

5803

Object

Document Element: Policy HC14: Health Infrastructure**Respondent:** McCarthy Stone**Agent:** Miss Natasha Styes**Date received:** 29/05/2024 via Web**Summary:****Recommendation:**

For the plan to be in line with national policy and effective Policy HC14 should be amended so it reads as follows:

Proposals for major residential developments must be assessed against the capacity of existing healthcare facilities through.....

In addition, the following wording should be added to the policy to recognise the health benefits of older persons housing.

'Specialist Housing for older people has a number of health benefits and proposals for such schemes will not be required to submit a Health Impact Assessment '

See attached representation.

Full text:

Policy HC14: Health Infrastructure

Policy HC14 requires 'proposals for major residential developments or specialist elderly accommodation to be assessed against the capacity of existing healthcare facilities through engagement with the relevant Integrated Care Board ICB (formally Clinical Commissioning Groups - CCGs). Where it is demonstrated that existing facilities do not have capacity to accommodate patients from new development and that the development will result in an unacceptable impact on these existing local facilities, then a proportionate financial contribution or on-site provision will be sought and agreed through engagement with the ICS'.

The Council should note that there is a common misconception that older person's housing places an additional burden on healthcare infrastructure. Given the council's strong support for specialist housing for older people in Policy HC5 rather than requiring applicants of older person's schemes to show that there is capacity in healthcare systems and to show that the scheme will not have a health impact and if there is an impact the proposal should pay a financial contribution, the policy should instead recognise the health benefits that delivering older people's housing can bring to individuals.

Older Persons' Housing produces a large number of significant benefits which can help to reduce the demands exerted on Health and Social Services and other care facilities – not only in terms of the fact that many of the residents remain in better health, both physically and mentally, but also doctors, physiotherapists, community nurses, hairdressers and other essential practitioners can all attend to visit several occupiers at once. This leads to a far more efficient and effective use of public resources.

A report "'Healthier and Happier' An analysis of the fiscal and wellbeing benefits of building more homes for later living" by WPI Strategy for Homes for Later Living explored the significant savings that Government and individuals could expect to make if more older people in the UK could access this type of housing. The analysis showed that:

- 'Each person living in a home for later living enjoys a reduced risk of health challenges, contributing to fiscal savings to the NHS and social care services of approximately £3,500 per year.
- Building 30,000 more retirement housing dwellings every year for the next 10 years would generate fiscal savings across the NHS and social services of £2.1bn per year.
- On a selection of national well-being criteria such as happiness and life satisfaction, an average person aged 80 feels as good as someone 10 years younger after moving from mainstream housing to housing specially designed for later living.'

In addition, specifically designed housing for older people offers significant opportunities to enable residents to be as independent as possible in a safe and warm environment. Older homes are typically in a poorer state of repair, are often colder, damper, have more risk of fire and fall hazards. They lack in adaptations such as handrails, wider internal doors, stair lifts and walk in showers. Without these simple features everyday tasks can become harder and harder.

Change suggested by respondent:**Recommendation:**

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Legally compliant: No

Sound: No

Comply with duty: No

Attachments: None