



Action Point AP-017

Calculating Older Persons Housing Needs

1. This note responds to Examination Action Point AP-017 through which the Inspector asked the Council to prepare a note describing the 'prevalence rate' approach used to calculate older persons' needs, with reference to the Planning Practice Guidance and the specific circumstances of Mid Sussex.
2. The PPG on *Housing for Older and Disabled People* sets out in Para 001¹ that the need to provide housing for older people is critical because of a) demographic trends which are increasing the population of older people; b) the need to offer older people a better choice of accommodation – including to help them live independently for longer; and c) to help reduce costs to the social care and health systems. In identifying housing requirements, it sets out in Para 004² that regard should be had to demographic projections and toolkits provided by the sector, giving the example of the SHOP@ Model, which was developed by Housing LIN.³
3. The SHMA Model used identifies a 'target prevalence rate' for different forms of older persons' accommodation. These are shown in Table 8.7 (replicated below) in the '*Housing Demand per 1,000 population 75+*' Column and simply describe the proportion of the District's population aged 75+ who might be expected to live in different forms of specialist housing.

Table 8.7 Specialist Housing Need using Adjusted ~~Shop@Review~~ Assumptions, 2021-38

		Housing Demand per 1,000 (75+)	Current Supply	Current Demand	Current Shortfall/ Surplus	Additional Demand to 2038	Shortfall/ Surplus to 2038
Housing with Support	Market	69	874	1,087	213	588	801
	Affordable	35	844	557	-287	302	15
Total (Housing with Support)		104	1,718	1,644	-74	890	816
Housing with Care	Market	40	119	633	514	343	857
	Affordable	14	128	222	94	120	214
Total (Housing with Care)		54	247	855	608	463	1,071
Residential Care Bedspaces		33	511	526	15	285	300
Nursing Care Bedspaces		37	1,001	592	-409	320	-89
Total Bedspaces		70	1,512	1,118	-394	605	211

Source: POPP/PANSI and Demographic Projections

¹ ID: 63-001-20190626

² ID: 63-004-20190626

³ Housing Learning & Improvement Network

4. Table 8.7 then applies these rates first to the District's population in 2021 to predict 'Current Demand' (5th Column), from which the Current Supply (4th Column) is deducted, to provide a 'Current Shortfall/Surplus' (6th Column). The target prevalence rate is then applied to the projected growth in population between 2021-38 to calculate the 'Additional Demand to 2028' (7th Column). The 'Shortfall/Surplus to 2038' is calculated by adding together the current demand in 2021 (6th Column) to the additional demand generated by population growth over the period to 2038 (7th Column).
5. The modelling takes into account the growth in the District's older population as shown in SHMA Table 8.2 (replicated below). This shows the population aged 65+ increasing by 14,040, and within this particular growth in those aged 75+ (increasing by 8,577).

Table 8.2 Projected Change in Population of Older Persons, 2021 to 2038

	2021	2038	Change	% Change
Under 65	122,514	141,473	18,959	15.5%
65-74	16,408	21,872	5,463	33.3%
75-84	10,932	15,760	4,828	44.2%
85+	4,913	8,662	3,749	76.3%
Total	154,768	187,766	32,999	21.3%
Total 65+	32,253	46,293	14,040	43.5%
Total 75+	15,845	24,422	8,577	54.1%

Source: Demographic Projections

6. The mechanics of how the model works is consistent with the SHOP@ Model which is specifically referenced within the PPG.
7. The SHOP@ Toolkit itself however emphasises the need to take into account local circumstances - including the demographics, wealth and tenure profile of the area, and health of the local population - but also to consider and respond to adult social care strategies and recognise the role which the relevant adult social care authority has in 'shaping the market.'
8. West Sussex County Council (WSCC) has responsibilities, through the Care Act 2014, for both oversight of the care market and for 'market shaping.' It is expected through the latter to facilitate and shape the local market for adult care and support, so that it meets the needs of all people who need care and support – whether arranged or funded by the state, individuals themselves or other ways. This market shaping activity includes signalling to the market, the types of services needed now and in the future. In these terms, the County Council's strategic approach is of direct relevance to considering future older persons' housing and care needs.
9. West Sussex County Council's strategy – *'Adult social care in West Sussex: Our Vision and Strategy'*⁴ was considered in the SHMA on this basis (SHMA Para 8.33). It sets out that in the past WSCC has relied heavily on residential and nursing home care to meet the needs of adults with care and support needs, but that having regard to both demographics and cost pressures, continuing to do so would be both unsustainable and fail to respond to what most people want –

⁴ westsussex.moderngov.co.uk/documents/s8257/AH18_18-19_Appendix%201%20vision%20strategy.pdf

which is to continue living in their own homes. The County Council's strategic approach is thus to support people to live as independently as possible and reduce how much it relies on residential and nursing care. Its strategy to do so was to put in place a community-led model of support (providing care in people's homes), strengthen partnership working and increase the use of technology.

10. These key themes are continued in its current *Adult Social Care Strategy 2022-25*, which continues to emphasise the significant funding challenges affecting the sector and identifies that social care accounts for more than a third of its total expenditure. It continues to identify relatively high numbers of people living in residential care, and the need to "do more to help people live in their own homes." Part of the solution to this identified is expanding and promoting alternative models of housing – specifically extra care and supported living – whilst recognising that the majority of adults with social care needs do (and will continue to) live in mainstream housing.
11. It is in this context that the SHMA made adjustments to the prevalence rates from those identified in national studies, to reflect the specific local circumstances in Mid Sussex and the strategic approach of the relevant social care authority – WSCC.
12. Having regard to the above, the table below shows how the modelling in Table 8.7 seeks to 'shape' the profile of specialist housing relative to the existing position – in line with the Strategy of the adult social care authority.
13. The current prevalence rate for 2021 is calculated taking the current supply in Table 8.7 and comparing it to the population aged 75+. This can then be compared to the target prevalence rate from Table 8.7. We have shown this in Table 1 below, which indicates both the current and target prevalence rate for different forms of specialist housing. This shows:
 - The prevalence of residential and nursing care bedspaces is expected to reduce from 95 to 70 per 1000 (-25), but this is more than offset by the intended provision of 'housing with care' which rises from 16 per 1,000 to 54 per 1,000 (+49). A reduction in the prevalence rate is consistent with the strategic approach of WSCC.
 - The modelling thus sees extra care housing being delivered as an alternative to residential/nursing care provision – a format where care provision is available (on a 24/7 basis) but can be tailored to individuals needs. This is equally consistent with the County Council's Strategy.
 - The overall provision of specialist housing / care grows, with the assumption being of provision for 228 units/spaces per 1,000 residents aged 75+ which is above the current level of 219 per 1,000.
 - The levels of provision of 'housing with support' stay relatively stable overall, but the modelling addressing the imbalance of current provision which is focused towards affordable housing to more closely reflect the tenure profile of Mid Sussex households.

Table 1: Current and Target Specialist Housing Prevalence Rates

		Current Supply (from Table 8.7)	Population 75+ in 2011 (from Table 8.2)	Current Prevalence Rate (per 1,000 aged 75+)	Target Prevalence Rate
Housing with Support	Market	874	15,845	55	69
	Affordable	844	15,845	53	35
	Total	1718	15,845	108	104
Housing with Care	Market	119	15,845	8	40
	Affordable	128	15,845	8	14
	Total	247	15,845	16	54
Residential Care Bedspaces		511	15,845	32	33
Nursing Care Bedspaces		1001	15,845	63	37
Total Residential & Nursing Care Bedspaces		1512	15,845	95	70

14. The specific prevalence rates shown above were defined based on a number of steps. First a review of national studies was undertaken, as described in 8.27 – 8.31 in the SHMA. On this basis, Icenic concluded that the ‘2016 Housing LIN Review’ figures should be taken as a starting point. West Sussex County Council’s Strategy was then considered and overlaid – with its focus on strengthening a community-led approach and reducing reliance on residential and nursing care (as described in Para 8.33 and above). These are however national average figures.
15. The specific health characteristics of Mid Sussex’s population were then considered; and the tenure profile of its households – an approach which is consistent to that employed by Housing LIN themselves. The data in Table 8.6 indicated stronger life expectancy for Mid Sussex residents compared to the national profile (for both men and women), higher proportions of adults who were physically active and notably lower numbers with musculoskeletal problems (which might result in reduced mobility).⁵ Census data indicated that the proportion of older people (65+) with a long-term health problem or disability was also notably below wider areas, as shown in SHMA Figure 8.2, and was 17% below the national average. The conclusion drawn was that the relative health of the District’s population is notably better than across England as a whole (Para 8.6) which logically would result in a lower relative need for specialist housing/accommodation.
16. The prevalence rates shown were therefore reduced by 17% relative to the 2016 Housing LIN figures in SHMA Table 8.5 to take account of the relative health position. This resulted in an adjustment of the prevalence rate of ‘housing with support’ from 125 to 104 per 1000; from 65 to 54 for Housing with Care (taking a higher starting point figure to reflect County Council’s Strategy’s focus on extra care provision); from 40 to 33 per 1,000 for residential care and from 45 to 37 per 1,000 for nursing care.

⁵ The dementia diagnosis rate shown in Table 8.6 refers to how well dementia is diagnosed rather than the incidence of dementia and should therefore be set aside.

17. A final adjustment was made to reflect the tenure profile of Mid Sussex households. This again drew on the Housing LIN 2016 Review which identified different tenure splits based on the affluence/deprivation position, identifying four categories: most deprived; deprived; affluent; most affluent. Mid Sussex's characteristics corresponded with the 'most affluent' category as it was in the least deprived quartile of local authorities using the 2019 Indices of Deprivation. The LIN 2016 Review indicated on this basis that a 67%/33% split between leasehold and rented provision for housing with support, and 75%/25% split for housing with care should be applied.
18. The results of this modelling are shown in the SHMA in Table 8.7 which is replicated again below.

Table 8.7 Specialist Housing Need using Adjusted Shop@Review Assumptions, 2021-38

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Source: POPP/PANSI and Demographic Projections

19. A net need is shown over the period modelled for additional specialist housing across most categories, including for residential care bedspaces (+300 bedspaces).
20. The low need shown for affordable 'housing with support' reflects the high relative existing supply position.
21. The same is true for nursing care bedspaces, where the lack of a need for additional provision reflected in particular the significant volume of existing bedspaces in nursing homes in the District, which substantively eclipsed all other forms of specialist housing.
22. Relative to the existing provision, the prevalence of nursing care reduces - but this reflects both a) the very high existing prevalence of nursing home spaces (63 per 1,000) relative to the current national average (47 per 1,000), the strategic approach of seeking to reduce use of residential/nursing care and the relatively strong health of the District's population.
23. Overall, it is important to bear in mind that the resultant need figures are net figures. For nursing homes, we would expect that over the plan period some older and poorer quality care homes might close – particularly smaller homes which do not offer the critical mass to be run economically, and those which do not offer market standard facilities – such as individual rooms, en-suite facilities and level access. We would therefore expect some new-build development to occur to replace losses and improve the overall quality of provision.

24. The supporting text to Policy DPH4 recognises these issues; with for instance limb xii of the policy recognising that accommodation which no longer meets minimum standards of care and is not practical or viable to improve/adapt may be lost. It is also equally flexible to allow up-to-date evidence to be submitted alongside planning applications which provides both an updated position on need and supply (recognising for instance that supply can change over the plan period) and addressing local provision and gaps within this.