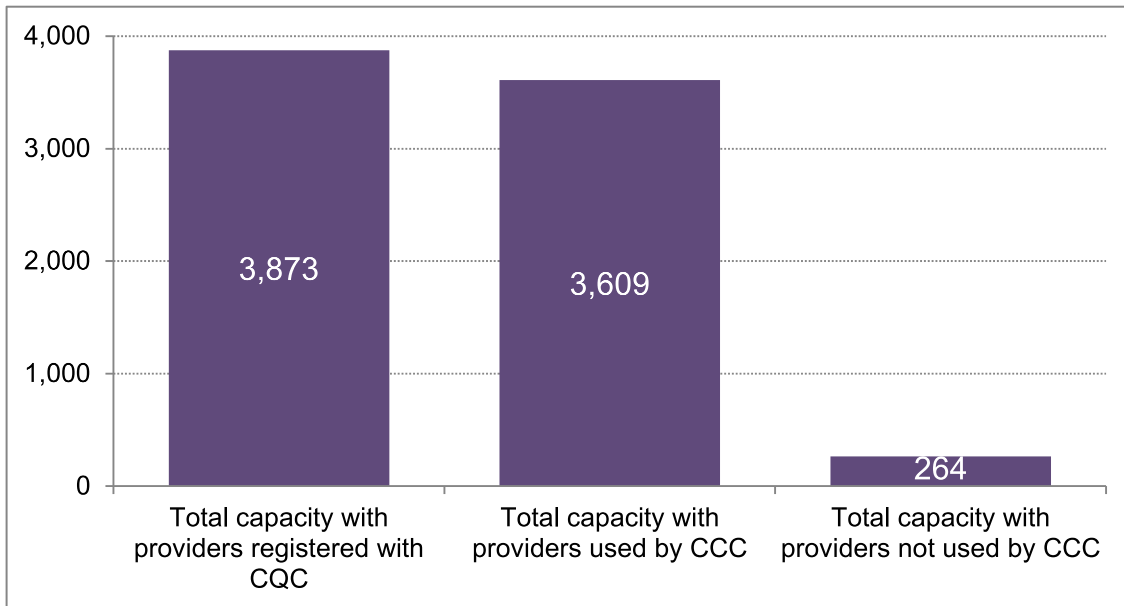
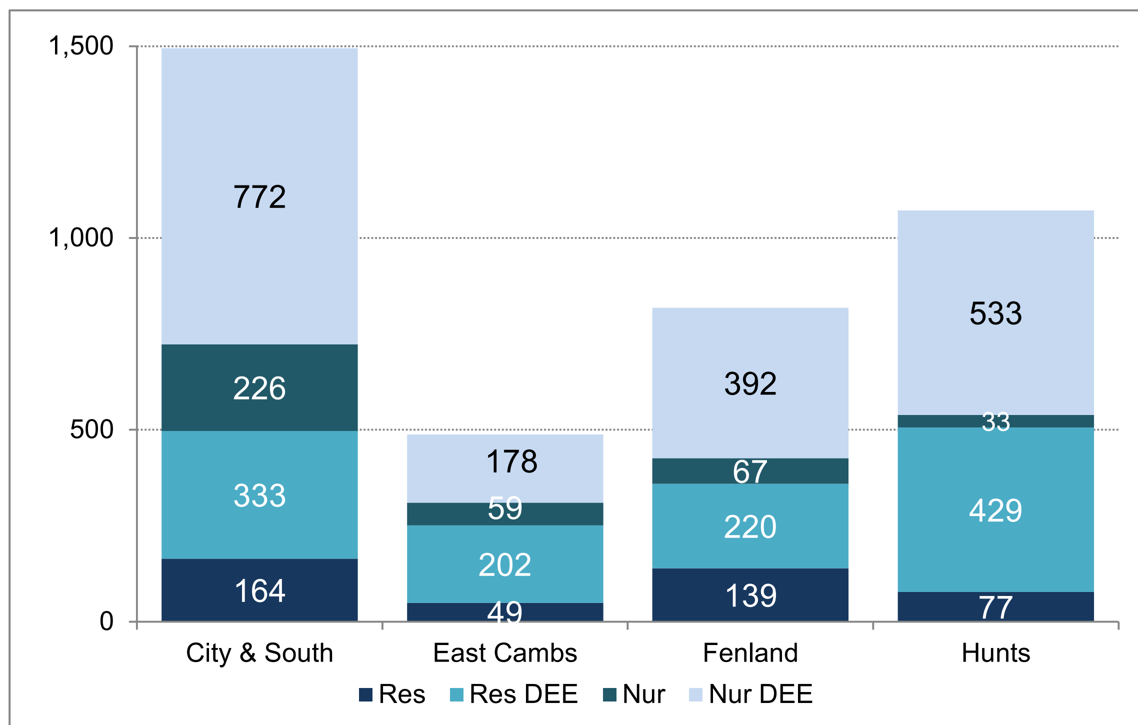


Figure 9: Total number of residential and nursing care beds for people aged 65+ by district and bed-type



Source: CQC care directory[15]

Figure 10: Care homes Beds in Cambridgeshire suitable for older people

		From 2013 population forecast	
District	**Capacity**	**District over 65 population**	**Rate per 1,000 over 65s**
Cambridge and South Cambridgeshire	1495	42,400	35.26
East Cambridgeshire	488	15,600	31.28
Fenland	818	20,700	39.52
Huntingdonshire	1072	30,300	35.38
Grand Total	**3873**	**109,000**	**35.53**

15 These figures should be taken with caution – they probably over-estimate the number of beds suitable for people with dementia. This is because the entire home has to register as a provider of dementia beds, even if they do not make all their beds available for people with dementia.

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

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

3.4 Hospital/Temporary Bed Based Care

There are three acute hospitals in the Cambridgeshire and Peterborough areas – Addenbrooke's (Cambridge University Hospitals Trust), Hinchingbrooke, and Peterborough and Stamford Foundation Hospital Trust. Between them, there were around 855 beds[16] commissioned for older people in these hospitals in 2013-14 at any given time.

Hospitals are supported by a variety of non-acute short-term temporary bed-based provision for people who are over 65[17]. This includes services that are described as 'interim', 'intermediate', 'respite' or 'step-up' (not exhaustive list, other descriptions could be used too). All of these services involve using a bed in a building, with medical or caring staff available to support someone. In 2013-14, a review of the variety of provision available suggested there are around 60 beds in community hospitals providing rehabilitation and interim support. Other interim beds, both block booked and spot purchased, were in care homes (but have been counted in the description above of the number of care home beds in the county).

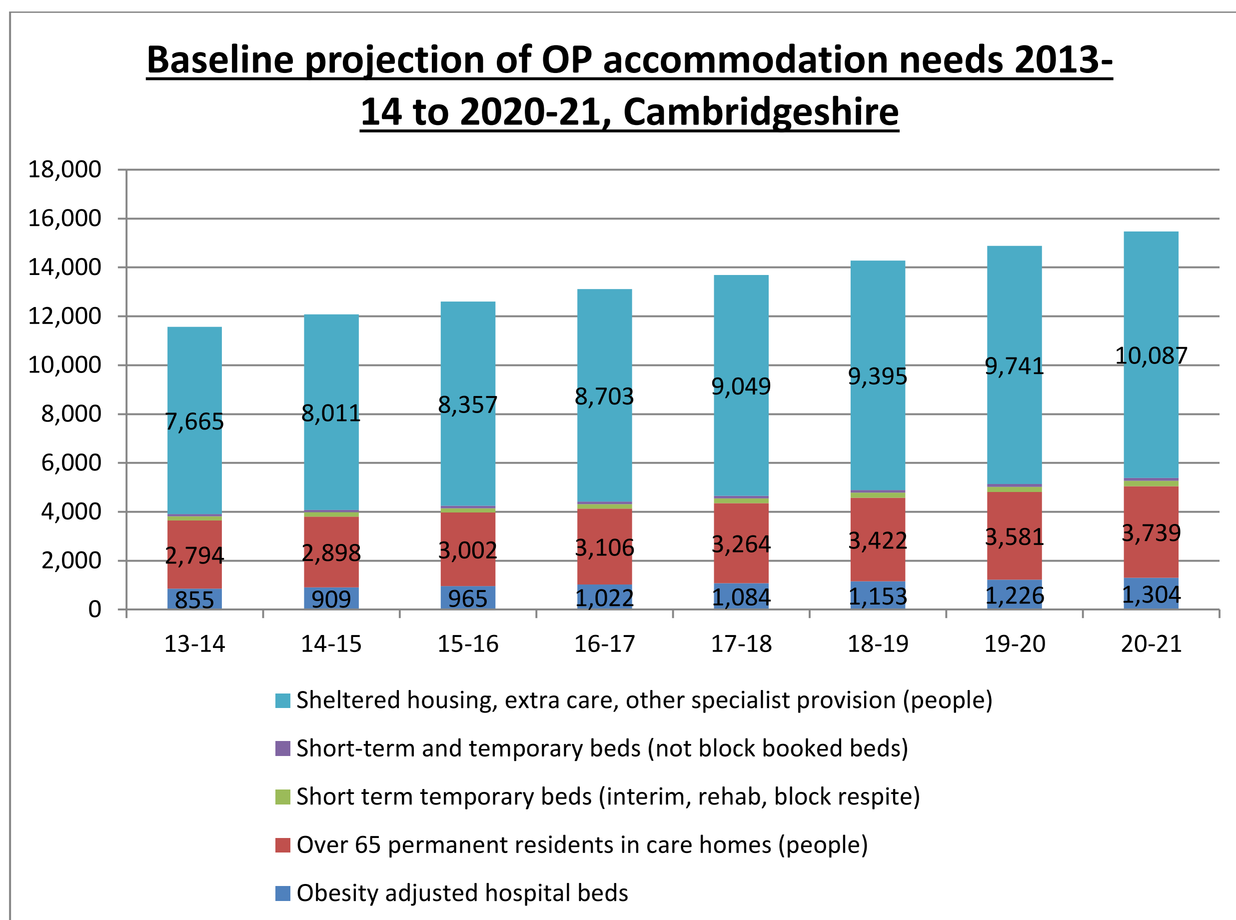
3.5 Number of Units/Bed Spaces Needed to Meet Demand

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

16 This figure comes from modelling provided to the group in spring 2015, undertaken by the System Transformation Board.

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

Figure 11: Baseline Projection of OP Accommodation Need in Cambridgeshire 2013-14 to 2020-21



Note: we have been unable to use the 2016 care home estimates in this model and have therefore used the census data used within figure 4.

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

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

In addition, the characteristics of the population are changing. The next cohort of older people (born after the Second World War) have had different life experiences from those who were born between the wars; their expectations, lifestyles and health needs could be different (hence inclusion of obesity in hospital bed base model). Furthermore, some elements of the system are not very well represented here. For example, hospice care for people at the end of their lives is not included in these figures.

Although helpful to begin understanding the gap in suitable accommodation for older people, this modelling should be taken with caution and is indicative only of the approximate number of beds and places required. It is not a precise estimate and further more robust modelling will be undertaken through the work of the Older People Accommodation Programme Board.

4.0 Local and National Policy

4.1 Local Planning Policy

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

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

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

The lack of specific detailed policy in regard to accommodation for older people will not necessarily hinder development of housing specifically designed to meet the needs of older people. However, local plans do provide a policy foundation which is

beneficial in delivered specific housing; for example, they can set in policy that developers allocate some of the land specifically for developing accommodation for older people.

Furthermore, all the local plans draft and current (at time of publication) have some policy in regard to Lifetime Home standards which is a benefit in choice in regards to general needs housing. However, recent planning practice guidance states that where a local authority adopts a policy to provide enhanced accessibility or adaptability, they must clearly gather evidence to determine whether there is a need for additional standards and justify setting appropriate policies in their local plan. This is because any enhanced housing standards have cost implications and therefore impact on scheme viability and ultimately may result in a reduction in affordable housing provision. None of the local plans (at time of publication) provide the necessary evidence for additional standards. The case for appropriate standards or design therefore still needs to be made.

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

4.2 National Policy

In addition to local planning policy, central Government sets policy that influence planning and delivering of accommodation. There are two key areas that our strategy will take account of, the inclusion of 'starter homes' in the definition of 'affordable housing' and the changes to housing benefit for social housing tenants, including older people in supported accommodation.

Firstly, the Housing and Planning Bill 2015-16 currently going through parliament (at time of publication it was at the report stage in the House of Lords) requires local planning authorities to promote the supply of starter homes in England and includes starter homes under the definition of affordable housing. This could mean that a large amount of affordable housing, some of which could deliver specialist housing for older people, will be starter homes, thereby reducing the possibility of housing designed for older people being delivered as affordable housing.

Secondly, the Chancellor of the Exchequer announced in his Autumn Statement 2015 that Housing Benefit for social housing tenants would be limited to the Local Housing Allowance (LHA) rate set for each new tenancy from 2016, with the change to come into effect 2018 (the Government has since announced that supported accommodation will not apply the LHA cap until April 2017). This will impact specifically on supported housing where rents are usually more expensive than the

LHA rate due to the additional support offered by specialist housing. There are already some local housing associations reviewing the development of specialist housing, with the risk being that they will not complete these developments.

Policy changes such as these can occur without much notice, therefore, the strategy must be flexible in responding to these changes as and when they occur.

5.0 Our strategy for Responding to these Challenges

The rapidly expanding older population, reduction in funding and a system that seems to be at capacity mean that it is very unlikely that a traditional state-planned approach will help to relieve this problem on its own. The pressure created by an increasing and ageing population cannot be eased by continuing to meet needs in the same way: we cannot build facilities at a fast enough rate and even if we were able to, providing services from them would be unaffordable. Managing our budgets therefore partly depends on reducing the frequency and/or severity of people's needs.

We know that living in suitable accommodation that is appropriate to someone's needs is a protective factor, and likely to reduce the frequency or severity of people's needs. Ensuring there is enough suitable accommodation to meet the needs of the older population is essential to meet the challenges and to promote choice and independence for the older population.

However, housing is complex. There is not a single organisation in control of housing, so a 'command and control' approach will not ensure delivery. Although housing policy is determined by central and local government, the majority of housing, specialist and general needs, is delivered by the private sector operating in a market that is particularly sensitive to macro-economic forces and changes in finance.

Furthermore, it is difficult to precisely predict the accommodation needs and desires of a future population. Understanding what is considered 'enough' accommodation to meet the needs of the current and future population of older people is very complicated, for four reasons:

- People's circumstances and preferences are a major factor in deciding where they want to live
- There are multiple sources of demand
- Provision of each affects others, e.g. specialist social rented provision is should reduce need for temporary bed-based care
- Monitoring of what has been commissioned does not show us unmet demand

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

Recognising the challenges we need to have a clear set of aims that all organisations can sign up to. This will provide us with a clear direction and put us in a better situation to influence the housing market.

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

- Address current issues to help manage demand in the health, social care and housing systems in the short term
- Increase choice and affordability for those requiring specialist care in the medium and long term
- Influence and develop a choice of good accommodation options for older people (general needs and specialist supported) in the medium and long term

The next sections describe these key priorities in more detail. A detailed action plan is set out in appendix 2.

5.1 Addressing Current Issues to Help Manage Demand in the Health, Social Care and Housing Systems in the Short Term

With capacity already an issue, short term actions are required to alleviate pressure now alongside medium and longer term actions which will look to increase supply of accommodation. The Joint Strategic Needs Assessment (JSNA) of Prevention of Ill Health in Older People[18] notes that many people live in unsuitable accommodation and that there are gaps in provision regarding maintenance and access to adaption and assistive technology to maintain independence. Improving access to adaptations and improved technology will help people remain in their own home therefore preventing or reducing their need to access the health and social care system.

To address the existing issues and to deliver short term solutions we will explore opportunities to ensure that the best use of available funding for the adaptation, repair and maintenance of homes. Housing will inevitably need upkeep and some people may need additional aids fitting to ensure their mobility needs are met. Ensuring that best use of available resources to meet these needs will help people to maintain their independence and avoid either moving into a form of supported accommodation and/or preventing trips to the hospital.

18 http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/prevention-ill-health-older-people-2013

With the developments in Assistive Technology to improve people's ability to remain independent we will continue to enhance the provision of this technology and encourage its development in line with the Shaping our Future: Assistive Technology Strategy.[19] We will encourage all new builds to be fitted with appropriate infrastructure to enable assistive technology to be easily incorporated within the home and continue to require all Extra Care schemes to include assistive technology.

In addition, we will undertake work to develop the right model of intermediate bed capacity to improve the effectiveness of the current supply. Ensuring that we make the best use of intermediate care beds will help to make sure that people get the right support and rehabilitation to enable to live independently. Making best use of intermediate bed will help to avoid expensive and unwelcome prolonged hospital stay and admission into acute wards for people who do not need it.

5.2 Increasing Choice and Affordability for those Requiring Specialist Care

We recognise that although our aim is for people to maintain their independence, there will always be a need for some residential and nursing care for people with high needs. We are aware that currently Cambridgeshire has the lowest level of care home provision per capita in the Eastern region. This inevitably has an impact on availability and choice. We have seen particular challenges in relation to specialist resources such as nursing home dementia care. The existence of delays in people leaving hospital to appropriate provision shows that the system is probably very nearly at maximum capacity, and work to estimate the usage of care home beds suggests that there is likely to be only a very small amount of spare capacity in the system, suggesting that small variations in demand from week to week could 'gridlock' the system.

In addition, there is a significant national and local challenge in relation to the cost of providing residential and nursing care. The County Council purchases around 1,800 permanent residential and nursing care beds at any given time.[20] In total, around a third of all available beds in the county are occupied by Council placements. The remaining capacity is taken up by other local authority placements, NHS continuing health care provision and people who fund their own care. To date the County Council has used a variety of mechanisms to hold down cost pressures and to maximise the availability of affordable care. The approach includes working to challenging benchmarks, block purchasing from preferred providers and the development of the Cambridgeshire Brokerage. It is recognised that lack of supply means that, while these actions have been beneficial, they are no longer adequate to ensure the sufficient supply of affordable care provision.

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19 http://www.cambridgeshire.gov.uk/info/20166/working_together/577/strategies_plans_and_policies
20 Draft Cambridgeshire County Council Market Shaping Strategy 2016

To meet this challenge we will work to increase the supply and type of affordable care homes in Cambridgeshire. To achieve this, we will quantify the level of provision required, specify the type of service required and use our land assets to work in partnership with independent providers to increase the number of affordable care beds in Cambridgeshire. The work will need to consider workforce requirements along with the built environment.

Work is already underway to develop care home provision as part of the Hinchingbrooke Health and Care Campus and a business case has been developed to determine the viability of the County Council developing its own care home provision.

5.3 Influencing and Developing a choice of Good Accommodation Options for Older People (general needs/specialist supported)

The success of this strategy is reliant on older people having access to a range of accommodation options so that they can choose the accommodation that meets their needs. To do this a good set of options for older people is required so that people can choose the option that enables them to live healthy and well and therefore limit their need for health and social care as they get older.

As no one has ultimate control over housing we will need to involve and influence a variety of parties to ensure there is adequate choice and supply. This will include making best use of current supply of specialist housing as well as understanding potential future demand for specialist housing. But we will also need to involve private developers and providers to shape the whole market by making them aware of the variety of needs and options available for older people and encourage them to tailor accommodation so that it is suitable for the older population.

Furthermore, to ensure that we are encouraging the development of the right accommodation we must also engage with the older population to gain an understanding of what type of accommodation people will want to live in the future. Research suggests older people are interested in moving into different property. A survey of 1,500 over 60s in 2013 suggests that more than half of people over 60 are interested in moving, 33% of whom want to downsize and 25% of the over 60s (increasing to 41% of 76-81 year olds and 34% of the over 81s) said they would be interested in buying a purpose built retirement property (Wood, 2013).

The reasons most commonly cited by the over 60s reporting an interest in moving home were: because they wanted a more suitable property (43%), e.g. a smaller garden or fewer stairs; 26% said their property was too big for them, rising to 44% of people with four bedrooms and 60% of those with five or more; 19% said that maintenance was a problem.[21]

21 Wood, C. (2013). The Top of the Ladder.

Some research has been undertaken by Sheffield Hallam which identified key themes including the demand for particular types of housing for older people, needs of different client groups, the social value of particular housing options and the an understanding of barriers associated with delivering a particular type of housing.[22] To further this work we will undertake market research so that we have a clearer understanding of what sort of accommodation options suit the older population; while we recognise that older people are a heterogeneous group as varied as any other age group, there are likely to be some commonalities in needs and wants in regard to accommodation.

Although there is some evidence that older people are interested in moving if the right option is out there, it is important to remember that property has been the most lucrative form of long term investment and this has encouraged people to stay put, often under occupying multi- bedroom houses that do not meet their needs very well.[23] Therefore in addition to encouraging the development of various accommodation options we will provide the information needed and promote the positives of making informed choices early on in or before retirement regarding accommodation. It is essential that all health, housing and social care commissioners and providers support and guide people, especially those not currently at crisis point, to make informed choices about their accommodation status to avoid reliance on health and social care service or potentially requiring a move to accommodation that limits their independence.

If we get this right and ensure good quality design and choice for older population then it is more likely that people will be happy to trade homes and gardens that have become a burden and are no longer suited to their needs when they see something which they prefer. There may also be the additional benefit to the wider housing needs of the local population, specifically the lack of larger family homes for young families as currently half of the homes that are under occupied (some 37% of households in the UK) are in the 50-69 age group. Providing older people with greater choice and supporting them with the right information to help make a choice that benefits their overall health and wellbeing, will not only prevent them accessing the health and social care system but may also benefit the wider population housing needs as more family homes become available in the market[24]

5.4 Opportunities in Cambridgeshire

In Cambridgeshire, there are opportunities and resources that can help us to deliver this strategy. This includes opportunities to develop on publicly-owned land, working with the Local Authority led Housing Development Agency, and taking advantage of

22 Sheffield Hallam University, Housing for Older People: A Literature Review, 2015
23 Homes & Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI) report
24 Ibid.

the growth across Cambridgeshire to ensure new communities are developed with the older population in mind.

5.4.1 Working closely with Planning and Developing in New Communities

The use of the planning system[25] is essential in ensuring the quality and supply of an effective older person's housing market. We will develop greater co-ordination between planning authorities and social and health care sector to make sure that new developments consider the variety of needs of the older population and to influence developers to deliver a good choice of accommodation through the planning process.

This is especially important in Cambridgeshire due to the scale of development planned across the county. Cambridgeshire has already undergone considerable growth but a variety of new housing developments are being planned that will bring a substantial amount of new housing to the area. New communities (large housing developments) provide a variety of opportunities to support the development of a choice of good quality affordable accommodation designed specifically for older people. New communities also present an opportunity to look to develop innovative accommodation options that meet the highest standards for older people (such as the HAPPI recommendations in designs for older people).[26]

New communities also present ideal opportunities to create age inclusive neighbourhoods that are accessible and attractive for all people with safe walking and cycling routes (in Germany the over 60s are among the most active cycle users[27]), opportunities for social interaction, and proximity to services like shops and public transport designed in from the beginning.

New communities offer an opportunity to design optimal solutions rather than being constrained by existing models. This presents a great opportunity to design a community and accommodation that suits a variety of needs now and flexibility for the future. Some of these initiatives will have a cost attached but there would be savings too, most notably by preventing need for costly adaptations, preventing a move to residential care and by freeing up under-occupied homes reducing demand for 'land hungry' larger family housing. It is important that the public and private sector work together to ensure these initial costs and resulting savings are appropriately shared to encourage high quality development.

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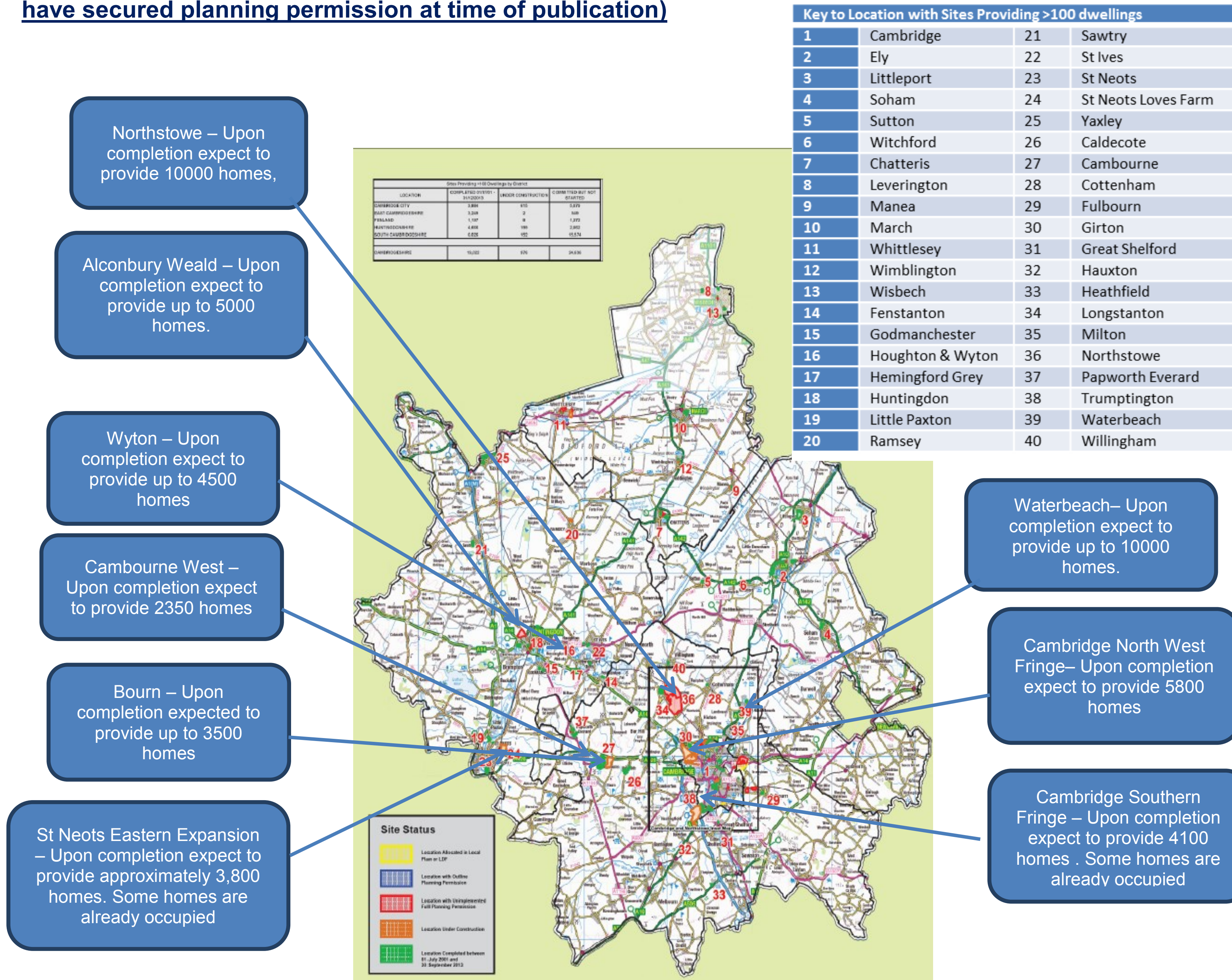
25 Planning ensures that the right development happens in the right place at the right time, benefitting communities and the economy. It plays a critical role in identifying what development is needed and where, what areas need to be protected or enhanced and in assessing whether proposed development is suitable. Local government administers much of the planning system, preparing Local Plans, determining planning applications and carrying out enforcement against unauthorised development. In Cambridgeshire and all two tier authorities, district/city councils are responsible for most planning matters, other than transport and minerals and waste planning which are typically functions of the county council. Peterborough City Council are responsible for all planning matters in Peterborough
26 Homes & Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI)
27 Ibid.

Figure 12 provides a map of the strategic growth sites planned in Cambridgeshire with seven of the larger sites identified. We will make sure that we influence planning for housing developments, especially larger new towns and villages, so that they include housing opportunities and neighbourhoods that are suitable for the needs of older people. This is something the Older People Accommodation Programme Board is already beginning to implement through the work of the Healthy New Town Initiative in Northstowe.

Figure 12: Strategic growth sites planned in Cambridgeshire with Nine of the Larger Sites Identified (not all developments have secured planning permission at time of publication)



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

5.4.2 Making Use of Public Assets

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

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

Throughout the work of the Older People Accommodation Programme Board we will make sure we make best use of our assets in the delivery of suitable accommodation to meet the demands of the growing older people population.

An example where public assets are already being used to deliver accommodation for older people is at Hinchingbrooke Hospital, which has already submitted plans for integrated facilities on a new health campus. These plans include inter-generational living with care, community and primary care, education, and additional hospital facilities. Hinchingbrooke will further explore plans for the intergenerational living which will include lifetime housing, flexible care apartments and specialist dementia care.

6.0 Appendices

Appendix 1: Definitions of Accommodation for Older People

Type	Definition	Source

Mainstream housing (or general needs housing)	Mainstream housing includes (privately owned or rented):
	• General needs
	  ○ Housing with no specialised features.
	• Lifetime Homes[28]
	  ○ Housing designed to meet access and adaptability standards for everyone including older people.
	• Adapted homes
	  ○ Housing which has been changed to meet the needs of its residents
		HAPPI: Housing our Ageing Population: Panel for Innovation

Age exclusive housing	'Age-exclusive housing' schemes or developments that cater exclusively for older people, usually incorporate design features helpful to older people, and may have communal facilities such as a residents' lounge, guest suite and shared garden, but do not provide any regular on-site support to residents.	
Sheltered Housing (specialist housing)	The scheme will have a full- or part-time manager whose job includes providing support and advice to residents. Properties may be purchased or rented. Many sheltered schemes have a social dimension. Residents and/or scheme managers may organise regular activities such as coffee mornings, bingo, whist drives, entertainments, religious services or outings.	
Extra Care Housing (specialist housing)	'Extra care' housing refers to a concept, rather than a housing type. It is used to describe developments that comprise self-contained homes with design features and support services	Housing LIN

28 The Lifetime Homes standard is a set of 16 design criteria that provide a model for building accessible and adaptable homes.Lifetime Homes are designed so that they are flexible and adaptable and can offer better living environments for everyone and support the changing needs of individuals and families at different stages of life. Lifetime Homes apply the standards of accessibility and adaptability to ordinary housing with the aim of ensuring that it can accommodate the wide ranging physical needs of our society. Lifetime Homes should increase people's ability to remain at home as they get older, responding to problems of reduce visual acuity, physical dexterity and mobility. Just as importantly, it will allow those with impaired mobility to visit others in their homes. However, there is not enough evidence at this time to determine if they would in fact be a home for life. http://www.lifetimehomes.org.uk/; Homes & Communities Agency (2009). Housing our Ageing Population: Panel for Innovation (HAPPI) report; Robinson, D., McCarthy, L., Preece, J., & Robinson, D. (2015). *Housing for Older People: A Literature Review.* Sheffield Hallam University

	available to enable self-care and independent living. It comes in a huge variety of forms and may be described in different ways, for example 'very sheltered housing', 'housing with care', 'retirement communities' or 'villages'. Occupants may be owners, part owners or tenants and all have legal rights to occupy underpinned by housing law (in contrast to residents in care homes). There is broad agreement that there is a core set of ingredients that are part of extra care. They are: • Purpose-built, accessible building design that promotes independent living and supports • Fully self-contained properties where occupants have their own front doors, and tenancies or leases which give them security of tenure and the right to control who enters their home • Office for use by staff serving the scheme and sometimes the wider community • Some communal spaces and facilities • Access to care and support services 24 hours a day • Community alarms and other assistive technologies • Safety and security often built into the design with fob or person-controlled entry	

Nursing Care Home	A nursing home, as distinct from a residential care home, has to provide the kind of care which requires the specific skills of a qualified nurse or the supervision of a qualified nurse. This may occur in a variety of circumstances. For example:
	• when a person's general health deteriorates to a point where they need constant nursing care;
	• where a person's health is such that one or more of the following procedures is required periodically over twenty-four hours:
	  o administration of medication by injection;
	  o dressing to an open or closed wound;
	  o artificial feeding;
	  o basic nursing care of the type
		Registered Nursing Home Association

	normally given to people confined to bed; ○ frequent attention as a result of double or single incontinence; ○ intensive rehabilitation following surgery or a debilitating disease which is likely to continue for some time; ○ management of complex prostheses or appliances	
Residential Care Home	Accommodation and personal care for people who may not be able to live independently. A residential care home provides personal care to ensure basic personal needs are taken care of. A care home providing personal care only can assist you with meals, bathing, going to the toilet and taking medication.	CQC/NHS Choices

Appendix 2: Action Plan April 2016

Older People Accommodation Strategy

Action Plan

Objective 1:

Addressing current issues to help manage demand in the health, social care and housing systems in the short term

Home Improvement Agency and Disabled Facilities Grant — **Lead: Trish Reed, Interim Service Development Manager**

Aim: To explore how Disabled Facilities Grant capital and revenue funding from statutory partners (County, Districts, Health) is currently used to support the adaptation of homes for vulnerable households and the work of the home improvement agencies and in doing so:

- Explore whether there are any opportunities to use the funding more effectively to encourage people to seek their own housing solutions and/or release capital from their homes.
- Ensure that the available funding is spent most effectively across the County taking into account the differing needs, demographics, and populations in the districts.

Key Actions		Timescale
Short term	Establish Project Group and sub-groups and agree scope	30th April 2016
	Report back to CEPB with recommendations	April 2016 – July 2016
	Agree partner funding arrangements from 2017/18	July 2016 – September 2016
Medium term	Agree Memorandum of understanding (if preferred option)	July 2016 – March 2017
	Establish fast track system for some works (if preferred option)	July 2016 – March 2017

	Establish early advice on options service (if agreed)	July 2016 – March 2017
Long term	Establish method of including adapted homes in new developments and new communities to meet identified needs for individual households	April 2017 – March 2019
	Implement any proposals relating to the delivery of a countywide HIA/DFG service (if options identified)	April 2017 – March 2019

Objective 2: Increasing choice and affordability for those requiring specialist care

Expansion of affordable residential and nursing care homes Lead: Richard O'Driscoll, Head of Service Development Older Peoples Services **Aim:** To increase range and volume of affordable care homes in Cambridgeshire		
Key Actions		**Timescale**
Short term	Complete locality based needs assessment	31st May 2016
	Agree arrangements and governance for delivery model	31st May 2016
	Match identified needs with available CCC, public sector and private sites	30th June 2016
Medium term	Complete procurement / delivery arrangements	July 2016 – December 2016
	Agree delivery plan including phasing	January 2017 – April 2017
Long term	Opening of first new care home	October 2018 – October 2020

Hinchingbrooke Health and Care Campus **Lead:** Mark Cammies, Estates & Facilities Director, Hinchingbrooke Healthcare NHS Trust **Aim:** To re-develop the existing Hinchingbrooke Hospital site, to create a multi-faceted health and social care campus. This will incorporate areas such as GP at scale, health and wellbeing, key worker accommodation, student accommodation, dementia, various residential elements and older peoples care. Given the capital constraints that exist for the foreseeable future in the NHS, a new Strategic Estates Partnership (SEP) is being publically OJEU procured up to a development value of £150m to support the plans.		
Key Actions		**Timescale**
Short term	Set up of Older People Care Programme Board	April 2016
	Identification of preferred Strategic Estates Partnership (SEP) Bidder	June 2016
	Secure formal Trust Board sign off	June 2016 - July 2016
	Secure Department of Health/TDA sign off	June 2016 - July 2016
	Appointment of preferred partner	July/August 2016
Medium term	Refinement of site masterplan with Huntingdonshire District Council (HDC)	September 2016 – December 2016
	Progression of JV LLP set up	September 2016 – October 2016
	Progression of detailed design for key worker/ care/ medi hotel components	August 2016 – December 2016
	Detailed planning submission to HDC	September 2016 – December 2016
	Agree business case and detailed economic model with CCC for care element	September 2016 – December 2016
	Secure CCC sign off for progression	December 2016 – January 2017
Long term	Target construction start on site for key worker/ care/ medi hotel components	March 2017
	Target Phase 1 construction completion	March 2018

Objective 3: Influencing and developing a choice of good accommodation options for older people (general needs/specialist supported)

<table>
<tr><td colspan="3">Healthy New Towns   Lead: Lawrence Ashelford, Director of Strategy, Policy and Planning

Aim: To bring together strategic research, health and social care, architectural and infrastructural expertise, recognising the multi-faceted nature of programmes to promote housing for older people and creating a healthy built environment for members of the community across the life course.</td></tr>
<tr><td colspan="2">Key Actions</td><td>Timescale</td></tr>
<tr><td rowspan="3">Short term</td><td>NHS England Healthy New Towns Vanguard Programme bid developed & submitted</td><td>March 2016</td></tr>
<tr><td>Inter-agency working group established to:
• Complete Phase 1 of the work required by NHSE
• Consider and make proposals for governance arrangements for the longer-term.</td><td>March 2016</td></tr>
<tr><td>Phase 1: Foundational stage lasting approximately 6 months, in which an ambitious vision and delivery plan will be developed. The decisions made in Phase 1 will inform the support package from NHS England that is designed for Phase 2 of the programme*.</td><td>April 2016 –October 2016

* Stocktake to be delivered by June.</td></tr>
<tr><td>Medium term</td><td>TBC based on vision</td><td>TBC</td></tr>
<tr><td>Long term</td><td>Phase 2: Delivery phase in which the national NHS England programme will provide bespoke support tailored to the needs and ambitions of the Northstowe site, including technical expertise in relevant disciplines.</td><td>TBC</td></tr>
</table>

Extra Care Housing Project		**Lead: Stephen Hills, Director of Housing, South Cambridgeshire District Council**
Aims: • To provide a clear strategic analysis of the amount of extra care housing required in the county • to identify the numbers of schemes that be financially supported in the next five years • To identify the geographical areas for delivery • To secure a clear commitment to the schemes that are required and can be funded to provide certainty to providers		
Key Actions		**Timescale**
Short term	Supply review	December 2015 – April 2016
	Analysis of demand	December 2015 – May 2016
	Identification of key target areas	January 2016 – May 2016
	Policy refresh	January 2016 – June 2016
	Complete 'market position statement	February 2016 – June 2016

Sheltered Housing Project		**Lead: Stephen Hills, Director of Housing, South Cambridgeshire District Council**
Aims: • To provide a clear strategic analysis of the amount of sheltered housing required in the county • To identify a model or models of delivery that best utilise the existing schemes and meet changes in demand • Provide clarity on the required role of sheltered housing and ensure a better strategic fit with other services for older people and other housing options for older people		
Key Actions		**Timescale**
Short term	Supply review	December 2015 – April 2016
	Analysis of demand	December 2015 – April 2016
	Identification of key target areas	Completed
	Provider consultation	June 2016 – September 2016
	Complete change proposal	October 2016 – December 2016

Marketing Project		**Lead: Stephen Hills, Director of Housing, South Cambridgeshire District Council**
Aims: • To enable service users and their families to be able to understand what their options are to help guide their housing choices. • To provide better information for professionals so they can better signpost service users and their families and assist them with making the right choices. • To try and guide people to making more rational choices – affect behavioural change but recognise that this is very difficult to achieve • By helping to ensure that there is an appropriate range of housing options available to the range of older people and by helping to inform people more effectively both the choices they have this should result in a reduction in social care costs and in health costs.		
Key actions		**Timescales**
Short term	Commission research from Sheffield Hallam University	April 2016 – September 2016
	Identify other linked research or opportunities to add value	April 2016 – September 2016
Medium term	Refine marketing intelligence	October 2016 – February 2017
	Work with delivery agencies	February 2017 – June 2017
	Complete marketing strategy	June 2017 – September 2017

Appendix 3: Contributors to the Cambridgeshire Older People Accommodation Strategy

Charlotte Humble	Cambridgeshire County Council, Children families and Adults (CFA), Strategy Service
Tom Barden	Cambridgeshire County Council, CFA, Strategy Service
Richard O'Driscoll	Cambridgeshire County Council, CFA, Older People Service
Claire Barrett	Cambridgeshire County Council, CFA, Business Improvement and Development Team Strategy Service
Stephen Hills	South Cambridgeshire District Council, Director of Housing
Jill Eastment	Cambridgeshire County Council, Public Health
Trish Reed	Cambridgeshire County Council, CFA, Housing Related Support
Angie Skipper	Huntingdonshire District Council, Specialist Housing Officer