

MUNICIPAL YEAR 2017/2018 - REPORT NO. 148

MEETING TITLE AND DATE:

Cabinet
Wednesday 14th February 2018

JOINT REPORT OF:

Director of Adult Social Care and the
Executive Director of Finance,
Resources and Customer Services

Contact officer and telephone number:
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Agenda – Part 1

Item: 9

Subject: Older People’s Housing and
Care Project

Wards: All

Key Decision No: KD 4624

1. EXECUTIVE SUMMARY

- 1.1 The demographic of Enfield is changing. People are living longer, but not always in good health. The number of people with complex needs is increasing and the number of older people (65+) managing health conditions, including long term conditions that limit quality of life is also on the rise.
- 1.2 The number people in Enfield over 65 years of age is forecast to increase by 23% over 10 years. This increase is slightly above the overall percentage increase of England (21%) and poses a significant local challenge in terms of developing services to meet future demand.
- 1.3 Innovative approaches are required across housing and care that effectively respond to this escalation in need. The development of an Enfield based Older People’s Housing and Care Project is one such approach. Co-locating specialist housing services with health, leisure and multi-generational facilities, including nursery services provides an opportunity to challenge negative perceptions of housing with care in later life and ‘raise the bar’ in respect of Enfield’s offer to older people.
- 1.4 National and international examples of clustered Housing with Care services vary in scope and scale, however, the potential strategic, financial and public value benefits of this inclusive model (outlined in Section 6) are considerable; Longitudinal research completed this year on Whitley Village residents evidenced people living longer within a Care Village environment¹. Other recent research on the impact of an extra care housing environment documents reduced GP visits, reduced length of unplanned hospital stays and significant cost savings to NHS and Adult Social Care budgets².

¹ <https://www.cass.city.ac.uk/news-and-events/news/2017/february/retirement-villages-extend-life-expectancy-for-women>

² <http://www.aston.ac.uk/lhs/research/centres-facilities/archae/extracare-project/>

- 1.5 Enfield currently accommodates retirement housing, extra care housing (ECH) and residential/nursing care provision, but has yet to bring this together in the form of a clustered Older People's Housing and Care offer.
- 1.6 This report seeks approval for Council officers to lead the local consideration and development of an Older People's Housing and Care Project in line with Principles for Development set out in Appendix A.

2. RECOMMENDATIONS

- 2.1 It is recommended that Cabinet members:
 - 2.1.1 Note the content of this report;
 - 2.1.2 Approve the local consideration and development of an Older People's Housing and Care Project, as outlined in Section 5 of this report and aligned with Principles for Development set out in Appendix A;
 - 2.1.3 Authorise officers to progress the strategic planning of an Older People's Housing and Care Project, to include site identification, site feasibility and service modelling (including financial modelling);
 - 2.1.4 Receive a further report:
 - to note the outcome of the feasibility studies and site identification;
 - to authorise the tender of building development and/or delivery services as required;
 - to consider and approve Phase 2 development as set out in 5.6.

3. BACKGROUND & CONTEXT

3.1 Older People's Housing and Care Project - The Concept

- 3.1.1 The concept of an Older People's Housing and Care Project offer (sometimes referred to as 'Retirement Village') has grown in popularity in recent years, as local authorities endeavour to respond to the increasing housing, health and social care needs of an ageing population. Examples of developments range from large retirement schemes to multiple retirement, extra care and residential/nursing care facilities that incorporate leisure, retail and health services.

3.2 The Overarching Benefits of an Older People's Housing and Care Project

3.2.1 Regardless of scale, the benefits of good quality, accessible housing that is flexible in design to support the changing health and social care needs of adults in later life is little disputed. An Older People's Housing and Care Project provides an opportunity to co-locate quality housing with a flexible support and care offer, maximising opportunities for maintaining independence, and facilitating continuity of care as the needs of an individual escalates.

3.2.2 In co-locating specialist housing with community services, including health services (pharmacies, GPs), wellbeing services (therapy/ beauty rooms, hairdressers) educational/cultural services (library /preschool groups) and leisure services (craft rooms, swim and exercise facilities) older people's housing and care developments can offer a service 'hub' for both immediate residents and the wider community. The emphasis of this model is on inclusion, involvement and community integration – an outward facing housing with care model that promotes healthy, active ageing and aides the development of friendships and support networks in later life.

3.2.3 Longitudinal research undertaken by Aston University in association with the Extra Care Charitable Trust is helpful in quantifying the potential cross cutting impact of Extra Care Housing – often a focal component to a modern Housing and Care Project. In a recent study, 162 new extra care housing residents were compared against control participants on measures of health, well-being, cognitive ability and mobility following 18 months living in an extra care housing environment. The research documented:

- significant savings in NHS budgets (38% cost reduction over 12 month period)
- a reduction in the length of unplanned hospital stays
- a reduction in GP visits
- significant cost savings on Adult Social Care (lower level care 17.8% less, higher level social care 26% less)
- reductions in depressive symptoms

3.2.4 Recent visits to Bowthorpe Care Village in Norfolk and Whitley Village in Surrey (See Appendix B) have provided Council Officers with an opportunity to experience an Older People's Housing and Care Project environment first-hand.

3.2.5 Provider feedback from these visits has reinforced findings on the potential benefits of an Older People's Housing and Care Project environment. Longitudinal research published this year undertaken by Cass Business School and Longevity Centre UK has found that residents living at Whitley Village live longer, on average, than older people's living outside the Village.

3.3 The Local Context – Understanding Current Supply

- 3.3.1 To better understand the local context for development of an Older People's Housing and Care Project, the existing supply of specialist housing for older people in Enfield can be considered.
- 3.3.2 Enfield accommodates retirement housing, extra care housing (ECH) and residential/nursing care provision, but has yet to bring this together in the form of an Older People's Housing and Care Project offer.
- 3.3.3 Enfield Council's Sheltered Accommodation stock constitutes a significant proportion of age exclusive accommodation for older people living in the borough. The Council provides a total of 822 units of Sheltered Accommodation for social rent in Enfield, offering a mix of studio, 1-bedroom and 2-bedroom homes.
- 3.3.4 A further 1,474 units of specialist accommodation for older people are provided by registered social landlords and private sector providers in the borough (Source Elderly Accommodation Council October 2015). Tenure type varies – 631 of these homes are Leasehold properties available for purchase and 656 of these homes are for social rent.
- 3.3.5 There are currently 4 Extra Care Housing services in the borough, providing a total of 187 units of extra care accommodation for older people with support and care needs living in Enfield. Of these 187 units, 93 units provide accommodation for social rent, directly commissioned by Enfield Council Adult Social Care (ASC) services. The remaining units provide leasehold accommodation, for people with care and support needs wishing to purchase an Extra Care home of their own.
- 3.3.6 The closure of Reardon Court as a former residential care home with extra care facilities has led to the reduction of ECH (by 28 units) available in the borough for older people with 24 hour on site support and care needs.
- 3.3.7 There are 99 residential and nursing care homes located in the borough that are registered with the Care Quality Commission, providing a total bed capacity of 2016. In respect of service type, 14 care homes, offering a total of 745 beds are registered as providing nursing care.
- 3.3.8 *Appendix C* maps local supply of Sheltered & Extra Care Housing provision in the borough in addition to residential and nursing care provision across the sector.

3.4 The Local Context - Increasing Demand

- 3.4.1 The number people in Enfield over 65 years of age is forecast to increase by 23% over 10 years – from 42,400 in 2015 to 52,500 in 2025. This increase is slightly above the overall percentage increase of England (21%) and poses a significant local challenge in terms of developing services to meet future demand. This includes demand for quality, accessible and care focussed housing in later life.

3.4.2 People are living longer but this does not always come with good health. The number of people with complex needs is increasing and the number of older people (65+) managing health conditions, including long term conditions that limit quality of life is also on the rise. In Enfield in 2015 it was projected that:

- over 3,000 older people had dementia (rising to 4,022 in 2025)
- over 2,000 older people had a long standing health condition caused by heart attack (rising to 2,579 by 2025)
- over 950 older people had a long standing health condition caused by a stroke (rising to 1,230 in 2025)
- 895 older people were admitted to hospital as a result of a fall (rising to 1,147 in 2025)

3.4.3 The number of older people living in Enfield providing unpaid care or unable to manage self-care activities is also on the increase. In 2015 it was projected that:

- over 5,500 older people provided unpaid care (rising to nearly 7,000 by 2025)
- nearly 17,400 older people were unable to manage at least one domestic task (rising to over 22,000 in 2025)
- over 14,200 older people were unable to manage at least one self care activity (rising to over 18,000 in 2025)

3.4.4 To accompany borough wide population projections and better understand potential demand for Housing with Care services going forward, information in respect of who the Council currently supports can be considered. This information can help build a view on the local preventative value of Housing with Care, and the role it may play in minimising the escalation of need and the requirement of residential care environments.

3.4.5 In 2016/2017, 2793 older people received a long term Adult Social Care funded service, and the number of people receiving care in their own home is rising year on year.

3.4.6. There are currently 560 older people aged 60+ years in receipt of intensive home care services funded by the local authority. Of these, 237 people own or part own their property, 97 reside in Council or Housing Association accommodation and 57 live in sheltered accommodation.

3.4.7 Placements of older people into long term residential care, funded by ASC are rising year on year, from 116 new admissions in 2014/2015 to over 200 admissions in 2016/2017.

3.4.8 Consistent with this increase, placements of older people with physical frailty into residential care are rising year on year, from 17 placements in 2012/2013 to over 30 in 2015/2016.

3.5 Projecting Future Supply Requirements

Retirement Housing & Extra Care Housing

- 3.5.1 Although Enfield hosts a reasonably diverse provider market, future development that improves accessibility and environment in line with HAPPI design principles will help the borough keep pace with the changing aspirations of our ageing population.
- 3.5.2 Regional and national tools are available to help predict future demand for Older People's accommodation. The Housing LIN Strategic Housing for Older People Analysis Tool for predicting borough demand for older person housing highlights a current undersupply and projects a significant local demand increase across both extra care and retirement housing sectors over the next 10 years.³
- 3.5.3 Locally, we know that to maintain Enfield's existing level of retirement housing supply (proportional to the population of older people), approximately 325 additional retirement homes will be required by 2025.

Residential and Nursing Care Home Provision

- 3.5.4 In 2015 there were over 1,300 older people living in a residential care home (with or without nursing care) in Enfield. This number is projected to rise to 1,780 in 2025. From a capacity perspective, it would appear that Enfield has a capacity to meet imminent demand. However, a sizable proportion of this supply is utilised by other boroughs, particularly inner north London boroughs. In addition, much of this supply is focussed on younger adults (under 65 years). To meet future demand in this area, work with the market is required to shift service focus to older adults and develop market specialisms to meet borough need. This includes the targeted development of nursing and specialist dementia care provision across the local care home sector.
- 3.5.5 It is important to note that nursing care bed spaces have fallen to single figures on numerous occasions in recent years, dropping to one vacant bed during the winter periods of 2014 and 2015. This combined with competition from other parties, who often pay higher prices, makes supply even more scarce and difficult to secure. The on-going shortage of nursing care beds in the Borough has placed upward pressure on care purchasing budgets, and has also contributed towards delays in the timely and appropriate discharge from acute hospital beds placing the Council at further financial risk from NHS charges.

4. CONSIDERING FUTURE OPTIONS

- 4.1 To meet the escalating need of Enfield's older population in respect of Housing with Care, the following options can be considered.

3

4.2 Option 1: Do Nothing & Await Market Response

- 4.2.1 Given rising demand pressures and the projected undersupply of Housing with Care options locally, adopting a 'do nothing' approach will do little to address supply requirements. Pressure on local supply is likely to increase local service costs, placing additional pressure on Council budgets. It will also lead to an increase in delayed discharge from hospital and risk of NHS providers charging the Local Authority (rate is currently set at £155 per night, per patient).
- 4.2.2 A 'do nothing' approach would limit the availability and therefore *choice* of Housing with Care options for older people in the borough. While a natural market response to demand pressure is possible in the private sector, this trend is less likely in the affordable housing sector due to the affordability and availability of sites for development.
- 4.2.3 A 'do nothing' approach fails to address market facilitation duties as set out in the Care Act 2014. This statutory guidance requires the Council to ensure that there is sufficient and affordable supply of care services locally for users and carers.

4.3 Option 2: Facilitate market development of Older People's Housing and Care Project

- 4.3.1 Market facilitation can be undertaken to support the development of services in this sector. However, market testing undertaken with Registered Providers indicates that affordable site acquisition is a significant barrier in the development of some Housing with Care models (namely ECH) for social rent.

4.4 Option 3: Develop supply across Housing with Care models in isolation

- 4.4.1 Isolated Housing with Care development (i.e. non- clustered development) is an option that would address local supply pressures. However, opportunities for financial efficiencies across development and service delivery due to scale are less likely. The potential benefits to be realised through an Older People's Housing and Care Project (as detailed in Section 7) would also be reduced or lost.

4.5 Option 4: Utilise out of borough supply

- 4.5.1 Nomination rights to affordable Housing with Care models are most often agreed with the accommodating borough, limiting the accessibility of out of borough supply.
- 4.5.2 Opportunities for the Council to purchase dementia nursing care from neighbouring areas do not afford the Council a cost-effective solution. Prices are often at a higher rate than Enfield's mean market average.

4.6 Option 5: Lead the local consideration and development of an Older People's Housing and Care Project

4.6.1 A proactive approach to the local consideration and development of an Enfield based Older People's Housing and Care Project in line with Principles of Development (Appendix A), and including key worker housing, will enable a timely response of scale, to meet increasing demand pressures in this area.

5. RECOMMENDATIONS

5.1 It is recommended that the Council leads the local consideration and development of an Enfield based Older People's Housing and Care Project as set out in 4.6 (Option 5), and further detailed below.

5.2 Considering Site Options

5.2.1 National and international examples of Older People's Housing and Care Projects vary in scope and scale. Urban examples provide a helpful indicator as to what can be achieved on a relatively compact site space.

5.2.2 Projects developed on a 1-2 acre site indicate scope for the development of 40 to 80 homes with communal facilities. Whilst development of this nature is beneficial in terms of site acquisition, particularly in urban areas, examples on this scale are usually limited to the delivery of one or possibly two housing with care models with restricted community facilities. This limits efficiencies of scale in development and delivery and opportunities to develop a vibrant mixed need and mixed tenure community. It also limits opportunities to integrate health and wellbeing services and the financial viability of delivering such shared services.

5.2.3 Projects developed on a 3-5 acre site indicate scope for the development of 120 – 200 homes with a more extensive community offer. Developments of this scale often incorporate three core housing with care models (retirement housing, extra care housing and nursing care provision) with more extensive communal facilities including health, wellbeing, retail and leisure opportunities. Developments of larger size offer greater opportunity for efficiencies of scale, supporting the delivery of a vibrant mixed tenure and mixed need community. The co-location of housing models across a larger site also optimises the *preventative value* of Housing with Care, as people are enabled to remain living independently for longer with flexible on site care close to hand.

5.2.4 To deliver an Older People's Housing and Care Project of scale aligned to the Principles of Development set out in Appendix A, it is envisaged that a 5 acre site with accessible transport links is preferential.

5.2.5 It is recommended that available site options (to include sites not currently owned by the Council) are considered and appraised. It is recognised that for reasons of availability, affordability, deliverability and long-term security of provision, the development of an existing Council asset holds particular value.

5.2.6 It is recommended that site identification is aligned with Enfield's Local Plan. This is of vital importance as a development of scale has little chance of gaining planning approval if it does not fit within this wider process.

5.2.7 The Local Plan process is a legal one. It requires that evidence is provided for accommodating the different types of growth and needs (e.g. housing, employment, health, roads). It must show that all available options for providing for that need have been looked at. There are challenges in finding a suitable site given the shortage of land and existence of constraints such as green belt and protection of industrial land. At this stage of the Local Plan an Older People's Housing and Care Project could only be viewed as one option amongst many in order that it can meet the relevant tests of soundness at a future Examination in Public. Site selection would take place in a later phase of the plan once all the growth options have been evaluated.

5.3 Development & Delivery Model

5.3.1 It is recommended that options for design, development and delivery of the site are fully appraised. Options for consideration to include:

- that the Council directly instructs design, build and delivery of services
- that the Council instructs external organisation(s) (for example Registered Provider) to manage the design, build and delivery of services
- that a combination of the above-mentioned options are implemented

5.4 Funding Opportunities

5.4.1 Early consideration of funding options in respect of an Older People's Housing and Care Project development has identified capital and revenue opportunities to include:

- Greater London Authority capital contributions
There are current opportunities to secure capital funding for the development of supported housing provision including ECH and Retirement Housing up to circa £60,000 per unit through the Mayor's Office.
- Charitable contributions from Strategic Partners
The Council has previously worked in partnership with Skinners Charity in the development of Enfield's ECH offer at Skinners Court. Additional development capital secured through this route has enabled the development of an award-winning housing scheme – an approach that could be further considered and replicated.
- NHS contributions

The development of an integrated Older People's Housing and Care Project that meets the strategic requirements of Adult Social Care and Health partners alike, affords the opportunity to attract funding either through the sale of nursing bed provision, or the development of health space within the model.

- Other local authority contributions
The availability of high quality specialist nursing care in the borough makes available the opportunity to secure funding from other local authorities, who wish to extend capacity in this area.
- Housing Revenue Account contributions
Enfield Council Housing are currently undertaking a review of the Sheltered Housing Service and considering the future of stock. This includes schemes that have been identified in the updated Asset Management Strategy as having a low Net Present Value because stock condition is poor. A number of options are being considered including developing new affordable accommodation for older people on an Older People's Housing and Care Project site. Development of such nature may make available capital receipt contributions resulting from the disposal of poor condition stock.
- Council borrowing
- Registered Social Landlord capital contributions

5.4.2 It is recommended that funding opportunities are further considered, to include financial modelling options for the development and delivery of provision.

5.5 Co-Production

5.5.1 It is recommended that local consideration and development of an Older People's Housing and Care Project is co-produced with older people and their carers. To this end it is recommended that a Service User Reference Group is established, to steer development from project inception.

5.5.2 It is recommended that the Council engages health services to consider and develop co-location opportunities as part of any Older People's Housing and Care Project offer.

5.6 A Long Term Strategic Approach

5.6.1 Given the projected scale of need a two-phased approach to developing Enfield's Older People's Housing and Care Project offer is recommended, to include:

Phase One: The development of an Enfield based Older People's Housing and Care Project in the Central North of the borough (2018-2022)

Phase Two: The development of a complimentary Older People's Housing and Care Project in Meridian Water, consistent with Phase 2 programming.

- 5.6.2 A two phased approach will offer a planned response to escalating need in the north and south of the borough over the next 5 – 10 years, complimenting wider strategies to develop housing supply for older people with support needs.
- 5.6.3 In respect of older people populations, wards with the highest populations of older people include Highlands, Grange and Cockfosters. The development of Phase 1 will enable the Council to increase housing supply close to these populous areas, offering downsize opportunities for older people wishing to move.
- 5.6.4 The strategic development of Phase Two provision will enable the Council to establish high quality housing with care services at the heart of a new community.
- 5.6.5 While this report relates primarily to the consideration and development of Phase 1, the long term strategic context of this development should be noted.

6. REASONS FOR RECOMMENDATION.

6.1 Financial Reasons for Recommendation

- 6.1.1 Leading the development of an Enfield based Older People's Housing and Care Project will increase the long term security of supply, helping to ensure that future costs can be managed and statutory care requirements can be met.
- 6.1.2 The development of an existing Council site for this purpose would optimise the use of a local authority asset whilst opening opportunity for future income generation.
- 6.1.3 Whilst the development of an Older People's Housing and Care Project will hold revenue implications for Adult Social Care in respect of funding support and care services provided to residents, evidence indicates that the average cost of extra care is less than high cost residential and community packages.
- 6.1.4 Additional cross departmental efficiencies linked with the development of a local Older People's Housing and Care offer may also be realised through:
- the reduction of hospital discharge delays and cost associated with delayed discharge;
 - a reduction in costs relating to carer breakdown – by providing a supportive environment whereby partners can remain living together;

- a reduction in costs relating to the adaptation of inaccessible properties that are not suited to the often complex needs of older people with care and support needs;
- a potential reduction in temporary accommodation costs, realised through the increase in local housing supply, and in some instances, release of Council and Housing Association properties.
- a potential reduction in levels of social isolation and loneliness, and costs associated with this, given the identified links between loneliness and mental/physical ill health⁴.
- a reduction in falls, injuries and subsequent hospitalisation caused by housing design that does not suit the needs of older people with disabilities.
- a potential reduction in care package costs for older people with dementia, who require 24-hour support in a community setting due to risk factors of living alone, but have minimal support and care needs.

6.2 Strategic

6.2.1 The development of an Enfield based Older People's Housing and Care Project is consistent with national drivers for improvement and change set out in the Care Act 2014. Strategic development in this area will contribute to the delivery of a local housing with care market that helps to ensure:

- people receive services that prevent their support and care needs escalating, or delay the impact of their needs;
- the emotional physical and mental wellbeing of people in need of care and support, and their carer is maximised;
- people are supported to maximise their independence and feel in control of the support and care that they receive;
- people experience an integrated approach to the planning and delivery of support and care;
- people have a choice of a range of providers offering high quality, safe and appropriate services from a vibrant and diverse marketplace;
- people feel able to maintain the social and support networks that are important to them

6.2.2 Locally, the development of an Older People's Housing and Care Project is consistent with priorities set out in Enfield's Housing Strategy (2012-2027) and Enfield's Joint Health and Wellbeing Strategy (2014-2019), specifically priority 5 – enabling people to be safe, independent and well and delivering high quality health and social care services.

6.2.3 Development of supply across three housing models to include retirement living, extra care housing and nursing care provision is aligned with Adult Social Care Commissioning Priorities, as set out in Enfield's Adult Social Care Market Statement.

6.3 Community & Public Value Benefits

6.3.1 Community and Public Value Benefits include opportunities to

- better integrate housing, health and social care services, including Primary Care Services through co-location
- raise the profile of high quality housing with care options in Enfield, to support a positive understanding of what high quality housing with care can offer
- improve building quality within the Housing with Care sector, to better meet the changing aspirations of older people with support needs
- develop existing community networks, placing Enfield's older population at the heart of a community hub

7. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS.

7.1 Financial Implications

7.1.1 If approval is given to proceed in line with recommendations costs will be incurred to undertake feasibility works. This includes financial modelling of different options to identify estimated capital costs, as well as the on-going revenue implications for the Council.

7.1.2 It should be noted that if the scheme was to go ahead the Council would be able to capitalise the cost of this feasibility study. If the scheme was not to be developed, the cost would need to be funded from Revenue expenditure.

7.1.3 If the Older People's Housing and Care Project were to proceed there are likely to be opportunities to which could include potential cost reductions in health and social care as clients and additional income generation opportunities, if services are offered to other sectors

7.2 Legal Implications.

7.2.1 Part 1 of the Care Act 2014 imposes duties on a local authority to prevent needs for care and support, to promote integration of care and support with health services, and to promote diversity and quality of services, all in relation to adults in their area. The legislation is supported by statutory guidance, 'Care and Support Statutory Guidance', most recently updated in August 2017.

7.2.2 The proposals set out in this report comply with the above legislation and guidance.

7.2.3 Section 111 of the Local Government Act 1972 permits local authorities to do anything which is calculated to facilitate, or is conducive or incidental

to, the discharge of their functions. Section 1(1) of the Localism Act 2011 gives the Council a general power of competence to do anything which an individual generally may do, including entering into contracts, provided that it is not prohibited by legislation and subject to Public Law principles. The recommendations in this report are consistent with these powers.

- 7.2.4 In procuring the services described, the Council must comply with all requirements of its Constitution, Contract Procedure Rules (“CPRs”) and, where applicable, the Public Contracts Regulations 2015 (“Regulations”).
- 7.2.5 Any contracts arising out of the matters referred to in this report must be in a form approved by Legal Services. In the event the site option proves to be land not in the Council’s ownership, the purchase will require either a Transfer of land to the Council or the Council entering into a suitable long Lease of the land in question.

7.3 Property Implications.

- 7.3.1 The site selection must adhere to the requirements of the service and a full sequential test must be carried out to satisfy planning requirements.
- 7.3.2 The feasibility study will set the density and number of units for the preferred site which will be subject to planning.

8. KEY RISKS.

- 8.1 There is a risk that resources invested in feasibility and financial modelling do not result in development of an Enfield based Older People’s Housing and Care Project. This will be mitigated by ensuring that site feasibility and financial modelling are specified in a way to maintain a degree of value should the site or approach change.
- 8.2 Planning permission for the development of a site has yet to be secured, and the outcome of any planning application submitted cannot be guaranteed. Early consultation with the Local Planning Authority to include pre- planning advice (by way of a pre- planning application) shall be sought to help mitigate this risk.

9. IMPACT ON COUNCIL PRIORITIES.

9.1 Fairness for All.

It is considered that the recommendation of this report contributes the above-mentioned Council priority, by extending high quality, affordable and accessible housing with care options for older people living in the borough.

9.2 Growth and Sustainability.

It is considered that the recommendation of this report contributes the abovementioned Council priority, by contributing to housing growth and employment opportunities to the borough.

9.3 Strong Communities.

It is considered that the recommendation of this report contributes the above-mentioned Council priority, through the development of a housing model that supports social inclusion and active citizenship amongst older residents of the borough. The development of an Older People's Housing and Care Project in the borough will help meet the escalating needs of older people with long term conditions, including those with physical disabilities and dementia, delivering a housing option that values the safety, security, health and care needs of the older community.

10. EQUALITIES IMPACT IMPLICATIONS.

Corporate advice has been sought in regard to equalities and agreement has been reached that an equalities impact assessment is not relevant at this stage of the project. The need for an EQIA to be completed will be reviewed as the project progresses and will be completed as the appropriate stages as required.

11. PERFORMANCE MANAGEMENT IMPLICATIONS.

The need for appropriate performance measures will be reviewed and implemented as required, aligned with any contractual agreements that may arise from this recommendation.

12. HEALTH AND SAFETY IMPLICATIONS.

Health & Safety measures shall be implemented as required and appropriate to ensure that development on this site adheres to all necessary measures for correct planning implementation for safety. All construction and building work projects have to be managed under the various parts of CDM regulations.

13. HR IMPLICATIONS.

There are no HR implications associated with the proposals in this report.

14. PUBLIC HEALTH IMPLICATIONS

- 14.1 Older People's Housing and Care Projects as proposed in this report are a relatively new concept but have been growing in popularity in the UK, the US, and Europe. This clustered housing and care model seeks to support people to remain healthy and in their own communities for as long as possible by creating an environment that encourages and supports self care that is appropriate for each individual patient and their carer(s). The model of care minimises disability and maximises wellbeing by providing a physical and social environment congruent with people's lifestyles. For example residents live with those who have shared similar previous lifestyles and take an active role in all aspects of daily life, reflecting their interests and social norms.

14.2 As Care Villages are a new phenomenon and because of methodological issues the evidence base on the effects of Care Villages is underdeveloped. Methodological issues include construction of a control group e.g. what would have happened without the Care Village, accounting for differences between those who might choose to enter a village and those who do not and accounting for possible differences in healthcare that might be delivered. However, cumulating evidence indicates that Older People's Housing and Care Projects have the potential to both improve the health and wellbeing of residents. This includes:

- Avoided or delayed entry into increased need medical facilities
- Reduced use of hospital services including emergency care
- More appropriate referral into hospital services via a GP rather than emergency departments
- Good after hospital care and rapid return from hospital care

14.3 Within the above caveats of evaluations necessarily being underdeveloped due to the relatively recent conception of this Housing with Care model, it is also recognised that Older People's Housing and Care Projects are being shown to have high levels of satisfaction not only with clients but also their families and service providers.

15. Background Papers.

None.

END.