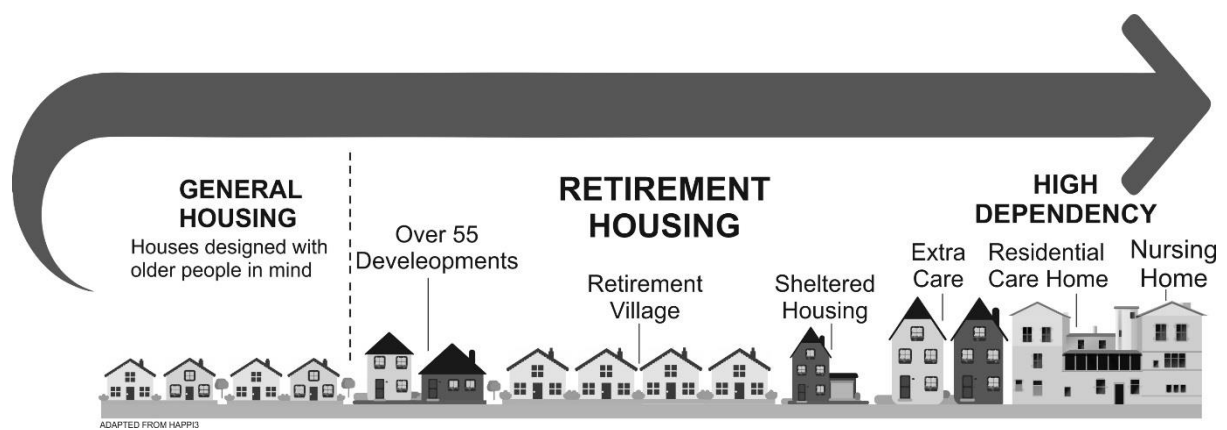


Derbyshire Older Person's Housing Needs Assessment and Review of Good Practice 2017



Older Person's Housing Needs Assessment and Review of Good Practice 2017

1. Introduction

The Departmental Service Plan 2017 – 2021 states that we will work with District and Borough council partners and external providers to develop and implement an Older Persons Housing and Accommodation Strategy, which will identify the direction of travel for the next ten years in terms of residential, nursing and Extra Care support provision.

This review is a precursor to the development of a Strategy.

This review is not only concerned with 'specialist' housing for older people such as residential care; nursing care and Extra Care housing but takes into account the context provided by the whole system of health, housing and care.

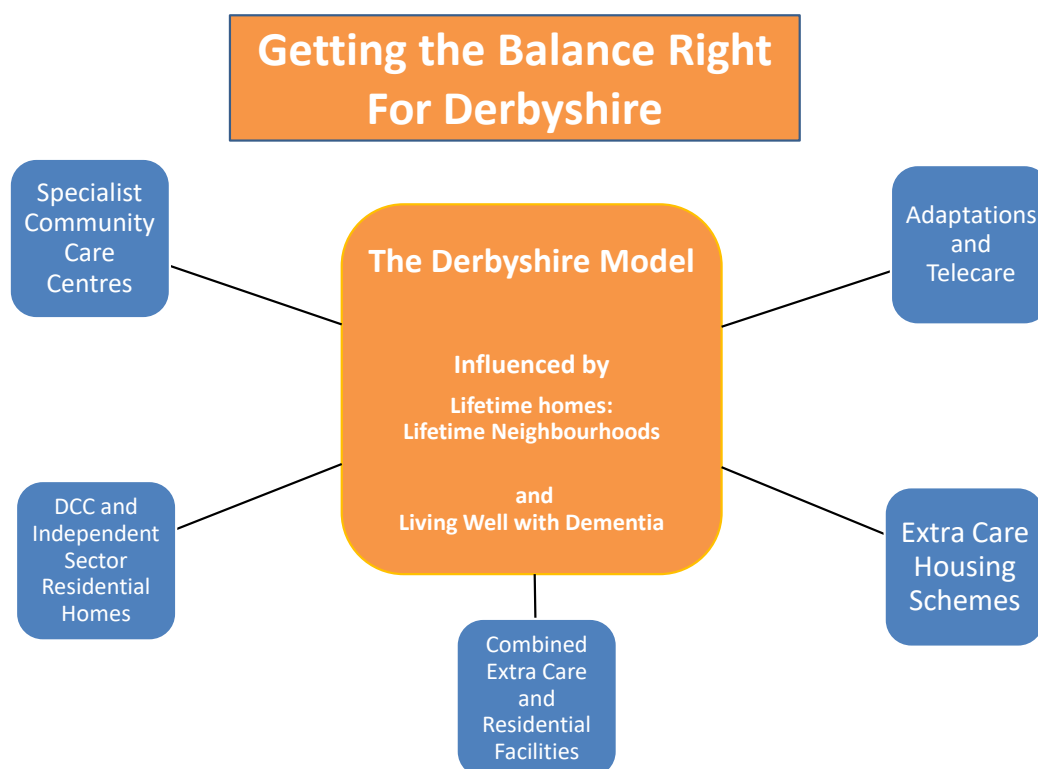
For this review we have defined an 'older person' as a person aged 65 or over, with the caveat that age is not necessarily a marker of functional ability.

2. Background

The previous Older People's Accommodation Care and Support Vision was produced over 2 years ago in February 2015 as a supporting document to the Cabinet report on the strategic direction for Derbyshire County Council Direct Care Older Persons Residential Care services 2015-2020.

The previous plans were influenced by two national strategies; 'Living Well with Dementia', and 'Lifetime Homes, Lifetime Neighbourhoods'. Together they set out what is required to deliver accessible and adaptable homes for a range of people, including those with emerging and developing dementia. They aim to provide a range of accommodation and support options from which individuals and their carers can obtain good quality information and advice, early support and assistance, preventative and responsive services including telecare, short term re-ablement and intermediate care, and longer term individualised care in a care home. An appropriate mix of housing support and personal care, provided by an informed and effective workforce will help individuals and couples stay together in enabling environments, for example in a combined extra care and residential scheme couples can live together in their own apartment, with day care and residential care on site should one partner need more specialised care and support in a dementia care home. The proposed balance is set out in the diagram below.

The direction of travel has not changed in the intervening period, however there is a growing realisation of the impact of demographic change and an urgency to address what this means for older people's housing, accommodation and support.



A summary of what was achieved by the implementation of the earlier strategies is in Appendix 1.

It is now timely to revisit the strategy particularly in the light of the current emphasis on avoiding hospital admissions and facilitating effective hospital discharges where suitable housing (or lack of it) plays a significant role; and the demographic changes which will lead to a significant growth in the population of older people in future years.

We know from research that older people want to stay in their own homes as long as possible. Therefore we included in this review the support to enable older people to continue to live independently including advice, housing adaptations and Technology Enabled Care.

The review does not cover home care support; reablement and step down care from hospital but if the direction is to support older people in their own homes, the adequate provision of home care and primary health care to people in their own homes is a pre-requisite. The development of strategies to ensure that such provision can be made will need to be developed in parallel with the shaping of a strategic direction for specialised accommodation and preventive services.

It is recognised that Adult Care needs to work closely with the District and Borough councils and the NHS, as there is a finite amount of funding in the system for meeting housing and accommodation needs. The Districts and Boroughs regularly approach Adult Care to seek guidance on planning new developments and making the best use of or remodelling existing housing stock.

[More Choice, Greater Voice \(2008\)](#) provides a toolkit for undertaking work which supports a whole system approach to planning and developing accommodation and care. It outlines the key influencing factors as follows:

Older people will live until the very end of their lives in general housing and may need adaptations and other forms of help and advice to support them in this.

An increasing proportion of older people are homeowners (73% in Derbyshire) and they will be reluctant to transfer into rented accommodation in old age and see the value of the equity in their homes eroded.

Much specialised accommodation is in sheltered housing some of which is now quite old and lacks the space standards and facilities now accepted as normal. The average age of those living in such schemes has moved upwards in the last 20 years bringing higher levels of need for support that the design of these buildings does not always allow.

Some sheltered schemes have seen the retreat of amenities such as shops; GP surgeries and proximity to public transport making independent life more difficult for those who live there.

New models of Extra Care housing have emerged which offer the possibility of supporting higher levels of dependency and an environment for a lively and active old age.

In 2016 in Derbyshire three nursing home providers left the market particularly due to inability to attract nursing staff and care staff generally. This also applies to the residential sector as a whole.

The significant growth of the oldest section of the older population brings with it marked increases in the number of those with dementia and frailty.

Older people have increasingly high expectations regarding their physical surroundings and access to facilities and their right to be consulted.

The needs of self-funders for advice and information to make good decisions regarding housing and accommodation must be taken into account.

3. Vision

The vision in the 2015 strategy was as below:

“Older people in Derbyshire are supported to live well and maintain their independence in their local community by having access to high quality care and support services appropriate to their levels of need”

The vision recognises that one size does not fit all – older people should be provided with genuine options and real choice.

This review has refreshed the 2015 vision as follows:

Derbyshire is a place that meets the housing needs and aspirations of older people by working in partnership across organisations. This is so that older people can make informed choices and decisions about their homes and housing options to support their independence and enable them to live in a safe, accessible and warm home for as long as they wish, with support and adaptations as required. A range of housing options will be available, including support services and specialist housing.

4. Legislation, statutory guidance and good practice

[The Care Act 2014](#) contains certain aspects which are relevant to housing with care for older people.

The Wellbeing principle makes it the responsibility of local authorities to promote wellbeing when carrying out any of their care and support functions. Wellbeing includes suitability of living accommodation.

The Act requires local authorities to provide or arrange services, facilities or resources in order to prevent or delay the development of needs for care or support amongst adults and their carers. Chapter 15 of the Statutory Guidance makes it clear that housing-related services can fulfil a preventative function.

Under Section 4 a duty is placed on local authorities to establish and maintain accessible, good quality information. This should include housing options. Garwood (2017) highlighted that an area for priority attention is access to broad ranging information, advice and advocacy. Without this people cannot make informed choices. She adds that people with dementia may need information carefully timed and repeated, and may need support or advocacy to navigate the system.

The Care Act also requires local authorities to integrate care and support provision with health; to shape the market, which includes housing options and to co-operate generally with relevant partners which would include second tier councils and housing providers.

Local Authorities now have a responsibility for 'market shaping'. Section 5 (1) states that each local Authority in England:

Must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market –

- a) Has a variety of providers to choose from
- b) Has a variety of high quality services to choose from
- c) Has sufficient information to make an informed decision about how to meet the needs in question

Literature review and Good Practice

A literature review was undertaken to find good practice and recent models in:

- Extra care housing
- Residential and Nursing care
- Key themes and lessons from recent case studies

There is a substantial amount of research on providing good quality support to people living in care homes. However there is little recent literature regarding models of best practice in commissioning residential or nursing care.

New research from [Newcastle University \(August 2017\)](#) has indicated that an extra 71,000 care home places will be needed in England in just eight years to cope with rising number of older people unable to live independently.

There is a relatively recent body of literature about the value of Extra Care housing. Nationally, housing specifically for older people accounts for just 6 per cent of existing stock and of just 7000 of the 155,000 homes built in 2014/15. [The LGA Housing commission final report \(2016\)](#) states that ‘there are significant gains for local authorities seeking to increase the supply of homes built specifically for older people and for general needs stock that supports positive ageing, including homes that meet Lifetime homes standards or HAPPI10 design principles ([Housing our Ageing Population panel for innovation, Housing LIN, 2009.](#))

An example is a summary report presenting the top 10 findings from an evaluation of extra care villages and housing schemes run by the [Extra Care Charitable Trust in England \(Extra Care Charitable Trust, 2015\)](#). The three-year longitudinal study carried out by Aston University sought to compare changes over time in care needs and care costs for new residents with a control sample living in the community. It also sought to examine the effects of the integrated approach to housing, care and support deployed by the Extra Care Charitable Trust on health and well-being, cognition, social functioning and independence over time. In the study 162 new residents were compared against 33 control participants. Quantitative measures of health, well-being, cognitive ability and mobility were taken at entry, three, 12 and 18 months and health and social care usage and costs were monitored. Findings reported include: reduced costs to the NHS; reduction in the duration of unplanned hospital stays; reduction in GP visits; significant cost savings to social care; and reduction in depressive symptoms.

A review of the research on Sheltered Housing commissioned by the [National Housing Federation \(Berrington, 2017\)](#) quotes the Institute of Public Care which says ‘the weight of evidence through case studies, audits and research, shows that there is an unequivocal health gain to be made through the provision of all forms of retirement housing’. All evidence indicated ‘a substantial improvement in health, a diminution in the volume of care and support required and a greater sense of security and well-being’.

Oxfordshire has led the delivery of over 800 Extra care housing units, including using its own land. It demonstrated that each placement can save an average of £120 a week compared to a similar placement in a care home. ([Housing, Health and our Ageing population, LGA, 2017](#))

Newcastle city council's approach to the provision of accommodation for older people is based on consultation with older people; few of whom identified that they wanted to live in residential care. The council has indicated that it no longer wishes to support any further development of residential care. Its focus is on providing and facilitating flexible accommodation to meet life changes as people move through older age. This involves developing a range of housing types including 'core and cluster' schemes linked to existing provision, mixed tenure and leasehold assisted living and specialist dementia housing models. ([LGA, 2017](#))

Birmingham city council has begun conversations with developers about a more progressive approach to meeting the needs of people with dementia ([LGA, 2017](#)). The council needs to reduce the numbers moving on from Extra Care housing to dementia nursing homes and considers there is a place for large scale, multi-development site encompassing dementia friendly Extra Care, a dementia nursing home and day opportunities supporting both older adults and older adults with dementia.

The Personal Social Services Research unit (March 2017) projected demand for Supported Housing in Great Britain 2015 to 2030. They estimated that, to keep pace with demographic pressures, the number of supported housing units for older people will need to rise from 460,000 in 2015 to 625,000 in 2030, an increase of 35%.

Key themes identified in the case studies cited in [Housing our Ageing Population \(LGA 2017\)](#) are:

Having a clear vision: promoting awareness and changing attitudes. This is about councils shaping housing markets to deliver good quality, well located, and inclusively designed housing for older people.

Planning for an Ageing population. This involves using a mix of demographic data; planning tools alongside localised contextual information and what older people say.

Delivering and enabling new housing for older people across the public and private sectors. This includes encouraging and supporting private sector retirement housing development which can help to meet the future housing needs of older home owners.

Promoting an integrated approach to housing, care and health. The report states that sensitive and well-designed housing aimed at people with complex care needs and/or dementia can be a highly effective alternative to residential care.

Sustaining older people in mainstream housing. This refers to commissioning and providing home improvement agency type services across council boundaries which offers scope for economies of scale.

These themes are revisited in the Strategic Recommendations.

5. Demographics

Derbyshire has a population of over 780,000 people, with a higher than average proportion of older people. The population is older than England overall, with 21% of people aged 65 or over in Derbyshire (163,000) compared to 18% for England.

Nationally, life expectancy is predicted to increase (although this has slowed) and this will be reflected in Derbyshire. This will increase the proportion of people that are older in Derbyshire.

Projections are only available at England level, not by local authority but we can expect Derbyshire to broadly follow a similar pattern.

Figure 1: 2014-based principal projection and high and low life expectancy variants for England, in 5, 10 and 20 years' time

	2014 Baseline	5 years (2019)	10 years (2024)	20 years (2034)
Males	79.3	80.6 (80.3-80.9)	81.7 (81.2-82.3)	83.5 (82.1-84.8)
Females	83.0	84.0 (83.7-84.3)	84.9 (84.4-85.4)	86.4 (85.1-87.6)

By 2039 nearly 3 in every 10 people in Derbyshire will be aged 65 and over (249,000 people).

The population aged 90 and over will more than double by 2035, from 7800 in 2017 to 18,100 in 2035.

Districts and Boroughs: population projections

The largest percentage increase in over 65s will occur in South Derbyshire, however in absolute numbers the largest increase will occur in Amber Valley, which already has the largest population of over 65s.

Over the next 20 years, Amber Valley will have nearly 4,500 more over 85s, the biggest population increase in Districts and Boroughs; Bolsover has the lowest population increase of 1,850.

Dementia

The positive correlation between the incidence of dementia and age means that **Derbyshire will see a dramatic increase in people with dementia.**

The actual number of people with dementia in Derbyshire aged over 65 in 2016 is 9,344. The estimated number for 2017 is 11,295. (The difference is accounted for by people who have not yet been diagnosed). The estimate for 2030 is 17,275, an increase of 53%.

Frailty

We can expect there to be 17,000 people with frailty currently, and 25,500 by 2034. Frailty increases the risk of adverse health outcomes including falls, less mobility, less independence, hospitalisation, disability and death.

Tenure

Older people in Derbyshire live across a full range of tenures, with the same proportion nationally that are owner occupiers (73%). This does vary slightly across the Districts and Boroughs, with a much higher % in social rented accommodation in Bolsover, Chesterfield and North East Derbyshire. Private rented is slightly higher in Derbyshire Dales and High Peak.

Amber Valley has both the highest number (9,143) and South Derbyshire the highest percentage (78.0) of owner occupiers, Bolsover the lowest number (4,825) and percentage (64.7%). Bolsover has the highest percentage (28.3%) in the social rented sector, North East Derbyshire the highest number (2,708). Derbyshire Dales has both the highest number (482) and percentage (5.7%) in the private rented sector.

Living alone

In Derbyshire 28.9% (96,233) of people live in one person households. (Source: 2011 Census) For over 65's this increases to 56.9% (43,270). Chesterfield has the highest percentage (59.4%) and second highest number of 65+ one person households with Amber Valley having the highest number (6,718).

Older people in poverty/fuel poverty

[The Index of Multiple Deprivation 2015](#) tells us that 14% of older people in Derbyshire live in low income households. (Source: DCC policy team: 'What do know about deprivation in Derbyshire 2015') Although we are not an outlier nationally this equates to over 22,300 older people. In addition to this low income households are at much greater risk of being in fuel poverty. 2014 data (Source: PHOF) shows that 9.8% of households in Derbyshire are in fuel poverty. This would equate to approximately 7,500 older people households in Derbyshire experiencing fuel poverty and the number may be higher as older people are likely to be over represented within this cohort.

These vulnerable older people are likely to require additional support to maintain their properties to maximise their health and wellbeing and independence.

6. Supply and Demand analysis and prediction of future needs by area

In addition to residential and nursing care which only a small percentage of older people live in, the Housing Learning and Information Network (LIN) defines three types of specialist housing:

Sheltered housing

Where some form of scheme manager (warden) service is provided on site on a regular basis but where no registered personal care is provided. An on-call service only does not qualify for this being described as Sheltered housing. In most schemes there will be some shared facilities such as a resident's lounge and possibly a laundry and a garden.

(Since this definition was formed, current thinking has changed to describe sheltered housing more in terms of age/mobility designated based on the design and suitability of the housing. Accommodation can be purpose built and suitable for older and less mobile residents, but without on-site support.)

Enhanced Sheltered housing

Staffing provision is higher than for sheltered and there may be additional shared facilities and some meal provision but below extra care provision.

Extra Care housing

People have their own front door with typically a 1 or 2 bed apartment either to rent or purchase. Registered personal care is provided 24/7, if needed, at an additional cost. Shared facilities such as lounge and gardens, and some meal provision, and social activities organised.

Current specialist housing provision in Derbyshire

Housing Stock in Derbyshire – Over 55s/Sheltered/Retirement @ August 2017

Local Authority	Bungalows	Bedsits	Flats	Totals
Erewash	1350	334	168	1852
Bolsover	1932	93	440	2465
North East Derbyshire	1820	0	673	2493
Chesterfield	1038	6	149	1193
High Peak	0	113	179	292
South Derbyshire	551	4	410	965
Amber Valley	1165	0	2005	3170
Derbyshire Dales	693	0	515	1208
Total	8549	550	4539	13638

Source: Derbyshire Strategic Housing Officers group

This records bungalows, flats and bedsits which are part of the District/boroughs own stock or included in the stock of the arm's length provider, or stock transfer housing Association. It does not include any private sheltered housing as it was not possible to gather this information in the audit. Further work is needed to add this information as well as an age profile of the tenants; location of the units; stock condition and voids, in order to get a full picture. Some of the units may be age designated but are not suitable for future use. Some units may be redesignated. Therefore there should be some analysis of the %/numbers that are sustainable for age/mobility designation and those no longer fit and would need replacement.

Extra Care Housing for rent/for sale - 2017

	Units	Owner Occupied	Shared Ownership	Rental
Amber Valley	52	6	0	46
Bolsover	0	0	0	0
Chesterfield ¹	176	14	0	162
Derbyshire Dales ²	164	139	10	15
Erewash	61	0	21	40
High Peak ³	97	31	16	50
NE Derbyshire	60	0	18	42
South Derbyshire	213	149	11	53
Total units	823	339	76	408

1. Care services are available 7am to 10pm only in 31 of these units at one site

2. One site has an additional 2 beds, under contract for respite

3. One site, that will provide 31 units, is currently under construction

Source: Commissioning Team

Care homes designated for older people and capacity in each District/Borough

District/Borough	No. of homes (Nursing)	No. of beds (Nursing)	No. of homes (Residential)	No. of beds (Residential)
Amber Valley	13	576	10	408
Bolsover	8	335	3	257
Chesterfield	10	434	11	392
Derbyshire Dales	7	316	11	418
Erewash	12	465	9	445
High Peak	4	185	13	485
North East Derbyshire	10	453	8	342
South Derbyshire	5	215	12	438
Total	69	2979	77	3185

Source: DCC Adult Care, Service Need and Evaluation

The total number of residential and nursing beds is **6164**.

Housing demand

A toolkit has been developed by the Housing Learning and Information Network (LIN) in association with the Elderly Accommodation Council and endorsed by the Department of Health, to identify potential demand for different types of specialist housing for older people and model future ranges of housing and care provision.

[The Shop@tool kit](#) suggests per thousand people over 75 there should be:

- 125 conventional Sheltered housing properties
- 20 enhanced Sheltered housing properties
- 25 Extra care properties
- 65 Residential care units
- 45 Nursing care units

This equates to 280 specialist housing units per thousand population over 75.

It should be noted that the estimates relate to current investment in prevention and specialist housing staying at the same level as it is now; i.e. not investing in more preventative measures to enable people to stay in their own homes.

Figure 1 shows what expressed housing demand is per 1000 people aged over 75, by type of housing. The majority (720 per 1,000 or 72%) wish to remain in their own home, irrespective of tenure. These figures are used by the Housing LIN SHOP tool, and come from the [‘More Choice, Greater Voice report](#), which relies on a survey that was done in 2008.

Figure 2: Expressed housing demand is per 1000 people aged over 75, by type of housing. Source: [Housing LIN SHOP tool/More Choice, Greater Voice, 2008](#)

	Housing Demand (units per 1,000 75+)
Sheltered Housing	125
Enhanced Sheltered Housing	20
Extra Care - 24/7 support	25
Residential Care	65
Nursing Care	45

According to Statistics on Specialist Housing provision for older people in England (2015) Derbyshire has more sheltered units per 1000 population aged 75+ than both England and the East Midlands.

Derbyshire has less Extra care housing compared with both England and the East Midlands.

Figure 3 shows what current demand is (the expressed demand from the survey, applied to current population) and then compares this to current supply (from data submitted by providers, may be limited in accuracy), and highlights the % variance.

Figure 3: Current demand (the expressed demand from the survey, as per table 10, applied to current population) compared to current supply. Source: [Housing LIN SHOP tool](#)

Current Needs

	Demand	Supply	Variance	% Variance
Sheltered Housing	8,738	8,184	- 553	-6%
Sheltered Housing: Rent	8,039	7,507	- 531	-7%
Sheltered Housing: Lease	699	677	- 22	-3%
Enhanced Sheltered	1,398	249	-1,149	-82%
Enhanced Sheltered: Rent	489	87	- 402	-82%
Enhanced Sheltered: Lease	909	162	- 747	-82%
Extra Care	1,748	369	-1,379	-79%
Extra Care: Rent	1,748	369	-1,379	-79%
Extra Care: Lease	0	0	0	0%
Registered Care	7,689	6,532	-1,157	-15%
Residential Care	4,544	3,002	-1,541	-34%
Nursing Care	3,146	3,530	384	12%

Figure 3 shows the current expressed demand, applied to future population projections, so that the likely gaps in supply going forwards are highlighted. There are some limitations with this data, for example the projections are not the most up to date, and the current supply data has been obtained for Derbyshire and checked and some inaccuracies found with the classification of 'extra care' versus 'enhanced sheltered'. Nonetheless it provides a useful illustration of a possible gap between supply and demand across sheltered housing, enhanced sheltered housing and Extra care.

Figure 4: Current expressed demand (as per figure 10) applied to population projections (Source: [Housing LIN SHOP tool, for Derbyshire](#))

Estimated Future Needs

	2014 % increase from 2014	2015 2%	2020 21%	2025 51%	2030 68%	2035 86%
Sheltered Housing	8,738	8,925	10,613	13,150	14,713	16,275
Sheltered Housing: Rent	8,039	8,211	9,764	12,098	13,536	14,973
Sheltered Housing: Lease	699	714	849	1,052	1,177	1,302
Enhanced Sheltered	1,398	1,428	1,698	2,104	2,354	2,604
Enhanced Sheltered: Rent	489	500	594	736	824	911
Enhanced Sheltered: Lease	909	928	1,104	1,368	1,530	1,693
Extra Care	1,748	1,785	2,123	2,630	2,943	3,255
Extra Care: Rent	1,748	1,785	2,123	2,630	2,943	3,255
Extra Care: Lease	0	0	0	0	0	0
Registered Care	7,689	7,854	9,339	11,572	12,947	14,322
Residential Care	4,544	4,641	5,519	6,838	7,651	8,463
Nursing Care	3,146	3,213	3,821	4,734	5,297	5,859

Estimated Future Needs – Derbyshire

Source: Strategic Housing for older people analysis tool – SHOP@

This estimates that by 2025 11572 beds in care homes will be needed, an increase of 3718 from 2015.

Figures showing projected growth in population by District/Borough

*Summary of % population increase 2014 to 2034, for Derbyshire and districts.
Source: ONS mid-year 2014 population projections (published in 2015, latest available as at June 2017)*

	2014: No. 75+	2034: No 75+	2014-2034 increase 75+	% increase 75+
Derbyshire	69,391	123,312	53,921	77.7%
Amber Valley	11,038	20,590	9,552	86.5%
Bolsover	6,441	10,814	4,373	67.9%
Chesterfield	9,447	15,300	5,853	62.0%
Derbyshire Dales	7,859	13,900	6,041	76.9%
Erewash	10,094	17,008	6,914	68.5%
High Peak	7,436	14,034	10,084	57.0%
North East Derbyshire	10,059	17,299	7,240	72.0%
South Derbyshire	7,017	14,340	7,323	104.4%

Overall, this analysis shows that more residential, nursing and Extra Care provision will be needed to meet rising demand. If investment is made in preventive measures that will keep people longer in their own home, (that is Disabled Facilities Grants; Affordable Warmth; Falls Prevention; and in Extra Care accommodation); then this will lead to fewer admissions to residential and nursing care.

Another consideration is the workforce shortfall for care staff. If people can be supported by improved technological solutions for as long as possible, and if people can live, without compromising their independence, in Extra Care settings, this reduces the demand for care staff.

The maps which are available as Appendices show what provision is already in place by District and where most demand from the older population is likely to be in 2025.

7. Supporting people to live at home

The home and related support services are central to improving health and promoting the wellbeing of all tenants and residents but particularly older people as they spend so much time at home. Key features of the right home environment (both permanent and temporary) are:

- It is warm and affordable to heat;
- It is free from hazards, safe from harm and promotes a sense of security;
- It enables movement around the home and is accessible, including to visitors
- There is support from others if needed

There are a range of initiatives which can support people to make informed choices about their present / future accommodation needs to maintain good health and wellbeing and support people to stay in their own home. These are currently available in Derbyshire and described below. These initiatives are integral to a 'whole system approach'.

Advice and Information

Background research undertaken for the review demonstrated that whilst there are various sources of information available regarding housing and care options, there is not one single place where the full range of information is available from. Only one District council, Derbyshire Dales, has a Housing Options service for older people.

Developing multi- agency advice and information about choices and options has to be an essential aim of a future strategy and to ensure that any information is joined up, updated and accessible. Although there is far more use of the internet across all generations, there is also a risk that reliance on the internet as the primary source of information runs a serious risk that many older people, particularly those without advocates or family support, are not able to access relevant information in a timely manner. What is also important is that older people are able to make independent decisions based on information and in many cases may need some form of advocate.

Discussing housing options, opportunities and barriers can be wide ranging and time consuming – involving e.g. concerns about neighbour problems if staying put; sorting and packing belongings if moving; being lonely and frightened where they are, or if they move etc. A service with someone who can understand, talk through and help solve these issues may be the only feasible way to provide the advice and information needed.

Help to move

Most of the support and services are all designed around helping someone to stay put. But older people, their families, and relevant professionals increasingly understand that often investment to help someone stay put is not sustainable and that a well-timed move to more suitable accommodation offers better outcomes. With an increase reliance on self-serving internet based choice based lettings processes there are already concerns that even if older people can be encouraged to think about moving there is inadequate support for them to do so.

There are some examples of how older persons housing with adaptations has been safeguarded for those most in need, but can only be achieved with an appropriate resource to act for the client and housing provider. Aspirations to encourage and support older people to move to more suitable accommodation will not be successful without specific advocacy and support.

Falls Prevention

Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80, falling at least once a year. ([NICE, 2013 Assessment and prevention of falls in older people](#))

There are many risk factors for older people falling and usually most falls are due to a combination of risk factors, both intrinsic (e.g. age, history of falls, muscle strength, reduced gait, fear of falling) and extrinsic factors such as the environment, medications etc. ([NICE, 2013 Assessment and prevention of falls in older people](#), WHO, 2004).

The recently published Derbyshire Falls Pathway and Public Health England's Falls and Fractures Consensus Statement ([PHE, 2017, Falls and fracture consensus statement Supporting commissioning for prevention](#)), identifies the need to take a whole system approach to falls prevention that includes ensuring a safe home environment as an element to healthy ageing, together with other evidence based interventions such as strength and balance exercise.

The risk of an older person falling at home can be reduced by low cost interventions such as additional hand/grab rails, improved lighting etc. Opportunities also exist to make use of technology such as falls alarm systems to support an older person to continue to safely live at home and address risk factors such as fear of falling. These interventions are already in place in Derbyshire.

The evidence ([Cochrane Database of Systematic Reviews 2012, Gillespie LD, et al, Interventions for preventing falls in older people living in the community](#)) suggests that home hazard reduction is more effective if targeted to older people with a history of falls and other intrinsic risk factors and is carried out as part of a multi-factorial risk assessment.

Wheelchair Services, Equipment and Minor Adaptations

A Task and Finish group is currently working to develop an integrated system for assessment and provision.

Technology Enabled Care (TEC)

Technology Enabled Care (TEC) is an umbrella term that includes all kinds of technology-centric approaches to telecare, telehealth, telemedicine and digital services. Those technologies support independence, mitigate risk, extend tenancies, enable the better coordination of services and offer cost savings in housing, health and social care economies, reduce waiting times, prevent avoidable admission to acute services and support hospital discharge.

Derbyshire County Council considers TEC to be an integral part of the housing, health and social care service model which can support and enhance older people's options and improve health and being. It's an integral part of the solution for coping with a changing demographic profile, reduction in available workforce and an increased prevalence of limiting long-term illness/disability among the general population.

TEC can support individuals to live at home and complement traditional care. TEC services are more cost effective than registered care or nursing accommodation, offering better outcomes and increased satisfaction for people with long-term care needs. It can give carers more personal freedom and more time to concentrate on the human aspects of care and support, and will make a contribution to meeting potential shortfalls in the workforce.

Technology has long been supporting older people in specialised housing, providing the means by which the well-being of residents can be monitored with minimum intrusion and enabling residents to summon assistance in emergency.

In sheltered supported living and Extra Care schemes a wide range of TEC equipment is included in the core services, automatically alerting or messaging on-site staff. Alternatively, alerts can go to on-call carers at certain times and to a call centre, family member or nominated informal carer at other times. Other examples of TEC include sensors which will automatically detect environmental problems such as fire, flood, gas cooker left on unlit and carbon monoxide.

There are hundreds of pieces of equipment available, some are specialist but many are everyday technologies which can be used in creative ways. Most equipment is wireless, so can be retro-fitted making a personalised package of equipment more achievable than ever.

The next generation of Extra Care Housing will feature advances such as a touchscreen devices running a specialist “app” providing managers and monitoring centres at multiple locations with a wealth of information at their fingertips, including a colour-coded dashboard indicating which residents have shown signs of activity and which may need a call to check on their wellbeing.

Examples of Technology Enable Care are in Appendix 2.

Derbyshire Disabled Facilities Grant

Derbyshire operates a place based approach to the delivery Disabled Facilities Grants (DFGs).

Disabled Facilities Grants (DFGs) are grants provided by local housing authorities to fund essential home adaptations. These can give disabled people better freedom of movement into and around their homes (e.g. stairlifts, ramped access) and provide access to essential facilities within the home (e.g. level access showers). DFG's are a mandatory grant which is means tested for adults but not for children.

They are delivered in a partnership between the county council, Housing Authorities and the Home Improvement Agency. The delivery differs in each district/borough as local innovation and service delivery has emerged.

In 2016/17 349 Shower/Bathroom adaptations were completed countywide. In addition 105 complex projects were completed. These included:

- Through floor lifts
- Vehicle hardstanding
- Kitchen adaptations
- Conversion of outbuildings
- Garage conversions
- Extensions

Derbyshire Disabled Facilities Grant Transformational Project Review has been undertaken with the full engagement and collaboration of the districts and borough councils. All partners have contributed evidence to support the findings and recommendations which will included a strategic plan for the County. This strategy will be implemented and monitored by the County DFG Strategy Group.

The transformation programme has focussed on three main themes; prevention, assessment and delivery. Prevention is focusing on ensuring that there is consideration of the full range of housing options and planning ahead rather than an automatic assumption that an adaptation is the answer to meeting a need. The assessment work stream revolves around ensuring that assessment is robust and efficient and is directed at ensuring that the needs of the disabled person are prescribed as efficiently as possible with a view of identifying the best option for the client. Delivery is around ensuring that the prescribed works are delivered efficiently and effectively with a view to achieving best value for money.

Repairs

Access to public funding for repairs is limited, with only a small proportion of the Councils in Derbyshire able to offer grants or loans to fund repairs. The countywide Home Improvement Agency (HIA) is able to support residents to access charitable and other forms of funding available to eligible households. The HIA is able to periodically access funding for gas and electrical safety checks and maintenance but this fluctuates. Where disrepair issues are most hazardous to health and safety, Housing Authorities do have enforcement powers that can be exercised.

The Derbyshire Handy Van Service provides practical support to help older and vulnerable people to live independently in their own homes. The service is available to people aged 60 and over or to people referred by DCC adult care department, Derbyshire Fire and Rescue Service, District or Borough councils, Derbyshire Police or a health professional.

A key challenge for many older people, especially those on low incomes, is how they fund repairs and adaptations to their home to enable them to continue to live their independently.

Affordable Warmth

Ensuring that a home is warm and affordable to heat is a key feature of the right home environment. It is estimated ([Derbyshire Housing and Health Joint Needs Assessment 2016](#)), that in Derbyshire there are:

- 21,689 homes with excess cold
- 18,121 homes without reasonable level of efficient insulation and heating

It should be noted that this number of properties are not all occupied by older people.

DCC Public Health has invested in Derbyshire's Healthy Homes service. Through the [Nottinghamshire and Derbyshire Local Authority Energy Partnership](#), Derbyshire has successfully secured external funding to help vulnerable residents. Whilst the service supports all age groups there has been emphasis placed on older people. The service has commitment for revenue funding until 2020 and will continue to work to help residents that are in both poor health and with low incomes to improve their home living environment. The primary intervention is heating but the Healthy Homes Service is able to support residents with a more holistic approach and can provide a range of services, including income maximisation and health promotion advice. In addition some district and borough Councils are able to provide a local offer which is dependent on funding and criteria which varies according to local priorities. The Home Improvement Agency can access funding from Foundations to help residents and can have a broader but less intensive remit than the Healthy Homes service. An options appraisal was conducted on the potential benefits of merging the Healthy Home project with the Health Improvement Agency service and the Handyvan scheme in June 2017. It concluded that there is no advantage to merging the three services or any combination of them but it did recommend that co-ordination of the services could be improved with a single point of access/triage system.

8. Local Engagement with Older People

Methodology and Approaches

Adult Care wanted to obtain the views of the residents of Derbyshire for this review. A survey was produced by Derbyshire County Council and brought together social care; district and borough councils; health and voluntary sector stakeholders so that the housing and accommodation review reflected the whole range of housing needs for older people in Derbyshire.

The results from this survey will help Adult Care and its partner organisations understand whether the contents of the review reflect the future needs of older people in Derbyshire and how they can improve services for people in the future. A mixed approach was used to engage with people including:

- The Adult Care Stakeholder Engagement and Consultation Team conducted an online survey open to all residents of Derbyshire. In total 166 copies of the survey were completed. The results from this survey are examined in this report.
- The Derbyshire County Council website gave an outline of the survey, and provided the link to enable the public to complete an on-line version of the survey.
- A link to Derbyshire County Council's website was also provided to various established engagement groups, including [Derbyshire Older Peoples Advisory Group](#), [Black Minority Ethnic Group](#), and the [Derbyshire Stakeholder Engagement Group](#). The on-line survey was also promoted amongst professionals who are experienced in the care field via email.
- The availability of the survey was promoted in Health and Wellbeing Zones via a poster displayed in libraries throughout the county informing all residents of Derbyshire how to take part.

Respondents

96 (59%) were female and 66 (41%) were male. 61% of respondents were over 65 at their last birthday.

The majority of people (50 people, 38%) who completed the survey resided in the Derbyshire Dales area of Derbyshire.

Out of the 159 respondents who chose to answer the question about ethnicity, the majority were white.

Of the 165 respondents which chose to answer this question 25 people had someone to assist them to complete the questionnaire on-line.

90 respondents considered themselves or someone in their household to have a disability. 51 of these (84%) said this was a disability affecting mobility; 5 people (8%) said they or someone in their household, had dementia. Of the nine respondents who chose the category 'other' disability – things such as balance issues, Parkinson's disease, and chronic obstructive pulmonary disease (COPD) were listed.

The majority (89%) of respondents had two or less people living in their household.

94 out of the 160 respondents had people aged over 65 residing in their household.

The majority of people, 119, and (74%) who responded to the on-line questionnaire owned or mortgaged their home. 25 people (16%) rented from the council.

Areas covered

39 out of the 166 respondents did not feel that their current home will meet their future needs. When asked why, the majority, 28 (72%) stated that mobility in and around the home was the biggest issue. 19 respondents, (49%) said that too much maintenance would be required and 17 (44%) said their house is too big.

When asked if they should require care in the future what their preference would be to where that care would be provided, 115 respondents (69%) overwhelmingly chose to stay in their own home with care and support provided from a care provider or in the case of 49 people (30%) support from family and friends. 64 people (39%) would move to a smaller home. 55 people (33%) indicated that they would consider moving to very sheltered housing with care.

When asked how important it is that if you cannot stay in your own home, you stay close to your home town/village, 97 of the 166 respondents (82%) felt that it was important to them if they cannot stay in their own home that they would choose to stay in their home town/village.

Respondents were asked how important it would be to live near to public transport links and amenities such as GP surgeries, shops and post offices etc. when you reach old age. 93% of respondents felt it was important to live near to public transport links and amenities in your old age.

Information and Advice

Respondents were asked how well informed they were about a range of information and advice.

Information and advice that is currently available on suitable alternative housing options in the local area.

Of the 166 respondents who answered this question, the figure between being informed (37%) and uninformed (35%) is very close. 57 people (35%) felt fairly or very uninformed.

69% of respondents (114 people) felt informed about information currently available regarding repairs and maintenance to their home.

Over half of the respondents (55%) felt informed about adaptations to enable them to remain living in their own home. 28% (45) felt fairly or very uninformed.

73% of respondents felt informed about safety and security in their home.

It would appear that information currently available on help to move/downsize would require further work to establish the type of information that would be of benefit for older people of Derbyshire who wish to obtain this information. 46 people (28%) felt very or fairly informed but 56 (34%) felt fairly or very uninformed.

73 (45%) of respondents felt informed about getting out and about and socialising.

Respondents were asked what we can do to improve the information and advice that is currently available including any gaps where information is not currently provided and a variety of answers were given to this question including which are detailed in the Appendix.

Face to Face Engagement

Face to face engagement took place with the [Derbyshire Older Peoples Advisory Group \(DOPAG\)](#) on the 28 September 2017 at Whitworth Centre, Darley Dale, and Matlock. DOPAG is made up of people from every 50+ forum across Derbyshire. The invitation to DOPAG members was expanded to include 2 further attendees from their 50+ forum group. Invites were also sent out to various groups in Derbyshire including Derbyshire Association of Local Councils (DALC). The Stakeholder Engagement and Consultation Team (SECT) also invited members from the Black Minority Ethnic (BME) Group to this meeting to ensure that the thoughts of this group were also captured. In total 30 people attended the extended meeting.

In addition to this meeting SECT also discussed the findings from the review with the Derbyshire Stakeholder Engagement Group on the 21 September 2017 where 14 people attended. The Derbyshire Stakeholder Engagement Board is an open board that is attended by a wide range of people. People attending represent the wide and varied communities within Derbyshire, including older people, people with learning disabilities, physical disabilities and members of the BME communities. It includes representatives from statutory and voluntary organisations that work in partnership with Derbyshire County Council's Adult Care.

During the focus groups facilitators posed four key questions and material for information were made available on the tables, including the questions asked on the on-line questionnaire. The overall thread that ran through all of the comments captured was that whatever is included in a future strategy, it needs to be affordable for the vulnerable.

The following are the themes which were captured during the focus groups on each of the key questions posed.

- The main theme arising from the question about what can we do to help people stay in their own home was prevention.
- The second theme emerging was regarding tackling loneliness and isolation
- The third theme emerging was to ensure that homes are future proofed.

Other comments captured included better/more co-ordinated help when being discharged from hospital, including practical help such as ensuring beds are brought downstairs if necessary and delivery of medication from pharmacies.

What are the important things to you if you find yourself either needing to or wishing to move out of your current home?

The main theme emerging was the housing supply:

- Two bedroomed properties need to be a minimum to allow additional support
- Ensuite facilities
- Need to be near shops, doctors, pharmacy
- Force affordable housing developments to provide suitable homes for older people
- Bungalows or ground floor flat

There was not a clear second theme running through this question. Issues such as timeliness of planning, the support network, overall quality of life, future proofing and hospital discharge being other issues which were felt to be important.

Of the different types of accommodation options specifically designed for older people, which are of most interest and why?

The main theme emerging with eight comments were Extra Care, with comments such as:

- This model works really well, the café is the social hub, with a warm welcome.
- Extra care is a good option, with all facilities in one place.
- Ability to easily socialise with people if you wish to.
- Security is an issue for people and you feel safe in Extra Care facilities.

People were asked whether there was anything else of importance that is needed for the review that has not been considered today or on the questionnaire
Comments included:

- Better co-ordination between organisations/providers.
- Overall cost and affordability.
- Future proofing – and the need to plan in a timely way for your future home.
- The availability of suitable properties for older people.
- Locality of any new buildings designed for older people needs to be near chemists, doctors, shops and transport links.
- Moving home – help with paperwork of moving and the cost.
- Promoting basic mobile phones or other forms of communication and support to provide reassurance – again needs to be affordable.
- More support to stay in your own home.
- Timely services and advice.

9. Conclusion

The key messages from the analysis of the demographic information are that Derbyshire has a higher than average proportion of older people which is going to increase in the next few years as life expectancy continues to increase.

Older people have greater care needs than younger people due to a higher prevalence of dementia, falls and frailty and other long term conditions. Demand for health and social care services will therefore increase as there are older people, with greater health and care needs.

Older people live across all tenures, with the majority living in their own home, and many live alone. Hence preventive measures need to be targeted through all tenures e.g. social housing, private rented and privately owned to support older people to continue to live independently at home and make informed choices about their present/future accommodation to maintain good health and well-being.

The findings from the Shop@tool, whilst they should be treated with some caution, do suggest that a greater focus on prevention (including additional investment), and more of every type of specialist accommodation will be needed to meet the demand of the growing numbers of older people.

Currently from conducting an initial mapping exercise, it appears that Derbyshire has an oversupply of Sheltered Housing; an under supply of Extra Care Housing and an undersupply of both nursing and residential care beds.

A future Strategy should, with the Districts and Boroughs, funding agencies and developers, seek to identify how current assets could be transformed to change the balance of provision so as to meet the needs of the growing older population.

At the end of October the government announced that it would remove its Local Housing Allowance proposals for supported housing and the wider social housing sector. The government have issued a policy statement and 2 consultation papers that sets out a tailored approach to protect and encourage the supply of a wide range of supported housing. One is on housing costs for sheltered and extra care accommodation, and one on housing costs for short-term supported accommodation.

In short, it proposes that all long-term housing will remain in the welfare system and a proposed 'sheltered rent' for sheltered and extra care housing will keep rent and service charge at an appropriate level, protecting the housing needs of older and vulnerable people. Local areas will be taking a bigger role in providing short-term and emergency housing through a ring-fenced grant to local authorities by April 2020, allowing vulnerable people to access secure accommodation without worrying about meeting housing costs at a difficult point in their lives. The grant will be underpinned by a National Statement of Expectation setting out how local authorities should plan effectively for provision in their area.

The national priority for health and social care is to support more people at home. The Derbyshire Sustainability and Transformation Plan (STP) , which is a 'place based' plan for the future of health and social care [Sustainability and transformation plans \(STPs\) explained | The King's Fund](#), proposes to move more services from acute hospital care to community based services. This approach can only be successful if there is a suitably trained workforce available to keep people safe and well. The pressures on the care workforce need to be taken into account in deciding how to take plans for developing specialist accommodation forward.

The Nursing Home Strategy (P18) highlights that service development in Derbyshire has focused on community based services such as Extra Care and specialist Community Care Centres. Whilst the introduction of additional payments to providers that meet standards for the provision of dementia care has been successful, this in itself will not meet the need for people with the most severe forms of dementia. The Strategy recommends that specialist nursing home provision is needed. (Nursing Home strategy P26)

10. Recommendations

Develop a strategic approach countywide to housing for older people

We have an opportunity with the Derbyshire Development Company and One Public Estate initiative to explore using some of the assets of the county council and partners to plan and develop housing suitable for our ageing population. The County Council could release land for the purpose of providing housing suitable for meeting the needs of older people and work collaboratively with the NHS in releasing land for development of inclusive housing (including access to green space, social connectedness and close to transport and amenities) and specialist housing).

We should bring together planners, environment, housing and health and social care partners to provide a shared understanding of where there are opportunities and gaps in provision that can be reflected in local planning policy.

Councils have the ability to influence developers to scale up the delivery of properties in locations and to standards such as the 'HAPPI' principles which meet the growing need for homes that support people as they age.

Local Housing, Health and Adult Care partners to sign a Memorandum of Understanding. National Partners have signed a Memorandum of Understanding a [Memorandum of Understanding to Support Joint Work to improve health through the home](#). This MOU sets out commitments to better recognise the importance of the home and its impact on health.

Co-ordinate Comprehensive Housing Advice and practical support across the county council and district/borough councils

Comprehensive Housing Advice and practical support should be co-ordinated across the county council and district/borough councils to ensure equitable access by all older people in Derbyshire.

This would enable people to take more responsibility for maintaining their homes, make changes and plan for their older age, including advice on low cost/low risk equity release schemes to enable older people to future proof their own homes.

The existing Well Being Hubs are an example of new and innovative services to help older people, including self-funders, access the internet in their own locality with place based information. Housing information and advice for older people could be incorporated into this existing initiative.

Exploring funding opportunities internally and externally to plan and develop housing and the built environment suitable for our ageing population. For example Derbyshire Dales District Council has employed a funding officer recently to look at opportunities from the HCA and other organisations. This is one of the priorities of the Adult Care led Housing and Health Systems Group.

Further link housing with health and social care

Housing has a critical role in helping to support the delivery of the STP aims and objectives, and strategic partners in local government and health could work even more collaboratively to understand and address the standards and condition of the existing housing stock (its modification, adaptation, technology enablement) to support older people to live at home independently.

Undertake additional 'mapping' of sheltered /age appropriate housing

Additional 'mapping' of sheltered /age appropriate housing is desirable to take further the initial mapping which was carried out for this review. This could ascertain whether some of this stock could be adapted or re-provisioned to meet the needs of older people with greater degree of frailty and/or dementia in the future. This will require further joint working with housing providers and between the Districts, Boroughs and the County Council at an officer and strategic level. The Derbyshire Housing and Health Systems Group should continue this work as well as continuing to review, collate and share evidence/research on the impact of housing on health and wellbeing.

Use the Review to quantify and describe the range of future provision to deliver the Council Plan outcomes

The demographic information in this document, together with the information about current supply and future demand will help to identify what type of provision will be needed, and where, to meet demographic trends and offer more choice to older people.

Raise awareness of frontline staff in Adult Care; Housing and Health Frontline staff across different organisations to housing issues. Staff should encourage people to take responsibility for their housing needs in order that they can maintain their health and independence.

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[Derbyshire Housing and Health Joint Needs Assessment 2016.](#)

Appendix 1

What was achieved - Original Accommodation, Care and Support Strategy (Plan B)

- [Oaklands, Swadlincote. 32 bed SCC, Day Centre and 62 Extra Care Apartments](#)
- DCC developing [Meadow View, Darley Dale](#) and [Florence Shipley](#) both 32 places SCCCs.
(+ Belper – in development with NHS and Libraries).

SSD1010 - Chevin Housing Association –

- [Smithybrook View, Clay Cross. \(90 apartments and Day Care\)](#)
- [Potters Place, Chesterfield](#) (55 Apartments)
- [Maple Mews, Alfreton.](#) (52 Apartments)

SSD 1203 – Housing & Care 21

- [Lacemaker Court Long Eaton](#) 16 Residential Places, Day Centre, 51 Extra Care Apartments.
- Thomas Field – Brown Edge Road. 54 Extra Care Apartments and 16 Residential Care places.
- Improved facilities at 4 Homes for Older People. In addition, Derbyshire County Council received a £623K grant from the Department of Health to “refurbish and remodel four strategically selected Homes for Older People (HOPS) to support their transformation into dispersed elements of Specialist Community Care Centres. They are: [Thomas Colledge](#), [The Grange](#), [Castle Court](#) and [Whitestones](#)
- 10 Homes for Older People closed which were no longer fit to meet current and future business need, i.e. Derwent House (Chesterfield), Florence Shipley (Heanor), The Dales (Repton), The Willows at Ripley, Red House in Chesterfield, Ecclesfold Resource Centre residential wing in Chapel-en-le-Frith, Underhall in Darley Dale, The Glebe at Alfreton and Hillcrest in Kirk Hallam.

Appendix 2. Examples of Technology Enabled Care

Derbyshire's TEC service offer includes the following:

- Ability to summon assistance through the use of panic buttons, pull cords, falls detectors and a variety of sensors.
- Creating a safer environment by monitoring carbon monoxide levels or smoke detection. By detecting whether gas, water or electricity have been left on and shutting off the supply. Devices to shut off small appliances such as a toaster or kettle if/when they should not be used.
- Assisting carers to provide reliable and less intrusive support through the use of chair or bed occupancy sensors, pressure mats, door sensors and beams, proximity detectors, infrared sensors and other devices which allow staff to know where someone is or what they are/are not doing so support can be offered if/when necessary.
- Giving someone control, independence and confidence by supporting them to continue to do certain tasks but in a different way. This could include tasks such as opening or closing curtains or doors, biometric (finger print reader) locks if people struggle to use keys, are likely to forget their keys or want to give regular carers direct access. An intercom or door entry system so they can see who is calling and can give people access. Voice prompts and timers to aid people who are likely to forget things/tasks or become confused.
- Helping someone to (self) manage activities such as taking medication, monitoring health conditions, reporting vital signs, monitoring/reporting changes of routine.
- Supporting communication with easy use phones and mobiles, GPS enabled devices to locate people, online platforms to help people stay in touch with others such as Skype and Facebook, aids to amplify sounds, devices to help people with communication disorders to express themselves.