Appendix 1: Living Well - Homes for Norfolk Business Case

Project name	Living Well: Homes for Norfolk Accelerating the development of extra care housing		
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1. Context and business drivers

1.1. Context

This business case sets out the cost and benefit of accelerating extra care housing development over the next 10 years. Increased demand and population growth are a huge pressure on existing services and public finance. Extra care housing, which provides an independent living option for people with care needs, is less expensive than residential care and is identified as an effective way of supporting people in their local communities. Once completed this programme will deliver circa £4m gross revenue saving per year. This figure is affected by the level of agreed subsidy for each scheme. Each scheme will be subject to a rigorous feasibility and financial assessment, resulting in an individual business case.

1.2 Supporting the implementation of Norfolk County Council's vision

Norfolk County Council (NCC) is committed to supporting people to be as independent as possible during their lives. Supporting vulnerable people, including helping people earlier before their problems get too serious, is a NCC corporate priority. Supporting people *to be independent, resilient and well* is an NCC vision.

To achieve that vision, NCC has developed a Promoting Independence strategy. The strategy has three main elements: prevention and early help, staying independent for longer and living with complex needs. Specifically identified within the living with complex needs element is the requirement for a range of housing options for people which helps them retain their independence. Having appropriate supported housing available in the right locations, at the right time and with the right characteristics will go a long way to fulfil our vision.

1.3 Extra care housing defined

Extra care housing (ECH) is the term used nationally to describe housing for people that provides planned and unplanned care provision within self-contained accommodation with staff available twenty-four hours a day. Housing with Care is a term Norfolk County Council uses to describe its current provision of extra care housing. For clarity, only extra care housing will be used throughout this document.

ECH schemes are made up of flats that are rented or owned by individuals who require a level of care. Individuals renting a flat may be able to claim housing benefit, subject to having their eligibility confirmed, for the rent of the accommodation.
Because of the additional service charges incurred by ECH schemes the rent (and service charges eligible for housing benefit) may be higher than the Local Housing Allowance (LHA) rate.

However, ECH schemes are classed as exempt accommodation under the housing benefit regulations based on the landlord being a Registered Social Landlord (RSL) or charity/voluntary sector organisation. This means that in agreement with the district council rents can be set above the LHA rate.

1.4 Demand

To establish the demand for ECH in Norfolk, an analysis has been produced looking at projected demographic growth of over 65s over the next 10 years. In addition to this, NCC has an ambition to increase the number of people that are supported in ECH, preventing avoidable admissions into residential care.

The Housing LIN (Learning and Improvement Network) has developed a national equation for quantifying the amount of ECH needed (25 places per 1000 over the age of 75) and we also recognise the national drivers around ECH and its importance in the future care of our elderly population[1].

Combining national need targets, population increases specific to Norfolk and an ambition to support more people to remain independent, the predicted need for ECH provision by 2028 is summarised in Table 1.

Table 1: Predicated demand of extra care housing in 2018

District	Population estimate over 65	Prevalence of need[2]	Minus existing supply	Unmet need 2028	Affordable rent	Outright sale/shared ownership/private rent
Breckland	42,000	572	54	518	207	311
Broadland	39,600	548	70	478	191	287
Great Yarmouth	28,100	375	65	310	124	186
King's Lynn and West Norfolk	46,600	622	70	552	220	332
North Norfolk	40,200	556	70	486	194	292
Norwich	24,300	318	180	138	55	83
South Norfolk	40,200	549	189	360	144	216
	261,000	**3,540**	**698**	**2,842**	**1,135**	**1,707**

As shown in Table 1, demand calculations show 3,540 extra care units (that are available as either social/affordable rented units or ownership) will be required by 2028. This figure will be subject to refinement as the programme progresses. There are 698 units already operational, leaving a target number of 2,842 units to be built.

1.5 Enabling NCC to meet the growing need for specialist housing

Delivering the range and volume of supported housing needed will not be easy. Like most local authorities, NCC is experiencing a continuing fall in revenue funding and an increasing demand for services. At the same time, the council needs to respond to changing expectations and aspirations of how care and support is delivered. The most recent NCC response to meeting these challenges was considered in the Commissioning and Market Shaping Framework 2017/18 to 2019/20 paper to Committee on 6 November 2017.

One of the key points of the paper was the need for care accommodation to be modernised and the supply of independent and/or supported accommodation increased.

The development and delivery appropriate housing in Norfolk is a key priority.

1.6 Business drivers

There are a number of business drivers for this programme:

- The number of people aged 65+ in Norfolk currently stands at 219,700 and is projected to rise to 261,000 by 2028
- NCC is currently supporting 3,527 people through domiciliary care packages and 2,488 people in residential care. Using the same support ratio, we can project 2,955 placements in residential care (an increase of 18.7%) in 2028
- For residential care, NCC places 28 people per 100,000 more than our statistical family group average and 96 people more per 100,000 than the regional average
- The average length of stay in residential care for older people supported by NCC is over 3 years, well above the national figure of 2 years
- Norfolk has 698 existing units of extra care which is lower than would be expected for the demographics of the county

This indicates that many older people are entering residential care earlier than necessary, and an assumption can be made that part of the issue is a lack of suitable ECH which would enable them to maintain their independence in their local communities

Financial analysis indicates that extra care is significantly less expensive in terms of social care provision than residential care, as well as offering clients a range of quality of life benefits. At the point that the programme is complete (i.e. 2,842 units have been built and are occupied), gross revenue savings will be £4m per year.

For each affordable unit of extra care occupied NCC will save £3,660. This revenue savings figure is derived by factoring in the variation in care costs across residential care and domiciliary services.

The net savings for the council will depend on the level of subsidy required to bring a

[1] LGA (2017) Housing our Aging population
[2] (Factor 25) + 20% reduction in Residential care placements (all ages)

scheme to fruition. In modelling a range of subsidy per affordable unit, we could deliver net savings to the council between £1,880 and £2,520 per affordable unit taking into account 5% voids and capital financing costs (interest and minimum revenue provision). Once the capital was repaid, the savings would revert to £3,660.

1.7 Attracting and accelerating development

To date, the development of ECH in Norfolk has been slow and unplanned. To gain a clear understanding of the barriers which have prevented a more rapid and co- ordinated approach to the delivery of ECH, a piece of work was undertaken to identify these barriers and recommend solutions to address them. This work involved meeting a variety of internal and external stakeholders in the ECH housing market.

1.7.1 Capital barriers

There are several main factors that have affected capital viability of developing extra care housing. Uncertainty in the market about future government proposed caps and how this would affect viability of extra care has paused many developers/ providers plans. Affordable rents and the required communal (and therefore non- rentable space) in a scheme also provide significant barriers to ensuring a schemes viability.

Therefore, in order to ensure the development of affordable extra care housing there is a requirement for substantial capital investment to support inherently unviable affordable rent tenures.

The amount of capital funding required will vary dependent on the scheme, location, and access to other grant funding. Where publicly-owned land is being used for a scheme there is not expected to be a requirement for capital borrowing. Over the 10 year period it is estimated that the total programme could require between £17m and £29m depending on progress and grant subsidy levels.

Non-capital barriers

The non-capital barriers are shown in the table below as well as the actions now set in place to mitigate:

Table 2: Non-capital barriers to development

Barrier	Solution Design	
	Recommendation	Document
Strategy No clear strategy for the development of ECH	Publication of extra care strategy and Position Statement. Internal NCC alignment achieved through production and approval of business case	Extra care strategy, Position Statement and Business Case
Governance Lack of strong leadership and organisational support	Implementation of NCC governance structures to support implementation of programme.	Business Case and updated Position Statement

Commercial No formal process or model to engage with the market/developers and little commercial appreciation	EC Programme is resolving links between strategy and delivery. Updated nominations process will be required as part of implementation	Business case Nominations agreement (including nominations process contained therein)
Planning No formal and consistent approach to planning	Work required with Local Planning Authorities to agree consistent approach to categorisation of extra care developments	Housing Benefit Position Statement; Position Statement
Product/Process Lack of understanding about what EC is, how it is accessed and lengthy process	Work with social care teams and service users to explain extra care and when it's an appropriate choice	Change management plan.

The full detail of these barriers can be found in Appendix 5.

1.8 Taking a long-term view

Delivering supported housing will require NCC to take a number of strategic organisational and investment decisions that will have a long-lasting impact on how the Council operates. A new 60-unit extra care housing development will take at least three years to design, plan, procure, build and occupy. During that time NCC will need to work in close partnership with stakeholders to ensure that the scheme quickly reaches full occupation. The projected unmet demand of 2,842 units of extra care housing equates to around 50 schemes, with a likely delivery period approximately ten years.

2. Objectives

The programme will be complete when the following is true:

- A suitable process has been established that can bring forward extra care schemes on land owned and/or made available to suitable developers
- A capital contribution process is in place that supports development of extra care on privately owned land
- Care and support services for extra care are being commissioned via the direct payment model for planned care, maximising client choice and control and minimising NCC overhead. Where clients do not wish to have a direct payment, the care will be commissioned by NCC through the on-site care provider
- The target number of units of extra care accommodation have been occupied

3. Programme success measures

The success of the programme will be measured using the following elements:

Table 3: Programme success measures

Element	What good looks like	Acceptable trade- off	What acceptable looks like
No of units developed – Total	To have the target number of units occupied after 10 years.	Some units may still be in development on the pipeline with majority delivered	75% delivery and 25% on the pipeline for development
No of units occupied – Annual	To have 100% of units occupied within 8 months of that scheme opening.	If the majority of the units are for outright sale or shared ownership and therefore subject to the delays related to house purchasing.	To have 75% of units completed in 8 months of that scheme opening
Tenure mix of units – across Norfolk	To have 60% of units as ownership units (either full or shared equity).	If the demand for ownership units is proven to be higher or lower than the target 60% and therefore a readjusted target is set.	The actual demand for ownership units is met.
Use of Direct Payments	That all residents have the option of receiving their social care personal budget via Direct Payments.	none	To demonstrate that the take-up of Direct Payments by Extra care residents is maximised.

4. Benefits and costs

4.1 Measuring benefits

The success of the programme in delivering benefits will be measured using the following elements:

Table 4: Programme benefit measures

Impact Description	The Benefit	Project Objectives (*Reference the Objectives this benefit links to)*	Measurement (*How will the benefit be measured)*	Date Benefit will be realised
Decrease use of residential care (numbers and spend).	Reduced social care cost to NCC.	The target number of units of Extra care have been occupied.	Number of residential care placements. Percentage of adult social care budget spent on residential care.	Ongoing benefit of the programme. Annual tracking and reporting.

Decrease the number of people who move directly into residential care following a hospital admission.	Reduced social care cost to NCC.	The target number of units of Extra care have been occupied.	Number of residential care placements that occur following a hospital admission.	Ongoing benefit of the programme. Annual tracking and reporting.
Increase the proportion of people living in their own home.	Reduced social care cost to NCC.	The target number of units of Extra care have been occupied.	Proportion of people who currently access social care services and do not normally reside in a residential care setting or hospital.	Ongoing benefit of the programme. Annual tracking and reporting.
Increase the number of people who are appropriately supported to regain their Independence following a hospital admission.	Reduced social care cost to NCC.	The target number of units of Extra care have been occupied.	Proportion of people who currently access social care services that have had a hospital admission recently but returned home and remained there after 3, 6, 9 and 12 months.	Ongoing benefit of the programme. Annual tracking and reporting.
Increase in the number of carers and informal carers who are and feel supported to maintain their caring role.	Reduced social care cost to NCC.	The target number of units of Extra care have been occupied.	Evidence indicates that couples where one partner is a carer both benefit when moving into an Extra care scheme. Not sure of a metric that NCC could use to measure this impact. There would be benefits in other carer situations where duties might be relieved by someone choosing to move.	Ongoing benefit of the programme. Annual tracking and reporting.

In addition to the direct benefits outlined above, the programme will meet the key aspirations of the *Living Well: Homes for Norfolk Extra Care Housing Strategy* (Appendix 4) the recommendations of which are summarised below:

- Norfolk County Council is committed to helping people live good, independent lives. The provision of extra care housing is both a desirable option for people as they get older and their needs change and has many benefits over residential care
- Extra care is an effective way of supporting people to be more independent in their own homes, providing safety, security, social interaction and care
- The current provision of extra care in Norfolk is underutilised as well as overall

numbers falling short of the estimated need across the county

- The development of extra care requires mixed tenure options, should cater for diverse needs of residents and should offer extra care units, catered for people with dementia
- Access into extra care housing should be more streamlined for people who would want to finance their own care (i.e. self-funders) and for people who want to privately rent and fund their care provision and not necessarily involve all of Norfolk County Council's processes and procedures
- A more flexible model of care provision is required to
    - enable a wider range of people access extra care housing
    - ensure that extra care provides more choice and personalisation, as well as
    - provide a more flexible care contract which provides better value for money

4.2 The qualitative benefits of extra care housing

Extra care housing has been shown to have the following qualitative benefits for service users:

- The units are self-contained homes so residents know and feel that the units are their home
- It promotes independence
- Allows individuals to be in control of their lifestyle
- Shown to reduce social isolation and associated problems such as depression
- Shown to increase feelings of well-being and improved quality of life

4.3 Financial benefits

The main financial benefit that will accrue to NCC is the saving made on the provision of care by placing suitable people within the affordable rent units of ECH. The average revenue saving per service user within these units, considering the mix of care needs within a scheme, is **£3,660** per person per annum (see section 4.3.2 for calculation).

For illustration, a delivery of an average of 126 units every year, would provide £461k of savings to NCC per annum once units are fully occupied. Once fully delivered, 1,135 affordable units of extra care will provide £4m recurrent revenue savings to NCC as financial benefits are only calculated on the affordable units. Depending upon the scheme and capital subsidy requirements, the council may incur capital financing costs, which would reduce the net saving to NCC.

The programme will also bring wider investment into Norfolk and by encouraging diversification of the care market we are meeting one of our key responsibilities under the Care Act.

4.3.1 Assumptions

In arriving at the financial benefits of the ECH Programme, the following assumptions were made and are summarised below:

- Care costs are as advised by NCC based on current contract of standard residential

care costs (as opposed to enhanced residential care costs)
- Average gross domiciliary care cost based on 11hrs pw
- Average number of hours care required in extra care housing per person (11hours) based on care needs mix of 30% Low (4-8hrs per week) / 30% Med (9-12hrs per week) / 40% High (13+hrs per week)
- Estimated mean build cost based on a three-storey scheme in the Norfolk region[3]
- Delivery pipeline for the purposes of contribution calculation assumes contribution applications from year 1
- Delivery pipeline for the purposes of care cost savings assumes scheme delivery from year 3
- Unit delivery assumed to start in year 2 and meet total demand requirement by year 11
- Contribution requirement assumes development costs for 50% of schemes will exclude the cost of land and 50% will include the cost of land at full market price, based on 60-unit schemes
- Contribution funds are being provided by borrowing from Public Loans and Works Board
- Rate per metre squared gross internal floor area (GIA) of the building includes 20% allowance for external works, 10% for fees and 15% for contingencies

4.3.2. Headline financial benefits

The headline financial benefits were calculated as follows:

Residential care costs

Annualised net residential care cost (cost less service user contribution)	£17,160.00
% cost avoidance from this client pathway	40%
Annualised residential care avoidance saving	**£6,864.00**

Care costs based on current contract rates and service user contributions (which may vary based on financial assessment)

Domiciliary care costs

Annualised net domiciliary care cost	£8,008.00
% cost avoidance from this client pathway	60%
Annualised domiciliary care avoidance saving	**£4,804.80**

The cost of domiciliary care per week is based on 11hrs per week at a blended hourly rate less average service user contribution (which may vary based on financial assessment).

[3] https://www.costmodelling.com/building-costs

The financial benefit to NCC of adopting ECH as an approach is summarised as follows:

Factor	Saving
Total annualised avoidance saving (annualised net residential care avoidance saving plus annualised net domiciliary care avoidance saving)	£11,668. 80
Annualised ECH costs - where the average cost of a client in ECH based on net hourly care cost x 11 hours. Average no. hours based on care needs mix of 30% Low (4- 8hrs pw) / 30% Med (9-12hrs pw) / 40% High (13+hrs pw)	£8,008.00
Annualised care cost saving per person	**£3,660.80**

4.3.3. Calculating the delivery profile of savings

The extent of savings achieved is dependent upon the speed of delivery of the required units and the pace at which the units are filled. The following tables provide a profile of anticipated savings based on data supplied by NCC for the initial year of 126 units as they fill to capacity and an illustration of a longer-term profile.

The initial year of 126 units is shown as saving NCC £191k (table 5). Following years, 126 units would deliver £461k of savings to NCC (Table 6). Table 7 provides an illustration of the potential savings profile as units are delivered.

However, the actual savings profile is dependent on a number of factors such as speed in which units are built (current profile is shown as uniform), the tenure mix of each scheme, the delivery route (private or public land), and, where applicable, the amount of capital contribution allocated.

Table 5: Initial year profile of revenue savings of any scheme as it fills

	Number of client admissions	**Number of weeks saving per annum:**	**Annual cost saving**
One client	**1**	**52**	**£3,660.80**
Total number of admissions in the period			126
Month 1	10	50	£35,200.00
Month 2	10	46	£32,384.00
Month 3	10	42	£29,568.00
Month 4	10	37	£26,048.00
Month 5	10	33	£23,232.00
Month 6	10	29	£20,416.00
Month 7	10	24	£16,896.00
Month 8	10	20	£14,080.00
Month 9	10	16	£11,264.00
Month 10	12	11	£9,292.80
Month 11	12	7	£5,913.60
Month 12	12	3	£2,534.40
	126		**£191,628.80**

Table 6; Per annum revenue savings to NCC for 126 units (exc. capital financing costs)

Annualised Saving	Void Level	Adjusted Savings
£461,260.80	5%	£438,197.76
£461,260.80	10%	£415,134.72

Table 7: Illustration of delivery profile of savings over 10 years

Year	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Gross revenue	0	0	£ 191,629	£ 629,827	£ 1,068,024	£ 1,506,222
Total units built	0	0	126	252	378	504

Year	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
Gross revenue	£ 1,944,420	£ 2,382,618	£ 2,820,815	£ 3,259,013	£ 3,697,211	£ 4,135,409
Total units built	631	757	883	1009	1135	1135

4.3.4 Benefits to health partners

No health cost savings have been calculated as part of this business case. However, evidence is beginning to emerge which demonstrates that extra care housing is highly likely to result in financial benefits to health services. A study by Aston University for the Extra Care Charitable Trust (ECCT) identified that, when compared with the control group, there was a reduction in total NHS costs of 38% for ECCT residents (including GP visits, practice and district nurse visits and hospital appointments and admissions). This is the first study which has been able to quantify cost savings, however, it should be noted that the sample size is not statistically significant and further work needs to be done across a much larger sample size.
Work with health partners will continue to quantify the advantages of extra care housing to the health system.

4.4 Financial costs

The total cost of the programme is dependent on delivery route (private or public land) and the level of capital contribution requested, influenced by the number of units in the scheme and other funding sourced by the developer, for example Homes England.

As a scheme is brought forward, it will be robustly assessed for viability both financial and site feasibility. This will include consideration of local need, location, demographics as well as other sources of funding. Each scheme will be supported by an individual business case, setting out the case and financial benefits.

Staffing costs to deliver the programme will be circa £150k per annum.

1 FTE Specialist Housing Programme Manager (M grade)

2 FTE Specialist Housing Project Officer (K grade)

5. Key programme assumptions

The key programme assumptions for the business case are set out in the table below:

Assumption impacting costs/benefits	Evidence base/source	Certainty
Demand for extra care units	Over 55 population in Norfolk on the social care register and with a care need of between 4 and 16 hours. & Demographic growth stats of over 65s in next 10 years. Data provided by NCC	Green
Mix of social rent and private sale units in line with current tenure of potential residents	Tenure of existing over 55 population on the social care register and with a care need of between 4 and 16 hours. Data provided by NCC	Green
All residents in affordable units will require NCC care support.	Predicated on the above assumption that demand only includes individuals on the social care register. Commissioner decision	Green
Clients in residential care for more than two years have been inappropriately placed	Commissioner decision based on social care best practice.	Green
40% of potential residents would otherwise have immediately moved into residential care, 60% would have remained living at home with domiciliary care	Based on actively targeting the cohort. Analysis of placements into residential care.	Amber
Weekly rent agreed will be LHA rate plus 35% including eligible service charge	Based on agreed rent for recent Extra Care schemes	Amber
An average build cost per unit per sq. metre including external work fees and contingencies	Based on capital cost of recent extra care schemes	Green
Developers require a certain level of yield on all social rent units.	Based on recent extra care schemes	Green
NCC will borrow for 20 years at an average interest rate plus minimum revenue provision on a straight-line basis to fund the capital subsidy because the size of the total capital programme precludes the use of cash reserves	Current NCC practice	Green
No NCC capital subsidy required in relation to private sale units.	Current market buoyancy	Green
Core 24/7 “well-being” cost of £25 per week per unit will be paid by residents out of existing income.	Cost and applicability based on recent extra care schemes	Amber
50% of benefits in first year	Build profile	Amber
5% void factor	Current void profile for existing schemes	Amber

6. Solution design

6.1 Delivery model

A number of different delivery models were explored as part of this programme. Appendix 5 and 7 provides a full summary of the delivery model analysis and options that were appraised.

6.2 Care Model

Care will be delivered by a direct payment model for planned care. Unplanned care will be covered by a well-being charge.

Where clients do not wish to have a direct payment, the care will be commissioned by NCC through the on-site care provider.

Further care model options were considered as part of this business case, details can be found in Appendix 9.

7. Timeline and key milestones

There are two key aspects that inform the timeline and milestones:

Firstly, the current assumption that the delivery of the extra care schemes in the pipeline will be at a consistent and steady rate throughout the programme.

Secondly is that during the first 18 months the programme will deliver:

- the required delivery process to bring forward land for development
- the establishment of the teams, processes and procedures within NCC to manage and administer a large portfolio of extra care housing.

8. Key risks and issues

Name and Description	Mitigation
Risk: The quantum of extra care required is not developed.	Continue engagement with public sector partners to ensure extra care is captured in planning and housing strategies. Engage with the market to support them in finding and bringing forward their own sites.
Risk: Target number of units of extra care have not been occupied.	Actively market new developments at target market as soon as approval is given. Work with social workers so that they understand the new product offer and can engage meaningfully with potential residents. Continue end user engagement to better understand demand; work with developers – providers to define the best product offer (including advisory and other support services to help clients make decisions and move).
Risk: NCC does not have capacity to deliver a change programme to social care service delivery.	Align change programme to current measures being undertaken in respect of the Care Act 2014; ensure appropriate resource is available / bought in to drive and manage the change.

Risk: The care model commissioning approach collapses because clients are resistant to changes in how their benefits are managed.	Provide advice and support to help service users with any transitions.
Risk: The assumptions underlying the financial benefits of extra care are not valid.	Financial benefits to be monitored and reviewed as new schemes become live. Review the assumptions and any other new information which may be available (research from providers, academic studies, etc) for inclusion in business cases for new developments. Consider the future viability of the pipeline and suspend future schemes if they become unviable.
Risk: There is a shift in government policy regarding benefits that has a negative impact on the affordability of extra care either to NCC or to residents.	To be tolerated and monitored. Consider the future viability of the pipeline and suspend future schemes if they become unviable.
Risk: It is assumed that the core "wellbeing" care costs (£25 per week) will be funded by residents. If they have insufficient funds this will result in an additional cost of £1,300 per unit.	Provide advice and support service to help service users with their financial affairs and maximise their benefits to contribute towards their costs.
Risk: The number of residents that would otherwise have been in residential care may be less than the target of 40%, reducing the net care cost saving to NCC.	To be treated through communication with social workers to ensure that they prioritise residential care avoiders into extra care units. A comprehensive change management programme to be implemented to support social workers. Regular review of the nominations by the programme manager. Monitor new residential care placements.
Risk: Increase in build costs require NCC to increase the capital subsidy on each social rent unit.	To be transferred to the developer by capping the contribution subsidy for each scheme based on the developer proposals at point of decision making.
Risk: Developers put forward proposals with a net yield of more our assumption on social rent units, which increases the capital subsidy required	Due diligence is performed on an open book basis for each the proposal to identify the yield that would be delivered to the developer and robustly challenged. The agreed rent, service charge and developer yield will be considered in relation to each other in determining whether the level of capital subsidy and value for money are acceptable. To be transferred to the developer by capping the contribution subsidy for each scheme based on the developer proposals at point of decision making

Risk: Agreed net rents (after deducting service charge) leads to a higher capital subsidy than currently forecast.	Due diligence is performed on the funding profile put forward by the developer to ensure that all potential sources of external funding are targeted. The agreed rent, service charge and developer yield will be considered in relation to each other in determining whether the level of capital subsidy and value for money are acceptable. To be transferred to the developer by capping the contribution subsidy for each scheme based on the developer proposals at point of decision making.
Risk: That the programme delivery team is delayed due to recruitment process	Recruitment processes are underway

9. Engagement and communication

The business case was developed by Housing Programme Board which included key NCC officers from property, commercial, finance and adult social care as well as external colleagues representing local councils and providers. In addition a comprehensive process to identify barriers to development in Norfolk was undertaken as part of this business case (Appendix 5). This included engagement with all local councils in Norfolk and both national and local developers and providers. The work has also been presented to local council chief executives.

10. Equality and diversity

An Equality Impact Assessment has been completed (Appendix 3) and will be reviewed as the programme develops.

11. Supporting documentation

Appendix 1 – Homes for Norfolk business case (this document)
Appendix 2 – Living Well – Homes for Norfolk position statement
Appendix 3 – Equality Assessment Findings and Recommendations
Appendix 4 – Extra Care Housing strategy
Appendix 5 – Solution Design Extra Care in Norfolk
Appendix 6 – Housing benefit position statement
Appendix 7 – Delivery model part one
Appendix 8 – Assistive Technology position statement
Appendix 9 – Care model for Extra Care in Norfolk