

HEALTH AND WELLBEING  
INNOVATION COMMISSION INQUIRY:

# Retirement Communities and Care Homes

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# Introduction

**AS A VARIETY** of factors lead to increasing longevity and an ageing population, the demand for robust health and care services continues to grow. Innovation in the areas of health and wellbeing will be crucial to ensure that such services remain sustainable, address needs efficiently, and contribute to positive experiences in later life.

In order to foster developments in this respect, ILC-UK established the Health and Wellbeing Innovation Commission with the support of the Audley Group and EY. The Commission brings together current evidence in this area, generating thought leadership through a critical exploration of the opportunities and barriers with respect to diffusing new ideas and innovations across four themes relevant for later life and across the life course: retirement communities and care homes, the built environment, physical and mental health, and social connections.

The first inquiry explored retirement communities and care homes. As housing is a fundamental component in people's lives, the suitability of accommodation for people as they age has a significant impact on their experiences, particularly with respect to health and wellbeing (including changes therein). Notwithstanding the significant importance many older people place on staying in their family homes, the focus in this inquiry has been on the alternative destinations to private family homes: primarily, specialist housing with ageing in mind as well as residential care settings.

Expert contributions during the first inquiry session of the commission, combined with our own research of available literature and examples in this field, have informed this report to explore the current state of affairs around innovations in retirement housing and care homes and their role to influence health and wellbeing in later life.

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# Setting the Scene: Housing in Later Life

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**ALTHOUGH EXTENSIVE ATTENTION** around the housing market and housing policy focuses on younger generations and their opportunities to get onto the housing ladder, there are important reasons why housing in later life should not be ignored. While the experience varies for every individual, later life is a time when changes often generate a range of needs for care and support. With a vast majority of older people today living in their own family homes, efforts to support home adaptations and provide home-based care and support services are incredibly important to help people maintain their dignity and capacity as such needs emerge.

However, despite the interest in helping older people stay in their homes on their own, these solutions do not always meet their needs in a comprehensive or sustained manner. It has been estimated that adapting the existing housing stock in England to meet core accessibility standards would require major work or simply be unfeasible for 43% of the stock.<sup>1</sup> At the same time, only 5% have all four of the key features to promote accessibility – level access, flush thresholds, sufficiently wide doors, and a downstairs bathroom – while 25% have none of these features.<sup>2</sup>

Moreover, efforts to encourage independent living in unsuitable accommodation can actually have unintended negative consequences for people's health and wellbeing. Unsuitability can refer to location and neighbourhoods as well as the physical environment. Such accommodation can entrench isolation and/or loneliness, along with more obvious physical impacts such as contributing to falls. The consequences of physically unsuitable accommodation, combined with the likelihood of living alone, can ultimately exacerbate the challenges facing the health and care service through avoidable and extended stays in hospital. The challenges around adapting properties to meet needs also contributes to moves into residential care that could be prevented; nearly

a third of residential home placements could be avoided through alternative housing options.<sup>3</sup>

Such realities strengthen the rationale for looking into alternative residential destinations for people in later life. There are two broad categories that characterise housing situations for people in later life when they move out of mainstream housing: specialist retirement housing and residential care settings. While the trajectories that lead older people into either of these differ substantially, they both have a significant influence on experiences related to the health and wellbeing of older people. Drawing from the investigations of the Commission, this report takes each of these in turn, highlighting the different roles they play for later life housing and how innovative practice in each works to improve experiences in later life.

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1 DCLG (2014)  
2 DCLG (2014)  
3 Wood (2014)

# Specialist Retirement Housing

**WHILE MANY PEOPLE** may be familiar to some degree with the concept of residential care homes – examined in the next section – the specialist retirement housing sector also has an important role to play for shaping later life experiences. The sector overall is characterised by a range of housing arrangements, which is highlighted through the various terms used to describe aspects of the sector.<sup>4</sup>

This variety is also associated with the nature of the housing as it looks to address care and support needs and to enhance health and wellbeing in later life. For example, some retirement villages, targeted to those aged e.g. 55+, focus on emphasising and enabling an active lifestyle among residents, while other age-restricted housing mainly offers on-site oversight, e.g. a warden, so that residents have a greater sense of security and someone to contact when issues arise. In addition, there are other models of specialist retirement housing where the availability of care support services are highlighted in discussions about moving in, including how these services can cover a range of needs and be introduced on a flexible basis in response to the development of such need.<sup>5</sup> In the UK, many of these options may be described as extra care housing or housing-with-care. We should note that trends in the sector are leading to most retirement housing following these approaches; for the rest of this report, we will use the term retirement communities to apply to this model except where specific pieces of evidence have applied different labels.

The sector is relatively newer in the UK than in other countries like the US, Australia, and New Zealand, which is reflected in the lower proportion of older people living in these types of accommodation. One estimate puts the proportion of people aged 65+ living in housing-with-care at 0.7% in the UK, compared to 5.4% in Australia, 5.2% in New Zealand, and 6.1% in the US.<sup>6</sup> However, there is significant demand for such options, with estimates of

around a third to up to one-half of older people expressing an interest to move in later life, particularly into specialist developments.<sup>7</sup>

The shift in retirement housing operating along the retirement communities model reflects the fact that this approach confers a range of benefits to residents over and above simply building housing for people based on their age. This also has significant positive impact for residents in terms of both health and wellbeing outcomes. Consequently, as noted in our inquiry by Michael Voges, the retirement communities approach can be considered an innovation in itself.

- Retirement community models provide a private home that responds to needs as they arise. By addressing needs in this responsive way, such models confer additional benefit to residents' health and wellbeing in a number of ways. Residents are half as likely to enter residential care accommodation than those with similar care needs living in mainstream housing, and some see an improvement in their health after moving.<sup>8</sup> They are also less likely to have overnight stays in hospital or experience a fall. These facts translate into savings for both health and social care.

The adoption of the retirement communities model marks a substantial development in the design and delivery of retirement housing. Yet there are additional approaches being taken by different retirement communities that can have a positive influence on residents' wellbeing, especially through fostering different social connections. Some have an inter/multi-generational approach, which can provide benefits across generations; one example, where retirement villages feature child care facilities, can enhance retention of staff in addition to the benefits for residents. Such approaches also include partnerships with local

4 See Beach (2018) for an overview on terminology related to this sector.

5 It should be noted that, as part of earlier ILC-UK research, experts in this field noted that many retirement communities organised around lifestyle now face challenges around care as their resident populations reach later life and begin to develop their own care and support needs (Beach 2018).

6 JLL (2017)

7 See e.g. Wood (2013), Beach (2016), Inspired Villages (2017).

8 Kneale (2011)

preschools and even the presence of children’s entertainment rooms on site. Other efforts around co-location, i.e. placing other services such as coffee shops, pharmacies, post offices, or libraries within retirement communities, facilitate ageing in place for residents but also serve to bring in others from the local community.<sup>9</sup>

Co-housing was another particular example emphasising social connections, presented in our inquiry by Maria Brenton.

- New Ground in High Barnet is the UK’s first mixed-tenure co-housing community for people in later life. The social architecture around co-housing is a key feature, providing a mutual support system for residents based on reciprocity and trust. This helps alleviate some of the critical anxieties that people often face when living alone in later life. Moreover, the co-production aspect of co-housing – having residents involved in the design and delivery of the service – demonstrates the value in providing people with agency to address their own developing needs and experiences in later life. Efforts toward retrofit co-housing also exist, where people do not move into new housing but build the mutual support network collectively in a manner similar to general co-housing.

However, while co-housing can be seen as an additional approach to housing in later life, it reflects principles and ideas that have existed for several years. In addition, the model is not a good fit for everyone, as noted in our inquiry. Co-housing also faces its own set of challenges in terms of development, such as concerns over management of shared responsibilities. Yet the principles of co-production and mutual support reflect potentially useful aspects relevant for those interested in retirement housing and communities.

## SPOTLIGHT: INTERGENERATIONAL AND COMMUNITY CONNECTIONS THROUGH CO-LOCATION

- St Monica Trust, a retirement living provider, participated in the “Old People’s Homes for 4 Year Olds” documentary experiment aired on Channel 4 in 2017.
- Following on from this, the organisation plans to: build play areas on all sites including a new indoor play area at their new scheme The Chocolate Quarter; establish a children’s nursery at the heart of one of their retirement communities; develop and maintain partnerships with local preschools.
- See <https://www.stmonicastrust.org.uk/> for more information.

Technology and digital solutions have an unavoidable role to play when considering innovations and the enhancement of health and wellbeing in later life. While there is great potential for technology with respect to improvement in the delivery of social care, the specialist retirement housing sector provides a particular space for trying new digital solutions. Convincing individual homeowners to adopt new approaches can be expensive and unpopular, challenges which are reduced in communities. Costs can be spread across successive residents, and on-site human assistance can be available for when there are malfunctions or other failures in the technology.

- The Bristol Robotics Laboratory has been conducting work on a range of technological innovations, with specific research through its Assisted Living Studio.<sup>10</sup> One example is the development of assistive technologies using a flexible, ceiling-mounted robotic arm that folds away when not in use. It can provide various forms of support through different interfaces including voice. The lab has formed collaborations with Anchor and the ExtraCare Charitable Trust, major providers of specialist retirement housing.

<sup>9</sup> Evans et al. (2017) discuss how such community hub approaches can offer benefits related to the cost effectiveness of services and preventative approaches to health and wellbeing.

<sup>10</sup> <http://www.brll.ac.uk/research/researchthemes/assistedliving.aspx>

## SPOTLIGHT: EMPOWERING RESIDENTS THROUGH WELL-BEING ADVISORS

- Across various locations, the ExtraCare Charitable Trust provides Well-being Advisors, registered nurses who help empower residents to make informed decisions about their lifestyle and health via wellbeing assessments.
- The assessments as part of this award-winning service typically cover a range of tests including blood pressure, cholesterol level, urinalysis, diet, fitness, sleep, diabetes, and osteoporosis checks. They help residents maintain an up-to-date record of their current health and make referrals to primary care or exercise program where appropriate.
- See <https://www.extracare.org.uk/care-services/our-well-being-service/what-is-a-well-being-advisor> for more information.

However, technological solutions can offer benefits as well as present their own challenges for people in later life as they develop various conditions. Dementia and other cognitive impairment present a range of challenges for those providing services for older people in both residential care and retirement housing. For example, geo-fencing can alert health professionals when a resident with dementia moves outside a designated area, rather than them having to provide constant supervision. Similar methods of remote monitoring can also be calibrated in ways to prevent falls. However, depending on the technology involved, there may be tangible challenges for introducing digital solutions among those with reduced cognitive capacity. Staff must also have the skills to engage with such solutions and be offered training if necessary.

## BARRIERS AND OPPORTUNITIES TO INNOVATION

The examples above highlight some of the efforts currently underway to introduce innovative solutions for health and wellbeing within specialist retirement communities. At the same time, they can also help inform perspectives around how innovation in this area can be stimulated and taken forward, as well as some of the barriers that can impede such progress. We now turn to examining these along different innovation themes that emerged in the evidence.

### Enabling Environments through Service Integration: The Retirement Communities Model

#### Barriers:

- While demand for retirement communities currently exceeds supply, a **lack of awareness** among consumers contributes to lower momentum in development. After moving in, residents often express that they wish they had done so earlier. This may suggest that some consumers may be unclear as to the benefits that retirement communities offer until they experience them first-hand. It may also be that opportunities for them to move into retirement communities are less visible where they live.
- Similarly, a **lack of understanding** of the retirement communities model among other enablers of development – e.g. investors or those involved with approving planning applications – creates a challenge for further expansion of the market and delivery of supply. For example, existing land use classifications can create challenges for co-locating certain private businesses within retirement communities, as the mix of services does not fit neatly into current categories. Moreover, the mixed approach in retirement communities, where homes as well as care are provided, can create confusion among

professionals more accustomed to working solely in one area, making them reluctant to pursue new development opportunities in the sector.

- There are benefits and advantages of **co-locating** services such as cafés, shops, pharmacies, or post offices within retirement communities, but there remain a number of issues that stifle development in this direction, such as conflicts in land use classification that impact the approval of planning applications. Not all providers experience this challenge, but it can have an impact on developers in some areas, leading to general rather than specialist housing.

### Opportunities:

- Movement toward an industry-wide approach related to **standardising retirement communities** will have positive impacts on addressing the barriers above. It will be easier to foster awareness and to make clear financial plans if such models operate according to a similar set of foundational principles.
- Such direction towards standards is already being led by the industry, with the development of codes of practice and the existence of ARCO as a sector representative body. At the same time, ARCO, its members, and statutory bodies are working together in this respect with a view toward **legislative regulations for the sector**, which would help create certainty for consumers, developers, investors, and providers.<sup>11</sup> This could address other related barriers, such as the issue around land use classification.
- In most instances, people who move into retirement communities do so from relatively close to their local area. Co-locating services in such housing options helps ensure residents have nearby access to the things they need, especially if they develop issues with mobility. This may generate **additional benefits to the broader community** in economic, social, and environmental ways.

### Empowerment through Inclusive Design: Co-production and Mutual Support

#### Barriers:

- Like other models for later life housing, a **lack of awareness and understanding** related to the core development concepts of co-production and mutual support in co-housing restricts their greater adoption. This lack of understanding contributes to less take-up and can generally deter people from engaging or exploring such opportunities.
- As noted in the inquiry, such models are **not for everyone**. There may be challenges around getting older people involved in co-production approaches. Developing reciprocity, trust, and commitment to the underlying principles also requires time, while processes must also be in place to manage changes in circumstances that impact the communities involved.

#### Opportunities:

- By placing older people as residents at the heart of co-production approaches, they are given **greater control** over their circumstances as they plan for later life. This is an important component of quality of life and helps generate a sense of empowerment among them.
- Concerted efforts to foster mutual support networks and address needs through direct engagement with the end users will also allow **tailored alternatives** to emerge, which will provide such housing opportunities to a wider range of people as well as potentially stimulating further innovations to emerge.
- Because initiatives that employ co-production and develop mutual support networks draw on the needs of the relatively small groups they engage, they may **offer potential to address different forms of inequality** that are experienced in later life.

<sup>11</sup> See Beach (2018) for a more in-depth discussion on the advantages of and recommendations for such legislation.

## Enhancing Health and Wellbeing through Technology

### Barriers:

- Part of the barriers to digital innovations in retirement settings relates to the fact that there are **limits to technology**, in that it cannot solve all problems or be all things. The human contact involved in care has intrinsic value and is difficult to replace. In addition, some digital solutions may present challenges for people with (or who develop) dementia.
- There may also be **resistance** to the introduction of technological solutions. Residents may not see the value in change, and staff may require training for the innovation to be put to proper use.
- Some innovations related to technology – be them digital or mechanical – **can be costly** to implement once developed. The upfront costs involved can be a deterring or prohibitive factor against their adoption.

### Opportunities:

- Although not all challenges can be addressed through technology, it does offer solutions to a broad range of issues that can improve health and wellbeing outcomes among residents. In particular, technology can be used to facilitate monitoring of residents as well as connect them to others, be it family, medical staff, or on-site support. It can also play a vital role in adapting to the needs of residents with (or who develop) dementia, helping them to remain living independently. Overall, retirement communities that incorporate technology can **channel resources in more productive or efficient ways**, as well as fostering more independent living and social engagement.
- Despite the costs for some innovations, retirement communities are **better positioned to address the financing** related to implementing them compared to the care home sector, particularly with respect

to hardware and mechanical technology. In some cases, it would be feasible to spread the costs of such investments across multiple sequential residents, rather than applying the costs onto a single household or residential group.

- There may also be future opportunities as government promotes and invests in **Smart Cities initiatives**. The new infrastructure that arises in areas around digital connectivity may help retirement communities take advantages of new innovations with manageable costs.

Part of the potential benefit of retirement living relates to the social environment such models offer. Just as the social architecture is a critical component to co-housing schemes, all types of retirement communities confer benefits to residents' wellbeing through the social connections available. And while the option of care services delivered flexibly according to need is an important attraction of retirement communities, the appeal must draw on the overall lifestyle aspects they provide, emphasising this social element. Providing rich social environments that enable and empower residents represents a significant opportunity for the sector to positively impact health and wellbeing. It should also be recognised that retirement communities, in responsively addressing residents' care needs, also empower other members of the broader community, particularly those who would otherwise provide informal care.

# Residential Care Homes

**WHILE MOST PEOPLE** would prefer to remain in their own homes through the end of their lives, the residential care sector plays a crucial role in supporting a significant proportion of older people. This sector covers care homes, which may or may not include nursing, depending on the intensity of health-related services provided. Many entries into such residential settings are driven by issues related to health and care needs, so the importance of innovation to influence health and wellbeing is undeniable.

Approximately 416,000 people live in care homes in the UK, reflecting 4% of the population aged 65+ and 16% of those aged 85+.<sup>12</sup> Most residents have complex health and social care needs and 70% of people in care homes have dementia or severe memory problems.<sup>13</sup> The sector itself has an estimated value of £15.9 billion a year, while 95% of beds are provided by for-profit and charitable providers.<sup>14</sup> Local Authorities (LAs) are responsible for care provision in their areas, and around 49% of residents receive LA funding to pay for their care.<sup>15</sup> And, as adult social care policy varies across the four nations of the UK, the realities of the sector demonstrate its importance to a wide range of stakeholders.

There is a clear relationship between the care home sector and the overall adult social care system, and the inherent challenges for one impact the other. These include issues related to finance and affordability, the delivery of adequate and quality care, concerns over staffing, and accessibility. Despite the inevitable focus on funding and systems, across the sector there is tangible enthusiasm and drive to deliver integrated, person-centred care. Moreover, many working within the sector want to reenergise not just the delivery of health and care, but more significantly reframe how we view the 'offer' for both residents and their local community.

In our inquiry, Cllr Izzi Secombe noted that the current gap in the health and social bill is estimated to be at

£2.2 billion by 2020 (as of March 2018), while 84% of MPs and 81% of Peers agree that there is a need for more funding. This indicates there are significant funding challenges in the short- and medium-term despite substantial political support for improved funding. This underscores the importance of identifying benchmarks and demonstrating what 'good' looks like through innovative solutions, in order to capitalise on this political will and secure necessary funding. It also highlights the importance of proper channels of communication to disseminate good practice, reaching relevant stakeholders.

Illustrating this, six enhanced health in care home (EHCH) vanguards have been working across England to improve the quality of life, health care, and health planning for people living in care homes. Within these six vanguard areas, care homes are working closely with the NHS, local authorities, the voluntary sector, carers, and families to optimise the health of their residents. Many providers are now using this learning locally, and over 60 areas around the country have expressed interest in adopting the EHCH care model, testifying to the appetite and potential for good innovation to be rolled out across the sector.

- The Local Government Association's Care and Health Improvement Programme (CHIP) is one example that works across the health and social care sectors, enhancing integrative approaches and improving services.<sup>16</sup> CHIP supports councils through knowledge sharing, analysis, and networks of relevant stakeholders.

Intergenerational and co-location approaches have also been adopted in some care homes just as they have in retirement communities. Indeed, Prof Martin Green noted that good innovations in this area see both retirement communities and care homes as the centre of their local communities, serving as a resource to both the people that live in them and those in the surrounding area.

<sup>12</sup> <https://www.mha.org.uk/news-and-views/policy-research1/facts-stats/>

<sup>13</sup> Alzheimer's Society (2018)

<sup>14</sup> CMA (2017)

<sup>15</sup> CMA (2017)

<sup>16</sup> <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement>

- Stimulating engagement with members of the local community allows care homes to serve a supporting role for other services, particularly those part of the NHS such as A&E. Care homes can also enhance care by serving as a hub for people to manage long-term conditions through day care and support services. They also have the potential to offer respite support for the informal care sector through overnight services and additional support (e.g. with laundry or meals) aimed to help informal carers.

Just as providers are turning to technological innovations in specialist retirement communities, digital solutions are of interest for improving experiences in care homes and the delivery of social care. Electronic health records are one example of interest advocated by the Professional Record Standards Body (PRSB), represented in our inquiry by Helene Feger.

- The PRSB has been working to develop discharge standards to support better transfers of care from one part of the care system to another, ensuring relevant information is shared across GPs and community care services. An Integrated Digital Care and Support Plan standard is also being piloted in London to enhance person-centred care, supporting self-care and clinical practice, by improving how care plans are shared among patients, carers, and professionals.

## SPOTLIGHT: PROVIDER COLLABORATIONS TO INTRODUCE DIGITAL SOLUTIONS

- WCS Care, a Warwickshire based care home provider, are a founding member of the Centre for Creativity and Innovation in Care and are engaged in a series of innovation projects with external organisations.
- Acoustic monitoring systems have been introduced by WCS Care in their homes to provide a discreet listening service. This system, which comes on at night, can detect sounds in residents rooms and sends an alert to the staff, alleviating the need for hourly door checks and unnecessary checks.
- Circadian lighting systems are being used by WCS Care in their homes to improve residents sleep/wake rhythms. Circadian rhythm is our internal body clock, and using specialist lighting systems that mimic natural daylight can help address some of the impact that a lack of sleep and seasonal affective disorder can have.
- Software innovations can be used to minimise the administrative burden of care as well as to help in the planning of personalised care plans. WCS Care are working with a software company so that their carers can log activities and health updates using an app.
- For further information: <https://www.wcs-care.co.uk/our-care/innovation-partners/>

## SPOTLIGHT: DIGITAL TOOLS TO FACILITATE REMOTE PATIENT ASSESSMENTS

- Led by the Eastbourne, Hailsham and Seaford Clinical Commissioning Group, the project, “See what I see: remote assessment using smart glasses”, enables care home workers to use head-mounted technology (Xpert Eye smart glasses) to have two-way communication in real-time with GPs. This allows GPs to remain in their practice while assessing patients remotely, using the view of the care home worker wearing the smart glasses.
- The potential benefits include shorter waiting times and reduced hospital admissions. Unplanned hospital admissions can be unsettling for care home residents, who are often frail and older, and their admissions can lead to deterioration in their condition. Another potential benefit is to GPs who can reduce time-consuming travel as they can conduct clinical assessments without leaving their practices.
- The project is currently being trialled in one care home but has high potential for roll out. They are currently awaiting the results of an evaluation.
- For further information: <https://www.health.org.uk/newsletter/four-projects-testing-innovations-improve-care-older-people>

## SPOTLIGHT: NON-DIGITAL INNOVATIONS IN CARE STANDARDS IMPROVEMENT

- The Red Bag Pathway by the Sutton Clinical Commissioning Group provides an integrated approach to support care homes, ambulance services, and the local hospital.
- The solution is relatively simple. A red bag is used to keep important health-related information collected in one place, along with room for personal belongings, for when care home residents require emergency or hospital treatment.
- The standardised paperwork ensures that everyone involved in the care for the resident will have the necessary information about the resident's general health, e.g. baseline information, current concern, social information, and any medications. On discharge, the care home receives a discharge summary with the medications in the red bag.
- The pathway enables a significant reduction in the amount of time taken for ambulance transfer times and for A&E assessment times and reduces avoidable hospital admissions. Over 20 CCGs and local authorities are now implementing local versions of the Red Bag hospital transfer pathway, and all areas of the country are encouraged to adopt it with support from a toolkit launched in Parliament in June 2018.
- For further information: <https://www.nice.org.uk/sharedlearning/hospital-transfer-pathway-red-bag-pathway>

At the same time, some innovations not rooted in technology can also play a substantial role for the health and wellbeing of care home residents. One example is the Crosslet House care home, where the design and form of the building has been carefully shaped to fit the care needs for older people and those with dementia. The layout of the design helps residents move around drawing on colour recognition and identifiable spaces.

## BARRIERS AND OPPORTUNITIES TO INNOVATION

As noted earlier, health and wellbeing are fundamentally important when looking at the care home sector, and innovations can have a significant role to play in enhancing them in later life. Innovations can also serve to enhance integration between health and social care delivery, providing benefits for others involved, such as GPs and care workers.

### Enhancing the Delivery of Care

#### Barriers:

- We cannot escape the reality surrounding current challenges for adult social care in the UK. In a number of instances here, innovations to address health and wellbeing that have been identified essentially serve to address **shortcomings of the social care system**. Such work to fill gaps stifles the development of innovations that can advance care delivery.
- At the same time, we heard that improvements in the delivery of care were impacted by the fact that the same services were being commissioned repeatedly, with **too little focus on actual needs** with respect to commissioned services. This suggests that effort and thought toward innovation may be limited in various circumstances.
- It has also been noted that many LAs continue to fall short in assessing real need, partly due to **limitation in data collection and a lack of overall guidance** for doing so, leading to housing concerns for older people being overlooked.<sup>17</sup>

#### Opportunities:

- Given the intersection with broader elements of social care, it is important that systemic challenges

are addressed using existing and acknowledged solutions. At the same time, innovations for health and wellbeing in care homes should promote **new and beneficial ways** to enhance care delivery, rather than serving as a replacement for cuts to service.

- The delivery of care in care homes could further be enhanced through a stronger emphasis on **identifying the needs that exist** rather than uncritically repeating the past. This will foster strategic thinking and contribute to new developments.
- Efforts in this direction could be strengthened through a longer-term approach in LAs' **Market Position Statements** as well as stimulating **Sustainability and Transformation Plans** (STPs) to channel greater resources to support innovations. STPs should also have the capacity to redirect funds as needs and service delivery change over time.

## Digital Technology and Electronic Records

### Barriers:

- There is a distinct lack of established methods for assessing need or collecting data among care homes, which creates a diffuse set of standards within the sector. The **lack of widespread, consistent standards** that reflect informed benchmarks can impact quality of care and well as a range of indicators related to health and wellbeing. This also contributes to confusion around knowing what to invest in and whether the data collected is appropriate for measuring the return on investment.
- Just as it does in the retirement housing sector, new technological innovations for care homes can face **challenges in implementation**. Some of this relates to staff who face intense pressures on their time or may require training in order to engage with the technology. Implementation can also be impacted by the degree to which such technologies can be accessible for care home residents, especially those

with more restricted mobility, visual impairment, or dementia. Broader cultural factors may also make residents resistant to the introduction of new technologies, as they may not see it as necessary, helpful, or desirable.

- Innovations using new technologies in care homes also face a barrier with respect to **funding and financing**. Some care homes are struggling to meet the costs for their current responsibilities, leaving little extra to apply toward new or existing innovations. They are also not in the position to wait for the return on investment, which can take over a decade in some instances.

### Opportunities:

- **Creating and applying standards**, such as electronic care records and hospital transfer pathways, will do a great deal to improve efficiency in care delivery. Care may also be reshaped through technologies using virtual and remote assessment approaches, both in terms of the delivery of care as well as improving access to it.
- Overcoming some of the challenges in implementation – particularly the resistance from staff and residents – could be facilitated by ensuring that innovations start with identifying the specific problem to be solved and are **designed with the user's perspective in mind**. Such perspectives would help innovations fit naturally into the lives of residents and the workflow of staff.
- Digital solutions in care homes also hold great potential for reducing some of the demands on GPs and other parts of the health service. This suggests that the development of innovations could be done in conjunction with the NHS, perhaps serving as an initial step toward **greater integration between health and social care**. Greater integrated links with the health service could also address some of the funding concerns related to the delayed return on investment from innovations.

## Facilitating Networks, Communication, and Cooperation

sectors, especially with those working in social impact investment.

### Barriers:

- While innovations have the potential to improve the health and wellbeing of older people receiving care both in and out of care homes, the benefit relies on engagement within clinical practices and bodies such as NHS Digital, NHS England, NICE, and CQC. There is a **lack of clarity around cooperation** and how to effectively coordinate multiple stakeholders.
- Were there to be greater clarity around cooperation, the **level of risk** that the care home sector carries with respect to developing innovations would also need to be addressed. The sector cannot carry all the risk for when new initiatives do not work out.

### Opportunities:

- Greater **engagement and coordinated effort** would not only enhance the quality of care provided in care homes, but it would also lead to additional benefits across a variety of stakeholders that would contribute to enhanced health and wellbeing for care home residents.
- One possible way to strengthen such efforts could be through a **better interface between service providers and universities**. This would facilitate better knowledge-sharing of cutting-edge research and provide more accurate data related to the efficiencies and outcomes of new initiatives. It could also enhance a systematic process of monitoring.
- Innovation in the sector could also be stimulated by **new approaches to distribute the risk** involved. Such moves should look to share risk across government, statutory agencies, and non-governmental organisations as well as the care sector. This could also fit into arguments that care homes are a critical piece of infrastructure, which could help stimulate attention from government and cooperation across

# Recommendations

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Although the retirement communities and care homes sectors face distinct challenges and address housing in later life in different respects, there are similarities crossing both around how to stimulate innovation for health and wellbeing within them as well as what barriers exist to the development and diffusion of such solutions. For progress to be made, we have identified a number of recommendations for stakeholders to consider moving forward, drawing on some of the barriers and opportunities identified earlier in this report.

## IDENTIFY NEEDS IN A CONSIDERED WAY

- Drawing on documented evidence and expert contributions, there remains a great need for more effort to be placed on understanding actual needs related to care and support in later life. More work must be done to enhance the identification of needs and how these are shaped by a variety of factors, interests, and circumstances. The person-centred approach inherent within retirement communities (i.e. tailoring care services according to need) puts this sector ahead of the game and helps demonstrate the positive impact of such an approach.
- The variation with respect to demographic, economic, and geographic realities also shapes the interests of people when it comes to later life and residential circumstances. The diffusion of new solutions and innovations faces a further challenge due to this complexity, as it must respond to consumer interests. Those seeking to develop or distribute new innovations must take such market-based realities into consideration.
- It is important that future approaches work to identify the needs that exist rather than uncritically repeating the past, particularly when commissioning is involved. This could be strengthened through Market Position Statements and STPs.

## UNDERSTAND THE INNOVATION

- Alongside better understanding of the needs that exist in a given area or for a given group, it is crucial that any innovations themselves are well understood. This should be achieved through careful evaluations of programmes to assess their impact on any intended or unintended outcomes. For example, the benefits of retirement communities have become well understood through various pieces of research, and future innovations should be examined similarly.<sup>18</sup> Effective evaluations will also establish baseline information, which could contribute to the development of benchmarks for established practice.
- Along with evaluations, innovative approaches need appropriate monitoring to assess some of the longer-term implications of such solutions. This will enhance their efficiency and effectiveness as they are adopted and scaled up elsewhere.

## ALLOW FOR FAILURE

- Part of the challenge for developing innovations lies in the inherent risk that they may not work. With respect to care homes, the sector currently carries the burden of risk for new developments, which creates a barrier to their development and diffusion. Risk is also unevenly distributed across actors in the retirement housing sector. Strategies should be developed in order to overcome this barrier through the sharing of risk more broadly, e.g. with government, statutory agencies, or non-governmental organisations.
- A fundamental concept behind innovations is the new aspect of them, so successes cannot be guaranteed from the outset. Future efforts to stimulate innovation in health and wellbeing should emphasise and capitalise on the opportunity to innovate, rather than the simple replication of certain practices elsewhere.

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<sup>18</sup> See, for example, research by ILC-UK (Beach 2015) or Aston University (<http://www.aston.ac.uk/lhs/research/centres-facilities/archa/extracare-project/>)

- This principle could be incorporated into some kind of government challenge for innovation, which focuses on incentivising innovation in an integrated way. There should also be mechanisms through which funding can be reassigned or reallocated, for example, where services fail to deliver or innovative projects show little promise in terms of outcomes or scalability.
- Buildings form the fundamental basis of the sector examined here. Developing innovations for health and wellbeing cannot be separated from some of the challenges related to the broader housing market and the planning process. There should be more definitive movement to enable LAs to resource planning teams and borrow to build, so that innovations have environments for testing and development. The next inquiry in this commission on health and wellbeing innovation will focus on the role of the built environment.

## BE REALISTIC

- It is important that perspectives on innovative solutions for health and wellbeing within retirement housing and care homes do not take too narrow a view. As projects are developed and ideas explored, there needs to be a realistic view of ageing rather than an overemphasis on the successful ageing narrative.
- While many innovative solutions for health and wellbeing aspire to enhance efforts at autonomy, independence, and active ageing, this is not the reality or lived experience of all people as they go through later life. Some new innovations must also reflect aspects of decline, dependence, and limitations if they are to address the full range of existing needs. Success in terms of health and wellbeing must be identified and measured as more than just absolute improvements in objective outcomes (e.g. mortality).

## THINK LONGER-TERM

- Predicting the future is impossible, but future success in the development of innovations will require longer-term thinking and strategies. For example, prevention is better than care and more cost-effective. Yet public health budgets have been cut, and further reductions are planned. Such an approach, where short-term gain is prioritised over a greater long-term benefit, will not generate sound plans for stimulating innovation.
- Greater efforts are needed to incentivise innovation in these sectors. This could be facilitated by multi-year funding packages so that innovation can be sustained and investment can be secured.

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