

Powys County Council

Planning for the future of older people accommodation in Powys

A case study

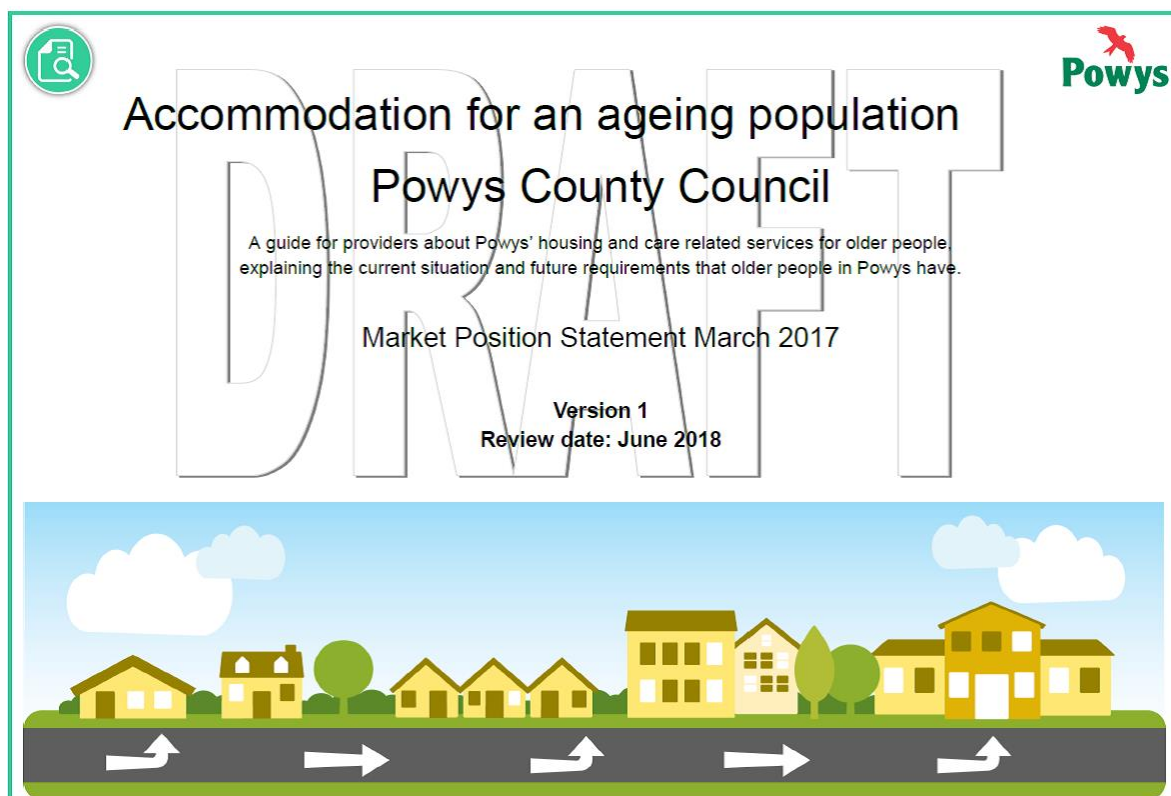
March 2017



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1 Introduction

It is increasingly recognised that understanding the accommodation needs of older people is a critical part of being able to deliver on the health and well-being agenda as set out in recent Welsh legislation¹. Most recently the Expert Working Group on Housing an Ageing Population in Wales highlighted the importance of understanding the housing requirements of older people²: *“if we are going to provide the right type of housing for our ageing population, we need a clear picture of what demand looks like – now and in the future.”*

The National Commissioning Board recognised the innovative work being undertaken in this area by Powys County Council, particularly in terms of:

¹ For example: Social Services and Well-being (Wales) Act 2014; The Well-being of Future Generations (Wales) Act 2015

² Welsh Government (2017) Our Housing AGEnda: meeting the aspirations of older people in Wales

- Taking an evidence-informed approach in the development of a robust commissioning strategy.
- Engaging widely with the general public, and with other stakeholders to explore emerging findings and develop commissioning intentions.

The NCB wish to promote good practice widely across Wales and so commissioned the Institute of Public Care at Oxford Brookes University to work with Powys to produce this case study.

The case study describes the approach taken by Powys and its partners to developing a comprehensive understanding of the current and future accommodation based needs of its ageing population, drawing together qualitative and quantitative data about its housing and care homes, to inform a system wide strategic approach articulated within a market position statement. The case study draws out the lessons from this activity, and concludes with short recommendations for other local authorities as they develop a similar strategic approach. It includes illustrative pages taken from the March 2017 version of the Powys Market Position Statement: Accommodation for an Ageing Population.³

2 Why was this needed?

There were a number of factors coming together to drive this agenda within Powys including strategic and operational drivers at both a national and local level.

At an operational level, there was a contractual driver to review residential care provision as the current contract was nearing its end. This led to questions being asked about what was driving demand for residential care and what were the interdependencies across housing and social care, including:

- Was the current approach creating dependency rather than enabling independence?
- What accommodation options were available for people in Powys, and were they sufficient in terms of quality and quantity?

At a strategic level, the Regional Partnership Board had identified accommodation for older people as one of its priority areas for action. Its Ageing Well⁴ Plan notes:

“Our vision is that we work together with our public, patients, people who use our services and their families to make sure older people in Powys:

- *Have the opportunity to take part in social activities and be included in the community, to maintain their well-being;*
- *Feel safe in their own homes and keep their independence for as long as possible by using home-based services;*
- *Are given relevant information, so that they have an increased choice and control over what matters to them;*
- *Have greater access to health and social care which is close to home and can meet their needs;*

³ See <http://www.powys.gov.uk/en/adult-social-care/integration-of-health-and-social-care/older-peoples-accommodation-our-vision-for-the-future/>

⁴ [Powys Ageing Well Plan 2016-2019](#)

- *Can quickly access appropriate hospital and specialist health care when needed and are discharged home safely once they are fit enough;*
- *Experience a good quality of life; and are safe from abuse and neglect.”*

The [Fit for Purpose Accommodation Project](#) had been considering how to ensure existing housing promoted independence:

“The project has enabled the Housing Service to improve its future planning and recognise what alterations and improvements can be made to enable older persons to remain in their homes and communities for longer to lead fulfilled and independent lives”

3 How was the project delivered?

3.1 Governance

A multi-disciplinary Project Board was established which critically included key people able to make decisions and give strategic direction from each part of local authority, as well as from health board. So, membership included officers from social services, housing, corporate finance, legal, business intelligence, commercial services, planning and property; and in addition the portfolio holders for housing, health and social care.

In addition, and in order to ensure effective communication and engagement throughout the project, there has been regular reporting to and discussions with:

- Council’s Commissioning and Procurement Board.
- ASC Senior Management Team.

Key Messages:

- Important to have the mix of professions and skills on the Project Board given the complexity of the project.
- Be clear about who needs to be involved at each stage both in terms of decision making and obtaining buy-in to the approach.
- Critical to have commitment to the agenda at most senior level in each organisation to ensure progress; also commitment to working collaboratively to achieve shared objectives.
- Identify interdependencies within project and report on these as progress.

3.2 Project Team

The project was managed and co-ordinated by a project manager, working closely with and matrix managing the virtual project team. Senior managers were committed to this approach and identified who should be involved. The relationships within the team were critical to its effectiveness and its ability to deliver a complex project.

The virtual team included:

- Housing – Affordable Housing Officer, Planned Maintenance and Improvement.
- ASC – Team Manager, Senior Commissioning Managers.
- Health – Head of Nursing, Lead for Complex & Unscheduled Care Mental Health.
- Corporate – Business Intelligence, Procurement, Finance, Communication & Engagement, Regeneration & Corporate Property, HR, Business Services.

Key messages:

- Recognise the value each individual brings to the effectiveness of the whole team.
- Recognise and celebrate the importance of the project, the influence each team member has in shaping it, and their impact on its successful delivery.

3.3 Partnership

The approach adopted for the project was to work collaboratively with a wide range of stakeholders, and to test/sense check thinking as it developed. The formal mechanisms for this included:

- Strategic Housing Forum (housing providers including RSL's and local authority).
- Care Provider Forum (care home providers).
- Older People Forum.
- Front line practitioners (ad hoc).
- Health (ad hoc).

4 Developing an understanding

4.1 Data collection

The approach taken to developing an understanding of both demand and supply across all accommodation for older people in Powys has been to create a “live” analysis which can be refreshed regularly, and enables an understanding of the interdependencies across the system as well as the position within one element of it. Assumptions behind the data are transparent, with risks identified and monitored. Its development has been iterative, with data and its analysis sense checked by stakeholders on a regular basis.

The project team identified 50 data sets covering all care home provision (including out of county placements) and all older people's housing provision. Examples are provided in the table below; these can be analysed on a locality basis (13 across the county) or at a community basis (7 communities). The development of this approach by the team has taken 9-12 months.

Examples of datasets	
Population projections	Number of self funders
Delayed transfer of care	Capacity within supply
Supply of sheltered housing, care homes, domiciliary care, ECH	Distance travelled to services
Respite provision	Costs of services
Availability of council owned land	Workforce availability
Quality of provision	Projections on dementia

Population - The local picture

Self-funders¹¹
 239 self-funders in Powys care homes occupying 22% of care beds

Community area	Number of beds occupied by self-funders	Percentage of total beds in community area
South Central	74	31%
North Central	41	26%
Mid West	52	24%
Mid East	5	23%
North East	50	22%
South West	16	8%
North West	1	3%

Vacant Beds¹¹
 There are 73 vacant beds in Powys care homes

Community area	Number of vacant beds	Percentage
Mid West	19	26%
South West	18	25%
North East	17	23%
South Central	16	22%
North Central	2	3%
North West	1	1%
Mid East	0	0%

So what?

- Home ownership is high so any developments need the opportunity for people to purchase as well as rent.
- A percentage of newly built sheltered and extra care need to be 2 bedroom and be considerate of physical and sensory disability.
- Poor housing can trigger problems of anxiety, stress, depression, respiratory disease which may develop more quickly into a chronic or life threatening illness amongst older people. Information is required from the market in respect of the quality of housing in Powys.
- 83% projected increase in dementia requires appropriate new housing solutions to meet demand for quality, joined up housing and care.
- The current supply of accommodation available across the county is limited and there is a clear message from Powys citizens that they generally want to stay at home and therefore require alternative provision to residential care.
- Research suggests that inaccessible or inappropriate housing can significantly reduce the ability of people who have ill-health or a disability to lead, good quality lives and in many cases is a direct contributor to unnecessary entry into long-term care.

6,872¹⁴ people with a physical and sensory disability

Unemployment¹⁶
 1.1% unemployment (815 people)

5% of population receiving **Disability Living Allowance¹⁵** (5,975 people)

Reablement¹⁷
 752 incidents of reablement
 165 were repeat users
 237 required no ongoing care
 95 had ongoing support
 14 unknown

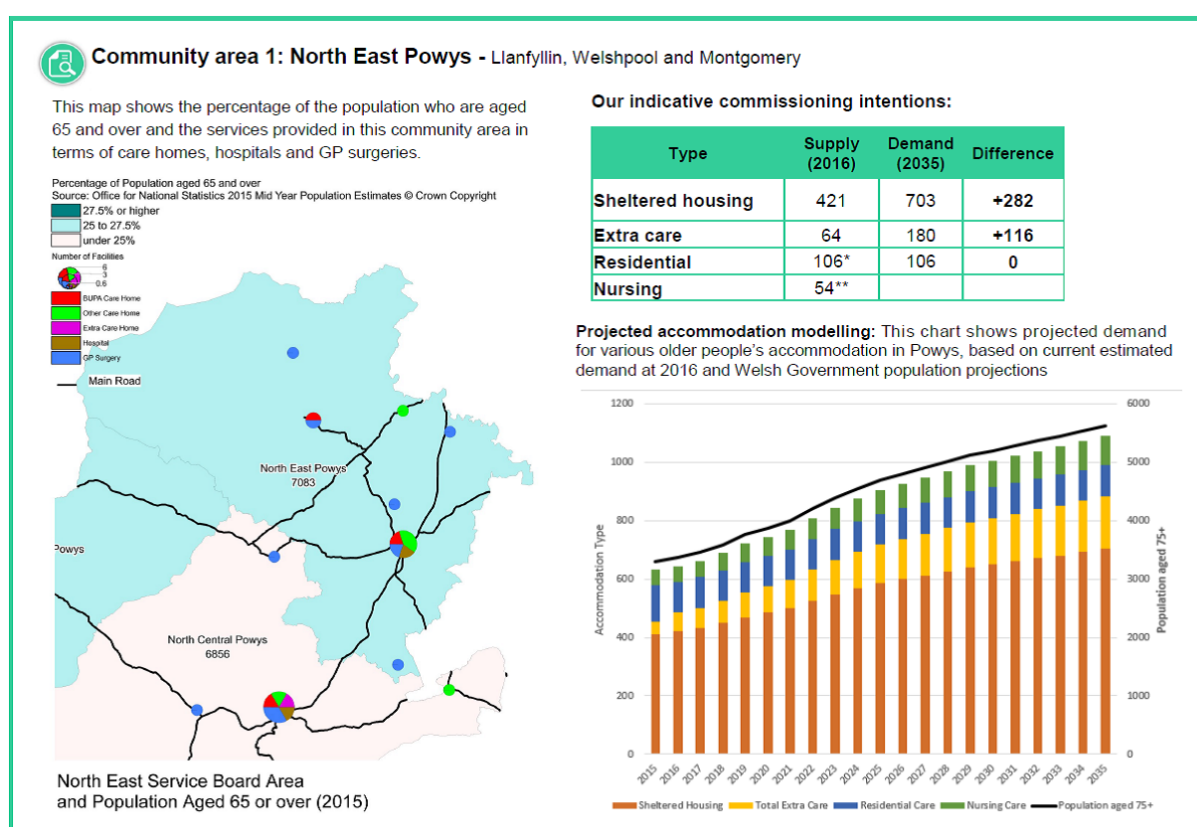
Key messages

- Ensure there is a clear, evidence informed rationale for including specific data sets.
- Go to the lowest possible level in terms of collating data, as it can always be grouped back up to higher levels as needed.
- Keep asking “why” to make sure the analysis gets to the root cause – be challenging.
- Be clear and transparent about the assumptions made, and any risks associated with these.
- Update the data on a regular basis (quarterly) to ensure trends are picked up, and any changes analysed and understood.

4.2 Modelling of demand

A key challenge within the collection of information about supply and demand is the approach taken to projecting demand in the future. The project team realised this was more complex than taking a simple population based approach, and needed to be developed to reflect local factors (such as rurality and waiting lists) as well as the wide range of interdependencies across the whole system. The modelling needed to be able to reflect local policy decisions, for example about the future use of residential care, as well as providing projections about capital investment, income generation, and workforce requirements.

The team took as their starting point information and approaches taken from published guidance and good practice⁵ but then developed a bespoke and more tailored model. The model is updated to reflect changes in supply, and will form an important part of the testing to be carried out in developing the market position statement (see discussion below).



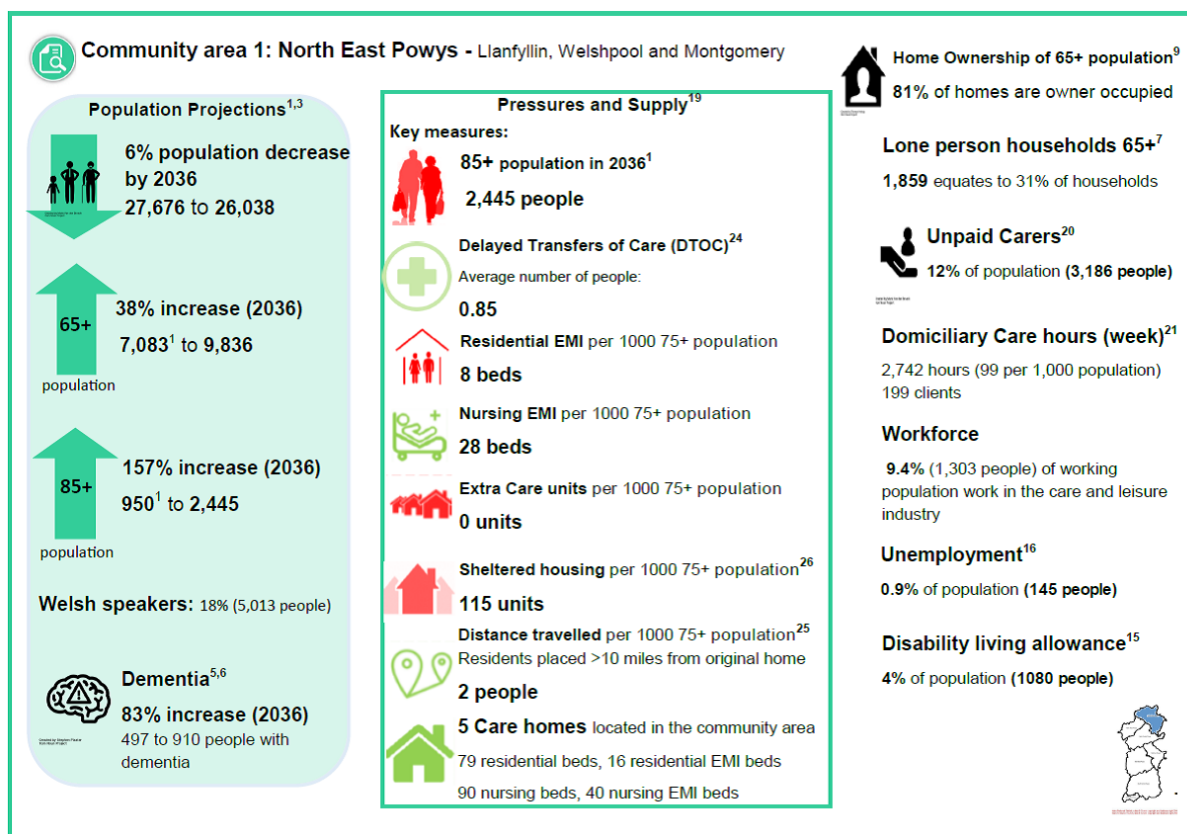
4.3 Analysis and presentation of data

The data is drawn together into summary sheets for each of the seven community areas that have been agreed as the planning basis across health and social care. These sheets have been designed to be visual and simple to read, with changes over time highlighted.

The data is analysed using a weighting system developed by testing against a number of key indicators and comparing the result against the average for Powys.

These key indicators are: projected over 85 population; average number of delayed transfer of care; number of residential and nursing EMI beds; number of extra care housing and other older person housing units; number of residents in a care home more than 10 miles from their original home; whether there is a residential care home within the community.

The weighted score then enabled individual community areas to be prioritised for action.



Key messages

- The approach to presenting complex data will impact on to what degree it is used to influence strategic decision making.
- Data needs to be capable of being updated, with regular analysis to understand changes and trends.

5 How were people involved in the process?

5.1 Understanding current and future needs

An important element of the work was to gather a better understanding of what people in Powys both wanted and needed in terms of their future accommodation. The project team wanted to engage with people who were not necessarily already known to the care system, and who were also younger (and so future older people). The engagement process included both focus groups and an engagement survey.

The focus group methodology used was based on the “Anticipating Future Needs”⁶ approach; a similar approach was adopted to develop staff and members’ understanding of issues around accommodation for older people. Efforts were made to ensure that the focus groups were representative of a cross-section of Powys County Council’s population in terms of ethnicity, level of disability, social class, age and gender. An additional focus group was held with service providers.

Seven focus groups were held with a total of 42 participants. These were semi-structured focus groups whereby a number of scenarios were presented to the groups to explore preferences for, and expectations of, participants’ future housing and accommodation requirements.


The key findings from the focus groups are represented below:




⁶ As described in Housing LIN (2012) Strategic Housing for Older People Toolkit Section A Tools and Resources

The engagement survey essentially lifted the scenarios and questions from the focus groups to ensure consistency, and ran publicly for 3 weeks. It was advertised on the PCC Facebook page, PCC Twitter, PCC Intranet, PCC Internet, as well as being emailed directly to all internal staff and also to an established group of Council housing tenants. Though the survey was aimed at the 50+ population, it was open for all ages to complete. The survey proved to be a huge success in gaining the broad range of responses: a total of 199 surveys were completed.

In addition, the project team made use of existing engagement structures and community organisations to maximise the spread of the engagement, and the robustness of the information gathered.








What do people want?





We have engaged with people aged 50 and over to identify their views on what they would need when they reach later years, and think about their future. We also asked providers, organisations and members to answer the same questions to help provide a fuller picture. Respondents were asked their general views about old age, mental health, physical incapacity and accommodation and service needs. These views have been used, along with the data to inform our commissioning intentions.






Older persons perspective

-  Mixed housing tenure
-  Provide more bungalows for older people
-  Need to feel safe and secure in home
-  Located near to local amenities and groups
- One size does not fit all. Need variety and choice
-  Wardens service is fantastic

What services would you be prepared to pay for?

-  Garden maintenance
-  Transport






Data Gaps:

-  Disabled access in local shops
-  Prescription collection / delivery
-  Public transport
-  Knowledge of where to obtain information about help, advice and support
-  District general hospital



When asked:

- 35% would prefer to own their own home
- 17% would like to rent from the Council
- 5% rent from other organisation
- 3% other
- 40% no answer

Provider perspective

-  Ensure people live and feel safe in their own homes for as long as possible (most people want to avoid care homes unless absolutely necessary).
-  Need more 2-bedroom ground floor accommodation
- Low maintenance long-term housing that will suit changing needs
-  Good access to services (GP / bus stop)
- Suitable housing that older people can own as many people would prefer this
-  Dementia-friendly communities that will support the carers of those with dementia
-  Communities where older people live together and support one another

Data Gaps:

-  Transport
-  Pets - being able to retain your pet as it is proven they have therapeutic benefits

5.2 Communication mechanisms

The testing and communication of the key messages from the project have formed an important element of the work, and the team have adopted different approaches, including, for example, the use of animation such as Moovly.

Key messages


- There is nothing as important as making the time to ask people what they think – engage as many people as possible.
- Do not just ask people working or receiving services within the current system.
- Make sure the findings are visibly reflected within the project’s recommendation.
- Use different communication mechanisms to get messages across.

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9

6 Where is the work now, and next steps?














The analysis of current supply and demand has enabled the development of a series of commissioning intentions for each local community area. These are currently being tested and refined, and have been included within a draft market position statement.⁷

 **Broad Commissioning Intentions**

Powys is expected to see an increase in the number of elderly residents unable to perform basic domestic tasks, and requiring domiciliary care and assistive technology. Home ownership for older people is in line with the National average for England & Wales and feedback from our older population suggests they want to stay in their homes for longer.

The current care provision is no longer suitable and other options need to be explored such as specialist housing with and without care, sheltered housing and/or extra care, to support people to live independent lives and remain in the community of their choice.

Working with our external partners, we must review and transform the way we currently provide services so we can deliver care closer to home. We have identified some broad commissioning intentions:

<p> Integrated community HUBs built on the foundation of collaborative working between communities and care and support services.</p> <p> Ensuring older people have the right information and advice to support the right decision making.</p> <p> Supporting people to live as independently as possible: maximise independence, minimise dependence, intervene where appropriate.</p> <p> Encourage the use of information technology and wider use of assistive technology to support people's independence.</p> <p> Re-designate older person accommodation which is no longer considered as fit for purpose.</p> <p> Dual registered homes.</p> <p> Responding to what people tell us.</p> <p> Encourage inter-generational accommodation and activities.</p>	<p> New sheltered housing project to be built to extra care standard to accommodate future needs.</p> <p> Continuum of need structure.</p> <p> Possible use of private development contract to mitigate costs of redevelopment of sites.</p> <p> If alternative models are developed in line with above possibilities, we can redirect the need for care home provision.</p> <p> Facilities to support transfer to home and rehabilitative model to enable those people who can go home rather than into long term care.</p>
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These broad commissioning intentions are refined at community level with the forth coming pages providing information in respect of supply and demand as well as illustrating the community commissioning intentions.

The approach to the project has highlighted the interdependencies with other workstreams, and a number of these are being developed alongside those with an accommodation focus. These include early intervention and prevention, behavioural change and organisational development, domiciliary care commissioning, and assistive technology.

Key messages

- Identify interdependencies and monitor progress on them whilst working on main project.
- Relationships and leadership are key to enabling interdependencies to be incorporated in project delivery – keep communicating with stakeholders.
- Keep internal and external stakeholders informed and engaged.

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⁷ For further information see <http://www.powys.gov.uk/en/adult-social-care/integration-of-health-and-social-care/older-peoples-accommodation-our-vision-for-the-future/>