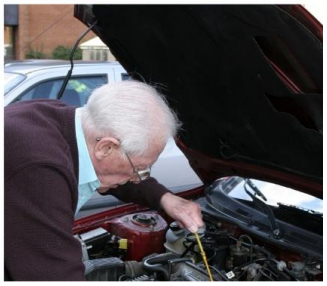
Worcestershire Extra Care Housing Strategy

2012-2026



Malvern Hills District Council
www.malvernhills.gov.uk

Redditch Borough Council
making a difference
www.redditchbc.gov.uk

Worcester City Council

Wychavon District Council
good services, good value

Wyre Forest District Council

worcestershire county council

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Executive Summary

Introduction

Worcestershire County Council with its District and Borough Council partners has developed a countywide strategy for extra care housing for older and disabled people. The strategy sets out the framework for the future development of extra care housing in Worcestershire. It covers the period 2012-2026.

The term 'extra care housing' has become one of the most widely used and adopted as the generic term for purpose designed, self-contained, housing for older and disabled people with care and support.

This strategy has been developed through:

- Updating the estimated need for extra care housing contained in the Worcestershire Housing and Support Needs of Older Persons Assessment 2009/10.
- The involvement of a broad range of interested parties and 'stakeholders' including:
  - The six local authorities with housing and planning responsibilities in Worcestershire.
  - Providers of extra care housing from social, charitable and private sectors.
  - Commissioners from Worcestershire County Council with an interest in extra care housing.
  - A group of local senior citizens with an interest in extra care housing.
- An understanding of the relevant national and local policies and priorities.

Through this strategy, over the years ahead, it is planned to make extra care housing an increasingly well known and chosen form of specialist accommodation in every District of the County. It will be available for people who want to buy and for people who want to rent. The local authorities will take a leading role in enabling extra care housing and they will encourage and work with providers from the social, charitable and private sectors to deliver the extra care housing required in Worcestershire.

Need for Extra Care Housing

The strategy estimates that an additional 4,703 units of extra care housing are required across Worcestershire by 2026. This level of need reflects the growing population of older people in Worcestershire, the majority of them property owners. It also reflects the desire for people who otherwise could be in care homes, to continue to live in their own homes. Of these, 3,450 units are suggested as being required for sale (including shared ownership) and 1,253 units are suggested as being required for rent. The table below shows the estimated number of units required by local authority area.

Local Authority	Total estimated units required
Bromsgrove	792
Malvern Hills	872
Redditch	438
Worcester	591
Wychavon	1,118
Wyre Forest	892
Worcestershire Total	4,703

Strategic Approach to Extra Care Housing

The strategic approach taken is deliberately intended not to be overly prescriptive. Instead the intention is to encourage imaginative and innovative approaches from providers and developers as a way of responding to the challenging economic climate, the decline in availability of grants for social housing on one side but substantial increases in projected need driven by demographic changes and a tenure mismatch in most districts. A specification for extra care housing has been developed as a basis of guiding housing and care providers, planners and interested agencies based on detailed consideration of the key variables within extra care housing.

Principles to guide developments are:

- Extra care is seen as an option for a wide range of needs stretching from older or disabled people who need more suitable accommodation, in which to continue to live independently in the company of others through to those who need high levels of care equivalent to residential or even dementia care.
- For the vast majority of older people it should not be necessary to move again simply because more care or support is needed.
- Mixed tenure rather than mono-tenure schemes are preferred in which case leases and tenancy agreements should, as far as possible, convey similar rights and obligations. Services, service charges and dwellings should also be as similar as possible. Because there are some differences in the legal position and rights of leaseholders and tenants generally the (stronger) rights, for example consultation on service charges of leaseholders, should apply to all.
- Space, design, environmental and other standards should be as high as possible in order to ensure long term letability and saleability.
- Extra care development will include ‘village’ type developments and individual ‘schemes’.
- Extra care developments can provide a base to serve a wider community with staff providing an outreach service to a locality while local residents ‘in- reach’ to use communal facilities.
- Continuing Care Retirement Communities, in which different buildings, some of which may be consistent with the key variables of extra care, are devoted to meeting different types of need, are acceptable.

Funding

Funding for new schemes will need to come from a variety of sources and extra care providers will need to be increasingly innovative due to the impact of the recession and public sector budget reductions. This will increase the need to develop significant volumes of units for sale to respond to the identified need and also to support the delivery of units available to rent. The financial issues are in summary:

- Public funding to subsidise the capital costs of extra care housing development will be significantly reduced or possibly withdrawn completely.
- In order for extra care development to be viable a much greater proportion of the units developed will need to be for leasehold sale, either outright or through some form of shared equity.
- In order for this to happen, older people who are currently owner occupiers will need to find new extra care developments sufficiently attractive to want to purchase an apartment/property.
- Housing and extra care providers involved in the development of this strategy identified that selling 60-70% of properties in a scheme would be typically required to ensure viability.
- Provision of affordable rented units in new extra care developments, in the absence of grant, will need to be funded through subsidy from units for sale and/or contributions of land at below market value.
- It is anticipated that local authority budgets for care and support will be constrained over the next few years.
- The majority of older people entering extra care in the future are likely to have to fund their care from their own resources; the proportion of older people living in extra care housing who can expect to have their care costs funded by Worcestershire County Council Adult and Community Services is likely to reduce.
- In order to fund their care many older people may need to use some form of equity release product or 'mechanism' to release funds from their existing home or extra care apartment/property.

Delivery

There are a number of ways in which extra care housing will be developed and delivered including:

- Through suitable development sites of both new build extra care schemes and 'village' type development.
- Encouraging private development of extra care housing.
- Identifying existing sheltered housing schemes that could be upgraded through capital investment to enhance the building to provide the necessary infrastructure to deliver extra care, or a more limited form of extra care.
- Identifying the potential for 'core and cluster' models of service delivery in the vicinity of existing extra care schemes, potentially providing care to the wider local community and making the catering and social activity provision within extra care available to the wider local community.

The local authorities in Worcestershire will work actively with developers, extra care providers, and housing organisations, both social and private; to identify potential sites that are suitable and viable for extra care schemes and village type developments particularly as some of these types of schemes will only be viable on larger sites.

Benefits of the strategy

The table below summarises the key benefits of adopting and implementing this strategy:

Stakeholder	Benefits
Older and disabled people	♦ Strategy will lead over time to a growth in the volume, mix and range of extra care housing options and choices available. ♦ Addresses the requirements of the whole population of older and disabled people including both self funders and those people who will need public subsidy to meet their housing and care costs. ♦ Extra care housing will become much better known amongst the older population and their families and encourage better individual planning for future housing and care requirements. ♦ Will create options for older people to use their own resources to best effect to meet both their future housing and care needs and costs ♦ Will create attractive, aspirational housing options that are suited to people who either have or want to plan for changing housing requirements and potentially increasing care needs, including dementia.
Extra Care Housing Providers	♦ Provides a clear 'Worcestershire wide' position from all local authorities in relation to what types of developments are needed and desirable and would be supported by local authorities (and which would not). ♦ Provides a local authority 'endorsed' evidence base of need for extra care housing by District. ♦ Provides clear guidance in relation to the 'essential/desirable' components of any extra care housing development across Worcestershire. ♦ However, is not 'over prescriptive' providing flexibility for developers/providers to promote innovative and imaginative scheme proposals to local authorities within the context of the guidance in the strategy. ♦ Encourages mixed tenure developments and private/social sector partnerships. ♦ Provides a strategic statement that scheme proposals and delivery (in aggregate) need to address the needs/requirements of the whole population of older/disabled people. ♦ Sets out a clear expectation that there need to be schemes that can cater for people with more complex needs including dementia, spinal injuries, and older people with learning disabilities.
District Housing and Planning authorities	♦ Complements the new countywide housing strategy ♦ Provides a clear evidence base of the estimated need for extra care housing.

Stakeholder	Benefits
	♦ Provides a basis for specifying the type and volumes of extra care units required as part of local development frameworks and s106 agreements. ♦ Provides clear guidance about the characteristics, 'essential' and 'desirable', of extra care housing when providing guidance to developers and considering planning applications. ♦ Is not 'over prescriptive', i.e. it permits the best use of potential development opportunities. ♦ Provides the basis for a consistent approach and response to developers, particularly in the private sector, in relation to proposals for extra care housing and similar proposals. ♦ Over time the strategy has the potential to release family housing back into local housing markets as individuals purchase extra care apartments.
Worcestershire County Council Adult & Community Services	♦ Support and complements *Ageing Well* and the Worcestershire Dementia Strategy. ♦ Growth in volume of extra care housing allows potential reduction in use of and spending on residential care. ♦ Potentially more cost effective option than using residential care. ♦ Will create attractive housing with care options that encourage self funders to meet their housing and care needs and costs. ♦ Allows individuals to use forms of equity release/'downsizing' to meet both housing and care costs. ♦ Provides a mechanism for consensus with the District housing and planning authorities about 'definition', role of and approach to developing extra care housing. ♦ Provides housing with care options for the whole older people population. ♦ Specifically promotes housing with care options for people with dementia and older people with learning disabilities.

1. Introduction

1.1. Purpose and scope of this strategy

Worcestershire County Council with its District and Borough Council partners have developed a strategy for extra care housing for older and disabled people that covers all areas of Worcestershire. This strategy sets out the framework for the future development of extra care housing in Worcestershire. This strategy covers the period 2012-2026.

The term 'extra care housing' has become one of the most widely used and adopted as the generic term for purpose designed, self-contained, housing for older and disabled people with care and support.

Through this strategy, over the years ahead, it is planned to make extra care housing an increasingly well known and chosen form of specialist accommodation in every District of the County. It will be available for people who want to buy and for people who want to rent. The local authorities will take a leading role in developing extra care housing and they will encourage providers from the social, charitable and private sectors to deliver the extra care housing required in Worcestershire.

Future development will include new schemes, redevelopment of some existing sheltered housing and 'hub and spoke' models of outreach in to nearby communities. A range of tenure options should be developed including shared ownership types of home ownership.

This strategy estimates that an additional 4,703 units of extra care housing are required across Worcestershire by 2026. This level of need reflects the growing population of older people in Worcestershire, the majority of them property owners. It also reflects the desire for people to continue to live in their own homes rather than move to a residential care home.

Funding for new schemes will need to come from a variety of sources and extra care providers will need to be increasingly innovative due to the impact of the recession and public sector budget reductions. This will increase the need to develop significant volumes of units for sale to respond to the identified need and also to support the delivery of units available to rent.

1.2. Background and approach.

This strategy takes the Worcestershire Housing and Support Needs of Older Persons Assessment that was carried out in 2009/10 as a starting point and uses the information captured and analysed as part of that work.

This strategy has been developed through:

- Updating the estimated need for extra care housing contained in the Worcestershire Housing and Support Needs of Older Persons Assessment 2009/10.
- The involvement of a broad range of interested parties and 'stakeholders' including:

  - The six local authorities with housing and planning responsibilities in Worcestershire.
  - Providers of extra care housing.
  - Commissioners from Worcestershire County Council with an interest in extra care housing.
  - A group of senior citizens with an interest in extra care housing.
- An understanding of the relevant national and local policies and priorities.

1.3. Content of strategy

The strategy in summary contains:

- An assessment of the levels of need for types of extra care housing required in Worcestershire broken down by District.
- The key messages from a range of stakeholders in relation to the types and 'models' of extra care housing that are appropriate and suitable for different localities and areas within Worcestershire.
- Guidance in relation to extra care housing that can be used by Strategic Commissioning managers, Strategic Housing and Planning managers from all local authorities in Worcestershire so that there is consensus on the nature and specification of extra care housing for Worcestershire.
- The funding options, both in terms of capital and revenue, in relation to any proposed development of extra care housing in the context of significant reductions in public spending on housing and care/support.
- A delivery programme for the County. A separate detailed delivery programme will be developed which will have delivery plans at District and Borough Council level.

2. Context: Policy and Practice

To put the development of extra care housing in Worcestershire in a wider context this section outlines:

- National housing policy in relation to older people and the direction of relevant social care policy.
- Relevant policy and plans developed in Worcestershire.
- A brief summary of guidance and research evidence in relation to extra care housing.

2.1. National policy

The Coalition Government has produced a national housing strategy, *Laying the Foundations: a housing strategy for England.* (2011) and it includes references to a 'new deal for older people's housing'. Recent presentations given by civil servants from the Department for Communities and Local Government (CLG) have indicated that the *National Strategy for Housing in an Ageing Society*[1] produced in 2008 by the previous Government also remains valid.

This strategy, known as *Lifetime Homes, Lifetime Neighbourhoods*, sets out a wide range of objectives in relation to widening the range of housing, care and support options and opportunities available to people as they become older and/or experience disability.

Lifetime Homes, Lifetime Neighbourhoods seeks to respond to what older people say they want. It outlines new approaches and investment in information and adaptation services, adoption of Lifetime Homes standards in the public sector and a positive vision for specialist housing.

It is based on a recognition that as the population ages, by 2026 older people will account for almost half (48 per cent) of the increase in the total number of households, resulting in 2.4 million more older households than there are today. The strategy recognises that good housing is critical to manage the mounting pressures of care and support expenditure and envisages making it easier and safer for older people to stay in their own homes.

There is no lack of discussion of the right social care policy for an ageing society. Influential publications over the last 5 years include the following:

- *Our Health, Our Care, Our Say*: a new direction for community services (Department of Health 2006).
- *Putting People First* - Concordat (Department of Health 2007) and the linked Transforming Adult Social Care (Department of Health 2008).
- *Living Well With Dementia* – A National Dementia Strategy (Department of Health 2009).
- *Under Pressure* – 'Tackling the financial challenge for councils of an ageing population' (Audit Commission 2010).

[1] National Strategy for Housing in an Ageing Society: Lifetime Homes, Lifetime Neighbourhoods. CLG, 2008

It is apparent that recurring themes in social care policy are:

- Supporting people to live at home.
- Preventing dependency.
- Encouraging independence and an active, healthy lifestyle in later life.

There is an emerging philosophy of viewing people as individual customers of services, a concern to improve quality but also about how social care can be afforded. In concrete terms, we see in policy and practice:

- An emphasis on extending the range of **choice.**
- A shift away from more institutional provision in favour of supporting people to be **independent.**
- Giving people greater direct **control** over their life and how they are supported most recently manifest in the concept of 'personal budgets' for social care.

2.2. Local strategies and plans

This extra care strategy is a part of a wider set of recent housing and social care policies within Worcestershire. These are summarised below.

2.2.1. Worcestershire housing strategy 2011-2016

The Worcestershire Housing Strategy has been developed by all six local housing authorities. It sets the future direction of housing related services within the county over the next 5 years.

It contains a number of priorities and actions that relate either generally or specifically to extra care housing including:

- Supporting older people to make choices through availability of trustworthy advice on options, provision of support and practical help around the home where needed.
- Encouraging people to downsize, including older people.
- To develop financially sustainable models of extra care provision to meet the needs of older people within the county.

The Local Investment Plan (LIP) sets out the vision for Worcestershire in terms of housing, planning, transport, regeneration, social care, health, infrastructure and employment. It is anticipated that as the LIP is updated over time, local partners will clearly refine their lists of individual housing schemes to reflect the delivery of sites and schemes, new investment opportunities that emerge and the availability of public and private sector funding. One of the identified priorities in the LIP is housing for older people including extra care housing.

In addition some of the housing authorities have developed specific older person's strategies, for example Redditch Borough Council has a Strategy for Older Persons' Housing and Support 2008-2026, which sets out the local agenda and framework for the future of older persons' housing and support, including extra care housing.

2.2.2. Worcestershire Strategic Market Housing Assessment

The housing authorities in Worcestershire have commissioned GVA and Edge Analytics to prepare a Strategic Housing Market Assessment (SHMA), which estimates future demand for new housing including affordable housing over the period to 2030. As well as considering the future overall housing demand, the SHMA looks at some specific 'household groups' including older people.

The SHMA and the Extra Care Strategy are complementary in terms of the demographic projections for older people's households and the growth in this population and the housing implications. As with this strategy the SMHA also draws on research into the Housing and Support Needs of Older People within Worcestershire that was undertaken by the Housing and Support Partnership in 2009/10.

2.2.3. *Ageing Well*: Worcestershire older person's commissioning strategy 2011 - 2016

This strategy sets out the overall context, approach and priorities in relation to care and support for older people. The local context for this strategy is:

- An ageing population.
- Improving health and potential for high quality of life for older people.
- But, also more years of poor health and limited ability for some, leading to increasing care and support needs.
- Hence, the focus will be on social care and community based support especially personal care and household tasks.
- The need to support effective use of high levels of equity amongst owner occupiers and support older people to enjoy a quality of life.

The strategy is focussed on key priorities related to maintaining and enhancing the independence of older people including:

- Providing information and advice.
- Promoting self care and community support.
- The role of 'low level support'.
- Commissioning and facilitating supported housing, including extra care housing.
- Rehabilitation support.
- Dementia and mental wellbeing.

There are a number of key themes within this strategy that are relevant to the development of extra care housing in Worcestershire:

- Focus on wellbeing agenda – "keep yourself well".
- Ensuring that people take personal responsibility for their care and wellbeing.
- Ensuring that public and private resources are effectively used.
- Optimise the number of older people able to make informed choices regarding their heath, care and support needs.
- Ensure information and advice is available to self funders to ensure optimal use of personal resources

There is an expectation that extra care housing development needs to both support the aspirations of self funders and also help to limit demand from older people for more costly residential care.

2.2.4. Worcestershire Dementia Strategy 2011-2016

The dementia strategy is predicated upon the development of services that support people to 'live well with dementia' within the community following early diagnosis and subsequent delivery of information, advice, and emotional and practical support.

One priority of this strategy is for the care and support of people with dementia in their own home rather than in an institutional care setting. As a part of delivering this priority the role of both extra care housing and sheltered housing is promoted:

> *The needs of people with dementia and their carers should be integral to the development and delivery of supported housing schemes. It has been demonstrated that people with dementia can benefit from the flexible care packages and support offered in sheltered or extra care housing, provided that appropriate opportunities for social interaction are available.*
>
> *As with other health and social care staff those working in supported housing schemes need the understanding and skills to deliver person centred care.*

National policy, consistent with many older people's own wishes, is to extend housing and care options, support people to remain at home as far as possible, with assistance when required. The emphasis has consequently been on improving information about possible options, reducing reliance on more institutional forms of accommodation with greater use of equity by owners. Plans and strategies in Worcestershire incorporate these ambitions

2.3. Guidance and research

The Housing Learning & Improvement Network (LIN)[2] is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable adults, including people with disabilities and long term conditions. The Housing LIN had the lead for supporting the implementation and sharing the learning from the Department of Health's previous extra care housing programme.

More Choice, Greater Voice, the Department of Health Housing LIN toolkit (2008) reviews the changing aspirations of older people and summarises that accommodation and care should ensure:

- Real options for people in a range of personal and housing circumstances.
- Locations that provide access to a range of facilities and services.
- Provide actual and perceived security in the scheme and its surroundings.
- Recognise and provide for a diversity of lifestyle choices.
- Provide a flexible offer of service that is built on positive presumptions about old age.
- Offer the best available financial arrangements on entry and for the future.

[2] www.housinglin.org.uk

The Housing LIN produced an updated version of this toolkit, *Strategic Housing for Older People* (2011). This strategy is consistent with the most recent Housing LIN guidance.

It is beyond the scope of this strategy to reference all the relevant sources of information through the Housing LIN in relation to extra care housing however the evidence from research and guidance regarding extra care housing, although in some areas contradictory, still overwhelmingly indicates many benefits from extra care housing. In a nutshell some key findings include:

- Residents value the independence, security and social interaction offered by extra care housing.
- Most residents feel well connected, value social activities and make new friends.
- Some residents can be socially isolated, particularly those in poorer health and receiving care.
- 'Village' schemes and smaller schemes have different benefits and limitations for different people.
- Some people have transferred from care homes to extra care housing and 'thrived' and people with nursing care needs successfully live in some schemes.
- In some places there has been tension between 'the fit' and 'the frail' residents within extra care housing.
- Most people live in extra care housing through to the end of their lives and there are examples of schemes that have been able to increase significantly the opportunity to end a person's life in an extra care scheme where that is the resident's choice.
- Extra care housing can support people with cognitive impairment such as dementia but it is advisable for people to move in before this has developed significantly.
- Extra care housing is particularly valuable for couples with different levels of need.

2.4. The changing public and private dimension

The environment in which commissioners and providers of housing, care and support services operate is changing substantially and rapidly.

- The NHS White Paper '*Equality and Excellence: Liberating the NHS'* proposes significant reform and different approaches for health care commissioning and delivery.
- Government policy is focussed towards decentralisation with increasing control placed into the hands of individuals and communities, whilst shifting power and responsibility away from the centre to local government.
- The public sector is expected to deliver more for less with an expectation that the focus of public resources will be on delivering improved outcomes for individuals and communities that promote self help, stronger communities and are financially sustainable in the longer term.
- Commissioners and service providers are being encouraged to think differently and to increasingly work across service boundaries.
- There is strong emphasis on bringing together public, private and voluntary resources and expertise in new and imaginative ways, to improve quality and productivity.

The key themes that are emerging from national policy and the impact of public spending reductions over the next five years are that:

- Individuals will be expected to take a greater responsibility for their own health and wellbeing. Extra care housing is likely to be one of the options that individuals may choose in relation to managing their own health and wellbeing.
- It is likely that a majority of individuals will need to fund or at least contribute to the cost of their future care needs; in the case of extra care housing this will be both the costs of purchasing a property as well as the costs of care.
- The role of local authorities will increasingly be that of a commissioning authority, rather than provider, with a stronger emphasis on, for example, providing information and facilitating access to appropriate advice for individuals to take decisions about purchasing an extra care property.

2.5. Policy and practice - summary

In summary, recent policy and practice in relation to extra care housing suggests that it can help to deliver the following key benefits:

- Providing quality housing and communities that are suitable for the needs of older people and some other vulnerable groups.
- Providing a wider range of housing and care choices.
- Freeing up properties in the housing chain through individuals moving to an extra care scheme.
- Promoting greater independence, choice and control.
- Reducing social isolation.
- Improving the health and wellbeing of people who use the service.
- Reducing the demand on community and acute health services.
- Providing an alternative to residential care for many people and nursing care for some.
- Keeping carers and the person they care for together.
- Providing most people who use the service with a ‘home for life’.
- Providing an environment that can provide safety and promote dignity.
- Supporting people at their ‘end of life’.

3. Need for Extra Care Housing

3.1. Introduction

This strategy draws on information that was collected from both primary and secondary sources for the Worcestershire Housing and Support Needs of Older Persons assessment (2009/10) as the starting point for establishing the need for types of extra care housing over the period 2011-2026. That assessment contained a large amount of data in relation to the demographic, income, housing and health profile of the older population in Worcestershire; only the data that is specifically relevant to extra care housing is drawn on from that assessment for this strategy.

Where appropriate, other data that is relevant to establishing the need for this type of housing, using other sources of local data, has been used, for example from commissioning strategies for older people and people with dementia.

3.2. Worcestershire older population – key features

From the Housing and Support Needs of Older Persons assessment (2009/10) the key features are:

- In Worcestershire by 2031 there will be a 42% increase in those over 60 and a 136% increase in those over 85. Rates of growth vary between Districts with higher growth in Wychavon and Malvern Hills. In absolute terms, Wychavon and Wyre Forest have the largest populations of older people.
- Although life expectancy has increased the period of poor health in later life when care may be needed has also risen, 4.3 years for men and 5.9 years for women. Those with dementia are likely to increase from 7,724 now to around 10,145 by 2020; a 31% increase.
- The number of people who need help with one or more daily activities like going to the toilet or getting out of bed is predicted to rise from 15,728 to 25,632 by 2025.
- Levels of owner occupation amongst older people in Worcestershire are very high at over 80% in the 55-74 age range underlining the importance of planning for all tenures but also the possible role of equity schemes.

3.3. Need for extra care housing - approach

This strategy takes the projections of need for types of extra care housing from the Housing and Support Needs of Older Persons assessment (2009/10). A refined version of the toolkit previously published by the Department of Communities and Local Government (CLG)[3], for the purpose of local authorities producing accommodation strategies for older people, which includes guidance regarding estimating need for extra care housing, is used to project the estimated need for extra care housing in Worcestershire. This is set out in more detail below in section 3.4.

[3] More Choice, Greater Voice, CLG (2008).

The projected need for types of extra care housing for Worcestershire is broken down by District/Borough council area. The relevant demographic context and other factors that are likely to affect the need for extra care housing are set out below. To set the need for extra care housing in context, some key features of the older population of Worcestershire are set out below.

3.3.1. Worcestershire older population

In England, over the next 23 years alone those aged over 60 years will increase from 11.3 million in 2008 to 16.7 million in 2031, a 47% growth in this cohort of the overall population. Those aged 85 and over will more than double from 1.1 million to 2.4 million (114%). These trends are reflected in Worcestershire.

Table 3.1 below illustrates that there will be an increase of 42% in the number of people aged 60 and over and by 2031 the oldest group of those over 85 will have increased by 136%.

Table 3.1 - Population of Worcestershire Residents aged 60+, 2011-2031

Age Group	2011	2016	2021	2026	2031
60-84	135,800	146,800	157,800	170,400	178,200
85+	15,100	18,000	21,900	27,400	35,600
Total	**150,900**	**164,800**	**179,700**	**197,800**	**213,800**

Source: ONS 2008-based Subnational Population Projections

Table 3.2 below shows the number of people over 65 by District 2011 to 2031

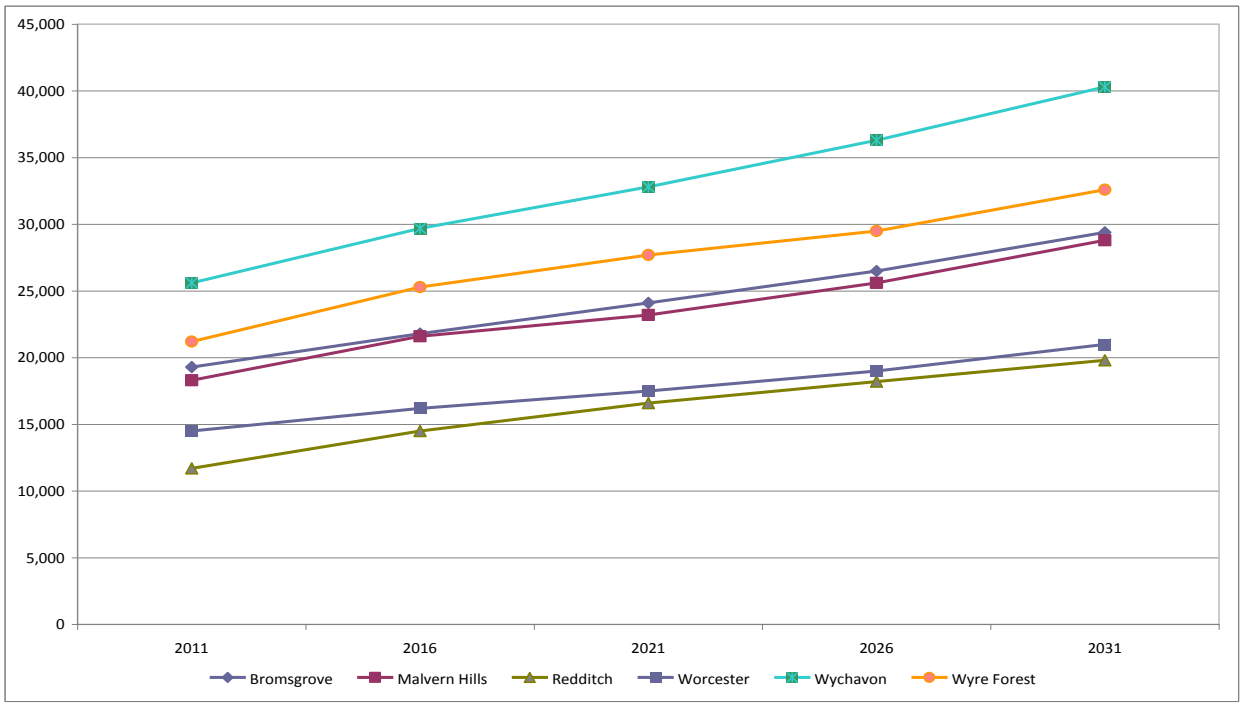
Table 3.2 - Population aged 65+, by District, 2011-2031

District	2011	2016	2021	2026	2031
Bromsgrove	19,300	21,800	24,100	26,500	29,400
Malvern Hills	18,300	21,600	23,200	25,600	28,800
Redditch	11,700	14,500	16,600	18,200	19,800
Worcester	14,500	16,200	17,500	19,000	21,000
Wychavon	25,600	29,700	32,800	36,300	40,300
Wyre Forest	21,200	25,300	27,700	29,500	32,600
Total	**110,400**	**129,300**	**142,200**	**155,600**	**171,500**

Note: Totals may not sum due to rounding
Source: ONS 2008-based Subnational Population Projections

While all Districts can expect significant increases, within this overall picture patterns of growth vary between the six authorities, see graph 3.3. below. Worcester, for example, shows significantly lower growth than Wychavon (the steeper the graph the higher the growth rate).

Graph 3.3: Number of people over 65 by District 2008 to 2031 ('000s)



The proportion of people needing services rises with age and it is the older age groups in particular which are set to increase. The numbers of people aged 75 and over are projected to increase by 88% between 2011 and 2031 across Worcestershire. Table 3.4. below shows the increase in the population aged 75 years and over by District.

Table 3.4.Number of people aged 75 years and over by District 2011-2031

District	2011	2016	2021	2026	2031
Bromsgrove	9,100	10,600	12,800	15,100	16,700
Malvern Hills	8,800	10,200	12,200	14,900	16,500
Redditch	5,100	5,900	7,300	9,400	10,800
Worcester	6,800	7,400	8,600	10,100	11,100
Wychavon	11,500	13,400	16,300	19,900	22,000
Wyre Forest	9,000	10,700	13,700	16,900	18,300
Total	**50,700**	**58,400**	**71,000**	**86,400**	**95,300**

Note: Totals may not sum due to rounding
Source: ONS 2008-based Subnational Population Projections

The numbers of people aged 85 years and over are projected to increase by 136% between 2011 and 2031 across Worcestershire. Table 3.5. below shows the increase in the population aged 85 years and over by District.

Table 3.5. Number of people aged over 85 years by District 2011 to 2031

District	2011	2016	2021	2026	2031
Bromsgrove	2,700	3,500	4,300	5,300	6,700
Malvern Hills	2,800	3,400	4,100	5,100	6,600
Redditch	1,400	1,800	2,000	2,600	3,500
Worcester	2,000	2,200	2,700	3,200	4,000
Wychavon	3,400	4,000	4,800	6,100	7,900
Wyre Forest	2,700	3,100	3,900	5,000	6,800
Total	**15,100**	**18,000**	**21,900**	**27,400**	**35,600**

Note: Totals may not sum due to rounding
Source: ONS 2008-based Subnational Population Projections

3.3.2. Worcestershire dementia prevalence

Worcestershire has the highest prevalence of dementia within the West Midlands (based on 2007/2008 figures). Prevalence of dementia is predicted to increase by three per cent per annum over the next 10 years so that by 2020 there will be an estimated 10,145 people with dementia in the county[4]. This increasing prevalence reflects the fact that the county has a higher proportion of older people than other counties and the longer life that this population enjoys.

Table 3.6. below shows the predicted increase in the numbers of people with dementia by District from 2011-2020.

Table 3.6 - Predicted prevalence of dementia by District for all ages, 2011-2020

District	2011	2020
Bromsgrove	1,372	1,795
Malvern Hills	1,376	1,776
Redditch	807	1,098
Worcester	1,049	1,262
Wychavon	1,695	2,307
Wyre Forest	1,425	1,907
Worcestershire	**7,724**	**10,145**

Source: NHS Worcestershire Public Health Information Team

3.3.3. Older people with learning disabilities

Some people with learning disabilities are likely to confront issues related to ageing at an earlier stage in their lives and their need for services is likely to increase as they age. Table 3.7 below shows the projected number of people aged 50 or over with a moderate or severe learning disability. These are the people most likely in this group to need support and care as they grow older.

[4] Worcestershire Dementia Strategy 2011-2016

Table 3.7 - People aged 50+ in Worcestershire predicted to have a moderate or severe learning disability

Age Group	2010	2015	2020	2025	2030
People aged 55-64	377	360	389	416	389
People aged 65-74	203	243	250	240	262
People aged 75-84	73	83	99	121	123
People aged 85+	26	31	38	48	61
Total aged 55+	**679**	**717**	**776**	**825**	**835**

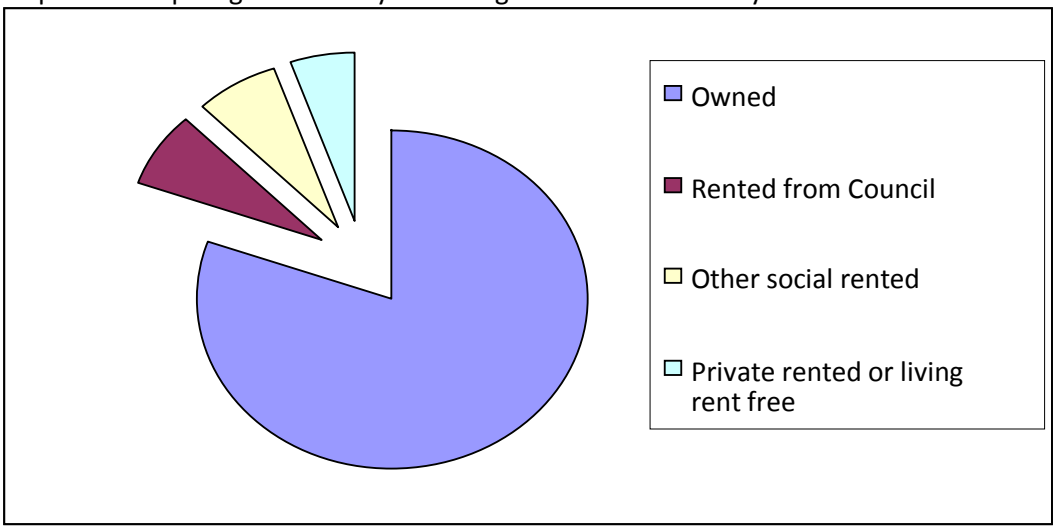
Prediction rates have been applied to ONS population projections of the 18 and over population in the years 2011 and 2021 and linear trends projected to give estimated numbers predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, to 2030.
Source: These predictions are based on prevalence rates in the report Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004.

Recent commissioning data has identified that there are currently up to 244 individuals living in residential care services for whom alternative extra care types of housing may be an attractive alternative. These figures are relatively small and have not been included within the overall estimates of need for extra care housing however, they do indicate a clear need for a specialised form of extra care housing provision for older people with learning disabilities.

3.3.4. Older population tenure mix

There has been a significant growth in the proportion of people buying and owning their own home over the last few decades. About three out of four of those now retiring are home owners. Most own their property outright. This pattern changes amongst people as they grow older. Home ownership peaks amongst people in their fifties and early sixties. The tailing off of home ownership in later years is partly due to people relinquishing ownership as they move to different, often more institutional accommodation where ownership is not currently possible, e.g. residential and nursing care. These patterns are reflected in Worcestershire, where the majority of people aged 55 and over live in homes they have bought or are still buying with a mortgage.

Graph 3.8. People aged over 55 years living in Worcestershire by tenure



Source: 2001 census.

There is an expectation in Worcestershire, based on the key messages from a range of stakeholders, including older home owners, and the substantial reductions in public subsidy available for extra care housing development, that in the future a majority of older people moving to extra care will typically be purchasing outright or on a shared equity basis. The breakdown of the older population by tenure by District area is shown in table 3.9 below.

Table 3.9. Tenure by age group by District (%)

District	People aged:	65-74	75-84	85+
Bromsgrove	Owned	86.9	77.8	69.7
	Social rented (housing associations)	10.4	16.6	17.2
	Private rented or living rent free	2.8	5.6	13.1
District	**People aged:**	**65-74**	**75-84**	**85+**
Malvern Hills	Owned	84.1	77.1	70.7
	Social rented (housing associations)	10.4	16.1	18.3
	Private rented or living rent free	5.6	6.9	11.0
District	**People aged:**	**65-74**	**75-84**	**85+**
Redditch	Owned	73.8	62.5	50.6
	Rented from council	21.4	27.4	30.2
	Other social rented (housing associations)	1.8	2.6	3.8
	Private rented or living rent free	3.0	7.5	15.4
District	**People aged:**	**65-74**	**75-84**	**85+**
Worcester	Owned	79.0	72.2	66.4
	Social rented (housing associations)	16.4	20.7	23.5
	Private rented or living rent free	4.6	7.1	10.1
District	**People aged:**	**65-74**	**75-84**	**85+**
Wychavon	Owned	80.7	73.1	65.7
	Social rented (housing associations)	14.6	19.3	22.7
	Private rented or living rent free	4.7	7.5	11.7
District	**People aged:**	**65-74**	**75-84**	**85+**
Wyre Forest	Owned	81.7	72.2	66.6
	Social rented (housing associations)	14.1	20.7	21.7
	Private rented or living rent free	4.2	7.1	11.7

Source: 2001 census

The projected growth in the older population, combined with the increase in home ownership, means that more people will be able and most likely be expected to pay for their own care, in turn increasing the demand for privately purchased services and the use of equity release.

3.4. Estimating need for extra care housing

The toolkit used in *More Choice, Greater Voice*[5] which accompanied the publication of the Housing Strategy for Older People (op cit), suggests that future ratios should be around 170 units of specialised accommodation (other than registered care home places) per thousand people over 75 years.

Breaking this down the toolkit suggests per thousand people over 75 years there should be:

- 50 conventional sheltered housing properties.
- 75 leasehold sheltered housing properties.
- 20 'enhanced' sheltered housing properties divided equally between ownership and renting.
- 25 extra care properties, again divided equally between ownership and renting.
- In addition around 10 housing based places for people with dementia.

These 'norms' were put forward on the basis of a pilot exercise and draw on thirty studies of current and future housing need to estimate requirements. They reflect the way provision and the market needs of older people have been developing rather than providing exact measures of need. They redress the balance between properties for ownership and renting, in line with the shift in tenure balance in recent years, and the picture in Worcestershire.

The term 'enhanced' sheltered housing is not a common one. It describes a form of housing (*More Choice, Greater Voice*) which extends facilities and care beyond traditional sheltered housing but is more limited than full extra care. It might not, for example, have the full range of communal and other facilities typically available within extra care. However, given that in Worcestershire a key message from some housing providers is that one of the ways they will seek to address the need for additional specialised housing for older people is to remodel some existing sheltered housing to extra care or, perhaps more accurately, to have some of the 'features' of extra care, this 'housing type' is included within the prediction of future need.

This strategy takes as a starting point the projections of countywide future housing need that was set out in the Housing and Support Needs of Older Persons assessment (2009/10), see table 3.10 below.

Table 3.10 - Specialist Older Persons Housing Required in Worcestershire to 2026

Housing Type	Current provision	Suggested ratios (per 1000 population)	Resulting number of units	Increase/ decrease
'Enhanced' sheltered housing	54	20	1,728	1,674
Extra care sheltered housing	348	25	2,160	1,812
Housing based provision for dementia	0	10	860	860

Source: Worcestershire Housing and Support Needs of Older Persons assessment (2009/10).
Note: Current provision is from EAC database

[5] More Choice, Greater Voice, Housing LIN/CLG (2008)

The figures in table 3.10 are based on a projected population of 86,400 people aged 75 and over by 2026 (table 3.4) for Worcestershire. These figures have been adjusted from the Housing and Support Needs of Older Persons assessment (2009/10) to reflect projections to 2026. The use of the ratio of the number of units per thousand of the population aged over 75 years is due to this being widely accepted as a 'threshold age' for entry to specialised housing *(More Choice Greater Voice)*.

More Choice, Greater Voice assumes that provision of residential care could decline from around 75 places per thousand people over 75 to around 65 places per thousand over the next 10 years, i.e. a reduction of 13%. This reflects the growing capacity of extra care housing and increases in intensive support to people in their existing home. In Worcestershire the ratio of places in residential care per 1000 of population over 65 is 26.7 places (source: Housing and Support Needs of Older Persons assessment (2009/10)). This has been assumed to reduce by 13% by to 23.2 places by 2026 as an additional specific need 'driver' for extra care housing, i.e. an additional 3.5 units of extra care per 1000 population.

These overall projections are then refined as follows:

- The ratios for extra care housing/'enhanced' sheltered housing and dementia housing based places per 1000 of the population over 75 years by 2026 is shown for each District area (tables at Annexe 2) based on the population aged over 75 years in each District (table 3.4).
- An adjustment is then made for the specific additional *diversion* of older people from residential care to extra care housing based on an additional 3.5 units of extra care per 1000 population.
- The predicted requirements by tenure type are shown adjusted for the % breakdown between ownership and all rented tenures in the 75-84 years group by District area (table 3.8).

A number of caveats apply to the estimated need for extra care housing including:

- The use of the ratios for different types of specialised housing for older people reflect the way provision and the market needs of older people have been developing rather than providing exact measures of need.
- Although the use of the ratio of the number of units per thousand of the population aged over 75 years is widely accepted as a 'threshold age' for entry to specialised housing, the actual age of entry into extra care housing will vary and may be considerably younger than 75 years for some people.
- The ratio for the diversion of older people from residential care provision to extra care housing will be affected by a range of local factors such as the relative costs of care between residential and extra care and individual preferences.
- The ratio of 10 units per 1000 population for dementia based housing units used by the model is likely to be tentative and may well increase as these types of services become available in practice.
- As the supply of extra care housing increases over the period to 2026 then the predicted need would be assumed to be net of this additional supply, however as the model becomes more familiar to older citizens and their families demand may increase.
- Any significant changes in the migration of older people into or from Worcestershire over the period to 2026 may also affect the localised need for extra care housing.

Estimated need for extra care housing is shown separately for each District area in terms of the estimated number of units required by 2026 in tables at Annex 2.

The overall estimated need for additional extra care housing, including 'enhanced' sheltered housing and dementia housing based units, for Worcestershire by 2026 is summarised in table 3.11 below.

- Column 1 shows the estimated need for extra care/enhanced sheltered housing units based on the ratio of 45 units per 1000 population aged 75 years and over.
- Column 2 shows the estimated need for dementia housing based units based on the ratio of 10 units per 1000 population aged 75 years and over.
- Column 3 shows the specific additional *diversion* of older people from residential care to extra care housing based on an additional 3.5 units of extra care per 1000 population.
- Column 4 is the sub total of columns 1, 2 and 3.
- Column 5 shows current provision of extra care housing.
- Column 6 shows the total of units required, i.e. column 4 minus column 5.
- Columns 7 and 8 show the breakdown by tenure type, based on the percentage breakdown of tenure by ownership and renting amongst the 75-84 years population (tables at Annex 2) of the total number of units required.

Table 3.11 Estimated need for extra care housing in Worcestershire to 2026

District	1. Estimated need - Extra care/enhanced sheltered (units)	2. Estimated need - Dementia (units)	3. Estimated need - Diverted from residential care	4. Sub total	5. Current provision	6. Total estimated required (units)	7. Owned	8. Rented
Bromsgrove	680	151	53	884	92	792	616	176
Malvern Hills	671	149	52	872	0	872	672	200
Redditch	423	94	33	550	112	438	274	164
Worcester	455	101	35	591	0	591	427	164
Wychavon	896	199	70	1,165	47	1,118	817	301
Wyre Forest	761	169	59	989	97	892	644	248
Worcestershire	**3,886**	**863**	**302**	**5,051**	**348**	**4,703**	**3,450**	**1,253**

The total estimated number of units required across Worcestershire by 2026, taking into account current provision, is 4,703 units. Of these, 3,450 units are suggested as being required for sale (including shared ownership) and 1,253 units are suggested as being required for rent.

4. Stakeholder perspectives

The development of this strategy has involved a broad range of interested parties and 'stakeholders' including:

- The six local authorities with housing and planning responsibilities in Worcestershire.
- Providers of extra care housing.
- Commissioners from Worcestershire County Council with an interest in extra care housing.
- A group of senior citizens with an interest in extra care housing.

The feedback and views from these meetings has been used, in part, to develop the 'vision' and approach to extra care housing as set out in section 6. Detailed feedback from these stakeholders is shown at Annex 1. Examples of extra care developments were identified by stakeholders, principally the group of senior citizens, as attractive examples of extra care housing; these are listed at Annex 4. Summaries of the 'key messages' from each of these stakeholder groups is set out below.

4.1. Key messages from local authorities with housing and planning responsibilities

Meetings were held with relevant housing and planning staff at all District and Borough councils in Worcestershire to discuss the scope and nature of extra care housing provision required in Worcestershire. In summary the key messages from these meetings were:

- Extra care housing needs to be a part of broader 'vision' for housing, care and support for older people as part of wider 'offer' to the growing older persons population in Worcestershire, including 'aspirational' housing aimed at older people that is separate to extra care provision.
- Need to have mixed tenure schemes to reflect that in the future their will need to be a shift towards greater numbers of units for sale and/or shared ownership in order for schemes to be financially viable.
- Given the need for greater number of units for sale, there is recognition that local authorities have an interest in seeing future extra care being attractive to the full spectrum of older people.
- Within a countywide 'vision' for extra care, there will need to be flexibility in the scale and design of future extra care developments to reflect that potential sites within different local authority areas will affect development opportunities.
- Future extra care developments should include provision for people with dementia although the specification for this will need to be considered carefully.
- The quality and design of future schemes need to be of a sufficiently high quality to attract self funders, however this level of quality needs to be sustained across all tenures.
- In planning terms extra care housing should be classified as 'C3', rather than 'C2' to reflect that the housing units should be fully self contained including a kitchen and a bath/shower room.
- Housing delivery partners need to be drawn from across the housing association, charitable and private sectors, particularly given the significant reduction in capital funding available through the Homes and Communities Agency (HCA).

- There is recognition that partnerships with private sector developers/providers will be necessary and there is a need for dialogue with private providers regarding delivery of affordable rented units as part of new extra care developments.
- There needs to be a pragmatic approach to developing additional extra care provision, for example some existing sheltered schemes may be suitable for 'conversion' to extra care but may not meet an 'ideal' extra care specification.

4.2. Key messages from extra care housing providers

A focus group meeting was held with a range of providers of extra care housing and other types of housing. Attendees were from national housing associations, locally based housing associations and local authority housing providers. Telephone conversations were held with two private sector retirement homes providers unable to attend the focus group meeting.

The purpose of the focus groups and other discussions was in summary to:

- Determine the range of types or 'models' of extra care housing that providers either are, or may be interested in developing in Worcestershire.
- Identify and assess the most feasible and realistically deliverable extra care housing options and models, particularly capital and revenue funding options and models for paying for extra care housing in the future in the context of large scale reductions in public sector funding for social housing.
- Determine the content and nature of guidance and information required in relation to extra care housing ranging from information promoting extra care to older people through to guidance in relation to assisting planning officers

The key messages from the focus group and other discussions were in summary:

- The local authorities in Worcestershire need to provide a clear position to housing providers as to the 'vision' for extra care in Worcestershire and the level of need.
- The development of additional extra care capacity needs to include consideration of 'remodelling' some existing sheltered schemes to accommodate some extra care 'features' but possibly not to the same specification as new build development, however it needs to be attractive to a wide range of potential customers.
- New development needs to include a mix of types of units including bungalows where the size of the site allows for this.
- A majority of providers who were involved favoured a 'C3' rather than 'C2' planning designation for extra care housing, in part because this provides a better 'exit strategy' if that becomes necessary in the future, however a private provider consulted viewed a 'prescriptive' approach to defining extra care development as 'C3' as restrictive.
- Housing associations are planning future developments on a mixed tenure basis, in recognition that there is going to be significant reductions in the level of public subsidy available through the HCA. Most of the housing associations consulted expected their new developments to be based on between 60-70% of units being for outright sale or for sale on a shared equity basis to fund future developments.

- Housing providers, particularly housing associations, recognise that any new development will need to appeal to a much wider market than has historically been the case as the majority of residents will be purchasing either outright or through a shared equity route.
- Most providers are either considering or are interested in models of equity release that allow an older person to fund their care costs, or potential care costs. There is a need for the County Council to ensure that the communications it provides to the older persons population about eligibility for publicly funded or part funded care are linked with 'messages' about options for older people to self fund their care, such as through equity release.
- All housing providers consulted want to see a more flexible approach to the delivery and provision of housing and care, i.e. that a local authority does not insist on separate organisations providing the care and housing; this is viewed as increasingly less the prerogative of the local authority if future new developments will be predominantly for self funders.
- Most providers want to see a 'partnership' approach with the local housing and social care authorities from planning to scheme delivery and through to addressing 'selling' the concept of extra care more widely to the older persons population in Worcestershire.
- A majority view amongst providers was that if the local authorities want to maximise the proportion of affordable rented units within a scheme, where there is no or limited HCA grant subsidy, then the use of local authority land/sites at more favourable terms will need to be a part of the development 'mix'.
- Many providers see their current and future approach to the services provided within extra care as being based on a 'menu' type model, where there are a range of services as options for residents that they can purchase depending on their preferences and budget.
- New schemes need to be sufficiently large in scale to accommodate a mix of needs, including dementia although the specification for this needs to be carefully planned.
- For some providers essential features of extra care include catering/restaurant facilities, 24/7 on site staff including care provision and assisted bathing facilities.

4.3. Key messages from Commissioners from Worcestershire County Council

Meetings were held with relevant commissioning staff within the County Council and Joint Commissioning Unit (JCU), including commissioners for older people, people with physical disabilities, people with learning disabilities and Supporting People commissioners. The purpose of these meetings was to identify the role of and potential 'models' of extra care housing that may benefit specific groups of people with other support/care needs, specifically for people with dementia and for people with learning disabilities

In relation to people with dementia, the Dementia Strategy, identifies a requirement for supported accommodation options available to people with dementia including extra care housing:

- The role of supported accommodation in relation to dementia is seen as one part of an approach to 'living well' and being an option within 'pathways' of care that enable people with dementia to live well.
- Extra care is viewed as being a potential 'step up' for a person with mild/moderate dementia as a planned move, perhaps from a family home.
- A key aim of the dementia strategy is to promote early diagnosis and subsequent early intervention to promote better quality of life in relation to living with dementia, which should include access to extra care housing.

- There is a requirement to make clear to individuals who will need to self fund their care that they should have access to good quality advice, such as through an Independent Financial Advisor, to help them to plan how to meet both their housing and care needs and costs.

In relation to people with learning disabilities the role of extra care housing is seen as a positive housing option but that living within 'mainstream' extra care housing may not always be a viable option for some people with learning disabilities.

- Extra care housing is a core part of the learning disability strategy as part of a wider objective to reduce the use of residential care services by 50% over the next 3 years.
- There are currently up to 244 individuals living in residential care services for whom alternative extra care types of housing may be an attractive alternative.
- The JCU is seeking to commission extra care housing specifically for people with learning disabilities but most likely separately from extra care provision for other older people.
- There is interest in a range of potential models of extra care housing that may be suitable for people with learning disabilities. Current commissioning intentions are towards schemes with up to 30 units but without the 'full range' of services and amenities found in extra care, such as restaurants.
- The key components include the provision of 24/7 support with some of the support being a minimum 'baseline' level with additional support personalised to individual's requirements.
- There is interest in identifying whether current sheltered housing units can be suitably adapted to provide extra care housing specifically for people with learning disabilities.

4.4. Key messages from Senior Citizens

The Worcestershire Housing and Support Needs of Older Persons assessment (2009/10) included 7 focus groups held with older people across the county. This provided considerable relevant information about the future desirability of extra care housing as well as a wide range of other issues related to housing, care and support for older people.

To support the development of this strategy, individual discussions and one focus group were held with a sample of older people (over 60 years) who are currently owner occupiers to test out in more detail the desirability of different types of extra care housing and the willingness of these individuals to make the shift from their current owned housing to purchase an extra care housing option, including shared ownership and full ownership options, and to identify the type of information, advice and assistance that older people require to make this shift.

The key messages from this group are summarised below.

- There is a need for 1, 2 and 3 bed apartments within any extra care scheme development.
- Schemes need to allow for some apartments that are designed and built to full wheelchair accessibility standards, i.e. suitable for an individual who needs to use a wheelchair to mobilise, including for example people who have been paralysed through accidents or illness.
- Some apartments need to have 2 bathrooms; one suitable for a disabled person who is a full time wheelchair user and one bathroom for a partner/carer.
- There is a need for mixed tenure extra care developments (as opposed to wholly social rented and wholly private schemes) which provide a mix of options from rented apartments at social

rents through to 'shared ownership' and outright (leasehold) ownership units for sale. Within this spectrum of types of accommodation there is a big market for larger apartments and bungalows for some private purchasers.

- In relation to the mix of residents and the level of their needs for care, there should be a balance of residents with differing levels of need for care.
- The availability of a range of facilities within an extra care scheme is one of the 'components' that makes extra care housing an attractive proposition.
- Extra care schemes need to have sufficient car parking space available in relation to the likely needs of the potential residents. The loss of a car can be the biggest loss of independence and this must be considered as important.
- The senior community in Worcestershire need to be informed about extra care and the many benefits arising. Many people have no knowledge of extra care and its usage. Extra care needs to be publicised in community and Local Authority newsletters.
- The people who are the 'target market' for extra care housing schemes need to be made aware of the full up-front and on-going costs. Specifically this will need to cover purchase costs, service charges, personal apartment heating and lighting costs, ground rent, car parking/storage, costs of storage facility, and the cost of care (even if an individual does not currently need or have a significant need for care). Potential residents need to be able to understand and plan for the future costs of care and a point at which they may 'run out' of private means to fund their own care and may become eligible for state funded care
- Providers of extra care housing need to address any inequality or variations in service charges that are levied on residents who fund their own care and residents who have their care funded by the local authority.
- There is a need to ensure that local Councillors are fully supportive of the reasons for needing to develop extra care schemes and the subsequent delivery of such schemes to ensure there is a range of housing with care options available to older and disabled residents in Worcestershire in the future.

5. Extra Care Housing for Worcestershire

Extra care housing has no statutory definition. There are no nationally agreed standards or regulations as there are for residential care homes or nursing care. This section sets out:

- The kind of extra care housing that would be appropriate for Worcestershire - a vision for extra care housing that reflects current contemporary practice and the views of local people and stakeholders.
- From this description and specification of extra care, guidance in relation to developing extra care housing and planning applications.

An objective of developing this strategy was to seek a consensus on what extra care should mean in Worcestershire. What models would make sense for the different parties? These include:

- Older people seeking new housing with support – whether to own or rent.
- Worcestershire County Council Adult and Community Services that frequently has to fund or arrange care or support in different settings.
- District and Borough Councils that have both a strategic housing and planning responsibility.
- Housing providers in the social housing, charitable and private sectors.
- Care providers in both public and private sectors.

5.1. Definitions of extra care housing – what is it?

There are a wide range of models of housing with associated care in existence and being developed. Forms of supported housing for older people in purpose built, self-contained accommodation are variously described as 'very sheltered housing', 'frail elderly housing', Category 2.5 (as an extension of Category 1 and Category 2 sheltered housing), 'enhanced sheltered housing', 'housing with care' (a term probably first used by Anchor Housing Trust 25 years ago), 'assisted living' (a more modern term used mostly by private developers), 'close care' (most often associated with housing adjacent to a private sector residential care home), 'flexicare' (a new invention) and numerous other descriptions.

The term 'extra care housing' has become one of the most widely used and adopted as the generic term for purpose designed, self-contained, housing for older and disabled people with care and support. It is the term adopted and promoted by the Department of Health (DH) for example in their previous grant giving programme for extra care housing. The DH toolkit describes extra care as:

"Purpose built accommodation in which varying amount of care and support can be offered and where some services are shared[6]*"*

In practice schemes described as extra care vary considerably in size, facilities, nature of accommodation, care provided, management arrangements, funding and staffing, how they relate to the wider community. What are described as Continuing Care Retirement Communities (CCRC) may incorporate some accommodation identified as 'extra care housing' alongside a residential care home.

[6] More Choice, Greater Voice Toolkit DH (2008)

The role and purpose of extra care as seen by care commissioners and providers also varies. Some local authorities in particular see extra care as essentially a better and possibly (but not necessarily) cheaper alternative to residential care. At the other end of the spectrum some conceive of extra care as simply a more modern and contemporary version of traditional sheltered housing simply responding to the shifting demographics whereby people enter sheltered housing at a much later point in their lives than they did 30-40 years ago when sheltered housing had just started to be built on any scale.

There is also a perspective where extra care is conceived of as a potential option for all. A comprehensive alternative embracing both those who simply want more suitable housing in a sheltered setting through to those who need high levels of personal care including even nursing care. In this model it is usual to specify that lettings or sales are made in a controlled way in order to maintain a balanced community. For example, this is often expressed in terms of the mix of needs accommodated within a scheme (although the definitions of levels of need may vary):

- One third people with little or no support needs.
- One third to people in a 'medium' need category.
- One third to people with 'high' needs.

In order to maintain a balance it is necessary to have a system to oversee lettings/sales and the person with the highest assessed needs does not necessarily get the next vacancy. This is in order to:

- Maintain a vibrant community – a common complaint by residents in older schemes is that activities fall off as residents age and are no longer able to organise things themselves. They need an influx of new, younger residents.
- Keep staffing at a manageable level.

This is the kind of model generally preferred and operated in Worcestershire at present, at least in the public and social housing sector.

It becomes harder to sustain this approach when more properties in each development are for sale and can be re-sold on the open market. Sales cannot be so easily controlled as lettings can through a panel. It is also more likely owners will be self funding, at least in initial years. Older owners or their executors are unlikely to tolerate long delays in a sale in order to maintain a balance and leases normally have to provide for the owner having reasonable freedom to re-sell otherwise the initial sale is likely to be difficult to achieve unless the landlord is willing.

5.2. Characteristics of extra care

How do we recognise extra care housing? What are the characteristic features? These are:

- Self contained accommodation incorporating design features to facilitate independence and safety.
- Provision of care and support in the individuals own home if required.
- Meals available.
- 24 hour care and domestic support available and an alarm system.
- Extensive communal facilities.
- Staff offices and facilities.

- Specialist equipment to help meet needs of more frail or disabled residents such as assisted bathing.
- Social activities on site and/ or arranged.

Key features that distinguish extra care from residential care homes are:

- Self contained accommodation not simply a room (including en-suite rooms).
- Provision of care can be separated from provision of housing.
- Care can be more easily be based and delivered on an individual basis.
- Occupiers can be assured tenants or owners with degree of security not licensees.

5.3. Planning considerations

One of the issues raised by District Council Planning staff has been planning applications to build a variant of extra care housing by private sector developers. This enthusiasm for meeting the needs of older people in this way is welcome if it leads to new sustainable and suitable provision. However at both a district planning level and in relation to long term social care some concerns were expressed:

- Proposals are not always well informed or well conceived as modern 'extra care'.
- Details are often vague.
- The nature of the relationship with an experienced social housing provider or care provider is often unclear or absent.
- Where a Registered Provider partner is identified it is not always clear they have the necessary expertise or track record specifically in extra care.
- Discussion with Adult Social Care may similarly be limited or have not taken place at all.
- In turn Adult Social Care has concerns about the possible long term implications of a variety of schemes being developed, on different basis, where eventually the responsibility for funding or arranging care may fall on the local authority.

An underlying concern is how these applications are to be assessed by planners. The location of some sites being bought forward, for example, was said often not to be the most suitable for extra care and the conception of what constitutes 'extra care' varies considerably.

The best source of planning guidance specifically on extra care has been provided by the Royal Town Planning Institute (RTPI)[7]. In assessing proposals RTPI guidance sets out a series of questions for planners to consider under these headings:

- Benefit to local housing and care provision of individual schemes.
- Involvement of local stakeholder organisations in formulating proposals and subsequently funding/lettings places.
- Tenure mix.
- Characteristics and amenities of the model of extra care proposed.
- Impact on the local area.
- Is the design and layout of the scheme appropriate for frail residents.

[7] Extra care housing: development planning, control and management, RTPI, (www.RTPI.org.uk/download/3054/GPN8.PDF)

A key issue for District Council planners is the 'designation' of planning applications for extra care housing:

- C2 is planning for 'residential institutions'.
- C3 is planning for 'dwelling houses'.

Private developers and social housing providers have different business models and drivers. In planning terms some private developers may occasionally seek C2 planning consent for higher care projects. This is because as this is not 'housing', no section 106 agreement comes into play consequently there is no requirement to include social housing in the development nor any financial contribution to the local authority.

The social housing sector (and other developers who see schemes as primarily housing) on the other hand will normally provide what is clearly self-contained 'housing' and thus C3.

In practical terms some hybrid private sector schemes may go so far as to omit a kitchen in order to be classed as C2 developments while appearing in most other respects to be extra care housing. A restaurant is provided in which people can eat or from which meals are delivered to residents. The philosophy more characteristic of social care authorities (and national policy) is that extra care is intended to offer people life style choices and foster and promote continued independence. Omissions or facilities which appear instead to remove an opportunity for self-sufficiency are somewhat at odds with this.

5.4. Extra care housing typology and specification for Worcestershire

Easy categorisation of extra care is not really possible or indeed very helpful. Extra care can be more usefully thought of in terms of the *key variables* that make up a development and then the operational management and delivery of care services. Although neither providers nor commissioners may explicitly consider the variables, what they are doing in settling on any particular type of extra care is taking decisions about where to place a scheme in relation to a set of options.

Some of the alternatives are discrete categories so schemes may be for sale, rent or a mixture of tenures. In other cases there is a continuum or range, for example, developments varying in size from a scheme of six dwellings to large villages of 600 dwellings.

Our approach has been to:

- Set out the key features of extra care developments so making clear what the main decisions are.
- Provide a brief commentary on these to explain current practice.
- Where possible say what is expected on each variable for developments in Worcestershire. We have done this by saying what is essential, highly desirable or desirable.
- This then forms the basis of broad specification for extra care across the county.

The guidance is based on:

- Evidence from developments across the UK.
- Interviews and discussions with each District/Borough Council and with County Council officers.
- Discussions with housing and care providers.
- Studies of extra care and aspirations of older people including focus groups with older people in Worcestershire as part of the Housing and Support Needs of Older Persons assessment (2009/10) and a focus group with senior citizens who are owner occupiers held specifically to inform this strategy.

5.4.1. Tensions and flexibility in specification of extra care

There are a series of constraints on what it is possible for local authorities whether County or District to determine strategically. Some are new and arise from changes in central Government regulations, benefits and funding. Others flow from demographic and related changes detailed earlier. These constraints and tensions are set out here in order to better appreciate the reasons for the kind of extra care model(s) proposed.

Commissioning vs. individual control

Until recently it has been Adult and Community Services in conjunction with Supporting People who largely determined how care and support are arranged and delivered in an extra care setting. They could choose how and with whom to contract. Commissioners have been able to significantly shape extra care provision. In the decade we are planning for this control will be much more limited because:

- A shift to ownership by residents (or their relatives) is likely to also mean a shift to a higher proportion of self funders.
- The move to 'personal budgets' and direct payments for social care implies even those for whom the County Council is financially responsible following an assessment of care needs will be able to act much more like individual customers. They may or may not buy the service available from an onsite care team if they are free to choose.
- It is also much harder for a Council through nomination rights or other arrangements to control who properties are resold to. Leases which put unreasonable hurdles in the way of owners' (or their executors') rights to re-sell on the open market will be unsalable or have a heavily depressed value thus in part defeating the object of sales as far as raising finance for developments is concerned. There are arrangements whereby the landlord re-purchases properties at the time of re-sale. This does require more control to the provider and through them the local authority. For this to work the provider must have the funds available to re-purchase and be willing to take a risk on movements in property values.

Capital vs. revenue

There can be a tension between minimising initial capital costs and long term running costs. Poor standards, low quality fittings, low space standards, restrictions on facilities can save money initially for the developer. There is a high risk however these compromises will push long term running costs up like maintenance and service charges. Some of this will fall on residents who may or may not be in a position to meet escalating charges. This in turn can impact on letability and sales. They may also depress long-term saleability and thus values.

Public vs. private

Local authorities have tended to work with social landlords (Registered Providers) to obtain extra care housing. It is only in quite recent years the private sector has embraced the concept of extra care and extra care villages with enthusiasm. It is still however the case that the private sector is concentrating on housing for sale with Registered Providers being the primary source of extra care housing for rent. The tensions here are first, the proliferation of mono-tenure developments. Second, in order to make new developments economically viable, particularly in the absence of grant from the Homes and Communities Agency (HCA) or Department of Health (DH) on any significant scale, Registered Providers must increasingly move into developing housing for sale.

Large scale vs. domestic feel

It is thought that the minimum economic size of extra care developments is now around 50-60 dwellings; for larger 'village' type developments this can be up to 150 dwellings. This to an extent conflicts with:

- Brownfield sites available particularly in a good location for extra care near town centres.
- A desire to have smaller more "domestic" scale developments which are perceived as more friendly and less daunting particularly for those whose mobility is limited or who have some level of dementia. To some extent the latter is being dealt with by incorporating separate dementia care "units" within bigger developments. There is still a debate as to how appropriate or valuable extra care settings are to those who already have a degree of dementia at the time they take up occupation.

Personal vs. collective/shared services

The ideal for many and often the ambition of policy makers is to have more personalised services, i.e. for older people to exercise control over how they are supported and cared for, what they do. This is exemplified in the introduction of personal budgets for social care.

This, to an extent, however conflicts with having sufficient volume of demand for a service to make extra care services economically viable. Thus in extra care it is thought highly desirable to have an on-site care team available 24 hours a day. This is one economic way to deliver care.

On-site care provides for rapid response to crisis or illness like strokes which can be critical for recovery. It avoids costs of travel inherent in other models like visiting domiciliary care works and helps to ensure consistency and quality. It seeks to avoid the annoyance and security risk of many domestic carers coming and going.

However a permanent 24 hour care team is only possible if sufficient residents choose to use it, if they have the choice policy suggests they should, and are also prepared to contribute collectively to that element of the service which is the 'emergency' element to be available for the time they may need it; the 'insurance' element.

The conclusion from considering these tensions is that to have an effective strategy that encourages both public and private sector development of extra care is that:

- Local authorities at both County and District level need to be prepared to have the minimum level of 'prescription' of extra care.
- It is desirable to encourage further innovation – there is a lot of change to adapt to and a wide range of circumstances to meet. No one model will meet every situation. Thus a degree of flexibility is required around acceptable models.

5.4.2. Extra care housing models – key variables

The key variables on which decisions are required in each extra care scheme are considered below.

Variables in extra care housing	Considerations
Built form	♦ Scale - max and minimum ♦ Facilities – what are essential, what desirable ♦ Dwelling type – any restrictions or preferences ♦ Dwelling features – any must haves or avoid such as kitchens; design or space standards ♦ Building standards – none, mobility/wheelchair, Lifetime Homes
Tenure	♦ For sale, ♦ Shared ownership/equity, ♦ Rent, ♦ Mixed tenure
Allocation and eligibility criteria	♦ Level of need to be catered for; sheltered to residential and nursing care. ♦ To include dementia care or not. ♦ Learning disabilities and functional mental health needs or not. ♦ Aim to maintain balanced community or not? If so how?
Provision of meals	♦ What level if any? ♦ Is a catering kitchen an essential feature? ♦ Is a restaurant/ café essential?
Telecare/assistive technology	♦ What level and type? ♦ Hardwired alarm only, dispersed alarms, environmental sensors only, personal sensors
Emergency response	♦ What level and type? ♦ Control centre only, mobile off site, onsite day, on site 24 hour
Housing and support provider model	♦ Housing and care organisation same, ♦ One housing provider ♦ Separate care provider ♦ Multiple care providers
Availability of communal facilities and services	♦ Residents only ♦ Residents and local community on demand ♦ Active outreach service to local community e.g. hub and spoke model ♦ Zones of privacy model
Ethos	♦ Culture that promotes independent living

It would be possible to extend the list. It is not exhaustive. Providers, in particular, may suggest additional features which they emphasise or are part of their 'brand'.

However in the discussions with local authorities, providers and older citizens of this approach to specifying extra care housing, most participants felt these enabled a reasonable analysis of different

alternatives to be made. The next step has been to use these variables to build up a template for Worcestershire. Each of these variables is considered in detail identifying key essential and desirable features along with explanatory commentary. Detailed guidance in the form of templates for each variable is shown at Annex 3.

5.4.3. Extra care housing specification

The strategic approach taken has deliberately not been overly prescriptive. Instead the desire is to encourage imaginative and innovative approaches as a way of responding to the challenging economic climate, decline in availability of grants for social housing on one side but substantial increases in projected need driven by demographic changes and a tenure mismatch in most districts. An outline specification has been formed as a basis of guiding housing and care providers, planners and interested agencies based on the detailed consideration of the extra care key variables (Annex 3).

Overarching principles to guide developments

- Extra care is seen as an option for a wide range of needs stretching from older or disabled people who need more suitable accommodation, in which to continue to live independently in the company of others through to those who need very high levels of care equivalent to residential or even dementia care.
- For the vast majority it should not be necessary to move again simply because more care or support is needed.
- Extra care developments can provide a base to serve a wider community with staff providing an outreach service to a locality while residents 'in- reach' to use communal facilities.
- Mixed tenure rather than mono-tenure schemes are preferred in which case leases and tenancy agreements should, as far as possible, convey similar rights and obligations. Services, service charges and dwellings should also be as similar as possible. Because there are some differences in the legal position and rights of leaseholders and tenants generally the (stronger) rights, for example consultation on service charges of leaseholders should apply to all.
- Space, design, environmental and other standards should be as high as possible in order to ensure long term letability and saleability.
- Extra care development will include 'village' type developments and individual 'schemes'.
- Continuing Care Retirement Communities in which different buildings, some of which may be consistent with the key variables of extra care, are devoted to meeting different types of need are acceptable.

Typical features of extra care housing development

On the basis of a simple typology extra care should provide:

- Self-contained dwellings of a minimum of 50m^2 for 1 bed apartment, 60m^2 for 2 bed. Larger dwellings are desirable. They should include a kitchen and bath/shower room.
- Design should reflect the restricted mobility, mental health and other needs of residents. Lifetime Home Standards are desirable.

- Designs need to be dementia friendly. There needs to be provision for people with severe disabilities requiring full wheelchair accessibility specification and tracking for hoists. Some provision will need to be suitable for older people with learning disabilities.
- For economic reasons the minimum size of a financially viable development is about 50-60 properties.
- Developments should have a range of communal facilities that go beyond those of traditional sheltered housing but are commensurate with size. Communal areas can make up 30% of the floor area but are not directly saleable nor produce much rented income.
- Mixed tenure rather than mono-tenure developments are preferred. It is thought that the minimum for sale element will be about 60-70% and ideally will include some shared ownership or shared equity.
- Lettings and sales should be managed and aim to provide for a balance of levels of need. The mix will be set scheme by scheme. It is recognised that it is harder to impose a quota in developments with a substantial for sale element.
- Arrangements between the care and housing provider will vary. The strategy does not prevent the landlord also being the care and support provider where they win a care tender or where chosen by occupiers with personal budgets or who are self-funders.
- As a minimum all schemes, as in normal sheltered housing, should have an alarm system and remote door entry. It is desirable that a range of environmental sensors and personal assistive technology is easily available on an individual basis. This helps ensure safety and security but also assists in the economic provision of some aspects of care.
- Care should in the first place be based on on-site care and support team available 24 hours a day. In bigger 'village' or continuing care retirement communities. Ideally this should be a flexible multi-disciplinary team. Adequate staff facilities commensurate with the scale are necessary. This is likely to include changing room, sleep in, office space and equipment storage.
- The provision of meals is essential as is some form of restaurant/café. A catering kitchen is highly desirable but it is recognised particularly in smaller schemes that fresh cooked meals on site may be financially unrealistic.
- Communal facilities should generally be available to the wider community. In the case of a restaurant this helps aid viability. It is anticipated that most extra care schemes will provide a base for social care staff to provide outreach services to the locality.
- The culture of schemes should generally be such as to promote independence and healthy, active ageing and avoid creating unnecessary or premature ageing. Social and health activities are seen as an essential part of this ethos in extra care.

6. Funding and Feasibility

Much of the recent development of extra care housing, certainly by Registered Providers, has been made possible by considerable public funding invested through the Homes and Communities Agency (HCA) and the Department of Health (DH). Public funding to subsidise the capital costs of extra care housing development has been significantly reduced or possibly withdrawn completely. In addition it is anticipated that local authority budgets for care and support will be reduced in real terms over the next few years. To have a credible, realistic strategy and delivery plan for extra care housing it will be necessary to identify how it can be funded in practice.

In this section the focus is on the changes to the financial landscape setting out approaches to:

- Funding the capital development costs of delivering extra care housing 'models' anticipating a shift from public funding investment towards private funding, e.g. in terms of a change in the balance between rented units and leasehold units.
- The revenue funding implications of reducing public funding to pay for care and support needs and, for example, how an increasing number of older people may need to meet these costs from their own resources, and the impact of personal budgets for those older people who will continue to be eligible for public funding towards care costs.

6.1 Capital funding

6.1.1. How funding has worked

The core capital finance for most extra care housing schemes, at least where there is a large social rental element, are in the main a combination of Homes and Communities Agency (HCA) grant, Department of Health (DH) grant (to Adult Social Services authorities), private finance in the form of a mortgage (or similar loan mechanism) and contribution of land and/or buildings from one of the partners involved in the development.

Considering each:

- Social Housing Grant – available to Registered Providers through the HCA. Allocations are now made on a four year cycle in accordance with the HCA 'investment framework'. HCA programme funding will continue but has halved, from £8.4 billion to £4.5 billion, and in this planning period about half the £4.5 billion programme is already committed so it will be harder to get capital funding for new, major extra care schemes.
- Department of Health Grant – this grant programme has ceased.
- Mortgages – the developer borrows part of the capital required. The mortgage will be repaid from the net rental stream (after allowing for management and maintenance) over a period of years or from the sales receipts. Interest rates have been at historically low levels for several

years. The issues, certainly for housing associations, have become first, the availability of finance from banks following the banking crisis and second the terms of lending with rates creeping up but also lenders seeking to re-negotiate terms on overall borrowing in return for additional funding. One response in recent years has been for major housing associations to return to the bond market to raise substantial funds. The rates achieved in recent issues have been a little over 5%. The implication for Worcestershire is that there may be fewer housing associations able to raise finance on the large scale required for any significant programme of extra care on competitive terms.

- Free or low cost land – it has become almost axiomatic that the local Housing or Adult Social Services authority will effectively subsidise developments by making land available cheaply. Sometimes the land (or buildings) comes from the housing association as a result of re-developing a sheltered scheme, or Adult Social Services re-providing a redundant residential care home facility.

These four sources commonly provide the basic funding in varying proportions. There are a number of additional funding possibilities but these mostly play a secondary role such as:

- Charitable funding – usually to a charitable organisation for a particular purpose or facility have come from established charities, wealthy benefactors and legacies.
- Developers own resources – often limited in scope.
- Section 106 agreements – not so much a source of capital as a mechanism whereby an element of social housing can be assured on what would otherwise be purely private developments for outright sale.
- Primary Care Trusts – occasionally fund health related facilities such as consultation or treatment room, intermediate care provision or a GP surgery and, in some of the more go-ahead, tele-medicine. PCT s have tended to prefer to lease facilities. PCTs are currently proposed to be abolished.

The catalyst for a shift to extra care housing over the last ten years has undoubtedly been through social housing providers in conjunction with local authority Adult Social Services with a key role played by leading charities such as the Joseph Rowntree Foundation Housing Trust (JRFHT) and the Extra Care Charitable Trust (ECCT). The availability of a capital grant from the DH to assist the viability of schemes has helped to get programmes started.

JRFHT developed Hartrigg Oaks as one of the first developments of a modern Continuing Care Retirement Community (CCRC) in the UK demonstrating, on a 20 acre site, how a residential care home, bungalows for independent living, mixed tenure, a flexible care service, and extensive leisure and other facilities could work together. They also tested a wide range of financial options for residents running from self funded ‘care insurance’ type products through to offering to rent or buy combined with care packages through the local authority.

ECCT began the process of demonstrating the market for care villages but with a model whereby care to almost any level was provided in the persons own home from an on-site care team. There was little or no need for separate building to meet different levels of need. They demonstrated how to continually improve quality and evolve designs (and services) incorporating subtle forms of assistive technology. On the financial front they have showed it was possible to attract significant charitable donations to help aid the quality and range of facilities.

Having observed the success of these, more recently the private sector has entered the market in a much more significant way. In Worcestershire companies like the Aspen and Richmond Villages associated with the CCRC and larger scale projects are active. These help to demonstrate it is possible for extra care to be developed without significant subsidy, at least for the owner occupied market. They also show the value of offering a choice of financial arrangements to occupiers to meet different circumstances.

6.1.2. How funding is shifting – future funding options

Housing providers in Worcestershire consulted for this project were aware of the funding challenge they would face in delivering further extra care housing. Participants at the providers' discussion however remained positive about the principles and desirability of extra care. Their views and proposals are inform the future funding options and considerations below.

A shift to selling dwellings

In accordance with the earlier analysis of an undersupply of suitable extra care housing for the owner occupier market, housing providers reported a very high level of demand from purchasers:

"It only took 6 weeks to sell 86 units in Gloucestershire" and *"In Bromsgrove we only have 9 shared ownership units within 90 units and our waiting list is increasing by 5 per week" (housing association representatives)*

One local provider said on a new development they planned to sell 60% of the properties. A shift to selling properties outright or on shared ownership/equity terms is accepted as one element in delivering financial viability but also to meet need from older owner occupiers. Assessment of the proportion to be sold will be required scheme by scheme and the market unit price achievable will be influenced by location but as a generalisation providers thought selling 60-70% of properties in a scheme would be typically required to ensure viability based on current HCA frameworks.

It is clear from the discussions with housing and extra care providers that many of them are currently developing 'grant free' models of developing extra care housing schemes, with the shift to selling dwellings the key component in those strategies.

Local authority land and planning

Housing providers considered the provision of free or low cost land to be necessary if a social housing for rent element was to continue in the future. Similarly they did not feel it right to be asked for financial contributions under Section 106 agreements *"planners and politicians need to recognise the task is to close the financial gap and not widen it".*

Extra care housing of a good quality can have a role in freeing up larger general needs housing which can itself be of value to a district/ borough council.

Housing benefit

The rents Registered Provider can charge are constrained by HCA regulation. Even on shared ownership there has been a ceiling in the rental charge on the part of the equity retained by the association of 2.75% on the overall programme and 3% on any particular property. Even if there was not a rent regime for Registered Providers or if schemes are developed without subsidy, housing benefit regulations would tend to limit what a claimant could receive and thus what the landlord could charge that would be eligible under housing benefit regulations.

Although recognising this is beyond the scope of the councils in Worcestershire to control, clearly providers would like to see some flexibility to charge higher rents in extra care housing commensurate with the extensive facilities and much higher and wider levels of services and thus service charges inherent in extra care. The current Department for Work and Pensions (DWP) consultation paper *Supported Housing and Housing Benefit (2011)*, may have implications for the extent to which housing benefit can fund higher rent and service charges within extra care housing in the future.

Scale of development

Costs per dwelling are high in extra care housing schemes because communal areas and facilities can take up to 30% of the building. These costs have to be recouped from rents or sales of a correspondingly smaller number of properties than would be produced in an ordinary block of general needs flats or even a traditional sheltered housing scheme. Effort of housing providers, in conjunction with planners, Adult Social Services and other interested parties is going into:

- Designs which reduce unsalable/unlettable floor area without significantly compromising the range of facilities and activities.
- Maximising the density – number of dwellings on the site. This also helps achieve a more economic operating cost per property.

Housing providers considered the minimum economic size for an extra care development in Worcestershire was around 50-60 properties.

Sales, viability and operational issues

For providers consulted it was seen as both necessary and desirable to develop and offer a larger volume of extra care for sale:

- For demographic reasons
- To create a balanced community
- Meet demand
- Meet needs of asset rich, cash poor older owners
- Offer a choice

But critically this is necessary both to achieve financial viability in terms of capital costs but also operating costs. The effect of selling some properties is two-fold:

- The receipt from properties sold reduces the amount of borrowing required.
- To the extent the market value of dwellings sold exceeds the cost of provision the 'profit' element can be used to subsidise the provision of dwellings for rent. How some developers view this is that sales in effect provide a means of funding or part funding extensive communal facilities of extra care.

Sales may be outright or on shared ownership terms or shared equity. Shared ownership allows sales to be tailored to the financial circumstances of individuals. For less well off owner occupiers, for example, moving from a poor condition property, the attraction of purchase over renting is that if the proceeds from the sale of their property are invested in new property this does not count as an asset for the purposes of either Income Support/Pensioner Guarantee or housing benefit thresholds. Providers were aware that prospective purchasers needed good advice on how much equity to purchase initially. They also argued this meant they would need flexibility in the equity shares sold. Offering the widest choice of purchase models, from 100% to small equity shares of 25%, was seen as one way of widening choice, making extra care affordable in a wider range of circumstances and making a move to extra care attractive and achievable for more older people.

Shared ownership properties are sold on a lease and there is some scope in extra care for using the terms of the lease as part of the financial equation. For example:

- Shared equity arrangements under which no rent is charged on a proportion of the equity (at present usually 25%) are unattractive to providers and essentially cost more in grant subsidy than equivalent schemes which are like normal new build homebuy and a rent is charged
- A leading charitable provider that is acknowledged to offer high quality dwellings and services has sold properties on the basis that they will repurchase properties at the point of resale at the original purchase price. This has not, in their case, deterred buyers and historically as long as values have risen has effectively produced additional income.
- A fundamental clause required by the HCA in grant funded schemes is a right to staircase up in 10% tranches to the point of outright ownership. There is no equivalent right to staircase down although in hardship cases and very occasionally as a matter of policy Registered Providers have offered to re-purchase equity ultimately allowing a shared owner to become a tenant. The possible role for provisions like this is considered in the next section on revenue

Other operational issues related to a shift to a much higher proportion of extra care units being for sale include:

- There is a role for extra care housing in freeing up larger family housing. It is recognised by all organisations that to persuade people to move late in life extra care must be attractive. This means not only offering spacious apartments of good quality that are better and easier to manage it means having the services people want. As one extra care provider noted *"the biggest selling factor in shared ownership was 24 hour on site care";* the essence of the product is security.
- With a much larger proportion of properties being purchased and subsequently resold it will become much harder to enforce strict quotas in order to maintain a balanced community. Nomination agreements are not really workable in what has to a large extent be a free market. It is possible to put minimum age restrictions in leases and give priority to people with a local connection but purchasers (and their executors) must ultimately have the right to sell their

property unless it is a non-assignable lease under which the landlord guarantees to re-purchase the property on some agreed basis set out in the lease.

Other funding options

There has been some interest recently in whether institutional investors may provide a mechanism for funding extra care housing development. A recent paper published by the Housing LIN[8] examined the challenges facing developers and operators of schemes that require external financing to bring them from conception to design, development and long term stable operation.

The starting point for this approach is the recognition that larger housing organisations have for many years raised funding from the well established corporate bond market however these opportunities are only available to those individually or collectively raising very substantial sums, organisations only wanting to raise a few million have not traditionally been able to take this route. However there has been considerable interest more recently in the mechanisms or 'tools' necessary to allow investment funds to flow between private funds backing philanthropy, wealthy individuals and institutional investors directly into social enterprise. It is argued that there should be opportunities for extra care housing developments to take advantage of these funding opportunities when operating on their (relatively) small scale.

The Housing LIN paper sets out a case study of how the potential future financing model for extra care housing could be developed to meet the requirements of both investors and extra care developers. The discussions with extra care housing providers indicated that some Registered Providers were currently looking at a range of private financing options to fund the development costs of extra care schemes.

6.2. Revenue funding

Revenue refers to the costs of running extra care schemes including the provision of care. As with the discussion of capital finance the present position is outlined and then the future revenue funding options are considered.

6.2.1. How funding has worked

The financial art of good extra care housing is in combining disparate sources and types of revenue stream to deliver a well co-ordinated cohesive service to the customer who ideally is left untroubled by disputes over which budget a particular service comes from.

The elements to be funded include:

- The housing
- The associated leisure, social and health activities

[8] Can extra care housing funding needs be met with funding from institutional investors? Bailey and Rich. Housing LIN 2010.

- Management and maintenance
- Support – include domestic assistance in the dwelling
- Care
- Meals

Sources of financing include:

- Own resources – self funders meet all the costs themselves at least until savings are largely eliminated.
- Housing benefit towards eligible rent and service charges.
- Adult Social Services funded care packages.
- Local authority Supporting People grant for support charges.
- Individual benefits including in particular the non-means tested Attendance Allowance.

Bringing these strands together, how different aspects of extra care are typically funded for someone who is income poor and thus eligible for benefits is shown below.

Table 6.1.Cost and funding sources

COSTS	FUNDING
Rent (including some services)	→ Housing Benefit
Council Tax	→ Council Tax Benefit
HomeCare/Domestic assistance	→ Attendance Allowance/Disability Premiums
Support to maintain tenancy/lease	→ Supporting People funding
Personal Care	→ Care funded by Adult Services
Heat, light and power within dwelling	→ Pension or other income
Living expenses	→ Pension/ benefits/ savings

As discussed, one of the shifts expected is more dwellings offered for sale and mixed tenure.

The next table sets out the range of costs and related financial assistance available for both tenants and owner-occupiers.

Table 6.2. The cost components in extra care housing – tenants and owners

COSTS	TENANTS	OWNER OCCUPIERS
Property and property maintenance/management costs	Rent and some non Supporting People eligible service charges – paid by the individual but may be covered wholly or partly by (means tested) housing benefit	Individual responsibility to be met from pension/other personal resources. A shared owner eligible for housing benefit can get management and maintenance costs met by HB provided the lease is correctly drawn
Individual heat, lighting, power, water charges	To be met from pension/other personal resources	
Council tax	To be met from pension/other personal resources – means tested council tax benefit may apply. Single person rebate and disability reduction will apply as appropriate	
Housing related support	Means tested Supporting People grant. Otherwise from pension/own resources	In theory Supporting People Grant available to owners who are eligible but in practice seldom figures in extra care funding for owners
Personal care and support	Care contract funded by Adult Services but subject to prevailing charging policy and criteria and personal budgets policy	Dependent on eligibility for local authority care funding otherwise to be met from pension/other personal resources plus any attendance allowance/disability premiums.
Help with housework	May be included within care package for more disabled people. Otherwise to be purchased from pension/other personal resources which could include Attendance Allowance.	
Additional services	Self purchase arrangements and/or subsidized through wider community use e.g. leisure and sports facilities, shops, pub.	

6.2.2. How funding is shifting – future funding options and considerations

Changes impacting on strategic thinking and the arrangements local authorities and extra care providers will need to make include:

- Shift to personal budgets for individuals eligible for local authority social care funding.
- Increase in owners and self funders of care.
- Possible loss or at least changes to Attendance Allowance. Increasingly providers are looking to Attendance Allowance (for which the majority of residents in extra care are likely to be eligible) as a building block in revenue funding. Some operate a pooling system which helps underpin the flexible care required.

- An increase in the economic power of the resident who becomes much more of a real and direct customer whether tenant, owner or part owner. An expectation that this will increase demands on providers for accountability and value for money in a similar way to that found in sheltered housing for sale. In turn it is suggested housing providers in mixed tenure schemes will need to adopt the same practices as found in leasehold housing with regard, for example, to consultation on service charges irrespective of the tenure of the resident. This might be a bit different in CRCC where different buildings or groups of buildings are based on different tenures. It is considered desirable as far as possible to align leases and tenancies.
- There may be a corresponding reduction in the ability of local authorities, whether at district or county level, to determine terms and conditions of contracts at a scheme level. Providers will become much more directly accountable to occupiers. It will be less often the case that a local authority can insist on their own model of service provision or be able to micro-manage delivery. Local authorities will need to shift to outcome focused measures of results.
- There is an unresolved tension between individuals having their own care budget (from the local authority) or self funding, able to commission a service from an on-site care provider or not, and the economic viability of an on-site care team. It is argued that if significant numbers are able to employ their own care staff/domestic workers this could undermine the provision of care for all and thus one of the fundamental attractions of extra care. It is also argued arrangements based on large numbers of domiciliary care workers coming and going are disruptive and carry a security threat.

It is suggested that the key choice is in deciding to take up an apartment in extra care or not. Different approaches are being taken including those whereby Adult Social Services are continuing to commission at least a minimum care service all occupiers are obliged to have in order to sustain an on-site care team and guarantee an emergency response but with some freedom for individuals to purchase additional hours or services from their own personal budgets beyond this.

6.2.3. Equity release and funding care and support

One implication of a shift to housing more owner occupiers in extra care developments is that a greater proportion of older residents will have substantial equity. It has been appreciated for many years that for many (around 70%) of this generation of retirees a large part of their wealth will be in the form of housing equity. For some investing in property has been a deliberate strategy to create a pension.

Downsizing is one way to release equity and for some this may be the step into extra care purchasing a slightly cheaper and more suitable apartment or living alone.

Already some private sector providers of forms of extra care in Worcestershire are beginning to offer equity release arrangements. This is much less common in schemes provided by Registered Providers. One further shift is to expand the mechanism that would allow older residents in social housing to draw on equity to fund service (this was examined in *Aspiration Age*[9]*).*

[9] Aspiration Age: delivering capital solutions to promote a greater choice and independence for older people, One Housing Group, 2009

Equity release means unlocking some of the market value of the property without moving house. One possibility for older owners is simply to use commercial equity release products. There are two distinct types of commercial equity release 'product'; lifetime mortgages and home reversion schemes.

A lifetime mortgage involves releasing part of the value of a property as a cash sum. The customer borrows from the mortgage provider. Normally, the borrower does not pay interest on the loan. Interest rolls up on the mortgage until the home owner dies (or moves into a care home). At this point the capital and interest are repaid in full using the proceeds of the property sale. Lifetime mortgages have tended to be based on taking a lump sum but more recently it has become possible with some lenders to 'drawdown' money in stages. Lifetime mortgages are by far the most popular form of equity release.

With home reversion the home owner sells all or a share of their property to a home reversion company in exchange for a cash lump sum. On death the property is sold and the company receives the value of the share they are entitled to. As an example a customer sells 50% of their home worth £100,000 and receives £20,000 cash. The cash the provider offers is less than half the market value. The amount depends on their view of how house prices will move, market rates of interest and the life expectancy of the home owner.

This is a simple starting point. In practice there are many variants and permutations. So with a Home Income Plan a person may get income for life rather than a lump sum or a bit of both.

There are advantages and disadvantages of the different forms of equity release but as a generalisation:

- Equity release has had a poor press and is frequently still viewed with suspicion by older people who might otherwise find it helpful to swap some of their capital for income. Most products are now regulated by the FSA and the Safe Homes Income Plan (SHIP) scheme has done a lot to establish good practice.
- They can look like poor value for money particularly for the 'younger, older' and couples. This is because in lifetime mortgages, where the interest rolls up, the debt builds up at a compound rate so the amount owed can grow quickly. So a £20,000 loan doubles in just 10 years at a rate of 7.5%. In the case of a reversion the owner only gets a percentage of the value of the property – not the market value. This is because the occupier has the right to continue to live in their home for the rest of their lives. The percentage is based on age and sex i.e. life expectancy. All this is understandable and not unfair but tends to inhibit the use of equity release.
- Equity release companies have to build in a profit margin thus in effect reducing the value of the equity released to the owner.
- Schemes which pay a monthly income will reduce or eliminate means tested welfare benefits for those who might otherwise be eligible claimants.

There are also some more fundamental problem in utilising commercial equity release products to meet costs specifically in extra care housing. Schemes vary but they tend to exclude:

- Leasehold properties.
- Schemes in sheltered (or similar) housing with significant service charges.
- Shared ownership.

One answer in the social housing sector would be for housing associations to allow owners to 'staircase' down releasing equity in tranches in order to fund care and support and/or service charges. This is an

obvious solution that could particularly benefit the less well off owner who has some savings and who wishes to retain control over their own affairs and remain independent. It is more likely to be attractive to single people (who are in fact the vast majority of extra care occupiers), older residents, those less well and those less concerned with leaving property to relatives.

The proposition is to have a provision which is a mirror of the right to staircase up. The main stumbling block, from a Registered Providers perspective, is the need to raise the funds to buy back the equity in stages. In practice in one formulation what they would be doing is defer collection of some charges until the property is sold. There is no fund to meet this cost. If the housing provider is also the care provider there may be an added incentive to consider staircasing down arrangements. The risks could also be managed or reduced by restricting availability to certain circumstances – for example after a certain age or in receipt of care over a set level.

Some modelling has been undertaken to test the scope for using equity in this way in Worcestershire. The assumptions made in this model are:

- The initial equity held is £173,000 – the average price of a semi-detached property in Worcestershire (June 2011).
- An annual property service charge of £1500 per annum is paid – this does not include contributions to a sinking fund for long term major repairs.
- House price inflation runs at 2.5% per annum.
- Service charge inflation is higher at 3.5% per annum.
- Interest on the debt which accumulates because payments are deferred is 6%. This is a little higher than long term bank rates being obtained by larger Registered Providers who have been able to raise money at a little over 5% in recent issues.
- Care costs which are largely driven by wage rates rise faster than house prices at 5% per annum.
- Rather than include the sinking fund contribution to fund long term major repairs and replacements in a monthly service charge this element is calculated on the basis of a small percentage of the purchase price (value) and also deferred. The advantage of this approach, irrespective of any equity release model, is that the eventual contribution can come from the capital proceeds on the eventual sale of the property rather than from limited disposable income of the resident. This requires the appropriate clause in the lease. If properly assessed using life cycle costing the major repairs contribution can be a significant cost.
- The modelling is based on a domiciliary care costing residents £16 per hour. This is the current Worcestershire County Council rate. The assumptions are listed in Table 6.3 below.

Table 6.3. Service charge equity release model.

Initial equity	£173,000	Care hours per week	21
Full initial service charge	£1,500	Hourly rate	£16
House price inflation	2.5%	Chargeable weeks	52
Service charge inflation	3.5%	Weekly care cost year 1	336
Interest	6.00%	Full annual care charge	£17,472
Service charge deferred by	100%		
Care charge deferred by	100%		
Care charge inflation	5.00%		
Sinking fund	0.80%		

The modelling assumes all charges are deferred to be eventually repaid from the proceeds of sale i.e. from equity. The housing provider (who may or may not also be the care provider) charges interest on the debt which builds up. Over the long-term this is a key risk factor for the resident as interest would build up at a compound rate. However from work done for the *Aspiration Age* project, the typical period of residence in extra care is 7 years or less.

Table 6.4. gives the results for someone who requires a little over 2 hours of care every day (15 hours per week). The seventh column shows the value of property equity remaining at the end of the year having met the care and other costs. The final column shows what percentage of equity is used up at the end of each year after all the charges are met. In this case equity would be exhausted in the ninth year.

Table 6.4. Annual costs and equity – moderate care (£s)

Equity	Service charge	Care Costs	Interest	Acc S/C & Care debt	Sinking Fund	Equity Remaining	SF & SC Debt % Equity
177,325	1,500	12,480	524	14,504	1,384	148,957	16.00%
181,758	1,553	13,104	1,420	30,581	2,768	135,306	25.56%
186,302	1,607	13,759	2,411	48,358	4,152	120,033	35.57%
190,960	1,663	14,447	3,506	67,974	5,536	103,003	46.06%
195,734	1,721	15,170	4,712	89,576	6,920	84,068	57.05%
200,627	1,782	15,928	6,039	113,324	8,304	63,071	68.56%
205,643	1,844	16,724	7,496	139,388	9,688	39,842	80.63%
210,784	1,908	17,561	9,093	167,951	11,072	14,200	93.26%
216,053	1,975	18,439	10,843	199,207	12,456	-14,049	106.50%

For someone who needs very high levels of care from the outset of 21[10] hours per week, equivalent to residential care, equity could meet the costs for about 7 years, see table 6.5 below.

Table 6.5 Annual costs and equity – high care (£s)

Equity	Service charge	Care Costs	Interest	Acc S/C & Care debt	Sinking Fund	Equity Remaining	SF & SC Debt % Equity
177,325	1,500	17,472	711	19,683	1,384	138,786	21.73%
181,758	1,553	18,346	1,927	41,509	2,768	119,136	34.45%
186,302	1,607	19,263	3,273	65,652	4,152	97,236	47.81%
190,960	1,663	20,226	4,760	92,301	5,536	72,897	61.83%
195,734	1,721	21,237	6,399	121,658	6,920	45,918	76.54%
200,627	1,782	22,299	8,203	153,941	8,304	16,082	91.98%
205,643	1,844	23,414	10,184	189,383	9,688	-16,843	108.19%

It is of course possible to debate or alter assumptions made. In any particular case the initial value of equity may be higher or lower. It is taken that all the equity available, from the previous property which is sold, is reinvested in an extra care dwelling. It is assumed that the individuals day to day living expenses will continue to be met from their own resources if self payers or from benefits if not. No

[10] 21 hours is commonly used as a guide to the point at which someone needs a residential care placement.

account has been taken of any other resources or receipt of attendance allowance, which should be common place in this cohort.

The modelling does however demonstrate – on the assumptions made – that if suitable, not for profit, mechanisms for releasing equity were available the 'typical' home owning extra care residents in Worcestershire should be able to afford most of the revenue cost of living by drawing on capital if they wish.

6.3. Funding Summary

- Public funding to subsidise the capital costs of extra care housing development will be significantly reduced or possibly withdrawn completely.
- In order for extra care development to be viable a much greater proportion of the units developed will need to be for leasehold sale, either outright or through some form of shared equity.
- In order for this to happen older people who are currently owner occupiers will need to find new extra care developments sufficiently attractive to want to purchase an apartment.
- Housing and extra care providers involved in the development of this strategy thought selling 60-70% of properties in a scheme would be typically required to ensure viability.
- Provision of affordable rented units in new extra care development, in the absence of grant, will need to be funded through subsidy from units for sale and/or contributions of land at below market value.
- It is anticipated that local authority budgets for care and support will be constrained in real terms over the next few years.
- The majority of older people entering extra care in the future are likely to have to fund their care from their own resources; the proportion of older people who can expect to have their care costs funded by Worcestershire County Council Adult and Community Services is likely to reduce.
- In order to fund their care many older people may need to use some form of equity release product or 'mechanism' to release funds from their existing home or extra care apartment.

7. Delivery programme

This section summarises how the strategy will be delivered.

7.1. Development options

There are a number of ways in which extra care housing will be developed and delivered including:

- Identifying existing sheltered housing schemes that could be upgraded through capital investment to enhance the building to provide the necessary infrastructure to deliver extra care, or a more limited form of extra care.
- Identifying suitable development sites for new build of both extra care schemes and 'village' type development.
- Encouraging private development of extra care housing.
- Identifying the potential for 'core and cluster' models of service delivery in the vicinity of existing extra care schemes, potentially providing care to the wider local community and making the catering and social activity provision within extra care available to the wider local community.

The local authorities will work actively with developers, extra care providers, and housing organisations, both social and private; to identify potential sites that are suitable and viable for extra care schemes and village type developments particularly as some of these types of schemes will only be viable on larger sites.

7.2. Delivery programme

An extra care delivery programme will be developed with every District/Borough Council to support the delivery of the extra care strategy covering:

- A local delivery programme for the next 3-5 years with specific actions identified for the next 1-2 years.
- Identifying specific opportunities in relation to the use of local sites and existing services, for example current sheltered housing services that may be suitable for remodelling; publicly owned sites that may be suitable for extra care housing development.
- Setting out the types and 'models' of extra care housing that are most appropriate and suitable for the identified needs in their area.
- The level of extra care housing required in relation to the estimated need and what can realistically be delivered locally.
- The funding options that are most feasible to deliver the proposed types of extra care housing.
- Identify the key delivery partners, both Registered Providers and private developers.

At a County level the Joint Commissioning Unit will:

- Oversee an overall delivery programme based on the agreed extra care housing strategy and an aggregation of the local District/Borough delivery plans.
- Develop service specifications for proposed extra care housing models (based on local delivery plans).
- Produce any changes to specifications to existing extra care schemes.
- Support development of 'specialist' specifications, e.g. for people with dementia and people with learning disabilities and oversee the delivery of different types of extra care housing that are appropriate to these more specialised requirements.
- Facilitate with the Districts an initial event for extra care providers (countywide or at District level) to promote the extra care strategy.
- Hold/facilitate meetings with individual housing and extra care providers to promote delivery of the strategy.
- Work with colleagues at the County Council, the Districts and the NHS to consider the possibilities of releasing public sector land at reduced value where the overall cost benefit in doing so can be demonstrated.
- Develop a model for cost comparison and the potential for savings between care provided within extra care housing and alternative models of care, including residential care.
- Develop a revenue funding approach for new extra care development based on a majority of older people funding their own care/support costs and using a proposed care cost 'comparison model'.
- Develop with Districts an extra care information and resource guide for local older people and their families that could be published jointly by all the local authorities in Worcestershire. This to be part of the JCU's overall approach to information and advice provision.
- Work with extra care housing providers to develop an effective extra care marketing approach to owner occupiers.
- Establish an extra care 'reference group' to include local older citizens with a strong interest in extra care housing to help 'reality test' development proposals and funding models.

Annex 1 Key Messages from Stakeholders

Key messages from local authorities with housing and planning responsibilities

- There needs to be the potential for co-location of health/social care services within some larger extra care developments
- There will need to be a mix of dwelling types, including flats and some bungalows
- The specification will need to include 2 bed units and in some cases a few 3 bed units
- Need to have mixed tenure schemes to reflect that in the future their will need to be a shift towards greater numbers of units for sale and/or shared ownership in order for schemes to be financially viable.
- Given the need for greater number of units for sale, there is recognition that local authorities have an interest in seeing future extra care being attractive to the full spectrum of older people.
- Future extra care developments should include provision for people with dementia although the specification for this will need to be considered carefully.
- In relation to creating facilities within schemes/developments there should at least be some provision, e.g. café-style provision as a minimum.
- The provision of 24 hour care is an essential component.
- Schemes need to have sufficient communal space.
- There needs to be a pragmatic approach to whether the provision of housing and care should be separate within extra care, i.e. it is not necessarily helpful to insist on housing and care being provided by different organisations.
- Within a countywide 'vision' for extra care, there will need to be flexibility in the scale and design of future extra care developments to reflect that potential sites within different local authority areas will affect development opportunities.
- Extra care housing needs to be a part of broader 'vision' for housing, care and support for older people as part of wider 'offer' to the growing older persons population in Worcestershire, including 'aspirational' housing aimed at older people that is separate to extra care provision.
- Extra care schemes can be of benefit to other members of the local community, e.g. in terms of use of the facilities and care services, but this needs to considered carefully in terms of being acceptable to residents.
- There will need to be a good range of information and advice available to all older citizens and their relatives as well as effective marketing by extra care providers.
- The quality and design of future schemes need to be of a sufficiently high quality to attract self funders, however this level of quality needs to be sustained across all tenures.
- In planning terms extra care housing should be classified as 'C3', rather than 'C2' to reflect that the housing units should be fully self contained including a kitchen and a bath/shower room.
- Housing delivery partners need to be drawn from across the housing association, charitable and private sectors, particularly given the significant reduction in capital funding available through the Homes and Communities Agency (HCA).
- There is recognition that partnerships with private sector developers/providers will be necessary and there is a need for dialogue with private providers regarding delivery of affordable rented units as part of new extra care developments.

- There needs to be a pragmatic approach to developing additional extra care provision, for example some existing sheltered schemes may be suitable for 'conversion' to extra care but may not meet an 'ideal' extra care specification.
- As far as possible extra care housing should be a 'home for life' for those individuals who want that.
- Need to be pragmatic about the types of schemes developed linked to the availability of sites; issues include the availability of land/sites of sufficient size for larger scale extra care developments and how to provide in rural areas.
- There is need for a clear and detailed definition of what is meant by 'extra care housing' in Worcestershire which can then be used and referred to by all the local authorities and providers.

Key messages from extra care housing providers

- The local authorities in Worcestershire need to provide a clear position to housing providers as to the 'vision' for extra care in Worcestershire and the level of need.
- New schemes need to be sufficiently large in scale to accommodate a mix of needs, including dementia although the specification for this needs to be carefully planned.
- The development of additional extra care capacity needs to include consideration of 'remodelling' some existing sheltered schemes to accommodate some extra care 'features' but possibly not to the same specification as new build development, however it needs to be attractive to a wide range of potential customers.
- Some providers currently considering whether some existing sheltered schemes can be converted to have a 'hotel' feel with communal facilities created though conversion of some of the existing units.
- For some providers essential features of extra care include catering/restaurant facilities, 24/7 on site staff including care provision and assisted bathing facilities.
- However, there is concern that having a very wide range of facilities can lead to high service charges and subsequent affordability issues for some customers, both self funders and customers receiving benefits.
- On site restaurant facilities are a particular issue for providers in terms of being a financially viable element of the service and an assessment of how this element of any scheme needs to be carefully considered in advance, for example will 'external' use of restaurant facilities be required in order to achieve financially viability.
- New development needs to include a mix of types of units including bungalows where the size of the site allows for this.
- Most providers favour a 'C3' rather than 'C2' planning designation for extra care housing, in part because this provides a better 'exit strategy' if that becomes necessary in the future, however a private provider consulted viewed a 'prescriptive' approach to defining extra care development as 'C3' as restrictive.
- Many providers see their current and future approach to the services provided within extra care as being based on a 'menu' type model, where there are a range of services as options for residents that they can purchase depending on their preferences and budget.
- Care services increasingly need to be 'person centred' and able to be tailored to individualised requirements.
- Housing associations are planning future developments on a mixed tenure basis, in recognition that there is going to be significant reductions in the level of public subsidy available through the

HCA. Most of the housing associations consulted expected their new developments to be based on between 60-70% of units being for outright sale or for sale on a shared equity basis to fund future developments.

- Housing providers, particularly housing associations, recognise that any new development will need to appeal to a much wider market than has historically been the case as the majority of residents will be purchasing either outright or through a shared equity route.
- Most providers are either considering or are interested in models of equity release that allow an older person to fund their care costs, or potential care costs. There is a need for the County Council to ensure that the communications it provides to the older persons population about eligibility for publicly funded or part funded care are linked with 'messages' about options for older people to self fund their care, such as through equity release.
- There is a need for the County Council to be realistic about the level of funding provided to fund the support and care costs of lower income older people who currently or may in the future live in extra care housing, i.e. there needs to be discussion between the local authority and providers about the realistic level of costs for support and care so that these services are viable for lower income older people.
- Most providers want to see a 'partnership' approach with the local housing and social care authorities from planning to scheme delivery and through to addressing 'selling' the concept of extra care more widely to the older persons population in Worcestershire.
- There is a need for the local authorities in Worcestershire to act in a more coordinated way in relation to extra care development, with the County Council in particular taking a more strategic role. Local authorities also need to capacity build with Councillors in relation to promoting the role of extra care housing.
- A majority view amongst providers was that if the local authorities want to maximise the proportion of affordable rented units within a scheme, where there is no or limited HCA grant subsidy, then the use of local authority land/sites at more favourable terms will need to be a part of the development 'mix'.
- Most providers believe that for an extra care scheme to be viable from a management perspective there needs to be a mix of needs from no to higher care needs.
- The County Council needs to have a clear policy on what they expect from extra care housing in relation to 'diverting' people away from residential care services.
- All housing providers consulted want to see a more flexible approach to the delivery and provision of housing and care, i.e. that a local authority does not insist on separate organisations providing the care and housing; this is viewed as increasingly less the prerogative of the local authority if future new developments will be predominantly for self funders.
- There needs to be a clear delivery plan for developing extra care housing at both a county level and a district level.

Key messages from Senior Citizens

- There is a need for 1, 2 and 3 bed apartments within any extra care scheme development.
- Schemes need to allow for some apartments that are designed and built to full wheelchair accessibility standards, i.e. suitable for an individual who needs to use a wheelchair to mobilise.
- Some apartments need to have 2 bathrooms; one suitable for a disabled person who is a full time wheelchair user and one bathroom for a partner/carer.
- The design and specification of fixtures and fittings within extra care apartments need to be well thought out so that an individual can exercise the maximum degree of control and thus maintain

total independence for as long as practically possible, e.g. remote control devices to operate a shower could be included to allow the carer to use the controls but this staff control should not be at the expense of the user control. This example was provided by a participant based on one of the schemes he had visited. It was thought that the shower control had been fitted outside the reach of the resident in order to maximise the income for the care package.

- There needs to be sufficient storage provided within an extra care development to enable residents to be able to store personal belongings, such as suitcases and other small items that cannot be accommodated within an extra care apartment.
- The availability of a range of facilities within an extra care scheme is one of the 'components' that makes extra care housing an attractive proposition. These can vary widely between different types of schemes; typically within an extra care 'village' type development the range of facilities can be extensive such as a silver service Chef managed restaurant, gym and leisure facilities, craft, IT and woodwork rooms and a shop, a pub, a hairdresser a well-being surgery. Smaller extra care schemes will typically have far fewer of these types of facilities and amenities. All of the schemes should have an activity co-ordinator member of Staff. Greater the activities list, the lower the isolation and loneliness which in turn will reduce on the costs of the care and ill health.
- There is a need for mixed tenure extra care developments (as opposed to wholly social rented and wholly private schemes) which provide a mix of options from rented apartments at social rents through to 'shared ownership' and outright (leasehold) ownership units for sale. Within this spectrum of types of accommodation there is a big market for larger apartments and bungalows for some private purchasers.
- In any mixed tenure extra care development it is important that this is clearly explained to potential residents (both potential tenants and leaseholders) at the outset. That the scheme is for all comers with varying amounts of funds and that living together in later life in this way will become a new experience.
- In relation to the mix of residents and the level of their needs for care, there should be a balance of residents with differing levels of need for care. An often quoted 'rule of thumb' for some extra care schemes (typically those that are run by housing associations and with the care funded, at least in part, by the local authority Adult Services), for a one third/one third/one third split between the number of residents with lower, moderate and higher levels of care requirements
- Extra care schemes need to have sufficient car parking space available in relation to the likely needs of the potential residents, i.e. some couples may have two vehicles and may not wish to 'downsize' their vehicle requirements simply because they move to an extra care apartment. The loss of a car can be the biggest loss of independence and this must be considered as important.
- Extra care providers need to have a clear policy in place in relation to the sale/disposal of an extra care apartment where a leaseholder has died without a will or an up to date will. The apartment must be made available for reuse within a short time.
- The senior community in Worcestershire need to be informed about extra care and the many benefits arising. Many people have no knowledge of extra care and its usage. Extra care needs to be publicised in community and Local Authority newsletters.
- The people who are the 'target market' for extra care housing schemes need to be made aware of the full up-front and on-going costs. Specifically this will need to cover purchase costs, service charges, personal apartment heating and lighting costs, ground rent, car parking/storage, costs of storage facility, and the cost of care (even if an individual does not currently need or have a significant need for care). Potential residents need to be able to understand and plan for the

future costs of care and a point at which they may 'run out' of private means to fund their own care and may become eligible for state funded care

- Providers of extra care housing need to address any inequality or variations in service charges that are levied on residents who fund their own care and residents who have their care funded by the local authority.
- The local authorities need, with housing organisations, to promote the development of 'aspirational' housing for older people; i.e. housing that an older person or couple would consider purchasing as an attractive alternative to their current home (which may not be suited to their needs in the longer term). The local authorities in Worcestershire, both those with responsibility for strategic housing and Adult Services, have a clear vision for the role of extra care and retirement housing for older people.
- Local authorities need to have a proactive, helpful and constructive approach to 'enabling' the development of extra care housing development and avoid putting any barriers in the way of potential (suitable) developments.
- One participant articulately summed up the case for extra care housing development as follows:

  "Extra care is very much a 'Cross Cutting Theme' because it, helps protect older people, creates a safe and secure environment, helps maintain independence, removes isolation, cuts health care costs, reduces on care staff downtime for travel, eases care staff training because it can be achieved in-house, can reduce hospital admission and facilitate early discharge thus reduces bed blocking, extends life, creates lifetime homes, increases confidence, new social network, regenerates communication skills, highlights dementia issues, frees up housing down the line, creates employment and creates so many other benefits for our community that It makes one ask why we do not already have such facilities."

- There is a need for some provision that is fully usable by permanent wheelchair users, for example people who have been paralysed through accidents or illness. Coupled to needing the assistive bathroom and lifts large enough for a stretcher style shower tray there is a real need for a small percentage, say 5% of the units in any extra care scheme for use by severely disabled resident. In addition to the area needed in the apartment for wheelchair turning etc such an apartment should have ceiling hoists for use by Carers to convey residents from bed to bathroom, shower/bath, toilet and into wheelchair after dressing on the bed.
- There is a need to ensure that local Councillors are fully supportive of the reasons for needing to develop extra care schemes and the subsequent delivery of such schemes to ensure there is a range of housing with care options available to older and disabled residents in Worcestershire in the future.

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Annex 2 Need for Extra Care Housing by District

Estimated need for extra care housing is shown separately for each District area in terms of the estimated number of units required by 2026 in tables below. This is based on data contained within section 3.

Bromsgrove: Estimated need for extra care housing to 2026

Older population 75 years and over (2026)	15,100
Units of extra care/enhanced sheltered housing (45 units/1000 pop.)	680
Units of dementia based housing (10 units/1000 pop.)	151
Diversion of older persons from residential care (3.5 units per 1000 pop.)	53
Sub Total	884
Current provision	92
Total required	792
Required units by tenure: Owned (77.8%) Rented (22.2%)	 616 176

Malvern Hills: Estimated need for extra care housing to 2026

Older population 75 years and over (2026)	14,900
Units of extra care/enhanced sheltered housing (45 units/1000 pop.)	671
Units of dementia based housing (10 units/1000 pop.)	149
Diversion of older persons from residential care (3.5 units per 1000 pop.)	52
Sub Total	872
Current provision	0
Total required	872
Required units by tenure: Owned (77.1%) Rented (22.9%)	 672 200

Redditch: Estimated need for extra care housing to 2026

Older population 75 years and over (2026)	9,400
Units of extra care/enhanced sheltered housing (45 units/1000 pop.)	423
Units of dementia based housing (10 units/1000 pop.)	94
Diversion of older persons from residential care (3.5 units per 1000 pop.)	33
Sub Total	550
Current provision	112
Total required	438
Required units by tenure: Owned (62.5%) Rented (37.5%)	 274 164

Worcester: Estimated need for extra care housing to 2026

Older population 75 years and over (2026)	10,100
Units of extra care/enhanced sheltered housing (45 units/1000 pop.)	455
Units of dementia based housing (10 units/1000 pop.)	101
Diversion of older persons from residential care (3.5 units per 1000 pop.)	35
Sub Total	591
Current provision	0
Total required	591
Required units by tenure: Owned (72.2%) Rented (27.8%)	 427 164

Wychavon: Estimated need for extra care housing to 2026

Older population 75 years and over (2026)	19,900
Units of extra care/enhanced sheltered housing (45 units/1000 pop.)	896
Units of dementia based housing (10 units/1000 pop.)	199
Diversion of older persons from residential care (3.5 units per 1000 pop.)	70
Sub Total	1,165
Current provision	47
Total required	1,118
Required units by tenure: Owned (73.1%) Rented (26.8%)	 817 301

Wyre Forest: Estimated need for extra care housing to 2026

Older population 75 years and over (2026)	16,900
Units of extra care/enhanced sheltered housing (45 units/1000 pop.)	761
Units of dementia based housing (10 units/1000 pop.)	169
Diversion of older persons from residential care (3.5 units per 1000 pop.)	59
Sub Total	989
Current provision	97
Total required	892
Required units by tenure: Owned (72.2%) Rented (27.8%)	 644 248

Annex 3 Extra Care Housing Guidance - Key Variables

1. Dwellings	Essential	Desirable	Commentary
Minimum size of dwellings:			When purpose built sheltered housing was first developed in the 1960s and 1970s, bedsits of less than $30m^2$ and even shared facilities were acceptable. This is no longer the case. By the 1990s the minimum size for a one bed apartment was around $40m^2$. Today, only another 20 years on it is around $50m^2$ for a one bed apartment and $60m^2$ for two beds. Expectation and standards have risen steadily. More people now need 2 bedrooms or even 3. To be sufficiently attractive to encourage retired couples to move from a larger house and free up family housing schemes have to offer: ♦ Dwellings of an acceptable size ♦ More, larger apartments Evidence from the last 50 years is clear that properties that are too small simply become unlettable and unsalable. The desirable dwelling size standard is based on 'Design principles for extra care' (Housing LIN factsheet 6) and they are those adopted by some of the leading Registered Providers of extra care. The absolute minimums reflect current standards in some private sector retirement schemes. The overall scale of development is based on evidence of the cost of running extra care housing and capital cost of providing a minimum set of facilities. Care providers interviewed varied slightly in scale they thought essential but there is a consensus that around 50-60 is now about the smallest.
1Bed	$50m^2$	$54+m^2$	
2Bed	$60m^2$	$68+m^2$	
Mix of 1 and 2 bed properties	x		
Some 3 bed properties		X	
Minimum scale 45-50 dwellings		X	
Must be self-contained	x		
Including a usable kitchen	x		

			The minimum scale of the 50-60 range is however marked as desirable rather than essential as it is possible that some very small schemes, that share most of the characteristics of extra care and are necessary to meet a particular need can be supported and funded. This might apply for example to small developments designed to cater for older people who also have a learning disability. The evidence gathered for this strategy indicates that up to 5% of the apartments within a scheme may need to be sufficiently large to accommodate a hospital standard bed and space to allow two carers with hoists to support individuals who, for example, also require space to store medical and wheelchair equipment.
2. Standards	**Essential**	**Desirable**	**Commentary**
Registered Provider follow HCA standards	x		The Care Standards Act 2000 and the National Minimum Standards for Care Homes for Older People produced by the DH under that Act do NOT apply to extra care buildings. It will not be registered as a care home although: ♦ The provider of domiciliary care has to register with CQC ♦ In retirement villages where there is a separate care home on the site as part of the village this will have to be regulated under the Act and therefore conform to the minimum standards Registered Providers must follow the standards set out by the HCA. Extra care falls in the category 'Housing for older People (all special design features)' Strictly speaking these only apply where a grant is provided however we would expect all developments to adhere to these standards as far as possible. It is desirable for all developments in the public or private sector
Lifetime Home standards		x	
Design Principles for extra care (Housing LIN factsheet No 6)		x	

			to achieve Lifetime Home Standards. This should help to make dwellings both usable and flexible and thus sustainable as housing in the future. (www.lifetimehomes.org.uk) All building regulations and other statutory standards of course apply. It is desirable all developments, public or private also follow the guidance Design Principles for Extra Care' particularly in relation to: ♦ Space standards for communal facilities ♦ Dementia care provision within extra care housing ♦ Interior design and supporting frailty and impairments including way finding and lighting
3. Facilities	**Essential**	**Consider**	**Commentary**
Communal:	x		Broadly the range of shared facilities will be more extensive the larger the development. The cost of facilities has to be spread over all the dwellings, rented or sold, and are unaffordable in smaller developments. Local circumstances will also play a part so for example if a purpose built facility is already available adjacent to the scheme there is may be no point in replicating the service. We have therefore indicated those facilities which are normally considered an integral part of extra care housing as 'essential'. The larger list of facilities form a checklist to prompt consideration of additional features which may be relevant and desirable if affordable but would not always be routinely provided. The list is not intended to be exhaustive but represents the most common facilities.
Communal lounges	x		
Dining area	x		
Residents tea kitchen	x		
Activity/ hobby rooms		x	
Communal WCs	x		
Assisted bathroom	x		
Hairdressing/ beauty therapy	x		
Informal seating space		x	
Scooter store	x		
Car parking	x		
Staff and ancillary accommodation			
Manager's office	x		
Care staff office		x	
Photocopy area		x	
Staff overnight room with ensuite		x	

Staff rest room		x	
Staff changing and lockers		x	
Guest room with ensuite		x	
Laundry (if no washing machines in apartments)	x		
Main catering kitchen		x	
Cleaners storage	x		
General storage		x	
Lift/ motor room		x	
Refuse store	x		
Other spaces			
Shop		x	
Library		x	
Therapy room		X	
Treatment room		x	
IT room		x	
Health suite/ gym / pool		x	
Greenhouse		x	
Bowling green/ extra activities		x	
Cinema		x	
4. Availability of facilities	**Essential**	**Desirable**	**Commentary**
To wider community		x	Some extra care schemes such as those described as 'hub and spoke' are deliberately designed and run to serve not only a population resident in the scheme but a wider community nearby. The extra care scheme provides a base for care staff to outreach to surrounding areas while local people can also come into the development to use facilities like assisted bathing, have a meal or join social activities. The gains are: ♦ More economic care services for all
Zones of privacy		x	

			♦ More vibrant community in the scheme and viable activities ♦ Helps sustain a restaurant Other extra care schemes involve local people in a more peripheral way perhaps encouraging them to use a gym or a bowling green but do not actually provide a base for social care or health staff. We consider it desirable for extra care facilities (at least) to be made available to the wider community, particularly where public grant funding is helping to finance facilities. We cannot however make it an essential requirement as this may not always be acceptable to private developers. Where facilities are to be made available then it is equally desirable that the concept of 'zones of privacy' is incorporated in the design and running of the scheme in order to ensure sufficient privacy and security for occupiers
5. Care and support	**Essential**	**Desirable**	**Commentary**
24 hour on site care	x		Care is by definition an essential ingredient. Care and support can be provided in different ways which range from an on-site care team able to provide personal domiciliary care around the clock and respond personally to emergencies through to entirely individual arrangements made with a multiplicity of individuals and domiciliary care agencies. The kind of arrangements commonly found in practice in traditional sheltered housing. We believe it is essential that for modern extra care of good quality there is: ♦ An on-site care team ♦ Able to provide care and support whenever required
Emergency alarm	x		
Door opening and CCTV	x		
Telecare personalised		x	
Environmental sensor	x		

			♦ Including responding to emergencies at night Telecare is now common place. An emergency alarm system has long been a defining feature of sheltered housing and must be provided in extra care. A range of ways of triggering an alarm should be available to residents to meet individual preferences including pendants and wrist devices. In blocks of flats it is essential that the front door can be opened from the apartment and that the entry system incorporates a camera. A range of environmental sensors must be incorporated in buildings as a minimum, smoke and fire, but a wider range should be made available according to risks and preferences such as flood alarms. Other assistive technology commonly found in SMART homes should also be considered but is not essential for everyone. In addition it is desirable to make available a range of extra devices to help meet individual needs. These range from fall detectors to things like pressure mats or movement sensors designed either to function as alerts or to operate switches, for example pressure mats to go by a bed linked to lights to illuminate a path to the toilet at night. It is usual for extra care and sheltered schemes to incorporate hard wired alarms and door entry systems and commonly the ability for a control centre to remotely open the front door to schemes for emergency and other services. Some of this may be less essential in extra care where there is 24 hours staffing. In some situations there may be merit in considering dispersed alarm units as economic, with the facility to monitor and operate a large number of wireless devices with some additional capabilities relevant to extra care settings such as to give audible prompts and reminders or monitor/ dispense medication.

6. Meals	**Essential**	**Desirable**	**Commentary**
Meals provision	x		Economic provision of meals in extra care is a struggle. This is particularly true in smaller schemes and when residents are entirely free to choose whether or not to eat in the restaurant. Provision of meals is however an essential in extra care for both physical health and social reasons. Some residents may simply be unable to prepare meals themselves. Housing LIN factsheet 22 covers options for catering in extra care housing. While it is highly desirable to have fresh food cooked on site this may not be economically practical in every case. It must be demonstrable that arrangements for adequate meals has been made. There is a very strong case for a commercial standard of catering arrangements in 'village' scale developments, CCRC and in schemes where the plan is to extend services to the wider community on a 'hub and spoke' or similar configuration.
Catering standard kitchen		x	
7. Landlord and Care Provider Arrangements	**No essential requirement**		**Commentary**
All arrangements acceptable			Extra care requires two types of service; care/support and housing management and maintenance. This in turn often requires formal, contractual arrangements between two organisations. In addition various health, fitness and social activities have to be initiated and arranged. There are three main options: ♦ Landlord to also be the care provider – a 'seamless service' ♦ Landlord and a separate, single care provider, which in the past might have been Adult Social Care in-house staff ♦ Landlord and multiple care providers – Adult Social Care contract with many different agencies or residents paying for domiciliary care or personal assistants on an individual

			basis using Personal Budgets or Direct Payments or own resources In residential care, accommodation and care are provided together but in extra care separation between housing and care is possible. The landlord/property management function normally involves: ♦ Intensive housing management ♦ Low level support/ preventative and liaison services (warden or estate management type help) ♦ Property maintenance service ♦ Resident involvement and participation ♦ Social activities The care provider provides: ♦ Domiciliary care ♦ High level personal care ♦ Possible nursing care/ specialist services In practice there is a continuum so the landlord's/property manager's responsibilities may extend into providing social activities and domiciliary care but stop short of providing personal care. Alternatively, the landlord may delegate some traditional housing management tasks to the care provider. The advantage of separating care from housing are: ♦ A good housing developer or housing manager may not be the best, most expert care provider and vice versa ♦ In most models it is possible to change the care provider without moving – something not possible in a care home. The disadvantages of separating housing from care are: ♦ Difficulty in providing an integrated, 'seamless' service to

			residents ♦ Added cost of liaison and co-ordination for both commissioners and providers. Offices and posts overlap or are even being duplicated. ♦ Where there are multiple care providers it becomes harder to guarantee a consistent level and quality of service to all. There are also increased security and safe guarding risks while residents often complain of the noise and disruption of many different people coming and going and comment on how inefficient this must be. Supporting People arrangements over the last few years have preferred a clear separation of support from housing functions. This is however a policy preference and there is no statutory basis to require a separation. It is often observed that in the most lively and dynamic extra care developments there is no visible distinction between landlord and care provider function. Our policy in extra care is to permit all arrangements, including those where the landlord is also the care provider, where it wins the care and support tender, in order to get: ♦ The best outcomes for occupiers ♦ The most economic and least wasteful organisational arrangements
8. Allocation and eligibility criteria	**Essential**	**Desirable**	**Commentary**
Managed lettings/ sales to maintain mixed community		x	Extra care is used in different ways, particularly in the context of purchase of funding of places by Adult Social Care. There is a spectrum which runs from seeing extra care as a direct alternative to residential care through to extra care as simply modern sheltered housing available for older and disabled people able to

			live independently with little or no assistance. In Worcestershire the preferred model has been to manage lettings to achieve and if possible maintain a balanced community. CCRC in Worcestershire are also based on this model and may incorporate for example three types of accommodation: ♦ Care bedrooms in a registered care home ♦ Care suites ♦ Care apartments – for the most independent (see for example Richmond Villages) Anticipating greater levels of owner occupation it is harder to actually 'manage' sales. To a large extent this is a market activity particularly in the case of outright rather than shared ownership sales. However leases should require some assessment of suitability with the landlord/property manager alternatively having the power to veto a sale. In the case of shared ownership where there is an element of public subsidy and social housing our preference is to see sales and lettings arranged by a panel involving Adult Social Care (as a key funder of care), the district/borough council, care provider and landlord in order to maintain some level of balance. The target mix of levels of resident need should be agreed scheme by scheme. It is recognised, (indeed desirable) in order to extend choice, schemes will have different resident profiles according to the needs they are intended to meet. We propose three bands of need are used: ♦ Those with no regular needs for care ♦ People with moderate needs for domiciliary care of less than 10 hours/ 6 visits per week ♦ People who meet high levels of care of more than 11 hours/ 7 visits a week

			Those who need 21 plus hours of care per week would normally be considered as candidates for residential care which might include living in a CCRC.
9. Tenure	**Essential**	**Desirable**	**Commentary**
For sale		x	The analysis presented shows a shift to properties being sold rather than simply rented in the social housing sector. It is highly desirable that most developments offer the widest range of methods of entry including outright purchase, purchase on shared ownership terms or renting. These would be mixed tenure, there are also other financial models on which occupancy can be based to meet other circumstances and preferences. There may however be locations or cost where outright sales may be unrealistic. It is also recognised that some private developers who traditionally build for sale are unenthusiastic about mixing rental and for sale accommodation. There are practical operational challenges in managing mixed tenure schemes. Thus while there is a presumption against mono-tenure developments and a preference for more mixed tenure housing in order to increase the supply of extra care housing to purchase building for outright sale only has to remain acceptable.
For rent		X	
Shared ownership/ equity		X	
Mixed tenure		x	
10. Ethos	**Essential**	**Desirable**	**Commentary**
Culture that promotes independent living	x		For many, a distinguishing feature of extra care housing is the culture or ethos of the development. This will be evidenced in values and practices that promote independence. This would be apparent in for example: ◆ Sufficient support and care being available but not

			excessive levels of support ♦ Philosophy of 'working with' residents ♦ Wide range of social activities ♦ Continuing links with wider community ♦ Relatives' active participation in provision of support and care encouraged not discouraged. ♦ Residents participating in running scheme or activities ♦ Support to prepare meal is available ♦ Having own self contained accommodation; tenants or owners ♦ Barrier free environments and design which is enabling

Annex 4 Extra Care Housing – Examples of schemes identified by stakeholders

The following extra care developments were identified by stakeholders, principally the group of senior citizens as attractive examples of extra care housing

Sandford Station retirement village, North Somerset, (St Monica Trust - charity)

St Oswald's village, Gloucester (Extra Care Charitable Trust/Rooftop Housing Group)

The Rose Garden, Hereford (Extra Care Charitable Trust/Festival Housing)

Oscott Village, Birmingham (Extra Care Charitable Trust/City of Birmingham)

Hartrigg Oaks, York (Joseph Rowntree Housing Trust)

Larkhill Village, Nottinghamshire (Nottingham City Council, Nottingham City Primary Care Trust and the Extra Care Charitable Trust)

Denham Garden Village Buckinghamshire (Anchor Housing Association)

Annex 5 Glossary

Aspirational housing	A generic term that is used by housing providers to describe housing, in this context, that is specifically attractive to older persons, particularly in relation to individuals who are buying a property; it may refer to both extra care housing and other types of housing.
Continuing Care Retirement Community (CCRC)	A development where different buildings or groups of buildings are based on different tenures, e.g. extra care housing and nursing care home on the same site/development
Core and cluster/hub and spoke 'models'	Descriptions typically used by organisations that provide extra care housing to describe an extra care scheme as a 'hub' or 'core' from which care and other services are provided to local people living in the community near to an extra care housing scheme.
Equity release	Equity release means unlocking some of the market value of the property without moving house
Mixed tenure	An extra care housing scheme that includes housing for rent and for sale.
Nursing care home	A home registered for nursing will provide personal care (help with washing, dressing and giving medication), and will also have a qualified nurse on duty twenty-four hours a day to carry out nursing tasks. These homes are for people who need regular attention from a nurse. Some homes, registered either for personal care or nursing care, can be registered for a specific care need, for example dementia or terminal illness.
Residential care home	A care home is a residential setting where a number of older people live, usually in single rooms, and have access to on-site care services. A home registered simply as a care home will provide personal care only - help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness.
Service 'remodelling'	A term typically used by providers of housing and care services to describe changing an existing service, typically in terms of the building, design, features and services so that it is better suited to

	the requirements of older people in the future.
Shared ownership	Shared ownership is a way of buying a stake in a property if you cannot afford to buy it outright. You have sole occupancy rights, that is you do not have to share your home with anyone else. Shared ownership properties are usually offered for sale by housing associations but also by some private organisations You buy a share of a property, and pay rent to the housing association for the remainder. Your monthly outgoings will include repayments on any mortgage you have taken out, plus rent on the part of the property retained by the housing association.
Telecare	Telecare and Assistive technology are alarm systems and monitoring devices that can help support vulnerable people to continue living independently in their own homes.

This Strategy has been developed by the Housing and Support Partnership on behalf of Worcestershire County Council and the Housing Authorities in Worcestershire.

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