

# North East and North Cumbria Baseline Assessment

## **Older persons**

*Older persons aged 65+ with significant care/support needs (including frailty related needs, dementia related needs, and other complex health/care needs or conditions)*

## **Cold and damp homes**

- *The current position in relation to the prevalence of ‘cold and damp’ homes, and*
- *A proposed ‘framework’ for joint working across the housing, health and care sectors that improves the identification and reduction of cold and damp in homes.*

## **People who need complex care and support**

*People who need complex care and support including people with learning disabilities, autistic people and people with serious mental health needs.*

For North East and North Cumbria Integrated Care Board  
North East Association of Directors of Adult Social Services  
Northern Housing Consortium  
TEC Services Association

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Housing Learning & Improvement Network

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## Executive Summary

The North East and North Cumbria Integrated Care Board (ICB), with partners the North East Association of Directors of Adult Social Services (ADASS), the Northern Housing Consortium (NHC) and the TEC Services Association (TSA), is seeking to develop a Housing, Health and Care Strategic Approach for the North East and North Cumbria.

This is a baseline assessment of the demographic needs and the current picture in relation to these partners' three strategic goals, specifically:

1. **Older people:** A baseline assessment that identifies the scale of the population aged 65+ who are frail, have dementia and or complex care/health needs across the North East and North Cumbria Integrated Care System (ICS) footprint and at place (local authority) level, and the type and range of housing and care options that may best meet the needs of older persons with these needs.
2. **Cold and damp homes:** A baseline assessment that identifies the current position and that sets out the design of a 'framework' for joint working across the housing, health and care sectors that improves the identification and reduction of cold and damp in homes.
3. **Complex care and support needs:** A baseline assessment that identifies the current position and that identifies new models of housing and support, for people who need complex care and support including people with learning disabilities, autistic people and people with serious mental health needs, and thereby reduce the number of people in long term hospital placements and admissions to hospital as a result of care provision breaking down.

It should be recognised that any requirement for additional supported housing will require a collaborative approach between health, care and housing partners in order to meet the capital and revenue funding costs of such additional provision.

### Older people

Based on the evidence from this baseline assessment, including evidence in relation to current 'gaps' in housing and care provision, evidence from stakeholders, and evidence of contemporary practice in relation to housing and care for older people with significant care and health needs (in the North East and North Cumbria, and elsewhere), it is recommended that a housing and care 'pathway' model, covering the full range of housing and accommodation options required that can support older people who have, or may have, significant health and care needs, is adopted for the region:

- As a basis for joint working between housing, care and health.
- As a template for each 'place' to apply to their local needs and circumstances, including the use of technology to support older people in a range of housing and accommodation settings.
- As a basis for understanding and addressing the workforce pressures and requirements of the proposed housing and care pathway.

In order to assess the estimated number of older people who have moved to residential care where this is funded by a local authority, (c.5,260 in 2022/23), but who may have been able to move to a housing with care alternative (for example, through the use of extra care housing) it is assumed that extra care housing provides 24/7 on site care and waking night staff. Conservative assumptions have been made initially in relation to the percentage of older people who could live in an extra care housing setting instead of a residential care home setting to illustrate initially the additional extra care housing capacity that would be required.

More ambitious 'targets' to enable a higher percentage of older people to move to extra care housing instead of a residential care home setting could potentially be implemented by the North East and North Cumbria housing, health and care partners. Based on initial conservative assumptions, this evidence suggests

- To 'divert' 10% of older people 65+ away from the use of residential care would require an additional c.525 units of extra care housing (or similar housing with care setting) across the North East and North Cumbria per annum.
- To 'divert' 15% of older people 65+ away from the use of residential care would require an additional c.790 units of extra care housing (or similar housing with care setting) across the North East and North Cumbria per annum.
- To 'divert' 20% of older people 65+ away from the use of residential care would require an additional c.1,050 units of extra care housing (or similar housing with care setting) across the North East and North Cumbria per annum.

### **Cold and damp homes**

The evidence suggests that there are estimated to be c.33,500 dwellings in the North East<sup>1</sup> (excluding North Cumbria) with dampness issues; data available from the Northern Housing Consortium Housing Monitor (2023) provides the following evidence in relation to the prevalence of cold and damp homes:

- For the North East (excluding North Cumbria), the number and proportion of homes by tenure modelled to have a Category 1 Hazard including damp, (based on a total of 124,096 homes) indicates 19% of private rented sector (PRS) homes have these hazards and 6.6% of social homes have these hazards.
- Evidence from the Northern Housing Consortium Housing Monitor (2023) indicates that in relation to the more general prevalence of damp and mould, in both the PRS and social housing sector, this applies to approximately 4% of homes.

Households more likely to be living in homes with damp issues are:

- People living in poverty.
- People from workless households.

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<sup>1</sup> Darlington; County Durham; Gateshead; Hartlepool; Middlesbrough; Newcastle upon Tyne; North Tyneside; Northumberland; Redcar and Cleveland; South Tyneside; Stockton-on-Tees; Sunderland.

- People with a long-term illness or disability.
- People from ethnic minority communities.

Based on the evidence from the baseline assessment and drawing on examples of joint housing, care and health frameworks from elsewhere, it is recommended that the NHS, Councils and the Northern Housing Consortium (on behalf of social housing providers) develop a framework for joint action to address and reduce the problem of damp and mould in homes in the private rented sector and social housing sector.

### **Complex care and support needs**

The evidence indicates that by 2028/29 there is an estimated need for housing/supported housing of:

- c.250 homes for adults who need complex care and support who are on Dynamic Support Registers.
- c.675 homes for adults with learning disabilities and/or autistic people with complex support needs who are living in care homes.
- c.675 homes for adults with mental health conditions with complex support needs who are living in care homes.
- 139 homes for people who need complex care and support in inpatient settings.

This indicates that over the period to 2028/29 there is a need for c.1,740 homes (general needs housing/supported housing), which is the equivalent of c.350 homes per year.

To meet the identified estimated need for housing and supported housing based on the evidence from this baseline assessment, including evidence in relation to current 'gaps' in housing and support/care provision, evidence from stakeholders, and evidence of contemporary practice in relation to housing and accommodation for people who need complex care and support (in the North East and North Cumbria, and elsewhere), it is recommended that a housing and accommodation 'pathway' approach is adopted for the region:

- To maximise the range of housing and accommodation options available that can support people with learning disabilities, autistic people and people with serious mental health needs, including people who need complex care and support.
- As a basis for joint working between housing, care and health, including regional and sub regional commissioning.
- As a template for each 'place' to apply to their local needs and circumstances, including the use of technology to support people who need complex care and support in a range of housing and accommodation settings.
- As a basis for understanding and addressing the workforce pressures and requirements of the proposed housing and care pathway.

## 1. Introduction

- 1.01 The North East and North Cumbria Integrated Care Board (ICB), with partners the North East Association of Directors of Adult Social Services (ADASS), the Northern Housing Consortium (NHC) and the TEC Services Association (TSA), is seeking to develop a Housing, Health and Care Strategic Approach for the North East and North Cumbria.
- 1.02 The Housing Learning & Improvement Network<sup>2</sup> has been commissioned to support the development of this Housing, Health and Care Strategic Approach, specifically, undertaking a baseline assessment of the demographic needs and the current picture in relation to the Housing, Health and Care Programme Board's three strategic goals.
- 1.03 This is a baseline assessment of the demographic needs and the current picture in relation to these three strategic goals, specifically:
1. *Older people*: A baseline assessment that identifies the scale of the population aged 65+ who are frail, have dementia and or complex care/health needs across the North East and North Cumbria Integrated Care System (ICS) footprint and at place (local authority) level, and the type and range of housing and care options that may best meet the needs of older persons with these needs.
  2. *Cold and damp homes*: A baseline assessment that identifies the current position and that sets out the design of a 'framework' for joint working across the housing, health and care sectors that improves the identification and reduction of cold and damp in homes.
  3. *Complex care and support needs*: A baseline assessment that identifies the current position and that identifies new models of support, for people who need complex care and support including people with learning disabilities, autistic people and people with serious mental health needs, and thereby reduce the number of people in long term hospital placements and admissions to hospital as a result of care provision breaking down.
- 1.04 These baseline assessments are based on:
- Reviewing and considering a range of relevant quantitative and qualitative evidence.
  - Meeting and speaking with representatives from the 14 local authorities, the NHS, and their local partners across the ICB 'footprint' to inform the baseline assessments.
  - Drawing on a range of evidence in relation to 'good practice' that is relevant to these three strategic objectives, both locally and nationally.
- 1.05 The baseline assessments have been developed working closely with representatives from the local authorities via the North East Association of Directors of Adult Social

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<sup>2</sup> [www.housinglin.org.uk](http://www.housinglin.org.uk)

Services, the NHS, the Northern Housing Consortium and the TEC Services Association.

- 1.06 In most cases data and evidence is presented for the North East and North Cumbria. In some circumstances data is only available for the North East<sup>3</sup> excluding North Cumbria, this is identified where applicable.
- 1.07 In tables where data and evidence are presented for the North East and North Cumbria and/or where data is available only for the 12 North East local authorities, this is disaggregated by Mayoral areas, i.e. the Tees Valley Combined Authority, the North East Combined Authority and North Cumbria.

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<sup>3</sup> Darlington; County Durham; Gateshead; Hartlepool; Middlesbrough; Newcastle upon Tyne; North Tyneside; Northumberland; Redcar and Cleveland; South Tyneside; Stockton-on-Tees; Sunderland.

## 2. Baseline Assessment: Older persons aged 65+ with significant care/support needs (including frailty related needs, dementia related needs, and other complex health/care needs or conditions)

### Introduction

- 2.01 This baseline assessment is focussed on the housing and care/support requirements of people aged 65+ who have, or may have, significant health and care needs with one or more of the following characteristics:
- Frailty.
  - Living with dementia.
  - Other complex health/care needs or conditions typically meaning 3 long term conditions (e.g. COPD; diabetes; heart failure).
- 2.02 These are people who are most at risk of admission to health and care settings such as care homes and hospital.
- 2.03 People aged 65+ who do not have these health and care characteristics are outside the scope of this baseline assessment.
- 2.04 The intention is to identify:
- The scale of this population across the North East and North Cumbria Integrated Care System (ICS) footprint and at place (local authority) level.
  - The estimated indicative potential need for housing and care based alternatives to the use of other care and health pathways and options, particularly the use of residential care homes.
  - The type and range of housing and care options that may best meet the needs of older persons with these needs.
- 2.05 The content of this baseline assessment covers:
- Relevant policy context.
  - Baseline evidence about the population of older persons 65+.
  - Stakeholder perspectives and insights.
  - Evidence in relation to older persons' housing preferences and contemporary practice in housing and care for older persons.
  - Summary recommendations in relation to the full range of housing and accommodation options required that can support older people who have, or may have, significant health and care needs.



## Context

- 2.06 National policy in relation to housing suited to an ageing population comes from a range of Government and non-statutory sources.
- 2.07 The Adult Social Care White Paper, published in December 2021: *People at the Heart of Care*<sup>4</sup> offers a 10-year vision for people to have choice, control and support to live independent lives, to integrate housing into local health and care strategies, with a focus on increasing the range of new supported housing options.
- 2.08 Consistent with and reflecting this national policy and guidance, and the Integrated Care Board's *Integrated Care Strategy*<sup>5</sup>, there is an intention to develop a Housing, Health and Care Strategic Plan for the North East and North Cumbria, which includes the mix of housing options required by older people, with a particular focus on older people with significant health and care needs.
- 2.09 The *Supported Housing (Regulatory Oversight) Act 2023*<sup>6</sup> makes it a requirement of Councils in England to undertake an assessment of need for supported and specialist housing and develop a 5-year strategy for its delivery, including in relation to specialist housing for older people with significant health and care needs.
- 2.10 Government planning guidance<sup>7</sup> in relation to Councils' responsibilities to plan for housing suited to older people and disabled people is based on the rationale of offering older people a better choice of accommodation to suit their changing needs that can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems.
- 2.11 The guidance also suggests that Councils could consider different types of specialist housing designed to meet the diverse needs of older people. However, the guidance recognises that many older people may not want or need specialist accommodation and may wish to stay living in or move to general housing that is already suitable, such as bungalows, or homes which can be adapted to meet a change in their needs. Councils with their health and housing provider partners therefore need to identify the role that general housing will play as part of their assessment of the housing requirements of older people.
- 2.12 The Local Government Association's (LGA) *Housing our Ageing Population (2022)*<sup>8</sup> sets out a suggested approach for Councils with their NHS and housing provider partners

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<sup>4</sup> <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

<sup>5</sup> <https://northeastnorthcumbria.nhs.uk/media/imnfhjfn/final-nenc-integrated-care-strategy-16-december-2022.pdf>

<sup>6</sup> <https://www.legislation.gov.uk/ukpga/2023/26/enacted>

<sup>7</sup> <https://www.gov.uk/guidance/housing-for-older-and-disabled-people>

<sup>8</sup> [https://www.local.gov.uk/publications/housing-ageing-population#:~:text=Memorandum%20of%20Understanding,-\\_Delivering%20a%20wider%20range%20of%20housing%20options%20suited%20to%20the,of%20people%20in%20later%20life](https://www.local.gov.uk/publications/housing-ageing-population#:~:text=Memorandum%20of%20Understanding,-_Delivering%20a%20wider%20range%20of%20housing%20options%20suited%20to%20the,of%20people%20in%20later%20life)

to take to maximise the range of housing options suited to the needs of older people, including people with significant health and care needs, to enable and/or commission:

- mainstream housing that is designed to be adaptable to better suit the changing needs of people in later life.
- housing of a range of tenures to be delivered that provides choice for older people who want to rent (social/affordable and market rent) as well as people who want to buy (outright ownership and shared ownership) housing that is designed to meet their needs.
- specialist types of accommodation such as retirement housing and housing with care, including options that can support people living with dementia and other complex health conditions.
- housing that promotes mixed communities and inter-generational living.
- opportunities to redevelop redundant office and retail space in town centres, including the potential for some sites to be used as housing suited to older people.

2.13 In relation to an integrated approach to housing, health, and care, the LGA guidance suggests that:

- Councils and their NHS partners make use of the local integrated care systems (ICS) arrangements to align care and health priorities for the local older population with housing planning and delivery.
- Councils with their NHS partners use the Better Care Funding arrangements to provide housing services that are integrated with local health and care services. For example, in Newcastle, Better Care Funding has been used to fund 'Time to think' flats for older people being discharged from hospital.

## Baseline evidence

2.14 This data provides evidence in relation to people aged 65+ living in the North East and North Cumbria ICS footprint in relation to:

- The demographic profile of the 65+ population.
- Socio-economic characteristics of the 65+ population.
- The care need profile of the 65+ population.

### **The demographic profile of the 65+ population**

2.15 Table 1 shows the demographic changes in the 65+ population across the ICS footprint to 2039, which shows an increase in the overall 65+ population from c.699,500 in 2024 to c.853,500 by 2039.

2.16 Table 2 shows the percentage change in the 65+ population, the 75+ population and the 85+ population by Councils and region. Across the ICS footprint, between 2024 and 2039:

- The 65+ population is projected to increase by c.22%.
- The 75+ population is projected to increase by c.34%.
- The 85+ population is projected to increase by c.49%.

2.17 In relation to the 65+ population the greatest increase in population between 2024 and 2039 is in the following Council areas:

- North Tyneside
- Northumberland and Darlington
- Stockton on Tees
- Hartlepool

2.18 In relation to the 75+ population the greatest increase in population between 2024 and 2039 is in the following Council areas:

- Northumberland
- North Tyneside
- Stockton on Tees
- South Tyneside
- Hartlepool

2.19 In relation to the 85+ population the greatest increase in population between 2024 and 2039 is in the following Council areas:

- Northumberland
- Durham
- Darlington
- North Tyneside
- Redcar and Cleveland.

2.20 The significant projected increases in the 65+ population, particularly amongst the 85+ population, across the ICS footprint, is likely to lead to an increase in the numbers of older people with significant health and care needs.

### **Socio-economic characteristics of the 65+ population**

2.21 Table 3 shows the tenure status of households headed by a person aged 65+, by Council area and the ICS footprint. This shows that:

- The Council areas with the highest percentage of households headed by a person aged 65+ who are living in owner occupied properties are:
  - Stockton on Tees (80.2%)
  - Darlington (79.1%)
  - Redcar and Cleveland (78.5%)
- The Council areas with the highest percentage of households headed by a person aged 65+ that are living in social rented housing are:
  - South Tyneside (26.4%)
  - Newcastle (24.5%)
  - Sunderland (23.9%)
- The Council areas with the highest percentage of households headed by a person aged 65+ that are living in private rented housing are:
  - Westmorland & Furness (16.8%)
  - Cumberland (15.2%)
  - Northumberland (8.5%)

2.22 This evidence suggests that approaches to support older people with significant health and care needs in housing-based alternatives to care home settings, will need to be available and effective for older people living in all tenure types.

Table 1. Population projections for older people aged 65+, 75+ and 85+ for each local authority, and the North East and North Cumbria total. Projections for each 5-year period to 2039.

Local Authority	65+ population				75+ population				85+ population			
	2024	2029	2034	2039	2024	2029	2034	2039	2024	2029	2034	2039
<b>North East Combined Authority:</b>												
County Durham	117,318	128,658	139,414	144,105	55,801	61,146	66,841	74,118	13,826	15,477	19,763	21,494
Gateshead	41,414	44,574	47,201	48,259	20,226	21,243	22,834	25,117	5,621	5,877	7,114	7,512
Newcastle upon Tyne	46,869	50,827	53,830	55,368	22,102	23,957	26,504	29,265	6,501	6,761	8,348	9,219
North Tyneside	45,425	50,432	54,709	57,341	21,215	23,697	26,491	29,713	5,607	5,962	7,704	8,644
Northumberland	87,383	97,571	105,739	109,813	41,425	46,788	52,165	58,423	10,363	11,976	15,772	17,610
South Tyneside	32,720	36,145	38,987	39,931	15,125	16,605	18,548	20,825	3,950	4,052	5,098	5,664
Sunderland	59,344	64,550	68,423	69,720	27,337	29,906	33,041	36,372	7,063	7,396	9,353	10,299
<b>Tees Valley Combined Authority:</b>												
Darlington	23,417	25,887	28,149	29,430	11,336	12,487	13,749	15,355	3,090	3,401	4,361	4,778
Hartlepool	19,328	21,379	23,109	23,853	8,725	9,512	10,591	11,980	2,329	2,334	2,915	3,240
Middlesbrough	25,509	27,830	29,462	30,042	11,443	12,487	13,950	15,514	3,134	3,282	4,037	4,499
Redcar & Cleveland	33,594	37,124	40,141	41,408	16,358	17,752	19,320	21,643	4,248	4,833	6,092	6,546
Stockton-on-Tees	39,652	44,068	47,771	49,651	18,071	20,049	22,339	25,198	4,710	5,086	6,361	7,138
<b>North Cumbria:</b>												
Cumberland	66,473	72,411	77,846	80,349	32,050	34,729	37,589	41,492	8,522	9,639	11,880	12,858
Westmorland and Furness	61,010	66,441	71,613	74,057	30,793	33,196	35,259	38,766	8,075	9,239	11,555	12,226
<b>North East and North Cumbria Integrated Care System</b>	<b>699,456</b>	<b>767,897</b>	<b>826,394</b>	<b>853,327</b>	<b>332,007</b>	<b>363,554</b>	<b>399,221</b>	<b>443,781</b>	<b>87,039</b>	<b>95,315</b>	<b>120,353</b>	<b>131,727</b>

Source: ONS 2021 census and ONS 2018-based SNPP. \*Data for Cumberland and Westmorland and Furness covers the whole of these local authority areas.

Table 2. Percentage change (relative to 2024) for the projected older populations aged 65+, 75+ and 85+ for each local authority, and the North East and North Cumbria total.

Local authority	65+ (percentage change relative to 2024)			75+ (percentage change relative to 2024)			85+ (percentage change relative to 2024)		
	2029	2034	2039	2029	2034	2039	2029	2034	2039
<b>North East Combined Authority:</b>									
County Durham	9.70%	18.80%	22.80%	9.60%	19.80%	32.80%	11.90%	42.90%	55.50%
Gateshead	7.60%	14.00%	16.50%	5.00%	12.90%	24.20%	4.60%	26.60%	33.60%
Newcastle upon Tyne	8.40%	14.90%	18.10%	8.40%	19.90%	32.40%	4.00%	28.40%	41.80%
North Tyneside	11.00%	20.40%	26.20%	11.70%	24.90%	40.10%	6.30%	37.40%	54.20%
Northumberland	11.70%	21.00%	25.70%	12.90%	25.90%	41.00%	15.60%	52.20%	69.90%
South Tyneside	10.50%	19.20%	22.00%	9.80%	22.60%	37.70%	2.60%	29.10%	43.40%
Sunderland	8.80%	15.30%	17.50%	9.40%	20.90%	33.10%	4.70%	32.40%	45.80%
<b>Tees Valley Combined Authority:</b>									
Darlington	10.50%	20.20%	25.70%	10.20%	21.30%	35.50%	10.10%	41.20%	54.60%
Hartlepool	10.60%	19.60%	23.40%	9.00%	21.40%	37.30%	0.20%	25.20%	39.20%
Middlesbrough	9.10%	15.50%	17.80%	9.10%	21.90%	35.60%	4.70%	28.80%	43.50%
Redcar & Cleveland	10.50%	19.50%	23.30%	8.50%	18.10%	32.30%	13.80%	43.40%	54.10%
Stockton-on-Tees	11.10%	20.50%	25.20%	10.90%	23.60%	39.40%	8.00%	35.10%	51.60%
<b>North Cumbria:</b>									
Cumberland	8.90%	17.10%	20.90%	8.40%	17.30%	29.50%	13.10%	39.40%	50.90%
Westmorland and Furness	8.90%	17.40%	21.40%	7.80%	14.50%	25.90%	14.40%	43.10%	51.40%
<b>North East and North Cumbria Integrated Care System</b>	9.81%	18.10%	21.89%	9.34%	20.36%	34.06%	8.14%	36.10%	49.10%

Source: ONS 2021 census and ONS 2018-based SNPP. \*Data for Cumberland and Westmorland and Furness covers the whole of these local authority areas.

Table 3. Tenure among households (aged 65+), by local authority in the North East and North Cumbria

Local authority	Ownership (households)	Ownership % of all tenures	Social rent (households)	Social rented % of all tenures	Private rent (households)	Private rented % of all tenures	All tenure (households)
<b>North East Combined Authority:</b>							
County Durham	80,977	75.00%	20,702	19.20%	6,232	5.80%	107,911
Gateshead	27,576	71.70%	9,038	23.50%	1,857	4.80%	38,471
Newcastle upon Tyne	29,789	69.70%	10,457	24.50%	2,473	5.80%	42,719
North Tyneside	31,645	75.60%	7,795	18.60%	2,409	5.80%	41,849
Northumberland	61,723	77.80%	10,864	13.70%	6,715	8.50%	79,302
South Tyneside	20,755	69.20%	7,931	26.40%	1,318	4.40%	30,004
Sunderland	39,167	71.70%	13,074	23.90%	2,401	4.40%	54,642
<b>Tees Valley Combined Authority:</b>							
Darlington	16,837	79.10%	2,959	13.90%	1,496	7.00%	21,292
Hartlepool	12,916	73.50%	3,541	20.20%	1,113	6.30%	17,570
Middlesbrough	17,527	75.50%	4,317	18.60%	1,370	5.90%	23,214
Redcar & Cleveland	24,213	78.50%	4,669	15.10%	1,954	6.30%	30,836
Stockton-on-Tees	28,835	80.20%	4,993	13.90%	2,147	6.00%	35,975
<b>North Cumbria:</b>							
Cumberland	56,400	69.20%	12,702	15.60%	12,351	15.20%	81,453
Westmorland and Furness	57,059	72.30%	8,565	10.20%	13,293	16.80%	78,917
<b>North East and North Cumbria Integrated Care System</b>	505,419	74.20%	121,607	18.40%	57,129	7.36%	684,155

Source: ONS 2021 census. \*Data for Cumberland and Westmorland and Furness covers the whole of these local authority areas.

2.23 Table 4 shows the Income Deprivation Affecting Older People Index (IDAOPI) for Councils across the ICS footprint. This shows that Council areas where there is the lowest level of relative Income Deprivation Affecting Older People are:

- Cumberland & Westmorland & Furness (11%)
- Northumberland (12%)
- Darlington (15%)
- North Tyneside (16.0%) and Stockton-on-Tees (16%)

2.24 This shows that Council areas where there is the highest level of relative Income Deprivation Affecting Older People are:

- South Tyneside (21%)
- Sunderland (22%)
- Newcastle upon Tyne (22%)
- Hartlepool (23%)
- Middlesbrough (23%)

2.25 There is strong evidence to link health outcomes with socio-economic factors (often measured by levels of education and income and in some cases, housing tenure). People who are poorer in later life have worse health, across a wide range of physical and mental health conditions, than those who are affluent<sup>9</sup>. It is reasonable to assume that Council areas where there is the highest relative level of Income Deprivation Affecting Older People are more likely to have increased need amongst older people with significant health and care needs, for example linked to some long term conditions such as COPD, asthma and heart disease.

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<sup>9</sup> <https://ageing-better.org.uk/sites/default/files/2017-12/Inequalities%20insight%20report.pdf>



Table 4. IDAOPI scores (%) for each local authority in the North East and North Cumbria and comparison to North East and North Cumbria average.

<b>Local authority</b>	<b>IDAOPi score</b>	<b>Difference from North East &amp; North Cumbria average</b>	<b>Deprivation ranking</b>
Former Cumbria (Cumberland & Westmorland & Furness)	11%	+7%	Least relatively deprived
Northumberland	12%	+6%	
Darlington	15%	+3%	
North Tyneside	16%	+2%	
Stockton-on-Tees	16%	+2%	
Redcar and Cleveland	17%	+1%	
Durham	17%	+1%	
Gateshead	19%	-1%	
South Tyneside	21%	-3%	
Sunderland	22%	-4%	
Newcastle upon Tyne	22%	-4%	
Hartlepool	23%	-5%	
Middlesbrough	23%	-5%	Most relatively deprived
<b>North East and North Cumbria Integrated Care System (average)</b>	18%		

Source: DLUHC (2019) – accessed via LGA Inform. ‘-’ is below average; ‘+’ is above average.

### The care need profile of the 65+ population

2.26 Table 5 shows the estimated dementia prevalence amongst the population aged 65+, for each Council in the North East and North Cumbria.

2.27 The Council areas with the highest prevalence of dementia amongst the 65+ population are:

- Stockton-on-Tees (4.40%)
- Gateshead (4.34%)
- Newcastle (4.25%)

2.28 The Council areas with the lowest prevalence of dementia amongst the 65+ population are:

- Sunderland (3.51%)
- Northumberland (3.53%)
- Redcar and Cleveland (3.74%)

Table 5. Estimated dementia prevalence amongst population aged 65+, for each local authority in the North East and North Cumbria, alongside the region and England totals (2023/24)

Local authority	65+ dementia prevalence	% of 65+ population	% of total North East & North Cumbria dementia cases
<b>North East Combined Authority:</b>			
County Durham	4,422	3.77%	16%
Gateshead	1,799	4.34%	7%
Newcastle upon Tyne	1,993	4.25%	7%
North Tyneside	1,777	3.91%	7%
Northumberland	3,088	3.53%	12%
South Tyneside	1,246	3.81%	5%
Sunderland	2,083	3.51%	8%
<b>North East Local Authorities:</b>			
Darlington	934	3.99%	3%
Hartlepool	813	4.21%	3%
Middlesbrough	1,068	4.19%	4%
Redcar & Cleveland	1,256	3.74%	5%
Stockton-on-Tees	1,746	4.40%	7%
<b>North East and North Cumbria Integrated Care System:</b>			
Former Cumbria (Cumberland & Westmorland & Furness)	4,613	3.62%	17%
<b>North East and North Cumbria Integrated Care System</b>	26,383	3.94%	
<b>England</b>	422,973	3.76%	

Source: Recorded prevalence (aged 65 years and over), NHS Digital – accessed via OHID Fingertips

2.29 Table 6 shows evidence provided by local authorities in relation to the number of people 65+ eligible for local authority funded care/support placed in residential care home settings (i.e. excluding placements to nursing care and self-funders) for needs linked to frailty, dementia and other long term conditions (2022/23). This shows that:

- Across the North East and North Cumbria 1,512 people 65+ were placed in residential care for frailty related needs.
- Across the North East and North Cumbria 1,808 people 65+ were placed in residential care for dementia related needs.
- Across the North East and North Cumbria 1,937 people 65+ were placed in residential care for needs linked to other long term conditions/disability.
- The Council areas with the greatest percentage of older people placed in residential care (as a percentage of the overall 65+ population) are:
  - Middlesbrough (2%)
  - North Tyneside (1.5%)

- Darlington (1%)
- Durham (1%)
- Newcastle (1%)

Table 6. Number of older people 65+ eligible for local authority funded care/support placed in residential care home settings for needs linked to frailty, dementia and other long term conditions for all local authorities in the North East and North Cumbria ICS (2022/23)

Local authority	65+ population (2023/24)	No. of people 65+ living in residential care setting for frailty needs	No. of people 65+ living in residential care setting for dementia needs	No. of people 65+ living in residential care setting for other long-term conditions
<b>North East Combined Authority:</b>				
County Durham	117,318	218	177	668
Gateshead	41,414	112	79	77
Newcastle upon Tyne	46,869	150	222	137
North Tyneside	45,425	60	205	333
Northumberland	87,383	116	253	116
South Tyneside	32,720	*	*	*
Sunderland	59,344	43	13	42
<b>Tees Valley Combined Authority:</b>				
Darlington	23,417	90	58	84
Hartlepool	19,328	258	152	19
Middlesbrough	25,509	98	153	308
Redcar & Cleveland	33,594	60	54	73
Stockton-on-Tees	39,652	*	*	*
<b>North Cumbria:</b>				
Cumberland	63,300	307	442	80
<b>North East and North Cumbria Integrated Care System</b>	635,273	1,512	1,808	1,937

Source: Local authority supplied data (from NHS Short- and Long-term Support dataset) \*missing data

2.30 In order to assess the estimated number of older people who have moved to residential care where this is funded by a local authority, (c.5,260 in 2022/23, shown at table 6), but who may have been able to move to a housing with care alternative (for example, through the use of extra care housing) it is assumed that extra care housing provides 24/7 on site care and waking night staff. Conservative assumptions have been made initially in relation to the percentage of older people who could live in an extra care housing setting instead of a residential care home setting to illustrate initially the additional extra care housing capacity that would be required. More ambitious 'targets' to enable a higher percentage of older people to move to extra care housing instead of a residential care home setting could potentially be implemented by the North East

and North Cumbria housing, health and care partners. Based on initial conservative assumptions, this evidence suggests

- To 'divert' 10% of older people 65+ away from the use of residential care would require an additional c.525 units of extra care housing (or similar housing with care setting) across the North East and North Cumbria per annum.
- To 'divert' 15% of older people 65+ away from the use of residential care would require an additional c.790 units of extra care housing (or similar housing with care setting) across the North East and North Cumbria per annum.
- To 'divert' 20% of older people 65+ away from the use of residential care would require an additional c.1,050 units of extra care housing (or similar housing with care setting) across the North East and North Cumbria per annum.

2.31 Estimates of need for extra care housing required to accommodate people 'diverted' away from residential care do not take account of any extra care housing schemes that are in development currently, i.e. such schemes in development would potentially go towards meeting this identified additional need for extra care housing.

### Stakeholder perspectives and insights

2.32 A series of meetings were held during February and March 2024 with a range of stakeholders including representatives from Councils, NHS organisations, and housing and support providers to discuss their insights in relation to:

- Baseline intelligence: understanding the housing needs of people aged 65+ who have may have one or more of the following characteristics:
  - Frailty
  - Living with dementia
  - Other complex health/care needs or conditions typically meaning 3 long term conditions.
- Actions being taken by local authorities, the NHS and landlords to address ageing well for these cohorts of older people, including in housing and care, and in other settings.
- What are the gaps in housing and care provision for these cohorts of older people and what needs to be developed through joint working across, housing, health and care sectors.

2.33 The key themes and key messages from stakeholders are summarised below.

*Baseline intelligence: understanding the housing needs of people aged 65+ who have may have one or more of the following characteristics:*

- *Frailty*

- *Living with dementia*
  - *Other complex health/care needs or conditions typically meaning 3 long term conditions.*
- 2.34 The need for housing and care settings that can accommodate older people with significant care and health needs is increasing.
- 2.35 Council and NHS commissioners recognise that older people with significant care and health needs are being placed in care home settings, including in residential care, when ideally housing based alternatives would be a preferable alternative for some or many older people.
- 2.36 There is a need for additional specialist housing with care services for people living with dementia. This may be within an extra care housing setting or as 'stand alone' housing with care e.g. in Northumberland there is a new development of 13 bungalows for people living with dementia.
- 2.37 There is a need for more extra care housing that can accommodate people living with other complex health and care needs, as well as people living with dementia, including support for people with end of life care needs.
- 2.38 There is a small cohort of older people, some with high support needs, who are homeless. It can be difficult for local authorities to find suitable housing for this cohort of people particularly if they need accessible housing.
- 2.39 There is a growing number of older people who have high support needs but not necessarily care needs, for example support needs linked with mental health needs and drug/alcohol related needs, who may need a housing with support option, as distinct from a housing with care option.
- 2.40 There is a need to make the best use of existing specialist housing for older people, particularly sheltered housing, to be better able to accommodate older people with significant care and health needs.
- 2.41 There is a need to be able to provide and sustain older people in a range of housing settings across all tenures, including people's existing homes, in specialist housing such as extra care housing, and through the development of new homes (both mainstream and age-designated) that are better designed to enable people to age in place. This will help to sustain older people who develop significant care and health needs in their own homes for as long as possible as well as providing a mix of specialist housing with care for people who need this option.

*Actions being taken by local authorities, health and landlords to address ageing well for these cohorts of older people, including in housing and care, and in other settings*

- 2.42 Many councils are using their existing extra care housing schemes to meet the needs of some older people with significant care and health needs, for example Durham County Council and Gateshead Council have commissioned extra care housing

schemes that include specialist dementia provision. See, for example, Watergate Court in Gateshead in the following section.

- 2.43 North Tyneside Council with AgeUK North Tyneside is developing a 'care and health village' to help meet the needs of older people significant care/support needs which will include:
- A mix of types of housing: flats, bungalows and 3 bed houses.
  - A mix of tenures including social/affordable rent and shared ownership.
  - A 'frailty' hub that is intended to support older people with significant care and health needs.
- 2.44 South Tyneside Council is developing 300 units of additional extra care housing with Karbon Homes. These schemes will be suitable for older people with significant health and care needs and will be for people aged 18+.
- 2.45 Some Councils are avoiding having capital thresholds as part of their eligibility criteria for extra care housing in order to make it an option for older people with significant care and health needs who are home owners as well as for people who are renting in the social housing and private rented sector.
- 2.46 Many Councils and NHS services are supporting older people with significant care and health needs to live in the community both in their existing homes and in housing with support/care settings (such as sheltered housing and extra care housing) to end of life, with effective palliative care provided in the community.
- 2.47 Councils, the NHS and their housing partners consider the use of technology as a way of complementing staff support to enable older people with significant care and health needs to live in the community, both in their existing homes and in specialist. For example, Sunderland Council uses a 'smart home' to provide examples of how care enabled technology can support people with high care and support needs to remain living in their existing homes.
- 2.48 Councils are using Home Improvement Agencies to deliver adaptations to enable older people with significant care and support needs to be able to remain living in their existing homes for as long as possible.
- 2.49 Some social housing landlords have reviewed and updated their sheltered housing schemes to ensure they continue to be an attractive housing option for older people and offer a supportive environment, for example Gentoo and North Tyneside Council have both taken this approach to maintaining a contemporary sheltered housing stock and service offer.
- 2.50 South Tyneside Council is using two sheltered housing schemes as 'step down' facilities for older people being discharged from hospital.
- 2.51 However, some social housing landlords note the challenge in making existing age-designated housing, such as sheltered housing, consistent with contemporary

standards, e.g. in relation to space and accessibility standards, which can compromise its suitability as housing for older people with significant care and health needs.

- 2.52 Some Councils and housing providers are developing new housing that is designed to be attractive to older people and to be 'care ready'<sup>10</sup> to more effectively enable people to 'age in place'. For example, Believe Homes is developing new bungalows as one option to attract older tenants living in family size homes to consider 'downsizing'.
- 2.53 In recognition of the requirements of older people with high support needs, e.g. linked with mental health and drug/alcohol related needs, Sunderland Council has an 'assertive outreach' team to support older people with high support needs.

*What are the gaps in housing and care provision for these cohorts of older people? what needs to be developed through joint working across, housing, health and care sectors?*

- 2.54 There is a need to review the use of residential care for older people with significant care/support needs, with the use of extra care housing increasingly an alternative, either as a short-term solution or as a person's new permanent home.
- 2.55 There is a need to discuss with care home operators the type and focus of care home provision required over the next 5-10 years at a place-based and regional level. The future focus for care home provision is likely to need to be:
- Nursing care for people with the most complex health/care needs and end of life needs.
  - Residential care for people with complex care needs that can't be accommodated in extra care housing settings.
  - Modern and homely care home provision.
- 2.56 There is a need to develop additional extra care housing services that can meet the needs of a range of people including older people with significant care and health needs.
- 2.57 There is a need to use and develop extra care housing settings to better address delayed and timely discharge of older people from hospital, either as a 'step down' resource or as a permanent alternative home for people whose existing home is no longer suited to their needs.
- 2.58 There is a need to identify and address the delivery of extra care housing at a smaller scale in rural areas (for example North Yorkshire Council has and is developing smaller scale extra care housing services in small town/large village locations).

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<sup>10</sup> Care ready housing: 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.

- 2.59 There is a need to consider using current and future extra care housing schemes as 'community hubs' which can provide care to older people in the wider local community and provide facilities during the day that local older people can access, in order to help sustain more older people with significant care and health needs to remain living in the community.
- 2.60 There is a need to review existing sheltered housing stock and services to potentially upgrade and refurbish some of these services so that they have a longer lifespan and are better suited to older people with significant care and health needs and to be more likely to enable them to age in place.
- 2.61 There is a need to develop new build contemporary age-designated housing for older people that is attractive, designed to be 'care ready' and accessible to enable more people to age in place (this is a modern version of sheltered/retirement housing).
- 2.62 However, there is also a need to develop contemporary age-designated housing (whether extra care housing or 'care ready' retirement housing) that is affordable, in terms of rents/purchase prices and service charges. This reflects the need to make specialist housing for older people affordable to a larger proportion of older persons, both those living in rented housing (social housing and private rented housing) and older home owners who cannot afford to purchase current market retirement housing
- 2.63 This may mean drawing on international examples, for example in New Zealand some retirement villages offer services on a 'pay as you go' basis and are used by non-residents which helps to make living in a 'retirement village' a more affordable option.
- 2.64 There is a need for small scale supported housing for older people with high support needs, for example linked with previous homelessness, mental health needs, drug/alcohol related needs (but who don't necessarily have care needs)
- 2.65 There is a need to encourage private and social housing developers to develop attractive new build homes (both age-designated and non age-designated) that are suited to ageing in place in inter-generational communities that have a mix of working age people, older people and families and single households. See the example of Oakfields in Swindon in the following section.
- 2.66 There is a need for greater collaboration between social housing providers and Councils/the NHS in relation to the digital switchover in 2025 both in relation to maximising the use of telecare and care enabling technology to support older people to live independently to determine how to meet the costs of the use of digital technology to support older people.
- 2.67 There is a need to consider providing Wi-Fi as part of the standard service offer in all forms of specialised housing for older people to enable people to have access to digital technology and care enabling technology if required, i.e. providing Wi-Fi in all homes in sheltered housing and extra care housing schemes. For example, Housing 21, one of the UK's largest providers of specialist housing for older people, has started to provide Wi-Fi to all its residents in its retirement housing and extra care housing schemes.



2.68 Joint working between Council, the NHS and housing providers requires a housing and care 'pathway' for older people that is guided by 'home first' principles. Based on the evidence of anticipated future need and evidence from local stakeholders a housing and care 'pathway' would include the following components:

- A range of support for older people to enable them to remain living in their existing homes including:
  - A local reablement offer.
  - A range of care and support services.
  - The provision of adaptations to people's existing homes, or access to information and advice about adaptations for self funders.
  - The expanded use of care enabling technology in line with the TAPPI framework<sup>11</sup>.
- Upgrading of existing sheltered and retirement housing where feasible to extend its useful life and to make it a more attractive housing option for older people.
- Development of new build contemporary age-designated housing (modern sheltered/retirement housing) that is built to HAPPI<sup>12</sup> design standards with minimal communal facilities and consequently relatively low service charges.
- Development of extra care housing across all tenures (social/affordable rent; shared ownership; market sale; market rent) to maximise access for people from different socio-economic groups and that can support older people with significant health and care/support needs ideally to end of life as far as practicable.
- Development of new mainstream housing designed to be 'care ready' and better suited to 'ageing in place' for social/affordable rent, shared ownership and market sale.
- Review and reconfiguration of local care home market/s to ensure that the future focus for care home provision is likely to be older people with complex health/care needs and end of life needs in modern and homely care home provision.

## Evidence: older persons' housing preferences and contemporary practice in housing and accommodation for older people

### The housing preferences of older people

2.69 In December 2023 the Housing LIN conducted large scale market research<sup>13</sup> in partnership with United Kingdom Research and Innovation (UKRI) and Ipsos about the

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<sup>11</sup> Technology for our Ageing Population: Panel for Innovation' (TAPPI).

[https://www.housinglin.org.uk/tappi/?utm\\_source=legacy](https://www.housinglin.org.uk/tappi/?utm_source=legacy)

<sup>12</sup> <https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>

<sup>13</sup> Ipsos/Housing LIN (2024, to be published): Housing preferences of older people: A survey of 5,600 older people across the UK carried out by Ipsos for the Housing LIN.

future housing needs and preferences of the older population in the UK. The Housing LIN worked with Ipsos to design a survey which had responses from 5,591 UK adults aged 50+. The survey respondents were representative of the overall UK 50+ population in terms of age cohorts (50-64; 65-74; 75+), gender, tenure and other demographic characteristics.

- 2.70 It is the most up to date and largest survey of the UK's 50+ population about their future housing preferences and their likelihood of moving. The key messages from this research are summarised below.
- 2.71 Older people are a diverse group with different views, experiences, and opportunities that influence where they might wish to live in later life. The range of housing types available needs to reflect this diversity.
- 2.72 A large proportion of older people have lived in their current home for a long time and as such many feel a sense of strong attachment to their home. Almost half of respondents to the Ipsos survey have lived in their current home for more than 20 years.
- 2.73 Over half of Ipsos survey respondents said that if their current homes were better adapted, this would make them more suitable to meet their future needs.
- 2.74 The Ipsos survey indicated that the likelihood of moving in the short term is low with nine in ten saying they are unlikely or certain not to move in the next 12 months (90%), in 1 to 2 years (87%), or 3-5 years (74%).
- 2.75 However, moving intentions rise in the medium to longer term with three in ten (30%) saying they were certain or likely to move within the next 6 to 10 years although more than half (58%) said they would be unlikely or certain not to move within this time period. This indicates that whilst the likelihood of moving increases over time, the majority of respondents indicated a preference to stay put.
- 2.76 This research showed that older people who wish to stay put are seeking support to remain living where they are now such as with access to and financing of adaptations, aids, technology to support independence as well as care/support staff when needed.
- 2.77 However, some older people are interested in and willing to move (30% of the Ipsos survey respondents state a move is their most likely option over the next 6-10years) provided an alternative home is sufficiently attractive and meets their requirements. People are seeking properties that:
- Are in areas with good access to public transport, shops and amenities.
  - Adapt to their changing needs in their later years.
  - Provide good quality, affordable accommodation with less maintenance and upkeep requirements.
  - Provide spacious, modern accommodation with a sense of community.
- 2.78 When considering the preferred number of bedrooms in alternative accommodation, the Ipsos survey found that only 8% of people would consider a 1-bedroom property

with 53% preferring 2-bedrooms and 31% preferring 3-bedrooms. However, older respondents (75+) are more likely to consider a smaller property than those that are younger (50-64) and private and social renters are more likely to consider a 1-bedroom property than homeowners.

- 2.79 For those that would prefer to move, the preference is to move to other 'conventional' (30%) rather than 'specialist' (15%) housing i.e. more people who wish to move are seeking to live in mainstream housing (for sale and for social/market rent) than sheltered/retirement or extra care housing. Virtually no older people express a preference to move to a care home.
- 2.80 Moving to properties with an age-designation tends to be a 'marmite issue'. Over half of Ipsos survey respondents (54%) said they would prefer to live in a community with a mix of ages, while 29% said they would prefer to live in a community of people all of a similar age and 16% said they didn't know; indicating a potential greater preference for mainstream housing over specialist housing with an age-designation.
- 2.81 Moving to specialist housing is a preferred consideration for a minority of older people (15%). The evidence indicates people value a range of features within specialist housing:
- Having access to staff and technology to support independence.
  - Feeling safe and secure.
  - Having a sense of community.
  - The availability of communal space to socialise.
  - Living in homes that are more manageable and designed for age-related needs.
- 2.82 More people might consider moving to specialist accommodation if it is more affordable, aspirational, accessible and meets the requirements summarised above. A move to specialist accommodation might also be considered by more people if it is marketed as a lifestyle choice rather than a move that is associated with 'getting old' or needing care.
- 2.83 The evidence indicates that the barriers to moving are nuanced and intersecting; there are a range of reasons that prevent people from moving. From the Ipsos survey the main barriers to moving are personal attachment to home (26%), complexity of the moving process (21%), costs associated with moving (21%), being able to afford an alternative home (20%) and a lack of suitable alternatives (19%).
- 2.84 Older people are seeking access to better information and advice about their future housing and support options. People need help to weigh up the cost implications of moving and to understand the affordability of different alternative housing options. People are seeking opportunities to access this information both on and offline from trusted sources.

## **Evidence of contemporary practice in housing and accommodation for older people**

2.85 A range of examples are provided of contemporary practice in housing and care for older people, from the North East and North Cumbria and from elsewhere, that reflect the range of housing options that may be required as part of a housing and care 'pathway' for older people, including older people who have, or who may develop, significant health and care needs.

### *New build, 'care ready' age-designated housing, including as part of general needs housing developments*

#### Tree Top Village, Walker, Newcastle<sup>14</sup>

2.86 Exclusively for people over the age of 55, Tree Top Village is HAPPI compliant and consists of a main building, providing 75 sheltered housing apartments, bordered by 36 one and two-bedroom homes and 8 bungalows with gardens. All flats are designed to wheelchair mobility standard, and a range of flats also provide enhanced levels of accessibility for residents with higher mobility needs.

2.87 With a hotel-like feel, the main building is centred around a glass atrium with a lobby, reminiscence library, restaurant, hair and beauty salon, mobility shop, and card and gift shop. These amenities are open to the public, to support the integration of older people with the wider community, as well as bring investment to the local area.

2.88 The apartments are spread over four floors and all have either a private balcony or outdoor courtyard area. Features inside the apartments include high specification kitchens and bathrooms, spacious bedrooms and light and airy lounges. Each of the properties can also easily be adapted to respond to a range of needs and has a level access shower, a transfer area and access to an on-site scooter store.

#### Affordable Bungalows, South Bank<sup>15</sup>

2.89 Housing association Thirteen has completed work on 25 two-bed bungalows and three four-bedroom houses in the centre of South Bank, North Yorkshire. The new homes, which are designed for older people and those who need help to live independently, come with level access and shower rooms.

#### Oakfield, Swindon<sup>16</sup>

2.90 Oakfield is a new eco-friendly neighbourhood that will provide 239 homes in Swindon and is being developed by Nationwide Building Society, in partnership with Swindon Borough Council, Igloo and GreenSquareAccord.

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<sup>14</sup>[https://www.housinglin.org.uk/assets/Resources/Housing/Practice\\_examples/Housing\\_LIN\\_case\\_studies/HLIN\\_CaseStudy\\_141\\_TreeTop.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_141_TreeTop.pdf)

<sup>15</sup> [28 new affordable homes completed in South Bank - Thirteen \(thirteengroup.co.uk\)](https://www.thirteengroup.co.uk/28-new-affordable-homes-completed-in-south-bank)

<sup>16</sup> <https://oakfieldswindon.co.uk/>

- 2.91 The design of the neighbourhood has been carefully considered to enable residents to feel part of a community. Shared communal spaces where local people will gather and build connections, includes two acres of new public park, a terraced amphitheatre which will be a flexible space that can be used for community events and informal sports. Residents can also choose between a traditional private garden, or a smaller private garden with access to a shared garden.
- 2.92 The neighbourhood also provides a mix of housing types and tenures, enabling young and older to live alongside each other in the community. Apartments for people 55+ are designed for a variety of accessibility needs, sit alongside larger family homes so people of all ages and life stages can live side by side. 71 homes (30%) will be available as Affordable Rent and Shared Ownership through the housing association partner GreenSquareAccord.

### *Refurbishment of sheltered housing*

#### Moorcroft, North Tyneside<sup>17</sup>

- 2.93 In 2017, North Tyneside Council completed the refurbishment of Moorcroft, an independent living scheme as part of its £300m North Tyneside Living project, which saw more than 920 modern, independent living homes created or refurbished at 26 sites across the borough.
- 2.94 Moorcroft includes 28 one-bedroom and four two-bedroom apartments as well as a therapy room/beauty salon, communal living space, a guest apartment.
- 2.95 The apartments are different to traditional sheltered accommodation; they're contemporary and stylish but also thoughtfully and sensitively adapted to make life easier for tenants and make sure they can live independently for longer.
- 2.96 The refurbishment also saw changes to the outside of the building by covering exposed brickwork and introducing an inviting entrance area with automatic sliding doors. As well as to the communal lounge which has a new kitchen, furniture and a pleasant, inviting 'look and feel'.

#### Wrexham Borough Council<sup>18</sup>

- 2.97 Wrexham Borough Council has embarked on a Sheltered Housing Remodelling and Refurbishment Programme which has involved the remodelling and refurbishment of two sheltered housing schemes at Llys y Mynydd, Rhos and Tir y Capel, Llay and complementary new build apartments to the rear of the existing scheme at Llay. The new assisted living apartments are designed to be 'care ready' with the latest technology intended to improving health and wellbeing. The council aims to help older people remain independent in their own home for longer by investing in the upgrades. The main works carried out include: remodelling the existing layout to increase the

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<sup>17</sup> <https://my.northtyneside.gov.uk/facility/7937>

<sup>18</sup> <https://www.ewa.co.uk/portfolio/wrexham-sheltered-housing-programme>

sizes of the flats, providing good storage facilities within the flats, refurbishing the communal lounges, improving the energy efficiency of the scheme, and increasing the car parking provision around the scheme. EV chargers have also been provided.

### *Development of extra care housing*

#### Watergate Court, Gateshead<sup>19</sup>

- 2.98 Watergate Court in Gateshead is an extra care housing scheme that opened in 2022 for people aged 65+ with a care or support need, people who are over 55 may still be considered depending on their needs. It provides 47 one-bedroom apartments and 20 two-bedroom apartments.
- 2.99 In response to the increasing number of people living with dementia in Gateshead, Watergate Court has been designed to be dementia friendly and also includes 15 dementia-friendly apartments which are designed to be more open plan so residents can more easily see around their home. There is extra security in this part of the building, but it doesn't feel isolated from the rest of the building.
- 2.100 Watergate Court also has open plan communal lounges, restaurant, coffee bar, treatment rooms, guest rooms, assisted bathrooms and an EV charger. The open communal spaces have been split up using high quality interior furnishings, which create more intimate spaces and invite people to use the space.

#### Aldaniti Court, Guisborough<sup>20</sup>

- 2.101 Opening in Winter 2024, Aldaniti Court in Guisborough, will offer independent living with on-site care for people over the age of 55. The scheme will provide one and two-bedroom apartments and bungalows.
- 2.102 Aldaniti Court has been designed to provide fully accessible facilities for residents and members of the public, such as a café/bistro and hair salon. There is also a spacious residents' lounge, buggy store and communal gardens for residents.
- 2.103 It will be a mixed tenure scheme with 12 two bed bungalows for shared ownership from a 10% share and 50 one bed and 21 two bed apartments to rent.

#### Limelight, Manchester<sup>21</sup>

- 2.104 Limelight, located in Trafford, Manchester, is one of the first 'integrated hubs' to be delivered in the UK, and is a model for future age-friendly developments. It is an extra care scheme that has considered the availability of local services in its development and provided services that were not available in the local community. The 81 extra-care apartments are integrated with a GP surgery and community facilities, including a café,

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<sup>19</sup> <https://www.homegroup.org.uk/developments/community-wellbeing-services/watergate-court-gateshead>

<sup>20</sup> <https://www.housing21.org.uk/our-properties/search-our-properties/aldaniti-court/>

<sup>21</sup> <https://www.lqgroup.org.uk/limelight>

event space, library and nursery, as well as offices for council services and social enterprises. As a mixed-use site, the scheme has become an asset to the local community as well as providing door-step services to residents.

- 2.105 By providing mixed tenure housing, it also addresses the need for a mix of affordable housing in the local area. There are 21 two-bed extra care apartments offered on a shared ownership basis and 60 one and two-bed properties available to rent.

### *Dementia focused housing with care*

#### Havelock Place, North Tyneside

- 2.106 Havelock Place is an extra care housing scheme in Backworth that opened in 2022 that has been designed to support those living with dementia or a cognitive impairment. It has been designed following extensive consultation with people living with a cognitive impairment, their families, and their carers, along with expert input from the University of Stirling and Admiral Nurses.

- 2.107 It consists of three buildings on a large, landscaped site with ample parking and electric charging. The first and main building comprises 28 one-bedroom apartments across two floors, with one wheelchair accessible lift and three stairwells. The apartments can be occupied by couples or single people with low levels of dementia. There is a large communal area with access to gardens, an activities room, cinema room and a number of smaller communal areas with seating that people can use.

- 2.108 Havelock Place is also using technology that supports people living with dementia through the use of sensors and the 'internet of things', it is trialling Lilli remote monitoring.<sup>22</sup>In addition, there are two bungalows which can each support six people, one accommodates people living with dementia with higher needs and the other is a step down bungalow.

#### Norba Court, Tower Hamlets, London<sup>23</sup>

- 2.109 Norba Court is a redevelopment of a former Gateway Housing Association sheltered housing site that has maximised and increased the number of homes available from 32 to 46, six of which are dedicated wheelchair accessible homes.

- 2.110 Gateway has worked with the University of Stirling Dementia Design Services Team to ensure that the design construction, fixtures, and fittings at Norba Court support the wellbeing, safety and social connection of residents who will live here, including people living with dementia. The redevelopment has also provided 14 shared ownership homes (adjacent to Norba Court, called Trajan Court) addressing affordability issues in the local area.

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<sup>22</sup> <https://www.intelligentlilli.com/>

<sup>23</sup> <https://hunters.co.uk/journal/article/cheers-to-our-victory-norba-court-where-affordable-meets-excellence/>

### *Housing and care: use of technology*

#### Blackwood Housing Group, Scotland<sup>24</sup>

- 2.111 Blackwood is a Scottish housing association and care provider specialising in homes and care services for people with an independent living need. Codesign and co-creation are embedded into the creation of their products and services, involving customers, their families and staff teams.
- 2.112 Blackwood's CleverCogs™ customisable digital system enables residents to access many of Blackwood's services online using a tablet-based app. As part of the wider Blackwood CleverCogs™ offer, all tenants can have WiFi connectivity in their home, are offered a Blackwood tablet device, are provided with free digital skills training for all levels to get online with confidence and ease as well as the CleverCogs™ Digital System.
- 2.113 CleverCogs™ enables emergency alarms, care planning, home automation, communication including family and friends video calls, health and wellbeing advice as well as entertainment functions. CleverCogs™ enables tenants to achieve new levels of independence, promotes choice and control and, because the system is based around a series of tiles onscreen, it can be adapted to the individual needs of the user.

### Recommendations

- 2.114 Table 6 shows evidence in relation to the number of older people 65+ eligible for local authority funded care/support placed in residential care home settings for needs linked to frailty, dementia and other long term conditions (2022/23). This shows that:
- Across the North East and North Cumbria 1,512 people 65+ are placed in residential care for frailty related needs.
  - Across the North East and North Cumbria 1,808 people 65+ are placed in residential care for dementia related needs.
  - Across the North East and North Cumbria 1,937 people 65+ are placed in residential care for needs linked to other long term conditions/disability.
- 2.115 In order to assess the estimated number of older people who have moved to residential care where this is funded by a local authority, (c.5,260 in 2022/23, shown at table 6), but who may have been able to move to a housing with care alternative (for example, through the use of extra care housing) it is assumed that extra care housing provides 24/7 on site care and waking night staff. Conservative assumptions have been made initially in relation to the percentage of older people who could live in an extra care housing setting instead of a residential care home setting to illustrate initially the additional extra care housing capacity that would be required. More ambitious 'targets' to enable a higher percentage of older people to move to extra care housing instead

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<sup>24</sup> <https://www.blackwoodgroup.org.uk/clevercogs/>



of a residential care home setting could potentially be implemented by the North East and North Cumbria housing, health and care partners. Based on initial conservative assumptions, this evidence suggests

- To 'divert' 10% of older people 65+ away from the use of residential care would require an additional c.525 units of extra care housing (or similar housing with care setting) across the North East and North Cumbria per annum.
- To 'divert' 15% of older people 65+ away from the use of residential care would require an additional c.790 units of extra care housing (or similar housing with care setting) across the North East and North Cumbria per annum.
- To 'divert' 20% of older people 65+ away from the use of residential care would require an additional c.1,050 units of extra care housing (or similar housing with care setting) across the North East and North Cumbria per annum.

- 2.116 Estimates of need for extra care housing required to accommodate people 'diverted' away from residential care do not take account of any extra care housing schemes that are in development currently, i.e. such schemes in development would potentially go towards meeting this identified additional need for extra care housing.
- 2.117 It should be recognised that any requirement for additional supported housing will require a collaborative approach between health, care and housing partners in order to meet the capital and revenue funding costs of such additional provision.
- 2.118 Based on the evidence from this baseline assessment, including evidence in relation to current 'gaps' in housing and care provision, evidence from stakeholders, and evidence of contemporary practice in relation to housing and care for older people with significant care and health needs (in the North East and North Cumbria and elsewhere), it is **recommended** that a housing and care 'pathway' model, covering the full range of housing and accommodation options required that can support older people who have, or may have, significant health and care needs, is adopted for the region:
- As a basis for joint working between housing, care and health.
  - As a template for each 'place' to apply to their local needs and circumstances, including the use of technology to support older people in a range of housing and accommodation settings.
  - As a basis for understanding and addressing the workforce pressures and requirements of the proposed housing and care pathway.
- 2.119 Based on the evidence of anticipated future need, evidence from local stakeholders and evidence of contemporary practice in relation to housing and care for older people, it is **recommended** that this housing and care 'pathway' model has the following components.

A. Staying put: Supporting older people to people to age in place in their existing homes

- Maximise access to adaptations for people to remain living in their existing homes, for older people eligible for local authority funded through Disabled Facilities Grant and other grants, as well increasing the availability of information and advice for self-funders in relation to home adaptations.
- Provide practical housing-related support as well as domiciliary care to enable people to remain living in their existing homes.
- Use housing related support and adaptations services to address any housing related barriers that delay hospital discharges.
- Provide and strengthen local reablement service offers to support people to return to their own home after a hospital stay.
- Provide and make use of social prescribing services as part of the local preventative offer to sustain older people in housing settings and minimise moves to care homes.
- Maximise the use of care enabling technology to support people to remain in their existing homes.

B. New build general needs housing that better suits ageing in place.

- Promote and encourage the development of new mainstream housing designed to be 'care ready' and better suited to suit ageing in place. This goes beyond housing built to M4/2 standards and is the application of some/all of the HAPPI design standards to new general needs homes for social/affordable rent, shared ownership and market sale.
- Encourage and enable a mix of housing types: small houses, bungalows, dormer bungalows as well as flats, that are likely to be attractive to older people.
- Use Council planning policy and joint Council/NHS market position statements to encourage the development of general needs housing of all tenures that is better designed to suit the needs of older people and to better facilitate ageing in place.

C. Making best use of existing sheltered and retirement housing

- Work with social housing providers to encourage the upgrading and refurbishment of existing sheltered housing (and with private companies that provide/manage market retirement housing) where feasible to extend its useful life and to make it a more attractive housing option for older people, including consideration of:
  - Some sheltered housing may be suitable for adaptation to provide accommodation for older people with significant care/support needs.
  - Some sheltered may be suitable for use as 'step down' accommodation from hospital.
- Maximise the use of care enabling technology to be available to support people living in specialist housing including sheltered/retirement housing.

D. Develop new build age-designated (sheltered/retirement) housing.

- Promote and encourage the development of new build 'care ready' contemporary age-designated housing (i.e. modern sheltered/retirement housing) that is built to HAPPI design standards with minimum communal facilities and consequently relatively low service charges.
- Develop a mix of housing types, including small houses, bungalows, dormer bungalows, as well as flats.
- Use Council planning policy and joint Council/NHS market position statements to encourage the development of new build age-designated (sheltered/retirement) housing to better facilitate ageing in place.

E. Develop additional extra care housing

- Encourage the development of extra care housing across all tenures (social/affordable rent; shared ownership; market sale; market rent) to maximise access for people from different socio-economic groups.
- Maximise the use of a range of extra care housing services, existing and new developments, to support older people with significant health and care/support needs.
- New build extra care housing to be designed to accommodate older people living with dementia, ideally to end of life as far as practicable.
- Consideration given to new build extra care housing being part of larger mainstream housing developments to promote inter-generational connections.
- Consider opportunities to co-locate new care home provision alongside new build extra care housing schemes.
- Maximise the use of care enabling technology to be available to support people to living in specialist housing including extra care housing.

F. Use of current and development of new build care homes

- Review and consider reconfiguration of local care home markets to ensure that the future focus for care home provision is:
  - Nursing care for people with complex health/care needs and end of life needs.
  - Residential care for people with complex care needs that can't be accommodated in housing with care settings.
  - Modern and homely care home provision.
- New build care home provision to be developed only where there is a demonstrable local need.

- New build care home provision is likely to be focussed on nursing/residential care capacity people with complex health/care needs and end of life needs.

### 3. Baseline assessment: The current position in relation to the prevalence of 'cold and damp' homes, and a proposed 'framework' for joint working across the housing, health and care sectors that improves the identification and reduction of cold and damp in homes.

#### Introduction

- 3.01 The intention of this baseline assessment is to focus on households of all ages who are, or who maybe living in, homes that are, or are at risk of, being cold and damp.
- 3.02 The baseline assessment seeks to identify the potential scale of the proportion of homes with cold and damp issues in:
- The private rented sector (PRS).
  - The social housing sector.
- 3.03 Households living in owner occupied homes are not in scope of this baseline assessment.
- 3.04 The content of this baseline assessment covers:
- The relevant national context.
  - Baseline evidence about the proportion of homes in the private rented sector and social housing sector with cold and damp issues.
  - The experience, perspectives and insights of stakeholders from Councils, the NHS and social housing landlords.
  - Recommendations: A proposed framework for housing, care and health collaboration to address and minimise the number of cold and damp homes.
- 3.05 The intention is to set out:
- The potential scale of homes across the North East and North Cumbria Integrated Care System (ICS) footprint in the private rented sector and the social housing sector that have cold and damp issues.
  - Work by housing (including by local authority housing teams and social housing providers), care and health partners to identify people living in or at risk of living in cold and damp homes.
  - The type and range of actions and interventions (such as home adaptations/improvements; the use of technology; information and advice) that

are being taken by Councils and social landlords to address and reduce the incidence of cold and damp homes.

- A proposed 'framework' for joint working across the housing, health and care sectors that improves the identification and reduction of cold and damp in homes.

## Context

- 3.06 Housing quality has a significant and material impact on peoples' health and wellbeing. Condensation and damp in homes can lead to mould growth, and inhaling mould spores can cause allergic type reactions, the development or worsening of asthma, respiratory infections, coughs, wheezing and shortness of breath.
- 3.07 Living in a cold home can worsen asthma and other respiratory illnesses and increase the risk of heart disease and cardiac events. It can also worsen musculoskeletal conditions such as arthritis. Cold or damp conditions can have a significant impact on mental health, with depression and anxiety more common among people living in these conditions. It can also increase the likelihood of falls, particularly amongst older people.
- 3.08 Each year, the NHS spends an estimated £1.4 billion annually on treating illnesses associated with living in cold or damp housing. When wider societal costs are considered, such as healthcare, that figure rises to £15.4 billion<sup>25</sup>.
- 3.09 Since the tragic death of 2-year-old Awaab Ishak in 2020, due to mould in his family home, there has been no lack of policy direction from Government and regulators.
- 3.10 Government issued guidance in September 2023, *Understanding and addressing the health risks of damp and mould in the home*<sup>26</sup>. This guidance is a direct response to the Coroner's report in the case of Awaab Ishak. It is intended to ensure that social and private sector landlords have a thorough understanding of their legal responsibilities, and of the serious health risks that damp and mould pose.
- 3.11 The guidance makes clear that "Landlords must ensure that the accommodation they provide is free from serious hazards, including damp and mould, and that homes are fit for habitation. They must treat cases of damp and mould with the utmost seriousness and act promptly to protect their tenants' health."
- 3.12 The guidance also makes clear that tenants should not be blamed for damp and mould and that damp and mould in the home are not the result of 'lifestyle choices'. The

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<sup>25</sup> <https://commonslibrary.parliament.uk/research-briefings/cbp-9696/#:~:text=Living%20in%20a%20cold%20home,musculoskeletal%20conditions%20such%20as%20arthritis>

<sup>26</sup> [https://www.gov.uk/government/publications/damp-and-mould-understanding-and-addressing-the-health-risks-for-rented-housing-providers/understanding-and-addressing-the-health-risks-of-damp-and-mould-in-the-home--2?dm\\_i=6VTO,J3VZ,2Y0689,2FLGC,1](https://www.gov.uk/government/publications/damp-and-mould-understanding-and-addressing-the-health-risks-for-rented-housing-providers/understanding-and-addressing-the-health-risks-of-damp-and-mould-in-the-home--2?dm_i=6VTO,J3VZ,2Y0689,2FLGC,1)

guidance identifies that it is the responsibility of landlords to identify and address the underlying causes of the problem, such as structural issues or inadequate ventilation.

- 3.13 The Regulator of Social Housing (RSH) wrote to all registered providers of social housing on 22 November 2022<sup>27</sup>, asking them to provide information and evidence about their assessment of damp and mould in their stock and the actions they were taking to remedy any issues and hazards and to ensure that their tenants' homes meet the Decent Homes Standard. Based on the evidence the RSH received from registered providers of social housing, they identified that most social landlords understand the extent of damp and mould in their tenants' homes and take action to tackle it but could strengthen their approach further.
- 3.14 The RSH has introduced more active consumer regulation of social housing from April 2024, including inspections of providers. The quality of homes – including damp and mould – and repairs services will be a key focus.
- 3.15 The Housing Ombudsman has written to social housing landlords (November 2022)<sup>28</sup> making clear that there should be a 'zero-tolerance approach to damp and mould' by landlords with no culture of blaming the issue on tenants and avoiding the use of language such as tenants making 'lifestyle choices' that cause damp and mould issues.

## Baseline evidence

- 3.16 This data provides evidence in relation to the incidence of damp and mould in dwellings across the North East and North Cumbria Integrated Care System (ICS) footprint<sup>29</sup>.
- 3.17 Table 7 shows the population potentially at risk of living in cold and damp homes based on evidence from the English Housing Survey (2021).
- 3.18 This suggests that whilst the North East<sup>30</sup> (excluding North Cumbria) has one of the lowest prevalence rates of damp homes amongst English regions, there are estimated to be c.33,500 homes where damp is present. Figure 1 provides a comparison of the North East (excluding North Cumbria) with other English regions.

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<sup>27</sup> <https://assets.publishing.service.gov.uk/media/63da9961e90e0773e01f89b0/Damp-and-mould-Initial-findings-February-2023.pdf>

<sup>28</sup> <file:///C:/Users/housi/Downloads/Open-letter-to-member-landlords-November-2022.pdf>

<sup>29</sup> It should be noted that some data is only available/provided for the 'North East', i.e. excluding North Cumbria.

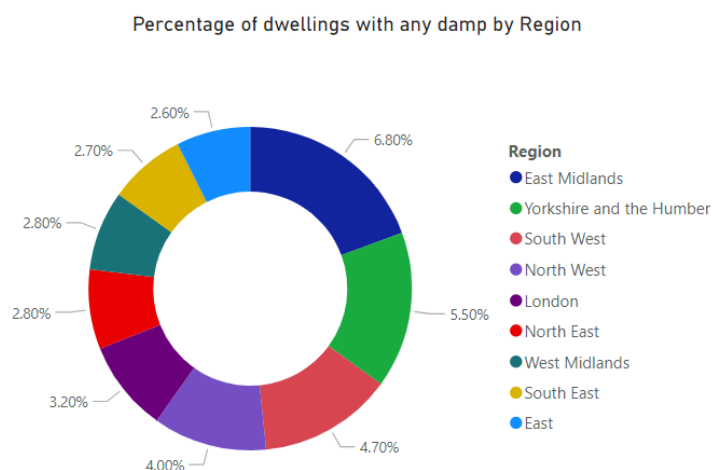
<sup>30</sup> Darlington; County Durham; Gateshead; Hartlepool; Middlesbrough; Newcastle upon Tyne; North Tyneside; Northumberland; Redcar and Cleveland; South Tyneside; Stockton-on-Tees; Sunderland.

Table 7. The number of dwellings within each region in England that have been identified as having dampness issues

Region	% of dwellings with any damp	Dwellings with any Damp	All dwellings
North East (excluding North Cumbria)	2.8%	33,488	1,196,000
North West	4.0%	127,880	3,197,000
Yorkshire and the Humber	5.5%	129,415	2,353,000
East Midlands	6.8%	140,216	2,062,000
West Midlands	2.8%	68,152	2,434,000
East	2.6%	68,822	2,647,000
London	3.2%	111,840	3,495,000
South East	2.7%	104,031	3,853,000
South West	4.7%	117,688	2,504,000
England	3.8%	902,120	23,740,000

Source: English Housing Survey 2021

Figure 1. Percentage of dwellings with any damp by region



Source: English Housing Survey 2021

3.19 Table 8 and Figure 2 show the number of households living in the private rented sector (PRS) and in the social rented sector by Council and region.

3.20 This shows that:

- The Councils with the highest percentage of households living in the social housing sector are South Tyneside, Newcastle and Sunderland.
- The Councils with the highest percentage of households living in the private rented Newcastle, Middlesbrough and Darlington.

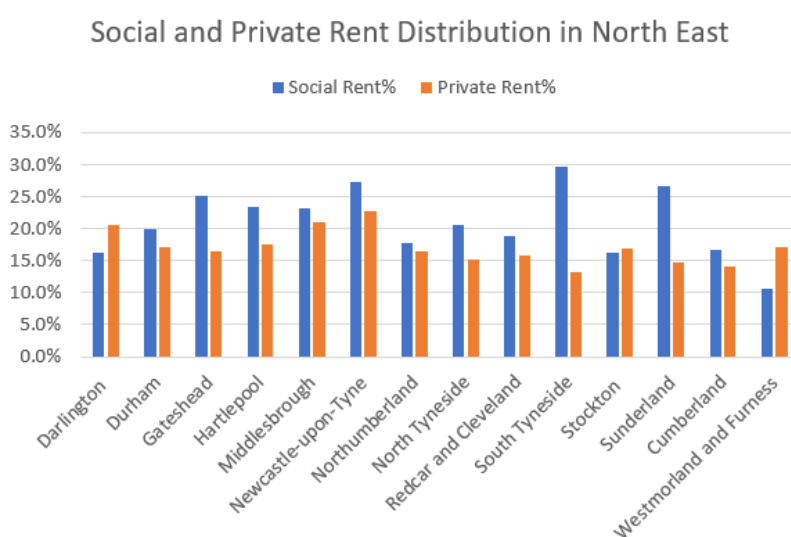


Table 8. Number of households living in the private rented sector (PRS) and the social rented sector by region and each Council.

Local authority	Social rented households	Social rented % of all tenures	Private rented households	Private rented % of all tenures	All tenure (households)
<b>North East Combined Authority:</b>					
County Durham	46,860	20.00%	40,200	17.10%	234,765
Gateshead	22,335	25.10%	14,585	16.40%	89,000
Newcastle upon Tyne	33,475	27.30%	27,980	22.80%	122,795
North Tyneside	26,085	17.80%	24,130	16.40%	146,925
Northumberland	19,765	20.50%	14,625	15.20%	96,235
South Tyneside	20,210	29.60%	9,025	13.20%	68,290
Sunderland	32,555	26.60%	18,095	14.80%	122,175
<b>Tees Valley Combined Authority:</b>					
Darlington	7,935	16.20%	10,080	20.60%	48,920
Hartlepool	9,595	23.40%	7,195	17.60%	40,935
Middlesbrough	14,005	23.20%	12,680	21.00%	60,265
Redcar & Cleveland	11,650	18.90%	9,750	15.80%	61,640
Stockton-on-Tees	13,675	16.30%	14,205	17.00%	83,755
<b>North Cumbria:</b>					
Cumberland	21,015	16.80%	17,660	14.10%	125,425
Westmorland and Furness	11,100	10.70%	17,680	17.10%	103,520
<b>North East and North Cumbria Integrated Care System</b>	290,260	20.70%	237,890	16.90%	1,404,645

Source: ONS 2021 census

Figure 2. Social housing sector and private rented sector households in the North East and North Cumbria



Source: Household characteristics by tenure, for households with usual residents, England and Wales, Census 2021

3.21 This evidence suggests that there are estimated to be c.33,500 dwellings in the North East<sup>31</sup> (excluding North Cumbria) with dampness issues (table 7); data available from the Northern Housing Consortium Housing Monitor (2023) provides the following evidence in relation to the prevalence of cold and damp homes:

- For the North East (excluding North Cumbria), the number and proportion of homes by tenure modelled to have a Category 1 Hazard including damp, (based on a total of 124,096 homes) indicates 19% of private rented sector homes have these hazards and 6.6% of social homes have these hazards.
- Evidence from the Northern Housing Consortium Housing Monitor (2023) indicates that in relation to more general prevalence of damp and mould, in both the PRS and social housing sector, this applies to approximately 4% of homes.

3.22 Analysis of the estimated number of households in the North East (excluding North Cumbria), living in homes with damp issues is shown by a range of demographic characteristics in Table 9. This is based on applying all England percentages of certain demographic characteristics of households living in homes with damp issues to the estimated number of households in the North East (excluding North Cumbria), living in homes affected by damp.

3.23 This suggests that:

- In relation to household composition, the types of households most likely to be living in homes affected by damp are lone parents, multi-person households and couples with children.
- In relation to the age of the oldest person in the household, the types of households most likely to be living in homes affected by damp are where there are people under 60 years.
- In relation to the age of the youngest person in the household, the types of households most likely to be living in homes affected by damp are where there are people under 5 years.
- In relation to income groups, the types of households most likely to be living in homes affected by damp are people from the lowest two income quintiles.
- Other characteristics of households more likely to be living in homes with damp issues are:
  - People living in poverty.
  - People from workless households.
  - People with a long-term illness or disability.
  - People from ethnic minority communities.

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<sup>31</sup> Darlington; County Durham; Gateshead; Hartlepool; Middlesbrough; Newcastle upon Tyne; North Tyneside; Northumberland; Redcar and Cleveland; South Tyneside; Stockton-on-Tees; Sunderland.

Table 9. Households potentially at risk of living in cold and damp homes disaggregated by household composition, age of oldest person, age of youngest person, income groups – quintiles, living in poverty, workless households, long term illness or disability, ethnicity of Household Reference Person and length of residence:

Household Composition	Percentage of Households (England)	Total Households with Damp (North East excluding North Cumbria)
couple under 60	3.4%	1,139
couple 60 or over	1.8%	603
couple with children	5.2%	1,741
lone parent	8.6%	2,880
multi-person household	5.3%	1,775
one person under 60	4.6%	1,540
one person 60 or over	1.7%	569
<b>age of oldest person</b>		
under 60 years	5.0%	1,674
60 years or more	2.1%	703
75 years or more	1.2%	402
<b>age of youngest person</b>		
under 5 years	6.8%	2,277
under 16 years	6.2%	2,076
16 years or more	3.1%	1,038
<b>income groups</b>		
1st quintile (lowest)	6.7%	2,244
2nd quintile	4.5%	1,507
3rd quintile	3.4%	1,139
4th quintile	3.3%	1,105
5th quintile (highest)	1.7%	569
<b>living in poverty</b>		
in poverty	6.5%	2,177
not in poverty	3.3%	1,105
<b>workless households</b>		
workless	5.8%	1,942
not workless	4.4%	1,473
<b>long term illness or disability</b>		
yes	4.4%	1,473
no	3.6%	1,206
<b>ethnicity of HRP</b>		
Asian	3.3%	1,105
Black	8.8%	2,947
other	3.4%	1,139
all ethnic minority	4.6%	1,540
<b>length of residence</b>		
less than 1 year	3.2%	1,072
1-4 years	5.2%	1,741
5-9 years	4.2%	1,406
10-19 years	4.6%	1,540

Household Composition	Percentage of Households (England)	Total Households with Damp (North East excluding North Cumbria)
20-29 years	2.6%	871
30 or more years	1.3%	435

Source: English Housing Survey 2021

3.24 Evidence from local stakeholders (section below) suggest that properties with Energy Performance Certificate ratings (EPCs) of D and below are more likely to have a greater incidence of damp and mould.

3.25 Tables 10 and 11 and Figure 3 show the EPC ratings for dwellings in the North East (excluding North Cumbria). This shows that:

- There are 577,000 dwellings in the North East (excluding North Cumbria) with an EPC rating of D or lower.
- There are 36,000 dwellings (c.3% of all dwellings) with an EPC rating of E or lower.

Table 10. Number of dwellings in the North East (excluding North Cumbria) by Energy Efficiency Rating Bands

Energy Efficiency Rating Bands			All dwellings
A/B/C	D	E/F/G	
618,000	541,000	36,000	1,196,000

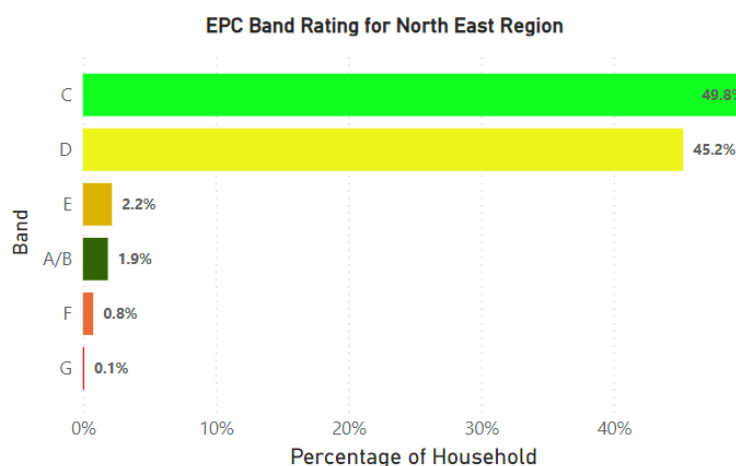
Source: English Housing Survey 2021

Table 11. Number and percentage of dwellings in the North East (excluding North Cumbria) by Energy Efficiency Rating Bands

Band	% of dwellings	No. of dwellings
A/B	1.9%	22517
C	49.8%	595893
D	45.2%	541125
E	2.2%	26211
F	0.8%	9339
G	0.1%	1196

Source: English Housing Survey 2021

Figure 3. EPC Band Ratings for the North East (excluding North Cumbria)



Source: English Housing Survey 2021

3.26 Evidence from local stakeholders (section below) suggests that households that are relatively more economically deprived are more likely to be living in properties that have incidence of damp and mould. This correlates to the evidence from the English Housing Survey (2021) that households in the two lowest income quintiles are more likely to be living in homes with damp issues (table 10).

3.27 Table 12 shows the local authorities in the North East and North Cumbria in relation to Index of Multiple Deprivation data. This shows local authorities in order of least relatively deprived to the most relatively deprived. It is reasonable to assume that areas with a higher level of relative deprivation are more likely to have a greater incidence of households living in homes affected by damp and mould.

3.28 The most relatively deprived areas are:

- Hartlepool (35.03%)
- South Tyneside (31.50%)
- Sunderland (30.58%)
- Newcastle upon Tyne (29.79%)

Table 12. Index of Multiple Deprivation scores for each local authority in the North East and North Cumbria region

Local authority	IMD score	Deprivation ranking
Northumberland	15.60%	Least relatively deprived
Stockton-on-Tees	18.94%	
Former Cumbria (Cumberland & Westmorland & Furness)	21.26%	
North Tyneside	22.27%	
Darlington	25.65%	
Durham	26.79%	
Gateshead	28.21%	
Redcar and Cleveland	29.79%	
Newcastle upon Tyne	29.79%	
Sunderland	30.58%	
South Tyneside	31.50%	
Hartlepool	35.03%	Most relatively deprived
<b>North East and North Cumbria ICS</b>	27.37%	

Source: DLUHC (2019) accessed via LGA platform

3.29 There is evidence that living in cold and damp homes is linked with and worsens health inequalities<sup>32</sup>.

3.30 The presence of damp and mould in homes is likely to worsen chronic obstructive pulmonary disease (COPD). Whilst we don't have sufficient evidence of the prevalence of COPD by tenure, Table 13 shows the percentage of NHS patients with COPD by local authority. This shows that the local authority areas with the greatest percentage of NHS patients with COPD are:

- Redcar and Cleveland
- South Tyneside and Hartlepool
- Sunderland
- Durham

<sup>32</sup> <https://commonslibrary.parliament.uk/research-briefings/cbp-9696/#:~:text=Living%20in%20a%20cold%20home,musculoskeletal%20conditions%20such%20as%20arthritis>

Table 13. The percentage of patients with COPD, as recorded on practice disease registers.

Local Authority	QOF prevalence (All ages)
<b>North East Combined Authority:</b>	
County Durham	3.00%
Gateshead	2.80%
Newcastle upon Tyne	2.00%
North Tyneside	2.50%
Northumberland	2.70%
South Tyneside	3.40%
Sunderland	3.30%
<b>Tees Valley Combined Authority:</b>	
Darlington	2.50%
Hartlepool	3.40%
Middlesbrough	2.80%
Redcar & Cleveland	3.50%
Stockton-on-Tees	2.80%
<b>North Cumbria:</b>	
Cumberland	2.50%
Westmorland and Furness	2.00%
<b>North East and North Cumbria Integrated Care System</b>	2.80%
<b>England</b>	1.80%

Source: Quality and Outcomes Framework (QOF), NHS England

3.31 The presence of damp and mould in homes is likely to worsen asthma. Whilst we don't have sufficient evidence of the prevalence of asthma by tenure, Table 14 shows the percentage of patients aged 6 years and older with asthma, excluding those who have been prescribed no asthma-related drugs in the previous twelve months, as recorded on practice disease registers from all registered patients aged 6 years and older. This shows that the local authority areas with the greatest percentage of NHS patients with asthma are:

- Northumberland
- County Durham and Redcar and Cleveland
- Gateshead
- Stockton-on-Tees

Table 14. The percentage of patients aged 6 years and older with asthma, excluding those who have been prescribed no asthma-related drugs in the previous twelve months, as recorded on practice disease registers from all registered patients aged 6 years and older.

Local Authority	QOF prevalence (All ages)
<b>North East Combined Authority:</b>	
County Durham	7.70%
Gateshead	7.60%
Newcastle upon Tyne	6.00%
North Tyneside	7.60%
Northumberland	8.30%
South Tyneside	7.30%
Sunderland	6.70%
<b>Tees Valley Combined Authority:</b>	
Darlington	7.30%
Hartlepool	7.60%
Middlesbrough	6.40%
Redcar & Cleveland	7.70%
Stockton-on-Tees	7.50%
<b>North Cumbria:</b>	
Cumberland	7.40%
Westmorland and Furness	7.70%
<b>North East and North Cumbria Integrated Care System</b>	7.30%
<b>England</b>	6.50%

Source: Quality and Outcomes Framework (QOF), NHS England

## Stakeholder perspectives and insights

3.32 A series of meetings were held with a range of stakeholders including representatives from Councils, social housing providers and the NHS to discuss their experience, perspectives and insights in relation to improving the identification and reduction of cold and damp in homes. The key messages from these meetings with these stakeholders are summarised below.

### Councils

3.33 Councils are identifying private rented sector (PRS) properties that are cold and damp from a range of sources:

- Reports from PRS housing inspections.
- Complaints from tenants.
- Targeting Houses of Multiple Occupation (HMOs).



- Proactive approaches to identifying properties at risk of cold and damp from a range of data including previous stock condition surveys, disrepair intelligence, local knowledge and deprivation data.
  - Identification of pre 1919 housing stock used in the PRS.
  - Customer call centre staff trained to identify and triage damp and mould problems (e.g. North Tyneside Council).
- 3.34 Some Councils have used GIS tools to identify stock that is most at risk of cold and damp issues to be able to take a more proactive approach to identifying and rectifying issues for tenants. This includes identifying properties that:
- Have older boilers.
  - Have EPC rating at less than C.
  - Have single glazing.
  - Were built before 1945.
  - Have electric heating.
- 3.35 However, it is not possible to have definitive intelligence about the scale of cold/damp properties in the PRS.
- 3.36 Many Councils are intending to commission new stock condition surveys which will include identification of damp and mould.
- 3.37 Teams at Councils leading this work are generally private sector housing regulation teams.
- 3.38 The most common characteristics of people living in PRS properties that are likely to be/or are cold and damp are:
- Households on low incomes, including older people.
  - Households living in areas where the Council already has evidence of significant PRS stock.
  - Households living in areas where there is already local evidence of housing disrepair.
  - In some towns/cities there is a correlation with areas with a high density of student properties to let
- 3.39 Current approaches taken by Councils to address cold and damp in PRS properties include:
- Developing positive relationship with PRS landlords to engage and educate.
  - Meetings, forums and newsletters for PRS landlords to encourage good practice in keeping their properties well maintained.
  - Focusing attention on areas of the local authority where there are known concentrations of PRS stock.

- Targeting PRS HMO landlords where there is local evidence of poor housing standards/housing disrepair.
  - Sharing data and intelligence between Councils in relation to 'rogue' landlords that have properties in more than one Council area.
- 3.40 Councils are using enforcement powers in relation to the Housing Health and Safety Rating System (HHSRS) under the Housing Act 2004 to address serious instances of damp and mould in the PRS:
- This is challenging as the presence of mould and damp may not be sufficiently serious to warrant immediate action by a landlord.
  - Also, Councils have resource constraints in terms of sufficient workforce to undertake property inspections in the PRS, i.e. having sufficient trained staff to do this type of work.
- 3.41 Other challenges include:
- Providing support and advice to tenants about how to keep their homes warm and dry.
  - Often the issue is that the financial circumstances of tenants means they are unable or unwilling to heat their homes sufficiently to avoid damp and mould.
- 3.42 Some Councils have a focus on addressing cold and damp housing stock as part of the 'refreshing' of local housing strategies, e.g. Hartlepool Council's approach is focused on town centre, pre 1919 properties.
- 3.43 Councils recognise that there is a strong link with affordability for tenants of maintaining a warm home and the need to link housing and poverty strategies to maximise the incomes of people living in cold and damp homes or those people most at risk of living in cold and damp homes.
- 3.44 Some Councils have used their work through the Supported Housing Improvement Programme (SHIP) to identify and address instances of damp and mould in supported housing. This has mostly occurred in older properties used for supported housing.
- 3.45 Councils would welcome greater partnership working with the NHS, both strategically and operationally, to address issue of cold and damp homes.
- 3.46 Example of addressing cold and damp homes - South Tyneside Council:
- A Healthy Homes programme (funded by ICB, £100,000 per annum).
  - Targeting two wards working with GP practices in those areas (these are areas with significant health inequalities).
  - There is a focus on people with COPD and asthma.
  - Social prescribers are the main contacts for people living with damp and mould, as well as other factors contributing to poor health. Social prescribers are seen as trusted by beneficiaries of the scheme.

- Social prescribers meet people in their homes to better understand their circumstances.
  - There had been a focus on supporting people to stop smoking and stop gambling in order to free up personal funds to pay for heating.
  - This work had identified that owner occupied homes have been the most prevalent in relation to the presence of damp and mould.
- 3.47 Some Councils have used Disabled Facilities Grants to provide better heating systems for grant applicants. Example: Middlesborough Council:
- Has a 'Winter Warm Programme'.
  - 2022/23: 376 interventions, 50% for boiler repairs and servicing.
  - 2023/24. 235 interventions, high percentage linked to boiler repairs.
- 3.48 Councils recognise that there are many people, including low-income older people, who are owner occupiers who are, or who are at risk of, living in cold and damp homes, particularly in older homes and where the owners find it difficult to maintain their properties, for financial and other reasons.

### **Social landlords: housing associations and Councils**

- 3.49 Social landlords are using a range of approaches to identifying damp and mould in their properties:
- Maintenance schedules e.g. intelligence about roof replacements and similar work.
  - Repairs data.
  - Voids data.
  - Evidence from front line staff particularly staff regularly in customers' homes such as maintenance staff.
- 3.50 Social landlords have used GIS mapping tools to identify stock that is most at risk of cold and damp issues to be able to take a proactive approach to identifying and rectifying issues for tenants. This includes identifying properties that:
- Have older boilers.
  - Have EPCs rated at less than C.
  - Have single glazing.
  - Were built before 1945.
  - Have electric heating.
- 3.51 Social landlords have used the Social Housing Decarbonisation Fund to help address problems with cold and damp properties e.g. focusing on getting properties improved from an EPC D rating or lower to an EPC C rating.

- 3.52 Social landlords have built up good intelligence about homes that are, or are at risk of, damp and mould but it is not possible to have completely definitive intelligence about the scale of cold/damp properties in a social landlord's stock.
- 3.53 A key message from social landlords is that this is both a property related and tenant related issue; can't been seen as either or.
- 3.54 Teams leading this work are typically asset teams but working closely with housing operations staff who also provide assistance and support to tenants.
- 3.55 The most common characteristics of people living in social housing properties that are likely to be/or are cold and damp are:
- Households on low incomes; financial stress is a key issue.
  - Households living in areas where the social landlord already has evidence of properties requiring stock improvement work e.g. in relation to roofs, windows, insulation work.
  - Households with a range of support and/or health needs.
- 3.56 Some social landlords are using a 'case management' system to manage properties where damp and mould is identified. For example, Thirteen is:
- Classifying the severity of the damp and mould issue for each property identified.
  - Tracking the actions being taken at these properties on a weekly/monthly basis.
- 3.57 Current approaches taken by social landlords to address cold/damp properties include:
- Using existing maintenance schedules to bring forward work that will have an impact, e.g. replacing roofs; insulation work (e.g. instead of grounds maintenance work).
  - Using teams of 'rapid interventions squads' to diagnose and then take action quickly to resolve incidences of damp and mould in homes.
  - Actions ranging from a 'wash down' of walls through to rehousing tenants in extreme cases.
  - Following up on property related work to check that it has worked and that tenants are being supported to, for example, ventilate a property.
- 3.58 Social landlords have invested in additional tradespeople to help provide a more rapid assessment and intervention response for tenants.
- 3.59 Social landlords have been providing damp and mould training for front line staff in housing management and other staff in direct contact with tenants in relation to identifying damp and mould and escalation to initiate action.
- 3.60 Social landlords have been fitting mechanical ventilation devices in stock most at risk to minimise risk of damp and mould occurring in first place.
- 3.61 Other challenges include:

- Supporting tenants to take and act on advice about how to keep their homes warm and dry.
  - Often the issue is that the financial circumstances of tenants means they are unable or unwilling to heat their homes sufficiently to avoid damp and mould.
- 3.62 There is a focus on working with tenants to understand their needs and circumstances rather than 'instructing' tenants to heat and ventilate their homes. Social landlords are engaging in a different style of customer conversation about damp and mould. Example - Gentoo:
- Identifying properties at risk of damp and mould: use of heat maps working with asset colleagues; collect data, e.g. gas capped (no heating in properties), investment work due, e.g. roofing failing, no double glazing etc. This data is overlaid to produce heatmaps and mapped against history of repairs queries.
  - The focus is on understanding the experience of the customer.
  - Avoiding jumping to solutions.
  - Being empathetic. All staff take an empathetic approach: investigation mode, then fix it, then after care/check in with the customer.
  - Investigating all the issues and circumstances that may be causing the incidence of damp and mould and then moving with the agreement of the tenant to resolution mode.
  - This approach is embedded through staff training.
  - Investment in trades teams: two rapid response teams who will get to a tenant's home within 24 hours and remove immediate risk pending further investigation.
  - There has been positive customer feedback.
- 3.63 Social landlords would welcome greater partnership working with the NHS, both strategically and operationally, to address issue of cold and damp homes

## Recommendations: a framework for housing, care and health collaboration to reduce and minimise cold and damp homes

### Summary of baseline quantitative evidence

- 3.64 The evidence suggests that there are estimated to be c.33,500 dwellings in the North East (excluding North Cumbria) with dampness issues (table 7); data available from the Northern Housing Consortium Housing Monitor (2023) provides the following evidence in relation to the prevalence of cold and damp homes:
- For the North East (excluding North Cumbria), the number and proportion of homes by tenure modelled to have a Category 1 Hazard including damp, (based on a total of 124,096 homes) indicates 19% of private rented sector homes have these hazards and 6.6% of social homes have these hazards.

- Evidence from the Northern Housing Consortium Housing Monitor (2023) indicates that in relation to the more general prevalence of damp and mould, in both the PRS and social housing sector, this applies to approximately 4% of homes.
- 3.65 In relation to household composition, the types of households most likely to be living in homes affected by damp are lone parents, multi-person households and couples with children.
- 3.66 In relation to the age of the oldest person in the household, the types of households most likely to be living in homes affected by damp are where there are people under 60 years.
- 3.67 In relation to the age of the youngest person in the household, the types of households most likely to be living in homes affected by damp are where there are people under 5 years.
- 3.68 In relation to income groups, the types of households most likely to be living in homes affected by damp are people from the lowest two income quintiles.
- 3.69 Other characteristics of households more likely to be living in homes with damp issues are:
- People living in poverty.
  - People from workless households.
  - People with a long term illness or disability.
  - People from ethnic minority communities.
- 3.70 The Councils with the highest percentage of households living in the social housing sector are South Tyneside, Newcastle and Sunderland.
- 3.71 The Councils with the highest percentage of households living in the private rented Newcastle, Middlesbrough and Darlington.
- 3.72 There are 36,000 dwellings (c.3% of all dwellings) in the North East (excluding North Cumbria) with an EPC rating of E or lower.

### **Evidence of housing, care and health frameworks from other areas/regions**

- 3.73 The following examples of housing, care and health frameworks from other areas/regions are provided as a guide to what a North East and North Cumbria housing, care and health framework for action on cold and damp homes might cover.
- 3.74 The majority of these frameworks are broad based approaches to housing, care and health collaboration however, the London example is explicitly focussed on housing, care and health collaboration in relation to cold and damp homes.

*A. London: A Housing checklist to support identification of housing and clinical concerns related to mould and damp exposure<sup>33</sup>*

A Housing checklist to support identification of housing and clinical concerns related to mould and damp exposure developed by London's Public Health System partners. Underpinned by 'Making Every Contact Count' or 'MECC'.

*B. Gloucestershire A joint action plan for healthy homes<sup>34</sup>*

The County Council, the six district/borough councils and the NHS in Gloucestershire have worked together to develop a joint action plan for healthy homes which offers a housing and health focussed range of services aimed at supporting older people (and other people with care and support needs) to maintain their independence in their existing homes, including action to provide 'warm and healthy homes'.

*C. West Sussex Health and Care in Housing Memorandum of Understanding<sup>35</sup>*

A Health in Housing Memorandum of understanding (MOU) for care, housing and health organisations in West Sussex to co-develop and make a collective commitment towards the use of housing to improve the long-term health and wellbeing of vulnerable households.

*D. Greater Manchester Better Homes, Better Neighbourhoods, Better Health<sup>36</sup>*

This Tripartite Agreement is a collaboration between the Greater Manchester Combined Authority, Greater Manchester Housing Providers and the Greater Manchester Health and Social Care Partnership. The agreement formalises how these partners will align their expertise, resources, influence, knowledge and capacity to deliver better health, housing and care outcomes with local people.

*E. Sheffield: A joint approach to Housing and Children & Young People's Health*

Includes a 'toolbox' for addressing housing damp and mould by professionals from housing, Children's Services and health.

### **Components of a North East and North Cumbria housing, care and health framework for action on damp and mould**

3.75 Based on the evidence from the baseline assessment (above) and drawing on examples of joint housing, care and health frameworks from elsewhere, it is **recommended** that

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<sup>33</sup> [https://www.mecclink.co.uk/media/1216/final-london\\_damp-and-mould-checklist-20240102-v10.pdf](https://www.mecclink.co.uk/media/1216/final-london_damp-and-mould-checklist-20240102-v10.pdf)

<sup>34</sup> [https://www.local.gov.uk/case-studies/gloucestershire-joint-action-plan-healthy-homes#:~:text=The%20county%20council%2C%20the%20six,support%20needs\)%20to%20maintain%20their](https://www.local.gov.uk/case-studies/gloucestershire-joint-action-plan-healthy-homes#:~:text=The%20county%20council%2C%20the%20six,support%20needs)%20to%20maintain%20their)

<sup>35</sup> <https://www.housinglin.org.uk/Topics/type/West-Sussex-Health-and-Care-in-Housing-Memorandum-of-Understanding-Working-Draft-for-Engagement-Purposes/>

<sup>36</sup> <https://www.housinglin.org.uk/Topics/type/Better-Homes-Better-Neighbourhoods-and-Better-Health/>

the NHS, Councils and the Northern Housing Consortium (on behalf of social housing providers) develop a framework for joint action to address and reduce the problem of damp and mould in homes in the private rented sector and social housing sector.

- 3.76 Based on the evidence from this baseline assessment, from local stakeholders and from similar arrangements in other areas, the following *components* of a framework are proposed.
- 3.77 It should be recognised that many social landlords and local authorities are already taking action to address damp and mould in homes that are consistent with the proposed framework. Having such a framework is intended to provide a mechanism for sharing 'good practice' between partners and to facilitate peer-to-peer organisational support, learning and collaboration in delivering action to address damp and mould in homes.

#### *Shared strategic objectives and planning*

- All social landlords, Councils and NHS organisations (the partners) have a shared strategic objective to minimise and ideally eliminate the incidence of people living in cold and damp homes.
- All social landlords, Councils and NHS organisations ensure that they agree and take complementary actions to achieve this objective.
- Establish a regional group to lead and monitor progress in terms of the joint actions of the partners to identify and address damp and mould in homes.

#### *Shared intelligence about the nature and scale of the problem*

All social landlords, Councils and NHS organisations to develop shared intelligence of the scale of the problem of people living in cold and damp homes.

This intelligence to come from:

- Social landlords – identifying properties that are or are at risk of being cold and damp.
- Councils – evidence of known properties with cold and damp hazards and areas/locations with properties most at risk of being cold and damp.
- NHS organisations – identification of the location of patients with health conditions (e.g. COPD, cancer, asthma) that are related to and/or worsened by living in cold and damp homes.

#### *Sharing practice of what works in reducing the prevalence of cold and damp homes*

All social landlords, Councils and NHS organisations to develop a shared understanding of the practice and actions that are effective in reducing the number of people living



in cold and damp homes and how they can collaborate to maximise the effectiveness of these actions, including:

- Current examples of practice, such as those highlighted above (and what has worked previously), to address and reduce damp and mould in homes, to be shared and used across the region, including the use of social prescribing teams to connect with and support households affected by damp and mould in their homes.
- Actions by Councils that are effective in encouraging PRS landlords to maintain their properties in a good state of repair but also inspection and enforcement actions that can be taken by Councils to get landlords to rectify identified properties with damp and mould.
- Actions by social landlords that are effective in identifying and resolving incidents of damp and cold in social sector homes, for example many social landlords have aligned their approaches to mitigating damp and mould with their retrofit and net zero plans and activity.
- Actions by NHS organisations to assist Councils and social landlords in the identification of people living in cold and damp homes.
- Actions by all partners that assist people living in, or who are at risk of living in, cold or damp homes to maximise their incomes and to be in a position to manage their homes to minimise cold and damp.
- The use of technology and adaptations to assist in reducing the incidence of damp and mould in homes, such as fitting ventilation devices.

#### *Establish common referral routes*

All social landlords, Councils and NHS organisations to develop common and shared referral routes to be used by their front line staff where cold and damp homes are identified including:

- Referrals to local authorities in relation to cold and damp homes in the PRS.
- Referrals to social landlords in relation to cold and damp homes in the social housing sector.
- Cross reference by NHS organisations of patient record data with data from Councils and social housing providers of addresses where there is identified cold and damp.

The intention is to ensure that:

- Cold and damp homes are identified as quickly as possible through timely referrals so that appropriate action can be taken.
- NHS services have an improved awareness of patients who are, or who may be, living in cold and damp homes which may be worsening their health conditions.

*Develop a toolkit for front line staff from housing, health and care services to identify and reduce the incidence of people living in cold and damp homes*

Develop a North East and North Cumbria toolkit for front line staff from housing, health and care services to identify and reduce the incidence of people living in cold and damp homes, drawing on the London Housing checklist (above) to support identification of homes with damp and mould based on 'making every contact count' principles

It is suggested that this is to be used by front line staff from Councils, social housing landlords and NHS staff (the London toolkit is for use by health and social care staff).

The intention of the toolkit is to provide a checklist and guidance for staff to support the identification of internal damp and mould as well as people at risk of poor health due to damp and mould exposure in their home.

Where concerns are identified, the toolkit would provide guidance on actions to take in the form of advice, signposting, and referral to the appropriate organisations, such as Council private sector housing teams, social housing landlords etc for action to be taken

Undertake regular joint training for housing, social care, Children's Services and NHS front line staff (who all visit people in their homes) in relation to:

- Approaches to the identification of damp and mould.
- The use of the proposed 'toolkit' (above).
- Joint protocols for sharing intelligence, referrals and subsequent action
- Building relationships between front line staff who come into contact with, or are likely to come into contact with, people living in cold and damp homes.

*Shared measurement and reporting of the outcomes*

Social landlords, Councils and NHS organisations to develop a set of outcome measures in relation to:

- The number of homes identified in the PRS and social housing sector that have a cold and damp problem per annum, ranked by severity.
- The number of homes in the PRS where action has been taken to resolve damp and mould per annum.
- The number of homes in the social housing sector where action has been taken to resolve damp and mould per annum.
- A range of other metrics, for example, the type of interventions/actions taken; the health status of people identified as living in cold and damp homes; provision of related support to people living in cold and damp homes, such as income maximisation.

*Approaches to combining resources to address damp and mould in homes, including workforce requirements*

Social landlords, Councils and NHS partners to:

- Identify where it is possible to combine and/or share existing staff resources to deliver the strategic objectives of this framework to minimise and ideally eliminate the incidence of people living in cold and damp homes.
- Assess and identify where *additional* financial resources are required to deliver the strategic objectives of this framework, such as workforce/staff resources to coordinate and lead the delivery of this framework on a day to day basis, additional staff resources required to undertake inspections of PRS stock.
- Assess the identify the resources required to extend this framework to cover minimising the incidence of people living in cold and damp homes in the owner occupier sector, as well as in the PRS and social housing sector.

## 4. Baseline Assessment: People who need complex care and support - people with learning disabilities, autistic people and people with serious mental health needs.

### Introduction

4.01 This part of the baseline assessment is focussed on the housing and care/support requirements of people who need complex care and support with the following characteristics:

- Needs that are often long-term and serious and may be difficult to diagnose or treat. Furthermore, these multiple needs are likely to interact with and exacerbate each other, forming barriers for the individual. Typically, these barriers present themselves as difficulties that prevent people from accessing certain services.
- People who are most likely to be in the most restrictive environments for the longest time.
- People who are most at risk of admission to health and care settings such as care homes and hospital.
- People who need focused creative commissioning of care and support to live well in the community.

4.02 For the purpose of this workstream people who need complex care and support includes children/young people aged 11 and over and adults of working age:

- People with a learning disability.
- People who are autistic.
- People with serious mental health conditions.
- People with physical and neurological disabilities/health conditions.

4.03 The intention is to identify:

- The approximate scale of this population across the Integrated Care System footprint and at place level.
- The indicative potential need for housing and care-based alternatives to the use of other care and health pathways and options, particularly the use of care homes.
- The type and range of housing and care options that may best meet the needs of persons with these needs.

4.04 The content of this baseline assessment covers:

- Relevant policy context.

- Baseline evidence about the population of people who need complex care and support.
- Stakeholder perspectives and insights.
- Evidence in relation to people's housing preferences and contemporary practice in housing and care for people with complex needs, particularly people with learning disabilities, autistic people and people with serious mental health needs.
- Summary findings and recommendations.

## Policy context

4.05 The *Building the Right Support Action Plan*<sup>37</sup> (2022), updates the original *Building the Right Support*<sup>38</sup> from 2015, reinforces the importance of people with learning disabilities/autistic people having a good home:

*"Good community provision supports people with a learning disability and autistic people to live the life they choose. Having a home, feeling involved in a local community, and having a reliable support network means that people live ordinary lives on ordinary streets."*

4.06 *Building the Right Home*<sup>39</sup> sets out guidance and principles for housing for people with a learning disability and autistic people that need specialist and supported housing.

4.07 The Care Quality Commission's (CQC) *Right Support, Right Care, Right Culture* (RSRCRC)<sup>40</sup> published in 2022, sets out more clearly than in any previous CQC guidance what the specific expectations are of care providers both in terms of registration of supported living services and inspection.

4.08 As well as meeting the standard CQC regulations that apply to care providers there is an explicit focus on the service model, i.e. the model of care. This is influenced by the *Service model for commissioners of health and social care services*<sup>41</sup>. This sets out 9 principles that commissioners should apply in commissioning and contracting for services for people with learning disabilities and autistic people, and by implication, that care providers will need to deliver. CQC emphasises that it expects providers to comply with the guidance in *Building the Right Support*. In addition, in RSRCRC, CQC is

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<sup>37</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1092537/Building-the-Right-Support-for-People-with-a-Learning-Disability-and-Autistic-People-Action-Plan-accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1092537/Building-the-Right-Support-for-People-with-a-Learning-Disability-and-Autistic-People-Action-Plan-accessible.pdf)

<sup>38</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

<sup>39</sup> <https://www.england.nhs.uk/learningdisabilities/wp-content/uploads/sites/34/2015/11/building-right-home-guidance-housing.pdf>

<sup>40</sup> [https://www.cqc.org.uk/sites/default/files/2022-06/900582%20Right%20support%20right%20care%20right%20culture\\_v5\\_0.pdf](https://www.cqc.org.uk/sites/default/files/2022-06/900582%20Right%20support%20right%20care%20right%20culture_v5_0.pdf)

<sup>41</sup> Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. (2015). LGA/ADASS/NHSE

much clearer about its other requirements and expectations of care providers, specifically:

- Providers need to be able to evidence that there is a need for a service, in this case supported living, and that local commissioners have agreed to the service being developed.
- Providers need to be able to show that the size, setting and design of the service (this means the setting as well as the design of the care service) meets peoples' expectations and is aligned with current best practice.
- The service needs to enable people to have access to their local community. The care model and the location of the service mean that people are supported to access ordinary community life in response to their needs and wishes.
- Providers need to be able to evidence that the model of care and the associated policies and procedures are in line with best practice. This is reinforcing that CQC expects providers to avoid care practices that are reliant on restrictive practices or seclusion and instead are focussed on promoting people's strengths.

4.09 All housing and supported accommodation services which provide CQC regulated care need to be consistent with *Building the Right Support* and *RSRCRC*.

4.10 The CQC guidance refers to the NICE guidance (CG142) on the definition of 'small' services for autistic people with mental health conditions and/or behaviour that challenges. This states that residential care "should usually be provided in small, local community-based homes (of no more than six people and with well-supported single person accommodation)". While CQC refers to NICE guidance for the definition of 'small', it is primarily focused on whether a service can provide high-quality and person-centred care. It recognises that this can be achieved in schemes that are both larger and smaller.

4.11 In addition, there are a range of other national policies that will influence how the Councils and their partners commission and regulate supported housing, including for people with learning disabilities, autistic people and people with mental health needs.

4.12 The Government has established the Supported Housing Improvement Programme (SHIP)<sup>42</sup> and made available funding to a number of Councils to deliver this programme locally. The programme is intended to support Councils to improve the quality of supported housing, both the accommodation and support services, through greater local scrutiny.

4.13 The recent Supported Housing (Regulatory Oversight) Act<sup>43</sup> makes provision for the regulation of supported exempt accommodation, and makes provision for local authority oversight of, and enforcement powers relating to, the provision of supported

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<sup>42</sup> <https://www.gov.uk/government/publications/supported-housing-improvement-programme-prospectus>

<sup>43</sup> [Supported Housing \(Regulatory Oversight\) Bill - Parliamentary Bills - UK Parliament](#)

exempt accommodation. The Act provides Councils with new statutory powers and duties to regulate supported housing locally.

- 4.14 This will mean that all housing and supported accommodation that is developed for people with learning disabilities, autistic people and people with mental health needs where it falls within the definition of 'supported exempt accommodation' (which is likely to be the majority of supported housing) will be subject in the future to regulation by Councils including licensing housing providers to permit them to develop and operate supported housing. The Act also requires that all English Councils undertake an assessment of need for supported housing (which includes supported housing required by all people with learning disabilities, autistic people and people with mental health needs) and have at least a plan for the subsequent 5 years that sets out how these needs for supported housing will be met.
- 4.15 Over recent years long lease-based models of supported housing have come under scrutiny by the Regulator of Social Housing, particularly the governance and financial arrangements of some Registered Providers that lease all or most of their supported housing stock from other organisations. The Councils and their NHS partners will need to take account of the regulatory status of providers of supported housing in their approach to managing the quality of supported housing services.

### Baseline evidence

- 4.16 This housing needs assessment is specifically about meeting the housing needs of people with learning disabilities, autistic people and people with mental health needs who need complex care and support. This includes people who are inpatients, some people who are living in care homes, and adults who are known to commissioners through, for example, local dynamic support registers.
- 4.17 Set out below are estimates of need for housing for people who need complex care and support. However, based on evidence from stakeholders, the needs of this group of people are in the context of increasing need for housing and support amongst the wider population of people with learning disabilities, autistic people and people with mental health needs. This increasing need is characterised by:
- An increasing population of people with learning disabilities and autistic people who are eligible for support from the local authorities. This is driven by:
    - A trend for increasing numbers of young people becoming eligible for adult social care at 18.
    - People with learning disabilities having life expectancy that more closely matches the overall population.
  - Adults with learning disabilities who have been living with older carers and parents where this situation will increasingly be unsustainable.

- A reduction in the use of care homes, both residential and nursing care homes, except where there are no other accommodation options.
- A pressing requirement to meet the housing and support needs of people with learning disabilities, autistic people and people with serious mental health needs who need complex care and support. The housing needs of this group are set out below.

4.18 Data has been provided by stakeholders that identifies:

- The number of children/young people and adults who need complex care and support identified on local dynamic support registers.
- The number of adults with learning disabilities, autistic people and with mental health needs who are funded in care homes by local authorities/the NHS.
- The number of people in inpatient settings.

4.19 Table 15 shows the number of children/young people and adults (18+) identified on local dynamic support registers (2023/24). This evidence indicates that there are currently:

- 121 (*including estimated data*) children/young people who need complex care and support identified on local dynamic support registered across the North East and North Cumbria region.
- 205 (*including estimated data*) adults who need complex care and support identified on local dynamic support registered across the North East and North Cumbria region.



Table 15. Number of adults (18+) identified on local dynamic support registers (2023/24)

<b>Local authority</b>	<b>Under 18 years (estimate in italics)</b>	<b>Over 18 years (estimate in italics)</b>
<b>North East Combined Authority:</b>		
County Durham	<i>19</i>	<i>40</i>
Gateshead	<i>4</i>	<i>13</i>
Newcastle upon Tyne	<i>12</i>	<i>30</i>
North Tyneside	<i>5</i>	<i>10</i>
Northumberland	<i>20</i>	<i>35</i>
South Tyneside	<i>5</i>	<i>10</i>
Sunderland	<i>12</i>	<i>13</i>
<b>Tees Valley Combined Authority:</b>		
Darlington	<i>7</i>	<i>8</i>
Hartlepool	<i>5</i>	<i>5</i>
Middlesbrough	<i>6</i>	<i>18</i>
Redcar & Cleveland	<i>11</i>	<i>7</i>
Stockton-on-Tees	<i>8</i>	<i>8</i>
<b>North Cumbria:</b>		
Former Cumbria (Cumberland & Westmorland and Furness)	<i>7</i>	<i>8</i>
<b>North East and North Cumbria Integrated Care System</b>	<i>121</i>	<i>205</i>

Source: ICB/local authorities (2023/24). Estimates based on actuals data that has been provided.

4.20 Table 16 shows the number of the number of adults (18+) in inpatient settings (2023/24). This evidence indicates that there are currently 139 people from the North East and North Cumbria region in inpatient settings.

Table 16. Number of adults (18+) in inpatient settings (2023/24)

Local authority	No. of people in inpatient settings
<b>North East Combined Authority:</b>	
County Durham	17
Newcastle upon Tyne/Gateshead	17
North Tyneside	7
Northumberland	5
South Tyneside	6
Sunderland	9
<b>Tees Valley Combined Authority:</b>	
Darlington	36
Hartlepool	
Middlesbrough	
Redcar & Cleveland	
Stockton-on-Tees	
<b>North Cumbria:</b>	
Cumberland	15
Westmorland and Furness	
Secure	27
<b>North East and North Cumbria Integrated Care System</b>	139

Source: ICB/local authorities (2023/24)

4.21 Table 17 shows the number of people with learning disabilities, autistic people and people with mental health needs in care homes (residential and nursing) in 2023/24. This evidence indicates that there are currently:

- 1,355 adults with learning disabilities and autistic people in care homes; and
- 1,372 adults with mental health needs in care homes.

Table 17. Number of people with learning disabilities, autistic people and people with mental health needs in care homes (residential and nursing) (2023/24)

Local authority	People with learning disabilities/autistic people (18+)	People with mental health needs (18+)
<b>North East Combined Authority:</b>		
County Durham	376	181
Gateshead	40	24
Newcastle upon Tyne	93	196
North Tyneside	72	147
Northumberland	215	171
South Tyneside	*	*
Sunderland	66	73
<b>Tees Valley Combined Authority:</b>		
Darlington	27	81
Hartlepool	42	49
Middlesbrough	132	241
Redcar & Cleveland	82	100
Stockton-on-Tees	131	104
<b>North Cumbria:</b>		
Cumberland	79	5
<b>North East and North Cumbria Integrated Care System</b>	<b>1,355</b>	<b>1,372</b>

Source: ICB/local authorities (2023/24). \* missing data

4.22 Local stakeholders identified that for all people who need complex care and support there is a need to plan for their housing and care/support requirements for the next 3-5 years. The profile of need to be accommodated is characterised as:

- Adults who need complex care and support who are on Dynamic Support Registers; it is estimated by stakeholders that c.25% of these people may need housing/supported housing per annum.
- People who need complex care and support who are living in care homes but could move to a supported housing setting; it is estimated by stakeholders that c.10% of these people may be able to move to supported housing per annum.
- People who need complex care and support in inpatient settings. It is estimated by stakeholders that c.20% of people in inpatient settings will move to housing/supported housing alternatives each year.
- Children/young people who are on Dynamic Support Registers; this data covers people under 18 years, however only children/young people aged 17 years (in each year) will become potentially eligible for adult social care and potentially need supported housing. As this data is not sufficiently 'granular' to provide estimates of the number of 17 year olds each year who may need supported housing, this

does not form part of the overall estimated need for supported housing in table 18. However, it should be anticipated that there will be each year a relatively small number of 17 year olds who become potentially eligible for adult social care and potentially need supported housing.

4.23 Based on the evidence analysed and assumptions made based on this evidence (including at paragraph 4.57), table 18 summarises the need for housing/supported housing for each of these groups of people who need complex care and support for 2024/25 and estimated over the next 5 years to 2028/29. It is assumed that the need at 2024/25 is maintained per annum over the period to 2028/29 (i.e. estimated need at 2024/25 is multiplied by a factor of 5 to estimate need by 2028/29).

Table 18. Summary: Estimated need for housing/supported housing at 2024/25 and by 2028/29 for North East and North Cumbria region

Cohort	Estimated need for housing/supported housing at 2024/25		Estimated need for housing/supported housing by 2028/29
	No. of people	Estimated need for housing/supported housing (homes)	Estimated need for housing/supported housing (homes)
Adults who need complex care and support who are on Dynamic Support Registers	205	c.50	c.250
People who need complex care and support who are living in care homes:			
• Adults (18+) with learning disabilities and/or autistic people	1,355	c.135	c.675
• Adults (18+) with serious mental health needs	1,372	c.135	c.675
People who need complex care and support in inpatient settings	139	28	139

4.24 The evidence indicates that by 2028/29 there is an estimated need for housing/supported housing of:

- c.250 homes for adults who need complex care and support who are on Dynamic Support Registers.

- c.675 homes for adults with learning disabilities and/or autistic people with complex support needs who are living in care homes.
  - c.675 homes for adults with mental health conditions with complex support needs who are living in care homes.
  - 139 homes for people with complex support needs in inpatient settings.
- 4.25 This indicates that over the period to 2028/29 there is a need to find or develop c.1,740 homes of housing/supported housing, which is the equivalent of c.350 homes per year.

### Stakeholder perspectives and insights

- 4.26 A series of meetings were held in March and April 2024 with a range of stakeholders including representatives from Councils, the ICB, and housing and support providers to discuss their insights in relation to:
- Baseline intelligence in relation to the housing needs of people who need complex care and support.
  - Actions being taken by local authorities, the NHS and housing providers to address the housing needs of people who need complex care and support.
  - The gaps in housing and care provision for people who need complex care and support, including in relation to joint working across, housing, health and care sectors.

#### *Local intelligence about housing and care/support needs*

- 4.27 There is a need for additional specialist supported housing and accommodation for people who need complex care and support, however it is important to recognise that some people who need complex care and support need access to mainstream housing with an appropriate support package.
- 4.28 There is a need for some specialist supported housing in more rural or 'quiet' locations, but near to urban centres.
- 4.29 There is a need for supported housing provision to be able to accommodate people with specific sensory needs and to recognise that many people have needs which mean that they cannot live in shared supported housing.
- 4.30 There is a need for more supported housing that has self-contained dwellings.
- 4.31 There is inconsistency in the type and level of need assessment identifying the extent of need amongst people who need complex care and support for supported and specialist housing/accommodation.
- 4.32 Overall, the trend in the number of people in inpatient settings is relatively low, it has been trending downwards for several years however it is now static.

- 4.33 The profile of people currently in inpatient settings and being admitted to inpatient settings is:
- New admissions are more likely be for autistic people rather than people with learning disabilities.
  - The length of stay is increasing.
  - The number of people with forensic related needs being admitted is increasing.
- 4.34 Some commissioners note the ongoing need for some specialist residential care provision to complement supported housing-based housing and care services.
- 4.35 In relation to people with serious mental health needs, it is likely that the ICB and Councils need to refresh their understanding of the support/care as well as housing needs of this cohort.
- 4.36 There is evidence of the number of people with serious mental health needs increasing over the last few years and in some instances the use of residential care has been increasing (potentially due to a lack of housing with care-based alternatives).
- 4.37 Supported housing for people with serious mental health needs should be relatively small scale (e.g. 6-8 self-contained flats in a development) with access to local multi-disciplinary teams (health and social care).
- 4.38 For people with serious mental health needs there is a requirement for a 'housing pathway', from supported housing that facilitates 'step down' from inpatient settings through to people having access to a general needs affordable housing tenancy with access to a range of support.
- 4.39 There is a cohort of people with mental health needs who also have other needs such as substance misuse related needs.
- 4.40 All stakeholders identified that for all people who need complex care and support there is a need to plan for their housing and care/support requirements for the next 3-5 years and beyond. The profile of need to be accommodated is characterised as:
- Young people who need complex care and support who are on Dynamic Support Registers; it is estimated by stakeholders that c.25% of these young people may need supported housing per annum once they become 18 years (i.e. become eligible for adult services).
  - Adults who need complex care and support who are on Dynamic Support Registers; it is estimated by stakeholders that c.25% of these people may need supported housing per annum.
  - People who need complex care and support who are living in care homes but could move to a supported housing setting; it is estimated by stakeholders that c.10% of these people may be able to move to supported housing per annum.

- People who need complex care and support in inpatient settings. It is estimated by stakeholders that c.20% of people in inpatient settings will move to housing and supported accommodation alternatives each year.

4.41 There is a need to review and better understand the needs of people living in care homes, including in out of area placements, in relation to the potential for people to move to housing and care alternatives (some Councils are undertaking reviews of people living in care homes for this purpose).

*Actions to meet local needs*

4.42 Durham County Council has been developing with Choice Support a new supported housing scheme for people who need complex care and support. This is similar to a scheme that Choice Support has developed previously in West Yorkshire (Kirklees). It consists of:

- 6 detached bungalows for single occupancy.
- Office and communal space.
- A rural setting.
- A spacious plot with private external space for residents.

4.43 This scheme has used NHS capital grant funding, however there is not sufficient NHS capital grant funding to meet all the identified need across the region.

4.44 There is a need for regional and sub regional commissioning of supported and specialist housing for some cohorts of people who need complex care and support. Tees Valley commissioners have established a local commissioning/implementation group to:

- Jointly manage the local housing and care market for people who need complex care and support.
- To address gaps in the market in relation to geography and catering for specialist needs.

4.45 Some Councils have introduced housing provider panels to recruit a mix of housing providers to deliver specialist and supported housing – for example, Durham County Council has introduced a housing framework with 20 housing providers.

4.46 Durham County Council has commissioned a social rehabilitation unit which:

- Has 5 self-contained flats
- Is provided by a social housing landlord.
- Provides accommodation for up to 1 year for tenants.
- Supports people to move from inpatient settings (the Council is also considering this as 'step down' for people to move from residential care to supported housing).

*Key gaps in provision*

- 4.47 It is difficult to secure 'mainstream' larger Registered Providers of social housing to deliver supported housing including more specialist supported housing, which places a reliance for commissioners on more specialist housing providers – what is needed is a mix of specialist and mainstream housing providers to ensure there is the widest range of housing options available.
- 4.48 There is a need for additional 'core and cluster' supported housing and accommodation that can support people with a range of care and support needs.
- 4.49 There is a need for supported housing that can support people who communicate their needs or distress through behaviour that others can find challenging.
- 4.50 There is a gap in relation to supported housing provision that meets the needs of people with forensic related needs.
- 4.51 There is a need for 'step down' supported housing provision for:
- People with learning disabilities and/or autistic people who need to move to housing-based alternatives from inpatient settings.
  - People with serious mental health needs who need to move from inpatient settings to a range of supported housing as well as mainstream housing options.
- 4.52 In order to prevent some inpatient admissions, there is a need for 'step up' accommodation that can support people who need additional support to remain living in the community.
- 4.53 A key gap in the housing pathway for people who need complex care and support is often access to mainstream general needs social housing because of the high demand overall for this type of affordable housing.
- 4.54 The quality of some of the existing supported housing provision needs to be improved.
- 4.55 There is a need for a 'housing pathway' for people with learning disabilities/autistic people and for people with serious mental health needs that includes a range of housing and care/support options from 24/7 supported 'step down' supported housing to community living network style support, delivered by organisations such as Keyring.
- 4.56 There is a need to strengthen the regional approach to commissioning and provision of supported housing for people with serious mental health needs; there is a view amongst some commissioners that there has sometimes been less focus on the need for a mix of supported housing for people with mental health needs compared to the need for supported housing required by people with learning disabilities/autistic people.



- 4.57 There is a need to strengthen the commissioning arrangements for housing and care for people with serious mental health needs between the ICB and Councils.
- 4.58 There is a need to strengthen the regional and sub regional joint commissioning arrangements for housing and care for people with learning disabilities/autistic people with complex support needs between the ICB and Councils.
- 4.59 There is a need to improve the capacity and capability of support provider organisations to be able to support more people who need complex care and support. There is a need for more staff in provider organisations (and more capacity in the market generally); those staff and provider organisations need to be skilled at supporting people whose support is complex; and the NHS needs to provide up front and ongoing skills, infrastructure, and wraparound support as part of strong MDT approaches.
- 4.60 There is a need for more extensive and creative use of care enabling technology to support people who need complex care and support to complement staff-based support.

### Evidence: contemporary good practice in housing and care

#### **Evidence of contemporary practice in housing and care: people with learning disabilities and/or autistic people**

- 4.61 Increasing the range of housing options for people with learning disabilities/autistic people who need complex care and support is intended to enable access to the right accommodation with personalised care/support, in part to avoid or reduce the risk of admission to health and care settings such as care homes and hospital.
- 4.62 There has been development of new supported housing by both 'mainstream' and 'specialist' (i.e. providers that solely develop supported housing) housing associations, local authorities, and other housing providers particularly in relation to developing small-scale 'clusters' of flats with modest communal space of typically between 8-12 1-bed flats in the same building with 24/7 support.
- 4.63 An example of new build accommodation for people with learning disabilities/autistic people, including people with complex support needs, is Anvil Court<sup>44</sup> a scheme in Hampshire developed, financed and owned by Hampshire County Council. It is a block of 10 1-bed flats with an additional 3 wheelchair adapted bungalows. This supported housing scheme has 24/7 care on site and is aimed at people with learning disabilities with a range of support/care needs.

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<sup>44</sup> <https://documents.hants.gov.uk/adultservices/Extra-Care-Younger-adults-Brochure-2020.pdf>



4.64 In relation to people who need complex care and support an example of a bespoke supported housing scheme has been developed by Choice Support<sup>45</sup> in West Yorkshire (a similar scheme has been developed in Durham, Whitebeam Gardens. Once it is fully operational this supported housing scheme could be highlighted as an example of good practice). This is an example of a supported housing scheme, including 6 self-contained homes with staff facilities, designed for people with complex care and support needs, for example related to 'challenging behaviours', e.g. including features such as curved (and removable) internal walls, soft impact finishes to floors and walls.



<sup>45</sup> <https://www.choicesupport.org.uk/stories/transforming-care-mayman-lane>

- 4.65 Oxfordshire County Council has commissioned two purpose-built supported living schemes for people who need complex care and support<sup>46</sup>. Each scheme has 6 self-contained dwellings. The service is designed for people with an autism diagnosis or a similar condition who require specialist support and accommodation. They also find it difficult to share support or accommodation.



- 4.66 An example of contemporary supported living scheme for people with learning disabilities and age-related care and support needs is Tolvean House in Cornwall, developed by Advance Housing. This includes a small new build block of flats with design features specifically suited to people with learning disabilities living with dementia and/or people who need complex care and support, and refurbishment of an adjacent existing building to provide housing for people with lower level support needs.



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<sup>46</sup>[https://www.housinglin.org.uk/assets/Resources/Housing/Practice\\_examples/Housing\\_LIN\\_case\\_studies/HLIN\\_CaseStudy\\_151\\_Oxfordshire.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_151_Oxfordshire.pdf)

- 4.67 Karbon Homes' development of five supported two-bed bungalows in Walker, Newcastle is designed specifically for people with learning disabilities and/or autistic people with 24/7 support needs. There is also one staff bungalow in a secure development with just one single point of entry adjacent to the staff office. The kitchen of each bungalow leads on to a private patio area with bedrooms on the most private and quietest side of the buildings. Externally, the layout includes secure external gardens and allotment areas with the bungalows positioned as far as possible from any noise in the parking area and access road.



- 4.68 Enham Trust's Bradbury Place in Andover<sup>47</sup>, Hampshire is an example of a co-designed project for people with learning disability and physical disabilities. It provides 8 one and two bedroom wheelchair accessible apartments, within 500 metres of the town centre.

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<sup>47</sup>[https://www.housinglin.org.uk/assets/Resources/Housing/Practice\\_examples/Housing\\_LIN\\_case\\_studies/HLIN\\_CaseStudy\\_142\\_BradburyPlace.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_142_BradburyPlace.pdf)



- 4.69 Thirteen's Acorn House<sup>48</sup>, in Thornaby is a block of 15 one bed self contained flats with 24/7 support. The apartment building and 13 adjacent bungalows replaced a former care home. It is designed to wheelchair standards and is care ready and adaptable. The service provides support as well as care enabled technology. It has communal spaces and circulation areas with a lift to the upper floor.
- 4.70 The Home Ownership for people with Long term Disabilities (HOLD)<sup>49</sup> scheme has provided home ownership opportunities for some people with learning disabilities, autistic people and people with enduring and serious mental health needs with complex support needs and other people with long term care needs. It typically provides an opportunity to purchase a mainstream property using an interest only mortgage. Whilst not a 'supported housing' option per se, it is an innovative example of widening housing opportunities for some people with long term support/care needs.

### **Evidence of contemporary practice in housing and care: people with mental health needs**

- 4.71 In relation to supported housing for people with serious mental health needs, there has been more limited development of supported housing as funding from local authority former Supporting People programmes has declined or been withdrawn.
- 4.72 New supported housing developments have tended to be 'clusters' of flats and there has been a reduction in the use of 'shared housing'.
- 4.73 There are some examples of recovery focused supported housing catering for people who need complex care and support. There has been some development of supported housing that offers a 'step-down' model to enable people to be discharged in a timely

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<sup>48</sup> <https://www.housinglin.org.uk/Topics/ECHScheme/search/Acorn-House/>

<sup>49</sup> <https://www.ownyourhome.gov.uk/scheme/hold/>

and successful way from acute mental health hospital beds into a good quality housing offer with 24/7 support available. These supported housing models are as likely to be funded by NHS commissioners (to cover care/support costs and rent) as by local authorities.

- 4.74 An example of a supported housing 'step down' resource is Riverside Housing's scheme at Tile House in Camden, London. Tile House provides 15 high quality, self-contained supported housing homes. Each customer has their own flat that is designed to the same specification as private sale housing on the same site. 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 who need complex care and support.



- 4.75 Home View in Blackpool is an example of a step-down service delivering a 24/7, supported housing service providing short-term accommodation for adults aged between 18-65 with mental health problems who have recently been discharged. It is a partnership between Lancashire and South Cumbria NHS Foundation Trust and Home Group. The step-down service has 12 self-contained flats with a duration of stay of an average of 6 weeks and a maximum of 13 weeks.



- 4.76 Salveson House, in London Borough of Hackney, is a cluster of 18 new build self-contained flats for people with serious mental health needs operated by One Housing. It provides supported housing with 24/7 staffing as part of a wider mental health 'accommodation pathway' in Hackney. Tenants live here for up to 3 years before moving on to independent housing.



- 4.77 Southdown Housing Association provides accommodation, housing management and support for people with mental health needs in Brighton and Hove. Clients of the service are supported to maintain and improve their mental wellbeing, whilst being accommodated for up to two years in a range of supported housing (depending on personal need), at which point they will be supported to move on to independent accommodation. The service is funded by Brighton and Hove City Council and forms part of the Brighton & Hove Mental Health Supported Accommodation Pathway.
- 4.78 Durham County Council, Bernicia and the Richmond Fellowship have developed a supported living service to help people step down from psychiatric hospital to independent living. The service has eight self-contained flats built around a communal space. The service has 24/7 staffing, so that clients feel safe and each client has a key to their own flat and is responsible for their own bills. Of the eight flats, five are block purchased by the NHS as a step-down facility to enable prompt discharges from psychiatric hospital beds into the community. The provision of 'floating support' to clients immediately after they move on provides continuity of support during transition to living more independently. *(to check with Durham commissioners)*

## Summary findings and recommendations

### Findings

- 4.79 The evidence indicates that by 2028/29 there is an estimated need for housing/supported housing of:
- c.250 homes for adults who need complex care and support who are on Dynamic Support Registers.
  - c.675 homes for adults with learning disabilities and/or autistic people with complex support needs who are living in care homes.
  - c.675 homes for adults with mental health conditions with complex support needs who are living in care homes.
  - 139 homes for people who need complex care and support in inpatient settings.
- 4.80 This indicates that over the period to 2028/29 there is a need for c.1,740 homes of housing/supported housing, which is the equivalent of c.350 homes per year.
- 4.81 It should be recognised that any requirement for additional supported housing will require a collaborative approach between health, care and housing partners in order to meet the capital and revenue funding costs of such additional provision.

### Recommendations

- 4.82 To meet the identified estimated need for housing and supported housing based on the evidence from this baseline assessment (as summarised at paragraphs 4.79 and 4.80), including evidence in relation to current 'gaps' in housing and support/care provision, evidence from stakeholders, and evidence of contemporary practice in relation to housing and accommodation for people who need complex care and support (in the North East and North Cumbria and elsewhere), it is **recommended** that a housing and accommodation 'pathway' approach is adopted for the region:
- To maximise the range of housing and accommodation options available that can support people with learning disabilities, autistic people and people with serious mental health needs, including people who need complex care and support.
  - As a basis for joint working between housing, care and health, including regional and sub regional commissioning.
  - As a template for each 'place' to apply to their local needs and circumstances, including the use of technology to support people who need complex care and support in a range of housing and accommodation settings.
  - As a basis for understanding and addressing the workforce pressures and requirements of the proposed housing and care pathway.



*Housing pathway: People with learning disabilities, autistic people and people with physical and neurological disabilities/health conditions*

- 4.83 Based on the evidence of anticipated future need, gaps in current housing provision and evidence from local stakeholders, it is **recommended** that this housing and accommodation 'pathway' for people with learning disabilities, autistic people and people with physical and neurological disabilities/health conditions has the following components.
- 4.84 A full mix of types housing and supported accommodation, which offer people different housing choices, ranging from housing options with 24/7 support through to access to mainstream housing with packages of care/support tailored to individuals' needs. The default requirement for is self-contained supported housing and self-contained mainstream housing depending on a person's needs.
- 4.85 There is a need for specialist supported housing schemes for people with the most complex support/care needs, with 24/7 support, which may have bespoke design requirements to support, for example people with a range of sensory related needs and/or needs linked to, for example avoiding/minimising the risk of self-harming/harm to others. This may be in the form of flats/bungalows on the same site, typically no more than 5-6 dwellings, with access to private external space for residents. This type of supported housing scheme is likely to need to be commissioned on a sub-regional basis.
- 4.86 There is a need for small 'clusters' of self-contained supported housing (up to 6-8 flats or other types of dwellings), without bespoke design requirements, including with communal space, both for people who need 24/7 support and for people who need complex care and support and sensory related needs.
- 4.87 Both of the above types of supported housing may be suitable to enable people to be discharged and to 'step down' from inpatient or care home settings. These types of supported housing may also be suitable as a 'step up' accommodation option for people already living in the community who need a period of additional support to avoid or minimise the risk of inpatient or care home admission.
- 4.88 Some people with learning disabilities and autistic people who need complex care and support need to have better and easier access to mainstream general needs housing. For some people an existing self-contained social housing home may be suitable with an appropriate package of support/care (this may require access to such social housing dwellings outside of choice-based lettings systems).
- 4.89 For other people this may require commissioning/acquiring a 'bespoke' general needs property, for example where specific locational requirements are important in relation to meeting a person's needs (for example where a person needs to live alone and/or in a 'quiet' location). This is likely to require acquiring properties on the open market and/or from private sector landlords (potentially leasing such properties to a social landlord).

- 4.90 There is a need to review the existing stock of supported housing for people with learning disabilities and/or autistic people. It is likely that some of this accommodation may not be suited for use as supported housing and some of this accommodation may need to be repurposed to meet current and future housing needs. This will influence the amount of additional supported housing required.
- 4.91 There is a need to include fully wheelchair adapted homes in new developments of supported housing for people with learning disabilities who also have significant physical disabilities and to determine the scale of this need at place level.
- 4.92 There is a need for an increased range of tenure choices, such as home ownership through the Home Ownership for people with Long Term Disabilities (HOLD) scheme, where this appropriate to people's housing and care/support needs.
- 4.93 Such a housing pathway needs to be accompanied with care/support services and a range of care enable technology that provides person-centred, strengths-based support for people to enable people to live as independent as possible.

*Housing pathway: People with serious mental health needs*

- 4.94 Based on the evidence of anticipated future need, gaps in current housing provision and evidence from local stakeholders, it is **recommended** that this housing and accommodation 'pathway' for people with serious mental health needs has the following components.
- 4.95 This includes having the following mix of housing and types of supported accommodation which can meet people's differing needs (for housing and care/support) and have differing intended lengths of stay (reflecting the intended purpose of different types of supported housing):
- Supported housing for people with complex mental health needs. This is typically a small group of flats (c.5-6 dwellings) with 24/7 support, which can provide 'step down' accommodation for 'discharge to assess' purposes, for people being discharged from inpatient and care home settings (as an alternative to 'bedded care'), where these people's needs cannot be supported in existing supply. This type of supported housing scheme may need to be commissioned on a sub-regional basis.
  - Supported housing that is 'step up' accommodation to prevent hospital or care home admission (which could be part of 'step down' accommodation or 'short stay' accommodation within a larger supported housing scheme). This type of supported housing scheme may need to be commissioned on a sub-regional basis.
  - Additional small blocks of flats of self-contained supported housing of c.8-10 homes that provides medium to long term supported housing, for people who no longer need 24/7 supported housing and for people who need a supportive environment before moving to independent housing.

- Supported housing that can accommodate and support appropriately people with 'dual diagnosis' but where mental health is the primary needs (but where there is a cross over with needs linked to drug/alcohol use and homelessness), in this instance supported housing may not necessarily require 24/7 staffing.
- Supported housing that can accommodate and support appropriately people with forensic related needs, in this instance supported housing may not necessarily require 24/7 staffing (this type of supported housing may be suitable for some people with learning disabilities and/or autistic people with forensic related needs).
- Supported housing needs with up to 24/7 support that is able to support young people with complex mental health needs, for example, young people with emotionally unstable personality disorder (EUPD).
- There is a need to review the existing range of shared supported housing to assess its quality and suitability as a form of housing that can support people's recovery. However, it should be noted that shared supported housing may suit some people, particularly in relation to avoiding social isolation.
- There is a need for people with serious mental health needs to have better access to mainstream general needs housing and to be supported with floating support to enable people to live within the community. This could include developing community support networks as a model of support as this would enable people to live in mainstream accommodation as well as providing support to access community life.

*Developing a housing pathways approach: other considerations*

- 4.96 ICB and local authority commissioners should collaborate, supported by the regional NHSE Housing Team, on joint opportunities to deliver new housing schemes in relation to cohorts of people who are jointly funded and supported housing schemes where the scale and complexity of needs to be met is best met through a joint approach (e.g. where the scale of need to be met is low within individual local authority areas).
- 4.97 ICB and local authority commissioners should consider establishing a framework for preferred housing providers. This would provide an available pool of housing providers who have been through a due diligence process that commissioners can approach to develop new housing/supported housing schemes.
- 4.98 ICB and local authority commissioners should work closely with providers of residential care services to:
- Maximise the opportunities for people living currently in residential care to move to housing-based alternatives with personalised care and support.

- Work with organisations that provide residential care services who are interested in opportunities to transition to the provision of housing-based alternatives with personalised care and support.
- 4.99 To assist housing and support providers, the ICB and local authority commissioners should consider producing design guidance in relation to the characteristics of the housing/supported housing they are seeking.
- 4.100 ICB and local authority commissioners should collaborate with providers of supported housing and care/support providers to ensure that there is an appropriate workforce, in terms of both capacity and capability, that can effectively support people who need complex care and support.
- 4.101 ICB and local authority commissioners should collaborate with providers of supported housing and care/support providers to maximise the use of care enabling technology to complement staff-based support for people who need complex care and support.
- 4.102 ICB and local authority commissioners, when commissioning supported housing, should ensure it is clear whether the landlords own or leases housing for the purposes of providing supported accommodation and to understand the capital funding model. Where housing is leased commissioners should be satisfied that the model is sustainable and in the interests of the intended residents.
- 4.103 ICB and local authority commissioners should share and develop a database of the rents and service charges of all the housing/supported schemes that are developed for people with learning disabilities, autistic people and people with serious mental health needs. This will provide intelligence for the partners about the value for money offered by different housing providers, a tool for judging the value for money for proposed housing/supported housing schemes and evidence for sharing with local authority housing benefit teams to promote a consistent approach.

### **About the Housing Learning & Improvement Network (LIN)**

This report has been produced by Ian Copeman from the Housing LIN.

The Housing LIN is the leading 'learning lab' for a growing network of housing, health and social care professionals in England, Wales and Scotland involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long-term conditions.

Previously responsible for managing the UK Government Department of Health's Extra Care Housing Fund, the Housing LIN is called upon by a wide range of statutory and other organisations to provide expert advice and support regarding the implementation of policy and good practice in the field of housing, care and support services.

Recognised by government and industry as a leading 'knowledge hub' on specialist housing and accommodation, our online and regional networked activities:

- connect people, ideas and resources to inform and improve the range of housing choices that enable older and disabled people to live independently
- provide intelligence on latest funding, research, policy and practice developments, and
- raise the profile of specialist housing with developers, commissioners and providers to plan, design and deliver aspirational housing for an ageing population and other people with care and support needs.

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