



Housing LIN

Connecting people, ideas and resources

Extra care housing resource pack

For Greater Manchester Health & Social Care Partnership

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Housing Learning and Improvement Network

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1. Introduction

This is an extra care housing resource pack produced on behalf of the Greater Manchester Health & Social Care Partnership (GMHSCP). It is intended to be used by its locality partners when considering commissioning extra care housing schemes.

It provides examples and guidance in relation to the development of the most appropriate mix of additional extra care housing across Greater Manchester.

It includes:

- A definition of extra care housing (section 2).
- The current position across Greater Manchester in relation to the provision of extra care housing (section 3).
- The mix of contemporary extra care housing and other housing for older people models that can be drawn on for the further development of extra care housing in Greater Manchester (section 4).
- The evidence of the wider benefits that extra care housing can deliver for Greater Manchester, e.g. economic factors, employment benefits (section 5).
- The circumstances in which extra care housing provides a feasible and practically realisable way to deliver financial cost-benefits for local authorities and their health partners compared to, for example, the use of residential care (section 6).
- Commissioning considerations in relation to extra care housing (Annexe 1).
- Links to useful resources (Annexe 2).

About the Greater Manchester Health & Social Care Partnership

In February 2015, the 37 NHS organisations and local authorities in Greater Manchester signed a landmark devolution agreement with the Government to take charge of health and social care spending and decisions in the city region.

The GM Health and Social Care Partnership was formed to oversee the devolution of health and social care services, and is made up of local NHS organisations and councils, as well as representatives from NHS England and NHS Improvement, the emergency services, the voluntary sector, Healthwatch and others including the mayor of Greater Manchester. *Taking Charge* is the five-year plan for health and social care transformation across Greater Manchester, setting out the vision to deliver the greatest and fastest possible improvement to the health and wellbeing of the 2.8m people of Greater Manchester.

2. Extra care housing: definition

Extra care housing is typically defined as purpose-built or adapted buildings that are age and/or disability-friendly in design and decor and feature the availability of care and support around the clock, usually provided by on-site care staff. The facilities at extra schemes generally comprise:

- Fully self-contained properties where occupants have their own front doors, and tenancies or leases which give them security of tenure and the right to control who enters their home.
- A back up alarm service and other assistive technologies.
- Safety and security often built into the design with fob or person-controlled entry, and 'progressive privacy' which separates the private properties from the communal parts.
- A range of communal or shared facilities enabling group and community social activities.
- A restaurant or dining room where at least one meal a day is available in many models.
- Office suites for use by staff serving the scheme and sometimes the wider community.

Care and support within housing with care, whether commissioned by adult social care or self-funded, needs to be viewed within the context of the whole housing with care offer.

There is a complex interplay between the different charges in extra care housing – rent, service charges and care charges – and their sources.

The term 'extra care housing' is most often used in the social housing sector (though providers may use a variety of other terms). 'Assisted living' and 'retirement living' are terms more often used in the private sector.

3. Extra care housing: the Greater Manchester context

Extra care housing has developed historically in different ways across the Greater Manchester localities. This ranges from many remodelled sheltered housing schemes through to a smaller number of new build exemplar developments that have a national and international profile. There is a need for further extra care housing across Greater Manchester and scope to draw on examples of contemporary good practice locally as well as from across the UK to influence this future development.

There are currently c.2,500 units of extra care housing in 58 schemes. Table 1 shows the current provision of extra care housing by Greater Manchester locality.

Table 1. Extra care housing provision, Greater Manchester

Locality	Number of extra care schemes	Total units
Bolton	10	324
Bury	3	171
Manchester	7	433
Oldham	7	290
Rochdale	1	43
Salford	8	319
Stockport	9	387
Tameside	5	156
Trafford	5	286
Wigan	3	96
Total	58	2505

Sources: Greater Manchester Health & Social Care Partnership/Housing Care (correct at August 2019)

<http://www.housingcare.org/assisted-living-extra-care-housing/area-2-manchester.aspx>

The most recent assessment of future demand for extra care housing across Greater Manchester, undertaken in 2016/17, estimated that approximately 8,500 additional units of extra care housing were required across the ten localities split between 4,800 social/affordable units and 3,700 units for sale by 2035.

There are currently a further 11 planned extra care schemes across Greater Manchester. Table 2 shows the planned additional extra care housing schemes by Greater Manchester locality.

Table 2. Planned additional extra care housing provision, Greater Manchester

Locality	Number of planned extra care schemes	Total units
Bury	1	60
Manchester	7	479
Oldham	1	20
Rochdale	2	135
Total	11	694

Source: Greater Manchester Health & Social Care Partnership (correct at August 2019)

4. National and international examples of housing models applicable to developing extra care housing

This section sets out brief case studies of contemporary housing practice that are relevant to the development of extra care housing. It shows the increasing diversity and quality of housing with care schemes and retirement villages as well as other types of housing aimed at older people. As recognised in the recent government guidance on planning housing for older and disabled people¹, the focus is on HAPPI² compliant design and the creation of future proofed, aspirational living environments, including international examples and emerging models.

It is important to highlight the innovative and forward-looking approach that partners and localities in the Greater Manchester conurbation are already taking in relation to extra care housing, with innovative examples including the Limelight scheme, Trafford; the Belong Villages across the north west, including in Greater Manchester; and Village 135, in Wythenshawe. These examples are included as case studies.

Reflecting the diversity of the population, plans are also in place to develop the UK's first LGBT extra care housing scheme in South Manchester. There is also an active group aiming to develop a new sustainable cohousing community in Manchester for people aged over 50. It's also important to recognise that some of this innovation has a much wider focus on housing and the needs of an ageing population, including in relation to the provision of good quality advice and information. One such scheme is the HOOP (Housing Options for Older People) service, currently being provided in five Greater Manchester localities (Bolton, Manchester, Rochdale, Salford, Stockport). The Manchester Move HOOP service was conceived in early 2015, recognising the need to provide better quality advice and information to older people. The main role of the service is to be an expert point of contact for health and social care professionals where inappropriate housing is exacerbating a health condition. The service is cross tenure and city wide. The scheme commenced in April 2015 with 1 officer and expanded in November 2017 and now has 3 officers.

This section provides a **wide range of case studies that have relevance to the development of extra care housing schemes in Greater Manchester**. Where the information is available, the following features and components are provided for each case study to assist with practical applicability to the context of the localities in Greater Manchester (not all of these features are applicable for all the case studies), as follows:

- Name/Location
- Developer/landlord
- Scheme overview
- Tenure mix/affordability
- Regeneration site applicability

¹ <https://www.gov.uk/guidance/housing-for-older-and-disabled-people>

² <https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>

- Housing/care provider arrangement
- Type of local area/demographic characteristics
- Commissioning arrangements/affordability
- Mix of support/care needs accommodated
- Capital funding arrangements
- Dementia friendly components
- Availability of scheme to wider community
- Link to further information³

Table 3 below summarises the UK case studies in relation to their implications for applicability to location/area in terms of the income/socio-economic profile of older people. This will particularly affect the potential tenure mix of an extra care housing scheme with areas characterised by older people from a range of income/socio-economic backgrounds or areas where older people are predominantly owner occupiers/from higher income groups, more likely to support mixed tenure and outright sales.

Table 3. UK Case studies: implications for applicability to location/area

Case study	Scheme	Implication: location/area applicability
A	Halton Court	Areas with older people from a range of income/socio-economic backgrounds
B	Bruyn's Court	Areas with older people mainly from lower income/socio-economic backgrounds
C	Tree Top Village	Areas with older people mainly from lower income/socio-economic backgrounds
D	Quayside	Areas with older people from a range of income/socio-economic backgrounds
E	The Orangery	Areas with older people from a range of income/socio-economic backgrounds, but predominantly lower income groups
F	Llys Jasmine	Areas with older people from a range of income/socio-economic backgrounds
G	Belong Village, Atherton	Areas where older people are predominantly owner occupiers/from higher income groups
H	Protheroe House	Areas with older people from a range of income/socio-economic backgrounds
I	Waterside Court	Areas with older people mainly from lower income/socio-economic backgrounds
J	Village 135	Areas with older people from a range of socio-economic backgrounds, but predominantly lower income groups
K	Longbridge Retirement Village	Areas with older people from a range of income/socio-economic backgrounds
L	The Chocolate Quarter	Areas where older people are predominantly owner occupiers/from higher income groups
M	Limelight	Areas with older people from a range of socio-economic backgrounds

³ All data/information correct as at 2018/19

Care Ready schemes: flexible, aspirational 'downsizer' housing



CASE STUDY	A
Name	Halton Court
Location	Kidbrooke Village, Greenwich, London
Developer/landlord	Viridian Housing – now Optivo

Scheme overview	Halton Court is not an extra care housing scheme, but a quality, 'care ready' housing led development targeting older people wishing to downsize regardless of care needs. It has 170 flats designated for people over the age of 55. Within the first two months of opening, lettings were at double the rate anticipated by Viridian.
Tenure mix/affordability	Social rent and shared ownership (social landlord). Tenure mix is intended to make the scheme relevant to people from a range of demographic/socio-economic backgrounds.
Regeneration site	Halton Court is part of the newly regenerated Kidbrooke Village area in Greenwich, London,
Housing/care provider arrangement	Housing management provided by Optivo. There is no on-site care provider; currently any care needs are met through domiciliary care services.
Type of local area/demographic characteristics	Regeneration area, including former large social housing estate. Home ownership in Greenwich among over 65s is 54%. Lower proportions of people aged 65 years and over than the English average. Higher than average rate of unemployment in England at 5%. Kidbrooke Village has 20-year vision to create a thriving new community in place of the previous Ferrier Estate, in partnership with the Royal Borough of Greenwich and the Greater London Authority. The plan will include over 1500 affordable homes.
Commissioning arrangements/affordability	This was a housing rather than social care led scheme. Lettings are made through the choice-based lettings system of RB Greenwich's housing department rather than social care referrals from social services. 1 bed 2 person flat/2 bed 3 person flat: Rent £121.24/£133.02; Service charge £55.13/£55.13; Total weekly charge £176.37/£188.15. Affordable housing - shared ownership: Prices started from £162,500 based on a 50 per cent share of a property with a full market value of £325,000. Other optional costs: <ul style="list-style-type: none"> • The guest room is available at £25 per night for one person and £35 per night for two. • There are 44 parking spaces at a charge of £25 per month.
Mix of support/care needs accommodated	There are no requirements for residents to have any care needs to live here, and currently any care needs are met through domiciliary care services.
Capital funding arrangements	Funding from the Affordable Homes Programme (Homes and Communities Agency, at the time).
Dementia friendly	Some aspects of dementia friendly design including in the outdoor landscaped areas.
Availability of scheme to wider community	The communal spaces are available for community use.
Link	https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy77_Kidbrooke.pdf



CASE STUDY	B
Name	Bruyn's Court
Location	South Ockendon, Thurrock, Essex
Developer/landlord	Thurrock Council
Scheme overview	<p>Bruyn's Court features 25 flats, flexibly designed to adapt to meet the changing needs of residents as they grow older. The scheme does not provide care and support services, but the aim of the scheme is to radically improve the standard of living for older people in Thurrock, taking into account their social and physical needs, and encouraging social interaction and mutual support. The development has also been designed to help revitalise the town centre, modernising the local built environment while adding further commercial viability to the town centre shops. It has been designed to HAPPI standard, lifetime homes and Sustainable Code Level 4.</p>

Tenure mix/affordability	Social rent (social landlord) Tenure is intended to make the scheme relevant to people from lower income/socio-economic backgrounds.
Regeneration site	The development of Bruyns Court is part of Thurrock Council's ambitious regeneration programme outlined in Delivering Better Outcomes . It has been constructed on the site of a former car park in the centre of South Ockendon. The location of the development provides further financial security to local businesses, in part due to the expectation that residents would shop and spend money locally, therefore improving the urban fabric of South Ockendon.
Housing/care provider arrangement	Housing Management provided by Thurrock Borough Council. The scheme does not provide care and support services. Residents are expected to be 'autonomous', within a development that is community focused, encouraging peer support and use of local amenities.
Type of local area/demographic characteristics	Home ownership in Thurrock among over 65s is 72%. There are lower proportions of people aged 65 years and over than the English average. The area roughly matches the average rate of unemployment in England at 3.7%.
Commissioning arrangements	There is no on-site care provision commissioned in the scheme. However, domiciliary care can be commissioned or purchased to meet individual care needs, as in the wider community.
Mix of support/care needs accommodated	There are no requirements for residents to have any care needs to live here. However, the development has been flexibly designed to meet the different needs of older residents so that they can remain in their homes should their needs change.
Capital funding arrangements	Part funded with a grant from Phase One of the Department of Health's Care and Support Specialised Housing Fund.
Dementia friendly	Dementia-friendly design and layout
Availability of scheme to wider community	Close proximity to the South Ockendon Centre (the new Community Hub run by a community interest company/social enterprise) which is part of the Council's wider strategy to promote community leadership and resilience. Additionally, the design engenders social interaction and engagement with the wider community through: <ul style="list-style-type: none"> • The re-provision of town centre parking spaces • Its accessible communal garden which is to be used by existing and new residents who surround the site
Link	https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_145_BruynsCourt.pdf



CASE STUDY	C
Name	Tree Top Village
Location	Walker, Newcastle upon Tyne
Developer/landlord	Newcastle City Council & Your Homes Newcastle
Scheme overview	Tree Top Village is not an extra care scheme, though each apartment can be easily adapted to respond to a range of needs and has a level access shower, a transfer area and access to an on-site scooter store. The scheme offers 75 sheltered housing apartments, bordered by 36 one and two-bedroom homes and 8 bungalows with gardens.
Tenure mix/affordability	Social rent (social landlord) Tenure is intended to make the scheme relevant to people from lower income/socio-economic backgrounds.
Regeneration site	Tree Top Village was designed to become the centre piece of the wider Walker Regeneration Programme, within an area which has experienced economic decline over a period of 25 years.
Housing/care provider arrangement	Non-resident housing management staff (Your Homes Newcastle). No onsite care provider

Type of local area/demographic characteristics	Home ownership in Newcastle-upon-Tyne among over 65s is 60%. There are lower proportions of people aged 65 years and over than the English average. The area has a higher than average rate of unemployment in England, at 4.7%.
Commissioning arrangement	No care is commissioned on site. Individual care packages delivered as necessary.
Mix of support/care needs accommodated	There are no requirements for residents to have any care needs to live here.
Capital funding arrangements	Part of Newcastle City Council's Older People's Housing Delivery Plan to provide a range of affordable housing options for older people. Funding of £2.3m was provided from the Homes and Communities Agency.
Availability of scheme to wider community	Onsite amenities are open to the public to support the integration of older people with the wider community. Local people were also consulted about what amenities would benefit the community.
Link	https://www.housinglin.org.uk/News/New-Housing-LIN-Case-Study-Tree-Top-Village-in-Walker-Newcastle/

Extra Care Housing schemes supporting a mixed community (of care needs)



CASE STUDY	D
Name	Quayside
Location	Totnes, Devon
Developer/landlord	Guinness Partnership
Scheme overview	Quayside is Guinness's latest extra care housing development, located in Totnes close to the River Dart, for people aged over fifty-five. The development has 30 apartments for shared ownership and 30 for affordable rent. The communal facilities include a café bistro, activity areas, and a 'pamper suite' where residents can arrange haircuts, manicures and beauty treatments. There is no large communal lounge; rather, smaller sitting areas take advantage of the views from the site. The internal decor and layout are designed to be dementia friendly but in a way that is attractive and luxurious.
Tenure mix/affordability	Affordable rent and shared ownership
Regeneration site	This was not a regeneration site.

Housing/care provider arrangement	Housing Management is provided by The Guinness Partnership. There is a 24/7 staff presence including a Registered Manager, Concierge and care staff. The care service is provided by Guinness Care. This includes the 'Peace of Mind' wellbeing service which guarantees a dedicated onsite team, who are available 24 hours a day, 7 days a week.
Type of local area/demographic characteristics	Tenure mix is intended to make the scheme relevant to people from a range of demographic/socio-economic backgrounds. Totnes is a small market town, popular with retirees and close to the city of Exeter. Its economy functions on tourism as there is a lack of significant local industry. There is a higher rate of over 65s in Totnes than the England average. The rate of unemployment in Totnes is both lower than the average for Devon and lower than the national average.
Commissioning arrangements/affordability	Home care is commissioned on an individual basis, with either the local authority or the individual paying for their care (depending on financial eligibility). The rents are set at 80% of the market rent, and are eligible for housing benefit subsidy if criteria are met. Rent is £160.98 per week for a 1-bedroom apartment and £181.08 for a 2-bedroom apartment. Shared ownership is on a 75% equity share basis. 1 bedroom flats range from £143,250 to £169,500. 2 bedroom flats range from £171,000 to £199,500. Monthly service charge £398.44. The Wellbeing Service, covered by the monthly customer service charge, provides the 24/7 staff presence. A percentage of this cost may be eligible for housing benefit support.
Mix of support/care needs accommodated	As an extra care scheme, many of the residents will have some level of care need. Care requirements will be considered during the allocation process. The threshold for rented units are described as: <ul style="list-style-type: none"> • Low being 0 – 5 hours of care per week (20% of the flats are allocated on this basis) • Moderate being 5-10 hours of care per week (30% of the flats are allocated on this basis) • High being more than 10 hours of care per week (50% of the flats are allocated on this basis)
Capital funding arrangements	Funding from Devon County Council, South Hams District Council, the Department of Health and the Homes and Communities Agency.
Dementia friendly	Built and decorated using dementia-friendly design features.
Availability of scheme to wider community	In order to be considered for a property at Quayside, residents need to have a local connection to the South Hams District or Devon (in that order).
Link	https://www.guinnesspartnership.com/care-services/extra-care/quayside-totnes/



CASE STUDY	E
Name	The Orangery
Location	Bexhill, East Sussex
Developer/ landlord	AmicusHorizon (now Optivo), in partnership with East Sussex County Council (ESCC) and Rother District Council (RDC)
Scheme overview	The Orangery, a scheme developed by AmicusHorizon (now Optivo), in partnership with East Sussex County Council and Rother District Council, in Bexhill, East Sussex, opened in April 2016. It has 58 fully accessible, affordable apartments with six wheelchair accessible 'open market' sale houses. A 24/7 care team is based on site, and the scheme enables easy access to wide range of amenities. All the rented apartments are let to people with care needs. A learning point is that care needs tend to drop once people have moved into the fully accessible, socially active environment of the scheme.
Tenure mix/affordability	Social rent (social landlord) and shared ownership (OPSO) – between 40% and 75% ownership. Tenure mix is intended to make the scheme relevant to people from a range of demographic/socio-economic backgrounds
Regeneration site	This scheme was a former school site owned by East Sussex County Council.
Housing/care provider arrangement	Care provider is Mears Care. Housing management is provided by Optivo.

	<p>In addition to the onsite 24/7 care team, there are also two members of staff based at the site who work office hours. This comprises a full-time Extra Care Project Manager, who is responsible for the building, and a part-time Extra Care Officer who works directly with residents in a housing management and support role. There are also out-of-hours managers available in case of emergency.</p> <p>Optivo also have specialist teams who provide services to all their tenants, including those at the Orangery. Areas covered include anti-social behaviour; money matters (financial inclusion), lettings, tenancy sustainment, housing management and home ownership.</p>
Type of local area/demographic characteristics	<p>Bexhill has the oldest population in East Sussex and the highest proportion of residents aged over-85 in England and Wales. Sidley is a suburb of Bexhill with its own local high street. It is relatively deprived with some of the poorest health indicators in East Sussex. Levels of obesity, substance misuse, levels of A&E attendance, mortality rates, social care provision, mental health issues and unpaid caring are all high. The rate of unemployment in Bexhill is lower than the national average. Overall rates of home ownership are higher than the England average.</p>
Commissioning arrangement/affordability	<p>The onsite care team is commissioned by East Sussex County Council (ESCC).</p> <p>The additional on-site members of staff (the Extra Care Project Manager and Extra Care Officer, as described above) are supported 80% by rental income and 20% by service charges.</p> <p>Residents pay in their service charges towards a range of costs including:</p> <ul style="list-style-type: none"> • Communal costs of the scheme – e.g. cleaning, gardening • Maintenance of scheme installations such as lifts, intercom and community alarm system • Personal heating costs • 260 meals a year - This equates to five meals per week. The cost is equivalent to £5.11 per meal (2017/18). If a resident chooses to buy extra meals, they 'pay as you go' direct to the caterer. • 20% of the cost of scheme staff <p>They also pay a 'wellbeing charge' direct to ESCC. This reflects the availability of the care team to all residents, regardless of their care package.</p>
Mix of support/care needs accommodated	<p>To be considered for a rented apartment, applicants must have a housing and care need that meets the RDC eligibility criteria. All nominations come from East Sussex Social Services and are approved by a multi-agency allocations panel.</p> <p>Shared owners don't have to meet eligibility criteria or have a care need; however many do.</p> <p>The aim is to maintain a balance of those with low, medium and high needs.</p>

Capital funding arrangements	The scheme cost £9,678,208 in total to deliver. Rother District Council contributed a grant of £295,000. East Sussex County Council gifted the land and provided a further £140,000 of funding. The Department of Health contributed a total of £2,360,000 through its Care and Support Specialist Housing Fund. Optivo provided the remaining funds required.
Dementia friendly	Staff are trained in supporting people with dementia
Availability of scheme to wider community	An older person's reference group, later referred to as Friends of the Orangery, made many interior design decisions and now ensures a strong link between the Sidley community and the scheme. Located on Sidley High Street, the scheme restaurant attracts outsiders and local business.
Link	https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_138_The-Orangery.pdf

Extra care housing for people with higher level needs



CASE STUDY	F
Name	Llys Jasmine
Location	Mold, Flintshire
Developer/landlord	Wales & West Housing in partnership with Flintshire County Council
Scheme overview	Llys Jasmine is managed by Wales & West Housing in partnership with Flintshire County Council. The scheme comprises 61 apartments (33 one bedroom, 28 two bedroom) and two two-bedroom bungalows for residents aged 65 and over with care and support needs. Fifteen of the purpose-built apartments are specifically designed for people with dementia and located in one area of the site. The scheme was built on the site of an existing Flintshire Council traditional sheltered housing scheme. It incorporates a range of design features, across the scheme, aimed at assisting people with dementia.

Tenure mix/affordability	Social rent (social landlord) and shared ownership Applicable to people from a range of demographic/socio-economic backgrounds
Regeneration site	Not a regeneration site. However, 80% of the development costs were spent on wages for the workforce employed locally. Over £5m was added to the economy and every pound was spent locally five times, adding up to more than £25m being spent on goods and services in the area. During the build process, sub-contractors took on 17 apprentices from the local area, providing them with employment and training opportunities.
Housing/care provider arrangement	Housing management is provided by Wales and West Housing. There is 24-hour on-site care provided by Flintshire County Council. An onsite scheme manager provides a housing related/tenancy support service to residents.
Type of local area/demographic characteristics	Home ownership in Flintshire among over 65s is 77%. There is a lower than the average rate of unemployment in Wales, at 2.4%. The area has a rising older population (over 65) and a declining younger population.
Commissioning arrangement/affordability	The scheme was developed by Wales & West Housing in partnership with Flintshire County Council. The care is directly provided by Flintshire County Council.
Mix of support/care needs accommodated	To be considered for an apartment you must be over the age of 65 and have a care and support need.
Capital funding arrangements	Part funded by a £5.7m Social Housing Grant from the Welsh Government
Dementia friendly	It is the first extra care scheme in Wales to feature dedicated apartments designed specifically to cater for people living with dementia.
Availability of scheme to wider community	The scheme incorporated engagement with the wider community from the outset. Effective marketing of the scheme, and engagement with local people, meant that the local community welcomed the development. The communal restaurant is open to the general public. Additionally, priority is given to those who already live in Flintshire.
Link	https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_86_Mold.pdf



CASE STUDY	G
Name	Belong Village, Atherton
Location	Atherton
Developer/landlord	Belong
Scheme overview	<p>Belong Atherton has 26 self-contained apartments for independent living and six supported 'households' with modern en-suite bedrooms and open plan lounge and kitchen areas.</p> <p>Belong households represent an alternative to conventional care homes. They operate with a higher-than-average staffing ratio and a maximum of 12 residents per household, offering a family atmosphere where customers can build lasting relationships with staff and other residents.</p>
Tenure mix/affordability	<p>There is a range of one or two bedroom apartments, available for market rent or purchase, for individuals or couples. Aimed predominantly at owner occupiers/self-funders.</p> <p>For those who do opt to purchase, the Belong 'Buy Back' scheme guarantees that they will repurchase the apartment for the same price that owners originally paid.</p>

Regeneration site	N/A
Housing/care provider arrangement	Belong Village Atherton is registered as a care home. It is described as a 'care village' with independent living apartments which do not form part of the registered care home service but are central to the care village and its design.
Type of local area/demographic characteristics	Atherton (pop. 20,300) is a town in Wigan, Greater Manchester. There are marginally higher proportions of people aged 65 years and over than the English average. Atherton has a higher rate of home ownership, either outright or via a mortgage, than the national average. In Wigan as a whole, 74% of over 65s own their own home. The unemployment rate in Wigan is similar to that of England, at 3.7%. However, the rate of claiming any benefit (which includes in work benefits) is more than 25% higher in Atherton than the national average, suggesting that many people may be under-employed or living on a low income.
Commissioning arrangement and revenue funding	Monthly rental costs for apartments range from £694.91 - £831.42 (2018/19 prices). There is a monthly community fee of £380.03 for 1 bed apartments and £414.88 for 2 bed apartments, plus an additional person rate of £48.32 per month. These rates are reviewed annually on 1st April. The community fee covers the building maintenance costs, water supply, gas and electricity, 24 hour emergency response service and includes a contribution to the reserve fund for major repairs. Other optional services (such as laundry and hospital escorts) are available. These are charged separately as used. A care service is also available for people in apartments if needed, at an additional cost. The cost for people living in the main care village is from £970 per week. Some may be eligible for financial help from adult social care, depending on their financial circumstances, however some contribution will still need to be made.
Mix of support/care needs accommodated	A range of care needs are supported, from people who are relatively independent, to people with a high level of needs, including dementia. Residents' rooms also have the latest 'smart room technology' to help detect falls or sudden movements without invading privacy.
Capital funding arrangements	Value of build £5.7m. No public grant / subsidy.
Dementia friendly (as applicable)	Specialist dementia care is provided. They aim to provide a person centred approach and avoid a 'medical model' and reliance on antipsychotic medication. An Admiral nurse service is provided ⁴ .
Availability of scheme to wider community	The village hub is open to the public and includes a popular licensed bistro, hair salon, therapy room and exercise studio.
Link	https://www.belong.org.uk/locations/atherton

⁴ https://www.dementiauk.org/get-support/admiral-nursing/?gclid=CjwKCAjw1rnqBRAAEiwAr29I13MUVLTqpqjBWSLWlBmGZ2J-tHJ_rRAfqtDFU41cqCeXL0yolxo_2BoCxJwQAvD_BwE



CASE STUDY	H
Name	Protheroe House
Location	Haringey, North London
Developer/landlord	Developed and run by local housing association One Housing as part of its Season Senior Living portfolio.
Scheme overview	Protheroe House is a collection of new purpose-built flats in the Tottenham regeneration area, comprised of 36 one-bedroom and 14 two-bedroom self-contained flats, alongside a number of common areas and facilities, including a restaurant, a bar, shared lounges, spa facilities and landscaped gardens. The on-site care team can respond flexibly to support a range of needs. Alongside other extra care housing schemes in the borough, Protheroe House is promoted by London Borough of Haringey as providing an alternative to residential care. Working in partnership with the local Clinical Commissioning Group, short-stay

	reablement services are now offered from one of the flats at Protheroe House, supporting older people who have been admitted into hospital but are now medically fit for hospital discharge.
Tenure mix/affordability	Social rent (social landlord), reablement service-short stay (up to 6 weeks)- Haringey Council has 100% nomination rights Relevant to people from a mix of socio-economic backgrounds
Regeneration site	This development replaces sheltered housing that was not fit for purpose, and was designed to contribute to the regeneration of the local area.
Housing/care provider arrangement	Managed by Season Senior Living, part of One Housing Group. Care provider: One Housing Group. Tenants must be at least 55 years old with a care need and be approved by the scheme's nomination panel.
Type of local area/demographic characteristics	Haringey is a borough where residents come from a range of socio-economic backgrounds. The Western wards of the borough such as Crouch End and Muswell Hill are some of the most well-off in the country whereas some areas in the farthest Eastern ward of Northumberland Park are in some of the most deprived 5% of areas in the country. Home ownership in Haringey among over 65s is 57%. There are lower proportions of people aged 65 years and over than the English average. There is a higher than national average rate of unemployment at 5.2%.
Commissioning arrangements/affordability	Haringey Council worked with the local Clinical Commissioning Group (CCG) to develop its intermediate care provision; it is estimated that the potential savings from the 10 reablement beds, compared to continuing with their existing step down care provision, were £28,480 in year 1 (part year) and £333,216 in year 2. Intermediate care services are also critical to improving outcomes for residents and enabling them to live independently for longer in their own homes, especially where they have had a period in hospital. In line with the joint Intermediate Care Strategy, Haringey Council worked together One Housing to pilot a reablement service as part of the extra care scheme in Protheroe House. Haringey Council have 100% of the nomination rights. Rent levels: 1 bed flats - £184.10 per week; 2 bed flats - £226.30 per week. Service charge 1 bed flats - £61.66 per week; 2 bed flats - £66.62 per week.
Mix of support/care needs accommodated	Core services include: care and support staff available 24 hours a day, resettlement from hospital or registered care, daily well-being checks, family liaison, regular quality checks. Additional support includes personal care (hygiene and day to day activities), practical and social support.
Capital funding arrangements	£11.1m development. Built by Galliford Try Partnerships for One Housing with support from Haringey Council.
Dementia friendly	Staff trained in dementia awareness

Availability of scheme to wider community	Built links with the community, including a café that is open to the public as well as residents
Link	https://www.onehousing.co.uk/for-you/housing-care-and-support/season-senior-living/protheroe-house

Extra Care Housing supporting wider regeneration and renewal



CASE STUDY	I
Name	Waterside Court
Location	Loughborough, Leicestershire
Developer/landlord	EMH Homes
Scheme overview	Waterside Court is located ½ mile from Loughborough town centre and has been designed specifically for people with care and support needs. The three-storey scheme combines 62 one- and two-bedroom self-contained apartments.

	<p>There is a range of communal spaces; including an arts and crafts room, lounges, restaurant, cinema room, hairdressers, library and guest suite. The scheme has on-site care and support staff (24 hours, 7 days a week), non-resident management staff and emergency alarm system.</p> <p>Residents are predominantly over 55 years of age, although applications from younger people with a disability are assessed on a case by case basis.</p>
Tenure mix/affordability	<p>Social rent (social landlord)</p> <p>Tenure is designed to make this scheme relevant to people from lower income groups.</p>
Regeneration site	The scheme is located next to a new housing development.
Housing/care provider arrangement	<p>EMH Homes manages housing, property and tenant involvement.</p> <p>Care Provider – Key 2 Care Ltd.</p> <p>Tenants need to be aged 55 years+ or under 55 with a disability and have a local connection to the area.</p>
Type of local area/demographic characteristics	<p>Waterside Court is located approximately ½ mile from Loughborough town centre. The development is part of EMH group’s strategic response to the needs of an ageing population; the proportion of people aged 55 to 64 in the East Midlands is projected to rise by 59% by 2026 – the largest increase of any region, 13% above the national average.</p> <p>Home ownership in Charnwood among over 65s is 82%. There are similar proportions of people aged 65 years and over to the English average. There is a lower than average rate of unemployment in England at 2.3%.</p>
Commissioning arrangement/affordability	Information not available
Mix of support/care needs accommodated	Applicants require a minimum of 3.5 hours care per week; eligibility is assessed by Leicestershire County Council. Support is offered for residents with dementia, sensory impairments, learning difficulties and disabilities, autism, medical conditions and health difficulties, physical conditions or difficulties as well and speech language and communications needs. There is a mix of tenants with high / medium / low care needs.
Capital funding arrangements	Total build cost £10.87 million. EMH Housing £7.5 million. HCA Funding 1.646 million. Leicestershire County Council ASC £1.56 million. Charnwood Borough Council £150k
Dementia friendly	Yes. Including access to a dementia-friendly garden.
Link	http://lin.housingcare.org/housing-care/facility-info-162734-waterside-court-loughborough-england.aspx



CASE STUDY	J
Name	Village 135
Location	Wythenshawe, Manchester
Developer/landlord	Wythenshawe Community Housing Group
Scheme overview	<p>Village 135 is an extra care village developed by Wythenshawe Community Housing Group (WCHG) providing 135 two-bedroom apartments and a community hub for the ageing population of Wythenshawe, Manchester.</p> <p>Village 135 provides 24-hour on-site care. The Village includes two existing tower blocks (remodelled 2003-2005) which already housed an over-55s community. A glazed footbridge connects the two sites.</p>
Tenure mix/affordability	<p>Tenure is a mix of 66 apartments for affordable rent, 39 apartments for shared ownership and 30 apartments for outright sale.</p> <p>Relevant to people from a mix of socio-economic backgrounds.</p>
Regeneration site	<p>Village 135 creates housing to meet the needs of the local and wider community, increasing the population of this location and enhancing the urban landscape. The facility is central to the wider Wythenshawe Regeneration Framework Plan and an integral part of Wythenshawe Community Housing Group commitment to the Manchester Age-friendly charter. The scheme has created</p>

	<p>new jobs. Adjacent local businesses have benefited from the development due to the numbers of new residents in occupation. The adjacent South Manchester College is the provider of Village 135's Catering and Health & Beauty provision, providing services to residents in the beauty salon/spa and bistro.</p>
Housing/care provider arrangement (as applicable)	<p>Housing provider: Wythenshawe Community Housing Group</p> <p>Onsite care provider: The Human Support Group Limited</p>
Type of local area/demographic characteristics	<p>Compared to the England averages, Wythenshawe has a higher unemployment rate, lower proportion of people aged 65 and over, and a higher proportion of people living with a long term illness or disability. A significant proportion of people aged over 65 are either renting social homes, or privately renting lower value former social housing.</p>
Commissioning arrangement/affordability	<p>Five neighbourhood apartments are provided within the scheme. These are furnished apartments within schemes leased to Manchester City Council (MCC) to provide a faster discharge from hospital offer as well as providing an alternative to hospital or residential care for older people who may need extra support living in the community.</p> <p>40 of the lets were targeted at older people living in larger social rented family homes who were under occupying their social homes, making available 40 family homes to be let to families from Manchester's Housing Register.</p>
Mix of support/care needs accommodated	<p>Residents are provided with a flexible on-site care package, supporting residents with a mix of low, medium and high care needs. The scheme is 'care ready', designed to meet Lifetime Homes standards, so residents will not have to relocate in the future, should their care needs increase. They are encouraged to live as independently as possible with the reassurance of support and personal care when needed ensuring a high quality of life for older people by providing an on-site 24-hour care team and a range of facilities.</p> <p>The building is also future proofed with the installation of cat.5 and cat.6 wiring with a central hub system to enable wi-fi connections across the site and scope for the utilisation of technology enabled care.</p> <p>Sales acted an economic driver for the development and have included residents from outside the area purchasing into the scheme, which has affected the balance of care needs as some individuals required a higher level of care than expected.</p>
Capital funding arrangements	<p>Village 135 represents a £24million investment, including £5.19m funding from the Department of Health, through the HCA (now Homes England) Care and Specialist Housing fund. Wythenshawe Community Housing Group owned the land that Village 135 was built upon so there were no site acquisition costs.</p> <p>Prices for the apartments started at £70,000 based on 50 per cent shared ownership (May 2017 prices).</p>
Dementia friendly	<p>The interior spaces and layout were designed to dementia design principles, ensuring layouts are simple to follow and interior spaces reduce any confusion to the residents, with way finding made clear.</p>

Availability of scheme to wider community	Village 135 facilitates integration with the local community (including the two existing, age restricted tower blocks) with public access to the Bistro, Salon, Spa and Gardens. The Community Hub has proven to be multifunctional and provides a platform for engagement between residents, the local community and meeting groups, including professional, external and church groups.
Link	https://www.housinglin.org.uk/Topics/type/HLIN-Case-Study-149-Village135/



CASE STUDY	K
Name	Longbridge Retirement Village
Location	Birmingham
Developer/landlord	ExtraCare Charitable Trust
Scheme overview	The ExtraCare Charitable Trust's Longbridge scheme in Birmingham is a retirement village offering 260 extra care homes, and a hub which supports health, wellbeing and interaction with the wider community. Longbridge Retirement Village offers a calm and contemporary environment, providing up to 50 different activities per week, including choir singing, IT, wheelchair aerobics, painting, yoga and gardening.
Tenure mix/affordability	Social rent (charitable landlord), shared ownership and leasehold Relevant to people from a mix of socio-economic backgrounds.

Regeneration site	The retirement village is part of St. Modwen's regeneration scheme. Nearly 400 homes have been built, and the town centre features retailers including Sainsbury's, Costa Coffee, Premier Inn, Beefeater and a landmark Marks & Spencer store.
Housing/care provider arrangement (as applicable)	Housing management and care both provided by ExtraCare Charitable Trust. Priority for residents 55+ local to Birmingham or with strong family connection to the area.
Type of local area/demographic characteristics	Following the collapse of MG Rover in 2005, the area of Longbridge experienced significant job losses and economic hardship. The collaborative £1 billion programme of regeneration led by St. Modwen's, Birmingham City Council, Bromsgrove District Council, and the Homes and Communities Agency, has enabled social and economic investment to help transform the area. Home ownership in Birmingham among over 65s is 68.6%. There are lower proportions of people aged 65 years and over than the English average. There is a higher than average rate of unemployment in England at 6.1%.
Commissioning arrangement/affordability	Longbridge Village was delivered by The ExtraCare Charitable Trust in partnership with Birmingham City Council One and two bedroom rental guidance prices are as follows: <ul style="list-style-type: none"> • One bedroom £118.71 p.w. • Two bedroom £140.71 p.w. Service charges of £130 - £132 subject to type of tenure. For residents renting a home and claiming full housing and council tax benefit, the weekly housing costs start from £46 per week for a one bedroom apartment. Care services are charged as required and costs vary according to the amount of care needed (and depending on eligibility for financial support from adult social care). ExtraCare Charitable Trust levy a service charge to cover facilities management and cleaning of communal areas etc; and a Village Amenities Charge which is a contribution towards the running of the Wellbeing Service, activity costs including staffing, a contribution towards the bistro, a contribution towards welfare benefits advice, 24-hour access to staff support in an emergency, and costs associated with running the communal areas.
Mix of support/care needs accommodated	There is a mix of care needs supported, from none, to people with a high level of need for care and support. There is an on-site care staff team (24 hours / 7 days), alongside non- resident management staff and Careline alarm service.
Capital funding arrangements	£48m part of a £1bn regeneration scheme by St Modwen. The Homes and Communities Agency (HCA) has also provided £1.5m to support affordable housing in Longbridge Village.

	Outright leasehold sale and shared ownership options are offered. Prices range from £79,980 (one bedroom, shared ownership) to £359,950 (two bedroom outright ownership) (December 2017 prices).
Dementia friendly	There is a team of specialist dementia support workers on-site.
Availability of scheme to wider community	Yes, the communal facilities are available to the general public, including a restaurant.
Link	https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_144_Longbridge.pdf https://www.extracare.org.uk/living-with-extracare/retirement-villages/longbridge-village/#longbridgevillage-village-btn:selected=true



CASE STUDY	L
Name	The Chocolate Quarter
Location	Keynsham, Somerset
Developer/landlord	St Monica Trust (SMT)
Scheme overview	<p>The 'village' consists of 136 apartments and a 93-bed nursing care home. The care home includes provision for dementia care, general nursing beds, palliative care and intermediate/rehab care. There is also a GP practice on site and co-working opportunities through separate commercial ventures. The development is located on the site of the former Cadbury's chocolate factory within a larger site known as Somerdale. It is SMT's first 'open' village, i.e. non-gated.</p> <p>The Chocolate Quarter offers some 'intergenerational' aspects, due to sharing its site with a number of facilities which are open to the public, including a cinema, restaurants and a health spa.</p>
Tenure mix/affordability	<p>100% Leasehold. A mixture of one and two-bedroomed properties, ranging in cost from £200,000 to £450,000.</p> <p>Relevant to owner occupiers and higher income groups.</p>

Regeneration site	Repurposing of former factory as part of a larger regeneration programme.
Housing/care provider arrangement	The care provider is St Monica Trust; the housing management is provided by St Monica Trust.
Type of local area/demographic characteristics	Currently aimed at owner occupiers. Approx. 85% of housing in Keynsham is owner-occupied. There are higher proportions of people aged 65 years and over than the B&NES and England & Wales averages. There are low rates of unemployment at 2.7%.
Commissioning arrangement/affordability	The scheme was built without public subsidy. Purchase costs (May 2019 prices): <ul style="list-style-type: none"> • 1 bedroom: £250,000.00 • 2 bedroom: £350,000.00 Service charges are £6,900 per year for a two-bedroom apartment which includes a concierge and an emergency call-button service (May 2018). In January 2018, St Augustine's Medical Practice moved from its previous premises in Keynsham to bigger, purpose built facility within the Chocolate Quarter development. The practice's relocation was supported by Bath and North East Somerset Clinical Commissioning Group and NHS England as part of their strategy to strengthen primary care and ensure it is sustainable and resilient for the future.
Mix of support/care needs accommodated	There is a mix of care needs, from none to people with a high level of need (especially in the care home). Assisted Living scheme with on-site care staff (24 hours / 7 days), non-resident management staff and Careline alarm service
Capital funding arrangements	Site development cost £60m.
Dementia friendly (as applicable)	Trained staff and dedicated dementia facilities.
Availability of scheme to wider community	There is public access to a spa, gym as well as office space, retail outlets and leisure facilities, including a 50-seat cinema and pizza restaurant.
Link	https://www.stmonicastrust.org.uk/villages/the-chocolate-quarter

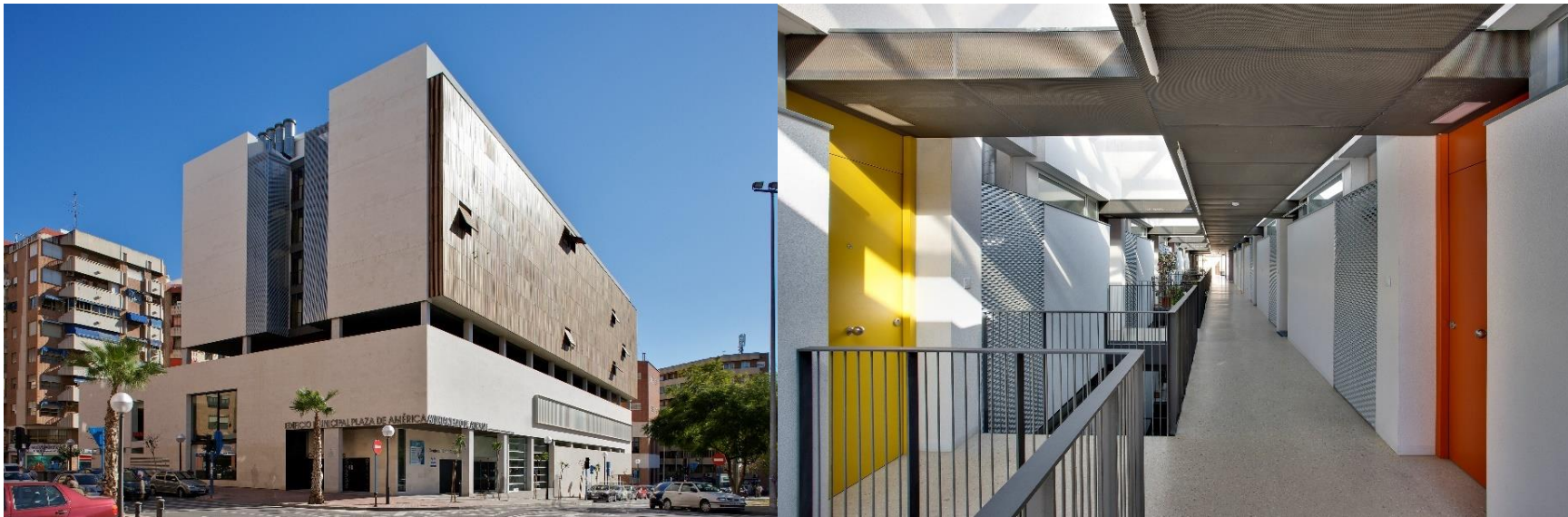


CASE STUDY	M
Name	Limelight
Location	Old Trafford
Developer/landlord	Trafford Housing Trust (THT)
Scheme overview	Located in Old Trafford, the development integrates 81 extra-care apartments with GP surgeries and community facilities, including a café, event space, library and nursery. Offices for council services and social enterprises are also provided, together with sports and recreation facilities and the re-provision of St Brides Church.
Tenure mix/affordability	A total of 81 one and two-bed apartments comprising 21 two-bed extra care apartments offered on an Older People's Shared Ownership (OPSO) basis and 60 one and two-bed properties available to rent. Relevant to people from a mix of socio-economic backgrounds but with a focus on lower income groups

Regeneration site	Limelight was at the heart of the Old Trafford master plan, a strategic development within THT's vision to regenerate the area. The design concept is based around two new streets. A 'community street' promotes the health and wellbeing of local people, whilst a 'residential street' dovetails the development into the surrounding urban area.
Housing/care provider arrangement	Housing provider: THT Onsite care provider: Trafford Housing Trust (Trustcare)
Type of local area/demographic characteristics	Old Trafford is in one of the top 10% most deprived areas in England. The area is affected by the following health inequalities: <ul style="list-style-type: none"> • Lower life expectancy in both men and women • High levels of childhood poverty and obesity • High prevalence within the BME population of developing long term conditions such as diabetes and heart disease • High incidence of lung cancer associated with alcohol and smoking • Poor uptake of screening, disease prevention and early diagnosis, with significantly higher than average levels of referrals to secondary care, non-elective (emergency) admissions and prescribing rates which have significant impacts upon Primary Care resources Home ownership in Trafford among over 65s is 77%. There are similar proportions of people aged 65 years and over to English average. There is a lower than average rate of unemployment at 2.5%.
Commissioning arrangement/affordability	THT in partnership with Trafford Council identified the need to improve the health and wellbeing of the community and had accessed funding to support this project to integrate an extra care scheme and community facility. Rented properties – weekly charges: <ul style="list-style-type: none"> • 1 Bed: affordable rent £141.41; personal charge £18.26; total cost: £159.67 • 2 bed: affordable Rent £168.80; personal charge £20.79; Total cost: £189.59
Mix of support/care needs accommodated	The service aims to support people with a range of care needs, from a relatively low level of need to those with a high level of dependency. Alongside the provision of 24/7 formal care for extra care housing residents, Limelight has developed a signposting or 'social prescribing' approach, with qualified health practitioners working alongside other service providers to steer people towards physical, social and mentally-stimulating activities. The aim is to help reduce many of the health and care issues faced by older and vulnerable people. There is also easy access to the on-site pharmacy, GP practice, opticians, library, health and learning activities, and a wide range of social opportunities.

Capital funding arrangements	The development cost £20m in total. £3m in Department of Health funding was awarded in 2013 towards the project.
Dementia friendly	The scheme provides care for people living with dementia, enabling people to retain their independence. Dementia-friendly signage was created throughout the scheme. A welcoming space is provided for people with dementia from the wider community as well, with dedicated activities where people engage in a range of activities to keep the brain active.
Availability of scheme to wider community	Most activities at Limelight are also open to older people from the wider Old Trafford community, with the aim of reducing social isolation.
Link	https://www.housinglin.org.uk/assets/Events/2018-02/WhyLimelight_070218-.pdf

In addition a series of international examples of housing developments aimed either fully or partially at older people have been included. These are not all necessarily equivalents of extra care housing but all are intended to provide additional housing models and inspiration that is applicable to Greater Manchester. Given the differences in housing and care context in other nations, a summary of key features of each development is provided.



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CASE STUDY	N
Name	Plaza de América
Location	Alicante, Spain
Typology	In 2003, the Municipal Project for Intergenerational Housing and Community Services provided 244 affordable, intergenerational housing units in central urban areas of Alicante, including Plaza de América, which includes 72 small (40m ²) single-bedroom apartments (56 for older people and 16 for younger people). Younger residents informally agree to engage with four older residents regularly and to participate in the community via an established program. The project has resulted in accessible housing with a friendly community that enables the older residents to maintain their independence and stay in their own homes as they age.
Summary	A large scale affordable housing offer including properties specifically aimed at older citizens and younger people.

	<p>Shared spaces include a TV and music room, workshop and games area, a reading and computer room and a terrace, solarium and laundry. The building includes provision of non-commercial services, i.e. a community centre and a health centre.</p> <p>Likely to be most applicable in a larger town/city setting with universities/other types of larger colleges. The building is part-financed by a public car park in the basement, offering an innovative funding stream but requiring sufficient usage. Would need consideration of tenure status and rights for student residents and the nature of agreements regarding provision of unpaid work/services.</p>
Link	http://www.cpa.org.uk/information/reviews/CPA-International-Case-Study-12-Intergenerational-living-in-Spain.pdf



CASE STUDY	O
Name	Orange Tree Village / Harbour Landing Village
Location	Regina, Saskatchewan, Canada
Typology	This development has five parts — an early learning centre, university student living quarters, a licensed personal care home, assisted living suites for older people and general public facilities. A variety of living options are available including short term stay, affordable housing, specialised memory care, supportive living and a la carte homes aimed at all ages.
Summary	A large scale housing development with varied uses/components including housing/accommodation aimed at older people as well as younger people. Intergenerational programming brings different age groups together through scheduled activities. Free yoga and cooking classes are offered to the public weekly. The public can also access the on-site hair salon and restaurant. Due to relatively large scale, likely be replicable in a large town/city centre context; however some of the intergenerational components could be replicated in a smaller scale development.
Link	https://harbourlandingvillage.ca/



CASE STUDY	P
Name	Generationen Wohnen Am Mühlgrund (Generations: Living at Mühlgrund)
Location	Vienna, Austria
Typology	<p>The aim of this development, supported by the City of Vienna, was <i>“to anticipate and adapt flexibly to changing housing needs at different stages of life, to provide a barrier-free living environment and housing and to promote coexistence and, in particular, social inclusion of older residents in the community”</i>.</p> <p>The development is comprised of three residential house systems (A, B and C) with 149 residential units in total:</p> <p>Site A has 53 subsidised rental apartments and a senior citizens' housing community and is built to Passivhaus standards, meaning they require little heating or cooling. All apartments are south-facing, have a loggia and are based on a 2-room basic module, which is also easily adaptable for wheelchair users. There are four special apartments on the first floor, which have additional space for creative</p>

	<p>occupations or hobbies. Eight older people live in the supervised senior citizens' community on the first floor. There is a shared, winter garden, roof terrace and a shared multifunctional living room with kitchen. An integrated office serves as the first point of contact for tenants' questions on care and support, but also as an idea exchange and hub for common activities.</p> <p>Site B has 70 subsidised rental apartments, housed in three residential buildings. The building complex comprises an elongated central courtyard through the construction of two parallel structures. A variety of individual design options and sizes are available; for example, individual room heights of 4.05m are offered, which enable the installation of podiums, galleries, berths, etc. Depending on the floor, the apartments are directly connected by a winter garden, a loggia or terrace to the outside space. There are other common areas, such as an underground car park with 70 parking spaces, cellars and bicycle storage rooms. On the ground floor, in the immediate vicinity of the common room, there is a children's playroom with a playground in front of it.</p> <p>Site C is comprised of 26 subsidised condominiums, fully accessible in a wheelchair and via lift. The residential units are designed in such a way that in the case of a care requirement, the separation of one's own property for care personnel is possible. The larger units with sliding walls and an additional toilet with shower provide additional flexibility. The weather-protected pergolas, through which the apartments are linked, act as communication spaces in addition to several communal terraces. In cooperation with social institutions and service providers, services such as home help, repair service etc. are also provided. The development is close to local schools, public transport, shops and amenities.</p>
Summary	<p>A large scale, multi-building housing offer that includes a mix of tenures and affordability options. It includes properties specifically designed for older citizens as well as housing for families and younger people. Interesting and innovative design features that will appeal to a range of people/generations, including possibility to combine flats to have a separate living area for adolescent teenagers or older family members. Designed to be environmentally sustainable.</p> <p>A mix of intergenerational components including in one building a common room and a children's playroom with a playground in front of it. On another building a shared, winter garden, roof terrace and a shared multifunctional living room with kitchen. A clear focus on health and wellbeing, including the provision of care services for older and disabled people but in a flexible and discreet way.</p>
Link	<p>https://www.ots.at/presseaussendung/OTS_20071025_OTS0097/siegerprojekte-generationen-wohnen-am-muehlgrund</p>



CASE STUDY	Q
Name	Ro70
Location	Weimar, Germany
Typology	This development is an intergenerational cooperative housing project, inspired by the philosophy of the 'transition town' movement. The project regenerates an old hospital in the centre of the city and is home to about 180 inhabitants in 76 apartments, including families with children, young and older, people with and without disabilities. There are two common areas for use by residents and for others in the local community. The building has undergone energy-efficient refurbishment and has an ecological open space design. Electricity is generated from solar panels.
Summary	An ambitious repurposing of an existing building to form an attractively designed housing development for a mix of people/generations. Designed to be environmentally sustainable/energy efficient. A cooperative housing model including a mix of intergenerational components including communal spaces for use by residents and by members of the local community. Residents can make use of a café, playground, barbecue area, orchard and parking on site.

	Likely to larger towns with larger scale redundant buildings. A mix of tenures would potentially enable some cross subsidy of redevelopment costs; could be delivered by a private/social housing partnership.
Link	http://www.wohnprojekte-portal.de/projekte-suche/projektetails.html?uid=22865



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CASE STUDY	C
Name	Nathalie Salmon House (H.O.M.E.)
Location	Chicago, Illinois, USA
Typology	In this development, lower income older people, young adults and families with children all live in the same building. Nathalie Salmon House is a five-story, 53-unit building built by H.O.M.E. on the north side of Chicago. Seniors live in 28 private apartments on the first four floors and in 15 units on the "Good Life Senior Residences" fifth floor. The fifth floor also includes four units for younger Resident Assistants who provide services and companionship in exchange for room, board, and a wage. Resident Assistants also reside in two studios on the other floors. Finally, there are 4 three-bedroom family apartments, one on each of the first four floors. The Good Life Senior Residences model is family-style housing – that is, shared meals, common areas, and activities – for seniors and young adults. H.O.M.E. emphasizes that its Good Life Senior Residences are a variation of independent living for older adults. Most of H.O.M.E.'s residents are

	'elder orphans' without family, and seek opportunities to socialize. All areas have full disabled access, and all the H.O.M.E. developments are located near shops and amenities.
Summary	<p>An affordable housing for rent offer aimed at older citizens with intergenerational elements including accommodation for younger families and student age younger people. Designed to be highly accessible for people with disabilities.</p> <p>Shared facilities on the ground floor include a kitchen, a community room, a fitness area, a garden room and a library.</p> <p>An affordable social housing rental offer. Incorporates a no/low cost housing proposition for student residents in return for assistance to older residents. Likely to be most applicable in towns with universities/other types of larger colleges. Would need consideration of tenure status and rights for student residents and the nature of agreements regarding provision of unpaid work/services.</p>
Link	https://www.homeseniors.org/services-in-the-community/intergenerational-housing

Digital Technology – Promoting independence in a housing setting

The use of technology is increasingly relevant to supporting older and disabled people to maintain their independence, and consideration of its role is receiving an increasing amount of attention from commissioners and providers. However, the extent to which the latter are adopting technological innovation to deliver better outcomes for people, as well as to improve cost effectiveness, is hugely variable in practice.

It also appears that mainstream technology developers (e.g. Amazon / Google / Apple / Microsoft etc), have not yet come to see people with care and support needs as a key customer segment - although the general health and 'wellness' market is huge (note the rise of the 'Fit Bit', online dieting and smoking cessation tools, and meditation apps for mental health).

Nevertheless, there is significant potential for technology and digital services to transform housing and care settings, and some providers are taking an innovative, forward looking approach.

The following are examples of the use of digital technology in housing settings, relevant to the development of extra care housing.

The Fit Home initiative is a joint programme of work undertaken by **Albyn Housing Society**, Carbon Dynamic (a manufacturer of sustainable, modular homes) and NHS Highland in collaboration with residents and health and social care partners. The aim is to provide housing solutions that enable disabled people with care and support needs to live as independently as possible for longer, taking charge of their own wellness, self-managing their own support as much as possible, and making their own choices. Attractive and aspirational in design, the homes are highly practical, flexible, and fully technology enabled, promoting wellbeing and enabling preventative health solutions - up to and including end of life care.



Blackwood Group, a housing and care provider in Scotland, are investing in new technology, high quality services and aspirational design. Through co-designing with their customers, they aim to develop and deliver a truly personalised housing and care service. At the heart of their programme of innovation is 'Cleverclogs', their digitally enhanced care system, which aims to keep people independent, in control and in their own home. Centred around a touch screen home hub, now installed in nearly 100 homes across Scotland, the

system enables people to stay in touch with friends and family, access information, pursue their interests, and receive convenient reminders of any appointments or medication. It enables Blackwood Group to build bespoke care and response services, personalised around all aspects of the person's care, housing and support needs.



Alcove provides personalised packages of assistive technology (*'not just sensors'*) for people who want to live independently at home, but need support to do so. They also work with councils, Retirement Village developers and Housing Associations 'looking for a 21st Century version of Telecare'. L&Q partnered with Alcove to embed telecare across four supported living schemes, supporting people with a range of needs, including learning disabilities, and complex needs. One scheme is fitted with over 50 devices, including movement, heat, light, eating sensors, Alexa, and Alcove's video calling carephone devices. The technology, and the data generated, has enabled more personalised care for the people living in the schemes, and also provided a waking night shift care saving to the local authority. The CQC highlighted that *"positive risk taking was driven through the safe use of innovative and pioneering technology in order to support people to live fulfilling lives"*.

Salix Homes, in Salford, Greater Manchester, is taking forward the 'My Intelligent Home' (Mii-Home) Project, aiming to promote independence for older people. The project is being delivered in partnership with Salford Royal Infirmary and the University of Salford, and uses a platform model, incorporating a combination of automated sensors in people's own homes to measure motion and activity, artificial intelligence to analyse patterns in data and predict decline or potential crises, and trigger alerts which indicate that urgent help is needed. The project team is evaluating the effectiveness of using MS Kinect for remote monitoring of older people in their own homes, particularly focusing on older people who live alone, and to understand patterns of risk and decline in association with the activity data which is being collected over time. The first phase of the project focused on older people living in Salix Homes' sheltered housing schemes; subsequently, the project was rolled out to 100 other older people living in homes across Salford.

Technology and digital innovation in housing and care: general observations

Some of the established and emerging applications for digital technologies in housing based health and care applications can be grouped in relation to a number of major themes, as the software becomes more advanced and sophisticated:

- Telecare, enabling swift, reactive responses to emergency health needs, and to incidents and accidents in the home;
- Assistive devices to enable independent living around the home e.g. opening and closing windows, curtains, entertainment, environmental controls, mobility and movement, cooking and washing, etc.;
- Remote (telehealth) monitoring of vital signs and other health indicators to enable more effective and personalised support for people with long term health conditions;
- Lifestyle monitoring / home sensors to generate data and analytics to predict and prevent incidents, assess needs, and inform design of more personalised support;
- Digital solutions to enable social interaction and communication with others, and to support other engagement, such as virtual reality 'travel' and virtual group activities;
- Digital support to promote the wellbeing of people with dementia e.g. reminder devices, geo-tracking to support safe walking outside, automated sensors which act without the instruction of users (e.g. to turn on and off lights);
- Remote video / communication technology enabling people to access face to face advice and consultation with health and care professionals, without leaving home;
- The use of robotics, including humanoid robots, in supporting people with dementia and others to benefit from some positive care and support outcomes.

5. Extra care housing: evidence of the economic impact

This section sets out the potential economic impact of developing extra care housing including supporting regeneration, economic growth and employment.

This provides additional evidence for the case for development of extra care housing being a relevant part of a strategy across Greater Manchester to deliver urban regeneration, promote economic growth and create jobs.

There is some evidence that extra care housing, when planned in the right location, can have a positive impact on the regeneration of the local area, and on economic growth and employment.

'A Better Life', a report published by McCarthy and Stone (and authored by ORB)⁵, outlined a number of ways in which 'private retirement housing' could have a positive impact in this area. This report concluded that:

- One in three retirement housing residents walked to the local shops each day;
- 45% of retirement housing residents bought the bulk of their shopping within one mile of their private retirement housing scheme, with 65% travelling no further than two miles;
- 62% of private retirement housing residents preferred to shop in local centres rather than major town centres;
- Each week, a typical private retirement housing scheme generated £11,735 in resident spending (£610,000 per year), generating an additional £1,750 per week (£92,000 per year) in local spending compared to what would have been generated in a conventional high density housing scheme (deadweight).
- Over the lifetime of a scheme (typically 25-30 years), this equated to around £2.3 million more in local spending than would have been generated by a conventional housing scheme.

The report also concluded that 'private retirement housing' increased the availability of general needs housing stock, through freeing up family homes.

The authors described their methodology as follows:

...a short study based on research acquired from an ORB survey of McCarthy & Stone residents, with reliance to a large extent on existing material and on the professional judgments of the consultants to estimate economic benefits.

A report from the Institute of Public Care (IPC, 2014)⁶, exploring the economic impact of retirement housing services (based in part on a sample of ten schemes), and on a survey of

⁵ ORB (2004), 'A Better Life', McCarthy and Stone.

⁶ Institute of Public Care (2014), Local area economic impact assessment, McCarthy and Stone.

residents, highlights first, the general economic benefits of all construction activity. Based on methodologies developed by LEK Consulting and FTI consulting, and described by the CBI and Shelter respectively, the IPC report concludes that the developments generated economic benefits as follows:

'the overall impact of the construction stage of Retirement Living developments of £8.64 million; and an overall impact of the construction stage of Assisted Living developments of £10.92 million'. During the, on average, 13 month construction period, much of funding in the construction of retirement housing was spent within the local economy.

The report also found that *'in seven out of the eleven case studies, the scheme brought a significant contribution through Section 106 payments to the local area'* and also found that five of the schemes attracted New Homes Bonus to the local authority.

Focusing on the role of the schemes in regeneration, the report highlights that most of the schemes were built on former retail or industrial sites, helping to bring the sites back to life.

The report also points out the role of the schemes in creating employment – both during the construction phase, and once the schemes were in operation, with most staff living locally, and some having previously been unemployed.

Further economic benefits highlighted by the report include:

- Enabling new residents to release housing equity and boosting the local housing market;
- Releasing family homes locally;
- Additional council tax paid by new residents (due to occupying new properties); and
- Additional expenditure in the local economy. The report quotes other research which finds that *'the presence of older people within a local community is likely to have a beneficial economic impact in terms of their local spending'*. This was borne out in a survey of McCarthy and Stone residents, which found that they used local services (of all kinds, from shops, to taxis, hairdressers, cafes and much more) on a regular basis.

Taking all the factors into account, the report concludes that:

'Over a year the amounts injected into the local economy for a Retirement Living scheme additional to a conventional scheme on a similar site is estimated to be £2,408 per week or £125,216 per annum... [and] for an Assisted Living scheme ... is estimated to be £5,025 per week or £261,300 per annum.'

Finally, and importantly, the report highlights the additional social value contributed to the local economy through the volunteering and caring contributions made by many residents towards one another and towards their local community; and through reduced levels of social isolation and loneliness.

Further evidence of economic benefits can be found in the analysis documents which are published in support of particular planning proposals. One example is the *'Economic and Social Benefits Statement'* for the former Wiltshire College Chippenham Campus, published in

June 2017⁷, and authored by Turley Economics. The proposal was for a '140 bed extra care facility with restaurant and café facilities and commercial units'.

The report estimates that during the construction phase (2 years):

- 148 direct FTE jobs would be created, with 150 additional 'indirect' jobs, 70 of which would be in Wiltshire (i.e. locally); and
- £10.2m GVA economic impact each year during construction, including £4.9m in Wiltshire.

During the subsequent, operational phase, the report estimates that:

- 50 direct jobs would be created onsite, with 51 additional jobs, including 35 in Wiltshire; and
- £1.9m additional economic value would be created per annum, including £1.2m in Wiltshire.

Other estimated economic impacts include:

- £2.8m expenditure on employee benefits per annum;
- £1.8m resident expenditure annually, supporting the local economy; and
- £310,000 additional local authority revenue from council tax and business rates.
- Social value estimates included £7.2m in cost savings from reduced NEETs and JSA claimants, and from the value of apprenticeships.

The methodology used for the assessment is outlined in detail at the end of the document, and is summarised as a '*standard and accepted methodology for the calculation of net additional economic impacts of development*'.

The Housing LIN has published a number of case studies making the case for the role of extra care housing in economic regeneration. For example, '*A Catalyst for change: The role of Extra Care Housing in the regeneration of Dee Park, Berkshire*⁸', published in 2014, describes how the development of Oak Tree House, a new extra care housing scheme, as part of a much wider regeneration programme, has been key to the latter's success. Learning points included the added social value of increased interaction between residents, as a result of much better design, as well as excellent community engagement; and the wider benefits that the new amenities and resources have created for the community at large, for example, improved community cohesion and reduced levels of anti-social behaviour and vandalism locally.

⁷ Turley Economics (2017), Economic and Social Benefits Statement for the former Wiltshire College Chippenham Campus.

⁸ Sue Terry and Jeremy Porteus (2014), A Catalyst for change: The role of Extra Care Housing in the regeneration of Dee Park, Berkshire, Housing LIN.

Similarly, another Housing LIN case study, entitled '*How Extra Care Living helped in the Regeneration of Longbridge*' (2017)⁹ describes the 'intrinsic part' which the new scheme, a village of 260 apartments, played in the 'rebirth' of the area and the creation of local employment.

Other relevant sources of research and evidence backing up the broad findings identified and illustrated in the studies above include:

The role of the construction industry in generating jobs:

CBI (2012). Bridging the gap: backing the construction industry to generate jobs.

Shelter (2010). Research: briefing: Housing Investment: Part 1.

WRVS (2011). Gold Age Pensioners: valuing the socio-economic contribution of older people in the UK

CBRE (2017), Retirement comes of age.

The employment benefits created by retirement housing:

Croucher, K (2006), Making the case for retirement villages, Joseph Rowntree Foundation.

Fujiwara, D (2013), The social impact of housing providers, HACT. 38 Hamilton, K. (2008),

Effects of Retirement Communities on Local Job and Wage Growth, Research in Business and Economics Journal 2008 1 10-26. 39

Housing LIN (2013), Housing in later life: planning ahead for specialist housing for older people.

The release of family homes into the housing market as a result of people moving into retirement housing:

Ball, M et al (2011), Housing Markets in Old Age, Henley Business School, University of Reading.

Housing and Ageing Alliance (2013), Policy Paper: Economic implications of housing and ageing society.

NHBC Foundation (2017), Moving insights from the over-55s What homes do they buy?

Manchester School of Architecture (2018), Rightsizing: Reframing the housing offer for older people

Ormand, J (2019), The Accommodation Provision for People of Retirement Age or Older, Predicated on Research and Investigation using Approved Techniques and Evidence (APPROPRIATE) and Rightsizing Study, Gwent Regional Health, Social Care and Housing Strategic Partnership

⁹ Wendy Griffin RIBA (2017), How Extra Care Living helped in the Regeneration of Longbridge, Housing LIN.

The effect of older people spending money in their local economy:

Ball, M et al (2011), Housing Markets in Old Age, Henley Business School, University of Reading.

ILC-UK (2013), Understand the Oldest Old, London.

Cass Business School (2019), The Last Time Buyer; housing and finance for an ageing society

The methodology used to calculate the amount of money spent locally:

English Partnerships, Additionality: A Full Guide, 3rd Edition, 2008.

Comprehensive analysis of housing-led regeneration in general:

Housing LIN (2017), How Extra Care Housing helped in the regeneration of Longbridge

Housing LIN (2014), A catalyst for change: the role of Extra Care Housing in the regeneration of Dee Park, Berkshire

Pattison, Ben et al (2016), Regeneration Revival? Making housing-led regeneration work across England, Sheffield Hallam University.

6. Extra care housing: financial cost benefits

Evidence of social care and health cost benefits of extra care housing

This section summarises the available evidence of the cost benefits of extra care housing.

A scoping review by Bligh *et al.*¹⁰ found convincing evidence that extra care housing can delay admission into a care home by providing alternative accommodation at the point where someone has to leave their original home and as a means of enabling them to live independently for longer. Kneale¹¹ found that after five years of residence, those living in extra care housing were less likely to enter long-term care, compared to those living in the community in receipt of home care.

A Housing LIN case study 78¹² provides a detailed evaluation of extra care housing schemes undertaken by East Sussex County Council. Extra care housing is presented as a preventative model, supporting independence and avoiding admissions into residential care. East Sussex Council indicates that 63% of people living in the schemes would be placed in residential care, EMI or nursing care if they were not living in extra care housing. This study concluded that the cost of extra care housing was on average half the gross cost of the alternative placements¹³.

Amicus Horizon (now Optivo) calculates that around 10% of their 1,200 sheltered residents would require residential care if sheltered housing wasn't available. The cost to the taxpayer of residential care for these notional 120 people would be £2m. This is compared to the £1.4m cost of the sheltered housing service for 1,200 people¹⁴.

Care needs often reduce after someone goes into extra care housing due to 24-hour on-site care provision and living in accessible accommodation¹⁵. People in extra care housing may use less care (domiciliary/home care) hours than if they were living in the community. Research has indicated that people living in extra care housing needed less formal care, as measured by the size of their 'care packages' than a control group in the community. After moving into the extra scheme their care package costs reduced and were 16% lower compared to the cost pre-admission¹⁶.

10 Bligh J., Cairncross L., Porteus J. (2015). Housing and Adult Social Care – Scoping Review, London: NIHR SSCR

11 Kneale D. (2011) Establishing the extra in Extra Care: Perspectives from three Extra Care Housing Providers. ILCUK.

12 <https://www.housinglin.org.uk/Topics/type/The-Business-Case-for-Extra-Care-Housing-in-Adult-Social-Care-An-Evaluation-of-Extra-Care-Housing-schemes-in-East-Sussex/>

13 Weis W & Tuck J (2013) The Business Case for Extra Care Housing in Adult Social Care: An Evaluation of Extra Care Housing schemes in East Sussex, Case Study 78, Housing LIN

14 The Value of Sheltered Housing. National Housing Federation (Berrington), January 2017.

15 <https://www.housinglin.org.uk/finder.cfm?i=8988>

16 <https://www.housinglin.org.uk/Topics/type/Demonstrating-the-Health-and-Social-Cost-Benefits-of-Lifestyle-Housing-for-Older-People/>

Recent research¹⁷ commissioned by Southampton City Council has identified a range of health benefits and specifically cost benefits to the health system derived from older people living in extra care housing. Whilst, the body of current research evidence in relation to housing with care and health care systems is relatively limited, however, the evidence that is available indicates that extra care housing does have a positive impact on the health care economy and provides benefits housing with care residents in the following areas:

- Reductions in the number of GP visits
- Reductions in the number of community health nurse visits
- Reductions in the number of non-elective admissions to hospital
- Reductions in length of stay and discharges from hospital
- Reductions in ambulance call outs, typically linked to reduced incidence of falls.

This research has also found a number of other benefits of housing with care provision, mostly related to the quality of life of the residents and individual outcomes.

For instance, there is evidence that living in a housing with care scheme can improve residents' general wellbeing. Research by Aston University¹⁸ showed that there were significant continuous improvements across the research period in depression, perceived health, memory and autobiographical memory, in a way that was significantly different from the way the measure changed over time for the control group.

In addition, evidence suggests that housing with care residents often express high levels of satisfaction with living in housing with care and improvements in their well-being. An evaluation of a housing with care scheme in Dorset¹⁹ found that older residents' quality of life significantly improved following a planned move into a new housing with care scheme. Research by Croucher *et al.*²⁰ found that one of the main advantages and most valued aspects of housing with care amongst residents is the independence it provides.

From a range of evidence reviewed, the specific cost-benefits have been calculated; table 1 shows financial estimates of potential cost-benefits from extra care housing, drawn from the evidence produced for Southampton City Council.

¹⁷[https://www.housinglin.org.uk/assets/Resources/Housing/Support materials/Reports/HLIN SouthamptonCC HwC-Health-Care-System-Benefits Report.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Support%20materials/Reports/HLIN%20SouthamptonCC%20HwC-Health-Care-System-Benefits%20Report.pdf)

¹⁸ *ibid.*

¹⁹ [Housing Learning and Improvement Network \(2014\). Blazing a trail: Extra Care Housing in Blandford Forum, Dorset. Available at: https://www.housinglin.org.uk/assets/Resources/Housing/Practice examples/Housing LIN case studies/HLIN CaseStudy82 TrailwayCourt.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Practice%20examples/Housing%20LIN%20case%20studies/HLIN%20CaseStudy82%20TrailwayCourt.pdf)

²⁰ Croucher, K., Hicks, L., Jackson, K. (2006). Housing with care for later life: A literature review. Available at: <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/9781859354384.pdf>

Table 4. Cost-benefits/savings from use of extra care housing.

Area of cost-benefit/savings	Cost benefit/saving (per extra care housing resident per year)
GP visits	£144.78
Community nurse visits	£362.55
Non-elective admissions to hospital	£624.11
Delayed Transfer of Care 'days'	£465.30
Falls	£380.00
Reduction in scale of domiciliary care packages	£427.98
Reduced loneliness	£36.30
TOTAL	£2,441.02

This evidence indicates that an older person living in extra care housing generates health and social care cost-benefits of £2,441 per annum.

Greater Manchester Extra Care Housing Cost Benefit Analysis tool

The Greater Manchester extra care housing cost benefit analysis (CBA) tool has been developed in partnership by the GM Health and Social Care Partnership (GMHSCP) and the GM Combined Authority (GMCA) Research Team.

The tool is designed to enable stakeholders to explore the financial costs and benefits of extra care developments over a five-year time frame.

The model has been developed using the [GMCA CBA methodology](#), which can be found in the treasury green book supplementary guidance.

The model has been designed to be user-friendly, to produce high level, indicative outputs to complement other sources of information when making commissioning decisions.

The **costs** included in the model are:

- The cost to the Local Authority Adult Social Care team of providing care and support in extra care schemes. This can be edited in the input sheet to reflect the hourly cost of care in your locality.
- The cost to the NHS of providing care and support in extra care schemes.

The **benefits** measured in the model are:

- Savings to Local Authority Adult Social Care through a reduction in residential care admissions. The reduction in residential care admissions is calculated on the input sheet, but can be overwritten with local data if necessary.
- Savings to the NHS in terms of improved health outcomes for residents.

The tool is pre-populated with a number of variables that can be amended by the user, such as the number of units that will be developed, the occupancy rates for schemes, the care need profile of the schemes and the average hourly cost of care, to help stakeholders to model the return on investment in a number of scenarios.

Financial benefits of extra care housing compared to other care options

To complement the extra care housing (ECH) CBA tool, the Housing LIN has drawn on work with other local authorities to develop a [Greater Manchester financial benefits of care housing model](#) for assessing the extent of any cashable savings and cost avoidance from the use of extra care housing compared with other care options.

This approach has been informed by work undertaken by other councils operating extra care housing programmes where a similar approach to determining the cost effectiveness of extra care housing has been employed, i.e. the potential of extra care housing to be a more cost effective alternative to other care pathways, particularly avoiding the use of residential care and to a lesser extent domiciliary care packages in the community.

The model uses a series of assumptions (see accompanying spreadsheet) that can all be varied depending on local circumstances and preferences including:

- Scheme size.
- Different care profiles, i.e. the care needs mix amongst residents: high care needs, medium care needs, low/no care needs (assuming a default setting of maintaining ECH as a balanced community in terms of having a mix of care needs: one third high needs, one third medium needs, one third low/no care needs).
- Care hours provided (in bands). Default setting is:
 - High needs: 15+ hours per week with average at 18 hours per week.
 - Medium needs: between 6-14 hours per week with average at 10 hours per week.
 - Low needs: between 0-5 hours per week with the average at 3 hours per week.
- Occupancy. Default setting is 95%.
- Core background support costs (i.e. daytime and overnight support, not planned personal care) are met by the local authority.
- All costs are net after contributions from residents (gross costs can be used provided that all costs are input gross).

The model requires local data to be input in relation to

Costs in extra care housing

- Average cost of background support & care p/w (high needs).
- Average cost of background support & care p/w (medium needs).

- Average cost of background support & care p/w (low needs).

Comparison costs outside of extra care housing

- Average residential care cost p/w high (alternatively apply a single rate for residential care).
- Average residential care cost p/w medium (alternatively apply a single rate for residential care).
- Average domiciliary care cost p/w (community) high e.g. 15+ hrs p/w but to be defined locally.
- Average domiciliary care cost p/w (community) high e.g. 6-14 hrs p/w but to be defined locally.
- Average domiciliary care cost p/w (community) high e.g. 0-5 hrs p/w but to be defined locally.

Annexe 1. Commissioning considerations in extra care housing

Introduction: Service provision in extra care housing

Extra care housing, as defined (section 2) is provided mostly:

- By Registered Providers (RPs), and some Local Housing Authorities (LHAs) in the social rent sector, with some mixed tenure developments which include leasehold as well as rented properties.
- By charitable/ not-for-profit housing providers which are not RPs
- By the private sector, as commercial providers of leasehold extra care housing or assisted living.
- Furthermore, while some providers and developers have identified a gap in the market, there is as yet only a minimal amount of private rented extra care housing.

In relation to service provision, some extra care housing providers undertake both housing and care services, while other housing providers just provide the accommodation, with care delivered by a separate care provider. Both of these approaches are to be found across social rented and private developments.

Those housing associations or Registered Providers that undertake both housing management and care provision might use funding from housing revenue streams to cross-subsidise care and support services, or vice versa, though the housing provider cannot be certain that it will continue to be the care provider in the longer term if the local authority with adult social care responsibility periodically retenders the care contract.

Private providers will generally have more flexibility in this respect, and may demonstrate less clear distinction between 'housing' and 'care' in the ways these are organised and funded – but a key consideration in all extra care housing is to ensure that the scheme as a whole remains defined as a housing development, and to minimise any risk it could become liable for registration as a care home by the Care Quality Commission (CQC)²¹.

Set out below are some of the advantages and disadvantages of different options in relation to the commissioning of care and support in extra care housing and the delivery of care/support and housing services.

Commissioning and revenue funding extra care housing services

Housing costs and revenue funding

The revenue funding for care and support in extra care housing is separate to the revenue funding to meet housing costs.

In rented extra care housing (and in respect of rented units in mixed tenure schemes) housing costs are recovered from tenants via rents and service charges, as in other forms of

²¹ The Care Quality Commission (CQC) does not regulate premises used for extra care housing, rather the domiciliary care provider is registered with CQC.

social housing. The apportionment of costs between rent and service charge varies between providers.

The service charge is the route through which housing costs are recovered, other than those received via rent (for social tenants). Payment of these charges is a condition of tenancy or lease. Total cost is distributed between all units of accommodation with variation according to the size of the unit.

In leasehold developments (and in respect of leasehold units in mixed tenure schemes), costs which would be collected via rent in rented schemes are instead collected via the service charge.

Residents' eligibility for financial support in meeting charges via the benefit system is a key consideration when setting rents and service charges and in allocating costs to these income streams. The majority of housing costs in extra care housing are typically designed to be eligible to be covered by housing benefit (for tenants who qualify for housing benefit) or by pension credit (in case of leaseholders who qualify for pension credit).

Many housing providers seek to have housing benefit claims for their tenants treated under the 'exempt accommodation' regulations. Exempt accommodation²² is defined as 'accommodation which is provided by a non-metropolitan county council in England, a housing association, a registered charity or voluntary organisation where that body or person acting on its behalf also provides the claimant with care, support or supervision.' These additional services need to be 'more than minimal'. Such accommodation is protected from having housing benefit calculated on less than the full rent and service charge (minus ineligible elements), unless the rent level is considered unreasonable. In addition residents who are below pensionable age, under the exempt accommodation regulations are exempt from the social housing size criteria ('bedroom tax') and benefit cap.

Care and support commissioning and revenue funding

Based on the assumption that care, or care and support, is available at an extra care housing 24/7 365 days per annum, there are a variety of commissioning and revenue funding approaches in relation to care and support services.

Option A: Block contract the whole service but with freedom of choice for residents

The revenue funding for care and support services are met by the local authority. This includes revenue funding both for personal care for Care Act eligible individuals and for the 'core' 24/7 service that is available to all residents.

A block contract may be expressed in overall volume terms or in numbers of packages in different care 'bands'. Funding sources and mechanisms as well as charging arrangements may vary, however residents can choose, for example, to use a personal budget to purchase the on-site block-contracted service or use it to purchase care services from another

²² The Housing Benefit and Universal Credit (Supported Accommodation) (Amendment) Regulations 2014

provider. Residents are informed of their entitlement to use their personal budgets to buy care from elsewhere.

Advantages	Disadvantages
<ul style="list-style-type: none"> • It ensures that a round-the-clock care and support service, and probably also wider support and activities facilitation, exist on site for occupants to choose. • It provides an incentive for the on-site service to be of high quality, with the flexibility, responsiveness and personally tailored services that are the hallmark of good extra care provision • It retains the benefit of a care team – cohesion, staff continuity, stability, and flexibility and responsiveness in meeting support needs which a more skeletal approach potentially loses. • A block contract provides more of an incentive for partners to work together prior to the scheme opening to plan arrangements at the interface between the care and other services. 	<ul style="list-style-type: none"> • Over-generous block contracts could discourage independence and prevent the best use of resources. • It is not consistent with a desire/requirement to minimise block contracting.

Option B: Core and 'add-on'

The revenue funding for the core 24/7 service that is available to residents may be fully funded by the council or only partially funded, e.g. to cover the core costs only for residents who are receiving council funded personal care. Therefore this model may vary in the extent to which the cost of the core service is covered by the council.

The revenue funding for planned care is met by the council. Planned care may be commissioned separately (to the core service) by the council through a block contract with the on-site provider however residents are able to exercise the choice of receiving care from an off site care provider.

Advantages	Disadvantages
<ul style="list-style-type: none"> • This approach keeps any block contracting to a minimum while still ensuring that the essential features of extra care housing (round-the-clock care and support) are provided. 	<ul style="list-style-type: none"> • In smaller schemes, depending on what the core comprises, this approach may be less cost effective. • Depending on the choices occupants make there may not be the same degree of co-ordination, synergy, cohesion and cost-

Advantages	Disadvantages
<ul style="list-style-type: none"> • It incentivises the provider to offer a good quality service at a competitive price. • In terms of individual packages of care and support, occupants can exercise a choice: they are not having to opt out of using the onsite care provider to exercise that choice. • The chances are that if the service being offered meets the occupants' aspirations and standards, the on-site care provider will be chosen. 	<p>effectiveness as there would be if most or all the care and support were provided by a single provider</p> <ul style="list-style-type: none"> • For people with dementia where flexible, responsive services rather than planned units of care are particularly important, a minimal on-site core provision may be not be an appropriate model. • It may be more difficult to recruit, train and keep staff where demand is less predictable.

Option C: Spot-purchasing

The revenue funding for planned care is met by the council. This is typically on a spot purchase basis for residents with Care Act eligible care needs rather than through a block contract.

The provider agrees to take on the risk of providing the core service and relies on charging the cost of this directly to residents. Some providers have restructured the service charges to include some elements of the core service that may be eligible for housing benefit, with the residual charge often referred to as a 'wellbeing' charge.

Advantages	Disadvantages
<ul style="list-style-type: none"> • Maximises freedom of choice in use of personal budgets (assuming that local authority care eligible individuals are able to move to the scheme, even if they choose not to use the on-site care provision to deliver their care/support plan) while still ensuring round the clock cover • From the council's perspective, this minimises the amount of money tied up in block contracts 	<ul style="list-style-type: none"> • May challenge provider's ability to staff sufficiently to provide a flexible and responsive service • Many providers, particularly in smaller schemes, may be unable to take the risk

Care models in extra care housing

Five examples of innovative approaches to care and support models in extra care housing are summarised below.

Care from an extra care scheme 'outreaching' into the wider community

An outreach, or 'hub and spoke' model, within which an extra care housing scheme acts as a hub for delivery of home care both within the scheme itself and in the wider community, can offer a number of benefits. These can include an (arguably) more cost-effective approach to the delivery of care across a wider population, alongside the opportunity to use the scheme as a base from which to develop a highly skilled team of staff able to support a range of needs across a wider locality (for example, support for people with dementia).

Many hub and spoke models also incorporate facilities on site, which are available to people from the local community.

Example: Rowanberries, Bradford - MHA

Rowanberries is a scheme containing 46 apartments. There is also an adjoining Resource Centre to benefit people living in the local community and an outreach domiciliary care service for south west Bradford.

A mix of needs are supported, ranging from more active residents to people with dementia and mobility needs. Ten apartments are reserved for people with dementia, and four are fully wheelchair accessible.

Based within Rowanberries Retirement Living Scheme, Rowanberries Day Centre offers care for 15 people five days a week. Users can enjoy some company and make use of the Scheme's facilities. There is also an outreach domiciliary care service based at Rowanberries, available to residents of south west Bradford. Rowanberries employs staff trained in dementia care who receive ongoing professional support.

<https://www.mha.org.uk/retirement-living/retirement-apartments-24-hour-care/rowanberries/>

Extra care housing as a community hub

As a valuable community amenity, many local authorities and housing providers are committed to finding ways of making best use of extra care housing schemes by developing or establishing them as community 'hubs', benefiting people in their locality. In practice, this can imply a range of services and arrangements, depending on the needs of people in each local area.

Extra care housing schemes can provide a safe, comfortable environment within which local people can access care, health services, social activities, food and drink (for example, if the restaurant is open to the public), and physical activity (such as exercise classes or use of the gym).

Example: Marina Court, Tewkesbury, Gloucestershire

Marina Court is a retirement development, providing 75 self contained one and two bedroom apartments and bungalows. In addition to its extra care housing facilities, Marina Court also provides a 'community hub' facility, offering a variety of activities for local older people, aimed at promoting health and wellbeing. This is part of a wider strategy in Gloucestershire to develop extra care housing schemes as community hubs across the county. As a result, Marina Court is open to members of the wider community of Tewkesbury and beyond. Several facilities and activities are provided at the scheme:

- A day service for local older people, alongside coffee mornings and other flexible social activities. Participants may either drop in for an activity on a pay-as-you-go basis (usually £1-£3) or take advantage of a whole or half day. These activities are also open to people with learning disabilities, physical disabilities and people with mental ill health.
- Gloucestershire Clinical Commissioning Group also commissions health services at Marina Court that are accessible to the local community.
- In 2016, supported by the Active Together fund, Marina Court opened a new outdoor gym facility, predominantly for the use of local older people as well as for residents.
- A wildlife pond was created, funded by the local community-led 'Small Spark' grant scheme, as a result of an initiative led by Marina Court residents.

<https://www.housinglin.org.uk/Topics/ECHScheme/search/Marina-Court/>

https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_106_CommunityHubs.pdf

Care and health services offered within extra care housing settings

Recognising the preventative benefits of investing in older people's long term health and wellbeing, some providers have chosen to develop their own health and wellbeing offer to support their residents. This can be viable particularly within larger 'village' extra care settings where economies of scale can be achieved. These services may be funded through service charges paid by residents.

Example: Extra Care Charitable Trust

The Extra Care Charitable Trust has pioneered a particular model of specialist housing for older people which combines a large retirement village scheme (mixed tenure) with a range of additional features and services, available to all residents. These include health and wellbeing services, a wide range of social and leisure activities, and the opportunity to volunteer to support fellow residents within the extra care community in a diversity of ways.

Services on offer in each scheme include a 'Well-Being Service', which provides accessible, relatively informal (drop-in) support, for preventative health-care and support for managing the symptoms of ongoing day-to-day chronic illness. The Well-being Service employs qualified registered nurses as Advisors in each scheme, empowering residents to make informed decisions about their lifestyle and health via well-being assessments.

<https://www.housinglin.org.uk/Topics/type/Integrated-Homes-Care-And-Support-Measurable-Outcomes-for-Healthy-Ageing/>

Inter-generational approaches to the design and provision of extra care housing

There is growing interest in 'inter-generational' models of housing, for several reasons, one of which is the aspiration that successful inter-generational communities will become more self-supporting, in comparison with schemes aimed solely at older people. In inter-generational communities, it is hoped, people of all ages living within the scheme may be more likely to offer mutual, informal peer support to one another, in a myriad of everyday

ways. This should improve all residents' quality of life and wellbeing, reducing loneliness, while also reducing demand for formal health and care services.

In terms of demonstrable outcomes, as a relatively new housing concept the evidence is sparse in this area. Qualitative evidence of outcomes can mainly be found in research undertaken in the US and northern mainland Europe:

<https://www.housinglin.org.uk/Topics/type/Learning-from-Intergenerational-Housing-Projects-in-the-USA/>

<https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/Supported-Independent-Living-Communal-and-intergenerational-living-in-the-Netherlands-and-Denmark.pdf>

Example: Intergenerational Housing on the Aylesbury Estate, London (still in development) – Notting Hill Genesis. Plans for a new extra care housing scheme, as part of the wider development of the estate, comprise 50 units of mixed tenure accommodation (40 social rent and 10 shared ownership), a community hub, and general needs housing around a communal, enclosed, south-facing courtyard.

The commitment to inter-generational inclusion was inspired by visits to several existing Notting Hill Housing Trust extra care housing developments across London, the most successful of which encouraged people living in the scheme to spend time with children and young people.

Connectivity with the local community became an important underpinning principle for the design. With plans for a generous and well-overlooked entrance onto a new shared, public space, it is intended that social interaction and supportive relationships will be enabled – both within the scheme and across the wider neighbourhood. The garden will be shared between the community centre, and the residents of the extra care scheme and the general needs housing.

https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_126_Aylesbury.pdf

Co-housing for older people

Another emerging model of housing with significant potential benefits for older people is 'co-housing'. Cohousing communities are intentional communities, where residents are actively involved in planning, developing and finally managing the community in which they live. Each household has their own self-contained, private home, but residents manage their community together, share activities, and often eat together. In this way, cohousing aims to promote social connection and a sense of neighbourliness and a supportive community.

Cohousing can provide an attractive lifestyle for people of any age, but there is an emerging interest in the role that cohousing can play in meeting the particular needs and aspirations of older people.

Example: New Ground, Barnet (Older Women's Co-operative Housing, or OWCH) – supported by Hanover

The scheme provides 25 purpose built, mixed tenure homes for 26 women aged from their early 50s, to their late 80s, in High Barnet, London. The women live as a self-managing group according to an agreed set of shared values.

Finally opening in 2016, the scheme was the culmination of many years of planning and preparation by its prospective residents, made possible due to the 'at risk' purchase of a site on the group's behalf by Hanover, which effectively became a turnkey developer, with all homes presold or pre-let off-plan before construction started.

The collaborative, supportive ethos underpins the culture within the scheme, with a commitment to helping one another and being an active community. The residents hope that this environment will support each of them to remain healthy and well for as long as possible, and therefore reduce – or delay - their need for formal adult social care and health care.

https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy-139_OWCH.pdf

Service delivery: integrated or separate care and housing services

Housing providers who are registered to provide domiciliary care may appoint a single scheme manager to manage the care and housing services at the scheme. Some ECH schemes have a separate management model even though a branch of the housing provider organisation provides the care.

This option is not possible for housing providers who are not registered to provide personal care, and in their schemes, the care service must be provided and managed by a separate organisation.

Advantages of an Integrated Approach

- Greater cohesion between services
- More effective co-ordination of services
- More effective building cover than when housing manager in separate model is off site
- Relationships are clearer and less complex:
 - Relationship between tenant and provider – “one-stop shop” for occupants
 - Only one agency to work with and better understanding between purchaser(s) and provider
- The level and clarity of the scheme manager's role provides:
 - A better negotiating platform with external service providers
 - Greater authority to provide scheme leadership

Advantages of a Separate Approach

- Weak practice is arguably more easily identifiable if two separate providers are operating with greater scope for scheme manager to act as advocate for occupants
- Given that the housing provider generally owns the property and is tied into it as landlord for at least 25 years, it is easier to re-tender the care service if that is delivered by a separate provider
- Each service provider is a specialist in his or her area. Therefore:
 - They can more easily provide the expert management needed to deliver a good quality service
 - There is less risk of housing management tasks being subsumed by care issues or vice versa
- Clearer link between each funding source and the services it pays for
- Both models can work very well – and not so well. Effective preparation between partners during the scheme commissioning phase is fundamental, as is inter-agency liaison and quality monitoring once operational.

Roles and responsibilities in extra care housing

In extra care housing, residents' of quality of life (especially those with high or increasing support needs) can be greatly affected by the way in which organisations work together in a complex commissioning and funding environment, therefore clarity over boundaries, roles and responsibilities is crucial, particularly between commissioners, housing providers and care providers.

The Joseph Rowntree Foundation, as part of their programme, *A Better Life For Older People With High Support Needs*, commissioned a report of practice examples that was drawn from research undertaken as part of the *Better Life* programme.²³

This identified examples of where extra care housing providers with their local authority partners had developed 'good practice' tools for managing these partnerships in order to deliver a high quality service to residents.

Aster Living developed their 'Typical Task Table' (see abridged version below from *Findings from housing with care research: Practice examples*²⁴) to improve communication and management of roles and responsibilities in their ten extra care housing schemes. This is aimed at their own staff and care provider staff operating in their schemes. It is also used to promote effective working relationships between the commissioner, the care provider and the housing association (usually providing the housing and support services).

²³ <https://www.jrf.org.uk/report/findings-housing-care-research-practice-examples>

²⁴ Ibid

Key:

Green	Lead agency responsibility for
Amber ✓	Regularly, but not always, the responsibility of
Amber ✗	Can be the responsibility of if other responsible party not providing
Red	Never the responsibility of

Extracts from the table to give a taste of each of the headings and a sample of tasks from each:

Typical task	Care	Support	Housing
Personal Care of the Service User			
Preparation for attendance at appointments (day services, hospital etc)	✓	✓	✗
Assisting with Service User's health needs			
Monitoring general safety and welfare of the Service User	✓	✓	✗
Awareness of Service User's health needs			
Recognise need to summons GP or Nurse / alert Manager	✓	✓	✗
Night Cover			
Meeting relevant support needs arising during the night	✗	✓	✗
Food and Nutrition			
Assistance with feeding or drinking	✓	✗	✗
Money and Shopping			
Assistance with budgeting	✗	✓	✗
Tenancy Support and Benefits			
Advice and assistance to claim housing and other eligible benefits	✗	✓	✓
Domestic Services			
Dealing with household refuse	✓	✓	✗
Safety Issues			
Bringing to the attention of the Service User health and safety issues (e.g. safety of household equipment, furnishings etc) and liaise with the housing provider, where appropriate	✓	✓	✗
Social and Recreational Activities			
Supporting the Service User in maintaining and strengthening links and networks with family and people in the surrounding community	✓	✓	✗
Client Support and Welfare			
Arranging and Management of meals provision, if any	✗	✓	✗
Rehabilitation			
Assistance in developing the Service User's skills in the above areas to re-establish independence	✓	✓	✗
Housing & Building Management			
Fire Alarm testing	✗	✓	✓

Capital funding considerations in extra care housing

Organisations developing extra care housing include Registered Providers, local authorities, charitable organisations and the private sector.

Registered Providers have often used Homes England funding such as the current Shared Ownership and Affordable Homes Programme 2016 to 2021. This tranche of funding does come with rigorous tests of value for money which need to be demonstrated. A further Homes England funding stream is the Care and Support Specialised Housing Fund which *“aims to support and accelerate the development of specialist affordable housing which meets the needs of older people and adults with disabilities or mental health problems”*. The funding stream available is lower than the Shared Ownership and Affordable Homes Programme. Registered providers will also use borrowing and their own funds to develop extra care housing schemes. Where mixed tenure development is viable, receipts from sales are used to subsidise the development costs.

Traditionally local authorities have provided capital funds to develop extra care housing schemes through the Housing Revenue Account (HRA). The most significant recent factor in this regard has been the abolition in 2018 on the borrowing cap of the HRA account generally making it easier for local authorities to provide investment both in affordable housing generally and also extra care housing schemes. It should be noted that current constraints on the use of Right to Buy receipts limit additional potential further investment.

Private sector developers are typically using a mix of borrowing, private equity investment and their own funds to meet development costs and seek to recover these costs through sales.

Local authorities may opt provide the land at below market value or free of charge for the development of an extra care housing the scheme when working with Registered Providers (RP), either in a partnership with a RP or through a procurement framework.


Development costs will be affected by a range of factors including regional costs variations, labour and material costs. Recent benchmark data provided by professional surveyors to the Housing LIN indicates approximate extra care housing scheme development costs (excluding site acquisition costs) of:

- 50 unit scheme: c.£8.2m
- 80 unit scheme: c.11.3m
- 150 unit scheme: c.£17.5m

There are number of factors which will influence both the level of potential investment in an extra care housing scheme and the nature of the investor. The below table²⁵ summarises payments and benefits across each tenure.

²⁵ Knight Frank, 2018

Funding models: Housing with Care

TENURE 	HOW RESIDENT PAYS 	BENEFITS TO RESIDENT 	BENEFITS TO INVESTOR 
 <p>OWNERSHIP</p>	<ul style="list-style-type: none"> • Buys a long leasehold interest in an apartment • An assignment fee upon lease assignment (typically 10-20%, or 1-2% a year) paid at the end of stay • Pays a service charge • Care costs are tailored to specific care needs 	<ul style="list-style-type: none"> • Benefits in any house price growth during the stay • Enables some of the cost of purchase to be delayed to the end of stay 	<p>Two income streams:</p> <ol style="list-style-type: none"> 1) The sale of apartments 2) The long term income from operational business
 <p>SHARED OWNERSHIP</p>	<ul style="list-style-type: none"> • Buys a percentage of a long leasehold interest in an apartment • Assignment fee upon lease assignment (reflecting the percentage of long leasehold acquired) paid at end of stay • Pays a rent on the percentage of long leasehold not acquired • Pays a service charge • Care costs are tailored to specific care needs 	<ul style="list-style-type: none"> • Benefits in any house price growth during the stay on percentage acquired • Enables the cost to be split between an upfront payment, a rent and a payment at the end of stay 	<p>Three income streams:</p> <ol style="list-style-type: none"> 1) The sale of a percentage of the apartments 2) The long term income from operational business 3) Rental income
 <p>RENTAL</p>	<ul style="list-style-type: none"> • Pays a rent to include service charge • Care costs are tailored to specific care needs 	<ul style="list-style-type: none"> • Enables cost to be paid through regular rental payments 	<p>Two income streams:</p> <ol style="list-style-type: none"> 1) Rental income 2) The long term income from operational business

Annexe 2. Useful Resources

- Commissioning extra care housing:
<https://www.housinglin.org.uk/Topics/browse/HousingExtraCare/Commissioning/>
- Funding extra care housing:
<https://www.housinglin.org.uk/Topics/browse/HousingExtraCare/FundingExtraCareHousing/>
- HAPPI design principles and examples:
<https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>
- Extra care housing videos:
<https://www.housinglin.org.uk/Topics/browse/HousingExtraCare/extra-care-videos/>
- Age friendly housing design
<https://ribabookshops.com/item/age-friendly-housing-future-design-for-older-people/91915/>
<https://www.architecture.com/-/media/gathercontent/work-with-us/additional-documents/11756-agefriendly-report-finalpdf.pdf>
<https://www.housinglin.org.uk/Topics/type/Just-Living/>
- Co-housing for older people:
<https://www.housinglin.org.uk/Topics/browse/Housing/HousingforOlderPeople/Cohousing/>
- The economic benefits of older people's housing in general:
https://www.housinglin.org.uk/assets/Resources/Housing/HAA/HAAAllianceTopic_Statements_Economic.pdf
- The economic benefits of facilitating 'downsizing'/'rightsizing' by older people:
https://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/S_HOP/SHOP_Practice/DeliveringKeyOutcomes/Downsizing/
- Exploring the economic effects of specialist housing for older people:
<https://www.housinglin.org.uk/Topics/type/Valuing-Retirement-Housing-Exploring-the-economic-effects-of-specialist-housing-for-older-people/>
- Cost model, extra care housing:
https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Reports/CostModel_ECH_April15.pdf
- Financial benefits of extra care housing compared to other care options:
To complement the extra care housing (ECH) CBA tool, the Housing LIN has drawn on work with other local authorities to develop a [Greater Manchester financial benefits](#)

[of care housing model](#) for assessing the extent of any cashable savings and cost avoidance from the use of extra care housing compared with other care options.

About the Housing LIN

The Housing LIN is a sophisticated network bringing together over 25,000 housing, health and social care professionals in England, Wales and Scotland to exemplify innovative housing solutions for an ageing population.

Recognised by government and industry as a leading 'knowledge hub' on specialist housing, our online and regional networked activities:

- connect people, ideas and resources to inform and improve the range of housing choices that enable older and disabled people to live independently
- provide intelligence on latest funding, research, policy and practice developments, and
- raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver aspirational housing for an ageing population.

To view other resources on funding extra care housing, visit our dedicated page at:

<https://www.housinglin.org.uk/Topics/browse/HousingExtraCare/FundingExtraCareHousing/>

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