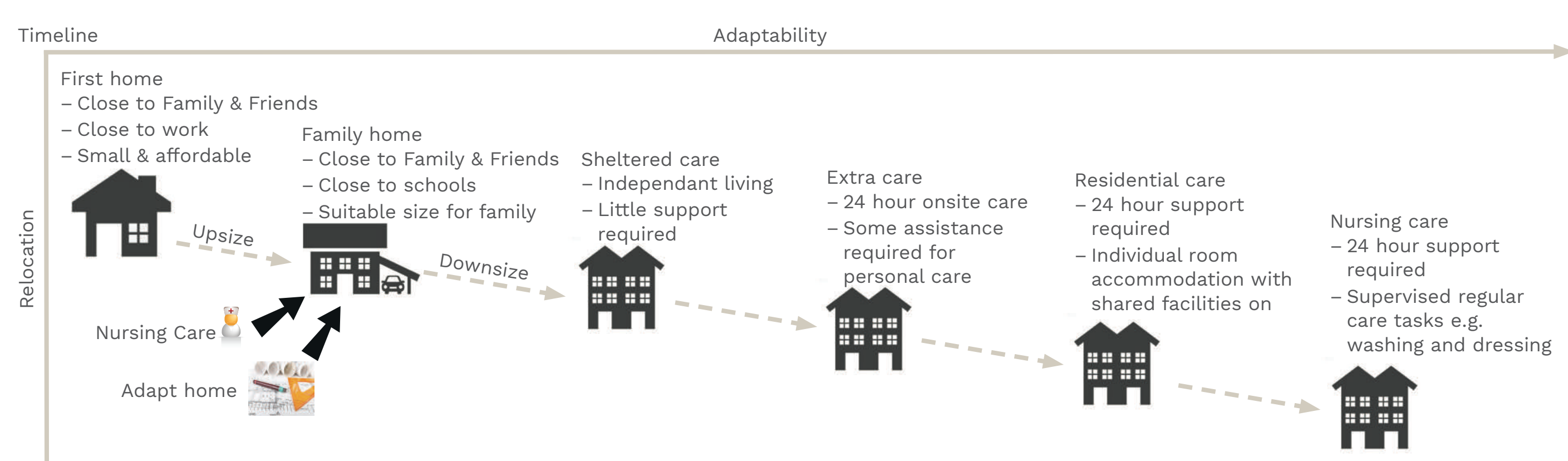


Healthcare at home: Rightsize, Right Location

HLM
Architects

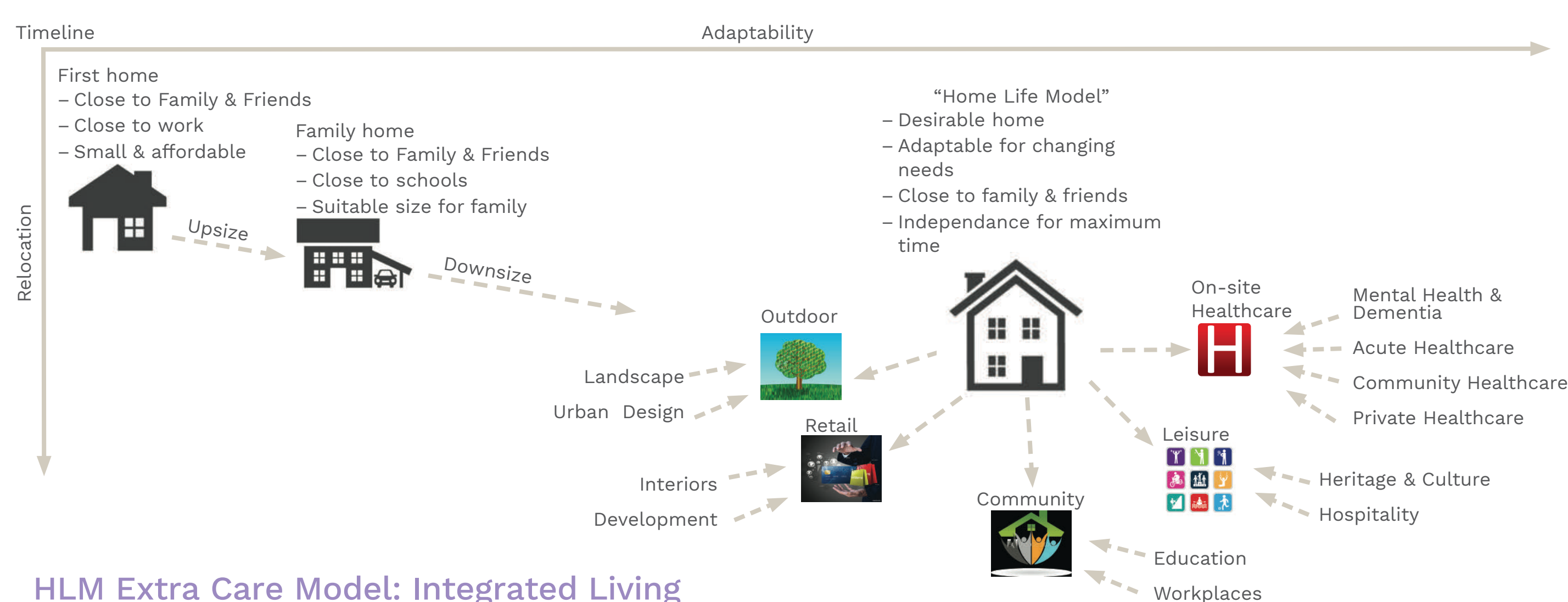
Current model

The result of the current market conditions is a lack of desirable choice for the user, leading to a model where a current home is adapted to suit individual needs, perhaps with care even being brought in as required until the time comes where a move to a dedicated facility is born out of necessity rather than a lifestyle choice. Once on this pathway, the user is on a "conveyor belt" of care types.



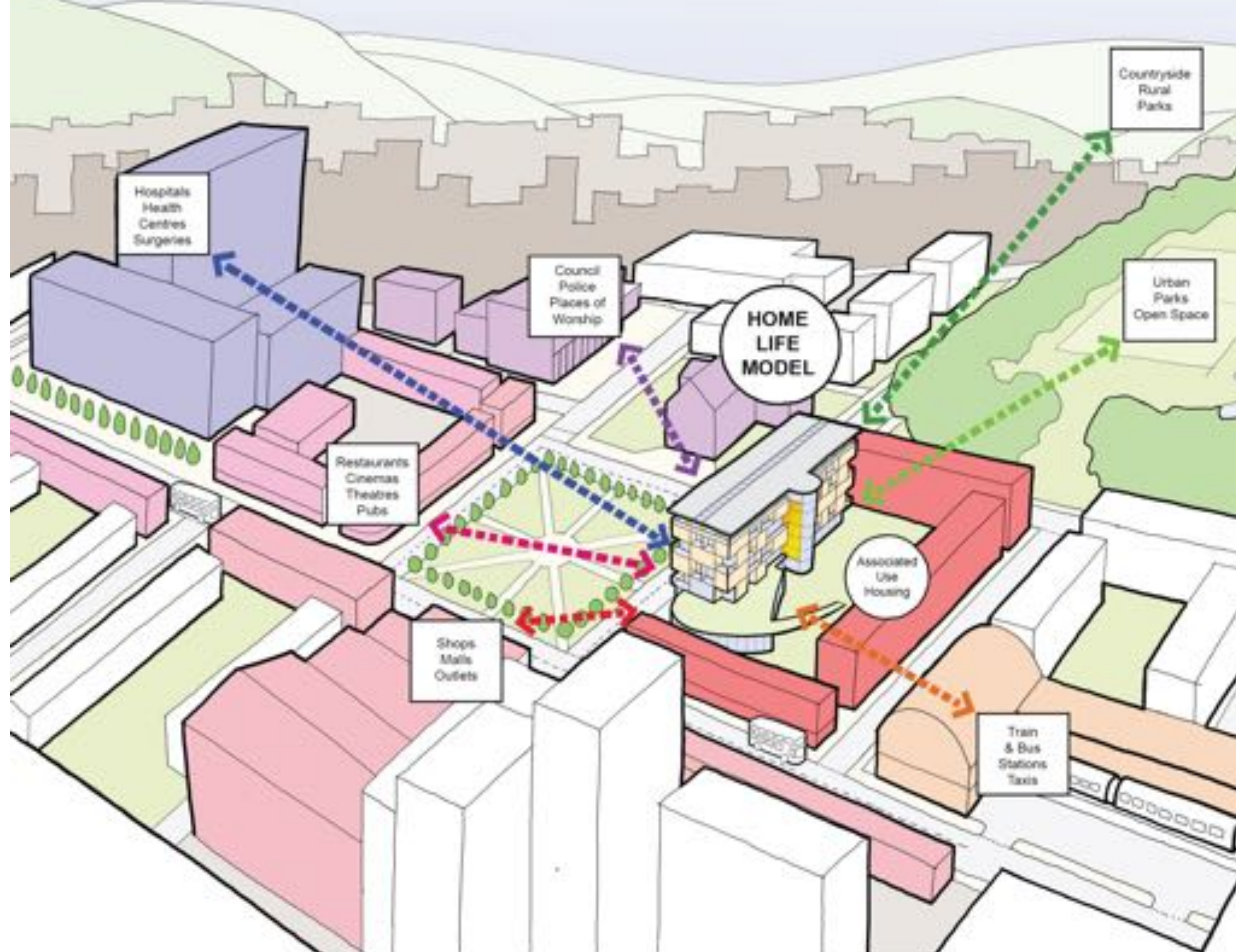
Proposed model

HLM's model proposes "rightsizing" as a lifestyle choice before the need for care accommodation becomes a necessity. This model proposes to make elderly care accommodation desirable and flexible, to encourage users not to delay the move out of the family home. Once the move has been made the flexibility will allow them to continue to reside in their new home as their needs change and adapt.



HLM Extra Care Model: Integrated Living

- Town / City Centre setting
- Existing amenity spaces
- Amenity spaces embedded into community for full integration

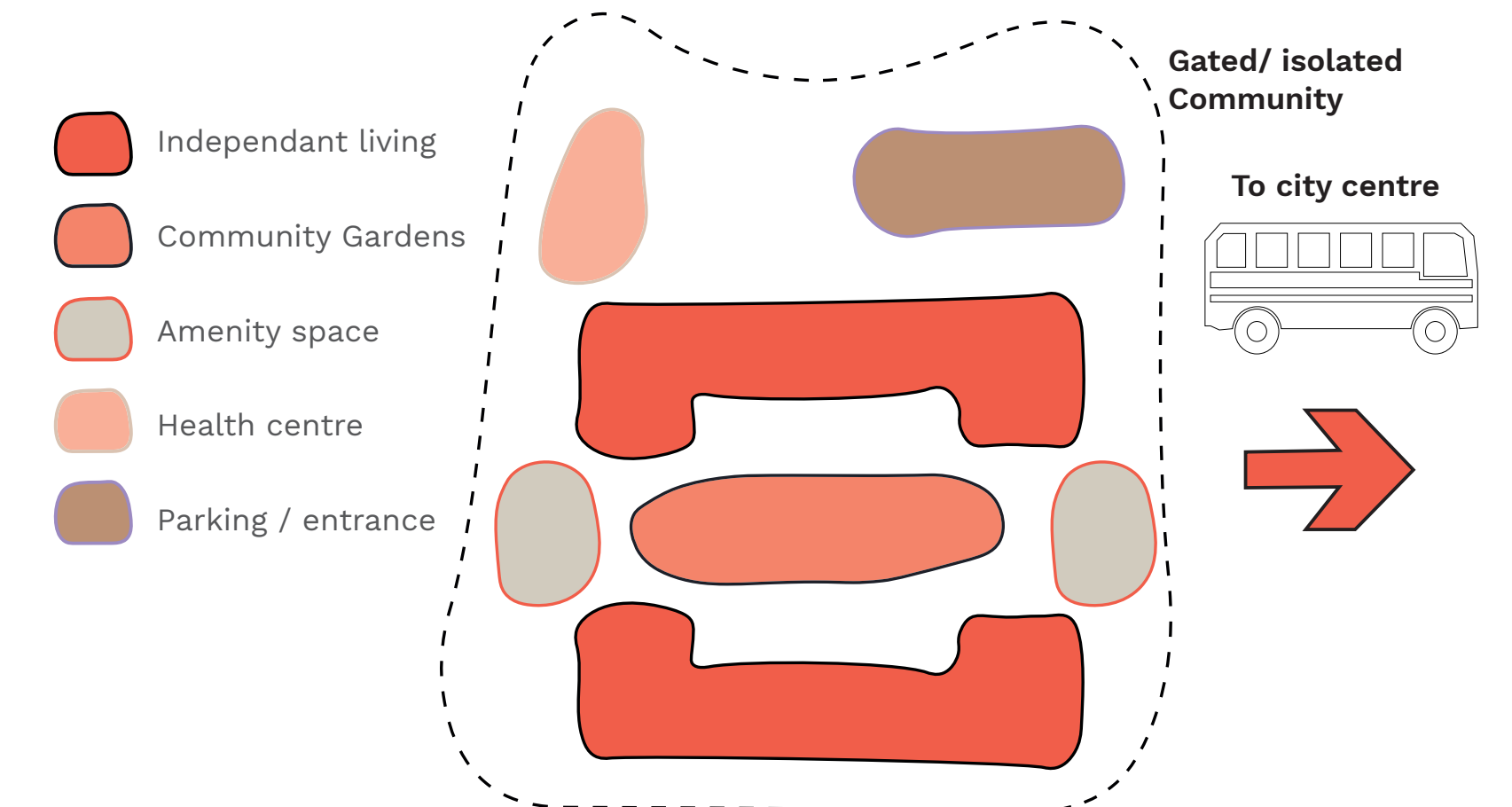


The current Elderly Care sector



Typical extra care layout

While offering a level of flexibility and social engagement in the later stages of life, these facilities do not address the real issues concerning elderly housing. Primarily these facilities are sterile, socially engineered silos that offer little flexibility for the adapting needs of the elderly.



Introduction

The debate on housing is well known, extensively reported and has been investigated for years. A number of reasons, we are told, drive a chronic short-age, whether open-door immigration policy, greedy landlords, NIMBYs or even greedier private housing developers limiting the flow of houses entering the market to avoid devaluing their land.

Governments typically like their policy gestures painted in primary colours. But with 16 housing ministers in 20 years, a slew of policy interventions that have failed to hit the target and an ongoing, entrenched gap between aspiration and reality, urgent action is needed. It feels that the response from repeated Governments to this complicated and multi-faceted social issue is chest banging, optimism or lunging from one reactive measure to another. Whether that is a tweak to the planning system, Help to Buy or altering Stamp Duty thresholds. All solutions thus far have failed to adequately respond to the challenge. Consecutive budgets have set ambitious targets of delivering 300,000 new homes a year with just over half that figure were actually built.

The aftershock of this housing crisis is felt across multiple sectors of public policy, not least in housing for the elderly and healthcare in general. Figures suggest the 55 - 79 age group are sitting on £720bn worth of homes, with a quarter of this age group considering downsizing but are put off by the lack of quality and attractive options to meet their changing needs. This is solvable; lack of choice, quality and flexibility can be addressed. Sensitivity to the importance of health, well-being and community can reframe the options.

At HLM, we believe a more systemic remedy is required to enable significant and sustainable change. This has brought us to the conclusion where a two-pronged approach is required in order to tackle this growing problem. The first approach is to develop suitably designed elderly care accommodation that allows the user to remain in their chosen accommodation for as long as possible - fighting the conveyor belt of care accommodation brought on by declining health and increased care needed. This is showcased in our poster at European Healthcare Design 2019.

The second approach is where we intend to focus our presentation for Healthy City Design 2019. We believe the road to significant change must begin with the location. Too often elderly care facilities are isolated and remote, attempting to re-provide facilities and functions which are readily available within our towns and cities. Our aim is to discuss the importance of the existing urban environment and its role in providing the foundations of good elderly care accommodation.

Existing Extra Care Model: Isolated Living



- Out of town setting
- Synthetic amenity spaces
- Community use of amenity spaces to provide minimal integration

Conclusion

NHS

Truly flexible elderly housing with the right healthcare provision will serve to decrease the demands on the NHS, especially within an acute setting.

Housing

Serving the demand for suitable elderly living accommodation, significant proportions of the current housing capital will begin to re-enter the market. This will serve to give the housing sector a much needed supply boost, ultimately resulting in lower housing prices.

Users

Offering desirable housing for the elderly will enable the ageing population to take control of their own future. Living in suitable accommodation within the right surroundings and the right support will increase independence and allow users to remain in their new home for longer.

Investors

With entry into retirement living being put off by users, offering a more desirable model to engage with the younger pensioner will create an untapped revenue stream for developers, operators and investors.

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