**RTPI
Practice
Advice**

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HOUSING FOR OLDER PEOPLE

Planning for the future

Endorsed by:

Older People's Housing Champions

ARCO
Setting Standards for Retirement Communities

Chartered Institute of Housing

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Associated Retirement Community Operators (ARCO) - is the main body representing the UK retirement community sector. ARCO works to raise awareness and promote confidence in the sector, ensuring that all members provide a high-quality service for their residents.

Older People's Housing Champions – is a national network of housing activists, established by Care and Repair England, that aims to improve older people's housing. They innovate, promote and support practical housing initiatives that enable older people to live independently in their own homes for as long as they wish.

Centre for Ageing Better - creates change in policy and practice informed by evidence and works with partners across England to improve employment, housing, health and communities. Ageing Better is a charitable foundation, funded by The National Lottery Community Fund, and one of the Government's What Works Centres.

Chartered Institute of Housing (CIH) – is the professional body for those working in the housing profession in the UK and internationally. CIH supports its membership of over 17,000 housing professionals to create a future in which everyone has a place to call home.

Royal Town Planning Institute (RTPI) – champions the power of planning in creating sustainable, prosperous places and vibrant communities. As a professional body, RTPI has over 27,000 members in the UK and internationally. RTPI is responsible for setting formal standards for planning practice and education.

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1. Summary

England's population is ageing and growing. A safe, accessible, well-maintained, and affordable home in a location that provides access to essential local services and opportunities for social connections is a vital component of a happy and healthy older age and directly related to good planning principles. Research by the Centre for Ageing Better[1] found that the vast majority of people want to stay in their own home as they age. However, much of the existing housing stock does not meet the needs of older people and allow them to do this comfortably.

91% of homes in England fail basic accessibility standards. There is a strong need for investment in the quality of our existing housing stock and to install adaptations to help older people living independently for longer. We also need to ensure that all new build homes meet the accessible and adaptable standard which the government has recently committed to. Alternate options to mainstream housing, like retirement communities, also have the potential to solve some of these problems, but the supply of these specialised housing options is low[2] and not equally distributed.

Older people are not a homogenous group with the same housing requirements. Their needs and aspirations are diverse and therefore, the solutions must be equally diverse. Common assumptions are made that most older people want to downsize or enter specialist accommodation as they age, but older people are motivated by the same reasons as other age groups when it comes to housing choices—such as having space for guests, moving to a nicer area, or better access to greenspace. All housing must be accessible and easily adaptable to meet individual/household needs, giving the opportunity to age in place. Ultimately, the 'right' housing for older people is determined by older people themselves. Maintaining a meaningful dialogue with older people across all stages of the planning process is paramount to ensure that their needs are met.

The Royal Town Planning Institute (RTPI), Chartered Institute for Housing (CIH), Centre for Ageing Better, the Older People's Housing Champions Network and Associated Retirement Community Operators (ARCO) have joined together to publish this practice advice. These five organisations recognise that to successfully improve both the quantity and quality of housing for older people an integrated, collaborative approach across multiple sectors is required. They also recognise that there are opportunities to improve current practices. The complex nature of the issues requires improved understanding of other sectors and the adoption of a truly partnership approach.

All five organisations agree that the town planning system plays a pivotal role in the delivery of housing for older people. This practice note outlines the role of town planners and how they work with professionals from the housing, social care sectors and with specialist developers to plan for and deliver age-friendly housing. It summarises expert advice, outlines key national policy and focuses on good practice through a series of case studies,

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[1] Centre for Ageing Better (2021) **Good Home Inquiry**

[2] Cambridge Centre for Housing and Planning Research (2021) **Understanding supply, demand and investment in the market for retirement housing communities in England**

which although are UK (particularly England) based, should provide principles of good planning in other jurisdictions.

The audience for this advice is primarily RTPI members, but it is also relevant to other built environment professionals, housing, health and social care providers, along with charities and local politicians.

2. Housing design

The following principles developed by the Housing for Older People Panel for Innovation (HAPPI) have become mainstreamed within the older people's housing sector and they are near universally applied in new developments and are widely accepted as standard. Whilst the design of individual homes is vitally important to how people can live well as they age, it is only one aspect of the issue. Quality housing needs to be built in the right location, integrated into accessible neighbourhoods, with good, safe access to local shops and health care services, public transport and the natural environment.

The HAPPI principles are[3]:

Credit: Building Research Establishment

Space and flexibility - generous internal space standards, with potential for three habitable rooms and designed to accommodate flexible layouts,

Jacobs Gate, Sheffield Credit: Gladman Retirement Living

Daylight - care is taken with the placement, size and detail of windows to ensure plenty of natural light, and to allow daylight into circulation spaces,

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[3] For full details see **www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/**

Credit: The Orders of St John Care Trust

Outdoor space - building layouts maximise natural light and ventilation by avoiding internal corridors and single-aspect flats. Apartments have balconies, patios, or terraces with enough space for tables and chairs as well as plants,

Credit: Building Research Establishment

Adaptability – homes are adaptable and designed to be 'care ready' so that new and emerging technologies, such as telecare and community equipment, can be readily installed,

Tree Top Village, Walker

Circulation space – building layouts promote circulation areas as shared spaces, encouraging interaction, supporting interdependence and avoiding an 'institutional feel', including the imaginative use of shared balcony access to front doors and thresholds, promoting natural surveillance and providing for 'defensible space,

Tree Top Village, Walker

Shared facilities – in all but the smallest developments (or those very close to existing community facilities), multi-purpose space is available for residents to meet, with facilities designed to support an appropriate range of activities – perhaps serving the wider neighbourhood as a community 'hub', as well as guest rooms for visiting friends and families,

Redwood Glades, Hull. Credit: Tony McAteer/Gleeds

Natural environment – public realm design measures ensure that homes engage positively with the street. New trees and hedges are planted, and mature planting is preserved to provide wildlife habitats, as well as colour, shade and shelter,

Credit: McCarthy and Stone

Sustainable design – homes are energy-efficient and well insulated, but also well ventilated and able to avoid overheating by, for example, passive solar design, the use of native deciduous planting supplemented by external blinds or shutters, easily operated awnings over balconies, green roofs and cooling chimneys,

Credit: McCarthy and Stone

Storage – adequate storage is available outside the home together with provision for cycles and mobility aids, and storage inside the home meets the needs of the occupier,

Jacobs Gate, Sheffield, Credit: Gladman Retirement Living

External shared surfaces and 'home zones' - shared external surfaces, such as 'home zones' give priority to pedestrians rather than cars, with due regard to the kinds of navigation difficulties that some visually impaired people may experience.

3. Principles for delivering housing for older people

There are many factors that have an impact on the quality and suitability of housing for older people. The RTPI, Chartered Institute of Housing, Centre for Ageing Better and ARCO have worked together to identify key principles for how professionals from all parts of the older people's housing sector – town planning, housing, adult social care, registered housing providers and specialist housing developers should work collaboratively to provide the best outcomes for older people. The focus of these principles is dialogue—open, honest conversations between professionals that ultimately lead to working partnerships. By adhering to these principles, professionals should be able to make meaningful improvements to working practices. These principles also work at different scales at the plan or strategy level, through to individual developments, large or small, urban or rural.

Dialogue – engage in honest and open discussions.
Between professionals working in different sectors, local politicians and the public there can be misunderstandings in the delivery of housing for older people. By engaging in a positive manner, with clearly outlined aims and objectives, it means that they can more easily align with partners, to achieve better outcomes. This is not a one-off action; working partnerships require time and on-going dialogue to fully mature.

There is a social reluctance to plan for old age. This results in many older people moving into specialist housing at a crisis point. People need be given the confidence to view moving to older peoples housing a positive choice. Including older people in these discussions can remove negative perceptions and instil trust. Understanding the needs and wants of older people also enables planners and developers to work together in providing desirable housing outcomes. For example, the [Framework for Creating Age-Friendly Homes in Greater Manchester](#) was produced with input from the Greater Manchester Older People's Network—a network comprised of older people living in the area.

Sector – explain how your sector works.
Planning, housing, adult social care and health care professionals must all operate within differing regulations and timings. Do not assume that partners have a full understanding of the constraints each other works within. Clarity from the outset of a project means that misunderstandings and delays can be minimised and opportunities taken. In terms of planning this will include the stages of the local plan process and the role of the Planning Inspectorate in approving the plan.

Shared language – take steps to provide clarity about terminology.
There is a great deal of different terminology used within the housing for older people sector. Research by ARCO found that there are several terms regularly used to describe older people's housing, often used interchangeably and for different audiences. It is not the place of this advice to dictate what the terminology should be. All parties should agree which terms are being used and what they mean in practice from the outset. This will help to build confidence and avoid confusion and delays (see Jacobs Gate case study).

Partnership – take a collaborative, joined up approach to delivery and management.
This can take many forms, from early consultation with housing and social care colleagues when drafting the local plan, to a joined-up approach to allocating social housing (see Highlands case study) to joint public/private developments (see Hinckley case study). Regular cross-sector meeting, key contact points and staff secondments are crucial to making this approach work effectively.

Strong policies – include measurable policies in plans and strategies.
The local plan and housing strategy should contain strong measurable policies that align with each other and wider corporate objectives (see Leeds case study).

Evidence – back up policies with a good evidence base.
To meet the scrutiny of the local plan inquiry, the policies need to be supported by a strong evidence base. By working collaboratively with other sectors, for example commissioning research the evidence can be strengthened (see Central Bedfordshire case study).

Engagement – understand what local residents want and need.
Qualitative data on the views of local people is important when planning future housing. Older people need to be fully engaged in the planning of older peoples' housing for it to meet their needs. Engagement in the development process promotes confidence in the quality of the housing, encouraging older people to downsize into specialist housing before they reach a crisis point. Confidence is further enhanced by industry standards like the ARCO Consumer Code.

Accessible – homes should conform to HAPPI principles or meet the M4(2) 'accessible and adaptable dwellings' standards and are built within accessible neighbourhoods.
Houses for older people must conform to national guidelines on accessibility, Part M Building Regulations and BS 8300. They must also be built in accessible locations that give people the ability to age in place. Easy, safe access to local shops and services can help people to remain independent. The principles of the 20-minute neighbourhood apply when locating housing for older people (see Barking and Dagenham case study).

Equitable – housing for older people should be affordable for all.
There needs to be a supply of older people's housing across tenures, affordability and location, that is inclusive and meets the needs of diverse backgrounds to reduce inequalities (see Hinckley case study).

4. Planning for older people's housing

The previous section identifies key principles for delivering housing for older people, the case studies outlined below demonstrate how they can be put into practice. They are:

- Incorporate and review older peoples housing planning policies - Leeds City Council,
- Develop a joined-up approach between adult social care, housing and planning – Central Bedfordshire Council,
- Develop an age-friendly strategy – Clarion Housing,
- Integrate older people's housing and health care – Newbridge Village, Hull,
- Take a positive approach to pre-application discussions - Jacobs Gate, Sheffield,
- Develop mixed tenure sites through innovative partnerships – Hinckley, Leicestershire,
- Deliver housing for older people through infill sites – Barking and Dagenham,
- Build an integrated retirement community – Mayfield, Watford,
- Take a partnership approach delivering independent living solutions in rural areas – Telford Centre, Fort Augustus, Scottish Highlands.

Case study: Incorporate and review older peoples housing planning policies - Leeds City Council

When Leeds City Council updated its core strategy in 2019, it focused on updating key aspects of the housing policy. This included the introduction of accessible housing standards. Policy H10: Accessible Housing Standards[4], states that new build residential development should include a proportion of accessible dwellings. It specified targets of 30% M4 (2) 'accessible and adaptable dwellings' and 2% M4 (3) 'wheelchair user dwellings' of Part M building regulations.

Leeds City Council is one of only a very small number of planning authorities in England to successfully include such a policy within its local plan. Whilst it could be perceived that the accessible housing targets are too low, the figures have nevertheless been challenged by developers. Planners worked with local groups and charities, to provide proportionate evidence to justify the policy, as the plan went through examination by the Planning Inspectorate. Planners at Leeds City Council understand that in reality the introduction of the standards accounts for a very small proportion of homes within the city. However, they view the standards as a starting point, and a clear indication has been given to the housing industry that the figure will increase. The Council is monitoring the impact of the policy, through the planning applications validation process.

A further review of the Local Plan was due to be started in 2022 to respond to Leeds City Council's Climate Emergency declaration. The planning team is taking this as an opportunity

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[4] **Core Strategy for Leeds**

to further refine the accessible housing policy, as it is not working as well as they hoped. The current Policy H10: Accessible Housing Standards states, "any departures from the policy would need to be justified by evidence of viability considerations", this allows developers to challenge the policy and use the data to support their own objectives. As part of the plan review the policy is likely to be altered to require a proportion of accessible homes. A policy stance that is much more prescriptive and measurable.

An overarching influence on the local plan is the City's strategic objectives in the 'Best Council Plan'[5], which are underpinned by the three pillars of inclusive growth, health and well-being and tackling the climate emergency. An age-friendly Leeds is a key priority for the plan and Leeds has taken a joined-up approach to implementing it. Initiatives like the Planning and Design for Health and Wellbeing Group, which meets to share knowledge and best practice, provides effective communication channels between directorates. The cross-directorate integration is enhanced by coordinated links to the local community. A partnership manager, from the Centre for Ageing Better is hosted within the Public Health Older People's Team. They work with groups like the Leeds Older People's Forum to engage with a wide audience of local older people. The Older People's Forum were consulted at each stage of the planning policy review process to complement the Strategic Housing Market Assessment (SHMA) data as evidence for change. A recent report 'The State of Ageing in Leeds[6]', outlines the experiences and opinions of older people living in the city. It will be used to inform future policy and initiatives.

Leeds City Council holds the view that a place designed to meet the needs of older people is a place that meets the needs of everyone. To fully imbed this approach the design team has given training to elected members and developers. For elected members it provides them with the confidence to challenge developers and ask questions. For developers it clearly sets out the Council's aspirations and helps to build cultural change.

This iterative approach to policy development by Leeds City Council demonstrates an adaptability and willingness to learn by trialling and refining policy stances. Effective, measurable planning policy is key to delivering overarching Council objectives. As Martin Elliot, Head of Strategic Planning within Planning and Sustainable Development says, "planning is the glue that pulls the Best Council plan under the three pillars together under a place making agenda for resilient communities".

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[5] Leeds City Council (2020) **Best Council Plan**
[6] Centre for Ageing Better (2021) **The State of Ageing in Leeds: What life is like for the people aged 50 and over in Leeds**

Case study: Develop a joined-up approach between adult social care, housing and planning – Central Bedfordshire Council

Central Bedfordshire Council is a unitary authority in the East of England and has a population of around 283,000, living in towns including Dunstable and Leighton Buzzard, and also in rural villages. Central Bedfordshire lies within the Oxford – Cambridge Arc, which has been designated as a growth area for employment and housing by the UK Government. As a result of its position within the Arc, 39,350 new homes are planned in Central Bedfordshire over the next 20 years.

This anticipated large-scale housing growth is coupled with other housing challenges. Changing demographics mean that 23% of the local population will be aged over 65 by 2031. Alongside this there is a lack of quality residential homes either for market sale or in the rented sectors for older people. The Council and partnerships with housing providers have been unable to develop new housing stock quickly enough to meet demand. Around three-quarters of older people in Central Bedfordshire are owner-occupiers, which as the Housing Strategy 2016-2021[7] identified represent, "a large pool of potential customers with significant resources that are likely to be interested in market sale accommodation."

Central Bedfordshire Council decided that a proactive approach was needed to increase the stock of housing for older people in the area. Part of the response was to publish the 'Meeting the Accommodation Needs of Older People in Central Bedfordshire Investment Prospectus 2016-2020[8], launched at a conference for developers in 2016. The prospectus clearly sets out the local authority's vision for older people alongside the opportunities for investment and development within mainstream, extra care housing and care home provision. It gives a clear message to developers, stating, 'We believe that accommodation for older people is a largely untapped market which presents exciting opportunities. We invite people in the development, construction and care sectors to share in shaping and delivering the future housing options for older people in Central Bedfordshire.' Whilst the direct impact of the prospectus is difficult to accurately measure, the council believe that it has worked well in attracting investment. The prospectus is due to be updated.

The prospectus was complemented by the Assessment of the Housing Needs of Older People in Central Bedfordshire in 2017[9]. This was a joint project, funded by both the Social Care, Health and Housing and the planning departments. The cross-departmental collaboration on this report was important. It meant that the research was of the high quality that planners require as evidence when developing local planning policy. By undertaking research that was joined up from the start it ensured that it served the purposes of both departments and represented good value for money. The research was both quantitative and qualitive and was informed by an independent survey of 600 local residents. Questions focused on their propensity to move, drivers for those considering a move, along with preferred tenure and housing type. By understanding the needs of residents, who often want to stay within their local area, the council is better able to provide attractive housing options for older people, that can then free up larger homes both in the private and social housing sectors.

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[7] Central Bedfordshire Council (2016) **Housing Strategy 2016-2021**
[8] Central Bedfordshire Council (2016) **Meeting the Accommodation Needs of Older People in Central Bedfordshire**
[9] Central Bedfordshire Council (2017) **Assessment of the Housing Needs of Older People in Central Bedfordshire**

Tim Hoyle, Assistant Director of Strategic Commissioning Social Care, Health and Housing Central Bedfordshire Council says, 'The thing that housing and planning officers need most from each other is a richer dialogue. Each needs help the other to understand the constraints each sector operates within, that early consultation with colleagues is vital and the importance of robust evidence should not be underestimated."

Image credit: Central Bedfordshire Council

Case study: Develop an age friendly strategy – Clarion Housing

Clarion Housing is the largest social housing provider in the UK, owning and managing over 125,000 homes across England. 40,000 of these households have a lead tenant who is aged over 55. Social purpose is at the heart of the organisation and their charitable foundation, Clarion Futures, works to support residents in a wide range of initiatives. As part of their people centred approach, an age friendly strategy was launched in 2020. The strategy includes a commitment by all business teams to implement the strategy, which will be key to its successful implementation.

Clarion 55 is a national network of residents aged over 55 that aims to provide a resident's voice on key issues and to ensure all aspects of Clarion's work consider their impact on older people. Clarion 55 address issues including, social isolation and loneliness, well-being, older people's participation in society and working with youth ambassadors to break down barriers between both age groups.

Clarion Futures worked with Clarion 55 for a year to develop an innovative age friendly strategy. Clarion began this process from the viewpoint that it is much more beneficial to look at ageing across an individual's lifetime, rather than focus on when they are older and require additional support. Clarion wants to help people plan for the future and to avoid age related crisis, such as a house move being forced through ill health or a series of falls. The strategy works to ensure that Clarion residents have the right home at the right time. Staff work with residents to ensure that they know their housing options and help them anticipate changes as they age. They also work to better assist residents to move from one life stage to the next.

The age friendly strategy also applies to building new housing and the regeneration of Clarion's existing housing stock. The strategy aims to, 'understand how we could flex our existing assets to make them more age-friendly.' In the development and build of new schemes it aims to 'ensure our developments are exemplars of age-friendly homes and communities.'

This approach is already being taken on several developments. Clarion is planning to embed age friendly design principles from the start, like in the proposed 150 home development at Blacksmiths Lane in Bromley, London. Here the design brief captures Clarion's expectations of the architects to explore proposals which take account of the changing needs of residents, building in resilience and making adaptations cost-effective. Also, at larger sites like the redevelopment of Ravensbury in Merton, London where 1,260 homes will be demolished and replaced. Here the homes will be accessible, adaptable and meet the Lifetime Homes Standard. All the homes are orientated to encourage community connectedness and the flats for older people, have practical, but subtle adjustments in terms of corridor widths, bathroom sizes along with health-supporting features, such as large windows to maximise exposure to daylight.

Clarion's commitment to its older residents has also included dementia awareness training for all staff, alongside community-based activities like dementia cafes. They also facilitate intergenerational connections and recently established a pilot Homeshare project. This matches older people who have spare rooms with young people to rent them.
The overall approach taken by Clarion to healthy ageing can be summed up by Sarah Mitton, Age Friendly Communities Manager at the Clarion Housing Group who says; "Don't do to older people. People must be empowered to make good choices at the right time."

Image credit: Clarion Housing Group

Case study: Integrate older people's housing and health care – Newbridge Village, Hull

Newbridge Village is a development of 82 two-bedroom bungalows on the edge of inner-city Hull. The development is co-located with the Jean Bishop Integrated Care Centre and fire service facility. The development was completed in 2019.

The site is a former school, which was replaced by more suitable provision elsewhere in the city, as part of Hull City Council's Building Schools for the Future programme. The land is owned by the city council, which meant that funds of £2.5 million could be drawn down from Homes England, and the project was delivered by Pickering and Ferens, a locally registered social housing provider, which focuses on housing for older people. The local CCG-funded care centre development delivered highway infrastructure to the benefit of the project and wider area. Access officers, the local access improvement group and the police were all consulted on the design. Ninety percent of Hull's area, including this site, is in a high flood risk zone. The council worked with the Environment Agency and Lead Local Flood Authority to overcome the challenges this presented both on and off-site.

Newbridge Village is located on a constrained site, surrounded by an area of dense but popular traditional terraced housing. It is within the Holderness Road Corridor Area Action Plan. Eastern areas of the city have tended to experience poorer health outcomes than other parts of Hull, and relatively low car ownership means that people are unable to easily access healthcare provision, with larger facilities in the main located to the west of Hull.

Prospective residents were consulted about what type of housing they wanted to see on the site. Although there was a variety of views, the consensus was for bungalows with gardens. There are two styles of bungalow, traditional semi-detached with a garden, and terraced arranged around a secure communal garden, with individual paved yards. All the homes are affordable rent and the local council was involved in the initial nomination of residents. The bungalows are designed with wide doorways and accessible bathrooms. There are large windows at the front of the property to facilitate a feeling of community and to provide good levels of daylight and natural surveillance.

The Council and its partners recognise that good housing and good health are inextricably linked, and they have brought this ethos to Newbridge Village. The co-location of housing for older people and the integrated care centre and fire station offers significant benefits for the residents living there, and the people who care for them. Previously care had not been delivered in as co-ordinated a way. This at times led to a lack of a full-picture understanding of patient needs between service providers, and a lack of trust by patients, which resulted in sub-optimal health outcomes for many people. By locating primary and secondary health services under the same roof health professionals can better coordinate their response. The first action is to visit the resident in their home to holistically assess their needs and circumstances to inform an integrated care package.

There is a fire station adjoining the site which is staffed 24 hours. This provides a sense of security for residents, that there is always someone close by to call on for assistance. Staff at the fire station have received specialist training for people who have had falls. This integrated approach contributes to people being able to live independently and stay in their

homes for longer. The housing is located at one end of the site, meaning that cars accessing the fire station and health centre are kept away from residents. However, the co-location with the health centre and fire station provides a sense of security for residents.

A self-contained village atmosphere has been created at Newbridge Village, whilst providing enhanced permeability for the wider neighbourhood. The council believes this is one of the largest new developments of bungalows in the country. There is evidence that the integrated health and housing approach is leading to improvements in the quality of life of residents and cost savings for the services they access.

Case study: Take a positive approach to pre-application discussions - Jacobs Gate, Sheffield

Jacobs Gate is located two miles south-west of Sheffield City Centre. It was opened in 2019 and is a development of 65, one-, two- and three-bedroomed privately-owned retirement apartments for residents aged over 65 and in need of care. All apartments have private outdoor space, either a balcony or patio, as well as access to communal facilities for all residents to use. The apartments include a flexible, individually tailored care plan for residents to maintain their independence, integrated telecare, including an emergency call system and motion sensors, alongside a 24-hour on-site team. Community cohesion amongst residents is promoted by a timetable of social activities and an on-site restaurant.

There is a two-step assessment for residents based on their age and care requirements. When residents move in they are required to pay a service and wellbeing charge, which pays for a basic level of care, maintenance of the building, provision of communal activities, staffing etc., with any additional care purchased by the resident in half hour increments. Whilst the development is not a care home, there is a high level of oversight of the residents, with a large and consistent staff presence to monitor their health and wellbeing, so that care plans can be quickly adapted to provide the best support for residents. The homes provided by Gladman Retirement Living differ to those of other retirement builders in the level of care they provide, the staffing on site, and communal facilities offered.

The apartments have been developed and managed by Gladman Retirement Living (under the Adlington Retirement Living brand) who are a member of ARCO, the Associated Retirement Community Operators and adhere to their standards and compliance framework[10]. This sets the standards for the housing with care sector and provides a benchmark for good practice in consumer protection.

Jacobs Gate is located on the site of former industrial buildings that had been derelict since 2002, it is part bounded by railway lines, and the river Sheaf. It has good access to local services, shops, large supermarkets and bus routes into the centre of Sheffield. It is also adjacent to the newly built 'STEPS' Neuro-Orthopedic Centre.

Detailed pre-application discussions took place between Gladman Retirement Living and Sheffield City Council. They were key to the successful implementation of the scheme. The main topics covered in the discussions were a riverside walk, design, highway issues and

[10] ARCO (2017) **ARCO Consumer Code**

the use class of the proposal. Gladman's in-house architects worked closely with planning officers to agree on the design of the development. The building footprint was located to create two distinct external spaces of 'public' urban space between the development and the neighbouring STEPS building, as well as a private south facing garden space enclosed by the built form. The L shaped footprint also responds to the adjacent railway by positioning the apartments away from this potential noise source. The materials palette, through negotiation with council officers, is purposefully small, selecting materials that work together to create an overall impression of quality and to complement the adjacent STEPS building. The principal brick is a buff colour, to contrast the shadows cast by the tree lined site, softening the appearance of the building.

The discussions around the use class proved to be the most challenging. Jacobs Gate was one of the first developments of C2 extra care in Sheffield and it took time for the planning officers to fully understand how such schemes operate and the difference between the proposed scheme, with high levels of care and the benefits for residents such care provides, and a C3 sheltered housing scheme or care home. Gladman Retirement Living took time to demonstrate how the scheme would operate, the occupancy restrictions, care provision and examples of completed developments elsewhere in the country. They produced a series of bespoke short briefing notes/emails to help the planning officers understand the implications of this, often quite complex and misunderstood type of specialist accommodation. The scheme was approved under delegated powers in 2018. Differing interpretations of what the word 'care' means for the purpose of the Use Class Order, by the local authority and the developer caused some delays in the planning process. Rob Gaskell, Planning Manager at Gladman says, "This is not a unique experience to Sheffield and is an issue we face on many planning applications".

Since Jacobs Gate has been completed Gladman Retirement Living have been informally providing advice to Officers at Sheffield City Council in developing their strategic approach to meeting the needs of a growing older population. Representatives of the Council toured Jacobs Gate to view the internal fit out and operation of the scheme to see how a Council led schemes in development could be improved.

External view of Jacobs Gate. Image credit: Gladman Retirement Living

Case study: Develop mixed tenure sites through innovative partnerships – Hinckley, Leicestershire

McCarthy Stone, one of the UK's leading developer and manager of retirement communities, and Anchor, the country's largest not-for-profit older people's care and housing provider, have joined together to deliver a series of new 'affordable for all' retirement communities around the country. One development comprises of Elizabeth Coxhead Gardens, which includes sixteen one and two bed bungalows for sale by McCarthy Stone, along with Alney House, a 57-home mixed tenure affordable retirement and extra care apartments by Anchor. The site is located in a mainly residential area of Hinckley, a market town in Leicestershire. The location of the housing is an essential element of the scheme. It has level access and is within a short distance of the local high street and half a mile to the town centre. The bungalows are already occupied, and the apartments will be completed during late 2022.

The aim of the development is to deliver a range of 'affordable for all' housing for older people. By working together to build homes at a range of price points onto one site McCarthy Stone and Anchor have reduced the financial risk of the development. The local sales market for mid-level older peoples housing would not support a site of this size. The introduction of mixed tenure housing into one location, means that the development will be built and occupied much faster, at a viable density and scale, whilst providing much needed local housing for older people in a range of different circumstances.

This development is one of the first to bring a registered housing provider and a private developer onto one site in the later living market. McCarthy Stone and Anchor plan to build on the success of the Hinckley development and initially four more villages are planned across England. In total there will be around 500 homes—124 for affordable rent, 192 for shared ownership and 166 for private rent and sale with a gross development value of around £125 million in these first five villages.

Images credit: McCarthy Stone

Case study: Deliver housing for older people through infill sites – Barking and Dagenham

The London Borough of Barking and Dagenham is an outer London borough located to the east of theCity of London Its housing stock includes the interwar Becontree Estate of around 27,000 homes, one of the largest social housing estates in Europe. The area has a shortage of high-quality housing suitable for older people. Before the programme of renewal began much of the existing sheltered housing stock was of poor-quality, many were bedsits, without lift access and often in the wrong locations.

There is a focus on direct delivery of housing in the borough, first through the local authority and then through company Be First. Be First was established in 2017 by Barking and Dagenham to build 50,000 high quality new homes by 2037[11]. Part of the solution taken by Barking and Dagenham to the lack of housing for older people has been to utilise the over-supply of council owned garage blocks to provide infill sites for small developments of housing. Often these sites would be difficult to use for other purposes.

There was a challenge when it came to engagement with the local community, as residents did not like the prospect of moving to one of the garage sites. This was partly because of a fear of the unknown around their location and the impact on parking. However, many of these concerns went away once the proposed developments were explained properly. Funding for the project was complex and came from a variety of sources including the London Mayor and the Housing Revenue Account (HRA), that offered flexible payback periods. The housing is let on a secure tenancy, and residents have the option of right to buy. There is a rolling programme and around 20-30 garage sites are being developed each year on the estate. This process will not meet all the local demand for housing for older people, but it will go a significant way to addressing the need.

By developing housing for older people there are further benefits for the wider local housing market. By providing housing to encourage residents to downsize it is hoped that larger under-occupied mainstream properties are unblocked, so that families can move into them. For the residents moving into the new older people's housing, they are downsizing to smaller, more suitable properties with improved accessibility.

The borough has worked with a range of design teams on the sites. Peter Barber Architects were appointed as the architect for one of the first sites to be completed at Burbridge Close in 2018. They were selected as they have experience of designing homes on challenging, small sites. The development consists of eight social rent houses for people aged over 60. It is arranged with four homes on each side of a shared pathway. This arrangement meant that the density of the site could be increased. It also means that whilst each tenant has their own front door, opening onto the pathway they have a communal outdoor space that promotes neighbourliness, that helps them to feel safe, and sense of community has developed. The single-storey one-bed homes have an alms-house aesthetic. They have been designed to suit later-living, with features such as level access showers, larger-than-usual doors and are wheelchair accessible.

[11] Be First (2022) **Accelerating growth in Barking and Dagenham**

In order to continue to promote high quality design standards in the borough, Be First have published a series of guides[12], clearly setting out their design aspirations for architects and contractors to use.

Burbridge Close. Images credit: andrewbakerphotographer.com

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[12] Be First (2022) **Winning hearts and minds with bricks and mortar**

Case study: Planning an integrated retirement community – Mayfield, Watford

Mayfield, in Watford (Hertfordshire) is the first of a new type of integrated retirement community development by the established owner and operator of integrated retirement communities, Audley Villages. The new development is located in the centre of Watford and will provide 255 homes in a ten-storey development for sale for the mid-market on a long lease. It was granted planning permission in 2018. Mayfield Watford will provide Care Quality Commission (CQC) registered care onsite. This provision of residential accommodation and care, to older people in need of care means it falls within the C2 use planning use class and will provide a wide range of amenity facilities for residents who can choose the level of care they receive, which can be adapted over time as their needs change. It has recently opened and the properties are available to view. All Mayfield and Audley villages operate under the C2 use class, and their operation and occupancy is carefully controlled through restrictions set out in Section 106 Agreements or planning conditions.

The Mayfield model is particularly suited to urban locations within towns and cities, however, acquiring suitable sites is challenging. One issue is that in the town/city centre locations Mayfield is often competing with large general housebuilders, who do not incur the additional costs associated with an integrated retirement community development and can therefore pay more for sites and remain profitable. In this instance the site was initially purchased by Kier Group, and part of the development site was sold onto Audley Villages.

Mayfield, Watford. Credit: Mayfield Villages

The site lies within the Watford Health Campus Masterplan, which was approved in 2013. This is a 26.5ha brownfield site that will be redeveloped to house a new hospital, alongside business, retail and leisure uses, and around 700 new dwellings. Policy SPA3 Health Campus of the Core Strategy 2006 - 31[13] aims, 'To deliver a major mixed use development project providing a new quarter for west Watford which seeks to provide new housing, jobs and community facilities with the catalyst of a significantly enhanced new acute hospital.' It is one of the main elements of the spatial strategy for the Borough.

The planning team at Audley Villages consider that effective communication was key to the smooth movement of the application through the planning process. There was positive engagement by all stakeholders, who were all keen to work in a collaborative way. The planning team at Audley took time to understand and respect the interests of planning officers, and key stakeholders, which was essential to ensuring the best outcome was achieved for all parties. The planning officers at Watford Borough Council were very supportive of the scheme, throughout the extensive pre-application discussions and Audley worked with local Councillors to help them understand the aims of the project and provided examples of built out scheme for them to relate to. The positive working relationship developed through the application process paid dividends during the post determination process as it helped to speed up the discharge of planning conditions, and subsequent applications to amend the scheme, to ensure the commencement of development was not unduly delayed.

Case study: Take a partnership approach delivering independent living solutions in rural areas – Telford Centre, Fort Augustus, Scottish Highlands

Fort Augustus is a rural community close to Loch Ness. The local community council, along with the local authority, Highland Council, has taken a pro-active approach to tackling housing issues in the village. It includes interventions to specifically meet the needs of older people. The Telford Centre is an existing care home, which also hosts a hub for social activities for older people, including a breakfast club and bingo. Six self-contained one-bedroom bungalows have been built within the grounds of the home. They have been designed so that residents can live independently, with the support of daily carers. They meet accessible design standards in terms of level access, space standards and bathroom facilities. They have also been future proofed for potential residents' adaptation needs, for example, with hidden power points in bathrooms and flexible kitchens, where counters can be lowered for wheelchair users. By including these simple design features from the outset, future adaptations will be more cost effective, cause less disruption for residents and provide higher quality solutions. The accessibility specifications are taken from the Highland Council design brief, 'Firm Foundations'[14] that sets out tenure blind housing specifications for use by the local authority, housing associations and private developers. The shared specification is viewed as a way of maximising the housing stock, whilst preserving quality, with limited resources.

The homes are designed to be 'Step Up – Step Down' units. For example, they provide the opportunity for older people who require further rehabilitation following a hospital stay to

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[13] Watford Borough Council (2013) **Watford's Local Plan**
[14] The Highland Council (2017) **Firm Foundations**

'step up' into the units until they are ready to 'step down' and return to their own home. The proximity of the homes next to the care home and to each other in a cluster, in a village with access to shops and services is key to the success of the scheme. The aim of the housing department at Highland Council is to support people to stay living in their own homes for as long as possible. However, to do this people often need additional support from care packages. In remote areas like Highland providing care packages for older residents is often very challenging, partly due to staff recruitment and retention. Also, the long distances between service users means that carers have only limited time to spend with each person, thereby reducing the impact of the care they receive. Creating a cluster of older people's housing, means that a group of people can more easily be cared for by one carer, visiting them all together and spending more time with each person, improving the quality of the care and social interaction.

A partnership approach is key to the success of this scheme and the wider provision of housing, housing maintenance and care packages across Highlands. Weekly meetings take place between all service providers.

Telford Centre bungalows, Credit: Highland Council

5. Tools and approaches to delivering housing for older people

As this advice has highlighted there is no one size fits all approach to delivering the quality, well-located homes that everyone in England deserves to live in as they age. There are a number of approaches and tools that can be used to ensure plans, decisions and places work towards meeting the housing needs of older people. The right approach will depend on the circumstances, and while the RTPI does not recommend one approach over another, this chapter highlights some of the options available.

Housing design

Design Principles for Extra Care Housing[15] is a factsheet intended to be a practical tool for commissioners, designers, planners and developers when considering new extra care housing projects.

Toolkits

Housing in Later Life: Planning ahead for specialist housing for older people[16] published in 2012, is a toolkit for town planners and commissioners in England to use when planning for specialist housing for older people as part of an overall local strategy on older people's housing, care and support. It includes advice for planning officers and housing and adult social care officers.

Housing and Disabled People[17] is a toolkit to planning for accessible homes for local authorities in England. It includes a checklist of the full range of stakeholders and data sources that should be included when determining demand for accessible and adaptable homes. It is published by the Equalities and Human Rights Commission and Habinteg,

Consultation tools

The Place Standard[18] is a tool developed by the Scottish Government, NHS Health Scotland and Architecture and Design Scotland. It is designed to help people talk about how they feel about their place in a methodical way. Local authorities use it as a framework for consultation on development. Whilst designed for use in Scotland it has wider application.

Community networks

UK Network of Age-friendly Communities[19] is a growing movement of over 50 member places across England, Scotland, Wales and Northern Ireland. Older residents work together

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[15] Housing LIN (2020) **Design Principles for Extra Care Housing**
[16] Housing LIN (2012) **Housing in later life: planning ahead for specialist housing for older people**
[17] Equality and Human Rights Commission & Habinteg (2018) **Housing and Disabled People**
[18] **Place Standard**
[19] Centre for Ageing Better **UK Network of Age-friendly Communities**

with local groups, councils and businesses to help shape the place where they live. This involves identifying and make changes to both the physical and social environments. It is supported by Centre for Ageing Better https://ageing-better.org.uk/uk-network-age-friendly-communities.

6. Further information

Dementia and Town Planning: Creating better environments for people living with dementia – RTPI practice advice on the role of town planning in building dementia-friendly places www.rtpi.org.uk/practice/2020/september/dementia-and-town-planning/.

Local Authority Direct Delivery of Housing – RTPI research and practice advice on the motivations for and means by which local authorities directly deliver housing www.rtpi.org.uk/research/2019/july/local-authority-direct-delivery-of-housing-ii-continuation-research/.

20 Minute Neighbourhoods – RTPI briefing examines the potential to implement 20-minute neighbourhoods in Scotland www.rtpi.org.uk/research/2021/march/20-minute-neighbourhoods/.

Putting the 'care' in Housing-with-Care – report by ARCO highlighting the potential impact of integrated retirement communities on care needs and costs www.arcouk.org/policy-reports.

Coming of Age: Better housing options for older people – results of a survey by ARCO and Later Life Ambitions highlighting the opinions of their membership on housing for older people www.arcouk.org/policy-reports.

Retirement Communities Fact Pack – ARCO summary of facts and figures on the retirement community sector www.arcouk.org/resource/retirement-communities-fact-pack.
The Good Home Inquiry – Centre for Ageing Better commissioned, evidence-based analysis of England's housing policies to determine causes of, and solutions to, poor housing quality https://ageing-better.org.uk/good-home-inquiry.

Past, present and future: Housing policy and poor-quality homes – Centre for Ageing Better report that makes recommendations for addressing the impact of poor housing quality in England on older people https://ageing-better.org.uk/publications/past-present-and-future-housing-policy-and-poor-quality-homes.

Homes for Life: Guide to accessible homes – Centre for Ageing Better report making the case to make all new homes in England 'accessible and adaptable' https://ageing-better.org.uk/publications/homes-life-guide-accessible-homes.

Making Homes Fit for Ageing and Caring – Care and Repair England report into the consequences of Covid-19 for the housing, health and well-being of older people in England https://careandrepair-england.org.uk/Handlers/Download.ashx?IDMF=0dcba0a2-193d-4534-9667-a4b51cd84eab.

Meeting the Home Adaptation Needs of Older People – guide highlighting important aspects of home adaptations, with links to examples of local innovation and good practice https://careandrepair-england.org.uk/Handlers/Download.ashx?IDMF=a49f5447-f571-4c72-8569-2fefb4b0aada.

Ageing Well: A Housing Manifesto – from the Older People's Housing Champions that outlines 10 headline 'asks' https://housingactionblog.files.wordpress.com/2021/12/housing-champions-housing-manifesto-final.pdf.

Sharing the Art of the Possible: Developing stronger health and housing partnerships – CIH and Grand Union Housing Group's discussion paper on the potential for stronger partnerships www.cih.org/media/1weh02jd/0239-health-and-housing-sharing-the-art-of-the-possible-v1.pdf.

Sector Showcase: Housing and independent living – CIH and Housing LIN's paper on the value of specialist housing options for independent living for older and disabled people www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Sector-showcase-independent-living.pdf.

Appendix 1: About Older People

This appendix outlines some of the current key statistical trends and challenges for older people to serve as useful background in examining the role of the town planner in delivering an appropriate supply of quality housing that meets the needs of older people.

Older people in numbers

In 2020, 18.5 percent of people in England were aged 65 and over. Very old people, those aged 85 and over, represent 2.5% of the population of the UK as a whole. There are regional variations in the number of older people. High numbers of older people continue to live in coastal areas and Eastbourne in Sussex had the highest median age for residents in England and Wales at 71.5 years old in 2015. Seven out of the top ten ward areas in England and Wales in terms of population age were along the south coast, according to figures from the Office for National Statistics (ONS)[20].

The ONS has a useful interactive population pyramid[21] that allows users to view population estimates by age and gender over a twenty-year period at a national, regional and local authority level. The pyramid illustrates how the numbers of older people within the population will change over time due to variations in the size of different age groups. It is estimated that by 2066 a quarter of the UK's population will be aged 65 and over with 5.1 million aged 85 and over[22].

Life expectancy and mortality rates

Life expectancy has been increasing in the UK for the past 40 years, although the pace of growth has slowed in the last decade. In 2018 to 2020, life expectancy at age 65 years was 18.5 years for men and 21.0 years for women in the UK. The average age at death was 82.3 years for men and 85.8 years for women and the most common age at death was slightly higher at 86.7 years for men and 89.3 years for women in the UK in 2018 to 2020.

Health

People in the UK and Ireland are living longer, but they are also spending more years in poor health. People from the poorest areas are spending a third of their lives in poor health—a significantly larger proportion than those living in the least deprived areas[23]. According to the ONS, increases in the number of years that a person can expect to live in good health (healthy life expectancy) have not matched the increases in overall life expectancy. This

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[20] ONS (2021) **Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020**
[21] ONS (2022) **UK population pyramid interactive**
[22] ONS (2017) **Living longer: how our population is changing and why it matters**
[23] The Kings Fund (2022) **What are health inequalities?**

means that more people, will spend more time living in poor health. Nearly 50% of people aged 65-74, and nearly two-thirds of those over 85 in the UK, have at least one long-term medical condition[24]. As the population ages, these rates will increase and it is predicted that by 2030, around seven million older people will have at least one long-term illness or health condition[25].

Older people are also more likely to experience multi-morbidity (living with multiple long-term conditions), and this can present challenges, including chronic pain, impaired functioning, reduced independence and social isolation[26]. Physical health conditions can trigger or exacerbate mental health issues and a quarter of older people live with a common mental health condition. They also have reduced access to talking therapies compared to other age groups[27].

In 2001, the leading cause of death in men (21%) and women (18%) was heart disease and strokes. Since then, there has been a decrease in deaths from these conditions and an increase in deaths from dementia and Alzheimer disease. The leading cause of death in the UK in 2018 was dementia, accounting for 12.7% of all deaths registered[28]. There are several reasons why the number of deaths from dementia has increased in recent years. Dementia is more common amongst older age groups, and more people are living longer and surviving other illnesses[29].

Hospital admissions

Hospital admissions are rising faster than the rate of population growth, which is largely driven by an ageing population[30]. Accident and emergency (A&E) departments are also faced with increased demand. According to data from NHS England, nearly 4 million people aged 65 and older attended an A&E department in the 2020-21 reporting year, representing roughly a quarter of all A&E attendances[31]. Falls are the leading cause of emergency hospital admissions for older people. Falls can have a serious impact on long-term health, especially for people who have a pre-existing health condition or who are frail.

Frailty is where someone is less able to cope and recover from accidents, physical illness or other stressful events. For example, people living with severe frailty have over a four times greater annual risk for these outcomes. Health and care professionals can help patients and carers manage their frailty and prepare for the future[32]. As part of its commitment to help people age well NHS England is working with partners across health and social care to reframe frailty as a long-term condition to be prevented, identified and managed alongside other long-term conditions. They work with other public services to support people. This includes safe and well visits carried out by the fire and rescue service, who visit older people

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[24] AgeUK (2019) **Mental Health (England)**
[25] Ibid
[26] The King's Fund (2013) **Delivering better services for people with long-term conditions**
[27] See RTPI practice advice **Mental Health and Town Planning**
[28] ONS (2020) **Leading causes of death, UK: 2001 to 2018**
[29] See RTPI practice advice **Dementia and Town Planning**
[30] NHS (2016) **Hospital admissions hit record high as population ages**
[31] NHS (2021) **Hospital Accident & Emergency Activity**
[32] NHS (2022) **Ageing well and supporting people living with frailty**

in their homes to identify not just fire risks, but common health issues[33]. See the Newbridge Village, Hull case study in section 7 to see how a more integrated approach works.

Costs of health and social care

The increased rates of long-term medical conditions that come with an ageing population have had a huge impact on the NHS and social care. In 2020/21 the Department for Health and Social Care spent £192 billion in England, £50 billion more than in 2019/20 as a result of the Covid-19 pandemic[34]. In England local authorities spent £7.8 billion on long-term support for older people, of which £4.8 billion was on nursing or residential care, £2.9 billion on community support, including home care (£1.8 billion) and £115 million on supported accommodation. They also spent £507 million on short-term support for older people[35]. Residential care is expensive. Individuals are eligible for financial assistance from their local authority, but this is means tested, based on income and savings, alongside a care needs assessment[36].

Where someone lives can have a significant impact on their health and well-being as they age. As section 3 will discuss, the quality and location of someone's home can help them live a healthy and independent life into their old age. However, a 2021 report by BRE estimated the cost of poor housing to the NHS to be £1.4 billion each year[37] and significantly impacts more on older people. In 2021 the Government published People at the Heart of Care: adult social care reform[38]. It sets out a ten-year vision for the reform of care in England. Importantly it includes at least £300 million to integrate housing into local health and care strategies, with a focus on increasing the range of new supported housing options available.

Equality

When discussing older people, there is a tendency to speak in stereotypes and about a homogenous group, with everyone having the same needs, wants and experiences at the same point in their lives. The definition for 'older people' varies by source, but this typically refers to individuals aged 60 or 65 and older. However, increases in life expectancy in the UK meant there were 15,120 centenarians in 2020, the highest ever number. This represents an increase of almost a fifth from the preceding year[39]. A very large proportion of an individual's life could now be spent as an older person.

Health inequalities are defined as unfair and avoidable differences in health between different groups within society. Health inequalities arise because of differences in the conditions in which people are born, grow, live, work and age. These conditions influence someone's opportunities for good health. There is a gap in the health

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[33] NHS (2022) **Improving care for older people**
[34] The Kings Fund (2022) **Key facts and figures about the NHS**
[35] DHSC (2022) **People at the Heart of Care: adult social care reform**
[36] AgeUK (2021) **Paying for residential care**
[37] BRE (2021) **BRE report finds poor housing is costing NHS £1.4bn a year**
[38] DHSC (2022) **People at the Heart of Care: adult social care reform**
[39] ONS (2021) **Estimates of the very old, including centenarians, UK: 2002 to 2020**

status between men and women with women spending a smaller proportion of their longer lives free of disability. According to ONS data, at age 65 the disability free life expectancy for men is 9 years, whilst for women it is 11.4 years. Health status is also affected by socio-economic status. People living in the wealthiest areas have almost twice as many additional disability free years at age 65 as those in the poorest areas according to the Centre for Ageing Better 'State of Ageing in 2020' report[40]. This is caused by the accumulation of all the circumstances of a person's life. Poverty and financial insecurity, employment, homes and local neighbourhood, all directly affect physical and mental health.

There is also a gap in the health status of different ethnic groups, which becomes more pronounced later in life. Racism and racial discrimination are important causes of health inequalities because they produce both mental and physical stress that adversely impacts on health. Racism also has an indirect impact on health, because of its effect on socio-economic status. Rates of poor self-rated health increase rapidly with age in every ethnic group in the UK, but the rate of the increase is particularly pronounced among Pakistani, Bangladeshi, and Indian men and women and Black Caribbean men from the age of 40 onwards. For example, 22% of White British women in their 80s report poor health, the same proportion as for Pakistani women in their 50s at 23%[41].

See Appendix 3 for details of equalities legislation.

Travel and mobility

The number of older drivers on the roads has increased steadily and is expected to continue to rise. Currently there are seven million drivers over the age of 65 in the UK (19% of motorists)[42]. By 2035 it is estimated that there will be 21 million older drivers in the UK, with more than 90% of men aged over 70 still driving[43]. Contrary to many common preconceptions of older drivers, those aged over 60 have fewer crashes than younger age groups. This is partly attributable to the way in which many older drivers manage their driving routines, by for example, avoiding driving at night or at busier times of the day[44]. Information from the National Travel Survey shows the car was the most common form of transport by all age groups in 2019, although the number of trips taken declines over the age of 50. At the same time, the number of trips made by local bus increases over the age of 50, with figures higher for women than men. In terms of active travel, the number of trips taken by walking remains consistent for men throughout their adult life at around 200 trips per year. For women the number of walking trips fluctuates more and begins to decline after the age of 49. Trips by cycling are very low for people aged over 60[45].

Whilst the benefits of being active are well known the proportion of people who are physically inactive increases with age and activity levels start to drop around the age of 55. According to Sport England, it is estimated that around a quarter of adults aged 55-74 are

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[40] Centre for Ageing Better (2020) **The State of Ageing in 2020**
[41] Centre for Ageing Better (2021) **Ethnic health inequalities in later life**
[42] AgeUK (2014) **Over-65s among the safest motorists**
[43] AA (2017) **There's no safe or unsafe age for a driver**
[44] Ibid
[45] DfT (2019) **National Travel Survey - 2019**

considered inactive, doing less than 30 minutes of physical activity each week. This rises to nearly half of all adults aged 75 and over[46]. Mobility and transport are key in helping people to remain healthy, active and connected in later life. Active travel, where people complete short journeys by walking or cycling is a key way of increasing levels of physical activity. However, middle-aged and older people are less likely to participate in active travel compared to younger age groups. Whilst the 30-39 age group will make an average of eight active travel trips within a 28-day period this falls to 4.9 for 60–69-year-olds and 3.2 for those aged over 70. There are several motivators and barriers to active travel for older people and key amongst this is the role of the built environment. When people live in high density areas, with connected infrastructure and good walkability, where they feel safe, they are more likely to engage in active travel[47]. This links to the 20-minute neighbourhood[48] concept that is a model of urban development that creates neighbourhoods where daily services can be accessed within a 20-minute walk. However, it should also be acknowledged that other factors around a lack of confidence, declining health and/or disability and the lack of an active travel habit throughout a person's life are also barriers to active travel in later life.

Work and pensions

More people in England are working for longer. The proportion of people over the age of 65 in employment has risen over the last 20 years. In 2000, 435,000 people aged 65 and over were employed in England. By 2019 this had risen to 1.3 million, an increase of 199%[49]. This is due to several factors, including improvements in health for older people. It is also due to policy changes like the removal of the default retirement age in 2011, and the increases in the state pension age, which have been taking place since 2010.

Employment rates do still begin to drop after the age of 55 and by the age of 65, under half of men, and less than a third of women, are still in employment[50]. For many people the decision to leave work is a positive choice and they have the funds available to enjoy a financially comfortable retirement. However, those in low-paid employment are most likely to still be working and are disproportionately more likely to respond to increases in the state pension age by working longer[51].

Large numbers of older people live in poverty. According to Age UK[52] around two million (18%) of people in receipt of their state pension were living in relative poverty in 2020. This is where household income is below 60% of the median household income. This figure has increased since 2013-14 when the number was 1.6 million (14%). The charity reported that there is disparity between older people, with some groups particularly at risk of being amongst the poorest. These include 33% of Asian or Asian British pensioners and 30% of Black or Black British pensioners, compared to 16% of White pensioners. Older people living in the private rental sector were also significantly more at risk of living in poverty at 38%, compared to 14% of owner-occupiers. Large numbers of older people do not receive the full

[46] Sport England (2022) **Active Lives**
[47] Centre for Ageing Better (2021) **Active travel and mid-life**
[48] RTPI (2021) **20 Minute Neighbourhoods**
[49] Centre for Ageing Better (2020) **State of Ageing in 2020**
[50] Centre for Ageing Better (2022) **Low earners disproportionately more likely to respond to increases in state pension age by working longer**
[51] Ibid
[52] AgeUK (2021) **Poverty in later life**

amount of benefits they are entitled to. It is estimated that around £2.2 billion of Pension Credit and Housing Benefit are unclaimed by pensioners each year in Great Britain. There are numerous reasons why these benefits are unclaimed; people may not know what is available for them, may feel they are not entitled to assistance or may find the process of claiming difficult.

Caring responsibilities

Unpaid informal care provided by friends and family is essential to the function of society and the economy in the UK. In 2016, informal adult care was valued at £59.5 billion per year, with around 2 million adults in the UK receiving informal care[53]. This is the equivalent of just over four million adult social care workers working every week of the year at their median weekly hours. As the UK population ages, an increasing number of workers are providing care towards the end of their working life for family members. The most common recipient of care is a parent at 29%. One in four (24%) older female workers, and one in eight (13%) older male workers, have caring responsibilities[54], but being a carer can come at a personal cost in terms of loss of earnings and physical and emotional stresses. There is still an expectation in society that caregiving, both paid and unpaid, is a role for women. As the UK population ages there will be increased demand for informal care. This is at the same time as a government policy drive to encourage people to remain in the workforce longer.

Covid-19

The Covid-19 pandemic has had a disproportionate impact on older people in the UK in terms of the severity of the disease many people have experienced, hospitalisation rates and the number of deaths. A report from Public Health England[55] published in June 2020 found that that among people diagnosed with Covid-19, people who were aged 80 or over were 70 times more likely to die than those aged under 40.
The pandemic has also had a negative impact on other health outcomes due to the impact of postponed and cancelled appointments, along with many others not seeking treatment during lockdowns. The pressure on the NHS has led to large backlogs in the number of people waiting for treatment. Analysis of NHS England backlog data by the British Medical Association (BMA) identified that 6.6 million people were waiting for procedures in May 2022, with more than 330,000 waiting over 1 year for treatment[56]. Given that older people are more likely to be receiving health treatments, large numbers of older people will be waiting longer for treatment which will have a negative impact on their long-term health. Additionally, the long-term impact of 'long Covid' on the mobility of some sufferers has yet to be established and may increase the demand for accessible homes.

Research by Age UK has highlighted the impact of the Covid-19 pandemic on older people's mental health. The charity reports that the pandemic has exacerbated feelings of anxiety, memory loss, low mood and depression and accelerated previous health conditions. The results of the research show that compared to pre-pandemic 4.1 million (33%) older people

[53] ONS (2019) **Living longer: caring in later working life**
[54] Ibid
[55] Public Health England (2020) **COVID-19: review of disparities in risks and outcomes**
[56] BMA (2022) **NHS backlog data analysis**

say they feel more anxious and 2.9 million (23%) of older people agreed they are finding it harder to remember things now than they did at the start of the pandemic. The result is that despite falling case rates and the relaxation of restrictions large numbers of older people remain feeling isolated and anxious, with 5.1 million (41%) saying they felt lonely[57].

Ageism

Significant levels of ageism still exist in the UK and Ireland. A survey[58] by the Centre for Ageing Better conducted in 2021 found that 55% of people feel that the UK is ageist. The study also found that 60% of people over 50 do not think that older people are respected enough. There are many negative stereotypes about older people in society, including in the media, advertising, and central and local government, which compound the issue of age discrimination. One of the most obvious forms of ageism is work-related discrimination. However, it is also present in health and social care and can lead to older people being denied access to care and treatments. It is also important to remember that ageism can also be intersectional, and a person may experience discrimination on the basis of both their age and another characteristic such as gender or ethnicity.

The use of derogatory terms like 'bed blocking', the 'grey tsunami' and the 'ticking demographic time bomb', when discussing our ageing population are both common and unhelpful, adding to the perception of older people being a burden on society. The language used when talking about older people is important, because it can influence public opinion, which can in turn influence policy decisions. If national and local policy in terms of health, housing, employment, social care, well-being and all other aspects of older people's lives, is to be successfully delivered then the opinions and experiences of older people need to be at the centre of their development. The phrase "nothing about us without us" was first coined by disability rights activists to express the idea that no policy should be reached without the full participation of representatives of all stakeholders. However, it is equally relevant when discussing older people and is used by many organisations that represent older people.

The imagery used is also important. Many national reports about older people have an image of wrinkly hands on the cover, emphasising the frailty of older people. The Centre for Ageing Better has developed a free image library[59] of positive and realistic images of people aged 50 and over, to provide a more diverse representation of what it means to be older without resorting to stereotype and caricature.

It is possible to take a more balanced approach. Instead of beginning with the dominant viewpoint that 'ageing is about old people' reframe it to the alternative view that 'ageing is a life-long process'. This can be particularly helpful when considering housing; it means that changes in housing needs can be anticipated and planned for in advance, rather than acting at a point of crisis. This approach is being integrated into work by Clarion Housing on their age friendly housing strategy[60].

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[57] AgeUK (2022) **Press Release: New Research show a "hidden" mental health crisis is debilitating older people**
[58] Centre for Ageing Better (2021) **Reframing ageing: Public perceptions of ageing, older age and demographic change**
[59] Centre for Ageing Better (2021) **Age-positive image library**
[60] See the case study in section 6 for more information.

Appendix 2: Housing, the built environment and older people

Where someone lives, both their home and the local community, has a significant impact on their health and well-being. This is particularly the case for older people.

Housing type and tenure

Older people overwhelmingly live in mainstream housing compared to other housing options, with only 5% of older people living in some form of specialist housing[61]. Within this subset of specialist housing, less than 1% of older people live in retirement communities offering some care element in the United Kingdom compared to around 5% in the United States and Australia[62].

From 1993 to 2017, the proportion of people aged 65 and older who own their home outright has increased from 56% to around 75%[63]. It is likely that more older people will be living in the private rental sector in the future which carries both benefits (e.g. maintenance obligations fall upon the landlord) and concerns (e.g. higher housing costs in the private rental sector). For older people living in the private rental sector, a higher pension pot may be required to offset the costs. Royal London estimates that this could be as high as £445,000 to maintain current living standards in retirement[64].

The English Housing Survey found that 3% of older households expected to move within the next 6 months, of which, 35% reported 'downsizing' (either in a retirement property or mainstream housing) as their primary reason[65]. Household size plays an important role in this decision, especially as large numbers of older people live alone. In England, more than half of all older households (52%)[66] live alone. Removing barriers to moving for older people can have a ripple effect on the wider housing market; however, this relies on securing an ample supply of housing options for older people that meet a variety of circumstances. It also requires reframing the language from "downsizing" to one that portrays a more proactive, positive choice, with "rightsizing" being an increasingly popular choice. Additionally, regional inequalities in housing wealth can significantly reduce the housing choice available to older homeowners in some areas. A report from the Institute for Fiscal Studies (IFS) identified "a clear increase in regional inequalities in wealth" by observing a 180% increase in London's

[61] Age UK (2019) **Later Life in the United Kingdom 2019**

[62] LGA (2017) **Housing our ageing population**

[63] ONS (2020) **Living longer: changes in housing tenure over time**

[64] Royal London (2018) **Will we ever summit the Pension Mountain?**

[65] DLUHC (2022) **English Housing Survey: Older people's housing 2020-2021**

[66] Ibid

median property wealth in the period from 2006-08 to 2016-18 while median property wealth fell in both the North West and the North East[67].

Decent homes

In England, 15% of older households live in homes that currently fail to meet the Decent Homes Standard [68]. In the private rental sector, this figure rises to 30% of older renters. This standard requires houses to meet the statutory minimum standards of a reasonable state of repair, have reasonably modern facilities and services, and provide a reasonable degree of thermal comfort[69]. To meet the statutory minimum standards of a reasonable state of repair, dwellings must not have any 'Category 1' hazards as assessed by the Health and Safety rating System (HHSRS). The presence of a 'Category 1' hazard is the most prevalent cause for a dwelling failing the Decent Homes Standard (affecting 9% of older households) followed by excessive cold (3%), and damp (2%)[70]. The proportion of non-decent trends is not equal across regions; 20% of dwellings failed the decent home standard in Yorkshire and the Humber, compared to only 9% of dwellings in the South East[71]. Outside of these housing standards, it is also worth noting that more half of older households live in homes with an EER (energy efficiency rating) of D or below[72]. Poor quality housing can create several negative externalities including additional costs to the NHS and fuel poverty for occupants.

Accessibility

Our existing housing can present enormous barriers to older and disabled people. For example, many millions of homes have steps to the front door and very few have toilets at entrance level, essential for so many people who find it hard to get around

Making all new homes accessible and adaptable will mean that more people will be able to stay in their own homes as their needs change, rather than being forced to move prematurely and unnecessarily into supported or specialist housing which costs more. Returning home from hospital will be smoother and faster, the likelihood of falls and other housing related health problems will be less frequent, and people's need for care at home will reduce, all of which will free much needed NHS and social care resource.

Impact of housing on health

The Building Research Establishment (BRE) published a report in 2021 examining 'The Cost of Poor Housing in England'[73] by using data from the 2018 English Housing Survey (EHS) and NHS treatment cost figures which estimated an annual bill of £1.4 billion due to poor housing. This report also found that more than half (£857 million) of the annual NHS treatment costs related to housing can be attributed to defects in poor homes which expose

[67] IFS (2020) **Catching up or falling behind? Geographical inequalities in the UK and how they have changed in recent years**

[68] DLUHC (2022) **English Housing Survey: Headline Report 2020-2021**

[69] MHCLG (2006) **A decent home: definition and guidance**

[70] DLUHC (2022) **English Housing Survey: Older people's housing 2020-2021**

[71] DLUHC (2022) **English Housing Survey: Regional housing trends - fact sheet 2020-2021**

[72] DLUHC (2022) **English Housing Survey: Older people's housing 2020-2021**

[73] BRE (2021) **The cost of poor housing in England**

residents to excess cold. Unfortunately, the answer to this issue is not as simple as turning up the heat in the winter; The energy inefficiencies of old homes in the UK go hand-in-hand with the risk of fuel poverty, especially where households rely on pensions. With rising energy prices in the winter of 2021 and beyond, Age UK estimated that 150,000 additional older households would be forced into fuel poverty[74]. With the looming increase in price caps, new analysis shows that 83% of pensioner couple households could be in fuel poverty by January 2023.[75]

The second largest housing related cost to the NHS comes from hazards which cause people to fall and injure themselves, predominantly on staircases. For those living with frailty, falls can be particularly serious. Because the phrase 'older people' naturally encompasses a wide range of ages and health conditions, it would be incorrect to assert that all older people will face the same health risks. Frailty, for example, only affects around 10% of individuals aged over 65, however, this figure rises to between 25-50% for individuals aged over 85[76]. The removal of serious hazards in the home is important to support someone's ability to continue living in their home if they so choose.

The cost of ameliorating all 'category one hazards' is estimated at £9.8 billion, around seven times the estimated treatment cost of poor housing to the NHS[77]. BRE also suggests that poor quality housing has wider costs to society beyond NHS treatments "such as those relating to long-term care, mental health, and poorer educational achievement" which is estimated at £18.5 billion per year.

Care and repair the housing stock we have

More than 80% of the homes that will be needed in 2050 exist today[78]. While there is great value in enabling the construction of new homes, especially where they meet the future needs of our communities, retrofitting existing homes will be essential in providing high-quality housing options. With most individuals preferring to age at home and remain in their own homes for as long as possible, it is imperative that these homes receive the care and repair they eventually may need to remain warm and accessible. The total number of non-decent homes has decreased, however, the proportion of individuals aged 75 and over living in non-decent homes has increased[79].

The Greater Manchester Combined Authority (GMCA), in an attempt to become net-carbon zero by 2038, has launched a 'Retrofitting Task Force' to implement efficient heating improvements where they are needed the most[80]. While this effort is largely driven by climate concerns, the investment into making older homes more energy efficient goes a long way towards maintaining viable housing options and improving the affordability of heating.

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[74] AgeUK (2021) **Without more Government financial help, fuel poor households will top a million by the spring, new analysis shows**

[75] Child Poverty Action Group (2022) **Fuel Poverty: Updated Estimates for the UK**

[76] British Geriatric Society (2018) **Fit for Frailty: Part 1**

[77] BRE (2021) **The cost of poor housing in England**

[78] UK Green Building Council (2022) **Climate Change**

[79] Centre for Ageing Better (2020) **Home and dry**

[80] GMCA (2021) **Retrofitting Task Force to drive forward plans for low-carbon homes across Greater Manchester**

Improving the energy efficiency of older homes is just one area in which long-term benefits can be realised. A report from the Centre for Ageing Better notes that the cost of repairing non-decent homes for households over the age of 55 comes to £4.3 billion, which would pay for itself within 8 years through savings to the NHS[81].

However, the energy efficiency and health concerns related to non-decent homes are not the only aspect of the UK's housing stock that is of particular concern to our aging population. There are around 1 million households across England that require some adaptation in the home, but do not currently have it[82]. Mobility and the ability to move freely around our homes may become constrained with age and most homes are not typically designed to accommodate for disabilities, which could juxtapose our desire to age at home with the practicality of doing so.

Communities

It is not only the home that needs to be safe and accessible, built or adapted for aging occupants; The same principles apply to the local neighbourhood. Homes for older people need to be located in places where they can easily and safely reach the everyday shops and services that they need. The RTPI practice advice on Dementia and Town Planning[83] recommends that housing for people living with dementia should be, 'located in community hubs within a 5–10-minute walk of local shops and services as this will help enable people living with dementia to live well and remain independent for longer'. This approach to housing location should be extended to apply to all older people. The 20-minute neighbourhood[84] or 15-minute city concept is a model of urban development that creates neighbourhoods where daily services can be accessed within a 15–20-minute walk. It has quickly gained traction within planning policy, in part due to the very localised living people experienced during the Covid-19 lockdowns. However, how far someone can walk within 15-20 minutes' walk is affected by an individual's age, health and mobility. Therefore, within the scope of the popular 20-minute neighbourhood, housing for older people should be located at the very centre of a settlement.

Coastal and rural

Rural and coastal areas, especially the South and East coast and near Areas of Outstanding Natural Beauty or National Parks, have a higher proportion of older people and this is only expected to grow. The population of those aged 65 years and over will grow by around 50% in rural areas between now and 2039, with negligible growth in the population aged under 65[85]. This will increase the ratio of older to younger people in these areas. ONS projections also show that rural areas will experience the largest increase in the proportion of one-person households that contain an older person[86]. Smaller seaside towns have a much higher proportion of older people – 34% of their population is older than state pension age, compared to just 25% in larger seaside towns, 23% in rural areas and 19% across

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[81] Ibid
[82] DLUHC (2020) **English Housing Survey: Home adaptations report, 2019-20**
[83] RTPI (2020) **Dementia and Town Planning**
[84] RTPI (2021) **20-Minute Neighbourhoods**
[85] ONS (2018) **Living longer: how our population is changing and why it matters**
[86] ONS (2020) **Living longer: trends in subnational ageing across the UK**

England as a whole[87].

However, despite their popularity with older people, coastal and rural areas present a unique set of challenges for healthy ageing. The RTPI's *Rural Planning in the 2020s* report notes that the dispersed nature of rural/coastal settlements leads to difficulty in providing social care and accessibility for older individuals who may be unable or who no longer choose to drive[88]. Looking specifically at the health inequalities facing older men, older people from ethnic minorities, and older lesbian, gay, bisexual, trans and queer+ (LGBTQ+) people in coastal and rural communities, Age UK has identified five issues in these areas: Loneliness and social isolation, the digital divide, a lack of support networks among people who move to rural and coastal communities, gaps in public transport provision, and gaps in support for carers and people with dementia[89]. Although higher life expectancies can be found in rural and coastal areas, the Centre for Ageing Better found that health and care services in these areas "struggle with recruitment and retention of staff, exacerbating other service issues[90]."

Integrated Retirement Communities

ARCO, the representative body for both private and non-profit operators of Integrated Retirement Communities (IRCs) in the UK, defines Integrated Retirement Communities as "settings which combine independent living for older people (through them renting or owning their own flat), with 24/7 on site staffing, the option of CQC-registered domiciliary care if needed, and a wide range of communal services and spaces[91]." The option of care and services creates a distinction between Integrated Retirement Communities and care homes or traditional retirement housing and fills a provision gap for individuals needing low and medium levels of care. Figure 2 (below) further illustrates the differences between these three types of facilities. More common abroad than in the UK, these communities represent around 70,000 units compared to 456,000 care home beds and 444,000 retirement housing units[92].

One promise of Integrated Retirement Communities is a reduction of care costs. ARCO claims that "up to 20% of residents who move into Integrated Retirement Communities require fewer hours of care after they move in" and that the 16% of travel time associated with a typical domiciliary care hour could be saved given that the care recipients are within the same community[93]. In a longitudinal evaluation ExtraCare facilities (another term for Integrated Retirement Communities), researchers found that ExtraCare costs were "an average of £427.98 less per person per annum than comparative local authority charges" and "resident NHS costs reduced by 47% over 12 months[94]." The fact that these are

[87] AgeUK (2021) **Ageing in coastal and rural communities**

[88] RTPI (2022) **Rural Planning in the 2020s**

[89] AgeUK (2021) **Ageing in coastal and rural communities**

[90] Centre for Ageing Better (2021) **Ageing in a rural place**

[91] ARCO (2021) **Putting the 'care' in Housing-with-Care**

[92] Ibid

[93] Ibid

[94] Aston Research Centre for Healthy Ageing (ARCHA) and the ExtraCare Charitable Trust (2015) **Collaborative Research Between Aston Research Centre for Healthy Ageing (ARCHA) and the ExtraCare Charitable Trust**

communities appears to have an impact on resident's mental health: only 1% reported feeling isolated and lower levels of depression and anxiety[95].

While mainstream housing options remain the most popular housing option, the demand for specialised housing is growing.

The above graphic illustrates the different types of specialised housing for older people. Credit: ARCO

Appendix 3: Legislation and policy

Government legislation and policy on housing is devolved to each UK nation. This appendix outlines the key policy drivers across England.

Equalities legislation

Age and disability are two of the nine protected characteristics covered by the Equality Act 2010[96] in England, Wales and Scotland. The Act is supported by the Public Sector Equality Duty[97], which requires public authorities to promote equality amongst people from protected groups by removing or minimising disadvantages; taking steps to meet their needs where they are different from the needs of other people; and encouraging participation in public life

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[95] The King's Fund (2020) **Evaluating the Care and Support Specialised Housing (CASSH) Programme: Results of a scoping exercise**
[96] **Equalities Act 2010**
[97] Equality and Human Rights Commission (2022) **Public Sector Quality Duty**

or in other activities where their participation is disproportionately low. The aim of the Duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. The Public Sector Equality Duty means public authorities and their delivery partners must demonstrate due regard for equality when making decisions. They need to consider whether they should take action to meet these needs or reduce the inequalities. This should be through an Equality or Diversity Impact Assessment.

National Planning Policy Framework (NPPF)

The National Planning Policy Framework (NPPF)[98] sets out the UK Government's planning policies for England and how they should be applied. The overall aim of the planning system in England is to contribute to sustainable development. In terms of housing this means supporting, 'strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations'. Section 5, Delivering a sufficient supply of homes states that, 'it is important that ...the needs of groups with specific housing requirements are addressed'. It goes on to say that 'within this context, the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies' making specific mention of older people, people with disabilities and people who require affordable housing, amongst others.

Section 12, Achieving well-designed places states that the planning system aims to 'create places that are safe, inclusive and accessible and which promote health and well-being'. The NPPF acknowledges that older people are not a homogenous group defining them as, 'People over or approaching retirement age, including the active, newly-retired through to the very frail elderly; and whose housing needs can encompass accessible, adaptable general needs housing through to the full range of retirement and specialised housing for those with support or care needs.'

National Planning Policy Guidance (NPPG)

The accompanying National Planning Policy Guidance (NPPG) gives further detail. The standard method[99] uses a formula to identify the minimum number of homes that should be planned for. However, it does not identify housing needs of particular groups of people, including older people. Therefore, local planning authorities need to consider how the needs of these particular groups can be met within the area, including, 'the anticipated deliverability of different forms of provision, having regard to viability. Reference is made to local authorities' responsibilities under the Equality Act 2010 and the Public Sector Equality Duty.

The NPPG[100] identifies that the need to provide housing for older people is critical. It states that, 'offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems'. The NPPG recognises that the housing needs of older people varies greatly and can range from accessible and adaptable general needs housing to specialist housing with high levels of care and support. It gives local planning authorities the option to set additional access requirements for accessible and

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[98] MHCLG (2021) **National Planning Policy Framework**
[99] DLUHC and MHCLG (2020) **Housing and economic development needs assessments**
[100] DLUHC and MHCLG (2019) **Housing for older and disabled people**

adaptable dwellings M4(2), and/or wheelchair user dwellings M4(3), that exceed the minimum standards required by building regulations[101], alongside an optional nationally described space standard, which sets out requirements for the gross internal area of new housing. It states that local planning authorities must gather evidence to justify the need for additional standards when setting policies in their local plans.

Use classes

The NPPG states that it is for the local planning authority to decide whether a new development of specialist housing for older people is within use class C2 (residential institutions) or C3 (dwelling house), taking into consideration the level of care and scale of communal facilities provided. This is an important consideration as use class C2 does not incur community infrastructure levy contributions, whilst C3 does.

However, as discussed earlier in this advice there is sometimes confusion within the built environment profession in terms of which developments constitute C2 and C3. This can lead to delays and scepticism between planners and developers. The Jacobs Gate case study in section 6 demonstrates how taking time and care to fully outline the features of an integrated retirement community scheme can bring dividends by taking a positive approach to pre-application discussions.

Nationally described space standard

The NPPG also sets out the nationally described space standard[102]. This is an optional technical standard that local planning authorities can include in their local plan to set out standards of internal space for new housing. The NPPG makes clear that it is the only space standard that local authorities can use and that evidence on the size and type of dwellings currently being built in the area should be provided. The standard applies across all tenures and covers requirements for the gross internal (floor) area of new dwellings at a defined level of occupancy as well as floor areas and dimensions for key parts of the home, notably bedrooms, storage and floor to ceiling height. However, the space standards do not meet the requirements for housing suitable for a wheelchair user (M4(3) as additional circulation space is needed. Local planning authorities must provide justification for requiring internal space policies and demonstrate need, viability and timing of the policy. The space standards are implemented through the planning system and have not been incorporated into building regulations.

The nationally described space standard is important in terms of accessibility as internal space is an important aspect of how accessible a home is, and how adaptable it is to changing household needs. People with impaired mobility usually require larger floor areas to accommodate mobility aids and specialist equipment.

[101] See section on building regulations for more detail.
[102] DLUHC and MHCLG (2015) **Technical housing standards - nationally described space standard**

Building regulations

Part M[103] of the Building Regulations refers to the access to and use of buildings. It sets out three levels of access for housing:

M4(1): Visitable dwellings – sets basic minimum standards for all new housing to provide level access to the main entrance, a flush threshold, sufficiently wide doorways and circulation space, and a toilet at the entrance level. This standard does not future proof homes, because they are not built to be easily adaptable. It is the only mandatory level of accessibility.
M4(2): Accessible and adaptable dwellings – these standards are slightly stricter than category 1. They require no steps between the pavement and the main entrance, more space to move around in all areas of the home, and features that are easily adaptable to improve accessibility and functionality in the future e.g. the walls are strong enough to install grab rails.
M4(3): Wheelchair user dwellings - this category provides housing suitable for most wheelchair users.

Local authorities are required to set out plans for which standard of new homes will be built in their area. They can set out their expectations of how many M4(2) and M4(3) houses are needed if they can provide robust evidence that there is enough demand from older or disabled people living in the area to warrant building these homes. However, this can prove difficult for many local authorities. Many local authorities lack the resources to employ access consultants or have the in-house knowledge and understanding of the issues disabled people face. Very few local authorities in England have successfully included policies on the number of accessible houses to be built (the London Plan[104] and the Liverpool Plan[105] are excellent examples of outliers: these plans set out a goal for 90% of new dwellings to meet M4(2) 'accessible and adaptable' standards and 10% to meet M4(3) 'wheelchair user dwellings' requirements). Figures are often challenged by developers at the planning inquiry. Often when local plans reach the viability appraisal stage, targets for accessible housing are diluted or waived entirely and the trade-offs with affordable housing have been regularly raised. The case study of Leeds City Council in section 6 highlights the need to adjust accessible housing policies to ensure that they are
successful in delivering new housing that meets the needs of older and disabled people.

Lifetime Homes Standard

The Lifetime Homes Standard was developed in 1991 with the aim of assisting people to stay in mainstream housing for as long as possible as they age, reducing the need for home adaptations and providing greater housing choice for disabled people. The concept of lifetime homes is based on the five overarching principles of inclusivity, accessibility adaptability, sustainability and good value. It uses 16 criteria to assess design of a home to meet the needs of occupants and the community over time. The standard was promoted by the UK Government from 2008, with the intention of working towards all new homes being

[103] HM Government **The Building Regulations 2010**
[104] Mayor of London (2016) **The London Plan 2016: Policy 3.8 Housing Choice**
[105] Liverpool City Council (2022) **The Liverpool Local Plan 2013-2033**

built to the lifetime homes standard, leading to some local planning authorities including lifetime homes policies within their local plan. However, this important promotion of the standard was later dropped in favour of M4(2) and M4(3) of the optional requirements in the building regulations. As a result, such policies are no longer permitted and local planning authorities are limited to using part M building regulations policies. The Housing our Ageing Population Panel for Innovation (HAPPI) identified ten key design elements based around space and quality that should be incorporated into housing for older people to meet their needs and aspirations. Section 5 of this advice gives more details of them.

Housing policy

Local authorities produce housing strategies every five years. They set out the local authorities housing priorities and how they will collaborate with partners to meet local housing need. Housing strategies need to work to meet the wider corporate objectives of the local authority and with other plans and strategies, including the local plan.

Health and Wellbeing Boards plan how to meet the health needs of the local population. Each Board is responsible for producing a health and wellbeing strategy, which is underpinned by a joint strategic needs assessment. This will be a key strategy for a local planning authority to take into account to improve health and wellbeing.

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