



**Housing and Care needs
report in support of the
proposed development of
17 one bedroom and 19 two
bedroom Retirement Living
Apartments by
McCarthy & Stone
at Chapel Street,
Glossop SK13 8AT**

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1 The case for the development in summary

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

1.2 The role of specialised housing in achieving desired policy outcomes is outlined in various policy documents from both DCLG and DoH. The absence of appropriate accommodation and care options for many older people is recognised, both in Government consultation documents and in research. The limited options faced by older home-owners are well recognised and the role of the planning system in alleviating this difficulty is clearly identified.

1.3 Local policy and strategic plans recognise the particular situation of High Peak in relation to the ageing of its population and acknowledges the need to provide options for older people in all tenures.

1.4 An incidental benefit of offering more, and more attractive, options to older people for their accommodation and care is that family-sized accommodation will be released by their move to specialised housing.

1.5 The profile in relation to the age of its population High Peak sits very slightly above the national average, those sixty-five years of age and over will continue to increase both in absolute terms although the projected increase in the total population moderates the rate at which they increase as a proportion of that whole population. Those in the oldest cohorts will increase significantly through the period with one hundred percent more people eighty-five years of age and over at the end of the period to 2030 with an impact on demand for both specialised accommodation and care services.

1.6 The older population in High Peak is projected to increase at a fairly uniform rate, the numbers of all those sixty five years of age and over will increase by around a half by 2030. In terms of impact of demand for care services the projected increase in those eighty-five years and above, at around ninety-two percent above their current number by 2030, is more significant

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

1.8 Those having difficulty with one or more domestic tasks will increase between 2014 to 2030 from 6,896 to 10,969. A failure to manage these tasks often persuades older people, or their relatives, of the need to move to a high care setting when their needs would be better met in specialised accommodation, such as that proposed in this application.

1.9 Similarly those experiencing difficulty with at least one task of personal care are projected to rise from 5,670 in 2014 to 8,982 in 2030. This may contribute to additional demand for specialised accommodation but will have a direct impact on demand for care home places.

1.10 Those eighty-five years of age and over show an increase of nearly 90% in the period to 2030 in those who will have difficulty in managing at least one mobility task on their own.

1.11 High Peak tracks the national trend toward owner-occupation as the dominant tenure for older people. Levels of owner-occupation among older people High Peak are significant at almost 81% for those between 65 and 74 years of age. In the oldest age group the level of home ownership may be depressed by lack of options for owner-occupation in specialised accommodation but remains significant at just over 68%.

1.12 The development proposed by McCarthy & Stone for Chapel Street, Glossop will make a contribution in responding to the needs and aspirations of older owner-occupiers within the area.

1.13 Taking tenures together and comparing with the whole population it would appear that levels of provision of specialised housing for older people are below national averages.

1.14 The provision of leasehold retirement housing is far short of requirements to achieve equity of options between tenures. For those older people who are owner-occupiers the ratio of provision for retirement housing for sale per thousand is 48.70. Whilst for those older people who are renters the comparable ratio per thousand is 308.75. Expressed in this way, as a standardised ratio, it is clear that older homeowners in High Peak are very significantly disadvantaged in securing the specialised accommodation they need.

1.15 The provision of a more adequate supply of retirement housing for homeowners will provide an environment of choice in which independence can be sustained and transfer to expensive Registered Care postponed or avoided. The development proposed by McCarthy & Stone for Chapel Street, Glossop, will go some way toward the provision of a more adequate level of provision for older homeowners.

2 The case for the development in national policy and guidance

2.1 Whilst some foundations for current policy directions were laid prior to 2010 under the Labour Government the Coalition Government has been energetic in promoting policies to meet the needs of an ageing population, but within a framework shaped by different policy goals and economic constraints. In relation to investment in housing, and the policy assumptions about the needs and aspirations of older people there have been initiatives and insights from the perspectives of both housing and social care.

Health and Social Care

Partnership for Older People Programme (POPP) Evaluation

October 2009

2.2 The POPP initiative was set up to provide improved health and well-being for older people via a series of individual projects providing local services. These services were to be person-centred and integrated, to promote health, well-being and independence, and to prevent or delay the need for higher intensity or institutional care. The local initiatives operated between May 2006 and March 2009. A full report submitted by the National Evaluation Team in October 2009.

2.3 The most enduring legacy of the POPP initiative has been the validation of the impact of preventative, low level services delivered collaboratively in achieving enhanced levels of well-being for older people, alongside institutional goals, such as effecting timely discharge from hospital. The POPP projects were widely thought by staff to have delivered better services for older people in terms of their quality of life and well-being. A greater range of services was said to be offered and there was a greater awareness among older people of the services available, coupled with easier access to them.

Living well with dementia

February 2009

2.4 “Living well with dementia: a national dementia strategy” was published in February 2009. It set out a vision for transforming dementia services with the aim of achieving better awareness of dementia, early diagnosis and high quality treatment at whatever stage of the illness and in whatever setting.

2.5 The Strategy reports that only about a third of people with dementia ever have a proper diagnosis. As a consequence, when people see specialist services, it is often too late in their illness. This means that the illness will have got worse and the chance of improving their quality of life is less. It is proposed that the situation will be improved through the development of a range of services

that fully meet the changing needs of people with dementia and their carers. The success of the Strategy will depend on service providers working together to make sure they provide properly co-ordinated services.

2.6 The Strategy also aims to remove variations in the range, quality and availability of services determined by where people live. The Strategy lists seventeen key objectives. Among them is the consideration of how housing support, housing-related services, technology and telecare can help support people with dementia and their carers. Together with the intention that Services will consider the needs of people with dementia and their carers when planning housing and housing services and try to help people to live in their own homes for longer.

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

11 July, 2012

2.7 “Caring for our future: reforming care and support” sets out the Coalition Government’s vision for a reformed care and support system. The new system will:

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

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

2.9 The White Paper asserts that:

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

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

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

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

October, 2012

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

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

Housing

Laying the Foundations: A Housing Strategy for England,

2011, DCLG

2.14 Half of all households in England are older 'established homeowners'. Some 42 per cent are retired and 66 per cent own their own home outright. As life expectancy increases, more of these households will need support to remain

in their homes in later life. Limited choice in the housing market makes it difficult for older households to find homes that fully meet their needs.

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

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

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

2.18 New housing developments also need to make suitable provision for our ageing population in the long term. Ensuring a mix of property types, including Lifetime Homes, will help to provide the diversity and choice needed to support longer term independent living. The Lifetime Homes standard is widely adopted in mainstream housing developments and incorporates a range of features which makes homes more accessible and easily adaptable. However, we do not intend to introduce national regulation. Future needs will vary considerably at a local level and we believe that decisions on the number of Lifetime Homes within each development should be made at a local level, in proportion to local need and aligned with other local housing support and information services.

Never too late for living: Inquiry into services for older people,
All Party Parliamentary Local Government Group, July 2008

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

“It is crucial not to see housing and neighbourhoods in isolation from other services. There is, as research has shown over and over, a close relationship between housing and health. Good-quality housing leads to good health. That is absolutely nailed down and proven. Conversely, exactly the opposite is true: poor housing leads to poor health. About every five hours, an older person dies as a result of a fall. This is a serious consequence of poor housing, poor neighbourhoods, defective pavements

– which either causes accidents, and in some cases death, or keeps people trapped in their own homes for fear that, if they go out, they will trip over the pavement.”

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

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

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

2.21 The implications for planners are:

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

Care Act, 2014

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

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

Market assessment of housing options for older people,
Pannell J, Aldridge H and Kenway P, May 2012, New Policy Institute.

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

- Around one-third of all households are older households. This proportion applies across most regions except for the South West (40 per cent) and London (22 per cent).
- 76 per cent of older households are owner-occupiers and most own outright; 18 per cent are housing association or council tenants, while 6 per cent are private sector tenants.
- 42 per cent of older households aged 55 to 64 are single, and this proportion increases with age.
- About 7 per cent of older households (530,000) live in specialist housing where a lease or tenancy restricts occupation to people aged over 55, 60 or 65. Most of these schemes are provided by housing associations and offer special facilities, design features and on-site staff. Around 10 per cent of specialist dwellings are in schemes offering care as well as support.
- 93 per cent of older people live in mainstream housing. As well as 'ordinary' housing, this includes housing considered especially suitable for older people due to dwelling type (e.g. bungalows), design features (including 'lifetime homes') or adaptations (e.g. stair lifts).

2.25 Supply of and demand for specialist housing: Our research confirmed that there is limited choice for older people who want to move to both specialist and alternative mainstream housing, in terms of tenure, location, size, affordability and type of care or support. Housing providers tend to focus on retirement villages and housing with care when thinking about housing that is 'suitable' for older people. Despite the majority of older people owning their homes outright, 77 per cent of specialist housing is for rent and only 23 per cent for sale. There are significant regional variations: the extremes are the North East (only 10 per cent for sale) and the South East (37 per cent for sale).

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

Section Summary

The impact of preventative, low level services delivered collaboratively in achieving enhanced levels of well-being for older people has been validated through Government sponsored programmes, such as POPP. Within the overall pattern of provision the role of specialised housing in achieving desired policy outcomes is outlined in various policy documents from both DCLG and DoH. Whilst the crucial role of appropriate housing and the widest range of options for older people is widely recognised problems in achieving an appropriate supply remain.

An incidental benefit of offering more, and more attractive, options to older people for their accommodation and care is that family-sized accommodation will be released by their move to specialised housing. The absence of appropriate accommodation and care options for many older people is recognised, both in Government consultation documents and in research. The limited options faced by older home-owners are well recognised and the role of the planning system in alleviating this difficulty is clearly identified.

3 The context in local policy

High Peak Borough Council Housing Strategy 2013 – 2018¹

3.1 The Borough Housing Strategy draws attention to the ageing of the population of High Peak:

“Over the period 2008-2033 there will be a considerable increase in the elderly population, coupled with a steady decline in the working age population. The potential impact of this demographic change on future housing and support needs is significant. The age structure of the population influences the level, type and tenure of housing that is required and the future demand for older person’s accommodation will be significant. This population group often require greater support and housing needs, and longer term planning is often required across a range of disciplines to provide for this client group.”

3.2 It also notes the dominance of owner occupation among older people but wishes to balance this with a concern for those older people who are reliant on social rented housing:

“Whilst the majority of pensioners are owner/occupiers, nearly a fifth are social renters with a large portion of these Local Authority tenants”.

3.3 The Strategy cites the Strategic Housing Market Assessment which drew attention to the demand for two-bedroom properties:

“The Strategic Housing Market Assessment (2007) found that newly arising need in the High Peak would primarily be for 2 bedroom properties, estimating a need for 1,135 2 bed properties in the 5 year period following the study. This need has not been met in those years and backlog will only be encountered by newly arising need.”

3.4 The Strategy also draws attention to longer-term issues in relation to the suitability of some of the older stock intended for older people:

“Whilst there remains a high demand for older persons accommodation some stock is no longer appropriate for this use, particularly the location of some designations, and a comprehensive review of this is required to ensure it best meets need.”

¹ www.highpeak.gov.uk/housing/policiesandstrategies

3.5 The impact of an absence of attractive options for older home owners wishing to move to specialist accommodation in reducing the release into the market of family sized properties is also clearly identified:

“Understanding older people’s position in the housing market is important.this population make up the majority of owner occupation and High Peak overall has an established owner-occupier market. This tenure profile, coupled with a desire to enable older people to remain living at home with often restricted pensioner income has meant that fewer family homes come onto the market and there are often older, equity rich households, struggling with poor quality of life”.

3.6 The role of the Authority in relation to the older persons’ housing market is clearly identified:

“The Council’s role in the older persons housing market is providing older persons with enough choice and mobility in their housing options that wider strategic objectives are realised including freeing up family homes and making better use of housing stock. Often the housing options available to older persons do not reflect the choices older people want to make and often death is the main factor in releasing larger homes rather than planned moves. More informed choices and options to move for older persons can greatly improve their health and well being. The Local Authority’s role is to improve this choice and quality of life through identifying need and then to target resources and plan responses.”

Derbyshire Joint Strategic Needs Assessment

3.7 The JNSA for Derbyshire draws attention to the ageing of the population as a major challenge for health, housing and social care agencies:

“Population projections show an ageing population, such that by 2033 27% of the population will be aged over 65, 14% over 75 and 6% over 85, with a large deficit in numbers entering working age. Even if it can become healthier this ageing population will require more in terms of health and social care than ever.”

3.8 At a population level the levels of health and well-being are high, but there are still significant levels of need:

“In 2008 it was estimated that over 25.3% of the population aged over 65 in High Peak have moderate to very high needs. This is significantly lower than the county as a whole and was the second lowest rate amongst the districts. The ward rates range from 18.4% - fourth lowest in the county - to 31.3%.”

“In 2009, 12.1% of over 65s in High Peak received one or more services from Adult social Care, significantly lower than county-wide. Again, this is the second lowest rate amongst the districts. The rate ranges from 4.9% - second lowest - to 18.2%.”

“The rate of emergency admissions for acute conditions that should not usually require hospital admission for High Peak was lower in 2010/11 compared to Derbyshire, and was the lowest amongst the eight districts. Ward rates ranged from 87.0 to 383.0.”

Derbyshire’s Sustainable Community Strategy 2009-2014, Working together for a better Derbyshire²

3.9 The Sustainable Communities Strategy also draws attention to the demographic trend and the ageing of the population and articulates the challenge to sustainability in communities:

“The challenge for Derbyshire is to be able to understand and respond to the needs of this increasingly ageing population. This is particularly true for health and social care provision for people over the age of 85 who require additional support”.

Revised plan to deliver the Strategy for Accommodation, Care and Support for older people in Derbyshire, February 2012

3.10 This report seeks to map a way forward to deliver the strategic intentions of reducing the number of registered care homes within the County whilst increasing the provision of Care Centres and of Extra Care Housing. A re-appraisal of the agreed plans for achieving this re-shaping of provision was made necessary by Government withdrawal of previously agreed funding mechanisms.

3.11 The intentions are ambitious but address only the increased capacity intended for those who require Extra Care, rather than modern retirement housing options, and that only in the social rented sector:

“In addition to the existing 200 extra care units, and the 600 currently in procurement, it is proposed that the Council should undertake a further competitive dialogue to procure up to 800 units of Extra Care housing, bringing the total to 1600 units.”

² www.derbyshirepartnerships.gov.uk

4. The demography of the older population of High Peak

4.1 The total population of High Peak over 65 years of age is projected to rise by nearly a half over the years to 2030. Within this overall growth the steeper rates of increase are to be found within the older cohorts of the population.

Table One Population aged 65 and over, projected to 2030 Borough of High Peak

	2014	2015	2020	2025	2030
People aged 65-69	6,000	6,100	5,600	6,200	7,100
People aged 70-74	4,300	4,500	5,700	5,200	5,800
People aged 75-79	3,100	3,200	4,000	5,100	4,700
People aged 80-84	2,200	2,300	2,600	3,300	4,300
People aged 85-89	1,300	1,400	1,600	1,900	2,500
People aged 90 and over	800	800	1,000	1,300	1,700
Total population 65 and over	17,700	18,300	20,500	23,000	26,100

(Source: Office of National Statistics Census 2014)

4.2 In the period to 2030 the youngest cohort, those aged between sixty-five and sixty-nine shows the smallest overall rise. Those in each of the following five year cohorts increase significantly with the oldest group, those ninety years of age and over, increasing by one hundred and thirteen percent. Table Two plots the percentage increase in each age band from the 2014 base.

Table Two Population aged 65 and over, projected to 2030 Borough of High Peak

	2014	2015	2020	2025	2030
People aged 65-69	0	2%	-7%	3%	18%
People aged 70-74	0	5%	33%	21%	35%
People aged 75-79	0	3%	29%	65%	52%
People aged 80-84	0	5%	18%	50%	95%
People aged 85-89	0	8%	23%	46%	92%
People aged 90 and over	0	0	25%	63%	113%
Total population 65 and over	0	3%	16%	30%	47%

(Source: Office of National Statistics Census 2014)

4.3 Table Three shows the projected increase in the total population for High Peak from 91,800 in 2014 to 97,700 in 2030, set against the increase in the numbers of people who are over sixty-five years of age and over eighty-five

years of age. These two threshold ages are used because sixty-five represents the general point of exit from paid employment and eighty-five is, as will be shown in the next section, a significant threshold for needing specialised accommodation and services.

4.4 The proportions of people sixty-five years of age or over within the total population is above the national average for England, and increases compared to the national average toward the end of the period 2014 to 2030. In those eighty-five and over the proportion in 2014 is below the national average but in 2030 the table shows that this position is reversed with proportions being above the national average.

Table Three **Total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2030**
Borough of High Peak

	2014	2015	2020	2025	2030
Total population	91,800	92,100	94,100	96,000	97,700
Population aged 65 and over	17,700	18,300	20,500	23,000	26,100
Population aged 85 and over	2,100	2,200	2,600	3,200	4,100
Population aged 65 and over as a proportion of the total population	19.28%	19.87%	21.79%	23.96%	26.71%
Population aged 85 and over as a proportion of the total population	2.29%	2.39%	2.76%	3.33%	4.20%

(Source: Office of National Statistics Census 2014)

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

Table Four Total population, population aged 65 and over and population aged 85 and over as a number and as age of the total population, projected to 2030 – England

	2014	2015	2020	2025	2030
Total population	54,227,900	54,613,400	56,582,100	58,430,500	60,106,500
Population aged 65 and over	9,530,900	9,737,600	10,673,700	11,806,600	13,245,500
Population aged 85 and over	1,280,200	1,324,800	1,560,900	1,882,500	2,300,200
Population aged 65 and over as a proportion of the total population	17.58%	17.83%	18.86%	20.21%	22.04%
Population aged 85 and over as a proportion of the total population	2.36%	2.43%	2.76%	3.22%	3.83%

(Figures may not sum due to rounding. Office of National Statistics Crown copyright 2014)

4.6 The significance of these threshold ages is to be found in the convergence of dependency and chronological age. At age sixty five the lifetime risk of developing a need for care services to assist with personal care tasks is 65% for men and 85% for women³. The incidence of need for assistance increases substantially with age and is highest for those eighty five years of age and above. As the following tables modelling levels of dependency and need for service demonstrate this increase in the ageing of the population has a direct impact on the need for care and support services and appropriate accommodation.

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

Section summary

High Peak's profile in relation to the age of its population sits very slightly above the national average, those sixty-five years of age and over will continue to increase both in absolute terms although the projected increase in the total population moderates the rate at which they increase as a proportion of that whole population. Those in the oldest cohorts will increase significantly through the period with ninety-two percent more people eighty-five years of age and over at the end of the period to 2030 with an impact on demand for both specialised accommodation and care services.

The older population in High Peak is projected to increase at a fairly uniform rate, the numbers of all those sixty five years of age and over will increase by around a half by 2030. In terms of impact of demand for care services the projected increase in those eighty-five years and above, at around ninety-two percent above their current number by 2030, is more significant

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

5 The profile of need

5.1 Table Five shows the modelling of those older people who are likely to experience difficulty with at least one task necessary to maintain their independence. As is clearly seen the incidence of difficulty rises sharply with age and is projected to increase over time as the population of those in the highest age groups increases. Between 2014 and 2030 the number of those experiencing such difficulties is projected to increase by 59%.

Table Five **People aged 65 and over unable to manage at least one domestic task on their own, by age group projected to 2030 - Borough of High Peak**

	2014	2015	2020	2025	2030
Males aged 65-69 unable to manage at least one domestic task on their own	464	480	448	480	560
Males aged 70-74 unable to manage at least one domestic task on their own	420	441	588	546	588
Males aged 75-79 unable to manage at least one domestic task on their own	504	504	648	864	828
Males aged 80-84 unable to manage at least one domestic task on their own	369	410	451	615	820
Males aged 85 and over unable to manage at least one domestic task on their own	476	476	680	884	1,156
Females aged 65-69 unable to manage at least one domestic task on their own	840	868	784	868	1,008
Females aged 70-74 unable to manage at least one domestic task on their own	920	920	1,160	1,080	1,200
Females aged 75-79 unable to manage at least one domestic task on their own	884	936	1,144	1,404	1,300
Females aged 80-84 unable to manage at least one domestic task on their own	871	871	1,005	1,206	1,541
Females aged 85 and over unable to manage at least one domestic task on their own	1,148	1,148	1,312	1,558	1,968

Total population aged 65 and over unable to manage at least one domestic task on their own	6,896	7,054	8,220	9,505	10,969
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Figures may not sum due to rounding. Office of National Statistics Crown copyright 2014
 Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs.

5.2 Table Six suggests that the number of those who will be unable to manage at least one personal care task will also increase by about 58% to around 8,982 by 2030.

Table Six People aged 65 and over unable to manage at least one personal care task on their own, by age group projected to 2030 – Borough of High Peak

	2014	2015	2020	2025	2030
Males aged 65-69 unable to manage at least one self-care activity on their own	522	540	504	540	630
Males aged 70-74 unable to manage at least one self-care activity on their own	380	399	532	494	532
Males aged 75-79 unable to manage at least one self-care activity on their own	406	406	522	696	667
Males aged 80-84 unable to manage at least one self-care activity on their own	297	330	363	495	660
Males aged 85 and over unable to manage at least one self-care activity on their own	357	357	510	663	867
Females aged 65-69 unable to manage at least one self-care activity on their own	630	651	588	651	756
Females aged 70-74 unable to manage at least one self-care activity on their own	690	690	870	810	900
Females aged 75-79 unable to manage at least one self-care activity on their own	663	702	858	1,053	975
Females aged 80-84 unable to manage at least one self-care activity on their own	689	689	795	954	1,219

Females aged 85 and over unable to manage at least one self-care activity on their own	1,036	1,036	1,184	1,406	1,776
Total population aged 65 and over unable to manage at least one self-care activity on their own	5,670	5,800	6,726	7,762	8,982

Figures may not sum due to rounding. . Office of National Statistics Crown copyright 2014
Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails

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

Table Seven People aged 65 and over with a limiting long-term illness, by age, projected to 2030 –Borough of High Peak

	2014	2015	2020	2025	2030
People aged 65-74 whose day-to-day activities are limited a little	2,303	2,371	2,527	2,549	2,885
People aged 75-84 whose day-to-day activities are limited a little	1,611	1,672	2,006	2,553	2,735
People aged 85 and over whose day-to-day activities are limited a little	527	552	653	803	1,029
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little	4,441	4,594	5,186	5,906	6,649
People aged 65-74 whose day-to-day activities are limited a lot	1,409	1,450	1,546	1,560	1,765
People aged 75-84 whose day-to-day activities are limited a lot	1,572	1,632	1,958	2,492	2,670
People aged 85 and over whose day-to-day activities are limited a lot	919	963	1,138	1,400	1,794
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	3,900	4,044	4,642	5,452	6,229

Figures may not sum due to rounding. . Office of National Statistics Crown copyright 2014

5.4 An increase in the proportion of the population living into advanced old age also impacts on the demands made upon health services. Table Seven projects an increase in the numbers of those experiencing a long-term limiting illness and is broken down in to two sections; whose day to day activities are limited a lot and whose day to day activities are limited a little. The table shows a higher rate of increase in the higher age cohorts of around 95%.

Table Eight People aged 65 and over unable to manage at least one mobility activity on their own, by age, projected to 2030 – Borough of High Peak

	2014	2015	2020	2025	2030
People aged 65-69 unable to manage at least one activity on their own	502	519	476	519	604
People aged 70-74 unable to manage at least one activity on their own	568	578	744	692	760
People aged 75-79 unable to manage at least one activity on their own	525	546	678	855	801
People aged 80-84 unable to manage at least one activity on their own	539	557	633	792	1,027
People aged 85 and over unable to manage at least one activity on their own	945	945	1,150	1,405	1,795
Total population aged 65 and over unable to manage at least one activity on their own	3,079	3,145	3,681	4,263	4,987

Office of National Statistics Crown copyright 2014. Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

5.5 Table Eight shows that there is a predicted percent increase, from 2014 to 2030, of almost 62% in those sixty-five and over that will be unable to undertake at least one mobility activity. The most significant increase is suggested to be within the older cohorts, such as among those between 85 years of age and over which show a level of increase close to ninety percent. This is the age group most likely to move to specialised accommodation designed with high levels of accessibility.

5.6 High Peak has a predicted rise in those aged over sixty-five that have dementia through the period 2014 to 2030 of around seventy-six percent. Table Nine shows throughout all age cohorts there is predicted to be an increase in those with dementia, with more significant increases shown in the older age cohorts. This overall increase is likely to have an impact on the type of accommodation and care services required to meet this potential demand.

Table Nine People aged 65 and over predicted to have dementia, by age and gender, projected to 2030, Borough of High Peak

	2014	2015	2020	2025	2030
People aged 65-69 predicted to have dementia	74	76	70	76	89
People aged 70-74 predicted to have dementia	117	120	156	145	159
People aged 75-79 predicted to have dementia	182	188	235	298	280
People aged 80-84 predicted to have dementia	265	275	312	392	510
People aged 85-89 predicted to have dementia	261	283	317	378	495
People aged 90 and over predicted to have dementia	240	240	268	385	474
Total population aged 65 and over predicted to have dementia	1,138	1,183	1,358	1,675	2,006

Figures may not sum due to rounding Crown copyright 2014

5.7 Table Ten shows the projections for England as comparison data in relation to predicted dementia within the ageing population. The predicted increase in those with dementia in High Peak, at around 76%, is very significantly above the increase seen within England as a whole which is around 62%.

Table Ten People aged 65 and over predicted to have dementia, by age and gender, projected to 2030 England

	2014	2015	2020	2025	2030
People aged 65-69 predicted to have dementia	36,913	37,388	34,446	37,906	43,550
People aged 70-74 predicted to have dementia	59,705	61,932	77,008	71,345	78,823
People aged 75-79 predicted to have dementia	104,377	105,660	118,796	148,990	138,973
People aged 80-84 predicted to have dementia	157,462	159,640	178,127	204,356	259,279
People aged 85-89 predicted to have dementia	162,323	167,264	190,188	220,642	260,063
People aged 90 and over predicted to have dementia	141,593	147,154	180,964	229,315	292,839
Total population aged 65 and over predicted to have dementia	662,373	679,037	779,528	912,554	1,073,526

Figures may not sum due to rounding Crown copyright 2014

Section summary

Those having difficulty with one or more domestic tasks will increase between 2014 to 2030 from 6,896 to 10,969. A failure to manage these tasks often persuades older people, or their relatives, of the need to move to a high care setting when their needs would be better met in specialised accommodation, such as that proposed in this application.

Similarly those experiencing difficulty with at least one task of personal care are projected to rise from 5,670 in 2014 to 8,982 in 2030. This may contribute to additional demand for specialised accommodation but will have a direct impact on demand for care home places.

Those eighty-five years of age and over show an increase of 90% in the period to 2030 in those who will have difficulty in managing at least one mobility task on their own.

High Peak has a predicted rise of more than seventy-six percent through the period 2014 to 2030 in those aged over sixty-five that have dementia.

6 The tenure profile of the older population

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

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

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

6.4 Table Eleven demonstrates the high levels of owner occupation now to be found among older people in High Peak. In those approaching old age and in early old age a little under one fifth are in tenures other than home ownership.

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

Table Eleven **Proportion of population by age cohort and by tenure, year 2011 Borough of High Peak**

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	81.00%	74.42%	68.34%
Rented from council	10.90%	14.25%	16.86%
Other social rented	2.51%	3.92%	7.15%
Private rented or living rent free	5.59%	7.42%	7.65%

Figures may not sum due to rounding. . Office of National Statistics Crown copyright 2014

6.6 For High Peak the proportions for home ownership among older people are very close to those for the country as a whole, with the exception of those approaching old age and early old age where the proportion is nearly 5% higher than the national averages. Table Twelve gives the average levels for England.

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

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

Figures may not sum due to rounding. . Office of National Statistics Crown copyright 2014

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

Section Summary

High Peak tracks the national trend toward owner-occupation as the dominant tenure for older people. Levels of owner-occupation among older people in High Peak are significant at 81% for those between 65 and 74 years of age. In the oldest age group the level of home ownership may be depressed by lack of options for owner-occupation in specialised accommodation but remains significant at slightly above 68%.

The development proposed by McCarthy & Stone for Chapel Street, Glossop will make a contribution in responding to the needs and aspirations of older owner-occupiers within the area.

7 The current supply of specialised accommodation for older people

7.1 High Peak has a supply of specialist accommodation provided for older people in sheltered housing for rent which is slightly below the national average in relation to the total older population of the district. The supply of retirement housing for leasehold sale is above the national average but far from proportionate to the tenure profile of older people in the area. These proportions, measured against the total older population and set out in Table Ten, show significant under-supply to respond to the levels of owner-occupation among older people in High Peak.

7.2 Taking the various forms of sheltered and retirement housing offered either to rent or to buy there appear to be currently approximately eight hundred and eighty-six units of accommodation. To achieve comparability this supply has been expressed as a ratio to the size of the population of older people in the district.

7.3 Various thresholds have been used but that which is generally recognised as having the greatest relevance is that for the number of people seventy five years of age or older. There are around 120 units in any tenure per thousand of the population in this age category in High Peak.

7.4 This compares with benchmark figures derived from the data base of the Elderly Accommodation Counsel, which is the source relied upon by the Department for Communities and Local Government. These provide a national average ratio of provision of 141.5 per thousand of those 75 years of age and over.

7.5 There is a very marked disparity in the availability of specialised housing for older homeowners compared with the supply available to older people in other tenures.

7.6 With 262 units of retirement housing for sale for a population of home owners of seventy five years of age or more of approximately 5,379 the ratio of provision for retirement housing for sale per thousand is 48.70.⁴

7.7 The comparative figure for those seventy five years of age or more who are in rented tenures the ratio per thousand is 308.75 (624 units for approximately 2,021 persons seventy five years of age or more in tenures other than home ownership.)

⁴ Among persons 75-84: 5,300 persons, 74.42% are home owners + persons 85+: 2,100 persons, 68.34% are home owners = 5,379 home owners 75+.

7.8 This suggests that the current rate of provision favours those in tenures other than home ownership with around four and a half times as many units available to them in sheltered, retirement and Extra Care housing than are currently available for their peers who are home owners.

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

7.10 To enable older people to exercise that choice, to address the disparity in opportunity to access specialist housing to meet the needs of older people for specialist accommodation, and to encourage older people to make a capital investment in their accommodation in old age the local authority needs to facilitate increased leasehold provision of suitable accommodation.

Table Twelve Provision of place for older people in Borough of High Peak 2014

	Number of units/places	Per 1,000 of the population 65 years and over (17,700)	Per 1,000 of the population 75 years and over (7,400)	Per 1,000 of the population 85 years and over (2,100)
Age Exclusive housing to rent	47	2.65	6.35	22.38
Sheltered Housing to rent	539	30.45	72.83	256.66
Enhanced Sheltered Housing to rent	38	2.14	5.13	18.09
Extra Care Housing to rent	0	0	0	0
Total housing to rent - all types	624	35.25	84.32	297.14
Age Exclusive for leasehold	63	3.55	8.51	30.00
Sheltered Housing for leasehold	127	7.17	17.16	60.47

Enhanced Sheltered Housing for leasehold	27	1.52	3.64	12.85
Extracare Housing for leasehold	45	2.54	6.08	21.42
Total Housing for Leasehold - all types	262	14.80	35.40	124.76
Total Sheltered - all tenures	886	50.05	119.72	421.90
Registered Care places offering personal care	381	21.52	51.48	181.42
Registered Care places offering nursing care	332	18.75	44.86	158.09

(Source: Contact Consulting from EAC database)

7.11 Places in Registered Care Homes offering personal care per thousand in High Peak are below the average level of provision for England, with 381 beds, 51.48 per thousand of the population seventy-five years of age and over, compared with the average for England of 57.7.

7.12 In Registered Care Homes offering nursing care the ratio of places to population is above the average for England. (44.86 per thousand 75 years of age or over compared with the national average of 38.0).

7.13 Table Thirteen provides the reference ratios for England drawn from the Elderly Accommodation Database, the source used by the Department for Communities and Local Government and the Department of Health.

Table Thirteen**Provision of places for older people in England**

Categories of provision	Number	Ratio of provision per 1,000 persons 75 years of age and over
Sheltered housing for rent	374,788	101.2
Retirement Housing for leasehold sale	105,016	28.4
All Sheltered / Retirement Housing	479,804	129.5
Extra Care Housing for Rent	32,720	8.8
Extra Care Housing for leasehold sale	11,871	3.2
All Extra Care Housing	44,591	12.0
Registered Care Home beds offering Personal Care	213,763	57.7
Registered Care Home beds offering Nursing Care	140,971	38.0

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

7.14 Annex Two sets out the details of the sheltered housing schemes, retirement housing and Registered Care Homes identified within High Peak.

Section summary

Taking tenures together and comparing with the whole population it would appear that levels of provision of specialised housing for older people are below national averages.

The provision of leasehold retirement housing is far short of requirements to achieve equity of options between tenures. For those older people who are owner-occupiers the ratio of provision for retirement housing for sale per thousand is 48.70. Whilst for those older people who are renters the comparable ratio per thousand is 308.75. Expressed in this way, as a standardised ratio, it is clear that older homeowners in High Peak are very significantly disadvantaged in securing the specialised accommodation they need.

The provision of a more adequate supply of retirement housing for homeowners will provide an environment of choice in which independence can be sustained

and transfer to expensive Registered Care postponed or avoided. The development proposed by McCarthy & Stone for Chapel Street, Glossop, will go some way toward the provision of a more adequate level of provision for older homeowners

8 The future pattern of provision to which this development contributes

8.1 The current pattern of provision in High Peak, as in the rest of the country, has developed not in response to assessed need but rather in response to short-term demand and provider perceptions of what will be popular and fundable.

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

- The demand for rented conventional sheltered housing is likely to decline.
- The suitability of the older stock for letting will become increasingly problematic.
- The potential for leasehold retirement housing will continue to grow.
- Some existing schemes will lend themselves to refurbishment and remodelling to provide enhanced sheltered housing to support rising levels of frailty.
- Some of this enhanced sheltered housing could be offered for sale alongside that for rent.
- Extra Care housing should be provided for sale and rent.
- There is a need for housing-based models of accommodation and care for people with dementia.
- Provision of Registered Care both for Personal and Nursing Care will need to be distributed so that it is more nearly matched to need within local populations.
- The challenges of maintaining viability in smaller Registered Care Homes will continue to drive change in provision with an increase in larger, purpose-built developments.
- Housing-based models for dementia care will provide an alternative to nursing home based strategies for meeting the needs of those living with moderate to severe dementia⁵

8.3 In the publication “Housing in Later Life”⁶ we have updated the guidance that we originally prepared for the publication “More Choice Greater Voice” for the Department for Communities and Local Government and the Care Services Partnership (CSIP) at the Department of Health. That model assumed that a “norm” for conventional sheltered housing to rent would be around 50 units per

⁵ More Choice, Greater Voice, a toolkit for producing a strategy for accommodation with care for older people, Nigel Appleton, CLG & CSIP, 2008

⁶ Housing in later life – planning ahead for specialist housing for older people, December 2012, National Housing Federation and the Housing Learning and Improvement Network.

1,000 of the population over 75 years of age and around 75 units per 1,000 of leasehold retirement housing. This deliberately inverted the current levels of provision in most places but in doing so sought to reflect the rapidly changing tenure balance.

8.4 Although we believe the stock of rented sheltered housing will continue to decline as the older stock becomes increasingly hard to let, the rate of its reduction may be rather slower than predicted as a consequence of the scarcity of capital funding to carry out re-provision. The same factors will inhibit the development of the general rented stock and the desire to release under-occupied housing by transfer into sheltered housing will have a greater priority, sustaining demand for the rented sheltered stock.

8.5 After a period of uncertainty in the middle of the last decade, demand for leasehold retirement housing has grown more strongly and we would therefore revise upward our targets for leasehold retirement housing, especially in areas where owner-occupation levels among older people are high and property values facilitate the move to such accommodation.

8.6 When we framed our targets in late 2007/ early 2008 Extra Care Housing was still little known, in many areas there were no developments at all and the initial targets reflected the difficulty of bringing forward developments on a model that was unfamiliar to many professionals and virtually unknown to the general public. The Department of Health and Homes and Communities Agency capital investment programmes have accelerated the rate of Extra Care Housing developments and the increasing number of commercially developed retirement Villages and Continuing Care Retirement Communities, especially across the South of England have made the concept much better known.

8.7 The targets offered for Extra Care provision in the 2008 publication were very much a “toe in the water” at a time when it was still difficult to judge the acceptability of the model to older people or to those who advised them. That situation has now changed and we would propose not only an increased target overall but a shift in the tenure balance to reflect the increasing recognition of the needs of older home owners for Extra Care style options.

8.8 The continuing drive among Adult Social Care authorities to shift from policies that rely heavily on Registered Care homes toward Extra Care Housing solutions also shifts the balance and supports an increase in targets either side of this divide.

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

8.10 It is widely recognised that a proportion of the conventional sheltered housing stock for rent does not meet current standards for space and facilities. Some of the stock will find other uses but some will need to be de-commissioned.

8.11 Some conventional sheltered schemes may lend themselves to enhancement through additional services and facilities so that they provide a suitable environment for frailer older people. We suggest that around one hundred and forty-eight units of enhanced sheltered housing may be needed across the district. This represents a ratio of around 20 places per 1,000 people over 75, divided equally between ownership and renting. The addition of service and facilities, together with work to ensure high standards of accessibility in individual dwellings and in common parts will provide a future use for some of those sheltered units for rent that might otherwise prove increasingly difficult to let.

8.12 Some stock may be suitable to move in the opposite direction. There is a recognised and increasing need for small manageable accommodation for single person households in late middle age or very early old age. Some of these people will have a range of other needs or vulnerabilities. Being accommodated in conventional sheltered housing with people of more advanced years is not suitable for either party. Some current sheltered blocks might be re-modelled to accommodate this category of need with communal facilities more suitable to the age group, a concierge service in place of a sheltered housing manager and access to appropriate support and care workers.

8.13 Extra Care Housing offers the possibility of housing a balanced community of people with relatively limited care needs through to those who might otherwise be living in residential care. Our modelling suggests provision of around three hundred and thirty-three units of Extra Care in total, divided between rented (about one third) and leasehold and shared ownership tenures (about two thirds) will be required in the short to medium term.

8.14 Within the model a modest provision is made for the development of housing forms to provide a context for the care of those people with dementia who cannot be supported in their existing home but require an alternative to residential or nursing home care, the norm here is 6 places per 1,000.

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

8.16 The emergence of owner-occupation as a significant factor in old age has shifted the balance between estimates of need and response to demand. The

benefits of providing more leasehold retirement housing, for example, may be as much in its effect in releasing family sized accommodation into the market as in meeting the particular needs of those who move into it.

8.19 The “norms” are inevitably arbitrary and may be moderated to take account of the rate of change that would be required to meet them. In some cases they may produce perverse results, as in this case, indicating a substantial reduction in the provision of rented sheltered housing that is unlikely to be achieved in the short to medium, term. Likewise the very substantial potential increase in leasehold retirement housing to achieve parity between tenures will take a considerable time to achieve but does indicate the scale of provision that will be required to achieve equity of access across tenures.

Table Fourteen Indicative levels of provision of various forms of accommodation for older people in Borough of High Peak

		Current provision	Current provision per 1,000 of Population 75+	Increase or decrease	Resulting number of units	Provision per 1,000 of Population 75+ (7,400)
Conventional sheltered housing for rent		586	79.18	-142	444	60
Leasehold sheltered housing		190	25.67	+698	888	120
Enhanced sheltered housing	For rent	38	5.13	+36	74	10
	For sale	27	3.64	+47	74	10
Extracare sheltered housing	For rent	0	0	+111	111	15
	for sale	45	6.08	+177	222	30
Housing based provision for dementia		0	0	+44	44	6

Section Summary

The growth of Extra Care Housing schemes which is at the forefront of national and local policy should be set within a wider set of trends relating to specialised accommodation for older people. There is a paucity of provision for older home owners within High Peak and there is scope for substantial further development to meet the needs of older people who are homeowners and wish to retain their tenure.

The most pressing priority, driven by demography, need, tenure, policy imperatives and issues of equality is to increase the availability of specialised accommodation for older homeowners. The development proposed for Chapel Street, Glossop makes a modest contribution to meeting that priority.

Annex One Explanation of terms used in this report

This report uses terms which are commonly understood among those working in the field of housing and care for older people but may not be so readily comprehensible by those working in other disciplines. Whilst not exhaustive this section seeks to explain the meaning and usage on this document, of some of those terms:

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

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

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

Enhanced sheltered housing is the term that has largely succeeded to Very Sheltered Housing to describe sheltered housing that provides more in facilities and services than traditional sheltered housing but does not offer the full range of facilities, services and activities to be found in an Extra Care Housing Scheme.

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

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

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

Annex Two: Specialist Accommodation for Older People in the Borough of High Peak

Age exclusive housing to rent

Name of scheme	Address	Manager	Number of units
Ingham's Almshouses	St James' Square, New Mills, High Peak, Derbyshire, SK22 4BB	Ingham's Almshouses Trust	6 (B)
Northlands	Queens Road, Fairfield, Buxton, Derbyshire, SK17 7ET	High Peak Borough Council	17 (F)
Parkfield Court	Carlisle Road, Buxton, Derbyshire SK17 6XZ	Guinness Northern Counties	24 (F)
Total			47

Sheltered housing to rent

Name of scheme	Address	Manager	Number of units
Acre Court	Whitfield Avenue, Glossop, Derbyshire, SK13 8LH	<u>Anchor</u>	32 (F)
Alma Square	Alma Street, Fairfield, Buxton, Derbyshire, SK17 7DZ	High Peak Borough Council	22 (F)
Caroline Court	Marsh Avenue, Hope, Hope Valley, Derbyshire, S33 6RX	<u>Anchor</u>	30 (F)
Chatsworth Lodge	Carlisle Road, Buxton, Derbyshire, SK17 6XX	Equity Housing Group	34 (F)
Cornmill House	King Edward Avenue, Glossop, Derbyshire, SK13 7QT	Raglan Housing Association Ltd	38 (F)
Cromford Court	New Road, Whaley Bridge, Derbyshire, SK23 7JW	High Peak Borough Council	42 (F)

Fiddlers Close	Bamford, Derbyshire, S33 0BZ	Guinness Northern Counties	20 (F)
Hartington Gardens	Hartington Road, Buxton, Derbyshire, SK17 6JL	High Peak Borough Council	81 (F)
Marian Court	Sherwood Road, Buxton, Derbyshire, SK17 9LP	High Peak Borough Council	28 (F)
Milton Court	Hartington Road, Buxton, Derbyshire, SK17 6JJ	High Peak Borough Council	36 (F)
Primrose Court	Market Street, Hayfield, High Peak, Derbyshire, SK22 2EW	Guinness Northern Counties	27 (F)
Queens Court	Buxton, Derbyshire, SK17 7ES	High Peak Borough Council	40 (F)
Robinwood Lodge	Castleton Crescent, Glossop, Derbyshire, SK13 6TH	Guinness Northern Counties	28 (F)
St Anne's House	Bath Road, Buxton, Derbyshire, SK17 6HJ	<u>Johnnie Johnson</u> <u>Housing Trust Ltd</u>	21 (F)
Ventura Court	Ollersett Avenue, New Mills, High Peak, Derbyshire, SK22 4LL	<u>Johnnie Johnson</u> <u>Housing Trust Ltd</u>	34 (F)
Wesley House	131 Fairfield Road, Buxton, Derbyshire, SK17 7DU	<u>Johnnie Johnson</u> <u>Housing Trust Ltd</u>	26 (F)
Total			539

Enhanced Sheltered housing to rent

Name of scheme	Address	Manager	Number of units
Eccles Fold	Chapel-en-le-Frith, High Peak, Derbyshire, SK23 9TJ.	High Peak Borough Council	38 (F)
Total			38

Extra Care to rent

Name of scheme	Address	Manager	Number of units
Total			0

Age exclusive housing for sale

Name of scheme	Address	Manager	Number of units
Ecclesford	Chapel-en-le-Frith, High Peak, Derbyshire, SK23 9JJ	Guinness Northern Counties	26 (B) Leasehold
Nursery Close	King Street, Glossop, Derbyshire, SK13 8PQ	Guinness Northern Counties	21 (B) Leasehold
Webbs Orchard	Meadowfield, Whaley Bridge, High Peak, Derbyshire, SK23 7AX	Roe-Shannon Construction	16 (F) Leasehold
Total			63

Sheltered housing for sale

Name of scheme	Address	Manager	Number of units
Haddon Court	Hardwick Mount, Buxton, Derbyshire,	Peverel Retirement	33 (F) Leasehold

	SK17 6ET		
Homemoss House	169 Park Road, Buxton, Derbyshire, SK17 6TH	Peverel Retirement	37 (F) Leasehold
Ladybower Court	North Road, Glossop, Derbyshire, SK13 7AS	Peverel Retirement	40 (F) Leasehold
Southcroft	Carlisle Road, Buxton, Derbyshire, SK17 6XE	Guinness Northern Counties	17 (F) Leasehold
Total			127

Enhanced Sheltered housing for sale

Name of scheme	Address	Manager	Number of units
Oakford Court	Newshaw Lane, Hadfield, Glossop, Derbyshire, SK13 2AB	Peverel Retirement	27 (F) Leasehold
Total			27

Extra Care for sale

Name of scheme	Address	Manager	Number of units
Whitfield House	Charlestown Road, Glossop, Derbyshire, SK13 8LB	South Yorkshire Housing Association Ltd	45 (F) Leasehold
Total			45

Registered care homes providing personal care

Name of scheme	Address	Owner	Number of beds
Argyle (The)	24/25 Broad Walk, Buxton, Derbyshire SK17 6JR	<u>C J Parton and Ms A Andrew</u>	24
Beechwood House	202 Woolley Bridge Road, Hadfield, Hyde, Derbyshire SK13 1PQ	<u>Dr M A Jameel and Dr M A Matin</u>	10
Derby House Residential Home	8 Hartington Road, Buxton, Derbyshire SK17 6JW	<u>Derby House Nursing Home Ltd</u>	7
Goyt Valley House	Jubilee Street, New Mills, Derbyshire SK22 4PA	Derbyshire County Council	30
Hollin Knowle	78 Fairfield Road, Buxton, Derbyshire SK17 7DR	<u>Dr & Mrs M S Islam</u>	19
Pavilion Care Centre	36 St John's Road, Buxton, Derbyshire SK17 6XJ	St Philip's Care	32
Pendlebury Court Care	St Mary's Road, Glossop, Derbyshire SK13 8DW	<u>Pendlebury Healthcare Ltd</u>	39
Pennine Care Centre	off Turnlee Road, Glossop, Derbyshire SK13 6JW	Canterbury Care	64
Risings, The	Primrose Lane, Glossop, Derbyshire SK13 6LW	<u>Mr & Mrs Townsley/Mr & Mrs Gee</u>	17
The Gables Care Home	37 Manchester Road, Buxton, Derbyshire SK17 6TD	<u>Mr & Mrs J Rzepa</u>	23
The Hawthorns Care Home	5 Burlington Road, Buxton, Derbyshire SK17 9AR	Salvation Army East Scotland Division	34

Watford House	Watford Road, New Mills, Derbyshire SK22 4EJ	<u>J T V Care Homes Limited</u>	40
Welby Croft	Crossings Road, Chapel- en-le-Frith, High Peak, Derbyshire SK23 9RY	<u>Mr M & Mrs P Andrew</u>	24
Willow Bank Residential Home	Albert Street, Hadfield, Glossop, Derbyshire SK13 1DG	<u>Willowbank Residential Home Ltd</u>	18
Total			381

Registered care homes providing nursing care

Name of scheme	Address	Owner	Number of beds
Derby House Nursing Home	12 Broad Walk, Buxton, Derbyshire SK17 6JS	<u>Derby House Nursing Home Ltd</u>	31
Haddon Hall Care Home	London Road, Buxton, Derbyshire SK17 9PA	Porthaven Care Homes	75
Merseybank Nursing Home	The Carriage Drive, Hadfield, Glossop, Derbyshire SK13 1PJ	Priory Group	66
Oakford Manor Nursing Home	Newshaw Lane, Hadfield, Glossop, Derbyshire SK13 2AJ	<u>Oaklands (Hadfield) Limited</u>	50
Portland Nursing Home	8 Park Road, Buxton, Derbyshire SK17 6SG	<u>Mr & Mrs Rai</u>	40
The Branksome Care Home	56 St John's Road, Buxton, Derbyshire SK17 6XB.	Four Seasons Health Care Ltd	34
The Lodge Nursing Home	Hayfield Road, Chapel- en-le-Frith, Stockport, Derbyshire SK23 0QH	Select Healthcare Group	36
Total			332

Annex Three: The author of this report:

Nigel J W Appleton MA (Cantab)

Since 1995 Nigel Appleton has been Principal of Contact Consulting, an independent research and consultancy organisation working at the inter-section of health, housing and social care and focused on the needs of older people, people with physical disabilities and vulnerable adult groups.

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

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

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

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

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

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

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

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