

Developing Extra Care Housing in Hertfordshire

Strategic Business Case Adult Care Services

**Business and Development Programme Team
Integrated Accommodation Commissioning**

FINAL

Building inspirational communities for older people in Hertfordshire

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Cleared by:	Name:	Designation:	Date:
Sponsor	Chris Badger	Deputy Director, Older People, ACS	
Sponsor	Helen Maneuf	Assistant Director, Planning and Resources, ACS	
Finance	Jackie Albery	Head of Finance, Resources	
Legal	Annie Moy	Interim Head of Commercial and Property Law	
EMB			08-Oct -2019
Cabinet Panel			
Cabinet			

1. Introduction

Extra Care housing is a specific housing offer to people over 55 with low to moderate care needs. Unlike a residential care facility, people live in individual homes, with a tailored [care package](#) which is linked to the person, not the accommodation. Schemes often have communal and community facilities to encourage socialising, and 24/7 on-call care provision, either [on-site](#) or delivered through a [hub-and-spoke](#) model, where care is delivered when it is needed from another base, and provides care out to the community as well as to its residents. For over a decade, extra care has enabled older people to remain independent, reducing care needs and improving quality of life.

The Council aspires to be a 'Leader of Place', building inspiring and inclusive communities where people feel they can age well while remaining connected to their friends, families and social networks. Within this context, in 2017, Hertfordshire County Council adopted a new [10 year Supported Housing Accommodation Strategy](#) which outlines its ambitions for ensuring a suitable and sustainable pipeline of accommodation for adults who have care and support needs, including that designed specifically for older people. To achieve this, the Council will review, assess and implement plans for the best use of its capital assets, including land and existing facilities, as well as attracting investment from third parties. Working closely with our borough and district councils, and statutory, public and private sector colleagues the Council will develop new schemes and remodel existing services, seeking to co-produce designs with the people who will live and work in them.

[Connected Lives](#)ⁱ is Hertfordshire Adult Care Service's approach to community practice, personalised enablement and new models of commissioning. It is underpinned by the core concepts of the Care Act. The key to the model is the concept of connecting: to people, to support, to opportunity, to knowledge and to positive daily occupation. For older people, the Council wants to work with partners to ensure that new housing schemes reflect these values, and to ensure that all aspects of the housing and care markets in Hertfordshire are working to the same model and personal aspirations of our residents.

Extra care housing contributes significantly to these aspirations, as it combines independent living with community facilities and invites local people in, as well as encouraging residents to reach out to family and friends in the wider community. Research shows that people generally do better in the enabling environment of an extra care homeⁱⁱ, which can help reduce, delay and prevent additional care needs arising, and is more cost effective for both self- or partially funding residents and the Council. This is better for individuals, better for their families and carers, and better for the public purse. Extra care offers residents in Hertfordshire a real housing alternative, where they can grow older in a safe, secure and attractive environment, supporting their care and health needs, and maintaining their independence and community connections. The Council believes that this is both morally and financially sound.

This Business Case, therefore, sets out envisaged benefits for the Extra Care Housing Development Programme over the next ten years, to address the need for additional extra care homes within the County, in line with population demands and the county's growth aspirations.

The key outcomes of the Extra Care Development Programme are to:

- Increase the provision of new or refurbished extra care housing in Hertfordshire of all tenures, which is fit for purpose and provides attractive, enabling places for people to buy or rent;
- To deliver IP savings through preventing or delaying people needing to be cared for in residential care home settings;
- To help balance the wider health and care economy by reducing pressure on health services as people remain healthy, independent and engaged, and to assist with discharge and reablement when people do have to go to hospital;
- To help balance the wider care and housing market, by encouraging people to move out of homes that are unsuitable for them (including through under occupation), freeing these up for people in housing need.

To do this, this Business Case will:

- Examine the strategic case for increasing the amount of extra care housing for older people resident in Hertfordshire;
- Evaluate the cost to the Council of building new extra care housing, compared with the potential IP savings achieved by diverting people away from expensive residential care and towards extra care;
- Make recommendations on how the Council can incentivise development in Hertfordshire;
- Investigate and recommend potential delivery models;
- Describe the implementation strategy over the course of the Programme, including grant allocation criteria, and planned reviews;
- Establish the viability for the Programme as a whole, establishing criteria for individual schemes against the Programme trajectory, and prioritising development that will achieve maximum benefits for residents and the Council;
- Examine wider social value implications for the Programme, and the impact on linked services such as the wider housing market and health services.
- The Business Case will be regularly reviewed and realigned throughout the life of the Programme, to confirm continued business need, maintain budget control, and to ensure objectives are being met.



2. Housing for Older People

Under the Care Act 2014 ('the Act'), the local care authority must make provision to prevent, reduce or delay care needs. This can be managed through a combination of ways to assess and commission care to maximise a person's independence. Reducing social isolation and enabling social connection, facilitating mobility and mental and physical well-being, and providing an enabling home environment allows people to live well and have a better quality of life.

The principle of the promotion of an individual's [wellbeing](#), enshrined in section 1 of the Act, and within section 1 of the Care and Support Statutory Guidance ('the Guidance') includes the suitability of living accommodation as underpinning the authority's functions in addressing a person's care and support needs. Sections 3, 6 and 7 of the Act, and section 15 of the Guidance, outlines that local authorities must carry out care and support responsibilities with the aim of promoting greater integration with health and health-related services and recognises accommodation as a key part of this process. These requirements can be carried out through the strategic planning of services, working directly and collaboratively with our housing colleagues in the ten districts and boroughs, local housing developers and providers, and our commercial housing development arm, Herts Living.

Extra care housing is not a new housing proposition, but it is one that is gaining more widespread acceptance of its importance in helping people remain healthy, engaged and independent, and it is now well established that good housing affects the whole health and care economy, as well as other social determinants. Public health is increasingly involved in housing issues, as well as wider place shaping, and the Care Act 2014 specifically references accommodation and planning as part of the preventative activity that local authorities should be considering (Care Act 2014, statutory guidance, para 2.24 et al)ⁱⁱⁱ. In its 2017-19 inquiry into Housing for Older People, the cross-party House of Commons Communities and Local Government Committee recommended, among other things, that:

The social care green paper should consider the range of housing for older people, in particular the potential for extra care housing to play a greater role in providing social care alongside home care and residential care.

The right kind of housing can keep older people healthy, support them to live independently and in the longer-term reduce the need for home care or residential care and lead to savings in health and social care budgets. The national strategy should take full account of this and be closely linked with the forthcoming social care green paper.^{iv}

In 2019, the ExtraCare Charitable Trust with Aston University and the University of Lancaster, published its latest research into the benefits of extra care. Based on its own residents, and building on previous work carried out in 2015, the research showed that since moving in, residents improved their physical mobility and cognitive abilities, had lower levels of depression, and changed the way in which they used health care resources as frailty and other age-related conditions appeared to be delayed. Unplanned hospital stays went down from around two weeks, to as little as 2 days, and GP appointments reduced by 46%. The Trust calculated that for their residents, there was a reduction of some 38% in costs to the NHS for treatments

normally associated with ageing^v. Similarly, the Kings Fund estimated in 2014 that over the course of 10 years, every £1 spend on keeping people in warm, dry homes saves the NHS £70 (Kings Fund, 2014). This is particularly relevant to older people, who are more at risk of medical conditions such as stroke, circulation problems, mobility impairments and respiratory issues, all of which are exacerbated by cold and damp. The impact of extra care housing on the reduction of falls, inappropriate hospital admissions and delayed transfers of care (DToc) will help to reduce medical crises and unnecessary hospital admissions, and it is not unusual to find reablement suites within extra care schemes.

Demographics and the housing market

Britain has an ageing population, and this is no less the case in Hertfordshire, and with ageing comes a range of socio-economic and health related concerns and issues. In 2017, 16.9% of the resident population of Hertfordshire was over 65 years of age. While this is less than the east of England average (19.5%) this is still significant and is rising in line with national trends (Public Health England, Public Health Profiles^{vi}).

Generally, health outcomes for residents in Hertfordshire are good, with life expectancy for both women and men being slightly better than the East of England or all England averages:

Table 1

Average life expectancy at age 65 (2015-17) (additional years)			
	Hertfordshire	East of England	England
Women	21.6	21.4	21.1
Men	19.3	19.2	18.8

Source: PHE Public Health Profiles^{vi}

However, when viewed across the districts, there are clear differences, most notably in Stevenage and Watford.

Table 2

Average life expectancy at age 65 (2015-17)

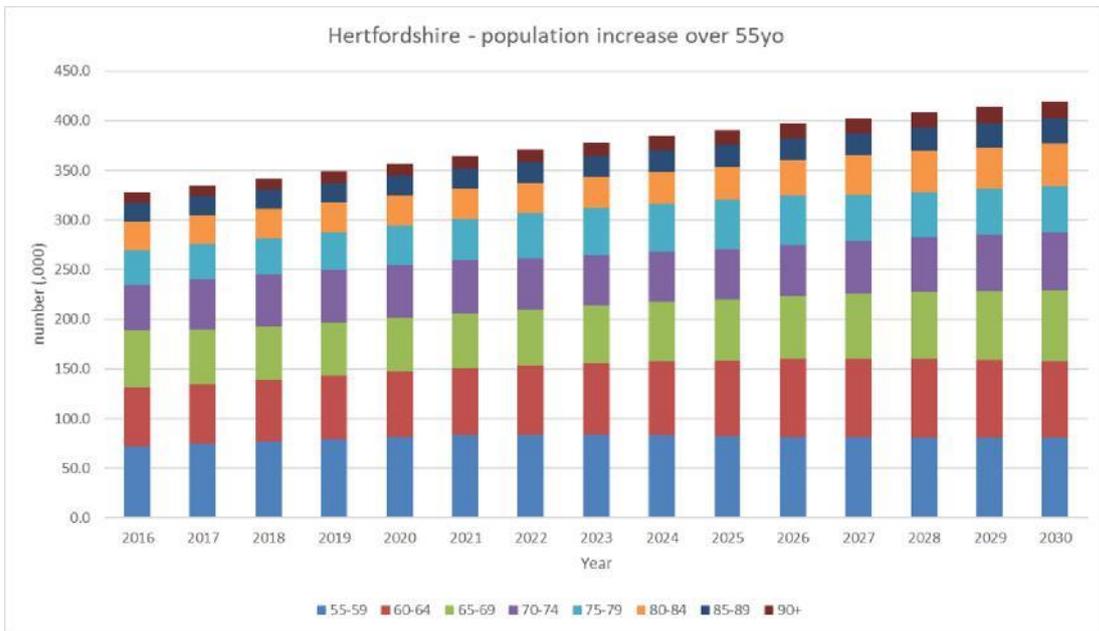
	BoB	DDC	EHC	HBC	NHDC	SACDC	SBC	TRDC	WBC	WHBC
Women	22.3	21.8	22.3	21.8	21.1	22.1	20.0	21.6	20.4	21.8
Men	19.9	19.6	19.9	19.4	19.4	19.8	17.6	19.5	17.9	18.9

Better than benchmark	Similar to benchmark	Worse than benchmark
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Source: PHE Public Health Profilesⁱⁱⁱ

According to the ONS population projections, by 2030, there will be approximately 70,000 more older people in Hertfordshire than today. Of these some 32,300 will be over 75. While not all of these will require care paid for by the Council, they will require housing that is suitable for their needs, be that in their own homes in the community, living with relatives, extra care, or a residential or nursing care home (figure 1).

Figure 1



Source: ONS Population Projections, 2016 based projections: release 9 April 2019^{ix}

New housing of all tenures and sizes is a significant area of expected growth in the county, and by 2031, it is estimated there will be up to 175,000 more people living in Hertfordshire, taking the population to 1.35million. The Hertfordshire Growth Board estimates that this will result in around 100,000 new homes across the county, a proportion of which will be needed for older people. The cost of housing in

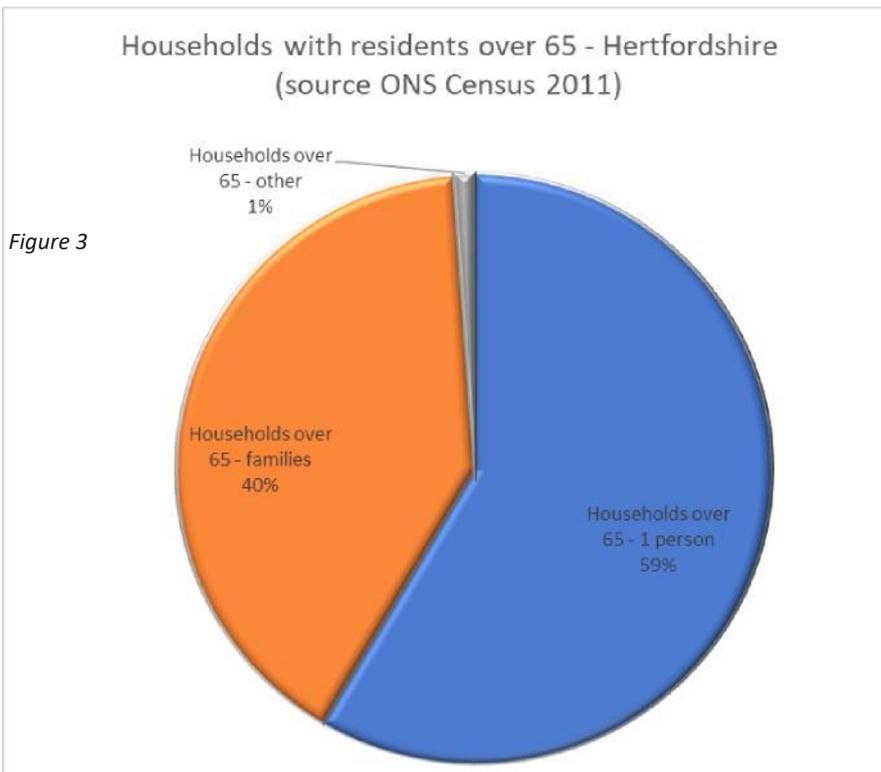


Figure 3

Hertfordshire is currently outstripping wages by some 12x (ONS, Housing Affordability, 2018) and this places considerable pressure on the wider housing market^x. Some areas of the county are affluent, such as St Albans and East Hertfordshire, while others have some deprivation issues, and this can lead to inequalities across the county, as people may not be able to access suitable housing when they need it. Coupled with this, there are a growing number of

older people who are living in single person households. The ONS state that nationally those living alone aged 45 to 64 years increased by 53% between 1996 and 2017. This is partly due to the increasing population aged 45 to 64 years in the UK over this period but could also be due to a rise in the proportion of the population aged 45 to 64 years who are divorced or who never married. Those aged 65 to 74 years living alone also saw a statistically significant increase of 15% over the two decades to 2017. The number living alone aged 75 and over also increased over the same period; this was by a larger percentage of 24%^{xi}. This trend could be problematic if replicated across the county, as much of care is given informally by spouses and family, and social isolation is a determining factor in decreasing levels of well-being and independence. Some of these single person households will, of course be made up of people who have been in marriages, been widowed, or have had families who have now left home, which can put them into the Government's definition of under-occupation.

Older, larger properties may also be unmanageable by people who are older, who have age related disability or conditions, or who experience social isolation or poverty. Research from the NHBC and University of Cambridge Centre for Housing and Planning Research^{xii} found that 66% of people aged 55 and over placed moving to a more manageable property as a high priority, and 52% of respondents wanted to move to a property that was in a better state of repair. Other reasons cited were lower maintenance costs and lower running costs. Extra care could offer a more suitable home environment as it is built to accessible, easily managed standards, is more fuel efficient and easier to maintain, and is designed to be easily adapted should the need arise.

The **Hertfordshire JSNA**^{xiii} cites several themes associated with healthy ageing, and their inter-relationships which extra care helps deliver (figure 4):

Strengthening Communities, including volunteering, with 65% of people aged over 65 regularly helping out older neighbours and are the most likely cohort to do so (ICM, March 2011). Research from the Campaign to End Loneliness on two projects aimed at reducing social isolation shows a social return on investment of £1.40 (day care approach) and £8.27 (drop-in craft café approach). Extra care housing specifically encourages people to be neighbourly and help and support each other in this way.

Information and Advice, which can help to support a person in making choices, taking decisions, securing rights, acting in his or her own interests, is often cited as a key intervention in raising health awareness. Under the Care Act, clear, universal and authoritative sources of information about health and wellbeing should be provided by the Council: extra care schemes are excellent ways to provide these both for residents and visitors. Extra care also allows services such as community health, district nurses and the voluntary sector to visit people regularly and easily in their own homes. If people can access the right information and advice at the right time they are likely to have increased resilience, wellbeing and independence, which in turn will decrease demand upon public sector services.

The Home Environment and Winter Warmth, as discussed previously, is a key enabler of good health, whether that is through provision of privacy and security, accessibility and safety, warmth or the ability to cook and care for oneself.

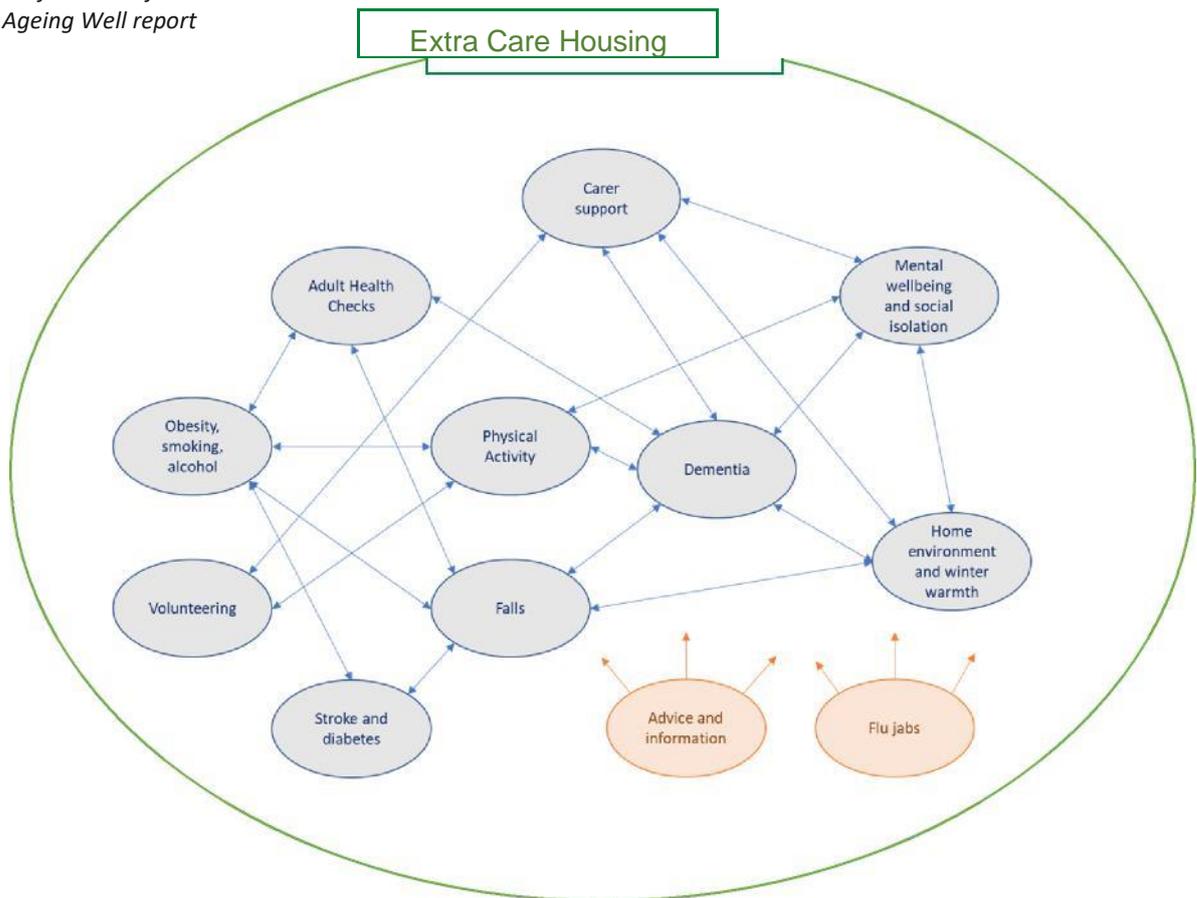
Lifestyle choices including physical activity, which decrease with ages, and obesity, which increases with age are key determinants of good health outcomes. Activity has been linked to improved outcomes in many aspects of health, including dementia, osteoporosis, hospital admission, and balance problems. Adult health checks, which may be beneficial for some people in addressing poor lifestyle choices, could be easier to undertake within the extra care environment, and changes may be easier to maintain with the support of staff and other residents.

Good Health addresses many activities, including flu jabs, prevention of falls, dementia friendly environments, and diabetes and stroke. Recent research indicates that the rollout of flu jabs for people over 65 have made significant progress in reducing the instances of flu in older people (c.59%) and residents in extra care would expect to be immunised to avoid an outbreak in the scheme.

Falls are a complex and multi-factorial issue, but good, safe housing which addresses mobility, sight and hearing loss, and social isolation is clearly important in preventing them. The JSNA states that falls often cause severe social and psychological including depression. During 2010-11 there were over 5,000 hospital admissions due to falls in people aged 65 or more, and in Hertfordshire alone hospital costs for falls was estimated to be £20m.

Figure 4

Adapted from: Hertfordshire JSNA Ageing Well report



Extra Care should always be built to dementia friendly standards. Dementia is a long-term progressive illness which takes a number of forms and is entirely individual to the person. It specifically affects the brain and how it functions, and can also lead to depression, behaviour problems, sight and perception issues, and memory and cognitive decline. Extra care is ideally suited to helping people cope with the early stages of the disease or with mild to moderate dementia, and homes are designed to help people with the condition remain as independent as possible for longer. It is recognised, however, that in some cases, residents may be better served by moving to a specialist dementia care home, for example if they become distressed, violent or a danger to themselves or others. The number of people estimated to have dementia in Hertfordshire in 2012 was over 13,000 and is expected to rise by a quarter to around 16,500 by 2020. The number of people with dementia tends to increase for each 5-year age group as prevalence of this disease increases with age.

Conclusion

Extra care housing is a form of housing which directly affects health and wellbeing of older people in the community, and as the number of older people living in the county increases, the need for housing which supports them to age well must also be addressed. Under the Care Act and other statutory instruments, Adult Social Care departments have a responsibility to enable services which help reduce, prevent and delay care needs arising, and to co-operate with other statutory bodies to reduce pressure on their services. By providing a safe, secure and attractive environment, which encourages and enables socialising and better health behaviours and activities, research is showing wider health and care benefits for individuals and the public purse.

Demand for extra care in Hertfordshire

Currently there are 1,023 extra care places in Hertfordshire, which are mainly clustered around the major settlements (towns and city) and predominantly in the centre and southwest of the county. Rural areas, where the population are more dispersed such as the East Herts / North Herts border and west Dacorum do not currently have schemes in them.

Existing Scheme Review

An initial review of existing schemes in the County was undertaken as part of the development of this Business Case. When considering new extra care developments, it is important that existing schemes are taken into account including their future ability to deliver high quality services. The Council does not own any of the existing extra care schemes in Hertfordshire, so collaboration with our borough and district councils and housing providers will be required to assess and undertake any upgrade works, which should also include residents and the local community in line with co-production principles. Possible capital funding for refurbishing or re-provisioning any of the existing schemes will be assessed, and properly planned into the medium to long term programme. This piece of work will take place during 2020/21 to ensure that potential work, and any decommissioning or re-provisioning required, is aligned to commissioning cycles, housing providers' business plans and residents' needs.

The main pros and cons of refurbishing rather than a re-provision of homes elsewhere are:

Pros	Cons
The location will have been identified as favourable for residents and/or strategic for the extra care programme	Costs will need to be carefully managed, as retrofitting and remodelling may not be the most cost-effective method of improving provision in the area.
The size of the units will now, or after remodelling, meet our new design standards	There will be disruption to residents, and associated costs of temporary accommodation
Accessibility, communal spaces and a vibrant community will have been assessed and will be achievable	Negotiation with existing owner may be time consuming
Existing community and prospective residents in place	Existing owner may wish to return property to another housing need, redevelop themselves or continue in its current configuration.

Future requirements

Demand for older people's housing can be assessed in a number of ways, using nationally recognised models such as [Housing LIN @SHOP tool](#) and Sheffield Hallam [Housing for Older People Supply Recommendations \(HOPSR\)](#) tool, and using existing local data gathered from services currently being delivered by the Council. ACS Commissioners have done considerable work, supported by the Council's

Community Intelligence Team and Growth and Infrastructure Unit, to quantify how this will look in relation to demand for council services and development demand.

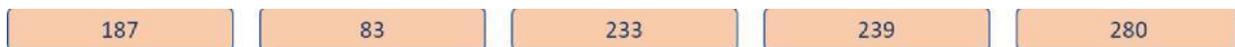
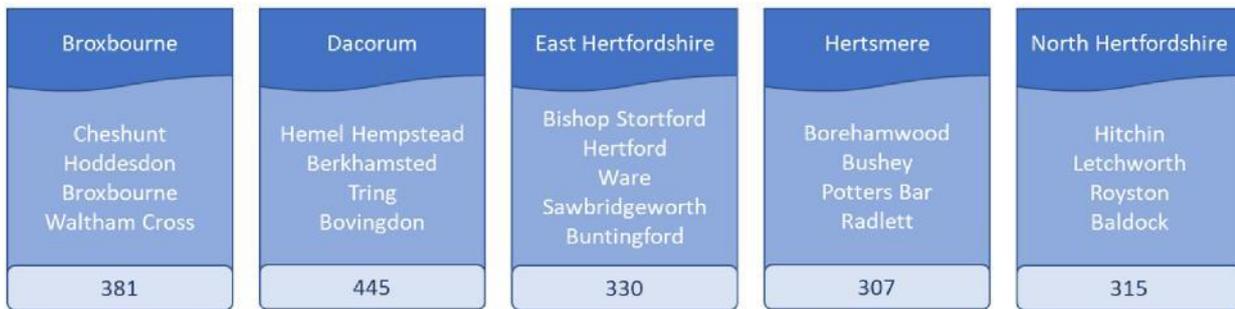
For the purposes of this Business Case, the modelling below has primarily utilised the Sheffield Hallam tool, coupled with internal modelling based on current levels of demand for care services. Sheffield Hallam University School of Housing Studies developed HOSPR in response to the challenges associated with estimating the future demand for older people's housing, and the need for the estimates to be localised.

HOSPR methodology followed a 3-stage process:

- The starting point is current levels of provision of older people's housing in the 100 local authorities with the highest level of supply per 1,000 older people (aged 75 years and older). It has been assumed that these areas are more likely to have achieved a better balance between supply and demand;
- The second stage looked at statistical modelling to identify factors that are predictors of the variation in provision between the 100 local authorities with the highest overall level of supply of age-exclusive, specialist housing and care beds respectively. Many factors were considered, such as living with dementia, use and expenditure on home and day care, and whether people were living urban or rural settings;
- Lastly, using identified relationships, HOSPR recommends a level of supply at local authority level which is adjusted for local conditions. The housing projections are broken down in unit projections, including tenure split for age exclusive, sheltered, enhanced sheltered and Extra Care tenures.

A principal limitation for this Programme, is that HOSPR projections are given for people aged 75 and over, where extra care is directed to those aged 55 and over. The Council has not added a projection for this 'missing' age group at this stage, but it is noted that future demand calculations will need to be adjusted to account for this. The figures shown below do, however, include existing provision. HOSPR does not remove the need for policy decisions locally and nationally about how best to meet the demands and needs of older people. Thus, the modelling undertaken for this programme reflects the policy expectation that people who do not need residential care but for whom existing homecare is not sufficient, or those for whom their current housing circumstances are untenable, will be offered a place in an extra care scheme.

Extra care housing demand to 2030 – County Total: 3,539 all tenures
 (estimated fully-funded social care demand shown in pink below)



Demand figures will be updated and refined regularly, and targets adjusted to take account of changes in population, local and national policy changes, and realignment to other linked strategies such as the Care Home Capital Programme and Care Commissioning cycles, and district and borough development plans.

Conclusion

The Council has done a considerable amount of work to quantify the existing and future demands for extra care housing in Hertfordshire. This has been done using nationally recognised tools, as well as local data and intelligence. Policy decisions, looking to divert accommodation offers from residential care to extra care, allow care packages to be better tailored to people's needs, and reduces pressure on high cost residential budgets, and these have been reflected in the demand figures. There are limitations to the modelling, but it is expected that over time these figures will be adjusted to reflect better modelling tools and population projections and ensure that development meets demand during the duration of the programme.

The current provision of extra care is of variable age and quality of build and may require future funding or re-providing in the longer term to ensure that they remain able to meet residents' needs and aspirations. These requirements will need to be factored into the Programme in terms of timing (including potential decanting of residents while work is being done), commissioning for care and calls on the capital budget. Further work with housing providers will be required to quantify these parameters.

Tenure and Planning Considerations

Extra care housing is a flexible product in terms of tenure, and as it is a form of independent living with each property being a separate home, it can qualify as affordable housing for planning purposes. In 2018, research sponsored by the Centre for Ageing Better explored the reasons why older people moved home, and what type of homes they moved to across tenures^{xiv}. Their research shows that there are two types of driver for older people: availability, based mainly on aspiration and availability of options in their locale; and accessibility, based on problems with their current homes, lifestyle change, and any support that they required. Both types include an individual's assessment of the potential to improve their quality of life. It therefore proposes the concept of 'rightsizing', which encompasses an active choice to move home, based on the accessibility and availability of suitable housing in the area.

For people who are supported by local authority care provision, we would normally expect affordable rents, but we know 'self-funding' provision is more than 50% of the care market in Hertfordshire. With 66.83% of people owning outright or with a mortgage recorded in the 2011 census (East of England: 66.96%) home ownership is the tenure of choice for many people, and this is likely to remain so for older people looking to downsize into more manageable homes. It is reasonable to expect, therefore, that people will want to retain some form of ownership in their property rather than move into rented accommodation, and thereby also retain equity in their home which may increase over time. If this assumption is correct, we would need to ensure the mix of extra care tenure types reflects people's aspirations. For other people, affordable rent or shared ownership may be a better alternative. The Manchester research also points to a 'rightsizing gap' where a significant proportion of older people find that housing options supporting a better quality of life are neither available or accessible to them.

When modelling for extra care, therefore, we have considered three main tenure mixes - affordable rented, shared ownership, and leasehold ownership - to try to address this gap in availability. These different tenures will be balanced within the schemes to improve viability and reflect the local demographic requirements – some areas may require more ownership, and others more rented or shared ownership. There appears to be little research done to establish the need for shared ownership within extra care schemes in Hertfordshire, but this could be due to the tenure not yet being available, so people do not ask for it. Further work will be done through the co-production principles to establish whether there is a demand within individual schemes. The government has established a special fund to assist people who are over 55 who wish to part-buy their home, which can be accessed here: [Older People's Shared Ownership](#). The Council will work with its development partners to provide this type of housing if there is a demand and include this in our marketing considerations to establish future tenure mixes.

In November 2017, the government published its Industrial Strategy for Britain^{xv}. While the document is mainly focused on economic growth, there are three of the key challenges linked to older people: the retention and retraining of workers; investment in housing and infrastructure, particularly regarding energy efficiency; and using innovation to meet the needs of an ageing population. 'Clean Growth' incorporates using modern construction technologies, including off-site construction and more efficient processes, and will result in more energy efficient and carbon neutral homes. This is an important factor for the Programme, which at current estimates may result in around 3,500 new homes older persons homes within

the county over the next ten years: homes must be built to high environmental standards, as well as being efficient and cheap to maintain and run. While these may result in additional upfront costs, these will be less than attempting to retrofit later, will future proof the buildings, and will reduce maintenance and running costs for the housing providers and residents over the lifetime of the scheme keeping it affordable. Additional funding coming from the Industrial Strategy Challenge Fund will be investigated to supplement funding for innovation within the Programme's lifetime.

Hertfordshire County Council has also recently announced a climate emergency, receiving unanimous cross-party support, which commits the council to developing a Sustainable Hertfordshire Strategy that will set out the policies, strategies and implementation plans needed to embed sustainability across all the council's operations and services. This Programme will fully support these policies, both in terms of construction, energy use, and running costs of the new schemes.

The National Planning Policy Framework Guidance (NPPG), which planning authorities must take account of when developing their Local Plans, states that housing for older people should be considered when assessing what housing is required in their areas. New guidance published in June 2019, highlights that offering people a better choice of accommodation must be considered from the early stages of plan-making through to decision taking^{xvi}. Size, type and tenure, and the setting within the wider built environment that is envisaged for development must reflect the needs of the proposed occupants. Local authorities should specify what type of affordable housing is required and should consider current and future needs of their expected population growth, including for people approaching retirement age. The Framework defines older people 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"* (NPPF 2019, glossary^{xvii}), and it should be remembered that extra care is only one of a number of housing products that will be suitable for our ageing population. Importantly, it also states that Planning Authorities (in Hertfordshire's case, the districts and boroughs) should determine what use class new older person' housing should fall into: there is an argument that as extra care is a residential scheme where care is independent to the accommodation, it should be treated for planning purposes as an ordinary home; however, depending on the amount of communal facilities and support attached, it could be classed as a C2 'institutional' accommodation scheme. The way older persons housing is counted towards housing targets has also changed. This will have consequences for individual schemes and master planning for large developments which include an extra care element. Consequently, discussions with the district and borough Planning Authorities and the Growth and Infrastructure Unit will be an integral part of delivering this Programme.

Across the ten local authorities, Local Plans are in various states of progression. All have background studies and commentary around older persons' housing needs. Key themes from the [Strategic Housing Market Assessments](#) (SHMAs), and adopted and emerging Local Plans are:

- All districts acknowledge the ageing population; East Herts expects an 87.5% increase in older people over 65 by 2037. St Albans District and City Council notes 'the 65+ population is projected to grow by over half between 2011 and 2031, with an increase exceeding 100% in those aged 85+.'

- All will provide or seek to enable specialist accommodation for older people. Many districts mention housing provision such as Extra Care for older people who require some care, but do not mention numbers or give projections for bed numbers (C2). There are different approaches to what constitutes older persons housing, and the differences between extra care and residential care are not clearly defined. Stevenage Borough Council does note that it needs to be flexible with the provision.
- Many local plans believe that older people will want to stay in their own homes and will require adaptations and will partly make housing provision for older people in general needs housing. Extra Care is commonly noted as a 'good' solution for Older People, however numbers for provision are generally not noted, whereas care beds are. This may be as the projections are easier to quantify.

Conclusion

Older persons housing of all tenures should be considered when planning for growth, and extra care helps planning authorities meet their housing targets, balance their housing markets and can contribute to clean housing development. This is underpinned by statutory Planning Guidance, which requires local planning authorities to consider older persons housing such as extra care within their local planning activities, including wider design and environmental concerns and planning for people approaching retirement, as well as those over 65. Hertfordshire is an affluent county where the majority of households are owner occupied, and it is reasonable to assume that people will wish to retain a stake in their home when they move. Extra care can be very flexible when considering tenure, allowing people who want to buy outright do so, but also assisting those who fall into the housing 'affordability gap' forcing them to remain in unsuitable housing, or those who wish to remain or become renters. Further research in Hertfordshire is needed to tease out optimum tenure mixes, including potentially exploring the appetite for shared ownership properties. Co-production techniques and market testing throughout the life of the Programme will help establish these tenure preferences which have not been available to older people to date, and the future direction of the Programme will be shaped by these discussions.

3. Delivery Strategy and Implementation

This section of the Business Case describes the proposed delivery arrangements for the proposed extra care programme. Housing development is an enabling process, with many moving parts over a long period of time. It is therefore important to ensure that good processes are in place and strategic thinking employed to bring the various elements of the programme together at the right time.

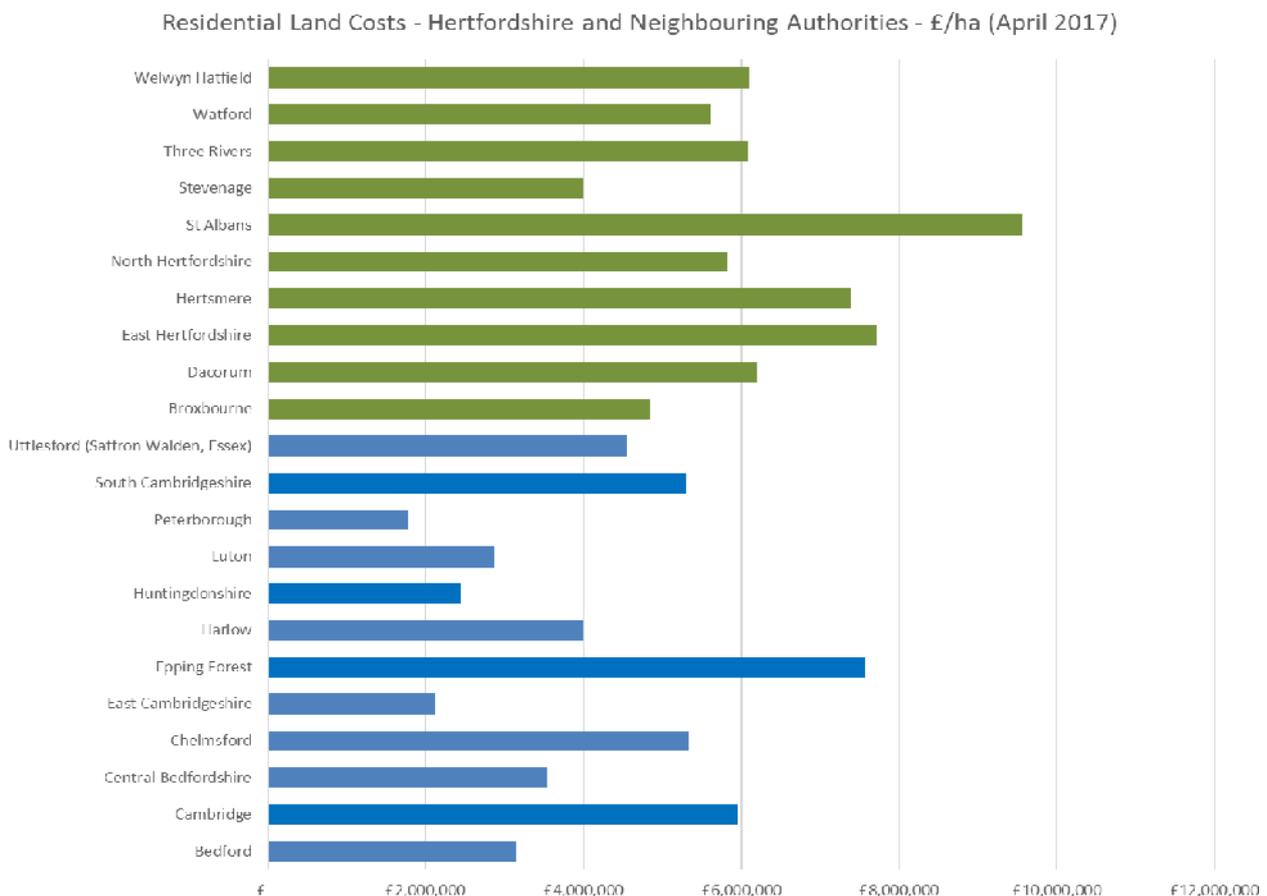
Land and Capital Grant

The ability for schemes to be developed successfully requires that there is adequate land and capital to remove any barriers. The Council has a role to play in ensuring these enabling factors are in place and available to housing providers and developers when they are required.

Land

In Hertfordshire, land is at a premium, either due to cost or to availability. Land parcels are identified and allocated for specific purposes in the district Local Plans, and this affects their value. Figure 6 shows the potential land value per hectare compared to neighbouring authorities. As the graph shows, land values are generally higher than the surrounding areas. This could present a barrier to providers wishing to build in the area, as land costs can significantly affect viability. There are also areas of the county which are designated green-belt and therefore cannot be built on without special leave to do so.

Figure 6 - Source: MHCLG, Land Values 2017 (2018)



Hertfordshire’s growth aspirations for all types of housing and infrastructure are outlined in the recently published [Growth and Infrastructure Prospectus^{xviii}](#). The extra care development programme supports the aims of that document, and all our district authorities Local Plans by providing excellent homes and facilities for older people and those wishing to downsize, while maintaining good growth and community coherence.

Feedback from housing providers has highlighted that in Hertfordshire, land acquisition is a barrier to entry into the Extra Care Housing market. A number of options could be considered by HCC to assist in reducing these barriers, such as providing a capital grant to assist in acquiring land or the sale or lease of HCC land. Individual schemes and Housing Providers will be considered on a case by case basis, working with property and legal to agree an option that is favourable to both HCC and the Housing Provider.

Investment proposition for Extra Care Housing

Subject to appropriate approval from the Council’s Legal and Procurement teams, the capital budget will be used to provide grants to developers to build Extra Care housing in Hertfordshire. There are two main ways in which the grant could be used to support development:

Scenario 1: A direct contribution to the cost of the development or purchase of private land on which to build.

Scenario 2: A direct contribution to the developer for the purchase of land owned by the Council. The Council will receive a capital receipt on completion of the sale which will be used to offset the initial grant award.

Other options to assist Housing Providers to acquire land may be considered. These will be subject to approval by Delegated Officers, Executive Members or Full Cabinet based on their complexity and financial risk.

Note: The summary table above, and the economic case outlined in this report, assumes that land is sold at market value to obtain best consideration. This is deemed to be the most prudent assumption when evaluating the costs and benefits of the programme to ACS.

The financial impact of the scenarios

The financial impact of each of these two scenarios is outlined in the table below:

Scenario	Capital Impact for ACS	Revenue Impact for ACS	Corporate Context
1	The capital budget for the programme will be reduced as	The revenue costs of borrowing the value of the grant will need	There will be minimum impact corporately as the Integrated

	grants are distributed.	to be lower than the financial efficiencies generated.	Plan already includes £33m of borrowings for the Extra Care housing programme. Bids will need to be submitted for additional funding requirements.
2	No impact on the programme's capital budget as the grant would be funded by a capital receipt.	See Corporate Context.	Borrowing will need to be increased to compensate for the loss of the capital receipt which would have been used to fund projects elsewhere in the Council. There will be revenue costs which will be incurred on this borrowing. These have been included in the financial modelling for this programme.

In either scenario, the cost of capital will be the same when considering the overall cost to the Council. Either the scheme will be funded directly by borrowing, or by a capital receipt which will increase the borrowing requirements elsewhere. Therefore, in the financial modelling, no distinction has been made between the two scenarios.

Any Capital grant would be tied to a set of grant criteria that determine what the grant covers, how long the term of the grant is, and how much the grant is for. Grant criteria allow the Council to maintain an element of control over the build and design process (subject to the conditions imposed), help shape the market and services relating to older people and provide a clear and transparent way of controlling best use of public money. They also provide assurance that the grant is not being used to support the provider's general business but is linked to specific schemes within Hertfordshire.

By limiting the grant value, and linking it to open book viability assessments, the risk is shared between the provider or developer, the Council, and any other grant-making bodies (such as Homes England) who may require a match-funding arrangement to be in place, while providing a sufficient financial interest in the scheme to allow influence in the design (including communal space facilities), delivery and allocations processes.

The rules against providing State Aid will be taken into account when structuring the grants; at this stage it is thought that the grants will not constitute State Aid on the basis that all housing providers will be able to apply for a grant, therefore the grant recipients will not be receiving a selective advantage over others in the market.

Selection of Development Partners for Council Owned Sites

The economic case recommends that the most efficient way of delivering extra care housing is through partnership working with housing providers, including our district and borough colleagues, and there are several ways this could be achieved.

Six options were explored in detail, based on research from across the country:

- A Framework agreement with a limited number of housing providers (e.g. housing associations) working across three geographical 'lots' (East and North (EHC, NHDC, SBC); Central and South (BoB, WHBC, HDC) and West (SACDC, DCD, TRDC, WBC);
- A single site-by-site assessment and disposal process;
- Single Housing provider to deliver the whole planned programme across the county;
- Direct development by the Council, then lease the asset to a housing association to manage;
- Development by Herts Living (HCC's development company);
- Joint Venture with a single developer or housing association. A

detailed SWOT analysis on these options can be found in [appendix A](#).

To move at pace and scale to deliver the Council's ambitions to deliver a total of over 3,500 new properties for older people across a range of tenures by 2030 (for example home ownership, affordable housing such as shared ownership, and social or affordable rented), an effective way of allocating land and grant must be found which incentivises housing providers, but which does not overburden providers with potential abortive pre-work on designs and feasibility. Initial light-touch soft market testing with potential partners demonstrated an appetite to work via a small group of pre-selected providers. This was seen to be more economic for them to deliver the scale required, potentially by combining more than one scheme in an area. This enables the Council and the registered housing providers to package a number of medium to large schemes economically, while spreading the risk across more than one provider. A further advantage of this approach is that it enables potential partners to use council's sites or those owned by other landowners which is allocated for general needs housing, but where extra care could also be accommodated.

However, the Council must also achieve best consideration for land and ensure that the rate of development is not constrained by limiting the numbers of housing providers able to access suitable Extra Care sites. Further discussion is therefore required to find a suitable solution that meets the needs of developing housing providers, the Council's duties in relation to capital assets and control of its sites and enables development to proceed without undue delay.

It is recommended, therefore, that in order to maintain momentum, in the first phase of the Programme, sites identified by the Programme team and Property colleagues as being suitable for Extra Care development will be allocated on a site by site basis through established internal processes, coupled with new processes for working with developers. This process is yet to be finalised but will be based on an open book viability assessment including ability to access other external funding, land purchase/lease offer,

design, and sustainability criteria. Housing associations who have investment partner status may also be able to access Homes England grant to enable development, and so can be valuable partners to ensure affordable housing is a viable option. Where two or more sites are identified, it may be possible to package them as a single lot to help housing providers maximise economies of scale and to reduce the time and expense of multiple disposal processes.

It should be noted that there is a limited supply of suitable and available council owned sites for the development of extra care. Sites of sufficient size, location and condition are not always available or likely to become available in a timely way to meet the needs of the programme, and by working with partners we increase the potential for acquiring sites where they are needed. This means that we may be able to support schemes in areas of demand where the Council do not currently have sites of our own. Furthermore, some developing housing associations may also be interested in providing care services. Although the care contracts will be entirely separate to the development arrangements, housing providers may be encouraged to join the care commissioning framework. While it is not a given that developing housing providers will also deliver care services to the new schemes, where they wish to bid for both, this should not be precluded.

The Council wishes to remain flexible and will consider more partners that could deliver Extra Care housing, as discussed [below](#).

Opportunity Sites

It is recognised that in addition to the programme sites discussed above, there will be occasions when developers and housing associations come forward with sites on which extra care could be developed. This would be particularly encouraged for areas where there is a demand for extra care, but where the Council or our developer partners do not currently have land-holdings.

Where this occurs, the Adult Care Services has developed a process, which has been signed off by all relevant departments including Property and Finance, to gather information, assess suitability and viability, and make quick decisions on whether to pursue an opportunity. This process allows the Council to evaluate the options from several perspectives, including care commissioning, operational issues and workforce availability, land and planning including growth, development risks and grant potential. The 'developer checklist', shown at [Appendix B](#), is a tool which captures all available information about the proposed site or scheme.

When the information has been gathered, it is discussed at the Older Person's Accommodation Governance Group, which has commissioners, operational and development managers present. This represents the first gateway, and the Group will come to a swift decision on whether to sign it off for further work or decide that it is not suitable. In this case, a reason for not pursuing it is recorded, which allows the team to learn for future schemes, provide evidence if the decision is challenged, and ensures that if it comes back again for consideration, any previous concerns can be reviewed. This process is designed to take place within a

two-week window and avoids expensive, but possibly abortive work on behalf of the Council and the developer.

The checklist available on the web-site for prospective developers to complete to assist with this process.

Conclusion

Land and capital can be used as enabling tools to encourage housing providers to work in Hertfordshire. Proximity to London and the existence of green belt, means that land that is available for development is at a premium. As a major landholder the Council can unlock development potential by releasing land from its own assets and possibly providing capital grant to buy land in other's ownership, to allow development where it may not have been viable without the intervention. In the medium term, working with a small number of housing providers can allow the Council to maximise the use of its land and grant through creative packaging of sites, and through economies of scale. It also helps manage risk, and grant conditions assist with controlling standards and sustainability. This not only underscores the Council's commitment to balancing the housing and care markets, but also contributes to sustainable growth in the county, and flexibility in considering opportunity sites helps manage demand in areas where county land holdings are not available.

Design standards

Extra care housing should provide a more vibrant, connected and better quality of life for older people who are at or nearing retirement age, and for whom their current housing is no longer suitable. Homes should be accessible and attractive, built to high standards and offering a real alternative that people want to move into as they get older. Schemes are expected to be mixed tenure, therefore must also be marketable and comparable to schemes which are being delivered by developers and Housing Associations now, and there should be no differentiation between social, shared ownership or leasehold properties.

We have developed a standard set of design standards to ensure there is a good, consistent extra care offer in the county. These standards consist broadly of two sets of criteria:

- Minimum sizes for units, communal spaces, carer space, outdoor space and space allocation for uses such as treatment rooms, buggy stores and laundry
- Outcomes; for example, homes should be accessible, sustainable and sets out key criteria required to give residents a home and community from which care can be efficiently delivered.

HCC Design Statement.

The aim of the programme is to provide an enabling environment, delay and prevent entry to acute care and/or residential care, improving the life of residents by keeping them within their own homes throughout their care pathway. Please also refer to the attached design principles.



The design standards give overarching principles (above), space requirements, and how the scheme should fit into the surrounding area and site size requirements.

Currently, the range of ECH in Hertfordshire is not consistent; with some schemes struggling to deliver the environment to allow a vibrant community and ease of care delivery. While some schemes have waiting lists, many experience voids which suggests the offer is not always right for our residents.

Our design principles have been shaped by National standards, good practice and excellent schemes in other areas, and have been reviewed by Pozzoni Architects^{xix}, who have extensive experience of designing extra care and retirement housing, to ensure they are practicable, sensible, and reasonable.

At a minimum, we are expecting all new homes to be energy, light and sound efficient, using good design to maximise natural light, reduce energy consumption, and retain warmth; to have suitable space standards, allowing those who need assistance with mobility or those in wheelchairs to have enough room to navigate their own homes and communal areas; to be dementia friendly, allowing people with dementia or other cognitive impairments the freedom to remain at home for as long as possible without fear or disorientation. All properties should be built to HAPPI standards, with enhanced features to help with mobility, connectivity and independence, and be BREEAM accredited. New homes should be technology enabled where possible, to allow for future advances, and be adaptable to allow changes to be made to a person's home as their needs change without disruption or the need to move.

We will also be designing schemes that are built with the local community in mind, reflecting cultural diversity and local features. Design considerations must be site-specific and respond to the requirements of a particular location. The scheme should integrate well with the existing or proposed built environment, including general needs housing where appropriate, to provide homes that will enhance the local community and provide a desirable place to live. Outdoor space should be an integral part of any design, allowing residents access to natural light and activity through gardening and outdoor exercise. Raised beds, seating, and non-slip paths for example can enhance the scheme and give residents valuable space for hobbies and other activities.

Schemes must also meet the needs of the staff who deliver care and support services to residents, and which allow them to work in a safe and enabling environment. This will require appropriate space standards within individual homes, which allow ease of movement, space for equipment and manual handling, and privacy where required.

Extra Care schemes may be set out as apartments within a single block, a group of small blocks of apartments, or as individual homes linked by communal areas, corridors, or gardens. Communal areas should be flexible and adaptable in terms of their use, creating safe and welcoming areas for residents and visitors, and need to avoid becoming impersonal or 'dead' spaces without character. Entrance areas should provide a welcoming atmosphere, and if there are staff on site, such as a scheme manager or concierge, offices should be visible and easily accessible to visitors and residents.

The [draft] Design Standards are attached in [Appendix C](#)

Co-production

An integral part of the extra care housing programme is ensuring the buildings are fit for purpose for residents and somewhere Hertfordshire's residents are proud to call their home. We believe that those who use a service are best placed to help design it.

Co-production for the extra care programme has been broken down into 3 main stages:

- Programme-wide
- Standards; existing HCC co-production standards and new scheme design standards

- Scheme specific standards

Below is the co-production plan for the 3 stages of the ECH programme with a co-production approach with desired outcomes at each stage:

Programme Co-production	<ul style="list-style-type: none"> • Extra care housing co-production sessions will be held with our relevant internal staff and members from our existing forums (listed below) in late summer / early autumn 2019. The sessions will be focussed on how Older People want to live. • Intensive work with some of our Boroughs and Districts, based on recent partnership working with Stevenage Borough Council, which is gathering an evidence base for Older People’s housing in the borough. <p>Forums: Existing – Hertfordshire Co-production Board, Carers forum, LDPB, All Age Autism, and others identified or set up. New opportunities: re-start the Extra Care staff forum.</p>
Standards Co-production	<ul style="list-style-type: none"> • HCC Standards for co-production <p>We will meet these standards by engaging with stakeholders at all stages of the build process and aligning with co-production standards and best practice. :</p> <ul style="list-style-type: none"> • Design Standards. Please see Appendix C. These standards have been developed specifically for HCC’s ECH programme using best practice and by looking at exemplar new schemes. The standards aim to ensure the new homes deliver specific aspects such as: <ul style="list-style-type: none"> - desired outcomes for residents e.g. a vibrant community - minimum sizes and what we would like to see included e.g. accessibility features - Site size guidance for prospective sites
Scheme Co-production	<p>We will involve the local community in every new scheme. Once we have the specific site location, we will:</p> <ul style="list-style-type: none"> • Speak to local residents currently receiving a care package • Engage with HCC social workers, operational staff and utilise existing forums • Engage with local existing and if possible new local care workers • While managing expectations; involve service users as part of the design process • People want to support their own communities; new schemes need to tie into the existing community and look at opportunities for shared aspirations and spaces • Statutory public consultation in immediate surrounding area • As we deliver schemes we will learn, by talking to service users, what works well for future schemes. <p>Forums: Existing – Hertfordshire co-production board, Hertfordshire co-production board, Carers forum, LDPB, All Age Autism, and any others identified. New - Create local working party/steering group where possible. Involve development partner and care provider.</p>

Overarching considerations:

- Every scheme will differ, and co-production is the most effective way to deliver the best solution for local people;
- People want different things so this needs to be considered;
- There can be cost implications from co-production;

Build Processes

There are four key stages of the build process which allow the project team to manage an often complex and dynamic process. Approval to continue is sought at specified intervals, so that adjustments can be understood and discussed, and risks and costs managed appropriately.

The majority of this work will be undertaken by the housing provider, with input from the Council and other organisations.

- **Approval to proceed**

This stage will include drawing up the design brief, including tenure mix and numbers, initial business case, application to the SAB for use of any council land assets, initial indications of grant requirements, indicative timelines, and selection of Project Team members. For council owned sites, close working with the Property team will be required regarding pre-sale considerations, valuation and possible pre-planning discussions. If the site is an opportunity site, the developer checklist may also be completed at this stage (see [Opportunity Sites](#) above).

The Project Team should include a member of the ECH Programme Team, and close connection with the commissioning and operational teams will need to be maintained throughout the whole process.

Approval to proceed at this stage will be given by the OP Governance Group and ACSMB.

This stage may take 12-18 months to complete.

- **Design, pre-planning and Planning Application**

After approval has been given to proceed, the design team will assess scheme specifics, such as design elements and, and undertake co-production and consultation activities with service users, the wider community and colleagues in other statutory services. When scheme designs, and environmental issues have been quantified, feasibility and viability assessment can be done to determine costs and grant requirements and establish exact requirements for sale to rented properties. A sample process map can be found at [appendix D](#).

When designs have been finalised and approved a planning application can be made to the local planning authority (district or borough council).

This stage may take up to 18 months to complete, depending on the complexity of the design, services and facilities incorporated into the design, co-production, availability of funding, and the extent of consultation required.

□ **Construction**

Once planning has been approved, land transferred if necessary, and costs finalised, the construction phase can commence. This will involve the clearance and preparation of the site, laying infrastructure and foundations, construction of the buildings, connection to services, construction and adoption of access roads, first and second fix activities such as internal finishes, laying flooring and decoration (including input from potential residents), and external landscaping. This will require input from the Council in the event of risks arising, cost adjustments, potential delays, and consulting on resident's choice items, such as carpeting, kitchen units and decoration.

The Council will, during this period, also need to ensure that Council processes such as care commissioning, marketing and allocations and staff are completed and in place for handover, and the first cohort of residents will be identified and allocated properties. For residents who are buying outright or through shared ownership, exchange of contracts may occur during this phase.

The construction phase can take up to 18 – 24 months depending on the size and complexity of the scheme.

□ **Handover**

Handover involves the formal handing over of the development to the management organisation, including the snagging and defects periods (identifying and rectifying any issues outstanding), ensuring insurance and certificates are transferred, and ensuring care and other services are operational from day one.

This stage will also see the first residents moving in, so safe processes will need to be in place for the delivery of furniture, white goods etc.

This phase can take up to 2 months to complete, with defects periods usually lasting for 12 months after handover. Building warranties, such as Zurich or Buildmark, and assignment of collateral warranties and other required certifications will also be in place for issues that arise after this period.

The process is represented in [Appendix E](#).

Conclusion

Good design is fundamental to providing schemes where people want to live, and where good care can be delivered from safely and efficiently. The Council wishes to build vibrant healthy places across the county, and so coherent and well-thought out design principles which also establish a consistent approach to development can ensure that wherever people live in the county, they can be assured of a high quality, welcoming environment. But it is also recognised that every settlement in the county has its own identity, and new schemes must be part of and fit with the local community that it serves. Thus, co-production is a key aspect of the design process, as the people who will live and work in the schemes are best placed to advise on what contributes to success. As build processes can be lengthy, keeping communities aware and involved contributes to a smoother process and handover when residents move in. With each new scheme lessons will be taken for the next, to build an increasingly improved picture of the Hertfordshire extra care model.

Allocations and referrals

Access

In general terms, someone may be suitable for extra care housing if they demonstrate a housing need and applications are typically made to the holder of the housing list, and referrals can be made through a number of different routes, including self-referral (or as a result of enquiries from relatives), health and social work professionals, other agencies including Housing Providers.

The Housing Provider of an extra care scheme makes decisions based on its policy, which sets out the eligibility criteria and framework for allocations at the scheme, and scheme staff must ensure that this is applied in a fair and equitable way so that decisions are consistent and transparent.

Eligibility criteria can include:

- Housing needs
- Personal care needs
- The need to maintain a balanced community of needs

Assessments

Typically carried out jointly or separately by the housing provider's Scheme Manager and a Social Worker from the local team, who will visit applicants to establish their housing, support and care requirements. There are exceptions, and these can be found at [attachment]. The assessment process is to establish eligibility and to provide enough information to enable the older person to make a fully informed decision about moving into extra care.

Allocations

Decisions on referrals/applications will be made by an Allocations Panel. These meetings are convened by Hertfordshire Adult Care Services (ACS), the district housing authority and housing providers and usually take place every 4-6 weeks to minimise voids. This allows prioritisation of applicants so that if a vacancy arises the panel can agree on the allocation.

If extra care is built as an affordable housing product, it is likely that the allocations process will require working closely with our district and borough partners regarding local connection (based on existing residency in the district or borough and family ties in the area) and access to benefits (including housing benefit or in some areas, universal credit). Each district or borough will have their own local allocations policy and housing register, which is tailored to their own areas' demographics and local priorities, and some benefits and benefit caps (for example local housing allowance) can also be locally determined, and any new development must be cognisant of these local variances.

Appeals

People who aren't happy with the outcome of the allocation process can use the housing provider's complaints process.

Care Commissioning

The care model being proposed for the new extra care schemes must achieve two main objectives:

- To provide a good, safe level of care for residents;
- To contribute to improving revenue capacity, by providing cost effective care solutions which allow the Council to help more people who require services.

Considerable work is being done currently to realign the care offer to help manage and reduce these costs where possible. Although a separate case for these proposals has been made, the development programme must consider the implications to ensure the two are aligned, and that proposed Integrated Plan savings are achieved across both the build and the care provision. The modelling undertaken in the [Economic Case](#) has been done alongside this work.

Work on future demand for care in Hertfordshire shows that, should we continue to provide care in the way we are now, the council could expect an increased budget pressure of nearly £2m without inflation by 2023/24. This is due to increases in the population, assuming a stable split of 13% low need, 49% medium need and 38% high needs during the period considered. The new extra care programme, however, would allow the council to reduce care purchasing costs of home care and residential care, and help people access the right care package for their needs through extra care housing.

The vision is to increase the number of Extra Care schemes and to move away from delivering a residential care model. When new schemes are built there will be a choice of flexible care models as below which meet the outcomes for service users at that time. The use of assistive technology will be included in all care models. The three care models are:

24 hour care onsite

- This model is for those more frail (aged 65+) but will also accept lower care needs, to balance the three care bandings
- Physical Disability needs (aged 45+)
- Low level dementia
- Sleep in will be standard part of the model to support people with toileting needs and not for non-care needs. Wake-in will be commissioned on a case by case basis
- Access to OT enablement service to reduce high packages of care when being discharged from hospital
- All residents need to be motivated to remain independent

Hub and spoke

- The Hub & Spoke model can serve all those within the scheme, and those in neighbouring towns and villages, still living at home within a 3-mile radius.
- Staff will be on-site during the day, emergency response at night offered only to those in the scheme
- Staff office on-site / nearby
- Other services located in the scheme such as: GP / Pharmacy, Day Centre, Treatment room, Shops / Café, Voluntary and community sector

Domiciliary Care

- This model is designed for lower care needs as there is no 24-hour care. As care needs increase, care will increase, and night provision will be considered.
- Possibly start with care on-site until a certain time of day, but extend as-and-when needed (as care needs of residents within scheme increase)
- Work with residential homes to help provide night provision or when daytime capacity has been met.
- Buy-in night time care until it becomes more cost-effective to offer night care as standard
- Enablement flat with access to an OT to prevent/delay further care needs

Conclusion

Access to properties will be through a panel process which allows the scheme to maintain balance of care needs, ensures that people referred are suitable for the scheme, and that voids are minimised. Housing need and care need are both taken into account. Referrals can be made by the older person themselves, their family, or from professionals working with them so it is very flexible in terms of application. The three new models of care proposed helps with this balancing of care needs, aligning staffing structures and costs to scheme types, while still allowing flexibility as people's needs progress.

4. The Economic Case for Change

As with every other council, Hertfordshire County Council is having to work within ever tightening budgets with efficiencies having to be identified within care purchasing budgets. As a result, Adult Care Services (ACS) has faced increasing challenges in meeting the care demands of the people who use its services.

The 2019-23 Integrated Plan has a number of efficiency targets within the Older People's care purchasing revenue budget related to the effective management of demand for care and support. These targets include estimated cumulative efficiency which relates to the opportunity to deliver extra care housing in favour of traditional residential care. In these early years these efficiencies will be delivered through focusing on enabling care to keep people independent in their homes for longer. It is expected that further efficiencies will need to be generated in future periods following the funding settlement for 2020/21 which will be released in December 2019.

This programme aims to ready the Older People's service to achieve these efficiencies by investing in additional Extra Care housing. The 2019/20 Integrated Plan includes capital budgets which have been allocated to the Extra Care Housing Programme.

This economic case for change considers:

1. The current cost of purchasing care and how additional Extra Care housing can generate financial efficiencies, and reduce the impact of demography, on the care purchasing budget;
2. How the allocated capital budget can be used to fund the Extra Care housing needed to meet the future demands; and
3. A case study of a site in Hertfordshire to demonstrate how investment of capital funding can be used to generate tangible financial efficiencies in the care purchasing budget.

Detailed analysis has been carried out on existing care commissioning and care pathways to establish robust assumptions on which financial modelling has been based. These can be found in Part 2 of this document (confidential)

5. Marketing and Communications

Marketing for the programme will be crucial in ensuring that the new schemes are attractive for people to want to move into and are fully occupied as soon as possible after completion. Marketing is more than simply selling our new schemes to potential occupants: it is about how we build and package the properties, work with our partners and operational teams to encourage people to want to live there, how we deal with communities and existing service users, and how we manage stakeholders and public debates before, during and after the build process. The marketing plan should also consider what additional service or support may be required to help incentivise people to move into the new properties.

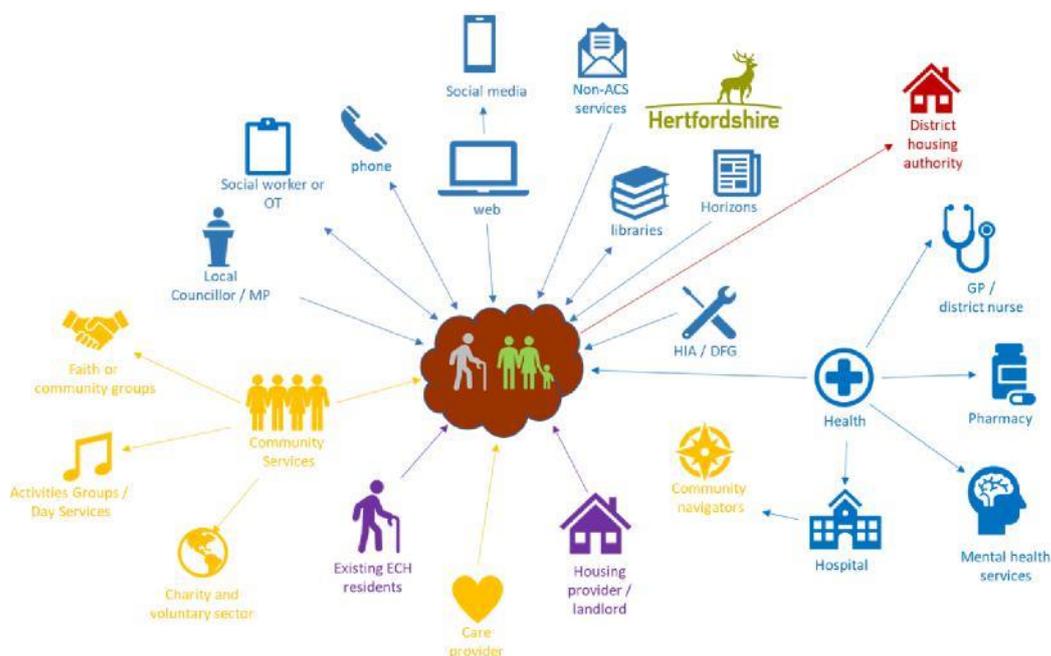
An important part of this marketing strategy should be concentrating on the benefits of extra care, in terms of independence, wellbeing and social interaction, and less on the care aspects. Research shows that people do not necessarily consider themselves to be old, even well into their sixties and seventies^{xx}, and so marketing extra care housing as a care environment may alienate people who feel that they do not ‘belong’ in that setting yet.

Consequently, the Council may wish to position extra care as a social marketing campaign, as well as directly targeting potential residents: one that tries to change behaviour to achieve a social good, such as improving health outcomes and community. An example of an approach for this is shown in [Appendix F](#).

To manage this, the programme will need a marketing strategy, working with the Communications Team to ensure that messages are aligned to corporate priorities and style. This will also need to work with the Programme’s housing providers’ marketing strategies, particularly where there are sale or shared ownership properties in a scheme.

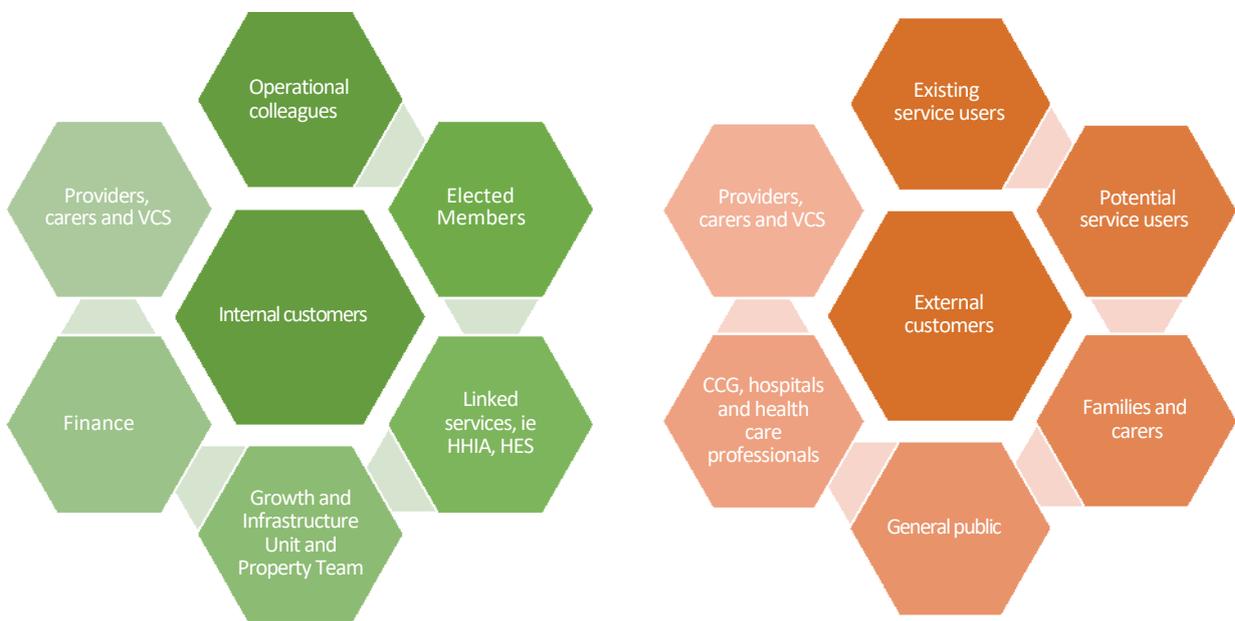
The new properties will have two main target areas: internal customers and professionals; and service users, their carers and their families. They will have different needs and touch-points (where they interact with the Council) and will require different types of communication accordingly.

Extra care Touchpoints



Working with the Comms team, a stakeholder management plan, communication plan and marketing strategy should be developed to ensure we are reaching our customers the best way and at the right time. Things to consider will include (but not be confined to):

- Co-production, consultation and service user feedback;
- Press and web-based communications;
- Professional meetings and events;
- Extra care Prospectus;
- Internal communications, including ACS Roadshows and Team-talk;
- Promotion and advertising during the build period, and for subsequent lets;
- District allocation processes;



Conclusions

Marketing is much more than simply selling homes when they are built and should be a continuous process throughout the programme. Stakeholders can be recipients and also messengers of the extra care message. Every time people come into contact with the Council, is an opportunity to raise awareness, and there will be both internal and external customers that the programme will have to reach. Moving away from extra care housing being a form of care, and into a story of the next step on a healthy aging journey may help with this and encourage people to move earlier before reaching crisis.

6. Governance and Programme Management

This Business Case has not been developed in isolation. Building on the existing framework of District and Borough Supported Accommodation Boards, and county wide strategic partnerships such as the Hertfordshire Heads of Housing, discussions around potential development opportunities for extra care and other types of housing for people with support needs are progressing. Each housing authority operates in a slightly different way, depending on its own statutory and strategic concerns, and the nature of its location and residents' needs. Although the Boards are at varying levels of engagement, there is a general willingness to work with the Council to progress schemes that help meet their needs for affordable and accessible housing, and help meet their community, economic and planning obligations.

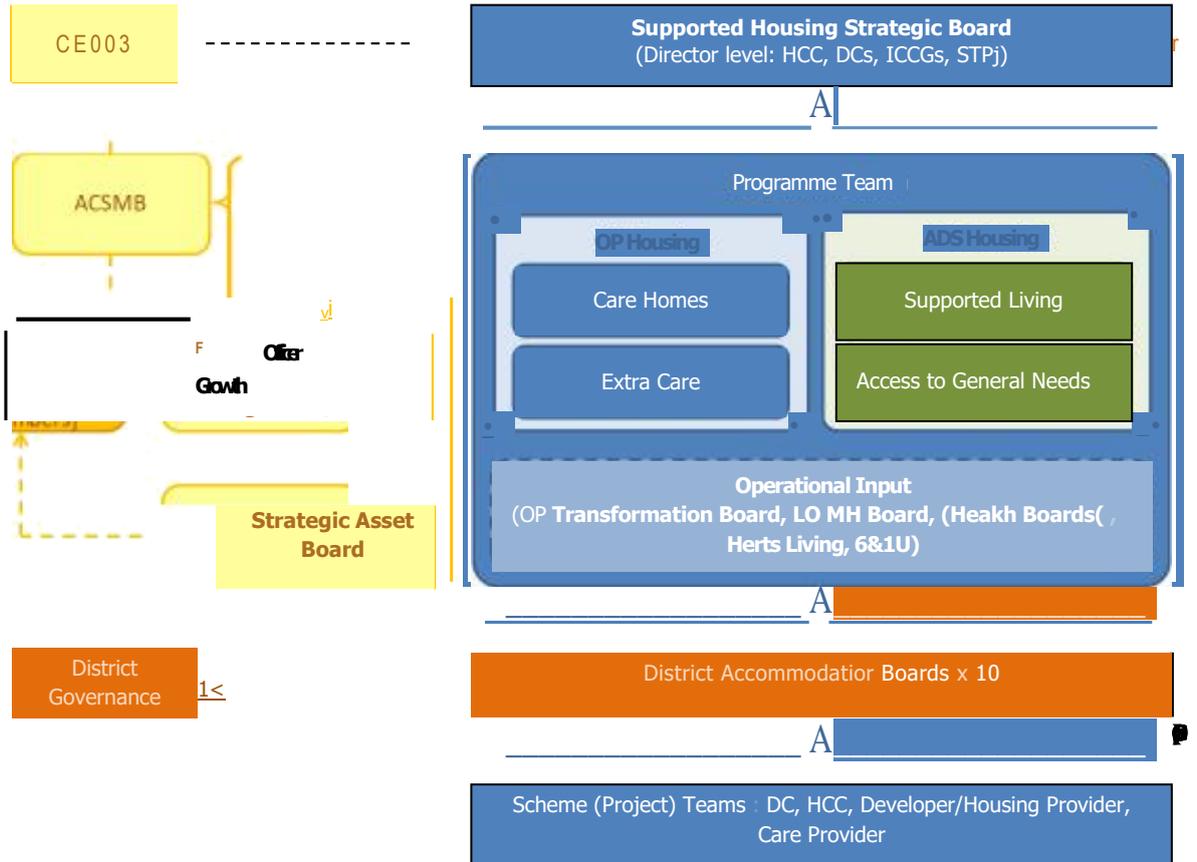
The Programme also feeds directly into the Strategic Asset Board, and Corporate Officer's Growth Group (COGG). Housing is also seen as a key area of interest for the Hertfordshire Health and Well-being Board, Public Health and the Hertfordshire Chief Officers Group.

Programme governance and scrutiny

In spring 2018, a successful bid to the Invest to Transform fund (ITT) was made to establish a dedicated Programme Team to lead on delivering the Integrated Accommodation Strategy, sitting within the Integrated Accommodation Commissioning Team. A full programme management office (PMO) has been established to scope, plan and lay the foundations for the Development Programme. Regular, frequent meetings with the Project Sponsors provide for day-to-day decisions and strategic direction ensure that the Programme remains on course during this early development phase.

The work is overseen and scrutinised by the OP Governance Group, which is attended by senior officers from across the Commissioning and Operational teams responsible for older people. It is chaired by the Operational Director for Older People.

Additionally, the Development Programme is scrutinised and directed through the Adult Care Services Management Board (ACSMB), attended by all the directors and assistant directors across the directorate. This group is chaired by the Director of Adult Care Services and helps align the programme to the wider corporate objectives and drivers.



Risk Management

A risk is a future potential event that may impact the progress of, or successful completion of, the Programme or project if not managed appropriately. If a risk does occur, it becomes an issue, and steps to contain and mitigate any escalation should be considered. The Risk Management Approach is outlined in [appendix G](#).

A summary of key risks identified for this Programme is shown below:

Risk	Mitigation
Inadequate funding available for the Programme due to poor scoping / understanding of the market conditions	Extensive modelling and market engagement, including discussions with other councils and developers, to fully understand the capital requirements.
Suitable sites in the right places may not be available for development	Internal discussions with the Growth and Infrastructure Unit and Property Teams, and new processes through COGG and SAB are identifying suitable sites within the Council's landholdings, and processes are in place to evaluate external sites as they arise.
A poorly defined design standard may lead to homes no-one wants to live in, or are places where care cannot be delivered well	Extensive work on the design standards for Hertfordshire extra care has been undertaken, including using best practice and professional input from elsewhere. Co-production techniques will be used to refine these, and for individual scheme design.
Housing Providers (Associations) may not wish to build in Hertfordshire due to land or funding issues	Liaise with developing housing associations to identify any barriers to development and support external grant applications and enable viable schemes for the long term, through land or capital if necessary.
Poor communication and engagement with service users and local communities may result in planning objections delaying the build process	Use co-production techniques wherever possible to engage with the local community and service users early. Work with Comms team to ensure positive internal and external communications.
Inadequate modelling of the capital requirements / IP savings over the whole programme	Close working with capital and revenue finance colleagues to ensure modelling is appropriate, and fully understood.

Market failure to provide good quality extra care homes in places where people want to live.	Good communication and positive relationships with housing providers and developers, plus incentives to build, identification of suitable sites, and positive action to remove barriers to development.
Poorly scoped individual schemes which lead to time delays, additional cost and/or poor quality	ACS representation at Project design meetings, co-production to address quality issues, and excellent project management techniques and escalation process in place to manage risks and issues as they occur.
System wide changes are not in place to support the scheme when live, i.e. allocation of places and creation / maintenance of waiting lists.	Early discussions with operational and commissioning colleagues already underway through new governance and project meetings.
Brexit may have longer term implications for the construction supply chain, labour markets and capital funding from government or private developers.	Maintain a watching brief until the situation becomes clearer
The framework procurement procedure is challenged under the Public Contracts Regulations 2015 with the result that the contract is set aside/declared ineffective and damages are awarded against HCC.	Close working with SPG and the Commercial law team.
The grants are found to constitute illegal State Aid with the consequential damage to the Council's reputation and risk that grant money paid over incorrectly could not be recovered.	Close working with the Commercial law team and through the grant award process and conditions.
HCC found to be in breach of s.123 Local Government Act 1972 (land must be sold at the best consideration that could reasonably be obtained).	Close working with the Property and Commercial law teams.

Review and Learning through experience

This Strategic Business Case should be regularly reviewed and updated throughout the course of the 10-year programme.

The Programme team will monitor and report on progress, both for individual schemes and as a Programme as a whole through the Governance processes described above. This will ensure that the Programme is on track, is delivering the aims of this Business Case, and will provide alerts for significant variances or risks that may emerge.

Although KPIs have not yet been agreed, these are likely to focus on:

- Numbers of new schemes and individual properties in development or in the pipeline across the districts and against indicative demand numbers;
- Financial elements, including grant and land value drawn down or committed against the total budget, and including variances against expected levels;
- Distribution of tenure and care package distribution, direct payments and variances against proposed first let;
- Longitudinal data to show IP savings, changes in care requirements, and wider health outcomes.

The programme team will also maintain a register of completed schemes, and lessons learned from each new scheme so that iterative improvements to the Programme can be captured and implemented over time. Ideally this will also include service user feedback to improve and supplement the co-production data and to improve design and delivery processes for future schemes.

Glossary	
Affordable housing	Affordable housing is a defined housing tenure, usually but not exclusively offered by housing associations or council housing, which is capped at 80% of market rates, and can include rented, discounted sale and shared ownership. Affordable housing is a requirement of Local Planning considerations, and developers will be required to make provision for affordable housing (either through property or a financial contribution) for developments over a certain size.
Brownfield land	A piece of land that has been developed previously. It may be land that has existing buildings on it, has been used for storage or industrial purposes, or could be derelict land left vacant. Brownfield land often requires significant clearance.
Care packages	A care package is a combination of services put together to meet a person's assessed needs as part of their care plan arising from an assessment or a review. It defines exactly what that person needs in the way of care, services or equipment to live their life in a dignified and comfortable manner.
Delayed Transfers of Care	A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.
Greenfield land	A piece of land that has not been developed previously. Usually agricultural or pasture which has been allocated for development.
Herts at Home Limited	Herts at Home Limited was created as a company wholly owned by Hertfordshire County Council, established to provide local care services in situations where the County Council may need to step in. It aims to provide the best quality care and support to allow people to remain independent at home.
Housing association	A housing association, also known as Registered Provider or RP (and formally a Registered Social Landlord or RSL), is a charitable organisation that provides housing that is generally affordable for local people to rent or buy at below market value, although they can have commercial arms as well as social ones. They often build as well as manage housing, and many also have care or support services within their business activities. Housing associations are regulated by the Regulator of Social Housing ^{xxi} , and may be eligible to receive development grant from Homes England.
Housing provider	A housing provider is an organisation which develops and / or manages housing, and with which the Council works to accommodate people with care and support needs. They will often own the building but could also lease it from the Council or another

organisation, and the management fees are often met through the rental of the homes. Housing providers can be private, social/charitable or stock-holding district or borough councils.

In this document the term housing providers will, unless otherwise stated, refer to Housing associations, also known as Registered Providers (RP).

Hub-and-spoke	Hub-and-spoke systems involve care being arranged from one main site, but which reaches out to other care homes, extra care or facilities when care is required.
IP Savings	<p>The Integrated Plan is an annual exercise to review changes to the Council's Budget and for County Council to set a budget for future years. There is a timetable of key dates that is issued by Herts Finance each year in early summer, and which Budget Managers, Budget Holders and Service Lead Finance Officers must follow. Budget Holders and Budget Managers should identify factors that are likely to impact on their budget, including demography, legislative pressures, savings and inflation. This should include looking at least the next 4 years.</p> <p>Savings are planned and sustainable reductions to a budget.</p> <p>Efficiencies are savings that can be expected to be delivered without an impact on service provision outcomes or outputs. They may include changes to the way services are provided.</p>
Leasehold ownership	Owner-occupier status on flats or apartments where the owner does not own the freehold (i.e. land) that the property is built on. Often the responsibility for the upkeep of the fabric of the building and the site is owned and managed by the freeholder (landlord) the costs of which are recouped through a service charge, while internal upkeep of the dwelling is the responsibility of the resident.
On-site	Care provided by an organisation over 24 hours, with staff available at any time of the day or night when care or support is required.
Shared ownership	Shared ownership is an affordable tenure, by which the occupier of a dwelling buys a proportion of the property by way of Leasehold Ownership, and pays rent on the remainder, typically to a local authority or housing association. Often, occupiers can 'staircase up' by buying further leasehold shares in their home, reducing the rented proportion, although this is sometimes restricted in extra care schemes.
SHMA	Strategy Housing Market Assessments are documents produced to assess housing need in a specific planning area. They define the housing market area, inter-dependencies between housing markets (for example where people live in one area but work in another) and assess the numbers of new households requiring homes in a specific area. The SHMA provides part of the evidence base for district Local Plans and can stretch across one or more district areas.
Social rent	Social rent is a form of housing tenure offered by local authorities and some housing associations. Rent is usually capped at around 40-60% of market, and people can only be considered for properties if they are on the Housing Register and meet the criteria

	set out in the housing authority's Allocations Policy.
Wellbeing	<p>Wellbeing is a broad concept enshrined in the Care Act. It has no formal definition, but is based broadly on the following elements:</p> <ul style="list-style-type: none">• Personal dignity• Physical and mental health and emotional wellbeing• Control by the individual over day to day life, including how care and support is provided• Participation in work, education, training and recreation• Social and Economic wellbeing• Domestic, family and personal relationships• Suitability of living accommodation• Contribution to society.

Appendices

Appendix A

Selection of Development Partners

Options	Delivery Approach	Strengths	Weaknesses	Opportunities	Threats
Option 1	<p>A Framework agreement with a limited number of housing providers (housing associations)</p> <p>Working across three geographical 'lots' (East and North (EHC, NHDC, SBC); Central and South (BoB, WHBC, HDC) and West (SACDC, DCD, TRDC, WBC)</p>	<ol style="list-style-type: none"> 1. More efficient and provides more certainty, meeting defined standards for development to deliver schemes 2. More effective using the resources (staff, skills and experience) available 3. Housing associations (HA) will have expertise in site identification and acquisition, development, planning and design and build, operation and maintenance and existing relationship with Districts, no tender process would be required 4. Will provide an incentive and 	<ol style="list-style-type: none"> 1. Limitations to only working with partners who have signed up to framework /agreement 2. Could limit flexibility with other partners in the market 3. HCC's influence in respect of design and procurement are likely to be restricted to the content of any funding/land transfer 4. Takes time to set up, need a robust framework and engagement with preferred developers to get stakeholders on board and overall framework approval. 5. The framework may limit a degree of flexibility as it needs to 	<ol style="list-style-type: none"> 1. Capital grant funding may be made available via schemes procured through the framework subject to development viability 2. The arrangements could be divided across 3 areas of the county where developers wish to develop, having more than one developer in each area. 3. May involve a transfer of land on a long lease basis into a separate entity (subject to legal requirements) 4. This approach could create a flexible model that will support making available all possible ingredients on a pick and mix basis to 	<ol style="list-style-type: none"> 1. Grants or Land may need to be discounted to incentivise the partner, which would be contrary to best consideration 2. Capital requirements may not be available / adequate for large schemes 3. If the freehold interest is sold we will not have a legal interest in the property, except for any legal charge / restrictive covenants or grant conditions to manage the long term use of the site 4. The social units may be reduced or built to a lower standard / size to increase viability for the scheme as a whole if

		<p>confidence to the market</p> <p>5. HAs likely to secure s106 contribution towards scheme and Homes England grants</p> <p>6. HAs have housing management remit, and will avoid need to go out again for HM services saving time and money on tendering processes;</p> <p>7. Encourages the care market workforce</p>	<p>be OJEU compliant</p> <p>6. Concerns around ability to ensure statutory compliance with s123 obligations to achieve best value on sale of freehold</p> <p>7. Would need to justify a framework length longer than 4 years.</p> <p>8. May restrict bidding from smaller housing providers who do not have the capacity or capital to bid for large scale development</p>	<p>include:</p> <p>a. where developers across Hertfordshire are seeking housing management and care and support providers to deliver Extra Care, this can be delivered through a care contract framework at tendered rates</p> <p>b. where developers and housing providers are seeking care and support providers to deliver Extra Care</p> <p>c. where investors are seeking developer, housing management and care and support to deliver Extra Care</p>	<p>capital/and or land not made available</p>
Options	Delivery Approach	Strengths	Weaknesses	Opportunities	Threats
Option 2	Individual site disposals (or small 'lots' where two or more sites are identified	1. allows multiple housing providers to access HCC land, thereby improving	1. multiple disposals can be time consuming and result in abortive work	1. could stimulate housing providers to use their own existing	1. providers may not wish to work with us on this basis, without the

	together)	<p>resilience of pipeline schemes</p> <ol style="list-style-type: none"> 2. allows smaller local housing associations to bid for sites in their local areas 3. can deliver several sites simultaneously through different providers in different parts of the county 4. can link with other development being undertaken by the provider 	<p>for providers and the Council</p> <ol style="list-style-type: none"> 2. disposal processes may delay development 3. smaller providers may not be able to match larger providers land bids, especially where they don't have a bid-writing team 4. the risk of abortive design and feasibility work may put providers off tendering, especially after the first few failed bids 	<p>development plans (for general needs for example) to cross-subsidise or annex extra care as part of their larger business planning, especially where existing schemes are being considered for redevelopment / remodelling</p>	<p>comfort of knowing they have access to sites through the framework.</p> <ol style="list-style-type: none"> 2. Providers will find it more difficult to business plan and apply for Homes England grant without a pipeline of sites, which could affect viability of the programme or willingness to bid. 3. big out-of-county providers may be able to out-bid local providers which could be sensitive 4. more frequent disposal processes could result in higher development costs overall 5. viability may be more difficult for smaller providers to achieve, leading to higher grant requirements. 6. Providers may 'collude' on sites, so bidding is artificially constrained
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					<p>7. May fall foul of State Aid rules if grant is restricted</p> <p>8. If the freehold interest is sold, we will not have a legal interest in the property, except for any legal charge / restrictive covenants or grant conditions to manage the long-term use of the site</p>
Options	Delivery Approach	Strengths	Weaknesses	Opportunities	Threats
Option 3	Single Housing provider to deliver the whole planned programme across the county	<p>1. <i>As noted within 1-6 above in addition:</i></p> <p>2. Programme resilience – a few housing providers will give us mitigation against market failure if one pulls out / folds, but also makes relationship management better than having lots of providers to deal with.</p> <p>3. Programme consistency and management is easier as less moving parts to manage.</p>	<p>1. <i>As noted within 1-5 above in addition:</i></p> <p>2. Framework agreement with one partner does not create competition and tension through the timescale of the framework, possibly affecting quality of outcomes.</p> <p>3. Not viable to deliver ECH across the whole county within a 10 year period with one provider</p> <p>4. Could take longer to</p>	<p>1. Council will have greater influence on the development of a specification within the Framework</p>	<p>1. Grants or Land would need to be gifted or discounted to incentivise the partner, subject to best consideration</p> <p>2. Capital requirements may not be available / adequate for large schemes</p> <p>3. We will not have a legal interest in the property, except for a legal charge / covenant or grant conditions</p> <p>4. The social units may be</p>

		4. Could potentially deliver economies of scale across multiple sites	5. One large HA to deliver the whole programme could give them leverage over us in terms of design and grant.		reduced or built to a lower standard / size to increase viability for the scheme as a whole if capital/and or land not made available 5. Grant may fall foul of State Aid rules
Options	Delivery Approach	Strengths	Weaknesses	Opportunities	Threats
Option 4	Direct development by the Council, then lease the asset to a housing association to manage	<ul style="list-style-type: none"> 1. HCC are able to influence the design, build, housing management and care delivery 2. Build costs will be controlled by HCC 3. Could allow increased supply to alleviate pressures on other services leading to long-term savings whilst creating income for councils 4. Council can make a return on completion through the sale of the site or via rent returns 5. Enables staff to acquire 	<ul style="list-style-type: none"> 1. Not experts in the field 2. Significant time and resource needed 3. Entire capital cost sits with HCC 4. Housing Management costs likely to be high 5. Liability including maintenance costs of the asset sits with HCC, unless specified in the lease contract 	<ul style="list-style-type: none"> 1. To deliver sites at pace where the disposal could be delayed by issues with selling the land 2. Avoids best consideration by retaining asset and build ourselves 	<ul style="list-style-type: none"> 1. Could take longer to approve 2. High investment required to the initial build programme 3. Likely to be dependent on opportunistic sites from HCC 4. No guarantee of securing land or asset

		skills & experience of development			
		6. Ability to place specific requirements within the lease structure			

Options	Delivery Approach	Strengths	Weaknesses	Opportunities	Threats
Option 5	Development by Herts Living (Internal Joint Venture)	<ol style="list-style-type: none"> 1. Purchase land at market rates from HCC 2. Provide some revenue surplus to the Council 3. HCC retain freehold via Herts Living 4. Control the assets 5. We could gain an income from the rent or service charges 6. We can potentially reduce the cost by off-setting the extra care against affordable housing from other schemes 	<ol style="list-style-type: none"> 1. Limited with one partner 2. Do Herts Living have the skills to develop and manage extra care schemes? 3. Large programme of ECH, Herts Living don't have any capital of their own, HCC will need to provide the upfront capital to build the scheme 4. Has not been tested with HCC finance on what the cost will be 	<ol style="list-style-type: none"> 1. More leverage with Herts Living to be flexible in their model approach 2. Profitable for the Council as a revenue stream 	<ol style="list-style-type: none"> 1. We don't know if Herts Living can access any capital 2. Herts Living don't have a track record of developing extra care 3. Grants will need to be offered
Options	Delivery Approach	Strengths	Weaknesses	Opportunities	Threats

<p>Option 6</p>	<p>Joint Venture with a single developer or housing association</p>	<ol style="list-style-type: none"> 1. Joint Venture (JV) partnerships could build and operate new provision of accommodation. 2. Would bring significant experience and expertise in the design and building of accommodation 3. Can generate capital receipts by selling some unit of accommodation 4. The JV HA would bring significant commercial experience to the joint venture 5. In some cases additional units are added onto the scheme and sold on the open market to subsidise the building of specialist units 6. Build costs can also be shared along with any revenue 7. The Council gains external expertise and some of the risk is reduced as the investor 	<ol style="list-style-type: none"> 1. It is likely that a greater proportion of the risk would be retained by the Council, particularly in terms of reputational risk 2. The final design of the scheme would have to be agreed between the different parties which may result in some compromise in terms of layout and quality 3. Need to have clear objectives threaded throughout the project procurement 4. A governance structure that represents all stakeholders needs to be set up effectively for this to work 5. The asset such as land needs to have market appeal 	<ol style="list-style-type: none"> 1. Suitable for councils with limited resources to acquire an onsite team 2. Can be more cost-efficient and suitable for commissioning 	<ol style="list-style-type: none"> 1. Complexity – needs agreement of key decision-makers and different departments within the LA, eg. finance, property and legal teams. 2. Time and money required to establish the JV / SPV. Legal and commercial advice and resources needed 3. This approach needs corporate approach and professionals involved across the Council 4. Complexity of contractual arrangements, often a large volume of contracts. 5. Council has to uncover the most desirable partner that can deliver on project 6. Grants or Land would need to be gifted or discounted to incentivise the partner, subject to best
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		also puts capital into the project		
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consideration

Appendix B

Developer Checklist *(prompts in blue italics)*

Outline development proposal – Extra Care / Supported Living / Other

(delete as appropriate)

[Settlement], [District]

Programme Manager / Author	
Developer	
Date of First Contact	
Date of Proposal	

1. Address:

[Road / site address], [Settlement], Hertfordshire, [postcode]

2. Site details:

Description of the site – where it is, what it looks like, what is adjacent to it etc

<p>Site plan</p>	<p>Map / Google earth image of site</p>
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3. Site constraints / conditions

Eg, is the site:

- *relatively flat;*
- *free of physical landscape or topographical features or other things which might constrain its development and use for its intended purpose;*
- *free from contamination (to such extent as is appropriate for the intended use of the site);*

- *free from any protected species;*
- *within flood Zone 1;*
- *subject to consistent low levels of fumes and other air borne pollutants like to adversely impact upon the health and wellbeing of all users;*
- *in direct access from a highway of an adoptable standard;*
- *in vacant possession.*
- *Greenfield (undeveloped), brown field (previously developed), green belt, – what are the implications of this, for example site clearance costs, or controversy in the community etc?*
- *Flood risk and environmental concerns*
- *Access – is the site easily accessed from main transport links?*
- *Community facilities – what else is in the local area to support the development, shops, transport, day centres, churches etc*
- *Landscaping – gradient, boundary issues, rail or main roads, woods or public pathways / right of way / bridle paths etc*
- *Subject to any specific planning policies which may impact how the site can be developed?*
- *Anything else that might be relevant to halt, constrain development or impact on the units when they are built.*
- *The owner should make available any work, studies or evidence related to the development potential of the land. This may include topographical surveys; ground investigations; feasibility studies; ecological assessments and transport capacity studies.*

0. Growth and Planning Considerations

How does this fit within the District/ Borough Local Plans?

Will this affect neighbouring district / boroughs?

Is the land allocated?

Has Planning Advice been sought? What is the advice if so?

What cross-departmental / organisational aspects have been considered? I.e. can the land support other development / infrastructure to support other services or strategies – health, economic / employment / youth services etc (NB: if appropriate add financial implications of this to section 7 – extra cost, revenue or access to grant / income for example)

1. Contractor

Who is the developer? What experience do they have in this field?

Who have they worked with before – can we get a reference, or example of what they have built before?

2. Development type

How will the development proceed? Contractor led ! council led ! district led – what input is required from us?

Do the developers have preferred partners in terms of architects ! builders ! housing management ! care providers?

Is a tender required? What are the implications of this.

Are they happy to work with our design principles?

7. Financial Implications

How will the development be funded? What are they looking for from us? Capital ! land ! support for grant ! partnering arrangements?

8. Proposed Timeline

Site acquired	
Approval to go / business case approval	
Project Design team in place	
Housing provider in place	
Design principles agreed	
Pre-planning	
Planning	
Start on site	
Build period	
Practical completion	
Handover	

9. Demographics and Health Profile

Outline health and population of the area, and specifics of the settlement if possible.

Strategic considerations

Implications of emerging growth scenarios (this is linked to need)

10. Potential number of units and why (need)

Commissioning data and demand and any information on current provision in the area, other schemes in development or nearby (including private and care homes)

Demand reflected in Local Plans and Growth plans

	Flexi High	Flexi Med	Flexi low
District / Settlement			

Any information on waiting lists for people from the area that we can get hold of – commissioners and local authority.

Potential number of units proposed and why this is required. What will the site support, is this appropriate for the need in the area?

11. Tenure mix

What is the developer proposing?

What are the provisions for housing management etc?

What are the implications for our clients – ratio, cost, affordability

Does the district council have a view on this?

12. Housing type

Apartments / houses / bungalows

Gardens and communal facilities

Appropriate to size and location of the site?

District preferences?

13. Proposed communal facilities

Proposed communal facilities, and what we might want in relation to the location (do we need coffee shops etc if the local high street will support this – consider local economies.

What are the district's views?

Can we support commercial units – are they appropriate / needed / lettable?

Can we build in Community Health units – does the CCG have a view?

Are there community / voluntary support services in place that can support people living here?

Are there other HCC service needs that could be considered/ incorporated?

14. Stakeholder Consultation

Who has given comments back, and record issues, thoughts, concerns below.

Property	
Growth and Infrastructure	
Commissioners	
Operations	
District Council	
<i>Who else?</i>	

Has this proposal been discussed at COGG?	Yes / No
Comments:	

15. Approval / Refusal to proceed

Approved

Refused

Signed:	
Name:	
Date:	

Reason for refusal if applicable	
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Other considerations / notes	
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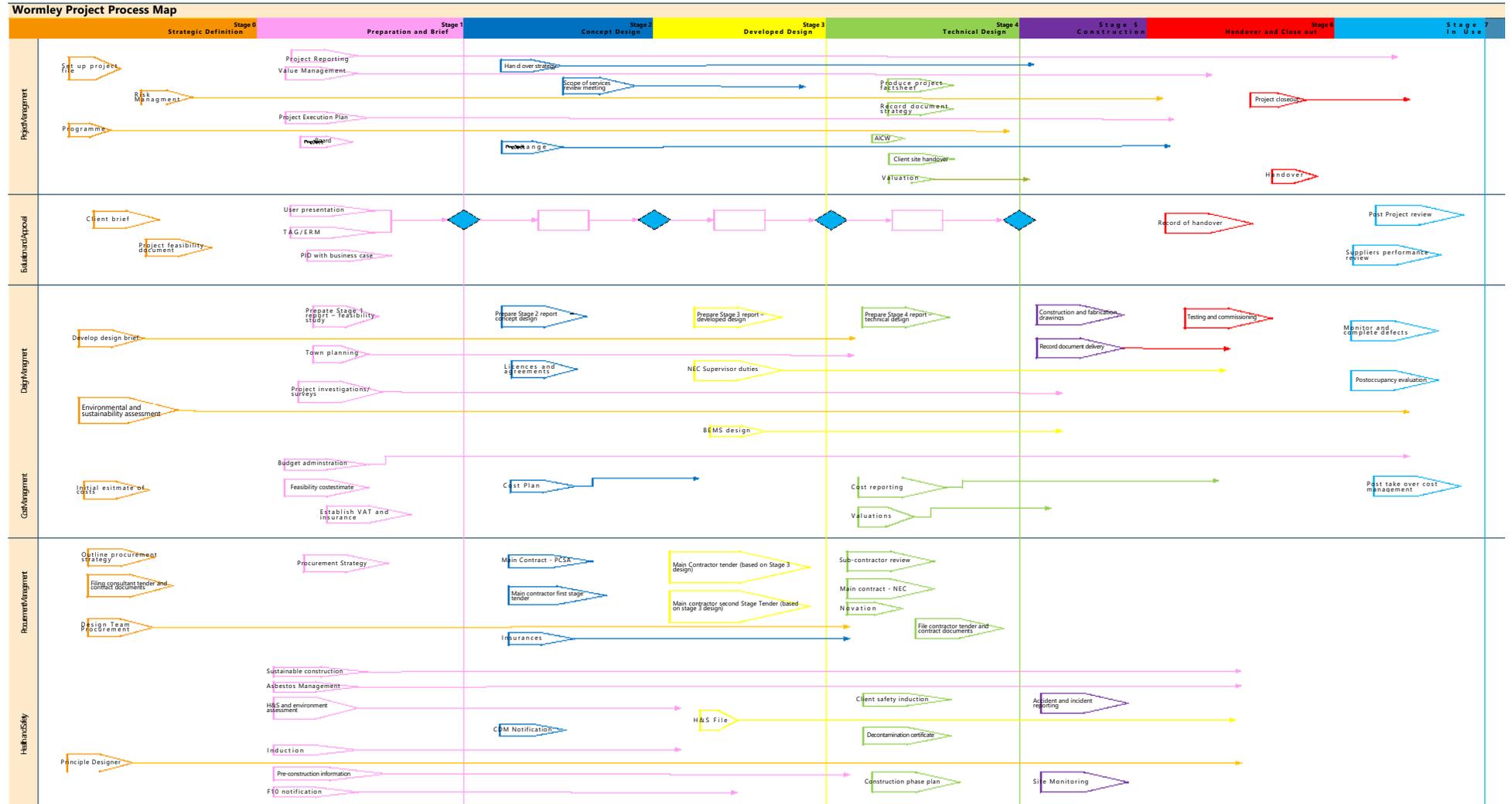
Appendix C

Design Standards



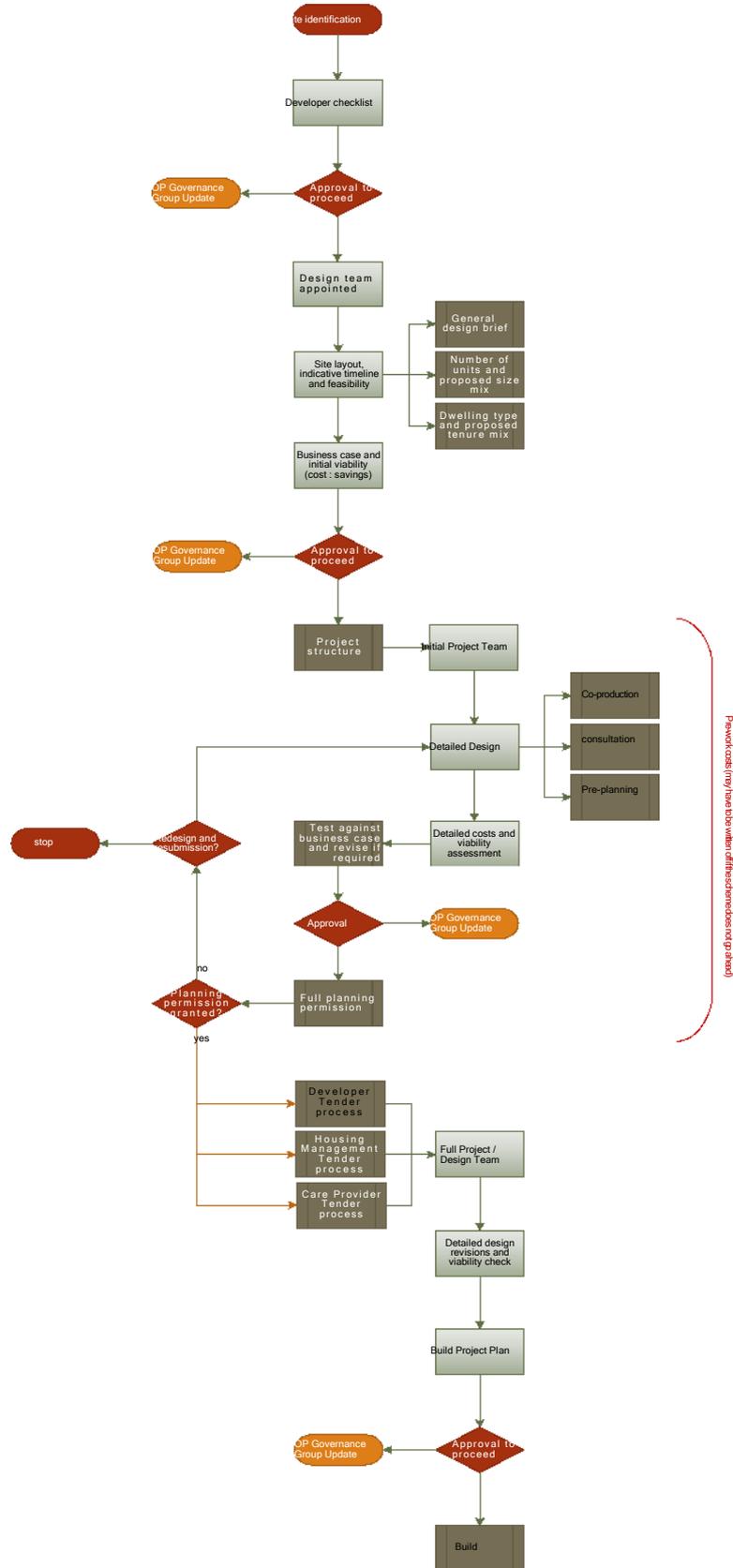
HCC Design Brief -
Draft D.pdf

Appendix D Sample Process Map



Appendix E

Indicative Build Process



Appendix F

Social marketing matrix

Social issue: Housing for Older People			
Target marketing audience	Older person	Family / carers	Social work and OT professionals
Accept new behaviour	See extra care housing as a positive move in later life	See extra care housing as a way of keeping their loved ones safe, well and independent for longer	Working with older people and their families earlier to allow good judgements on when and where older people should move to
Reject potential behaviour	Staying in unsuitable housing for as long as possible	Encouraging older people to stay in unsuitable housing because of emotional ties, or for inheritance purposes	Delaying difficult conversations with family and older person, or expecting someone else to do it
Modify current behaviour	Start thinking about positive moves to more suitable housing earlier	Start considering and researching options for their older relative earlier	Start conversations about housing as part of the social care Connected Lives assessment process as soon as an individual is known to us.
Abandon old behaviour	Seeing extra care as an 'old people's home', or as giving up on life	Encouraging older people to stay in unsuitable housing because of emotional ties, or for inheritance purposes	Waiting until crisis point to start having conversations about unsuitable housing

<p>4 'P's</p>	<p>Product: housing units built to excellent standards, with gardens / balconies and facilities that people want and feel happy to move into.</p> <p>Price: affordable; low running and maintenance costs; can involve equity if shared ownership or outright sale (leasehold)</p> <p>Place: web, GPs and other health locations; through care agencies and support organisations (VCS); libraries, day centres and community resource; community newsletters, <i>Hertfordshire Horizons</i> and other local publications; existing ECH schemes; consultations and public events</p> <p>Promotion: independent healthy living; new friends and communities; growing older with dignity</p>	<p>Product: comfortable and affordable housing with care available when needed and staff available to provide support and assistance as needs become more complex or demanding.</p> <p>Price: reduced care contributions, affordability; release of family housing into the market</p> <p>Place: Web, social media (including Linked-in); GPs and other health locations; libraries, day centres and community locations; community newsletters, <i>Hertfordshire Horizons</i> and other local publications; leaflets in public sector mailouts, such as council tax bills; via staff well-being services and Occupational Health; consultations and public events;</p> <p>Promotion: peace of mind that their loved one is safe and well cared for when the family can't be there.</p>	<p>Product: appropriate housing with care reducing, preventing and delaying escalation of care needs, in a safe and enabling environment.</p> <p>Price: lower care costs</p> <p>Place: web, intranet and social media; internal digital and physical workplace notice boards; staff and provider meetings and training;</p> <p>Promotion: reducing, preventing or delaying care needs in line with Care Act and Connected Lives principles; reducing the number of care assessments and moves required for the older person, so reducing pressure on waiting lists and crisis interventions.</p>
<p>Benefit</p>	<p>Increased independence and quality of</p>	<p>Improved peace of mind</p>	<p>Meeting statutory duties of care</p>

	<p>life, including new friends and community.</p> <p>Reduced social isolation</p> <p>Improved physical and mental health outcomes</p> <p>Care available when needed</p> <p>Less cost of care if a self or partial funder</p> <p>Readiness to move when an extra care home becomes available for them, so less stressful.</p>	<p>Less stress of caring responsibilities, and more time for family and self / career</p> <p>More time</p> <p>Less cost of care if a self or partial funder, and reduced financial burden on family resources (travel costs, time away from work etc)</p> <p>Less difficulty in moving their loved one when the time comes, as they will be prepared and ready to move.</p>	<p>Reduced number of care package assessments required over time</p> <p>Alignment to 'Connected Lives' process</p> <p>Reduced pressure on care budgets</p> <p>Easier to move someone when they need to, as they are ready to move</p> <p>Reduced voids (empty homes) as people are ready to move when a space becomes available.</p>
<p><i>Adapted from Kotler et al (2002)</i></p>			

Appendix G

Risk Management Approach

Risks will be managed by the Programme Team through an established risk register in line with Corporate Policy, which records the event or circumstance that poses the risk, allocates a score to the risk indicating its severity and likelihood, any mitigation against the risk which could reduce, remove or reposition the risk, and who is responsible for managing it. Risks are escalated to the OP Governance Board or ACSMB if they are new, when it becomes a political or sensitive risk, or if they go into the highest risk category, or breach set tolerances.

Each scheme within the Programme will have its own risk register, and risks may be transferred between the two if they become significant enough to affect the Programme as a whole.

Risks can fall into a number of categories, covering all aspects of the Programme and individual development schemes, including, for example:

- Unclear objectives and leadership
- Incomplete or unclear project design specifications
- Poor communication and stakeholder management
- Financial, policy or time pressures
- Failure in the supply chain
- Inadequate resource management
- Poor handover and mobilisation

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