



Needs report in support of the proposed development of a new retirement community comprising 80 assisted living apartments with community facilities and 44 bungalows at the former Burston Garden Centre, St. Albans, AL2 2DS Hertfordshire.

Prepared for Castleoak

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Contents

	Page
1 The approach to examining need and setting it against current supply	2
2 The evidence in summary	4
3 The demography of the older population of St Albans	6
4 The profile of need	10
5 The tenure of the older population	16
6 The current supply of specialist accommodation for older people	18
7 Understanding the development of accommodation and care options for older people	23
8 The benefits to Health and Social Care of specialised housing for older people	27
9 The case for the development in national policy and guidance	35
10 The local policy context	46
11 Forecasting Future Need	54
Annex One Explanation of terms used in this report	58
Annex Two Specialist Accommodation for Older People in St Albans	61
Annex Three POPPI data sources	68
Annex Four Excess deaths among older people in England in 2020 and future population forecasting	71
Annex Five The authors of this report	73

1 The approach to examining need and setting it against current supply

1.1 National Planning Practice Guidance¹ directs attention to the range of methodologies that may be adopted to estimate the current and future need for specialised accommodation for older people. We review the available approaches in Section Two of this report.

1.2 All the available approaches adopt a similar route: examining the current and projected population of older people within the local area (usually the LPA or Housing Authority area), looking next at incidence of functional incapacity and health status in that population to form a view of the scale of need within the older population. Having had regard to the guidance available in national and local policy and the evidence found in the research literature, a target for future provision will be projected.

1.3 It is at this point that methodologies diverge, with some being more strongly influenced by current prevalence and others being more focused on the need to which specialised accommodation with associated care and support can respond.

1.4 In this report we have followed the approach set out in the publication “Housing in Later Life”², one of the approaches commended in NPPG from 2014 onwards.

1.5 These adopt a projected prevalence figure for Extra Care that will respond to the indicators of need and support the delivery of an alternative to increasing reliance upon Registered Care Home beds by indicating a ratio of 45 units per 1,000 of the local population who are 75 years of age or over is desirable.

1.6 To bring supply onto closer alignment with tenure choice among older people it suggests that this total be divided one third for social rented and two thirds for sale.

1.7 Whilst the SHOP@ Tool, referenced in the NPPG 2019 and widely used by local authorities and those advising them is capable of producing an identical answer it is often used with projected prevalence ratios more reflective of current supply than potential need.

1.8 It is for this reason that in July 2019 the Housing Learning and Improvement Network (Housing LIN), who provide the SHOP@ Tool, decided to

¹ NPPG June 2019 but also earlier issues from 2014 onwards, as referenced in Section Nine

² “Housing in later life – planning ahead for specialist housing for older people” (National Housing federation and the Housing LIN, December 2012)

restrict access to it as they felt it had been used to produce artificially low outcomes.

1.9 By adopting the ratios of provision set out in Housing in Later Life we offer a realistic set of targets for provision of specialised accommodation that will meet the needs of the current and future population of older people St Albans.

1.10 These suggest, inter alia, that there is a current need for 378 units of Market Extra Care against a current supply of 85 units and that to respond to the ageing population St Albans and their tenure preference this number will need to rise to 507 units by 2040. Section Eleven of this report sets out projected requirements across the range of specialised accommodation.

1.11 The Statement of Common Ground dated 18th November 2019 in relation to the Need for Specialised Accommodation for older people presented to the previous Appeal relating to this site (ref: 19/3235642) acknowledged that the Appellant asserted the need for care home beds and Flexicare/Extra Care units is greater than that set out in the Herts CC Market Position Statement of 2016.

2 Summary of the evidence

2.1 St Albans has a substantial number of older people within its population and the number of those 65 years of age and over is set to increase in absolute numbers and as a proportion of the total population. In 2020 there are 25,600 persons 65 years of age or over in St Albans, comprising 17.31% of the total population. Over the period to 2040 that number will increase by 8,500 to 34,100 who will then make up 22.95% of the total population.

2.2 The rates of increase are highest in the oldest age groups: in 2020 there are 4,100 people 85 years of age or more living in St Albans and this number will rise by 2,400 to 6,500 by 2040, an increase of just over 58%.

2.3 This substantial increase in the numbers of those within the local population living into advanced old age is highly significant in projecting the levels of specialised accommodation and care provision that will be required. Failing functional capacity and declining health status are closely linked to chronological age. The evidence that follows in this report sets out the consequences in volumes of need and is briefly summarised in the paragraphs that follow.

2.4 Those having difficulty with one or more domestic tasks will increase between 2020 and 2040 from 7,532 to 10,381. A failure to manage these tasks often persuades older people, or their relatives, of the need to move to a high care setting when their needs would be better met in specialised accommodation, such as that proposed in this application.

2.5 Similarly those experiencing difficulty with at least one task of personal care are projected to rise from 7,446 in 2020 to 10,220 in 2040. This may contribute to additional demand for specialised accommodation and will have an impact on demand for care home places.

2.6 Those 85 years of age and over show an increase of around 41% in the period to 2040 in those who will have difficulty in managing at least one mobility task on their own.

2.7 Whilst the crucial role of appropriate accommodation and care with the widest range of options for older people is widely recognised, problems in achieving an appropriate supply that reflects the current tenure preferences of older people remain.

2.8 St Albans exceeds the national trend toward owner-occupation as the dominant tenure for older people. Levels of owner-occupation among older people in St Albans are significant at more than 83% for those between 65 and 74 years of age. In the oldest age group the level of home ownership may be

depressed by lack of options for owner-occupation in specialised accommodation but remains significant at around 76%.

2.9 In planning for an appropriate range of responses to the needs to be found in an ageing population the strong preference exhibited among older people in St Albans for homeownership needs to be taken into account.

2.10 The provision of a more adequate supply of Extra Care housing for homeowners to purchase on long-lease will provide an environment of choice in which independence can be sustained. This development, proposed for St Albans, make a substantial contribution toward the provision of a more adequate level of provision for older homeowners looking for an environment in which their changing needs can be met.

2.11 The most relevant social benefit that arises from the provision of appropriate and attractive specialised accommodation is that people who own homes of their own have an option that meets their needs and aspirations. The proposed development at the former Burston Garden Centre will deliver benefits to the individuals who live there and to the wider community of the district from which they are drawn.

2.12 An additional and increasingly recognised benefit of offering more, and more attractive, options to older people for their accommodation and care is that family-sized accommodation will be released by their move to specialised provision. Thus, the individuals who move to the proposed development at the former Burston Garden Centre will have the benefit of a more appropriate and easily managed living environment and will also have enabled those who move into the home they have released to be more appropriately housed, with associated benefits cascading down the purchaser chain.

2.13 The option of purchasing accommodation, such as that proposed for the former Burston Garden Centre site, brings other advantages to the older person, beyond those of being a more accessible and manageable dwelling. The nature of the facilities within the Village and the community life that is facilitated provides increased personal security and well-being, and combats loneliness.

3 The demography of the older population of St. Albans

3.1 The total population of St Albans, over 65 years of age is projected to rise by around thirty-two percent over the years to 2040. Within this overall growth the steeper rates of increase are to be found within the older cohorts of the population.

Table One Population aged 65 and over, projected to 2040 St Albans

	2020	2025	2030	2035	2040
---	6,400	6,900	7,900	8,200	8,400
People aged 70-74	6,600	5,900	6,300	7,300	7,600
People aged 75-79	4,700	5,900	5,300	5,800	6,600
People aged 80-84	3,800	4,000	5,000	4,600	5,000
People aged 85-89	2,500	2,800	3,000	3,800	3,500
People aged 90 and over	1,600	1,800	2,100	2,400	3,000
Total population 65 and over	25,600	27,300	29,600	32,100	34,100

(Source: <http://www.poppi.org.uk> Office of National Statistics 2020)

3.2 In the period to 2040 the cohort aged between seventy and seventy-four shows one of the smallest increases, making an overall rise of 15%. Those in each of the following five-year cohorts increase significantly with the oldest group, those ninety years of age and over, increasing by 88%. Table Two plots the percentage increase in each age band from the 2020 base.

Table Two Population aged 65 and over, projected to 2035 St Albans % Change

	2019	2020	2025	2030	2035
People aged 65-69	0	8%	23%	28%	31%
People aged 70-74	0	-11%	-5%	11%	15%
People aged 75-79	0	26%	13%	23%	40%
People aged 80-84	0	5%	32%	21%	32%
People aged 85-89	0	12%	20%	52%	40%
People aged 90 and over	0	13%	31%	50%	88%
Total population 65 and over	0	7%	16%	25%	33%

(Source: <http://www.poppi.org.uk> Office of National Statistics 2020)

3.3 Table Three shows the projected increase in the total population for St Albans from 147,900 in 2020 to 148,600 in 2040, set against the increase in the numbers of people who are over 65 years of age and over 85 years of age. These two threshold ages are used because sixty-five represents the general point of exit from paid employment and eighty-five is, as will be shown in the next section, a significant threshold for needing specialised accommodation and services.

3.4 The proportions of people 65 years of age or over within the total population is below the national average for England, whilst those aged 85 years and over are slightly above the national average for England through the period 2020 to 2040. In relation to those 85 years of age and over the disparity widens slightly from the national average over this period.

**Table Three Total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2040
St Albans**

	2020	2025	2030	2035	2040
Total population	147,900	148,800	148,100	147,900	148,600
Population aged 65 and over	25,600	27,300	29,600	32,100	34,100
Population aged 85 and over	4,100	4,600	5,100	6,100	6,500
Population aged 65 and over as a proportion of the total population	17.31%	18.35%	19.99%	21.70%	22.95%
Population aged 85 and over as a proportion of the total population	2.77%	3.09%	3.44%	4.12%	4.37%

(Source: <http://www.poppi.org.uk> Office of National Statistics 2020)

3.5 The significance of these threshold ages is to be found in the convergence of dependency and chronological age. At age 65 the lifetime risk of developing a need for care services to assist with personal care tasks is 65% for men and 85% for women³. The incidence of need for assistance increases substantially with age and is highest for those 85 years of age and above. As the tables in the following section modelling levels of dependency and need for service

³ David Behan, Director General for Adult Social Care, Department of Health, presentation to a King's Fund Seminar 21st July 2009

demonstrate this increase in the ageing of the population has a direct impact on the need for care and support services and appropriate accommodation.

3.6 Table Four provides the comparable data for England.

Table Four **Total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2040**
England

	2020	2025	2030	2035	2040
Total population	56,678,500	58,060,200	59,181,800	60,183,900	61,157,900
Population aged 65 and over	10,505,500	11,449,400	12,696,900	13,815,400	14,527,100
Population aged 85 and over	1,417,000	1,573,300	1,810,000	2,246,200	2,411,300
Population aged 65 and over as a proportion of the total population	18.54%	19.72%	21.45%	22.96%	23.75%
Population aged 85 and over as a proportion of the total population	2.50%	2.71%	3.06%	3.73%	3.94%

(Source: <http://www.poppi.org.uk> Office of National Statistics 2020)

3.7 It has been suggested that the mortality rate among older people arising from the Coronavirus Pandemic may reduce the projected growth in the numbers of older people within local populations. As the note included as Annex Four to this report shows the key indicator is Excess Deaths, that is how far the Pandemic and collateral disruptions and delays in treatment for a range of conditions has led to a higher than average death rate. The average used is that for the years 2015 to 2019.

3.8 As the note as Annex Four shows the impact in statistical terms is marginal.

Section summary

3.9 In relation to the age of its population, the profile of St Albans sits below the national average, those 65 years of age and over will continue to increase both in absolute terms and as a proportion of the total population. Those in the oldest cohorts will increase significantly through the period with an impact on demand for both specialised accommodation and care services.

3.10 The proportion of the older population in St Albans is projected to increase most significantly within those aged 85 and above which will lead to an impact upon the demand for specialised accommodation and care services.

3.11 The older population in St Albans is projected to increase at a fairly uniform rate, the numbers of all those 65 years of age and over will increase by around a third by 2040. In terms of impact of demand for care services the projected increase in those 85 years and above, at around 58 percent above their current number by 2040, is more significant.

4 The profile of need

4.1 Table Five shows the modelling of those older people who are likely to experience difficulty with at least one task necessary to maintain their independence. As is clearly seen the incidence of difficulty rises sharply with age and is projected to increase over time as the population of those in the highest age groups increases. Between 2020 and 2040 the number of those experiencing such difficulties is projected to increase by around 38%.

Table Five **People aged 65 and over unable to manage at least one domestic task on their own, by age group projected to 2040 - St Albans**

	2020	2025	2030	2035	2040
Males aged 65-69 who need help with at least one domestic task	465	495	570	600	600
Males aged 70-74 who need help with at least one domestic task	570	532	570	646	684
Males aged 75-79 who need help with at least one domestic task	594	702	648	702	837
Males aged 80 and over who need help with at least one domestic task	1,089	1,221	1,419	1,518	1,650
Females aged 65-69 who need help with at least one domestic task	627	684	779	817	836
Females aged 70-74 who need help with at least one domestic task	828	713	782	897	920
Females aged 75-79 who need help with at least one domestic task	884	1,122	986	1,054	1,224
Females aged 80 and over who need help with at least one domestic task	2,475	2,695	3,190	3,355	3,630
Total population aged 65 and over who need help with at least one domestic task	7,532	8,164	8,944	9,589	10,381

Figures may not sum due to rounding. Source: <http://www.poppi.org.uk> Office of National Statistics Crown copyright 2020

Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs.

4.2 Table Six suggests that the number of those who will be unable to manage at least one personal care task will also increase by about 37% to around 10,220 by 2040.

Table Six **People aged 65 and over unable to manage at least one personal care task on their own, by age group projected to 2040 - St Albans**

	2020	2025	2030	2035	2040
Males aged 65-69 who need help with at least one self-care activity	496	528	608	640	640
Males aged 70-74 who need help with at least one self-care activity	630	588	630	714	756
Males aged 75-79 who need help with at least one self-care activity	616	728	672	728	868
Males aged 80 and over who need help with at least one self-care activity	1,155	1,295	1,505	1,610	1,750
Females aged 65-69 who need help with at least one self-care activity	726	792	902	946	968
Females aged 70-74 who need help with at least one self-care activity	864	744	816	936	960
Females aged 75-79 who need help with at least one self-care activity	754	957	841	899	1,044
Females aged 80 and over who need help with at least one self-care activity	2,205	2,401	2,842	2,989	3,234
Total population aged 65 and over who need help with at least one self-care activity	7,446	8,033	8,816	9,462	10,220

Figures may not sum due to rounding. Source: <http://www.poppi.org.uk> Office of National Statistics Crown copyright 2020

Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails

4.3 In the past few years social care services funded from public funds have focused on supporting those who have difficulty with tasks of personal care. The projected increase in the numbers of older people experiencing difficulty therefore impacts directly on the likely demand for services.

Table Seven People aged 65 and over with a limiting long-term illness, by age, projected to 2040 - St Albans

	2020	2025	2030	2035	2040
People aged 65-74 whose day-to-day activities are limited a little	2,346	2,310	2,562	2,797	2,887
People aged 75-84 whose day-to-day activities are limited a little	2,558	2,979	3,100	3,130	3,491
People aged 85 and over whose day-to-day activities are limited a little	1,135	1,274	1,412	1,689	1,800
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little	6,039	6,563	7,074	7,616	8,178
People aged 65-74 whose day-to-day activities are limited a lot	1,330	1,310	1,453	1,586	1,637
People aged 75-84 whose day-to-day activities are limited a lot	1,783	2,076	2,160	2,181	2,433
People aged 85 and over whose day-to-day activities are limited a lot	1,582	1,775	1,968	2,354	2,509
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	4,696	5,162	5,582	6,122	6,579

Figures may not sum due to rounding. Source: <http://www.poppi.org.uk> Office of National Statistics Crown copyright 2020

4.4 An increase in the proportion of the population living into advanced old age also impacts on the demands made upon health services. Table Seven projects an increase in the numbers of those experiencing a long-term limiting illness and is broken down in to two sections; whose day-to-day activities are limited a lot and whose day-to-day activities are limited a little. The table shows a higher rate of increase in the higher age cohorts of around 40% for those whose capacity for independent living is most seriously impacted.

Table Eight People aged 65 and over unable to manage at least one mobility activity on their own, by age, projected to 2040 - St Albans

	2020	2025	2030	2035	2040
People aged 65-69 unable to manage at least one activity on their own	545	588	673	707	716
People aged 70-74 unable to manage at least one activity on their own	876	776	844	964	1,000
People aged 75-79 unable to manage at least one activity on their own	810	1,005	897	963	1,128
People aged 80-84 unable to manage at least one activity on their own	915	962	1,208	1,103	1,226
People aged 85 and over unable to manage at least one activity on their own	1,760	2,015	2,235	2,675	2,845
Total population aged 65 and over unable to manage at least one activity on their own	4,906	5,346	5,857	6,412	6,915

Source: <http://www.poppi.org.uk> Office of National Statistics Crown copyright 2020. Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

4.5 Table Eight shows that there is a predicted percentage increase, from 2020 to 2040, of around 41% in those 65 and over who will be unable to undertake at least one mobility activity. The most significant increase is suggested to be within the older cohorts, such as among those between 85 years of age and over which show a level of increase around 61.6%. This is the age group most likely to move to specialised accommodation designed with high levels of accessibility.

4.6 St Albans has a predicted rise in those aged over 65 that have dementia through the period 2020 to 2040 of around 49%. Table Nine shows throughout all age cohorts there is predicted to be an increase in those with dementia, with more significant increases shown in the older age cohorts. This overall increase is likely to have an impact on the type of accommodation and care services required to meet this potential demand.

Table Nine People aged 65 and over predicted to have dementia, by age and gender, projected to 2040 - St Albans

	2020	2025	2030	2035	2040
People aged 65-69 predicted to have dementia	106	114	131	137	139
People aged 70-74 predicted to have dementia	201	180	195	222	232
People aged 75-79 predicted to have dementia	288	356	319	342	402
People aged 80-84 predicted to have dementia	421	443	554	509	565
People aged 85-89 predicted to have dementia	449	504	540	686	631
People aged 90 and over predicted to have dementia	472	554	613	707	919
Total population aged 65 and over predicted to have dementia	1,936	2,151	2,351	2,604	2,887

Figures may not sum due to rounding. Source: <http://www.poppi.org.uk> Crown copyright 2020

Section summary

4.7 Those having difficulty with one or more domestic tasks will increase between 2020 to 2040 from 7,532 to 10,381. A failure to manage these tasks often persuades older people, or their relatives, of the need to move to a high care setting where their needs would be better met in specialised accommodation, such as that proposed in this application.

4.8 Similarly those experiencing difficulty with at least one task of personal care are projected to rise from 7,446 in 2020 to 10,220 in 2040. This may contribute to additional demand for specialised accommodation and will have a direct impact on demand for care home places.

4.9 Those 85 years of age and over show an increase of around 62% in the period to 2040 in those who will have difficulty in managing at least one mobility task on their own.

4.10 St Albans has a predicted rise of 49% through the period 2020 to 2040 in those aged over 65 that have dementia.

4.11 The proposed development provides an environment within which the risks arising from some of these functional difficulties may be mitigated and their detrimental impact on the capacity for independence reduced. Such developments offer a positive and affirming context for maintaining an active, engaged and independent lifestyle in old age.

5 The tenure profile of the older population

5.1 Next to demographic trends toward an ageing of society the most significant factor shaping the future of provision for older people is the shift in tenure pattern. Owner-occupation has become the tenure of the majority of older people.

5.2 Traditionally local authorities have been primarily focused on the provision of social rented housing. Although the past two decades have seen a shift away from direct provision by local authorities concerns for this sector have tended to dominate thinking and resources.

5.3 There has been an implicit assumption that older people who are homeowners can, through the deployment of the equity represented by their current home, make provision themselves for their accommodation in old age.

5.4 Table Ten demonstrates the high levels of owner occupation now to be found among older people in St Albans. In those approaching old age and in early old age less than one fifth are in tenures other than home ownership.

5.5 The fall in ownership in the older cohorts is explained partly through inheritance: when these people were younger home ownership was not at its current level of prevalence, and partly that homeowners in these cohorts who have needed to find specialist accommodation and care have not had options available to them that allowed them to maintain their tenure.

Table Ten **Proportion of population by age cohort and by tenure, year 2011 – St Albans**

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	83.54%	83.89%	76.53%
Rented from council	9.82%	10.62%	14.65%
Other social rented	2.47%	1.73%	2.52%
Private rented or living rent free	4.16%	3.76%	6.30%

Figures may not sum due to rounding. Source: <http://www.poppi.org.uk> Office of National Statistics Crown copyright 2018

5.6 For St Albans the proportions for home ownership among older people are substantially above those for the country as a whole. Table Eleven gives the average levels for England. The difference to the national figures is maintained across the cohorts and is still above four fifths of the population in the seventy

five to eighty-four age group, a key cohort in relation to moving from general needs to specialised housing.

Table Eleven Proportion of population aged 65 and over by age and tenure, i.e., owned, rented from council, other social rented, private rented or living rent free, year 2011 – England

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	76.34%	74.84%	68.20%
Rented from council	9.54%	10.42%	11.99%
Other social rented	7.75%	8.79%	11.66%
Private rented or living rent free	6.36%	5.95%	8.14%

Figures may not sum due to rounding. Source: <http://www.poppi.org.uk> Office of National Statistics Crown copyright 2018

5.7 The overwhelming tenure of choice for older people in St Albans is home ownership, a tenure the majority will wish to maintain in accommodation and care facilities available to them in that tenure.

Section Summary

5.8 St Albans sits significantly above the national trend toward owner-occupation as the dominant tenure for older people. Levels of owner-occupation among older people in St Albans are high at above 83% for those between 65 and 74 years of age. In the oldest age group, the level of home ownership may be depressed by lack of options for owner-occupation in specialised accommodation but remains significant at around 76%.

5.9 The development proposed for St Albans will make a substantial contribution in responding to the needs and aspirations of older owner-occupiers within the

6 The current supply of specialised accommodation for older people

6.1 The profile of the current supply of specialised accommodation for older people within the St Albans is highly unusual. Even taking Age Exclusive and Retirement Housing together there is a very limited number of Affordable units. There is a higher level of leasehold provision of comparable stock than national averages. This pattern is readily explained by the overwhelming dominance of home ownership as the tenure of choice among older people within the area. The number of units in each style of provision and tenure are set out in Table Eleven.

Table Twelve Provision of Specialised Housing units and Registered Care Home beds for older people⁴ (St Albans) 2020

	Number of units/ places	Per 1,000 of the population 75 years and over (12,600)
Affordable Age Exclusive Housing	27	2.1
Affordable Retirement Housing	173	13.7
Affordable Enhanced Retirement Housing	40	3.2
Affordable Extra Care Housing	73	5.8
Total Affordable specialised housing - all types	313	24.8
Market Age Exclusive Housing	65	5.2
Market Retirement Housing	676	53.7
Market Enhanced Retirement Housing	0	0.0
Market Extra Care Housing	47	3.7
Total Market Specialised Housing - all types	788	62.5

⁴ In this Table "Affordable" relates to specialised housing offered on the basis of Licence (as in the case of Almshouses), Social Rent or Shared Ownership from a charitable provider, such as a housing association. "Market" relates to specialised housing offered on the basis of Market Rent or Shared Ownership by a commercial provider or on the basis of Leasehold or Freehold purchase.

Total Specialised accommodation for older people - all types, all tenures	1,101	87.38
Registered Care places offering personal care	505	40.1
Registered Care places offering nursing care	361	28.7

(Source: Contact Consulting from EAC database – extracted 25.08.2020)

6.2 Taking the various forms of sheltered and retirement housing offered either to rent or to buy there appear to be currently around 1,101 units of accommodation. To achieve comparability this supply has been expressed as a ratio to the size of the population of older people in the district.

6.3 Various thresholds have been used but that which is generally recognised as having the greatest relevance is that for the number of people 75 years of age or older. There are around 87.38 units of any type in any tenure per thousand of the population in this age category in St Albans.

6.4 This compares with benchmark figures derived from the data base of the Elderly Accommodation Counsel, which is the source relied upon by the Ministry of Housing, Communities and Local Government. These provide a national average ratio of provision of 125.5 per thousand of those 75 years of age and over.

6.5 There is some disparity in the availability of specialised housing for older homeowners compared with the supply available to older people in other tenures.

6.6 With 788 units of retirement housing of all types for sale for a population of home-owners of 75 years of age or more of approximately 10,269 the ratio of provision for retirement housing for sale per thousand is 76.7.⁵

6.7 The comparative figure for those 75 years of age or more who are in rented tenures the ratio per thousand is 134.3 (313 units for approximately 2,331 persons 75 years of age or more in tenures other than home ownership.)

6.8 It is clear from the levels of home ownership in succeeding cohorts that the level of those in old age who are homeowners will be maintained. The majority of those entering old age as homeowners will wish to maintain that tenure and there are sound economic arguments for the individual and for the public purse to support that.

6.9 To enable older people to exercise that choice, to meet the needs of older people for specialist accommodation in their tenure of choice, and to encourage older people to make a capital investment in their accommodation in old age the local authority needs to facilitate increased leasehold provision of suitable

⁵ Among persons 75-84: 8,500 persons, 83.89% are home owners + persons 85+: 4,100 persons, 76.53% are home owners = 10,269 home owners 75+.

accommodation.

6.10 Places in Registered Care Homes offering personal care per thousand in St Albans are above average levels of provision for England, with 505 beds, or 40.1 per thousand of the population seventy-five years of age and over, compared with the average for England of 35.3.

6.11 In Registered Care Homes offering nursing care the ratio of places to population is significantly below the average for England (28.7 per thousand 75 years of age or over compared with the national average of 38.7).

6.12 Hertfordshire County Council, as the Welfare Authority, has a long-established policy objective of reducing the historic level of dependence on Registered Care Home beds for those for whom they commission services. Working with district council housing colleagues they have sought to encourage the development of Extra Care Housing as an alternative option.

6.13 Table Thirteen provides the reference ratios for England drawn from a new analysis of the Elderly Accommodation Database, the source used by the Ministry for Housing, Communities and Local Government and the Department of Health and Social Care⁶.

6.14 The national supply figures illustrate a number of noteworthy trends. The supply of Affordable Retirement Housing has declined over the past five years as older stock has been decommissioned or re-designated as “Age Exclusive” with reduced levels of on-site service.

6.15 Whilst the supply of Affordable Extra Care has continued to increase the growing population of those 75 years of age or more means that, as a ratio to that population, the level of supply has decreased.

6.16 The same effect is observed in relation to Market Retirement Housing where supply has increased but the ratio of 75+ population has decreased.

6.17 The supply of Market Extra Care units has increased by almost 50% over the past five years but the ratio to 75+ population is still modest when compared with the supply available to those qualifying for Affordable Extra Care.

⁶ Contact Consulting tabulated the entries for all English local authorities using the categorisation used by EAC. As this is a self-reported database there are some inconsistencies but at the macro level this tabulation provides a reliable overview of the current national supply.

Table Thirteen Provision of places for older people in England 2020

	Number of units/ places	Per 1,000 of the population 75 years and over (5,122,000 ⁷)
Affordable Age Exclusive Housing	104,458	20.4
Affordable Retirement Housing	313,382	61.2
Affordable Enhanced Retirement Housing	7,648	1.5
Affordable Extra Care Housing	45,764	8.9
Total Affordable specialised housing - all types	471,252	92.0
Market Age Exclusive Housing	20,192	3.9
Market Retirement Housing	122,351	23.9
Market Enhanced Retirement Housing	10,895	2.1
Market Extra Care Housing	17,960	3.5
Total Market Specialised Housing - all types	171,398	33.5
Total Sheltered - all types, all tenures	642,650	125.5
Registered Care Home Personal Care Beds	180,998	35.3
Registered Care Home Nursing Beds	198,400	38.7

(Source: EAC Database, Re-formatted by Contact Consulting)

6.18 Also of note is the continuing reduction in the number of beds in Registered Care Homes registered for Personal Care. This form of provision, formerly known as Residential Care, continues to decline. Analysis suggests that it is smaller Care Homes that face particular difficulties in maintaining viability.

6.19 Although the number of beds in Registered Care Homes registered for Nursing Care have increased the ratio to the 75+ population has reduced

⁷ ONS Estimate of 75+ age group in England in 2020, 2018 Estimates.

significantly.

6.20 In summary this analysis of supply at a national level suggests that whilst supply of Affordable Extra Care and Market provision of both Retirement Housing and Extra Care are increasing the expansion of supply is not keeping pace with the increasing numbers of those in the population who are 75 years of age or over.

Section summary

6.21 Taking tenures together and comparing with the whole population it would appear that levels of provision of specialised housing for older people are very significantly below national averages in relation to Affordable stock and significantly above national averages in relation to retirement housing offered for market sale.

6.22 Whilst there is a substantial supply of leasehold retirement housing this does not reflect the dominance of owner-occupation among the older population of St Albans. There is a consequent shortfall in the level of provision needed achieve an adequate supply for older homeowners wishing to maintain their tenure when transferring to specialised accommodation. For those older people who are owner-occupiers the ratio of provision for retirement housing for sale per thousand is 76.7. Whilst for those older people who are renters the comparable ratio per thousand is 134.3.

6.22 In relation to Extra Care Housing the supply of Affordable units is below the national average and that of Market units marginally above the average. In neither case does provision come close to a level that will meet the needs of older people in the district.

6.23 The level of provision of bed spaces in Registered Care Homes, providing Personal Care is above the national average but those providing Nursing Care are below national averages. This is counter to the direction of commissioning practice which has favoured a shift away from Personal Care beds and toward Nursing beds to respond to the highest levels of need for care.

6.24 The declining ratios of provision to population emphasises the need to maintain a good supply of all forms of specialised housing for older people if the beds that are available in Registered Care Homes are not to be under pressure from “upward transference”, that is beds are occupied by those who could be more appropriately accommodated in specialised housing with care and support

7 Understanding the development of accommodation and care options for older people

7.1 The traditional accommodation and care pathway for those passing through old age took shape in the 1950s as the health and social care reforms of 1940s that shaped health and social care were matched by developments in specialised accommodation for older people. This pathway starts with those living in general housing, moves through sheltered housing and then crosses the threshold of institutional care provision into residential care and then nursing home care. Beyond this might lie long-term hospital care but this was largely removed from the range of provision with the closure of long-stay geriatric hospital wards in the 1970s.

7.2 Progression through these categories of provision was prompted by assessment of functional deficit or deterioration of health. This is marked by a regressive trade-off between access to care and quality of living conditions. Thus, those who needed care accessed it by surrendering the space, privacy and independence of general or sheltered housing for the bed space, locker and shared facilities of residential or nursing care.

7.3 The linkage between accommodation context and a “blanket” pattern of care in the traditional pattern of accommodation and care services is shown in Figure Two

Figure Two The traditional configuration of accommodation and care for older people

Accommodation Context	Characteristics
General Housing	Community personal social care. Community medical, nursing and para-medical services. Meals on wheels. Provision on demand according to need.
Sheltered Housing	As above but with support from a warden, generally resident on site. Provision on demand according to need.
Residential Care	Intensive personal social care. Community medical and para-medical services. All meals provided. “Blanket” provision.
Nursing Homes	Intensive nursing and personal social care. Special arrangements for medical and para-medical services. All meals provided. “Blanket” provision.

7.4 Through the 1970s and 1980s the main focus in making provision for older people was through the development of sheltered housing, originally, and predominantly, for social rent. In the 1980s pioneer private developers began to produce a very similar model of retirement housing for sale by long lease to older homeowners.

7.5 From the peak of its popularity in the late 1970s sheltered housing for rent has experienced something of a reversal in fortunes. Some schemes have proved difficult to let and in others existing facilities and patterns of service have been found to have limitations in coping with the needs of an ageing and increasingly frail tenant population.

7.6 Through the 1990s, policy and investment decisions at national and local levels began to be influenced by the general perception that in most parts of the country there was a sufficient supply of conventional sheltered housing but that opportunities existed to add to the stock of Very Sheltered, or Extra Care Housing. This was substantiated in McCafferty's 1994 study for the Department of the Environment⁸ which concluded that there was "a significant unmet need for very sheltered housing and a potential over-provision of ordinary sheltered housing". Little new sheltered housing for rent has been built in the past twenty-five years although demand for retirement housing for sale has continued to be strong with that majority of older people who are now home-owners.⁹

7.7 Alongside this rise and partial decline in the popularity of sheltered housing, at least in the social rented sector, there has been a similar rise and fall in the fortunes of Residential Care. The roots of residential care in the public sector may be traced beyond the 1948 National Assistance Act¹⁰ to Poor Law provisions stretching back into the nineteenth century. Much of the older provision was replaced in the 1960s and 1970s with subsequent legislation and practice leading to improvements in standards. The introduction of new regulatory regimes from 2002 with the requirement to meet new standards both for services and facilities has re-shaped the pattern of provision. However, many commentators would see this style of provision as a dated model for care that places over-emphasis upon dependency

7.8 Residential care in the private sector also has a long history. Until the 1980s much of the residential care provided in the private sector was for those able to meet their own care costs. The unintended consequence of changes in regulations in the early 1980s, so that financial support from public funds was available to those cared for in private residential care homes, was an enormous increase in the sector. Some homes are almost wholly dependent upon residents

⁸ McCafferty P 1994 *Living Independently: a Study of the Housing Needs of Elderly and Disabled People*, HMSO

⁹ A national average of 75% of households with a head 65 years of age or over according to the 2011 Census.

¹⁰ National Assistance Act 1948, section 21.

funded by the local authority and most would say that their fee levels are heavily influenced by local authority levels.

7.9 Some contraction continues to be apparent in parts of the residential care home sector. Many local authorities have withdrawn from the direct provision of residential care, once a major element in the pattern of provision. Whilst some have sold homes to private sector operators or to voluntary sector organisations others have deliberately reduced capacity by closing homes. There has been a marked reduction in provision by very small operators providing less than twenty beds, generally in converted dwelling houses. Capacity within the care home sector is being maintained by the development of larger, purpose-built care homes that meet modern standards and operate at a level that supports their viability.

7.10 Like private residential care, private nursing homes have been in existence for many years but only in the last thirty years have they been generally accessible to people needing public funding to meet the cost of their care. The growth of this sector was promoted by two principal factors:

- The availability of public funds to support care costs.
- The general withdrawal of provision for in-patient chronic care of older people within the NHS.

7.11 Some larger nursing homes have been developed specifically as re-provision following the closure of long-stay wards in NHS hospitals. The closures have followed upon a concentration within NHS hospitals on acute care and the conviction that a hospital ward does not provide an appropriate setting for long term care. Nursing Homes generally provide for those who have some need for frequent nursing attention in addition to personal care, but a level of care that does not require the constant supervision of a medically qualified person.

7.12 Changes in regulation for both residential and nursing homes in the Care Standards Act (2000) introduced a single registration of Registered Care Home, with the distinction that beds might be registered for the provision of personal care or for the provision of nursing care. Public funding for those allocated to Registered Care Home places is increasingly restricted to those experiencing extreme physical frailty or living with some level of neurological impairment such as dementia.

7.13 The traditional role of residential care homes has largely been taken over by the hybrid model of Extra Care Housing in its various forms. The debate around how Extra Care might be defined has been carried on between academics, commissioners and providers for most of the past decade¹¹. Fundamentally there are two schools of thought:

¹¹ See for example Appleton N: Extra Care Housing for Older people, Care Services Improvement Partnership Housing LIN 2009

- Those whose main driving criterion is the capacity of Extra Care to provide an alternative to Residential Care.
- Those whose aspiration is more toward the development of a model that enhances the lifestyle of older people but with the capacity to deliver care.

7.14 At the extreme end of the first school of thought there are those who feel that allocation to Extra Care should only be available to those with care needs that would otherwise be sufficient to merit placement and public expense in residential care. In describing Extra Care, their emphasis is upon those facilities that will support the delivery of personal care and possibly primary health care: assisted bathing facilities, treatment rooms and so on. In staffing, the emphasis is upon on-site care teams as the pre-eminent requirement.

7.15 The emphasis upon the substitution for allocation to a Registered Care Home reflects a narrower set of assumptions about the benefit to individuals and communities that can arise from a move to Extra Care. They take no account, for example of the benefits to mental health and well-being, or to the preventative aspects of an environment that reduces the incidence of falls.

7.16 Those who take the alternative stance emphasise the need to make Extra Care a good place to live, think in terms of a balanced community in relation to care needs, and give prominence to facilities that support an active and positive lifestyle: an exercise suite and spa bath, a coffee bar and perhaps licensed bar, facilities for arts and crafts; all supported by appropriate staffing. Whilst they include the care facilities and staffing, they are matched by these lifestyle requirements if the scheme is to be considered as truly Extra Care.

7.17 Whilst declining to offer a definitive description of Extra Care the Department of Health has promoted the development of Extra Care schemes, not least through successive programmes of capital grant, and this has been supported by the identification of “key characteristics” to be expected in an Extra Care development¹².

7.18 These include the provision of private apartments, with associated communal facilities and services that support independence and dignity, whilst encouraging well-being. These serve as “minimum standards” for a development to be recognised as Extra Care and, where funding permits, Extra Care schemes may include a wide range of recreational, cultural and social amenities.

¹² Funding Initiative to stimulate provision and modernization of Specialised Housing for older people. October, 2012

8 The benefits to health and social care of specialised housing for older people

8.1 Whilst the benefits to older people of moving to Extra Care have been asserted since the model began to be developed, research to quantify that benefit over a range of domains has been slower to emerge. More recently the focus of research has widened from examining the beneficial impact on the health and well-being of the individual residents to the impact such developments may have on health and social care services.

8.2 The recent report of the Communities and Local Government Select Committee on the future of housing for older people¹³ cites evidence of benefit, not only to individuals, but also to the Health and Social Care economy. The report asserts:

“There is a significant body of evidence on the health and wellbeing benefits to older people of living in specialist housing and the resultant savings to the NHS and social care. This is particularly the case for extra care housing, which has onsite care and support and communal facilities. In addition, this type of housing helps family and carers finding it challenging to provide enough care and support”. (Para 87)

8.3 The report by the International Longevity Centre, reported in our review appended, is referenced by the Committee:

“Research by the International Longevity Centre-UK found that around a quarter of people who moved into extra care housing with social care needs (or went on to develop them) experienced an improvement within five years, were less likely to be admitted to hospital overnight and had fewer falls. Subsequent research found that, in comparison to older people in the general community, extra care residents reported having a higher quality of life, a higher sense of control and lower levels of loneliness”. (Para 88)

8.4 The report goes on to refer to evidence provided to the Committee by Professor Holland of Aston University. Drawing on the findings of her three-year study of residents of Extra Care developments managed by the Extra Care Charitable Trust she quantified the estimated benefit to the health and social care economy. The Committee accepts that:

“Professor Holland’s study found that the NHS costs for those in the sample were reduced by 38% and that the costs for frail residents had

¹³ House of Commons Communities and Local Government Committee Housing for older people Second Report of Session 2017–19 Report, together with formal minutes relating to the report Ordered by the House of Commons to be printed 5 February 2018

reduced by 51%. In addition, local authority costs of providing lower and higher level social care were 17.8% (£1,222) and 26% (£4,556) lower respectively on average per person per year. With regards to retirement housing, research from the University of Reading showed that it can help combat social isolation and promote fitness, with over 80% of owner occupiers of retirement housing taking part reporting feeling happier in their new home and nearly a third feeling that their health had improved. (Para 88)

8.5 The Committee sets out its conclusions in unambiguous terms:

“Specialist housing, and particularly extra care housing, can promote the health and wellbeing of older people and their carers, leading to savings in spending on health and social care.” (Para 91)

8.6 The Aston University research established a range of benefits in health and well-being among the Extra Care residents when compared with the Control Group. From this they have generated projected savings to local services which were referenced by the CLG Select Committee.

8.7 The Aston Study reports:

“NHS Costs – Comparing Extra Care and Control Participants: Total NHS costs were estimated for each participant, including practice and Borough nurse, GP and outpatient appointments as well as admissions. Average ExtraCare resident NHS costs reduced by 47% over 12 months. Control NHS costs reduced by 14.1%. BUT when you control for the fact that the more poorly are the people who left the sample this is a 38% reduction, (still a significant reduction). This equates to an average saving of £1114.94 per person per year.”

8.8 More difficult to quantify are the additional savings that arise from slowing the progression of residents to higher levels of frailty, and therefore of need for services, through the mitigation of risk through design, and contribution to well-being through services and activities that the scheme will provide. The Aston study reports:

“The reduction for the frail residents was the most striking: for those in the sample at baseline and follow-up, this changed from an average of £3274.21 to £1588.04 average per person. That is, a 51.5% drop. Use of this figure needs to bear in mind that the frailest within this group are those who have died or dropped out of the study.”

8.9 Savings in Social Care costs falling upon the public purse are more difficult to extrapolate from the Aston research. Whilst all residents may be expected to qualify for NHS services without financial contribution the majority

will be self-funders in relation to social care. Thus, the savings identified in the report may benefit individuals, savings for statutory social services will not be comparable to those achieved in schemes operated by the Extra Care Charitable Trust where the majority of residents would be of more limited means.

8.10 When compared with the current dominant option of a place in a Registered Care Home the medium to long-term risk of residents using up their financial resources and becoming dependent upon statutory financial support in an Extra Care setting are much reduced. This is a consequence of the differential levels of cost and the cost models referenced in Section Seven preceding.¹⁴

8.11 We direct attention to the conclusions of this review, accepted by the CLG Select Committee, that there are both benefits to individual residents and to the local Health and Social Care economy through provision of the option of Extra Care for older people in St Albans.

8.12 A more recent study¹⁵ was undertaken in a collaboration between the Housing Learning and Improvement Network (Housing LIN) and Southampton City Council. Drawing on an extensive review of the literature the authors seek to quantify the financial benefits that arise when older people are accommodated in housing with care¹⁶. They model those benefits to the current and planned population of older people living in Extra Care accommodation in Southampton.

8.13 The authors summarise the benefits to the Health Care system they have established through their review under five headings before setting out the evidence they cite to substantiate each of these benefits:

“While the body of research available that identifies the health impacts of housing with care has been relatively limited, all the identified evidence suggested positive impacts on the health care economy, which included:

- Reductions in the number of GP visits (by housing with care residents).
- Reductions in the number of community health nurse visits (amongst housing with care residents).
- Reductions in the number of non-elective admissions to hospital (by housing with care residents).
- Reductions in length of stay and delayed discharges from hospital (amongst housing with care residents).

¹⁴ Para 7.14

¹⁵ Identifying the Healthcare System benefits of Housing with Care, Strezlecka D, Copeman I, Hastings R & Beech L, August 2019, Southampton City Council and Housing LIN

¹⁶ The authors use the term “housing with care” throughout their report which we take to be a synonym for Extra Care Housing, which is the term we have generally adopted throughout this report.

- Reductions in ambulance call outs, typically linked to reduced incidence of falls (amongst housing with care residents).

8.14 Turning first to the reduction in the demand made upon GP services they cite research that established the average number of GP attendances per annum by men and women 65 years of age and over:

“Polisson (2011)¹⁷ found the average number of annual visits to a GP in England was 7.4 for women aged 65 and over, and 6.7 for older men.”

8.15 In addition to the Aston University study reviewed above they cite two further studies:

“Research by the International Longevity Centre identifies that lonely people use health services more frequently and are 1.8 times more likely to visit the GP; their research found that a housing with care resident experiences half the amount of loneliness (12.17%) than those people living in the wider community (22.83%), which suggests that living in housing with care reduces the likelihood of residents using GP services due to loneliness.”¹⁸

“Research for McCarthy and Stone found that on average, their residents reported that they had made 4 visits to their GP in the last 12 months.¹⁹ Across the nine McCarthy and Stone schemes where research was conducted, residents had made 67 fewer visits to their GP in the previous 12 months compared with the 12 months before they moved into the scheme; or 0.66 fewer visits per resident.”

8.16 The authors point up the contrast between the increased demand on GP services that might be expected from a group of older people with complex needs and the reality established by research that in fact demand is less than in the general population where the incidence of complex needs will be less concentrated:

“Typically residents of housing with care will include people with more complex health and social care needs so it is particularly significant that there is evidence to indicate that housing with care can be effective in reducing the use of GP services amongst this cohort. Overall this indicates that there is evidence to suggest that housing with care can have a positive impact in terms of reducing the number of GP visits made by housing with care residents.”

¹⁷ Polisson, M. (2011). Do waiting times matter in primary care? GP visits and list sizes in England.

¹⁸ Wood, C. (2017). The Social Value of Sheltered Housing: Demos Briefing Paper.

¹⁹ McCarthy and Stone (2014). McCarthy and Stone Local area economic impact assessment.

8.17 Turning next to the demands made of the community nursing service they draw attention to the benefits that arise from the design, range of facilities and on-site care staff included in Extra Care schemes:

“Despite the limited research evidence available, there is evidence that housing with care can reduce the use of community nursing services by its residents as a result of the provision of on-site care staff, providing a living space that is designed to be better suited to age related needs, and the provision of nutritious food through an on-site restaurant. Several research studies have found in these circumstances that the use of community nursing services by housing with care residents has reduced.”

8.18 In addition to the Aston University Study reviewed above they cite a further research paper from The Joseph Rowntree Foundation:

“Bäumker and colleagues (2008)²⁰ presented comprehensive evidence from twenty-two residents of an extra care scheme that showed the cost of health care dropped substantially with the single largest component drop being in nurse consultations.”

8.19 On the basis of the Aston University and Joseph Rowntree Foundation studies they conclude:

“Overall this indicates that there is evidence to suggest that housing with care can have a positive impact in terms of reducing the number of community nursing service visits to housing with care residents.”

8.20 The third issue they address is the impact of residence in an Extra Care scheme on the likelihood of a non-elective admission to hospital:

“Unplanned emergency re-admissions to hospital have been a growing issue in the NHS in recent years.²¹ 80 per cent of emergency admissions for more than two weeks are patients aged over 65. Falls are one of the most common (as well as costly) reasons for non-elective admissions among older people. Unsuitable home conditions can directly cause or at least contribute to a hospital admission, often via a fall. If individuals are discharged to unsuitable accommodation after their hospital stay, they may have further complications and return to hospital.”

8.21 The authors cite two relevant studies:

²⁰ Bäumker, T., Netten, A. & Darton, R. (2008) Costs and Outcomes of an Housing with care Scheme in Bradford. Joseph Rowntree Foundation.

²¹ Blunt, I., Bardsley, M., Dixon, J. (2010). Trends in emergency admissions in England 2004-2009: is greater efficiency breeding inefficiency? The Nuffield Trust.

“A longitudinal study by Kneale from 2002 to 2010 covering 1,400 to 1,600 housing with care properties,²² reported that housing with care residents were less likely to be admitted to hospital initially than those in unsupported housing in the community and were more likely to be admitted only once a serious condition had developed. The incidence of annual hospitalisation was 4.8 nights per year per person amongst those aged 80+ compared to 5.8 nights for those matched and living in the community.”

“Research conducted for McCarthy and Stone²³ identified that there were a total of 13 fewer admissions in previous year, or 0.13 fewer admissions per resident per year in their new housing with care scheme than previously.”

8.22 These reductions in rates of non-elective admission are attributed by the authors to the combination of design, facilities and services available in Extra Care schemes:

(The) “particular nature of the living environment in housing with care, coupled with the provision of onsite 24/7 staffing, which provides both general support to residents as well as direct and rapid assistance in an emergency, helps to reduce the likelihood and incidence of non-elective hospital admissions.”

8.23 Difficulties in achieving timely discharge of patients from hospital when active clinical interventions are complete is a widely recognised issue and here too Extra care Housing is seen to offer better outcomes. The authors introduce the issue as follows:

“Delayed transfers of care can be costly to both an individual’s health as well as to the NHS. There are currently many older people in hospitals who are ready to be discharged, but where their discharge is delayed the estimated cost to the NHS is around £820 million²⁴. Some of the primary reasons associated with older people experiencing delayed transfers of care include waiting for a care package in their own home, awaiting a place in a nursing or residential home or awaiting further assessment.²⁵ A lot of the difficulties associated with that could be mitigated successfully in the housing with care setting due to its unique characteristics.”

²² Kneale D. (2011) Establishing the extra in Extra Care: Perspectives from three Housing with care Providers. ILCUK.

²³ McCarthy and Stone (2014). McCarthy and Stone Local area economic impact assessment.

²⁴ National Audit Office (2016). Discharging older patients from hospital. Available at: <https://www.nao.org.uk/report/discharging-older-patients-from-hospital/>

²⁵ Housing Learning and Improvement Network (2017). Home from hospital: How housing services are relieving pressure on the NHS. Available at: <https://www.housinglin.org.uk/Topics/type/Home-from-hospital-How-housing-services-are-relieving-pressure-on-the-NHS/>

8.24 Once again the Aston University study reviewed above provides data on reduction in non-elective or unplanned hospital admissions with a further study also cited:

“There is some research evidence that has found that the nature of the service provided by housing with care, particularly the availability of onsite care, enables people to avoid delays in hospital discharge.

Research for McCarthy & Stone found that whilst a higher percentage of those in housing with care might receive an inpatient episode, they remained in hospital for only half the time of those not living in retirement housing.²⁶

Research by Aston University²⁷ found that the housing with care model is associated with a reduction in the duration of (unplanned) hospital stays, from an average of 8-14 days to 1-2 days. The duration of (unplanned) hospital stays reduced from a median of 5-7 days at baseline, to 1-2 days thereafter.”

8.25 Turning finally to the need for an ambulance among older people living in Extra Care Housing and older people in the general population the authors find that the research literature suggests a strong convergence between the incidence of falls among older people and their use of emergency ambulances:

“Often for older people, the incident that leaves them needing an ambulance is a fall. Research by Demos in relation to older people’s housing, ‘*The Value of Sheltered Housing*’²⁸ identifies a clear link between the incidence of falls amongst older people and ambulance call outs.”

8.26 The scale of the issue is illustrated from the Demos research report:

“The research by Demos estimates that 600,000 older people attend A&E following a fall each year (about 17% of all falls), and around a third are then admitted to hospital. This research estimated that 91,940 falls are prevented by people living in older people’s housing, which is estimated to prevent 15,629 ambulance call outs and A&E attendances.”

8.27 Clearly mitigating the risk of a fall will have a positive effect on the need for ambulance services and in addition to evidence from the Aston University study cited above the authors quote Kneale’s study:

²⁶ ORB (2004). A Better Life: Private Sheltered Housing and Independent Living for Older People

²⁷ Ibid

²⁸ Wood, C. (2017). The Social Value of Sheltered Housing: Demos Briefing Paper. Available at: <https://www.demos.co.uk/wp-content/uploads/2017/06/Sheltered-Housing-paper-June-2017.pdf>

“Research by Kneale²⁹ identified a reduced likelihood of falling in housing with care; falls rates were measured at 31% compared to 49% in general housing.”

8.28 The authors therefore conclude:

“Overall this indicates that there is evidence to suggest that housing with care can have a positive impact in terms of reducing the number of ambulance call outs for residents, particularly associated with a decreased likelihood of falling and/or staff being available onsite to assist directly a resident who has had a fall.”

8.29 By combining the reduction in the incidence of various demands made upon Health Care services for each resident of Extra Care Housing as indicated in the research literature and quantifying the cost saved by that reduction in demand for services, the authors arrive at a headline figure for the savings achieved by the provision of Extra care places:

“When quantified, it was possible to estimate that for each person living in the housing with care settings, the financial benefit to NHS was approximately £2,000 per person per annum (calculated as a costs benefit to the health care system).”

8.30 Applying this saving per resident to the current and planned provision of Extra Care accommodation in Southampton they set out a notional cost benefit to the local health care economy:

“When compared with the volume of the housing with care market in Southampton, it was possible to estimate that Southampton’s current provision of housing with care (circa 170 units) has been producing a cost benefit to the health care economy of over £334,000 per year. This figure is estimated to increase to almost £890,000 per year once Southampton delivers on its ambition to grow its supply to about 450 units of housing with care.”

²⁹ Kneale D. (2011) Establishing the extra in Extra Care: Perspectives from three Housing with care Providers. ILCUK.

9 The case for the development in national policy and guidance

9.1 National policy guidance has been consistent through successive administrations. The foundations for the current direction of travel were set by Labour administrations, carried forward by the Coalition Government and reconfirmed by the current administration in the 2017 Housing White Paper. The headlines of this consensus have been to encourage the maintenance of independence for older people for as long as possible, retaining them in their own homes where possible. Where a move is required to meet care needs the preference has been for Extra Care rather than increasing dependency on registered care homes.

Laying the Foundations: A Housing Strategy for England, 2011, DCLG³⁰

9.2 Half of all households in England are older 'established homeowners'. Some 42 per cent are retired and 66 per cent own their own home outright. As life expectancy increases, more of these households will need support to remain in their homes in later life. Limited choice in the housing market makes it difficult for older households to find homes that fully meet their needs.

9.3 The Government is committed to ensuring that housing and planning policies positively reflect the wide range of circumstances and lifestyles of older people, who already occupy nearly a third of all homes. Nearly two thirds (60 per cent) of the projected increase in the number of households from 2008–33 will be headed by someone aged 65 or over.

9.4 Planning homes and communities that enable older people to remain economically active, involved with their families, friends and community and able to choose where and how they live not only makes financial sense but also results in a better, more inclusive society.

9.5 Good housing for older people can enable them to live healthy, independent lives and reduces pressure on working families in caring for older relatives. It can also prevent costs to the NHS and social care. For some older people a move to a smaller, more accessible and manageable home can also free up much-needed local family housing.

9.6 New housing developments also need to make suitable provision for our ageing population in the long term. Ensuring a mix of property types, including Lifetime Homes, will help to provide the diversity and choice needed to support

³⁰ www.gov.uk/government/uploads/system/uploads/attachment_data/file/7532/2033676.pdf (Accessed 11/01/2017)

Laying the Foundations: A Housing Strategy for England, 2011, DCLG. Page 2. Para. 3. Page 48. Para's 6-8. Page 49. Para 8.

longer term independent living. The Lifetime Homes standard is widely adopted in mainstream housing developments and incorporates a range of features which makes homes more accessible and easily adaptable. Future needs will vary considerably at a local level and the number of Lifetime Homes within each development should be made at a local level, in proportion to local need and aligned with other local housing support and information services

Funding Initiative to stimulate provision and modernization of Specialised Housing for older people.

October, 2012³¹

9.7 In October, 2012 Care and Support Minister Norman Lamb announced a renewal of funding to encourage the provision, or modernisation, of specialised accommodation for older people. Local authorities were encouraged to bid for part of a £300 million pot of money which will boost the supported housing market and help people grow old in their own homes. The aspiration of the initiative was that it should help create thousands of extra houses and flats specially designed for the needs of disabled and older people who need extra support. The Minister recognised that high quality, innovative housing can help people stay independent for longer by allowing them to receive care and practical help in their own home, reducing the need for them to go into care homes. Specialised housing available for owner occupation or shared ownership was a particular target for this initiative.

9.8 The broader benefit of freeing family sized housing in all sectors was endorsed by the recognition that specially designed housing of this kind can give people the option to downsize from a larger home to a more manageable property designed for their needs.

Market assessment of housing options for older people,

Pannell J, Aldridge H and Kenway P, May 2012, New Policy Institute.³²

9.9 The study focused on the 7.3 million older households in mainstream or specialist housing in England (excluding care homes) which contain no-one below the age of 55.

- Around one-third of all households are older households. This proportion applies across most regions except for the South West (40 per cent) and London (22 per cent).

³¹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/377023/care_and-support_specialised_housing_fund_prospectus.pdf (Accessed 11/01/2017). **Care and Support Specialised Housing Fund Prospectus.** October 2012. Department of Health, Homes & Communities Agency.

³²

www.npi.org.uk/files/5213/7485/1289/Market_Assessment_of_Housing_Options_for_Older_People.pdf (Accessed 11/01/2017) **Market assessment of housing options for older people,** Pannell J, Aldridge H and Kenway P, May 2012, New Policy Institute.

- 76 per cent of older households are owner-occupiers and most own outright; 18 per cent are housing association or council tenants, while 6 per cent are private sector tenants.
- 42 per cent of older households aged 55 to 64 are single, and this proportion increases with age.
- About 7 per cent of older households (530,000) live in specialist housing where a lease or tenancy restricts occupation to people aged over 55, 60 or 65. Most of these schemes are provided by housing associations and offer special facilities, design features and on-site staff. Around 10 per cent of specialist dwellings are in schemes offering care as well as support.
- 93 per cent of older people live in mainstream housing. As well as 'ordinary' housing, this includes housing considered especially suitable for older people due to dwelling type (e.g. bungalows), design features (including 'lifetime homes') or adaptations (e.g. stair lifts).

9.10 Supply of and demand for specialist housing: the research confirmed that there is limited choice for older people who want to move to both specialist and alternative mainstream housing, in terms of tenure, location, size, affordability and type of care or support. Despite the majority of older people owning their homes outright, 77 per cent of specialist housing is for rent and only 23 per cent for sale. There are significant regional variations: the extremes are the North East (only 10 per cent for sale) and the South East (37 per cent for sale).

9.11 There has been recent interest, but slow progress, in developing different housing options for older people and in integrating these within mainstream new housing developments (which could attract older people who prefer to remain in mixed-age communities). There is extensive evidence on what older people are looking for and whether they stay put or move. Two bedrooms is the minimum that most older people will consider, to have enough space for family visitors, a carer, storage, hobbies, or separate bedrooms for a couple. Analysis of moves by older households in the last five years within the private sector (rent or owner-occupier) shows that 87 per cent move into a dwelling with two or more bedrooms. Yet much specialist housing is small (one-bedroom or sheltered bedsits). Some specialist housing is poorly located and there have been concerns about withdrawal of scheme-based staff. Depending on the method of estimation used, the projected growth in the older population requires an increase in the stock of specialist housing of between 40 per cent (200,000) and 70 per cent (350,000) over the next 20 years.

National Planning Policy Framework, July 2018³³

9.12 The Government updated the National Planning Policy Framework published in 2012 with the publication of a new Framework Document in July 2018. In relation to the needs of older people it has little directly to say, beyond including them in the list of those whose particular accommodation needs should be taken into consideration in forming local plans.

“Within this context, the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies (including, but not limited to, those who require affordable housing, families with children, **older people**³⁴, students, people with disabilities, service families, travellers, people who rent their homes and people wishing to commission or build their own homes).” (Para 61)

9.13 The volume, location and characteristics of new homes to be provided, including those intended for occupation by older people, has to be assessed, using one of the methodologies identified in guidance:

“To determine the minimum number of homes needed, strategic policies should be informed by a local housing need assessment, conducted using the standard method in national planning guidance – unless exceptional circumstances justify an alternative approach which also reflects current and future demographic trends and market signals. In addition to the local housing need figure, any needs that cannot be met within neighbouring areas should also be taken into account in establishing the amount of housing to be planned for.” (Para 60)

9.14 Alongside the economic and environmental objectives of the planning process the introduction to the Framework identifies a “social objective”

“b) **a social objective** – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural well-being;” (Para 8 b)

³³ Nation Planning Policy Framework, Ministry of Housing, Communities and Local Government, July 2018, Cm 9680

³⁴ The Glossary to the NPPF provides the following definition for “Older People” within the Framework and Guidance:

“**Older people:** People over or approaching retirement age, including the active, newly-retired through to the very frail elderly; and whose housing needs can encompass accessible, adaptable general needs housing through to the full range of retirement and specialised housing for those with support or care needs.”

9.15 The National Planning Practice Guidance has been updated to reflect the priorities of the new National Planning Policy Framework issued in July 2018 and cited above. The Guidance seeks to mitigate the negative effect on the estimation of future housing need of the most recent population projections issued by the Office for National Statistics in May 2018. These suggest both total populations and the rate of ageing in local populations to be advancing at a slower rate than previously predicted. If this were used to reduce housing targets this would be in direct opposition to the policy priority of Government to increase housing supply over the next few years.

9.16 Within the section “How should the needs for all types of housing be addressed?” the Guidance draws attention to the importance of taking the needs of older people into account:

“The need to provide housing for older people is critical as people are living longer lives and the proportion of older people in the population is increasing. The National Planning Policy Framework glossary provides a definition of older people for planning purposes, which recognises their diverse range of needs. This ranges from active people who are approaching retirement to the very frail elderly. The health and lifestyles of older people will differ greatly, as will their housing needs. Strategic policy-making authorities will need to determine in relation to their plan period the needs of people who will be approaching or reaching retirement as well as older people now.”

9.17 In relation to estimating the needs of older people in the section “How should the needs for all types of housing be addressed?” the Guidance offers the suggestion that, in addition to considering the need for general housing that allows older people to age in place, planners will need to have regard to the different styles of specialised accommodation for older people, reflecting the diversity of need and preference within the older population. Using Census data as their starting point planners may use one of a number of on line toolkits:

“The age profile of the population can be drawn from Census data. Projection of population and households by age group can also be used. Strategic policy-making authorities will need to consider the size, location and quality of dwellings needed in the future for older people in order to allow them to live independently and safely in their own home for as long as possible, or to move to more suitable accommodation if they so wish. Supporting independent living can help to reduce the costs to health and

³⁵ National Planning Practice Guidance, Ministry of Housing, Communities and Local Government, September 2018,

social services and providing more options for older people to move could also free up houses that are under occupied.

The future need for specialist accommodation for older people broken down by tenure and type (e.g. sheltered, enhanced sheltered, extra care, registered care) may need to be assessed and can be obtained from a number of online tool kits provided by the sector. Evidence from Joint Strategic Needs Assessments prepared by Health and Wellbeing Boards also provide useful evidence for plan-making authorities. The assessment can also set out the level of need for residential institutions (Use Class C2). Many older people may not want or need specialist accommodation or care and may wish to stay or move to general housing that is already suitable, such as bungalows, or homes which can be adapted to meet a change in their needs. Local authorities will therefore need to identify the role that general housing may play as part of their assessment.”

National Planning Practice Guidance, June 2019³⁶

9.18 This guidance seeks to assist Local Planning Authorities in preparing planning policies on housing for older and disabled people. It sets out the reasoning behind drawing particular attention to the needs of older and disabled people:

“The need to provide housing for older people is critical. People are living longer lives and the proportion of older people in the population is increasing. In mid-2016 there were 1.6 million people aged 85 and over; by mid-2041 this is projected to double to 3.2 million. Offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems. Therefore, an understanding of how the ageing population affects housing needs is something to be considered from the early stages of plan-making through to decision-taking.”

9.19 The guidance recognises that this is a diverse population with a diversity of needs and aspirations which will change as they move through old age:

“The National Planning Policy Framework glossary provides definitions of older people and people with disabilities for planning purposes, which recognise the diverse range of needs that exist. The health and lifestyles of older people will differ greatly, as will their housing needs, which can range from accessible and adaptable general needs housing to specialist housing with high levels of care and support. For plan-making purposes, strategic policy-making authorities will need to determine the needs of

³⁶ <https://www.gov.uk/guidance/housing-for-older-and-disabled-people>

people who will be approaching or reaching retirement over the plan period, as well as the existing population of older people.”

9.20 The Guidance suggests that population data is the starting point for estimating future needs for a range of accommodation and housing related services to meet the needs of older people. It makes reference to a range of methodologies (which includes the methodology adopted in the preparation of this report) but specifically references only the SHOP@ Tool. The SHOP@ tool, like others, requires judgement concerning the assumptions that guide its set-up. None of the methodologies are neutral as all are influenced by the policy and other assumptions used. The Guidance makes only passing reference to the need for Registered Care Homes when most Adult Social Care authorities will wish to depress the expansion of Registered Care Homes in favour of increasing capacity in housing-based models:

“The age profile of the population can be drawn from Census data. Projections of population and households by age group can also be used. The future need for specialist accommodation for older people broken down by tenure and type (e.g. sheltered housing, extra care) may need to be assessed and can be obtained from a number of online tool kits provided by the sector, for example SHOP@ (Strategic Housing for Older People Analysis Tool), which is a tool for forecasting the housing and care needs of older people. Evidence from Joint Strategic Needs Assessments prepared by Health and Wellbeing Boards can also be useful. The assessment of need can also set out the level of need for residential care homes.”

9.21 The Guidance sets out a condensed range of categories of specialised provision for older people which, in some circumstances, could be unhelpful, blurring as it does the gradations that exist in the capacity of different models to offer a robust response to increasing levels of need. The authors acknowledge the limitations of what is provided:

“There is a significant amount of variability in the types of specialist housing for older people. The list above provides an indication of the different types of housing available, but is not definitive. Any single development may contain a range of different types of specialist housing.”

9.22 The Guidance makes it clear that Local Plans should respond to evidence of need by facilitating appropriate provision:

“Plans need to provide for specialist housing for older people where a need exists. Innovative and diverse housing models will need to be considered where appropriate.”

9.23 The requirement for specialised accommodation is rightly set within a context of ensuring that general housing is also sensitive to the needs of an ageing population:

“Many older people may not want or need specialist accommodation or care and may wish to stay or move to general housing that is already suitable, such as bungalows, or homes which can be adapted to meet a change in their needs. Plan-makers will therefore need to identify the role that general housing may play as part of their assessment.”

This rubric should not however be seen as an encouragement to “talk-down” the need for specialised accommodation.

9.24 Clearly the emphasis is upon ensuring that older people have choice within a range of options:

“Plan-makers will need to consider the size, location and quality of dwellings needed in the future for older people in order to allow them to live independently and safely in their own home for as long as possible, or to move to more suitable accommodation if they so wish”.

9.25 The Guidance takes a neutral stance on the issue of allocating sites for specialised housing for older people but sets out some possible criteria for site selection. The thinking behind these seems to be limited as some larger developments will be viable and attractive options for older people without the proximity to some existing local facilities the Guidance suggests:

“It is up to the plan-making body to decide whether to allocate sites for specialist housing for older people. Allocating sites can provide greater certainty for developers and encourage the provision of sites in suitable locations. This may be appropriate where there is an identified unmet need for specialist housing. The location of housing is a key consideration for older people who may be considering whether to move (including moving to more suitable forms of accommodation). Factors to consider include the proximity of sites to good public transport, local amenities, health services and town centres.”

9.26 The Guidance effectively ducks the opportunity of offering more helpful guidance on the matter of Use Class and makes no mention of the application or otherwise of affordable housing requirements to developments of specialised accommodation for older people:

“It is for a local planning authority to consider into which use class a particular development may fall. When determining whether a development for specialist housing for older people falls within C2 (Residential Institutions) or C3 (Dwelling house) of the Use Classes Order,

consideration could, for example, be given to the level of care and scale of communal facilities provided.”

9.27 The Guidance does offer a strong steer toward the meeting of unmet need for specialised accommodation for older people:

“Where there is an identified unmet need for specialist housing, local authorities should take a positive approach to schemes that propose to address this need.”

The Care Act 2014³⁷

9.28 The Care Act 2014 sought to set a new baseline in relation to the provision of social care for adults. It re-defines roles, responsibilities and boundaries, setting out arrangements for the new world of personal budgets.

9.29 A priority within the Act was promoting inter-agency collaboration, both between Adult Social Care and Health and with other agencies, such as housing, in statutory, commercial and third sectors. It places a strong emphasis on services that contribute to well-being and delay or divert the requirement for more intensive forms of care.

Fixing our broken housing market. February 2017³⁸

9.30 In relation to the assessing of housing requirements the White Paper asserts that the current system is complex and lacks transparency. The need for a more consistent approach and one that takes account of the needs of particular groups within each community with older people being particularly mentioned:

“The current approach to identifying housing requirements is particularly complex and lacks transparency. The National Planning Policy Framework (NPPF) sets out clear criteria but is silent on how this should be done. The lack of a standard methodology for doing this makes the process opaque for local people and may mean that the number of homes needed is not fully recognised. It has also led to lengthy debate during local plan examinations about the validity of the particular methodology used, causing unnecessary delay and wasting taxpayers’ money. The Government believes that a more standardised approach would provide a more transparent and more consistent basis for plan production, one which is more realistic about the current and future housing pressures in each place and is consistent with our modern Industrial Strategy. This

³⁷ www.legislation.gov.uk/ukpga/2014/23/contents/enacted (Accessed 11/01/2017) **Care Act 2014**

³⁸

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/590464/Fixing_our_broken_housing_market_-_print_ready_version.pdf

would include the importance of taking account of the needs of different groups, for example older people”. (Para 1.2)

9.31 In a subsequent section further reference is made to the need to take account of the needs of an ageing society

“Whatever the methodology for assessing overall housing requirements, we know that more people are living for longer. We propose to strengthen national policy so that local planning authorities are expected to have clear policies for addressing the housing requirements of groups with particular needs, such as older and disabled people.” (Para 1.16)

9.32 The White Paper embraces the proposition that an appropriate range of options in accommodation for older people not only supports a better quality of life for older people it also offers benefits to the health and social care systems:

“Offering older people a better choice of accommodation can help them to live independently for longer and help reduce costs to the social care and health systems. We have already put in place a framework linking planning policy and building regulations to improve delivery of accessible housing. To ensure that there is more consistent delivery of accessible housing, the Government is introducing a new statutory duty through the Neighbourhood Planning Bill on the Secretary of State to produce guidance for local planning authorities on how their local development documents should meet the housing needs of older and disabled people. Guidance produced under this duty will place clearer expectations about planning to meet the needs of older people, including supporting the development of such homes near local services. It will also set a clear expectation that all planning authorities should set policies using the Optional Building Regulations to bring forward an adequate supply of accessible housing to meet local need. In addition, we will explore ways to stimulate the market to deliver new homes for older people”. (Para 4.42)

9.33 In the following paragraph the benefit of encouraging older people to move and release under-occupied property back into the market is also recognised as a worthwhile goal:

“Helping older people to move at the right time and in the right way could also help their quality of life at the same time as freeing up more homes for other buyers. However there are many barriers to people moving out of family homes that they may have lived in for decades. There are costs, such as fees, and the moving process can be difficult. And they may have a strong emotional attachment to their home which means that where they are moving to needs to be very attractive to them and suitable for their needs over a twenty to thirty year period. There is also often a desire to be close to friends and family, so the issues are not straightforward”. (Para 4.43)

9.34 In addition to setting out plans to consult with a wide range of stakeholders to bring forward new ideas in relation to the housing and support of older people, the White Paper contains a commitment that the Government will go on funding the various forms of specialised housing for older people:

“These (*stakeholder consultations*) will sit alongside the Government commitments to fund and develop supported housing, including sheltered, step down and extra care housing, ensuring that the new supported housing funding model continues to provide the means for older people to live independently for longer while relieving pressure on the adult social care system”. (Para 4.44)

10 The local policy context

St Albans City and District Housing Strategy 2014 -2017.³⁹

10.1 The significance of this now time-expired document is that within it the Council identifies the majority of its sheltered housing schemes as no longer fit for purpose. Rosewood Court in Park Street was the pilot scheme for major refurbishment, developed in partnership with North Hertfordshire Homes. It is against the aspirations of this document that the adequacy of current provision may be measured.

10.2 The Strategy articulated the Authority's Housing Vision:

“Our vision is to provide a range of good quality homes to meet the needs of our current and future residents.”

Delivery of this vision is seen to rest on the Council's commitment to work effectively with partners to improve the supply, choice and quality of homes across the district.

10.3 The document noted that

“There is a growing older population and this will impact on housing and support service requirements in the years to come. The Council is undertaking a programme of remodelling or redeveloping its own sheltered schemes to provide better accommodation for the future.”

10.4 The third priority for the Authority, set out within the Strategy was to meet the needs of older people and other vulnerable groups:

“A major challenge facing the district is the large projected increase in the size of the older population and in the number of older households. This has implications going forward in terms of both the type of housing and care/support that will be needed. National Census statistics indicate that higher levels of growth are projected for all age groups over 65.”

Corporate Plan and Budget Strategy 2013-18⁴⁰

10.5 The Corporate Plan and Budget Strategy for 2013-2014 set out as its highest commitment “Protecting the vulnerable”. The delivery of that commitment

³⁹ St Albans City and District Housing Strategy 2014 -2017 -
http://www.stalbans.gov.uk/Images/St_Albens_City_and_District_Housing_Strategy-DRAFT_tcm15-40193.pdf

⁴⁰ St Albans and District Council Corporate Plan and Budget Strategy 2013-18 -
http://www.stalbans.gov.uk/Images/Corporate%20Plan%20and%20Budget%20Strategy%202013-18%20update%20April%202013%20FINAL_tcm15-6379.pdf

was seen to involve:

- Supporting opportunities to provide high quality affordable housing and improving the maintenance and upgrading of our existing social housing
- Making the most of available accommodation for elderly, disabled, those with learning difficulties and disadvantaged residents
- Continuing to implement the sheltered housing redevelopment programme

St Albans City and District Council Corporate Plan 2019-2024⁴¹

10.6 Among the headline aspirations of the Corporate Plan are strong commitments to:

- Provide additional high quality social and affordable housing through new build, open market purchase and the requirement for affordable provision as part of significant new housing developments
- Create a business case and capability to build significant numbers of Council houses and then commence delivery
- Invest in our sheltered accommodation for elderly, disabled, those with learning difficulties and disadvantaged residents

No mention is made here of parallel initiatives to encourage and facilitate equivalent provision for that majority of older people who are home owners.

10.7 There is a specific commitment to progress two schemes within the sheltered housing redevelopment programme:

- Wavell House – 24 housing units for the over 55s due for completion 2019
- Betty Entwistle House – 40 flexi-care housing units for rent and shared ownership due for completion March 2019

St Albans City & District Local Plan 2020-2036 Publication Draft 2018⁴²

10.8 The Local Plan recognises the complexity of issues to be weighed in considering the future accommodation needs of older people:

“Needs for and provision of appropriate accommodation for older people and those with special needs are particularly complex and evolving areas. They are dependent on a combination of many changing influences, including: underlying demographics; HCC and NHS funding and policy

⁴¹ https://www.stalbans.gov.uk/Images/CorporatePlan201924_tcm15-66760.pdf

⁴² https://www.stalbans.gov.uk/sites/default/files/documents/publications/planning-building-control/planning-policy/examination-library/CD%20002%20St%20Albans%20City%20%26%20District%20Local%20Plan%20Publication%202020-2036_tcm15-67020.pdf

approaches; evolving types of both specialist and general accommodation; and locations of new housing.”

(Policy L2 – Provision of Older Persons Housing and Special Needs Housing)

10.9 The plan sets out an estimate of minimum levels of provision to meet needs arising among older people in the District, on the basis of no net loss of existing provision:

“Residential Care, Nursing Care and similar (C2) – At least 500 bedspaces to be provided to 2036. This includes those required to be delivered on Broad Locations.

Flexi-Care and similar (C3) - At least 250 bedspaces to be provided to 2036. This includes those required to be delivered on Broad Locations.

Affordable Housing provision is required for older people’s accommodation. This includes both C2 forms of housing and C3 forms of housing.”

To some extent this quantification begs the question about the appropriateness of encouraging the further expansion of beds in Registered Care Homes when Hertfordshire County Council policies are to divert as much of that increasing demand into Flexi-Care, otherwise known as Extra Care. It also asserts that Flexi-Care should be considered a C3 Use, which is by no means a closed question.

South West Hertfordshire Local Housing Needs Assessment On behalf of Dacorum, Hertsmere, St. Albans, Three Rivers and Watford Councils August 2020⁴³

10.10 The Local Housing Needs Assessment draws attention to the significant growth in the number of older people within the local authorities covered by the Assessment.

“There is projected to be a 44% increase in the population aged 65+ over 2020-2036 (potentially accounting for at least a third of total population growth).”

10.11 The approach adopted for estimating the future requirements for specialised accommodation is the application of prevalence rates for various forms of accommodation to population numbers.

“The approach has been to use prevalence rates and apply these to the population growth of those aged 75 and over to get to a current and future need for a range of different care levels by tenure.”

⁴³ <https://www.stalbans.gov.uk/sites/default/files/attachments/HOU%20August%202020%20-%20South%20West%20Hertfordshire%20Local%20Housing%20Need%20Assessment.pdf>

10.12 The guidance offered in NPPG of June 2019 is quoted in relation both to the importance of taking account of the needs of older people and the methodological pathway to establishing estimates of future requirements:

“The need to provide housing for older people is critical. People are living longer lives and the proportion of older people in the population is increasing...Offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems.”

“The age profile of the population can be drawn from Census data. Projections of population and households by age group can also be used. The future need for specialist accommodation for older people broken down by tenure and type (e.g. sheltered housing, extra care) may need to be assessed and can be obtained from a number of online tool kits provided by the sector, for example SHOP@ (Strategic Housing for Older People Analysis Tool), which is a tool for forecasting the housing and care needs of older people. Evidence from Joint Strategic Needs Assessments prepared by Health and Wellbeing Boards can also be useful. The assessment of need can also set out the level of need for residential care homes.”

10.13 The providers of the SHOP@ Tool, the Housing Learning and Improvement Network, have subsequently withdrawn the tool from open access. The reasons for this withdrawal were given by the Director of the Housing LIN, Jeremy Porteous as being the inappropriate use of the tool which led to the production of under-estimates of future requirements. This generally arose from the application of projected prevalence rates that understated likely need.

10.14 In discussing the trends that may drive the need for increasing levels of provision of specialised accommodation the report is reticent in relation to the need for appropriate and attractive options among that majority of older people who are home owners:

“Given that the number of older people is expected to increase in the future and that the number of single-person households is expected to increase this would suggest (if occupancy patterns remain the same) that there will be a notable demand for affordable housing from the ageing population. That said, the proportion of older person households who are outright owners (with significant equity) may mean that a market solution will also be required to meet their needs.”

10.15 The Assessment also draws attention to the higher than average levels of under-occupation among older households in South-West Hertfordshire:

“Older households are also more likely to be under-occupying property compared to other age groups. As Figure 20 demonstrates 85% of those aged over 65 in SW Hertfordshire are in an underoccupied property. This compares to 72% in all age groups across SW Herts and 70% across England”.

“St. Albans has the highest percentage of older persons in under-occupied homes (88%) with this number falling to 82% in Watford. This is also reflective of the wider trends for all age groups which itself reflects the age of the population and the size of the stock.”

10.16 The benefits of providing older people to “right-size” are rehearsed:

“If this stock could be used more efficiently then the amount of land required for additional housing would be reduced. This is because smaller properties would be provided, into which older persons could downsize, thus releasing their homes for larger households. Efforts to achieve this could be made through the delivery of a range of house sizes as set out in the previous chapter.”

10.17 The advantages of making provision through the facilitation of larger retirement developments are spelt out in succeeding paragraphs:

“One further solution would be to develop retirement villages which would encourage downsizing and reduce the need for additional large accommodation. These should be prioritised in areas with high rates of under-occupation (St. Albans and Three Rivers) but also in locations with good access to services. This would ensure the greatest level of take-up and impact in releasing larger homes.”

“These villages should provide a range of different house typologies (mainly one- and two-bedroom units) tenures and a level of care which will allow occupants to have a progressive level of care as their needs dictate.”

“Based on the established need this should focus on providing housing with support with access to temporary additional care also recommended. They should also provide for different levels of income in terms of housing equity and income levels and as far as possible provide for people with dementia and other significant care needs.”

10.18 In moving toward projections of future requirements the authors reference both the SHOP@ Tool and the work developed by researchers at Sheffield Hallam University. This latter approach is very much shaped by the average current levels of supply in the hundred English local authorities with the highest levels of current provision. The intention is to bring all authorities up to the average of those seen to be currently achieving the most generous levels of

supply. This of course makes no allowance for whether that average level of provision is appropriate.

10.19 The outcome of their analysis in relation to Affordable provision of retirement housing is that, across all five local authorities, there is currently an over-supply relative to population size but that by 2036 there will be a shortfall as the population of older people increases. The need to expand provision is not restricted to the Affordable sector, nor solely to traditional forms of retirement housing:

“Overall, the analysis suggests there is a current surplus of rented housing with support (retirement/sheltered housing) but by 2036 there will be a notable shortfall. The analysis also shows a shortfall of all other types/tenures of housing, both currently and moving through to 2036.”

10.20 The analysis of need for “Housing with Care” (aka “Extra Care”) identifies a shortfall in the Affordable or rented sector but downplays the need to increase supply in the Market Sector. This seems to rely on assumptions based on the current tenure split of provision of Housing with Care rather than upon the tenure preferences of older people in the general population.

“Focusing on housing with care in the rented sector, the analysis identifies a current shortfall of 614 units, increasing to 1,096 units by 2036 – figures in the leasehold sector are slightly lower.”

Flexicare Housing Hertfordshire Accommodation Services for Older People 2009⁴⁴

10.21 This important document, produced by the County Council in its role as the “Welfare Authority”, in partnership with the district councils articulates a vision for meeting the future accommodation and care needs of an ageing population and is key to understanding the role of Flexi-Care or Extra Care within a future range of provision. The aspiration of the Authority and its partners is clearly expressed:

“At the heart of Hertfordshire’s accommodation programme is a desire to improve the quality of life for older people. It is not only about increasing the amount of accommodation but supporting people to live independent lives, with a focus on early intervention to keep people healthy and well. It is as important to cater for people’s emotional as well as practical care needs. Well-designed accommodation and good management can help build strong communities and reduce feelings like loneliness and isolation.”

⁴⁴ Flexicare Housing Hertfordshire Accommodation Services for Older People 2009 - http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/flexicare09.pdf

10.22 Hertfordshire's distinctive approach is spelt out:

"All local authorities are facing significant pressure on services as the older population increases. While many are responding to a shortage of accommodation by embarking on major building programmes, Hertfordshire is taking a different approach. Through complex negotiations and partnership working, the programme is offering a range of housing options across the county. Remodelling out-of-date and under-used sheltered housing schemes into flexicare housing and responding to increasing demand for intermediate care to relieve pressure on acute hospitals, are examples of how we are tackling major challenges."

10.23 The adoption of a distinctive name for the style of accommodation it wishes to promote is intended to use a name that better reflects the flexible, outcome-focused approach expected of care and support services, and in response to feedback from tenants that the term 'extra care' housing is misunderstood, particularly the assumption that it is only for people with very high care needs.

10.24 Hertfordshire's approach recognises that the majority of older citizens are homeowners and will wish to maintain their tenure of choice in old age, thus their aim is for flexicare housing to be available across the range of tenures; giving people more choice about their accommodation options:

"With a high level of home ownership in Hertfordshire, we need to ensure that accommodation choices for older people reflect this."

10.25 Since 2000, Adult Care Services has been undertaking detailed analysis of the market for older people's accommodation in Hertfordshire at regular intervals and new targets for each district in Hertfordshire for 2015/16 and 2020/21 have been generated. The target-setting exercise has taken into account, alongside the increase in the numbers of older people in the county the predicted rise in the number of older people who are homeowners:

"The increases in ownership are likely to increase the requirement for privately funded units as a proportion of the market in all areas. This means that in some areas, almost all the new units required due to the increases in population will need to be privately financed."

10.26 The document makes an explicit commitment to enabling the development of appropriate accommodation opportunities for older homeowners, alongside its priorities for improving the options available in the social rented sector:

"We have a responsibility to ensure every older person in Hertfordshire who wants or needs to live in some form of supportive and caring environment gets services that are good quality and value for money."

Therefore, as well as concentrating efforts on improving the capacity and quality of the accommodation owned or provided by the public sector, we must also place a long-term emphasis on shaping the privately-funded market for all types of older people's accommodation.

This means working with developers and provider organisations to extend the best practice principles of flexicare housing and care home provision right through the private market; guiding investment decisions by organisations considering opportunities in the accommodation market by providing clear information about demand and supply; and facilitating market entry where appropriate."

Flexicare Housing Hertfordshire Accommodation Services for Older People Issue 2 January 2010⁴⁵

10.27 This updated document sets out targets for provision of Flexicare style accommodation and registered care home beds (both those registered for personal care and those registered for nursing) up to 2020/2021. For the City and District of St Albans it suggests that from a base of nil provision it will require 441 units of flexicare or extra care style accommodation by 2020/2021, alongside 225 units in the social rented sector.

⁴⁵ Flexicare Housing Hertfordshire Accommodation Services for Older People Issue 2 January 2010 - http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/ASOP2010pt2.pdf

11 Forecasting future need

11.1 The current pattern of provision in St Albans, as in the rest of the country, developed not in response to assessed need but rather in response to short-term demand and provider perceptions of what will be popular and fundable. Public policy has substantially shaped the pattern of provision in recent years.

11.2 Moving to a pattern with a more rational base that seeks to place individual elements of provision within a wider context inevitably appears threatening to some. In seeking to look forward and to encourage a shift from the current pattern to one which offers a range of options to older people and is reflective of key characteristics of the older population it will be important to take into account a number of factors:

- Demand for rented conventional sheltered housing is likely to decline in the St Albans as in other parts of the country but given current very low levels of provision additional units will be essential if the general housing stock in the social rented sector is to be effectively used.
- The suitability of the older stock for letting provides a challenge in a climate of limited funding.
- The potential for leasehold retirement housing will continue to grow to more closely match the tenure preference of older people.
- Extra Care housing should be provided for sale and rent.
- Provision of Registered Care both for Personal and Nursing Care will need to be distributed so that it is more nearly matched to need within local populations.
- The challenges of maintaining viability in smaller Registered Care Homes will continue to drive change in provision with an increase in larger, purpose-built developments.

The clear consequence is that there will be more of some styles of provision and less of others.

11.3 In the publication “Housing in Later Life”⁴⁶ we updated the guidance that we originally prepared for the publication “More Choice Greater Voice” for the Department for Communities and Local Government and the Care Services Partnership (CSIP) at the Department of Health. That model assumed that a “norm” for conventional sheltered housing to rent would be around 50 units per 1,000 of the population over 75 years of age and around 75 units per 1,000 of leasehold retirement housing. This deliberately inverted the current levels of provision in most places but in doing so sought to reflect the rapidly changing tenure balance.

⁴⁶ Housing in later life – planning ahead for specialist housing for older people, December 2012, National Housing Federation and the Housing Learning and Improvement Network.

11.4 The scarcity of capital funding to carry out re-provision will inhibit the development of the general rented stock and the desire to release under-occupied housing by transfer into sheltered housing will have a greater priority, sustaining demand for the rented sheltered stock.

11.5 In relation to Retirement accommodation offered for sale the homeowners supply continues to be well below the level that would be proportionate to the dominance of owner-occupation among older people. Although subject to a vagaries of the housing market, most purchasers need to sell their existing property to fund the purchase of specialised housing demand for leasehold retirement housing has grown more strongly and we therefore revised upward our targets for leasehold retirement housing, especially in areas where owner-occupation levels among older people are high and property values facilitate the move to such accommodation.

11.6 When analysed in relation to the proportion of older people in the district who are owner-occupiers there is a marked under-supply of retirement housing offered on a leasehold basis. The local authority has a role in encouraging the identification of sites, in influencing the style of provision and through the Local Development planning process to facilitate an increase in this provision.

11.7 Table Thirteen summarises the current levels of provision and the adjustments that may be indicated to bring them to the levels that some would see as a benchmark for the future. How much specialised accommodation may be needed in total? Previous estimates of the requirements for sheltered housing tended to look mainly at the need for social rented provision, rather than at the overall potential demand.

Table Fourteen Indicative levels of provision of various forms of accommodation for older people in, St Albans (2020)

		Current provision	Current provision per 1,000 of Population 75+	Increase or decrease	Resulting number of units	Provision per 1,000 of Population 75+ (12,600)
Affordable housing	retirement	173	13.7	+583	756	60
Market housing	retirement	676	53.7	+836	1,512	120
Enhanced sheltered housing	Affordable	40	3.2	+86	126	10
	Market	0	30.0	+126	126	10
Extracare housing	Affordable	73	5.8	+116	189	15
	Market	47	3.7	+331	378	30

11.8 Table Fifteen sets out the same calculation against the number of those 75 years of age or more in St Albans in 2040.

Table Fifteen Indicative levels of provision of various forms of accommodation for older people in, St Albans (2040)

		Current provision	Current provision per 1,000 of Population 75+	Increase or decrease	Resulting number of units	Provision per 1,000 of Population 75+ (18,100)
Affordable housing	Retirement	173	9.6	+913	1,086	60
Market housing	Retirement	676	37.3	+1,496	2,172	120
Enhanced sheltered housing	Affordable	40	2.2	+141	181	10
	Market	0	0.0	+181	181	10
Extracare housing	Affordable	73	4.0	+199	272	15
	Market	47	2.6	+496	543	30

11.9 The emergence in the 1990s of housing-based models that could offer a high quality of accommodation with access to flexible patterns of care led initially to sentiment that care home provision might be allowed to atrophy and, eventually disappear. As experience of the boundaries to what might be provided in such housing-based settings, for which the usual generic name is Extra Care or Extra Care Housing, became clearer a more balanced view began to emerge.

11.10 While Central Government continues to encourage the delivery of care to older people in their existing homes for as long as possible this is, in some cases, more an aspiration than a reality as Home Care Services continue to face pressures in staff availability and funding.

11.11 To meet the needs of an aged and ageing population statutory authorities need to encourage the development of a range of options that will meet the needs, circumstances and preferences of older people.

Section Summary

11.12 The growth of Extra Care Housing schemes is at the forefront of national and local policy. Whilst there is a current level of provision that reflects the promotion of this model by County and District authorities is still well short of what is required. On our modelling there is still a shortfall of around four hundred and fifty Extra Care units to meet current needs in the District.

11.13 The Statement of Common Ground dated 18th November 2019 in relation to the Need for Specialised Accommodation for older people presented to the previous Appeal relating to this site (ref: 19/3235642) recorded the agreement of the parties that the Hertfordshire preferred term “Flexicare” was akin to Extra Care.

11.13 The most pressing priority, driven by demography, need, tenure, policy imperatives and issues of equality is to increase the availability of specialised accommodation for older homeowners.

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Annex One Explanation of terms used in this report

This report uses terms which are commonly understood among those working in the field of housing and care for older people but may not be so readily comprehensible by those working in other disciplines. Understanding has not been helped by an historic absence of commonly agreed titles and typology for the range of models of accommodation and care for older people. In some cases confusion has arisen as models have evolved over time. In others former titles have been superseded. In some cases distinctions have been deliberately blurred for commercial reasons.

A convenient starting point is to be found in the government's 'Housing for Older and Disabled People Guidance (2019)' which set out four types of specialist housing to meet the diverse needs of older people (Paragraph: 010 Reference ID: 63-010-20190626, revision date 26 June 2019):

Age-restricted general market housing: This type of housing is generally for people aged 55 and over and the active elderly. It may include some shared amenities such as communal gardens, but does not include support or care services.

Retirement living or sheltered housing: This usually consists of purpose-built flats or bungalows with limited communal facilities such as a lounge, laundry room and guest room. It does not generally provide care services, but provides some support to enable residents to live independently. This can include 24 hour on-site assistance (alarm) and a warden or house manager.

Extra care housing or housing-with-care: This usually consists of purpose-built or adapted flats or bungalows with a medium to high level of care available if required, through an onsite care agency registered through the Care Quality Commission (CQC). Residents are able to live independently with 24 hour access to support services and staff, and meals are also available. There are often extensive communal areas, such as space to socialise or a wellbeing centre. In some cases, these developments are known as retirement communities or villages - the intention is for residents to benefit from varying levels of care as time progresses.

Residential care homes and nursing homes: These have individual rooms within a residential building and provide a high level of care meeting all activities of daily living. They do not usually include support services for independent living. This type of housing can also include dementia care homes.

For most purposes these categories and descriptions serve well enough, although they tend to ignore the nuances within and between some of these categories. In this report we distinguish between the main categories set out in “Housing for Older and Disabled People Guidance” (2019) to reflect the diversity of provision required to meet the diversity of circumstances and aspirations to be found within the population of older people and those approaching old age. The following paragraphs seek to elaborate the conflated categories of “Housing for Older and Disabled People” and to provide some further explanation and context to aid understanding.

Age Exclusive of Age Restricted housing in the rented sector commonly comprises properties that were originally built at “Category One Sheltered Housing” (see next paragraph) or former Sheltered Housing schemes from which dedicated staff support has been withdrawn. The most numerous built form is that formerly known as “Older People’s Dwellings”, typically one bedroom bungalows, to be found in clusters in both urban and rural settings. Provision in the Market Sector is much more limited and generally of more recent construction.

Sheltered housing is a form of housing intended for older people that first emerged in the 1950s and was developed in volume through the 1960s and 1970s. In this period it was developed in one of two styles: “Category Two” Sheltered Housing consisted of flats and/or bungalows with enclosed access, a communal lounge and some other limited communal facilities such as a shared laundry and a guest room. Support was provided by one or more “wardens” who were normally resident on site. “Category One” Sheltered Housing has many of the same features but might not have enclosed access, might have more limited communal facilities and would not normally have a resident warden. In current practice these models have merged and the service models for delivery of support are in flux. This provision has generally been made by Housing Associations/ Registered Providers and Local Authorities.

Retirement Housing is a term widely adopted to describe Sheltered Housing, similar in built form and service pattern to Category Two Sheltered Housing described above but offered for sale, generally on a long lease, typically ninety-nine or one hundred and twenty-five years. This provision has generally been made both by Housing Associations / Registered Providers (often through specialist subsidiaries) and commercial organisations.

Very sheltered housing is a term now largely disappearing from use that was used first in the mid to late 1980s to describe sheltered schemes that sought to offer some access to care services and some additional social and care facilities.

Enhanced sheltered housing is the term that has largely succeeded to Very Sheltered Housing to describe sheltered housing that provides more in facilities and services than traditional sheltered housing but does not offer the full range of

facilities, services and activities to be found in an Extra Care Housing Scheme. It is important to distinguish this model from Extra Care as it will not generally be so robust in supporting those with significant care needs and will not generally be an appropriate alternative to Registered Care providing Personal Care.

Close Care is a term principally associated with a limited number of providers and generally falls within the same category as Enhanced Sheltered Housing.

Extra Care Housing is the term used for a complex of specialised housing for older people that provides a range of “lifestyle” facilities for social, cultural, educational and recreational activities, in addition to services that provide care in a style that can respond flexibly to increasing need whilst helping the individual to retain their place within their existing community. In most Extra Care Housing schemes people enter their unit of accommodation and the care services they receive are delivered into that unit as their needs increase. This is generally referred to as the “integrated model” of Extra Care.

Continuing Care Retirement Community is a variant of the Extra Care Housing model but one in which higher levels of care are generally delivered by transfer within the scheme from an independent living unit in which low to moderate care is delivered into a specialist unit or care home.

Retirement Villages will generally provide accommodation and care that fits the definitions of Extra Care with the benefits of scale that allow a more diverse social and dependency mix whilst sustaining an extended range of social and cultural facilities and activities.

Registered Care Home is the form of institutional provision that in the past would have been referred to as either a “Residential Care Home” or a “Nursing Home”. All are now referred to as “Registered Care Homes” and differentiated as either “Registered Care Home providing personal care” or as a “Registered Care Home providing nursing care”.

Annex Two: Specialist Accommodation for Older People in St Albans.

Affordable age exclusive housing

Name of scheme	Address	Manager	Number of units
St Peters Road / Churchyard Cottages	St Albans, Herts, AL1 3RU	Dudding & Bennett United Almshouse Charities	6 (C)
Swallow Lane	St. Albans, Hertfordshire, AL1 5RW	Places for People Homes	21 (F)
Total			27

Affordable retirement housing

Name of scheme	Address	Manager	Number of units
Cyril Dumbleton House	Haseldine Road, London Colney, St. Albans, Hertfordshire, AL2 1RR	St Albans City & District Council	27 (F)
Dorant House	New Greens Avenue, St Albans, Herts, AL3 6HT	Charity of L A Dorant for Almshouses	19 (F) Licence
Gertrude Peake Place	High Street, Redbourn, Hertfordshire, AL3 7LB	St Albans City & District Council	15 (F)
Martham Court	Hickling Way, Manland Avenue, Harpenden, Hertfordshire, AL5 4RW	<u>Anchor Hanover</u>	34 (F)
Perrycoste Court	Taylor Close, Sandridge, St. Albans, Hertfordshire, AL4 9YB	Hightown Housing Association Ltd	44 (F)
Rosewood Court	Grovelands, Park Street, St. Albans, Hertfordshire, AL2 2FN	Settle	34 (F)
Total			173

Affordable Enhanced Retirement Housing

Name of scheme	Address	Manager	Number of units
Eywood House	30a Hollywood Crescent, St Albans, Bedfordshire, AL1 2DD	Domovo	40 (F) Rent and Shared Ownership
Total			40

Affordable Extra Care

Name of scheme	Address	Manager	Number of units
Lea Springs	14 Lower Luton Road, Harpenden, Hertfordshire, AL5 5FA	Housing 21	38 (F) Rent & Shared Ownership
Park Side View	Chiltern Road, St Albans, Hertfordshire, AL4 9FJ	Settle	35 (F)
Total			73

Market age exclusive housing

Name of scheme	Address	Manager	Number of units
Eleanor Place & Milton House	King Harry Lane, St. Albans, Hertfordshire, AL3 4AX	Ethical Leasehold Management Ltd	38 (F & C) Leasehold
Hardenwick Court	Townsend Road, Harpenden, Hertfordshire, AL5 4HY	Aldwyck Housing Group	18 (F) Leasehold
Southgate Court	Harpenden, Hertfordshire, AL5 2UG	Southgate Court Residents Association	9 (C) Rent and Freehold
Total			65

Market Retirement housing

Name of scheme	Address	Manager	Number of units
23a Leyton Road	Leyton Road, Harpenden, Hertfordshire, AL5 2FH	PegasusLife Ltd	38 (F) Leasehold
Albeny Gate	Belmont Hill, St. Albans, Herts, AL1 1BH	<u>Anchor Hanover</u>	47 (F & B) Freehold and Leasehold
Arcadian Court	Lyedekkar Park, Sun Lane, Harpenden, Herts, AL5 4EG	<u>FirstPort</u>	38 (F & C) Leasehold
Beacon House	40-42 Beaconsfield Road, St. Albans, Herts, AL1 3RT	<u>Anchor Hanover</u>	23 (F) Leasehold
Beaumonts	Hatfield Road, St. Albans, Hertfordshire, AL1 3NN	Aldwyck Housing Group	28 (F) Leasehold
Cotsmoor	Granville Road, St. Albans, Herts, AL1 5BW	<u>Anchor Hanover</u>	31 (F) Leasehold
Davis Court	Marlborough Road, St. Albans, Hertfordshire, AL1 3XU	Millstream Management Services	63 (F) Leasehold

Four Limes	Garrard Way, Wheathampstead, Herts, AL4 8JN	Home Group Ltd	52 (F & B) Leasehold
Harvest Court	Jersey Farm, St. Albans, Hertfordshire, AL4 9QY	Aldwyck Housing Group	43 (F, B & C) Leasehold
Homedell House	Roundwood Lane, Harpenden, Herts, AL5 3RA	<u>FirstPort</u>	60 (F) Leasehold
King Edward Place	Wheathamstead, St Albans, Hertfordshire, AL4 8FJ	Ethical Leasehold Management Ltd	24 (F & C) Leasehold
Maryland Place	Townsend Drive, St Albans, Hertfordshire, AL3 5FD	Ethical Leasehold Management Ltd	40 (F & C) Leasehold
Mortimer Crescent	Kings Park, St Albans, Hertfordshire, AL3 4GJ	Ethical Leasehold Management Ltd	66 (F) Leasehold
New Forge Place	High Street, Redbourn, St. Albans, Hertfordshire, AL3 7NY	Aldwyck Housing Group	27 (F) Leasehold
St Augusta Court	Batchwood View, St. Albans, Herts, AL3 5SS	<u>FirstPort</u>	33 (F) Leasehold
Walkers Court	Southdown Road, Harpenden, Hertfordshire, AL5 1QL	<u>FirstPort</u>	35 (F) Leasehold
Yeats House	Wordsworth Close, Verulamium Park, St Albans, Hertfordshire, AL3 4GG	<u>One Housing Group Ltd</u>	28 (F) Rent and Shared Ownership
Total			676

Market Enhanced Retirement housing

Name of scheme	Address	Manager	Number of units
Total			0

Market Extra Care

Name of scheme	Address	Manager	Number of units
Eleanor House	232-236 & 230A London Road, St Albans, Hertfordshire, AL1 1JQ	<u>McCarthy & Stone</u>	47 (F) Leasehold
Total			47

Registered care homes providing personal care

Name of scheme	Address	Owner	Number of beds
Chiswell Residential Home	193 Watford Road, St Albans, Hertfordshire AL2 3HH	Mrs S Dewing	6
Clare Lodge Care Home	8 Battlefield Road, St Albans, Hertfordshire AL1 4DD	B & M Care	24
Fonthill House	Cassius Drive, off King Harry Lane, St Albans, Hertfordshire AL3 4GD	Fonthill Care Limited	64
Fosse House	Ermine Close, St Albans, Hertfordshire AL3 4LA	Quantum Care Ltd	61
Grace Muriel House	Tavistock Avenue, St Albans, Hertfordshire AL1 2NW	<u>Abbeyfield St Albans Society Ltd</u>	36
Harpenden Bethesda Home	201 Luton Road, Harpenden, Hertfordshire AL5 3DD	The Gospel Standard Bethesda Fund	25
Lyndon Eventide Home	2 High Street, Sandridge, St Albans, Hertfordshire AL4 9DH	Salvation Army East Scotland Division	32
Rosebery House	1 Rosebery Avenue, Harpenden, Hertfordshire AL5 2QT	Fairheart Limited	14
St Matthews	Chequer Lane, Redbourn, St Albans, Hertfordshire AL3 7QG	B & M Care	56
Strathmore Lodge	2 Hall Place Gardens, St Albans, Hertfordshire	ODK Care Hotels Ltd	19

	AL1 3SP		
Tara's Retreat Residential Care Home	High Street, Sandridge, St Albans, Hertfordshire AL4 9DQ	B & M Care	46
Vesta Lodge	Watling View, St Albans, Hertfordshire AL1 2PB	Quantum Care Ltd	61
Willow Court	Aldwickbury Crescent, Harpenden, Hertfordshire AL5 5SD	Quantum Care Ltd	61
Total			505

Registered care homes providing nursing care

Name of scheme	Address	Owner	Number of beds
Alban Manor Nursing Home	1-2 Chene Drive, off Waverley Road, St Albans, Hertfordshire AL3 5QP	St. Albans Care Limited	80
Allington Court Care Home	Lye Lane, Bricket Wood, St Albans, Hertfordshire AL2 3TN	BUPA Care Homes	44
Field House Care Home	8 Townsend Road, Harpenden, Hertfordshire AL5 4BQ	BUPA Care Homes	37
Houndswood House	Harper Lane, Radlett, Hertfordshire WD7 7HU	Brighterkind	47
Tenterden House Care Home	Lye Lane, Bricket Wood, St Albans, Hertfordshire AL2 3TN	BUPA Care Homes	40
The Orchard Nursing Home	129-135 Camp Road, St Albans, Hertfordshire AL1 5HL	Caring Homes Group	63
Verulam House Nursing Home	Verulam Road, St Albans, Hertfordshire AL3 4DH	Verulam Health Care Ltd	50
Total			361

Annex Three POPPI data sources

As indicated in Section Four projections of numbers of older people likely to be experiencing various functional or health issues that are indicative of need for specialised accommodation and care are taken from the POPPI (Projecting Older People Population Information System) database. This database is maintained by the Institute of Public Care at Oxford Brookes University and is a widely respected and authoritative source, used by statutory, commercial and third sector organisations. We set out here the sources and methodology notes provided by POPPI in relation to the tables contained in Section Four of this report.

Table 5 Domestic tasks: People aged 65 and over unable to manage at least one domestic task on their own, by age and gender, projected to 2035

Instrumental Activities of Daily Living (IADLs) are activities which, while not fundamental to functioning, are important aspects of living independently:

- Doing routine housework or laundry
- Shopping for food
- Getting out of the house
- Doing paperwork or paying bills

Figures are taken from the Health Survey for England 2016: Social care for older adults (2017) NHS Digital⁴⁷, Table 4: Summary of Activities of Daily Living (ADLs/IADLs) for which help was needed and received in the last month, 2011-2016, by age and sex.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to need help with at least one of the domestic tasks listed, to 2035.

Table 6 Self-care: People aged 65 and over unable to manage at least one self-care activity on their own, by age and gender, projected to 2035.

Activities of Daily Living (ADLs) are activities relating to personal care and mobility about the home that are basic to daily living:

⁴⁷ The Health Survey for England 2016 is the latest in a series of surveys commissioned by NHS Digital and carried out by NatCen Social Research and University College London. The surveys are representative of adults and children in England, and are used to monitor the nation's health and health-related behaviours.

- Having a bath or shower
- Using the toilet
- Getting up and down stairs
- Getting around indoors
- Dressing or undressing
- Getting in and out of bed
- Washing face and hands
- Eating, including cutting up food
- Taking medicine

Figures are taken from the Health Survey for England 2016: Social care for older adults (2017) NHS Digital, Table 4: Summary of Activities of Daily Living (ADLs/IADLs) for which help was needed and received in the last month, 2011-2016, by age and sex.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to need help with at least one of the self-care tasks listed, to 2035.

Table 7 Limiting long term illness: People aged 65 and over with a limiting long-term illness, by age, projected to 2040.

Figures are taken from Office for National Statistics (ONS) 2011 Census, Long term health problem or disability by health by sex by age, reference DC3302EW. Numbers have been calculated by applying percentages of people with a limiting long-term illness in 2011 to projected population figures.

Table 8 Mobility: People aged 65 and over unable to manage at least one mobility activity on their own, by age and gender, projected to 2040.

Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

Figures are taken from Living in Britain Survey (2001), table 29.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be unable to manage at least one of the mobility tasks listed, to 2035.

Table 9 Dementia: People aged 65 and over predicted to have dementia, by age and gender, projected to 2040

Figures are taken from Dementia UK: Update (2014) prepared by King's College London and the London School of Economics for the Alzheimer's Society. This report updates the Dementia UK (2007) report. It provides a synthesis of best available evidence for the current cost and prevalence of dementia. It aims to

provide an accurate understanding of dementia prevalence and cost in the UK to assist in policy development, influencing, commissioning and service design.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2035.

To calculate the prevalence rates for the 90+ population, rates from the research for the 90-94 and 95+ age groups have been applied to the England population 2013 (when the research was undertaken) to calculate the numbers in each age group, the sum of these groups is then expressed as a percentage of the total 90+ population to establish the predicted prevalence of the 90+ population as a whole.

Annex Four Excess deaths among older people in England in 2020

The question has been raised as to whether the level of deaths among older people arising from the Coronavirus Pandemic and the collateral disruption to health services will significantly reduce the size of the population of older people going forward. The key measure is the level of deaths in excess of the average over the preceding five years, as recorded by the Office for National Statistics.

The following table sets out the Office of National Statistics projected population of England in 2020 by age groups from 65 years of age, their record of the number of deaths in the year 2020 in excess of the average for the years 2015 to 2019 by age group, and the percentage of the total population in each age group this represents.

Age Group	Total population in age group	Number of excess deaths for whole year by age group	Excess deaths as % of total population by age group
65-69	2,792,500	1,605	0.05%
70-74	2,819,600	9,138	0.32%
75-79	2,017,300	10,951	0.54%
80-84	1,459,100	12,555	0.86%
85-89	839,100	12,271	1.46%
90+	523,900	16,222	3.09%
All 65+	10,451,500	62,742	0.60%

(Source Office for National Statistics, 2020 for population projections & 2021 for excess death numbers)

As will be immediately obvious excess deaths are linked to chronological age and largely reflect age-related mortality arising from Coronavirus.

Taking the whole population of older people from 65 years the excess deaths, at 62,742 represent 0.60% of the whole population in the age group. This represents a marginal variation in the total numbers of older people.

Looking to the population 75 years of age and over the percentage rises to 1.07% which may be regarded as short-term variation in relation to population projections of the numbers of older people within the whole population in five, ten, fifteen and twenty years.

At 85 years of age and more the percentage rises to 2.09% which may have a short-term impact on occupancy rates in settings offering the highest levels of care to the most frail older people. This may be offset by increased need for higher levels of care as older people experience the chronic long-term effects of illness and isolation during the pandemic.

ONS has published provisional numbers for excess deaths in 2021 by age group up to 21st October. For several weeks between April and July the number of deaths was actually below the five year average but moved again into excess from August onwards. To 21st October the total recorded is 78,736 deaths in excess of the 2015-2019 average which represents approximately 0.75% of the whole population 65 years of age and over. The increases are found in all age cohorts but there is still a marked correlation between age and the level of excess deaths. Depletion of those cohorts below 75 who will be 75-84 by 2030/2031 remains marginal.

The impact of the Covid-19 Pandemic upon the development of care accommodation has been considered recently at Planning Appeal specifically in Appeal Ref: APP/R0660/W/20/3249224 relating to 51-53 Handforth Road, Wilmslow, Cheshire where it was found by the Inspector not to adversely impact the need to provide high quality facilities to care for the ageing population.

Annex Five The authors of this report

Nigel J W Appleton MA (Cantab)

Nigel Appleton is Executive Chairman of Contact Consulting (Oxford) Ltd, a consultancy and research practice specialising in issues of health, housing and social care as they affect older people and people with particular needs. Nigel's particular area of interest and expertise is in relation to the accommodation and care needs of older people.

Nigel Appleton has a nationally established reputation in the field of estimating the requirement for particular styles of accommodation for older people, having been the author of publications supported by the Department of Communities and Local Government and the Department of Health that provide guidance in this area.⁴⁸

In recent years he has developed a substantial practice in the demonstration of need for older people's accommodation and the documentation of that need to form part of a planning case. His work has also been tested at Appeal where he has contributed to the applicant's case as an Expert Witness.

He contributed the section "Preparing the Evidence Base" to "Housing in later life – planning ahead for specialist housing for older people" (National Housing federation and the Housing LIN, December 2012). This updated the comparable sections of his: "More Choice: Greater Voice – a toolkit for producing a strategy for accommodation with care for older people" (February 2008 for Communities and Local Government and the Care Services Improvement Partnership). He is also the author of "Connecting Housing to the Health and Social Care Agenda – a person centred approach" (September 2007 for CSIP).

Nigel also wrote "Planning for the Needs of the Majority – the needs and aspirations of older people in general housing" and "Ready Steady, but not quite go – older homeowners and equity release", both for the Joseph Rowntree Foundation.

For the Change Agent Team at the Department of Health he wrote "An introduction to Extracare housing for commissioners" and "Achieving Success in Developing Extra Care housing" together with a number of briefing papers and studies in the area of sheltered housing and its variants.

⁴⁸ "More Choice, Greater Voice, a toolkit for producing a strategy for accommodation with care for older people", Nigel Appleton, CLG & CSIP, 2008 & "Housing in later life – planning ahead for specialist housing for older people", December 2012, National Housing Federation and the Housing Learning and Improvement Network.

Other publications include three Board Assurance Prompts on the deployment of Assistive Technology/ telecare in both specialised and general housing for older people; “Housing and housing support in mental health and learning disabilities – its role in QIPP”, National Mental Health Development Unit, with Steve Appleton (2011) and “The impact of Choice Based Lettings on the access of vulnerable adults to social housing” (2009) for the Housing LIN at the Department of Health.

Nigel led the team that prepared the material for the Good Practice Guidance for local authorities on delivering adaptations to housing for people with disabilities issued by the Office of the Deputy Prime Minister, Department of Health & Department for Education and Skills.

His expertise covers the full spectrum of issues in the field of housing and social care for older people. He has supported more than thirty local authorities in preparing their strategies for accommodation and care in response to the needs of an ageing population. With his team he has conducted a number of detailed reviews of existing sheltered housing schemes for both local authority and not for profit providers.

Nigel also brings expertise in relation to the various models of accommodation for older people and the operational issues that may arise in relation to staffing numbers and profile, operational viability and related matters.⁴⁹

He has worked with housing and adult social care officers and members in a wider range of local authorities, and with various commissioning and provider bodies within the NHS. Nigel works to support development, operation and evaluation of specialised accommodation for providers in statutory, commercial and third sectors.

Nigel served as Expert Advisor to the Social Justice and Regeneration Committee of the Welsh Assembly in its review of housing and care policies in relation to older people in Wales.

Prior to establishing his consultancy in 1995 Nigel was Director of Anchor Housing Trust. Until December 2017 he served as a Governor and Chair of the Management Committee of Westminster College, Cambridge. Nigel formerly served as Vice Chair of the Centre for Policy on Ageing and as a trustee of Help & Care, Bournemouth, and has been an honorary research fellow at the Centre for Urban and Regional Studies, Birmingham University. In the more distant past he was a member of the Governing Body of Age Concern England and a Board Member of Fold Housing Group, Northern Ireland.

⁴⁹ For example, for the Joseph Rowntree Foundation: “Planning for the Needs of the Majority – the needs and aspirations of older people in general housing”, and for the Change Agent Team at the Department of Health: “An introduction to Extracare housing for commissioners” and “Achieving Success in Developing Extra Care housing”

David Appleton

David Appleton is the Consultancy Support and Development Manager for Contact Consulting (Oxford) Limited. David joined the staff of Contact Consulting in 2014 after a two-year period in which he had undertaken specific assignments on a sub-contracted basis.

After securing his HND in Health, Welfare and Social Policy from Anglia Ruskin University David worked in residential care settings, initially with Cambridgeshire County Council, and subsequently with Northamptonshire County Council. During his time in Northamptonshire David was responsible for the oversight and delivery of their Physical Intervention training, and investigation. At the time of leaving Northamptonshire CC, in December 2011, David's role was that of Assistant Manager in one of the Authority's residential units.

Since joining Contact Consulting David has undertaken a variety projects and his current responsibilities within the company include research, policy and data analysis, policy and report writing. He is also involved in delivering training, in service evaluation, and supporting investigations in a number of statutory and non-statutory settings.

In addition to his HND in Health, Welfare and Social Policy David continued his professional development, undertaking NVQ3 in Children and Young People, NVQ4 in Leadership and Management, and accreditation as an instructor in Physical Intervention. Since joining Contact Consulting he has secured accreditation in Prince2 project management, and provides that input to company assignments as required.