

## HOMES ROUNDTABLE - SUMMARY

### Background

This note summarises discussion from Ageing Better's Homes Roundtable of 2nd February 2016. Twenty-three people participated in the roundtable discussion, coming from a range of backgrounds – academic, public, private and charity sectors. Three topics were proposed for discussion based on earlier scoping work by Ageing Better. These were:

**Topic 1:** Developing the evidence base for outcomes and benefits associated with aids, adaptations and assisted technologies in people's homes by:

- Developing consistent evaluation measures and methods.
- Synthesising available evidence and making it accessible and convincing to commissioners.

**Topic 2:** Understanding the effectiveness of different models of service configuration and delivery (e.g. learning from good practice) for aids, adaptations and assisted technologies

**Topic 3:** Explore the feasibility of encouraging people to plan ahead and self-fund practical changes to their housing

### Summary

**Five main themes emerged from the discussion.** These are set out below along with key discussion points made.

#### 1. BETTER ADVICE AND INFORMATION ON HOMES

- There was a need identified for **good impartial advice and information**; it was felt that not having this was a barrier to planning – for example moving versus making modifications / adaptations to the home.
- Having good impartial advice **might encourage people to more actively plan and/or future proof** their home.
- It would be good to know where are the pinch/intervention points on the journey; where advice might shift decisions (e.g. to build kitchens which can be modified in the future).
- There are some examples of good practice around advice and information – e.g. Knowsley One Stop Shop; however need to consider, if there is demand, why hasn't this been scaled.
- Given that most people will self-fund; how do we ensure they get the best advice and information which allows them to stay put or decide to relocate.

## 2. STRONGER AND MORE COMPREHENSIVE EVIDENCE ON THE BENEFITS

- Frances Heywood's evidence review 'Better outcomes, lower cost' needs to be updated; great report but now **out of date**.
- There is a need to **learn more from international evidence** and examples, such as in the Netherlands and Denmark. Also reference was made to work in Canada by Prof Andrew Sixsmith on technology for older adults; the focus is on impact on individual rather than cost saving
- There is more that can be done with current evidence to make it more accessible e.g. through better use case studies to share best practice and clearer language around benefits to commissioners.
- **Standardising methodology might help to better understand what works**; need for co-ordination of measures used and consistency.
- GenHome initiative from the College of Occupational Therapists will allow for international measures so can compare across the world – pulling together the evidence; there will be an international conference this summer.
- **Research does not look at outcomes which are critical to the individual/carer** (e.g. being in control, managing ADLs) There is a need to take things back to basics in our understanding, for example, critically **what do people need to maintain ADLs but also what is need to sustain wellbeing dimensions** (e.g. risks of social isolation)
- The Care Act will involve a more holistic assessment of the individual; perhaps this is an opportunity to do things differently; however, this could equally face challenges as DFG and BCF are likely to face further tightening in the future.
- Could there be **alternative ways to looking the evidence** that helps people sustainable independence in the home – e.g. **aids/adaptations versus alternative approaches** getting someone a **personal trainer**.
- There needs to be greater understanding on what aids and adaptations can realistically achieve; e.g. we don't know if these just delay costs and admission, prevent or reduce costs. Evidence on reablement is also not strong.
- There is **lack of evidence on the impact of carers / family members**; e.g. impact of aids on wider issues such less time off work for carers, less stress/anxiety, etc.
- Critically how do we persuade commissioners to behave differently? Funding environment is unlikely to change – in fact likely to get worse. BRE report suggests saving to NHS can be massive.
- **Disabled Facilities Grant (DFG) needs better evidence**; 'we' don't seem to know enough about need and if those in need at getting DFG because it is a 'first come first serve'; how do we ensure we spend public money on those most in need. This warrants greater investigation.

## 3. CREATING DESIRABLE PRODUCTS

- **Aesthetics of aids and adaptations are poor**; hence lack of demand in the market until people reach crisis point.

- We need to **create a shift which 'normalises' the use of these products**; not the current message which 'smacks of frailty and decline'; specifically, how do we make these products aspirational or about a desired lifestyle.
- Ideally you would want to consider a kitchen/bathroom that can be modified/ future proofed, because if you can address your ADLs as you age you are less likely to have to go into care.
- **At present there is very little on the market – that is desirable** – and that people trust. Could consider a kitemark for products.
- Ageing Better could do a market research piece to understand this level of demand; also where the markets are?
- **Manufactures have focused on public sector commissioners**, products tend to be clinical and unappealing. Building design into all products, not specialist products.
- Lack of consumer demand is possibly driven by lack of information/knowledge and product development (e.g. future proof kitchens/bathrooms).
- Consideration around **how 'we' might stimulate the private sector to bring these products to market** – e.g. again possibly through a tax break.
- **Some companies have tried to bring products/assisted technologies to the market but have not been successful**; might be good to understand why this has not happened.

#### 4. SUPPORT WITH MOVING AND CREATING THE RIGHT SYSTEM INCENTIVES

- It was felt that **for some, modifications/adaptations would still not give them a good later life** and they would **need to move**. It was felt that it is much easier to move somebody in social housing than owner occupation; yet the majority of older people live in owner occupation.
- Possible consideration of **tax breaks for moving** and/or **future proofing** your house; however this will likely require a rigorous business case for saving the state money.
- Also consideration of **stamp duty tax relief** and **help with moving as these can be barriers to moving** – plus good independent advice that can help people make key decisions around moving or ageing in place.
- Housing developers stated that there is enormous demand in the market, however the **current planning system disincentivises from providing accessible homes**. Currently it doesn't make financial sense for them to build larger, more accessible homes because they will get taxed; tiny-floorplan gets the maximum profit.

#### 5. NEED TO ENSURE DIVERSITY OF AUDIENCE

- The state is likely to continue to shrink and as a consequence the **commissioner market will get smaller**.
- Commissioners are also notoriously **harder to shift** because there are so many competing interests and only make up around 20% of the market.

- Hence there is a need to not just focus on commissioners but also consumers / self-funders. It was estimated that there are **80% who could self-fund** but need support/choices to make informed decisions.
- **Ageing Better needs to consider what they can do to support the 80%**; this might initially mean focusing on those that can afford to do this but hopefully, in time, the market will be better for all – e.g. better designed products at cheaper cost.
- The self-funded market will care less/nothing about the evidence but will care about what this demonstrates/says about them and/or lifestyle (e.g. messaging /product design important); how do we turn this into a lifestyle choice?
- Also important are those who provide such products / lifestyles options – e.g. **business/private sector** - John Lewis, IKEA, B & Q
- **Estate Agents** might also be an appropriate vehicle to help promote more suitable housing options to people.

## Next Steps

Ageing Better is now considering how to progress its work programme on homes. Particular priorities for next steps identified at the roundtable included:

- **Synthesise and strengthen the evidence** on aids, adaptations and assisted living technologies to enable commissioners to make better decisions
- **Further scope the self-funded market** in relation to products and services which will support people to have a good later life.