Healthcare at home: Rightsize, Right Location

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 when 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 “right sizing”—an alMShsoe 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.

The current Elderly Care sector
During Care / Extra Care – Community
- Close to family & friends
- Close to shops, services
- Socially active
- Independent living
- Home care
- Out of sight, out of mind
- Rightsize, Right Location

Existing Extra Care Model: Isolated Living

HLM Model: Integrated Living
- Community use of amenity spaces to provide minimal integration
- Synthesis amenity spaces
- Community use of amenity spaces to provide minimal integration

Exhibition of flexibility and social engagement in the later stages of life.

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, green standards, MBS or even greater private housing developers limiting the flow of houses entering the market to avoid devaluing their land.

The two approaches are 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 the home as their care needs change and adapt. Whether that is a tweak to the planning system, Help to Buy or altering Stamp Duty thresholds, all solutions thus far have fallen to adequately respond to the challenge. Progressive housing forms ambitious targets of delivering 40,000 new homes a year with just over half that figure were actually built.

The backlash 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 65–75 age group are sitting on £400b 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 open their changing needs. This is viable, lack of choice, quality and flexibility can be addressed, and necessity to the importance of health, well-being and community can confound the options.

In HLM, we believe a systemic systemic is required to enable significant and sustainable change. This has brought us to the conclusion that 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 the home as their care needs change and adapt. The second approach is to engage with the younger generation will create an untapped revenue stream for developers, offering desirable housing for the elderly will enable the ageing population to remain in their home for longer.

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