

HOUSING FOR AN AGEING POPULATION:

DEVELOPMENT PLANNING, CONTROL AND MANAGEMENT FOR HOUSING WITH CARE

REPORT ON CONSULTATION

September 2007



Care Services Improvement Partnership **CSIP**



FOREWORD

With a sharply ageing population it is hardly a surprise that each government policy initiative seeks to take account of the needs of older people. Both the recent housing and planning green papers have done just that.

The responses to our call for comments on the town planning and management implications for housing with care, summarized in this paper, demonstrate there are still fundamental challenges to be overcome. While they confirm a consensus that we need strong planning guidance for the co-ordination of public and private response to the housing, health and community implications of demographic change, the responses also indicate that the very meaning of housing with care is still open to intense debate. What is clear however, is that whatever planning guidance finally emerges, the influence of the two green papers will be felt.

We are now in new territory, looking beyond short-term fixes which tuck away older people in the belief that a roof over their head, sometimes with a one-size-fits-all warden service, is sufficient.

The drafting of a Good Practice Note in the wake of this consultation will concentrate on developing an understanding of what the integration of extra care housing offers to the development of housing markets that must meet the pressures and needs of our ageing population. Too many elderly citizens are constrained by their built and service environment from maintaining active and healthy lifestyles. The Good Practice Note and the associated Extra Care Housing Toolkit will be a valuable step in preparing for the improvements that the forthcoming National Housing Strategy for Older People Strategy will rightly demand.

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Introduction

In 2006 the Care Services Improvement Partnership and RTPI commissioned work to scope and research good practice. Initial research and consultations coordinated by Gerald Eve Associates demonstrated the diversity of interests, experience and delivery mechanisms involved. A draft consultation document was subsequently drawn up by Trevor Edwards and this formed the basis of a consultation exercise to develop a Good Practice Note for Planners.

The consultation document *Housing for an Ageing Population* was published in December 2006. Consultation responses were invited through the RTPI website, CSIP's Housing Learning Improvement Network, "Planning" magazine, the RTPI Regions and Nations and Networks, including Room for All, the RTPI Housing Network. It invited feedback on the emerging issues for decision-making in local planning policy and development management from demand for housing designed to meet the needs of older people. The discussion was intended as the basis of the preparation of good practice advice that would:

“support urban and regional planning professionals engaged in forward planning and development management to help deliver housing that meets the lifestyle choices and care and support needs of an ageing population”.

Fifteen detailed responses were received, including representations from RTPI Housing Network Committee and the Retirement Housing Group of the Home Builders' Federation (Annex 1). Responses to consultation have illustrated that there are still considerable challenges to developing integrated thinking between the relevant sectors. However, the joint working between planning, health and social care professionals represented by this project presents an important foundation for further development.

General comments received

There was general agreement amongst respondents that the demographic changes that the UK's population has experienced, and will continue to experience over the coming decades, require a step change in the delivery of high quality housing that reflects changing demand from older age groups. The significance of owner occupation and the importance of promoting independent lifestyles were repeated themes.

The document was welcomed as helping planning professionals become more familiar with important issues around the development of housing with care support. One RSL respondent wrote "I read your consultation draft with interest and agree with every point made." However, the Retirement Housing Group (RHG) of the Home Builders Federation considered that the draft Practice Note, if adopted as "formal guidance", would do little to assist in achieving the objectives of increasing choice or improving the delivery of accommodation for older people. This concern seems to relate mainly to the perceived scope of the report. Their response states:

"The draft Practice Note is not providing guidance or best practice on providing housing for an ageing population. **It only considers the provision of extra care housing.** If that is the intention, then it should be clearly stated. Furthermore, extra care housing (or indeed housing with care) must be placed within the wider provision of accommodation and care choices for older people, including sheltered housing. Such context and clarity would provide greater benefit to the document. At present, and notwithstanding some qualified references to sheltered housing, there is a clear message that the 'future is extra care' – and indeed that older people will be moving from sheltered housing into extra-care."

RHG also argued that the document approaches the issue of accommodation for an ageing population with a bias based on public sector provision and that this is reflected in many of the conclusions reached, the actions identified and very importantly the "toolkit".

Consultation Questions

In addition to setting out guidance on the nature of housing with care, the consultation document raised eight main issues for discussion as set out in this section.

1. What challenges does national planning policy pose for planners who are trying to develop spatial housing policies for an ageing population?

Many respondents emphasized that PPS3 represents an important opportunity to develop wide-ranging policies that can respond to the challenges presented by an ageing population. This requires the need to link housing considerations to distinctive sets of economic, social, health and care needs. These needs are however, hugely complex. For instance:

- the economic power and influence of older households is enormously variable;
- the emphasis on individual independence is balanced by needs for social contact, peer support, maintenance of family and other ties;
- expectations of healthy living and health provision are multiple and changing;
- the majority of people have no relationship with any care agency at any stage in their lives.

The key challenge is the development and support of housing markets, with public sector support where required, that meet the broadest possible range of needs within communities.

Critical to this process is that *“Local Planning Authorities should develop a shared vision with their local communities of the type(s) of residential environments they wish to see and develop design policies that set out the quality of development that will be expected for the local area, aimed at:*

- *Creating places, streets and spaces which meet the needs of people, are visually attractive, safe, accessible, functional, inclusive, have their own distinctive identity and maintain and improve local character.*
- *Promoting designs and layouts which make efficient and effective use of land, including*

encouraging innovative approaches to help deliver high quality outcomes.”
(PPS3, paragraph 14)

As one respondent points out, PPS 3 objectives “continue to be appropriate for extra care housing as much as for any other housing. In particular, location close to a range of community facilities will be vital if older people are to live an independent life, especially if extra care housing is to continue to accommodate people with a range of dependencies including those who are fully independent.” It is argued that well located extra care schemes can help support local shops and the viability of other local services. The facilities within complexes can also be used to support older people living in their own homes in the local area.

2. How can planning help to provide more units of high quality housing with different levels of care support?

The consultation confirms that there is a widespread perception that the availability of suitable located sites for the provision of extra care accommodation and complementary facilities is inadequate. Planners at national, regional and local levels are urged to:

- review planning policy frameworks,
- make specific land allocations for extra care accommodation,
- communicate/coordinate effectively with stakeholders, especially the private and third sectors, and health, care and other specialists,
- consider the wider benefits of extra care housing models for the sustainable development of communities.

There is concern that most LDF's are currently preoccupied with the problem of affordable housing and that very few core strategies have endeavoured to address the problem of an ageing population despite the fact that most strategies recognize changing demographics in their opening chapters. This raises the question of whether extra care developments should be dealt with as part of a local authority's housing land allocation or whether they merit consideration in their own right, as urged by many involved in their development.

A common theme raised by both private and public sector representatives, is that the ability to deliver is being frustrated by a lack of suitable, affordable and, hence, deliverable sites. Some respondents argue that planning policies, the Use Classes Orders, and land allocations fail to adequately address the urgent need to plan for the scale and nature of accommodation specifically designed to meet the needs of the ageing population. At the same time it is pointed out that planners may be suspicious that allocations for extra care housing mean that land will be made available at less than its full potential value, enabling extra care retirement communities to generate excess profits in the private housing market. It is argued that better understanding of the elements and costs involved in providing the facilities which are essential to the successful establishment and functioning of these communities is needed and that an “Open Book”, and partnership, approach to planner/developer discussions is needed. Overall, planners need a better understanding of the needs of older people, their accommodation requirements and the way in which those considerations translate into the built form.

Respondents welcomed the guidance given in the discussion document but there was concern that land for larger schemes will be very difficult to achieve. Some respondents from both the public and private sectors emphasised a definition of “extra care” that depends on relatively large allocations for extra care development e.g.:

“Our experience is that finding suitable sites for extra care housing is difficult. Although changes in the age structure of the population mean that some primary schools sites may become available these sites tend to be too small particularly if policies restricting development to the previously developed footprint are rigidly applied. (A 100 unit complex needs about a hectare of land.)”

The key importance of the urban and rural planning contexts was highlighted by planners. For instance:

“In the last year in the West Midlands there have been two regionally significant applications that have involved extra care housing, the largest being a care village of 238 units with a 60 bed care home. Both applications were in the countryside and were seeking the redevelopment of former war time sites. Given the location and size of the

development it was considered that both were not in conformity with the RSS on the basis of the need to restrict development in the countryside and concentrate new housing in the major urban area and towns in the Region. A central part of the Regional Strategy is trying to stem the flow of people out of the major urban areas and these proposals go against that. Another proposal for a major facility is coming forward on the edge of a small market town. **There is a conflict between what developers see the market being and our wider policies.** Whilst we recognise the need for this type of housing it's the location we are concerned about and the scale over and above local need."

At the same time, it is argued that Councils are failing to incorporate the necessary planning policies to address and make specific provision for the needs of older people. Where consideration is given, it is often focussed on social housing needs with little or no understanding of the need to offer real options for the vast majority of older people who own and wish to continue to own their own homes.

Further recommendations proposed were that:

- Regional Spatial Strategies set the context within which appropriate and successful local policies, allocations and schemes can be developed.
- Policy and land allocation issues need to be addressed by individual planning authorities, both in core strategy documents and in site specific development allocations. Such documents should not be approved unless and until adequate policies and allocations are incorporated.
- In order to deliver sites of suitable size and characteristics, in appropriate locations, it may sometimes be necessary to allocate greenfield sites. This is particularly relevant given the need to develop retirement villages which require sufficient land in order to provide the associated communal facilities essential for the successful outcomes deliverable from such developments.
- Allocations can relate to an entire site or, in the case of larger sites, for example a suitably located former hospital, the allocation could provide for a range of uses but with a requirement that part of the site be developed for extra care.
- Local Development Frameworks should include supplementary planning documents covering extra care schemes and give them priority on "greenfield"

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- sites. Schemes of over 100 units with a nursing home element need special treatment and should be included within LDF proposals as a specific element.
- Retirement provision should be included as a fundamental feature of large housing developments and a pre-requisite to the grant of permission. The provision should be evaluated as part of market assessments.
 - Planning policies should include clear statements encouraging the development of extra care developments.
 - In areas where the overall scale of residential development needs to be limited, separate targets should be set for extra care housing and allocations for suitable sites for this use should be included in plans. Well located sites of sufficient size to accommodate viable extra care complexes are likely to also be in demand for other uses.
 - Planners should avoid seeking too much planning gain from extra care housing schemes particularly when they contain an element of affordable housing and / or provide facilities which the wider community can use. Complexes can also provide local employment opportunities.

It was emphasised that nationally little thought seems to have been given to how a rapidly ageing population should influence the amount, design and location of open space needed in our towns and cities. It is essential that we start to think 'outside the box' if we are to genuinely respond to the challenges of an ageing population. The time has come to begin to identify areas where demographic profiling, property types/levels of under-occupation/condition etc., together with health/care considerations determine a presumption in favour of actively encouraging older peoples' accommodation.

A number of respondents referred to the development of "care villages". It was suggested that a distinction should be made between care villages which "might be self-sustaining and effectively separate from the rest of the community" and all other forms of extra care housing. However Room for All, the RTPI's housing and planning network, expressed concern that there seems to be "an inherent contradiction between the concepts of retirement villages and that of a 'mixed community'".

3. How should the need for housing with care be incorporated into strategic housing market assessments?

Emerging models of housing provision are challenging current perceptions of the nature of housing markets. The consultation indicates that more research is required to better understand the impact of an ageing population on housing markets. Recommendations from the consultation were that

- There is a need to look at the need, demand and supply issues in relation to older people's housing in a locality/by Borough or District Council area to ensure that over provision does not arise. Ideally this should be across all provision ie private sector, RSL and LA areas and across tenure particularly as an increasing amount of mixed tenure is being developed in the RSL sector. Housing, Planning and Social Care/Social Services should be encouraged to look at this issue as a "whole system" so that different parts of the whole are not developed in isolation. Therefore there will be need to be mechanisms to ensure this happens eg Strategic Housing Groups need to have planning representation included; in East Sussex there is a county wide Planning Liaison Group which brings Heads of Planning together and has proved a very helpful forum for progressing work on such issues as Lifetime Homes and private sector housing for older people and affordability issues.
- Many older people own their homes and many will want to invest at least some of their capital in their new home if they move. Thus policies on the tenure mix in extra care complexes need to reflect this.
- It should be recognised that the provision of extra care housing will generally mean that more family homes (including some affordable units) will become available for reuse.
- Foundations asked that the vital role that Housing Improvement Agencies currently play in ensuring existing housing stock is secure, comfortable and of a 'decent' standard should be acknowledged. This raises the issue of the

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- relationship between local housing markets and the capacity of the existing housing stock for adaptation, refurbishment and improvement.
- Net importation issues which arise from most new private sector housing schemes for older people is an important issue for some areas of the country e.g. the Sussex coast. These can result in impacts on health and social care resources which are already very stretched particularly in areas where the population of older people is already very high and projected to increase significantly. The greatest demand for services comes from the "oldest old" ie over 85's and the majority of people moving into new private sector schemes are over 80.

The RHG is particularly keen to see the development of assessment methodology for identifying the housing and related care/support needs of older people both as part of the development of Regional Housing Market Assessments and those at local level which will cascade from them. It maintains that whilst the guidance in the "toolkit" relating to extra care is of interest, it seems to be so heavily public sector biased as to have doubtful application when looking at the wider market. It urges that all types of accommodation, including sheltered housing as well as nursing homes, must be included. However, this appears to conflict with its view that housing with care should not be treated as C3 development. Overall, it seems that these concerns would be met by the approach recommended above.

Another respondent cautioned planning authorities against imposing a condition requiring previous residence in the area prior to occupation, having noted that one planning authority they dealt with was considering imposing such a condition. They considered this inappropriate as older people will sometimes want to move to be close to their relations and such a policy could deprive them of care and support from their families. This raises the issue of a need for national and regional overviews of the nature and scale of extra care housing and other residential accommodation to inform the planning process.

4. What are the implications of the application of either C2 or C3 of the Town and Country Planning (Use Classes) Order for extra care housing?

While it was felt that the Practice Note “ought to do more to address the important issue as to whether or not Extra-Care/Assisted Living schemes should be considered under Class C3 or Class C2 of the Use Classes Order”, the consultation underlined the fact that this subject raises very strongly opposed responses. On the one hand it is argued that they should be treated as C2 (residential institutions) rather than C3 (general housing) so that they do not have to compete for land allocated for general needs housing and do not have to meet planning requirements for affordable provision. It is argued that competition and affordability requirements are unfair because of the inherently higher costs of providing the features and services that comprise extra care developments. At the same time C2 designation means that any restrictions on the number of houses that can be built during a particular plan period can be circumnavigated to recognise the rapidly changing needs of older people and care provision.

On the other hand, it is argued that extra care housing is just as the title indicates, housing rather than an institutional, or registered establishment, and as such it should be categorised as C3 and not C2. From this point of view, C2 applications would further reduce the supply of affordable extra care housing creating more single tenure schemes, gated and not integrated with the wider community. A third position argues that this type of accommodation does not readily fall into any of the existing use classes, unless classified as Sui Generis. It is suggested that there should be a separate designation, e.g. a new C2(a) Use Class category, specifically for this purpose.

The range of scales and different models of extra care housing makes the question of use even more complex. One respondent notes:

“In my own experience it often amounts to negotiating with each individual local authority with different and varied outcomes.”

Greater clarity in the Use Class Orders would assist planners in responding to development proposals.

5. Do affordability requirements impact on the feasibility of housing that meets care needs?

A major element in the debate about use classes concerns the impact of designation on the financial viability of schemes. This issue similarly raised considerable controversy. Some developers argue that only large schemes (generally known as retirement communities) are viable e.g.

“Number of units and tenure mix are important issues when considering feasibility of developments. Our view is that complexes with less than 70 units are unlikely to be viable and that where there is a high percentage of properties for sale complexes probably need to contain a minimum of 100 units. This is in order to justify the provision of communal facilities and the location of a care team on site at all times.”

“Our development appraisals indicate clearly that it is not possible to provide 10,000 sq.ft of non-revenue earning communal and care facilities and allow for an element of affordable housing.”

However, it is also argued that there would be an issue if affordable requirement were taken away from large private sector developments, thus creating effectively large gated single tenure isolated communities.

It is likely that design and the nature of service provision will be critical factors for feasibility. One consultee suggests that in order to support higher levels of delivery, planners should allow increased density and reduced parking criteria for extra care housing over planning guidance for general needs accommodation, taking into consideration that car ownership in an all rented extra care scheme may be as low as 1 or 2 out of a typical 45 unit development. At the same time, mixed tenure models can open the schemes to the wider communities tying in with existing community services and strategies, often acting as a focus and hub for the local older peoples community. This can be enhanced by the provision of communal facilities on sites, such as day centres, hair dressing , health treatments, gyms etc.

A crucial aspect is the importance of the relationship between the public and private sectors e.g.:

“In our current PFI scheme some cross subsidisation to help overall affordability of rented units has been necessary. In our scheme 20% of the units will be available for affordable ownership (leasehold), 20% shared ownership (assumed 50% ownership) and the remainder for available rent. Government subsidy in form of credits and the sites provided at no cost to the developer are necessary to ensure viability of this scheme to provide 430 units on five sites. If sites are developed solely by private sector or RSL's the cost of units and/or proportion of units for sale is likely to be very much higher. High land costs will usually tip the balance of viability and where sites are expensive all units are likely to have to be for sale.”

It was strongly argued, for instance, that affordability requirements do not similarly impact on the feasibility of development for outright sale because of the premiums the private sector can charge for such property over similar size and type of general needs properties, “normally in the region of 15 -20%”. This suggests that sales values relate as much to the price of three and four bed semi detached and detached houses as to the build cost and required profit margin. Prospective purchasers are likely not to have, or want to take a new mortgage but have the value of their existing property as the main capital to purchase a one or two bed extra care unit. At the same time, affordability requirements are regarded as impacting on feasibility for rented because there is not enough differential in target rent between general needs and extra care housing to account for cost of the communal areas that often have no revenue stream to cover their build cost. This results in the need for much higher grant rates thus limiting further the number of units that can be built. These areas warrant further detailed research.

6. How might the changing local government landscape, particularly the requirement for Local Authorities to act as strategic enablers, help them to deliver the right types of extra care housing in the right places?

Respondents confirmed that local authorities do have an important role to play in facilitating extra care development. As well as setting targets for numbers of units they bid for funding and make sites available. However, it was noted that “there is at present

a particular mind set within local authority planning and housing departments which equates their role as being limited to the provision and support of social need residents - private sector initiatives are still seen as fairly elitist.” Given the increased viability of mixed tenure developments and the wider needs of the community, this attitude needs to be challenged. It is argued that local authorities’ key role is as ‘enablers, rather than ‘providers’. Agreeing Older Peoples Strategies, where private as well as public and third sector involvement has been achieved, together with clear inter-departmental links is essential to secure delivery.

Successful schemes require partnership working during both development and operation. As one consultee notes:

“Extra care housing is a hybrid animal that does not always sit neatly within a social care or housing environment. A requirement for LA’s, especially in two tier authorities, to act as strategic enablers can only help the development of extra care.”

It is pointed out that the ILOP forum [Independent Living for Older People], which is made up of representatives from DH, DWP, DCLG, the AC, BGO, CSCI, could make an important contribution to developing integrated models for the local level.

Particular attention was given to the potential for use of publicly owned land in developing extra care developments, based on close working between Health, Social Services Planning and Property Departments. It is argued that any “Best Value” concerns could be overcome by working with the private sector property and healthcare provider on an “Open Book” basis, taking into account the wider benefits including any nomination rights, and planning gain/Section 106 requirements.

7. How effective are emerging supplementary planning documents in providing guidance and enabling joint working?

There was a lack of consensus amongst consultees concerning the potential value of supplementary planning documents. For instance, it was suggested that some government offices are not in favour of LDF's having SPD's on extra care development included. In at least one planning authority an alternative approach is being adopted:

“We ...are approaching the need for more detailed information via a technical document which will indicate some "criteria and consensus" around private sector development across housing, Adult Social Care and Planning.”

The following suggestions were made with respect to SPDs:

- Local Development Frameworks should include Supplementary Planning Documents covering extra care developments and they should be given priority on ‘greenfield’ sites. The provision of viable schemes with at least 100 units and a nursing home element are unlikely to be accommodated within the existing urban areas and need special treatment in the short-term and included within LDF proposals as a specific element. Edge of settlement sites should be favoured to achieve integration with existing communities and to facilitate connectivity with families and friends.
- “There is a role for SPD’s but they should be used with care as they can easily become prescriptive and inflexible. Care must be taken to ensure that they are prepared by people with practical experience of the subject. Involvement of stakeholders, particularly expertise from private sector providers, should be encouraged in the preparation of SPD – the benefit should be to give the documents greater credibility and commercial awareness”.

8. What is the range of appropriate uses of planning agreements for extra care housing?

The consultation demonstrates that we need to know more about how different aspects of supported housing link with PGS and s106 agreements:

“Reading through a number of historic appeal cases, it appears that some potential continuing care retirement communities were refused through a fear and concern that the provisions of a 106 Agreement were not strong enough to prevent such a scheme from becoming an open market housing development over time. Clearly, some form of provision within a 106 Agreement need formulating which gives comfort to a Local Authority that the development will remain a continuing care retirement community.”

It is argued that planning agreements are “generally not necessary for extra care complexes that are developed to meet the public sector needs”. Issues such as minimum age of residents and tenure mix can be dealt with by conditions on the planning consent. One respondent from a County Council noted “Only two of the five complexes to be built under our PFI scheme have required planning agreements and these agreements have related solely to open space issues.” However local authorities are interested in exploring how planning gain from market housing developments can contribute land or funding to facilitate the creation of affordable extra care complexes.

Planning agreements have been used to control age of occupation but respondents were cautious about seeking to attempt to impose wider care and social requirements which can prove difficult to monitor and enforce over time. Similarly it was urged that seeking to achieve commissioning objectives through the planning system should be avoided: if operators and providers wish to enter into agreements outside the Planning Acts with local authorities or health/care service commissioners that should be a purely financial contractual arrangement between the parties involved.

However it is argued that planners should proactively encourage use of S106 agreements to provide housing with care in the same way that affordable housing is currently supported by the planning system.

Location and Design Policies

A key additional area of interest for respondents was location and design as critical planning factors for appropriate housing. Many aspects of housing design are covered by the Extra Care Housing Toolkit. However locational, neighbourhood and site design aspects are central responsibilities for planning.

Location in relation to services and facilities is vital if older people are to sustain as independent a life as possible. This is the case irrespective of the housing model.

The potential for special facilities to be shared with the wider community raises important opportunities. Some extra care housing development may provide the hub for services to older people living in existing housing nearby. This suggests that LDPs might need to

zone land very carefully for extra care housing to build up a core and cluster model of provision across a local authority area.

Other recommendations highlight the fact that many design and locational factors that are important for extra care or specialist housing are just as relevant to all good developments. These include, for instance, public transport access and gradient in choice of sites and their location and other services such as shopmobility in retail developments.

More detailed design recommendations urged consideration of

- The level of provision for different forms of parking, including battery-powered mobiles/electric wheelchairs.
- Door locking arrangements that are negotiable by residents in wheelchairs.
- Strong support for car sharing within development schemes.

At the same time, it was noted that Age Concern and others are presently researching the possibility that tight regulation of the design standards for elderly persons' accommodation might have a negative impact on well-being. This suggests the need to allow for flexible approaches that respond to locally specific needs.

Conclusions and Recommendations

The consultation demonstrates consensus that planning has a vital and not yet fully realised role in responding to need, co-ordinating public and private sector responses and delivering high quality development on the ground. There is a strongly acknowledged need for planning guidance to fulfil this role. However three key areas need to be resolved in light of the responses:

- The scope of the proposed RTPI/CSIP Good Practice Note
- Detailed content of the note
- Identification of further work required.

In the light of the comments the Good Practice Note has been redrafted to reflect the following conclusions.

The scope of the proposed RTPI/CSIP Good Practice Note

The discussion document was explicitly developed in the context of detailed design guidance published in the form of CSIP's "Extra Care Housing Toolkit". The Toolkit defines "extra care housing" as "purpose-built accommodation in which varying amounts of care and support can be offered and where some services are shared". As the Toolkit emphasises, "extra care" covers a very wide range of sizes, designs and service arrangements. The models that fall within this scope are constantly evolving. On the one hand, innovative solutions are being tailored to very local circumstances in inner city neighbourhoods or small rural villages. On the other hand, large care communities are being developed in which individual home owners invest in meeting their projected care need profiles as part of the residential community. Most importantly, management and tenure-ship can be complex and highly variable. The response to consultation has demonstrated that there are widely differing interpretations and remarkably little consensus about the boundaries of extra care. Overall the consultation highlighted that there is an overwhelming need to develop national policy that integrates housing and health needs in the context of increasing pressures from an ageing population.

The RTPI and CSIP have taken the view that extra care housing or housing with care support is in fact a "moving target" for both planning policy and development control purposes. The consultation demonstrates that there is ongoing confusion about the nature of "extra care" models of housing. This is unsurprising given the rate of change in national health and social care policy and the scale of need. The discussion document sought to avoid confusion by referring to "housing with care" as a generic term for the range of models that are being developed. It also links to the increasing drive to develop cost-effective and responsive health care close to the home, for the population as a whole.

Respondents reflect the fact that there are indeed many different views of what "extra care" covers and what it is likely to cover in the future. The Department of Health maintains that "extra care" housing is specifically designed to be able to support care and service needs for residents while maximising independent living. It has been developed for people with disabilities of all ages. A key defining aspect is that residents live in units that are recognisable as self-contained accommodation comparable to

“mainstream” housing. A range of care packages have been developed, involving both public and private sectors. The important point is that housing, health and social care issues need to be recognised as strongly interdependent across all age groups and all sectors.

The Retirement Housing Group have urged that the guidance should address the full range “from lifestyle properties for the active, newly retired through to warden assisted housing with community facilities and design modifications through to very sheltered housing with staffing levels and many additional services and facilities”. Another respondent points out that 86% of older people have no care relationship with any agency and for those who do in the remaining 14% much of this is in the last year of their lives. Meeting the mobility and health requirements of older age cohorts does not generally depend on formal relationships with a government agency. Where possible, citizens often bear many of these costs themselves, which drives particular aspects of the housing market e.g. private retirement villages. However, many elderly citizens are constrained by their built and service environments from maintaining active and healthy lifestyles. These issues are feeding in to the preparation of a National Housing Strategy for Older People. This can be expected to build on Government commitments to citizen choice and the support of independent lifestyles.

Content of the Good Practice Note

Redrafting the Good Practice Note (GPN) in response to the consultation has required us to concentrate on developing understanding of what the integration of extra care housing offers to the development of housing markets that meet the pressures and needs of our ageing population. It has therefore been retitled “Extra care Housing: Development Planning, Control and Management”. In this context the co-ordination of public and private sector funding streams is critical. Private housing markets support the viability of public sector and affordable provision. At the same time, the involvement of the public sector can ensure that all residents, whatever their tenure, have access to the service provision that they will need. It can enable the pooling of resources (such as land) for community facilities and the tailoring of local community provision. It can also provide the flexibility of tenure and care provision that enables mixed communities.

The GPN is designed to complement the Extra Care Toolkit, in order to raise the latter's profile and use by planners and developers. The Toolkit is not designed to be prescriptive but to highlight the qualities and flexibility of the extra care model. The GPN aims to direct planners to key features and issues associated with the need for and the implementation of such developments.

Further work required

Respondents raise the potential of policy presumptions in favour of actively encouraging accommodation aimed at older people in certain areas. This must be set in the context of housing market assessments and strong partnership working between public and private sectors. The point at which an accommodation type falls outside the housing market is becoming increasingly unclear. At the same time the interaction with service delivery, and the relationship between different aspects of the market is increasingly complex. Housing markets for different age cohorts may, for instance, cover different geographical areas. The issue of in-migration of retired households to areas such as Bournemouth is a clear example with knock-on effects for other parts of the market and for health and social services.

The interaction between housing and health infrastructure is critical. "Extra care housing" is developing a range of models based on this interaction. Some developments may provide the hub for services to not only older people in the wider community but for the community as a whole. The location of development is fundamental to realising such potential. The role of existing stock was highlighted. The national organisation for Housing Improvement Agencies (HIAs) advised that planners should consider the beneficial effects of working with HIAs at the local level.

The consultation revealed completely opposed views on the impact of affordability requirements on the feasibility of accommodation with specialist facilities. It is particularly pertinent that there appears to be "few good examples of where planners have encouraged use of section 106 agreements to provide housing with care". The consultation highlights the need to explore the potential to develop mixed tenure neighbourhoods that reflect not only affordability but also "lifetime" needs. This presents particular challenges for the work of local strategic partnerships.

However, the consultation also highlights that this is a complex field which needs greater consideration at national, regional and local levels. In particular there is a need to examine how housing and accommodation for older people relate to wider housing market assessments and the relationship between housing markets and effective health and social care infrastructure, in the context of mixed and sustainable communities.

List of Respondents:

- Anne Ashby, Associate Director, Modernisation of Older People's Services, Sheffield Primary Care Trust
- Claire Anderson, Principal Development Manager, Hanover Housing Association
- Dave Babbs, Head of Estate Management, Cheshire County Council
- Gary Day, Director, McCarthy and Stone
- Hugh Gault (independent consultant in health, housing and social care)
- Bryan Jezeph Consultancy Limited
- Janice Morphet (Consultant and Visiting Professor, UCL)
- Clive Parker, Older People's Services Director, Saxon Weald
- Alastair Pott MRTPI, Development Manager, Renaissance LifeCare Plc
- Retirement Housing Group, Home Builders' Federation
- Room for All, the RTPI Housing Network
- Ken Spencer, Director of Foundations
- Andrew Stow and Geoff Goodwill, Hicalife Retirement Villages LLP
- Jenny Tuck, Strategic Commissioning Manager Housing, East Sussex Adult Social Care
- Tim Williams, Senior Advisor - RSS Conformity, West Midlands Regional Assembly