



The need for specialised accommodation for older people within the area of the New Forest District Council and in support of a proposed development of Retirement Accommodation at Stanford Hill, Lymington.

**LPA Ref: 20/10481
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APP/D2320/W/20/3265785**

**Proof of Evidence of
Nigel J W Appleton MA (Cantab)**

12th April 2021



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Appendix 1:

Report on The need for specialised accommodation for older people within the area of the New Forest District Council

1 Introduction

1.1 I am Nigel Appleton, Executive Chairman of Contact Consulting (Oxford) Ltd, a specialist research and development consultancy working at the intersection of health, housing and social care. My particular field of interest is in identifying the accommodation and care needs of older people, and the volumes and styles of provision that appropriately respond to those needs. I am the author of guidance on the estimation of the current and future needs of older people for accommodation and care and have supported a number of local authorities in developing strategies to respond to the needs of an ageing population.

2 Declaration

2.1 The evidence which I have prepared and provide for this appeal is true and I confirm that the opinions expressed are my true and professional opinion.

3 The Scope of my Evidence

3.1 Referring to my report on need for specialised accommodation in the area of the New Forest District Council appended to this Proof, my evidence will provide an account of the development of accommodation and care options for older people to provide a context within which the nature and purpose of the proposed development can be rightly understood.

3.2 Moving on I refer to the context in both local and national policies in relation to developments of this nature.

3.3 Having explained the methodology I have adopted and why it is to be preferred over other approaches to estimating need for Specialised Accommodation for older people I review data on the current and projected future population of older people within the New Forest. I offer data on a variety of needs among that older population, which suggest an increasing requirement for specialised accommodation and access to support and care.

3.4 I draw attention to substantial and increasing levels of owner-occupation among older people as a significant driver for the nature of future provision. The volume and profile of current provision is set out and the need for new models and increasing volumes of provision identified.

4 Methodology

4.1 The methodology adopted to provide an objective measurement of need for specialised accommodation and care within the District as a whole draws on my own work for the Care Services Improvement Partnership at the Department of Health and the Department for Communities and Local Government¹, subsequent industry led

¹ More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people, Communities and Local Government, CSIP & Housing LIN, February 2008.

guidance to which I contributed², and the work of others in this field³. These are the “toolkits” referred to in the National Planning Practice Guidance 2018 as suitable for estimating the needs of older people within a local population and referenced in NPPG of June 2019.

4.2 I explain why this methodology is to be preferred together with the reasons for the widely adopted alternative, the SHOP@ Tool (referenced in Planning Practice Guidance June 2019) being withdrawn by the Housing LIN; calling into question projections developed using this on-line tool.

4.3 The method of estimating the need for specialised accommodation for older people differs from that used to calculate housing need in the population at large. The methodology for the whole population relies on the estimation of household formation, moderated by historic market data and takes account of economic drivers to arrive at a projected range of future need for housing. It may, for example, moderate the projected level of need for new housing by considering whether under supply may inhibit the prospects for future economic growth. Whilst considering the needs of a whole population, it is primarily driven by the factors such as the impact undersupply will have on the local economy.

4.4 Objective measurement of need for accommodation for older people looks at factors that dispose older people toward a need for specially designed accommodation and accommodation providing a range of support and care functions. Thus, an inability to manage stairs and steps indicates a requirement for accommodation that is accessible. The inability to shop for groceries and other essentials, indicates a low-level need for support, where as an inability to wash and dress oneself indicates a need for higher levels of personal care.

5 The age profile of the local population

5.1 The profile of the New Forest in relation to the age of its population is strikingly above the national average, with those 65 years of age already approaching 30% of the total population of the district and projected to increase to more than 37% by 2040.

5.2 The proportion of those in advanced old age, that is 85 years of age or more is even more of a challenge to health and social care authorities as the prevalence of chronic health conditions and functional incapacity in tasks essential to the maintenance of an independent life-style is closely related to chronological age. Those 85 years of age and older will increase in absolute numbers by 6,100 people through the period to 2040 to make up almost 8% of the total population.

5.3 As the following table shows this is a very much older population than the average and will bring with it a range of challenges for Housing, Health and Social Care authorities.

² Housing in Later Life: planning ahead for specialist housing form older people, Housing LIN, NHF et al, December 2012.

³ SHOP@, Housing LIN & EAC, 2013

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 - New Forest District compared with England averages

	2020	2025	2030	2035	2040
Total population – New Forest DC	180,500	182,100	183,400	184,800	186,200
Population aged 65 and over New Forest DC	53,600	57,600	63,100	67,300	69,700
Population aged 85 and over New Forest DC	8,700	9,500	11,100	13,900	14,700
Population aged 65 and over as a proportion of the total population New Forest DC	29.70%	31.63%	34.41%	36.42%	37.43%
Population aged 65 and over as a proportion of the total population England Average	18.54%	19.72%	21.45%	22.96%	23.75%
Population aged 85 and over as a proportion of the total population New Forest DC	4.82%	5.22%	6.05%	7.52%	7.89%
Population aged 85 and over as a proportion of the total population England Average	2.50%	2.71%	3.06%	3.73%	3.94%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

6 Indicators of need for specialised accommodation, care and support

6.1 Those finding at least one mobility activity difficult or impossible will increase by around 42% between 2020 and 2040. The impact of these difficulties on the capacity for independent living can be significantly mitigated by appropriate design and flexible delivery of care and support services

6.2 Those having difficulty with one or more domestic tasks will increase between 2020 to 2040 from 15,873 to 21,902, an increase of 38%. A failure to manage these tasks often persuades older people, or their relatives, of the need for a move to a high care setting, such as a Registered Care home, when their needs would be better met in specialised accommodation, such as that proposed in this application.

6.3 Similarly those experiencing difficulty with at least one task of self-care are projected to rise from 15,674 in 2020 to 21,455 in 2040. This may contribute to additional demand for specialised accommodation but will have a direct impact on demand for care home places.

6.4 Throughout the period to 2040 there is predicted to be a 51% increase in the population aged 65 and above that have dementia; with around 81% increase in the 90 years of age and over cohort. These significant rises will again place increasing demand on care and accommodation places.

6.5 A failure to manage many of these domestic and personal care 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.

7 Shaping an appropriate response to the identified need

7.1 I argue that appropriately designed, accessible accommodation with access to flexible support services can mitigate the risks, sustain independence and facilitate the delivery of care in a cost-effective fashion to moderate the demands that will otherwise fall on existing services as a consequence of these trends. A fully robust pattern of provision that matches the aspiration of individuals and of public policy that people should be able to age in place requires a number of elements: appropriately designed accommodation, a range of support and care services and specialised provision for those with the highest levels of need for care.

8 Responding to need among older home owners

8.1 Turning from responses to the range of needs I have demonstrated I argue that whilst public policy has traditionally focused on the needs of those older people who require socially funded rental accommodation, the trend among older people has been toward an increasing level of owner-occupation.

8.2 New Forest follows but exceeds by a wide margin the national trend toward owner-occupation as the dominant tenure for older people. Levels of owner-occupation among older people in the district are very significantly above national averages at 86.12% 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 just below 82.56%.

8.3 I show in Section 7 of my appended Report⁴ that the current supply of specialised accommodation, including registered care homes, has been calculated using the Elderly Accommodation Counsel database. Taking tenures together and comparing with the whole population it would appear that levels of provision of specialised housing for older people are significantly below national averages in relation to social rented stock and above national averages in relation to retirement housing offered for market sale.

8.4 Whilst there is a greater than average supply of retirement housing available to homeowners through purchase of a long lease this comes nowhere near reflecting the dominance of owner-occupation among the older population of New Forest.

8.5 There is a consequent shortfall in the level of provision needed to achieve an adequate supply for older homeowners wishing to maintain their tenure when transferring to specialised accommodation.

8.6 For those older people who are owner-occupiers the ratio of provision for retirement housing for sale per thousand is 64.26. Whilst for those older people who

⁴ Paragraphs 7.2 to 7.4 on page 38, Table 12 on page 39 and Table 13 on Page 40

are renters the comparable ratio per thousand is 190.87.⁵ This means that older homeowners have proportionately only a third as many properties available to them in any form of specialised accommodation than their peers in rented tenures, which is clearly inequitable.

8.7 The level of provision of bed spaces in Registered Care Homes providing Personal Care is slightly above national averages and the provision of beds registered for the delivery of Nursing Care is more significantly above the national average, as is shown in my appended Report.⁶ This suggests that those with higher levels of need for care are relatively well provided for but that the overall economy of provision is not appropriately balanced in that there are insufficient options for those who are capable of living independently or require only modest levels of support.

8.8 Whilst the Health and Adult Social Care authorities place great emphasis on the development of Extra Care and the need to divert future increasing need for accommodation with care away from Registered Care Homes this does meet all needs. If “upward transference” is to be avoided, that is to say people who require minimal support taking places in facilities offering care and thus limiting the supply available to those who actually require that level of care, additional provision is needed in Supported Housing, particularly to meet the needs of that majority who are homeowners.

8.9 A more adequate level of provision of Retirement Housing, for which we identify a current shortfall in the Market sector of more than 1,800 units to meet the needs of older home-owners in the New Forest, will balance the ambition to increase the availability of Extra Care in all tenures by contributing to a graduated pattern of provision, matched in scale and tenure to the local population of older people.

8.10 The benefits of facilitating that broad range of need to meet the diversity of personal circumstances and aspirations of the very substantial numbers of older people already within the local population are well documented.

⁵ Paragraph 7.6 on page 38 and paragraph 7.7 on page 39 of my appended Report shows the calculations.

⁶ Comparing the ratios shown in Table 12 on page 39 with those in Table 13 on page 40.

9 Conclusions

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

9.2 The provision of a more adequate supply of retirement accommodation of all kinds for homeowners will provide an environment of choice in which independence can be sustained and transfer to expensive Registered Care postponed or avoided.

9.3 In the absence of appropriate, contemporary accommodation options pressures will increase on these higher-end services, such as Registered Care Homes providing Personal Care and Registered Care Homes providing Nursing Care.

9.4 The proposed development will both respond to need within the existing resident population and provide substantial public benefit.

9.4 In conclusion I identify five key contributions that the proposed development:

- It will respond to the accommodation needs and aspirations of the substantially increasing number of older people in the area.
- Through sound design and appropriate facilities and services it will provide an environment in which quality of life will be enhanced, independence maintained and the conditions and risks characteristic of advanced old age will be mitigated.
- It will assist in the renewal of the housing stock designed to meet the needs of older people and in addressing the tenure imbalance found in the current pattern of provision.
- It will offer a robust pattern of provision to maintain its support for the resident population as individuals age and exhibit increased levels of need.
- It will help deliver the policy aspirations of Hampshire County Council and its health partners in responding appropriately to the levels of need identified in my appended report.



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**Nigel Appleton
with David Appleton**

12th April 2021



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1 The case for the development in summary

1.1 The profile of the New Forest in relation to the age of its population is strikingly above the national average, with those 65 years of age already approaching 30% of the total population of the district and projected to increase to more than 37% by 2040.

1.2 The proportion of those in advanced old age, that is 85 years of age or more is even more of a challenge to health and social care authorities as the prevalence of chronic health conditions and functional incapacity in tasks essential to the maintenance of an independent life-style is closely related to chronological age. Those 85 years of age and older will increase in absolute numbers by 6,100 people through the period to 2040 to make up almost 8% of the total population.

1.3 Those having difficulty with one or more domestic tasks will increase between 2020 to 2040 from 15,873 to 21,902, an increase of 38%. A failure to manage these tasks often persuades older people, or their relatives, of the need for a move to a high care setting, such as a Registered Care home, when their needs would be better met in specialised accommodation, such as that proposed in this application.

1.4 Similarly those experiencing difficulty with at least one task of self-care are projected to rise from 15,674 in 2020 to 21,455 in 2040. This may contribute to additional demand for specialised accommodation but will have a direct impact on demand for care home places.

1.5 Those finding at least one mobility activity difficult or impossible will increase by around 42% between 2020 and 2040. The impact of these difficulties on the capacity for independent living can be significantly mitigated by appropriate design and flexible delivery of care and support services.

1.6 Throughout the period to 2040 there is predicted to be a 51% increase in the population aged 65 and above that have dementia; with around 81% increase in the 90 years of age and over cohort. These significant rises will again place increasing demand on care and accommodation places.

1.7 New Forest follows but exceeds by a wide margin the national trend toward owner-occupation as the dominant tenure for older people. Levels of owner-occupation among older people in the district are very significantly above national averages at 86.12% 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 just below 82.56%.

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

1.9 Whilst there is a greater than average supply of leasehold retirement housing this comes nowhere near reflecting the dominance of owner-occupation among the older population of New Forest. There is a consequent shortfall in the level of provision needed to achieve an adequate supply for older homeowners wishing to maintain their tenure when transferring to specialised accommodation.

1.10 For those older people who are owner-occupiers the ratio of provision for retirement housing for sale per thousand is 64.26. Whilst for those older people who are renters the comparable ratio per thousand is 190.87.

1.11 The level of provision of bed spaces in Registered Care Homes providing Personal Care is slightly above national averages and the provision of beds registered for the delivery of Nursing Care is more significantly above the national average.

1.12 Whilst the Health and Adult Social Care authorities place great emphasis on the development of Extra Care and the need to divert future increasing need away from Registered Care Homes this does meet all needs.

1.13 A more adequate level of provision of Retirement Housing, for which we identify a current shortfall in the Market sector of more than 1,800 units to meet the needs of older home-owners in the New Forest, will balance the ambition to increase the availability of Extra Care in all tenures by contributing to a graduated pattern of provision, matched in scale and tenure to the local population of older people.

1.14 The benefits of facilitating that broad range of need to meet the diversity of personal circumstances and aspirations of the very substantial numbers of older people already within the local population are well documented.

1.15 There is substantial and growing research evidence, accepted by central government and by the House of Commons Communities and Local Government Committee review of Housing for older people in their Second Report of Session 2017–19 of substantial public benefit arising from the provision of appropriate specialised accommodation for older people. In addition to mitigating the impact of this substantially aged population on health and social care services it offers the prospect of the more efficient use of the existing stock through encouraging under-occupying older households to “right-size” and release their property to families.

Conclusions

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

1.17 The provision of a more adequate supply of retirement accommodation of all kinds for homeowners will provide an environment of choice in which independence can be sustained and transfer to expensive Registered Care postponed or avoided.

1.18 In the absence of appropriate, contemporary accommodation options pressures will increase on these higher-end services, such as Extra Care, Registered Care Homes providing Personal Care and Registered Care Homes providing Nursing Care.

1.19 The proposed development will both respond to need within the existing resident population and provide substantial public benefit.

2 The context in national policy and guidance

2.1 National policy guidance has been consistent through successive administrations. The foundations for the current direction of travel was 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.

Never too late for living: Inquiry into services for older people,
All Party Parliamentary Local Government Group, July 2008¹

2.2 In the report of its inquiry into services for older people the All Party Parliamentary Group remarked upon the need to change public perceptions of old age and to achieve some specific changes. In relation to housing they reported the evidence presented to them by Professor Alan Walker:

“It is crucial not to see housing and neighbourhoods in isolation from other services. There is, as research has shown over and over, a close relationship between housing and health. Good-quality housing leads to good health. That is absolutely nailed down and proven. Conversely, exactly the opposite is true: poor housing leads to poor health. About every five hours, an older person dies as a result of a fall. This is a serious consequence of poor housing, poor neighbourhoods, defective pavements – which either causes accidents, and in some cases death, or keeps people trapped in their own homes for fear that, if they go out, they will trip over the pavement.”

Building our futures: meeting the housing needs of an ageing population,
Edwards M & Harding E, revised edition 2008, ILC²

2.3 To make decisions at local levels planners need to predict demand among older age groups that relate to three possible housing options:

- Remain in your own home, adapt/maintain fabric as required and organise equipment and support if needed.
- Move to different location (e.g. closer to shops, family amenities, better climate) or accommodation with different design or facilities. (e.g. better access, one level, lower maintenance).

¹ www.cpa.org.uk/cpa/Never_too_late_for_living.pdf (Accessed 11/01/2017) Never too late for living: Inquiry into services for older people, All Party Parliamentary Local Government Group, July 2008. Page 28 para. 6.

² www.ilcuk.org.uk/files/pdf_pdf_8.pdf (Accessed 11/01/2017) Building our futures: meeting the housing needs of an ageing population, Edwards M & Harding E, revised edition 2008, ILC. Page 4 Para.1 and Page 18. Para. 2

- Move to accommodation that includes automatic access to varying levels of support services (e.g. residential or extra care)

2.4 The implications for planners are:

- Demand in the local housing market may not reflect genuine consumer choice and as people age, they may be forced into inappropriate choices which undermine their independence.
- People with the financial resources to support themselves may lack information to help them make the best decisions about housing options.

Laying the Foundations: A Housing Strategy for England, 2011, DCLG³

2.5 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.

2.6 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.

2.7 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.

2.8 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.

2.9 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 longer term independent living. The Lifetime Homes standard is widely adopted in mainstream housing developments and incorporates a range of features which

³ 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.

makes homes more accessible and easily adaptable. However, we do not intend to introduce national regulation. Future needs will vary considerably at a local level and we believe that decisions on 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.

Caring for our future: reforming care and support, White Paper

11 July, 2012⁴

2.10 “Caring for our future: reforming care and support” set out the Coalition Government’s vision for a reformed care and support system. The ambitions for the new system were summarized as follows:

- focus on people’s wellbeing and support them to stay independent for as long as possible
- introduce greater national consistency in access to care and support
- provide better information to help people make choices about their care
- give people more control over their care
- improve support for carers
- improve the quality of care and support
- improve integration of different services

2.11 The White Paper set out the Government’s plan to promote high quality housing to support individual choices. As well as helping more people to adapt their current homes effectively, they announced the creation of a new capital fund, worth £200 million over 5 years, to support the development of more specialised housing for older and disabled people.

2.12 The White Paper asserted that:

“Currently, there is not enough good quality specialised housing to support people who want to downsize as their care needs change. This was a common theme raised by stakeholders during the ‘Caring for our future’ engagement. To help with this problem, the government will stimulate the market for new accommodation options that provide solutions tailored to individual needs”.

2.13 The White Paper outlined the expectation that local authorities take account of local housing need in their assessments, and for these assessments to influence commissioning plans.

⁴ www.gov.uk/government/uploads/attachment_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf (Accessed 11/01/2017) Caring for our future: reforming care and support, White Paper 11 July 2012

2.14 The government hoped that unnecessary planning barriers to providers of specialised housing are minimised wherever possible, to enable a healthier market that can respond to demand and the needs of the local area. There is an aspiration that the National Planning Policy Framework will simplify the planning system and promote sustainable growth. The White Paper trails the forthcoming industry-led toolkit 'Planning Ahead: Effective Planning for Housing and Care in Later Life' that "will give advice to planning officials at a local level". This was published in December 2012.

Market assessment of housing options for older people,

Pannell J, Aldridge H and Kenway P, May 2012, New Policy Institute.⁵

2.15 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).
- 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).

2.16 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. Housing providers tend to focus on retirement villages and housing with care when thinking about housing that is 'suitable' for older people. Despite the majority of older people owning their homes outright,

⁵

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.

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).

2.17 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.

Care Act, 2014⁶

2.18 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.

2.19 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 2017⁷

2.20 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

⁶ www.legislation.gov.uk/ukpga/2014/23/contents/enacted (Accessed 11/01/2017) **Care Act 2014**

⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/590464/Fixing_our_broken_housing_market_-_print_ready_version.pdf

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

2.21 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)

2.22 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)

2.23 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)

2.24 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)

National Planning Practice Guidance, March 2014

2.25 The Planning Practice Guidance issued in 2014 recognised that establishing future need could not be an exact science and suggested that use of secondary sources, such as census data, was the best starting point for projections. Although subsequent iterations of the Guidance have added to what was written in 2014 it remains a valuable statement of the starting point:

“Establishing future need for housing is not an exact science. No single approach will provide a definitive answer. Plan makers should avoid expending significant resources on primary research (information that is collected through surveys, focus groups or interviews etc and analysed to produce a new set of findings) as this will in many cases be a disproportionate way of establishing an evidence base. They should instead look to rely predominantly on secondary data (eg Census, national surveys) to inform their assessment which are identified within the guidance”⁸.

(Paragraph: 014 Reference ID: 2a-014-20140306 Revision date: 06 03 2014)

⁸ <https://www.gov.uk/guidance/housing-and-economic-development-needs-assessments>

2.26 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 given the projected increase in the number of households aged 65 and over accounts for over half of the new households (Department for Communities and Local Government Household Projections 2013). 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 move. This could free up houses that are under occupied⁹.

(Paragraph: 021 Reference ID: 2a-021-20160401 Revision date: 01 04 2016 See previous version)

2.27 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 planners may use one of a number of on line toolkits:

“The age profile of the population can be drawn from Census data. Projections of population and households by age group should also be used. The future need for older persons housing broken down by tenure and type (e.g. sheltered, enhanced sheltered, extra care, registered care) should be assessed and can be obtained from a number of online tool kits provided by the sector. The assessment should set out the level of need for residential institutions (Use Class C2). But identifying the need for particular types of general housing, such as bungalows, is equally important.¹⁰”

(Paragraph: 021 Reference ID: 2a-021-20160401 Revision date: 01 04 2016)

National Planning Policy Framework, July 2018¹¹

2.28 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

⁹ <https://www.gov.uk/guidance/housing-and-economic-development-needs-assessments>

¹⁰ <https://www.gov.uk/guidance/housing-and-economic-development-needs-assessments>

¹¹ Nation Planning Policy Framework, Ministry of Housing, Communities and Local Government, July 2018, Cm 9680

affordable housing, families with children, **older people**¹², students, people with disabilities, service families, travellers, people who rent their homes and people wishing to commission or build their own homes).” (Para 61)

2.29 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)

2.30 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)

National Planning Policy Framework, February 2019

2.31 The National Planning Policy Framework encourages local authorities to reflect current demographic trends in their plans so that the needs of particular groups, including older people, may be appropriately met. Authorities are encouraged to form policies as per the following:

“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, students, people with

¹² 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.”

disabilities, service families, travellers, people who rent their homes and people wishing to commission or build their own homes;”¹³

National Planning Practice Guidance, September 2018¹⁴

2.32 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.

2.33 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.”

2.34 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.

¹³ NPPF, 2019 Page 17 para 61

¹⁴ Nation Planning Practice Guidance, Ministry of Housing, Communities and Local Government, September 2018,

Supporting independent living can help to reduce the costs to health and 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 2019¹⁵

2.35 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.”

2.36 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,

¹⁵ <https://www.gov.uk/guidance/housing-for-older-and-disabled-people>

strategic policy-making authorities will need to determine the needs of people who will be approaching or reaching retirement over the plan period, as well as the existing population of older people.”

2.37 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.”

2.38 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.”

2.39 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.”

2.40 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.

2.41 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”.

2.42 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.”

2.43 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.”

3 The context in local policy

New Forest Strategic Housing Market Assessment, September 2014¹⁶ New Forest District Council and New Forest National Park Authority GL Hearn

3.1 Although now approaching seven years since its publication the Strategic Housing Market Assessment (SHMA) of 2014 has provided a foundation for much of the strategic direction adopted by the New Forest District Council and is reference3d in their more recent documents.

3.2 The SHMA recognised the scale of the challenge the district would face in relation to the age, and continuing ageing, of its population:

“Meeting the housing needs of older people will be a matter of some considerable scale in the New Forest area over the plan period due to projected growth in the over 65 population over the plan period. The strategy for meeting such needs cuts across housing policy and strategy. Overall mix recommendations for new housing in both the market and affordable sectors reflect the demand which will arise from older households for smaller properties moving forward as well as the scope to encourage downsizing. In addition, there is likely to be an increasing need to deliver specialist or extra-care housing units over the period to 2031 to meet the needs of this group as well as a large registered care requirement (particularly owing to the growth in older people with dementia or mobility problems).” (Para 1.18)

3.3 In a subsequent section of the SHMA the authors identify a number of specific issues in relation

“Key considerations in planning to meet the housing needs of older persons include:

- A need to provide housing for older people as part of achieving a good mix of housing, but recognizing that many older people are able to exercise choice and control over housing options – e.g. owner occupiers with equity in their homes;
- A rising average age of people living in sheltered housing, and changing demand for some residential care accommodation which ill-meets modern standards or needs. Many local authorities have however struggled to contain expenditure on services for older people;
- New models of enhanced and extra care housing have emerged. These aim to meet the needs of those who require high levels of care and

¹⁶ <http://www.newmiltonplan.org.uk/2018%20-%20documents/New%20Forest%20Strategic%20Housing%20Assessment%20Sept%202014%20-%20NFDC%20NFPA.pdf>

- support alongside those who are still generally able to care for themselves. These models often allow for changing circumstances in situ rather than requiring a move; and
- A case for providing a choice of housing for older persons and supporting people to stay in their own homes including through supporting adaptations to properties and through provision of floating support.” (Para 8.6)

3.4 The relevance of an adequate supply of appropriate and attractive specialised accommodation for older people in addressing the issue of under-occupation among older people and achieving a more efficient use of the current housing stock is noted in relation to the social rented sector but applies equally across all tenures.

“Whilst the majority of older person households with an occupancy rating of +2 or more were in the owner-occupied sector, there were over 300 properties in the social rented sector occupied by pensioner only households with an occupancy rating of +2 or more. This may therefore present some opportunity to reduce under-occupation although to achieve this it may be necessary to provide housing in areas where households currently live and where they have social and community ties.” (Para 8.16)

3.5 Whilst the SHMA reports the outcome of their use of the SHOP@ Tool from the Housing LIN the outputs are flawed, as the authors themselves acknowledge in relation to Market Extra Care in a subsequent paragraph. Unfortunately, used in the way that they have employed it the reported results for other forms of provision are no more reliable.

“The low need shown for market extra care housing is a reflection of the lack of current stock. This does not mean that there will be no need moving forwards; and as many older households are likely to be owner occupiers we would expect demand for extra care homes in the market sector as well. It is a function of the approach used in the SHOP Toolkit.” (Para 8.23)

The defect is not so much in the Tool itself but in the way in which it has been used and these issues gave rise to the withdrawal of the Tool from open access by the Housing LIN in July 2019.

Local Plan 2016-2036 Part One: Planning Strategy New Forest District outside the New Forest National Park¹⁷

3.6 Amongst its “Key Issues” the document recognises the challenge of an ageing population (Key Issue 6) and goes on to pose the question:

“How do we best address the accommodation, care and related needs of our ageing resident population when the proportion of residents aged 65 and over is projected to increase by 40% (13,200)¹⁴ between 2016 and 2036?” (Para 3.9)

3.7 The needs of older residents are referenced in the commentary to Policy SO5: Housing needs, mix and affordability:

“To provide a range and choice of good quality new homes by type, size, tenure and location. To ensure that new housing provision as far as possible addresses local housing needs providing, in particular homes more affordable for younger households and a wider spectrum of homes and other measures enabling older residents to continue to live well and remain independent in their New Forest communities.” (Para 3.23)

3.8 Among the housing types identified as needed in the commentary to Policy HOU1, which seeks the provision of a greater range and quantity of the following types and tenures in appropriate locations, are included:

- Accommodation suitable for households requiring enhanced accessibility standards
- Homes which provide specialised care on-site including sheltered and extracare housing
- Homes attractive to active older households and down-sizers, including bungalows and smaller homes with higher accessibility and space standards (Para 6.4)

3.9 The growth in the local population of older people is noted with the observation that the majority will prefer to remain in their existing home:

“The resident population of the Plan Area is ageing and living longer, and the number of people aged 75 and over is projected to increase by 65% (12,800) in the Plan period, and by 2036 almost half the Plan Area population is projected to be aged 55 and over⁵⁶. The majority of older residents will continue to live in mainstream housing. Many will prefer to remain in their existing homes and to live independently for as long as they are able to. New technologies and in-home care may help them to do so.” (Para 6.23)

¹⁷ https://newforest.gov.uk/media/705/Local-Plan-Document-2016-2036/pdf/Local_Plan_2016-2036_Part_One_FINAL.pdf?m=637329191351130000

3.10 The Plan recognises that a proportion of older people will require specialised accommodation and that the current stock will need to be augmented:

“Whilst turnover in and renewal of the existing stock of specialist older persons accommodation will help to meet some future needs, there remains a significant need to provide new specialist accommodation during the Local Plan period, especially for the very elderly. Based on national prevalence rates of health and other factors affecting the ability of local residents to live independently, homes designed to be suitable for the changing needs of older people, including sheltered and extra care housing may need to comprise around a fifth of the new homes provided in the Plan period. Whilst this figure is best treated as indicative, such provision can help local people to continue to live independently in more suitable accommodation if they wish to, freeing up existing family houses for others. Some homes designed to meet the needs of older people are also likely to be suitable for households with impaired mobility or some other specialist care needs.” (Para 6.24)

3.11 Whilst asserting that the current level of provision of Registered care Home beds will be sufficient “in quantitative terms” through the Plan period the document recognises that changing policy and commissioning practice will drive other priorities:

“There are around 1,600 care home bed spaces in the Plan Area, sufficient in quantitative terms to meet the needs of the current population, and to accommodate needs in the first five years of the Plan period (based on national prevalence rates). However, the current models of care home service provision and funding appear likely to change in the near future. Accordingly, in the first five years of the Plan period the highest priorities in providing specialist accommodation for older people are:

- to increase the level of self-contained extra care housing units that provide a higher level of support to enable continued independent living; and
- to encourage the renewal or replacement of general residential care home stock to better serve more specialised and intensive support needs, such as providing dementia care or end-of-life hospices.

(Para 6.25)

3.12 The following paragraph adds:

“In the medium to longer term the growth in population aged 75+, and in particular aged 85+, will generate need for additional care home bed spaces including specialised nursing home that address specific local needs not met by existing facilities.” (Para 6.26)

3.13 On the supporting text to Policy HOU3: “Residential accommodation for older people”, the Plan describes the beneficial features of specialised accommodation for older people:

“Where specialist self-contained accommodation for older people is provided, it will be important to ensure that residents benefit from a high level of amenity and shared community spaces to encourage companionship and social activities whilst enabling residents to live independently as far as possible. For example, by ensuring the development is located close to local facilities and services and includes information technology such as high-speed broadband to enable remote access to support and services. Specialist older persons’ accommodation should also include features such as level access without steps, increased storage including for mobility vehicles, a ground floor bath/shower room, a guest bedroom for visiting family, stairwells that can accommodate a stair lift and low maintenance garden areas with outdoor seating.” (Para 6.27)

New Forest Council Housing Strategy 2018-2023¹⁸

3.14 The Strategy sets out three key points that set out the Authority’s vision:

“To secure a better future for the New Forest by;

- Supporting local businesses to prosper for the benefit of the community
- Assisting the well-being of those people who live and work within the district
- Protecting the special and unique character of the New Forest”

3.15 Whilst primarily designed to deliver the second of these priorities the proposed development helps deliver the first. By ensuring the provision of accommodation that will allow older people within the local community to age in place it will contribute also to the third.

3.16 The Strategy recognises the ageing of the local population as a significant factor, drawing particular attention to increases in the numbers of those in advanced old age:

“Providing homes for an ageing population New Forest District has an ageing population; around 40% of the population is aged 55 and over; this is expected to increase over the next 20 years. Of that percentage, 9% of the population are aged 75-84 and 4.5% aged 85 and over. This is also set to increase over the next 20 years.”

¹⁸ <http://www.newforest.gov.uk/CHttpHandler.ashx?id=35434&p=0>

3.17 Reporting the outcome of a demography study, carried out to consider demographic projections for the Local Plan, provides evidence of need for additional specialised accommodation for older people:

“Evidence provided as part of the study and a report carried out by the Housing and Learning Information Network (Housing LIN) highlights an increased need for specialist housing (sheltered/extra-care) as well as registered care. In the district in total around a fifth of the housing being proposed in our Local Plan 2016-2036 will need to address this and of which 45% will be required for affordable housing provision, presenting a significant delivery and funding challenge.”

3.18 The substantial proportion of people in advanced old age leads to growth in the numbers of those experiencing a range of difficulties:

“The demography study also suggests a growth in older population with dementia and for an older population with mobility problems. Housing provision for an ageing population and ensuring affordability are key areas for the strategy actions.”

3.19 There is a recognition of the need to ensure that homes in the general housing stock will be suitable for older people to age in place the Strategy recognises the need for the provision of appropriate and attractive accommodation that will encourage some older people to “right-size”.

“There will be a need to ensure that our own housing stock as well as homes provided by developers and partner Registered Providers are suitable and adaptable to needs as well as providing opportunities for older residents to down-size.”

Hampshire County Council Joint Strategic Needs Assessment, December 2019¹⁹

3.20 The Joint Strategic Needs Assessment provides a wealth of data and reiterates the situation in the New Forest as having the oldest population of any of the local authorities within the county of Hampshire:

“The population of Hampshire is ageing with increases predicted mainly amongst the older age groups. The proportion of the population aged 85 years and over is expected to increase by almost 24.1%, to 56,366 people by 2025.” (Page 9 Bullet 2)

¹⁹ <https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna>

“The population of Hampshire is older than the national average and ageing faster. Based on ONS mid-year population estimate data from 2018, the median age of the population across Hampshire County is 44.3 years (highest in the New Forest at 50.4 years and lowest in Rushmoor at 38.3 years), compared to the average age nationally of 40.1 years. Population forecasts suggest that in 2025 there will be approximately 106 elderly people (aged 65 and over) for every 100 children (aged 18 and under). The New Forest has the highest number of residents aged 65 and over at 51,340 and Rushmoor has the lowest number of residents aged 65 and over Hampshire County Council at 14,691. Over one quarter of the population in the New Forest are aged 65 and over (28.8%) compared to just (15.1%) of Rushmoor’s total population.” (Page 13 bulleted list)

3.21 Within the “Ageing Well” chapter²⁰ of the JSNA the experience of those within the ageing population and how adverse outcomes may be mitigated are further explored:

“Age is one of the biggest risk factors for having a long-term condition. Life expectancy is increasing; we are living longer but increasingly these extra years are lived in poorer health. Dementia is one of the major challenges for care services for older people and is an important cause of needing social care and of carer breakdown.”

“Social relationships are vital for the maintenance of good health and wellbeing. Although social isolation and loneliness can affect people of any age, many of the risk factors, such as bereavement, transport issues and poor physical health are more common in older people making them more susceptible. Social isolation and loneliness in older people are associated with a significant increased risk of death; poor social relationships are comparable with smoking as a risk factor for mortality.”

“Older people with physical disabilities face social, environmental and attitudinal barriers. However, a significant proportion of disability is preventable. For example, sight loss is a major cause of disability and research suggests 50% of sight loss can be considered preventable if diagnosed and treated early.”

“Falls can lead to significant disability and reduced mobility and independence. One in three people over 65 years, and half of those aged 80 years and over fall at least once a year. On average there are 1,500 emergency admissions for hip fractures a year. Half of those with hip fractures never regain their former mobility which can have a significant impact on their quality of life, requiring support from health and care

²⁰ <https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna/ageingwellsummary/ageingwell>

services. One in five people die within 3 months of a hip fracture.”
(Summary Section)

3.22 This review leads to conclusions relevant to the provision of specialised accommodation for older people:

“People need healthy places to live healthy lives. The physical environments where people are born, live, grow, work and age have significant effects on mental and physical health and wellbeing. Planning, transport, housing, environmental and health services all have a key role to play. These social determinants of health impact on physical and mental health and wellbeing. There is strong evidence that mental ill health, cardiovascular disease, respiratory disease, excess seasonal deaths and accidental injuries are heavily influenced by these social determinants.”

**Market Position Statement – Residential and Nursing – The Next Five Years
Version 2 June 2019²¹**

3.23 The Market Position Statement is unequivocal in placing emphasis on the need to respond to the ageing of the local population:

“We face significant growth in the county’s 65+ population year on year for as far forward as we can see and we want to work together to generate choices for our users with increasingly complex needs.”

3.24 Although the need to continue commissioning residential and nursing care services there is an aspiration that more people will be encouraged to remain living at home, this pre-supposes that their home is suitable and if not that they have alternative options in the form of specialised accommodation:

“More people will be encouraged and supported to remain living at home where possible, but for the foreseeable future there will be a need to commission residential and nursing care services at similar levels to today.” (Page 2 bullets 3 & 4)

3.25 Whilst provision of more Extra Care accommodation is prioritised to respond to higher levels of need the benefit of providing a range of options to meet the diversity of circumstances and preferences of older people is also referenced:

²¹ <https://documents.hants.gov.uk/adultservices/residential-nursing-market-position-statement-2019.pdf>

“More adults will be encouraged to consider alternatives to residential care such as Extra Care housing or Shared Lives provision, as well as other supported living type accommodation, where and as appropriate.” (Page 3 Bullet 3)

3.26 The contrast is made between life expectancy and “healthy life expectancy”, it is in coping with the gap between these two that appropriate specialised accommodation can mitigate the pressures on higher end services, such as Residential and Nursing Care:

“Life expectancy continues to rise. Life expectancy in Hampshire is 81.1 years for men and 84.3 years for women. These are both significantly higher than the UK average. People over the age of 75 make up 10% of Hampshire’s population compared with 8% Nationally Healthy life expectancy has not risen. Healthy life expectancy is a measure of the number of years a person can expect to live in good health. The healthy life expectancy for men is 67.2 years and for women is 67.2 years

The stark difference between healthy life expectancy and overall life expectancy indicates increasing years of ill health; around 14 years for men and 17 years for women; therefore although women live longer than men, more life years are spent in poorer health.” (Page 11 Bulleted list)

4. The demography of the older population of the New Forest District Council area

4.1 There is a projected rise in the total population of around 30% for those people aged 65 years and over within New Forest up to the year 2040 which in itself may seem relatively modest but it is from a very high existing base. Within this overall growth there is a steeper rate of increase within the oldest cohorts, the number of those ninety years of age or more projected to increase by 91% or 3,200 over the period to 2040.

**Table One Population aged 65 and over, projected to 2040
(New Forest District)**

	2020	2025	2030	2035	2040
People aged 65-69	12,600	13,200	15,100	14,700	13,600
People aged 70-74	14,100	12,600	13,400	15,400	15,100
People aged 75-79	10,500	13,200	12,000	12,800	14,800
People aged 80-84	7,700	9,100	11,500	10,500	11,400
People aged 85-89	5,200	5,700	6,800	8,700	8,100
People aged 90 and over	3,500	3,800	4,300	5,200	6,700
Total population 65 and over	53,600	57,600	63,100	67,300	69,700

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

4.2 In the period to 2040 the second youngest cohort, those aged between 70 and 74 increase only slightly before climbing to a 1,000 increase over the whole period. The rate of increase is higher in each succeeding cohort to peak at 91% among those 90 years of age and over. Table Two plots the percentage increase in each age band from the 2020 base.

4.3 The proportion of the population 65 years of age or over in New Forest is very significantly above the national average for England and exceeds that average by a widening margin throughout the period to 2040.

4.4 For those 85 years of age and above the proportion in New Forest is approaching double the average for England and the differential widens over the period to 2040. This is a very elderly population overall and it is characterised by a much higher than average proportion of people in advanced old age.

**Table Two Population aged 65 and over, projected to 2020
(New Forest District) % Change**

	2020	2025	2030	2035	2040
People aged 65-69	0	5%	20%	17%	8%
People aged 70-74	0	-11%	-5%	9%	7%
People aged 75-79	0	26%	14%	22%	41%
People aged 80-84	0	18%	49%	36%	48%
People aged 85-89	0	10%	31%	67%	56%
People aged 90 and over	0	9%	23%	49%	91%
Total population 65 and over	0	7%	18%	26%	30%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

4.5 Table Three shows the projected increase in the total population for the New Forest is very modest: 180,500 in 2020 to 186,200 in 2040, set against the increase in the numbers of people who are over 65 years of age and over 85 years of age and over. These two threshold ages are used because 65 represents the general point of exit from paid employment and 85 is, as will be shown in the next section, a significant threshold for needing specialised accommodation and services.

**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
(New Forest District)**

	2020	2025	2030	2035	2040
Total population	180,500	182,100	183,400	184,800	186,200
Population aged 65 and over	53,600	57,600	63,100	67,300	69,700
Population aged 85 and over	8,700	9,500	11,100	13,900	14,700
Population aged 65 and over as a proportion of the total population	29.70%	31.63%	34.41%	36.42%	37.43%
Population aged 85 and over as a proportion of the total population	4.82%	5.22%	6.05%	7.52%	7.89%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

4.6 Table Four gives the numbers and percentages for England to provide a comparison.

Table Four Total population, population aged 65 and over and population aged 85 and over as a number and as age 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: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

4.7 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 women²². 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 demonstrate this increase in the ageing of the population has a direct impact on the need for care and support services and appropriate accommodation.

²² David Behan, Director General for Adult Social Care, Department of Health, presentation to a King's Fund Seminar 21st July 2009

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4.8 The profile of the New Forest in relation to the age of its population is strikingly above the national average, with those 65 years of age already approaching 30% of the total population of the district by and projected to increase to more than 37% by 2040.

4.9 The proportion of those in advanced old age, that is 85 years of age or more is even more of a challenge to health and social care authorities as the prevalence of chronic health conditions and functional incapacity in tasks essential to the maintenance of an independent life style are, as will be seen in the following section, closely related to chronological age.

4.10 In the absence of appropriate, contemporary accommodation options pressures will increase on higher-end services, such as Registered Care Homes providing Personal Care and Registered Care Homes providing Nursing Care.

5 The profile of need

5.1 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 (New Forest District)**

	2020	2025	2030	2035	2040
Males aged 65-69 who need help with at least one domestic task	900	960	1,095	1,065	975
Males aged 70-74 who need help with at least one domestic task	1,273	1,140	1,235	1,406	1,368
Males aged 75-79 who need help with at least one domestic task	1,350	1,674	1,539	1,674	1,917
Males aged 80 and over who need help with at least one domestic task	2,244	2,640	3,234	3,531	3,828
Females aged 65-69 who need help with at least one domestic task	1,254	1,292	1,501	1,463	1,349
Females aged 70-74 who need help with at least one domestic task	1,702	1,518	1,587	1,840	1,817
Females aged 75-79 who need help with at least one domestic task	1,870	2,380	2,142	2,278	2,618
Females aged 80 and over who need help with at least one domestic task	5,280	5,830	7,040	7,535	8,030
Total population aged 65 and over who need help with at least one domestic task	15,873	17,434	19,373	20,792	21,902

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)
 Activities include: Doing routine housework or laundry, shopping for food, getting out of the house, doing paperwork or paying bills. These are Instrumental Activities of Daily Living (IADLs) are activities which, while not fundamental to functioning, are important aspects of living independently.

5.2 Table Six suggests that the number of those who will be unable to manage at least one personal care task will also increase by approximately 37% between 2020 and 2040 an increase of almost six thousand individuals.

Table Six **People aged 65 and over unable to manage at least one self-care task on their own, by age group projected to 2040 (New Forest District)**

	2020	2025	2030	2035	2040
Males aged 65-69 who need help with at least one self-care activity	960	1,024	1,168	1,136	1,040
Males aged 70-74 who need help with at least one self-care activity	1,407	1,260	1,365	1,554	1,512
Males aged 75-79 who need help with at least one self-care activity	1,400	1,736	1,596	1,736	1,988
Males aged 80 and over who need help with at least one self-care activity	2,380	2,800	3,430	3,745	4,060
Females aged 65-69 who need help with at least one self-care activity	1,452	1,496	1,738	1,694	1,562
Females aged 70-74 who need help with at least one self-care activity	1,776	1,584	1,656	1,920	1,896
Females aged 75-79 who need help with at least one self-care activity	1,595	2,030	1,827	1,943	2,233
Females aged 80 and over who need help with at least one self-care activity	4,704	5,194	6,272	6,713	7,154
Total population aged 65 and over who need help with at least one self-care activity	15,674	17,124	19,052	20,441	21,445

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)
 Activities of Daily Living (ADLs) are activities relating to personal care and mobility about the home that are basic to daily living: 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.

5.3 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 (New Forest District)

	2020	2025	2030	2035	2040
People aged 65-74 whose day-to-day activities are limited a little	5,314	5,135	5,672	5,991	5,712
People aged 75-84 whose day-to-day activities are limited a little	5,440	6,666	7,024	6,964	7,831
People aged 85 and over whose day-to-day activities are limited a little	2,468	2,695	3,149	3,944	4,171
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little	13,223	14,496	15,846	16,899	17,714
People aged 65-74 whose day-to-day activities are limited a lot	2,648	2,559	2,826	2,985	2,846
People aged 75-84 whose day-to-day activities are limited a lot	3,764	4,613	4,861	4,819	5,419
People aged 85 and over whose day-to-day activities are limited a lot	3,127	3,415	3,990	4,997	5,284
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	9,540	10,586	11,677	12,801	13,549

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

5.4 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. This shows an overall increase of 42% in those over 65 years of age whose day-to-day activities are limited a lot..

5.5 Table Eight below highlights that in all age cohorts above 65 there will be a marked increase in those within the population that are unable to manage at least one mobility activity on their own.

Table Eight People aged 65 and over unable to manage at least one mobility activity on their own, by age, projected to 2040 (New Forest District)

	2020	2025	2030	2035	2040
People aged 65-69 unable to manage at least one activity on their own	1,074	1,124	1,295	1,261	1,159
People aged 70-74 unable to manage at least one activity on their own	1,854	1,656	1,754	2,020	1,984
People aged 75-79 unable to manage at least one activity on their own	1,755	2,214	2,007	2,151	2,469
People aged 80-84 unable to manage at least one activity on their own	1,859	2,177	2,763	2,517	2,723
People aged 85 and over unable to manage at least one activity on their own	3,840	4,180	4,860	6,065	6,455
Total population aged 65 and over unable to manage at least one activity on their own	10,382	11,351	12,679	14,014	14,790

(Source: www.poppi.org.uk - Office of National Statistics Census 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

5.6 Table Nine shows that the predicted increase between 2020 and 2040 in those in New Forest over 65 years of age who will be living with dementia to be around 51%. This is slightly below the projected rate of increase for England which stands at 55% but reflects the high baseline already present in the New Forest and represents an increase in absolute numbers of more than 2,000 persons..

Table Nine People aged 65 and over predicted to have dementia, by age and gender, projected to 2040 (New Forest District)

	2020	2025	2030	2035	2040
People aged 65-69 predicted to have dementia	209	218	252	245	225
People aged 70-74 predicted to have dementia	430	384	409	469	460
People aged 75-79 predicted to have dementia	628	791	718	771	885
People aged 80-84 predicted to have dementia	853	1,006	1,273	1,161	1,260
People aged 85-89 predicted to have dementia	938	1,029	1,221	1,564	1,453
People aged 90 and over predicted to have dementia	1,132	1,179	1,332	1,567	2,051
Total population aged 65 and over predicted to have dementia	4,190	4,607	5,203	5,778	6,333

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

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5.7 Those having difficulty with one or more domestic tasks will increase between 2020 to 2040 from 15,873 to 21,902, an increase of 38%. A failure to manage these tasks often persuades older people, or their relatives, of the need for a move to a high care setting, such as a Registered Care home, when their needs would be better met in specialised accommodation, such as that proposed in this application.

5.8 Similarly those experiencing difficulty with at least one task of self-care are projected to rise from 15,674 in 2020 to 21,455 in 2040. This may contribute to additional demand for specialised accommodation but will have a direct impact on demand for care home places.

5.9 Those finding at least one mobility activity difficult or impossible will increase by around 42% between 2020 and 2040. The impact of these difficulties on the capacity for independent living can be significantly mitigated by appropriate design and flexible delivery of care and support services.

5.10 Throughout the period to 2040 there is predicted to be a 51% increase in the population aged 65 and above that have dementia; with around 81% increase in the 90 years of age and over cohort. These significant rises will again place increasing demand on care and accommodation places.

5.11 If those services meeting higher levels of need for care are not to be overwhelmed then the District needs to encourage an increase in the availability of all forms of specialised accommodation to meet the diverse range of needs and aspirations among its older population.

6 The tenure profile of the older population

6.1 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.

6.2 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.

6.3 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.

6.4 Table Ten demonstrates the significant levels of owner occupation now to be found among older people in New Forest. The level of home ownership in the district is around 10% to 14% above the national average for owner-occupiers with high levels maintained even into the oldest age group where it falls slightly to 82.6%.

6.5 The fall in ownership in the older cohorts is explained principally by the limited range of options available to homeowners in these cohorts who have needed to find specialist accommodation and care and have not had opportunities available to them that allowed them to maintain their tenure.

Table Ten Proportion of population by age cohort and by tenure, year 2011 (New Forest District)

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	86.12%	85.71%	82.56%
Rented from council	6.00%	6.16%	6.94%
Other social rented	2.14%	2.80%	3.72%
Private rented or living rent free	5.73%	5.34%	6.77%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

6.6 Table Eleven gives the average levels for England. The difference is consistent across the first two age cohorts shown and narrows slightly in the oldest age cohort.

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%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

6.7 Home ownership, is the tenure of choice of a significant proportion of the older people of New Forest, a tenure the majority will wish to maintain in accommodation and care facilities that are available to them in advanced old age.

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6.8 New Forest follows but exceeds by a wide margin the national trend toward owner-occupation as the dominant tenure for older people. Levels of owner-occupation among older people in the district are very significantly above national averages at 86.12% 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 just below 82.56%.

6.9 This is a population of older people who are overwhelmingly home owners who need a proportionate supply of all forms of specialised accommodation available for purchase if they are to meet their needs in old age whilst maintaining their tenure of choice.

7 The current supply of specialised accommodation for older people

7.1 The profile of the current supply of specialised accommodation for older people within the New Forest is highly unusual. Even taking Age Exclusive and Conventional Sheltered Housing together there is a relatively limited number of units or social rent. There is a higher level of leasehold provision of comparable stock than national averages, although this comes nowhere near matching the level required to match the tenure balance in the older population of the District. 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 Twelve.

7.2 Taking the various forms of sheltered and retirement housing offered either to rent or to buy there appear to be currently around 2,250 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 borough.

7.3 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 83.64 units of any type in any tenure per thousand of the population in this age category in New Forest.

7.4 This compares with benchmark figures derived from the data base of the Elderly Accommodation Counsel, which is the source relied upon by the Ministry for 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.

7.5 Whilst the supply of specialised accommodation available to older home owners, when aggregated, compared with the whole population of those 75 years of age and over and set against national average levels appears generous this is deceptive. Further analysis of supply by tenure against the levels of home ownership among older people demonstrates a marked disparity in the availability of specialised housing for older homeowners when compared with the supply available to older people in other tenures.

7.6 With 1,464 units of retirement housing of all types for sale for a population of homeowners of 75 years of age or more of approximately 22,782 the ratio of provision for retirement housing for sale per thousand is 64.26.²³

²³ Among persons 75-84: 18,200 persons, 85.71% are home owners + persons 85+: 8,700 persons, 82.56% are home owners = 22,782 home owners 75+.

Table Twelve Provision of Specialised Housing units and Registered Care Home beds for older people²⁴ (New Forest District) 2020

	Number of units/ places	Per 1,000 of the population 75 years and over (26,900)
Affordable Age Exclusive Housing	287	10.67
Affordable Retirement Housing	329	12.23
Affordable Enhanced Retirement Housing	0	0.0
Affordable Extra Care Housing	170	6.32
Total Affordable specialised housing - all types	786	29.22
Market Age Exclusive Housing	128	4.75
Market Retirement Housing	1,294	48.10
Market Enhanced Retirement Housing	0	0.0
Market Extra Care Housing	42	1.56
Total Market Specialised Housing - all types	1,464	54.42
Total Specialised accommodation for older people - all types, all tenures	2,250	83.64
Registered Care places offering personal care	970	36.06
Registered Care places offering nursing care	1,164	43.27

(Source: Contact Consulting from EAC database – extracted 6.04.2021)

7.7 The comparative figure for those 75 years of age or more who are in rented tenures the ratio per thousand is 190.87 (786 units for approximately

²⁴ 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.

4,118 persons 75 years of age or more in tenures other than home ownership.)

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 ²⁵)
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)

7.12 These 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.

²⁵ ONS Estimate of 75+ age group in England in 2020, 2018 Estimates.

7.13 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.

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

7.15 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.

7.16 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 suggesting a need for further growth in the provision of Extra Care, which many commissioners identify as a preferred alternative.

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

7.19 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.

7.20 The profile of supply in the New Forest illustrates an extreme position: whilst changes have been made in the provision of Affordable Retirement Housing, largely through the decommissioning or re-designation of older stock, the rate of increase in forms providing more flexible and robust forms of care and support has not kept pace. Nor has the imbalance in provision between tenures been addressed by the encouragement of new supply.

Section summary

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

7.22 Whilst there is a greater than average supply of leasehold retirement housing this comes nowhere near reflecting the dominance of owner-occupation among the older population of New Forest. There is a consequent shortfall in the level of provision needed to 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 64.26. Whilst for those older people who are renters the comparable ratio per thousand is 190.87.

7.23 The level of provision of bed spaces in Registered Care Homes providing Personal Care is slightly above national averages and the provision of beds registered for the delivery of Nursing Care is more significantly above the national average.

7.24 The provision of a more adequate supply of retirement accommodation of all kinds for homeowners will provide an environment of choice in which independence can be sustained and transfer to expensive Registered Care postponed or avoided.

8 The future pattern of specialist housing for older people in the New Forest: an overview

8.1 The current pattern of provision in New Forest, 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 and the local authority has been particularly active in the social rented sector to remove outdated rented sheltered housing.

8.2 Hampshire County Council has a well-established collaborative approach, working with district councils and health partners, to shape future provision of Extra Care in all tenures. This has largely been driven by a desire to mitigate the pressures on Registered Care Home beds arising from an increasing number of people in the area living into advanced old age. These initiatives need to be set within a strategic approach to provision of a wide range of models of specialised accommodation available across tenures.

8.3 Moving to a pattern with a more rational base that seeks to place all 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:

- Take up of older examples of rented conventional sheltered housing is likely to decline in New Forest as in other parts of the country although limited provision may sustain take-up of units that would otherwise face shrinking demand.
- The potential for leasehold retirement housing will continue to grow and provision needs to more closely match the dominance of homeownership among older people in the area.
- Concerns from Health and Social Care agencies will continue to drive an aspiration to increase Extra Care housing provision for sale and rent.
- Provision of Registered Care both for Personal and Nursing Care will be commissioned against priorities that focus on those with higher and more complex levels of need.
- 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.

8.4 In the publication “Housing in Later Life”²⁶ 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 60 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.

8.5 Although we believe challenges for those who manage the stock of rented sheltered housing will continue it may be that supply in the New Forest is now below that required to ensure that those needing specialised accommodation on the basis of social rent have modern and attractive options open to them.

8.6 Demand for leasehold retirement housing has continued to grow 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.

8.7 When analysed in relation to the proportion of older people in the district who are owner-occupiers there is an under-supply of retirement housing offered on a leasehold basis. The district council 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.

8.8 To provide a robust range of provision that will respond to the diverse range of circumstances and preferences within the very substantial population of older people in the New Forest requires increased capacity in all categories of specialised accommodation for older people and across all tenures.

8.9 Table Fourteen 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.

8.10 The emergence of owner-occupation as a significant factor in old age has shifted the balance between estimates of need and response to demand. The benefits of providing more leasehold retirement housing, for example, may be seen in its effect in releasing family sized accommodation into the market, alongside its more significant impact in meeting the particular needs of those who move into it.

²⁶ Housing in later life – planning ahead for specialist housing for older people, December 2012, National Housing Federation and the Housing Learning and Improvement Network.

Table Fourteen Indicative levels of provision of various forms of accommodation for older people in New Forest 2020

		Current provision	Current provision per 1,000 of Population 75+	Increase or decrease to match projection	Resulting number of units	Provision per 1,000 of Population 75+ (26,900)
Age Exclusive and Retirement Housing	Affordable	616	22.90	+998	1,614	60
	Market	1,422	52.85	+1,806	3,228	120
Enhanced Retirement Housing	Affordable	0	0.0	+269	269	10
	Market	0	0.00	+269	269	10
Extra Care Housing	Affordable	170	6.32	+234	404	15
	Market	42	1.56	+765	807	30

8.11 Judged against these norms there are marked deficits in provision in all categories. The limited supply of Age Exclusive and Retirement Housing for rent is unusual and possibly reflects a deliberate policy decision by the local authority.

8.12 The most substantial deficits are in the provision of options for older homeowners and the most substantial of these is in Retirement Housing available for purchase. Given the dominance of homeownership among older people in the New Forest correcting this imbalance ought to be a priority.

8.13 In the absence of options for that majority whose need is for an appropriately designed accommodation to sustain their independence and offer them support when they need it some will opt for options providing a higher level of support than they need and care services they do not require. The consequence of this “upward transference” is that this higher dependency accommodation becomes unavailable to those who actually need it.

8.14 What is required to meet the diversity of circumstances and needs is a diverse pattern of provision, one size will not fit all. The Authority’s concern to

increase provision of Extra Care as an alternative to Residential Care is admirable but it needs to be matched by an adequate supply of Supported Retirement Housing, particularly in the Market sector.

8.15 The development that is the subject of this Appeal addresses exactly that need and will contribute to a more balanced and appropriate range of provision and help address the current inequity in available options on grounds of tenure referred to above.

8.16 Table Fifteen projects forward to reflect the requirements of the older population of New Forest in 2035. The number of those 75 years of age or more will have greatly increased and without substantial provision in the intervening period the deficit in all categories of provision will have widened.

Table Fifteen Indicative levels of provision of various forms of accommodation for older people in New Forest 2035

		Current provision	Current provision per 1,000 of Population 75+	Increase or decrease to match projection	Resulting number of units	Provision per 1,000 of Population 75+ (37,200)
Age Exclusive and Retirement Housing	Affordable	616	16.56	+1,616	2,232	60
	Market	1,422	38.22	+3,042	4,464	120
Enhanced Retirement Housing	Affordable	0	0.0	+372	372	10
	Market	0	0.0	+372	372	10
Extra Care Housing	Affordable	170	4.57	+388	558	15
	Market	42	1.1	+1,074	1,116	30

8.17 Finally, Table Sixteen carries the projections to 2040 to demonstrate that the need to provide additional units in all categories of provision will continue beyond the period of the current Plan.

Table Sixteen Indicative levels of provision of various forms of accommodation for older people in New Forest 2040

		Current provision	Current provision per 1,000 of Population 75+	Increase or decrease to match projection	Resulting number of units	Provision per 1,000 of Population 75+ (39,800)
Age Exclusive and Retirement Housing	Affordable	616	15.48	+1,772	2,388	60
	Market	1,422	35.73	+3,352	4,776	120
Enhanced Retirement Housing	Affordable	0	0.0	+398	398	10
	Market	0	0.0	+398	398	10
Extra Care Housing	Affordable	170	4.27	+427	597	15
	Market	42	1.06	+1, 152	1,194	30

Section Summary

8.18 The stock of leasehold retirement housing whilst relatively strong by national standards comes nowhere meeting current or future potential demand. There is enormous scope for development to meet the needs of older people who are homeowners.

8.19 Whilst the Health and Adult Social Care authorities place great emphasis on the development of Extra Care and the need to divert future increasing need away from Registered Care Homes this does meet all needs.

8.20 A more adequate level of provision of Retirement Housing, for which we identify a current shortfall in the Market sector of more than 1,800 units to meet the needs of older home-owners in the New Forest, will balance the ambition to increase the availability of Extra care in all tenures by contributing to a graduated pattern of provision, matched in scale and tenure to the local population of older people.

8.21 The benefits of facilitating that broad range of need to meet the diversity of personal circumstances and aspirations of the very substantial numbers of older people already within the local population are well documented.

8.22 There is substantial and growing research evidence, accepted by central government and by the House of Commons Communities and Local Government Committee Housing for older people in their Second Report of Session 2017–19²⁷ of substantial public benefit arising from the provision of appropriate specialised accommodation for older people.

8.23 Our analysis shows that the most pressing priority, driven by demography, need, tenure, and policy imperatives is to increase the availability of all categories of specialised accommodation for older homeowners. Numerically the greatest deficit is to be seen in retirement Housing with support of the kind proposed and the development proposed by Life Story for Lymington would make a significant contribution to meeting that priority.

8.24 In addition to mitigating the impact of this substantially aged population on health and social care services it offers the prospect of the more efficient use of the existing stock through encouraging under-occupying older households to “right-size” and release their property to families.

²⁷ 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

Appendix 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. This pattern is often referred to as the “campus” model of Extra Care.

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 the New Forest District Council area.

Affordable Age Exclusive Housing

Name of scheme	Address	Manager	Number of units
Bannister Court	Rumbridge Gardens, Totton, Hampshire SO40 9PL	New Forest District Council	38 (F)
Boulton Cottages	Emery Down, Lyndhurst, Hampshire, SO43 7DY	Emery Down Cottages Trust	5 (F)
Brook Corner	Brook Hill, Bramshaw, Hampshire SO43 7JB	Sovereign Housing Association Ltd	8 (B)
Campion House	Campion Way, Lymington, Hampshire SO41 9LG	New Forest District Council	15 (F)
Clover Court	Ashley, New Milton, Hampshire BH25 5XX	New Forest District Council	22 (B & C)
Evergreens	Rose Road, Totton, Hampshire SO40 9JP	New Forest District Council	17 (F)
Ewart Court	Jones Lane, Hythe, Hampshire SO45 6DG	New Forest District Council	28 (F)
Gracewell of Sway Support Cottages	Church Lane, Sway, Lymington, Hampshire, SO41 6AD	Gracewell Healthcare	14 (C)
Hall House	Hale Road, Woodgreen, Fordingbridge, Hampshire SP6 2AJ	Stonewater	8 (F)
Homeleigh Court	New Milton, Hampshire BH25 6AD	Places for People Homes	16 (F)
Howard Oliver House	Hobart Drive, Hythe, Hampshire SO45 6EZ	New Forest District Council	49 (F & B)
Mopley Close	Blackfield, Hampshire SO45 1YL	Places for People Homes	18 (B)
Quadrant	Church Street,	The Quadrant	8 (F)

Almshouses	Fordingbridge, Hants SP6 1AS	Almshouses Charity	
Regency Place	Ringwood, Hampshire BH24 1NA	Places for People Homes	26 (B)
Solent Mead	Church Lane, Lymington, Hampshire, SO41 3RA	New Forest District Council	15 (F)
Total			287

Affordable Sheltered Housing

Name of scheme	Address	Manager	Number of units
Charles Ley Court	Denny Close, Fawley, Hampshire SO45 1FR	Housing & Care 21	31 (F)
Hanover Court	Carpenter Close, Hythe, Southampton, Hampshire SO45 6GR	AnchorHanover	24 (F)
Muir House	Beaulieu Road, Dibden Purlieu, Southampton, Hampshire SO45 4NY	Muircroft Housing Association	57 (F)
Parklands	Stannington Way, Totton, Southampton SO40 3QT	Sovereign Housing Association Ltd	30 (F)
Pearce Smith Court	Marine Drive, Barton- on-Sea, New Milton, Hampshire BH25 7EE	Housing & Care 21	32 (F)
Pembridge House	Salisbury Road, Fordingbridge, Hampshire SP6 1QT	Sovereign Housing Association Ltd	24 (F)
Priest Croft	Priest Croft Drive, Blackfield, Southampton, Hampshire SO45 1SL	Muircroft Housing Association	49 (F)
St Denys	Station Road, New Milton, Hampshire BH25 6LR	Sovereign Housing Association Ltd	38 (F)
Westmoreland Court	Stopples Lane, Hordle, Lymington, Hampshire SO41 0YA	AnchorHanover	44 (F)
Total			329

Affordable Enhanced Sheltered Housing

Name of scheme	Address	Manager	Number of units
Total			0

Affordable Extra Care

Name of scheme	Address	Manager	Number of units
Barfields Court	Emsworth Road, Lymington, Hampshire, SO41 9GN	New Forest District Council	39 (F)
Gore Grange	Jowitt Drive, Gore Road, New Milton, Hampshire BH25 6SB	New Forest District Council	37 (F)
Quaker Court	Eynon Mews, Ringwood, Hampshire, BH24 1EW	Sovereign	36 (F)
Riverside Court	West Street, Fordingbridge, Hampshire SP6 1GH	Sovereign	25 (F)
Winfrid House	Boniface Close, Totton, Hampshire SO40 3SJ	New Forest District Council	33 (F & B)
Total			170

Market Age Exclusive Housing

Name of scheme	Address	Manager	Number of units
Aldbury Court	19-21 Grove Road Barton on Sea New Milton Hampshire BN25 7DJ	Not Known	20 (F) Leasehold
Bucklers Mews	Anchorage Way, Stanford Hill, Lymington, Hampshire SO41 8JL	First Port	14 (B) Leasehold
Casselles Court	New Milton, Hampshire BH25 6DX	First Port	12 (F) Leasehold
Glenagare	50 Whitefield Road New Milton Hampshire BN25 6DG	Not Known	20 (F)
Hamilton Place	Anchorage Way Lymington Hampshire SO41 8JR	Freemont	7 (F)
Lynwood Court	Priestlands Place Lymington Hampshire SO41 9GA	Not Known	6 (F)
Millstream Court & Lynes Court	White Lion Courtyard, Deweys Lane, Ringwood, Hampshire BH24 1AJ	White Lion Courtyard Retirement Homes (Ringwood) Ltd	20 (F) Leasehold
Pyrford Gardens	67 Belmore Lane, Lymington, Hampshire SO41 3NR	Peter Hall Ltd	29 (F & B) Leasehold
Total			128

Market Retirement Housing

Name of scheme	Address	Manager	Number of units
Andrews Lodge	66-66A Southampton Road, Lymington, Hampshire SO41 9AX	Millstream Management Services	35 (F) Leasehold
Androse Gardens	Blickesley Road, Ringwood, Hampshire BH24 1EG	Retirement Lease Housing Association	37 (F) Leasehold

Bucklers Court	Anchorage Way, Stanford Hill, Lymington, Hampshire SO41 8JN	FirstPort	39 (F & C) Leasehold
Coppice Gate	Beaulieu Road, Dibden Purlieu, Southampton, Hampshire, SO45 4PW	McCarthy & Stone	32 (F) Leasehold
Cornmantle Court	2 Parsonage Barn Lane, Ringwood, Hampshire, BH24 1WJ	McCarthy & Stone Management Services Ltd	33 (F) Leasehold
Cottage Mews	25-27 Christchurch Road, Ringwood, Hampshire BH24 1DG	First Port	26 (F) Leasehold
Court Cottages	Ridgeway Lane, Lymington, Hampshire SO41 8FQ	First Port	9 (C) Freehold
Courtlands	New Street, Lymington, Hampshire SO41 9BJ	AnchorHanover	19 (F) Leasehold/ Shared Ownership
Danestream House/Court	Sea Road, Milford on Sea, Hampshire SO41 0DA.	Millstream Management	39 (F) Leasehold
Floriston Gardens	Ashley Road, New Milton, Hampshire BH25 5DL	AnchorHanover	28 (F) Leasehold
Forest Edge	Holland Road, West Totton, Southampton SO40 8JQ	First Port	24 (F) Leasehold
Green Lane House	17 Green Lane Fordingbridge Hampshire SP6 1HT	Abbeyfield	10 (F) (Market Rent)
Hampton Place	69/73 Anglesea Road, Shirley, Southampton, Hampshire, SO15 5QR	McCarthy & Stone	41 (F) Leasehold
Heathlands Court	Beaulieu Road, Dibden Purlieu, Southampton, Hampshire SO45 4BB	First Port	26 (F) Leasehold

Holmwood	The Rise, Brockenhurst, Hampshire, SO42 7ZP	PegasusLife Ltd	24 (F) Leasehold
Homeborough House	Brinton Lane, Hythe, Hampshire SO45 6EE	First Port	42 (F) Leasehold
Homebridge House	Salisbury Road, Fordingbridge, Hampshire SP6 1JJ	First Port	40 (F) Leasehold
Homefield House	Barton Court Road, New Milton, Hampshire BH25 6NP	First Port	33 (F) Leasehold
Homeforde House	Grigg Lane, Brockenhurst, Hampshire SO42 7QX.	First Port	51 (F) Leasehold
Homegrange House	Shingle Bank Drive, Milford on Sea, Lymington, Hampshire SO41 0WR	Millstream Management Services	37 (F & C) Leasehold
Homemill House	Station Road, New Milton, Hampshire BH25 6HX	First Port	49 (F) Leasehold
Homewood House	Milford Road, Pennington, Lymington, Hampshire SO41 8EZ	First Port	47 (F) Leasehold
Hubert Lodge	South Street, Hythe, Southampton, Hampshire, SO45 6EB	Churchill Retirement Living	36 (F) Leasehold
King Edgar Lodge	Christchurch Road, Ringwood, Hampshire, BH24 1DH.	Millstream Management Services	25 (F) Leasehold
Kings Court	Salisbury Street, Fordingbridge, Hampshire SP6 1AB	First Port	43 (F) Leasehold
Knights Lodge	North Close, Lymington, Hampshire, SO41 9BU	Churchill Retirement Living	41 (F) Leasehold
Lakeside Pines	Barrs Avenue, New Milton, Hampshire BH25 5GQ	AnchorHanover	41 (F) Leasehold

Langdown Firs	Langdown Lawn, Hythe, Southampton SO45 5BT	Napier Management Services	34 (F) Leasehold/ Shared Ownership
Latchmoor Court	Latchmoor, Brockenhurst, Hampshire SO42 7UN	First Port	25 (F & B) Leasehold
Monmouth Court	Church Lane, Lymington, Hampshire SO41 3RB	First Port	26 (F & B) Leasehold
Parish Court	Emsworth Road, Lymington, Hampshire SO41 9BS	Sullivan Lawford	33 (F) Leasehold
Popes Court	Popes Lane, Totton, Southampton, Hampshire SO40 3GF	First Port	49 (F) Leasehold
Rufus Court	Gosport Lane, Lyndhurst, Hampshire SO43 7ER	First Port	46 (F, B & C) Leasehold
Sovereign Place	The Close Ringwood Hampshire BH24 1JZ	Not Known	26 (F)
Springdale Court	16 Water Lane, Totton, Southampton, Hants SO40 3DP	First Port	33 (F & B) Leasehold
The Boltons	Gosport Lane, Lyndhurst, Hampshire, SO23 7BF	AnchorHanover	26 (F) Leasehold
Timbermill Court	Church Street, Fordingbridge, Hampshire SP6 1RG	Cognatum Property	18 (F & C) Leasehold
Waverley House	Waverley Road, New Milton, Hampshire BH25 6PQ	First Port	34 (F) Leasehold
Wellington Court	Fernhill Lane, New Milton, Hampshire BH25 5ST	Grange	37 (F, B & C) Leasehold
Total			1,294

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
Farringford Court	1 Avenue Road, Lymington, Hampshire SO41 3PA	YourLife Management Services Ltd	42 (F) Leasehold
Total			42

Appendix 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 Digital²⁸, 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:

²⁸ 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.

Appendix Four 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.²⁹

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. Notable cases include Sidmouth for Pegasus Life, West Malling, Lower Shiplake and Albourne for Retirement Villages, Reigate and Canterbury for McCarthy & Stone.

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.

²⁹ "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.³⁰

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.

³⁰ 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.