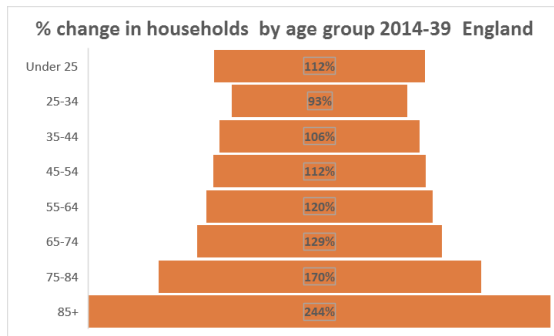


## PLANNING TO MEET THE HOUSING NEEDS OF OLDER PEOPLE

### AN INTRODUCTION FOR LOCAL AUTHORITIES AND PUBLIC BODIES

#### Why more housing is needed for older people

Older people will make up 37% of all households in England by 2039. The number of households headed by a person aged 65 or over is set to increase from 2.97m to more than 4m. The fastest increase is in the very elderly, households headed by people aged 85 and over<sup>i</sup>.



The ageing population poses challenges throughout society. Wider accommodation choices for older people should be a fundamental consideration in planning for the future.

Many older people will want or need to move to retirement housing for one or more reasons:

- A desire for greater security or companionship often after losing a partner
- To reduce the cost of heating and maintaining a larger home: 59% of older home owners, 29% of private renters and 16% of social renters have 2 or more “spare” bedrooms
- When physical mobility becomes compromised and the existing home is unsuitable for adaptation

- To maintain independence or access care or support
- Mental illness linked to social isolation as a result of limited mobility, sensory impairment or living alone
- The home may become less suitable due to<sup>ii</sup> location and lack of access to public transport.

#### What is specialised retirement housing?

There is a range of retirement housing designed and managed to meet the housing and support needs of older people. Typical types include Sheltered, Assisted Living/Extra Care and Close Care. Accommodation is self-contained (unlike in care homes), restricted to people over a specified age and usually provides communal facilities and support services.



*Retirement housing scheme in Fleet (Anchor)*

#### There is an acute shortage of specialised retirement housing

Out of 515,666 units of sheltered and Extra Care accommodation in England in 2015<sup>iii</sup>, **75% were for social rent**, only about 174,000 for owner-occupation.

It has been estimated that the supply of specialised retirement housing needs to more than double by 2025: 725,000 “housing with care” homes will be needed and **at least 11,000 such homes need to be built every year**<sup>iv</sup>.

This is not an affordable housing issue: the acute shortage of specialised housing for older people is greatest in the private sector. **75% of the supply is currently for social rent but 75% of older households are home owners**<sup>v</sup> and, in most cases, will wish to remain so.

### **Planning policy should support the delivery of retirement housing**

The National Planning Policy Framework<sup>vi</sup> (NPPF) requires local planning authorities to specifically consider and plan to meet the needs of different groups in the community including older people and should “identify the size, type, tenure and range of housing that is required in particular locations, reflecting local demand”.

National Planning Practice Guidance (NPPG) emphasises the importance of assessing and planning for the housing needs of older people and the wider policy benefits of downsizing: “The need to provide housing for older people is critical... Plan makers will need to consider the size, location and quality of dwellings needed in the future for older people in order to allow them to move.”<sup>vii</sup> The guidance requires that the full range of need, i.e. “types of general housing, such as bungalows”, sheltered, Extra Care, registered care should be assessed for all tenures.

### **Planning policy tools**

Planning authorities should recognise the changing profile of local populations by making a separate assessment of the housing needs of older people to inform Local Plans.

Encouraging the provision of a range of attractive housing options can benefit the operation of the whole housing market, freeing up underused family housing as owner occupiers are enabled to move and downsize.

Planning policy should plan to meet different levels of care and support needs ranging from general “downsizer” housing to specialised options.

### **Specific targets for older persons housing provision should be set in local plans.**

*The Greater London Authority has done this for all the London Boroughs and more rural authorities (e.g. East Staffordshire) have also opted to set a specific target for older persons housing provision in their local plan.*

**Sites:** Lower levels of car ownership and traffic generation make **specialised older people’s housing particularly suitable on many sites where general residential schemes will not work.** Extra Care schemes, offering care services and more extensive facilities are typically larger than sheltered schemes and may therefore need a larger site. In summary, the appropriateness of sites for specialised housing for older people can be tested against the following criteria:

- Evidence of demand in the immediate area
- Minimum area of 0.2 to 0.6 hectares (at least 0.5 ha for Extra Care)
- Level or landscaped to a shallow gradient
- In a town centre, established community or phased development as an SUE becomes established
- Safe, level walking route to facilities and services
- General store, ATM, doctor, pharmacy (or a delivery service) within 400metres.



*Retirement Housing Scheme in Letchworth Hertfordshire (Beechcroft)*

Other mechanisms that can be employed to encourage older person's housing include specifying sites for development in "amenity rich" sustainable locations (including sites in the local authority's ownership) to meet the needs of older person households. With appropriate phasing, this can include Sustainable Urban Extensions and regeneration areas.

*Swindon Council is taking this approach further, encouraging development by introducing **Housing (Assisted Living) Local Development Orders** to grant planning permission for specific types of housing development in designated locations.*

**S106 requirements for older persons housing:** Care should be taken to ensure that policy only requires contributions to infrastructure appropriate to the needs of older people. Planning requirements under S.106 that specialised housing for older home owners should provide for the same infrastructure (e.g. public open space) as general needs housing impose an unnecessary additional cost which restricts the total amount of provision that can be made for older people. The economics of retirement housing development as they apply to CIL are explained in a document prepared for RHG<sup>viii</sup>.

**Monitoring:** Targets for the delivery of specialised housing for older people should be

set with outcomes monitored and reported by Authority Monitoring Reports.

**Working together:** A sound understanding of the local age profile should be the basis for a local authority-wide strategy for an ageing population. In two-tier local authority areas, this would involve **collaboration between district and county councils**.

### **The role of specialised housing for older people in delivering care and health objectives**

Increasing the supply of specialised housing for older people should not be regarded as an issue exclusively for planning policy. An ageing population brings increased demands on public services, notably health and social care.

Housing is now defined as a **health-related service**<sup>ix</sup> and the provision of **suitable accommodation** is an integral part of local authorities' duty to promote the integration of health and care.

NHS sustainability and transformation plans (STPs) have been developed by NHS organisations and local authorities since 2015<sup>x</sup>. Taking a strategic approach to working with housing providers can assist health and care services in delivering their STPs. This can include preventing or minimising the impact of key health and care priorities such as providing appropriate care for people with dementia and the pressures placed on hospital services by patients who are stranded and unable to return home.

The Housing White Paper and CLG Committee Inquiry into housing for older people, both launched in February 2017, reiterate Government recognition of the importance of understanding local needs and increasing housing choice for older people.

*"Helping older people to move at the right time and in the right way could also help their quality of life at the same time as freeing up more homes for other buyers."*  
Para 4.43 "Fixing our broken housing market."

They also promote the benefits of a range of supported housing ("sheltered, step down and extracare"<sup>xi</sup>) in enabling independent living and relieving pressure on the care system.



*Danbury Gardens, Leicester, Extra Care scheme (Hanover)*

### **Benefits of specialised housing**

Research evidence has repeatedly shown the provision of specialised housing to result in reduced use of public services, particularly health and social care<sup>xii</sup>. In many cases, residents did not need to move on to a care home, representing a saving (at 2011 values) for the individual or the public purse of around **£26,000 per person per year**<sup>xiii</sup>.

More recently, the annual cost saving of delayed admission to residential care was estimated at **£28,080 per person**. Increased use of Extra Care accommodation in preference to residential care has been projected to achieve net revenue savings of £4,475 per unit per year<sup>xiv</sup>.

Reducing or preventing ill health in older age through provision of specialised housing also offers substantial potential savings for the

National Health Service. Falls and resultant fractures in people aged 65 and over account for over 4 million bed days each year in England. The estimated cost to the NHS of treating falls is £2.3 billion per year<sup>xv</sup>. Prevention of falls through living in more accessible and easily managed accommodation has clear potential to make inroads on these figures.

Preventive benefits of specialised housing include:

- Ability to live independently for longer
- Earlier return home from hospital to a more accessible and supportive environment
- Reduced risk of health problems due to slips, trips, falls, cold, pulmonary conditions, social isolation.

The provision of care in Extra Care housing can be more cost effective than domiciliary care in the community as care can be delivered responsively to a group of people living in the same development, generating savings on travel costs and time.

A dispersed "hub and spoke" model of Extra Care, where accommodation is provided in several relatively close locations with support and/or care from a central point, can have a range of advantages, particularly in a rural area. The central point could be a larger specialised housing scheme or a broader range of buildings and services including a care home. Advantages of this approach are:

- Development can be at a scale better suited to smaller settlements and sites
- Accommodation can be provided close to the existing home, family, social networks and familiar services, easing the transition for an older person
- Cost effective care for commissioners of services without excessive transport

costs or any compromise on quality of care

- Care and/or support can be provided in a more familiar home environment.

This type of model “can provide a more accessible route for people to connect to opportunities to find social connections, activities and support... Adding local transport to the picture to support connectivity, this is a model that could be flexible to rural and urban areas, based on community or service based geographies”<sup>vi</sup>.



Residents at Penryn Court Llandudno (Goldsborough Estates/BUPA)

<sup>ii</sup> ONS 2014 based population and household projections

<sup>ii</sup>

<sup>iii</sup> Housing and Care Homes for Older People in England Key Data Report, Elderly Accommodation Counsel, August 2013

<sup>iv</sup> Housing our ageing population: Positive Ideas HAPPY 3 (quoting Savills and Jones Lang Lasalle), All Party Parliamentary Group on Housing and Care for Older People, June 2016

<sup>v</sup> 2011 Census, DC4201EW - Tenure by ethnic group by age - Household Reference Persons

**RHG is happy to meet with local authority members and officers, representatives of Health and Wellbeing Boards and Clinical Commissioning Groups to discuss local issues and how these can be addressed through needs analysis and policy development.**

**Contact us at:**

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<sup>vi</sup> National Planning Policy Framework, Department for Communities and Local Government, March 2012

<sup>vii</sup> How should the needs for all types of housing be addressed? Paragraph: 021 Reference ID: 2a-021-20140306 , NPPG, March 2014

<sup>viii</sup> Community Infrastructure Levy and Sheltered Housing/Extra Care Developments: A Briefing Note on Viability, Three Dragons for Retirement Housing Group  
<http://www.retirementhousinggroup.com/publications.html>

<sup>ix</sup> Care Act 2014

<sup>x</sup> STPs set out 5-year service and funding plans to address health and care priorities. The focus is on improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services

<sup>xi</sup> Para 4.44 Fixing our broken housing market

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<sup>xii</sup> Financial Benefits of Investment in Specialist Housing for Vulnerable and Older People, Frontier Economics for the Homes and Communities Agency, 2010

<sup>xiii</sup> Downsizing for older people into Specialist Accommodation Janet Sutherland Viewpoint 19 Housing LIN 2011

<sup>xiv</sup> Essex County Council presentation to the All Party Parliamentary Group on housing and care for older people, November 2016

<sup>xv</sup> Clinical Guidance on Falls 2013, National Institute for Health and Care Excellence

<sup>xvi</sup> New Approaches for Older People, Chartered Institute of Housing, 2014