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Telling the story of Hartfields

A new retirement village for the 21st century

Karen Croucher
and Mark Bevan

JOSEPH ROWNTREE FOUNDATION

Telling the story of Hartfields

A new retirement village for the twenty-first century

Karen Croucher
and Mark Bevan

April 2010

This report considers key decisions and challenges faced by organisations when developing large, complex, mixed tenure extra care retirement villages for older people.

In the past few decades there has been growing interest and investment, by both the public and private sectors, in extra care housing schemes for older people. These retirement villages, one of a number of extra care housing models, allow residents to live independently and access care when needed.

As they are quite new, understanding of the challenges of developing, managing, working and living in such complex, large-scale schemes is limited. This report tracks the development of a new retirement village in Hartlepool and highlights:

- the original ideas and strategic thinking behind the development;
- how the partner organisations worked together;
- how key decisions were made; and
- the challenges and opportunities for commissioners and providers.

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Executive summary

Introduction

In 2004 the Joseph Rowntree Housing Trust (JRHT), Hartlepool Borough Council (HBC) and other local partners started working together to develop Hartfields, a new retirement village in Hartlepool. The development was supported by funding from the Department of Health's Extra Care Housing Fund and the Housing Corporation. In August 2008, the first residents moved into the scheme.

Hartfields is located on part of a greenfield site that was designated for extensive housing development. It has 242 units of one- and two-bedroom accommodation (predominantly apartments) all designed to Lifetime Homes standards. It has extensive communal facilities, including a restaurant, health living suite, arts and crafts room, convenience store, bar, library, IT room and hair salon, and offers a range of care and support services. It is a mixed tenure development. Properties are available for full purchase or shared ownership, or for rent to those nominated by HBC. Hartfields is intended to be an 'independent' living setting but can accommodate significant numbers of people with high levels of need for care and support who would otherwise be living in residential care. It is owned and managed by the JRHT, which provides almost all of the services within the scheme.

Researchers at the Centre for Housing Policy (CHP) at the University of York were asked to track this new development, and to 'tell the story' of Hartfields. The overall objectives of the evaluation were to: describe, scrutinise and identify learning from Hartfields, in order to inform both the JRHT and partner agencies.

Housing needs and provision in Hartlepool: the strategic context for Hartfields

The development of Hartfields reflected strategic thinking around the future needs of older people in Hartlepool. The total number of people aged 65 and over was projected to increase from 14,408 in 2002 to 15,460 in 2016, an increase of about 7 per cent. However, the number of people aged 85 and over was projected to grow by 43 per cent, from 1,440 to 2,060, over the same period. The number of people requiring care at the level of residential or nursing care was projected to increase from 573 in 2002, to 708 in 2016. Particular features of the local housing stock (notably high proportions of terraced houses with poor space standards and few opportunities to improve access) worked against people's ability to sustain their independence and well-being. Residents of all ages in Hartlepool experience high levels of morbidity and permanent sickness and disability. In addition, the housing options for older people remained limited and there was growing recognition that there was considerable need for extra care housing in Hartlepool.

A joint bid from the JRHT and HBC was submitted to the Department of Health Extra Care Housing Fund in 2004 to develop Hartfields. The JRHT had been considering the development of a new retirement community and had been offered a site in Hartlepool, which was not, however, zoned for residential development. However, HBC seized the opportunity to work with the JRHT, and four other possible sites in Hartlepool were identified that were suitable for the location of a retirement community. Of these sites, only one in the Middle Warren area was both large enough and available for purchase by the JRHT.

Working in partnership: key decisions and challenges

In April 2005, the Hartlepool Extra Care Partnership Committee was established. The Committee represents a partnership between HBC, Hartlepool Primary Care Trust, North Tees and Hartlepool NHS Trust and the JRHT. The Older Persons' Local Implementation Team and the Hartlepool 50+ Forum are also represented on the Committee. From the start, the Committee had clear terms of

reference, primarily to oversee the development in accordance with the objectives set out in the bid to the Department of Health. Its responsibilities covered:

- development and design;
- consideration of the range of facilities;
- monitoring expenditure and the longer-term financial arrangements;
- care and support services;
- letting and marketing;
- legal aspects of the scheme (for example, the agreements between the various partners); and
- consideration of future management arrangements.

Outline planning permission for residential development had already been secured on the site. Purchasing the land was a major challenge as the price rose by £0.9 million, which had repercussions for the design of Hartfields, necessitating additional units of accommodation to be built, and a decrease in the proportion of homes for rent (from 50 per cent to 40 per cent). A design and build contract was adopted to ensure that the deadline of getting full planning permission could be met. The design brief was informed by a range of previous developments, with an underlying intention of making Hartfields accessible to the wider community by including facilities that would be open to the public – a restaurant, fitness suite, day centre – as well as offices for health and social care professionals serving Hartfields and the wider community.

Hartfields is intended to be an 'independent' living setting, but with the capacity to accommodate significant numbers of people with high levels of need for care and support who would otherwise be living in residential care. Staffing levels were set to allow 24-hour cover. There is no distinction made between 'care' and 'support' when delivering services. Service contracts focus on 'outcomes' for the individual service user rather than 'processes'. With regard to individual budgets, the core package of services covered by the service charges are non-negotiable, but individuals may opt for a different domiciliary care provider if they wish. Service charges cover maintenance, support and 24-hour emergency call, and community facilities.

Hartfields is intended primarily for people aged over 60 with a strong connection to Hartlepool. The intention is to mix tenants and owners across the scheme and to maintain a balance of care needs across different tenures.

Effective marketing of the scheme was crucial. Activities included: local media coverage, promotional materials distributed across Hartlepool, and roadshows promoting the scheme. It was important to be clear what the scheme could offer, and that there were a range of tenure options. Demand for rented properties was and remains high; however, the slowdown in the housing market has created difficulties with selling full purchase properties.

The early life of Hartfields as a new community

Hartfields opened to residents in 2008. Work with some of the first residents indicated considerable satisfaction with their accommodation and the concept of extra care, and a determination to build a community.

Apart from the intended community facilities, an unforeseen opportunity to open a GP surgery on site was taken. Additional land has been purchased to provide more parking. There have been some difficulties related to design, including disturbance from the bar area to residents living directly above; and issues with access from the day centre to the restaurant and other facilities. Much work has been done on community engagement, and links made between Hartfields Residents' Committee and existing residents' groups within the JRHT. A neighbourhood manager has been appointed to take on the overall responsibility for all different elements of the scheme.

Key learning points and future challenges

Hartfields is a highly successful scheme. It was designed and built within budget and on schedule. It provides a range of accommodation and facilities that are entirely new to Hartlepool, and has dramatically improved the future accommodation and care options for older people. It has also offered learning opportunities for developments of other extra care housing schemes. There are a number of key learning points.

Not all developments will have the planning 'advantages' with regard to the availability of suitable sites with existing outline planning permission. However, broader lessons about the enabling function of planning, and the importance of consulting with local residents and communities, can be taken forward in the development of other similar schemes.

The Hartfields Extra Care Partnership Committee had a clear remit of tasks and responsibilities, involved a wide range of stakeholders, and allowed for robust discussion and early troubleshooting. It proved a highly effective mechanism for taking the development forward.

The marketing strategy adopted various different approaches to marketing the scheme. The importance of marketing the scheme from the outset, not just to prospective residents, but to the whole community in Hartlepool, is also a key learning point.

The management skills required for large and complex schemes need to be nurtured nationally, and it would seem opportunities for sharing experiences and learning could be taken forward, given the growing number of retirement villages that are emerging in the UK.

A challenge for Hartfields is that of balancing the expectations and needs of diverse groups of residents, and how best to enable and empower residents to take a positive and active role in developing and shaping their communities. Mechanisms to engage with residents should be in place before residents move in. A further learning point is that of understanding the local community in which schemes are located, and how local cultures will shape the new communities that evolve.

Challenges facing the scheme include: selling properties in a time of recession; addressing issues around the development of the surrounding area; and managing and developing a community that accommodates such a broad range of needs.

Conclusions

Our understanding of the challenges of managing, working and living in complex, large-scale developments such as Hartfields is relatively limited. Reflection on the early development of Hartfields highlights the need for housing, neighbourhood and community engagement skills, as well as care management and delivery skills. While some would argue that Hartfields is no different from any other community, we would assert that perhaps there is something very particular about 'managing' communities of older people and the opportunities and challenges presented by large-scale schemes such as Hartfields. Previous work with residents in housing with care schemes highlights a general perception among residents that living in such schemes is 'a different way of life'. We believe that it is important to acknowledge that residents are at a certain point in the life course, and this has influenced their decision to move to such environments, and must shape their expectations and experiences of living in such developments. Over time the evidence base will grow, and we hope that this report will assist in furthering the knowledge of what works, and of how best to address the diverse and complex needs and aspirations of current and future generations of older people.

1 Introduction

In 2004 the Joseph Rowntree Housing Trust (JHRT), Hartlepool Borough Council (HBC) and other local partners started working together to develop Hartfields, a new retirement village in Hartlepool. The partnership submitted a successful bid to the Department of Health's Extra Care Housing Fund, and confirmation of funding was received early in 2005. Some three years later, in August 2008, the first residents moved into the scheme.

Hartfields is rightfully perceived to be a success. It is a major new development, built to high standards and within budget over an ambitious timeframe. It offers spacious and attractive accommodation built to Lifetime Homes standards and a range of other facilities and services. It has greatly extended the housing and care options for current and future generations of older people in Hartlepool. It has acquired considerable central government funding, and provided opportunities to take learning forward in developing other extra care schemes in the town.

Researchers at the Centre for Housing Policy (CHP) at the University of York were asked to track this new development, and to 'tell the story' of Hartfields, in order to draw out the main lessons learned and thus inform future practice and similar developments. Below we outline the background to the development of the scheme, the methods used in the project and the structure of the report.

Background

In the past few decades there has been growing interest and investment by both public and private sector in housing schemes for older people that allow independent living to be combined with relatively high levels of care. There are a number of different names given to such schemes, although 'extra care' housing is the most common term given to such models (see Croucher *et al.*, 2006; Riseborough and Fletcher, 2008). Flexible provision of care allows people to remain in their homes even if their needs increase, reducing the need for a move to residential care and facilitating the maintenance of independence. Communal facilities within schemes also help reduce social isolation, and improve the quality of life for residents. There has been considerable investment, notably from the Department of Health's Extra Care Housing Fund, which committed £147 million towards such developments between 2004 and 2008.[1] For developments to receive funding they must have a number of key features as defined by the Department.[2] This programme of extra care developments has been subject to a national evaluation carried out by the Personal Social Services Research Unit (PSSRU) at the University of Kent.[3]

Retirement villages are one of a number of models of extra care housing. They are a relatively new form of provision in the UK, but they are growing in number (Evans, 2009; Bernard *et al.*, 2007; Croucher *et al.*, 2006). They offer purpose-designed, barrier-free housing (with its associated autonomy of having 'your own front door'), facilities and activities that are not care related which generate opportunities for informal and formal social engagement, alongside a range of care and support services that can respond quickly and flexibly to needs over time. Evidence suggests that retirement villages appear to be popular with residents (Croucher *et al.*, 2006). As yet, however, many retirement villages are new, and much has still to be learned about their development and operation, and the experience of living in such schemes.

What is Hartfields?

The JRHT and HBC started working together in 2004 to develop a new retirement village in Hartlepool. Hartfields opened to its first residents in 2008. In time, Hartfields will be home to more than 300 people. The JRHT website has a range of information about Hartfields, including photographs and a virtual tour of the scheme, details of services, prices, guidance

on how to apply, and a booklet addressing questions: http://www.jrht.org.uk/Hartfields/.

Hartfields is located to the north-east of Hartlepool town centre in the Middle Warren area, on part of a greenfield site that was designated for extensive housing development. Hartfields occupies five acres toward the bottom of this sloping site. It has some 242 units of one- and two-bedroom accommodation with extensive communal facilities, including a restaurant, health living suite, arts and crafts room, convenience store, bar, library, IT room and hair salon. Dwellings are predominantly apartments, although there are a small number of cottages. All are compliant with Lifetime Homes standards.[4] The communal facilities are located within an indoor 'village street' or atrium. Figure 1 shows an overall view of the site.

The JRHT owns and manages the scheme, providing both the 'housing' and 'care' element. However, the development has been taken forward in partnership with HBC, and a number of other key local agencies, including Hartlepool Primary Care Trust, and North Tees and Hartlepool NHS Foundation Trust. Both HBC and Hartlepool Primary Care Trust have staff teams based on site, serving Hartfields residents and the wider community. Crucially, Hartfields received £10 million capital funding from the Department of Health's Extra Care Housing Funding Initiative, which has provided for mixed tenure accommodation and the communal facilities, and additional funding of £0.7 million from the Housing Corporation. There is a day centre for the use of both Hartfields residents and the wider community, although this is not operated or managed by the JRHT. There is also a GP surgery located on the site, again serving Hartfields residents and the wider community.

Hartfields was intended to provide for the needs of older Hartlepool residents, and those wishing to live there must aged 60 or above (in some cases, those aged 55–59 who have a particular care need will be considered) and be residents of Hartlepool or have strong connections to the Hartlepool area. Hartfields is mixed tenure: residents purchase their properties on a full purchase or shared ownership basis, or rent. Currently 40 per cent of properties are for rent, 40 per cent are for purchase, and 20 per cent for shared ownership. Those residents who rent are nominated by HBC. Hartfields takes residents with a range of needs regardless of tenure, from those who are fit and well, through to those who would

Figure 1: Hartfields: overall view of the site

otherwise be in residential care. The first phase of the Hartfields development opened to residents in August 2008, and resident numbers grew as accommodation in the scheme opened in a series of phases between August 2008 and March 2009.

As noted above, the site is a reasonable distance away from Hartlepool town centre, and transport links to serve the whole of the new residential development including Hartfields are planned. At the time of writing these are not yet in place, although a small supermarket and pub have been constructed. A neighbourhood park will also be located near the scheme. Apart from the new supermarket, there are few other local shops or amenities.

Aims and objectives of the project

The purpose of this research project was to 'tell the story' of the development of Hartfields, and explore how thinking and ideas on housing with care for older people have been re-worked and taken forward. This report sets out some of the initial thinking behind the design and development of the scheme from the perspective of the key stakeholders involved, and charts its early life once it opened to the first residents.

The overall objectives of the evaluation were to describe, scrutinise and identify learning from the new development of Hartfields, in order to inform both the JRHT and partner agencies. The specific aims of the project were to:

- track and analyse major decisions and developments in the planning and implementation of Hartfields, including:
  - financial models
  - selection of residents
  - marketing
  - physical environment
  - partnerships and relationships with local stakeholders and the local economy;

- describe and analyse any barriers, challenges and constraints encountered in each of the areas above, and the strategies deployed to overcome these; and
- explore baseline expectations of key stakeholders, including partner agencies, staff, and residents and the wider community.

In addition, it was intended that the project should explore how research evidence and experience gained at Hartrigg Oaks (a retirement village also developed by the JRHT, in York, and open for ten years), and in housing with care schemes operated by other organisations, have informed the Hartfields development.

Methods

The research took place over a two-year period (2007–09). Three methods were used to collect data: documents and plans relating to the development of the scheme; semi-structured interviews with key staff in the partner agencies; and focus groups and interviews with residents. The topic guide used for interviews with key staff is presented in Appendix 1.

Documents relating to the early development of Hartfields, including the agenda papers for the Hartlepool Extra Care Partnership Committee, were collected and scrutinised to identify the points at which key decisions were made, the apparent drivers for such decisions, and how the different agencies worked together. Local strategies and plans that pre-date the development have also been collated (for example, the Hartlepool Extra Care Housing Strategy, HBC, 2004).

Semi-structured qualitative interviews were conducted with representatives from partner agencies, other organisations that had been involved in the design and development of the scheme, and organisations that the scheme would affect. All the partner agencies – the JRHT, HBC, North Tees and Hartlepool NHS Trust, Hartlepool Primary Care Trust – and other local stakeholder organisations were represented, including the 50+ Forum,[5] and other provider organisations. The first set of interviews was conducted during the construction phase of the scheme in 2007. There were further opportunities to explore ongoing and emerging issues with key stakeholders during 2008 and 2009 during the run up to, and the period following, the opening of the first phase of the scheme when the first residents moved in.

A further set of interviews was undertaken in July, August and September 2009, which examined how far new challenges had emerged, and the extent to which early expectations for the scheme had been met. The latter phase of the research also included the views of operational staff working at Hartfields, in order to explore their expectations, as well as their initial views and experiences of the scheme during the early days of it opening. For the purposes of confidentiality, we cannot identify those who participated in the interviews. Interviews were recorded if participants gave their permission.

Two meetings in December 2008 were organised in conjunction with the JRHT and were open to all Hartfields' residents at that time. Residents' families and friends were also invited. The meetings provided an opportunity for formal resident engagement work within Hartfields by the JRHT and enabled residents to share a number of views and concerns with JRHT staff. They also allowed the researchers to introduce themselves and the project to residents, explain the work and invite residents to take part. Forty-five people attended (at that point there were approximately 80 units of accommodation occupied in the scheme). Letters were delivered to all residents, with information about the research, inviting them to contact the research team directly if they wanted to participate, or know more about what was going on. Subsequently, 16 residents took part in further, more in-depth, participation with the researchers. This included two focus groups with 13 residents and face-to-face interviews with three other residents, which took place in February 2009. Residents had also been invited to keep a diary or take photos of their early experiences of living in Hartfields, but unfortunately no residents took up these options.

Report structure

Drawing on documentary evidence and the data collated through interviews with stakeholders and discussions with residents, this report outlines the key decisions that were made, the expectations of key stakeholders, and reflects on the wider lessons that might be applied to other similar developments. In Chapter 2 we outline the strategic background to the development. In Chapter 3, the key areas of decision-making are explored. Chapter 4 reflects on the early life of the scheme once it opened to residents. Chapter 5 draws conclusions and highlights the main lessons that can be taken forward.

2 Housing needs and provision in Hartlepool: the strategic context

This chapter sets out the context for the development of Hartfields with regard to projected demographic changes in Hartlepool and the availability of housing and care options for older people within the town. It is this context that prompted Hartlepool Borough Council to explore how a gap in the supply of housing with care in Hartlepool could be met. Hartlepool is not alone in reflecting on the future housing and support needs of its older population: the Supporting People Programme has generated considerable changes in the provision of housing and support for older people, and the future role of 'traditional' sheltered housing (as opposed to extra care housing) is currently the subject of much debate (see, for example, King *et al.*, 2009). The Department of Health Extra Care Housing Fund has also stimulated interest in the development of extra care schemes across England.

Projections of future need in Hartlepool

A number of reports and strategies highlighted key features of the circumstances of Hartlepool's residents with respect to demography, housing and health, most notably a review of supported living options for older people in Hartlepool (Peter Fletcher Associates, 2000) and the consequent Hartlepool Extra Care Housing Strategy developed by the council and other partners (HBC, 2004).

The Hartlepool Extra Care Housing Strategy stated that the total number of people aged 65 and over was projected to increase from 14,408 in 2002 to 15,460 in 2016, an increase of about 7 per cent. However, the number of people aged 85 and over was projected to grow by 43 per cent, from 1,440 to 2,060, over the same period.

The consequences of this growth in care needs were estimated. The Hartlepool Extra Care Housing Strategy (HBC, 2004) projected that the number of people requiring care at the level of residential or nursing care would increase by 135 by 2016: from 573 in 2002 to 708 in 2016.

The Hartlepool Extra Care Housing Strategy also noted features of local housing circumstances which work against people's ability to sustain their independence and well-being. A key feature was the type of housing stock in Hartlepool, with relatively high numbers of people living in terraced houses: 41 per cent in Hartlepool compared with 26 per cent nationally and 32 per cent in the Tees Valley and North East. The Extra Care Housing Strategy goes on to note the poor space standards of much of this property, with access difficulties due to steep stairs. Much of this property is located in the inner town area and owner-occupied by pensioners living alone. Trying to improve older terraced properties presents

Table 1. Projected demographic change among older people in Hartlepool, 2002–16 (number of people)

Age	2002	2016
65–74	8,390	8,520
75–84	4,578	4,880
85+	1,440	2,060
Total	**14,408**	**15,460**

Source: Hartlepool Extra Care Housing Strategy (2004)

challenges for residents not only in relation to their adaptability, but also factors such as heating costs.

Overall, residents of all ages in Hartlepool also experience higher levels of morbidity compared with residents in neighbouring local authorities or the national average (Table 2). Residents in Hartlepool are more likely than residents in neighbouring local authorities to report a problem with their health, or to be registered as permanently sick or disabled. The standard mortality rate in Hartlepool also stands in excess of the national average (127 compared with 100). Such factors have implications for future housing and care needs as people grow older.

In spite of these circumstances and predicted trends, the housing options of older people in Hartlepool remained fairly limited. In particular, a review of supported living options for older people in Hartlepool identified a gap in the response of providers to the need for extra care provision in the town (Peter Fletcher Associates, 2000).

Origin of idea of Hartfields

During this period, the Joseph Rowntree Housing Trust was considering the development of a further retirement community, building on the experience of Hartrigg Oaks (the continuing care retirement community they operate in York). By coincidence, the JRHT had been approached by a landowner in Hartlepool in 2004 to consider the development of a scheme similar to Hartrigg Oaks, in the Seaton Carew area of Hartlepool. The JRHT was advised by planners in Hartlepool that the site in question was not zoned for residential development. However, given there was growing recognition within the local authority that there was considerable need within Hartlepool for extra care housing, there was determined interest within HBC in maintaining and developing a link with the JRHT. Within HBC it was also considered a 'coup' to have the opportunity to work with an organisation with the expertise and reputation of the JRHT.[6] A further driver was the extra care funding regime from the Department of Health and opportunities to bid into this funding stream.

Given that the site in the Seaton Carew area was not zoned for residential development, HBC proactively sought other possible sites that might be suitable for the location of a retirement community, and facilitated contact between the JRHT and the landowners. Four possible sites were identified and the site in the Middle Warren area of Hartlepool was the only one suitable for such a large development, and also available for purchase by the JRHT. The greenfield site had already been designated for residential development. The developer who was building housing on the site was introduced to JRHT by HBC, and discussions were held regarding what might be possible. The Hartfields scheme fulfilled some of the developer's social housing provision requirement, as well as offering additional facilities that would serve the existing community and new residential developments. Prior to planning permissions being formalised, there was considerable informal discussion and networking, with HBC taking a proactive role based on the recognition that there was a unique opportunity to meet the strategic need for extra care housing in Hartlepool.

Since the review of housing and supported living options for older people (Peter Fletcher Associates, 2000), partner agencies within Hartlepool had worked together to develop strategies around housing and health. A key strategy was around developing extra care provision within Hartlepool.

Table 2. Health problems in Hartlepool, and other selected areas

	Hartlepool	Darlington	Middlesbrough	Stockton	England and Wales
% of people with a health problem	24.4	20.4	22.3	19.9	18.2
Standard mortality rate	127	107	122	106	100
% permanently sick/disabled	11.3	6.9	9.3	7.3	5.6

Source: Hartlepool Extra Care Housing Strategy (2004)

The Hartlepool Extra Care Strategy (HBC, 2004) was agreed (following consultation with older people) by the Local Implementation Team and endorsed by the Health and Care Strategy Group, Social Services, the Primary Care Trust, and the Supporting People Team within HBC.[7]

The Extra Care Housing Strategy signalled that a target 200 extra care units should be provided in Hartlepool by 2016. Part of the extra care would be provided by HBC working with Housing Hartlepool to reprovision Orwell Walk (sheltered housing) and Swinburne House (local authority residential home) to provide 20 extra care units (higher level equivalent to residential care). The other planned provision would be at Hartfields, to be developed with the JRHT. However, even with the planned provision, including Hartfields, where 60 properties were originally intended to be for residents with high levels of care needs, there will still be an under-supply of extra care within the town.

A joint bid from the JRHT and HBC was submitted to the Department of Health Extra Care Housing Fund in 2004 to develop the Hartfields scheme, and notification that the bid had been successful was received in February 2005.

In summary, there was a considerable unmet need for new forms of housing with care in Hartlepool and, when an opportunity arose to take forward an ambitious new development, it was willingly taken up by HBC and the JRHT.

3 Working in partnership: key decisions and challenges

This chapter examines some of the main decisions that were taken in the early stages of the design and development of Hartfields, and draws on interviews with key informants that were conducted prior to the opening of the development. The discussion also covered the early challenges that were identified by respondents.

The first step in taking the development forward following the notification of Department of Health funding was the establishment of the Hartlepool Extra Care Partnership Committee, and then the agreement of its remit and areas of responsibility. This section addresses the Committee's key decisions, and the thinking behind them. It had been our intention to set out key decisions along a timeline, showing at what point the different key decisions were made. It became apparent, however, that, beyond the early phase, when decisions around the building and design had to made relatively quickly to enable the development to take place, other key decisions – for example, the allocation criteria for residents – were subject to considerable and lengthy discussion. This reflected both the complexity of the development and the need to respond to changing external factors, for example, the deterioration in the housing market.

Below, we describe the establishment of a mechanism for partnership working and decision-making through the Hartlepool Extra Care Partnership Committee. In the following sections, each area of decision-making is then addressed: design and site procurement; designing for a wider community; care and support services; financial models; allocation policy; marketing; and finally the issues that were perceived to be potential challenges for Hartfields as the development neared completion.

First steps: establishing the Hartlepool Extra Care Partnership Committee

Notification that the bid to the Department of Health had been successful came in February 2005. However, a condition of the funding was that the work started on site by March 2006. In April 2005, the Hartlepool Extra Care Partnership Committee was established, meeting for the first time at the beginning of May. The Committee (which continues to function at the time of writing) represents a partnership between Hartlepool Borough Council, Hartlepool Primary Care Trust, North Tees and Hartlepool NHS Trust and the Joseph Rowntree Housing Trust. The Older Persons' Local Implementation Team and the Hartlepool 50+ Forum are also represented on the Committee. From the start, the Committee had clear terms of reference, primarily to oversee the development in accordance with the objectives set out in the bid to the Department of Health. Its responsibilities covered:

- development and design;
- consideration of the range of facilities;
- monitoring expenditure and the longer-term financial arrangements;
- care and support services;
- letting and marketing;
- legal aspects of the scheme (for example, agreements between various partners); and
- consideration of the future management arrangements.

In addition, the Committee had a role in reviewing any research and evaluation proposals. It was intended that the Committee meet (at least) four times every year.

The Committee and its chairperson were perceived to be extremely effective, and a key component in taking forward the successful development of Hartfields. It was clear from interviews with key stakeholders that agencies within Hartlepool took pride in the culture of partnership working within the town:

> *There's a real sense of partnership there. From time to time it's put under strain, but the way in which the partners work – they work together. And when we have a problem, to see them operate to unfix it without feeling 'we mustn't give something, because people will want something more', it just feels like problems are there to be resolved and we will find a way and it may cost a bit more for someone.*
>
> Respondent (interviewed summer 2009)

At the same time, there was a sense that the size of the award from the Department of Health, not just in terms of the amount, but also in terms of the proportion of the total amount of funding available for that round, had helped to focus minds on delivery: Hartfields could not be seen to fail.

As outlined above, the Committee had clear terms of reference, and the minutes from the meetings give some indication of how each of the different elements that would make up the scheme were discussed and worked through as the development process progressed. Inevitably, external events sometimes forced a change in thinking, for example, the introduction of Fair Access to Care,[8] and the difficulties in the housing market that emerged as the scheme opened. Additional factors were the organisational and staff changes during the development process. Various key individuals moved to different posts, sometimes remaining in contact with the development and sometimes not. Both HBC and the JRHT were subject to some organisational restructuring during the course of the process. Nevertheless, a core of individuals from both organisations remained at the heart of the development process, ensuring that the original thinking and vision for Hartfields was maintained.

Drawing on previous experiences of developing housing schemes for older people within the JRHT, the minutes of the first meeting of the Partnership Committee highlighted a number of factors and issues that needed to be considered in the planning and development of Hartfields.[9] These included:

Building and grounds

- Baths or showers within individual flats/ bungalows
- Respective sizes of restaurant and coffee shop
- Size and layout of health activity centre
- Processes for managing defects and providing clear information to residents
- Position of utility meters – easy access
- Importance of landscaped areas – appoint landscape designer
- Accessibility of communal areas to wider community

Marketing

- Importance of beginning marketing activities early, and having show bungalow/flat
- High level of administrative support for marketing process
- Need for a Questions/Answers booklet and clear information for prospective residents
- Clear and quick health and care check procedure
- Managing difficulties around completion dates and dates when residents could move if completion of building work is delayed

Staffing

- Clear management structure with a single manager

- Care and support delivered by a single team
- Clarity as to what is covered by different fees
- 'Home for life' is not being offered whatever the residents' needs
- Need for a statement of purpose/vision

Finance

- Contingency sum for post-contract costs
- Control of costs outside of contract
- Understanding of initial running costs
- Clarity of financial relationship between the JRHT and residents
- Clarity on funding of communal facilities which are also used by wider community

Design and site procurement

Securing outline planning permission

A key element of the development was that outline planning permission had already been secured on the site where Hartfields was eventually developed. This factor was highly significant in terms of how the early stages of the development were able to proceed. This feature of the development has implications for how far wider lessons can be drawn about replicating models such as Hartfields elsewhere, since planning permission can be a major stumbling block for potential schemes. One difficulty for development of this kind is the amount of land required, given pressures to develop mainstream housing. Planning is increasingly being expected to take on an enabling function in relation to spatial planning, as well as operating purely in regulatory mode with regard to planning policy and development control, and the Royal Town Planning Institute has published a guide for planners in delivering extra care (RTPI, 2006). One feature of the Hartfields development was the close co-operation of the planning department in identifying a suitable site and working with the stakeholders to resolve any issues prior to the detailed planning application coming in.

(In this respect, it represents a good example of the recommendation made elsewhere for pre-application discussions; see for example, Planning Officers Society/Retirement Housing Group, 2003.)

Design and build

A key factor that influenced the approach to the development of Hartfields was the tight timetable to achieve the design and build within the constraints imposed as a condition of the Department of Health funding. After receiving notification that the bid to the Department of Health had been successful in February 2005, the Department agreed to release funding if work had started on site by March 2006. Working back from this date meant that a 'reserved matters' detailed planning application needed to be submitted by September 2005, in order for the statutory period to evolve.

Thus, by March 2006, four actions needed to be complete:

- select an architect;
- procure a contractor;
- acquire the land, and
- achieve the necessary planning consents.

The tight timetable to achieve these elements shaped the decision to adopt the process of running activities in parallel, rather than sequentially. This approach was potentially a risky strategy: if one thing fell behind, then the whole process could unravel. A potential outcome, therefore, was that Hartfields would be built at much greater cost than originally envisaged.

Two factors were identified by respondents as facilitating the design and build process: first, the scheme already had outline planning permission; second, the partnership pulled together to overcome the obstacles and challenges that arose at this time. A design subgroup to the Partnership Committee was formed (comprising the JRHT, HBC, Hartlepool PCT, and the successful architects, PRP Architects), which facilitated the design and build of the scheme.

Securing detailed planning permission

The biggest risk to the scheme during this process was acquiring the land and getting the detailed planning application submitted in time. Buying the land was the aspect of the scheme that could be controlled the least. Indeed, it proved to be a major challenge for the scheme, which had significant repercussions for the design of Hartfields. After the Department of Health funding had been secured to fund the scheme, the price of the land rose by £0.9 million. To cover the extra cost, additional units had to be built on the site, and the total number of homes rose from the 225 in the original bid to 242. Further, the proportion of homes for rent had to be reduced from the planned 50 per cent to 40 per cent.

A further complicating factor was the particular process adopted to meet the deadline of getting planning permission in on time. Rather than a traditional procurement contract (where the scheme is designed by the architect and then costed, with extra costs added on as the building progresses), a design and build contract was adopted with Hartfields. With this type of contract, the building contractor submits a price before the building has been designed in detail. Using this procedure meant that the deadline to get planning permission was met. However, when the detailed pricing for the scheme was done, it became clear that the design, as it stood, was significantly over budget. Aspects of the scheme then had to be value engineered to bring costs down to an acceptable level. For example, the planned number of apartments that would have balconies was reduced, and the total number of dwellings was increased, resulting in an additional storey to the main block, and 'double banked' corridors (internal corridors with flats on both sides, as opposed to corridors with flats on one side, and an external view on the other, which allows better natural light, and greater ease of orientation).

Developing the master plan

The development of the master plan design brief drew upon a range of source materials, including previous JRHT developments for older people such as Hartrigg Oaks[10] and Bedford Court.[11] The design brief was also informed by early experience with the design of Plaxton Court[12] in Scarborough – as this was the only one of these schemes defined as extra care, it was felt that it was important to be able to give a strong steer to the master planners on the design features that the Partnership was looking for, specifically with regard to extra care. In this regard the design brief was also influenced by information drawn from the local Learning and Improvement Network, as well as best practice drawn from extra care schemes in other parts of the country.

The Joseph Rowntree Foundation had earlier commissioned Chaplow Wilson Associates to identify a set of criteria for extra care villages/facilities by examining four schemes in other parts of the UK. The intention of the report was to provide information to support the bidding to the Department of Health for the Hartfields proposal. Such information was supplemented by visits by JRHT and HBC staff to a number of extra care schemes in other parts of the country. These included Ryfields Extra Care Village in Warrington, operated by Extra Care Charitable Trust (ECCT) and Arena Housing Association, and a number of schemes solely operated by ECCT, including St Crispins Extra Care Village in Northampton.

Designing for a wider community

At the heart of the bid to the Department of Health was the intention to make Hartfields accessible to the wider community. Facilities that would be open to the wider public – a restaurant, fitness suite, and day centre – were included in the development. Spaces within the main building were designed to be the base for different health care professionals to work with Hartfields residents and other local people. The design – where the communal facilities are located on the edge of the development, rather than in the centre of the scheme – reflects the concern to make Hartfields outwards-facing. It was predicted that such expectations might present a challenge to the management of the scheme in relation to Hartfields residents' sense of 'ownership' of the communal facilities, but also their sense of security within the scheme. This point echoes wider research that has noted tensions between residents and non-residents about the use of facilities (Croucher *et al.*, 2007).

Care and support services

Although housing with care schemes are designed to offer flexible care that can meet a wide range of needs to enable people to remain living in their own homes as their needs change, evidence suggests that few schemes can offer a 'home for life' to all (Croucher *et al.*, 2006; Croucher *et al.*, 2007). From the beginning, it was decided that Hartfields would not be able to accommodate people who needed the equivalent of nursing care. Thus, for some individuals at Hartfields there may come a point where their circumstances necessitate a move elsewhere, in order for their care to be taken on by other providers. Hartfields will help with any move that has to take place. Nevertheless, it was also the intention that Hartfields could accommodate significant numbers of residents with high levels of need for care and support who would otherwise be living in residential care. Our discussions with key informants confirmed that there was a determination that Hartfields is, and will continue to be, a 'housing' or 'independent living' setting, not a 'care home'. However, it was acknowledged there would be significant challenges in managing and maintaining the balance of the fit and the frail residents.

The staffing levels were set to allow the provision of staff on site and available 24 hours a day, covering both regular visits for those residents who need assistance in the night, but also emergency call out cover. Supporting People funding has been used to assist with the costs of the overnight 'emergency call' service. While this funding is usually given to more traditional forms of housing related support (such as community alarms and the provision of housing management services in sheltered housing), in this case the decision to use it in this way was underpinned by the concept of Hartfields as providing a preventative model, which would enable people to remain living in their own homes.

Services at Hartfields were designed to be provided by the JRHT under contract from HBC. Crucial to the configuration of the service is that there is no distinction made between 'care' and 'support' when delivering services to residents. The intention from the beginning was to operate a seamless service. As respondents explained, this created difficulties in agreeing what the levels of funding were going to be, particularly from Supporting People funds. The contracts for both care and support are based on 'outcomes' rather than 'process', with the focus on the outcome for individual service users (as opposed to receiving a given number of hours of care at given times). This allows considerable flexibility around the services that individuals will receive.

Key informants noted that the introduction of individual budgets, for people who receive assistance with the costs of their care from Social Services, may have an impact on services in the future. The purpose of individual budgets nationally, and within Hartlepool, is to give service users more choice and control over the services they receive, and to allow the development of innovative solutions to meeting people's needs, rather than simply providing a fixed menu of services. Other commentators have highlighted the potential impact that individual budgets may have on extra care housing (see, for example, Manthorpe and Vallelley, 2009). Within Hartlepool, all new clients who present to Social Services will have an individual budget, and all existing clients will have an individual budget as their needs are reviewed. With regard to Hartfields, this could mean that residents might decide to purchase their care and support from another provider, or indeed opt for a different package of services. However, the national pilot of individual budgets (Glendinning *et al.*, 2008) suggests that older people are less likely to use individual budgets with the same level of flexibility as younger disabled people. Early experience at Hartfields indicates that some individuals are using their individual budgets to purchase services that are not available at Hartfields rather than purchasing from another domiciliary care provider. With regard to the core package of services that are covered by the service charge, these are non-negotiable when moving to Hartfields, and residents cannot 'opt out'.

The co-location of PCT and HBC staff in offices in the scheme at Hartlepool means that these staff are able to operate a 'Hub and Spoke' approach, delivering services not only to Hartfields residents, but also more widely in Hartlepool. Thus, there is an expectation that staff working from Hartfields can promote a health and well-

being agenda both within Hartfields and across surrounding neighbourhoods. The town has three integrated teams of district nurses, social workers and home care staff. An existing day centre has also been relocated to Hartfields, and reconfigured as an intermediate care service.

Staffing and management

As noted above, the overall management of the scheme remained with the JRHT.

In summer 2007, one year before the scheme was due to open, a general manager was appointed to oversee all aspects of the development as the building work approached completion. At the same time, a care manager for Hartfields was appointed to begin to develop care services. It was the intention that both managers would have a role in the allocations panel – a joint panel that considered nominations to the scheme from HBC. The care manager would also assess the needs of those people who were wishing to purchase properties in Hartfields. As noted below, the allocation process was complex, reflecting the intention to maintain a balance of different needs and tenures within the scheme.

Financial models and costs of services

Hartfields was always intended to be affordable for people on lower incomes, and also to enable those people who would be eligible for means-tested benefits to cover the cost of their care and support in the scheme. Thus the scheme was designed both for those whose care and support needs are publicly funded and for those who self-fund any care they receive.

The intention for the scheme was that there would be a continuum of care and support from low to high care needs, with four bands of care in the initial planning of the scheme. However, following the introduction of Fair Access to Care Services (FACS) national eligibility criteria, Hartlepool – like many local authorities in England – had to change the criteria for services that HBC would provide or commission to individuals with an assessed need. The FACS framework aims to make sure that anyone aged 18 or over seeking support from Social Services has their needs dealt with fairly across the country. Local authorities must use this framework when assessing the needs of their clients. Previously in Hartlepool, services were available to individuals whose needs were assessed as being in the moderate, substantial or critical bands.

The change meant that services were now provided only to those people with substantial or critical needs. A challenge for the partnership was that a potential gap had opened up in the planned provision of help for Hartfields residents in the moderate band. Currently, the intention is that help for people with low or moderate care needs can be funded through the use of attendance allowance, and the Hartfields' funding model has been adapted to fit in with this particular benefit. However, while attendance allowance is not means tested, residents still have to meet the age and eligibility criteria to qualify for this benefit: not everybody who feels they need help may be eligible. Moreover, some residents who do qualify may have a challenge to make attendance allowance stretch to pay for the level of help that they require. There are also questions about the future of attendance allowance as outlined in the Green Paper, *Shaping the Future of Care Together* (Department of Health, 2009).

In line with the theme of increasing accessibility, a significant proportion of properties are available either at affordable rents or on a shared ownership basis. Those who are renting are nominated by HBC. Nevertheless, the financial viability of the scheme is dependent on the sale of properties to homeowners. The collapse of the housing market in the months leading up to the opening of the scheme has had significant implications for the scheme, and this issue is addressed further below. With regard to any equity growth in the properties for sale, once a property is resold, any growth will be shared between the resident and the JRHT. Forty per cent will go the resident and 60 per cent will go to the JRHT (which will be used to keep fees down).

At the time of writing, the apartments are on the market at the following prices:

- One Bed £120,000

- Two Bed (one double and one single bedroom) £130,000

- Two Bed Plus (two double bedrooms) £140,000

Table 3 below gives the rents for different properties within the scheme. Table 4 outlines the service charges. The tables come from the leaflet 'A Guide to How Much It Costs to Come to Hartfields', designed to explain the financial arrangements for joining Hartfields to prospective residents. Note that rents were set according to the target rent prescribed by the Housing Corporation, and are calculated using a formula that takes account of factors such as relative value of the property, local earnings and the number of bedrooms. For those who part own their homes, a reduced rent is paid depending on the amount of equity invested in the property.

Selection of residents

The intention of the scheme – and one of the biggest challenges – is to successfully mix tenants and owners across the scheme,[13] while at the same time achieving a balance in the range of care needs of residents across tenures. Almost all of the key informants commented on the complexity of the allocations process for Hartfields.

Hartfields aims to meet the needs of residents who have some connection with Hartlepool. The rationale for this was that if older people from outside the borough and with no connection to Hartlepool moved in, this would potentially put financial pressures on local resources. Nevertheless, a couple of respondents did note some disappointment that Hartfields would not be playing a wider role for communities outside the borough, such as Easington.

The fact that most Hartfields residents have links with family and friends in the town may prove

Table 3. Weekly rents

	To 31 March 2009	From 1 April 2009 to 31 March 2010
Cottage	£88.00	£91.50
1 Bed apartment	£72.75–73.75	£75.75–76.75
2 Bed apartment	£80.25–81.25	£83.50–84.50
2 Bed Plus apartment	£82.25–83.25	£85.50–86.50

Note: There is some variation in rents depending on whether apartments have balconies or not.

Table 4. Service charges

Charge	Coverage	Cost (to March 2010)
Management and maintenance	Day-to-day cost of repairs to the property, and housing management	£17.60 per week per household, owners and shared owners only. For renters, charge included in rent.
Service charge	Upkeep of communal facilities, gardens, grounds including heating, cleaning/lighting, insurance, furniture, equipment and reception	£32 per week per household
Support charge	Cost of staff providing general counselling and support, including staff present 24 hours and providing emergency call system	£20.10 per week per household
Care charges	Covers the formal care, as determined by a care assessment carried out by JRHT staff and specified in a care plan	Level 1: £53.50 per week per person Level 2: £158.50 per week per person Level 3: £250 per week per person

Note: Service charges will be reviewed in April 2010.

significant in terms of the informal provision of low-level support. It may be the case that family and friends will be able to provide elements of low-level support, such as housework, enabling residents to maintain their own home. Certainly, research has highlighted the significant role that family and friends provide for residents in other housing with care schemes (Bernard *et al.*, 2004).

Marketing

The marketing strategy was prepared in draft by February 2006. There was a sense that the marketing process, as would be expected, was very fluid, reacting to changing circumstances and feedback from potential applicants. A key challenge for the marketing of Hartfields was providing information on a range of concepts, including:

- extra care;
- mixed tenure; and
- tenure options.

The concept of extra care was new to Hartlepool, and part of the role of marketing was to describe what extra care was proposed for people in terms of independent living with care and support. This involved describing what Hartfields can offer in the way of accommodation, support and facilities in relation to the cost.

Marketing activities included: local media coverage; promotional leaflets and posters distributed to local providers and individual homes; adverts in regional publications; information and promotional materials distributed to GP surgeries, health centres, council offices and the local library; and roadshows promoting the scheme. (Once Hartfields had opened, high-profile visits including by the Parliamentary Undersecretary for the Department of Health, and a member of the Royal Family, were also organised.)

The feedback from individuals at the roadshows in Hartlepool reflected some people's perceptions of mixed tenure. While this did not suggest that there would be antipathy between owners and renters purely on the basis of tenure, there was a sense that some people needed to be convinced that owners would not be subsidising tenants. The argument presented by the JRHT in discussions with these individuals at the roadshows was that there will be no cross subsidy between residents within the scheme: any subsidy comes from outside the scheme from public funding. Further concerns focused on the service charges for living in the scheme. As can be seen from Table 4, service charges for those households who do not need any formal care services are currently £69.70 per week. As noted elsewhere, service charges in extra care and other types of retirement housing are often perceived to be expensive (see, for example, Croucher *et al.*, 2007).

One of the main challenges in the marketing process was identified as selling all the homes intended for full purchase. The housing market in areas of Hartlepool is such that prospective residents may struggle to afford the apartments in Hartfields, even after they have sold their homes. Shared ownership clearly has a role here, but many respondents expressed concern that older people in Hartlepool may be put off by the idea of moving from a two- or three-bedroom house into an apartment for an equivalent price. The dramatic downturn in the UK housing market was unpredictable. The Marketing Update presented to the Hartfields Extra Care Partnership Committee in September 2008 clearly demonstrated that the sale of full purchase properties had been problematic. Of the 97 properties intended for full purchase, only 27 per cent had been allocated, although 73 per cent of the 48 shared ownership properties had been allocated. Demand for the rental properties was, and remains, high. As noted above, the financial model was based on the assumption that a significant proportion of the properties at Hartfields would be sold. Discussions as to how best to respond to the changing housing market are still currently taking place between HBC and the JRHT.

Relationships with local stakeholders and the local economy

There were some concerns about the impact of aspects of the development on local stakeholders and the local economy. One agency noted that there was a diverse housing and care economy provided by a range of local agencies in the area,

and highlighted the potential impact – both positive and negative – that Hartfields might have on this network. The proposed rates of pay, terms and conditions for domiciliary staff in Hartfields were noted as having a potentially negative impact on other domiciliary providers within the borough. There was a sense that the JRHT would need to work hard to cultivate positive working relationships with other care providers – one respondent within the JRHT noted that they were well aware of this issue. On the other hand, one partner noted that the phased opening of Hartfields might mitigate some of this impact. Over time, however, care staff have been recruited gradually to Hartfields, and many are new to the care sector. Moreover, the recent economic downturn has meant that there are more people seeking work in Hartlepool, thus initial concerns about recruitment of staff and knock-on effects on other providers appear to have receded.

With regard to other housing providers, there were concerns that the new development would create letting difficulties in existing sheltered housing schemes. Again, discussions with key informants suggest that these concerns are unfounded. Currently, existing sheltered housing within Hartlepool is undergoing review (as is the case elsewhere) with the intention of reconfiguring support services to be more flexible and mobile. Also some schemes have been, or will be, decommissioned as they no longer meet the required standards for accommodation.

There was also a concern about Supporting People funding within the borough, based on the perception that any spend at Hartfields may have knock-on effects for other providers. Nevertheless, respondents in HBC highlighted that they were conscious of this issue, and that their role was to work in an even-handed manner with all providers in Hartlepool. However, because Hartfields is perceived to be creating added value in terms of its focus on independence, prevention of hospital admission, reduction in social isolation, 24-hour service cover, and its potential to reduce the need for residential care home places, it does receive more Supporting People funding per unit than a traditional sheltered housing scheme, or other recently developed extra care housing schemes that do not have such extensive facilities.

Identifying early challenges for Hartfields

Respondents identified a number of challenges that the scheme faced as the scheme opened to the first residents, and most of these have been touched on above.

- managing the intended mix of people who were going to be living in Hartfields, in terms both of different levels of health and disability, and of those who own their properties and those who rent;
- managing the expectations of (some) residents regarding care and support and the maintenance of independence;
- selling all the homes intended for full purchase;
- working within the financial constraints imposed by public funding, and enabling future residents with low or moderate care and support needs to sustain their lifestyles;
- promoting the idea of independence to residents, and creating realistic expectations regarding what services are intended to achieve, particularly for those residents who move to Hartfields from residential care;
- achieving successful housing and care solutions for residents with health problems that go beyond what Hartfields can address, especially for residents who may develop dementia;
- helping to foster a sense of community both within Hartfields, and between Hartfields and surrounding neighbourhoods;
- managing potential anti-social behaviour in surrounding green space areas; and
- ensuring that key services, especially those located in the town centre, are readily accessible for Hartfields residents.

4 The early life of Hartfields as a new community

As noted in Chapter 1, a second round of interviews was held with key stakeholders, including some of the first residents, in the months following the opening of Hartfields. In this chapter we consider the early life of Hartfields as a new community, and the main challenges and tensions that emerged as residents moved into the scheme, some of which are external to Hartfields, and the product of wider influences and factors. Other issues developed that are internal to the scheme. The chapter highlights how some of these issues have arisen and how stakeholders have responded and sought to address them.

Physical environment

One of the successes of the scheme relates to the accuracy of the budgeting. The forecast of the final account for the construction cost (£29,875,928) is remarkably close to the approved budget figure (£29,941,847), i.e. there was an overspend of only 0.2 per cent. Important ingredients in this success were reported as engaging a specialist contractor with considerable experience of developing extra care schemes, as well as drawing on an experienced team of consultants. One of the lessons learnt from managing the construction phase was that the programming was essential in giving the marketing team realistic, rather than optimistic, information about when phases of the scheme would be available to the public.

A particular focus of attention for the Partnership Committee was ensuring that, subsequent to the scheme opening, any post-completion matters could be readily dealt with. To this end, partnership arrangements between the maintenance manager at Hartfields and an on-site maintenance presence from the contractor have enabled the inevitable issues to be dealt with as they have emerged. Since August 2008, 1,109 defects to the apartments and 293 defects in communal areas have been reported, of which only eight were outstanding by June 2009. There was a sense that the mechanisms that were put in place to tackle defects had been successful, not only in addressing these problems but also in mitigating residents' concerns and anxieties. Where difficulties arose with residents, it was reported that these tended to be as a result of their receiving conflicting information from individuals contracted to remedy defects, and from the management of Hartfields.

One impact of the economic downturn was the appearance of the area immediately surrounding Hartfields, but outside the scheme itself. It was originally intended that the area would comprise a new housing development and a neighbourhood park for the area. However, building stalled as a result of the recession, with the result that the area is currently largely scrubland. There was a concern that the appearance of this area might have an adverse effect on the marketing of the scheme, and additional works were undertaken to improve the look of the approaches to Hartfields. This point reiterates a wider, deep-seated issue, that, from day one, the scheme was hostage to fortune to a certain extent, since the land on which the scheme was built was originally owned by a developer, who still owns the land immediately surrounding the scheme.

Subsequent to the scheme being built, an opportunity emerged to develop a GP surgery at Hartfields. This would provide an additional benefit for Hartfields residents, as well as for residents of the surrounding neighbourhood. Some residents in Hartfields were initially unhappy with an additional flow of members of the public into the scheme, with some fearing that people with drug problems would be accessing the GP facilities. In addition, residents who lived above the GP surgery felt that their privacy and quiet enjoyment of their homes would be compromised by the development. To address concerns about drug users, a representative of the PCT came to explain to residents that drug services were provided in the town centre, and

that it would be highly unlikely for service users to be using the on-site GP services for drug-related problems. With regard to privacy, an option mooted was to limit the impact on residents' privacy by the construction of a pergola on the access route into the surgery. However, this idea also raises the issue of how much additional spending a scheme can bear, or how to prioritise additional spending arising from requests or complaints from residents.

One of the early tensions in the scheme, noted in the section on residents' perspectives, was the view that insufficient car parking was available. In addition to pressure on parking spaces from residents, visitors and staff, the new GP surgery would also generate a new demand for parking. While some of the pressure on parking places reduced as the construction phase of Hartfields came to an end, the inadequacy of the initial parking arrangements was recognised and additional spaces were developed on a portion of land immediately adjoining Hartfields. Research elsewhere in the country has highlighted that planning for sufficient car parking to meet the demand from residents is a particular difficulty in mixed tenure extra care schemes (King and Mills, 2005). This report concluded that owners in retirement schemes were generally very unwilling to give up car ownership, which put pressure on aspirations by planners for the greater use of public transport by residents (King and Mills, 2005: p42).

A further concern has been the on-site day centre, the location of which is less than ideal. People using the centre, many of whom are wheelchair users, have their lunch in the scheme restaurant. However, as there is no direct access from the centre to the restaurant, people must either cross the cark park at the main entrance, or come through an office area. Neither route works particularly well.

Another issue has been the noise from the bar area, disturbing residents living in apartments overlooking the bar and the central 'street' area. Careful negotiations with residents have been undertaken to explore how the disturbance can be reduced. With hindsight, some respondents felt that the bar or other similar areas which might be the focus of social activities would have been better located away from the residential area, or in a more contained space.

Marketing

The downturn in the housing market was quickly recognised as a challenge for Hartfields. One of the responses has been to offer a range of flexible options for purchasers. A difficulty that prospective buyers have experienced is not so much meeting the purchase price of properties in Hartfields, but being able to sell their own accommodation. One of the options developed by the scheme has been to offer people the opportunity to rent in Hartfields for twelve months if they have not been able to sell their property at the end of the reservation period. Another option on offer is for buyers to take up 1 per cent shared ownership for up to three years, again, if they have not been able to sell by the end of the reservation period. Even so, since the scheme opened, 25 prospective purchasers have withdrawn from their reservations, each losing a £500 deposit. A further response to the situation has been for Hartfields to market properties outside of Hartlepool, in surrounding areas. In spite of these responses, 46 out of the 78 properties intended for full sale remained unsold by August 2009, as did 25 of the 67 for shared ownership. Consultants were engaged to assess the market in Hartlepool, and their findings suggested that the pool of potential purchasers in Hartlepool was smaller than envisaged when the scheme was first planned. A lesson to draw is that there should have been a stronger emphasis on researching the local housing market at the planning stage.

The views of residents in Hartlepool on Hartfields also revealed a number of challenges for the scheme, including negative views on the accessibility of the scheme via public transport. Nevertheless, a positive aspect to this latter study was that Hartlepool residents appeared to have a good understanding of the role and purpose of Hartfields, and the range of facilities available there.

Managing a complex, mixed tenure development

Reflecting on the first few months after residents moved in, many key informants spoke about the specific management challenges of a large, mixed tenure community, accommodating people with a wider range of needs, as well as

offering facilities for the wider community. Key informants reflected that both the JRHT and HBC had led the development of Hartfields through their care services, and this focus on care was also reflected within the Partnership Committee. The scheme was also driven by Department of Health funding with its associated requirement of reducing the need for residential care, and was always intended to have a proportion of residents with relatively high levels of care needs. It was felt that some aspects of the management of the scheme, particularly the management of facilities (such as the bar and restaurant), and the housing and neighbourhood management (including establishing mechanisms for engaging with residents), had been less fully considered.

One unexpected difficulty was the departure of the general manager at a critical point, relatively soon after the scheme opened. From the beginning of the development process, the necessity of having an effective overall manager had been recognised. The manager's critical role in the complex allocation process had also been recognised, and the manager had been appointed the year before the scheme opened. However, while the manager's departure created difficulties, it also offered the opportunity to reflect on the key skills required once the scheme became operational, not just in terms of overall general management, but also in terms of housing and neighbourhood management, facilities management and resident engagement and participation (see the person specification for the job as advertised in 2009 in Appendix 2). Preliminary findings of the National Evaluation of Extra Care by PSSRU at the University of Kent indicate a high management turnover in retirement villages in particular, suggesting that recruitment and retention of people with the required skills is not easy. There is no obvious skill set or professional pool to draw on.

As noted in Chapter 3, it had been recognised that one of the challenges for Hartfields would be managing the intended mix of people who were going to be living in the scheme. Contrary to earlier expectations, tenure or type of tenure is not perceived to be creating divisions within the community; it is the mix of fit and frail, alongside those whose behaviour is perceived to be problematic, that have caused problems within the community. Although the marketing strategy had been carefully designed to explain the concept of extra care – a new concept in the context of housing and care for older people in Hartlepool – in the early months those residents without care needs, who understood Hartfields to be a retirement village, expressed some concerns that the focus of attention within the scheme seemed to be on care services and those residents with care needs. This is perhaps a reflection of the fact that early nominations from HBC were being made on the basis of care needs rather than housing needs. Furthermore, a delay to the planned opening meant that groups of residents arrived en masse rather than over a period of time as planned. Consequently, residents with relatively high levels of care were moving into the scheme often at very short notice, from transitional or short-stay accommodation. The on-site day centre had also opened, serving the wider community of Hartlepool. Moreover, it seemed that some residents with care needs had been given unrealistic expectations of what care services within Hartfields would offer them and saw it as 'like a care home'.

Measures taken in response to these tensions have focused on addressing issues relating to care delivery and housing management, and on working with residents not only in relation to their complaints, but also for engagement and community development. Links have been made between Hartfields Residents Committee and existing residents' groups with the JRHT. Careful work has been undertaken with the day centre to fully integrate it and its service users into the Hartfields community. Additional support and training have been given to front-line staff. A housing manager was appointed in February 2009. Ten new care staff have recently been appointed. The secondment of a member of the social work team to the scheme has provided a crucial bridge between social workers, HBC and the scheme. Very recently a new neighbourhood manager has been appointed to take on the overall responsibility for managing the scheme and all its different elements.

Living at Hartfields: residents' perspectives

As noted in the Introduction, two meetings with residents, followed by two focus groups and some interviews, were undertaken in December 2008. Here we report the views of residents who at that time had only recently moved into their new homes. There were concerns among some residents about the ethos and intention of the scheme. Those residents who took part in the discussions with the research team, however, were very satisfied with their accommodation and with Hartfields, as reflected in the following comments:

> *I expected a lot and I have found that I've got a lot. It's matched my expectations. Totally happy. When people ask us how long did it take you to settle down, we say 'one day'. We've felt right at home. The staff made us feel that way. Very, very good.*

There were, of course, comments of a critical nature and these are addressed below, but it is important to place them within an overall context of the positive strength of feeling among residents about the scheme.

Reasons for moving to Hartfields

Residents reflected on the reasons why they had decided to come to Hartfields. For some, aspects of their previous homes, such as stairs or gardens, had become problematic. A further difficulty was anti-social behaviour in the immediate neighbourhoods surrounding their previous homes. Other residents commented that the decision to move was based on planning for the future, and the potential care needs that might arise in later life. A feature of these responses was that Hartfields offered something new and unique for people in Hartlepool:

> *When I heard of Hartfields, I said, "This is the kind of place I've been thinking about", and I couldn't put it exactly into words, but I used to think, "Why can't you go into a place as a stepping stone, before you get to a place where you need complete attention?" And when I read about here, it was well "this has been my thinking all along". So I was determined to get here, by hook or by crook. And I'm enjoying it.*
>
> *It's just the idea of a place for the rest of your life. When you are getting on a bit, this can adapt. So there's care. But if you don't need it, then you don't need it.*

Other reasons for moving to Hartfields included the wish for security, peace and quiet, as well as friendship and community.

Initial concerns about the scheme

A number of the concerns that residents raised reflected the early life of the scheme soon after it had opened. A range of issues was apparent, as well as initial delays in equipping some of the facilities, which included:

- the laundry room, IT suite and healthy living suite not yet fully equipped;
- the difficulty of disposing of rubbish after moving in/no rubbish bins in the street;
- delays in receiving bills for rent and/or gas and electricity;
- noise in people's rooms due to the heating system; and
- the cost of facilities, such as the gym, in comparison with similar facilities in other parts of Hartlepool.

Other concerns included access to the site, and, as noted above, impressions that Hartfields was more like a care home than anticipated.

Access to and from Hartfields into the surrounding neighbourhood, as well as more widely around Hartlepool, was a concern for several residents. Again this was a challenge that key informants had highlighted prior to the scheme opening. The most significant issue related to the amount of car parking available for residents at the scheme, which was felt to be insufficient. Additional car parking has since been provided. A further concern was access to public transport, and this too had already been highlighted as a potential difficulty prior to the

scheme opening. To a certain extent, this has been hampered because the access road linking Hartfields to the main carriageway cannot take the buses that are currently run by the local public transport operator (the road was constructed by the developer to the minimum standards required by planning). Residents also commented on pedestrian access in the area immediately surrounding Hartfields. The accessibility of public footpaths for disabled people in the neighbourhood surrounding Hartfields was felt to be hampered by measures to reduce anti-social behaviour.

Respondents were keen to develop a sense of community and a mutually supportive atmosphere in the scheme between residents. Nevertheless, a number of tensions and challenges were also apparent, as a result of the diverse range of needs and expectations among residents. Before moving in, some of the residents felt that they were going to take up a lifestyle option characterised by a vibrant social life. They were surprised at the level of care needs within the scheme, prompting several to question if Hartfields is a retirement village or a nursing home.

Some residents also expressed concern that those with high care needs seemed to be quite isolated within Hartfields and spent most of their time in their apartments. To a certain extent, this issue was magnified because care workers needed to act as intermediaries between residents who wanted to make contact with their neighbours, and residents who were too frail open their front door to visitors. A linked issue was some confusion at that time over the extent to which informal support could develop between residents at Hartfields.

There were also tensions between residents about developing the social life of Hartfields. Some were concerned about levels of noise, while others wanted an opportunity to socialise, especially in the evenings, and the chance to have a drink. There appeared to be a clash of cultures between residents about how Hartfields might develop socially in this regard, revolving around differing perceptions of the role of a retirement community. Tensions were also apparent over the extent to which Hartfields develops as an outward-facing community, with strong links with other residents around Hartlepool. Some resentment was expressed at non-residents, such as the day centre users, accessing various facilities within the scheme, and also at the development of the new GP surgery.

Linked to the issue of public access into the scheme, there were also mixed feelings about security. Security on the site itself was felt to be very good, but there were rumours about developments surrounding Hartfields, and also access into Hartfields by members of the public that caused some anxiety for residents. This was especially the case in regard to the potential development of a play area and recreation facilities close to Hartfields on the Neighbourhood Park, which residents felt would be inappropriate so close to a retirement community.

These latter points highlight the crucial role that information plays in telling residents, including prospective residents, of the specific circumstances that exist, or are planned for schemes, encompassing not only the physical structure and facilities, but also the planned ethos of a scheme. Research has highlighted the difficulty of achieving a flow of information that addresses the potential concerns and anxieties of residents, or prospective residents, including the observation that some people will hear only what they want to hear (King and Mills, 2005).

Resident representation

Residents expressed their eagerness to develop methods of representation such as a residents' association to enable their views to link formally with the management of the scheme. There was a feeling that links could be made by residents into the more powerful structures and there was one suggestion for resident representation on the Hartfields Partnership Committee. Further, many respondents commented on the importance of the reception service in providing a conduit for residents' views and queries about aspects of the scheme and its management. Respondents were keen to stress the outstanding service provided to residents by the reception staff.

As noted above, subsequent to these interviews and discussions with residents, considerable work was undertaken by the JRHT to engage with residents and establish further mechanisms for residents to express their views to the managers at Hartfields.

Building a vibrant community

In summer 2009, when more residents had moved into the scheme and initial problems with the building had been addressed, key informants reflected on the emerging community at Hartfields. They noted there was a 'buzz' about the place, particularly as more people moved in, that increasing numbers of residents were inviting their families to eat in the restaurant, that every month there was a "really good event" (such as a St George's Day Party), with more low-key entertainment happening in the meantime, and that the Residents' Association was up and running. As one informant noted:

> *An active, vibrant community – in my experience – takes a bit longer than a year. I think it has the potential to be too active and vibrant for some of the residents … the [residents] committee are really good and committed, but the staff also organise events, and they are starting to work together. They are the only community I know that has one good event every month, so they have a big event like St George's Day, St Patrick's Day, big events like that once a month, and other things through the week, so they've got all these things happening already. 60 is the new 50, and residents in Hartfields, most of them are living very active, very full lives…*
>
> **Respondent (interviewed summer 2009)**

In line with evidence from other studies, the greatest area of concern was the tensions between the fit and the frail, or the 'non care' and 'care' residents, and also those people who had 'support' needs, or whose behaviour was on occasion problematic for those living near them. It was felt that there a difficult balance between ensuring the scheme reflected the needs and concerns of those who were younger and more active, but also took into account the disabled members of the community, and provided them with opportunities to engage actively within the scheme.

> *You have this real divided opinion, and having all the facilities there doesn't help, having the bar and the entertainments lounge, yeah, on a small scale, maybe a little sheltered housing scheme, it's fine, but having those sorts of community facilities on such a big site with so many different needs, it's a massive, massive amount to keep a handle on.*

5 Key learning points and future challenges

Without doubt, Hartfields is a successful scheme. It was designed and built within budget in a relatively short period of time. It provides a range of accommodation and facilities for Hartlepool that is entirely new to the town, and has dramatically improved the future accommodation and care options for older people in Hartlepool. It has also offered learning opportunities for developments of other extra care housing schemes. These are outlined below, alongside the future challenges that were identified by respondents.

Key learning points

The crucial role of planning

The process of developing the scheme was felt to have progressed relatively smoothly in spite of some small difficulties. A significant advantage for Hartfields was that it already had outline planning permission. Because Hartfields is part of a much larger development of new housing, it did not attract objections in the same way that a stand-alone development next to existing residential areas might have done. Respondents also felt that the extensive consultations carried out with local residents had helped to address people's concerns and reduce possible objections. Planning that adopted an enabling function, rather than simply operating in regulatory mode, was also crucial to the successful development of the scheme. Not all developments will have the planning 'advantages' with regard to the availability of suitable sites with existing outline planning permission. However, broader lessons about the enabling function of planning, and the importance of consulting with local residents and communities, can be taken forward in the development of other similar schemes.

Focused partnership working

There was a general view that the Partnership Committee had been particularly effective. It sustained the vision for Hartfields over the course of the development, despite there being changes in both the JRHT and HBC, and also allowed open discussion of any potential problems and difficulties that arose. As well as the partner organisations, the Committee also brought a wide range of local stakeholders into the decision-making process. It was widely acknowledged that the Committee's chairperson had played a crucial role in keeping the Committee on track. The flexible way in which partners had worked together to get around any barriers, constraints or unforeseen difficulties (for example, the downturn in the housing market) that had presented themselves was also noted – respondents with experience of working in multiple partnerships noted that this aspect of joint working could not be taken for granted. While effective partnership working is commonly recognised to be a crucial element in taking forward any complex service development, a learning point from Hartfields is that a well-serviced and managed Committee which allows for robust discussion, early troubleshooting and involves a wide range of stakeholders, with a clear remit of tasks and responsibilities, proved a highly effective mechanism for taking the development forward.

Marketing and information

The various different approaches that were taken in marketing the scheme to potential residents were outlined in Chapters 3 and 4. The importance of marketing the scheme from the outset, not just to prospective residents but to the whole community in Hartlepool, is also a key learning point.

Managing complex communities

A further key learning point reflects the challenges of managing large, complex communities that are home to a diverse group of (older) people with a wide range of expectations and needs. As noted in Chapter 3, evidence suggests that recruitment and retention of people with the required skills can be problematic in retirement villages. The appointment

of a new neighbourhood manager will be crucial to the future success and stability of the scheme. A number of respondents noted the different 'ethos' and style between housing management and care management, and the need to synthesise both styles of management to address the challenges of managing a large, complex 'housing with care' community such as Hartfields. There are a number of learning points here. First, the management skills required for large and complex schemes need to be nurtured nationally, and it would seem that opportunities for sharing experiences and learning could be taken forward given the growing number of retirement villages that are emerging in the UK. Second, managers need to be in place well before schemes become operational, and work to closely with all partner organisation to co-ordinate the services, and also to understand and manage future expectations for the scheme.

A management challenge that emerges from this study and other related studies of housing with care is that of balancing the expectations and needs of diverse groups of residents and, in addition, how best to enable and empower residents to take a positive and active role in developing and shaping their communities. Some thought should be given to mechanisms for engaging with residents before they move in.

Understanding the local community

A further learning point is that of understanding the local community in which such schemes are located, and trying to develop a sense of how local cultures will shape the new communities that evolve. For example, in Hartfields many residents had moved as a consequence of anti-social behaviour in their former neighbourhoods, thus it seems likely that there will be particular sensitivities about opening the community to the wider public.

Future challenges

Key informants identified a number of challenges that face the scheme, including marketing, addressing issues around the development of the surrounding area, and managing and developing a community that accommodates such a broad range of needs.

Perhaps marketing of the 'for purchase' properties is the most immediate challenge, with the attendant issue of looking outside Hartlepool for homeowners if required, or changing the mix of tenure in the scheme, and increasing the number of properties to rent. A number of informants questioned whether properties should be offered more widely to people who want to rent, and not just to those who are nominated by HBC, given that Hartfields is presented as a resource for all the community in Hartlepool. Another challenge is related to level of rents. As inflation falls, expected income from rents and service charges (which are linked to inflation rates) is likely to decrease.

A key issue is how far the model of mixed needs can achieve a successful and thriving environment. Other research shows that possible tensions between residents on the basis of levels of income need to be carefully managed (Croucher *et al.*, 2007, Evans and Means, 2007); however, in Hartfields, thus far, issues around tenure do not appear to be a problem. The key dynamic is the mix of fit and frail older people with both care and support needs. As Bernard *et al.* (2007) conclude, the key is not so much the allocation procedure in getting a target balance of needs as the careful management that subsequently follows.

It will be a challenge to maintain a balance of needs within the scheme, particularly to manage the 'pent up' demand for a new and innovative scheme, which offers high-quality accommodation and a wide range of facilities for people who are or would otherwise be living in residential care settings.

When Hartfields was first planned there was no other extra care provision in Hartlepool. However, three new schemes will be coming on stream in the near future. A challenge for Hartfields will be to compete with these new schemes, which are likely to be cheaper, as they do not have the range of facilities on site that Hartfields can offer.

In the wider context of the location of the scheme, the JRHT as an organisation is physically and culturally embedded into the housing, care and support structures in York, both in formal but also in many informal ways. Translating working practices and the corporate identity of the JRHT into a different physical and cultural location will be a challenge. The physical location of

Hartfields and the particular culture of Hartlepool need to be taken into account when trying to draw the scheme into the wider JRHT 'family'.

In the wider context of a difficult economic climate, respondents also noted concerns about future levels of public sector funding (particularly funding for the Supporting People Programme), and the implications of reductions in funding not just for Hartfields but for public sector services more generally.

Opportunities

Alongside the challenges, key informants also perceived that Hartfields offered a number of opportunities. Among these were the possibilities for service delivery and development offered by having other professional groups located on site, particularly in relation to primary care services, and opportunities to promote healthy living and well-being in later life. Similarly, it was felt that the day centre was an evolving service and there were also possibilities for developing that service both for the benefit of Hartfields residents and people from the wider community. For many of the residents, it was the first time they had an opportunity to shape the community where they lived, and it was felt that many were responding very positively to this.

Learning from Hartrigg Oaks

While there are some important lessons that can and have been learned from the development of Hartrigg Oaks, Hartfields is in many crucial respects very different. In brief, Hartfields, as a mixed tenure development, serves people from a wider range of backgrounds with different housing biographies, which in turn reflect very different experiences through the life course and expectations of what the scheme will be like. The Hartfields development has also been a partnership, unlike Hartrigg Oaks. The allocation criteria for Hartfields are far more complex than at Hartrigg Oaks, where residents simply have to be well on entry and to demonstrate they have the financial means to afford to live there in the longer term. The financial model adopted at Hartrigg Oaks is probably unique in the UK, where the majority of residents pay a regular 'insurance type' fee from the point of entry that covers the costs of any care, however much or little individuals require. At Hartfields some people have considerable care needs when they come into the scheme, and some residents have support as opposed to care needs. Allocation decisions are made jointly. Hartfields is also designed to be more outward-facing, with more facilities designed to be used by the wider community and other organisations. Thus there were some aspects of Hartfields that were completely different and new in terms of planning and operation.

Reflecting on earlier work at Hartrigg Oaks (Croucher *et al.*, 2002), there are a number of key issues that also emerged at Hartfields. These focus on: the creation of realistic expectations and understanding among residents – both the fit and the frail – as to what was actually on offer in the scheme; managing and understanding tensions relating to the mix of the fit and frail, which were apparent in the early days of Hartrigg Oaks and focused on the residents of the Oaks (the care home element of Hartrigg Oaks); and the use or possible use of facilities within schemes by non-residents.

Broad messages and learning from the development of other JRHT schemes and other research are also applicable to the Hartfields context. Some key informants argued that the JRHT's new development at Derwenthorpe is closer to Hartfields in terms of its complexity than Hartrigg Oaks.[14] Perhaps there are ways in which both these developments can learn from each other on some key issues. The Centre for Housing Policy's previous comparative evaluation of a number of different housing with care schemes (Croucher *et al.*, 2007) highlighted the importance of recognising that the 'housing' element of housing with care schemes is not secondary to the 'care' element. The comparative evaluation also highlighted the size and location of schemes and the allocation or entry criteria for residents as being important factors in shaping the communities within schemes. These messages are reinforced by the early experience at Hartfields.

Conclusions

This report has told only the first part of the story of Hartfields. Thus far, a positive picture emerges. From the beginning, the development was embedded in a wider strategy to develop housing and care options for older people in an area with high levels of unmet needs, poor housing conditions and high levels of illness and disability. The setting up of the partnership enabled a successful bid for central government funding to be drawn into Hartlepool and has, as many respondents noted, "put Hartlepool on the map". The planning and building stages were carried out remarkably smoothly. The scheme offers a range of new and different options to a wide range of people. There were some difficulties in the opening phase of the scheme, but these are being addressed. A new community is already beginning to emerge.

A key point is that our understanding of the challenges of managing, working and living in complex, large-scale developments such as Hartfields is relatively limited. While the number of retirement villages has increased rapidly in recent years, there is relatively little evidence on which to draw. With regard to the management skills required, reflection on the early development of Hartfields highlights the need for housing, neighbourhood and community engagement skills, as well as care management and delivery skills. While some, including some of our key informants, would argue that Hartfields is no different from any other community, we would argue that perhaps there is something very particular about 'managing' communities of older people, and the opportunities and challenges presented by large-scale schemes such as Hartfields. Previous work with residents in housing with care schemes highlights a general perception among residents that living in such schemes is 'a different way of life'. We believe that it is important to acknowledge that residents are at a certain point in the life course, and this has influenced their decision to move to such an environment, and must shape their expectations and experiences of living in such developments. Over time the evidence base will grow, and we hope that this report will assist in furthering knowledge of what works, and of the key tasks and challenges in developing new models of housing with care that will address the diverse and complex needs and aspirations of current and future generations of older people.

Notes

1 Details of the Department of Health programme and the schemes that have been funded can be found at: http://www.integratedcarenetwork.gov.uk/index.cfm.

2 See http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Housing/DH_083199 for the Department of Health definition of extra care housing.

3 See the PSSRU website dedicated to the Extra Care Evaluation at http://www.pssru.ac.uk/projects/echi.htm; see also http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Housing/DH_083199 for an overview of the evaluation programme.

4 Lifetime Homes standard is a set of 16 design criteria that provide a model of providing accessible and adaptable homes; for more information, see http://www.lifetimehomes.org.uk.

5 The 50+ Forum was developed as part of the Better Government for Older People initiative. It is an 'open access' forum and is self-managed by older people in Hartlepool.

6 Hartlepool Borough Council had previously submitted an unsuccessful bid to the Extra Care Housing Fund.

7 The Local Implementation Team for Older People is the main joint planning forum for issues that impact on older people. It consists of representatives of older people, carers and key agencies from the statutory, voluntary and independent sector providing services to older people.

8 See http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_4009653.

9 Hartlepool Extra Care Partnership Committee Minutes, 6 May 2005, Appendix IV to paper 04/05.

10 See http://www.jrht.org.uk/Housing+and+care+services/Retirement+living+and+support/Hartrigg+Oaks/.

11 See http://www.jrht.org.uk/Housing+and+care+services/Retirement+living+and+support/Bedford+Court/.

12 See http://www.jrht.org.uk/Housing+and+care+services/Retirement+living+and+support/Plaxton+Court/.

13 There is no difference between accommodation that is rented or purchased.

14 For further information about Derwenthorpe, see http://www.jrf.org.uk/publications/planning-urban-development.

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Appendix I: Topic guide

Background details for respondent

- Role within organisation
- Role with respect to Hartfields
- How long have you been involved with the Hartfields scheme
  - Taken over from other colleagues where previously involved? (name, contact, etc.)

Intentions for the scheme

- How is the scheme different from current and existing provision in Hartlepool?
  - What more is it expected to do or achieve?
  - What aspects of the development will make it a 'flagship' scheme?
- Have *your* organisation's original intentions/ plans for the scheme changed, or modified at all since your organisation has been involved?
- What about the overall plans for the development – have these altered over time at all?
  - Why was this?
- Have decisions across the authority/ organisation as a whole had an impact on the plans for Hartfields?

Development of the Scheme

- Any particular factors that the planning process has had to accommodate?
  - e.g. plans for tenure arrangements/ balance altered since original conception of scheme? Changes in levels of care
- Application process – how will it work?
- Involvement of the local community in its development?
- Involvement of older people – how has this informed the development?
- How far do you think that the masterplan has met the original vision for the scheme?
  - Any constraints?
- Where are people likely to come from in terms of, say, existing care homes?
- Hartfields replacing older sheltered units in Hartlepool – anyone to be drawn from these units, or likely to be from residential care?

Partnership

- What do the other organisations bring to the scheme?
  - What does working with JRHT bring?
- How has the partnership developed in terms of membership?
  - Has this changed over time – new partners?
- Challenges to partnership working – for example, changes in personnel with regard to building and sustaining relationships within the partnership.
- How far has the partnership worked with external agencies?

Challenges facing the partnership

- What do you consider to be the main challenges facing the partnership with regard to the development of Hartfields?
  - Do you feel that any potential risks have remained the same or have changed at all?
  - Have they reduced or increased in scope?
  - Have other potential risks emerged?
- How have these been dealt with?

Lessons learned

- What has been learnt from putting together the Hartfields development?

- Drawn on experience from a wider perspective?
  - Experience of other partners?

Wider impacts of the scheme

- What do you think the scheme will add to the local area?
  - housing/care/health/social

- Has there been a consideration of the potential impact of the scheme for other providers in the area?
  - Demand for care staff
  - Demand for other accommodation

Other

- Anything else that we haven't discussed that you would like to add?

Appendix 2: Job description for Neighbourhood Manager

Department: HOUSING AND COMMUNITY SERVICES
Job Title: HARTFIELDS NEIGHBOURHOOD MANAGER
Job Grade: JRF 10
Responsible to: JRF Director of Housing and Community Services
Responsible for: Office and Facilities Manager and Care Manager
Purpose of Job: To provide overall day-to-day management of Hartfields Village, ensuring all key functions are delivered and that services are developed to reflect the highest of standards.

Duties and Responsibilities:

Management of Service Delivery

1 Provide and further develop a high-quality place and local environment in which all residents and visitors feel valued, safe and supported.

2 Lead, manage and develop service provision by ensuring its continuing relevance to residents and their needs, purchaser requirements, by ongoing planning, monitoring and evaluation of effective service delivery.

3 Ensure all service delivery complies with regulatory, registration, contract, and JRF/ JRHT policies, procedures and requirements.

4 With the JRHT Housing Neighbourhood Manager, ensure an efficient and effective housing management service is delivered.

5 Work with other JRHT staff to ensure residents and visitors are able to fully access communal activities and are actively engaged in service monitoring and review.

Staff Management

6 Actively participate in the Housing & Community Services senior management team, contribute to service improvement and planning.

7 Participate in recruitment, supervise and appraise staff, identify training and development needs as required.

8 Ensure the safety and well-being of all associated with Hartfields in compliance with JRF health and safety procedures, risk assessment, emergency procedures and adult protection.

Management of Resources

9 Manage the financial accountability and relevant budgets of Hartfields within the agreed framework.

10 Ensure effective management and control of resources – property, equipment, etc.

11 Liaise and take action appropriately to ensure all property and landscaped areas are maintained to agreed standards.

Marketing and Promotion

12 Ensure Hartfields is marketed and promoted positively and that sales and allocations are maximised.

13 Promote the use of communal facilities both internally and within the wider neighbourhood.

14 Promote and develop appropriate partnerships with local groups and organisations including Hartlepool Borough Council.

15 Promote Hartfields as a national demonstration project.

Administration

16 Ensure JRHT service standards are reflected in relation to customer care and service delivery.

17 Ensure corporate business systems, including budgetary controls and IBS are in place and used.

18 Service committees and forums as required, including where necessary taking and distributing notes and minutes.

The Joseph Rowntree Foundation has supported this project as part of its programme of research and innovative development projects, which it hopes will be of value to policy-makers, practitioners and service users. The facts presented and views expressed in this report are, however, those of the author[s] and not necessarily those of the Foundation.

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Dr Mark Bevan is a Research Fellow in the Centre for Housing Policy, University of York. He has undertaken a considerable range of research on the housing and support needs of older people across a range of settings. Mark has also completed research on structures of community governance including the role of new parish and town councils in urban areas. Mark has maintained a keen interest in housing issues in rural areas throughout his career, which originally stemmed from doctoral research on affordable housing and housing needs in rural East Suffolk.

This report considers key decisions and challenges faced by organisations when developing large, complex, mixed tenure extra care retirement villages for older people.

In the past few decades there has been growing interest and investment, by both the public and private sectors, in extra care housing schemes for older people. These retirement villages, one of a number of extra care housing models, allow residents to live independently and access care when needed.

As they are quite new, understanding of the challenges of developing, managing, working and living in such complex, large-scale schemes is limited. This report tracks the development of a new retirement village in Hartlepool and highlights:

- the original ideas and strategic thinking behind the development;
- how the partner organisations worked together;
- how key decisions were made; and
- the challenges and opportunities for commissioners and providers.

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