

# Housing in later life planning ahead for specialist housing for older people

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### Working group

- National Housing Federation
- Housing Learning and Improvement Network
- McCarthy & Stone
- Contact Consulting
- Tetlow King Planning

### Reading group

- Local Government Association
- Age UK
- Department for Communities and Local Government
- Department of Health
- Greater London Authority
- Homes & Communities Agency
- The Chartered Institute of Housing
- The Housing & Ageing Alliance
- The Planning Officers' Society
- EROSH (Essential Role of Sheltered Housing)
- Retirement Housing Group
- Hanover Housing
- HBF Third Age Group

This report is available on the planning and design pages of the Housing Learning and Improvement Network website at [www.housinglin.org.uk/housinginlaterlife\\_planningtool](http://www.housinglin.org.uk/housinginlaterlife_planningtool)

For further information, please contact Paul Teverson at McCarthy & Stone on 01202 508096.

## Foreword



This toolkit follows hot on the heels of the new 'HAPPI 2' report – Housing our Ageing Population: Plan for Implementation – from the All Party Parliamentary Group on Housing and Care for Older People, which was published in November 2012. The two contributions go well together.

'HAPPI 2' (to be found on the Housing LIN website) is a call for action. Three years after the original HAPPI report from the government's Housing our Ageing Population: Panel for Innovation, HAPPI 2 underlines the value of creating high quality retirement housing. If the UK delivers housing that better attracts our ageing population – with well-designed, accessible, companionable, manageable, secure, care-ready accommodation – thousands of family homes will be released onto the market to meet the acute needs of younger generations as well.

This toolkit spells out the processes that could help the HAPPI objectives to be met – with particular emphasis on the role of local planning authorities. Our town planners are key to the shifting emphasis demanded by the huge demographic changes in our society.

They can support health and social care goals by prioritising specialist housing for older people. In doing so, they are also recognising the economic, environmental and sustainability benefits of higher densities, less car use, and reduced demand for the release of green field land for new housing ..... as well as a reduced likelihood of local opposition to new development!

Following through on the new planning regime as set out in the National Planning Policy Framework, alongside the government's determination that more new homes are built, this toolkit should prove more than helpful to local authorities in targeting older people's housing requirements in a variety of imaginative ways.

I congratulate all the organisations that have prepared the practical guidance which the toolkit sets out so clearly.

**Lord Richard Best**

**Chair, All Party Parliamentary Group on Housing and Care for Older People**

## Executive Summary

# Housing in later life planning ahead for specialist housing for older people

What is specialist housing for older people?

The term 'specialist housing for older people' is used in this report to refer to a range of housing options built to assist older people with their accommodation and support needs in later life. Key features include individual dwellings with their own front door (whether for rent, sale or shared ownership), communal areas such as lounges and restaurants, scheme manager (or other types of support service) and varying levels of personal care and support. There is a variety of different specialist housing, and there are constantly new models being created. A full glossary of current terms is set out in the appendices.

This toolkit is for local planners and commissioners to use when planning for specialist housing for older people as part of an overall local strategy on older people's housing, care and support. It highlights the benefits of living in specialist housing, the rising demand for this form of accommodation and the challenges in delivery.

The toolkit encourages local authorities to join up planning, housing and social care policy, both in the collection of evidence and the development of specialist housing for older people. It suggests a number of tools to help officers plan for this form of housing in their local policies and strategies.

### 1. Addressing older people's needs in housing and land assessments

- Strategic Housing Market Assessments (SHMAs) provide a good opportunity to look at the number of specialist homes for older people that may be needed and identify what the breakdown should be by type and tenure.
- Strategic Housing Land Availability Assessment (SHLAAs) can usefully assess the appropriateness of a site for specialist housing for older people. When a need for specialist housing is identified, this information can then inform the local plan.

### 2. Incorporating specialist housing for older people into local plans

- The inclusion of policies supporting specialist housing for older people can provide an opportunity to demonstrate the wider public benefits of providing this type of housing, particularly in relation to releasing larger under-occupied homes in the local community.

### 3. Consideration in planning obligations

- When reviewing planning applications for specialist housing for older people, and when setting charging schedules, consideration of the financial and other complexities of bringing forward schemes of this type is encouraged.

### 4. Local strategies for older people

- Developing an older people's housing strategy can be a useful way to ensure that the accommodation, care and support needs of older people are determined, understood and met and are based on the assessed needs and evidence included in the SHMA.

### 5. Use of the New Homes Bonus

- New Homes Bonus monies can be used by local authorities to fund the delivery of more specialist housing for older people.

### 6. Design and lifetime neighbourhoods

- Innovative architecture and high quality housing, as outlined in HAPPI 2,<sup>1</sup> can change the image of older people's housing, attracting more people to this form of accommodation and making it sustainable for future generations.
- Planning officers should plan positively to achieve high quality and inclusive design for all types of development, including specialist housing for older people and accommodation built to HAPPI design principles.

### 7. Connecting health and social care strategies with housing and planning

- The findings of the SHMA can link with the Joint Strategic Needs Assessment (JSNA) and Joint Health and Well-being Strategy (JHWS) to give a fuller and clearer picture of the need for specialist housing for older people.
- This can help officers to link planning with development and commissioning of local care and housing services, working to integrate housing, health and social care at a commissioning level.

### 8. Future funding models

- The toolkit sets out ways of funding specialist housing in the future as well as giving insight into methods of funding affordable housing for older people.

<sup>1</sup> APPG for Housing and Care for Older People (2012) Housing our Ageing Population: Plan for Implementation.

## 1. Why this toolkit has been developed

The recent HAPPI <sup>2</sup> Inquiry by the All Party Parliamentary Group on Housing and Care for Older People found that it is vital to offer older people choice and opportunity in old age, including the right housing and care solutions at the right time. The majority of older people choose to stay put, adapting their home as they grow older, but many also choose to move somewhere more accessible and/or with a level of care and support provided.

From specialist housing through to accessible general or HAPPI housing, dementia care services through to handyperson services, a full range of care and accommodation solutions needs to be on offer to enable independence for longer. Local planning, health and social care policy frameworks can help to recognise and support the full spectrum of housing, care and support for older people.

The focus of this toolkit is deliberately narrow – to assist local authorities in England in planning for specialist housing for older people as one part of their overarching strategy. Specialist housing for older people refers to a range of housing options built to assist older people with their accommodation and support needs in later life, and a full definition is found in the appendices. When designed to the highest standards, specialist housing can accommodate people with a range of lifestyles, health and social care needs.<sup>3</sup>

This document has been prepared for four reasons:

- **To help local planning authorities plan for and deliver the appropriate level and type of specialist housing for older people to improve housing choice for a growing ageing population.**
- **To highlight the benefits of specialist housing for older people and the ways in which local officers can work with housing providers to tackle some of the challenges in delivering this form of housing.**
- **To provide a route map for local planners to navigate how the new planning and development regime in England can be used to improve housing options for older people.**
- **To encourage local authorities to join up planning, housing and social care policy.**

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This toolkit explicitly highlights the role of specialist housing for older people across all types and tenures in improving housing conditions. This type of housing can be considered as one part of an overall local strategy on older people's housing, care and support, which can consider the following points:

- An analysis of demographic change, tenure mix, and older people local needs and wealth
- The need for accessible general needs housing and adaptations
- A review of existing housing, care and support options for older people
- How new development reflects an appropriate housing mix
- The need for housing with on site care and support
- The need for re-ablement and transition services
- The need for preventative cross-tenure care and support services

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<sup>2</sup> APPG for Housing and Care for Older People (2012) Housing our Ageing Population: Plan for Implementation. <sup>3</sup> Housing LIN/ADASS (2011) Strategic Housing for Older People: Planning, designing and developing housing that older people want.



## 2. Setting the scene

### A. The growing need for specialist housing

England has a rapidly ageing population. The number of people aged over 65 will grow from 10 million to nearly 17 million by 2035.<sup>4</sup> As Figure 1 shows, 60% of all new household growth by 2033 will be by those aged over 65, and 21% will be by those aged over 85.<sup>5</sup> There is also increasing diversity among older people in terms of age, culture, wealth and ability. Old age is no longer a single, defined way of life, if it ever was.

As well as an ageing population, significant changes to household composition are adding to pressures on housing stock. Households are forming at roughly twice the rate at which new homes are being built.<sup>6</sup> While local authorities and regions face different challenges, the general trend is towards a higher proportion of single-person households of all ages. By 2031, 18% of England's population is projected to live alone, compared with 13% in 2006.<sup>7</sup> In addition, there is a growing debate surrounding under-occupation.

Significant changes have occurred to the tenure make-up of housing in England over the past 30 years. Figure 2 highlights the increasing rate of home ownership among all age groups, particularly among the over 65s. At the same time, many older people have neither assets nor income (with 23% of older people living below the official income poverty line).<sup>8</sup>

A range of housing options are required to address these challenges. Specialist housing for rent or sale can play a role in helping to manage these housing pressures, particularly given the benefits of this type of accommodation described in chapter 3.

There is also evidence that supports an increase in demand for specialist housing for older people. The 2006 Wanless Review stated that 27% of people would consider a move to a form of sheltered housing.<sup>9</sup> In February 2012, a YouGov poll for Shelter noted that more than a third of older people are interested in the idea of retirement housing, or would be in the future, which equates to more than 6 million older people.<sup>10</sup> Indeed, Shelter's report noted that if levels of demand for retirement housing remain constant, supply will have to increase by more than 70% in the next 20 years.

However, demand has not matched delivery. Figure 3 shows that the UK is building far fewer specialist homes for older people than in the 1980s. While all types of new homes are required, an increasingly important option to consider is the growing need for specialist housing for older people to reflect both the rising demand and these demographic and social pressures.

### B. The challenge of delivery

The nature of specialist housing for older people makes this type of housing a complex form of accommodation to deliver, and this is part of the reason why build rates have historically been low. Some of the reasons are explained below.

#### • Understanding the specialist nature of provision.

The need for specific design features and services, such as on-site care and support provision as well as the need for individual care packages, make developing this form of accommodation different from general housing. Visiting a completed scheme may help those involved in planning for older people's housing to develop a better understanding of the way these developments operate.

#### • Navigating the funding framework

Despite the recent injection of up to £300 million capital funding over five years by the Department of Health,<sup>11</sup> public funding for this type of housing has fallen dramatically. Schemes built for home-ownership are also capital intensive – they need to be fully completed before sales are made as older people are less inclined to buy 'off plan' without seeing a dwelling or meeting staff, and the care and support as well as the communal facilities need to be in place at the outset.

Developments with the highest levels of care often receive most of their income over the life of the development rather than through the outright sale of units. A considerable amount of up-front working capital is required before revenues come on-stream.

#### • Getting the location right

There is a wide range of types of specialist housing for older people and many have different site requirements. To be successful in supporting their residents, many schemes need to have access to existing shops, services and transport links. These are often in high value areas and tend to have much higher development costs.

At the other end of the scale, larger more self-contained developments can provide these services on-site alongside other specialist care facilities and possibly act as a local service centre. They can also provide private transport to larger centres. These larger sites are in short supply within the built-up area. Opportunities for development can sometimes be windfall in nature and consequently not allocated in local plans.

Specialist housing for older people can be in competition with other traditional housing and commercial uses (such as offices or retail). Local planning authorities can set specific policies, or allocate sites, to meet an identified housing need, such as for older people, as part of their Local Plan.

#### • Engaging with local services

Many schemes receive opposition at the planning stage based on concerns relating to the impact of an increased older person population on local services, such as GP practices and hospitals. However, research<sup>12</sup> shows that most residents vacate a property within a short radius to move into specialist accommodation, including when built for home-ownership, so the perceived impact upon local health and care services is often very minimal. As chapter 3 highlights, however, the nature of specialist housing may actually reduce the impact on local health services. Residents may also move nearer families and friends who can provide care and support.

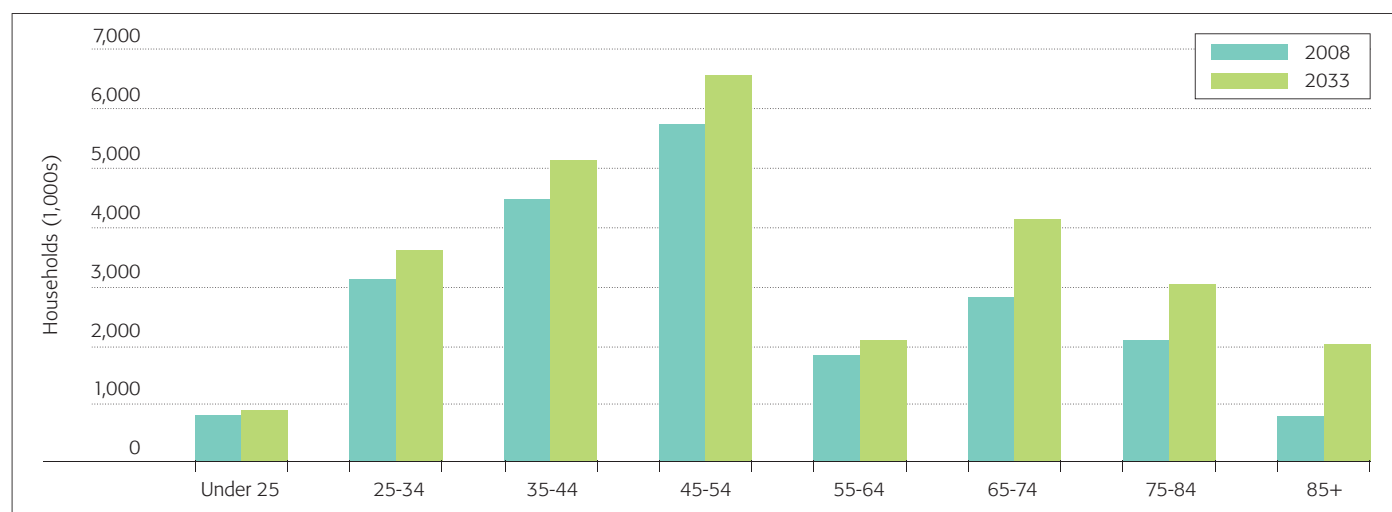
#### • Taking a strategic approach

This toolkit encourages local authorities to include the need for affordable and owner-occupied specialist housing as part of their strategic approach to older people's housing, care and support. Voicing the housing needs of older people in local plans, Health and Well-being Strategies and Joint Strategic Needs Assessments can enhance the co-ordination between planning, housing and adult social care departments, which will inevitably help those involved in planning to meet the challenges of developing this type of housing head on.<sup>13</sup> Chapter 6 of this toolkit highlights some measures to address this.

<sup>4</sup> Porteus, J. (2011), Living Well at Home Inquiry, All Party Parliamentary Group on Housing and Care for Older People. <sup>5</sup> DCLG (2011) Live tables on household projections. <sup>6</sup> DCLG (2010) Housing and Planning Statistics. <sup>7</sup> DCLG (2009) Household Projections to 2031, England. <sup>8</sup> One Housing Group (2011) Aspiration Age: Delivering capital solutions to promote greater choice and independence for older people. <sup>9</sup> Wanless, D. (2006) Securing Good Care for Older People: Taking a long term view, Kings Fund. <sup>10</sup> Shelter (2012) A better fit? Creating housing choices for an ageing population. <sup>11</sup> Department of Health (2012) Care and Support Specialised Housing Fund. <sup>12</sup> Ball, M (2011) Housing Markets and Independence in Old Age: Expanding the Opportunities, University of Reading. <sup>13</sup> Planning Advisory Service (2009) Knitting together – planning and our ageing population. Housing LIN/ADASS (2011) Strategic Housing for Older People: Planning, designing and developing housing that older people want.

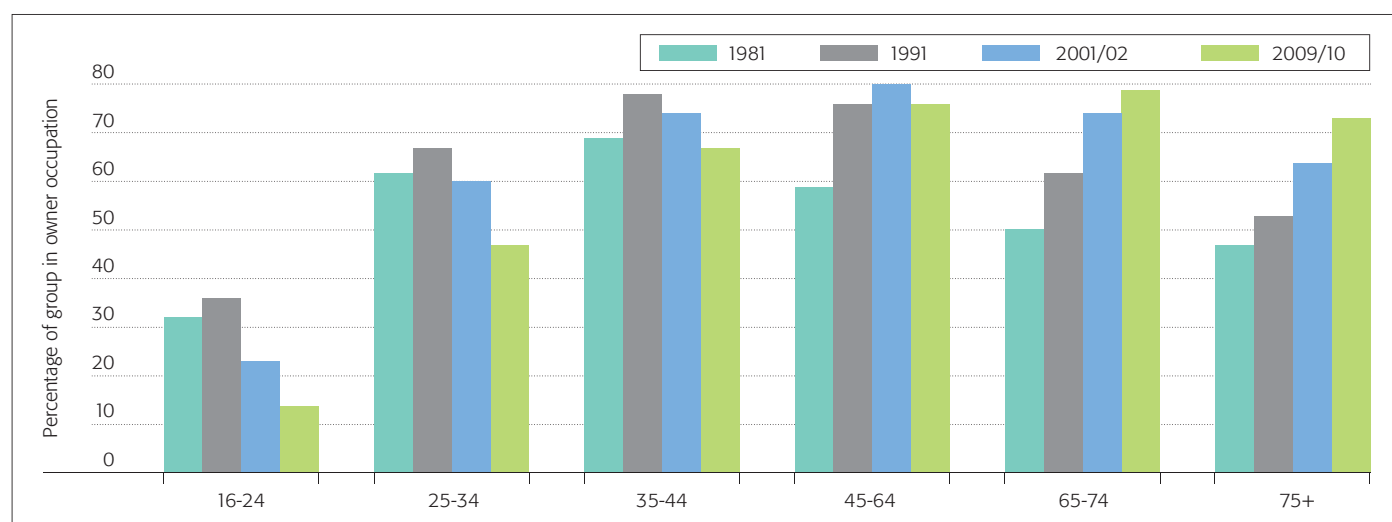
**Figure 1: The ageing demographic in England**

(Source: DCLG live tables on household projections)



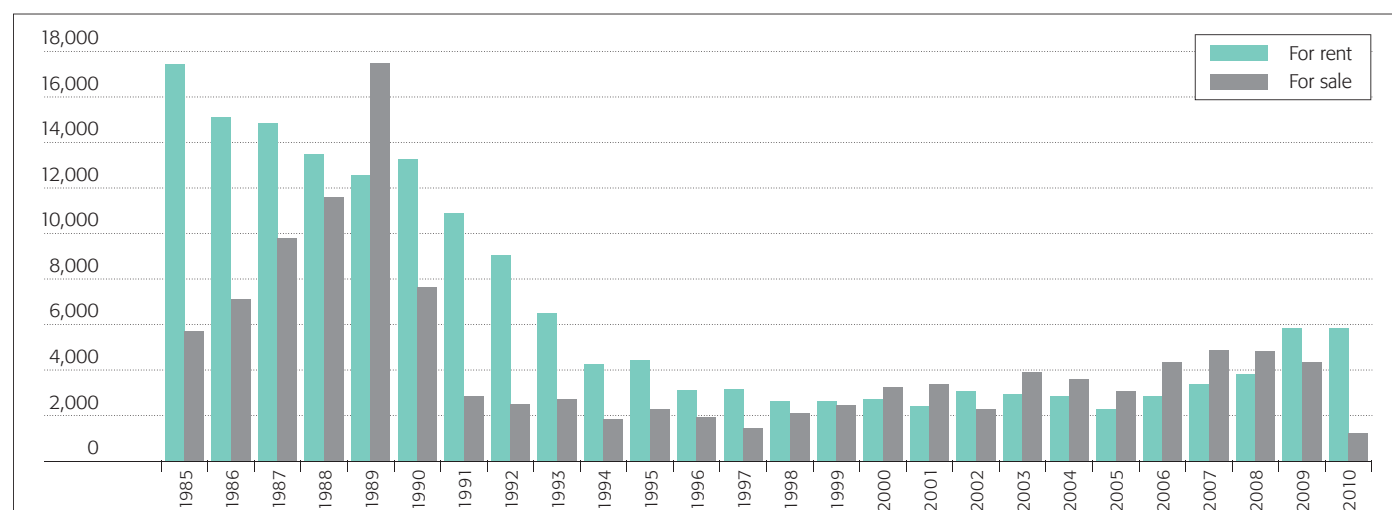
**Figure 2: Home ownership by age group in England**

(Source: English Household Survey 2010)



**Figure 3: Retirement housing units built by year in the UK**

(Source: Elderly Accommodation Counsel)



## The importance of location

The success of schemes for specialist housing for older people is largely dependent on site location. Different types of schemes have different locational criteria. While one type of development may work well in one type of location, it may be inappropriate in another.

Relative to retirement housing and Extra Care schemes, good sites tend to be:

- Well-located and prominent – the most popular schemes are located in busy areas with good access.
- Within a catchment area with a specific need for this form of accommodation and able to support the proposed tenures.
- Usually between 0.5 to 1.5 acres (0.2 to 0.6 hectares).
- Close to an established town centre and public transport, usually meaning the development of brownfield sites.
- Sufficiently close to shops, amenities and facilities (such as a GP surgery and hairdressers) with ideally a level and safe route of access.

Such sites will be in high demand with other developers, including other residential developers as well as supermarket and office providers. High competition impacts upon the cost of the land, which can affect the viability of proposals that come forward.

Retirement villages, for example, require larger sites which can often be situated in less urban surroundings. These sites can be more self contained and include additional on-site facilities. These sites may be up to 12 acres (5 hectares) but will still normally be accessible to major centres of population via good transport links.

Specific cultural requirements will also need to be taken into consideration when determining location.



*The new Extra Care development at New Oscott, Birmingham.*

## A partnership to transform older peoples' lives in Birmingham

- Location: New Oscott, Birmingham
- Provider: Extra Care Charitable Trust
- Authority: Birmingham City Council
- Size: 260 units
- Tenure: mixed

The Extra Care Charitable Trust is working in partnership with Birmingham City Council to deliver at least five Retirement Villages across the city, providing over 1,200 affordable homes for rent and sale as part of a £200m development programme. Other partners include Midland Heart, the Department of Health and the Homes and Communities Agency.

The first 260-home Village, New Oscott, opened in 2010 and has 18 health and leisure facilities including a restaurant, shop, IT suite, craft room and greenhouse which are accessible to residents and older people in the wider community. An

on-site Extra Care team provides up to 24-hour assessed care for residents in their own homes whilst an award-winning well-being service, linked to the gym, reduces care dependency as a result of proactive health screening.

A specialist benefits team helps residents with limited resources claim their entitlements and a Village Outreach Service, funded by the City, is helping older people remain independent in the local community.

New Oscott has a significant waiting list. A further 1,500 households have already registered for a second and third Village which open in 2013 (Newtown) and Harborne (2014). Villages in Bournville and Acocks Green are planned for 2015-16.

Key to the success of the partnership has been the commitment from senior local government officers and politicians who have valued the difference that a project like this can make to their residents.



### 3. The benefits of building specialist housing for older people

Specialist housing can provide many benefits for older people,<sup>14</sup> including:

- Dedicated on-site support
- More plentiful social networks
- A safer environment
- Readily available repairs and maintenance.

On average, each older person living in specialist housing reduces costs to other services by £550.<sup>15</sup> Extra Care Housing in particular can play an important role in delaying and preventing a move into residential care and improving the health and wellbeing of older people, as well as providing cost savings to the public purse in the long term.<sup>16</sup>

#### Quality of life

- Research has shown that 92% of residents in specialist housing are very happy or contented. 64% said their health and well-being had improved since moving.
- 83% of residents believe they can maintain their independence for longer. Purpose-built retirement housing better meets the onset and increasing problems of mobility, delaying the need for residential care.<sup>17</sup>
- The immediate community and on-site staff help to reduce anxieties and maintain general health and well-being, helping to improve feelings of safety, security and companionship.
- This form of housing offers a more appealing alternative to the institutional ethos of residential care for older people who wish to continue living independently but require additional help and support to do so.<sup>18</sup>
- Schemes are successful in improving outcomes for older people such as good health, independent living and greater participation within a community. Ultimately, they are fundamental to the creation of better and healthy communities.

#### Sustainable communities

- On many occasions, this form of housing reintroduces residential uses into central locations and town centres, helping to contribute to the overall vitality and viability of urban areas.
- Larger developments that provide their own facilities can act as a service centre in communities.
- Older residents tend to use local shops and facilities regularly. 80% use local shops almost daily or often and 40% used the library or post office almost daily or often.<sup>19</sup>

#### Reducing fuel poverty

- In research on sheltered housing, 51% of residents reported lower energy bills when compared to their previous homes.<sup>20</sup> Ageing and inefficient housing stock is closely linked to many pensioner deaths each winter, especially when combined with the increasing costs of energy.

#### Stimulating the housing market:

- As highlighted in HAPPI 2,<sup>21</sup> increasing the stock of specialist housing for older people could release more large homes for families to occupy. Around 60 per cent of older householders have multiple bedrooms despite having no dependent children.<sup>22</sup>
- This has a knock on effect that stimulates the housing chain and ultimately benefits the first time buyer. In some areas, this also relieves the considerable pressure to build on 'greenfield' or 'green belt' land.
- Properties vacated are usually re-occupied by younger families, refurbished and made more energy efficient, helping to achieve other sustainability goals.
- In the affordable housing sector, better housing choices for older people can free up family housing, reducing waiting lists for social housing.

#### Reducing or delaying the need for care

- Older people account for 55% of GP appointments, 68% of outpatient appointments and 77% of inpatient bed stays.<sup>23</sup> As well as achieving better outcomes, specialist housing can reduce demand for acute health and care services by supporting people to live independently and avoiding crisis intervention.
- Specialised housing can prevent a move into residential care. Research shows that each year a resident postpones moving into care, the states saves on average £28,080.<sup>24</sup>
- Improved feelings of security, companionship and well-being in specialist housing mean older people will be less likely to seek help from local authorities. In addition, research shows that a significant contributing factor to low well-being in older people is living alone.<sup>25</sup>
- Health and social care provision can be streamlined within specialist housing. Visiting health professionals including doctors, nurses, chiropodists and so on can visit several residents during one visit, which is a more efficient use of public resources.

#### Benefits to the economy

- Estimates show that an average scheme of 40 apartments provides investment of approximately £5 million into older people's housing and the local economy. Around 50 people are also employed for the duration of the construction process and around 17 full and part time jobs are created from a typical Extra Care development.<sup>26</sup>
- Developments which provide higher degrees of care, such as Retirement Villages can be expected to provide even higher levels of employment.

<sup>14</sup> Centre for Social Justice (2011) Age of Opportunity. <sup>15</sup> CapGemini (2009) Cost-benefit analysis of the Supported People programme. <sup>16</sup> International Longevity Centre (2009) Establishing the Extra into Extra Care. <sup>17</sup> Ball, M (2011) Housing Markets and Independence in Old Age: Expanding the Opportunities, University of Reading, Opinion Research Bureau (2008) A Better Life: Private Sheltered Housing and Independent Living for Older People. <sup>18</sup> Demos (2011) Coming of Age. <sup>19</sup> Ball, M (2011) Housing Markets and Independence in Old Age: Expanding the Opportunities, University of Reading. <sup>20</sup> Ball, M (2011) Housing Markets and Independence in Old Age: Expanding the Opportunities, University of Reading, Opinion Research Bureau (2008) A Better Life: Private Sheltered Housing and Independent Living for Older People. <sup>21</sup> APPG for Housing and Care for Older People (2012) Housing our Ageing Population: Plan for Implementation. <sup>22</sup> Demos (2011) Coming of Age. <sup>23</sup> Porteus, J (2010) Making the links with health, Department of Health. <sup>24</sup> Fit for Living Network (2010). Position Statement, HACT. <sup>25</sup> Allan, J (2008) Older People and Well-being, Institute of Public Policy Research. <sup>26</sup> Figures provided by McCarthy & Stone, November 2011.



Claridge House, Littlehampton, West Sussex

### Case study: An Extra Care model for owner-occupiers

- Location: Claridge House, Littlehampton, West Sussex
- Housing provider: McCarthy & Stone
- Authority: Arun District Council and West Sussex County Council
- Size: 58 one and two bedroom units
- Tenure: leasehold sale

Claridge House is an Extra Care development by McCarthy & Stone that opened in November 2011. There is a standard age restriction on occupation of 70 years old, although residents' average age is 85. Purchase of apartments is funded by residents who have typically moved from within 10 miles of the scheme.

Services include a waitress-service restaurant with on-site catering, 24 hour on-site care, domestic assistance, wheelchair accessibility, well-being suite with hair salon, hobby and activity room, residents' lounge, function room, therapy room and assisted bathroom, mobility scooter store, laundry room, guest suite, landscaped gardens with raised planters and a security entry system.

Domestic support is provided and residents can purchase additional care and support as required. Care is provided through a joint venture with McCarthy & Stone and Somerset Care Group, known as YourLife Management Services. YourLife is registered as a Domiciliary Care Agency with the Care Quality Commission (CQC) and has a team of 17 full and part time members of staff based on-site.

The scheme is run by an Estate Manager, who is also a Registered Manager with the CQC. YourLife manages the upkeep of the building and grounds and the catering contract. The most popular care services provided on-site include:

- Assistance in dressing
- Bathing
- Supervising medicines
- Toileting
- Assistance in retiring to bed
- Escort services to hospital and GP appointments

## 4. Delivering through the new housing, health and planning framework

### Introduction

The Coalition Government's reforms have highlighted the importance of planning for better housing options for older people across tenures at a local authority level. This supports recent research by the National Housing Federation as well as the original HAPPI (Housing our Ageing Population Panel of Innovation) report, which was commissioned by the Homes & Communities Agency on behalf of the Department for Communities and Local Government and the Department of Health.<sup>27</sup> Key Government policies for this form of accommodation are set out below to assist officers in preparing their policies and priorities for specialist housing for older people.

### Localism

The principle at the heart of the Government's reforms to planning and development is Localism – handing power and control to local authorities and communities. Local authorities

and neighbourhoods now have more power to set policies for their area and the Government has simplified policy and introduced the necessary legislation to achieve this. These new powers provide an excellent opportunity to plan for better choices in older people's housing, particularly through local and neighbourhood plans.

<sup>27</sup> HAPPI, (2009) Housing our ageing population: Panel for Innovation, National Housing Federation (2011) Breaking the mould: re-visioning older people's housing.

## The National Planning Policy Framework (NPPF)

National planning policies for England are set out in the National Planning Policy Framework (NPPF).

The Government's main objective for the NPPF is to deliver sustainable development via the planning system that promotes strong, vibrant and healthy communities. This includes providing an increased supply of housing to meet the needs of present and future generations.

The NPPF states that local plans should meet the full objectively assessed needs unless doing so would significantly and demonstrably outweighs the benefits when assessed against the policies in the Framework taken as a whole, or where specific policies indicate development should be restricted.

The Framework calls on local plans to be underpinned by a clear understanding of housing need that identifies the scale and mix of housing and the range of tenures required over the plan period, including homes for older people. This can be examined in detail in the Strategic Housing Market Assessment. The NPPF puts a strong emphasis on producing local plans that plan positively to meet the needs of different groups where they are identified and provide the housing they require.

The NPPF's glossary contains a useful definition of older people: 'People over retirement age, including the active, newly-retired through to the very frail elderly, whose housing needs can encompass accessible, adaptable general needs housing for those looking to downsize from family housing and the full range of retirement and specialised housing for those with support or care needs'.

## Laying the Foundations: A Housing Strategy for England

The Government's Housing Strategy, published in November 2011, saw the launch of the 'New Deal for older people's housing'. It notes the Government's support for specialist housing for those in later life across all tenures and states that it is committed to ensuring that housing and planning policies positively reflect the wide range of circumstances and lifestyles of older people, who already occupy nearly a third of all homes. It adds:

"Good housing for older people can enable [older people] to live healthy, independent lives and reduces pressure on working families in caring for older relatives. It can also prevent costs to the NHS and social care. For some older people a move to a smaller, more accessible and manageable home can also free up much-needed local family housing."

Importantly, it also states that the Government is seeking to encourage local authorities to make provision for a wide range of housing types across all tenures, including accessible and adaptable general-needs retirement housing, and specialised housing options including sheltered and Extra Care Housing for older people with support and care needs.

## Planning and a localised, responsive health and care system

Changes to the NHS and local government in the Health and Social Care Act 2012 provide local authorities and clinicians with more opportunities to join up health, care and planning to effectively meet the needs of older people.

- By including housing and planning in an area's Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well-being Strategy (JHWS), local authorities and clinical commissioning groups (CCGs) can plan and commission services in an integrated way. This means that health and care services can improve care outcomes for their local community, including vulnerable people.
- Health and Well-being Boards offer an opportunity to bring local authority partners, such as specialist housing providers, to the table to plan new services and provision.<sup>28</sup> JSNAs and JHWSs will be undertaken through these Boards and statutory guidance is expected shortly.
- Local authorities are also taking on important duties to improve public health and reduce health inequalities. The new public health service, developed through the collaboration of Public Health England and local authorities has been established with the rationale to 'improve health of the poorest fastest'.

Beyond these structural changes, there are opportunities to remodel existing services. This includes closer integration between the NHS and local authorities to avoid duplication, increasing the efficiency and quality of services for the community and better land use and planning to ensure the use of existing assets. In addition, capital and revenue resources can be maximised and improving the housing, care and support offer to older people is central to this. The 2011 NHS Future Forum report noted:

"There is little understanding of the interdependencies between health, social care, housing and other services, especially in relation to the effectiveness of housing in preventing, delaying or diverting demand on more costly health and social care. For example, the NHS spends £600 million treating people every year because of Category 1 (the most severe) hazards in poor housing, the vast majority being associated with falls."

## Caring for our Future: Reforming care and support

The Government's White Paper on Care and Support, published in July 2012, emphasised the links between housing and social care. Building on the messages in the housing strategy, the White Paper announced a new capital fund (worth up to £300 million) to support the development of specialised housing for older people and disabled adults, with a particular emphasis on developing a greater supply of specialised housing for home ownership. The first phase of the fund will target affordable home providers. The second phase will seek to target the wider market for specialised housing. Bidders to the fund will be expected to demonstrate how their proposals will fit within the local strategic assessments such as the SHMA, JSNA and Market Position Statements (MPS) to ensure that local populations have appropriate housing choices available to them.

<sup>28</sup> National Housing Federation (2012) On the Pulse: Housing routes to better health outcomes for older people.



## 5. Preparing the evidence base

Chapter 4 noted that local policies and priorities need to be informed by objective assessments of housing needs, looking at all tenures and types of accommodation to support older people. Specialist housing for older people will be one part of the overall housing mix in local authority areas, and outlined below is one possible method that can be followed by local authorities to analyse their level of need for this type of accommodation.

The results from this analysis can then be incorporated into the overall housing assessment for the local area which looks at general housing need. As well as local plans, the results can inform the policies and priorities in housing strategies, neighbourhood plans, JSNAs and other documents.

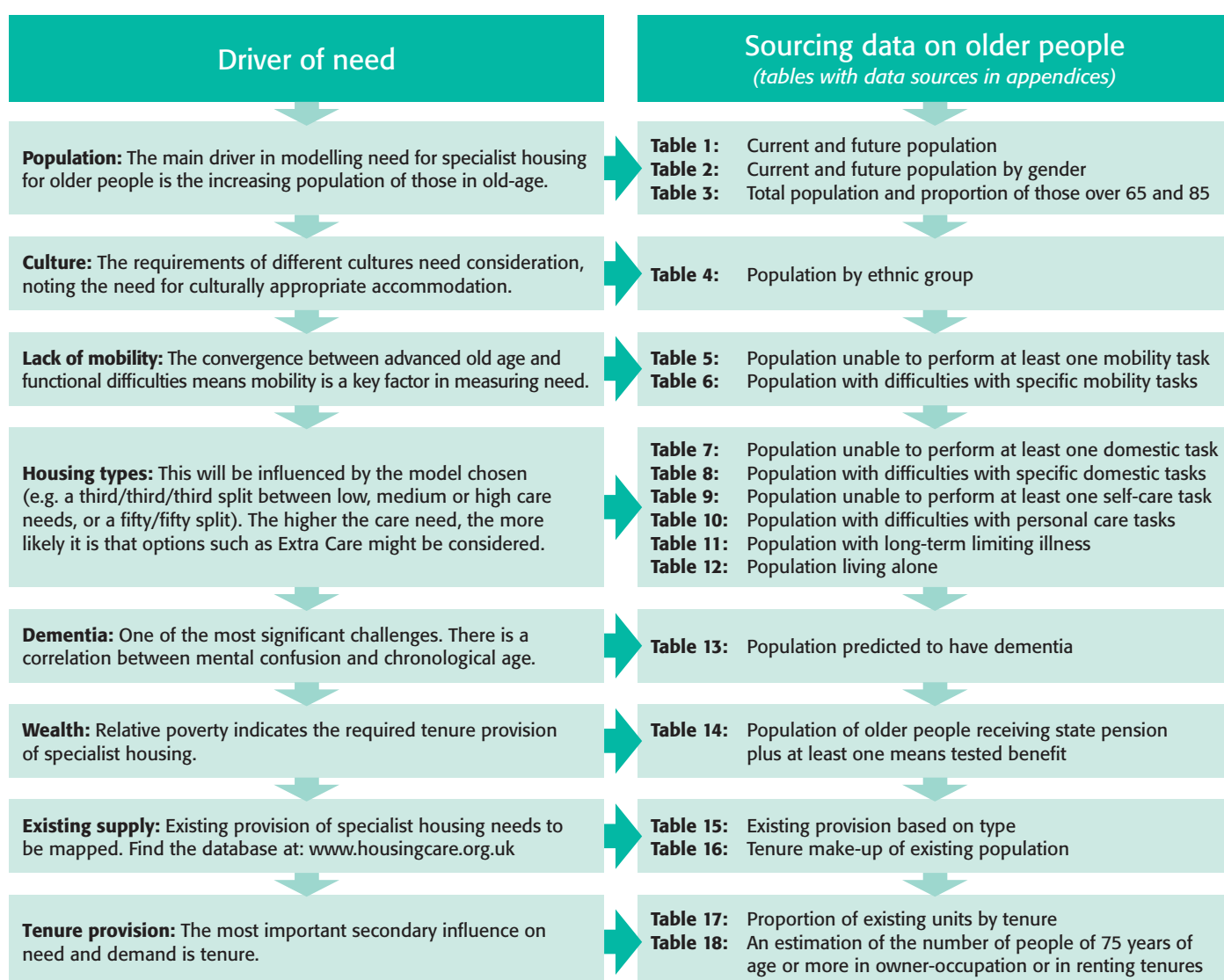
There are a number of approaches to modelling future levels of need, looking at household projections and different population and data sets on frailty, need for care, propensity to move and the availability and suitability of housing. However, none is definitive. The method used here is based on a widely used model and analyses various data sets in a local area including: demography; functional and mobility capacity; tenure; and existing supply. However, a range of alternative models are available.<sup>29</sup> It will be important to ensure that all information is as up to date and relevant as possible, and,

where possible, takes account of the housing preferences and choices of older people in the area.

This model is designed to be replicated by other authorities and these tables can be downloaded for use from [www.housinglin.org.uk](http://www.housinglin.org.uk). The sample tables referenced in the flow chart can be found in the appendices of this report and refer to a worked up example of how data has been modelled for one authority (in this case, Bury Metropolitan Council).

The outputs from the chosen model should be used as an indicator for need rather than as a direct justification for certain policies and priorities. Local authorities will be best-placed to interpret the data and decide how best to respond to these findings as part of their overall approach to meeting the housing needs of older people.

Figure 4: A model for assessing the need for specialist housing for older people in a local authority area



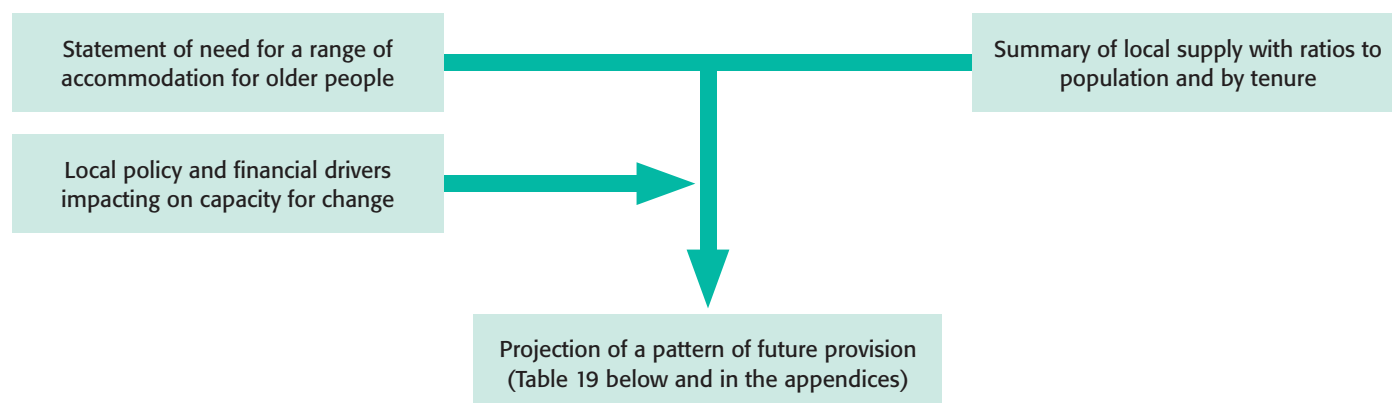
<sup>29</sup> The model used here has kindly been provided by Contact Consulting ([www.contactconsulting.co.uk](http://www.contactconsulting.co.uk)). Other models are available, including one used by the Retirement Housing Group ([www.retirementhousinggroup.com](http://www.retirementhousinggroup.com)) and Elderly Accommodation Counsel ([www.housingcare.org](http://www.housingcare.org)).



## Projecting future provision

These data sets provide one method of projecting future demand for specialist housing for older people of various kinds in a local authority area. The results can be incorporated into the wider assessment of housing need in a local area. The following chart shows how the results from the sample tables can be brought together to show the future pattern of provision of specialist housing for older people.

Figure 5: Analysing the future pattern of provision



While no model is definitive, the results of these particular data sets show a need to increase provision for all types of specialist housing for older people. For the example given in the sample tables provided in the appendices (for Bury Metropolitan Council), the need is especially strong in the owner-occupied sector, as well as an increased need of provision of Extra Care Housing for both rent and ownership. However, different authorities will have different outcomes. The table below summarises the results of the data analysed here and set out in the appendices.

Figure 6 Summary of need in Bury (Table 19 in the appendices)

|                                         | Current provision | Current provision per 1,000 of population 75+ | Increase or decrease | Resulting number of units | Provision per 1,000 of population 75+ (13,800) |
|-----------------------------------------|-------------------|-----------------------------------------------|----------------------|---------------------------|------------------------------------------------|
| Conventional sheltered housing for rent | 1,508             | 109.27                                        | -680                 | 828                       | 60                                             |
| Leasehold sheltered housing             | 152               | 11.01                                         | +1,504               | 1,656                     | 120                                            |
| Enhanced sheltered housing              |                   |                                               |                      |                           |                                                |
| For rent                                | -                 | -                                             | +138                 | 138                       | 10                                             |
| For sale                                | -                 | -                                             | +138                 | 138                       | 10                                             |
| Extra care sheltered housing            |                   |                                               |                      |                           |                                                |
| For rent                                | 41                | 2.97                                          | +168                 | 207                       | 15                                             |
| For sale                                | -                 | -                                             | +414                 | 414                       | 30                                             |
| Housing based provision for dementia    | -                 | -                                             | +83                  | 83                        | 6                                              |

(Contact Consulting. Current supply modelled from EAC database)

## 6. Tools for action

### Introduction

Chapter 5 provided one method of producing a robust evidence base to help inform local housing, planning and care strategies of the need for specialist housing for older people. Where a need has been identified, this chapter suggests a number of tools to help officers plan for this form of housing in their local policies and strategies.

### Addressing older people's needs in housing and land assessments

- Strategic Housing Market Assessments (SHMAs) set out the level of housing need and demand. It is suggested that these look at the specific housing need and demand for older people's housing across all tenures as well as general housing requirements. Given the scale of need for specialist housing for older people and its particular locational requirements, local authorities may wish to review their SHMAs to look at the number of specialist homes that may be required and identify what the breakdown should be by type and tenure.
- Strategic Housing Land Availability Assessment (SHLAAs) can help identify the supply of land for specialist housing for older people. This can be assessed by including an additional question on the 'Call for Sites' form asking about the appropriateness of the site for specialist housing for older people, or by reviewing the results with the suitability for this form of housing in mind. The assessment of sites can then be tailored to show the potential supply of land for this type of development. Where a need has been identified, this information can then help to inform the local plan.

**Advice for planning and housing officers:** Consider the need and supply of land for all types and tenures of specialist housing for older people in SHMAs and SHLAAs.

**Advice for adult social care officers:** Work with officers and members in housing and planning to ensure the evidence base that informs the SHMA and SHLAA addresses their requirements for care and accommodation for older people.

### Incorporating specialist housing for older people into local plans

- Local plans are informed by SHMAs and SHLAAs and for authorities that have an evidence base showing an increased need for specialist housing for older people, development plans can include policies in favour of determining planning applications for this form of housing. A clear policy framework can help to increase delivery and create greater clarity for providers.

- Policies can reflect the fact that different types of specialist housing for older people will have different types of designs, scales and layouts. They can note the increased levels of security and companionship this form of accommodation provides to residents and refer to their role in supporting existing health and care services, in acting as a hub for the wider community and in helping to regenerate sites or areas. Policies can also manage the impact of any new development on the community, such as parking provision and public realm and highways improvements.
- The windfall nature of most sites for older people's housing has meant that to date they have been absent from many local plans. The inclusion of a policy that supports future windfall sites would assist providers. However, on some occasions, an allocation can help to avoid competition from other developers who may wish to develop a site for alternative uses.
- Some schemes may be proposed outside settlement boundaries and on greenfield sites (for instance, retirement villages may require additional space). Local authorities will be best placed to consider what sites are suitable, sustainable and available for this type of development. Where there is little brownfield land available, it may be necessary to consider alternatives – such as working with neighbouring authorities to agree provision of housing to the elderly across a larger area, considering the release of green field sites, or looking at land allocated past year six of the housing land allocation.
- Local plans are important in choosing priorities and making decisions about the disposal of land. This provides an opportunity to give consideration to the importance of developing specialist housing for older people on these sites.
- The needs of older people will also change over time. It is important that planning policies are flexible, regularly updated and do not focus on any one type of housing solution for older people. The focus of policy should be to provide a full range of options.
- Neighbourhood plans can be tools to help deliver specialist housing for older people. This could be through a specific allocation or a more general objective in the plan to offer encouragement to developers. Local authorities should work in partnership with local communities and share their evidence base to help inform emerging neighbourhood plans.

**Advice for planners and housing officers:** Seek to include policies that encourage the delivery of specialist housing for older people where the need is identified, in their local plans.

**Advice for adult social care officers:** Look to work with officers compiling local plans to join up thinking about remodelling existing specialist housing for older people across local and neighbourhood plans.

### Example policy wording for Local Plans:

No one planning approach will be appropriate for all areas, but the following provides an example policy wording that could be included in a local plan where a need for specialist housing has been identified:

*“The Council will encourage the provision of specialist housing for older people across all tenures in sustainable locations.*

*“The Council aims to ensure that older people are able to secure and sustain their independence in a home appropriate to their circumstances and to actively encourage developers to build new homes to the ‘Lifetime Homes’ standard so that they can be readily adapted to meet the needs of those with disabilities and the elderly as well as assisting independent living at home.*

*“The Council will, through the identification of sites, allowing for windfall developments, and/or granting of planning consents in sustainable locations, provide for the development of retirement accommodation, residential care homes, close care, Extra Care and assisted care housing and Continuing Care Retirement Communities.”*

### Consideration of specialist housing in planning obligations

Most residential developments are subject to costs levied by local planning authorities through planning obligations (Section 106 agreements) designed to mitigate the impact of new development on local communities. Planning obligations fund necessary site specific works in infrastructure and affordable housing. Policy support for the provision of affordable housing via s106 agreements continues to apply equally to all kinds of market housing, and policies should be developed locally to meet identified needs.

- When preparing local plan policies and when reviewing planning applications for specialist housing for older people, local authorities may want to consider some of the financial complexities of bringing forward schemes of this type. Where it is material, they may also want to consider the benefits of this type of housing for the local area, for the local NHS and on reducing overall local government spend.
- When allocating sites for specialist housing for older people it will be important to consider these complexities and whether it is appropriate to apply standard affordable housing policies. Local authorities may also want to consider whether a proportion of affordable housing, or land available for affordable housing, should be made available for specialist housing for older people. It is during these discussions that greater co-ordination between planning, housing and adult social care departments is important. The Housing LIN has published a Viewpoint on planning and Extra Care Housing, which provides background information on this issue.<sup>30</sup>

### Community Infrastructure Levy:

Many local authorities are introducing a Community Infrastructure Levy (CIL). A CIL sets a flat-rate charge against which planning applications can be assessed and is based on the total amount of the development’s floorspace. CIL charges can be levied at different levels on different intended uses of development where there is a viability justification for doing so.

Often CIL charging schedules group specialist housing for older people in with other very different types of developments. In simple terms, Use Class C3 encompasses ‘dwelling houses’ and Use Class C2 encompasses ‘residential institutions’. Many retirement housing schemes will be classified as C3 housing. On the other hand, schemes which include components of care and support, especially Extra Care or Continuing Care Retirement Community type schemes, may be classified as either C2 or as straddling these definitions. While the Use Classes Order provides a broad framework on change of use, it is for local planning authorities to decide on a case-by-case basis what class a particular use falls into.

- It will be important to consider how a CIL charging schedule might have regard to the nature of specialist housing which falls in either Use Class, and, if appropriate, to have a differential or nil charge for this proposed use. Any differential rate will need to be based upon clear evidence within the viability assessment underpinning the charging schedule. Some local authorities have adopted a similar approach for a differential rate for student housing within the C2 Use Class. Against this, charging schedules should avoid over-complexity in setting differential rates, which may raise state aid issues.
- Where viability assessments examine the impact of CIL on specialist housing for older people they should consider the specific issues related to bringing forward these sites. This may include the communal facilities intrinsic to the design of specialist housing scheme that could be subject to a CIL. Consideration should also be given to the varying income streams from different types of specialist housing compared to other types of development they might otherwise be grouped with.

Charging schedules must be underpinned by viability assessments which consider whether accommodation for older people is a separate proposed use of development. If specialist housing for older people is not treated separately then the effect of a residential CIL charge on the provision of specialist housing should be properly considered in the viability assessment to assist examiners in determining if the CIL will have a detrimental impact on the delivery of this type of development at the examination.

**Advice for all officers:** Consider how contributions requested under Section 106 and CIL payments might support the wider strategic aims for the authority in addressing the need for specialist housing for older people in the area.

<sup>30</sup> Housing LIN, Viewpoint, A progressive approach to accessible housing, 2012.

## Local strategies for older people

- There are a number of important documents that can be used to create and support effective planning policies on specialist housing for older people. These include: Older Person Strategies, Housing Strategies and Older Person Accommodation strategies, among others. The best strategies seek to ensure that the accommodation, care and support needs of older people are determined, understood and met and are based on the assessed needs and evidence included in the SHMA.
- For instance, a housing strategy could include the local authority's approach to providing care and accommodation for older people, covering the need for different tenures and types. These strategies should encourage and facilitate the development of the full range of specialist housing for older people and help deliver the appropriate mix of accommodation to suit local needs.
- Where there is clarity on the local authority's strategic approach to specialist housing for older people, the local housing strategy for older people and any relevant documentation can form part of Supplementary Planning Documents.

**Advice for all officers:** Consider the housing needs of older people across each strategy document produced by the local authority.

**Advice for planning officers:** Engage with providers and older people at an early stage to produce Supplementary Planning Documents that reflects the needs illustrated in the local authority's housing and accommodation strategy for older people.

## Use of the New Homes Bonus

- The New Homes Bonus is a valuable tool to encourage housing delivery. Given the relative high density nature of specialist housing for older people, this form of accommodation can become a valuable source of income for a local authority.
- The multiplier effect of the Bonus, where Government provides additional money for each dwelling built equivalent to six years' Council Tax, means older people's housing could become an effective profit stream for local authorities. Given an average Band D Council tax rate of £1,300 per year, a local authority would receive £351,000 from Government for approving a 45-unit scheme. As this money is not ring fenced, it can be spent on any area they choose following consultation with the local community.
- While local authorities currently do not receive the New Homes Bonus for older people's accommodation approved under a 'C2' use class, one option is to use the money generated from Government from applications approved under a C3 scheme to fund more specialist housing for older people.

**Advice for planning officers:** Seek to maximise the use of the New Homes Bonus when reviewing applications for older people's accommodation under a 'C3' use class.

**Advice for housing and adult social care officers:** Consider the potential benefits in using the Bonus to fund housing initiatives for older people.

## Design and lifetime neighbourhoods

- The 2009 HAPPI report provides a useful starting point when reviewing design of proposals for specialist housing for older people.<sup>31</sup> It highlights the need for housing for older people to become a positive choice, with higher design standards for space and quality. The panel stated that innovative architecture could change the image of older people's housing by offering elegant designs that avoid an institutionalised feel. It noted the value of open or flexible-plan homes, flexible space, and allowing a flow of light and ventilation through the home.
- The 2012 HAPPI 2<sup>32</sup> report states that there should be no diminution in the quality of the individual apartments within tomorrow's retirement housing. It found that older people will so often be reluctant to downsize even where the family home is expensive to maintain, costly to heat, contains hazardous steps and stairs and may be isolated and insecure. Building on the Panel's earlier findings, the HAPPI 2<sup>32</sup> report recommends that only if the alternative is of sufficient size and attractiveness, will this drive for meeting the housing needs of young and old alike be realised.
- The 2011 All Party Parliamentary Group on Housing and Care for Older People 'Living Well at Home' Inquiry recommended that greater priority be given to taking forward HAPPI's recommendations.<sup>33</sup> The inquiry noted ways to stimulate social and private sector developers to build more high quality housing that meets the lifestyle choices of older people.
- There is value in looking more broadly at neighbourhood planning in terms of supporting older people's independence. Research published by DCLG has expanded and detailed the ways in which planners can work together with housing and independent service providers to create lifetime neighbourhoods.<sup>34</sup> This includes looking at housing as a key component, alongside resident involvement and participation, access to services and the relationship with the built and natural environment.

**Advice for planning officers:** Consider options for good design when reviewing planning applications for specialist housing for older people along with 'age-friendly' approaches to the wider built environment.

## Connecting health and social care strategies with housing and planning

- JSNAs and JHWSs will be increasingly important processes to help local authorities and the NHS link health and social care policies with activities in housing and planning.<sup>35</sup> As with development plans, the findings of the SHMA should link with the JSNA and JHWS to give a fuller and clearer picture of the need for specialist housing for older people. This can be achieved with little additional cost by drawing the data and expertise together.
- Spatial planning and care and support for older people have clear and tangible links. JSNAs and JHWSs have the ability to link planning for development and commissioning of local care and housing services. They can also provide an added dimension to housing strategies and older people's strategies.

<sup>31</sup> HAPPI Housing our ageing population: Panel for Innovation, 2009. <sup>32</sup> APPG for Housing and Care for Older People (2012) Housing our Ageing Population: Plan for Implementation <sup>33</sup> APPG for Housing and Care for Older People, Living Well at Home, Jeremy Porteus, July 2011. <sup>34</sup> DCLG (2011), Lifetime Neighbourhoods, [www.communities.gov.uk/documents/housing/pdf/2044122.pdf](http://www.communities.gov.uk/documents/housing/pdf/2044122.pdf). <sup>35</sup> Housing LIN (2012) Briefing Paper 2. Health, Well-being and the Older People Housing Agenda



- Planning policy-makers can seek to fully understand the health and well-being determinants and their evidential links with spatial planning and the built environment. They should consider where and how evidence (both qualitative and quantitative) presented and analysed in the JSNA can help to health-proof development plan policies and development proposals (e.g. making best use of disposal of NHS land for residential purposes). Planning authorities can also consider using JSNA evidence to monitor against locally-agreed health indicators and spatial planning policies as part of their Annual Monitoring Report.
- In the future, JSNAs and JHWSs will be produced by local authorities and the CCGs through the Health & Well-being Boards to improve outcomes across health, public health and social care and wider services and reduce health inequalities. They need to do this by aligning and joining up commissioning strategies. Housing with care and support is integral to delivering truly personalised services to older people, and hopefully planning and housing officers will be able to sit on the Boards. The cross-sector agreement for taking forward personalisation, Think Local Act Personal, states that good practice means the provision of a 'broad range of choice in the local care and support market, including housing options'.<sup>36</sup>

'Caring for our future', the Government's White Paper on Care and Support, emphasises the importance of truly personalised services and the need for suitable provision of housing as key principles for the delivery of better care and support. The White Paper outlines the Government expectation that strategic planning for housing need should be incorporated into the tools that support the emerging commissioning system. This will result in an improved suitable range of options for housing and support which are vital in order to help people stay independent for longer.

**Advice for all officers:** *Help to ensure that the JSNA and the Health and Well-being Boards link with the objectives of planning and housing.*

**Advice for all officers:** *Seek cross-departmental agreement and support between housing, health and planning on procurement, asset management and any land disposals to meet the strategic needs of the local authority.*

## Future funding models

- The National Housing Federation's report Breaking the Mould highlights a number of options for local authorities and independent housing and support providers to consider regarding how they can improve options open to people later in life.<sup>37</sup> It includes a section on looking at new models of funding, such as existing housing equity.
- Research by One Housing Group has also shown that equity release is currently used to fund care and support for older people in only 1% of cases, compared to 70% of cases where it is used for home improvements or adaptations.<sup>38</sup> Surveys and focus groups with older people have revealed that there is interest in using equity to fund care and support in old age, but that products need to be simple to understand, cheap to administer, flexible to adapt as care and support services develop, and meet a range of different personal circumstances.

## Funding and remodelling affordable specialist housing

*This is a particularly difficult environment in which to develop new affordable homes. Government funding for social housing can no longer be taken for granted, and affordable housing providers are capitalising on every income stream available in order to provide affordable housing for those who need it most. Many housing providers are now generating capital resources by providing accessible flexible housing for purchase, using any surpluses generated to re-invest in affordable housing. Others are looking to work with health and social care commissioners to jointly contribute to future developments or bidding for former NHS land to develop new specialist housing.*

## Hanover Housing Association – Muswell Hill development

- Location: Muswell Hill, London
- Provider: Hanover Housing Association
- Authority: London Borough of Haringey
- Size: 200 units
- Tenure: Mixed

Hanover Housing Association acquired a large site of the former St Luke's Hospital in Muswell Hill from Camden and Islington NHS Foundation Trust. Hanover, one of the largest providers of retirement housing in the UK, is redeveloping the site as a low density mixed residential scheme for up to 200 homes for sale and rent, 70% of which will be for people over 55.

The sales in the scheme will help to fund the affordable housing provision on the site. As part of the sale, there is likely to be some health services retained on site.

Local authorities can also look to work with housing providers to remodel existing specialist housing for older people. Where there are specialist schemes, which are no longer meeting older people's needs, providers would benefit from working with local partners to either re-designate the scheme or sell the land to develop new specialist housing elsewhere.

**Advice for all local commissioners:** *Look at a wide range of enterprising capital investment streams, including alternative funding models, such as equity release, to deliver specialist housing for older people.*

<sup>36</sup> Think Local, Act Personal, (2010) [http://www.thinklocalactpersonal.org.uk/\\_library/resources/personalisation/tlap/think\\_local\\_act\\_personal\\_5\\_4\\_11.pdf](http://www.thinklocalactpersonal.org.uk/_library/resources/personalisation/tlap/think_local_act_personal_5_4_11.pdf). <sup>37</sup> National Housing Federation (2011) Breaking the mould: re-visioning older people's housing. <sup>38</sup> One Housing Group (2010) Aspiration Age.

## Appendix A

### What is specialist housing?

The term ‘specialist housing for older people’ is used in this report to refer to range of housing options built to assist older people with their accommodation and support needs in later life. Key features include individual dwellings with their own front door (whether for rent, sale or shared ownership), communal areas such as lounges and restaurants, scheme manager (or other types of support service) and varying levels of personal care and support.

Specialist housing is often confused with a registered care home, although there are a number of key differences: residents’ care needs can be less than those found in a residential care or nursing home, and residents in specialist housing have their own apartments. There is a variety of different specialist housing, and there are constantly new models being created. A glossary of current terms is set out below:

**Almshouses** are one of the oldest forms of specialist housing and are usually charitable dwellings provided for those in later life.

**Continuing Care Retirement Communities** provide a range of accommodation and tenure options on site including Extra Care units and a care home on site. They provide on-site services and domiciliary care beyond the care home. They can often be as large as 7 to 12 acres (3 to 5 hectares) in size.

**Enhanced Sheltered Housing** is used to describe sheltered housing that provides more in facilities and services than traditional sheltered housing but does not offer the full range of provision that is found in an Extra Care Housing scheme.

**Extra Care Housing** is the term used for a complex of specialist housing for older people for, which provides care in a style that can respond flexibly to increasing need while helping the individual to retain their place within their existing community. Extra Care can provide a range of ‘lifestyle’ facilities for social, cultural, educational and recreational activities.

**Leasehold Retirement Housing** is similar to Sheltered Housing and is a property designed for occupation by older people and sold on a long lease, generally 99 or 125 years.

**Market rental** retirement developments are, as the name implies, let to tenants on a Market Rent, rather than a “Social Rent” or “Affordable Rent”.

**Mixed tenure** schemes refer to developments where there are a range of properties on one site that may be rented, part owned and part rented, or wholly purchased on a leasehold basis.

**Retirement Housing** is a term widely adopted to describe sheltered housing, especially when provided for leasehold sale.

**Retirement Village** is a term generally used to describe large scale mixed tenure Extra Care or Continuing Care Retirement Community developments, generally in the range of 90 to 350 units, with developments of around 250 units being common.

**Sheltered Housing** is the most widely known form of specialised housing for older people. Traditionally, support was provided by a scheme manager who was often resident on site, but increasingly this support is being offered through floating services. The term has generally now been superseded by Retirement Housing, although it is still used in planning circles.

**Very Sheltered Housing** is a term that has largely been superseded by Extra Care Housing.

## Appendix B

### Appendix sample tables

This series of tables provides worked examples that illustrate the process of assembling an evidence base set out in Section Five. They use data for the Metropolitan Borough of Bury but the conclusions drawn from the analysis of the data are simply to illustrate the methodology and should not be taken as representing the policy position or intentions of that local authority.

Table 1: Projections by five year age cohorts – MB Bury

|                              | 2010   | 2015   | 2020   | 2025   | 2030   |
|------------------------------|--------|--------|--------|--------|--------|
| People aged 65-69            | 8,900  | 10,500 | 9,200  | 9,600  | 11,300 |
| People aged 70-74            | 7,300  | 7,700  | 9,500  | 8,400  | 8,800  |
| People aged 75-79            | 5,800  | 6,400  | 6,800  | 8,400  | 7,500  |
| People aged 80-84            | 4,100  | 4,400  | 5,200  | 5,700  | 7,100  |
| People aged 85-89            | 2,600  | 2,700  | 3,200  | 3,900  | 4,300  |
| People aged 90 and over      | 1,300  | 1,500  | 1,800  | 2,400  | 3,200  |
| Total population 65 and over | 30,000 | 33,200 | 35,700 | 38,400 | 42,200 |

Figures may not sum due to rounding. Crown copyright 2010

Table 2: Projections by five year age cohorts by gender – MB Bury<sup>39</sup>

|                           | 2010   | 2015   | 2020   | 2025   | 2030   |
|---------------------------|--------|--------|--------|--------|--------|
| Males aged 65-69          | 4,300  | 5,100  | 4,400  | 4,600  | 5,400  |
| Males aged 70-74          | 3,300  | 3,600  | 4,500  | 3,900  | 4,200  |
| Males aged 75-79          | 2,500  | 2,800  | 3,100  | 3,900  | 3,400  |
| Males aged 80-84          | 1,700  | 1,900  | 2,300  | 2,500  | 3,200  |
| Males aged 85-89          | 1,000  | 1,100  | 1,300  | 1,600  | 1,800  |
| Males aged 90 and over    | 300    | 400    | 500    | 800    | 1,100  |
| Total males 65 and over   | 13,100 | 14,900 | 16,100 | 17,300 | 19,100 |
| Females aged 65-69        | 4,600  | 5,400  | 4,800  | 5,000  | 5,900  |
| Females aged 70-74        | 4,000  | 4,100  | 5,000  | 4,500  | 4,700  |
| Females aged 75-79        | 3,300  | 3,500  | 3,700  | 4,500  | 4,100  |
| Females aged 80-84        | 2,400  | 2,600  | 2,900  | 3,200  | 3,900  |
| Females aged 85-89        | 1,600  | 1,700  | 1,900  | 2,300  | 2,500  |
| Females aged 90 and over  | 1,000  | 1,100  | 1,300  | 1,600  | 2,100  |
| Total females 65 and over | 16,900 | 18,400 | 19,600 | 21,100 | 23,200 |

Figures may not sum due to rounding. Crown copyright 2010

<sup>39</sup> For tables 1-3 figures are taken from Office for National Statistics (ONS) sub-national population projections by sex and quinary age. The latest sub-national population projections available for England, published 27 May 2010, are based on the 2008 mid year population estimates and project forward the population from 2008 to 2033. Long term population projections are an indication of the future trends in population by age and gender over the next 25 years. They are trend based projections, which means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the previous five years. They show what the population will be if recent trends in these continue. The projections do not take into account any future policy changes.

Table 3: Total population aged 65 – MB Bury

|                                                                     | 2010    | 2015    | 2020    | 2025    | 2030    |
|---------------------------------------------------------------------|---------|---------|---------|---------|---------|
| Total population                                                    | 182,800 | 185,200 | 189,200 | 193,100 | 196,200 |
| Population aged 65 and over                                         | 30,000  | 33,200  | 35,700  | 38,400  | 42,200  |
| Population aged 85 and over                                         | 3,900   | 4,200   | 5,000   | 6,300   | 7,500   |
| Population aged 65 and over as a proportion of the total population | 16.41%  | 17.93%  | 18.87%  | 19.89%  | 21.51%  |
| Population aged 85 and over as a proportion of the total population | 2.13%   | 2.27%   | 2.64%   | 3.26%   | 3.82%   |

Figures may not sum due to rounding. Crown copyright 2010

Table 4: People aged 65 and over by ethnic group, MB Bury<sup>40</sup>

|                                                                                                                      | People aged 65-74 | People aged 75-84 | People aged 85+ |
|----------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-----------------|
| White (this includes British, Irish and Other White)                                                                 | 15,195            | 9,298             | 3,607           |
| Mixed Ethnicity (this includes White and Black Caribbean; White and Black African; White and Asian; and Other Mixed) | 28                | 14                | 8               |
| Asian or Asian British (this includes Indian; Pakistani; Bangladeshi; and Other Asian or Asian British)              | 330               | 112               | 14              |
| Black or Black British (this includes Black Caribbean; Black African; and Other Black or Black British)              | 85                | 37                | 5               |
| Chinese or Other Ethnic Group                                                                                        | 35                | 20                | 0               |
| All people                                                                                                           | 15,673            | 9,481             | 3,634           |

Figures may not sum due to rounding. Crown copyright 2010

Table 5: People aged 65 or over in MB Bury unable to manage at least one mobility activity<sup>41</sup>

|                                                                                       | 2010  | 2015  | 2020  | 2025  | 2030  |
|---------------------------------------------------------------------------------------|-------|-------|-------|-------|-------|
| People aged 65-69 unable to manage at least one activity on their own                 | 758   | 894   | 784   | 818   | 963   |
| People aged 70-74 unable to manage at least one activity on their own                 | 970   | 1,016 | 1,250 | 1,110 | 1,172 |
| People aged 75-79 unable to manage at least one activity on their own                 | 993   | 1,071 | 1,149 | 1,413 | 1,269 |
| People aged 80-84 unable to manage at least one activity on their own                 | 1,002 | 1,096 | 1,255 | 1,378 | 1,707 |
| People aged 85 and over unable to manage at least one activity on their own           | 1,755 | 1,925 | 2,230 | 2,790 | 3,315 |
| Total population aged 65 and over unable to manage at least one activity on their own | 5,478 | 6,002 | 6,668 | 7,509 | 8,426 |

Figures may not sum due to rounding. Crown copyright 2010

<sup>40</sup> Figures are taken from Office for National Statistics (ONS) Table PEEGC163, Ethnic group of adults by custom age bandings, mid-2007. This table is a commissioned table from the Population Estimates by Ethnic Group. The Estimates, released in April 2009, are experimental statistics. This means that they have not yet been shown to meet the quality criteria for National Statistics, but are being published to involve users in the development of the methodology and to help build quality at an early stage. The wording used for ethnic groupings are as used by ONS. <sup>41</sup> Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed. Figures are taken from Living in Britain Survey (2001), table 29. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be unable to manage at least one of the mobility tasks listed, to 2030.



Table 6: Difficulties with specific mobility tasks with immediate relevance for a need for appropriate accommodation – MB Bury

| Age Group                                | 65 – 69 |       | 70 – 74 |       | 75 – 79 |       | 80 – 84 |       | 85+ |       | Total |
|------------------------------------------|---------|-------|---------|-------|---------|-------|---------|-------|-----|-------|-------|
|                                          | %       | No    | %       | No    | %       | No    | %       | No    | %   | No    |       |
| Going out of doors and walking down road | 6       | 534   | 10      | 730   | 14      | 812   | 20      | 820   | 41  | 1,599 | 4,495 |
| Getting up and down stairs and steps     | 5       | 445   | 7       | 511   | 10      | 580   | 16      | 656   | 24  | 936   | 3,128 |
| Getting around house (on the level)      | 1       | 89    | 0       | -     | 2       | 116   | 2       | 82    | 2   | 78    | 365   |
| Getting to the toilet                    | 1       | 89    | 1       | 73    | 1       | 58    | 1       | 41    | 31  | 1,209 | 1,470 |
| Base Number                              |         | 8,900 |         | 7,300 |         | 5,800 |         | 4,100 |     | 3,900 |       |

Contact Consulting based on ONS Census and General Household Survey, 2001

Table 7: People aged 65 and over unable to manage at least one domestic task on their own, by age group projected to 2025 – MB Bury

|                                                                                            | 2011   | 2015   | 2020   | 2025   | 2030   |
|--------------------------------------------------------------------------------------------|--------|--------|--------|--------|--------|
| Males aged 65-69 unable to manage at least one domestic task on their own                  | 688    | 816    | 704    | 736    | 864    |
| Males aged 70-74 unable to manage at least one domestic task on their own                  | 693    | 756    | 945    | 819    | 882    |
| Males aged 75-79 unable to manage at least one domestic task on their own                  | 900    | 1,008  | 1,116  | 1,404  | 1,224  |
| Males aged 80-84 unable to manage at least one domestic task on their own                  | 697    | 779    | 943    | 1,025  | 1,312  |
| Males aged 85 and over unable to manage at least one domestic task on their own            | 884    | 1,020  | 1,224  | 1,632  | 1,972  |
| Females aged 65-69 unable to manage at least one domestic task on their own                | 1,288  | 1,512  | 1,344  | 1,400  | 1,652  |
| Females aged 70-74 unable to manage at least one domestic task on their own                | 1,600  | 1,640  | 2,000  | 1,800  | 1,880  |
| Females aged 75-79 unable to manage at least one domestic task on their own                | 1,716  | 1,820  | 1,924  | 2,340  | 2,132  |
| Females aged 80-84 unable to manage at least one domestic task on their own                | 1,608  | 1,742  | 1,943  | 2,144  | 2,613  |
| Females aged 85 and over unable to manage at least one domestic task on their own          | 2,132  | 2,296  | 2,624  | 3,198  | 3,772  |
| Total population aged 65 and over unable to manage at least one domestic task on their own | 12,206 | 13,389 | 14,767 | 16,498 | 18,303 |

Figures may not sum due to rounding. POPPI & Office of National Statistics Crown copyright 2008

Table 8: Difficulties with specific domestic tasks with immediate relevance for a need for appropriate accommodation – MB Bury

| Age Group                  | 65 – 69 |     | 70 – 74 |     | 75 – 79 |     | 80 – 84 |     | 85+   |       | Total |
|----------------------------|---------|-----|---------|-----|---------|-----|---------|-----|-------|-------|-------|
|                            | %       | No  | %       | No  | %       | No  | %       | No  | %     | No    |       |
| Shopping                   | 5       | 445 | 9       | 657 | 14      | 812 | 21      | 861 | 41    | 1,599 | 4,374 |
| Use vacuum cleaner         | 5       | 445 | 8       | 584 | 10      | 580 | 17      | 697 | 38    | 1,482 | 3,788 |
| Washing & Drying dishes    | 6       | 534 | 6       | 438 | 9       | 522 | 12      | 492 | 24    | 936   | 2,922 |
| Deal with personal affairs | 3       | 267 | 4       | 292 | 7       | 406 | 10      | 410 | 25    | 975   | 2,350 |
| Base Number                | 8,900   |     | 7,300   |     | 5,800   |     | 4,100   |     | 3,900 |       |       |

Contact Consulting based on ONS Census 2001 and General Household Survey 2001

Table 9: People aged 65 and over unable to manage at least one self-care activity on their own, by age group (65-74, and 75 and over), projected to 2025 – MB Bury

|                                                                                                 | 2011  | 2015   | 2020   | 2025   | 2030   |
|-------------------------------------------------------------------------------------------------|-------|--------|--------|--------|--------|
| Males aged 65-69 unable to manage at least one self-care activity on their own                  | 774   | 918    | 792    | 828    | 972    |
| Males aged 70-74 unable to manage at least one self-care activity on their own                  | 627   | 684    | 855    | 741    | 798    |
| Males aged 75-79 unable to manage at least one self-care activity on their own                  | 725   | 812    | 899    | 1,131  | 986    |
| Males aged 80-84 unable to manage at least one self-care activity on their own                  | 561   | 627    | 759    | 825    | 1,056  |
| Males aged 85 and over unable to manage at least one self-care activity on their own            | 663   | 765    | 918    | 1,224  | 1,479  |
| Females aged 65-69 unable to manage at least one self-care activity on their own                | 966   | 1,134  | 1,008  | 1,050  | 1,239  |
| Females aged 70-74 unable to manage at least one self-care activity on their own                | 1,200 | 1,230  | 1,500  | 1,350  | 1,410  |
| Females aged 75-79 unable to manage at least one self-care activity on their own                | 1,287 | 1,365  | 1,443  | 1,755  | 1,599  |
| Females aged 80-84 unable to manage at least one self-care activity on their own                | 1,272 | 1,378  | 1,537  | 1,696  | 2,067  |
| Females aged 85 and over unable to manage at least one self-care activity on their own          | 1,924 | 2,072  | 2,368  | 2,886  | 3,404  |
| Total population aged 65 and over unable to manage at least one self-care activity on their own | 9,999 | 10,985 | 12,079 | 13,486 | 15,010 |

Figures may not sum due to rounding. POPPI & Office of National Statistics Crown copyright 2008

Table 10: Difficulties with specific personal care tasks with immediate relevance for a need for appropriate accommodation – MB Bury

| Age Group                           | 65 – 69 |     | 70 – 74 |     | 75 – 79 |     | 80 – 84 |     | 85+  |     | Total |
|-------------------------------------|---------|-----|---------|-----|---------|-----|---------|-----|------|-----|-------|
|                                     | %       | No  | %       | No  | %       | No  | %       | No  | %    | No  |       |
| Bathing, showering washing all over | 3       | 267 | 5       | 365 | 6       | 348 | 11      | 451 | 21   | 819 | 2250  |
| Dressing & undressing               | 2       | 158 | 2       | 146 | 116     | 4   | 164     | 8   | 312  | 896 |       |
| Base Number                         | 8900    |     | 7300    |     | 5800    |     | 4100    |     | 3900 |     |       |

Contact Consulting based on ONS Census 2001 and General Household Survey 2001

Table 11: People aged 65 and over with a limiting long-term illness, by age projected to 2025 – MB Bury

|                                                                     | 2010   | 2015   | 2020   | 2025   | 2030   |
|---------------------------------------------------------------------|--------|--------|--------|--------|--------|
| People aged 65-74 with a limiting long-term illness                 | 7,063  | 7,935  | 8,153  | 7,848  | 8,764  |
| People aged 75-84 with a limiting long-term illness                 | 5,506  | 6,006  | 6,674  | 7,841  | 8,120  |
| People aged 85 and over with a limiting long-term illness           | 2,058  | 2,217  | 2,639  | 3,325  | 3,958  |
| Total population aged 65 and over with a limiting long-term illness | 14,627 | 16,158 | 17,466 | 19,015 | 20,842 |

Figures may not sum due to rounding. POPPI & Office of National Statistics Crown copyright 2008

Table 12: People aged 65 and over living alone, by age and gender, projected to 2030 - MB Bury

|                                                           | 2010  | 2015  | 2020  | 2025   | 2030   |
|-----------------------------------------------------------|-------|-------|-------|--------|--------|
| Males aged 65-74 predicted to live alone                  | 1,520 | 1,740 | 1,780 | 1,700  | 1,920  |
| Males aged 75 and over predicted to live alone            | 1,870 | 2,108 | 2,448 | 2,992  | 3,230  |
| Females aged 65-74 predicted to live alone                | 2,580 | 2,850 | 2,940 | 2,850  | 3,180  |
| Females aged 75 and over predicted to live alone          | 5,063 | 5,429 | 5,978 | 7,076  | 7,686  |
| Total population aged 65-74 predicted to live alone       | 4,100 | 4,590 | 4,720 | 4,550  | 5,100  |
| Total population aged 75 and over predicted to live alone | 6,933 | 7,537 | 8,426 | 10,068 | 10,916 |

Figures may not sum due to rounding. Crown copyright 2010

Table 13: People aged 65 and over predicted to have dementia, by age and gender, projected to 2030 - MB Bury

|                                                              | 2010  | 2015  | 2020  | 2025  | 2030  |
|--------------------------------------------------------------|-------|-------|-------|-------|-------|
| People aged 65-69 predicted to have dementia                 | 111   | 131   | 114   | 119   | 140   |
| People aged 70-74 predicted to have dementia                 | 198   | 210   | 260   | 229   | 243   |
| People aged 75-79 predicted to have dementia                 | 342   | 370   | 399   | 491   | 440   |
| People aged 80-84 predicted to have dementia                 | 493   | 540   | 620   | 681   | 845   |
| People aged 85-89 predicted to have dementia                 | 522   | 561   | 639   | 778   | 856   |
| People aged 90 and over predicted to have dementia           | 391   | 449   | 539   | 714   | 952   |
| Total population aged 65 and over predicted to have dementia | 2,056 | 2,261 | 2,570 | 3,012 | 3,475 |

Figures may not sum due to rounding. Crown copyright 2010

Table 14: Population of older people receiving state pension plus at least one means tested benefit

| Bury                                                                     | Pensioners |
|--------------------------------------------------------------------------|------------|
| Total population of pensionable age (Women 60+ & Men 65+)                | 34,700     |
| Total receiving state pension only                                       | 21,670     |
| Proportion receiving state pension plus at least one other state benefit | 37.55%     |
| Comparator percentage for England                                        | 35.68%     |

Data from DWP, Pension age client Group caseload (Thousands): Local authority of claimant by statistical group, for May 2010. Benefits covered include: Incapacity, carer, income related, disability, bereavement. It does not include housing benefit.

Table 15: Provision of place for older people 2010 – MB Bury

|                                               | Number of units/places | Per 1,000 of the population 65 years and over (30,000) | Per 1,000 of the population 75 years and over (13,800) | Per 1,000 of the population 85 years and over (3,900) |
|-----------------------------------------------|------------------------|--------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------|
| Sheltered housing to rent <sup>42</sup>       | 1,549 <sup>42</sup>    | 51.63                                                  | 112.25                                                 | 397.18                                                |
| Retirement Housing on leasehold               | 152                    | 5.07                                                   | 11.01                                                  | 38.97                                                 |
| Total sheltered all tenures                   | 1,701                  | 56.70                                                  | 123.26                                                 | 436.15                                                |
| Registered Care places offering personal care | 669                    | 22.30                                                  | 48.48                                                  | 171.54                                                |
| Registered Care places offering nursing care  | 824                    | 27.46                                                  | 59.71                                                  | 211.28                                                |

Source: Contact Consulting from EAC database)

Table 16: Proportion of population aged 65 and over by age and tenure, i.e., owned, rented from council, other social rented, private rented or living rent free, year 2001 – MB Bury

|                                    | People aged 65-74 | People aged 75-84 | People aged 85 and over |
|------------------------------------|-------------------|-------------------|-------------------------|
| Owned                              | 79.10%            | 72.00%            | 62.08%                  |
| Rented from council                | 11.37%            | 14.74%            | 19.38%                  |
| Other social rented                | 5.52%             | 7.20%             | 9.04%                   |
| Private rented or living rent free | 4.00%             | 6.06%             | 9.50%                   |

Figures may not sum due to rounding. . Office of National Statistics Crown copyright 2010

Table 17: Provision of units of specialised accommodation available by tenure of population 75 years and over MB Bury

|                                                                    | Leasehold | Rented |
|--------------------------------------------------------------------|-----------|--------|
| Population 75-84, persons                                          | 9,900     | 9,900  |
| Of which % in tenure                                               | 72.00%    | 28.00% |
| Number in tenure                                                   | 7,128     | 2,772  |
| Population 85+                                                     | 3,900     | 3,900  |
| Of which % in tenure                                               | 62.08%    | 37.92% |
| Number in tenure                                                   | 2,421     | 1,479  |
| Total in tenure 75 years and above                                 | 9,549     | 4,251  |
| Units of specialised accommodation for older people in this tenure | 152       | 1,549  |
| Ratio of units per 1k of population 75+ in tenure                  | 15.92     | 293.81 |

(Source: EAC Database, Re-formatted by Contact Consulting)

<sup>42</sup> There is a degree of estimation in this figure as the number of units in eight schemes from one provider are not shown in the data base and enquiry of the provider organisation did not yield explicit information. We have therefore made an estimation which is sufficient for this illustration. <sup>43</sup> Includes Close Care/Extra Care units shown separately in Table 18 following.



Table 18: Comparator provision of places for older people in England

| Categories of provision                          | Number  | Ratio of provision per 1,000 persons 75 years of age and over |
|--------------------------------------------------|---------|---------------------------------------------------------------|
| Sheltered housing for rent                       | 374,788 | 101.2                                                         |
| Retirement Housing for leasehold sale            | 105,016 | 28.4                                                          |
| All Sheltered / Retirement Housing               | 479,804 | 129.5                                                         |
| Extra Care Housing for Rent                      | 32,720  | 8.8                                                           |
| Extra Care Housing for leasehold sale            | 11,871  | 3.2                                                           |
| All Extra Care Housing                           | 44,591  | 12.0                                                          |
| Registered Care Home beds offering Personal Care | 213,763 | 57.7                                                          |
| Registered Care Home beds offering Nursing Care  | 140,971 | 38.0                                                          |

(Source: EAC Database, Re-formatted by Contact Consulting)

- This is taken by applying the data on tenure by age (Table 15) to the population data (Table 16). Divide these numbers into the respective supply numbers (Table 14) to produce ratios of provision (Table 18 – above)

Table 19: Indicative levels of future provision of various forms of accommodation for older people MB Bury

|                                         | Current provision | Current provision per 1,000 of Population 75+ | Increase or decrease | Resulting number of units | Provision per 1,000 of Population 75+ (13,800) |
|-----------------------------------------|-------------------|-----------------------------------------------|----------------------|---------------------------|------------------------------------------------|
| Conventional sheltered housing for rent | 1,508             | 109.27                                        | -680                 | 828                       | 60                                             |
| Leasehold sheltered housing             | 152               | 11.01                                         | +1,504               | 1,656                     | 120                                            |
| Enhanced sheltered housing              |                   |                                               |                      |                           |                                                |
| For rent                                | -                 | -                                             | +138                 | 138                       | 10                                             |
| For sale                                | -                 | -                                             | +138                 | 138                       | 10                                             |
| Extra care sheltered housing            |                   |                                               |                      |                           |                                                |
| For rent                                | 41                | 2.97                                          | +168                 | 207                       | 15                                             |
| For sale                                | -                 | -                                             | +414                 | 414                       | 30                                             |
| Housing based provision for dementia    | -                 | -                                             | +83                  | 83                        | 6                                              |

(Contact Consulting. Current supply modelled from EAC database)

## Information about the partners:



### About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

For further information about the Housing LIN's comprehensive list of online resources and shared learning and service improvement networking opportunities, including site visits and network meetings in your region, visit [www.housinglin.org.uk](http://www.housinglin.org.uk)



### About the National Housing Federation

The National Housing Federation is the voice of affordable housing in England. It believes that everyone should have the home they need at a price they can afford. It represents the work of housing associations and campaigns for better housing. Its members provide two and a half million homes for more than five million people, and each year they invest in a diverse range of neighbourhood projects that help create strong, vibrant communities.

For further information, visit [www.housing.org.uk](http://www.housing.org.uk)



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For further information, visit [www.mccarthyandstone.co.uk](http://www.mccarthyandstone.co.uk)



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Tetlow King Planning Ltd is a leading town planning and development consultancy. The company was founded in 1985 as a separate entity within the Tetlow King Group, which dates back to 1977. It provides professional advice to a range of clients across the public and private sectors and has extensive experience and expertise across the residential and care sectors for the elderly.

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### Contact Consulting

Contact Consulting was established in 1995 and offers a range of consultancy and research services, including service reviews, evaluations, modelling, and benchmarking for organisations in the statutory and voluntary sectors. It also develops strategies to meet the future housing and care needs for older people.

For further information, visit [www.contactconsulting.co.uk](http://www.contactconsulting.co.uk)



This report is available on the planning and design pages of the Housing Learning and Improvement Network website at [www.housinglin.org.uk/housinginlaterlife\\_planningtool](http://www.housinglin.org.uk/housinginlaterlife_planningtool)

For further information, please contact Paul Teverson at McCarthy & Stone on 01202 508096.