



Housing LIN

*Connecting people, ideas and resources*

# Advice on the need for specialised accommodation for older people within Hart District as set out in the 2016 SHMA

Report for Hart District Council

Version: Final

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Housing Learning and Improvement Network

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## 1. Introduction.

1.01 This is a report from the Housing Learning & Improvement Network (LIN)<sup>1</sup> based on brief from Hart District Council (HDC):

*Hart District Council is seeking expert advice regarding its current evidence base on the need for older person's specialist accommodation within the district.*

*This has been prompted by several schemes for care homes / villages and sheltered accommodation coming forward through the planning application process, some of which are in the countryside i.e. on sites outside existing settlements.*

*To help assess those applications the Council wishes to understand whether its current information on the need for these types of accommodation (set out in its 2016 SHMA) remains robust, or whether there is other information, or a different perspective, which should be taken into account when determining these planning applications.*

1.02 We have set out our responses to address the Council's specific questions (part 3 of the Council's brief).

1.03 To provide these responses we have:

- Undertaken a review of the previous assessment of need for specialised housing and accommodation for older people in the Hart, Rushmoor & Surrey Heath Strategic Housing Market Assessment (November 2016), produced by Wessex Economics.
- Produced a 'desktop' assessment of likely need for specialised housing and accommodation for older people, drawing on current evidence and realistic assumptions, in order to be able to review the estimates set out in the 2016 SHMA and as a basis for addressing the Council's other specific questions (part 3 of the Council's brief).
- Discussed the background and circumstances to the Council's questions with relevant Council Officers.

1.04 In relation to specialised housing and accommodation for older people the Housing LIN uses an amended 'typology' compared to what was used in the SHMA (2016), covering:

**Housing for older people.** This includes what was referred to in the SHMA as 'sheltered' and 'enhanced sheltered'. These terms included but did not distinguish between for rent and for sale tenure distinctions. In addition the term 'enhanced sheltered' is now used by very few social landlords. Housing for older people includes:

- Older people's housing for social/affordable rent, e.g. contemporary 'sheltered' housing.

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<sup>1</sup> [www.housinglin.org.uk](http://www.housinglin.org.uk)

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- Older people's housing for sale, (typically referred to as retirement housing).

**Housing with care.** This mirrors the term 'extra care housing' used in the SHMA, but it does not distinguish between for rent and for sale tenure distinctions. In the private market, the term 'extra care housing' is almost never used, this term being used primarily by social landlords. Housing with care includes:

- Extra care housing for rent.
- Housing with care for sale/shared ownership. These are sometimes referred to as retirement villages (where it may or may not have an onsite care home).

**Residential care.** Provides live-in accommodation, typically in en-suite rooms, with 24 hour-a-day supervised staffing for residents, who may need extra help and support with their personal care. For example, help with things such as washing, dressing, personal hygiene, medication, toileting, communication, feeding and mobility.

**Nursing care.** These provide 24 hour care and support, as with residential care, but with added nursing care and assistance for residents who require input from and supervision by a registered nurse, who is in situ to devise and monitor care plans and provide and administer treatment.

National Planning Practice Guidance refers to an additional category of 'Age-restricted general market housing'. This is not covered by the SHMA and is not included within this typology as a type of specialised housing and accommodation for older people.

## 2. Responses to Hart District Council’s questions

### a) What parameters were used to inform the SHOP data presented in the SHMA and what are the limitations of the SHOP data?

- 2.01 We have reviewed the Hart, Rushmoor & Surrey Heath Strategic Housing Market Assessment (November 2016), produced by Wessex Economics, specifically the elements covering specialised housing and accommodation for older people, i.e. paragraphs 14.8 to 14.32, in particular paragraphs 14.18 to 14.20.
- 2.02 The SHMA (2016) produced by Wessex Economics at the section covering ‘older people’ from page 211, makes use of national ‘prevalence’ rates for housing/accommodation for older people that the Housing LIN made publicly available at that time. These are referred to in paragraph 14.17, however the SHMA does not specifically show the ‘prevalence’ rates that have been used to calculate the estimates of need for specialised housing for older people that are shown in figure 14.10 (shown below from the SMHA 2016):

**Figure 14.10: Estimated Requirement for Specialist Housing for Older People (2014-35)**

Shortfall 2014-2035	Hart	Rushmoor	Surrey Heath	HMA	Per annum
Sheltered	1,090	506	1,044	2,640	126
Enhanced Sheltered	302	73	276	651	31
Extra care	164	226	345	735	35
Residential care	685	614	718	2,017	96
Nursing care	472	125	-70	527	25
<b>Total</b>	<b>2,713</b>	<b>1,544</b>	<b>2,313</b>	<b>6,570</b>	<b>313</b>
Total in care homes	1,157	739	648	2,544	121

Source: Wessex Economics analysis of Housing LIN SHOP tool outputs, taking into account current demand, supply and future need. This table sets out the additional housing that needs to be provided over the period 2014-2035

Source: Hart, Rushmoor & Surrey Heath Strategic Housing Market Assessment (November 2016)

- 2.03 At the time that the SHMA was produced, the Housing LIN (and its predecessor) had published documents that provided guidance aimed at local authorities in relation to likely levels of need for different types of specialised housing and accommodation for older people, expressed as ‘prevalence rates’, i.e. rates of provision of each type of specialist accommodation per 1,000 people in the 75+ age group. At the time these had been published in:

- 2008 in a document referred to as *More Choice, Greater Voice* a toolkit for producing a strategy for accommodation with care for older people<sup>2</sup>.
- 2011 a document referred to as *Strategic Housing for Older People* which contained a ‘resource pack’ to assist local authorities with planning housing and accommodation for older people<sup>3</sup>.

<sup>2</sup>[https://www.housinglin.org.uk/assets/Resources/Housing/Support\\_materials/Reports/MCGVdocument.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Reports/MCGVdocument.pdf)

<sup>3</sup> <https://www.housinglin.org.uk/assets/Resources/Housing/SHOP/SHOPAweb.pdf>

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2.04 These documents published suggested 'prevalence' rates for housing and accommodation for older people as shown in the table below. For sheltered housing, enhanced sheltered housing and extra care housing prevalence rates are units of accommodation per 1,000 people aged 75+. For residential care and nursing care homes prevalence rates are bedspaces per 1,000 people aged 75+.

Table 1. Suggested prevalence rates for specialised housing and accommodation for older people.

Housing and accommodation type	Prevalence rate	
	More Choice Greater Voice (2008)	Housing in Later Life (2011)
Sheltered rent	-	60
Sheltered sale	-	120
Sheltered total	125	180
Enhanced sheltered rent	-	10
Enhanced sheltered sale	-	10
Enhanced sheltered total	20	20
Extra care rent	-	15
Extra care sale	-	30
Extra Care total	25	45
Residential beds	65	-
Nursing beds	45	-

2.05 Although the 2016 SHMA does not make specific reference to which of these 'prevalence' rates have been used for the estimates in figure 14.10, the prevalence rates in table 1 are likely to have been used for this purpose. However, the SHMA does note caveats in the use of these types of prevalence rates at paragraph 14.20.

2.06 There are a number of limitations involved in using such national 'prevalence' rates in relation to specialised housing and accommodation for older people:

- The Housing LIN has ceased to 'endorse' the use of national 'prevalence' rate data as they had become out of date in terms of the data and the assumptions they have been based on, i.e. they date back to c. 2008 and 2011.
- In addition, the ONS data for the 75+ population that would have been used at that time, has since been superseded with more up to date ONS demographic data releases.
- These prevalence rates are not sufficiently locally sensitive for estimating need for specialised housing and accommodation for older people (i.e. they do not take account of the differences between, for example, a large urban unitary council area and a small district council area).
- There has been considerable development of specialised housing and accommodation for older people since 2008/2011 and the market or these housing products has become more mature and diverse, which is not reflected in these original prevalence rates.

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- There has been considerable qualitative research with older people about their housing preferences and choices, e.g. in relation to propensity to 'downsize'/'rightsize' which is not reflected in the original prevalence rates
- 2.07 The Housing LIN's 'Strategic Housing for Older People' model, SHOP@<sup>4</sup> was originally developed with the Association of Directors of Adult Social Services (ADASS) and Elderly Accommodation Counsel (EAC) for the Department of Health's Market Development Forum to support local authorities to forecast need for older people's housing and accommodation.
- 2.08 The Housing LIN has amended the SHOP@ housing need tool over time so that our approach refines the previous use of national 'benchmarks' to more accurately predict future need at local authority level; this includes making use of local evidence, where this is available (e.g. from published local commissioning plans, planned delivery, any local research with older people, insights from local commissioners) as well as national evidence (i.e. national trends in demand for specialised housing for older people) in making these assumptions.

b) Whether the figures in the SHMA are:

- i. currently considered to be indicative of actual levels of need/demand?
  - ii. to what extent are they considered to be too high or too low?
- 2.09 To address these questions the Housing LIN has undertaken a 'desktop' assessment of likely need for specialised housing and accommodation for older people in Hart, drawing on current evidence and realistic assumptions, in order to be able to review the estimates set out in the 2016 SHMA and as a basis for addressing the Council's other specific questions.

**Approach: considerations and assumptions**

- 2.10 Data about the stock of specialised housing and accommodation for older people in Hart at March 2020 is used as a 'baseline' of current provision. This data is provided by the Elderly Accommodation Counsel (shown at appendix 1). This need assessment by the Housing LIN did not include an assessment of any of this housing/accommodation therefore no assumptions are made about its future 'fitness for purpose'.
- 2.11 ONS 2018-based household population data is used to identify relevant older populations in Hart<sup>5</sup>. Based on evidence from the Housing LIN's advisory work with housing providers and local authorities in relation to designated housing and

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<sup>4</sup> [www.housinglin.org.uk/SHOP](http://www.housinglin.org.uk/SHOP)

<sup>5</sup> ONS 2018-based Household Projections for England: detailed data for modelling and analysis – principal projections

accommodation for older people, SHOP@ uses the following population bases for estimating future need for specialised housing and accommodation for older people, reflecting the typical ages of moves to these types of age-designated housing/accommodation:

- The over-75 population as the average age benchmark in relation to the need for housing with care (extra care housing), residential care and nursing care. The 75+ population in Hart district is projected to increase by 39.3% by 2035.
- The over-65 population as the average age benchmark in relation to the need for specialised housing for older people (sheltered housing and retirement housing). The 65+ population in Hart district is projected to increase by 29.3% by 2035.

2.12 Hampshire County Council's Five-Year Adults' Health and Care Strategy<sup>6</sup> states that extra care housing is a strategic priority and that there is the intention by 2023 to facilitate or deliver 1,500 additional extra care units across the county.

2.13 85% of households headed by a person aged over 65 in Hart district are homeowners. Hart is ranked the least deprived out of 51 district local authorities in the South East for its Income Deprivation Affecting Older People Index (IDAOPI) score. Based on this evidence it is assumed that estimated future need for specialised housing for older people will broadly reflect current tenure patterns amongst households headed by a person over the age of 65 in mainstream housing, i.e. it is assumed that at least 75% of future need for specialised housing for older people will be for sale (outright sale and shared ownership; the split between these is likely to be site specific, although the high rates of home ownership amongst older households in Hart is likely to mean that the majority of this need is for outright sale) and c.25% will be for social/affordable rent. In relation to estimates of future need for housing with care (extra care housing), it is assumed that there will be a balance of 50%/50% need for sale (outright sale and shared ownership) and social/affordable rent, in the context of Hampshire County Council's policy of commissioning additional extra care housing, which will be meeting a need amongst older people who are social renting and/or from lower income groups.

2.14 Evidence in relation to the preferences of older people to move (i.e. 'downsizing'/'rightsizing') to types of housing/accommodation designated for older people is an influencing factor in estimating need for housing/accommodation. The Housing LIN has drawn on qualitative and quantitative research it has conducted with over 1,000 people aged 55+ over the last three years. In summary this evidence indicates:

- Older people are seeking wider choices in the range of housing and accommodation options that will facilitate independence, in some cases this will be a move to alternative accommodation, for others this is about adapting their current home or bringing in care/support.

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<sup>6</sup> Hampshire County Council (2018): Adults' Health and Care Strategy – Our vision for health and care – a five year journey.



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- Some older people are interested in and willing to 'downsize'/'rightsize' and move to specialised housing and accommodation for older people. HLLN research suggests that of those older people expressing an interest in such moves:
  - c.50% are interested in moving to some form of specialised housing for older people, primarily retirement housing (for sale or for social/affordable rent), followed by housing with care (extra care housing).
  - c.50% are interested in moving to 'age friendly' (mainstream) housing that meets age related needs but is not age-designated specialised housing.
- There is very limited interest in a move to residential care or nursing care as a choice of specialised accommodation; most moves to these types of accommodation are 'forced moves' as a result of, for example, an acute health and/or care episode.

2.15 In relation to the impact of the Covid-19 pandemic, any assumptions based on emerging evidence are highly tentative given that the impact of the pandemic on the specialised housing and accommodation sector for older people is not yet clear. At this stage considerations based on tentative evidence suggest in the medium to longer term:

- There is potential for a downward shift in the preference for the use of residential care.
- There is potential for a preference amongst older people to remain in their existing homes (whether owner occupiers or renters) with care if required.

2.16 An analysis has been undertaken that compares the current supply or 'prevalence' of different types of specialised housing and accommodation for older people (sheltered housing for social/affordable rent, retirement housing for sale, extra care housing for social/affordable rent and for sale, residential and nursing care) in Hart with the Chartered Institute of Public Finance and Accountancy (CIPFA) 'Nearest Neighbour' comparator authorities<sup>7</sup>, along with the all-England averages for supply of older people's housing and accommodation. This identifies how supply in Hart compares to comparator authorities and across England generally. This is summarised in tables table 2, table 3 and table 4.

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<sup>7</sup> <https://www.cipfastats.net/resources/nearestneighbours/>

Table 2. Prevalence rates (i.e. the number of units per 1,000 people aged 65+) Housing for Older People<sup>8</sup> in Hart and the CIPFA comparator average and all-England prevalence rates.

Area	Prevalence of HfOP
Hart (total)	42
<i>For rent</i>	15
<i>For sale / shared ownership</i>	27
CIPFA comparator average (total)	56
<i>For rent</i>	31
<i>For sale</i>	24
England (total)	58

Source: Elderly Accommodation Counsel (2020) & Office for National Statistics (2018)

Table 3. Prevalence rates (i.e. the number of units per 1,000 people aged 75+) Housing with Care<sup>9</sup> in Hart and the CIPFA comparator average and all-England prevalence rates.

Area	Prevalence of HwC
Hart (total)	36
<i>For rent</i>	8
<i>For sale / shared ownership</i>	28
CIPFA comparator average (total)	13
<i>For rent</i>	6
<i>For sale / shared ownership</i>	7
England (total)	13

Source: Elderly Accommodation Counsel (2020) & Office for National Statistics (2018)

Table 4. Prevalence rates of residential and nursing care in Hart and the CIPFA comparator average and all-England prevalence rates.

Area	Prevalence of Residential care	Prevalence of Nursing care
Hart	33	30
CIPFA comparator average	31	52
England	46	47

Source: Elderly Accommodation Counsel (2020) & Office for National Statistics (2018)

2.17 These comparisons show that:

- For Housing for Older People (Table 2) (sheltered housing for social/affordable rent/private retirement housing for sale), provision in Hart is below its CIPFA comparators' average and the English prevalence rate, particularly in relation to older people's housing for (social/affordable) rent.
- For Housing with Care (extra care housing for social/affordable rent and for sale),(Table 3) Hart has a significantly higher prevalence rate in relation to its

<sup>8</sup> Sheltered housing for social/affordable rent/private retirement housing for sale

<sup>9</sup> Extra care housing for social/affordable rent and for sale

CIPFA comparator's average and the English prevalence rate, however this is primarily in relation to housing with care for private sale.

- For residential care (Table 4) , Hart has a prevalence rate slightly higher than its CIPFA comparators' average prevalence, however, it is lower compared to the English prevalence.
- For nursing care (Table 4) , Hart has a prevalence rate below both its CIPFA comparators' average and the English average prevalence.

2.18 This contextual evidence set out above is used as a basis for reasoned assumptions in relation to estimating need for housing and accommodation for older people in Hart to 2035. In relation to each of the types of housing and accommodation for older people these assumptions are summarised below:

- Housing for Older People (sheltered housing for social/affordable rent/private retirement housing for sale). Need is likely to increase due to: increases in the 65+ population; supply in this sector is lower than local authority comparators, in particular there is a relative undersupply of housing for older people for social rent, compared to the supply of housing for older people for sale (Appendix 1); research with older people indicating an interest in moving to housing suited to older people, although up to c.50% of need could be met through non 'age designated' housing.
- Housing with care (extra care housing for social/affordable rent and for sale). Need is likely to increase moderately as a consequence of: increases in the 75+ population; Hampshire County Council's policy intent of commissioning additional extra care housing, suggesting that there will be demand for extra care housing within Hart.
- Residential care. Need is likely to 'flatline' or only increase modestly as a consequence of: Hampshire County Council's policy intent to commission extra care housing as an alternative to residential care; the potential for the impact of the Covid-19 pandemic to reduce demand (amongst local authority funded placements and private self-funders).
- Nursing care. Need is likely to increase moderately as a consequence of: an increase in the 75+ population; local undersupply compared to English and comparator local authority average provision.

### **Estimated need for specialised housing for older people in Hart to 2035**

2.19 Based on the considerations and assumptions set out above, table 5 shows the 'overall estimated need' in Hart for each type of specialised housing and accommodation for older people in future years (2025, 2030 and 2035). It also shows the 'net need', which is the 'overall need' at that point in time minus the existing stock/provision at March 2020.

Table 5. Estimated overall and net need (units/bedspaces) for specialised older people's housing and accommodation to 2035, by tenure.

Housing / accom. type	2020 Existing stock/provision (units / beds)	2025		2030		2035	
		Overall estimated need at 2025	Net need 2020-2025	Overall estimated need at 2030	Net need 2020-2030	Overall estimated need at 2035	Net need 2020-2035
Housing for Older People (units)	798	926	128	1,084	286	1,229	431
<i>For social / affordable rent</i>	287 <sup>10</sup>	319	32	358	71	395	108
<i>For sale / shared ownership</i>	511 <sup>11</sup>	607	96	725	214	834	323
Housing with Care (units)	328	428	100	483	155	545	217
<i>For rent</i>	74 <sup>12</sup>	124	50	152	78	183	109
<i>For sale / shared ownership</i>	254 <sup>13</sup>	304	50	332	78	363	109
Residential care (bedspaces)	297 <sup>14</sup>	347	50	351	54	355	58
Nursing care (bedspaces)	275 <sup>15</sup>	374	99	436	161	507	232

NB. Figures may not sum due to rounding

2.20 For planning and monitoring purposes it should be noted that:

- a) the existing stock/provision at March 2020 does not include any completions, or planning permissions granted, since March 2020;
- b) the need estimates for 2025, 2030 and 2035 do not take account of any completions or planning permissions since March 2020;
- c) The need estimates within each five year period can be annualised. This is reflected in Figure 1 which shows graphically the estimated overall need to 2035 for each type of specialised housing and accommodation.

<sup>10</sup> Appendix 1, table 11

<sup>11</sup> Appendix 1, table 10

<sup>12</sup> Appendix 1, table 13

<sup>13</sup> Appendix 1, table 12

<sup>14</sup> Appendix 1, table 14

<sup>15</sup> Appendix 1, table 14

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Figure 1. Estimated overall need at each five-year interval to 2035 for each type of specialised housing and accommodation.



2.21 In summary, the estimated housing/accommodation for older people net need requirements for Hart to 2035 are shown in table 6.

Table 6. Specialised housing and accommodation for older people, estimated net need to 2035 (units/bedspaces).

Housing type and use class	Number of units/bedspaces
Housing for older people (retirement and contemporary sheltered housing). Use class C3	c.430 units, of which: <ul style="list-style-type: none"> <li>c.110 are for social/affordable rent</li> <li>c.320 are for sale</li> </ul>
Housing with care (extra care housing). Use class C3	c.220 units, of which: <ul style="list-style-type: none"> <li>c.110 are for social/affordable rent</li> <li>c.110 are for sale</li> </ul>
Residential care. Use class C2	c.60 bedspaces
Nursing care. Use class C2	c.230 bedspaces

### Comparison with the 2016 Strategic Housing Market Assessment (SHMA)

2.22 The following table provides a comparison of the estimates of net need for housing for older people (sheltered housing and private retirement housing), housing with care (extra care housing), residential and nursing care between the figures used in the 2016 SHMA and the output of this assessment by the Housing LIN, as shown in table

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7. The estimates in the 2016 SHMA have been produced by Wessex Economics with, it is assumed the use of prevalence rates from either 2008 or 2011.

Table 7. Comparison of the estimates from the Housing LIN 'desktop' assessment of need with the equivalent estimates from the 2016 SHMA.

<b>Type of housing / accommodation</b>	<b>Wessex Economics (2016): Estimated net need to 2035</b>	<b>Wessex Economics: Percentage of total net need by type</b>	<b>Housing LIN (2021): Estimated net need to 2035</b>	<b>Housing LIN: Percentage of total net need by type</b>
Housing for Older People (Sheltered housing and Enhanced Sheltered housing)	1,392	51%	431	46%
Housing with Care (extra care)	164	6%	217	23%
Residential care	685	25%	58	6%
Nursing care	472	17%	232	25%
<b>Total</b>	<b>2,713</b>	<b>100%</b>	<b>938</b>	<b>100%</b>

N.B. The figures for Wessex Economics and Housing LIN use different lengths of time to project the estimated shortfall. Wessex Economics uses the 21-year period 2014-2035 whilst the Housing LIN, in this current analysis, uses the 15-year period of 2020-2035. Figures in the percentage columns may not add up to 100% due to rounding.

2.23 It should be noted that it is unclear whether the estimates of need in the 2016 SHMA are 'gross' or 'net' (i.e. after deducting existing provision at that time), although under figure 14.10 in the SHMA it states: *"Wessex Economics analysis of Housing LIN SHOP tool outputs, taking into account current demand, supply and future need."*

2.24 The key differences between the Housing LIN current assessment, based on the considerations and assumptions set out above, and the SHMA from 2016 are:

- The estimated need for housing for older people (sheltered housing and private retirement housing) is significantly lower than the estimate in the SHMA. The 2016 SHMA does in fact recognise that research shows that the majority of older people are likely remain living in their existing homes, i.e. in mainstream housing (paragraph 14.21).
- The estimated need for housing with care (extra care housing) in the SHMA appears to be an under estimate, compared with the Housing LIN estimate of net need to 2035.
- The estimate for residential care beds in the SHMA is very significantly higher than the Housing LIN estimate. It is assumed this is because the estimate in the SHMA is based on out of date prevalence rates.
- The estimate of need for nursing care beds is higher in the SHMA but is more reasonable compared to the Housing LIN estimate, particularly in comparison with the estimated need for residential care.

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2.25 Based on this analysis, we suggest that Hart DC may wish to use the Housing LIN's assessment of estimated need for specialised housing and accommodation for older people in place of the estimates in the 2016 SHMA.

### c) Whether the categories of need/provision remain current or whether there are other models of care that the Council should be supporting?

2.26 As part of our approach to estimating need for specialised housing and accommodation for older people we use an amended 'typology' compared to what was used in the SHMA (2016), covering:

- **Housing for older people.** This includes what was referred to in the SHMA as 'sheltered' and 'enhanced sheltered'. These terms included but did not distinguish between for rent and for sale tenure distinctions. In addition the term 'enhanced sheltered' is now used by very few social landlords. Housing for older people includes:
  - Older people's housing for social/affordable rent, e.g. contemporary 'sheltered' housing.
  - Older people's housing for sale, (typically referred to as retirement housing..
- **Housing with care.** This mirrors the term 'extra care housing' used in the SHMA, but it does not distinguish between for rent and for sale tenure distinctions. In the private market, the term 'extra care housing' is almost never used, this term being used primarily by social landlords. Housing with care typically provides 24/7 onsite to meet the needs of people with a range of care needs, including people living with dementia. Housing with care includes:
  - Extra care housing for social/affordable rent.
  - Housing with care for sale/shared ownership. These are sometimes referred to as retirement villages (where it may or may not have an onsite care home)
- **Residential care.** Provides live-in accommodation, typically in en-suite rooms, with 24 hour-a-day supervised staffing for residents, who may need extra help and support with their personal care, including people living dementia. For example, help with things such as washing, dressing, personal hygiene, medication, toileting, communication, feeding and mobility.
- **Nursing care.** These provide 24 hour care and support, as with residential care, but with added nursing care and assistance for residents who require input from and supervision by a registered nurse, who is in situ to devise and monitor care plans and provide and administer treatment. Nursing care is typically for people with substantial and/or complex care needs, including people living with dementia.

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- 2.27 The estimates of need for specialised housing and accommodation for older people provided by the Housing LIN (previous section) reflect this updated 'typology' which better reflects the current market and types of provision and could be used by the Council in its future approach to planning for and considering planning applications for specialised housing and accommodation for older people.
- 2.28 The Housing LIN, as part of its formal assessment of need for specialised housing and accommodation for older people, now typically provides advice and commentary regarding how new mainstream housing developments may meet some of the need for *housing for older people* through provision of housing that is designed and accessible for older people even if it is not technically 'designated' for older people, for example housing that is 'care ready'<sup>16</sup> and suited to ageing as distinct from 'retirement housing', i.e. the extent to which some of the identified need for designated/specialised *housing for older people* could be met through other forms of housing. This would include mainstream housing to accessible and adaptable standards M4(2) and M4(3).

d) The likely implications of over-providing specialist housing, for example could it increase vacancy rates and threaten the viability of new and existing provision? Or is it more likely to attract people in from elsewhere, i.e. meeting a need from somewhere else?

- 2.29 We have considered the current supply of specialised housing and accommodation for older people in Hart district (we have this data from the Elderly Accommodation Counsel) along with the type and nature of the housing/accommodation developed since 2014 (appendix 1, table 1 from the brief) as well as the current planning applications (table 2) and developer enquiries made to the Council (table 3). We have considered the current supply and this potential 'pipeline' of new development in the context of our desktop assessment of need for specialised housing and accommodation for older people compared to the 2016 SHMA estimates of need.
- 2.30 In the context of our review of the SHMA estimates of need, and our own desktop assessment of estimated need, if the Council uses the estimates in the 2016 SHMA there is the potential for oversupply, particularly in relation to units of housing for older people (sheltered housing and private retirement housing) and residential care beds.
- 2.31 Our assessment of estimated need indicates that there is less likely to be an oversupply in relation to housing with care (extra care housing). In relation to nursing care homes, it will be important to distinguish the intentions of developers of care

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<sup>16</sup> Care ready housing typically means that a home is capable of adaptation over time to meet changing needs including space for aids and adaptations. Through good design homes can be built to be better suited to possible future requirements such as the need to have an over-night carer, storage for mobility scooters and space to retain independence.



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homes seeking a planning permission from the Council whether a proposed care home is intended to provide nursing care beds (rather than residential care beds).

- 2.32 If the Council were to rely on the 2016 SHMA estimates, particularly for 'sheltered/enhanced sheltered' and residential care, there is a risk of oversupply and saturation of the local market for these types of housing and accommodation. If this were to occur a consequence may be that the viability and sustainability of existing specialised housing and accommodation provision for older people is compromised, as older people opt to move to/purchase 'newer' and potentially more attractive accommodation. However, it should be noted that we do not have evidence in relation to the current 'fitness for purpose' of current specialised housing and accommodation for older people in Hart. The Council may want to make its own enquiries with existing operators in this regard. For example, in other areas, there is a clear trend for social landlords to review and update or redevelop their existing sheltered housing schemes.
- 2.33 Hart district is relatively small in size, in geographic terms, is an attractive place to live as well as being conveniently situated for larger towns in other Hampshire local authority areas, Surrey and Berkshire. The 'catchment' for private housing for older people, housing with care and care homes (residential and nursing) is likely to be far wider than the boundaries of Hart district, attracting self-funding older people from a potentially wide catchment. This has wider implications, over time, for the demographic profile of Hart district in terms of maintaining a balance of working age and retirement age residents and sustainable communities.

e) Whether the Council should try and ensure a steady delivery of these schemes over the plan period to meet annual need figures, or is there merit in 'frontloading' the supply so that the total demand for the plan period is met early on?

- 2.34 The change in the older population aged 65+ and 75+ shows a steady increase over the period to 2035.

Table 8. Hart 65+ population to 2035.

	2020	2025	2030	2035
<b>Hart</b>	19,013	20,725	22,895	24,583

Source: ONS 2018-based household population data

Table 9. Hart 75+ population to 2035.

	2020	2025	2030	2035
<b>Hart</b>	9,102	11,174	11,879	12,679

Source: ONS 2018-based household population data

- 2.35 The 65+ population in Hart district is projected to increase by 29.3% between 2020 and 2035 and the 75+ population by 39.3% over the same period. However, this

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increase in the older population is proportionate over the period, i.e. it is not weighted towards the start of this period.

- 2.36 The estimates of need for specialised housing and accommodation derived from the Housing LIN's desktop assessment (table 5) indicate increases in need in a proportionate way over the period to 2035.
- 2.37 The evidence from the Housing LIN's qualitative research in relation to older people's interest in and likelihood to move to different types of specialised housing and accommodation indicates that there is interest amongst a minority of older people in moving to age-designated/specialised housing, provided it is attractive and meet their needs and requirements e.g. it is well located near to amenities, provides a secure environment, etc. This evidence is consistent with the estimated quantitative need for specialised housing and accommodation, i.e. there is an unmet need for specialised housing for older people across the period reflecting the proportionate increases in the older population.
- 2.38 This evidence suggests that the Council should try and ensure a steady delivery of specialised housing for older people over the plan period to meet annual need figures rather than 'frontloading' supply.

#### f) The merits of undertaking a full new evidence base on need at this time given the uncertainties in the wake of the covid pandemic.

- 2.39 Drawing on our assessment of the evidence from this review of the 2016 SHMA, our desktop assessment of need and our experience of undertaking specialised housing and accommodation for older people assessments for other local authorities, the rationale for Hart DC producing a full new evidence base includes:
- The identified limitations of the estimates of need for specialised housing and accommodation for older people in the 2016 SHMA
  - The evidence from the Housing LIN's assessment of need for these types of housing/accommodation to 2035
  - The likelihood that Hart district has a potential catchment of self-funders from other neighbouring areas, i.e. the extent to which specialised provision located in Hart is meeting needs from other areas
  - It is an opportunity to assess the 'fitness for purpose' and future suitability of existing provision of specialised housing and accommodation, particularly sheltered housing.
  - It is an opportunity to review with Hampshire County Council the need for extra care housing including tenure mix
  - It is an opportunity to consider in detail the usage and vacancy rates in existing specialised housing and accommodation provision. Prior to Covid-19, there have tended typically to be low vacancy rates within extra care housing schemes but

more variable vacancy rates in sheltered and retirement housing, depending on location, the age and the upkeep of the properties etc. Residential and nursing care homes typically need occupancy rates above 85% to be financially viable. During Covid-19 vacancy rates in extra care housing and sheltered/retirement housing increased in some instances as landlords/operators were not permitted to fill voids/sell empty properties and in the care home sector vacancies increased in some homes due to local authorities not placing older people and older people and their relatives not wishing to move to care homes. There will be a need to understand the emerging trends, in relation to vacancy/void levels, as the Covid-19 related restrictions are lifted.

- The impact, and implications more generally, of the Covid-19 pandemic on the market for specialised housing and accommodation for older people will become clear and will need to be taken account of in terms of future assumptions and estimates.

2.40 In the context of these factors and given the scale of interest that Hart DC receives from developers wanting to build and operate specialised housing and accommodation for older people, it would be prudent for the Council to produce a new and refreshed evidence base of the housing and accommodation needs of its older residents.

## 3. Summary

3.01 Our responses to the Council's questions is intended to provide HDC with:

- Advice regarding its current evidence base on the need for older person's specialised accommodation within the district.
- Understanding whether its current information on the need for these types of accommodation (set out in its 2016 SHMA) remains robust, or whether there is other information, or a different perspective, which should be taken into account when determining a number of current planning applications for specialised housing and accommodation for older people.

### **a) What parameters were used to inform the SHOP data presented in the SHMA and what are the limitations of the SHOP data?**

3.02 The SHMA (2016) produced by Wessex Economics at the section covering 'older people' from page 211, makes use of national 'prevalence' rates for housing/accommodation for older people that the Housing LIN made publicly available at that time.

3.03 There are a number of limitations involved in using such national 'prevalence' rates in relation to specialised housing and accommodation for older people:

- The Housing LIN has ceased to 'endorse' the use of national 'prevalence' rate data as they had become out of date in terms of the data and the assumptions they have been based on, i.e. they date back to c. 2008 and 2011.
- In addition, the ONS data for the 75+ population that would have been used at that time, has since been superseded with more up to date ONS demographic data releases.
- These prevalence rates are not sufficiently locally sensitive for estimating need for specialised housing and accommodation for older people (i.e. they do not take account of the differences between, for example, a large urban unitary council area and a small district council area.
- There has been considerable development of specialised housing and accommodation for older people since 2008/2011 and the market or these housing proacts has become more mature and diverse, which is not reflected in these original prevalence rates.
- There has been considerable qualitative research with older people about their housing preferences and choices, e.g. in relation to propensity to 'downsize'/'rightsize' which is not reflected in the original prevalence rates.

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**b) Whether the figures in the SHMA are**

**i. currently considered to be indicative of actual levels of need/demand?**

**ii. to what extent are they considered to be too high or too low?**

3.04 The key differences between the Housing LIN current assessment of need for specialised housing and accommodation for older people, based on the considerations and assumptions set out in this report, and the SHMA from 2016 are:

- The estimated need for housing for older people (sheltered housing and private retirement housing) is significantly lower than the estimate in the SHMA. The 2016 SHMA does in fact recognise that research shows that the majority of older people are likely remain living in their existing homes, i.e. in mainstream housing (paragraph 14.21).
- The estimated need for housing with care (extra care housing) in the SHMA appears to be an under estimate, compared with the Housing LIN estimate of net need to 2035.
- The estimate for residential care beds in the SHMA is very significantly higher than the Housing LIN estimate. It is assumed this is because the estimate in the SHMA is based on out of date prevalence rates.
- The estimate of need for nursing care beds is higher in the SHMA but is more reasonable compared to the Housing LIN estimate, particularly in comparison with the estimated need for residential care.

3.05 Based on this analysis, we suggest that Hart DC may wish to use the Housing LIN's more recent assessment of estimated need for specialised housing and accommodation for older people in place of the estimates in the 2016 SHMA.

**c) Whether the categories of need/provision remain current or whether there are other models of care that the Council should be supporting?**

3.06 The estimates of need for specialised housing and accommodation for older people provided by the Housing LIN in this report reflect an updated 'typology' of specialised housing and accommodation for older people, which better reflects the current market and types of provision and could be used by the Council in its future approach to planning for and considering planning applications for specialised housing and accommodation for older people.

**d) The likely implications of over-providing specialist housing, for example could it increase vacancy rates and threaten the viability of new and existing provision? Or is it more likely to attract people in from elsewhere, i.e. meeting a need from somewhere else?**

3.07 If the Council were to rely on the 2016 SHMA estimates, particularly for 'sheltered/enhanced sheltered' and residential care, there is a risk of oversupply and saturation of the local market for these types of housing and accommodation. If this

were to occur a consequence may be that the viability and sustainability of existing specialised housing and accommodation provision for older people is compromised, as older people opt to move to/purchase 'newer' and potentially more attractive accommodation.

- 3.08 Hart district is relatively small in size, in geographic terms, is an attractive place to live as well as being conveniently situated for larger towns in other Hampshire local authority areas, Surrey and Berkshire. The 'catchment' for private housing for older people, housing with care and care homes (residential and nursing) is likely to be far wider than the boundaries of Hart district, attracting self-funding older people from a potentially wide catchment. This has wider implications, over time, for the demographic profile of Hart district in terms of maintaining a balance of working age and retirement age residents and sustainable communities.

**e) Whether the Council should try and ensure a steady delivery of these schemes over the plan period to meet annual need figures, or is there merit in 'frontloading' the supply so that the total demand for the plan period is met early on?**

- 3.09 The evidence considered in this report including the projected increases in the 65+ and 75+ population in Hart district to 2035 and the estimated increases in need for most types of specialised housing and accommodation for older people, suggests that the Council should try and ensure a steady delivery of specialised housing for older people over the plan period to meet annual need figures rather than 'frontloading' supply.

**f) The merits of undertaking a full new evidence base on need at this time given the uncertainties in the wake of the covid pandemic.**

- 3.10 In the context of the factors considered in this report affecting estimates of need for specialised housing and accommodation for older people and given the scale of interest that Hart DC receives from developers wanting to build and operate specialised housing and accommodation for older people, it would be prudent for the Council to produce a new and refreshed evidence base of the housing and accommodation needs of its older residents.

## Appendix 1: Current stock of specialised accommodation and housing for older people

Table 10. Housing for Older People, for sale / shared ownership, in Hart.

Operator	Scheme name	Number of units	Location	Postcode
Anchor Hanover	Bartons Court	13	Odiham	RG29 1DP
Anchor Hanover	Berry Court	25	Hook	RG27 9JZ
Anchor Hanover	Pinewood Court	38	Fleet	GU51 3BG
Broadleaf Management Services Ltd	Waters Edge	14	Fleet	GU52 7SB
Cognatum Estates	Seymour Place	18	Odiham	RG29 1AY
FirstPort	Argyll Court	31	Fleet	GU51 3SH
FirstPort	Ash Lodge	54	Hook	RG27 8PQ
FirstPort	Cadogan Court	33	Fleet	GU51 4JT
FirstPort	Pegasus Court	39	Fleet	GU51 4SX
FirstPort	Silverwood Court	21	Fleet	GU51 3BN
FirstPort	Sycamore Grange	24	Fleet	GU51 4JU
Grange Property Management	Branksome Walk Manor	14	Fleet	GU51 4SW
Grange Property Management	Palace Gate	43	Odiham	RG29 1JZ
Home Group Ltd	Clare Court	34	Fleet	GU51 3XX
Housing 21	The Elms	24	Blackwater	GU17 9DW
Millstream Management Services	Russell Lodge	46	Fleet	GU51 4JS
Owner/manager not known	Beacon Gardens	3	Fleet	GU51 4LU
Renaissance Retirement	Fleur-de-Lis Hartley Wintney	23	Hook	RG27 8NX
Wilton Property Management Ltd	Tockington Court	14	Yateley	GU46 7GA
	<b>Total</b>	<b>511</b>		

Source: Elderly Accommodation Counsel (2020)

Table 11. Housing for Older People, for rent, in Hart.

Operator	Scheme name	Number of units	Location	Postcode
Anchor Hanover	Fiske Court	61	Yateley	GU46 6AN
Anchor Hanover	Hanover Close	18	Yateley	GU46 7SA
Clare Park	Clare Park	41	Crandell	GU10 5DT
Sir Robert Geffery's Almshouse Trust	Geffery's House	53	Hook	RG27 9EF
VIVID	Hedge Croft	39	Yateley	GU46 6JW
VIVID	Rosefield Court	75	Hook	RG27 8NP
	<b>Total</b>	<b>287</b>		

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Source: Elderly Accommodation Counsel (2020)

Table 12. Housing with Care, for sale / shared ownership, in Hart.

Operator	Scheme name	Number of units	Location	Postcode
Anchor Hanover	Hampshire Lakes	119	Yateley	GU46 7UT
Anchor Hanover	Keble Court	72	Fleet	GU52 0AE
YourLife Management Services	Kings Place	63	Fleet	GU51 3FS
	<b>Total</b>	<b>254</b>		

Source: Elderly Accommodation Counsel (2020)

Table 13. Housing with Care, for rent, in Hart.

Operator	Scheme name	Number of units	Location	Postcode
VIVID	Campbell Place	74	Fleet	GU51 4AL
	<b>Total</b>	<b>74</b>		

Source: Elderly Accommodation Counsel (2020)

Table 14. Care homes and number of bedspaces in Hart.

Premises Name	Street Address	Town	Postcode	Premises Type	Bedspaces
Gracewell of Church Crookham (The Ridings Care Home)	2 Bourley Road	Church Crookham	GU52 8ER	Nursing care	60
Marlborough House	241 Aldershot Road	Church Crookham	GU52 8EJ	Nursing care	40
Freelands Croft Nursing Home	Redfields Lane	Church Crookham	GU52 0AD	Nursing care	64
Hill House Nursing and Dementia Home	Beacon Hill Road	Ewshot	GU10 5BZ	Nursing care	60
Hill Brow Residential Care Home	Beacon Hill Road	Ewshot	GU10 5DB	Residential care	32
Fleetwood Lodge Care Home	Reading Road North	Fleet	GU51 4AN	Nursing care	51
Sunrise of Fleet	Church Road	Fleet	GU51 4NB	Residential care	78
Woodlands Residential Home	174-178 Reading Road South	Fleet	GU52 6AE	Residential care	40
Beacon House	Victoria Hill Road	Fleet	GU51 4LG	Residential care	23



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<b>Premises Name</b>	<b>Street Address</b>	<b>Town</b>	<b>Postcode</b>	<b>Premises Type</b>	<b>Bedspaces</b>
Residential Home					
Derriford House	Pinewood Hill	Fleet	GU51 3AW	Residential care	34
Old Raven House	London Road	Hook	RG27 9EF	Residential care	36
Maryfield Convent	London Road	Hook	RG27 9LA	Residential care	18
Willow Gardens	Oak Leigh Square	Yateley	GU46 7AG	Residential Care	36
				<b>Total: Residential care</b>	<b>297</b>
				<b>Total: Nursing care</b>	<b>275</b>
				<b>Total: All types</b>	<b>572</b>

Source: Hart District Council (2020).

## About the Housing LIN

This report has been produced by Ian Copeman and Darius Ghadiali from the Housing LIN.

The Housing LIN is the leading 'learning lab' for a growing network of housing, health and social care professionals in England, Wales and Scotland involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long-term conditions.

Previously responsible for managing the UK Government Department of Health's Extra Care Housing Fund, the Housing LIN is called upon by a wide range of statutory and other organisations to provide expert advice and support regarding the implementation of policy and good practice in the field of housing, care and support services.

Recognised by government and industry as a leading 'knowledge hub' on specialist housing, our online and regional networked activities:

- connect people, ideas and resources to inform and improve the range of housing choices that enable older and disabled people to live independently
- provide intelligence on latest funding, research, policy and practice developments, and
- raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver aspirational housing for an ageing population and other people with care and support needs.

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