

SECTION B, PAPER B1

Planning locally for extra care housing

This briefing paper forms part of Section B of the Strategic Housing for Older People Resource Pack which explores the planning, designing and delivery of extra care housing as a particular approach to meeting the needs and aspirations of older people. References are made to practical tools and resources provided at the end of Section B.

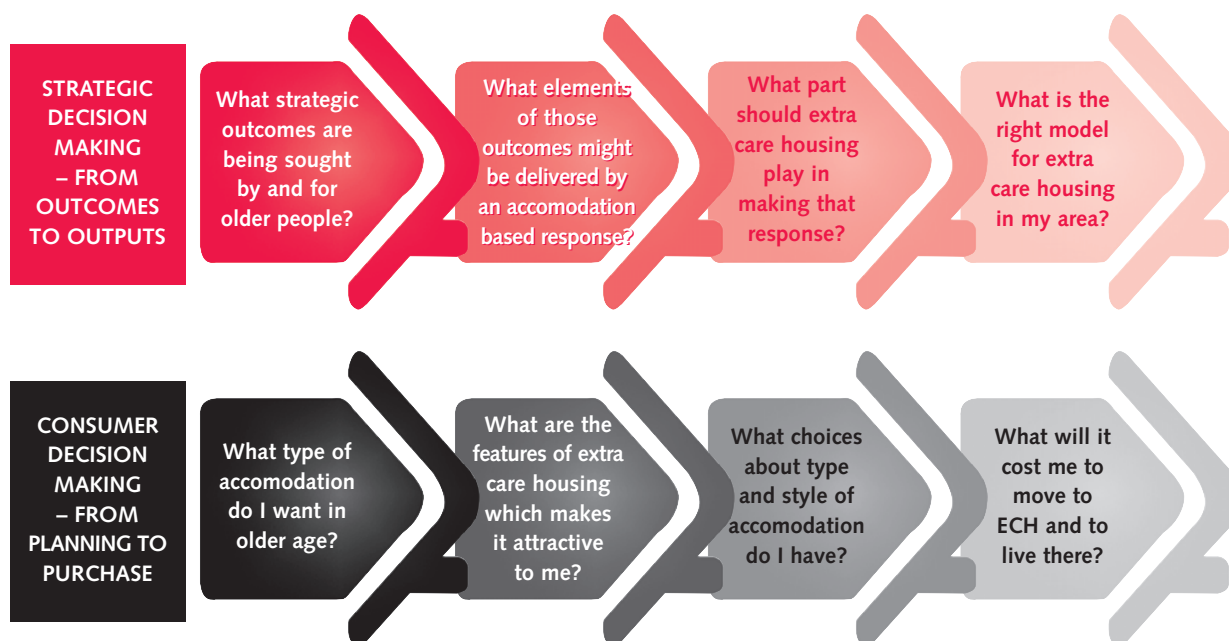
Section A of the Pack (briefing papers A1–A3) looks at the wider policy context concerning the demand and supply of accommodation suitable for older people. A comprehensive bibliography and webliography is provided in Section C.

Introduction

The papers in Section A of this resource pack looked at the wider issues of supply and demand in relation to older people's housing both now and in the future. This Section looks at the ways in which the development of one important strategic housing option, extra care housing (ECH)¹, may be developed and encouraged. It considers the key elements in decision-making for commissioners, developers and providers in choosing extra care housing as an approach, and the factors affecting individual choices to move into this form of housing.

The diagram below describes these decision-making processes.

Decision-making in extra care housing



¹ As has been noted elsewhere there are an array of names given to this form of housing, alongside the many forms it can take. For the sake of simplicity the name 'extra care housing' has been used throughout this Resource Pack.

The benefits of 'extra care housing'?

Extra care housing takes a number of different formats and styles, but primarily it is housing which has been designed, built or adapted to facilitate the care and support needs that its owners/tenants may have now or in the future, with access to care and support twenty four hours a day either on site or by call^{2,3}. It is generally based on the following principles:

- **To promote independence** – the provision of self-contained accommodation designed to enable individuals to live independently within the community, and promote their well-being and quality of life.
- **To be empowering and enabling** – the availability of flexible, person-centred care and support services which empower and enable individuals to maximise their independence and promote health and wellbeing.
- **To promote social inclusion** – services and buildings designed to promote social inclusion and alleviate social isolation.

Consequently, you may find in extra care housing:

- People that have no care needs but have moved because they anticipate this might not be the case in the future. Alternatively, it may be that this is housing suitable to their life style now. Many of the retirement village schemes emphasis the communal friendship aspects of retirement living in the offer they make.
- People that have low care needs, where perhaps there is a recognition that these needs may grow in the future or where their current accommodation does not help current incapacity or disability.
- People with high care needs where this is a preferable alternative to living in residential care.

² Housing LIN (2008). Factsheet 1: Extra Care Housing – What is it?

³ Housing LIN (2004). Factsheet 4: Models of Extra Care and Retirement Communities.

⁴ PSSRU (2011). *Improving Housing with care choices for older people: An evaluation of extra care housing*. ILC-UK (2011). *Establishing the extra in Extra Care*.

Therefore, there are a wide range of housing models and types under the extra care description as illustrated in the Housing LIN's factsheets and case studies (see *Bibliography for further details*).

"There is no 'one size fits all approach' as there is a geographical differentiation of the scale and nature of requirements. Different policies, provision and services will be required in different areas, including planning, to reflect a growing demand for a spectrum of accommodation and housing-based care and support for older people."

Keepmoat et al (2011). *Housing an Ageing Population: The Extra Care Solution*.

The evidence base for extra care housing

Along with other forms of specialist housing for older people, extra care housing is generally seen to deliver a number of beneficial outcomes for older people. There is emerging evidence⁴ to suggest that it can make a considerable difference, in terms of improvements in the health and wellbeing of residents as well as achieving care efficiencies. These are discussed in more detail below:

- Extra care housing can be a home for life and a viable alternative to residential care.
- Extra care housing has a beneficial impact on health and wellbeing, and as a vehicle for delivering onsite health and care is financially cost saving, eg, providing economies of scale in delivering home care and supporting people to 'live well at home'.

“Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with the same characteristics who currently move into residential care.”

PSSRU (2011). Improving Housing with care choices for older people: An evaluation of extra care housing.

- Extra care housing can serve as a wider community resource, and support place-shaping and 'age friendly' neighbourhoods.
- The development of extra care housing can have benefits for the wider housing market and regeneration activity and can free up family housing at a lower housing unit cost than new build.

A home for life?

The question of whether extra care housing can provide a home for life and an alternative to residential care is important but complex, given the range of factors that can affect the answer. There are three issues of particular importance: the design of the building, the design of health, care and support provision, and the approach taken by staff to enabling a home for life.

“Among a matched population aged 80+ we would expect about 19 per cent of those living in the community in receipt of domiciliary care to enter institutional accommodation, compared to just 10 per cent of those in extra care housing”

ILC-UK (2011). Establishing the extra in Extra Care.

For example, the constraints of building design could mean that residents cannot live there independently if they have significant mobility problems. A small scheme may find it difficult to maintain someone with high dependency needs. Equally, if the care and support service cannot provide a 24 hour service or cannot respond flexibly to changing needs, this may require residents moving to residential care to access appropriate care. Sometimes it may be a lack of availability of health provision which can make it difficult to support people in the community. Finally, staff attitudes and approaches, which are often influenced by the amount of training people have had, can determine capacity to maintain someone. This may be particularly true if staff do not feel equipped to manage a person in the early stages of dementia, or if they are not supported to manage more challenging behaviour.

Improving health and well-being

Although there is increasing evidence that extra care housing can improve emotional and physical wellbeing, it seems clear that on an individual level this impact will vary.

An evaluation of an extra care housing scheme in Bradford sought to understand both the costs and the outcomes delivered by the scheme⁵. It found that the better health enjoyed by those living in the scheme meant that health care costs were lower (more than a 50% reduction), mainly through a reduction in the intensity of nurse consultations and hospital visits. It concluded that it was primarily the higher levels of formal support which had resulted in improved outcomes for residents and carers; unmet needs associated with people's previous community care packages seemed to have been met by care services and support provided at the extra care scheme.

⁵ Joseph Rowntree Foundation (2008). Costs and outcomes of an extra care housing scheme in Bradford.

An evaluation of another scheme⁶ concluded that it appeared to maximise health and emotional wellbeing for many of the people who lived there, providing a wide range of opportunities to achieve and enjoy life, while supporting vulnerable residents to do so. Improved health and wellbeing are likely to have the effect of prolonging independent living. At the same time extra care housing is not for everyone, and positive outcomes will not apply in every case. It is a lifestyle choice and potential applicants need to understand what that lifestyle involves.

Research into how social wellbeing was developed in a number of extra care housing schemes jointly funded by the Department of Health and the Joseph Rowntree Foundation identified that extra care housing can help older people remain independent, and can prevent residents feeling isolated⁷. It also identified key factors in the design of services which impact on these outcomes. These are discussed in more detail elsewhere in this Resource Pack.

Contributing to the local community

The development of extra care housing within a community has the potential to benefit that community in a number of ways:

- Through providing a resource which can be accessed by members of the local community. For example, the provision of meals in the extra care housing restaurant, access to a local shop or hairdressing salon within the scheme⁸.
- Through engaging the community in the development and management of the scheme. This could take the form of

engagement through formal consultation at the planning stage, or through participation in the running of the scheme either on an employed or volunteer basis⁹.

- By contributing to the wider regeneration of an area through physical regeneration of buildings and through employment opportunities¹⁰.

Impact on the wider housing market

As has been noted elsewhere there are limited options for older people in terms of housing choice. Increasing good quality housing options will not only improve choice for older people, but also improve the supply of family housing. Older people moving into specialised housing invariably releases under-occupied family homes, both in the rented and owner-occupied sector. This provides an important but often unrecognised benefit of developing new specialised housing for older people¹¹.

"There are 430,000 under-occupied social homes in England - where tenants have two or more bedrooms more than they require. In many cases, these properties are occupied by elderly tenants whose children have since grown up and moved out. With more room than they actually need, many of these residents can become prisoners in their own homes, finding it a struggle to look after and heat the properties that are now too big for them to manage."

www.communities.gov.uk/news/corporate/1821513

⁶ *Housing LIN (2008). Case Study No 43: Reeve Court Retirement Village.*

⁷ *Joseph Rowntree Foundation (2009). Developing social wellbeing in new extra care housing.*

⁸ *For example, see: Joseph Rowntree Foundation (2010). Findings: Telling the story of Hartfields: A new retirement village for the 21st century.*

⁹ *For example, see: Esk Moors as detailed at www.abbeyfield.com/Pages/EskMoor.aspx*

¹⁰ *For example, see: Housing LIN (2010). Case Study 51: Extra Care Housing and Regeneration in Wolverhampton.*

¹¹ *See: discussion in Housing LIN (2011). Viewpoint No 19: Downsizing for older people into specialist housing and Housing LIN (2011). Factsheet 33 Pretty Vacant: Vacancy Chains and Extra Care Housing. Stimulating Local Housing Markets.*

What type of extra care housing?

Strategic planning

Clearly whether you are a local authority, a provider or a developer will affect the approach you take to planning extra care housing. In addition, for the local authority the role will either be one of a commissioner of a scheme or one of seeking to stimulate the market to develop such accommodation.

"... there needs to be a common vision of what commissioners are hoping to achieve and providers expecting to provide."

Housing LIN (2004). Case Study: Achieving Success in the Development of Extra Care Schemes.

However, although the content may differ between a developer's business plan and the local authority's accommodation strategy, there may be both similarities in decisions to be reached and a commonality of interests in some aspects of planning. The list below describes what these might be:

- The use of a common language about the role and function of extra care housing between all involved.
- The establishment of a clear allocations, sales or lettings policy. In some schemes there may be eligibility criteria around age or incapacity.
- Clarity in relation to the arrangements purchasing or rental agreements and charges for ongoing care/support and maintenance.
- Front line staff to understand the role of extra care housing, so that they can offer advice.

- Co-ordination with other services on which a scheme may rely (such as GP practices and community nurses).
- A communications approach with the general public, other interested parties and potential purchasers or renters, as part of a marketing approach for schemes.

This section explores the main areas that will need consideration in developing a strategic local approach to the design and delivery of extra care housing.

USEFUL RESOURCE

See **Tool A5** in Section A of this Resource Pack for help in developing an Accommodation Strategy.



Planning for people

Key to the ability to deliver housing that meets the needs and aspirations of older people locally will be the role of local planning policy.

"Use the planning system to promote strong, vibrant and healthy communities, by providing an increased supply of housing to meet the needs of present and future generations; and by creating a good quality built environment, with accessible local services that reflect the community's needs and supports its health and well-being."

Department for Communities and Local Government (2011). Draft National Planning Policy Framework.

Local planning authorities are expected to have up-to-date Local Plans which reflect the principles of

the NPPF, build on evidence of current and future demographic trends and demand, and respond to local Strategic Housing Needs Assessments.

A particular issue in planning terms has been the lack of clarity about how extra care housing in its various forms is categorised, and the implications these categories have for developers and their ability to deliver, whether in the private or social housing sector. The Housing LIN Viewpoint “Planning Use Classes and Extra Care Housing” suggests a number of approaches which may be helpful:¹²

- Establish an extra care housing strategy.
- Set out clearly in this strategy (or in other local plans) what kind of model(s) of extra care housing are preferred locally. This should include some details of standards, size and mix of dwelling, tenure mix and other key variables.
- Ensure Housing Needs Assessments include the requirements and aspirations of older people, including wider determinants of health and wellbeing.
- Ensure developers provide greater detail of the care aspects of the scheme at an early stage of the planning application so the type and intention of the scheme is clear.

An inclusive approach

Meaningful engagement with older people and their families in the design and commissioning process can bring significant benefits to the process¹³:

- Services are tailored to the needs of the individual user rather than to the organisation or staff providing the service.
- There is greater co-ordination between health, housing and social care and individual service providers (because service users insist

that their needs be considered holistically, rather than as if health, housing or social care needs arise in isolation from one another).

- Service users can influence and indeed help shape what services are provided, and how they are delivered.
- Service user engagement involving people who have in the past not felt able to engage in participation activities, can help commissioners and providers take account of their needs, which may not have been acknowledged before.
- Service users and the public can hold decision-makers to account.
- Greater engagement of service users can help partners to develop the use of social capital, including through user-led organisations, so that people can meet their own needs with the least recourse to specialist services.

There are a range of useful resources freely available on the Housing LIN website about effective approaches to consultation and engagement¹⁴.

USEFUL RESOURCE

See Tool A3 in Section A of this Resource Pack for a description of a focus group approach to consultation with pre-retirement populations.



Choosing the model

There are many different approaches to extra care housing developments and a range of options to consider. More examples of different approaches and models are provided as case studies on the Housing LIN website (see *bibliography for details*).

¹² Housing LIN (2011). *Viewpoint: Planning use classes and extra care housing*.

¹³ Housing LIN (2010). *Putting People Centre Stage*.

¹⁴ CLG, TPAS and CHS (2009). *Effective Resident Involvement and Consultation in Sheltered Housing*; Personal Social Services Research Unit (2009). *National Evaluation of Partnerships for Older People Projects*; www.housinglin.org.uk

Essentially, for the range of stakeholders involved in developing extra care housing (including designers, planners, developers and

the local authority), there are three key questions to consider in deciding on any type of scheme.

Three key decisions



- Whose needs are you aiming to meet?
- What is the target client group for this development?
- What is the evidence that this will provide a viable population for any scheme?



- What type, shape and size of scheme?
- What is the impact of land availability and design on scheme configuration?
- What is the relationship between cost, design and viability, and the impact of this on size and configuration to maximise public subsidy and/or private investment?



- What are the timescales and processes that need to be agreed?
- What are the funding mechanisms for the scheme?
- Who are the partners that need to be involved and at which stages?

Some options in the basic configuration of extra care housing



No selection, entry by free choice.



Selective entry banded into different levels of need to create a “balanced” community.



Scheme acts primarily as an alternative to residential care aimed at people with existing care and support needs.

Potential answers to some of the questions shown in the 'Three key decisions' diagram are represented in the 'Some options in the basic configuration of extra care housing' diagram, but these categories are not exclusive and some schemes may have different types of accommodation for different purposes. For example, a scheme may have different tenure arrangements on one site. In effect there is a mix and match regarding size, tenure and style.

What will be the right tenure mix?

Commissioners and providers should understand the requirements of the whole older population, and so will consider the needs of older people who are owner occupiers and who would prefer to retain equity in property as well as those who will need some form of rented provision. This will mean considering the demand for a range of tenures including shared ownership, full leasehold, market rent, affordable rent, social rent or a mix of these to reflect the local community. Introducing a mix of tenure may also enable access to capital funding to support the scheme as a whole.

"The option of generating capital resources by providing accessible flexible housing for wealthier older people must therefore be considered seriously, not only because it helps to house this group of the population well, but also because surpluses generated can be re-invested to improve the offer to less wealthy older people."

National Housing Federation (2011). *Breaking the Mould: re-visioning older people's housing.*

There are challenges in mixing tenure within schemes, but it has been achieved successfully in a number of locations. Key amongst these are:

- The allocation of leasehold flats (including shared ownership) within a scheme and its fit with the allocation of rented flats. The impact this mix could have on the balance of needs within the community¹⁵.
- The funding model, and in particular how the inclusion of shared ownership or leasehold properties affect the capital and revenue feasibility of the scheme.
- The management of the apparent differences in services delivered and charged for between the different tenures.
- The potential for different expectations and aspirations between those residents renting, and those who have bought. In particular, will there be tensions between potentially fitter purchasers, and frailer tenants?
- The location of flats with different tenures around the scheme, so for example "pepper-potting" flats for sale amongst rented flats, or locating them in one area.

What level of specialist needs?

There has been much debate about whether main-stream extra care housing is an appropriate setting for people with specialist needs or from differing backgrounds^{16, 17}. Essentially the debate centres on intensity of care and segregation by need:

- In terms of intensity of care then the question is how far extra care housing should be seen as a direct alternative to care home provision. In some places the local authority has clearly funded the development of ECH as an

¹⁵ Housing LIN (2010). *Assessment and Allocation in Extra Care Housing.*

¹⁶ Housing LIN (2010). *Meeting the Needs of Minority Groups in Extra Care Housing.*

¹⁷ Department of Health (2010). *Extra Care Housing and Dementia Commissioning Checklist.*

alternative to care homes where most residents have high levels of care needs. However, the danger of this approach is that extra care then turns into in effect residential care in flats, notwithstanding issues concerning regulation. The other argument is that if an extra care scheme looks like a care home it is unlikely to attract people with lower or no care needs and hence the benefits that might be gained from having a mixture of needs is not obtained.

- The other argument is essentially one of segregation. Should there be separate provision for people with dementia? Are specialist features or services needed to meet the needs of different ethnic minority groups, or should the focus be on developing a person-centred approach to every individual within the scheme? How do you meet the needs of older people with learning disabilities?

There are few clear answers to these questions, in that for every example that looks to justify one approach there is a counter example elsewhere. The impression from around the country is more or less any model can be made to work given good design together with willing and well qualified staff. However where admissions to schemes are in some way categorised the costs of 'banding' different levels of need should be taken into account in the financial model, eg, if admissions are based on high, medium and



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low/no needs, schemes may run at a lower occupancy rate and hence potentially higher cost.

What approach to funding?

The two key funding issues facing commissioners and providers in planning the development of extra care housing are the source of funding for the development of extra care housing, as against the level of return that can be expected on capital and revenue investment and, given the range of models of extra care housing, identifying the variables that will impact on the financial viability of an individual scheme.

The current economic climate means financing housing development is likely to be challenging, with the availability of public subsidy, the availability of borrowing, the ability of home owners to release equity through sales, potential losses of revenue where properties remain empty, and the availability of revenue funding, all adding to this challenge¹⁸.

"Funding will pose significant challenges, and there is no blueprint that will provide all the solutions."

NHF (2011). *Breaking the Mould: Re-visioning older people's housing.*

It owners to release equity through sales, potential losses of revenue where properties remain empty, and the availability of revenue funding, all adding to this challenge¹⁸. It requires designers, commissioners, developers and/or construction companies and providers to consider a wide range of options to enable the provision of good quality, sustainable housing for older people. These include¹⁹:

- The ability of local authorities to contribute land and/or funding to the development of

¹⁸ Housing LIN (2009). *Extra Care Housing and the Credit Crunch: Impact and Opportunities.*

¹⁹ See also NHF (2011). *Breaking the Mould: Re-visioning older people's housing.*



Heysham Gardens, Carlisle

extra care housing, whether this is through actual financing or in kind.

- The opportunities presented through reviewing existing sheltered housing, whether through conversion/upgrading, or providing capital receipts to recycle into new build extra care housing.
- Access to the Homes and Communities Agency's (HCA) Affordable Homes Programme 2011-2015 or other public funding programmes in the future (at the time of writing, it is reported that 9.5% of the HCA's programme will benefit the development of supported housing, including extra care housing).
- The potential to use mixed tenure to support the development of rented housing, or to widen access to services within schemes to its local community including self funders.
- Accessing funding through the provision of additional separately funded facilities, such as intermediate care flats or primary care health centres.
- Identifying land where there may be an opportunity for developing residential housing for an ageing population, eg former NHS estates or schools.

The return on any investment from the public purse is likely to be difficult to identify and there has been little detailed national research of the costs and long-term financial viability of extra care housing. Recent studies do suggest that extra care housing can generate a return (see discussions on health and wellbeing above) across health and social care as well as contributing to the development of successful communities, the regeneration of housing stock, improving housing mobility, as well as improving individual well-being.²⁰

"More capital investment and further development of marketing strategies are needed if extra care housing is to be made more available and more appealing to more able residents. Without continuing to attract a range of residents, extra care may become more like residential care and lose its distinctiveness."

PSSRU (2011). Improving housing with care choices for older people: An evaluation of extra care housing.

²⁰ Personal Social Services Research Unit. *The Adult Social Care Outcomes Toolkit (ASCOT) for an approach to developing measures of an individual's social care related quality of life.* See: www.pssru.ac.uk/ascot.



For developers and providers there will be a requirement to ensure viability, not only in terms of the capital costs, but often more problematically in terms of revenue costs being covered by income. Two problem areas in terms of revenue for services and rent are:

- How can facilities be provided and run cost-effectively whilst enabling choice for residents? This is particularly problematic if the scheme provides a restaurant/cafe service where there is no guarantee of income from residents²¹. Some schemes open their facilities to the local community to widen the client base and increase revenue. Extra care housing can provide an important community hub in this way.
- How can a 24/7 care service be provided cost effectively, and what will the impact of varying level of need within the scheme be on their viability? If there are lower levels of demand on a care team will the income cover the cost, particularly of the night time cover? If residents choose not to buy the in-house care service will this impact on its viability²²?

USEFUL RESOURCE

Tool B3 sets out the main costs associated with the development and management of extra care housing. **Tool B4** provides an approach to measuring the delivery of outcomes.

Marketing the concept of extra care housing

Although there is increasing awareness of what is meant by extra care housing, it remains a relatively new concept, and it is important that providers and commissioners develop a strategic approach to its marketing at an early stage. It has been shown that a lack of basic public relations and marketing skills amongst extra care housing providers is contributing to poor awareness of the sector²³.

²¹ See: Housing LIN (2007). Factsheet 22: Catering Arrangements in Extra Care Housing.

²² See Paper B3 for a wider discussion around the provision of care and support in extra care housing.

²³ Housing LIN (2009). Marketing Extra Care Housing.

In addition, marketing has tended to happen on a scheme by scheme basis rather than for the sector as a whole, with a confusing range of descriptions and names for different local services. This has led to a patchy awareness of what it can offer older people amongst the older population itself, amongst professionals, and amongst the wider population²⁴. With the shift towards mixed tenure schemes, effective

marketing becomes even more critical to ensure accommodation is sold quickly.

The table below illustrates the differing approaches to promoting extra care housing; the first column ('grateful') being more passive in terms of selling the product, while the second column ('promotional') actively promotes the housing scheme.

Promoting extra care housing

TWO WEBSITE FRONT PAGES ADVERTISING AN EXTRA CARE HOUSING SCHEME	
'GRATEFUL'	'PROMOTIONAL'
<p>Sunnyside has 40 two bedroom mixed tenure apartments. Each apartment has:</p> <ul style="list-style-type: none"> • Fitted kitchen with electric hob, oven and fridge freezer • Bathroom with walk in shower • Lounge with BT and TV sockets and provision for digital TV • Double bedroom with access to bathroom • Single bedroom • Each apartment is designed to wheelchair standard. <p>Within Sunnyside you will find:</p> <ul style="list-style-type: none"> • A comfortable lounge area • Restaurant which provides breakfasts, main meals and snacks • An activity room • Hair salon • Community Library and Customer Access Point. 	<p>This is the height of independent living for the over 60s. Superbly designed, comfortable bungalows and apartments set on a truly spacious, 24 acre site enjoying magnificent views of the city. When you've had the chance to see what an exciting and life-enhancing proposition our Village is, simply complete our Online Form to receive a copy of our DVD 'Introduction to the Village'. You can:</p> <ul style="list-style-type: none"> • View the Village Facilities • Learn more about Extra Care • Find out more about the sales process. • Receive a free DVD of the Village • Find out where we're located.
<p>Comment</p> <p>This site has a single page with a very small photo of the scheme. It simply lists what it sees as the 'features' of the schemes.</p>	<p>Comment</p> <p>This site has some thirteen pages available via drop down menus. It uses graphics, photographs, quotes from residents and news stories relating to the scheme.</p>

²⁴ See the FirstStop website for a source of advice on a wide range of issues for older people (www.firststopcareadvice.org.uk/).

This all suggests that developing and promoting a shared vision or local brand of extra care housing will play a significant part in ensuring its successful delivery. It could:

- Support funding and planning applications in that there will be clarity about what local extra care housing seeks to deliver.
- Help to develop confidence in the service model amongst older people and their families.
- Create awareness amongst professionals who could be advising potential residents or referring them to the service.
- Influence the development of congruent services which could benefit residents and local communities.

USEFUL RESOURCE

Tool B1 provides further guidance on developing effective marketing approaches.
Tool B2 provides help on carrying out a mystery shopping exercise.



Key messages

Extra care housing is a form of housing, care and support which can successfully promote independence, and tackle social isolation, in ways which reflect local circumstances and the needs and expectations of local populations.

It is also capable of contributing to savings across health and social care, as well as providing wider benefits to the local housing market.

The articulation and promotion of a vision of what is to be provided, and what it will achieve, whether by the commissioner or provider, will significantly improve the chances of delivering the outcomes successfully.