

Older People Housing Needs Assessment

Report for Brighton & Hove City Council

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Housing Learning and Improvement Network

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Executive summary

Demographic context

Although the city has a young population relative to the South East, Brighton & Hove's population aged 60+ is set to grow substantially over the coming decades. There will be an additional 20,000 over 60s in the city by 2035 (an increase of 39%), an additional 10,800 over 70s in the city by 2035 (an increase of 38%) and an additional 4,800 over 80s (an increase of 43%).

AGE	2019	2023	2028	2035	% change
60+	51,800	56,300	63,600	71,800	+39%
70+	28,500	30,000	32,500	39,300	+38%
80+	11,300	11,700	13,800	16,100	+43%

Source: Brighton & Hove City Council

It can be anticipated that there will be an increasing proportion of older people with care needs including dementia related needs living in all types of housing.

Existing age-designated accommodation for older people

The current range of housing and accommodation designated for older people in the city does offer a degree of choice for older people, particularly in terms of 'traditional' sheltered housing to rent and private leasehold retirement housing. In relation to:

- Housing for older people for social rent, such as sheltered housing, Brighton & Hove has a lower average supply compared to its CIPFA comparator authorities but is in line with the all-England average.
- Extra care housing for rent, Brighton & Hove is below the average supply amongst its comparator authorities but slightly higher compared to the all England average. However, as many authorities are either planning to or are already delivering additional extra care housing capacity, a 'stand still' position in Brighton & Hove could see average supply fall compared with all England as well as comparator authority average supply.
- The supply of residential care beds, Brighton & Hove is above the average supply amongst its comparator authorities.
- The supply of nursing care beds, Brighton & Hove is above the average amongst its comparator authorities but substantially below the all England average supply.

The nature of an ageing population in Brighton & Hove is likely to mean that the current supply of specialist older people's housing will become less suited to the needs of older people over time, e.g. in relation to accessibility for people with limited mobility.

There is evidence that supported accommodation is being used by older people because age-designated housing, i.e. sheltered housing or extra care housing, does not offer support that is sufficient or appropriate to the needs of this cohort of older people, typically with more complex needs associated with mental health and/or drug/alcohol related needs.

Older people's perspectives

Focus groups and a survey were conducted with people aged 55+ living in Brighton & Hove.

Older people are a diverse cohort with different views and aspirations about housing and support services they may need in later life. There is interest in a mix of housing types to widen choice; this needs to be attractive and affordable for more older people.

Some older people are *interested in and willing* to rightsize/downsize provided that an alternative home meets their needs and requirements, for example, it is located in a town centre, close to amenities, provides a safe and secure environment.

58.25% of respondents to the survey are planning to move at some point in the future. 38.4% are planning to move within the next 5 years and this increases to 56.6% within the next 10 years. This cohort are seeking opportunities to move to both specialist housing designated for older people and mainstream housing that is better designed to meet the needs of an ageing population.

There is also evidence that other older people would like to be supported to remain living independently in their current homes by adapting their current home to make it more accessible and by improving connections to the local community.

A variety of tenure options needs to be provided to reflect the different financial circumstances of older people seeking alternative housing.

Future need for age designated accommodation

A quantitative assessment of estimated need for age designated housing and accommodation for older people was undertaken based on demographic trends, analysis of the current supply in Brighton & Hove compared with comparator authorities, local policy intentions and evidence from the research with older people in the city.

Based on this evidence the estimated additional requirements for age designated housing and accommodation in Brighton & Hove to 2035 are:

- Housing for older people (e.g. contemporary sheltered housing for rent and retirement housing for sale): 995 units of which 498 for rent and 497 for sale.
- Extra care housing : 431 units of which 216 for rent and 215 for sale.
- Residential care: -74 beds (i.e. no net increase).
- Nursing care: 364 beds.

In addition, it can be anticipated that there will be increasing demand for adaptations to support older people to continue to live in mainstream housing, both in the rented and owner-occupied sectors.

Considerations for action

Based on the evidence base set out, i.e. the increase in the older population in Brighton & Hove by 2035, the role of all types of housing as an effective preventative 'tool' to support people to remain living in their own homes (in both mainstream housing and age designated housing), the estimated need for an increased range and volume of housing options for older people, the preferences of older people for a wider range of housing choices in later life and practice trends in the older people's housing sector, the following actions for consideration are proposed.

1. To meet older people's housing needs and aspirations it will be necessary to develop a mix of purpose-built **housing types and tenures** that will facilitate '**downsizing**'/'**rightsizing**', as well as supporting people to live well in their existing homes, creating a climate where moving in later life becomes a realistic and positive choice, including:
 - i) **Contemporary 'care ready' sheltered/retirement housing**, for rent and for sale, that is HAPPI¹ compliant i.e. without care on-site, but designed to enable people to age in place, to allow for decreased mobility and permit individuals to be cared for easily in their own homes should that be required. This offer can vary in size and scale making it suitable for urban and rural settings.
 - ii) Increase the delivery of housing with care options including **extra care housing, for rent and for sale**; however, it needs to remain a vibrant community and the benefits need to be effectively marketed to older people. The evidence also indicates that extra care housing needs to be able to support older people with mental health as well as physical health needs.
 - iii) Mainstream housing developments that include well designed units to appeal to older people, i.e. that offer the features of 'care ready' housing but is part of an **inter-generational housing** offer to appeal to older people who don't want to move to age-designated housing.
2. **Extra care housing** can be a cost effective housing and care option compared with other care pathways, including residential care. Consider undertaking a local evaluation of extra care housing to ensure its local cost effectiveness and draw on the work of other local authorities² that have already undertaken financial benefits analysis in relation to extra care housing.

¹ Housing our Ageing Population Panel for Innovation.

<https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>

² Southampton City Council, Manchester City Council, Kent County Council, Hampshire County Council.

3. Based on the Brighton & Hove City Council's Seniors housing review and work with other social landlords, identify existing **sheltered housing** schemes that can be improved, remodelled or adapted to better support ageing in place for an anticipated older population with increasing care and support needs.
4. Consider the role of existing **non age-designated supported housing** in meeting the needs of older people with complex support needs and/or the potential to have some age-designated **supported housing** that can better cater for people with complex support needs (as distinct from age-related care and health needs). This may need to be complemented by providing **strengthened support services** for older people with mental health and drug/alcohol related support needs within some Seniors housing schemes and extra care housing schemes
5. Proactively consider the housing and accommodation requirements of the increasing number of **people living with dementia**. This will require service providers to tailor their offer to be dementia friendly but also the potential development of hybrid **housing and nursing care models** that can cater for people living with dementia with a wide range of care needs.
6. Consider the potential for a **retirement village** with a large number of housing units of mixed tenure with a wide range of facilities including on-site care.
7. Shape the local market for registered care to manage a significant shift away from provision of residential care beds to **nursing care beds**.
8. Extend the use of technology, including **care enabled technology**, in older people's housing schemes and to people living in their existing homes to enhance the health and independence of individuals.
9. Scale up the development of '**step-down**' **housing-based models of care** as part of existing reablement strategies to support timely discharge from hospital and/or prevent unnecessary readmissions.
10. Support and nurture innovative housing approaches; for example, developing **co-operative or community-led housing** and the feasibility of supporting **co-housing** initiatives for older people.
11. Extend the range of information, advice and assistance available to homeowners to make adaptations and/or assistive technology as necessary to support ageing in place for older people wishing to **remain living in their existing housing**.
12. Develop a comprehensive **information and advice service in relation to housing options for older people** that enables older people and their families to be well informed in relation to planning future moves.
13. In relation to the delivery of a wider range of housing options for older people look at the links for housing with the local **Health and Wellbeing Board**.
14. The Brighton & Hove Joint Health & Wellbeing Strategy ambition for dying well is that the experiences of those at the end of their life, whatever their age, will be improved and that more people will die at home or in the place that they choose.

National surveys confirm that this is the first preference for most people in the UK with around 75% of people saying they would prefer to die in their usual place of residence, however, in Brighton & Hove only 50% of people actually do. This figure is higher than for England (47%) and has increased from 40% in 2006.³ The factors which can facilitate a person dying in their preferred place are the same as those which can enable a person to remain in that place as they age e.g. access to home adaptation and/or community equipment, telecare and community alarms, and home assessments. Brighton & Hove City Council will develop its own 'end of life care protocol' which can be triggered as a tenant's health deteriorates, and recommends that other social landlords operating in the city do the same.

³ <https://fingertips.phe.org.uk/end-of-life#page/0/gid/1938132883/pat/6/par/E12000008/ati/102/are/E06000043>

1. Introduction

This is a report from the Housing Learning & Improvement Network (LIN)⁴ based on a brief from Brighton & Hove City Council to undertake an Older People's Housing Needs Assessment.

It includes:

- A demographic analysis of the ageing population in Brighton & Hove, and the scale and pace of the increase in the short (to 2023) medium (to 2028) to longer term (to 2035).
- The current circumstances relevant to the accommodation and support needs of older people including: age, housing circumstances like tenure, housing conditions and household type, health and disability; and deprivation.
- Local policy context and considerations.
- The existing supply of specialist housing and housing support in Brighton & Hove for older people and its suitability in relation to older people's needs.
- Local consultation about older people's preferences for housing and care.
- Estimated demand for specialist housing/accommodation for older people.
- A review of national and local evidence and good practice in relation to older people's preferences for housing and care.
- High level considerations for action.

⁴ www.housinglin.org.uk

2. Context: The demographic profile and housing circumstances of the older population in Brighton & Hove

Demographic profile: Population of Brighton & Hove

The population of Brighton & Hove is projected to increase from 293,700 in 2019 to 319,400 by 2035, an increase of 8.75%.

Table 2.1 Population projections for Brighton & Hove to 2035.

ALL	2019	2023	2028	2035
	293,700	299,500	307,900	319,400

Source: Brighton & Hove City Council

Demographic profile: Population aged 60+

Although the city has a young population relative to the South East, Brighton & Hove's population aged 60+ is set to grow substantially over the coming decades (Tables 2.2-2.4). There will be an additional 20,000 over 60s in the city by 2035 (an increase of 39%), an additional 10,800 over 70s in the city by 2035 (an increase of 38%) and an additional 4,800 over 80s (an increase of 43%), i.e. a more substantial increase in the 60+ cohort of the population compared to the rate of increase in the overall population.

Table 2.2 Population projections for males over 60 in Brighton & Hove to 2035.

MALE	2019	2023	2028	2035
60+	24,400	26,700	30,400	34,400
70+	12,900	13,800	15,000	18,200
80+	4,600	4,900	6,100	7,200

Source: Brighton & Hove City Council

Table 2.3 Population projections for females over 60 in Brighton & Hove to 2035.

FEMALE	2019	2023	2028	2035
60+	27,500	29,600	33,300	37,400
70+	15,800	16,300	17,600	21,100
80+	6,900	6,800	7,800	8,900

Source: Brighton & Hove City Council

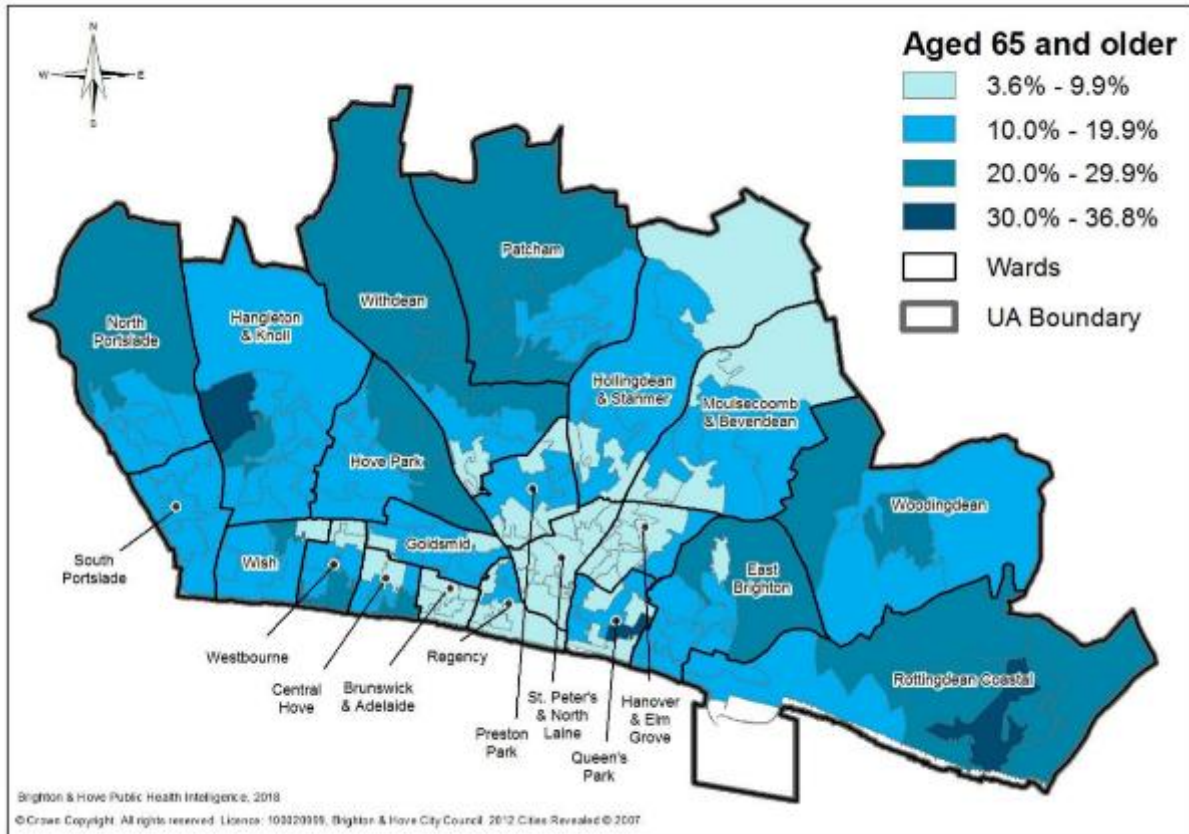
Table 2.4 Population projections for people over 60 in Brighton & Hove to 2035.

ALL	2019	2023	2028	2035	% change
60+	51,800	56,300	63,600	71,800	+39%
70+	28,500	30,000	32,500	39,300	+38%
80+	11,300	11,700	13,800	16,100	+43%

Source: Brighton & Hove City Council

The north and east of the city have a concentration of people aged 65+. A fifth of all residents aged 65+ (21%, 8,100 people) live in Patcham, Hangleton & Knoll or Withdean, with strong concentration in Rottingdean Coastal wards, compared to fewer than 800 in Brunswick & Adelaide (c. 8%).

Figure 2.1 Concentration of over 65s in the city, by ward.



Housing, Health and Social Care characteristics

Life expectancy in Brighton and Hove has been rising, but 'healthy' life expectancy has not. People are living and working longer in ill health.

As the population of over 60s increases, the frequency and length of long-term health conditions in the city is likely to increase. The average number of long-term conditions for a 65-69-year-old in the city is two, rising to three by age 80-84 years. However, it should be noted that there are more adults with multiple long term conditions in Brighton & Hove who are aged under 65 years, than aged over 65 years.

58% of general needs council tenants over 60 and 77% of age-designated council housing tenants over 55 have a (self-reported) disability or vulnerability. Within this, 114 general needs tenants (3.5% of total with disability/vulnerability in general needs housing) and 49 age-designated housing tenants (7% of total with disability/vulnerability in age-designated housing) have a learning disability.

Table 2.5 Disabilities/vulnerabilities among council tenants aged 55 plus (OHMS: 13/03/19). Includes learning disabilities: 114 general needs tenants and 49 seniors.

Disability / vulnerability	General needs		Seniors		Total tenants	
	No.	%	No.	%	No.	%
Yes	3,250	58%	685	77%	3935	61%
No or unknown	2,324	41%	206	23%	2530	39%
Total	5,574	100%	891	100%	6,465	100%

Dementia

Brighton and Hove’s recorded dementia prevalence among over 65s is 4.59%; slightly higher than England’s (4.33%). By 2030, based on the increase in the older population, it is projected that the number of people aged 65 years or over with dementia will increase to 3,892 (from 2,849 in 2014).

Falls

Brighton and Hove’s emergency hospital admissions rate due to falls in people aged 65 and over is 2,465 per 100,000 people, more than the English benchmark of 2,170 per 100,000. The council’s Prevention of Falls Needs Assessment found that risk factors include age, living in one of the most deprived areas of the city and not being married, in a civil partnership or living as a couple. Housing type was not significant, although this could be related to the small sample size of non-homeowners. The number of falls in Brighton and Hove is expected to increase as the population of over 60s increases (however, there is a projected population dip in 2020 which is reflected in the lower number of predicted falls).

Minority communities

BAME

Around 14% of the council’s general needs tenants and 11% of age-designated housing tenants were classified as Black & Minority Ethnic (BAME) as of 2011, compared to 19.5% BAME of the overall population of Brighton & Hove. The 65+ population in Brighton & Hove is predominantly White British (91.8%), comparable to England (91.6%) and the South East (94.1%). Approximately 6% of over 60s were BAME at the time of the 2011 census. .

Dementia is likely to be more prevalent amongst Asian and Black Caribbean elders, because some of the risk factors for dementia (high blood pressure, diabetes, stroke and heart disease) are more common in these communities. A Black and Minority Ethnic (BAME) needs assessment and research for the Housing Strategy 2015 did not identify any housing needs unique to the city’s BAME communities, with affordability and quality being the main concerns. However, research did identify that BAME households are more likely to be renting privately, and specific BAME groups are more likely to own homes in deprived areas or request homelessness support.

LGBT

6% of the council's general needs tenants and 4% of age designated housing tenants identify as lesbian, gay, bisexual or 'other'. There are no recent data available on the numbers of LGBTQ older people living in the city. Lesbian, Gay and Bisexual people with dementia are more proportionately likely to require Adult Social Care support, as they are more likely to live on their own and less likely to have children or see family members.

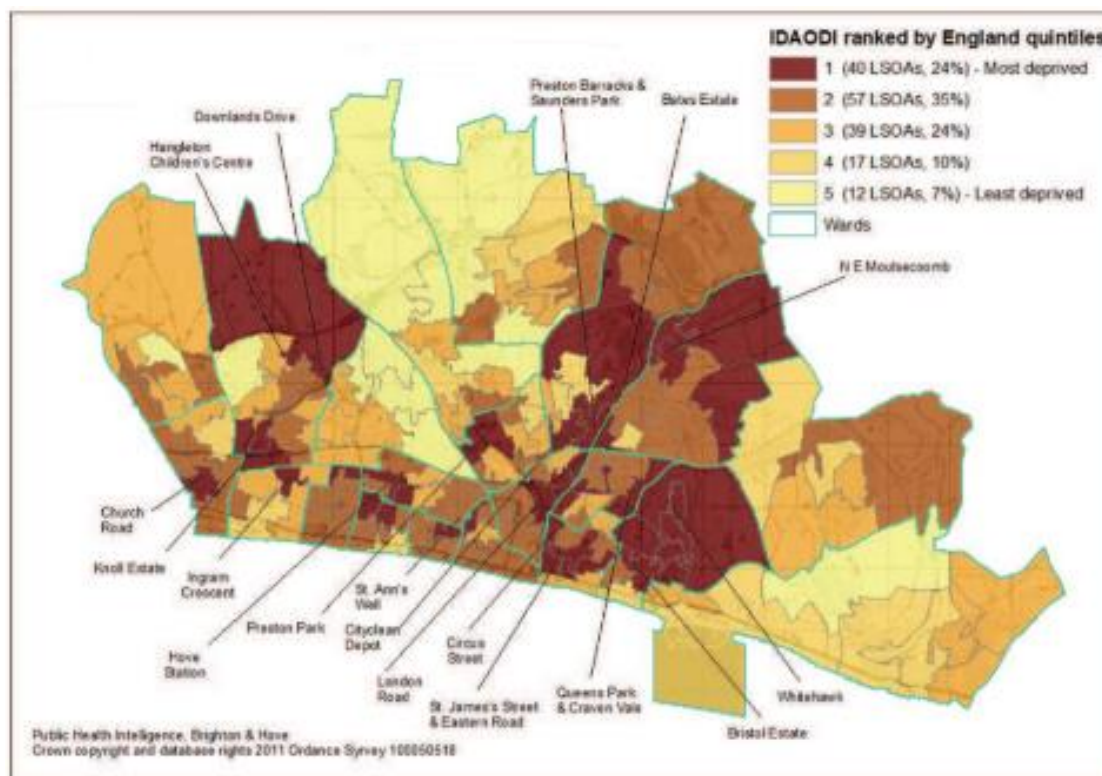
At least 2,760 trans adults live in Brighton and Hove, but it is not known how many are over the age of 60. At least 0.2% of the council's general needs tenants and 0.4% of age-designated housing tenants identify as transgender. This is likely to be an underestimate. Trans residents in the city are more likely to live in social housing. One in three respondents in the 2015 trans community survey run by the University of Brighton and Brighton & Hove LGBT Switchboard had experienced homelessness. In the 2012 Health Counts survey, trans people had more limiting long-term illnesses or were disabled.

Income and deprivation

Brighton and Hove is the 102nd most deprived local authority of the 326 English authorities, and has the third worst IMD score in the South East after Portsmouth and Southampton. In 2015, 45% of the population of the city lived in the 40% most deprived areas in England and only 7% in the 20% least deprived areas. Whitehawk, Moulsecoomb, Hollingbury and parts of Woodingdean are in the 20% most deprived areas in England.

When considering older people only, Brighton and Hove ranks as the 57th most deprived English authority. 18.4% (7,035) of Brighton & Hove's pensioners live in poverty, compared to 10.1% in the South-East and 13.8% in England. There are 6,900 people (18%) aged 65 and over living in the most deprived quintile in the city. At least 23 LSOAs in the city have a third or more of their older people experiencing income deprivation. Brighton & Hove has a relatively large proportion of older people living alone: 41% of over 65s in 2011, compared to 31% in England' (based on 2011 census). There were 14,468 single pensioner households in the city (12%) at the census, projected to increase to 18,326 by 2030. Poverty in single pensioners is higher compared to pensioner couples, and this gap is widening.

Figure 2.2 Income Deprivation Affecting Older People Index (IDAOP), ranked by income score.



Local policy context and considerations

The local Market Position Statement is currently being updated by creating a commissioning strategy document for 2020. Some of the key issues and potential commissioning intentions relevant to an ageing population include:

- The overall direction of travel is to reduce the number of commissioned care beds (residential and nursing), and to support people to live independently for as long possible.
- Spending on residential and nursing care for adults aged 65+ represents 65% of all community care funding on this cohort (significantly higher than the suggested target of 30% in 'Six Steps to Managing Demand for Social Care' (Bolton and Provenzano 2017).
- There is a need to drive down costs, particularly in relation to the cost of nursing / mental health care beds. As we improve our understanding of the market, we can use our commissioning decisions to try to influence how it operates.
- That said there is a current need for additional nursing beds, including more beds for people with mental health issues.

- Population projections come with an associated rise in the number of people living with complex long-term conditions; a combination of physical frailty, disability and mental health conditions whilst dementia rates are predicted to increase sharply in the next decade. So there is also a need for specialist residential care provision that can meet this growing complexity of care needs.
- The Council is exploring block contract arrangements with care homes providers as a way to better secure supply and stabilise costs.
- In relation to the provision of domiciliary care there are gaps in provision with ABI, MS & other physical disabilities. Night care is a possible gap, now and in future particularly as part of a policy to encourage people to stay at home for longer.
- In relation to accommodation for people with learning disabilities, the Council is currently not commissioning new residential services, but focusing on supported living, including for people with learning disabilities who are ageing.
- There is a need for supported living for people with a physical disability/ABI both with and without behavioural issues, including people who also have age related needs.
- In relation to people who have been homeless, an identified gap in accommodation based provision is in relation to routes into residential care and sheltered accommodation for the older cohort, who increasingly have care needs.

3. Existing supply of specialist housing and accommodation for older people

Existing specialist housing and accommodation services for older people

Data from the Elderly Accommodation Counsel's (EAC)⁵ national database of older people's housing provision data was reviewed, to confirm the current supply across Brighton & Hove. This includes social and private sector housing for older people including extra care housing. This data was checked with Brighton & Hove Council Officers known accuracy. The following definitions of older people's housing are used:

- **Housing for Older People:**
 - **Sheltered housing.** These schemes typically offer self-contained accommodation for rent. They are usually supported by a part-time/visiting scheme manager and 24-hour emergency help via an alarm. There are often communal areas and some offer activities. Most accommodation is offered for rent, based on need, by local councils or housing associations.
 - **Age designated housing.** Age designated housing usually relates to flats or bungalows whereby all tenants are over a certain age (generally age 50 or 55). There are no staff available on site and usually there are no arranged activities.
 - **Private sector retirement housing.** This is typically similar to sheltered housing other than it is usually built by private developers or in some cases by housing associations. Once all the properties have been sold, the scheme is usually run by a separate management company that employ the scheme manager and organise maintenance and other services.
- **Housing with care** (often referred to as '**extra care housing**' when provided by housing associations and local authorities and '**assisted living**' by private sector providers). Extra care housing is designed for older people, some with higher levels of care and support needs, and most services have eligibility criteria. Residents live in self-contained homes. It typically has more communal facilities and offers access to domestic support and on-site 24/7 personal care.
- **Care Home.** A care home is a residential setting where a number of older people live, usually in single rooms, and have access to on-site care services. The term 'care home' covers any establishment providing accommodation with either: just personal care; or personal care together with nursing care.

⁵ www.eac.org.uk

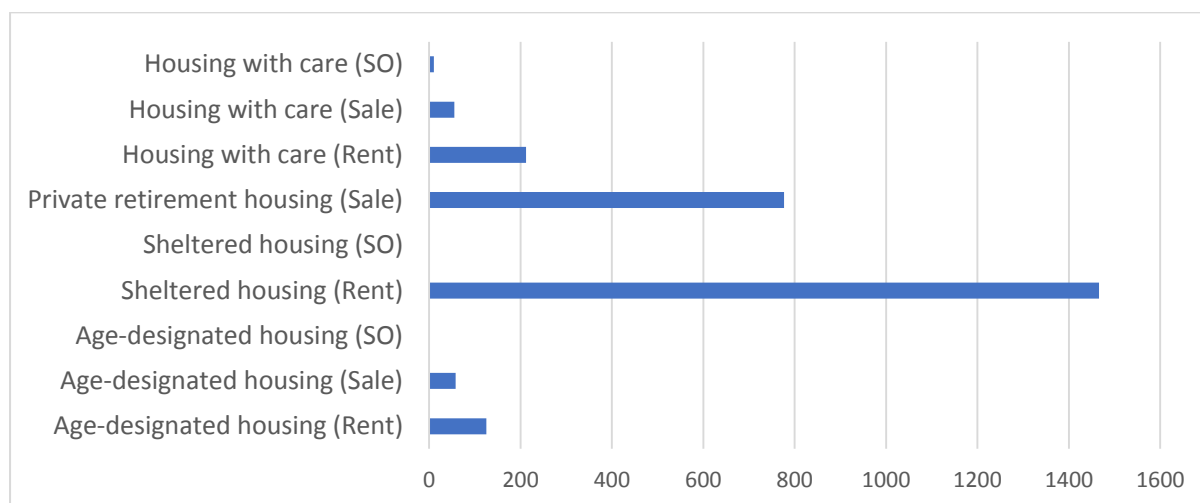
In addition there are other types of supported housing in the city, that are not designated for older people, but which are accommodating older people who may have complex support needs rather than age related health or care needs.

Table 3.1 and figure 3.1 show the current supply of specialist housing and accommodation for older people.

Table 3.1 Current supply of specialist housing for older people in Brighton & Hove (Elderly Accommodation Counsel/BHCC).

Housing type	Units (2018)
Housing for Older People	2,597
Housing with Care	277
Residential care beds	1,050
Nursing care beds	1,087

Figure 3.1 Supply of older people's housing in Brighton & Hove broken down by type and tenure ('SO' refers to Shared Ownership).



As shown in Figure 3.1, there has been development of extra care housing, including for rent and shared ownership, in Brighton & Hove. This is summarised at Annexe 1.

In relation to all housing types, the tenure breakdown for 60+ households is shown in figure 3.2. Brighton and Hove is below the England average for owner occupation amongst 60+ households and above the England average for living in social rented and private rented housing.

Table 3.2 Home ownership among 60+ householders in Brighton & Hove (ONS).

Tenure by age of householder	60-74	75-84	85+	60+ Total	60+ England
Owner occupier (including shared ownership)	68.3%	71.8%	70.2%	69.9%	75%
Social rented (sheltered and general needs housing)	20%	18.5%	18.4%	19.2%	18%
Private rented (private landlord or letting agency)	9.1%	6.6%	6.7%	7.8%	5%
Other private rented or living rent free	2.6%	3.1%	4.8%	3.2%	2%

Use of supported housing by older people

Brighton & Hove City Council commissions a range of accommodation based services offering staged levels of support for homeless adults, adults with mental health needs, and young people at risk of homelessness.

Services offer flexible and personalised support along with a varied range of life skills, group work, peer support, network building, community involvement and leisure activities all geared to increase engagement, build resilience and support positive behaviour change.

This supported accommodation is not intended to be a long term housing option. Some of the service users are older people, i.e. aged 55+. The available evidence from stakeholders is that this supported accommodation is being used by older people because age-designated housing, i.e. sheltered housing or extra care housing, does not offer support that is sufficient or appropriate to the needs of this cohort of older people, typically with more complex needs associated with mental health and/or drug/alcohol related needs.

Suitability of the supply of housing for older people for an ageing population

Brighton & Hove City Council commissioned a review of its seniors' housing schemes in 2019. There are 23 council-owned age-designated housing schemes in Brighton and Hove, all of which were reviewed. Each scheme was scored as green, yellow or red on their communal spaces (internal), communal gardens, accessibility, neighbourhood, private accommodation, guest facilities, security, storage and development potential, both in their existing state and their potentially improved future state.

Green – The scheme complies with all, or the significant majority, of the outlined standards

Yellow – The scheme complies with the outlined standards to some extent

Red – The scheme does not comply with all, or the significant majority, of the outlined standards"

None of the schemes were rated 'green' in every category in their existing or potential future state. Only 8 schemes were currently rated 'green' in at least half of the categories and only 8 had 'green' development potential.

- 6 schemes were particularly well designed to adapt to the changing needs of residents and help them to maintain their independence, and 7 were particularly poorly designed for this;
- 11 of the schemes had potential for extension or development;

- 10 of the schemes had a high proportion of undersized private accommodation;
- 5 schemes had underused circulation space with the potential for better use.

Whilst there is less intelligence about the suitability of other specialist housing for older people in the city, the current range of older people's housing does offer a degree of choice for older people, particularly in terms of 'traditional' sheltered housing to rent and private leasehold retirement housing.

However, the nature of an ageing population in Brighton & Hove is likely to mean that the current supply of specialist older people's housing will become less suited to the needs of older people over time. A minority of existing older people's housing schemes are likely to have fully wheelchair accessible properties. The profile of an ageing population with increased prevalence of mobility and care related needs indicates that there is likely to be increased need for wheelchair adapted housing. The adaptation of some existing older people's housing is likely to be constrained due to design and existing space standards. Whilst some existing older people's housing schemes/units may be more feasible in terms of alteration to meet the needs of full time wheelchair users, the implication is that the specification of new build housing for older people needs to include wheelchair adapted units as well as space standards that permit 'future proofing' in terms of allowing for ageing in place.

Older people's housing typically provide a telecare alarm type service with response service. The survey evidence from older people (section 4) indicates that access to an alarm is highly valued. However, there is less evidence of use of care enabled technology that can support independent living.

The context of an existing ageing resident population in older people's housing and an older population with increasing mobility and care related needs, and a preference amongst some older people to move to older people's housing for reasons of perceived safety and security (section 4), indicate that housing providers will need to consider the extent to which a support offer through a staff presence, whether on-site or visiting, can be provided (or potentially increased). This is within the context of national funding constraints affecting local authorities and housing providers that has resulted in reduced availability of staffing in some older people's housing schemes.

Providers of existing older people's housing can expect the proportion of their existing residents who will have care and support needs to increase in the future. As the prevalence of care needs increases, the suitability (for this cohort of older people) of the most prevalent types of older people's housing, i.e. sheltered housing and private retirement housing, is likely to decrease over time.

It can be anticipated that there will be an increasing proportion of older people with care needs including dementia related needs living in all types of housing.

In order to accommodate effectively an increasing number of older people living with dementia older people's designated housing will need to be adapted and designed to be

dementia friendly, e.g. through differentiating between storeys in blocks of flats, use of lighting, and highlighting floors in hallways and other communal areas⁶.

In addition it is likely that there will be increasing demand for adaptations to support older people to continue to live in mainstream housing, both in the rented and owner-occupied sectors.

In relation to the registered care home sector in the city, 16 nursing homes and 28 residential care homes have closed since 2013, however 15 nursing homes and 14 residential care homes have opened since 2013 (CQC). There are issues related to types of properties used as care homes which affects their suitability for older people with certain needs. Several of the care homes have been extended combining one or more houses and within the properties some large rooms have been subdivided to create additional bedrooms. There are restrictions within some of the properties with narrow staircases, corridors, alternating levels within the home; compounded by the absence of a lift. Many are not dementia-friendly, in terms of room layout or decoration.

⁶<http://www.cih.org/resources/PDF/Scotland%20general/Improving%20the%20design%20of%20housing%20to%20assist%20people%20with%20dementia%20-%20FINAL.pdf>

4. Qualitative research with older people in Brighton & Hove

Focus groups

Method

The purpose of this qualitative research was to gain thorough insights into the views and aspirations of older people across Brighton & Hove in relation to the current range of housing and accommodation and the types of the housing and accommodation required in the future.

Primary research was conducted through 8 focus groups and an online survey targeting people aged 60 and over. Participants for the focus groups were drawn from the following cohorts:

- a) People living in age-designated housing for social rent (sheltered/senior's housing)
- b) Tenants in private rented housing
- c) Tenants in social rented general needs housing
- d) Owner occupiers
- e) An LGBT group
- f) Speak Out (self-advocacy group for people with learning disabilities)
- g) A BAME group

Recruitment for the focus groups was undertaken by Brighton & Hove City Council, the Housing LIN and Criteria Recruitment.

We developed questions and topic guides that were shared and agreed with BHCC colleagues. We used two facilitators for each focus group. This allowed for more effective management of the discussion to ensure that the best quality data was collected, additional 'probing' of topics took place and detailed notes were taken to help inform analysis of the data from the focus groups.

The focus groups were intended to generate deeper insights into views and perspectives about the following topics:

- Moving vs staying put
- Housing preferences
- Support and wellbeing
- Affordability and financial considerations
- Information and support to move

We have also identified the 'key messages' from different cohorts of older people:

- People living in sheltered housing/seniors housing
- People renting for a private or social landlord
- Owner Occupiers
- LGBT group
- Speak Out (people with learning disabilities)
- BAME group

The fieldwork was conducted in June and July 2019. Detailed evidence from the focus groups is shown at Annexe 2. The demographic characteristics of participants are shown at Annexe 3.

Summary: Implications of the key messages from the focus groups with older people

- Older people are a diverse cohort with different views and aspirations about housing and support services they may need in later life. Therefore, there is interest in a mix of housing types to widen choice. There is a need to create a range of housing options that will be attractive and affordable for more older people.
- Some older people are *interested in and willing* to rightsize/downsize provided that an alternative home:
 - Is located in a town centre or close to amenities.
 - Provides a more accessible living environment, i.e. it is better 'futureproofed' for ageing.
 - Provides a safe and secure environment.
 - Is within their financial means.
- There is also evidence to suggest that other older people would like to be supported to remain living independently in their current homes by:
 - Adapting their current home to make it more accessible.
 - Improving connections to the local community.
- Sheltered/extra care housing might be attractive to more people if it is marketed differently and showcased as a 'lifestyle choice' rather than a 'care offer'.
- Housing developments aimed at older people need to promote active communities and be located close to amenities and services.
- All housing types should enable people to live independently through accessible, high quality design and promote an active lifestyle.
- In order to cater for a mixture of preferences, both one and two bedroom properties should be considered, each of these should provide spacious living space.

- The built environment should encourage social interaction and community. A welcoming and vibrant communal space/site that is designed so that people organically come together can enable this, spacious homes can also encourage socialising within the home.
- For people to feel part of a community they need to come together for a shared social purpose. A local example is Stoneham Bakehouse (CIC) in Hove, a community supported bakery set up by a successful local crowdfunding campaign. A volunteer team of bakers across all ages and backgrounds come together to make bread, to be involved in a community business, and to support their wellbeing. They also work with other groups, using breadmaking as a way to nourish the community.
- The social aspects of housing for older people and the provision of and/or facilitation of social and community activities is likely to be an attraction for some older people.
- There is little interest in an exclusively LGBT+ older persons housing scheme. It is important that LGBT+ people also feel part of the wider community, a shared space could enable this.
- A variety of tenure options needs to be provided to reflect the different financial circumstances of older people seeking alternative housing.
- Many older people have reservations in relation to leasehold purchasing, in part due to recent negative publicity associated with leasehold housing for sale (not targeted at older people). The implication for housing providers is that it is important to explain the terms associated with leasehold tenure and particularly how decisions about service charges are taken.
- There is considerable scope to provide more personalised information and advice aimed at older people about different housing options.
- There is the potential for greater consultation with citizens to ensure that future policy reflects people's opinions.

Older peoples housing preferences: survey results

Method

A survey was undertaken to identify the future housing preferences amongst people from age 60+. The survey questions covered the following topics:

- Views and perspectives about existing older people's housing, i.e. the extent to which current housing options are attractive or unattractive and the reasons for this.
- The types of housing that older people aspire to live in.
- The key 'pull' and 'push' factors that affect decision making.
- Design and property related features.
- Associated facilities and services.

- To what extent and in what form are care and support options relevant to older people, particularly in the context of extra care housing but also for people who wish to remain living in their existing homes.
- Relevant location factors in Brighton & Hove.
- Cost and willingness to pay for services.

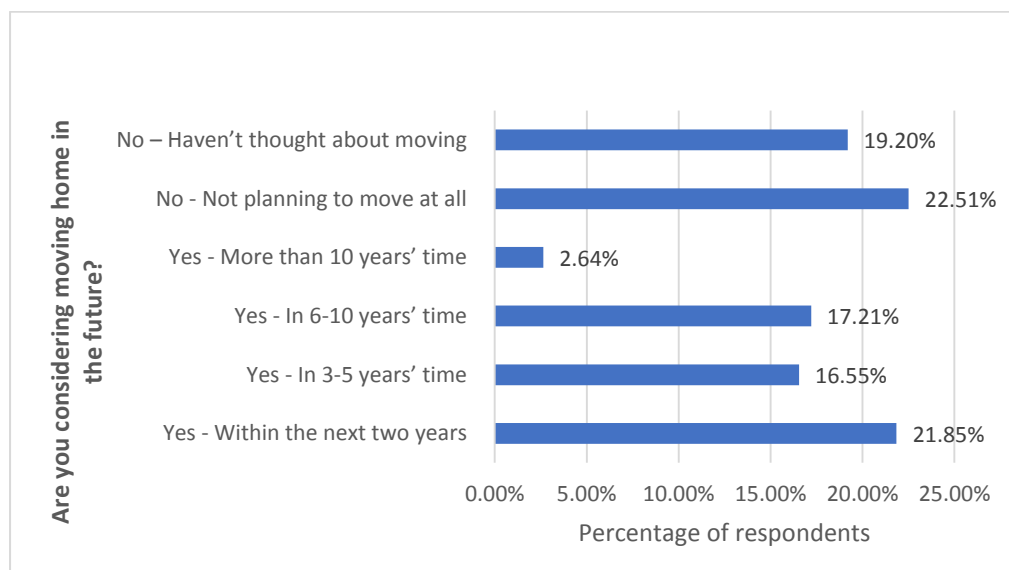
The survey was accessible online via Brighton & Hove City Council’s Consultation Portal and the link was publicised by Brighton & Hove City Council, through local voluntary groups and through social media. Paper copies were also distributed in Council facilities (e.g. libraries, leisure centres), age-designated housing schemes and by some local social landlords. The Housing LIN also shared the survey with Housing LIN members in the Brighton area.

There were 164 responses to the survey at 10th September 2019. This is in addition to the 65 people who participated in focus groups/interviews, i.e. 229 older people in total. Whilst additional responses would have provided further robustness of the data, this was a reasonably representative sample, of owner occupiers, private renters, people living in private sector retirement housing, people living in older people’s housing (sheltered housing/extra care housing) and people living in general needs social housing, within the timeframe and budgetary parameters.

Summary: Implications for Brighton & Hove City Council of older people’s preferences from the survey

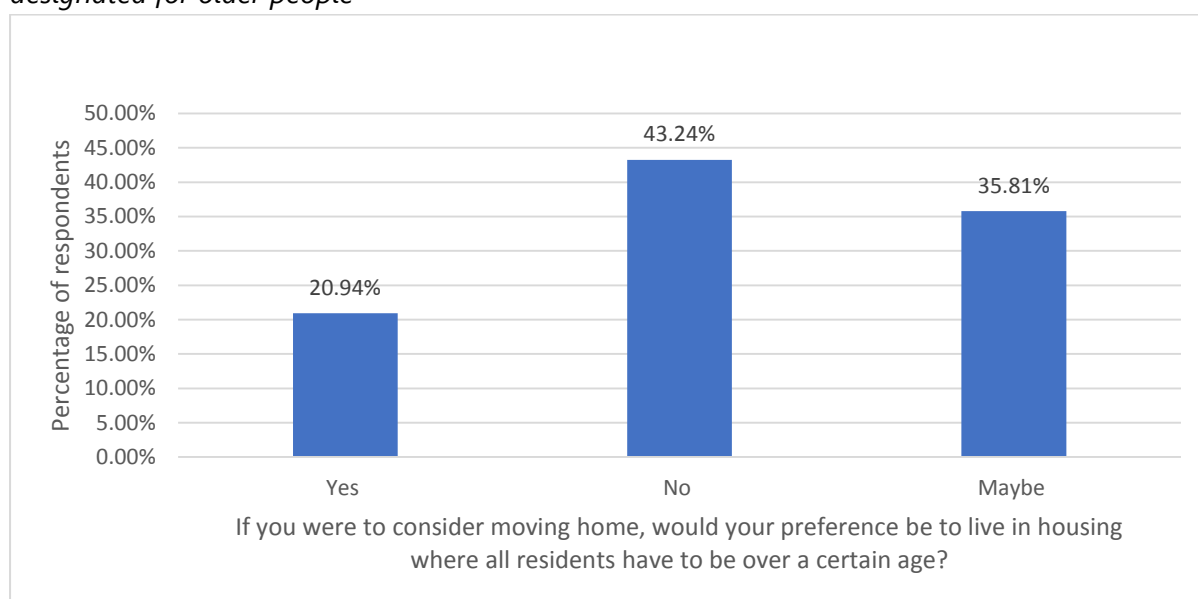
58.25% of respondents are planning to move at some point in the future. 38.4% are planning to move within the next 5 years and this increases to 56.6% within the next 10 years. 19% of respondents haven’t thought about whether or not they will move in the future. This suggests that there is significant potential opportunity for housing providers if they market a housing and support offer to older people that emphasises benefits that reflect the factors that are motivating older people to make a move.

Figure 4.1. Respondents’ plans about moving.



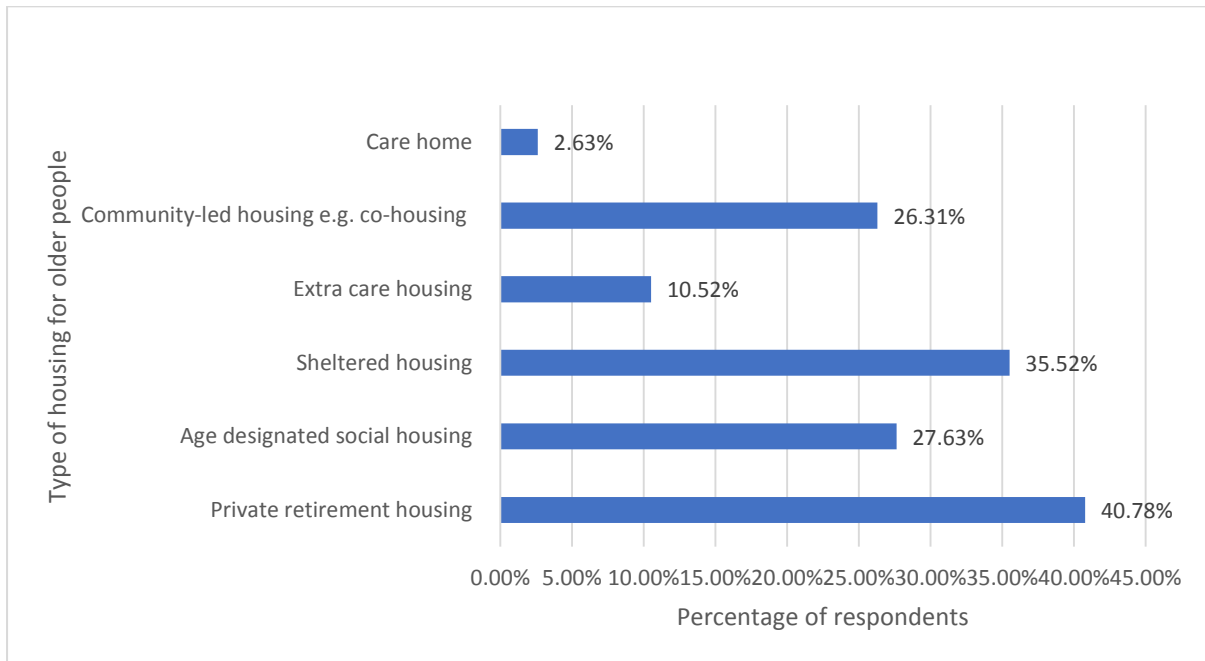
Housing designated for people over a certain age would be the preference of 20.9% of respondents. 43.2% of respondents would not wish to move to housing designated for older people (Figure 4.1). A minority of respondents are expressing a clear desire to move to housing designated for older people; however it is important to note that 35.8% of respondents may consider this. The implication is that there is a potentially larger market for housing designated for older people if commissioners and providers ensure that it has the features and benefits sought by older people. This interest extends to all types and tenures of housing for older people, however the services provided, and benefits of extra care housing in particular need to be explained.

Figure 4.2. Respondents stating whether or not their preference would be to live in housing designated for older people



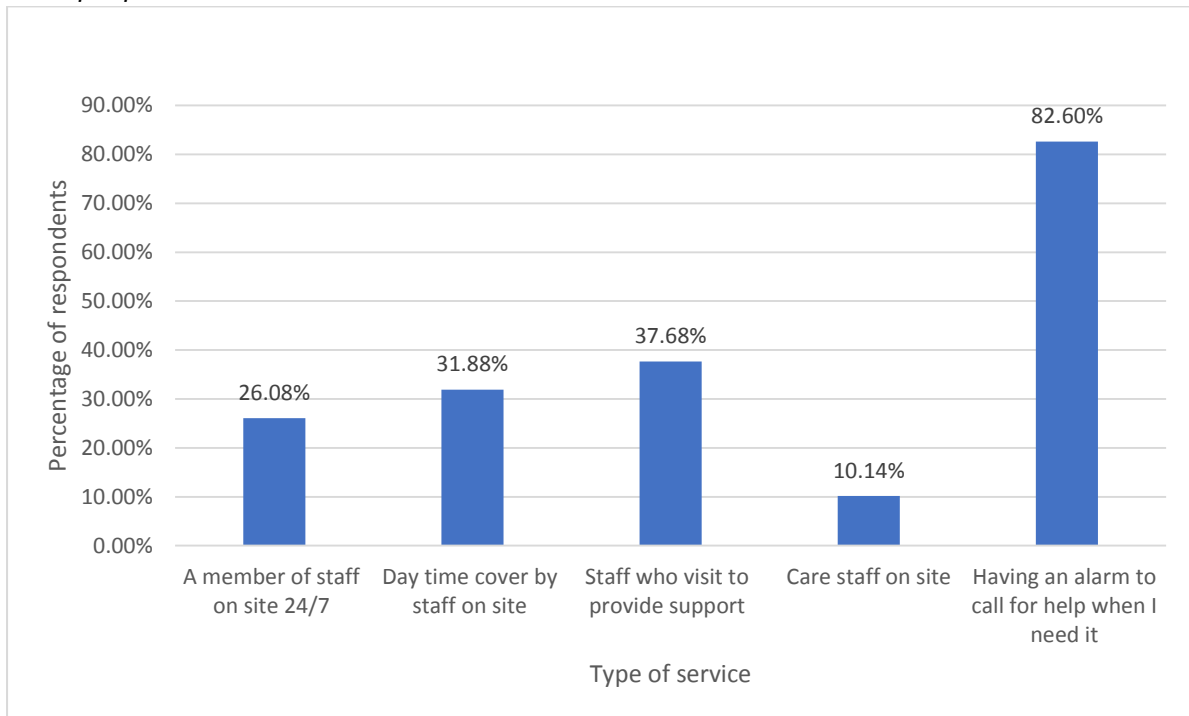
Amongst those whom would consider moving into housing designated for older people there is a variety of preferred choices. The implication of this for developing housing for older people is that there needs to be a mix of housing types and tenure choices to meet need. There is also scope to co-produce housing with citizens. A minority would prefer to live in extra care housing; the task for commissioners and housing providers is to better explain and market the benefits of extra care housing.

Figure 4.3. Respondents' preferred type of housing designated for older people



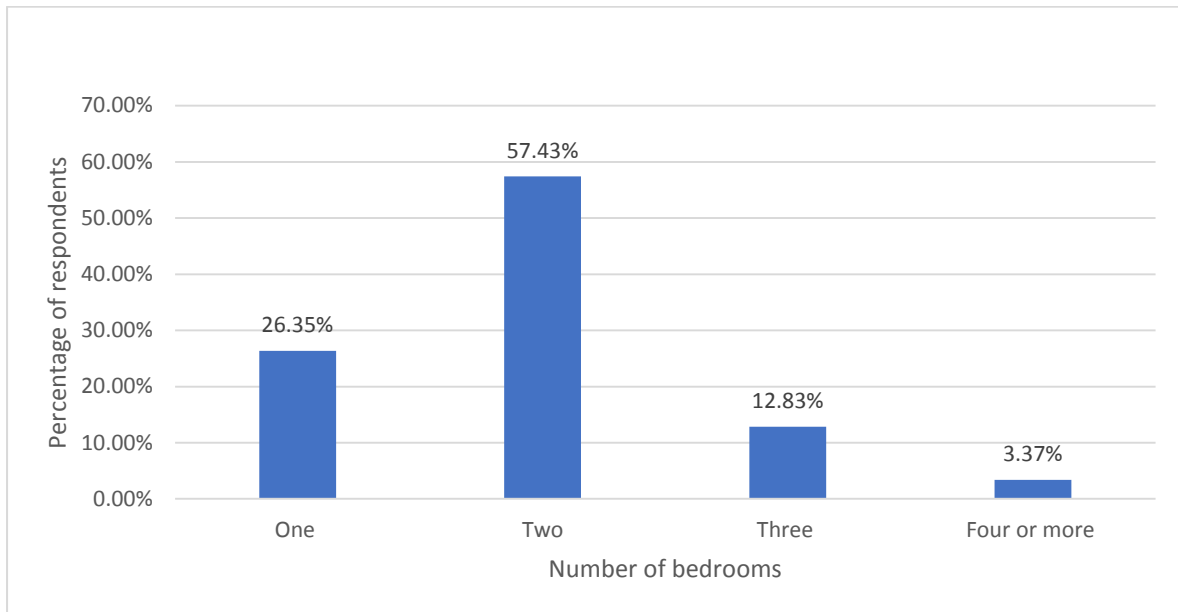
Having access to a staff presence is an important component of an attractive housing offer for older people. However, it is also important to recognise that for others an alarm (telecare) offer may be sufficient. Indeed, an alarm (telecare) service should be an essential component of this type of housing: 82.6% of people would like an alarm.

Figure 4.4. Services that respondents would like to have available in 'housing designated for older people



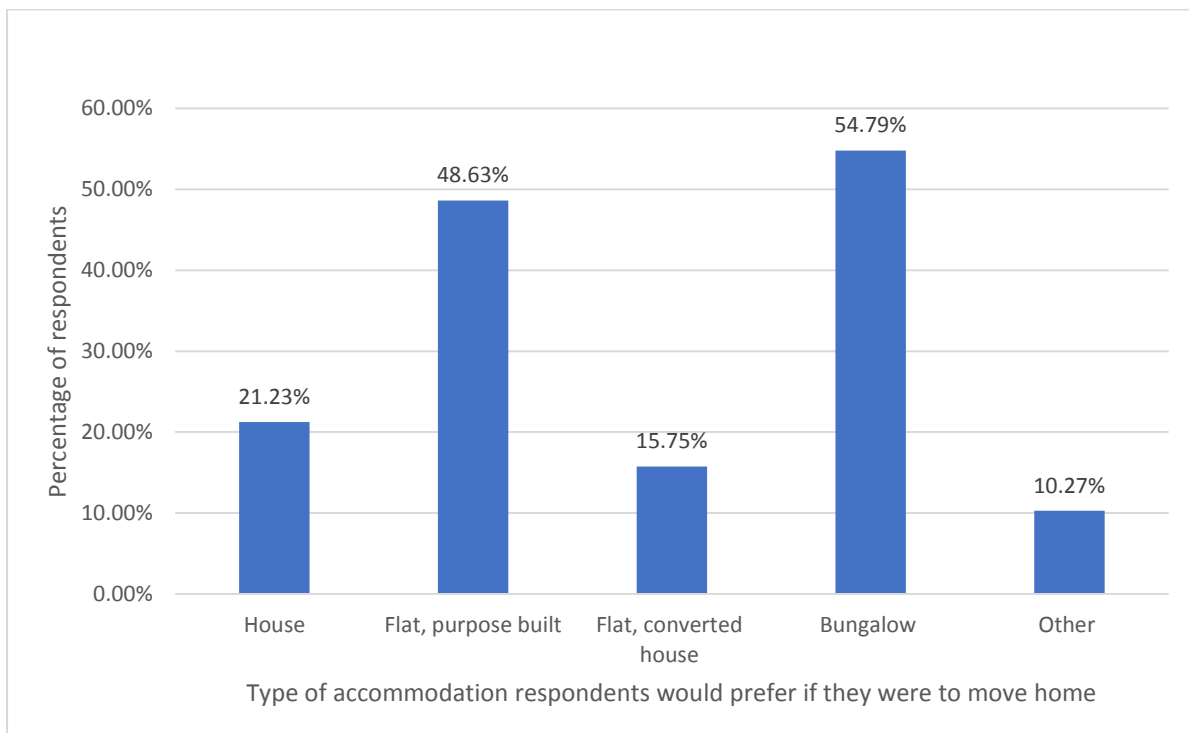
Just over half (57.43%) of respondents would like two bedrooms in their next property and 26.35% would like to have only one bedroom. In response to this, future housing provision should offer a mix of one and two bedroom properties, although it should be noted that 2 bedrooms will be preferred.

Figure 4.5. Respondents' preferred number of bedrooms in their future property.



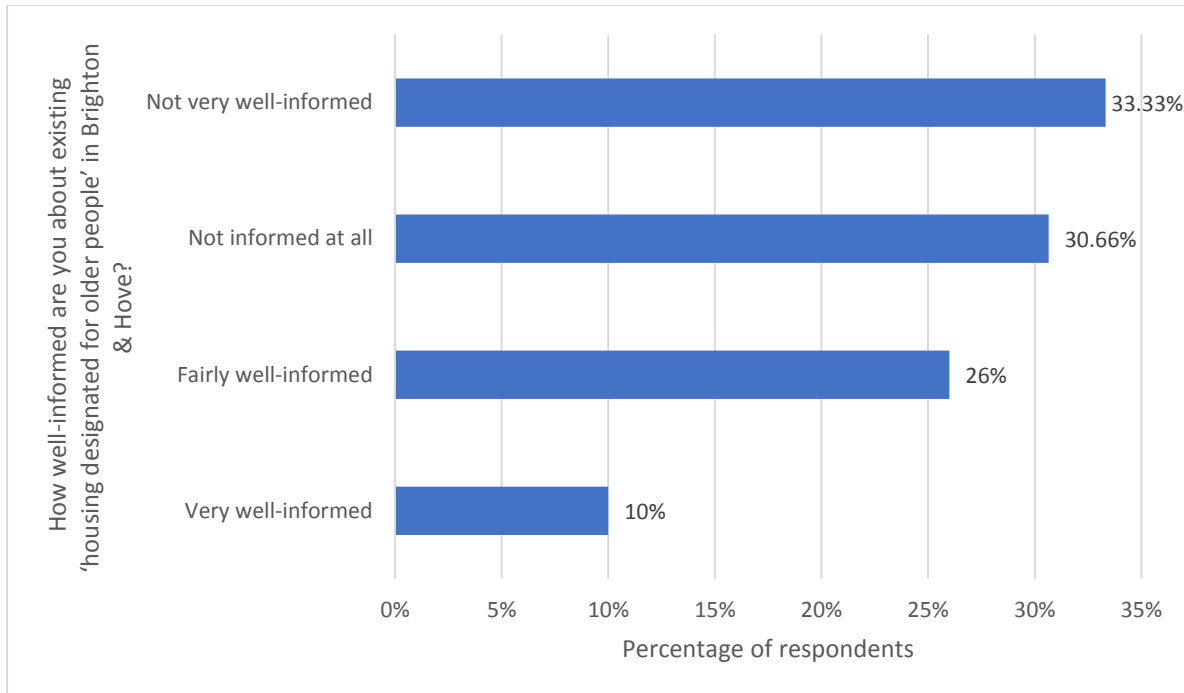
The most popular housing type that people would consider moving to was a bungalow followed by a purpose-built flat, a house and a flat in a converted house. The primary implication is that there needs to be a mix of housing types to widen choice.

Figure 4.6. Preferred housing type of respondents



A minority of respondents felt well-informed about housing options designated for older people; 58% did not feel well informed. Therefore, there is considerable scope for providing comprehensive and accessible information about housing options so that people can make informed choices about where they live.

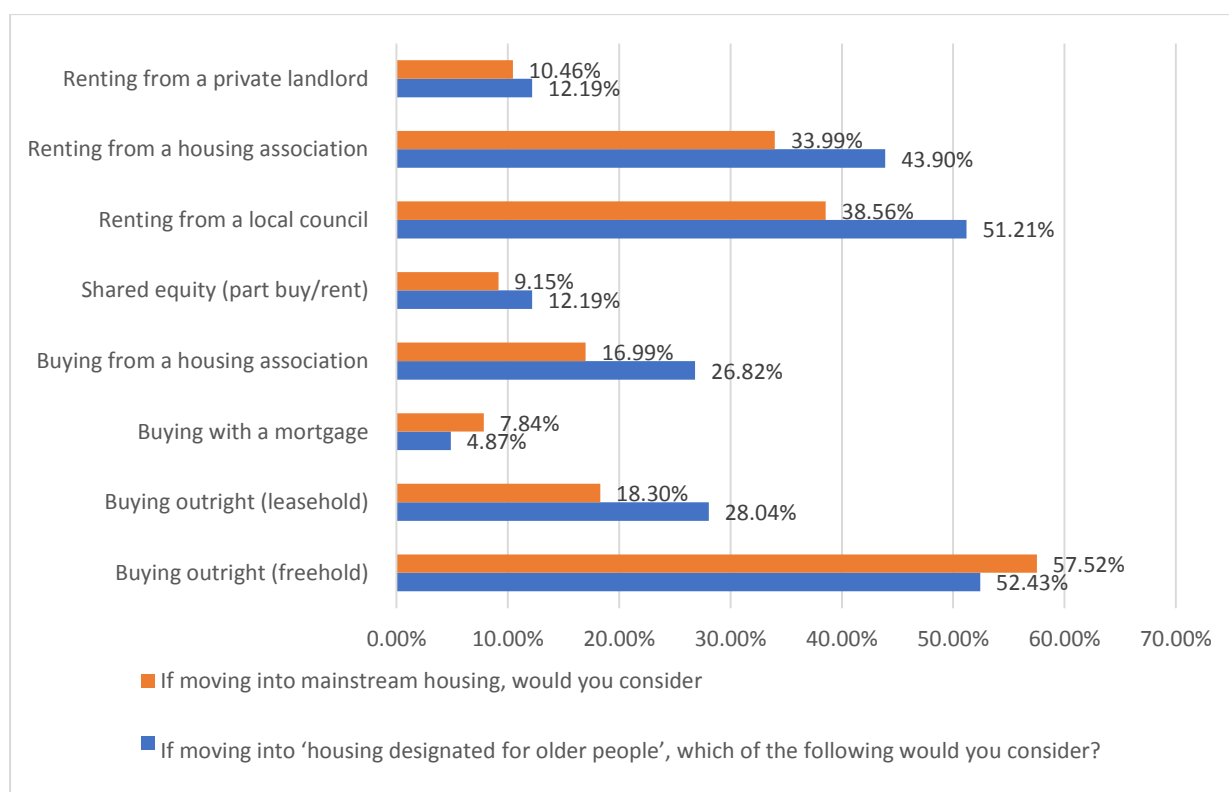
Figure 4.7. How informed respondents felt about housing designated for older people



Buying outright (freehold) is the most popular option. Many older people have reservations in relation to leasehold purchasing, this is due to concerns about increasing costs and recent negative publicity associated with leasehold housing for sale (not targeted at older people). The implication for housing providers is that it is important to explain the terms associated with leasehold tenure and particularly how decisions about service charges and annual increases are taken.

A significant number of respondents would prefer to rent from a social landlord (a housing association or council) suggesting that this option has popularity beyond solely those people who already live in social rented housing.

Figures 4.8 & 4.9. Preferred tenure type of respondents for those considering a move to housing designated for older people or mainstream housing



Implications for mainstream housing

From evidence from the focus groups and from the survey the following is apparent in relation to the general suitability of mainstream housing from the perspectives of older persons:

- A number of people do not think that their current mainstream home is suitable for them as they get older, however, they report a lack of suitable alternatives to move to. As a result people tend to remain in their own home.
- Additionally, several participants are seeking to remain in their own home but carry out adaptations to make them more accessible. This suggests that some mainstream housing is not suitable for older people unless it can be adapted.
- From the survey, a significant proportion of respondents stated that living in an accessible home where they can be more mobile would be an essential feature of any future accommodation. The majority of respondents live in mainstream housing which implies that current mainstream properties are often not suitably accessible.

5. Assessment of demand for specialist housing for older people

Approach

The Housing LIN's 'Strategic Housing for Older People' model, SHOP@⁷ has been used to model future need for specialist housing and accommodation for older people. We originally developed SHOP@ with the Association of Directors of Adult Social Services (ADASS) and Elderly Accommodation Counsel (EAC) for the Department of Health's Market Development Forum to support local authorities to forecast demand for older people's housing and accommodation.

The housing and accommodation services within this SHOP@ analysis are defined as:

- **Housing for older people:** social sector sheltered and age-designated housing and private sector retirement housing. This will include 'care ready' schemes, for rent and for sale, with on-site staff support, those with locality-based support services and schemes with no associated support services.
- **Housing with care:** includes extra care housing schemes, for social rent, often called 'assisted living' in the private sector, with 24/7 care available on-site.
- **Residential care:** residential accommodation together with personal care, i.e. a care home.
- **Nursing care:** residential accommodation together with nursing care i.e. a care home with nursing.

We have updated the SHOP@ housing need assessment tool over time so that our approach refines the previous use of national generic 'benchmarks' to predict future need at local authority level; we have produced a comparative analysis that compares the current supply or 'prevalence' of different types of housing and accommodation for older people (older people's housing for rent, older people's retirement housing for sale, extra care housing for rent and for sale, residential care provision and nursing care provision) in Brighton & Hove with comparator local authorities, i.e. other similar unitary local authorities along with the all England averages for supply of older people's housing and accommodation. Table 5.1 identifies how supply in Brighton & Hove for housing for older people, housing with care, residential care and nursing care compares relative to other comparator local authorities and across England generally.

⁷ www.housinglin.org.uk/SHOP

Table 5.1. Comparison of units and prevalence Brighton & Hove and CIPFA comparator local authorities. Prevalence (of supply) is shown per 1000 people aged 75+.

Local authority	Housing for OP (social rent)		Housing for OP (private)		Housing with care (social rent)		Housing with care (private)		Residential care		Nursing care	
	Units	Prevalence	Units	Prevalence	Units	Prevalence	Units	Prevalence	Beds	Prevalence	Beds	Prevalence
Bournemouth	1,562	89	1,312	75	117	7	66	4	1,393	80	770	44
Brighton & Hove	1,779	97	815	45	212	12	65	4	1050	57	1087	59
Bristol	5,849	206	1329	47	660	23	446	16	747	26	1870	66
Coventry	1,168	48	462	19	855	35	210	9	1,203	49	567	23
Leeds	7982	143	1416	25	321	6	271	5	2,607	47	2102	38
Medway	1,385	73	470	25	264	14	24	1	751	40	642	34
Newcastle upon Tyne	2,778	140	435	22	294	15	53	3	804	41	1,781	90
North Tyneside	2,265	125	276	15	309	17	25	1	765	42	797	44
Nottingham	4,228	243	364	21	423	24	218	13	946	54	728	42
Plymouth	1,532	69	530	24	348	16	69	3	1184	54	1207	55
Portsmouth	2,312	164	1,026	73	203	14	80	6	585	41	562	40
Sheffield	2,353	53	293	7	462	10	158	4	1,538	34	2254	50
Southampton	4,443	289	884	57	289	19	35	2	758	49	813	53
Southend-on-Sea	1,532	92	1,008	60	58	3	54	3	1,450	87	365	22
Swindon	2434	156	514	33	150	10	63	4	503	32	653	42
York	819	46	522	29	328	18	102	6	505	28	670	37
ENGLAND	425,535	97	139,387	30	47,715	10	24,879	5	405,574	87	391,317	84
Comparator average	2,776	127	729	36	331	15	121	5	1,049	48	1054	46

Source: Elderly Accommodation Counsel/Brighton & Hove City Council

This shows that:

- For housing for older people (social rent), Brighton & Hove has a lower prevalence compared to its comparator authorities but is in line with the all-England prevalence.
- For housing for older people (private), Brighton & Hove has a higher prevalence compared with the comparator authorities and the all-England prevalence.
- For housing with care (social rent), Brighton & Hove is below the average prevalence amongst its comparator authorities and but slightly higher compared to the all England prevalence. However, as many authorities are either planning to or are already delivering additional extra care housing capacity, a 'stand still' position could see average prevalence fall both all England as well as comparator authority average prevalence.
- For housing with care (private), Brighton & Hove is slightly below the average prevalence amongst its comparator authorities and compared to the all England prevalence.
- For residential care, Brighton & Hove is above the average prevalence amongst its comparator authorities and is below the all England prevalence.
- For nursing care, Brighton & Hove is above the average prevalence amongst its comparator authorities and substantially below the all England prevalence.

To make this housing need assessment bespoke to the Brighton & Hove we have used Brighton & Hove Council Officers' local insights along with local trends that influence future need for older people's housing and accommodation:

- Brighton & Hove City Council's work for a new market position statement for adult social care.
- Brighton & Hove City Council's current and planned use of, residential and nursing care beds for older people who are eligible for local authority funding.
- The evidence from the very recent qualitative research with older people.

In relation to the use of residential care: people aged over 65 years, it is not intended to use long-term placements without nursing unless a person has very specific, complex needs which can only be met in a care home setting. Therefore, the use of long-term placements without nursing for adults will fall as percentage of the population. With increases in incidents of dementia and frailty we would expect only the most complex patients to be placed in long-term residential care.

In relation to the use of nursing care: there will be a requirement for care homes with nursing care. The use of long-term care with nursing for over 65s will increase as the population rises. These homes will provide excellent end of life care and be able to place people quickly.

The qualitative research with older people indicates that:

- **Housing for older people:** there is interest in moving to existing and new housing for older people, for rent and for sale, if it is sufficiently attractive.

- **Housing with care:** there is some interest in moving to existing and new housing with care, for rent and for sale, if it is sufficiently attractive.
- **Residential care:** there is no or very limited interest in moving to a residential care home.
- **Nursing care:** there is only interest in moving to a nursing care home as a 'last resort' due to high/complex care needs.

We have used this contextual evidence as a basis for reasoned assumptions in relation to estimating need for older people's housing and accommodation, for each of the Brighton & Hove localities (Brighton, Hove and Portslade) and at Brighton & Hove city level. These assumptions are summarised below in table 5.2.

Table 5.2. Evidence base for assumptions for estimating future specialist housing and accommodation need to 2035.

Housing/accommodation type	Evidence and assumptions
Housing for Older People (HfOP)	<p>Current provision for social rent is below comparator authorities. Current provision for private sale is above comparator authority and England averages.</p> <p>Research with older people indicates that there is interest in moving to existing and new housing for older people, for rent and for sale, if it is sufficiently attractive.</p> <p>It is assumed that:</p> <ul style="list-style-type: none"> • Estimated trend towards the comparator overall average for HfOP for both social rent. • Future tenure split is affected by the current under/oversupply of HfOP for social rent vs HfOP for private sale.
Housing with Care (HwC)	<p>Current provision for social rent and private for sale is below comparator authorities average provision.</p> <p>Research with older people indicates that there is interest in moving to existing and new housing with care for older people, for rent and for sale, if it is sufficiently attractive.</p> <p>Brighton & Hove City Council policy intent is to reduce the use of residential care</p> <p>It is assumed that:</p> <ul style="list-style-type: none"> • Estimated trend to increased level of provision reflecting older people's preference for housing based options over residential care and towards and beyond comparator and England average provision. • Estimated trend to increased level of provision for both HwC social rent and private for sale.
Residential Care	<p>Current provision is above the comparator authority average. BHCC policy intent is to reduce the use of residential care.</p> <p>There is evidence of operators exiting the market.</p> <p>Research with older people indicates no or very limited interest in moving to a residential care home.</p> <p>It is assumed that:</p>

Housing/accommodation type	Evidence and assumptions
	<ul style="list-style-type: none"> Estimated trend towards/below comparator average provision Estimated decreasing trend in line with potential increasing trend for housing with care.
Nursing Care	<p>Current provision is above the comparator authority average and below the England average.</p> <p>BHCC expects an increase in the use of nursing care due to increasing population of older people with complex care needs</p> <p>Research with older people indicates there is only interest in moving to a nursing care home as a 'last resort' due to high/complex care needs. It is assumed that: estimated trend is towards England average provision.</p>

Based on these assumptions, we have produced quantitative estimates of future demand specialist housing and accommodation for older people that uses:

- Data of the existing supply of older people's designated housing and accommodation in each of the Brighton & Hove localities (Brighton, Hove and Portslade) and aggregated at Brighton & Hove city level.
- ONS population figures updated in May 2016. SHOP@ focuses on estimates using the ONS population of older people up to 2035. The SHOP@ model typically uses the 75+ population as the average age benchmark for most likely use of specialist designated housing and accommodation for older people. The projected populations aged 75+ for Brighton, Hove and Portslade are shown in Table 5.3.

Table 5.3. Population 75+ Brighton & Hove to 2035. The numbers result from combining 2017-based ward-level population estimates and applying the ONS' projected population growth at each interval for Brighton & Hove local authority.

	2019	2025	2030	2035
Brighton	9,481	10,984	12,020	13,315
Hove	7,436	8,614	9,426	10,442
Portslade	1,347	1,561	1,708	1,892
Total	18,264	21,159	23,155	25,650

Source: Office for National Statistics: Ward-level population estimates (2017).

- Current and estimated prevalence rates (i.e. for older people's housing for social rent; private retirement housing; extra care housing; residential care; nursing care) used as 'benchmarks' within SHOP@ are based on discussion with Brighton & Hove City Council Officers e.g. in relation to local trends and local policy regarding the use of registered care services and HwC, how current provision in Brighton & Hove compares with comparator authorities and England average provision, and evidence from the recent qualitative research with older people.
- Consideration of tenure mix. Consideration is given to the requirements of older people both for social/affordable rent and private for sale options. The tenure mix is

likely to be dependent on the current tenure breakdown amongst older households in Brighton & Hove (Table 5.4 below) but also needs to take account of current relative over/under supply of different specialist housing options by tenure and the preferences of older people from the qualitative research. This suggests:

- Housing for older people. Due to the relative under provision of housing for older people for social rent (compared to comparator authorities), any growth in need is estimated to be equally distributed between social rent and private for sale tenures.
- Housing with care. Due to the relative under provision of housing with care of all tenures (compared to comparator authorities), any growth in need is estimated to be equally distributed between social rent and private for sale tenures.

Table 5.4. Most recent census: tenure of household reference person. Brighton & Hove, 60+, % of total.

Tenure by age of householder	60-74	75-84	85+	60+ Total
Owner occupier (including shared ownership)	68.3%	71.8%	70.2%	69.9%
Social rented (sheltered and general needs housing)	20%	18.5%	18.4%	19.2%
Private rented (private landlord or letting agency)	9.1%	6.6%	6.7%	7.8%
Other private rented or living rent free	2.6%	3.1%	4.8%	3.2%

Source: 2011 census

Estimated need for specialist housing and accommodation for Brighton, Hove and Portslade are shown at Annexe 5.

Summary: Future housing and accommodation requirements across Brighton & Hove

The evidence from the assessment of need for specialist housing and accommodation for older people indicates in summary the following requirements in Brighton & Hove to 2035⁸.

Brighton

Table 5.5. Estimated need for older people's housing and accommodation to 2035.

Housing/accommodation type	2019 current provision (units/beds)	2035 estimated need	Net need (units/beds)
Housing for Older People	1,692	2,130	438
Housing with Care	231	399	168
Residential Care	399	399	0
Nursing Care	380	493	113

In summary this indicates that the estimated net requirements for Brighton to 2035 are:

⁸ NB. Figures may not sum due to rounding.

- Housing for older people: 438 units of which 219 for rent and 219 for sale.
- Housing with care: 168 units of which 84 for rent and 84 for sale.
- Residential care: 0 beds.
- Nursing care: 113 beds.

Hove

Table 5.6. Estimated need for older people's housing and accommodation to 2035

Housing/accommodation type	2019 current provision (units/beds)	2035 estimated need	2035 net need (units/beds)
Housing for Older People	785	1253	468
Housing with Care	46	261	215
Residential Care	576	501	-75
Nursing Care	630	856	226

In summary this indicates that the estimated net requirements for Hove to 2035 are:

- Housing for older people: 468 units of which 234 for rent and 234 for sale.
- Housing with care: 215 units of which 108 for rent and 107 for sale.
- Residential care: -75 beds.
- Nursing care: 226 beds.

Portslade

Table 5.7. Estimated need for older people's housing and accommodation to 2035.

Housing/accommodation type	2019 current provision (units/beds)	2035 estimated need	2035 net need (units/beds)
Housing for Older People	120	208	88
Housing with Care	0	47	47
Residential Care	75	76	1
Nursing Care	77	102	25

In summary this indicates that the estimated net requirements for Portslade to 2035 are:

- Housing for older people: 88 units of which 44 for rent and 44 for sale.
- Housing with care: 47 units of which 24 for rent and 23 for sale.
- Residential care: 1 bed.
- Nursing care: 25 beds.

Brighton & Hove: Summary

Table 5.8. Estimated need for older people's housing and accommodation to 2035

Housing/accommodation type	2019 current provision (units/beds)	2035 estimated need	2035 net need (units/beds)
Housing for Older People	2,597	3,592	995
Housing with Care	277	708	431
Residential Care	1,050	976	-74
Nursing Care	1,087	1,451	364

In summary this indicates that the estimated net requirements for Brighton & Hove to 2035 are:

- Housing for older people: 995 units of which 498 for rent and 497 for sale.
- Housing with care: 431 units of which 216 for rent and 215 for sale.
- Residential care: -74 beds.
- Nursing care: 364 beds.

6. Housing suited to an ageing population: Policy and contemporary practice

This section sets out:

- The national formal and informal policy context that influences housing and care services for older people.
- Current examples of contemporary practice in Brighton & Hove in relation to housing and support for older people.
- Market trends and contemporary practice from elsewhere that can be drawn on.

National policy context

There has been relatively limited UK Government policy in relation to supported and older people's housing over the last 10 years. In 2008, the then Government published their strategy for housing an ageing society, '*Delivering Lifetime Homes, Lifetime Neighbourhoods*'⁹. Relatively little materialised out of this strategy, although there has been growth in the supply of extra care housing in particular.

MHCLG has recently published (June 2019)¹⁰ new planning guidance on housing for older and disabled people, however this doesn't specifically add anything to existing guidance/good practice or set any new requirements for planning policy.

There has more recently emerged a much clearer and stronger emphasis on the role of **preventative** approaches, including the role of housing, i.e. approaches to supporting people to remain living in their own homes (in both mainstream housing and age designated housing):

- The Government's Prevention Green Paper¹¹ (2019) is public health focussed. The Green Paper reiterates the Government's commitment to the Ageing Society Grand Challenge, the aim of which is to ensure that people can enjoy at least five extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest. Whilst the Green Paper is health focussed, it is recognised that to deliver improved public health amongst an ageing population it is important to:
 - Improve homes to meet the needs of older people

⁹https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Other_reports_and_guidance/deliveringlifetimehomes.pdf

¹⁰<https://www.gov.uk/guidance/housing-for-older-and-disabled-people>

¹¹ Advancing our health: prevention in the 2020s. DHSC (2019).

- Improve neighbourhoods to meet the needs of older people
- The recent MHCLG Select Committee report, *Housing for older people*¹², called for a national strategy which brings together and improves the policy on housing for older people. It highlighted the need for better information and advice about housing options, increased provision of handyperson services, removing barriers to moving.
- The Government's recent strategy for tackling loneliness¹³ refers to the role of community based housing and housing for older people in helping to create social connections and reduce the risk of loneliness.

This relatively limited range of policies have been supplemented by a range of 'informal' policy, guidance and research which has created a clear sense of what high quality desirable housing for an ageing population looks like, both for rent and for sale.

'*Housing our Ageing Population: Panel for Innovation*' (or HAPPI¹⁴) has been an important 'unofficial' policy driver affecting the future of older people's housing and associated services. The five HAPPI reports have highlighted a series of inspirational case studies and examples of housing that reflect the needs and aspirations of an ageing society.

As set out in HAPPI reports, the current flight from traditional sheltered housing and more institutional residential care shows that older people are expecting to live in attractive homes that meet their needs and lifestyle choices. This is encapsulated in the ten HAPPI design elements:

- Space and flexibility
- Daylight both in the individual units and communal spaces
- Balconies and outdoor space
- Adaptability and care-ready¹⁵ design
- Positive use of circulation space
- Shared facilities and hubs
- Plants, trees and the natural environment
- Energy efficiency and sustainable design
- Storage for belongings and bicycles
- External shared surfaces and home zones .

¹² <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/370/370.pdf>

¹³ <https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness>

¹⁴ <https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>

¹⁵ Care ready housing typically means that a home is capable of adaptation over time to meet changing needs including space for aids and adaptations. Through good design homes can be built to be better suited to possible future requirements such as the need to have an over-night carer, storage for mobility scooters and space to retain independence.

Innovations in housing designed to these principles are characterised by an emphasis on higher build quality and attractive interior design that appeals to people in mid to later life. This relates to both the feel of the building or scheme and the attachment generated by an age-friendly design of individual homes and/or apartments which in turn creates a greater sense of belonging to the local community.

Last year's Local Government Association's report, authored by the Housing LIN, *Housing our ageing population: Learning from councils meeting the housing need for our ageing population*¹⁶ focusses on good practice by local authorities in relation to meeting the housing needs of older people. Key themes identified from this work regarding local authority good practice in terms of facilitating housing best suited to its ageing population, are:

- Having a clear vision of the mix of housing required to meet the needs of an ageing population.
- Planning housing for an ageing population.
- Delivering and enabling new housing for older people across the public and private sectors.
- Promoting an integrated approach to housing, care and health.
- Preventative approaches aimed at sustaining older people in mainstream housing.

The Government's *Improving health and care through the home: Memorandum of Understanding*¹⁷, provides a template for local health and social care economies to fully recognise the role of housing in promoting and improving the health and wellbeing of older people.

Contemporary practice: Housing and support services for older people in Brighton & Hove

There are a number of contemporary practice examples of housing and support services for older people in Brighton & Hove including:

- The role of dementia friendly support for residents at the Brighton & Hove City Council operated extra care housing scheme, Brooke Mead.
- The role of housing and support in the local Brighton & Hove digital programme, for example the provision of Wi-Fi in Seniors housing.
- A strong focus on preventative approaches, i.e. supporting people to remain living in their own homes (in both mainstream housing and age designated housing), for example through having front line staff trained in *making every contact count* (MECC).

¹⁶ [Housing our ageing population: Learning from councils meeting the housing need for our ageing population](#)

¹⁷ <https://www.gov.uk/government/publications/improving-health-and-care-through-the-home-mou>

- A commitment to building strong partners with older people and community organisations, for example the development of ‘men in sheds’ at Leach Court Seniors housing scheme.
- An example of intergenerational housing that exists in Brighton & Hove is Robert Lodge. Robert Lodge is an established council scheme accommodating predominantly older people with an active tenant community and gardens. Two blocks were proposed to both the north and south ends of the existing scheme. 15 one and two bed-room flats, including for general needs use, were approved following careful and extensive consultation with residents who helped to design a new communal garden and commission an iconic garden sculpture. Whilst not specifically developed as intergenerational housing it provides an example of the possibilities in new developments going forward.

Market trends in local authority commissioning and practice

Where local authorities publish documents such as housing/accommodation for older people ‘market position statements’ or an ‘investment prospectus’, a minority (but an increasing minority) are taking a ‘whole population’ approach to support and facilitate housing aimed at older people housing in the social and market sectors, support for new ‘downsizer/rightsizer’ housing and the use of planning policy to deliver a wider range of housing offers for older people. Recent research for the LGA¹⁸ does show that there are some authorities that are taking a more strategic approach to creating the conditions to plan for, invest in and develop more housing overall for an ageing population, including but not exclusively extra care housing. For example:

- Central Bedfordshire Council has published an ‘investment prospectus’¹⁹ covering housing and registered care services for older people. This is a plan that is most unlike a ‘traditional’ local authority strategy. It uses evidence from a detailed quantitative and qualitative assessment of future need to set out in a simple and visually attractive way what housing and accommodation is required for older people in each of its four localities. It is an ‘open for business’ type approach designed to attract inward investment. It also identifies where the Council will support and assist supported accommodation development (including direct provision by the Council).
- Derbyshire County Council has produced a ‘strategy for an ageing population’²⁰ which sets out the mix of all types of housing (not solely specialist housing) and care/support services required to 2035. This has cabinet approval and has also been developed and agreed with all Derbyshire District Councils.

¹⁸ *ibid*

¹⁹ https://www.centralbedfordshire.gov.uk/migrated_images/manop-prospectus-2016-2020_tcm3-17756.pdf

²⁰ <https://www.derbyshire.gov.uk/site-elements/documents/pdf/social-health/adult-care-and-wellbeing/accommodation-and-housing/housing-and-accommodation-for-an-ageing-population-a-strategic-vision-for-derbyshire-to-2035.pdf>

- Cornwall Council has recently launched its investment prospectus covering housing with care²¹. This is limited to the development of extra care housing (Cornwall currently has minimal provision of extra care housing) setting out the quantitative requirements by locality, the scale and types of extra care housing schemes required and the approach that the Council is seeking to take with potential providers.

Housing with care, or extra care housing as it frequently referred to, is no longer 'new'; it has been commissioned by local authorities since the early 2000s driven at the time by the programmes, support and capital funding from the Department of Health. The Housing LIN is aware of (and has directly supported) a large number of local authorities that have taken strategic commissioning approaches to developing extra care housing for some time. The drivers for these authorities have included:

- Reducing demand for social care and, more specifically, to reduce adult social care spending, with extra care housing being seen as a direct lower cost alternative to both residential care and use of intensive packages of domiciliary care for older people living in mainstream housing;
- To widen housing choices for older people and people with long term conditions e.g. dementia;
- To promote development of long term housing capacity for older people aimed at the self-funder market i.e. to facilitate market retirement housing expansion to enable older people to 'right size' and better manage their own housing and care/support requirements as they age.

Over the last 15 years the vision, scale and commissioning of extra care housing and other types of retirement housing has varied significantly between local authorities. A number of authorities have had and continue to have substantial extra care housing and retirement housing delivery programmes through a mix of encouraging and supporting private sector growth and direct commissioning and enabling of housing association and voluntary sector development. Examples of this approach are North Yorkshire County Council, Newcastle City Council, Oxfordshire County Council and Hampshire County Council which are all authorities that have large scale housing commissioning programmes aimed at older people.

Based on the Housing LIN's work with and knowledge of practice by local authorities, including from the recent LGA report, *Housing our ageing population*²² authored by the Housing LIN in relation to councils' approaches to housing an ageing population, the following trends are apparent.

As the demand for care rises and local authorities' budgets are frozen or reduced, there is an increasing variation between local authorities in their approaches to commissioning and funding older people's housing services. Typically, this is being restricted to extra care housing only (predominantly for rent) where individuals who are assessed as eligible for adult social care funding are being accommodated. This in turn has the risk of affecting the

²¹ <https://www.cornwall.gov.uk/media/36731964/extra-care-brochure-45185-web.pdf>

²² <https://www.local.gov.uk/housing-our-ageing-population>

balance of care within extra care housing and can result in schemes being regarded as only applicable to older people who would otherwise enter residential care.

In relation to extra care housing, fewer authorities are willing to provide revenue contracts to fund 'core' care costs (e.g. for overnight staffing) and are relying on housing associations levying 'wellbeing' charges to fund this aspect of the service with often an expectation that residents will apply for and use Attendance Allowance to fund these costs, or self-fund. Consequently, extra care housing can be less of an attractive option to many housing associations.

Market trends: housing for older people

Changes to existing housing for older people

Housing associations and other social landlords have been seeking to diversify their customer offers and service delivery models to attract a wider cohort of older people and ensure their existing older people's designated housing have a long term future. Examples of housing associations and other social landlords that have adopted this approach to strategically reviewing their older people's housing services are summarised below.

Examples of remodelled sheltered housing schemes include **Derwentside Housing's** Castle Court (below), a remodelled sheltered housing scheme on the site of a previous care home in County Durham. The intention has been to:

- Redesign and refashion existing sheltered housing.
- Improve age friendliness.
- Extend the building's useful lifespan.
- Focus on making sheltered housing a more attractive housing choice with a focus on the 'pull' factors (that will attract older people to want to move there).



The **Guinness Partnership** has appointed a Sterling Prize winning architect practice to produce HAPPI compliant designs to upgrade and 'revitalise' a number of its existing

sheltered housing services at a range of urban and smaller town locations. As featured in RIBA's recent Age Friendly Housing publication, the intention is to fundamentally address existing design and building weaknesses that will enable these schemes to be 'future proofed'. This includes redesigning external features and entrances, communal spaces, outside space, adding 'modular' extensions built off-site and 'penthouse' additions to the upper storeys of schemes where the current structures allows for this (see Arthur Kille House in Havant, Hampshire below).



New build housing and services for older people

Care ready housing

Both social landlords (local authorities and housing associations) and private sector operators are developing housing and associated customer offers that are intended to attract 'downsizing'/'rightsizing', both from general needs social housing and by owner occupiers.

Examples at Annexe 6 tend to have the following common features:

- Designed to HAPPI principles.
- Care ready.
- Aspirational housing in sub/urban settings.
- Extensive use of technology to support lifestyle and support/care needs.
- Promote health and wellbeing through design and provision of communal space and/or activity.

The examples of 'care ready' housing at Annexe 1 are age-designated, i.e. they are designed to appeal to older people who are seeking a well-designed home that is attractive and suited

to age-related needs in later life, where the other residents will be over a specified age, but don't tend to come with the extensive communal areas and services (and higher service charges) associated with extra care housing

There is also increasing interest in care ready housing that is 'inter-generational', i.e. it is housing that may be designed to be attractive to older people but does not have an age designation, or is deliberately conceived to bring together different generations. These typically have the same design features as age-designated 'care ready' housing but are designed to appeal to older people who do not wish to live solely amongst other older people.

Inter-generational housing doesn't have a universally consistent definition. It can refer to:

- Housing development that includes provision for all ages.
- Inter-generational family living units.
- Approaches to inter-generational living linked to care/support services.

Building on the HAPPI design principles, the University of Sheffield School of Architecture's influential DWELL research showed strong demand amongst older people for better quality and more adaptable homes, where people can continue to live and socialise in mixed-age communities.

Housing with care and retirement villages

The diversity and quality of housing with care schemes and retirement villages continues to increase and improve. There are also emerging examples where the alignment of housing and health infrastructure is the catalyst for wider community provision, whether to meet care transformation planning priorities or placemaking and/or regeneration objectives.

Many housing associations/social landlords either have or are reviewing their entire older people's housing and service offer. Housing associations have been seeking to diversify their customer offers and service delivery models, for example to attract a wider cohort of older people.

Some have continued to develop extra care housing partly in response to local authorities' commissioning strategies but also, and arguably more importantly, in response to their own intelligence about what older people are seeking in relation to a housing with care offer.

The scale and nature of extra care housing schemes is changing. 5-10 years ago schemes would typically be 40-60 units in scale and all for social rent. Now it is typical for schemes to be 60-100 units or larger, include a mix of tenures (up to 50% for sale to ensure financial viability where the location can sustain this) and far higher standards of design and build quality. Extra care housing still predominantly has a 24/7 on site care staffing service model. Retirement village models are larger in scale, typically 120/150 units upwards; some, of these are 'hybrid' villages that include both housing units and registered care (often nursing care) services.

Where local authorities have made no capital contribution to the development cost of an extra care housing scheme, many housing providers are being more 'assertive' about both the purpose of schemes, i.e. in terms of maintaining a balanced care profile of residents and the extent to which the local authority can 'impose' a care provider on the housing provider. The Housing LIN is seeing more housing associations expecting to be in control of the entire operation of their extra care scheme/s including the selection and oversight of the organisations delivering care in their buildings, or to at least take these decisions *with* the local authority.

Private sector housing with care, often called 'assistive living', has developed with similar higher design and quality standards to attract purchasers. These schemes tend to be targeted at more affluent owner occupiers. Developers will typically seek a C2 planning use class for these developments.

Examples of contemporary mixed tenure extra care schemes and retirement villages are shown at Annexe 5.

Housing and health services

There is both growing evidence and a clear policy steer towards recognising and strengthening the role of housing in relation to a range of health and wellbeing issues including how well designed housing for older people can help reduce the need for adult social care and demand on NHS services.

There is a growing body of evidence to support this including:

- A longitudinal study by Aston University²³ for The Extra Care Charitable Trust which identified savings to councils in relation to social care of £4,500 per annum for high care customers and £1,700 for low care needs customers. In addition. This study measured the impact of an ExtraCare Charitable Trust Well-being Service (an informal drop-in service for preventive health care and day-to-day chronic illness support) on 162 new extra care housing residents. Findings reported include: reduced costs to the NHS; reduction in the duration of unplanned hospital stays; reduction in GP visits of almost 50%; significant cost savings to social care; and reduction in depressive symptoms.
- A BRE²⁴ studies which suggests poor quality housing costs the NHS £1.4 billion per annum with £500m directly related to older people.
- A Housing LIN study²⁵ for Trailway Court in Dorset which compared wellbeing after entering the scheme to before moving into an extra care housing scheme.

²³http://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Aston_ECCT_research.pdf

²⁴<http://www.bre.co.uk/healthbriefings>

²⁵<http://www.housinglin.org.uk/Topics/type/Blazing-a-trail-Extra-Care-Housing-in-Blandford-Forum-Dorset>

A relatively small number of housing associations have developed 'health and housing' service offers, i.e. where housing providers are being funded by NHS Clinical Commissioning Groups (CCGs) and local authorities to avoid or reduce delayed transfers of care, prevent unplanned hospital admissions and promote health and wellbeing of older people.

Research by the Housing LIN for the National Housing Federation (NHF)²⁶ published in September 2017, identifies a series of 'case studies' that demonstrate how housing associations and other housing providers are already working with NHS commissioners, NHS Trusts and local authorities to avoid or reduce delayed transfers of care, prevent unplanned hospital admissions and promote health and wellbeing of older people. For example:

- **Curo's** 'step-down' scheme in Bath provides temporary accommodation upon discharge from hospital for older people. It is funded through the local Better Care fund (joint local authority/CCG) arrangements.
- **One Housing Group's** scheme at Roseberry Mansions in London, provides support for older people. The ten step-down beds are provided within an extra care housing scheme that has 50 units in total. The service provides time-limited reablement in purpose-built apartments where people can relearn skills and get support from a team of occupational therapists, physiotherapists, social workers and support workers.
- **Nottingham City Homes'** Hospital to Home/Housing Health Coordinators scheme facilitates earlier discharge from hospital where inappropriate housing is the delaying factor in discharge, and provides early intervention in supporting older people (and other vulnerable people) affected by poor or inappropriate housing. It is funded by Nottingham City CCG.

There will be some incidence of dementia in any housing development for older people and the design should consider good practice in terms of the physical design and operational management for dementia. The Alzheimer's Society has worked with the sector and produced useful dementia-friendly housing charter²⁷. Guinness Care & Support has adopted an organisation wide approach to improving support for people living with dementia whether they live in older people's housing or general needs housing²⁸. There are several different approaches to accommodating older people with mild to moderate levels of dementia in extra care housing. These range from small dedicated units or wings specifically for this group, to clusters of flats with shared communal facilities, to a pepper-potted approach where individual care needs are simply catered for within their flats.

²⁶ <http://www.housing.org.uk/resource-library/browse/home-from-hospital-how-housing-services-are-relieving-pressure-on-the-nhs/>

²⁷ https://www.alzheimers.org.uk/info/20116/making_organisations_more_dementia-friendly/1021/dementia-friendly_home_services

²⁸ <http://www.guinnesspartnership.com/care-services/community/becoming-dementia-friendly-organisation/>

Telecare and digital technology

One key area which, until very recently, has not transformed significantly is the role of digital in the worlds of health, care, supported housing, and the provision of telecare into people's own homes. Many sheltered and supported housing schemes still do not have full Wi-Fi available into all residents' apartments.

The 'Future of House and Home' report, published by Shelter in 2016²⁹, highlights that the people who will be in their 70s and 80s in 2030 are in their 60s, or younger, today, and as a result, will certainly be more familiar with the digital world than many older people are now. Over time, the report predicts that the generational digital divide will fade, notwithstanding ongoing barriers to equal participation in the digital economy, such as the cost of access. They anticipate the rise of home monitoring technology, 'wearables', and telehealth in everyday life.

Many housing providers are considering moving away from analogue based telecare systems to digital platforms ahead of the digital 'switch over' by 2025. Digital care systems provide a platform for services such as unobtrusive fall detection through discreet motion detectors. Integrated fire and smoke alarms can alert residents and blue-light services simultaneously. Many housing providers' care, and support and older peoples' strategies refer to a number of key areas where digital technologies may have a role as part of a 'digital by default' strategy. This could include loneliness and isolation support, personalised technology-enabled care, Internet of Things, smart meters, environmental control systems, telehealth and wellbeing, peer support, coordinated hospital discharges, prevention approaches, improved carer tracking, access to reablement, and adaptations.

Below are some examples of exemplary practice in the delivery of telecare or telehealth services:

Nottingham City Homes is using assistive technology to help people avoid being admitted into hospital. The right technology and devices can help a person get home from hospital more quickly, and can then play an important role in supporting them to remain at home for longer. A mobile response service is provided, helping to reduce the number of ambulance call outs and the resulting hospital admissions.

The service also includes telehealth services which enable people to monitor their own health conditions at home, thereby reducing demand on GPs and primary health care services. Telehealth can warn health professionals of changes in a person's health conditions, allowing timely, sometimes life-saving treatment to be provided.

Housing & Care 21 (H&C21) has introduced digital technology to improve their residents' experience. As a part of its digital strategy they worked with Appello to develop an 'end-to-end' IP care system. This system, can transmit emergency calls in under 4 seconds compared to up to 90 seconds with legacy analogue systems and multiple calls for help can now be handled simultaneously. This form of digital telecare has also improved contact with

²⁹https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/policy_library_folder/report_the_future_of_housing_and_home_scenarios_for_2030

residents; communication is now possible amongst residents and H&C21's Court Managers through video chat.

The **Liverpool Safehouse** project, funded by Innovate UK, was delivered jointly with Liverpool City Council and a number of housing associations in the city. 2000 homes in Liverpool were fitted with Safehouse devices, which included unique sensor technology to monitor temperature, smoke and fire alarms, humidity, movement, and light, and linked to a city-wide low power radio network. Advanced analytics, working with Microsoft Azure systems, were used to improve the delivery and effectiveness of care services.

Housing Associations were able to log in directly into individual Dashboards to view the data through a range of visualisations. Care providers were given access to a mobile phone Application called Safehouse. Partners were able to receive care and environment related notifications, manage responses and communicate amongst one another.

The project concluded on 31st March 2018. Safehouse is now a commercially available service.

Salix Homes: MiiHome Project. Salford housing association Salix Homes has launched its innovative MiiHome project to trial smart home technology in the homes of its elderly tenants.

Working alongside Salford Royal NHS Foundation Trust, and the Universities of Manchester and Salford, the project aims to enable older people to live safely in their homes for longer and reduce pressures on the NHS and other care services. The long-term aim is to help older people with mobility and memory impairments to maintain their independence by monitoring their well-being, using artificial intelligence (AI).

The MiiHome project has seen discreet sensors, such as Microsoft Kinect technology more commonly associated with the Xbox, fitted into the homes of a number of residents at Salix Homes' sheltered housing schemes, who have volunteered to take part.

The research studies are being co-created with residents, helping to design a system which is more likely to be welcomed into people's homes in future. If successful, it is hoped that this type of sensor technology will one day be embedded into the fabric of future homes.

<https://www.salixhomes.org/news/pioneering-smart-home-technology-keep-older-people-safe-their-homes-piloted-salford>

A housing and care typology suited for an ageing population

The evidence drawing from current policy and practice in the housing sector aimed at older people, the local evidence from the research with older people, the assessment of future need for specialist accommodation, and local policy intentions (particularly to reduce the use of residential care) suggests that a wider mix of housing models and approaches will be required in Brighton and Hove over the next 10-20 years.

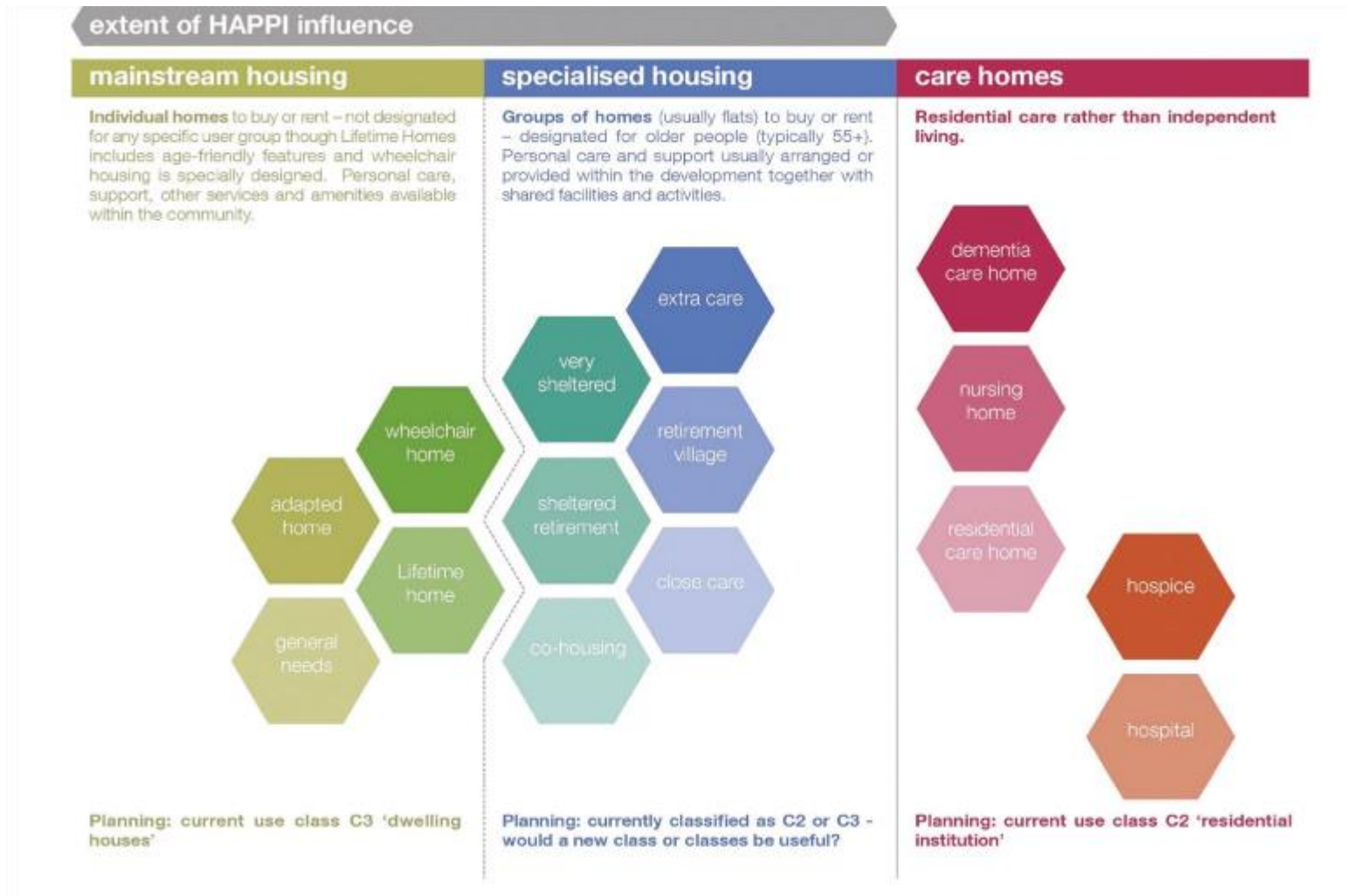
A typology (i.e. a way of describing and understanding housing/accommodation options for an ageing population) is set out in Figure 6.1. This shows the range of housing and

accommodation options in relation to addressing the needs of an ageing population. This range covers mainstream housing, specialised housing (i.e. housing specifically for older people) and care-based provision (residential/nursing care, hospital based care). This typology is suggested as a *guide* to the types of housing and care models that may be applicable to meeting the housing needs of older people in Brighton & Hove and the City Council's requirements.

To illustrate the range of contemporary housing aimed at older people, some examples of the following types of housing models are shown at Annexe 5:

- Care ready housing. Within the typology this may include examples of mainstream housing, e.g. housing designed to wheelchair accessibility and lifetime homes standards, and examples of specialised housing, e.g. contemporary sheltered and retirement housing built to HAPPI design standards. Care not provided onsite.
- Extra care housing. Specialised housing within the typology. 24/7 care onsite.
- Retirement villages. Specialised housing within the typology. 24/7 care onsite.
- Housing integrated with registered care. Crossing the 'boundary' between specialised housing and care homes within the typology. 24/7 care onsite and registered care beds.

Figure 6.1. A housing and care typology suited for an ageing population



NB. Specialised housing. Onsite domiciliary care not typically provided at sheltered/retirement/co-housing schemes

Implications: A suggested mix of housing with care service models for Brighton & Hove

The implication of this evidence base is that to meet the full range of needs of older people, in terms of housing with care options, it will be necessary to offer a mix of housing and care models based on the following elements of the typology:

1. The range of housing will need to include **'care ready' housing** for rent and for sale, i.e. without care on-site, but designed to enable people to age in place, to allow for decreased mobility and permit individuals to be cared for easily in their own homes should that be required. This offer can vary in size and scale making it suitable for urban and rural settings. Some of this provision will be age-designated, other types of care-ready housing will be **inter-generational**.
2. Housing with care options that will enable the use of residential care to decrease. This needs to include **extra care housing** for rent and for sale with onsite domiciliary care services. For it to remain a vibrant community extra care housing needs to retain a 'balanced' community, i.e. having residents with a mix of care needs. Based on the evidence from other local authority commissioning the minimum operating model is typically 60/70+ units.
3. Brighton & Hove has the scale of overall population to potentially support development of a **retirement village** model with a larger number of housing units (compared to extra care housing), typically 150+ units of mixed tenure with a wide range of facilities including onsite domiciliary care.
4. Specialised housing for older people will need to be able to cater for growing number of people living with dementia and complex care needs. This will require service providers to tailor their offer to be dementia friendly but also the development of **hybrid housing and nursing care** models that can cater for people living with dementia and other complex care needs to end of life.
5. The evidence of older people with more complex support needs living in short term supported accommodation indicates the need for a development of the specialised housing component of the typology in Brighton & Hove in terms of a type of **specialised housing** that can accommodate older people with more complex needs.

7. Actions for consideration

Based on the evidence base set out, i.e. the ageing demographic trends in Brighton & Hove to 2035, the role of all types of housing as an effective preventative 'tool' to support people to remain living in their own homes (in both mainstream housing and age designated housing), the estimated need for an increased range and volume of housing options for older people, the preferences of older people for a wider range of housing choices in later life and practice trends in the older people's housing sector, the following actions for consideration are proposed.

1. To meet older people's housing needs and aspirations it will be necessary to develop a mix of purpose-built **housing types and tenures** that will facilitate '**downsizing'/rightsizing**', as well as supporting people to live well in their existing homes, creating a climate where moving in later life becomes a realistic and positive choice, including:
 - i. **Contemporary 'care ready' sheltered/retirement housing**, for rent and for sale, that is HAPPI³⁰ compliant i.e. without care on-site, but designed to enable people to age in place, to allow for decreased mobility and permit individuals to be cared for easily in their own homes should that be required. This offer can vary in size and scale making it suitable for urban and rural settings.
 - ii. Increase the delivery of housing with care options including **extra care housing, for rent and for sale**; however, it needs to remain a vibrant community and the benefits need to be effectively marketed to older people. The evidence also indicates that extra care housing needs to be able to support older people with mental health as well as physical health needs.
 - iii. Mainstream housing developments that include well designed units to appeal to older people, i.e. that offer the features of 'care ready' housing but is part of an **inter-generational housing** offer to appeal to older people who don't want to move to age-designated housing.
2. **Extra care housing** can be a cost effective housing and care option compared with other care pathways, including residential care. Consider undertaking a local evaluation of extra care housing to ensure its local cost effectiveness and draw on the work of other local authorities³¹ that have already undertaken financial benefits analysis in relation to extra care housing.

³⁰ Housing our Ageing Population Panel for Innovation.

<https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>

³¹ Southampton City Council, Manchester City Council, Kent County Council, Hampshire County Council.

3. Based on the Brighton & Hove City Council's Seniors housing review and work with other social landlords, Identify existing **sheltered housing** schemes that can be improved, remodelled or adapted to better support ageing in place for an anticipated older population with increasing care and support needs.
4. Consider the role of existing **non age-designated supported housing** in meeting the needs of older people with complex support needs and/or the potential to have some age-designated **supported housing** that can better cater for people with complex support needs (as distinct from age-related care and health needs). This may need to be complemented by providing **strengthened support services** for older people with mental health and drug/alcohol related support needs within some Seniors housing schemes and extra care housing schemes
5. Proactively consider the housing and accommodation requirements of the increasing number of **people living with dementia**. This will require service providers to tailor their offer to be dementia friendly but also the potential development of hybrid **housing and nursing care models** that can cater for people living with dementia with a wide range of care needs.
6. Consider the potential for a **retirement village** with a large number of housing units of mixed tenure with a wide range of facilities including on-site care.
7. Shape the local market for registered care to manage a significant shift away from provision of residential care beds to **nursing care beds**.
8. Extend the use of technology, including **care enabled technology**, in older people's housing schemes and to people living in their existing homes to enhance the health and independence of individuals.
9. Scale up the development of '**step-down**' **housing-based models of care** as part of existing reablement strategies to support timely discharge from hospital and/or prevent unnecessary readmissions.
10. Support and nurture innovative housing approaches; for example, developing **co-operative or community-led housing** and the feasibility of supporting **co-housing** initiatives for older people.
11. Extend the range of information, advice and assistance available to homeowners to make adaptations and/or assistive technology as necessary to support enable ageing in place for older people wish to **remain living in their existing housing**.
12. Develop a comprehensive **information and advice service in relation to housing options for older people** that enables older people and their families to be well informed in relation to planning future moves.
13. In relation to the delivery of a wider range of housing options for older people look at the links for housing with the local **Health and Wellbeing Board**.
14. The Brighton & Hove Joint Health & Wellbeing Strategy ambition for dying well is that the experiences of those at the end of their life, whatever their age, will be

improved and that more people will die at home or in the place that they choose. National surveys confirm that this is the first preference for most people in the UK with around 75% of people saying they would prefer to die in their usual place of residence, however, in Brighton & Hove only 50% of people actually do. This figure is higher than for England (47%) and has increased from 40% in 2006.³² The factors which can facilitate a person dying in their preferred place are the same as those which can enable a person to remain in that place as they age e.g. access to home adaptation and/or community equipment, telecare and community alarms, and home assessments. Brighton & Hove City Council will develop its own 'end of life care protocol' which can be triggered as a tenant's health deteriorates, and recommends that other social landlords operating in the city do the same.

³² <https://fingertips.phe.org.uk/end-of-life#page/0/gid/1938132883/pat/6/par/E12000008/ati/102/are/E06000043>

Annexe 1. Existing extra care housing in Brighton & Hove

Extra care housing schemes are designed for older people (over 55) who are still able to live independently but require care for low to moderate needs. The units are purpose built self-contained flats, designed to encourage independent living for as long as possible.

There are currently four extra care housing schemes in the city:

- Brooke Mead – 45 units
- New Larchwood – 38 units
- Patching Lodge – 76 units

This model of care was designed to provide a lower cost and better quality of care provision than delivering care in clients own homes. Residents are grouped together and wrap around services can be procured and delivered to support individual care or support plans.

Flats are mostly rented, though some are available for purchase. Applications for the scheme are processed through Home Move and approved by Adult Social Care. They must also be registered on the choice based lettings scheme. Contracts are in place with third parties that detail service level expectations and performance is monitored.

Annexe 2. Focus groups: key messages

Theme: Staying put

- In general, many participants would prefer to remain in their existing homes for as long as possible.
- This is for a variety of reasons including, familiarity, emotional attachment to home and not being 'ready' to move.
- However, for many, it is also about a lack of choice of suitable or affordable places to move to, as well as a lack of information about what their housing options might be. Most people have not heard of extra care housing, for example.
- *'I want to improve where I am, not move'*.
- *'Taking that leap of moving is more difficult as you get older, it is a stressful process'*.

Theme: Moving/downsizing

- A significant number of individuals are living in properties that will not be suitable for them in later life. This can be due to the size of the property and resulting maintenance, the number of stairs in the home and the location of the bathroom or property itself.
- Participants feel existing or anticipated health needs will dictate whether they feel ready to downsize rather than their age.
- For people looking to downsize, moving to feel more safe and secure is an important factor.
- Additionally, potential 'downsizers/rightsizers', are seeking properties that are more accessible and situated in an accessible location close to shops and amenities.
- For some this might be to age-designated housing, whereas others are seeking more accessible and manageable mainstream homes.
- *'Thinking of downsizing but it's an emotional wrench to move'*.
- *'I want to move before I am too old and it's too much'*
- Many people do not consider moving to sheltered and extra care housing as it is perceived to be exclusively for people with 'severe' care needs at the later end of life.

Theme: Housing Preferences

- People are seeking a wider range of choices when it comes to suitable housing to downsize/rightsize to. Most people do not want to live in high rise apartment blocks.
- New housing developments need to be located in areas that are easily accessible by public transport and near to shops and local amenities. Adequate parking is also very important for some people.
- A number of people would prefer to live in a property with 2 bedrooms, as this allows family and friends to stay and creates space for hobbies. However, 1 bedroom can also be adequate provided living and storage space is sufficient and where appropriate, a guest room is provided.
- Social isolation and loneliness is a concern of many participants. In an older person's housing scheme people are seeking a well-designed, welcoming and vibrant communal space to encourage social interaction. In the wider community, communal locations are seen to be equally as important.
- People are seeking homes that are designed to be 'future proof' i.e. suitable for all ages and abilities.
- The majority of people are seeking more manageable, private outside space.
- Some people would prefer to live in age-designated housing as it can create a community of like-minded individuals, whereas others would prefer to live with other age groups as they value intergenerational connections.
- A number of people would be interested in a mixed-age community housing scheme that hosts both a block of age-designated flats and a block of flats for younger people – separate but sharing a courtyard or communal outside space.

Theme: Support & wellbeing

- All participants want to live somewhere that enables them to remain independent and promotes active ageing.
- A majority of participants are more likely to want to bring care into their existing homes than move somewhere with care staff onsite. This is due to both affordability concerns and not feeling ready to move somewhere with care onsite.
- A number of participants see the value of an alarm/telecare service as it provides '*peace of mind just in case there is an emergency*' and most would use CareLink if they needed it. Some individuals think it is a good alternative to onsite care staff.
- Nonetheless, when considering older person's housing, participants see the value in onsite staff. Indeed, this is one of the positive reasons that people have moved or might move to this type of housing.

- It is very important for all participants' health and wellbeing to be able to socialise and meet people wherever they may live. However, *'you can't force a community, there's an intangible 'soul' to a community'*.
- *'There needs to be a reason for people to use communal space otherwise people don't bother, the design needs to subtly and organically encourage people to meet'*.
- *'I like the idea of communal space, especially if I am on my own'*.

Theme: Affordability and financial considerations

- An overwhelming majority of people feel that there is a lack of affordable housing in Brighton & Hove. This prevents some people from moving.
- A number of participants are concerned about funding their care needs in later life.
- Many people are sceptical that moving to older people's housing will save them money (e.g. through lower utility bills); paying higher service charges associated with older people's housing acts as a financial barrier for some people.
- However, many people do value the provision of communal facilities and in particular on-site staff which participants recognise are paid for through the service charge.
- Some participants are happy to pay for these additional costs as it gives them peace of mind. Whereas others would look for more modest facilities if it reduced costs (service charges).
- People are concerned about the re-sale value of some private retirement housing as well as leasehold status which can act as a barrier to some people moving.

Theme: Information and support to move

- In general, attendees are not well informed about their housing options and tend to be unaware about where to turn for this information. *'I wouldn't know where to move if I needed care'*. This can make thinking about moving challenging and prevents some people from considering a move.
- People are seeking easily accessible, bespoke and concise information about housing options and 'hands on' advice on the process of moving and help with understanding benefits. This can make moving less stressful and encourage people to consider where they may live in the future.
- People would like an 'age-friendly' service; an age-friendly service treats older people with respect and enables them to easily engage and participate. *'In many situations I feel patronised and I often am spoken to as though I am a child'*
- Overall, most people would like to be consulted with more regularly about housing issues by the Council and other housing providers.

- People would like to receive more support with moving home as this can be difficult for an older person/person with learning disabilities. For example, advice and help with removals, help redecorating, longer moving periods, trusted tradesperson lists.

Key messages: People living in sheltered housing/seniors housing

- Participants don't want to be around *"just old people"* but also like the peace and quiet away from younger people.
- A significant number of people are seeking a mixed-age community site that includes, for example, both a block of age-designated flats and a block of flats for younger people.
- Shared communal space is important for resident interaction and consequently creating a sense of community. The design needs to enable organic interactions and residents need to be able to choose whether they get involved.
- An onsite 'warden' is vital to reassure residents as well as family that there is someone there 'just in case'. A good warden can enable a sense of community and promote the wellbeing of residents. *'The warden is proactive, but some activities can feel very institutional'*.
- Participants living in Senior's housing are pleased with the service they receive from the wardens. The maintenance and repair services are also reliable. *"I'm very happy here, the amount of work they do to help us, it's fantastic, you don't get that anywhere else"*
- Participants prefer renting from a social landlord than a private landlord as their tenancy is secure and more affordable.
- People are seeking clearer information and better understanding about what sheltered housing consists of before moving. *'I would have liked a trial period before agreeing to move, I don't think I would have moved had I trialled beforehand'*

Key messages: General needs/private renters

- Most participants don't feel like they have a choice about where to live. Some have been homeless, some have family living with them, others are renting from friends.
- Although many are living in homes they deem unsuitable for later life, the majority find it impossible to consider a move because of a lack of suitable alternatives that are accessible and affordable. *'Existing properties could be checked by a 'Disabled Access group'*.
- A number of participants current flats are often too small; older people don't want to live in cramped homes.

- For many, sheltered housing is seen as good for a 'last move' for when your community no longer exists, or your health needs are too severe to remain in your existing home. Some people feel there is an undersupply of sheltered housing to move to.
- People are seeking a housing that enables them to live independently and supports them to age well without needing to move to sheltered housing. *'There is nothing in between complete independence and being 'old' and needing care, I need something for this transitional stage.'*
- Overall, renting from a private landlord is less secure and more expensive than renting from a social landlord. However, not all participants would qualify for social housing therefore have no choice but to rent privately.
- Private renting is also perceived to diminish communities as tenant turnover is high and people often rent low quality at a high cost without investment in the community.

Key messages: Owner Occupiers

- Attitudes towards moving differed. Some participants had already thought about moving (or had moved) or in some cases 'downsizing', whereas others wanted to stay in their own home.
- A number of people would release equity should they downsize which is an attractive reason to move. *'I would be saving money by moving as my house in Hove would be worth a lot.'*
- People are seeking a wider range of housing options to 'rightsize' to. At present, a lack of suitable and affordable properties is preventing people from considering a move. *'I want to downsize but I can't because it is too expensive'*
- Some people are interested and could afford to move to a McCarthy & Stone style of retirement housing, whereas others are seeking a more affordable private retirement alternative. Others would look to move to a smaller, more manageable home.
- For those seeking to remain in their own home, being able to adapt their properties is essential.
- For this group, home ownership is important and part of their identity. People are concerned about the re-sale value of retirement housing as well as leasehold status. The financial implications of renting and leasehold status would need to be explained fully and the terms of a lease need to be transparent.

Key messages: LGBT group

- Participants feel that Brighton is a youth orientated city that does not cater well for older LGBT people.

- LGBT communities/networks from London 'transfer' to Brighton and stay the same, meaning the community is 'cliquey' and difficult to get involved in.
- Some had experience with the concept of LGBT-exclusive retirement housing but see it as impossible to filter or verify applicants' LGBT status, and therefore don't think this idea would work.
- Instead, participants would prefer a purpose-built, centrally located LGBT community centre which hosts groups, activities, performance space (which non-LGBT groups can use, therefore integrating and mixing).
- This group are less likely to have children and therefore are concerned about future care provision. This makes them feel more vulnerable in later life.
- There are concerns about homophobia from care staff who may have grown up in a socially conservative environment. People would want all housing and care staff to have comprehensive training in this regard.
- *'I want to see the Council as more inclusive of LGBT+ people'*

Key messages: Speak Out (people with learning disabilities)

- Participants had a variety of living situations, but all stated they were very happy living in their current home and didn't want to move. E.g. Shared Lives, sheltered housing, supported housing.
- Some participant's current home will not be suitable for them as they get older due to the stairs in their home. Many haven't had a conversation about what will happen in this situation.
- It's difficult to think about the future and plan for a move as doing something new can be worrying/upsetting. People would need both physical help and help planning.
- Feeling independent and being able to do things/go out on your own is important. In relation to this, CareLink makes people feel safe.
- Participants value their sense of community and living close to/with their friends. Speak Out is an important part of people's lives.

Key messages: BAME group

- The majority of participants are homeowners who like living in Brighton and Hove.
- Participants feel like they are in a gap between those who qualify for benefits and those who are rich enough to be able to afford to adapt their house or buy in care or move into a suitable retirement property with high service charges. *"You can't get loan or even a mortgage extension at this age."*

- *“People who have paid their mortgage will adapt as much as they can rather than leave”*
- Many participants expect to face discrimination but didn’t relate this to housing specifically.
- People would like to live within mixed-age communities that might include both age-designated and mainstream accommodation within the same community site.

Annexe 3. Focus group participants characteristics

Demographics of participants

In total we spoke to 65 individuals across 8 focus groups. The demographic results below do not include the individuals that attended the BAME group (10 people) or Speak Out group (8 people) as it was not appropriate to hand out these forms at either of these groups.

The age of participants ranged from 55 to 90+.

Figure A Age of participants

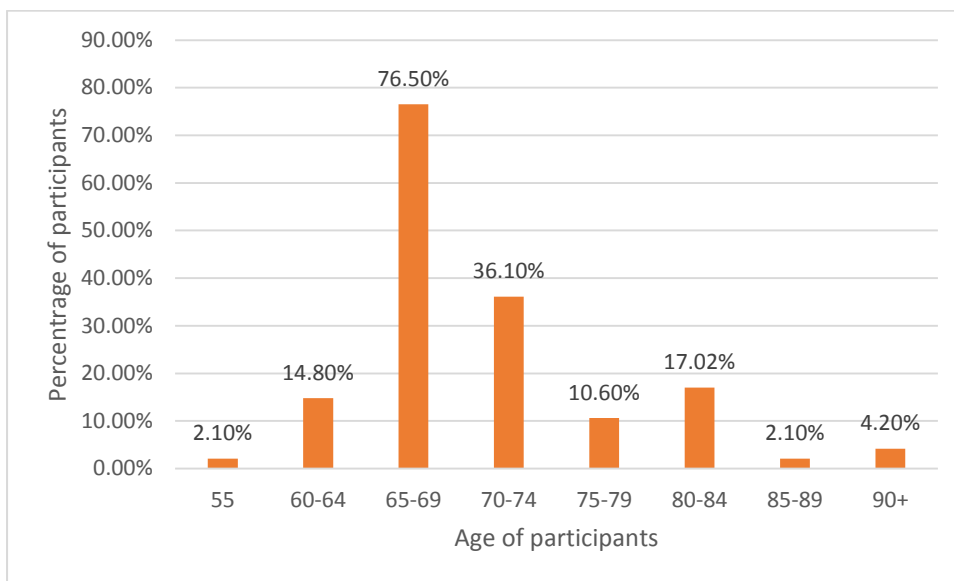
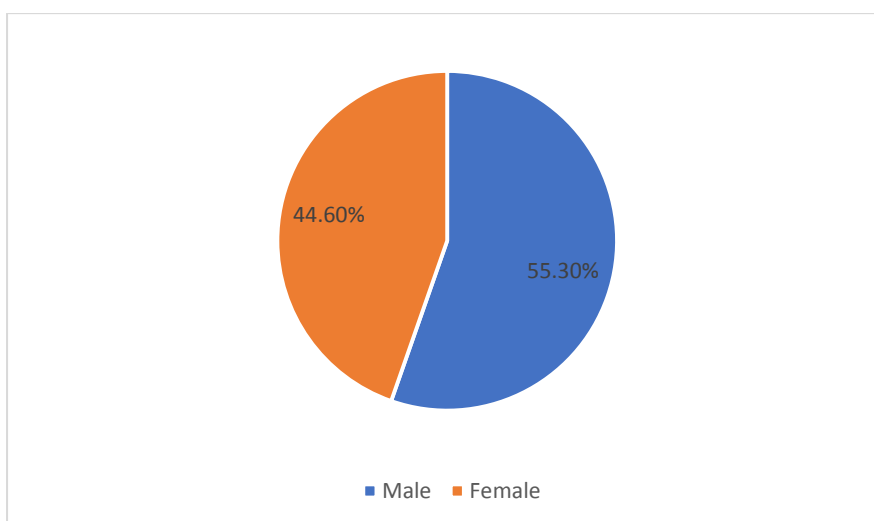
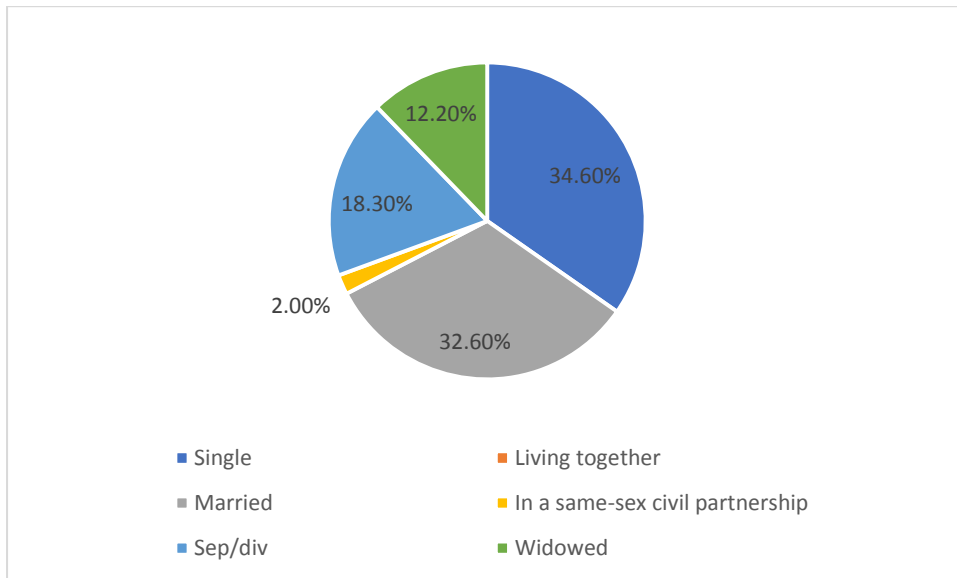


Figure B Gender of participants



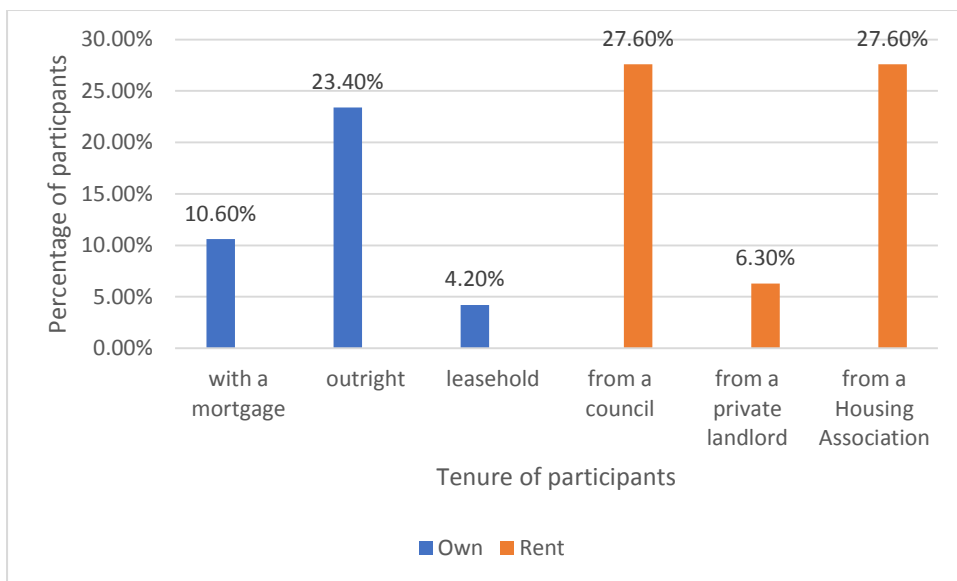
The majority of participants are either single or married.

Figure C Marriage status of participants



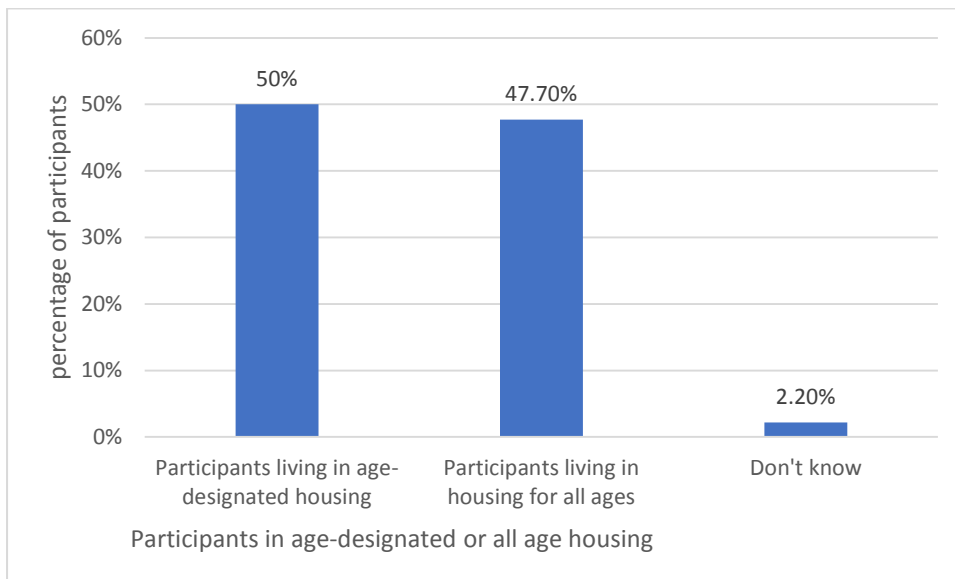
18 participants own their properties with the majority owning their property outright. Most participants rented their property although only 3 rent from a private landlord.

Figure D Tenure of participants



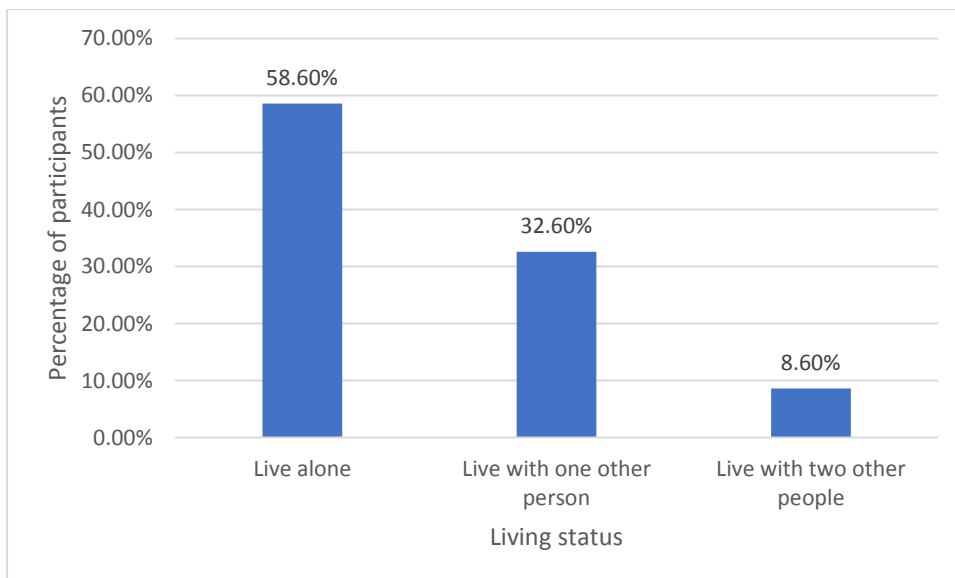
Half of participants live in age-designated housing.

Figure E Participants by housing type (age-designated housing)



The majority of participants live alone although 40% live with at least one other person.

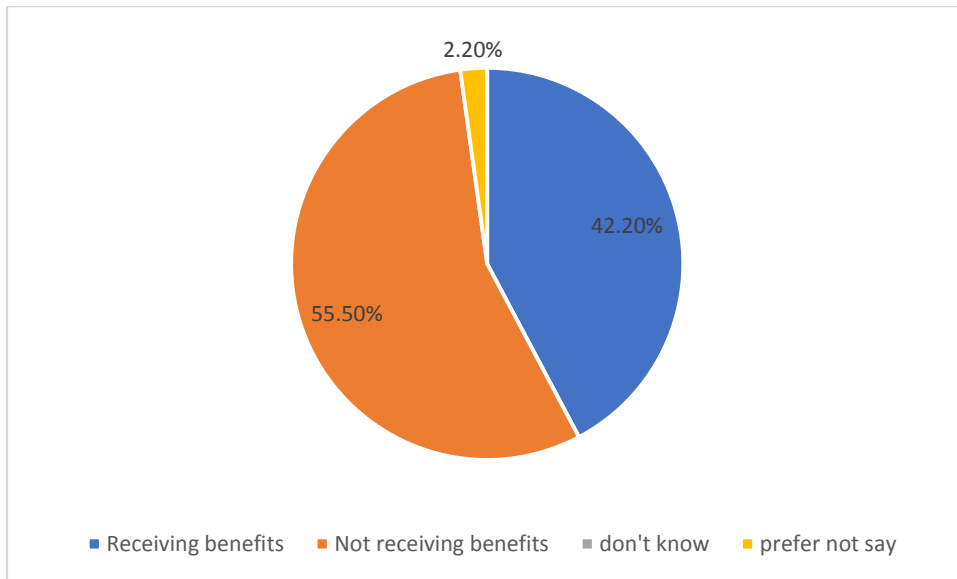
Figure F Living status of participants



A significant majority are retired although a few still worked either full or part-time. A couple of participants volunteer.

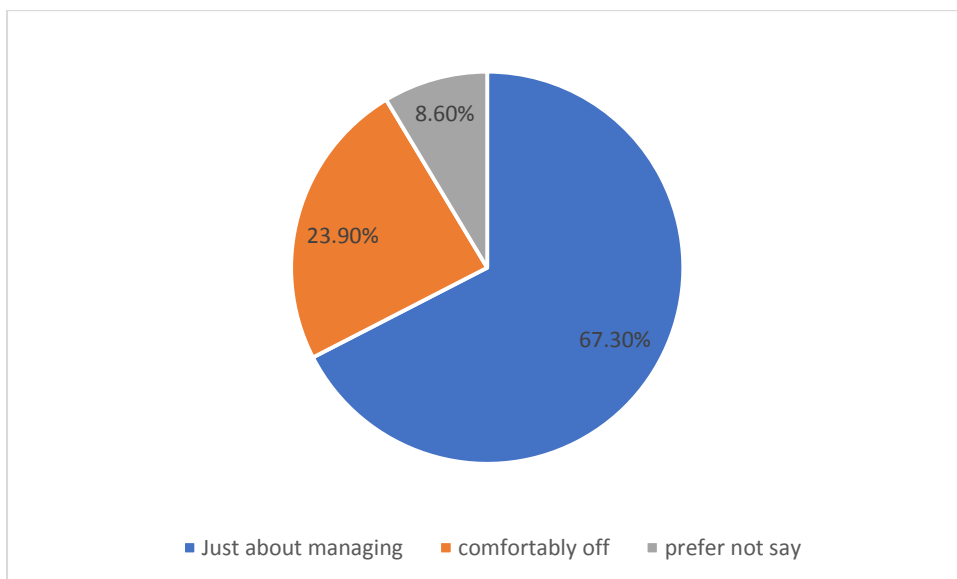
Just under half of participants receive a means-tested benefit. The most commonly received benefits were pension credit and housing benefit.

Figure G Participants that receive benefits



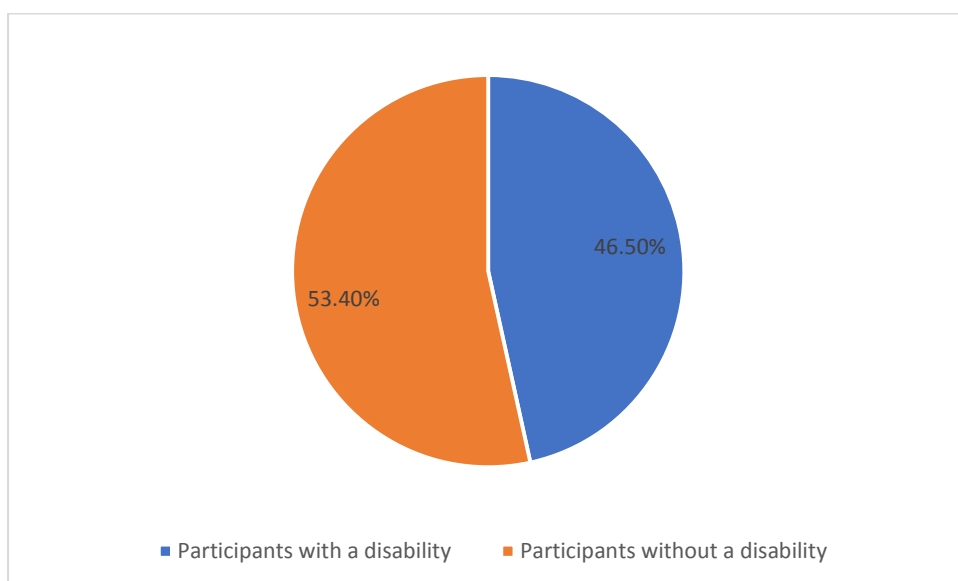
A majority of participants, including some of those who owned their own homes consider themselves to be 'just about managing' compared to 'comfortably off'.

Figure H Personal financial status of participants



Roughly half of participants have a disability.

Figure 1 Participants that have a disability



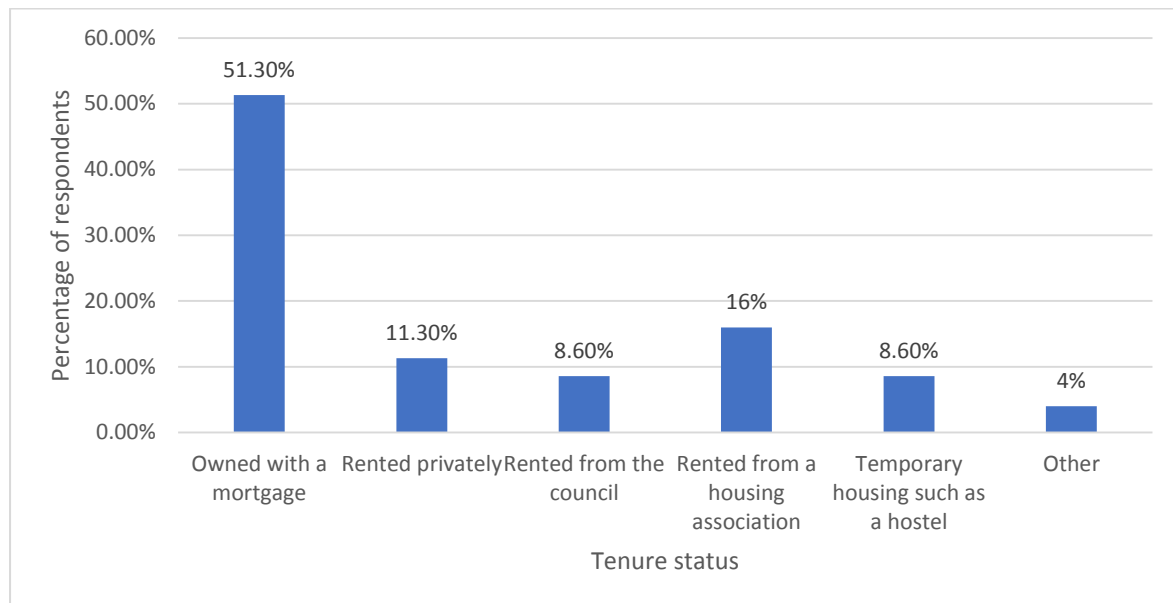
Annexe 4. Survey: key messages

Characteristics of survey respondents

There were 164 responses to the survey at 10th September 2019. This is in addition to the 65 people who participated in focus groups/interviews, i.e. 229 older people in total. Whilst additional responses would have provided further robustness of the data, this was a reasonably representative sample, of owner occupiers, private renters, people living in private sector retirement housing, people living in older people's housing (sheltered housing/extra care housing) and people living in general needs social housing, within the timeframe and budgetary parameters.

NB: where the total number of responses does not add up to 164, this is due to respondents not answering all questions

Figure 1. Tenure status of respondents. (closed question)



Most respondents lived within the BN1, BN2 or BN3 postcodes.

Figure 2a Areas of Brighton & Hove in which respondents lived. (closed question)

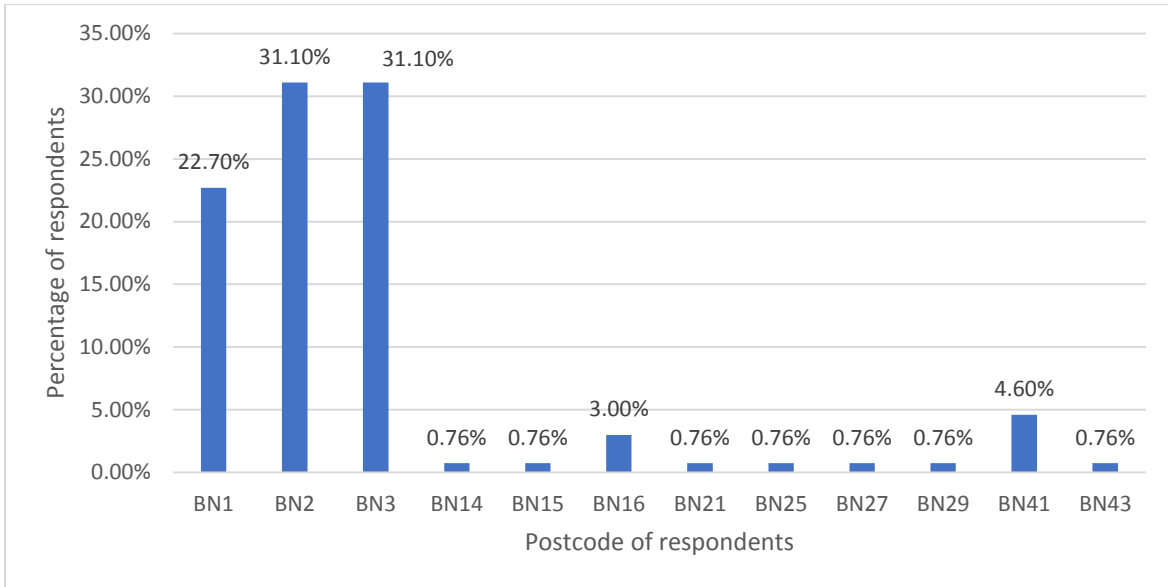
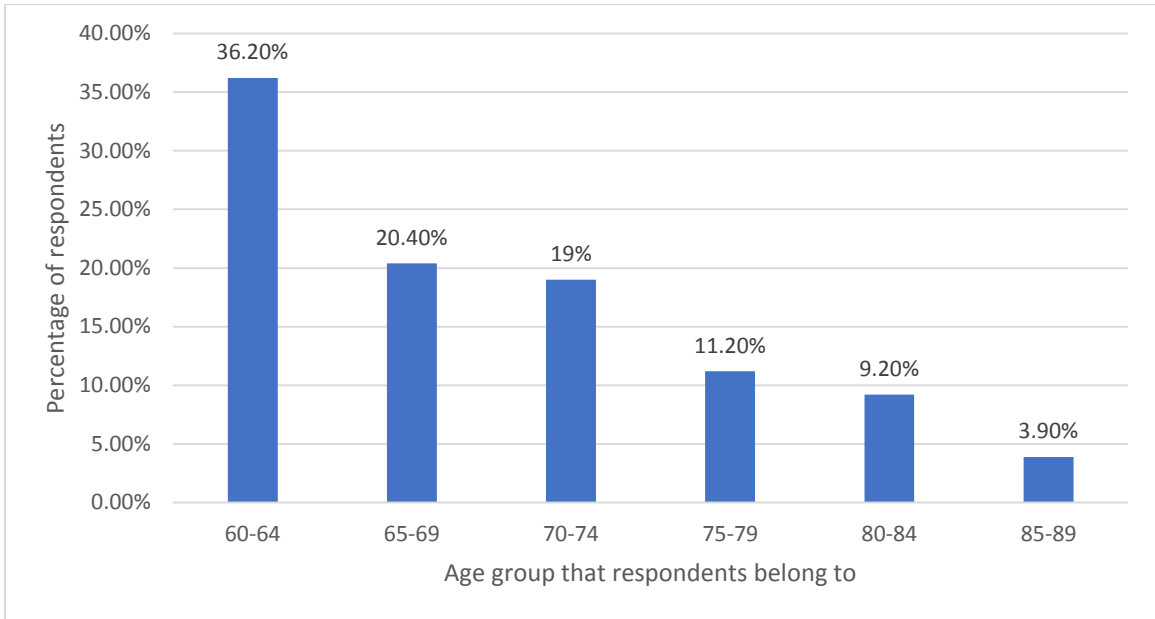


Figure 2.b. BN postcode area map, showing postcode districts in red and post towns in grey text, with links to nearby GU, PO, RH and TN postcode areas.



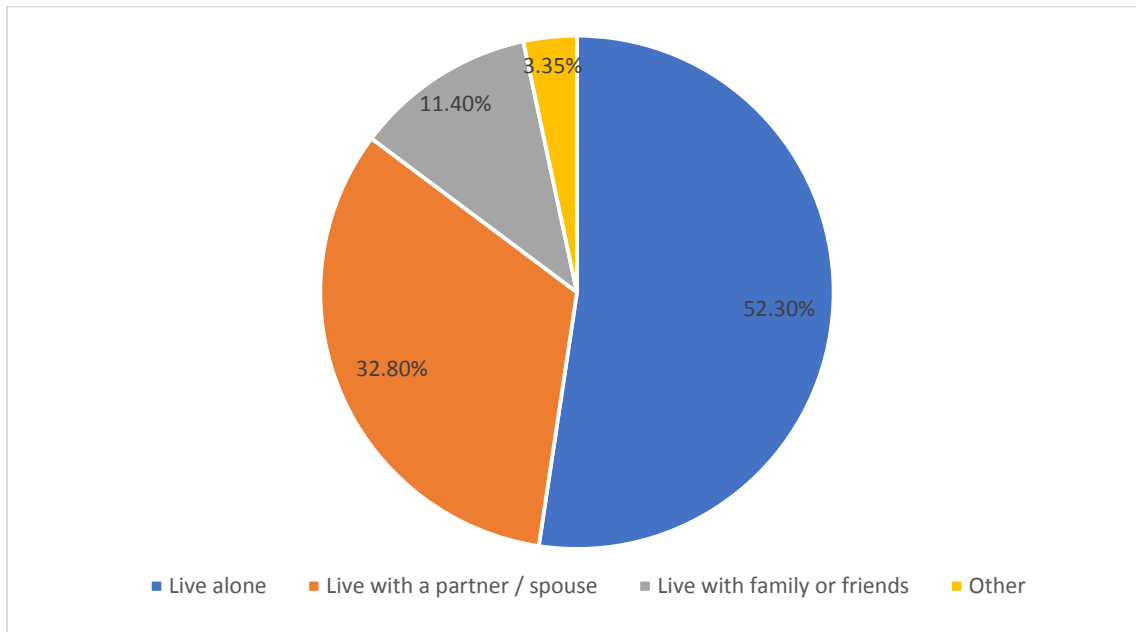
Responses were obtained from people from all age groups, with the most responses coming from 60-64-year olds (Figure 4.3).

Figure 3. Age distribution of survey respondents. (closed question)



The majority of respondents live alone. (Figure 4.4)

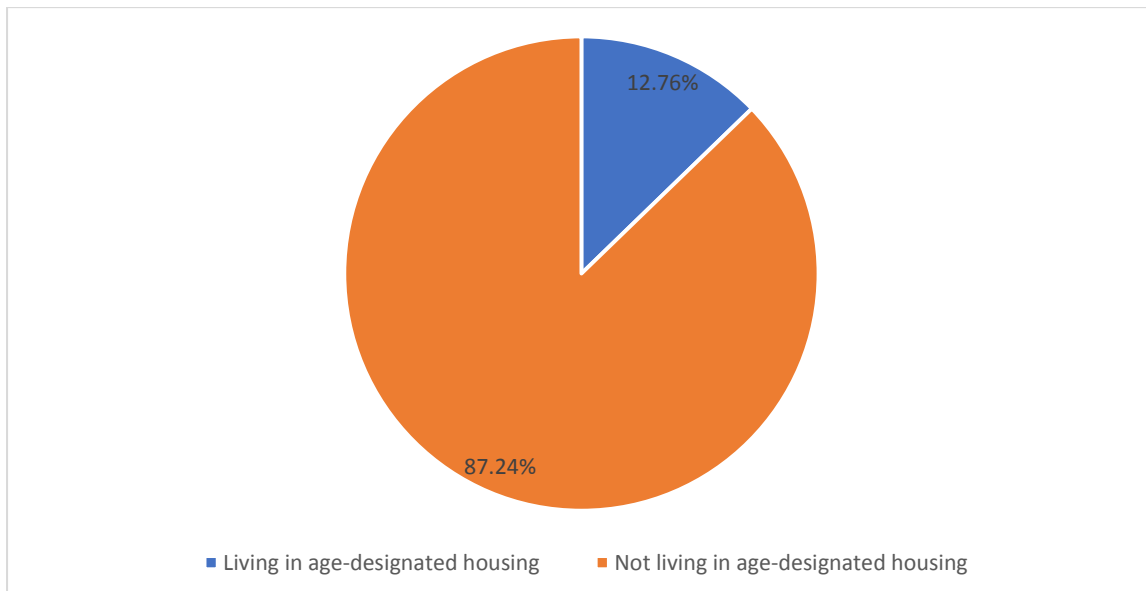
Figure 4. Current living arrangements of respondents (closed question)



Housing circumstances of survey respondents

The vast majority of respondents were not living in housing designated for older people (Figure 4.5).

Figure.5. Current property type of respondents – Age-designated housing or not (closed question)



Of those who did already live in housing designated for older people, the majority of these respondents lived in sheltered housing.

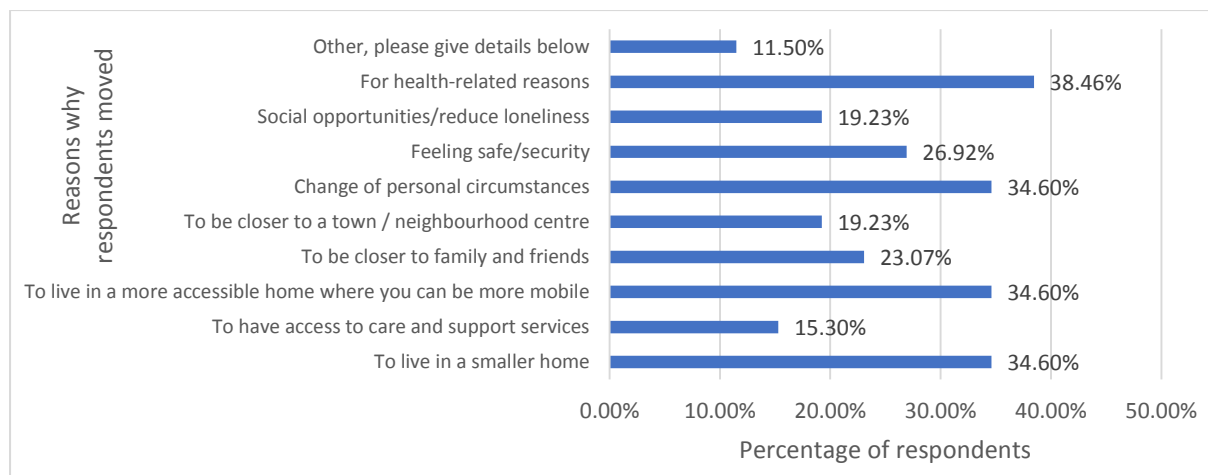
Of those respondents who had already moved (to either housing for older people or to non-age designated housing) the most prevalent (Figure 4.6) motivations were:

- A change in personal circumstance
- For health-related reasons
- Feelings of safe/security
- To live in a smaller home
- To live in a more accessible home where you can be more mobile

The implications for developing housing designated for older people are that people are willing to rightsize/downsize to a smaller home provided that it:

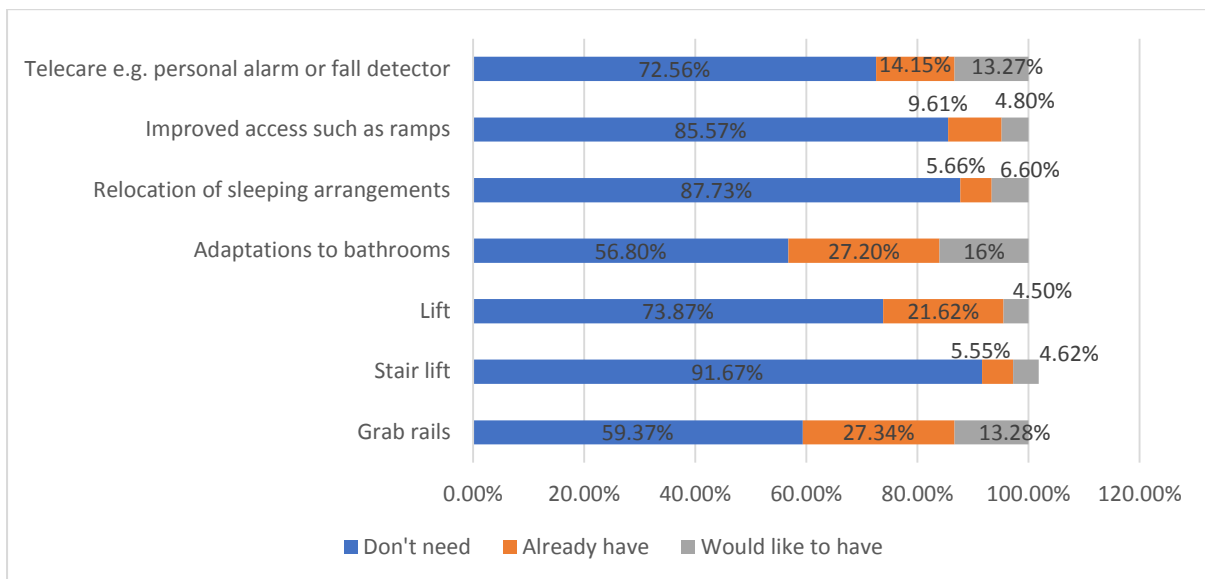
- Provides a more accessible living environment, i.e. it is better 'future proofed' for ageing
- Provides a safe and secure environment
- Offers an environment which is better suited to people with significant health and care needs, e.g. it has sufficient space for care giving in bathrooms and bedrooms; it can accommodate wheelchair users.

Figure 6. Reasons for moving for those who had already moved. (multiple choice question)



The adaptations that the most respondents had already installed or would like to install were bathroom adaptations and grab rails (Figure 4.7). Although a minority of respondents had installed adaptations, of those that had the most popular were grab rails, adaptations to bathrooms, use of telecare and a lift.

Figure 7. Adaptations to respondents' homes

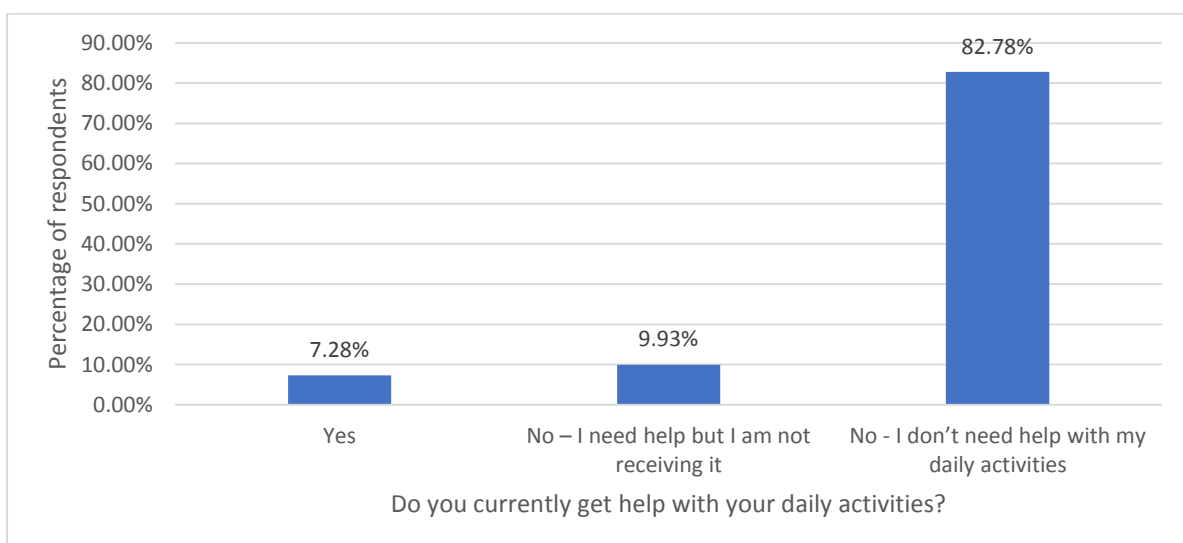


The implications for developing housing designated for older people are that design features that promote accessibility such as provision of wetrooms/accessible bathrooms, contemporary handrails, easy access into and within the building and availability of telecare can act as 'pull' factors for making a housing development attractive.

Support and assistance received by survey respondents

The vast majority of respondents do not currently get or need help with daily activities. (Figure 4.8) 17.21% of respondents need some form of help.

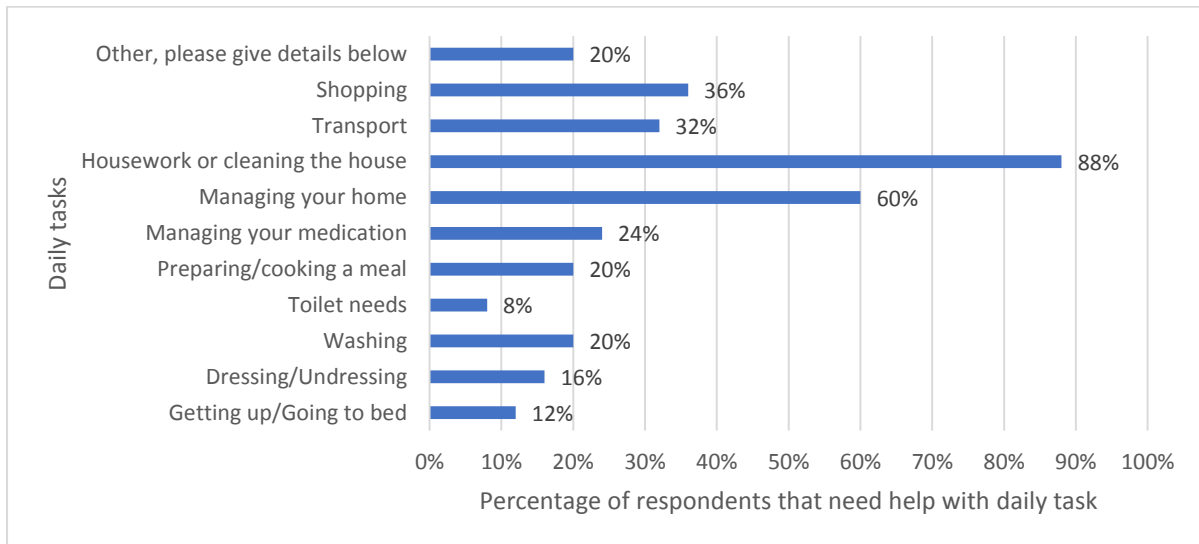
Figure 8. Number of respondents who receive help with their daily activities (closed question)



Of those who currently get help and need help but are not receiving it, the activities with which help was most needed were housework or cleaning the house, managing the home

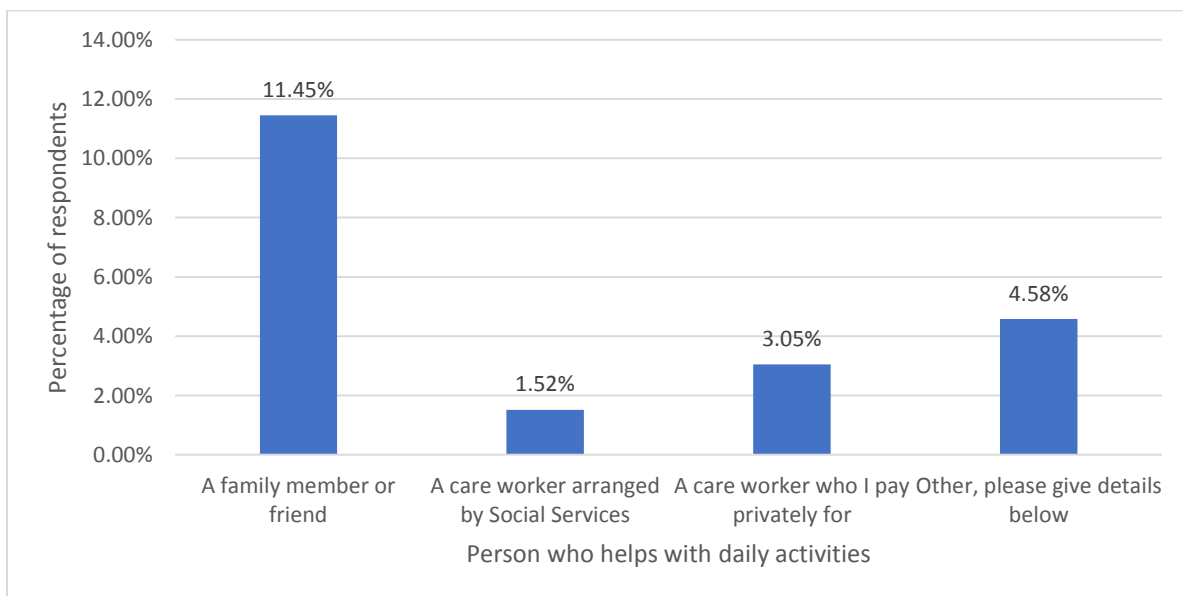
and help with shopping (Figure 4.9). The implications for developing housing designated for older people are that the provision of practically focussed support is potentially an attractive feature for those older people who seeking to move and need some help with daily living to remain independent.

Figure 9. Daily tasks for which respondents required help. (multiple choice question)



Of those who receive help with daily tasks, most were helped by a family member or friend, not a formal caregiver (Figure 4.10).

Figure 10. Provider of the help with daily activities. (closed question)



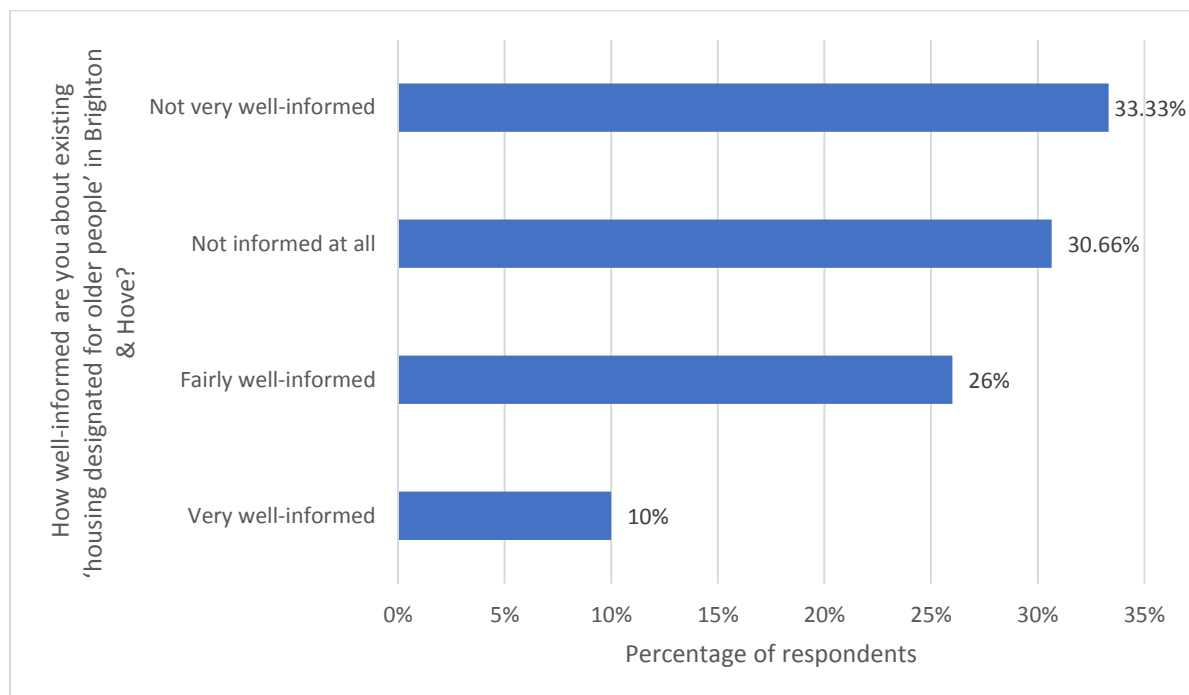
Of those who did or would need help, most received weekly support. The implications for developing housing designated for older people are that the provision of practical support and assistance could be potentially attractive to people receiving support, sometimes significant support, from family and friends, in that this type of assistance can be accessed

and offer older people and care givers more choice and flexibility, e.g. the availability of support from paid staff alongside family and friends.

Current knowledge of and perceptions about housing for older people

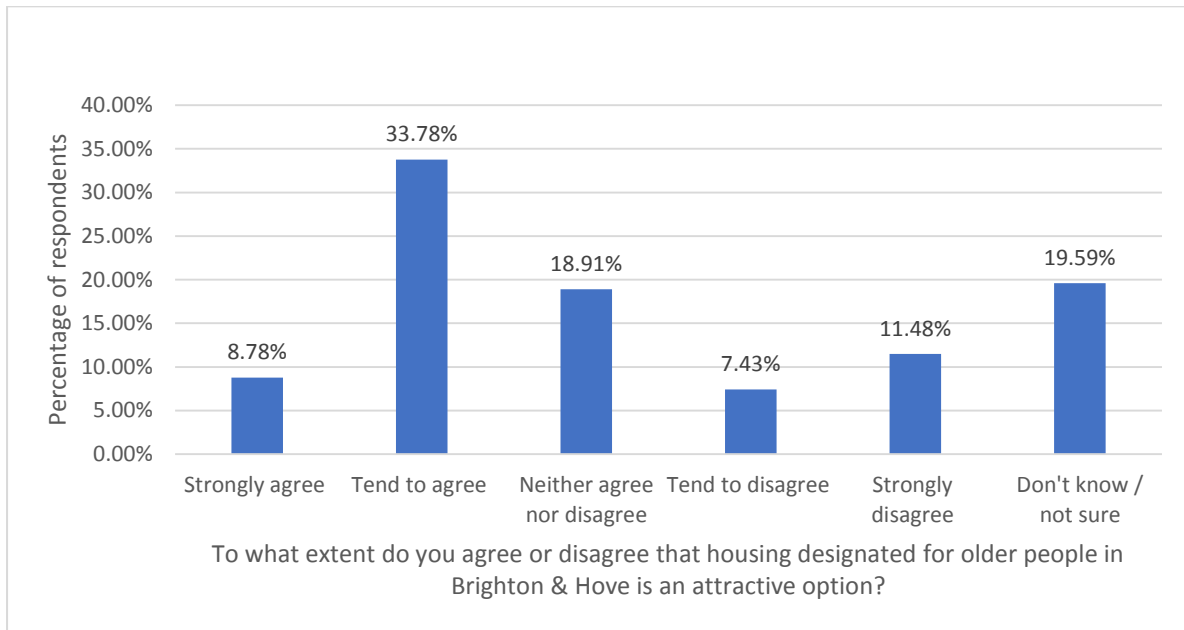
A minority of respondents felt well-informed about housing options designated for older people; 58% did not feel well informed (Figure 4.11).

Figure 11. How informed respondents felt about housing designated for older people (closed question)



Respondents who agree that age-designated housing in Brighton & Hove is an attractive option are attracted by the social aspects, warden/staff service and quieter lifestyle. Those who tend to disagree are put off by the size of property (i.e. too small), large scale developments, poor quality design of existing properties and leasehold tenure. A number of people do not feel informed enough to make a judgement.

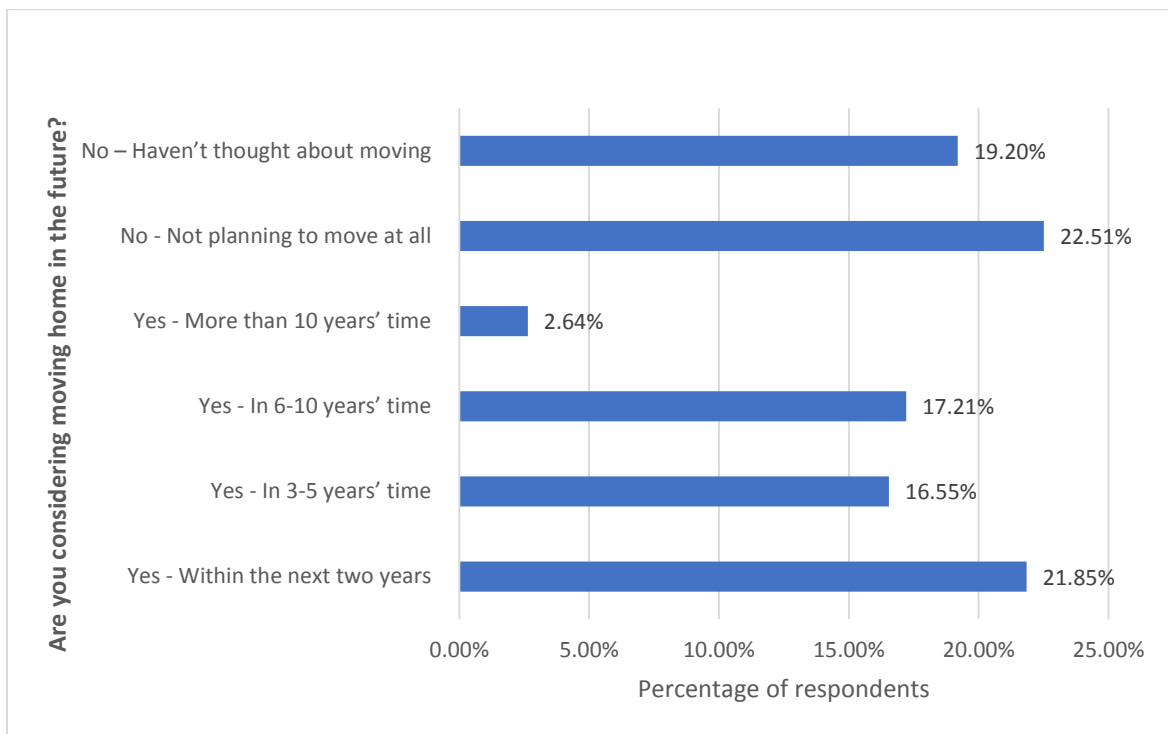
Figure 12. The extent to which respondents agree that housing designated for older people in Brighton & Hove is an attractive option. (closed question)



Future housing preferences

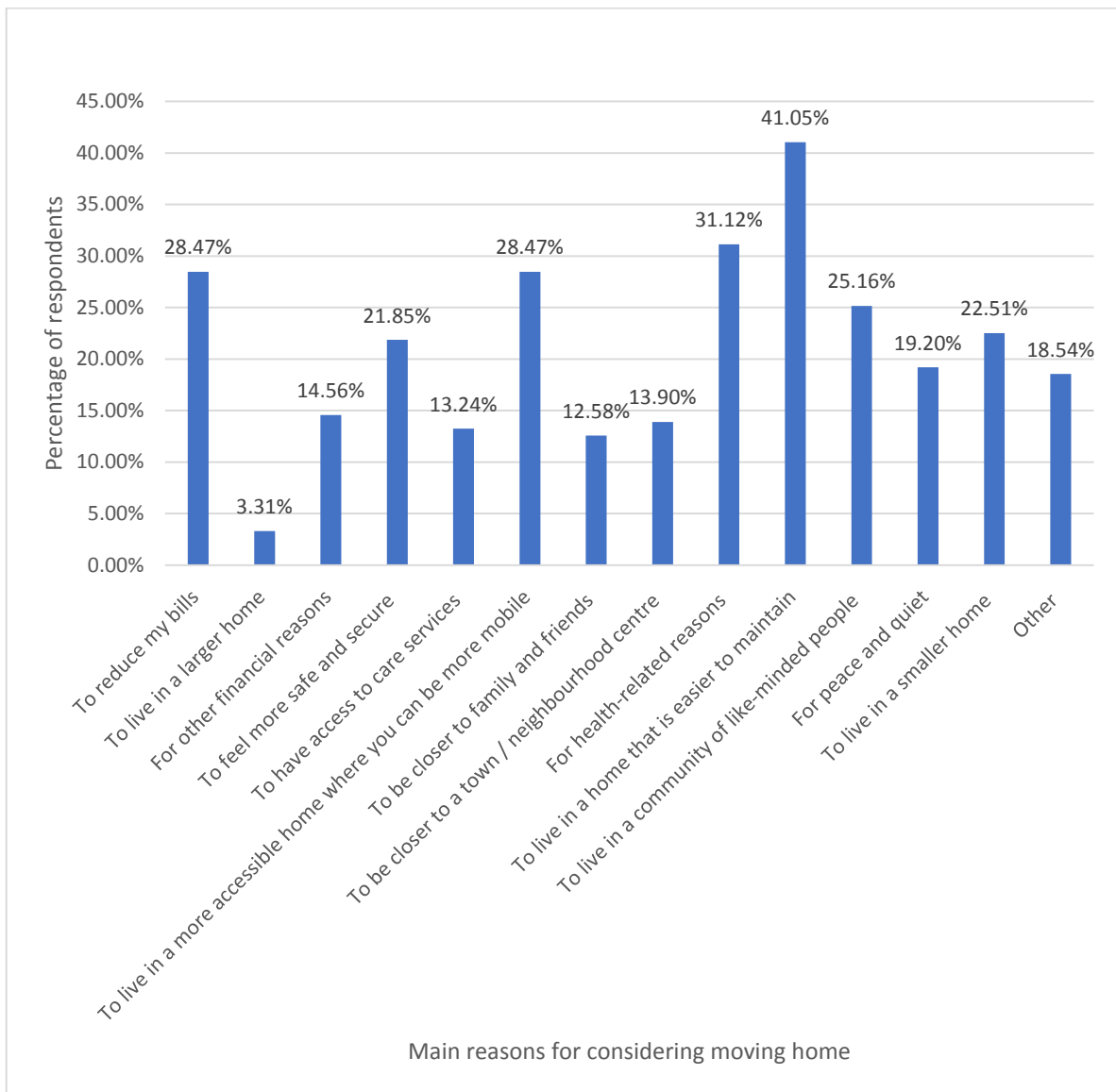
Over half (58.25%) of respondents are planning to move at some point in the future. 38.4% of respondents are planning to move within the next 5 years which then rises to 56.6% who are considering move within the next 10 years. 22.5% of respondents are not planning to move at all and 19% of respondents haven't thought about whether or not they will move in the future (Figure 4.13). This suggests that there is significant potential opportunity for housing providers if they market a housing and support offer to older people that emphasises benefits that reflect the factors that are motivating older people to make a move (for example from the focus group research).

Figure 13. Respondents' plans about moving. (closed question)



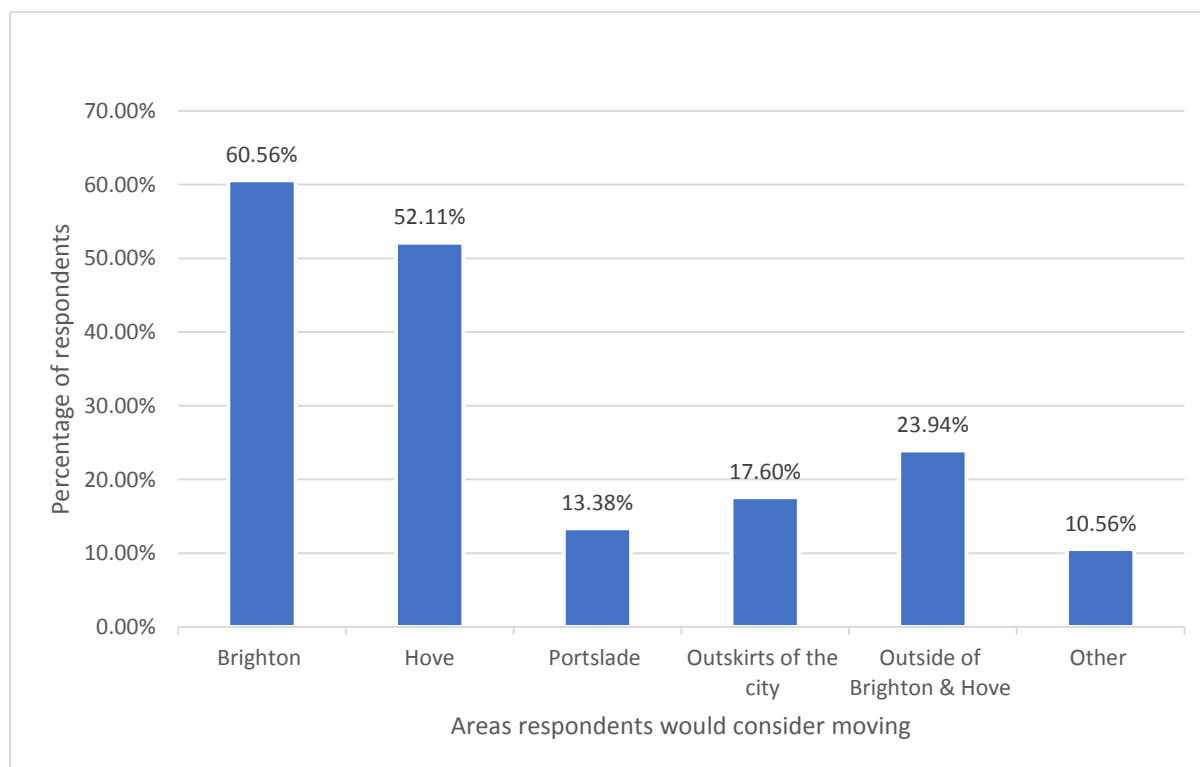
The most common reasons that would influence respondents to move home were, to live in a home that is easier to maintain and for health related reasons (Figure 4.14). These responses are similar to the motivations of the people who had already moved.

Figure 14. Reasons that would influence respondents' decision to move home. (multiple choice question)



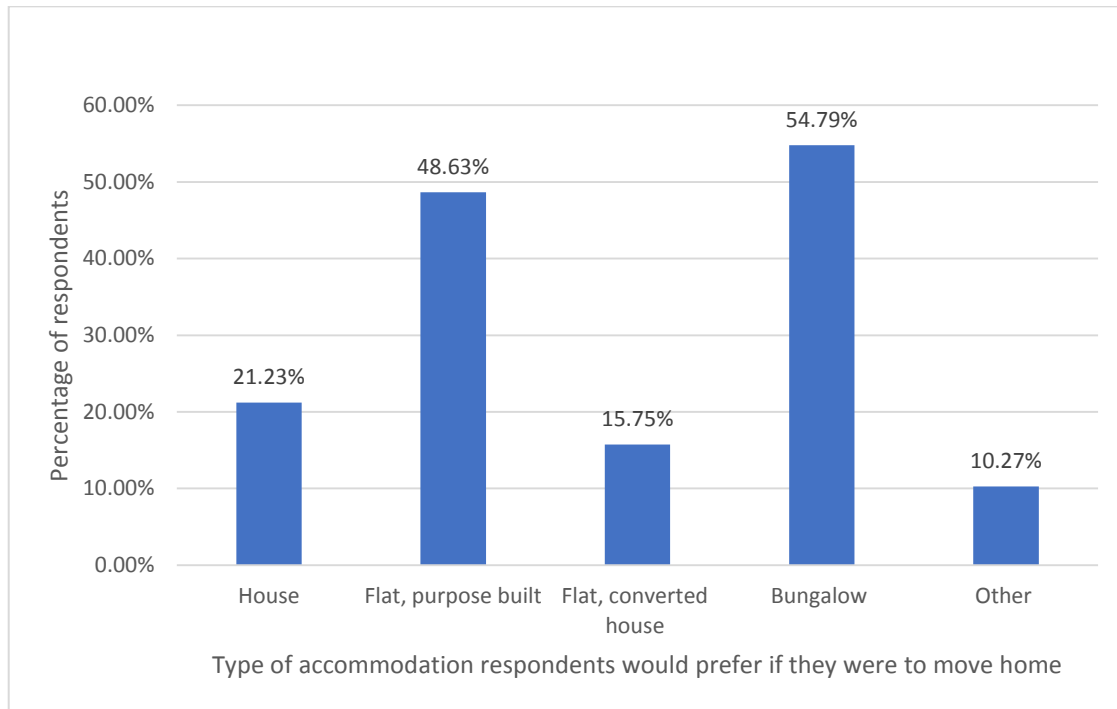
The most popular area that people would like to live was Brighton followed by Hove. However, 23.9% of people would be looking to move outside of Brighton & Hove. (Figure 4.15).

Figure 15. Respondents' preferred area(s) of Brighton & Hove if they were to move. (closed question)



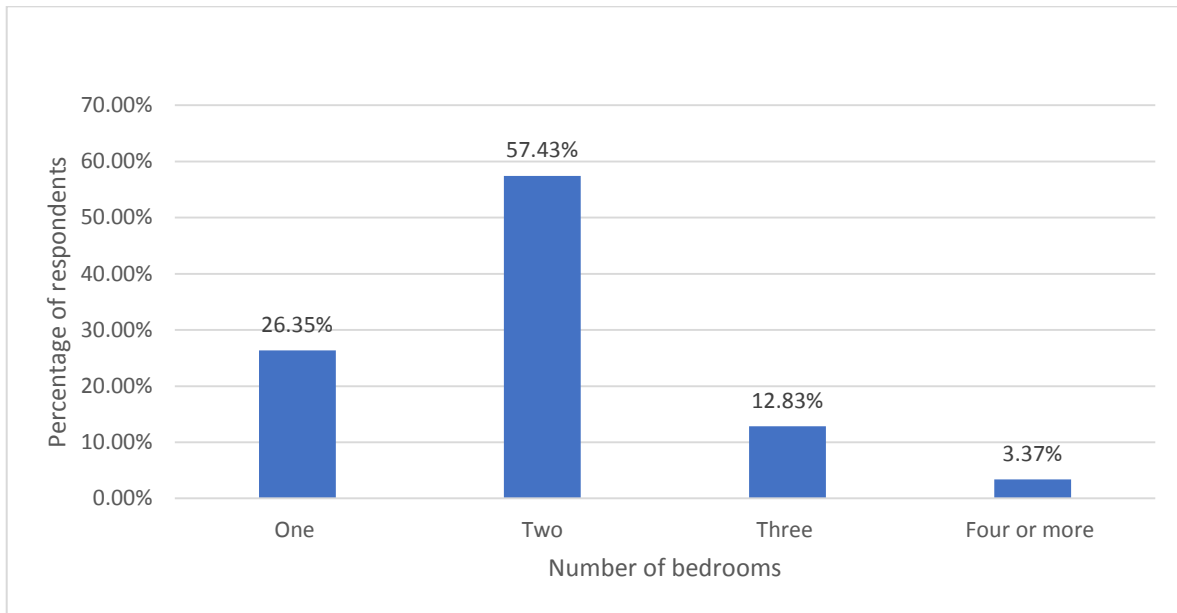
Much of the published research about older people's moving and housing type preferences suggests bungalows are the most popular. However, the most popular accommodation type to move to amongst respondents was a flat (either purpose built or converted house), followed by a bungalow (Figure 4.16). This was also reflected in the data from the focus groups, however it needs to be considered that people are looking for spacious, high quality design. These preferences suggest that people would be willing to move to a flat as long as it is designed as such. The primary implication is that there needs to be a mix of housing types to widen choice.

Figure 16. Preferred housing type of respondents. (closed question)



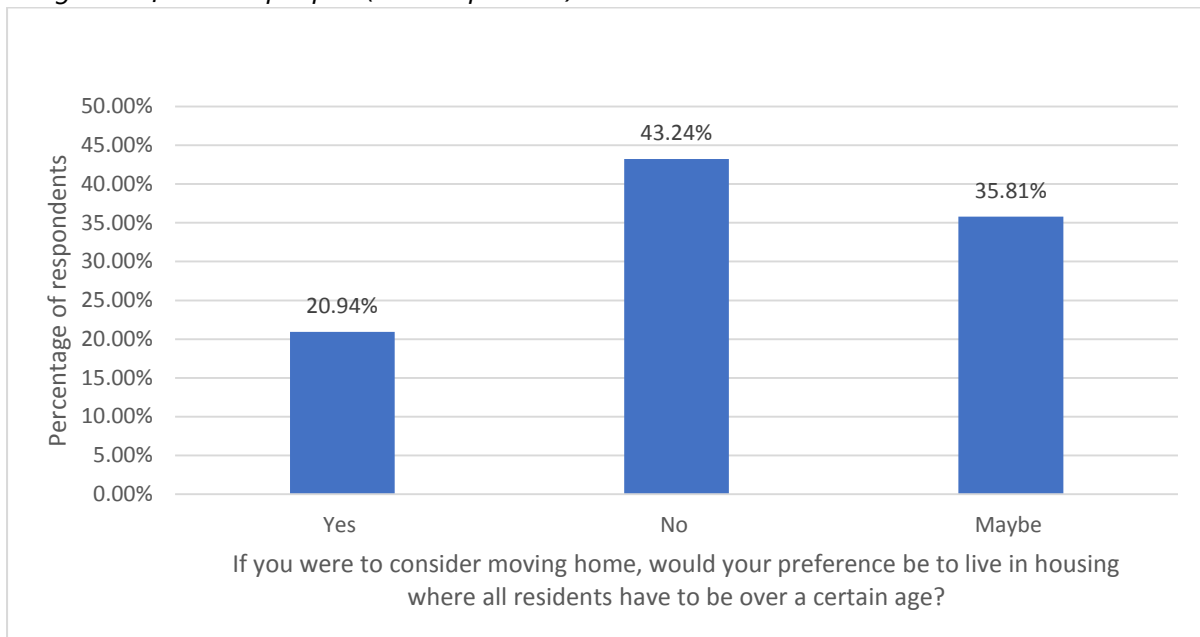
Just over half (57%) of respondents would like two bedrooms in their next property (Figure 4.17), 26% would like to have only one bedroom. Data from the focus groups corroborated these findings and reflected people’s desire for a variety of one and two bedroom properties although there is a preference for 2 beds. Sufficient space to be able to have guests to stay and/or to pursue hobbies and activities is important.

Figure 17. Respondents' preferred number of bedrooms in their future property. (closed question)



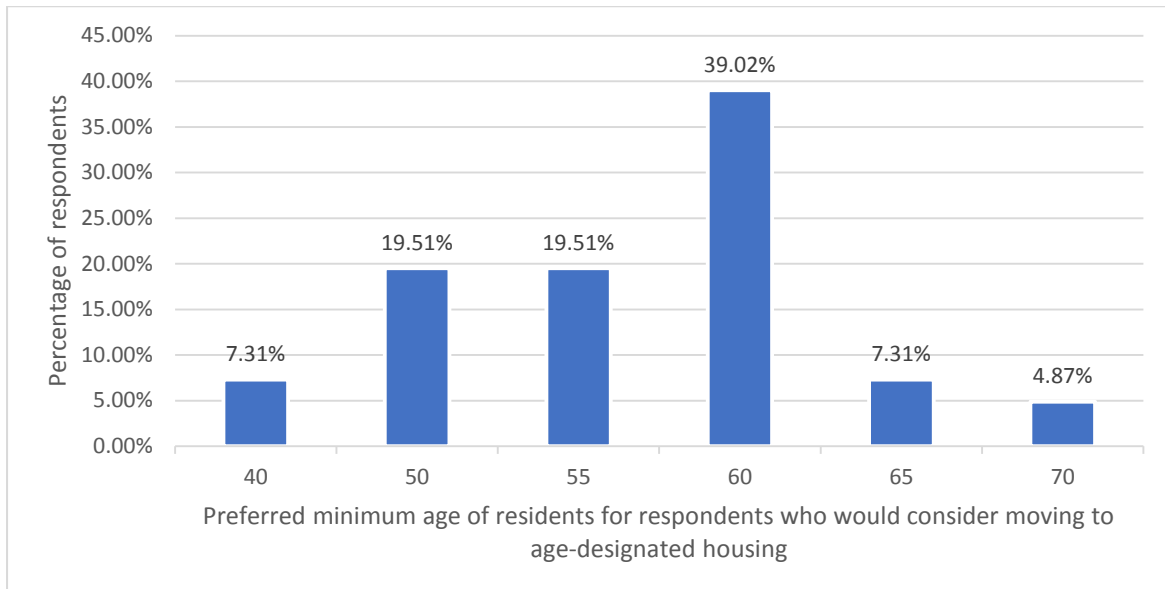
Housing designated for people over a certain age would be the preference of 20.9% of respondents. 43.2% of respondents would not wish to move to housing designated for older people (Figure 4.18). A minority of respondents are expressing a clear desire to move to housing designated for older people; however it is important to note that 35.8% of respondents may consider this. The implication is that there is a potentially larger market for housing designated for older people if commissioners and providers ensure that it has the features and benefits sought by older people.

Figure 18a. Respondents stating whether or not their preference would be to live in housing designated for older people. (closed question)



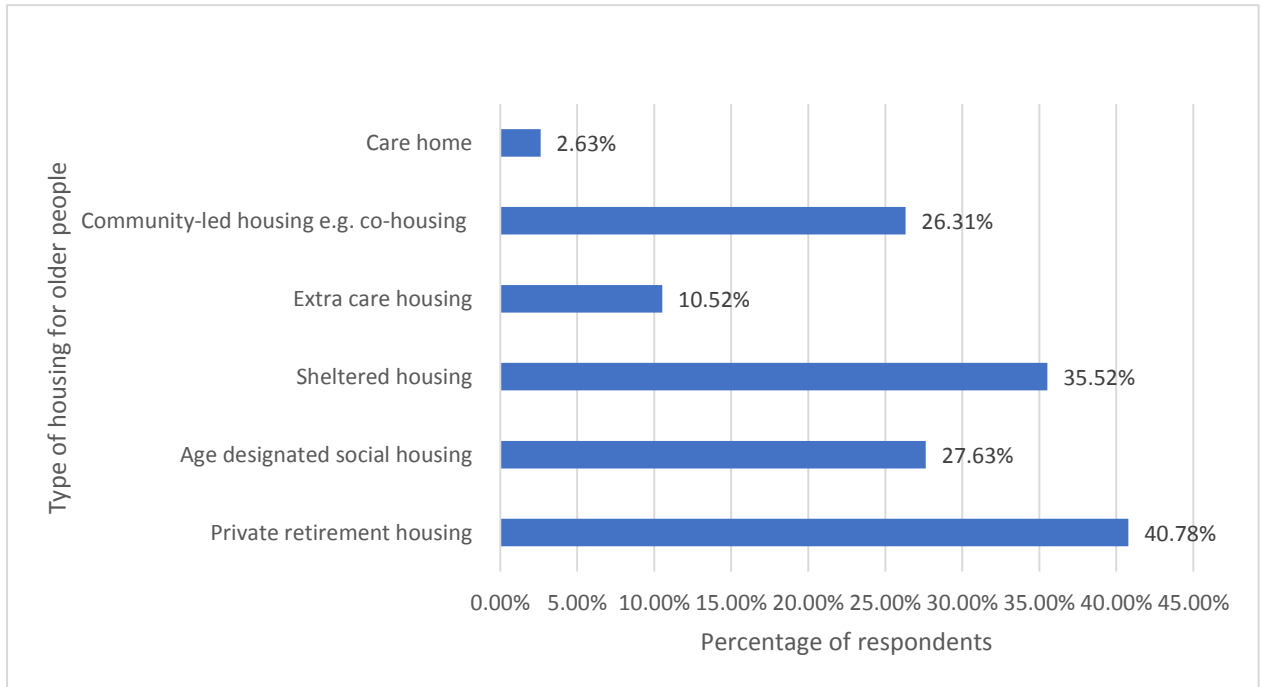
The most popular minimum age for 'housing designated for older people' is 60, a number of people would also consider a minimum age of 50 or 55.

Figure 18b. Preferred minimum age of residents for respondents who would consider moving to age-designated housing



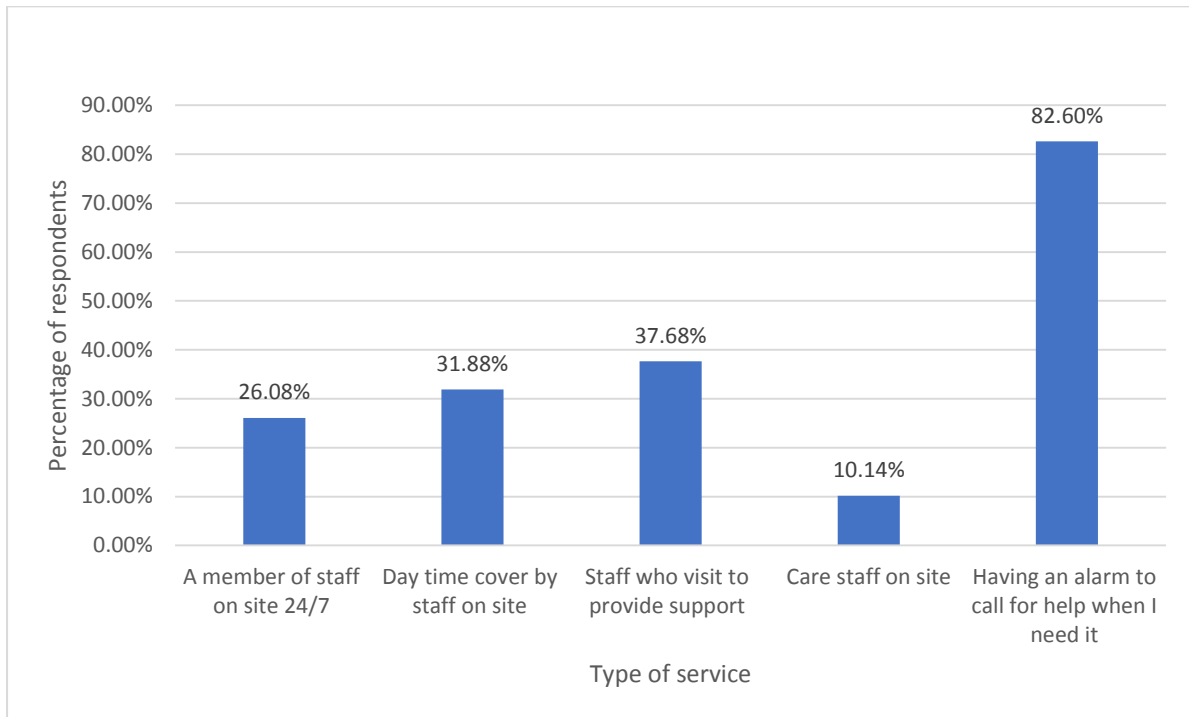
Amongst those whom would consider moving into housing designated for older people, the most popular option (40.7% of respondents) is private retirement housing. 27.6% would prefer sheltered housing and 27% would prefer age designated social housing. There is also some interest in community-led housing e.g. co-housing (26.3% of respondents). The implication of this for developing housing for older people is that there needs to be a mix of housing types and tenure choices to meet need. There is also scope to co-produce housing with citizens. The task for commissioners and housing providers is to better explain and market the benefits of extra care housing.

Figure 19. Respondents' preferred type of housing designated for older people. (closed question)



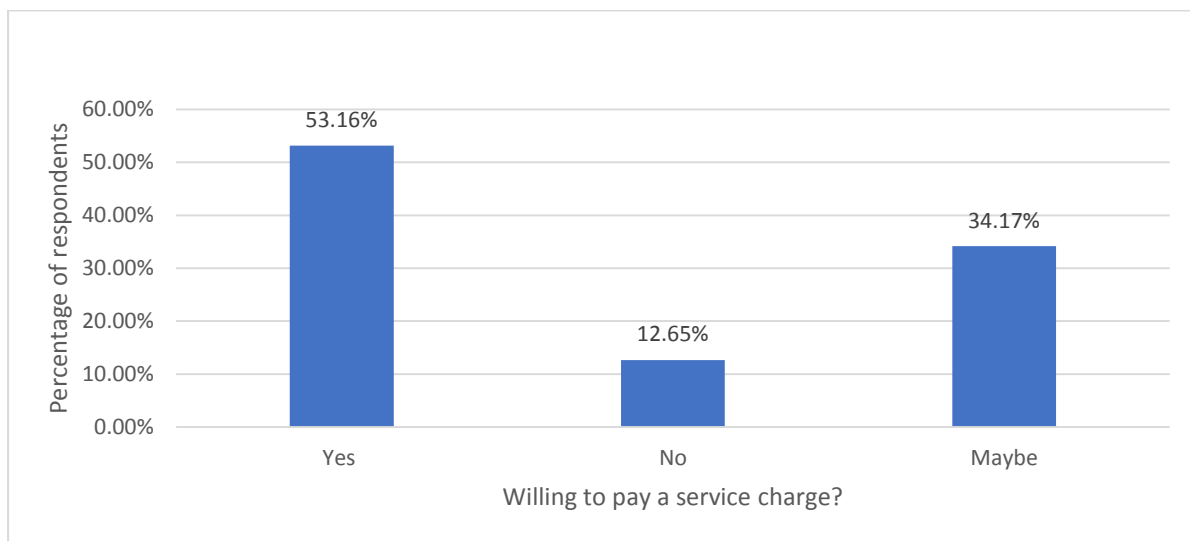
Of those that responded, 82.6% want to have an alarm (telecare) if they moved to housing designated for older people. Respondents are interested in range of staffing arrangements in age designated housing i.e. for a significant proportion of respondents, having access to a staff presence is an important component of an attractive housing for older people offer. However, it is important to recognise that for others a minimal alarm offer may be sufficient.

Figure 20. Services that respondents would like to have available in 'housing designated for older people'. (multiple choice question)



In relation to service charges, 53.16% of those who would consider moving to housing designated for older people indicated that they would be willing to pay service charges in; only 12.65% indicated that they would not be willing to pay service charges (Figure 4.21). The data from the focus groups suggests that willingness to pay service charges is a key issue in relation to older people's interest in moving to age designated housing, specifically the higher the service charge the greater the barrier it is likely to present to a move. The implication for developing older people's housing is that service charges need to offer value for money, it needs to be clear what services and benefits of living in age designated housing are being provided in relation to service charges.

Figure 21. Respondents stating whether or not they would consider paying a service charge. (closed question)



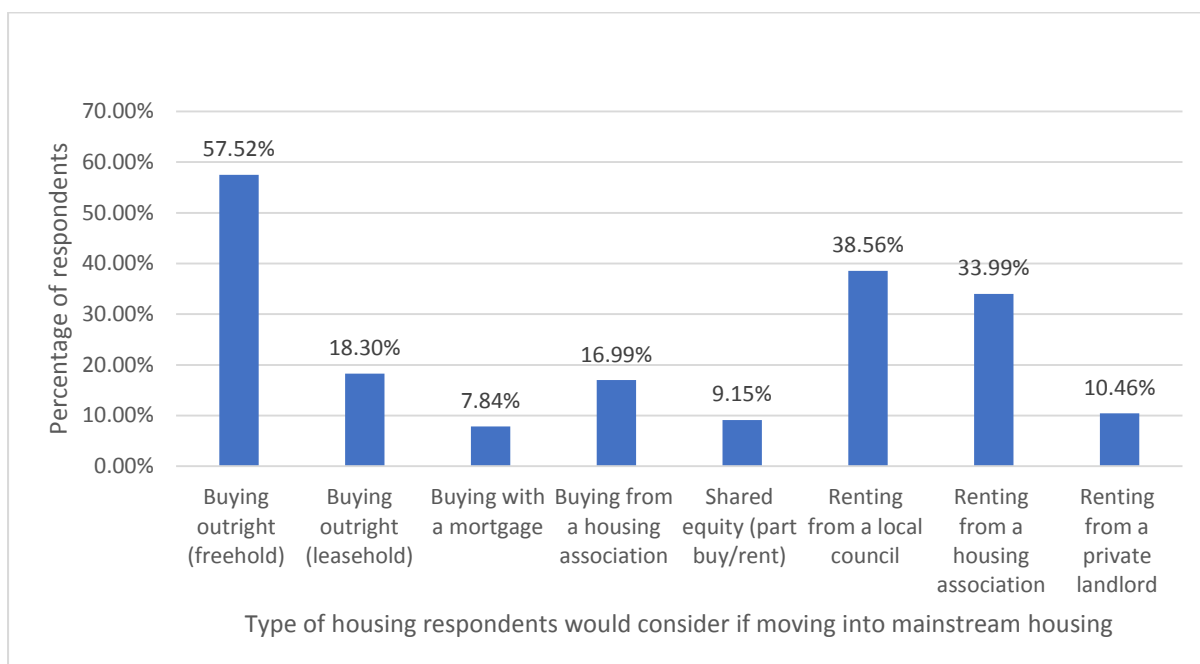
When considering a move to housing designated for older people, the most popular tenure choice with 52.43% is buying outright (freehold) followed by renting from a local council (51.21%). The next most popular was renting from a housing association with 43.9%. 28% would consider buying outright with leasehold. The evidence from the focus groups highlights reservations of participants in relation to leasehold tenure in older person's housing, in part due to recent negative publicity associated with leasehold housing for sale (not targeted at older people). The implication for housing providers is that it is important to explain the terms associated with leasehold tenure and particularly how decisions about service charges are taken. A notable proportion of respondents would prefer to rent from a social landlord (a housing association or council) suggesting that this option has popularity beyond solely those people who already live in social rented housing. Renting from a private landlord is not popular.

Figure 22. Preferred tenure type of respondents for those considering a move to housing designated for older people. (multiple choice question)



When considering a move to mainstream housing, the majority of respondents would prefer to buy outright (freehold) (57.52%). There is less interest in the other types of tenure than for respondents considering moving to 'housing designated for older people'.

Figure 23. Preferred tenure type of respondents for those considering a move to mainstream housing. (multiple choice question)



Annexe 5. Estimated need for specialist housing and accommodation

Brighton: Future estimated need

Based on the approach set out in the previous section, the assumptions set out in Table 5.2 are applied to estimating future need for older people's housing/accommodation in Brighton. SHOP@ uses these assumptions based on local evidence to identify likely future prevalence rates. Table 1 below shows the current older people's housing and accommodation expressed as comparative average prevalence rates for Brighton, comparator authorities and for England (prevalence rates are the number of units/beds per 1,000 people 75+), based on the evidence base and reasoned assumptions in table 5.2.

Table 1. SHOP@ prevalence benchmarks: Brighton

	Current units/beds	Current prevalence rate	Comparator authority average prevalence rate	2035 assumed prevalence rate Brighton
Housing for older people	1692	178	163	160
Housing with care	231	24	20	30
Residential care	399	57	48	30
Nursing care	380	40	46	37

Applying the suggested prevalence rates for older people's housing/accommodation (Table 1) in the SHOP@ model projects the following future need for Brighton. NB. Totals may not all sum due to rounding.

Table 2. Brighton estimated future need (units/beds) to 2035

	Current provision (units/beds)	2025	2030	2035
Housing for Older People	1692	1867	1983	2130
Housing with Care	231	286	337	399
Residential Care	399	406	397	399
Nursing Care	380	428	457	493

Current provision is subtracted from projected future need to identify the projected shortfall for different types of older people's housing/accommodation.

The suggested tenure splits assumptions from section 5 (50%/50% between units for social rent and units for sale) are applied to the estimated need for older people's housing/accommodation for Brighton, shown in the following table.

Table 3. Brighton estimated net need (shortfall in units/beds) to 2035

	2025	2030	2035
Housing for Older People	175	291	438
<i>For rent</i>	88	146	219
<i>For sale</i>	88	146	219
Housing with Care	55	106	168
<i>For rent</i>	27	53	84
<i>For sale</i>	27	53	84
Residential Care	7	-2	0
Nursing Care	48	77	113

NB. Figures may not sum due to rounding.

Summary

In summary this indicates that the estimated net requirements for Brighton to 2035 are:

- Housing for older people: 438 units of which 219 for rent and 219 for sale.
- Housing with care: 168 units of which 84 for rent and 84 for sale.
- Residential care: 0 beds.
- Nursing care: 113 beds.

Hove: Future estimated need

The assumptions set out in Table 5.2 are applied to estimating future need for older people's housing/accommodation in Hove.

SHOP@ uses these assumptions based on local evidence to identify likely future prevalence rates. Table 4 below shows the current older people's housing and accommodation expressed as comparative average prevalence rates for Hove, comparator authorities and for England (prevalence rates are the number of units/beds per 1,000 people 75+), based on the evidence base and reasoned assumptions in Table 5.2.

Table 4. SHOP@ prevalence benchmarks: Hove

	Current units/beds	Current prevalence rate	Comparator authority average prevalence rates	2035 assumed prevalence rate Hove
Housing for older people	785	106	163	120
Housing with care	46	6	20	25
Residential care	576	77	48	48
Nursing care	630	85	46	82

Applying the suggested prevalence rates for older people's housing/accommodation (Table 4) in the SHOP@ model projects the following future need for Hove. NB. Totals may not all sum due to rounding.

Table 5. Hove estimated future need (units/beds) to 2035

	Current provision (units/beds)	2025	2030	2035
Housing for Older People	785	948	1084	1253
Housing with Care	46	86	141	261
Residential Care	576	577	537	501
Nursing Care	630	724	782	856

Current provision is subtracted from projected future need to identify the projected shortfall for different types of older people's housing/accommodation. The suggested tenure splits assumptions from section 5 are applied to the estimated need for older people's housing/accommodation for Hove, shown in the following table.

Table 6. Hove estimated net need (shortfall in units/beds) to 2035

	2025	2030	2035
Housing for Older People	163	299	468
<i>For rent</i>	81	150	234
<i>For sale</i>	81	150	234
Housing with Care	40	95	215
<i>For rent</i>	20	48	108
<i>For sale</i>	20	48	108
Residential Care	1	-39	-75
Nursing Care	94	152	226

NB. Figures may not sum due to rounding.

Summary

In summary this indicates that the estimated net requirements for Hove to 2035 are:

- Housing for older people: 468 units of which 234 for rent and 234 for sale.
- Housing with care: 215 units of which 108 for rent and 107 for sale.
- Residential care: -75 beds.
- Nursing care: 226 beds.

Portslade: Future estimated need

Based on the approach set out in section 5, the assumptions set out in Table 5.2 are applied to estimating future need for older people's housing/accommodation in Portslade.

SHOP@ uses these assumptions based on local evidence to identify likely future prevalence rates. Table 24 below shows the current older people's housing and accommodation expressed as comparative average prevalence rates for Portslade, comparator authorities and for England (prevalence rates are the number of units/beds per 1,000 people 75+), based on the evidence base and reasoned assumptions in Table 5.2

Table 7. SHOP@ prevalence benchmarks: Portslade

	Current units/beds	Current prevalence rate	Comparator authority average prevalence rates	2035 assumed prevalence rate Portslade
Housing for older people	120	89	163	110
Housing with care	0	0	20	25
Residential care	75	56	48	40
Nursing care	77	57	46	54

Applying the suggested prevalence rates for older people's housing/accommodation (Table 7) in the SHOP@ model projects the following future need for Portslade. NB. Totals may not all sum due to rounding.

Table 8. Portslade estimated future need (units/beds) to 2035

	Current provision (units/beds)	2025	2030	2035
Housing for Older People	120	156	179	208
Housing with Care	0	16	26	47
Residential Care	75	80	79	76
Nursing Care	77	87	94	102

Current provision is subtracted from projected future need to identify the projected shortfall for different types of older people's housing/accommodation.

The suggested tenure splits assumptions from section 5 are applied to the estimated need for older people's housing/accommodation for Portslade, shown in the following table.

Table 9. Portslade estimated net need (shortfall in units/beds) to 2035

	2025	2030	2035
Housing for Older People	36	59	88
<i>For rent</i>	<i>18</i>	<i>30</i>	<i>44</i>
<i>For sale</i>	<i>18</i>	<i>30</i>	<i>44</i>
Housing with Care	16	26	47
<i>For rent</i>	<i>8</i>	<i>13</i>	<i>24</i>
<i>For sale</i>	<i>8</i>	<i>13</i>	<i>24</i>
Residential Care	5	4	1
Nursing Care	10	17	25

NB. Figures may not sum due to rounding.

Summary

In summary this indicates that the estimated net requirements for Portslade to 2035 are:

- Housing for older people: 88 units of which 44 for rent and 44 for sale.
- Housing with care: 47 units of which 24 for rent and 24 for sale.
- Residential care: 1 bed.
- Nursing care: 25 beds.

Summary: Overall estimated need for Brighton & Hove

Table 10 shows the overall estimated need for Brighton & Hove based on aggregating the estimated need for Brighton, Hove and Portslade.

Table 10. Brighton & Hove estimated future need (units/beds) to 2035

	Current provision (units/beds)	2025	2030	2035
Housing for Older People	2,597	2,971	3,246	3,591
Housing with Care	277	388	504	707
Residential Care	1,050	1,063	1,013	976
Nursing Care	1,087	1,239	1,333	1,451

Table 11 shows the overall estimated need for Brighton & Hove based on aggregating the estimated need for Brighton, Hove and Portslade. The suggested tenure split assumptions from section 5 are applied to the estimated need for older people's housing/accommodation for Portslade, shown in the following table.

Table11. Brighton & Hove estimated net need (shortfall in units/beds) to 2035

	2025	2030	2035
Housing for Older People	374	649	995
<i>For rent</i>	187	325	498
<i>For sale</i>	187	324	497
Housing with Care	111	227	431
<i>For rent</i>	56	114	216
<i>For sale</i>	55	113	215
Residential Care	13	-37	-74
Nursing Care	152	246	364

NB. Figures may not sum due to rounding.

Annexe 6. Case studies of contemporary housing suited to older people

Care ready age-designated housing examples



CASE STUDY	A
Name	Bruyn's Court
Location	South Ockendon, Thurrock, Essex
Developer/landlord	Thurrock Council
Scheme overview	Bruyn's Court features 25 flats, all of which are flexibly designed to adapt to meet the changing needs of residents as they grow older. The scheme does not provide care and support services, but the aim of the scheme is to radically improve the standard of living for older people in Thurrock, taking account of their social and physical needs, and encouraging social interaction and mutual support. The development has also been designed to help revitalise the town centre, modernising the local built environment while adding further commercial viability to the town centre shops. It has been designed to HAPPI standard, lifetime homes and Sustainable Code Level 4.
Tenure mix/affordability	Social rent (social landlord) Tenure is intended to make the scheme relevant to people from lower income/socio-economic backgrounds.
Housing/care provider arrangement	Housing Management provided by Thurrock Borough Council. The scheme does not provide care and support services.
Mix of support/care needs accommodated	There are no requirements for residents to have any care needs to live here. However, the development has been flexibly designed to meet the different needs of older residents so that they can remain in their homes should their needs change.
Link	https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_145_BruynsCourt.pdf



CASE STUDY	B
Name	Tree Top Village
Location	Newcastle
Developer/landlord	Newcastle City Council & Your Homes Newcastle
Scheme overview	This is not an extra care scheme, though each apartment can be easily adapted to respond to a range of needs and has a level access shower, a transfer area and access to an on-site scooter store. The scheme offers 75 sheltered housing apartments, bordered by 36 one and two-bedroom homes and 8 bungalows with gardens.
Tenure mix/affordability	Social rent (social landlord) Tenure is intended to make the scheme relevant to people from lower income/socio-economic backgrounds.
Housing/care provider arrangement	Non-resident housing management staff (Your Homes Newcastle). No onsite care provider
Mix of support/care needs accommodated	There are no requirements for residents to have any care needs to live here.
Link	https://www.housinglin.org.uk/News/New-Housing-LIN-Case-Study-Tree-Top-Village-in-Walker-Newcastle/

Extra care housing examples



CASE STUDY	C
Name	Quayside
Location	Totnes, Devon
Developer/landlord	Guinness Partnership
Scheme overview	<p>Quayside is Guinness's latest extra care housing development, located in Totnes close to the River Dart, for people aged over fifty-five. The development has 30 apartments for shared ownership and 30 for affordable rent. The communal facilities include a café bistro, activity areas, and a 'pamper suite' where residents can arrange haircuts, manicures and beauty treatments. There is no large communal lounge; rather, smaller sitting areas take advantage of the views from the site. The internal decor and layout are designed to be dementia friendly but in a way that is attractive and luxurious.</p>

Tenure mix/affordability	Affordable rent and shared ownership Tenure mix is intended to make the scheme relevant to people from a range of demographic/socio-economic backgrounds
Housing/care provider arrangement	Housing Management is provided by The Guinness Partnership. There is a 24/7 staff presence including a Registered Manager, Concierge and care staff. The care service is provided by Guinness Care. 24 hours a day, 7 days a week.
Mix of support/care needs accommodated	Mix of care needs accommodated: <ul style="list-style-type: none"> • Low being 0 – 5 hours of care per week (20% of the flats are allocated on this basis) • Moderate being 10 – 5 hours of care per week (30% of the flats are allocated on this basis) • High being more than 10 hours of care per week (50% of the flats are allocated on this basis)
Link	https://www.guinnesshomes.co.uk/our-developments/quayside-totnes



CASE STUDY	D
Name	The Orangery
Location	Bexhill, East Sussex
Developer/ landlord	AmicusHorizon (now Optivo), in partnership with East Sussex County Council (ESCC) and Rother District Council (RDC)
Scheme overview	The Orangery, a scheme developed by AmicusHorizon (now Optivo), in partnership with East Sussex County Council and Rother District Council, in Bexhill, East Sussex. It has 58 fully accessible, affordable apartments with six fully wheelchair accessible 'open market' sale houses. The community space is also easily accessed by local people, used for a range of activities. All the rented apartments are let to people with care needs, and the aim is to maintain a mix of people with low, medium and high care needs.
Tenure mix/affordability	Social rent (social landlord) and shared ownership (OPSO) – between 40% and 75% ownership. Tenure mix is intended to make the scheme relevant to people from a range of demographic/socio-economic backgrounds
Housing/care provider arrangement	Care provider is Mears Care. Housing management is provided by Optivo. A 24/7 care team is based on site.

Mix of support/care needs accommodated	The aim is to maintain a balance of those with low, medium and high needs.
Link	https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_138_The-Orangery.pdf



CASE STUDY	E
Name	Waterside Court
Location	Loughborough, Leicestershire
Developer/landlord	EMH Homes
Scheme overview	<p>Waterside Court is located approximately ½ mile from Loughborough town centre and has been designed specifically for people with care and support needs. The three-storey scheme combines 62 one- and two-bedroom self-contained apartments. There is a range of communal spaces; including an arts and crafts room, lounges, restaurant, cinema room, hairdressers, library and guest suite.</p>

	<p>The scheme has on-site care and support staff (24 hours, 7 days a week), non-resident management staff and emergency alarm system.</p> <p>Residents are predominantly over 55 years of age, applications from younger people with a disability are assessed on a case by case basis.</p>
Tenure mix/affordability	<p>Social rent (social landlord)</p> <p>Tenure is designed to make this scheme relevant to people from lower income groups.</p>
Housing/care provider arrangement	<p>EMH Homes manages housing, property and tenant involvement.</p> <p>Care Provider – Key 2 Care Ltd.</p>
Mix of support/care needs accommodated	<p>Applicants require a minimum of 3.5 hours care per week; eligibility is assessed by Leicestershire County Council. Support is offered for residents with dementia, sensory impairments, learning difficulties and disabilities, autism, medical conditions and health difficulties, physical conditions or difficulties as well and speech language and communications needs. There is a mix of tenants with high / medium / low care needs.</p>
Link	<p>http://lin.housingcare.org/housing-care/facility-info-162734-waterside-court-loughborough-england.aspx</p>



CASE STUDY	F
Name	Limelight
Location	Old Trafford
Developer/landlord	Trafford Housing Trust
Scheme overview	Located at Old Trafford, the development integrates 81 extra-care apartments with GP surgeries and community facilities, including a café, event space, library and nursery. Offices for council services and social enterprises are also provided, together with sports and recreation facilities and the re-provision of St Brides Church. Limelight is one of the first integrated hubs to be delivered in the UK, and is a model for future age friendly developments.
Tenure mix/affordability	A total of 81 one and two-bed apartments comprising 21 two-bed extra care apartments offered on an Older People's Shared Ownership (OPSO) basis and 60 one and two-bed properties available to rent. Relevant to people from a mix of socio-economic backgrounds but with a focus on lower income groups
Housing/care provider	Housing provider: Trafford Housing Trust

arrangement	Onsite care provider: Trafford Housing Trust (Trustcare)
Mix of support/care needs accommodated	<p>The service aims to support people with a range of care needs, from a relatively low level of need to those with a high level of dependency.</p> <p>Alongside the provision of 24/7 formal care for extra care housing residents, Limelight has been pioneering a signposting approach (sometimes referred to as 'social prescribing'), with qualified health practitioners working alongside other service providers to steer people towards physical, social and mentally-stimulating activities. The aim is to help reduce many of the health and care issues faced by older and vulnerable people.</p>
Link	https://www.housinglin.org.uk/assets/Events/2018-02/WhyLimelight_070218-.pdf

Retirement village examples



CASE STUDY	G
Name	Longbridge Retirement Village
Location	Birmingham
Developer/landlord	ExtraCare Charitable Trust
Scheme overview	The ExtraCare Charitable Trust's Longbridge scheme in Birmingham is a retirement village offering 260 extra care homes, and a hub which supports health, wellbeing and interaction with the wider community. Longbridge Retirement Village, developed by The Extra Care Charitable Trust, is at the heart of this revitalised community. The village offers up to 50 different activities per week, including choir

	singing, IT, wheelchair aerobics, painting, yoga and gardening.
Tenure mix/affordability	Social rent (charitable landlord), shared ownership and leasehold Relevant to people from a mix of socio-economic backgrounds.
Housing/care provider arrangement	Housing management and care both provided by ExtraCare Charitable Trust. Priority for residents 55+ local to Birmingham or with strong family connection to the area.
Mix of support/care needs accommodated	There is a mix of care needs supported, from none, to people with a high level of need for care and support. There is an on-site care staff team (24/7 days)
Link	https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_144_Longbridge_e.pdf https://www.extracare.org.uk/living-with-extracare/retirement-villages/longbridge-village/#longbridgevillage-village-btn:selected=true



CASE STUDY	H
Name	The Chocolate Quarter
Location	Keynsham, Somerset
Developer/landlord	St Monica Trust (SMT)
Scheme overview	<p>The village consists of 136 apartments and a 93-bed nursing care home. The care home includes provision for dementia care, general nursing beds, palliative care and intermediate/rehab care. There is also a GP practice on site and co-working opportunities through separate commercial ventures. The development is located on the site of the former Cadbury's chocolate factory within a larger site known as Somerdale.</p> <p>Offers some 'intergenerational' aspects, due to sharing its site with a number of facilities which are open to the public, including a cinema, restaurants and a health spa.</p>

Tenure mix/affordability	100% Leasehold. A mixture of one and two-bedroomed properties. Relevant to owner occupiers and higher income groups.
Housing/care provider arrangement	The care and the housing management is provided by St Monica Trust.
Mix of support/care needs accommodated	There is a mix of care needs, from none to people with a high level of need (especially in the care home). Housing with care scheme with on-site care staff (24/7)
Link	https://www.stmonicastrust.org.uk/villages/the-chocolate-quarter

Hybrid housing and nursing care examples



CASE STUDY	I
Name	Belong Village, Atherton
Location	Atherton
Developer/landlord	Belong
Scheme overview	<p>Belong Atherton has 26 self-contained apartments for independent living and six supported 'households' with modern en-suite bedrooms and open plan lounge and kitchen areas.</p> <p>Belong households represent an alternative to conventional care homes. They operate with a higher-than-average staffing ratio and a maximum of 12 residents per household, offering a family atmosphere.</p>

	It is described as a 'care village' with independent living apartments which do not form part of the registered care home service, but are central to the care village and its design.
Tenure mix/affordability	There is a range of one or two bedroom apartments, available for market rent or purchase, for individuals or couples. Aimed predominantly at owner occupiers/self-funders.
Housing/care provider arrangement	Belong Village Atherton is registered as a care home. There is also care available to residents living in the apartments.
Mix of support/care needs accommodated	A range of care needs are supported, from people who are relatively independent, to people with a high level of needs, including dementia.
Link	https://www.belong.org.uk/locations/atherton

NB. Case study H also falls within this housing with care category.

