

An assessment of housing needs of older people and adults with care/support needs

For Harrow Council

Version: Final

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Housing Learning & Improvement Network

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Executive summary

This is an assessment of need for housing and supported accommodation assessment amongst:

- Older people.
- Adults with a learning disability and/or autism, including people with complex needs.
- Adults with mental health needs.
- Adults with physical disabilities/sensory disabilities.

Specialist housing for older people

Housing for older people (retirement housing for sale and for affordable rent). The estimated housing for older people net need to 2032 is c.660 units of which c.130 for social/affordable rent and c.530 for sale.

Housing with care (extra care housing). The estimated housing with care net need to 2032 is c.320 units of which c.160 for rent and c.160 for sale.

Residential care. The estimated residential care net need to 2032 is c.30 bedspaces.

Nursing care. The estimated nursing care net need to 2032 is c.200 bedspaces.

Supported accommodation for people with mental health needs

There is an estimated net need of c.50 units of supported accommodation for people with mental health needs living in Harrow, to 2032. Of this net need of c.50 units, c.10 is expected to be for Shared Lives accommodation and c.40 is expected to be for supported housing.

Supported accommodation for people with learning disabilities/autistic people

There is an estimated net need of c.155 units of supported accommodation for people with a learning disability/autism living in Harrow, to 2032. Of this net need of c.155 units, c.35 units is expected to be for Shared Lives accommodation, and c.120 units is expected to be for supported housing.

Accessible housing for people with physical disabilities

There is likely to be a need for accessible housing by 2032 amongst c.650 wheelchair-user households with an unmet need, of which:

- 260 are households of working age adults.
- 390 are households including both working age adults and adults aged 65+.

1. Introduction

- 1.01 This is a report by Ian Copeman and Darius Ghadiali from the Housing Learning and Improvement Network (Housing LIN)¹.
- 1.02 Harrow Council has commissioned the Housing LIN to undertake an assessment the future need, over the next 5+ years, for housing and supported accommodation for older people and adults who have care/support needs, including those eligible for care from Harrow Council adult social care.
- 1.03 The scope of this housing and supported accommodation assessment is:
- Older people.
 - Adults with a learning disability and/or autism, including people with complex needs.
 - Adults with mental health needs.
 - Adults with physical disabilities/sensory disabilities.
- 1.04 This research provides an evidence based quantitative assessment of housing and supported accommodation needs of the above citizen cohorts. We have also provided
- Examples in relation to contemporary housing practice and design suited to these citizen cohorts, and
 - Financial and risk considerations in relation to meeting the housing and supported accommodation needs of these citizen cohorts..
- 1.05 Harrow Council wishes to use this evidence base to inform its future housing planning, investment and delivery programmes. The council's objective is to support older people and adults with social care needs to live well and independently in their homes by having a wide range of housing and supported housing options available that enables this to happen.

¹ [The Housing Learning & Improvement Network](#)

2. Older People: Housing and accommodation need to 2032

2.01 The intention of this analysis is to identify the housing and accommodation needs of older people, many of whom will have care/support needs. This assessment of need includes estimated need for specialised housing for older people, such as retirement housing and extra care housing, and residential and nursing care provision.

Demographic context: Household population aged 65+ in Harrow

2.02 Household population data for Harrow is analysed with respect to the 65+ household population and Harrow's Chartered Institute of Public Finance and Accountancy (CIPFA) local authority comparators.

2.03 The CIPFA comparators are 15 local authorities that are similar in demographic and socioeconomic makeup to Harrow, based on the CIPFA Nearest Neighbours model.² Harrow's CIPFA comparator authorities are other London Boroughs.

2.04 Using 2018-based ONS household population projections data³, the household population for Harrow and its CIPFA comparators have been projected for the years 2022, 2027 and 2032.

2.05 The ONS 2018-based household populations projections data has been corroborated with the GLA 2020-based household populations projection data⁴ in order to verify the accuracy of the ONS projections.

2.06 Tables 1 and 3 show the household population projections for Harrow and its CIPFA comparators up to 2032 for the 65+ and 75+ household populations, respectively, and tables 2 and 4 show the percentage change for these populations relative to 2022.

² Chartered Institute of Public Finance and Accounting – Nearest Neighbours model: <https://www.cipfa.org/services/cipfastats/nearest-neighbour-model>

³ ONS 2018-based Household Population Projections for England: detailed data for modelling and analysis – principal projections

⁴ GLA 2020-based Demographic Projections - Variant trend projection: 2020 CH central lower - DCLG and ONS household model

Table 1. Household population projections for people aged 65+, for Harrow and its comparators, 2022 to 2032.

Authority	65+ household population		
	2022	2027	2032
Harrow	41,575	45,913	50,301
Barnet	58,254	65,702	74,706
Bexley	40,983	44,364	48,779
Brent	44,227	51,826	59,532
Bromley	57,660	61,926	67,819
Croydon	54,900	62,640	71,938
Ealing	46,478	52,159	58,539
Enfield	45,432	50,857	57,716
Hillingdon	42,576	47,542	53,119
Hounslow	35,170	39,642	44,709
Kingston upon Thames	25,030	27,843	31,145
Merton	26,781	29,472	33,180
Redbridge	39,751	44,219	49,404
Richmond upon Thames	32,305	36,343	41,373
Sutton	31,732	34,479	38,257
Waltham Forest	30,604	34,026	37,985
Comparator Average	40,841	45,560	51,156
England	10,462,587	11,495,081	12,704,711

Source: ONS 2018-based Household Projections

Table 2. Percentage change in the 65+ household population projections of Harrow, to 2032, in relation to its comparators.

Authority	% changes in the 65+ household population (measured in relation to the 2022 household population)	
	2027	2032
Harrow	10.4%	21.0%
Barnet	12.8%	28.2%
Bexley	8.3%	19.0%
Brent	17.2%	34.6%
Bromley	7.4%	17.6%
Croydon	14.1%	31.0%
Ealing	12.2%	25.9%
Enfield	11.9%	27.0%
Hillingdon	11.7%	24.8%
Hounslow	12.7%	27.1%
Kingston upon Thames	11.2%	24.4%
Merton	10.0%	23.9%
Redbridge	11.2%	24.3%
Richmond upon Thames	12.5%	28.1%
Sutton	8.7%	20.6%
Waltham Forest	11.2%	24.1%
Comparator Average	11.6%	25.3%
England	9.9%	21.4%

Source: ONS 2018-based Household Projections

2.07 There is projected to be an increase of c.21% in the 65+ household population between the years 2022 and 2032, which is lower than the projected increase amongst Harrow's comparator authorities (c.25%) and in line with the all-England projection (c.21%) over the same period.

Table 3. Household population projections for people aged 75+, for Harrow and its comparators, from 2022 to 2032.

Authority	75+ household population projections		
	2022	2027	2032
Harrow	19,390	21,592	24,207
Barnet	27,254	31,077	34,645
Bexley	20,606	21,903	22,949
Brent	19,477	22,662	26,496
Bromley	28,603	30,970	32,330
Croydon	24,591	27,451	30,878
Ealing	20,343	23,296	26,576
Enfield	21,459	23,472	25,754
Hillingdon	20,171	22,067	24,445
Hounslow	15,040	17,351	19,729
Kingston upon Thames	11,601	13,160	14,455
Merton	12,089	13,400	14,632
Redbridge	17,767	19,789	22,123
Richmond upon Thames	14,826	17,251	19,037
Sutton	15,106	16,415	17,704
Waltham Forest	13,549	14,950	16,609
Comparator Average	18,867	21,050	23,286
England	4,562,693	4,681,145	5,372,469

Source: ONS 2018-based Household Projections

Table 4. Percentage change in the 75+ household population projections for Harrow, to 2032, in relation to its comparators.

Local authority	% changes in the 75+ household population (measured in relation to the 2022 household population)	
	2027	2032
Harrow	11.4%	24.8%
Barnet	14.0%	27.1%
Bexley	6.3%	11.4%
Brent	16.3%	36.0%
Bromley	8.3%	13.0%
Croydon	11.6%	25.6%
Ealing	14.5%	30.6%
Enfield	9.4%	20.0%
Hillingdon	9.4%	21.2%
Hounslow	15.4%	31.2%
Kingston upon Thames	13.4%	24.6%
Merton	10.8%	21.0%
Redbridge	11.4%	24.5%
Richmond upon Thames	16.4%	28.4%
Sutton	8.7%	17.2%
Waltham Forest	10.3%	22.6%
Comparator average	11.6%	23.4%
England	12.9%	22.0%

Source: ONS 2018-based Household Projections

- 2.08 There is projected to be a c.25% increase in the 75+ household population in Harrow to 2032 which is slightly higher than the projection for Harrow’s comparator authorities (c.23%) and the all-England projection (c.22%) over the same period.
- 2.09 In summary, in Harrow it is estimated that by 2032 there will be an increase of c.21% in the 65+ household population and a c.25% increase in the 75+ household population.

Housing, health and social care context

- 2.10 Harrow’s average life expectancy at birth is 82.6 years⁵, which is slightly higher than London’s average life expectancy of 81.3 years, and higher than the average life expectancy for England of 81.5 years⁶.
- 2.11 The demand for residential and nursing care is partly influenced by the local prevalence of dementia amongst the older population. Table 5 shows the prevalence of dementia in Harrow⁷.

⁵ Public Health England: [Public Health Outcomes Framework - Harrow](#)

⁶ ONS: 2020 National life tables – England

⁷ NHS Digital, Recorded Dementia Diagnoses publications, December 2020 – accessed via PHE: [Dementia Profile](#)

Table 5. Number of people 65+ with dementia and dementia prevalence as a percentage of the total 65+ population (2020).

Area	Number of people 65+ with dementia in 2020	Percentage of people 65+ with dementia out of total 65+ population	Annual estimated % growth in people 65+ with dementia	Projected number of people 65+ with dementia to 2032 ¹⁵²⁴¹⁵
Harrow	1,524	3.93%	3.64% p.a.	2,188
London regional average	57,117	4.17%	3.32% p.a.	78,872
England	422,973	3.97%	6.53% p.a.	754,415

Source: NHS Digital, Recorded Dementia Diagnoses publications

- 2.12 Note that the figures for projected number of people 65+ with dementia in 2032 is based on projected growth rates from Wittenberg et al (2019)⁸.
- 2.13 The annual estimated percentage growth among the 65+ population in Harrow is higher than the London estimated growth but lower than the English estimated growth.

Income and socioeconomic context

- 2.14 At the most recent census, home ownership among 65+ households in Harrow was 89%⁹, which is significantly above the average English home ownership rate of 80%.

Table 6. Tenure for 65+ households in Harrow.

Tenure	Number of households	Percentage of total households
Owned / Shared Ownership	4,109	89%
Social rented	225	5%
Private Rented	295	6%
All tenures	4,629	100%

Source: ONS / Nomis 2011 census

- 2.15 The Income Deprivation Affecting Older People Index (IDAOPI)¹⁰ score is a measurement of people over the aged 60+ living in relative poverty, and a higher score for a local authority implies a higher level of relative poverty.
- 2.16 Harrow's IDAOPI score is 17.3 and is ranked 7th most deprived out of 15 CIPFA comparator authorities.

⁸ Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040; Care Policy and Evaluation Centre, London School of Economics and Political Science

⁹ Office for National Statistics (2013). Tenure by occupation by age - Household Reference Persons. Nomis Table DC4604EW.

¹⁰ Local Government Association: [IDAOPI score](#) – based on data from MHCLG

- 2.17 Home ownership rates amongst 65+ households and the IDAOPI score provide contextual evidence in relation to the tenure mix of future need for housing and accommodation for older people.

Existing older people's housing and accommodation

- 2.18 Data from the Elderly Accommodation Counsel's (EAC)¹¹ national database of older people's housing provision was reviewed to confirm the current supply in Harrow. This includes social and private sector housing for older people.
- 2.19 The following definitions of older people's housing are used to describe the different types of housing and accommodation for older people:
- **Housing for Older People (HfOP)¹²**: social sector sheltered and age-designated housing and private sector retirement housing. The most common types of Housing for Older people are:
 - **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.
 - **Private sector retirement housing**: This is typically similar to sheltered housing, but 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 (HwC)** (often referred to as '**extra care housing**' when provided by housing associations and local authorities and '**assisted living**' by private sector providers). Housing with care is designed for older people, some with higher levels of care and support needs. 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.
 - **Residential care home¹³**: a residential setting where a number of older people live, usually in single rooms, and have access to on-site care services. Personal care services include help with washing and dressing.
 - **Nursing care home**: similar to a residential care home, but additionally providing personal care from qualified nurses. These are sometimes called 'care homes with nursing'.

¹¹ Elderly Accommodation Counsel housing data (Q4 2019)

¹² EAC - [HousingCare Glossary](#)

¹³ NHS: Care homes: <https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/care-homes/>

2.20 Tables 7 and 8 provide an overview of the aggregate number of units of housing and accommodation for older people for all of the categories above.

Table 7. Current supply for all types of housing for older people (HfOP) and housing with care (HwC) in Harrow and for its comparators.

Local Authority	HfOP (units)				HwC (units)			
	Sale / shared ownership	Rent	Total	Prev	Sale / shared ownership	Rent	Total	Prev
Harrow	726	1,024	1,750	42	48	47	95	5
Barnet	908	1,947	2,855	49	0	200	200	7
Bexley	1005	1363	2,368	58	50	74	124	6
Brent	371	883	2,640	60	0	218	191	10
Bromley	1320	2,269	3,589	62	40	191	231	8
Croydon	884	2,092	2,976	54	0	348	348	14
Ealing	298	1,917	2,215	48	0	75	75	4
Enfield	723	1,395	2,118	47	0	93	93	4
Hillingdon	400	1,333	1,733	41	55	240	295	15
Hounslow	294	1,095	1,389	39	0	115	115	8
Kingston upon Thames	319	1,200	1,519	61	0	0	0	0
Merton	288	760	1,048	39	51	107	158	13
Redbridge	981	1,109	2,090	53	0	196	196	11
Richmond upon Thames	290	1,033	1,323	41	0	41	41	3
Sutton	637	1,409	2,046	64	57	112	169	11
Waltham Forest	259	1,436	1,695	55	0	126	126	9
Comparator Average	606	1,392	2,085	51	19	136	154	8
England	151,683	432,391	584,074	56	13,629	46,176	59,805	12

Source: Elderly Accommodation Counsel (2019).

N.B. 'Prev' denotes the prevalence rate – the number of housing units per 1,000 population 65+ and 75+

Table 8. Current supply of residential and nursing care beds in Harrow, and for its comparators.

Local Authority	Residential care (beds)	Prev	Nursing care (beds)	Prev
Harrow	337	17	627	32
Barnet	1,030	38	998	37
Bexley	695	34	655	32
Brent	264	14	612	31
Bromley	366	13	833	29
Croydon	627	25	1,335	54
Ealing	249	12	1,121	55
Enfield	711	33	598	28
Hillingdon	377	19	780	39
Hounslow	62	4	449	30
Kingston upon Thames	249	21	801	69
Merton	107	9	636	53
Redbridge	366	21	439	25
Richmond upon Thames	258	17	250	17
Sutton	263	17	719	48
Waltham Forest	490	36	84	6
Comparator average	403	21	684	36
England total	209,154	42	216,227	44

Source: Care Quality Commission (2021) and carehome.co.uk (2021)

N.B. 'Prev' denotes the prevalence rate – the number of care bedspaces per 1,000 population 75+

Estimate of need for housing and accommodation for older people in Harrow

Approach: considerations and assumptions

- 2.21 Data about the existing supply of older people's designated housing and accommodation in Harrow is used as a 'baseline' of current provision. This data is provided by the Elderly Accommodation Counsel. This study did not include an assessment of any of this housing/accommodation therefore no assumptions are made about its future 'fitness for purpose'.
- 2.22 ONS 2018-based household population data is used to identify relevant older populations in Harrow¹⁴. Based on evidence from the Housing LIN's advisory work with housing providers and local authorities in relation to designated housing and accommodation for older people, we use the following population bases for estimating future need for housing and accommodation for older people, reflecting the typical ages of moves to these types of age-designated housing/accommodation:

¹⁴ ONS 2018-based household population projections for England: detailed data for modelling and analysis

- The 75+ household population as the average age benchmark in relation to the need for housing with care, residential care and nursing care.
 - The 65+ household population as the average age benchmark in relation to the need for housing for older people (sheltered housing and retirement housing).
- 2.23 Over 85% of households headed by a person aged 65+ are homeowners. Harrow is ranked 7th most deprived out of 15 comparator authorities in terms of its IDAOPi score.
- 2.24 Based on this evidence, it is assumed that c.80% of future need for housing for older people will be for owner occupation. In relation to estimates of future need for housing with care, it is assumed that there will be a balance of 50%/50% need for owner occupation and social/affordable rent, reflecting the Council's policy intent to offer extra care housing as an accommodation option for older people with care needs.
- 2.25 Harrow Council's Strategic Housing Market Assessment (SHMA) (2018)¹⁵ shows a need, over a 25-year period between 2016 and 2041¹⁶, of:
 - 900 units of sheltered housing
 - 700 units of extra care housing, of which:
 - 500 units for ownership
 - 200 units for rent
- 2.26 It should be noted that the SHMA used a modelling tool developed by the Housing LIN in 2012 to produce these estimates. This modelling approach is now over 10 years out of date and was designed to provide a 'generic' guide to likely need for specialised housing for older people, rather than locally bespoke estimates.
- 2.27 In terms of the health and social care profile of the older population in Harrow, evidence indicates that average healthy life expectancy is in line with the average for London and England. The number of people aged 65+ with dementia is projected to increase in Harrow by 2032, and the projected growth in this population is above the projected growth for London but below the England projected growth. The incidence of dementia is a factor affecting need for residential care and nursing care.
- 2.28 Based on the Housing LIN's previous experience of local authority commissioning and placement funding practice, and local intelligence from Council Officers, it is assumed that up to 20% of placements into residential care could be substituted with living in housing with care (extra care housing).
- 2.29 Evidence in relation to the preferences of older people to move (i.e. 'downsizing'/'rightsizing') to types of housing/accommodation designated for older people is an influencing factor in estimating need for housing/accommodation: the

¹⁵ Harrow Council: Strategic Housing Market Assessment – Report of Findings (October 2018)

¹⁶ The estimates in the SHMA were produced using the Housing LIN: SHOP Resource Pack (2012)

Housing LIN has drawn on qualitative and quantitative research it has conducted with over 1,000 people aged 55+ the last three years. In summary this evidence indicates:

- Older people are seeking wider choices in the range of housing and accommodation options that will facilitate independence, in some cases this will be a move to alternative accommodation, for others this is about adapting their current home or bringing in care/support.
- Some older people are interested in and willing to 'downsize'/'rightsize' and move to specialist housing and accommodation for older people. HLIN research suggests that of those older people expressing an interest in 'moving':
 - c.50% are interested in moving to some form of specialist age-designated housing, primarily retirement housing (for sale or for social/affordable rent), followed by housing with care (extra care housing).
 - c.50% are interested in moving to 'age friendly' housing that meets age related needs but is not age-designated housing.
- There is very limited interest in a move to residential care or nursing care as a choice of specialist accommodation; most moves to these types of accommodation are 'forced moves' as a result of, for example, an acute health and/or care episode.

2.30 In relation to the impact of the Covid-19 pandemic, any assumptions based on emerging evidence are highly tentative given that the impact of the pandemic on the specialist housing and accommodation sector for older people is not yet clear. At this stage considerations based on tentative evidence could suggest in the medium to longer term:

- There is potential for a downward shift in preference for use of residential care.
 - There is potential for a preference amongst older people for remaining in their existing home with care if required.

2.31 A comparative analysis has been undertaken 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 and nursing care) in Harrow with the Chartered Institute of Public Finance and Accountancy (CIPFA) 'Nearest Neighbour' comparator authorities¹⁷, along with the all-England averages for supply of older people's housing and accommodation. This identifies how supply in Harrow compares to comparator authorities and across England generally. This is summarised in tables 9, 10 and 11.

¹⁷ <https://www.cipfastats.net/resources/nearestneighbours/>

Table 9. Prevalence rates (i.e. the number of units per 1,000 population aged 65+) Housing for Older People in Harrow, alongside its comparator average and all-England prevalence rates.

Area	Prevalence of HfOP
Harrow	42
CIPFA comparator average	51
England	56

Table 10. Prevalence rates (i.e. the number of units per 1,000 population aged 75+) Housing with Care in Harrow alongside its comparator average and all-England prevalence rates.

Area	Prevalence of HwC
Harrow	9
CIPFA comparator average	8
England	12

Table 11. Prevalence rates of residential and nursing care in Harrow and the comparator average and all-England prevalence rates (i.e. the number of bedspaces per 1,000 population aged 75+)

Area	Prevalence of Residential care	Prevalence of Nursing care
Harrow	17	32
Comparator average	21	36
England	42	44

2.32 The comparisons show that:

- For Housing for Older People, Harrow is significantly below its comparators' average prevalence and the English prevalence rate.
 - For Housing with Care, Harrow is slightly above its comparators' average prevalence but below the English prevalence rate.
 - For residential care, Harrow is below its comparators' average prevalence and the English prevalence rate.
 - For nursing care, Harrow has a prevalence rate below its comparators' average and the English prevalence rate.

2.33 This contextual evidence set out above (paragraphs 2.21- 2.30) is used as a basis for reasoned assumptions in relation to estimating need for housing and accommodation for older people in Harrow to 2032. In relation to each of the types of housing and accommodation for older people (as set out in paragraph 2.19) these assumptions are summarised below:

- Housing for Older People. Need is likely increase as a consequence of: an increase in the 65+ population; relative undersupply of housing for older people for sale, compared to the supply of housing for older people for social rent, in the context of over 80% home ownership amongst 65+ households; relative undersupply compared to comparator authorities; research with older people indicating an interest in moving

to housing suited to older people, although up to c.50% of need could be met through non 'age designated' housing.

- Housing with care. Need is likely to increase as a consequence of: an increase in the 75+ household population; research with older people indicating an interest in moving to housing suited to older people; increasing prevalence of dementia related needs amongst the 75+ household population.
- Residential care. Need is likely to 'flatline' as a consequence of: the potential for the impact of the Covid-19 pandemic to reduce demand (amongst local authority funded placements and self-funders), and an increase in the demand for housing with care.
- Nursing care. Need is likely to increase as a consequence of: an increase in the 75+ household population, increasing prevalence of dementia related needs amongst the 75+ household population.

2.34 Table 12 shows the anticipated likely need (prevalence rate) and the associated estimated need (units/bedspaces) for each type of housing and accommodation for older people:

- 2022 current provision. The number of units for that type of housing/accommodation, using data from the Elderly Accommodation Counsel about specialist housing and accommodation (from tables 7 and 8).
 - 2022 prevalence rate. The prevalence rate, the number of housing units/beds per 1,000 population aged 65+ or 75+¹⁸, based on population data from the ONS 2018-based household population projections and the Elderly Accommodation Counsel's specialist housing data (for units/beds).
 - 2032 anticipated need (prevalence rate). An estimate of the likely future need (expressed as a prevalence rate) based on the considerations and assumptions that are set out above.
 - 2032 estimated need. An estimate of the number of units/bedspaces of housing and accommodation for older people that will be needed, based on estimated need (prevalence rates) for 2032 and the applicable projected 65+ or 75+ household population for 2032.
 - Net need. A calculation of the additional number of units/bedspaces that are estimated to be required by 2035, in order to meet the estimated need for that type of housing/accommodation. It is the 2035 estimated need minus the 2022 current provision.

¹⁸ Household population 65+ for housing for older people; household population 75+ for housing with care and residential/nursing care

Table 12. Current and anticipated provision, prevalence and need for housing and accommodation, to 2032.

Housing/accommodation type	2022 current provision (units / beds)	2022 prevalence rate	2032 anticipated need (prevalence rate)	2032 estimated need	Net need (units)
Housing for Older People	1,750	42	50	2,515	660
Housing with Care	95	5	20	484	319
Residential care	337	17	15	363	26
Nursing care	627	32	34	823	196

2.35 The estimated total need for housing and accommodation for older people is shown disaggregated for 2027 and 2032 in table 13 and table 14. Net need is not cumulative.

Table 13. Estimated total need, excluding current supply, for older people's housing and accommodation to 2032.

Housing / accommodation type	2027	2032
Housing for Older People (units)	2,172	2,515
Housing with Care (units)	308	484
Residential care (bedspaces)	13	26
Nursing care (bedspaces)	89	196

2.36 The estimated net need for housing and accommodation for older people is shown disaggregated for 2027 and 2032 with a suggested tenure split of need for housing for older people and housing with care in table 14. Net need is not cumulative.

Table 14. Estimated net need for older people's housing and accommodation to 2032, by tenure.

Housing / accommodation type	2027	2032
Housing for Older People (units)	317	660
<i>For rent</i>	63	132
<i>For sale / shared ownership</i>	254	528
Housing with Care (units)	143	319
<i>For rent</i>	71	160
<i>For sale / shared ownership</i>	71	160
Residential care (beds)	13	26
Nursing care (beds)	89	196

NB. Figures may not sum due to rounding

2.37 In summary, this indicates that the estimated housing/accommodation for older people net need requirements for Harrow to 2032 are shown in table 15.

2.38 The intention of this assessment is to identify the housing and accommodation needs of older people, many of whom will have care/support needs. This assessment of need includes estimated need for specialised housing for older people, including retirement housing and extra care housing, and residential and nursing care

provision. The most recent SALT data indicates that 1,315 people aged 65+ were receiving a care service from the Council; the majority of these people are likely to be receiving a care service in their own home. The estimated need for housing and accommodation for older people provides an indication of the proportion of this cohort of older people receiving a care service from the Council are likely to need specialised housing and accommodation (particularly extra care housing and nursing care).

Table 15. Housing and accommodation for older people, net estimated assessed need to 2032.

Housing type and use class	Number of units/bedspaces
Housing for older people (retirement and contemporary 'sheltered housing'). Use class C3	c.660 units: <ul style="list-style-type: none"> • c.130 for social/affordable rent • c.530 for sale
Housing with care (extra care housing). Use class C3/C2	c.320 units: <ul style="list-style-type: none"> • c.160 for social/affordable rent • c.160 for sale
Residential care. Use class C2	c.30 bedspaces
Nursing care. Use class C2	c.200 bedspaces

3. Adults with mental health needs: estimated need for housing and supported accommodation

3.01 The intention of this assessment is to identify the housing and accommodation needs of people with significant mental health needs, many of whom will have care/support needs as well as health related needs.

Component 1: Population baseline

3.02 Data with respect to the number of adults with a mental health condition registered on the Care Programme Approach (CPA)¹⁹ shows that there were 400 individuals²⁰ between the age of 18 to 64 with a mental health related need living in Harrow in 2022.

Component 2: Current housing/accommodation status

3.01. The housing/accommodation status of the known current working age adult population is shown below, which is based on data from LB Harrow.

3.02. This includes the population of adults aged 18-64 with a mental health need disaggregated by a range of current accommodation categories including:

- No./% living in residential care.
- No./% living in nursing care.
- No./% living in supported housing.
- No./% living in mainstream housing as tenants and/or homeowners.

Table 16. Accommodation of adults aged 18-64 in Harrow with a mental health need.

Housing & accommodation type	Number of people	Share of total (%)
Supported housing	104	26%
Shared Lives	2	1%
Residential care	82	21%
Nursing care	19	5%
Mainstream housing	193	48%
Total	400	100%

Source: CPA/LB Harrow

NB. Percentages may not sum due to rounding

3.03 Mainstream housing represents approximately 48% of the current accommodation occupied by people with a mental health related need.

¹⁹ NHS Digital: Mental Health Services Data Set: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set>

²⁰ NHS Digital: Mental health service users on Care Programme Approach: % of mental health service users (end of quarter snapshot) 2019/20 Q2 – [accessed via PHE Fingertips](#)

An assessment of housing needs of older people and adults with care/support needs

- 3.04 26% of people with a mental health need are living in supported housing.
- 3.05 21% of people with a mental health need are living in residential care. This is considerably higher than is typical.

Component 3: Projecting future population of people with a mental health support need taking account of relevant local and national factors

- 3.06 These estimates of population growth take account of factors such as younger people with mental health related needs becoming adults and an ageing population. Based on working age household population projected growth²¹ for Harrow, a 0.4% increase per 10 years is assumed.
- 3.07 Based on the increase of 0.4% over 10 years, the projected need for accommodation, for each five-year period to 2032 is shown in table 17. The estimated net need for additional housing and supported accommodation for Harrow for each five-year interval to 2032 is presented in table 18.

Component 4: Assumptions about the need for different housing/ supported accommodation types (i.e. the relative percentage of each housing/accommodation type) to be applied the estimated population to 2032 to identify projected housing needs

- 3.08 Assumptions with respect to the projected need for housing and accommodation for people with a mental health related need in Harrow include the following:
- The population for adults with a mental health need is from the number of people on the CPA²² in Harrow;
 - The growth of 0.4% per year for the adult population with a mental health need. Source: ONS 2018-based household projections²³.
 - Research by the Housing LIN with people with mental health needs indicates that:
 - There is a need for supported housing with significant support on site that enables people to 'step down' from acute hospital settings.
 - There is no desire to live in residential care settings.
 - There is a need for supported housing that supports recovery and independence.
 - There is a requirement for access to mainstream housing with support as required.

²¹ ONS 2018-based household projections for England: Detailed data for analysis

²² NHS Digital: Mental health service users on Care Programme Approach: % of mental health service users (end of quarter snapshot) 2019/20 Q2 – [accessed via PHE Fingertips](#)

²³ ONS 2018-based Household projections for England: detailed data for modelling and analysis

An assessment of housing needs of older people and adults with care/support needs

- Evidence from the Harrow Council²⁴ been used in relation to the estimated likely need for different types of accommodation needed by this population cohort.
- The percentage of people living in nursing and residential care is assumed to decrease by 50% by 2032.
- The estimated growth in population and a reduction in need for residential/nursing care is reflected in growth in need for supported housing and mainstream housing.
- It is assumed that there will be a modest increase in need for Shared Lives placements.

Component 5: Identifying estimated future housing and accommodation need for people with a mental health support need

- 3.09 This identifies changes in net housing and supported accommodation requirements to meet projected housing need and changes in the types of housing/ supported accommodation required. This is based on applying the assumptions in component 4 to the current housing/supported accommodation provision in relation to components 1 and 2. This is then adjusted for identified population change over time from component 3.
- 3.10 Table 17 shows estimated need for housing/supported accommodation for people with a mental health need for Harrow up to 2032.
- 3.11 Table 18 shows the estimated net additional need for housing / supported housing for each period to 2032. This is represented by the net additional units of mainstream housing (rented and owner-occupied) and supported housing.

²⁴ Manual Placements in Harrow – Number of current supported long-term service users: Supported housing, residential care, nursing care.

An assessment of housing needs of older people and adults with care/support needs

Table 17. Estimated need for housing/supported accommodation for people with mental health needs in Harrow to 2032.

	Adult pop. 2022	Existing supply of housing & supp. accom. (%)	Adult pop. 2027 and estimated need	Estimated need for housing & supp. accom. (%)	Adult pop. 2032 and estimated need	Estimated need for housing & supp. accom. (%)
Population	400		401		402	
Housing & accommodation types						
Supported housing / Supported Living	104	26%	124	31%	145	36%
Shared Lives	2	1%	5	1%	8	2%
Residential care	82	21%	61	15%	40	10%
Nursing care	19	5%	14	3%	8	2%
Mainstream housing	193	48%	197	49%	201	50%
Totals	400	100%	401	100%	402	100%

Source: NHS Digital, ONS 2018-based household projections for England, Harrow Council

An assessment of housing needs of older people and adults known to LB Harrow adult social care

Table 18. Net additional housing and supported accommodation need (units) to 2032, with respect to 2022 supply.

Type of accommodation	Net additional units required (2027)	Net additional units required (2032)
Shared Lives	3	6
Supported housing	20	41
Total	23	47

- 3.12 Tables 17 and 18 suggest that there is an estimated net need of c.45 units of additional mainstream housing and supported accommodation for people with a mental health support need living in Harrow, to 2032.
- 3.13 Of this total net need, c.40 units are expected to be for supported housing and c.5 units are expected to be for mainstream housing. It is assumed that this is predominantly need for affordable rented housing.
- 3.14 The intention of this assessment is to identify the housing and accommodation needs of people with significant mental health needs, many of whom will have care/support needs as well as health related needs. This assessment of need includes estimated need for supported housing. The most recent SALT data indicates that 395 people with mental health problems were receiving a care/support service from the Council; the majority of these people are likely to be receiving a care/support service in their own home. The estimated need for supported housing provides an indication of the proportion of this cohort of people with mental health needs receiving a care/support service from the Council are likely to need specialised housing and accommodation.

4. Adults with learning disability: estimated need for supported housing

- 4.01 The intention of this analysis is to identify the housing and accommodation needs of people with learning disability/autism who have care/support needs.
- 4.02 In order to identify the future trends in relation to people with a learning disability and/or autism that have social care needs, Harrow data return for the NHS Short- and Long-Term Support (SALT) dataset²⁵ has been used.
- 4.03 SALT data has been used to provide a population baseline and data for the accommodation status for adults aged 18-64 that have a learning disability.

A. Establishing the population baseline

- 4.04 The number of adults aged 18-64 with learning disabilities/autism in Harrow was 644 individuals in the period April 2018 – March 2019²⁶. The housing/accommodation status of these 644 individuals is shown in section B (below).

B. Identifying the current housing/accommodation status and characteristics of the baseline population

- 4.05 Table 19 sets out the types of housing/accommodation status of the 644 individuals.

Table 19. Housing/accommodation status of baseline population.

Accommodation/housing provision	Number of people accommodated
Accommodation/housing provision and types:	644 adults aged 18-64 with learning disabilities
Residential care	151
Nursing care	14
Shared Lives (adult placement)	0
Supported housing/supported living (self-contained)	57
Supported housing/supported living (shared)	58
Living with family / friends / informal carers (settled)	215
Mainstream housing with a care / support package	149

Source: SALT, Harrow Council

²⁵ [Short- and Long-Term Support \(SALT\); NHS Digital](#)

²⁶ NHS: Short- and Long-Term Support data (2018/19) for Harrow

C. Projecting future adult population with a learning disability for Harrow.

4.06 The population projection amongst people with learning disabilities to 2032 in Harrow is shown in table 20.

4.07 This is based on the following assumptions:

- An ongoing increase of 0.48% over 10 years (based on evidence in relation to the population derived from ONS 2018-based household projections data²⁷ for Harrow) is assumed amongst the population of people with learning disabilities in Harrow. This growth is applied to the number of people with a learning disability.
- This includes assumed population growth from:
 - A growing older population of adults with learning disabilities.
 - Young people with learning disabilities/autism becoming adults (young people 'in transition').

Table 20. Estimated population of adults with learning disabilities aged 18-64 in Harrow projected to 2032.

2022	2027	2032
644	659	675

D. The application of agreed assumptions in relation to different housing/accommodation types to estimate housing need of the population of adults with learning disabilities to 2032.

4.08 This is based on:

- Comparison with England average 'benchmarks' of the use of different types of housing/accommodation for people with learning disabilities.
- Assumptions in relation to population growth factors in the need for housing/accommodation.
- Analysis of the current provision of housing and accommodation to identify potential gaps in provision and suggested over/under supply of housing/accommodation options.
- Qualitative discussion with local authority commissioners in relation to future commissioning intent.
- An assumption that the use of residential care is anticipated to decrease from 23% in 2022 to 11% by 2032, reflecting the preferences fo people with learning disability/autism to have housing with care (rather than placements in care homes). Harrow's current use of residential care is below the London and England average (table 23).

²⁷ ONS 2018-based household projections for England: detailed data for modelling and analysis

- Supported housing/supported living is expected to increase due to the increasing overall population and anticipated reduction in the use of residential care.
- Living with family / informal carers, based on similar assessments for other local authorities, it is assumed that the percentage of people with learning disabilities/autism living with family carers, particularly older carers, will decrease by c.20% to 2032.
- A modest level of growth has been assumed for Shared Lives.

Table 21. Adults with learning disabilities (SALT) that are accommodated in residential care (excluding nursing care) in Harrow compared to London and England.

	Harrow	London	England
Use of residential care	23%	18.3%	16.6%

Source: SALT. The percentages reflect the number of adults aged 18-64 that have a learning disability (SALT) that are in residential care, out of the total number of adults with a learning disability (SALT).

- 4.09 The SALT data for Harrow shows that 33% of adults with learning disabilities live with family and informal carers. As some of those carers age and/or are no longer able to undertake this caring role for other reasons, then it can be assumed that a proportion of this 33% will require alternative housing. From this type of housing need assessment for adults with learning disability undertaken for other local authorities it is reasonable to assume that c.20% of this cohort of the adult population will need alternative housing/accommodation by 2032.
- 4.10 If this additional housing need were taken up equally through supported housing/living and adult placements, this would require:
- Growth in adult placement provision to provide c.5% of accommodation overall.
 - Supported housing/living providing c.35% of accommodation overall (including a reduction in the use of residential care).
- 4.11 In summary the anticipated need for housing/accommodation, based on the analysis and assumptions above, that is likely to occur between 2022 and 2032 is shown in table 22.

Table 22. Estimating future housing need: housing/accommodation type assumptions.

Accommodation/housing type	Prevalence of provision (as % of total pop.) 2022	Assumed anticipated need (as % of total pop.) 2032
Residential care	23%	11%
Nursing care	2%	1%
Shared Lives (adult placement)	0%	5%
Supported housing / supported living – self-contained	9%	25%
Supported housing / supported living - shared	9%	10%
Living with family / friends / informal carers (settled)	33%	25%
Mainstream housing with a care / support package	23%	23%
Total	100%	100%

E. Identifying estimated future housing/accommodation need for people with learning disabilities:

4.12 The estimates of future housing/accommodation need for people with a learning disability/autism in Harrow are derived through application of the previous stages in the estimation process.

4.13 This includes:

- Use of the 'baseline' number of people living in each type of accommodation (including mainstream housing, residential care, supported housing) as the initial basis for projection of future need. These figures are shown under the 2022 figures in table 23.
- Application of the projected growth for the adult population with a learning disability/autism to project the baseline population to 2032.
- Application of the assumptions applied in relation to estimated need for each type of housing/accommodation (from stage D).
- Subtraction of the current number of units of supported housing and mainstream housing from the estimated number of units needed in order to estimate the net number of units required. These figures are show in table 24.

4.14 There is estimated to be an overall increase in the need for an additional c.155 supported housing and shared lives placements by 2032.

4.15 It is estimated that this represents:

- A reduction in residential care places from 151 to 74.
- An increase in Shared Lives placements from 0 to 34.

An assessment of housing needs of older people and adults with care/support needs

- An increase in supported housing/supported living arrangements from 115 units to 236 units.

An assessment of housing needs of older people and adults with care/support needs

Table 23. Harrow: Supported accommodation need for adults with learning disability/autism estimated to 2032.

	Adult pop. 2022	Existing supply of housing & accom. (%)	Adult pop. 2027	Estimated need for housing & accom. (%)	Adult pop. 2032	Estimated need for housing & accom. (%)
Population	644		659		675	
Housing & accommodation types						
Residential care (LBH)	151	23%	114	17%	74	11%
Nursing care (LBH)	14	2%	10	2%	7	1%
Shared Lives (adult placement) (LBH/SALT)	0	0%	16	3%	34	5%
Supported housing / supported living - self-contained (LBH)	57	9%	112	17%	169	25%
Supported housing / supported living - shared (LBH)	58	9%	63	10%	67	10%
Living with family / friends / informal carers (SALT)	215	33%	193	29%	169	25%
Mainstream housing with a care / support package (SALT)	149	23%	152	23%	155	23%
Totals	644	100%	659	100%	675	100%

Source: Harrow Council and SALT, Harrow.

Table 24. Net additional units of supported accommodation required for people with a learning disability/autism in Harrow to 2032

	Net additional units required 2027	Net additional units required 2032
Shared Lives	16	34
Supported housing	59	121
Total	76	155

- 4.16 In summary, an additional c.155 units of supported accommodation is estimated to be needed by 2032 for people with a learning disability/autism in Harrow. It is assumed that this need is for rented supported housing.
- 4.17 Of these additional c.155 units, c.35 is expected to be for Shared Lives accommodation and c.120 is expected to be for supported housing.

5. Adults with physical disabilities: need for accessible housing

5.01 The intention of this analysis is to identify the housing and accommodation needs of people with physical and sensory disabilities, many of who will require accessible properties, some of whom will have care/support needs. This assessment of need includes estimated need for accessible housing, including for wheelchair users.

Estimate of the number of wheelchair-user households with an unmet need for accessible housing

5.02 The method for estimating the total number of wheelchair user households in Harrow with an unmet need for accessible housing is based on methods derived from two complementary estimation models:

- The Horizon Housing model²⁸ *'Still minding the step?'*. This is used to estimate a figure for the number of wheelchair user households that have an unmet housing need.
- The Habinteg Housing Association model;²⁹ this is used to estimate, the number of wheelchair user households with an unmet need for either fully adapted or accessible housing.

5.03 The method outlined in the Horizon Housing report draws upon evidence from:

- The Scottish Household Survey³⁰ (SHS), from which the following has been derived: data about the suitability of accommodation amongst wheelchair user households.
- The English Housing Survey³¹ (EHS), from which the following data has been derived:
 - The proportion of wheelchair users that use a wheelchair exclusively indoors, equivalent proportion for wheelchair users using a wheelchair exclusively outdoors.
 - Data about unmet accessible housing need for wheelchair user households.

5.04 In addition to this, household population data for Harrow³² has been used to apply the method derived from these models to produce local estimates of the number of

²⁸ Horizon Housing (2018): Still Minding the step? A new estimation of the housing needs of wheelchair users in Scotland; North Star Consulting and Research, CIH Scotland.

²⁹ Habinteg. Mind the Step: An estimation of housing need among wheelchair users in England.

³⁰ Scottish Household Survey 2015: Accommodation suitability.

³¹ English Housing Survey 2014/2015: Unsuitable accommodation, by age and tenure.

³² ONS 2018-based Household projections for England: detailed data for modelling and analysis

wheelchair user households and wheelchair user households with unmet need for accessible housing.

5.05 Table 25 shows household population data for Harrow and data about wheelchair users and unmet need for accessible that are applied to Harrow.

Table 25. Wheelchair user households and unmet need for accessible housing.

Data related to wheelchair user households	Percentage / value	Source
Overall number of households in Harrow	86,910 households	ONS 2018-based household projections (Principal projection)
Percentage of households that have at least one wheelchair user	3.6%	SHS (2015)
Percentage of total households that use a wheelchair exclusively outdoors	2.3%	EHS (2014/15)
Percentage of total households where a wheelchair user uses a wheelchair exclusively indoors	0.4%	EHS (2014/15)
Percentage of total households where a wheelchair user uses a wheelchair all of the time	0.9%	EHS (2014/15)
Percentage of wheelchair user households (outdoor and/or continuous use) with an unmet housing need	19.1%	EHS (2014/15)
Percentage of wheelchair user households (indoor use only) with an unmet need for accessible housing	25.6%	SHS (2015)

Source: Horizon Housing/Habinteg Housing

5.06 To produce estimates of need for accessible housing, the data (percentages) in table 25 are applied to the total number of households in Harrow, following the method outlined in the Horizon Housing model. The method is as follows:

- Calculate the number of indoor-only wheelchair user households
- Calculate the number of outdoor-only wheelchair user households
- Calculate the number of wheelchair user households where the user uses the wheelchair continuously
- Calculate the unmet housing need among indoor-only wheelchair user households
- Calculate the unmet housing need among outdoor-only wheelchair user households

- Calculate the unmet housing need among wheelchair user households using wheelchairs continuously
- Calculate all unmet need among wheelchair user households

5.07 Table 26 shows the application of this model for both Harrow and for England.

Table 26. Estimate of number of households with a wheelchair user and an unmet need for accessible housing, for Harrow and England. Method derived from Horizon Housing model

Steps	Harrow calculation and value	England calculation and value
1. Calculate the number of indoor-only wheelchair user households	0.4% x 86,910 = 348	0.4% x 23,868,499 = 95,474
2. Calculate the number of outdoor-only wheelchair user households	2.3% x 86,910 = 1,999	2.3% x 23,868,499 = 548,975
3. Calculate the number of wheelchair user households where the user uses the wheelchair continuously	0.9% x 86,910 = 782	0.9% x 23,868,499 = 214,816
Subtotal: Steps 1 to 3	3,129 wheelchair user households (3.6% of total number of households)	859,265 wheelchair user households (3.6% of total number of households)
4. Calculate the unmet housing need among indoor-only wheelchair user households	25.6% x 348 = 89	25.6% x 95,474 = 24,441
5. Calculate the unmet housing need among outdoor-only wheelchair user households	19.1% x 1,999 = 382	19.1% x 548,975 = 104,854
6. Calculate the unmet housing need among wheelchair user households using wheelchairs continuously	19.1% x 782 = 149	19.1% x 214,816 = 41,030
7. Calculate all unmet need for accessible housing among wheelchair user households	89 + 382 + 149 = 620 (0.71% of total households)	24,441 + 104,854 + 41,030 = 167,325 (0.71% of total households)

Sources: Horizon Housing; English Housing Survey (2014/15), Scottish Household Survey (2015) and ONS 2018-based estimate for households in England.

5.08 Based on the Horizon model, there are estimated to be approximately 620 wheelchair user households in Harrow that have an unmet need for accessible housing (2022).

5.09 It is assumed that wheelchair users most likely to require a fully adapted property are indoor only and continuous wheelchair users, i.e. c.38% of estimated unmet need for accessible housing.

5.10 Of these c.620 households:

- It is estimated that c.236 households require **fully wheelchair adapted dwellings**, i.e. similar to Part M(4) Category 3 broadly equivalent to the Wheelchair Housing Design standard.

- It is estimated that c.383 households require **accessible and adaptable dwellings**, i.e. similar to Part M(4) Category 2 broadly equivalent to the Lifetime Homes standard.

- 5.11 The Habinteg model has the following underlying assumption that the majority of wheelchair users (60%) are age 65+, and the remaining 40% are for working age adults and under 18s. This assumption is based on data from the English Housing Survey.
- 5.12 Application of the Habinteg model on age disaggregation of wheelchair users allows for the estimate of households that have an unmet need for accessible housing, generated from the Horizon model, broken down by age of wheelchair user in those households.
- 5.13 The table below shows the projected growth in the number of wheelchair user households with an unmet need, over the next 10 years. This is disaggregated by age group of the wheelchair users within those households.

Table 27. Projected growth in number of households in Harrow with an unmet need for accessible housing to 2032, disaggregated by age group.

Year	Growth rate (relative to 2022)	Number of wheelchair user households with an unmet need	Households with an unmet need: working age adults and children	Households with an unmet need: adults 65+
2022	-	620	248	372
2027	2.5%	636	254	381
2032	4.5%	647	259	388

Source: ONS 2019-based household projections for England; Habinteg Housing/Horizon Housing models

- 5.14 In summary there is estimated to be:
- c.620 wheelchair user households with an unmet need for accessible housing in 2022, of which c.240 are households with an unmet need for fully wheelchair adaptable dwellings and c.380 are households with an unmet need for accessible dwellings.
 - c.650 wheelchair user households with an unmet need for accessible housing in 2032, of which c.250 are households with an unmet need for fully wheelchair adaptable dwellings and c.400 are households with an unmet need for accessible dwellings.
 - c.650 wheelchair user households with an unmet need in 2032, of which **c.260 are working age households or households with children with an unmet need for accessible housing**, and c.390 are households with a wheelchair user adult aged 65+.
- 5.15 Harrow Council has provided information regarding accommodation provided for people with physical disabilities living in Harrow. This data shows that there are following number of people living in the following categories of accommodation:

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- Residential care: 180
 - Nursing care: 144
 - Supported housing: 11
- 5.16 If LB Harrow reduces the percentage of people with physical/sensory disabilities living in residential and nursing care by, for example, c.20% by 2032, this would increase the need for accessible housing from 650 units to 715 units.
- 5.17 Data for the number of Disabled Facilities Grants (DFGs) has also been provided by Harrow Council on the number of DFGs awarded in 2019/20 and 2020/21. This data shows:
- Number of DFGs awarded in 2019/20 for people aged 18-65: 37
 - Number of DFGs awarded in 2019/20 for people aged 65+: 117
 - Number of DFGs awarded in 2020/21 for people aged 18-65: 34
 - Number of DFGs awarded in 2020/21 for people aged 65+: 60
- 5.18 If LB Harrow were to increase the provision of DFGs for people with physical disabilities who need an adapted property, this would 'offset' the estimated need for adapted and accessible housing to 2032.
- 5.19 The intention of this analysis is to identify the housing and accommodation needs of people with physical and sensory disabilities, many of who will require accessible properties, some of whom will have care/support needs. This assessment of need includes estimated need for accessible and adapted housing. The most recent SALT data indicates that 345 people with physical disabilities were receiving a care/support service from the Council; the majority of these people are likely to be receiving a care/support service in their own home. The estimated need for accessible/adapted housing provides an indication of the proportion of this cohort of people with physical disabilities receiving a care/support service from the Council are likely to need accessible and adapted housing.

7. Summary findings: projected net need for housing and supported accommodation in Harrow

7.01 Table 28 below shows the overall projected net need across the different types of housing and accommodation for older people, people with a learning disability/autism, people with a mental health need and people with physical/sensory disabilities.

Table 28. Housing and supported accommodation net need for Harrow to 2032.

	Cohort of people and housing and accommodation type	Existing supply of supported housing/accom. (units/bedspaces)	Additional units / bedspaces needed by 2027	Additional units / bedspaces needed by 2032
A	Older people			
1	Housing for older people <ul style="list-style-type: none"> for social rent/affordable rent (units) for sale/shared equity (units) Total	1,024 726 1,750	63 254 317	132 528 660
2	Housing with care: <ul style="list-style-type: none"> for social rent/affordable rent (units) for sale/shared equity (units) Total	47 48 95	71 71 143	160 160 319
3	Residential care (beds)	337	13	26
4	Nursing care (beds)	627	89	196
B	People with mental health related needs: <ul style="list-style-type: none"> Shared Lives Supported housing Total	2 104 -	3 20 23	6 41 47
C	People with learning disabilities/autism (including young people in 'transition'): <ul style="list-style-type: none"> Shared Lives accommodation Supported housing Total	0 115 -	16 59 76	34 121 155
D	Need for accessible housing (including wheelchair accessible homes)		620	647
	<ul style="list-style-type: none"> Working age population Total population 		248 372	259 385

Estimated net need for housing and accommodation for older people in Harrow

- 7.02 The draft findings from this assessment of estimated need for housing and accommodation for older people in Harrow are summarised. The estimated housing and accommodation for older people net need requirements for Harrow to 2032 are as follows.
- 7.03 **Housing for older people** (retirement housing for sale and for affordable rent). The estimated housing for older people net need to 2032 is c.660 units of which c.130 for social/affordable rent and c.530 for sale. It is assumed that up to 50% of this estimated need could be met through the provision of mainstream housing that is designed for and accessible to older people even if it is not technically 'designated' for older people, for example housing that is 'care ready' and suited to ageing as distinct from 'retirement housing'. This may include mainstream housing to accessible and adaptable standards M4(2) and M4(3).
- 7.04 **Housing with care** (extra care housing). The estimated housing with care net need to 2032 is c.320 units of which c.160 for rent and c.160 for sale. This will meet the housing and care needs of older people who are self-funders as well as older people who need rented accommodation and may be eligible for care funding from the Council. This need could be met in part through mixed tenure development of extra care housing.
- 7.05 **Residential care**. The estimated residential care net need to 2032 is c.30 bedspaces.
- 7.06 **Nursing care**. The estimated nursing care net need to 2032 is c.200 bedspaces.

Housing and supported accommodation estimated net need for adults with a mental health need in Harrow

- 7.07 There is an estimated net need of c.25 units of supported accommodation for people with mental health needs living in Harrow, to 2027. Of this net need of c.25 units, c.5 is expected to be for Shared Lives accommodation, and c.20 is expected to be for supported housing.
- 7.08 There is an estimated net need of c.50 units of supported accommodation for people with mental health needs living in Harrow, to 2032. Of this net need of c.50 units, c.10 is expected to be for Shared Lives accommodation and c.40 is expected to be for supported housing.

Housing and supported accommodation estimated net need for adults with a learning disability/autism in Harrow

- 7.09 There is an estimated net need of c.80 units of supported accommodation for people with a learning disability/autism living in Harrow, to 2027. Of this net need of c.80 units, c.20 units is expected to be for Shared Lives accommodation, and c.60 units is expected to be for supported housing.
- 7.10 There is an estimated net need of c.155 units of supported accommodation for people with a learning disability/autism living in Harrow, to 2032. Of this net need of c.155 units, c.35 units is expected to be for Shared Lives accommodation, and c.120 units is expected to be for supported housing.

Need for accessible housing: people with physical/sensory disabilities

- 7.11 In summary, there is likely to be a need for accessible housing by 2032 amongst:
- c.650 wheelchair-user households with an unmet need, of which:
 - 260 are households of working age adults.
 - 390 are households of people aged 65+.

8. Contemporary good practice and design in relation to supported accommodation and accessible housing

Housing suited to older people

- 8.01 As highlighted in the MHCLG Select Committee report into housing for older people³³, '*Housing our Ageing Population: Panel for Innovation*' (or HAPPI³⁴) has been an important 'unofficial' policy driver affecting the future of older people's housing and associated services. If housing for older people, including sheltered housing and extra care housing, is to reflect the needs and expectations of current and future older people in England the development and adoption of a more aspirational standard for all forms of housing for older people is necessary, reflecting the HAPPI principles. HAPPI focused on assessing how to improve the quality of life for older people; change perceptions around mainstream and specialist housing for this demographic; and raise aspirations for higher quality homes and spread awareness of the range of options available
- 8.02 Whilst not a design standard – such as those relating to Lifetime Homes³⁵ or wheelchair accessibility – as recognised by the Select Committee, HAPPI is increasingly recognised as an attractive design addition by those developing more lifestyle, aspirational orientated sheltered/retirement housing and extra care housing for rent and sale.
- 8.03 There is also a large volume of research and guidance produced about the value and role of older people's housing^{36,37}, including sheltered and extra care housing.
- 8.04 The government's 2018 Memorandum of Understanding³⁸ between health and housing policy makers, trade and professional bodies seeks to maximise opportunities to embed the role of housing in joined up action on improving health and social care services. Alongside this greater partnership approach beginning to be adopted in health and social care economies, there is a growing interest amongst both housing association and private sector operators in developing housing and associated customer offers that are intended to attract 'downsizing', both from general needs social housing and by owner occupiers.

³³ <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/370/370.pdf>

³⁴ <https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>

³⁵ <http://www.lifetimehomes.org.uk/>

³⁶ The social value of sheltered housing. Demos. 2017. Commissioned by Anchor, Hanover and Housing & Care 21

³⁷ The Value of Sheltered Housing. NHF. 2017.

³⁸ <https://www.gov.uk/government/publications/improving-health-and-care-through-the-home-mou>

8.05 Examples of new build mixed-tenure housing include AnchorHanover's offer aimed at a 'downsizer' market (below left). These are homes for those aged over 55 set in locations in London and the south east. They are designed to appeal to both homeowners and renters who want to 'downsize'.

8.06 They have minimal services and relatively low service charges. Viridian Housing's (now Optivo) Halton Court (below right) is a 170-unit purpose-built housing scheme for people 55 years and over. Located in Kidbrooke Village on the site of the former Ferrier Estate in the Royal Borough of Greenwich. Whilst Halton Court has extensive communal facilities, it is not an extra care housing scheme, but a quality, 'care ready'³⁹ housing led development targeting older people wishing to downsize regardless of care needs.



8.07 Examples of new build developments involving reusing sites of former sheltered housing schemes are St Monica Trust's Monica Wills House scheme in Bristol (below left) and Ocean Housing's Prince Charles house in St Austell, Cornwall (below right). These schemes vary in scale, Monica Wills House has 121 mixed tenure apartments and is an urban retirement village, whilst Price Charles House has 31 apartments for rent. Both schemes have the following common features:

- Designed to 'care ready' HAPPI principles
- Aspirational housing in mainly urban or suburban settings;
- Extensive use of assistive and/or digital technology to support lifestyle and enable planned or self-managed support/care needs
- Promote health and wellbeing through design and provision of communal space and/or activity to create a more 'resilient' community

³⁹ '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.



- 8.08 Intergenerational housing communities – whereby older people live alongside families, school age children, young adults, within their communities – has been shown to provide many benefits to those living there. The positives of living in an intergenerational community are stronger peer companionship, mitigating loneliness and isolation – and enrichment of the lives of those living there through learning across different generations and strengthening of communities.
- 8.09 An example of an intergenerational housing community is Marmalade Lane (below bottom), in Cambridge, a cohousing development comprising of 42 homes, a mix of 2- to 5-bedroom terraced houses and 1- and 2- bedroom apartments. It is home to a multigenerational mix of families with young children, retired couples, single person households of different ages and young professional couples. As a custom-build development, each household were able to select one of five 'shell' house or flat types and could then configure their home using a selection of standard floorplans, kitchen and bathroom fittings, and one of four external brick specifications. Homes are thus tailored to individual requirements without the risks or complexity of self-build. The scheme is built to Passivhaus standards.

- 8.10 Derwenthorpe (below) in York is a development of 483 properties of varying sizes and tenures (26% social rent). It is intended to be a sustainable, low carbon community with homes appropriate for all ages – allowing for older people to live alongside families and younger people. The distribution of different sizes of house, all of which are built to Lifetime Homes standard, helps to bring together residents at different life stages. Pedestrian and cycling routes, and leisure spaces, accessible to all enables residents to feel a sense of ownership over the whole development.
- 8.11 There are ponds, a children’s play park and green space around the site which enhance quality of life and community interaction. Hot water and heating are provided by communal biomass boilers in the village’s centrally located Super Sustainability Centre (SSC). There is also a Derwenthorpe Community Fund which pays for activities for all ages that involve working with schools, local agencies and community organisations.



- 8.12 Cobham Park in the Olympic Park, London is modelled on London’s traditional family neighbourhoods. A variety of housing typologies are on offer, including traditional terraced homes, mews, multigenerational homes, three and four storey townhouses (with on-plot parking and a sundeck) and apartment buildings. The multi-generational home is a connected flexible home for extended families who want to live together, while retaining a degree of mutual independence. They are three-storey, three-bed homes each with a self-contained studio annexe. The flexibility of the layout allows for various arrangements – the annexe could be used for a grandparent or a returning child; it could be used as a home office; or it could be rented out.



- 8.13 Limelight, located at Old Trafford, is a development that integrates 81 extra-care apartments with a GP surgery and community facilities, including a café, event space, library and nursery. Offices for council services and social enterprises are also provided. Limelight is one of the first integrated hubs to be delivered in the UK, and is a model for future age friendly developments. A total of 81 one and two-bed apartments comprising 21 two-bed extra care apartments offered on an Older People's Shared Ownership basis and 60 one and two-bed properties available to rent.



- 8.14 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 a produced useful dementia-friendly housing charter⁴⁰. While Guinness

⁴⁰ https://www.alzheimers.org.uk/info/20116/making_organisations_more_dementia-friendly/1021/dementia-friendly_home_services

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 housing⁴¹. 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.

- 8.15 Belong (a charity) at 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. 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. 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. There is a range of one or two bedroom apartments, available for market rent or purchase, for individuals or couples.



- 8.16 Bruyn's Court in Thurrock 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

⁴¹ <http://www.guinnesspartnership.com/care-services/community/becoming-dementia-friendly-organisation/>

centre shops. It has been designed to HAPPI standard, lifetime homes and Sustainable Code Level 4.



8.17 Birmingham City Council has developed its own unique specification for a housing model suited to a range of people including older people, people with physical disabilities and families with a disabled child. Feedback from older people identified a desire for bungalow accommodation, of which there was a very limited supply, but this needed to incorporate design features that provided maximum flexibility as well as making it a build model that could make the most efficient use of available development site opportunities. The housing solution in response to this is a two-bedroom 'dormer style bungalows', each with a ground floor bedroom and shower room, a lounge and kitchen and also a second bedroom and bathroom upstairs. The design is in summary:

- Based on HAPPI principles.
- Dormer style bungalow – Category 1 on ground floor with 2nd bedroom and bathroom upstairs. Equivalent to former Code for Sustainable Homes Level 4.
- Bespoke design with good space standards including the ability to dry clothes in vented spaces or outside.
- Lifetime Homes standard enabling adaptation as needs change.
- Smaller gardens or balconies provide manageable outside space



Context and trends: housing and supported accommodation for people with longer term support needs

- 8.18 National policy in relation to long term supported housing has focussed almost exclusively on people with learning disabilities/autism. This has been based on the principles of recent guidance "*Building the right support*⁴²" (2015) and "*Build the right home*⁴³" (2015). *Building the Right Support* and the National Service Model state that people should have choice about where they live and who they live with. Inappropriate accommodation and a lack of robust support arrangements could potentially lead to placement breakdown and may result in an admission or readmission to hospital.
- 8.19 Increasing housing options for people with a learning disability, autism, or both is intended to enable access to the right accommodation with personalised care and support provided to offer sustainable solutions.
- 8.20 There has also been development of new supported housing by 'mainstream' housing associations particularly in relation to developing small-scale 'clusters' of flats with modest communal space of between 8-16 1-bed flats in the same building, typically a 'micro' version of extra care housing, with local authorities funding the 24/7 care costs.
- 8.21 In relation to housing for people with mental health needs there has been more limited development of supported housing as funding from local authority Supporting People programmes has declined or been withdraw and fewer people are

⁴² <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

⁴³ <https://www.england.nhs.uk/learningdisabilities/wp-content/uploads/sites/34/2015/11/building-right-home-guidance-housing.pdf>

eligible for social care funding. There has been some growth in supported housing that offers a 'step-down' model to enable people to be discharged in a timely and successful way from acute mental health NHS hospital beds into a good quality housing offer with support available. These supported housing models are more likely to be funded by NHS commissioners (to cover care/support costs and rent) than by local authorities.

- 8.22 With respect to long-term supported housing with care for disabled people under 65, Lawrence Road in South Norwood, London, is an example of a scheme which uses integrated and mobile assistive technology to support the residents to live independently. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support⁴⁴ and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.
- 8.23 An example of new build clusters for people with learning disabilities is a scheme in Worcester developed by Sanctuary HA⁴⁵. It is a block of 14 flats with an additional flat used as communal space (with loss of rental income offset by a capital contribution from the local authority). This supported housing scheme has 24/7 care on site and is aimed at disabled people with a range of care needs.



- 8.24 In relation to the TCP cohort an example of a bespoke supported housing scheme has been developed by MCCH⁴⁶. This is an example of a supported housing scheme, including 5 self-contained units with staff facilities, designed for people with complex

⁴⁴ https://www.cqc.org.uk/sites/default/files/20170612_registering_the_right_support_final.pdf

⁴⁵ <https://www.sanctuary-supported-living.co.uk/hazel-court>

⁴⁶ <http://www.mcch.org.uk/our-services/housing-services/index.aspx>

An assessment of housing needs of older people and adults with care/support needs

needs related to 'challenging behaviours', e.g. including features such as curved (and removable) internal walls, soft impact finishes to floors and walls.



8.25 Oxfordshire County Council has commissioned two purpose-built supported living schemes for people with complex needs. Each scheme has 6 self-contained units for people with autism related needs. The service is designed for people with an autism diagnosis or a similar condition or similar presentations who require specialist support and accommodation. They also have complex needs that mean they find it difficult to share support or accommodation.



8.26 Other examples of contemporary housing for people with learning disabilities and sensory impairments include a housing scheme by Advance Housing developed in Cornwall. This includes a small new build block of flats with design features specifically suited to people with learning disabilities living with dementia and

refurbishment of an existing building to provide housing for people with lower level support needs. This includes units available for home ownership via the HOLD⁴⁷ programme.



8.27 In relation to people with mental health needs, an example of a supported housing 'step down' resource is One Group's scheme at Tile House in London. Tile House⁴⁸ provides 15 high quality, self-contained supported housing units. Each customer has their own flat that is designed to the same specification as One Housing's private sale housing. The care and support arrangements are delivered through a partnership with Camden and Islington NHS Foundation Trust. The scheme is designed to deliver an integrated approach to supported housing and recovery for people with complex mental health needs.



⁴⁷ <https://www.ownyourhome.gov.uk/scheme/hold/>

⁴⁸ <https://www.onehousing.co.uk/sites/default/files/onehousing-tile-house-integrationthatworks-report.pdf>

- 8.28 A non specialised housing model is a KeyRing⁴⁹ community support network. Members of a KeyRing network access support through a trained team of staff and volunteers. Members have their own place to live in an ordinary community in close proximity with other Members. Members are often people with a range of care and/or support needs.

⁴⁹ <https://www.keyring.org/support-services/support-networks>

9. Financial and risk considerations

- 9.01 Maximising the availability of capital funding and land/sites to support the delivery of new specialised and supported housing, including the remodelling of existing supported housing, is a necessary pre requisite for the delivery of a housing commissioning plan.
- 9.02 There is also a need to consider the revenue funding risks associated with meeting the housing and care costs of older people and working age adults with care/support needs, and how these can be met in a sustainable way.

Capital funding options

- 9.03 To maximise the mix of housing required, commissioners will need to draw on a range of capital funding options including:
- Funding from Greater London Authority⁵⁰, typically through Registered Providers.
 - Developing supported/specialised housing for rent as a part of the local authority's current or planned housing development by Registered Providers, i.e. making use of current and in the 'pipeline' affordable housing development which already has committed capital funding.
 - Potential for making use of section 106 agreements with housing developers as a means of delivering supported housing or affordable housing, for example including the development of adapted housing to wheelchair accessible standards.
 - Direct supported housing development by Councils, funded through borrowing by Councils and/or funding from the GLA.
 - Housing delivered by charitable specialist housing providers that use their charitable funds.
 - Commissioning privately funded supported housing. Where supported housing is developed as 'Specialised Supported Housing', i.e. without public subsidy, the local authority and its partners need to be aware of the advantages and disadvantages of this approach to capital funding for supported housing (see LGA guidance about specialised supported housing)⁵¹.

⁵⁰ <https://www.london.gov.uk/what-we-do/housing-and-land/increasing-housing-supply/funding-supported-and-specialist-housing>

⁵¹ <https://www.local.gov.uk/publications/specialised-supported-housing-guidance-local-government-and-nhs-commissioners>

- Making use of Council owned sites or sites owned by delivery partners, such as the NHS.
- Making use of potential opportunities to remodel current services, such as residential care services and outdated forms of supported housing, such as sheltered housing, to reuse or release sites to 'subsidise' capital development funding costs of alternative housing.
- Making use of NHSE capital funding (this applies to housing for people with learning disabilities/autism).

Revenue funding risk considerations

9.04 There are a range of revenue funding risk considerations in relation to developing specialised and supported housing, including:

- Have the funding implications of a housing commissioning programme in relation to housing benefit/local housing allowance been considered in relation to the rates that are typically likely to be payable for different housing options/different types of landlords?
- Have commissioners benchmarked the rent/service charges for supported housing schemes in the local authority or ICS area (where these are housing tenants/service users with similar needs) to establish whether the rents/service charges levied or proposed offer value for money to tenants compared with other supported housing schemes?
- Have commissioners assessed, in relation to new or proposed housing schemes, what the rent and service charges are paying for and assess the extent to which the service charges levied reflect the actual services being provided to tenants and are affordable to self funders?
- Have commissioners established whether the rent/service charges in supported housing schemes are being treated as falling under the Specified Accommodation Housing Benefit regulations (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/555002/a8-2014.pdf) and if so, whether as 'Exempt Accommodation' or as 'Managed Properties'?
- Is there a process in place that maximises the welfare benefit entitlements for people with learning disabilities/autistic people and people with mental health needs that need housing, for example in relation to housing benefit and eligibility for Personal Independence Payments where this may be used to fund some disability related expenditure by individuals?
- Has there been a financial assessment in relation to, for example, people with learning disabilities/autistic people who currently live with older parents/carers, where the current funding commitment from the local authority may be minimal,

in relation to the likely costs if and when these living arrangements become unsustainable?

- Are there processes and assistance in place to support people with learning disabilities/autistic people and people with mental health needs who want to pursue a home ownership option to obtain an interest only mortgage paid through support for mortgage interest (SMI) which would normally be in conjunction with family investment or shared ownership with a specialist Registered Provider?