

## 7.2 Conforming with Wheelchair Housing

### 1 Outdoor spaces:

7.2.17 Where the outdoor space is a balcony it should be possible for a wheelchair user to enter it clear of any external door swings (1100mm min. clear of door swing) and with internal and external surfaces nominally level.

### 2 Entering and leaving:

7.2.18 An effective clear door width of at least 800mm will be adequate provided that the passage through in either direction is on line.

Where the door opens towards the direction of approach, the wheelchair user will need to approach the door head-on, release it and reverse while opening the door (space beside the lock edge of at least 300mm, preferably 550mm, extending 1800mm from face of door).

### 3 Transfer space:

7.2.19 Provide space within the house to manoeuvre wheelchair to transfer to a second chair, to store the first, and if necessary to leave it on charge, clear of circulation routes and the required approach to furniture and doors (1100x1700mm).

### 4 Hallways and circulation:

7.2.20 To allow turning at right angles there should be a 1200mm clear width in each direction, although 900mm in one direction will be manageable by most.

### 5 The kitchen:

7.2.21 A wheelchair user needs a space under the work top at hob, sink and other critical points of 600mm deep and a clear manoeuvring space of not less than 1800 x 1500mm. The layout should maximise the range of operations possible from one wheelchair position. An L-shaped arrangement may facilitate this.

### 6 The bathroom:

7.2.22 The following key factors should be noted:

- a minimum 1500 x 1500mm manoeuvring space should be provided clear of all fittings; footrest space under fitting will maximise this
- The sitting of WC should allow space clear of any door swing, be adjacent to a flank wall for firm support provision and allow for a full range of transfer methods
- adequate space should be provided for a full length, 1700mm, bath width, desirably, provision for an end transfer seat.
- the space between bath or shower area and WC should allow access to bath taps, transfer from wheelchair to shower seat as well as to WC, and for use of shower chair within shower and over WC
- the basin should be sited clear of the frontal approach to the WC
- there should be provision for direct access from an adjoining bedroom

### 7 Second WC:

7.2.23 In second WC increase side transfer space to incorporate defined wheel-in shower area with floor drain (2000 x 1750mm min.).

### 8 Bedrooms

7.2.24 Direct access from the main bedroom into the bathroom should be made possible whether a door is incorporated from the outset or its futures provision is allowed for by means of a knock-out panel.

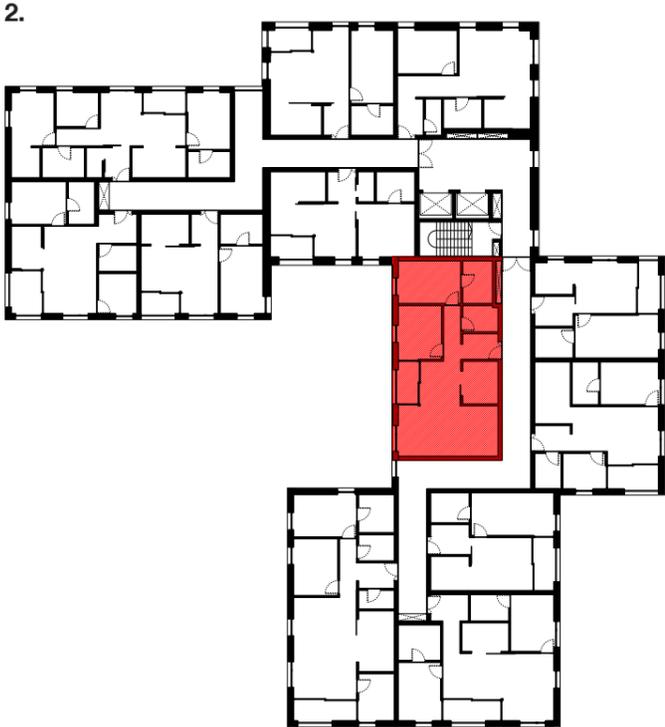
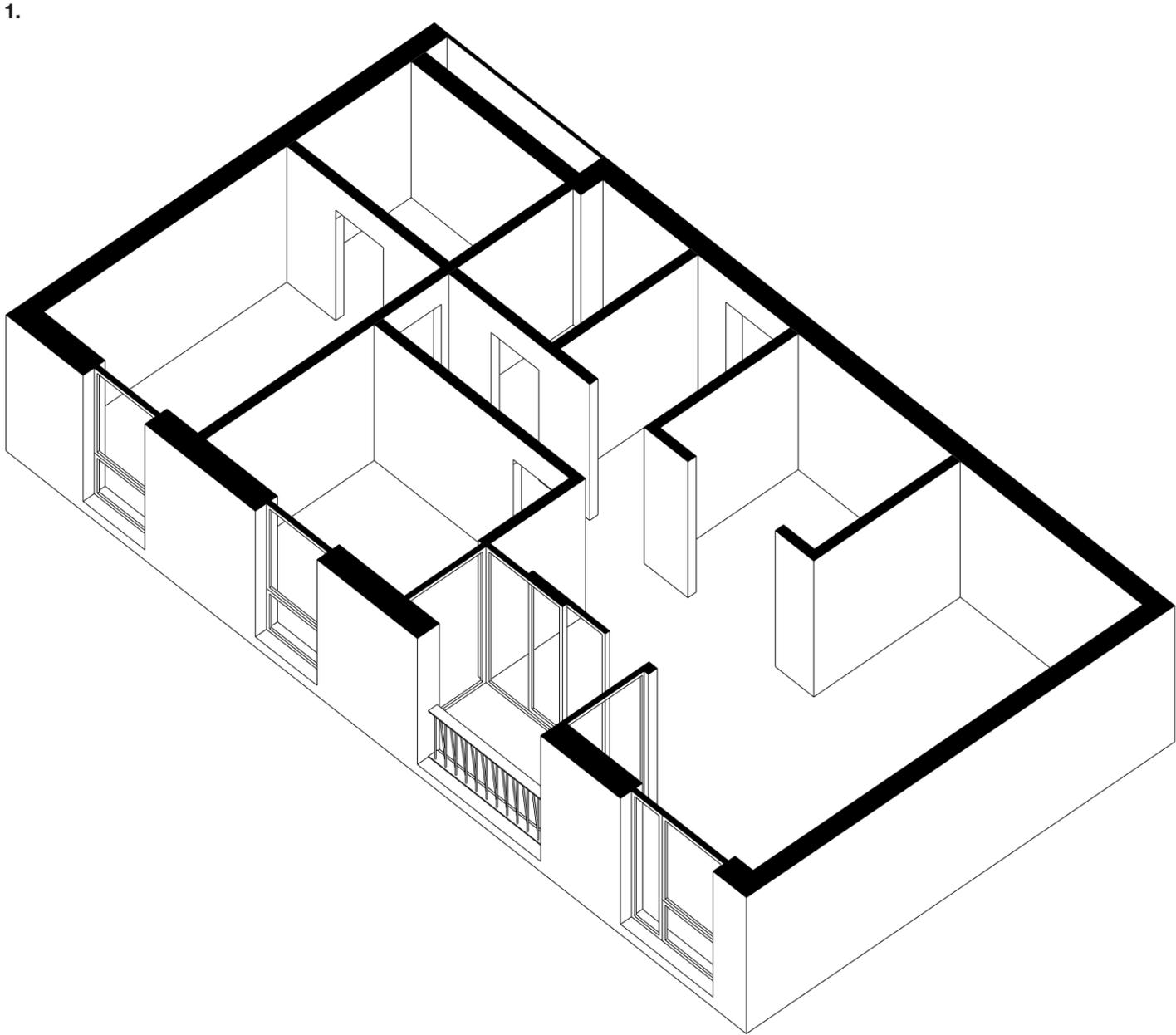
An effective double bedroom layout should allow a wheelchair user to:

- enter, manoeuvre clear of door swing, approach all furniture, leave room (with a minimum of 1200 x 1200mm activity square clear of bed, door swing and other fittings), (door to open beyond 90 degree)
- approach both sides of a double bed at an angle to transfer or attend to a child without need to reverse around the end of the bed (1000mm min to approach bed and transfer)
- approach and control windows

The layout of single bedrooms should follow a similar pattern but access to one side of the bed is acceptable

**7.2 Conforming with Wheelchair Housing**

Axonometric of a typical flat: Two bedroom unit



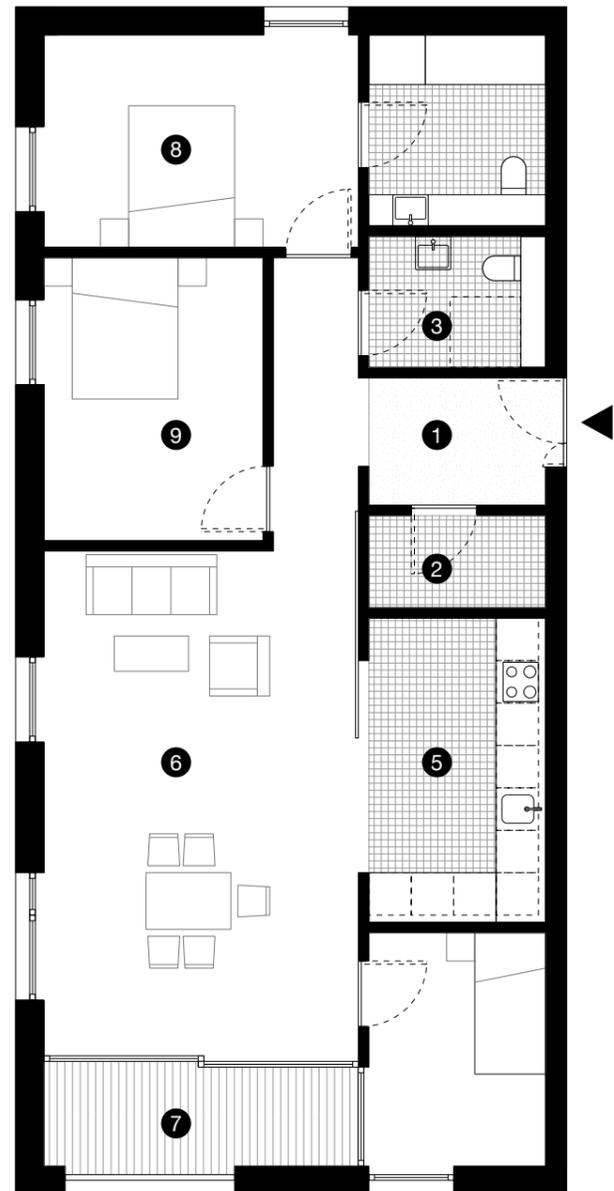
Clockwise from left

1.  
Apartment layout isometric diagram

2.  
Typical floor plan, with apartment highlighted

## 7.2 Conforming with Wheelchair Housing

Two and a half bedroom typical unit



0 1 5



### Key

1. Entrance/hallway

2. Storage/pantry

3. Shower room

4. Bathroom

5. Kitchen

6. Living room

7. Winter garden/loggia

8. Master bedroom

9. Bedroom 01

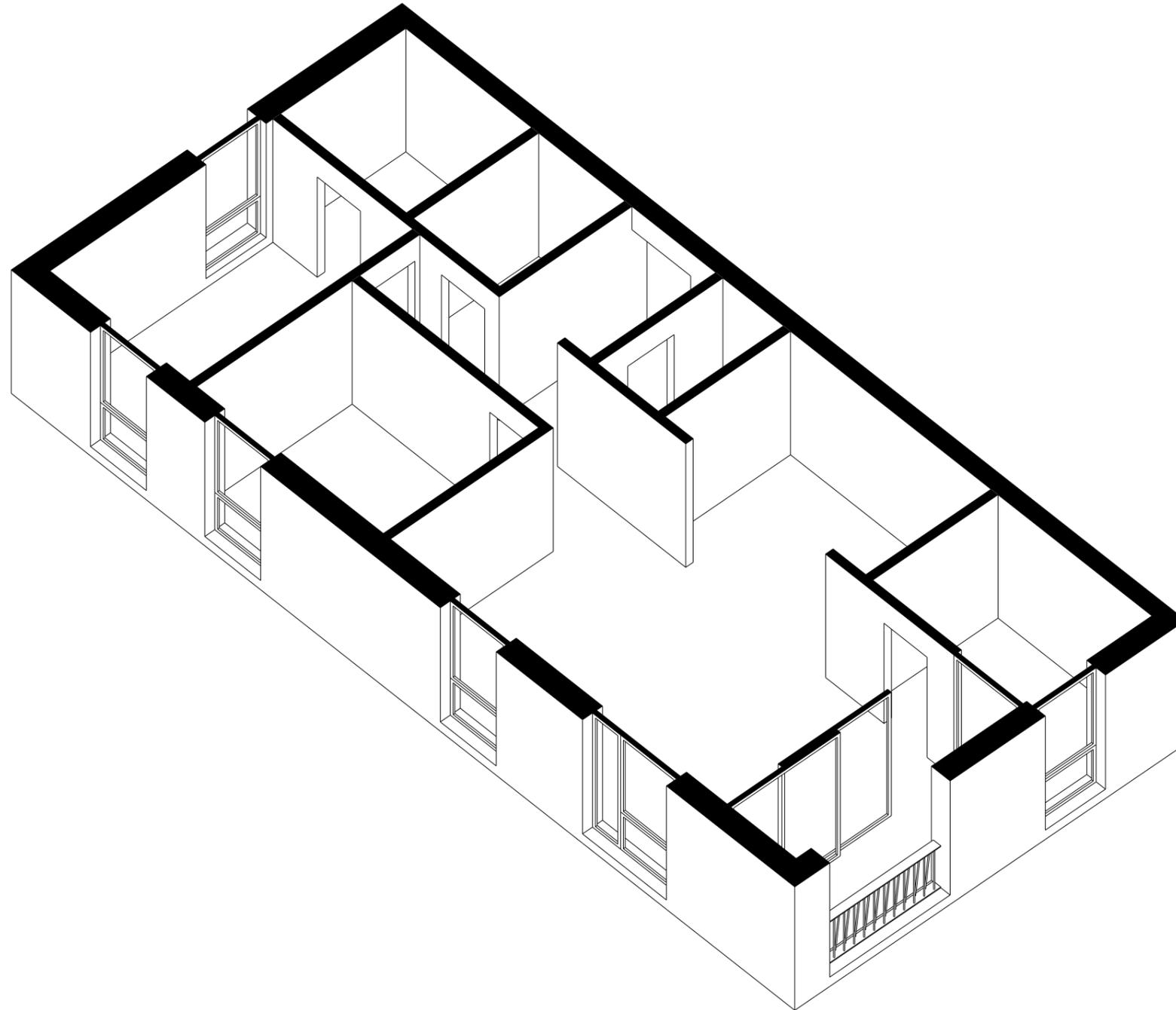
10. Bedroom 02



## 7.2 Conforming with Wheelchair Housing

Axonometric of a typical flat: Two and a half bedroom typical unit

1.



2.



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Clockwise from left

1.  
Apartment layout isometric diagram

2.  
Typical floor plan, with apartment  
highlighted

## 7.2 Conforming with Wheelchair Housing

Model Study



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**Above**

**2, 1/2 bed apartment**  
Study model 1:20 (illustrative purpose only)

## 7.3 Crime Statement

7.3.1 Following a meeting with the secure by design officer the below was discussed and incorporated into the proposal:

7.3.2 All communal and all residential doors will be to BS PAS 24-2012. Access to the stairs will be controlled by BS PAS 24-2012 doors and the lifts will be controlled with fob activation.

7.3.3 All opening and accessible windows will be to BS PAS 24-2012. Laminated glass will be fitted to P1A standard.

7.3.4 A perimeter will be established (1.8m high railings is suggested).

7.3.5 Post boxes for individual residence and be located in the foyer in view of the concierge.

7.3.6 Lighting should be to a uniform level to assist in surveillance. No bollard lighting.

7.3.7 Utility meters will be located in a central location. Remote reader may be used.

7.3.8 Access control will be audio and video.

7.3.9 Bin store doors screen or mesh fitted with self closing and locking door.

7.3.10 Bikes or elderly scooters store to match requirements of bin store

7.3.11 CCTV and an alarm may be considered.

7.3.12 Car lift, full height and width of opening. Roller shutter to LPS1175 SR 1 or 2.

1.



2.



### Key

Secure windows to BS PAS 24-2012	
Secure perimeter wall	
Secure mail room	
Access through fob activation/audio	
Secure store doors	
Secure roller shutter	



## 7.4 Exterior Lighting Strategy

7.4.1 Exterior lighting strategy for Bartram's Convent will consist of mainly low-level landscape lighting, uplighting onto feature trees and pond lighting.

7.4.2 The only lighting directed onto the building is low-level uplighting at the entrance feature wall. The landscape lighting will consist mostly on low-level path lighting, integrated where possible into landscape objects such as benches.

7.4.3 Uplighting is limited to feature trees at the entrance and in the private gardens away from the street. This is supplemented by low level plant lighting, mainly in the private gardens to the south.

7.4.4 Consideration will be given to minimize spilt light by controlling the light sources (focused beam angles; use of cowls, shields or louvres to eliminate stray light; lighting aimed onto specific areas rather than floodlighting etc.)

7.4.5 Lighting will be controlled by time clock and daylight sensor to ensure no unnecessary lighting during the day or late at night.



### Key

- 1. Low-level integrated path lighting
- 2. Uplighting to feature trees
- 3. Low-level uplighting to feature wall
- 4. Pond lighting

### Clockwise from left

### Plan

Landscape plan showing exterior lighting strategy (for illustrative purposes only)

### Visualisation

Entrance view at night (for illustrative purposes only)

## 8. Planning Policy Statement

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## 8.1 Introduction

8.1.1 Having described the proposals and their evolution in the previous sections, the PDAS concludes with an assessment of the proposed development against prevailing planning policy.

8.1.2 As already stated the site is sensitive and is subject to a number of overlapping planning policy, heritage and physical constraints. Through the design and development process PegasusLife and their design team has sought to work within these constraints and as a result deliver a high quality contextual response that strikes an appropriate balance between the various issues raised.

8.1.3 The proposals and how the prevailing policies have been interpreted and applied to the site have been discussed in detail with Camden officers via a series of pre-application meetings and feedback has been built into the design development process.

8.1.4 In addition the proposals have been:

- Presented to the school, the hospital, St Stephen's Church, all of which lie adjacent or close to the Site. The various issues raised by each of these neighbours have been taken on board and addressed by the application.
- Presented to English Heritage in relation to their impact on the Grade I listed St. Stephen's Church. In response to the presentation EH confirmed via a letter dated 22nd August 2014 that they:  
*'...do not believe that the impact of the proposals on the historic environment warrants involvement from English Heritage. The proposals appear to be a thoughtful response to their context, and are content for you to continue your negotiations with Camden Council without the need for further referral to English Heritage.'*
- Discussed with residents, members and local community groups via an exhibition and a series of one-to-one meetings and relevant feedback, as far as possible, has been taken on board.

8.1.6 The SCI (SD3) that accompanies the application explains this consultation process in more detail.

8.1.7 As a result of this process and based on the content of the proposals it is considered that the key planning policy considerations raised may be grouped under the following headings:

- The nature of the proposed use
- Acceptability of the proposed land use.
- Loss of the existing hostel facility.
- Provision of affordable housing.
- Car parking
- Design
- Landscape, ecology and trees
- Energy and sustainability
- Impact on amenity of surrounding uses.
- Basement impact.
- Other environmental considerations.
- CIL, Section 106 and other contributions.

## 8.2 The nature of the proposed use

8.2.1 The application seeks planning permission for an Extra Care Facility for the care and well-being of older people. One of the first questions that were addressed as part of our pre-application discussions was what use class such an Extra Care Facility would fall within.

8.2.2 Policy DP7 of Camden's Development Policies relates to all housing designated for occupation by older people (people who are approaching pensionable age or have reached it), including:

- *"sheltered housing – commonly self-contained homes with limited on-site support (usually within Use Class C3);*
- *residential care homes – commonly bedsit rooms with shared lounges and eating arrangements (within Use Class C2);*
- *nursing homes – similar to residential care, but accommodating ill or frail elderly people, and staffed by qualified nursing staff (also within Use Class C2);*
- *dual registered care homes – residential care homes where nursing care is provided for those residents who need it (also within Use Class C2);*
- *extra-care homes – combinations of the above providing independent living alongside care and support, and sometimes also offering support for older people in the wider community"* (para 7.2 of Camden's Development Policies).

8.2.3 DP7 therefore identifies a range of accommodation types for older people. In relation to extra-care homes the policy does not assign a specific use class. All other typologies are defined as falling within Class C3 or Class C2.

8.2.5 Use Class C2 of the Use Classes order defines C2 as follows:

- Use for the provision of residential accommodation and care to people in need of care (other than use within class C3).
- Use as a hospital or nursing home.
- Use as a residential school, college or training centre.

8.2.6 The order gives no definition as to the amount of care that should be provided.

8.2.7 Class C3, dwelling houses are on the other hand defined as:

*'Use as a dwelling house (whether or not as a sole or main residence) by:*

- A. A single person or by people to be regarded as forming a single household;*
- B. Not more than six residents living together as a single household where no care is provided to residents'*

8.2.8 In the context of these definitions the proposals will deliver extra care accommodation units, together with a range of communal facilities including a health and well being facility, overnight visitor accommodation, communal lounges/ library, a restaurant/ café, staff accommodation, laundry facilities and storage.

8.2.9 The on-site health and well being, catering, leisure facilities will fulfill the needs of all residents, irrespective of ability (or disability). Twenty-four hour staffing and a monitored secure environment will ensure assistance is always at hand, should it be required.

8.2.10 The management structure upon completion will see PegasusLife Management Ltd - a not-for-profit Estates management company- manage the development. This will be recharged to the residents through a service charge on a not-for-profit basis.

8.2.11 Personal Care and support Services will be provided by a domiciliary

care agency registered and inspected by the Care Quality Commission. PegasusLife is in discussion with a number of providers and a decision on the optimal one will be taken in the run-up to opening the building. PegasusLife will only contract with an agency that employs its own staff, and also insist on high levels of individualised care and service to be provided at all times. The company will only work with front-line providers, and will not act as an Introduction Agency.

8.2.12 The appointed domiciliary care agency will provide residents with a baseline of around 1.5 hours a week of personal care, and support; plus such additional care and support services, as they require. Residents will be able to draw upon a range of additional care and support services covering any 24 hour period, 365 days of the year, as and when required.

8.2.13 Domiciliary care services will be contracted individually under self-funded arrangements or via personal budgets (using Direct Payments/ Personalised Budget) as part of the resident's on-going care plans, directly between the client and the domiciliary care agency.

8.2.14 All apartments will have a tele-care call system, incorporating fire alarm system, that will be monitored 24 hours a day. A Social Alarm Monitoring Service will provide additional support to both residents and staff.

8.2.15 All residents will be registered with a general practitioner of their own choice. From experience, domiciliary care agencies typically work in partnership with local practices and district nurses with the goal of ensuring residents receive on-going attention as required.

8.2.16 The development will function as a single planning unit – each extra care apartment will be legally and functionally inseparable from the greater whole as a result of the way the development is designed and managed, and will be developed as a single development.

8.2.17 In addition the provision of holistic care and support to the elderly and the way such care will be delivered will be an integral and essential part of the development.

8.2.18 In summary people choosing to move to the development will be driven by considerations relating to their need for care and support. In making the choice to move to the Bartram's development they will be required to pay significant service charges for the provided care and support.

8.2.19 Based on the Use Class definitions, the nature and operation of the proposed care facility, together with comparisons of other care facilities of a similar nature confirms that the proposed Extra Care Facility would fall more within a Class C2 definition rather than a C3 definition.

8.2.20 Legal advice provided to PegasusLife on the issue confirms that it is not appropriate to assess such development as falling within Use Class C3 for a number of reasons including the fact that rather than a number of unrelated dwellings each of which is a planning unit a PegasusLife development is a single coherent whole where each unit of accommodation is part of an holistic whole together with each other unit and the shared facilities and services on which each relies. Whether a development then falls within Use Class C2 or is sui generis is a planning judgment. In pre-application discussions, LB Camden officers have indicated that in their view the proposals are more likely to be sui generis and the application is therefore submitted on that basis.

### 8.3 Acceptability of the proposed land use

8.3.1 The extra-care facility will provide 60 extra care homes, shared communal facilities and spaces, a restaurant/ café, a health and well-being facility, a gym, treatment rooms, concierge facilities and visitor/ overnight accommodation.

8.3.2 Under Camden Policy DP7 the provision of extra care homes that combine independent living with the availability of support and nursing care is given strong support.

8.3.3 Forecasts are predicting that the number of older Londoners will increase at more than double the rate of the capital's population as a whole (GLA, Housing Committee 'Homes for older Londoners, building healthy homes for comfortable and independent retirement, November 2013). In response to these growth figures it is increasingly being recognised by policy makers that there is a need to plan and provide specially designed and built housing for older people, with a range and care and support services, configured to allow older people to live as independently as possible.

8.3.4 In response to the anticipated increase in the numbers of older people in London the Draft Further Alterations to London Plan (FALP) published in January 2014 have introduced indicative annualised strategic benchmarks to inform local targets and performance indicators for specialist housing for older people.

8.3.5 In relation to Camden the annual targets for specialist housing for the elderly seek delivery of 65 units for private sale, 20 units for intermediate sale and zero affordable rent units.

8.3.6 The FALP requires boroughs to demonstrate in their LDFs and other relevant strategies and plans how they have identified and addressed these targets locally and Boroughs are encouraged to work pro-actively with providers of specialist accommodation of older people and to identify and bring forward appropriate sites.

8.3.7 In order to understand the position being experienced in Camden in more detail in relation to the demographics supply, demand and need for old persons accommodation, PegasusLife has as part of their two Camden projects commissioned area specific research.

8.3.8 The full report produced on behalf PegasusLife is contained under Appendix 1 of this PDAS. Overall it confirms that the most pressing priority, driven by demography, need, tenure and policy imperatives is to increase the availability of all categories of specialist accommodation for older homeowners.

8.3.9 Looking at the specific supply/ demand issues in relation to the provision of extra care accommodation the key points made by the report include:

- In terms of supply the overall picture in Camden is of a higher than average level of sheltered housing in the social rented sector and much lower than average level of provision in the leasehold sector.
- In 2012 there were 1967 places for older people in the rental sector and 47 leasehold sheltered housing units. At 2012 there were no extra care housing for leasehold.
- For those older people who are owner-occupiers the ratio of provision for retirement housing for sale per thousand is 11.81. Whilst for those older people who are renters the comparable ratio per thousand is 276.18.
- Based on an analysis of the numbers of older people in the Borough and the current tenure patterns there is a marked under-supply of retirement housing offered on a leasehold basis.

- The modelling presented in the report confirms a requirement in the short to medium term of around 430 new units of Extra Care in total, divided between rented (about one third) and leasehold and shared ownership tenures (about two thirds).
- The provision of new extra care housing offers the possibility of housing a balanced community of people with relatively limited care needs through to those who might otherwise be living in residential care.

8.3.10 Based on the above the existing stock of leasehold retirement housing within the Borough is tiny and comes nowhere near meeting existing and potential demand and need. There is enormous scope for new and appropriate development to meet the needs of older people who are homeowners.

8.3.11 The development proposed by Pegasus Life is supported by policy at all levels and would clearly make a significant contribution to meeting the increasing need and demand for specialised accommodation for older homeowners and will go a considerable way to meeting the annual FALP targets.

### 8.4 Loss of the existing hostel facility

8.4.1 DP8 and DP9 of Camden's Development Policies address loss of hostels. DP8 deals with the loss of accommodation for homeless or vulnerable people and DP9 deals with the loss of student housing, bed-sits and other housing with shared facilities.

8.4.2 In relation to the use of Bartram's, a statement from the previous owners of the Site confirmed that:

- The property was operated as a hostel since 1959, mainly for students in the early years, but from the 1970s it has solely operated as a hostel for students and their families.
- The premises provided sixty-nine bedrooms, comprising a mix of single and double rooms at first on the second and third floors. Part of the ground floor and lower ground floor provided communal facilities, a kitchen and dining hall and a laundry for use by the students.
- Up until 2006 the Hostel operated with up to 75 students in residence, but after 2006 this number was reduced to 50-55 students. The students were attending courses at the following colleges and agencies:
  - St Johns School
  - Twin Towers English College
  - Sakura Properties
  - Study Abroad Support International
  - Rose of York Language School
  - Malvern House International House
  - UIC London Language House
  - Language Studies International
  - University Consultants
  - Hampstead School of English
  - Loweost London
  - Institute of Education
  - 1-One Education Centre

8.4.2 The above description confirms that the building was built for hostel use, which is a sui generis use. The fact that the accommodation has been let to students and their families on a short-term basis for a period of in excess of twenty years suggests that the property should not be regarded as providing accommodation for homeless or vulnerable people but rather more general needs student accommodation.

8.4.3 Policy DP9 states that the Council will resist development that involves the net loss of student housing unless either:

- Adequate replacement accommodation is provided in a location accessible to the higher education institutions that it serves: or
- The accommodation is no longer required, and it can be demonstrated that there is no local demand for student accommodation to serve another higher education institution based in Camden or adjoining boroughs.

8.4.4 The accommodation at Bartram's Convent provided temporary accommodation to students attending a number of private language colleges. It did not serve the needs of any specific higher education facility.

8.4.5 In the context of DP9 and demonstrating local demand, research undertaken by URS on behalf of LB Camden (Student Housing in Camden, URS (October 2009)) demonstrated that based on 2001 census data that the Borough had one of the highest proportion of full time students living in student housing. The survey identified that of the total additional student housing units built between 2004 and 2009 that Camden had seen the second largest growth in additional places.

8.4.6 In addition the study showed a total of 6,850 additional places in the pipeline in Central London (i.e. applications that were approved but not yet constructed between 2004-2009). Of these 18%, totalling 1,225 were to be delivered within Camden. The only other Borough that was expected to host more places than Camden was Tower Hamlets. URS estimated that these additional places would bring the total student housing places to 9,408 within the Borough.

8.4.7 In terms of future provision URS as part of their study interviewed all of the HEIs in Camden in order to ascertain their plans for expansion of student housing. The study confirmed UCL as the only HEI in Camden with a need at the time of the survey. None of the other HEI's had further expansion plans.

8.4.8 At the EIP into the Core Strategy and Development Policies Camden confirmed that the annual growth in Camden's student housing stock from 2001-2009 was 2.61 times the annual target for non-self contained housing proposed by the then London Plan. Camden also confirmed at the EIP that they anticipated that future provision of student housing in Camden would significantly exceed the annual target set by the London Plan at the time.

8.4.9 The London Strategic Housing Land Availability Assessment and the Housing Capacity Study 2009 identified that Camden has the capacity for achieving 165 non self-contained dwellings per year between 2011 to 2021. (The definition classifies non-self contained dwellings as development that does not fall within planning use class C3).

8.4.10 From 1 April 2008 to 31 March 2013 Camden recorded a gain of 868 student bedrooms, although a loss of other self-contained accommodation and hence a net gain of 303 self-contained units. Over the same period there were 3,045 unimplemented student bedrooms in the Borough, which in turn suggests an oversupply of student accommodation based on the strategic targets set and the numbers of unimplemented consents.

8.4.6 At the same time Core Strategy Policy CS6 and DP2 seek to resist the loss of sites that are suitable for affordable housing or housing for older or vulnerable people. Based on the criteria set by DP7 for development of older persons accommodation the Bartram's Convent is one such site that is highly suitable for the accommodation of older people. It will also contribute to the significant under-supply of leasehold accommodation in the Borough for older people, as discussed above.

8.4.6 Based on the apparent oversupply of student accommodation in the Borough, together with the age and quality of accommodation at Bartram's and the fact that the accommodation did not serve a particular HEI we would suggest that the loss of the student housing, under Policy DP8 can be justified and that the delivery of much needed extra-care accommodation would fulfill the objectives of CS6 and DP2.

## 8.5 Provision of affordable housing

8.5.1 As part of the pre-application discussions with Council officers they indicated that affordable housing would need to be addressed as part of the application. Officers did, however accept that due to the nature of the development that it would be difficult to accommodate on-site affordable housing. However it was considered that there would be the potential to look at off-site options, including Council sites and sites where Housing Associations need funds to reconfigure existing affordable housing for older people.

8.5.2 The policy position in relation to provision of affordable housing is quite clear. Policy 3.12 Of the London Plan states that... *"the maximum reasonable amount of affordable housing should be sought when negotiating on individual private residential and mixed use schemes"*.

8.5.3 At the local level DP3 states that the Council will require 'residential' development with the capacity for 10 or more additional dwellings to make a contribution to the supply of affordable housing'.

8.5.4 Policy DP7 deals with the provision of sheltered housing and care homes for older people. It states that, *"In the case of market-led development of self contained sheltered housing in Use Class C3, the Council will expect the development to make a contribution to the supply of affordable housing in accordance with DP3"*. The policy goes on to state that in the case of care homes the council will expect a mix of tenures.

8.5.5 At the outset of this chapter we dealt with the issue of use class. As discussed Extra-Care accommodation of the type envisaged for Bartram's falls within use class C2 or a sui generis use class. It does not, however fall within a Class C3 use.

8.5.6 Given this situation and based on the wording of adopted policy an extra-care facility falling within sui generis/ C2 use should not be expected to contribute to affordable housing.

8.5.7 The rationale for excluding extra care accommodation from the requirements of affordable housing policy is extremely important in terms of providing the sector with the ability to expand and fulfill a rapidly increasing need.

8.5.8 As part of the pre-application discussions PegasusLife explained the nature of their product and why it cannot be compared with a conventional housing development, namely:

- Densities are much lower compared to that which could be achieved within the same building envelope on the same site, as unit sizes are generally much larger than the standards i.e. all units are built to wheelchair standards.

- The net to gross floorspace is much lower than conventional housing developments (i.e. Bartram's is at 55% compared with around 85% in more conventional development) and hence sale-able floorspace is significantly reduced compared with more traditional housing development and conversely build costs are much higher.
- The levels of specification are much higher than a more conventional housing development.
- There are high cost communal facilities and services to be delivered that would not be expected in more conventional housing development.

8.5.9 All of these factors have an impact upon what organisations such as PegasusLife can pay for sites. Given the above considerations they can only compete for sites against conventional housing developers and other uses if the financial equation can be equalized. Such equalization is provided by policy i.e. extra care accommodation is not required to contribute to affordable housing.

8.5.10 The situation is starting to be appreciated by a number of authorities. For example LB Bromley has recognised there is a need for a significant increase in supply and a greater range of housing that is suitable for older people, including private-rented and owner-occupied housing; that there is an imbalance in the overall tenure mix among older persons and that there is a growing problem of intergenerational housing inequality with younger households unable to buy, whilst over two-third of older person households are under-occupied.

8.5.11 Based on their research they have concluded that the planning system should actively support the development of housing for older people. They note that a positive pro-active policy supporting retirement housing would significantly address wider housing and policy implications not just those of aging population.

8.5.12 As a result of this conclusion their draft 'Local Plan Policies and Designations Consultation' (2014) highlights the implications of requirements for affordable provision on the delivery of specialist elderly persons accommodation and suggest that contributions should not be sought for affordable rent in light of the forecast demand for various tenure types.

8.5.13 The supporting text to policy 5.11 states:

*"The application of affordable housing principles to specialist elderly accommodation ... would undermine the Specialist & Older Peoples Accommodation policy, which seeks to encourage provision of specialist, and supported accommodation, and would create a perverse financial incentive favouring the provision of care homes over Extra Care Housing. It is the Council's intention to amend Bromley's adopted Affordable Housing SPG removing the requirement for affordable contributions from the full range of elderly specialist accommodation"*.

8.5.14 Given the current wording of policy the proposed use should not be required to make a contribution to affordable housing.

## 8.6 Car parking

8.6.1 The development makes provision for 28 basement parking spaces for residents, employees and visitors and one on street space.

8.6.2 As set out in the TA there are no specific car parking standards for the intended use. Officers have, however stated that they would expect the development to be largely car free, apart from disabled parking.

8.6.3 A key driver for the development is the ability to encourage older residents out of their existing homes – something which happens very little at present since appropriate options are not available. The majority if not all of these residents are anticipated to have a car and experience from other PegasusLife schemes has shown that potential purchasers are very reluctant to be forced to give up their cars by buying into a development without parking provision. Experience has also shown, however that residents use their cars infrequently and eventually give up their car. If the longstanding underprovision of housing with care for older people within Camden is to be reversed flexibility will be required, at least in the early stages, in order to provide an opportunity to establish a new market.

8.6.4 In the light of this experience PegasusLife propose to include a car storage facility, which will help to ease the transition of people moving into the development.

8.6.5 The NPPF with regard to parking, paragraph 39 states that: *"If setting local parking standards for residential and non-residential development, local planning authorities should take into account:*

- *the accessibility of the development;*
- *the type, mix and use of development;*
- *the availability of and opportunities for public transport;*
- *local car ownership levels; and*
- *an overall need to reduce the use of high-emission vehicles."*

8.6.6 The NPPF, which postdates all local policy takes a deliberately pragmatic and reasonable approach to parking and states (at para 39) that car parking standards should take account of the accessibility of a development and, importantly, *"the type, mix and use of development"*.

8.6.7 Earlier at paragraph 32 (third bullet point), it states that *"Development should only be prevented or refused on transport grounds where the residual cumulative impacts of development are severe."* This is a new and deliberate attempt to ensure that transportation issues do not stand in the way of economic activity.

8.6.8 We address in the following the five key issues which the NPPF identifies that need to be considered when setting parking standards and, by implication, which need to be considered when assessing the level of parking proposed within a development proposal.

### Accessibility

8.6.9 The Camden Development Policies (CDP) document, which was adopted in 2010, forms part of Camden's Local Development Framework. Policy DP18 (Parking standards and limiting the availability of car parking) at paragraph 18.3 states that *"the Central London Area and our town centres, other than Hampstead, are well-equipped to support car free households and businesses as they have high levels of public transport accessibility... Camden will expect development in these areas to be car-free and will resist the inclusion of general car parking unless supported by a Transport Assessment or other compelling justification"*.

8.6.10 Consequently, Policy DP18 implies that development sites within Hampstead are not well equipped to support car free households.

8.6.11 The Bartram's site is located in Hampstead Ward, adjacent to the Royal Free Hospital and is accessed via the hospital access road, Rowland Hill Street. Parking on the Royal Free Hospital surrounding the site is pay and display and from site visit observations is very well utilised. Further afield the roads surrounding the hospital are subject to a controlled parking zone. The potential for residents, staff and visitors of the proposed development to park off-site can therefore be considered limited. Whilst some visitors may be willing to pay to park for a short period of time on the hospital site, the cost of this would be prohibitive for staff and residents as well as guests staying for a prolonged period such as overnight. It is therefore considered important that residents and their guests are provided with the opportunity to park on the Bartram's Convent development.

#### **Type, Mix and Use of Development**

8.6.12 As noted above, the development proposals aim to provide housing for the elderly. All residents will be 60 plus, although the average age is likely to be 70 plus (and in 5-10 years' time it is anticipated that the average age will be 75-80 plus) and all of the rooms will be wheelchair accessible.

8.6.13 Camden Planning Guidance 7 (CPG 7 Transport) states that *"where car-free and car-capped developments contain wheelchair housing, the Council will expect a parking space to be provided for each wheelchair dwelling"*. Consequently, our view is that providing car parking for Extra Care housing (incorporating 100% wheelchair compliant units) would comply with Camden Policy, which requires on-site parking for each wheelchair unit.

8.6.14 CPG7 also states that *"the Council will consider a request for a designated disabled space on-street in the same way whether the development is formally car free or not"*. Therefore, if permitted without off-street parking, many residents are likely to be able to apply for a disabled parking space on-street in accordance with CPG7. Therefore, the provision of on-site parking would assist in reducing on-street parking demand in the future.

#### **Access to Public Transport**

8.6.15 The site has a PTAL score of five. This equates to a high level of accessibility and this is reflected by the site's close proximity to Hampstead Heath where a range of bus and overground services are accessible. It is anticipated that residents and staff at the Site are likely to make more day to day journeys by public transport and hence this is one of the key reasons why the applicants are looking at a level of car parking below their normal 1:1 parking requirement.

#### **Local Car Ownership Levels**

8.6.16 A review of (2011 Census) car ownership data for Camden indicates that the Hampstead Town Ward, within which the development sits, 55% of households have access to a car and 14.4% of the local population own more than one car.

8.6.17 Further, it is also pertinent to note that the majority of residents of the proposed development are anticipated to already be living in the London Borough of Camden, many of whom are likely to be downsizing from properties local to the area (ie from Frognal and Fitzjohns and Hampstead Wards) and will, therefore, have lived in the area and had the benefit of an off-street parking space and/or access to parking permits previously.

8.6.18 Based on experience from other PegasusLife projects around the Country a high proportion of people moving into their extra care facilities come from a radius of 2 miles from each development site.

8.6.19 PegasusLife is anticipating that the majority of purchasers will come from the local Hampstead area and that the majority of these purchasers will already own one or more cars and that based again on experience that the majority of these residents will want to retain at least one car.

8.6.20 In light of the above, in the context of the advice set out in the NPPF it is therefore considered reasonable and appropriate to provide parking for future residents of the site.

#### **The Need to Reduce the Use of High-Emission Vehicles**

8.6.21 The provision of parking will not lead to a significant increase in car use, nor will it encourage the use of private cars.

8.6.22 The proposed development seeks to accommodate aging (and, in some cases, vulnerable) residents. Evidence suggests that residents do not use their cars regularly.

8.6.23 As part of the process of preparing this paper PegasusLife have undertaken parking surveys at two other comparable PegasusLife schemes in London (see Transport Statement).

8.6.24 The survey information demonstrates that the cars parked at the development are unlikely to be heavily used on a daily basis and that there is an element of car storage with cars only used occasionally. Instead the vehicles are likely to be used for longer distance trips to perhaps meet friends and family and these trips are unlikely to occur on a regular basis.

8.6.25 Therefore, the need for car ownership relates more to the need to offer residents of the site the feeling of safety and security (ie by being able to rely on a car, rather than active modes or public transport which aging residents would not necessarily be suited to using) and will not necessarily lead to extensive use of the car on a day to day basis.

#### **Other Issues: Access**

8.6.26 Vehicular access into the Site will be from Rowland Hill Street (Bartram's) via an existing crossover across the public footway. Therefore the provision of on-site parking would be compliant with Policy DP19 (Managing the impact of parking) which states that *"the Council will seek to ensure that the creation of additional car parking spaces will not have negative impacts on parking, highways or the environment"*. Specifically Policy DP19 states that the Council would resist development that requires a *"detrimental amendment to existing or proposed Controlled Parking Zones"*.

#### **Other Issues: Existing Use**

8.6.27 Camden Planning Guidance 7 (CPG 7 Transport) states at paragraph 5.5:

*"Car-free or car-capped housing may be sought wherever development involves the creation of one or more additional dwellings – whether newly built, or created by conversion or change-of-use"*.

8.6.28 Given that the existing Bartram's site has approximately 69 rooms. In addition a number of nuns who ran the hostel lived on the site. The proposed development will comprise 60 units and hence there will be a reduction in the number of units on-site and therefore our view is that for this development proposal car-free or car capped housing would not be compliant with local policy.

8.6.29 In addition, it is pertinent to note that the existing use of the site does not have a permit free agreement in place and consequently longer term residents of the site would have had the right to apply for an on-street parking permit.

#### **Other issues: Travel Planning**

8.6.30 The scheme will have a travel plan that will be prepared in accordance with Transport for London's guidance. These travel plans will be aimed at all users of the site including staff, visitors and residents. The Travel Plans will include a series of measures and initiatives primarily aimed at reducing the number of single occupancy car driver trips associated with the development. These measures include:

- Provision of travel welcome packs to all residents and staff of the development to make them aware of the travel options available to them and instill sustainable travel habits from the outset of the development. These welcome packs will be kept up to date and issued to new residents if the ownership of an apartment changes as well as to new staff, should they change.
- A travel noticeboard located in a communal part of the building where residents, visitors and staff will be able to find local information about public transport, walking and cycling. Included on the noticeboard will be information about local car clubs, where residents of the development who do not own a vehicle could rent one on an hourly or daily basis to enable some trips that might not be possible by public transport, such as visiting friends and family or bulky shopping trips.
- Staff that do need to travel to the site by car will be encouraged to car share wherever possible. This will be encouraged both informally within the development but also as part of a scheme such as Liftshare.
- Ample cycle parking will be provided on the lower ground floor for staff, residents and visitors of the development. Showers, changing facilities and lockers will be provided for staff to encourage them to travel to the site by bicycle.
- The development will feature electric vehicle charging points within the car stacker in accordance with London Plan policy to encourage the take-up of electric vehicle ownership and reduce the localised CO2 emissions of the development.
- A website will be established where residents, staff and visitors to the site can obtain up to date public transport, walking and cycling information relevant to traveling to/from the site.
- A working group will be established made up of the Travel Plan Coordinator, management, staff and residents to ensure the plan is implemented, efficiently run and successfully monitored on an annual basis in accordance with best practice guidance.

#### **Conclusion**

8.6.31 The above and the associated TA demonstrates that the proposed level of car parking is acceptable in terms of development plan policy and transport impact, in particular the impact on demand for on-street parking and the likely resulting car movements. The resulting transport impacts are also expected to be significantly lower than for a traditional C3 housing development and the proposed level of car parking is therefore justified.

8.6.32 The proposed extra care housing at both sites seeks to provide continued independence and convenience for its future residents and it is considered that the proposed car parking is required for the sites to be a feasible options for future residents. In addition, the proposals will assist in the delivery of housing for older people for which there is a growing need.

## 8.7 Design

8.7.1 The Government's commitment to the design of the built environment remains a key theme of the NPPF. High quality and inclusive design is seen to go beyond just aesthetic considerations and therefore plan and decision-making is required to '...address connections between people and places and the integration of new development into the natural, built and historic environment'.

8.7.2 In determining applications the NPPF gives weight to achieving outstanding or innovative designs, which help raise the standards of design. Para 65 states that LPAs should not refuse planning permission for buildings or infrastructure, which 'promotes high levels of sustainability because of concerns about incompatibility with an existing townscape, if these concerns are mitigated by good design'.

8.7.3 In terms of what constitutes 'good design', 'By Design', prepared by CABE, set out seven key objectives of urban design that development proposals should aspire to reinforce in terms of their layout, landscape, density and mix, height, massing, and detailed appearance. These are:

- Character- a place with its own identity;
- Continuity and enclosure- a place where public and private spaces are clearly distinguishable;
- Quality of the public realm- a place with attractive and successful outdoor areas;
- Ease of movement- a place that is easy to get through and move through;
- Legibility- a place that has a clear image and is easy to understand;
- Adaptability- a place that can change easily; and
- Diversity- a place with variety and choice.

8.7.4 Both London Plan and Camden Policy seek to ensure that development is designed to a high quality and in so doing respond to the distinctive character, setting, context and scale of an area. They also require development to optimise the capacity of sites and create a positive relationship with the street and be sensitive to the topography, existing buildings, existing trees and it should seek to incorporate appropriate hard and soft landscaping, amenity space and accessibility.

8.7.5 In relation to tall buildings the London Plan states that they should only be introduced where the scale, mass or bulk of a tall or large building would not affect character. Tall buildings should also relate well to the form, proportion, composition, scale and character of surrounding buildings, urban grain and public realm. They should improve legibility of an area and enhance the skyline image of London. They should incorporate the highest standards of architecture and materials and they should have no adverse impact on local or strategic views.

8.7.6 In addition DP25 states that no development should cause harm to the character and appearance of a conservation area or setting of a listed building.

8.7.7 The PDAS and Townscape, Visual Impact and Heritage Statement (SD2) describe the component parts of the scheme, how it has evolved and the impact the development on the surrounding townscape.

8.7.8 The Applicant's vision is to create an holistic extra care facility of the highest quality within which older people can live and which meets their care needs as they grow older.

8.7.9 The PDAS sets out the approach layout, scale, massing, appearance and landscaping and how it evolved through the pre-application process.

8.7.10 The approach seeks to balance the various physical, townscape

and environmental issues affecting the Site and as a result develop a composition which responds positively to the Site and its setting and to deliver accommodation for older people of the highest quality.

8.7.11 The proposed development will replace a building that contributes little to the local townscape and will provide a sense of place that is lacking in the area today.

8.7.12 The proposed development offers architecture of high quality, and a number of urban design and townscape benefits, including the ground floor café and new public open space to the street edge to the north.

8.7.13 In response to the principles of well designed places set out in the NPPF planning practice guidance the proposals will:

- Be highly functional and will support a new community of older people in an efficient and convenient manner;
- Create a lively place through the careful planning of the site to encourage activity, support and a sense of community.
- Be highly distinctive and comprise carefully planned massing, elevations and detailing, which respond in a positive manner to the surrounding context.
- Be attractive through both the design of the building and the landscape proposals.
- The development incorporates a variety of private and communal garden and terrace spaces.
- Promote ease of movement within and around the site.

8.7.14 In terms of the individual extra care units.

- All units are designed to Lifetime Home standards.
- All units are designed as Wheelchair adaptable housing.
- All units exceed the baseline space standards set by the London Plan.
- All units are designed to offer flexibility in terms of living arrangements.
- Care has been taken to maximise natural light, ventilation and views.
- Emphasis is given within the layout to promoting interaction between residents.
- The building is energy efficient and well insulated.

## 8.8 Landscape, ecology and trees

8.8.1 The application is accompanied by a tree and arboricultural assessment and an ecology and biodiversity report.

8.8.2 The tree report confirms that only moderate and low grade trees will be removed as part of the development or trees with limited life expectancy.

8.8.3 In terms of replacement trees the PDAS confirms that the landscape scheme proposes a number of new replacement trees and confirms an overall net gain in the number of trees on the Site as a result of the proposed development.

8.8.4 In relation to ecology an extended phase 1 ecology survey has been undertaken, which provides an assessment of the current ecological status of the Site. The report considers the ecological impacts of the development and makes a number of recommendations for avoidance, mitigation and enhancement. Based on policy, the recommendations have been built into the proposed landscape strategy and the Construction Management Plan.

## 8.9 Energy and sustainability

8.9.1 The application is accompanied by a 'Sustainability and Energy Statement (SD9)'. The report demonstrates that:

- There will be an overall 33% reduction in carbon emissions relative to building regulations (2013 edition).
- BREEAM Excellent is targeted for both the living areas and the communal areas under the multi-residential assessment.
- Carbon reduction is provided via on-site renewable energy generation for the living and communal areas through the installation of a CHP unit and air source heat pumps.

8.8.2 In addition the heating system has been designed such that approximately 75% of the load can be easily connected into the Gospel Oak heating network at an appropriate point in the future.

## 8.10 Impact on amenity of surrounding uses

8.10.1 This PDAS provides a description of the relationship of the site to existing development that lies adjacent to the Site's various boundaries. The PDAS identifies the distances between the proposed building and adjacent development and highlights the various design moves that have been incorporated in order to mitigate any potential adverse impacts associated with overlooking i.e. boundary treatments, use of planting, orientation and layout of individual rooms and the position of windows.

8.10.2 In addition the application is accompanied by a sunlight/ daylight and overshadowing report (SD5), which assesses the impact of the development on existing development surrounding the site.

8.10.3 The report confirms that the quality of daylight and sunlight amenity within surrounding residential properties and within the proposed development has been assessed using the VSC, NSC, EF and APSH assessments as recommended within the BRE document 'Site layout planning for daylight and sunlight' and British Standard Document BS8206 part 2.

8.10.4 The results of these assessments have shown that each of the surrounding residential properties will retain levels of daylight and sunlight in excess of the criteria suggested within the BRE guide. The impact of the development upon neighbouring properties is therefore fully compliant with the requirements of the Development Plan.

8.10.5 In terms of the extra care accommodation the daylight assessments show that the majority of rooms will receive levels of daylight in excess of the relevant criteria. There are a small number of rooms, located on the ground to fifth floors that fall below BRE guidelines levels – two living rooms and ten kitchens. In terms of the kitchens they are linked to living rooms and in most cases they will borrow daylight from the main living areas. The two living rooms that fall below the 1.5% criteria are located on the ground and first floors and both are recessed into the façade of the building behind balconies. These balconies provide external amenity to the occupants, but they also restrict the amount of daylight and sunlight that is available to windows located behind them. There is, therefore a direct trade-off between the amenity provided by the balconies and the obstruction caused to daylight.

8.10.6 In relation to sunlight the accommodation has been designed to maximise the provision of sunlight amenity wherever possible. The location of the development and the nature of the surrounding uses does, however restricts the amount of sunlight received by the main living rooms. Again the presence of inset balconies restricts the levels of sunlight that can be achieved and this restriction needs to be considered along with the additional amenity these balconies provide by way of outdoor space.

## 8.11 Basement impact

8.11.1 The proposed development involves the construction of a basement level. Thus in line with policy a Basement Impact Assessment has been prepared in accordance with CPG4, Basements and Lightwells (SD8).

8.11.2 The BIA considers the implications of the development on neighbouring buildings and infrastructure and makes a series of recommendations in relation to the construction process. It also makes recommendations in relation to future excavations, foundation, floor slab and concrete design, drainage design, contamination, remediation and material management, buried services and health and safety.

## 8.12 Other environmental considerations

8.12.1 In relation to the other potential environmental implications associated with the scheme the application is accompanied by an air quality assessment (SD11); a noise, vibration and ventilation assessment (SD10) and a construction, management plan (SD6), which consider the implications of the proposals and make recommendations, as appropriate in relation to the implementation of appropriate mitigation measures.

## 8.13 Section 106 and contributions

8.13.1 London Plan Policy 8.2 requires LPA to set clear frameworks for the negotiation on planning obligations in DPDs.

8.13.2 Core Strategy policy CS19 confirms that 'The Council will work with Camden's Local Strategic Partnership and its other partners to deliver the vision, objectives and policies of this Core Strategy. We will:

- work with relevant providers to ensure that necessary infrastructure is secured to support Camden's growth and provide the facilities needed for the borough's communities.
- use planning obligations, and other suitable mechanisms, where appropriate, to:
- support sustainable development,
- secure any necessary and related infrastructure, facilities and services to meet needs generated by development, and
- mitigate the impact of development ...'

8.13.3 CPG8, Planning Obligations provides an indication of what may be required when the Council considers that a development proposal needs a planning obligation to be secured through a legal agreement.

8.13.4 CPG8 identifies the main categories of development which may need to be addressed through the use of legal agreements including affordable housing, transport and other infrastructure, local climate change, works to streets and public spaces, community facilities and services, training and skills and community safety.

8.13.5 Based on the content of CPG8 the Applicant is anticipating off-site contributions to be sought in relation to:

- The upgrading of the public realm in the vicinity of the site and improvements to the quality of the environment of Rowland Hill Street. Discussions are currently being progressed with the RFH in relation to the extent of such improvements.
- Future decentralized energy networks, which based on the guidance would be in the region of £53,000.

8.13.6 The final amounts in relation to the above items will require further discussion as part of the planning decision making process.

## 8.14 Scheme benefits and conclusions

8.14.1 This PDAS has been prepared in support of a detailed planning application for the comprehensive redevelopment of the now vacant Bartram's Convent.

8.14.2 The proposals as discussed in this statement are considered to be in accordance with planning policy and guidance at the national, regional and local levels. When read as a whole the proposals accord with the Development Plan and provide a significant opportunity to deliver much needed extra accommodation for older people.

8.14.3 Camden Council should therefore apply the presumption in favour of sustainable development in this instance and grant planning permission.

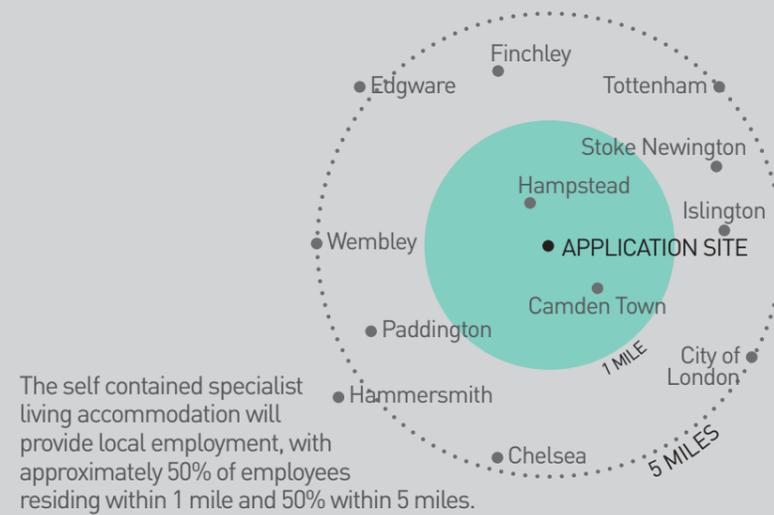
8.14.4 Amongst other considerations the PDAS has outlined the following key planning and regeneration benefits that will arise:

- The provision of an holistic extra care environment that will meet the specific needs of a rapidly growing older community.
- The delivery of 60 new, high quality extra care units, specifically designed to meet the needs of older people.
- New jobs and employment opportunities including through construction and in the running of the new facility.
- The introduction of a new high quality and energy efficient building and landscape and a number of associated urban design benefits including the creation of an active frontage to Rowland Hill Street and improvements to the environment of Rowland Hill Street.
- The enhancement of the ecology and biodiversity of the Site.

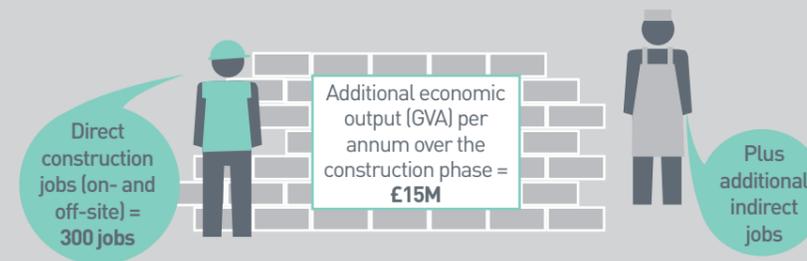
### LOCAL ECONOMIC IMPACT OF THE PROPOSED SELF CONTAINED SPECIALIST LIVING ACCOMMODATION

#### Employment Profile

##### LOCAL LABOUR MARKET

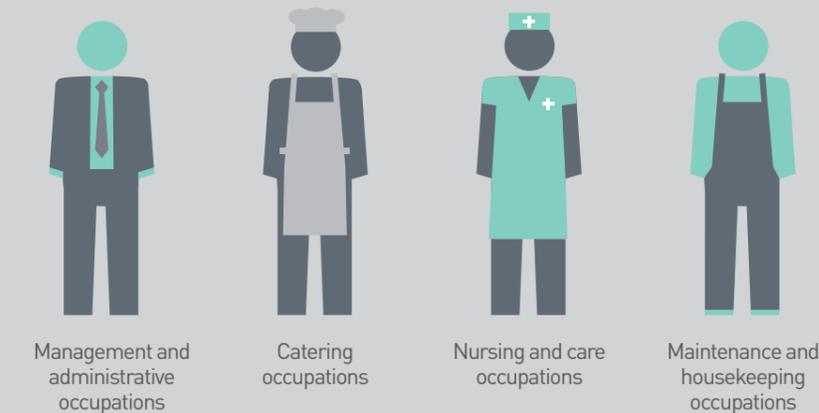


##### JOBS CREATED DURING CONSTRUCTION



##### JOBS WITHIN SELF CONTAINED SPECIALIST LIVING ACCOMMODATION

9FTE direct jobs will be created.



### WIDER ECONOMIC IMPACT OF THE PROPOSED SELF CONTAINED SPECIALIST LIVING ACCOMMODATION

#### LEVEL OF UNDER-OCCUPANCY

Within Camden a total of 3,800 households comprised of people aged over 65+ are considered to be under occupying their homes by 1 bedroom, and a total of 3,100 are under occupying by 2+ bedrooms. The self contained living accommodation offers the ability for residents to down size, therefore freeing up housing stock.

Up to 66 family homes could be made available through down sizing.

##### 1 EXTRA BEDROOM



##### 2+ EXTRA BEDROOMS



Level of under-occupancy by 1 extra bedroom

Level of under-occupancy by 2+ extra bedrooms

##### SUPPLY CHAIN & LOCAL EXPENDITURE



The development will create indirect jobs and generate expenditure through the local supply chain via the purchase of goods and services.



Residents will generate local expenditure, benefitting the local economy. This will equate to **between £120,00 - £150,000** per month. It is estimated that 65% of residents will do the bulk of their shopping within 2 miles.

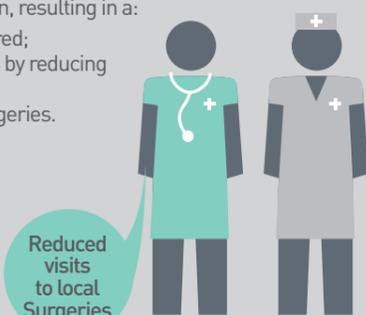
##### NHS SAVINGS

The self contained specialist living accommodation will provide improved well being and reduce need for health and care provision, resulting in a:

- Reduction in the level of patient care required;
- Savings in time/cost to local care providers by reducing the number of visits;
- Reduction in appointments at local GP surgeries.



This will result in NHS savings of between **£0.7M - £0.9M** over a three year period



Reduced visits to local Surgeries

# Appendices

## Appendix 1: Social Needs Report



### **Social Needs Report, supporting the proposed development of retirement accommodation in the London Borough of Camden**

**Nigel Appleton**

**7<sup>th</sup> July 2014**



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# 1 Introduction

1.1 The traditional accommodation and care pathway for those passing through old age took shape in the 1950s as the health and social care reforms of 1940s that shaped health and social care were matched by developments in specialised accommodation for older people. This pathway starts with those living in general housing, moves through sheltered housing and then crosses the -threshold of institutional care provision into residential care and then nursing home care. Beyond this might lie long-term hospital care but this was largely removed from the range of provision with the closure of long-stay geriatric hospital wards in the 1970s.

1.2 Progression through these categories of provision was prompted by assessment of functional deficit or deterioration of health and marked by a regressional trade-off between access to care and quality of living conditions. Thus those who needed care could access it by surrendering the space, privacy and independence of general or sheltered housing for the bed space, locker and shared facilities of residential or nursing care.

1.3 The linkage between accommodation context and a “blanket” pattern of care in the traditional pattern of accommodation and care services is shown in Figure A

**Figure A The traditional configuration of accommodation and care for older people**

Accommodation Context	Characteristics
General Housing	Community personal social care. Community medical, nursing and para-medical services. Meals on wheels. Provision on demand according to need.
Sheltered Housing	As above but with support from a warden, generally resident on site. Provision on demand according to need.
Residential Care	Intensive personal social care. Community medical and para-medical services. All meals provided. “Blanket” provision.
Nursing Homes	Intensive nursing and personal social care. Special arrangements for medical and para-medical services. All meals provided. “Blanket” provision.

1.4 Through the 1970s and 1980s the main focus in making provision for older people was through the development of sheltered housing, originally, and predominantly, for social rent. In the 1980s pioneer private developers began to produce a very similar model of retirement housing for sale by long lease to older home owners.

1.5 From the peak of its popularity in the late 1970s sheltered housing for rent has experienced something of a reversal in fortunes. Some schemes have proved difficult to let and in others existing facilities and patterns of service have been found to have limitations in coping with the needs of an ageing and increasingly frail tenant population.

1.6 Through the 1990s policy and investment decisions at national and local levels began to be influenced by the general perception that in most parts of the country there was a sufficient supply of conventional sheltered housing but that opportunities existed to add to the stock of Very Sheltered, or Extra Care Housing. This was substantiated in McCafferty’s 1994 study for the Department of the Environment<sup>1</sup> that concluded that there was “a significant unmet need for very sheltered housing and a potential over-provision of ordinary sheltered housing”. Little new sheltered housing for rent has been built in the past twenty years although demand for retirement housing for sale has continued to be strong with that majority of older people who are now home owners.<sup>2</sup>

1.7 Alongside this rise and partial decline in the popularity of sheltered housing, at least in the social rented sector, there has been a similar rise and fall in the fortunes of Residential Care. The roots of residential care in the public sector may be traced beyond the 1948 National Assistance Act<sup>3</sup> to Poor Law provisions stretching back into the nineteenth century. Much of the older provision was replaced in the 1960s and 1970s with subsequent legislation and practice leading to improvements in standards. The introduction of new regulatory regimes from 2002 with the requirement to meet new standards both for services and facilities has re-shaped the pattern of provision. However, many commentators would see this style of provision as a dated model for care that places over-emphasis upon dependency

1.8 Residential care in the private sector also has a long history. Until the 1980s much of the residential care provided in the private sector was for those able to meet their own care costs. The unintended consequence of changes in regulations in the early 1980s, so that financial support from public funds was available to those cared for in private residential care homes, was an enormous increase in the sector. Some homes are almost wholly dependent upon residents

<sup>1</sup> McCafferty P 1994 Living Independently: a Study of the Housing Needs of Elderly and Disabled People, HMSO

<sup>2</sup> A national average of 75% of households with a head 65 years of age or over according to the 2011 Census.

<sup>3</sup> National Assistance Act 1948, section 21.

funded by the local authority and most would say that their fee levels are heavily influenced by local authority levels.

1.9 Some contraction continues to be apparent in parts of the residential care home sector. Many local authorities have withdrawn from the direct provision of residential care, once a major element in the pattern of provision. Whilst some have sold homes to private sector operators or to voluntary sector organisations others have deliberately reduced capacity by closing homes. There has been a marked reduction in provision by very small operators providing less than twenty beds, generally in converted dwelling houses. Capacity within the care home sector is being maintained by the development of larger, purpose built care homes that meet modern standards and operate at a level that supports their viability.

1.10 Like private residential care, private nursing homes have been in existence for many years but only in the last thirty years have they been generally accessible to people needing public funding to meet the cost of their care. The growth of this sector was promoted by two principal factors:

- The availability of public funds to support care costs.
- The general withdrawal of provision for in-patient chronic care of older people within the NHS.

1.11 Some larger nursing homes have been developed specifically as re-provision following the closure of long-stay wards in NHS hospitals. These closures have followed upon a concentration within NHS hospitals on acute care and the conviction that a hospital ward did not provide an appropriate setting for long term care. Nursing Homes generally provide for those who have some need for frequent nursing attention in addition to social care, but a level of care that does not require the constant supervision of a medically qualified person.

1.12 Changes in regulation for both residential and nursing homes in the Care Standards Act (2000) introduced a single registration of Registered Care Home, with the distinction that beds might be registered for the provision of personal care or for the provision of nursing care. Public funding for those allocated to Registered Care Home places is increasingly restricted to those experiencing extreme physical frailty or living with some level of confusional states such as dementia.

1.13 The traditional role of residential care homes has largely been taken over by the hybrid model of Extra Care Housing in its various forms. The debate around how Extra Care might be defined has been carried on between academics, commissioners and providers for most of the past decade<sup>4</sup>. Fundamentally there are two schools of thought:

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<sup>4</sup> See for example Appleton N:Extra Care Housing for Older people, Care Services Improvement Partnership Housing LIN

- Those whose main driving criterion is the capacity of Extra Care to provide an alternative to Residential Care.
- Those whose aspiration is more toward the development of a model that enhances the lifestyle of older people with the capacity to deliver care blended into the background.

1.14 At the extreme end of the first school of thought there are those who feel that allocation to Extra Care should only be available to those with care needs that would otherwise be sufficient to merit placement in residential care. In describing Extra Care their emphasis is upon those facilities that will support the delivery of social care and possibly primary health care: assisted bathing facilities, treatment rooms and so on. In staffing the emphasis is upon on-site care teams as the pre-eminent requirement.

1.15 Those who take the alternative stance emphasise the need to make Extra Care a good place to live, think in terms of a balanced community in relation to care needs, and give prominence to facilities that support an active and positive lifestyle: an exercise suite and spa bath, a coffee bar and perhaps licensed bar, facilities for arts and crafts; all supported by appropriate staffing. Whilst they include the care facilities and staffing they are matched by these lifestyle requirements if the scheme is to be considered as truly Extra Care.

1.16 Whilst declining to offer a definitive description of Extra Care the Department of Health has promoted the development of Extra Care schemes, not least through successive programmes of capital grant. The purpose has been to provide an alternative for those who would otherwise require a place in Registered Care through a model that has predominantly been consistent with the description set out in the preceding paragraph.

1.17 The planning application for Fitzjohn Avenue, Camden, proposes the redevelopment of the site to provide a high quality retirement complex in conformity with this model. It will comprise 34 apartments with a range of communal facilities to promote engagement and well-being.

1.18 The services on offer to residents will provide care and support and be designed to assist them in maintaining a degree of independence and fostering a community spirit. This reflects the philosophy and model of ageing that undergirds the proposed development: that enhances capacity rather than stressing incapacity, that offers a bespoke pattern of care and support that lengthens the period of independence and manages the transition into higher levels of dependency without compromising dignity and quality of life.

1.19 In philosophy, design, facilities and services the development will offer an expression of high quality provision and best practice, meeting or exceeding the requirements of documented best practice in Extra Care.

## 2 The case for the development in summary

2.1 Whilst the crucial role of appropriate housing and the widest range of options for older people is widely recognised problems in achieving an appropriate supply remain.

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

2.3 Local policy documents point to the evidence of an ageing population and the need to develop a more appropriate range of accommodation to meet the needs of older people in the borough there is an acknowledgement that housing based models should be available to older home owners.

2.4 The most relevant social benefit that arises from the provision of appropriate and attractive specialised accommodation is that people who own homes of their own have an option that meets their needs and aspirations. For those approaching old age, and those in old age this is, in itself a benefit that impacts the individuals themselves, their families and the community of which they are part. An incidental benefit of offering more, and more attractive, options to older people for their accommodation and care is that family-sized accommodation will be released by their move to specialised provision.

2.5 The profile of the London Borough of Camden in relation to the age of its population is significantly below the national average with those sixty-five years of age continuing to make up around 10% of the population. Whilst those in the oldest cohort and the seventy to seventy-four cohort will increase in absolute numbers through the period to 2020, as a proportion of the population there is only marginal change.

2.6 However, in the absence of appropriate, contemporary accommodation options pressures will increase on higher-end services, such as Registered Care Homes providing Personal Care and Registered Care Homes providing Nursing Care. In the absence of appropriate options for accommodation there will be an inevitable increase in demands upon health and social care services including avoidable or prolonged hospital admissions and earlier incidence of care needs at higher levels.

2.7 Those having difficulty with one or more domestic tasks will increase between 2012 to 2020 from 9,861 to 19,925. A failure to manage these tasks often persuades older people, or their relatives, of the need for a move to a high

care setting, such as a Registered Care home, when their needs would be better met in specialised accommodation, such as that proposed in this application.

2.8 Similarly those experiencing difficulty with at least one task of personal care are projected to rise from 8,075 in 2012 to 8,889 in 2020. This may contribute to additional demand for specialised accommodation but will have a direct impact on demand for care home places.

2.9 The age cohort seventy to seventy-four years of age shows an increase of 11% in the period to 2020 for those that will have difficulty in managing at least one mobility task on their own. This age cohort is a key group when looking at the transition in to more specialised accommodation and will have an impact upon demand for specialised accommodation and support services.

2.10 Throughout the period to 2020 there is predicted to be a 14% increase in the population aged sixty-five and above that have dementia; with around 27% increases in the 90 years of age cohort. These significant rises in the Camden will again place increasing demand on care and accommodation places.

2.11 The London Borough of Camden varies from the national trend toward owner-occupation as the dominant tenure for older people only in the levels currently projected. Levels of owner-occupation among older people in the borough are substantially below national averages at 39.64% for those between 65 and 74 years of age. In the oldest age group the level of home ownership may be depressed by lack of options for owner-occupation in specialised accommodation but remains close to 35%.

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

2.13 The lower than average provision of leasehold retirement housing exacerbates the shortfall in the level of provision needed achieve an adequate supply for older homeowners wishing to maintain their tenure when transferring to specialised accommodation. For those older people who are owner-occupiers the ratio of provision for retirement housing for sale per thousand is 11.81. Whilst for those older people who are renters the comparable ratio per thousand is 276.18.

2.14 The provision of a more adequate supply of retirement accommodation of all kinds for homeowners will provide an environment of choice in which independence can be sustained and transfer to expensive Registered Care postponed or avoided. The development proposed by Pegasus Life will contribute toward this more adequate level of provision for older homeowners

2.15 The most pressing priority, driven by demography, need, tenure, and policy imperatives is to increase the availability of all categories of specialised accommodation for older homeowners. The development proposed by Pegasus Life makes a significant contribution to meeting that priority.

### **3 The case for the development in national policy and guidance**

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

#### **Health and Social Care**

***Partnership for Older People Programme (POPP) Evaluation***  
October 2009

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

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

***Living well with dementia***  
February 2009

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

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

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

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

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

11 July, 2012

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

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

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

3.9 The White Paper asserts that:

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

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

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

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

October, 2012

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

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

## **Housing**

### ***Laying the Foundations: A Housing Strategy for England, 2011, DCLG***

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

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

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

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

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

3.18 New housing developments also need to make suitable provision for our ageing population in the long term. Ensuring a mix of property types, including Lifetime Homes, will help to provide the diversity and choice needed to support longer term independent living.

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

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

*“It is crucial not to see housing and neighbourhoods in isolation from other services. There is, as research has shown over and over, a close relationship between housing and health. Good-quality housing leads to good health. That is absolutely nailed down and proven. Conversely, exactly the opposite is true: poor housing leads to poor health. About every five hours, an older person dies as a result of a fall. This is a serious consequence of poor housing, poor neighbourhoods, defective pavements – which either causes accidents, and in some cases death, or keeps people trapped in their own homes for fear that, if they go out, they will trip over the pavement.”*

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

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

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

3.21 The implications for planners are:

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

**Care Act, 2014**

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

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

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

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

- Around one-third of all households are older households. This proportion applies across most regions except for the South West (40 per cent) and London (22 per cent).

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

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

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

## Section Summary

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

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

## 4 The context in local policy

### The Vision for London

4.1 The context for the strategic intentions of individual London boroughs is set by the overall vision articulated by the Mayor's office. All London Boroughs when planning their local strategies for housing and provision of accommodation for the older people within their communities have to take account of the overarching strategy laid out by the Mayor of London. This strategy was set out for draft consultation in November 2013 and is titled, 'Homes for London. The London Housing Strategy.'

4.2 As a result the individual Boroughs have a common theme running throughout their Housing Strategies to ensure that they are compliant with the overriding theme for the whole of London and can gain access to any potential funding allocated within the strategy.

4.3 The strategy covers all issues surrounding the future housing needs for London, the predicted population growth and how this should be addressed. There are several sections that focus particularly on the needs of the ageing population and the issues that this growth raises.

"London has a comparatively young population, but current projections suggest that it is ageing faster than the national average. With many Londoners living longer, healthier lives the proportion of older people in the population is set to grow, with those over 64 projected to increase by almost two thirds to reach nearly 1.5 million by 2036, including almost 90,000 more who are over ninety. Alongside this growth, challenges have emerged to traditional assumptions about ageing and the housing needs of an older population. The vast majority of London's older population will live in mainstream homes, and will continue to be a key part of their communities. For this reason it is vital that all new housing is accessible to the current and changing needs of older people."<sup>5</sup>

4.4 The strategy references the Lifetime Homes standards and the need for all planning to take account of future changes in circumstance for older and disabled people, with at least ten percent of homes being designed to be wheelchair accessible or easily adaptable for wheelchair use. The strategy highlights the importance of Lifetime Neighbourhoods, stating that they are as important as Lifetime Homes:

"Older and less mobile people may need easier access than the general population to community facilities such as post offices and doctors'

<sup>5</sup>[http://www.london.gov.uk/sites/default/files/London%20Housing%20Strategy%20consultation%20version\\_0.pdf](http://www.london.gov.uk/sites/default/files/London%20Housing%20Strategy%20consultation%20version_0.pdf)

surgeries. Easy access to social and leisure facilities can enhance independent living and redress isolation. This could make town centre locations particularly appropriate for purpose-built accommodation, especially for the active elderly. The Dickens Yard and Kidbrooke developments demonstrate the potential for meeting wider ambitions around town centre regeneration, while helping to meet the housing needs of older people."

4.5 Such developments may give rise for older people to downsize to a more manageable level of accommodation which in turn would free up larger properties to potentially help the issue of overcrowding within many London Boroughs.

4.6 There is insufficient supply of purpose-built older people's housing, especially in the open market sector. The Mayor is keen to encourage more specialist and mainstream developers to build more housing suitable for older people. The challenge faced by the Mayor is over the coming decades how to plan adequate housing provision for older people with increasingly limited financial equity.

4.7 Some of the most vulnerable older Londoners will require more specialist housing. It is recognised by the Mayor that the older population have made significant contribution to London, and that there is a need to protect those least able to help themselves. As part of the covenant within the strategy, the Mayor has announced £30 million to increase the supply of purpose built quality homes for older and disabled people.

### Assessment of the Greater London Authority's impact on Older people's equality – update 2013

4.8 A further document of London-wide significance in its influence upon the strategic intentions and priorities of individual boroughs is the "Assessment of the Greater London Authority's impact on Older people's equality – update 2013"

4.9 The GLA commissioned research into the housing needs of older people. It found, that for the majority of older people, remaining in their own home is their preferred choice of housing. Some will need to make changes to their homes so they can remain in their homes for as long as they wish, or unless their health and wellbeing dictates otherwise.

4.10 While many older people are choosing to remain in their own homes for longer, around 10-15 per cent appear likely to want to move into specialist older persons housing. The overall finding from the report was that there is a need for, but a shortage of, a variety of housing options available for older people in London. As the population of older Londoners is set to increase, there will be a growing need for such housing.

4.11 Over the period 2011 - 2021 London may require between 2,000 and 2,350 new specialist units a year, broadly broken down into 1,500 private units, 500 for shared ownership and up to 350 new affordable units. Depending on whether existing levels of provision are maintained and on the levels of need among older Londoners, there may also be a requirement for some 500 new bed spaces per annum in care homes.

4.12 Generally speaking, older people are more likely to have mobility problems and so benefit from any features of their home that make it more accessible both inside and outside. Only around 30 per cent of London households with heads aged 60 and over lived in homes with flush thresholds.

4.13 Households with a household reference person aged over 55 were more likely to have moved for 'Family or personal reasons' and to want to move to a smaller or cheaper house or flat (17 per cent of those over 55 compared with 4 per cent of younger age groups).

### **How the Mayor is advancing older people's equality**

4.14 The GLA commissioned research into the housing needs of older people at the end of 2012. The final report was published in January 2013. The Mayor consulted on his Housing Supplementary Planning Guidance which was published in November 2012. It brought together and updated guidance on the requirements of groups with distinct housing needs including older people. Drawing on the findings from the research into the housing needs of older people it states that:

"New housing should meet the needs of Londoners at different stages of life. Housing should be designed so that people can use it safely, easily and with dignity regardless of their age, disability, gender or ethnicity. It should meet inclusive design principles by being responsive, flexible, convenient, accommodating, and welcoming. It should be designed to accommodate and easily adapt to a diverse range of needs, for example, for people who are frail, older, visually or hearing impaired, have learning difficulties or who are wheelchair users."

4.15 The guidance sets out a number of principles and proposals with regards to older people:

- Older people to have increased access to housing that meets their needs
- Older people to be enabled to stay on in their homes when they wish
- An increase in the variety of housing and supply of specialist housing for older people is encouraged

- Boroughs are encouraged to take a proactive approach to increase the provision of sheltered and 'extra care' accommodation, especially in the private sector
- Over-occupying older people to be enabled to move into suitable alternative accommodation
- The provision of specialist housing for older people to be monitored.

### **The role of the planning system in delivering housing choices for older Londoners, 2012**

4.16 This report identifies the patchy nature of provision of specialised housing for older people across London. In particular it identifies uneven supply between tenures and seeks to quantify future demand.

### **Homes for older Londoners, November 2013**

4.17 The Housing Committee of the London Assembly report of 2013 sets out a prescription for responding to the accommodation needs of an ageing population in London:

"There are tremendous gains to be had from providing older Londoners with the type of homes they need. People living in homes larger than they need often face high heating expenses and the cost to the NHS of a heart attack brought on by a cold home is around £20,000. Older homes are often unsafe and trip and fall hazards increase as people age. Half of people older than 80 fall at least once a year and the cost to the NHS of a fall resulting in a broken leg is more than £25,000. Reducing the likelihood of falls by providing specially designed homes has the potential to produce huge savings."

4.18 The report draws on international comparison and commissioned research to support the argument for increased provision of specialised housing both for rent and purchase.

4.19 The report argues for housing to be considered a strategic health issue with the inclusion of places for Housing, Land and Property on the London Health Board.

4.20 The report devotes a section (section six) to the need to stimulate the provision of specialist market housing for older Londoners and the ways in which things that inhibit such provision may be tackled.

## A future for housing in Camden. Camden's housing strategy 2011- 2016

4.21 Camden's Housing Strategy has the issues of social housing at the centre of its concerns:

"Many challenges faced in developing this strategy for Camden are familiar. House prices and private sector rents are prohibitively high, demand for affordable housing exceeds supply, funding a programme of essential improvements to Council housing is a continuing challenge. New considerations also present both challenges and opportunities for the Council in fulfilling its strategic housing role."

4.22 The number of homes needed has increased slightly faster than the total population: Camden's population has grown by 4.1% over the last ten years, while the number of households has increased by 6.2%. This trend is set to accelerate, with the population expected to increase by 7% and the number of households by 11% over the next 15 years. A key factor in this pattern is the growing proportion of single person households.

4.23 The Council seeks 50% affordable housing in developments with 50 or more new homes, 40% in developments with 40 or more, and so on. Affordable housing within any development is now expected to comprise 60% social rented and 40% intermediate housing (such as shared ownership), where previously the split was 70% to 30% - informed in part by evidence that just over half of Camden residents in need of affordable housing could afford intermediate housing. The LDF also includes specific policies for meeting the particular housing needs of groups within Camden's population.

4.24 The Strategy recognises the challenges of affordability for aspiring home owners:

"Those in work may also have experienced difficulties. Despite a brief dip in house prices in Camden, even at their lowest, in February 2009, the average home cost £447,232 – almost 11.5 times more than the average household income at the time.<sup>9</sup> Over the last 15 years, house prices increased much more steeply in Camden than nationally, as well as remaining buoyant during recession. Recent contraction in the mortgage market and increase in deposits required has made home ownership even less accessible for most non home-owning residents. Mortgages for shared ownership homes and the buy-to-let properties vital to the private rented sector have been particularly squeezed."

4.25 Those aged 65 and over form just over 10% of Camden's population, compared to 17% nationally. The number and proportion of those aged over 65 is set to increase, with similar growth in the proportion of residents aged over 75 and particularly those aged over 85. An increasing proportion of older people will

be from ethnic minority groups, who tend to suffer earlier onset of chronic diseases. The incidence of dementia and need for support services and sheltered accommodation with an extra-care element is likely to increase.

4.26 the Strategy recognises that some traditional forms of provision for older people exceed current demand whilst new forms need to be encouraged:

"Needs and resources change, so flexibility is vital to our approach to specialist accommodation - and reflected in our planning and commissioning strategies. For example, a 2008 review identified a surplus of sheltered accommodation for older people. So we are exploring redeveloping some local sheltered housing to reduce the number of bedsits (currently 35% of sheltered accommodation), replacing them with more spacious homes that better suit those with limited mobility. Also, the LDF and the Council's **Serving Older People Strategy** highlight the growing need for sheltered accommodation with extra-care provision. The first extra-care sheltered housing opened in 2007 and two further schemes are due to open in August 2011 and by December 2012. The Council's own **Homes for Older People programme** also addresses this need, developing up to 32 units of extra-care sheltered housing as part of refurbishing the Charlie Ratchford resource centre. These are due to open between 2012 and 2014, along with two new larger care homes with nursing care at Maitland Park and Wellesley Road, which will replace four existing homes"<sup>6</sup>

## Local Development Framework: Camden's Core Strategy 2010 - 2025

4.27 The LDF seeks to respond to a growing and changing population within the Borough:

"The number of people living in Camden is increasing and the make-up of the population is changing (for example, households are getting smaller and people are living longer). In addition, advances in technology are changing the way we work, shop and spend our leisure time. The challenges we face are adapting to population growth and our changing world while improving the quality of life of residents and the provision of services, and accommodating new and expanded buildings while preserving our valued places and promoting high quality design".

4.28 In 2007, the Council and its partners agreed Camden's Community Strategy, Camden Together, which sets out a shared vision and strategy for the borough. We are using the vision from the Community Strategy as the overarching vision for the Core Strategy and other related planning policy

<sup>6</sup> <http://camden.gov.uk/ccm/content/housing/housing-policy-and-strategies/camdens-housing-strategy.en>

documents. The Community Strategy also identified four themes within the vision:

- A sustainable Camden that adapts to a growing population
- A strong Camden economy that includes everyone
- A connected Camden community where people lead active, healthy lives
- A safe Camden that is a vibrant part of our world city.

4.29 The Core Strategy identifies the current pattern of provision of specialised accommodation and care facilities to meet the needs of its older population:

“Camden currently has a stock of just under 1,800 sheltered homes, around half of which are Council owned. The Council also has slightly fewer than 200 places in residential care homes, and supports care for over 400 other people, split between residential and nursing homes. Approximately half of all care places are outside the borough. People of pensionable age represented around 12.5% of Camden’s population in 2001. The number of elderly people is expected to increase up to 2026, although the proportion is only expected to increase marginally.”

4.30 The expectations of the Authority in relation to the provision of specialised accommodation and care for older people are clearly articulated:

“We do not anticipate that more people will need to move into sheltered or care homes, but we do anticipate a need to change the character of care homes in the borough. New provision will seek to combine independent living and care on the same sites where possible. Some provision is expected to come from new developments and some from the redevelopment of existing homes for older people. We also expect some care homes to be decommissioned.”

**Camden’s Quality of Life Strategy for Older Citizens, the Serving Older People Strategy, Homes for Older People and the Health Improvement Programme for Older People.**

4.31 These strategies envisage an increasing amount of care taking place at home with people staying in their homes longer, although there will still be a requirement for day-centres, long-term care homes, nursing care homes and extra-care sheltered housing.<sup>7</sup>

<sup>7</sup> <http://www.camden.gov.uk/ccm/navigation/environment/planning-and-built-environment/planning-policy/local-development-framework--ldf-/core-strategy/>

4.32 The aspirations of the Authority are spelt out as follows:

“We want to ensure that there is adequate provision in the borough so that older people, whatever their level of frailty, are still enabled to feel part of Camden life and their local community, with access to social activities, outside space and continued contact with their families and friends and people of a younger generation.”<sup>8</sup>

<sup>8</sup> <https://www.camden.gov.uk/ccm/content/council-and-democracy/plans-and-policies/community-strategy/file-storage/camdens-community-strategy---full-version.en>

## 5 The demography of the older population of the London Borough of Camden

5.1 There is a projected rise in the total population of around eight percent for those people aged 65 years and over within Camden up to the year 2020. Within this overall growth there is a steeper rate of increase within the seventy to seventy-four years age cohort. The rise in the oldest cohorts: those eighty-five years of age and over, are relatively modest compared with other parts of the country but are similar to a number of other Inner London boroughs.

**Table One Population aged 65 and over, projected to 2020 (LB Camden)**

	2012	2014	2016	2018	2020
People aged 65-69	7,800	8,100	7,900	7,500	7,200
People aged 70-74	5,600	5,800	6,300	6,800	6,800
People aged 75-79	4,500	4,700	4,700	4,700	5,100
People aged 80-84	3,500	3,500	3,500	3,700	3,800
People aged 85-89	2,000	2,100	2,200	2,300	2,300
People aged 90 and over	1,100	1,100	1,100	1,100	1,200
<b>Total population 65 and over</b>	<b>24,500</b>	<b>25,300</b>	<b>25,700</b>	<b>26,100</b>	<b>26,400</b>

(Source: Office of National Statistics Census 2012)

5.2 In the period to 2020 the youngest cohort, those aged between sixty-five and sixty-nine actually fall slightly whilst those in the next five year cohort increases at a rate above the average for those sixty-five and over as a whole. Table Two plots the percentage increase in each age band from the 2012 base.

**Table Two Population aged 65 and over, projected to 2020 (LB Camden) % Change**

	2012	2014	2016	2018	2020
People aged 65-69	0	4%	1%	-4%	-8%
People aged 70-74	0	4%	13%	21%	21%
People aged 75-79	0	4%	4%	4%	13%
People aged 80-84	0	0	0	6%	9%
People aged 85-89	0	5%	10%	15%	15%
People aged 90 and over	0	0	0	0	9%
<b>Total population 65 and over</b>	<b>0</b>	<b>3%</b>	<b>5%</b>	<b>7%</b>	<b>8%</b>

(Source: Office of National Statistics Census 2012)

5.3 Table Three shows the projected increase in the total population for the LB Camden from 225,900 in 2012 to 258,000 in 2020, set against the increase in the numbers of people who are over sixty-five years of age and over eighty-five years of age. These two threshold ages are used because sixty-five represents the general point of exit from paid employment and eighty-five is, as will be shown in the next section, a significant threshold for needing specialised accommodation and services.

5.4 Compared to the national average for England the proportions of people aged sixty-five years of age or over the London Borough of Camden are below the average, and that differential widens between 2012 and 2020. The projected increase in the oldest cohort shows that in 2012 the proportion was below above the national average, and continues at a significantly lower level to 2020.

**Table Three Total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2020 (LB Camden)**

	2012	2014	2016	2018	2020
Total population	225,900	236,000	244,500	251,600	258,000
Population aged 65 and over	24,500	25,300	25,700	26,100	26,400
Population aged 85 and over	3,100	3,200	3,300	3,400	3,600
Population aged 65 and over as a proportion of the total population	10.85%	10.72%	10.51%	10.37%	10.23%
Population aged 85 and over as a proportion of the total population	1.37%	1.36%	1.35%	1.35%	1.40%

(Source: Office of National Statistics Census 2011)

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

**Table Four Total population, population aged 65 and over and population aged 85 and over as a number and as age of the total population, projected to 2020 – England**

	2012	2014	2016	2018	2020
Total population	53,585,500	54,548,600	55,486,600	56,383,100	57,257,900
Population aged 65 and over	9,055,900	9,536,400	9,911,700	10,256,600	10,603,000
Population aged 85 and over	1,227,800	1,302,700	1,398,900	1,491,200	1,593,200
Population aged 65 and over as a proportion of the total population	16.90%	17.48%	17.86%	18.19%	18.52%
Population aged 85 and over as a proportion of the total population	2.29%	2.39%	2.52%	2.64%	2.78%

(Figures may not sum due to rounding. . Office of National Statistics Crown copyright 2012)

5.6 The significance of these threshold ages is to be found in the convergence of dependency and chronological age. At age sixty five the lifetime risk of developing a need for care services to assist with personal care tasks is 65% for men and 85% for women<sup>9</sup>. The incidence of need for assistance increases substantially with age and is highest for those eighty five years of age and above. As the tables in the following section modelling levels of dependency and need for service demonstrate this increase in the ageing of the population has a direct impact on the need for care and support services and appropriate accommodation.

<sup>9</sup> David Behan, Director General for Adult Social Care, Department of Health, presentation to a King's Fund Seminar 21<sup>st</sup> July 2009

## Section summary

The profile of the London Borough of Camden in relation to the age of its population is significantly below the national average, with those sixty-five years of age continuing to make up around 10% of the population those in the oldest cohort and the seventy to seventy-four cohort will increase in absolute numbers through the period to 2020, as a proportion of the population there is only marginal change.

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

## 6 The profile of need

6.1 Table Five shows the modelling of those older people who are likely to experience difficulty with at least one task necessary to maintain their independence. As is clearly seen the incidence of difficulty rises sharply with age and is projected to increase over time as the population of those in the highest age groups increases. Between 2012 and 2020 the number of those experiencing such difficulties is projected to increase by around 11%.

**Table Five** People aged 65 and over unable to manage at least one domestic task on their own, by age group projected to 2020 (LB Camden)

	2012	2014	2016	2018	2020
Males aged 65-69 unable to manage at least one domestic task on their own	576	608	576	544	544
Males aged 70-74 unable to manage at least one domestic task on their own	546	567	588	651	651
Males aged 75-79 unable to manage at least one domestic task on their own	720	756	720	720	792
Males aged 80-84 unable to manage at least one domestic task on their own	615	615	615	656	656
Males aged 85 and over unable to manage at least one domestic task on their own	748	816	884	1,020	1,088
Females aged 65-69 unable to manage at least one domestic task on their own	1,176	1,204	1,176	1,120	1,092
Females aged 70-74 unable to manage at least one domestic task on their own	1,200	1,240	1,360	1,480	1,480
Females aged 75-79 unable to manage at least one domestic task on their own	1,300	1,352	1,352	1,404	1,508
Females aged 80-84 unable to manage at least one domestic task on their own	1,340	1,340	1,340	1,407	1,474

Females aged 85 and over unable to manage at least one domestic task on their own	1,640	1,558	1,640	1,640	1,640
<b>Total population aged 65 and over unable to manage at least one domestic task on their own</b>	<b>9,861</b>	<b>10,056</b>	<b>10,251</b>	<b>10,642</b>	<b>10,925</b>

Figures may not sum due to rounding. Office of National Statistics Crown copyright 2012  
Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs.

6.2 Table Six suggests that the number of those who will be unable to manage at least one personal care task will also increase by approximately 10% between 2012 and 2020 to just below nine thousand.

**Table Six** People aged 65 and over unable to manage at least one personal care task on their own, by age group projected to 2020 (LB Camden)

	2012	2014	2016	2018	2020
Males aged 65-69 unable to manage at least one self-care activity on their own	648	684	648	612	612
Males aged 70-74 unable to manage at least one self-care activity on their own	494	513	532	589	589
Males aged 75-79 unable to manage at least one self-care activity on their own	580	609	580	580	638
Males aged 80-84 unable to manage at least one self-care activity on their own	495	495	495	528	528
Males aged 85 and over unable to manage at least one self-care activity on their own	561	612	663	765	816
Females aged 65-69 unable to manage at least one self-care activity on their own	882	903	882	840	819
Females aged 70-74 unable to manage at least one self-care activity on their own	900	930	1,020	1,110	1,110

Females aged 75-79 unable to manage at least one self-care activity on their own	975	1,014	1,014	1,053	1,131
Females aged 80-84 unable to manage at least one self-care activity on their own	1,060	1,060	1,060	1,113	1,166
Females aged 85 and over unable to manage at least one self-care activity on their own	1,480	1,406	1,480	1,480	1,480
<b>Total population aged 65 and over unable to manage at least one self-care activity on their own</b>	<b>8,075</b>	<b>8,226</b>	<b>8,374</b>	<b>8,670</b>	<b>8,889</b>

Figures may not sum due to rounding. . Office of National Statistics Crown copyright 2012  
Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails

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

**Table Seven People aged 65 and over with a limiting long-term illness, by age, projected to 2020 (LB Camden)**

	2012	2014	2016	2018	2020
People aged 65-74 with a limiting long-term illness	5,244	5,440	5,557	5,596	5,479
People aged 75-84 with a limiting long-term illness	4,097	4,200	4,200	4,302	4,558
People aged 85 and over with a limiting long-term illness	1,857	1,916	1,976	2,036	2,156
<b>Total population aged 65 and over with a limiting long-term illness</b>	<b>11,198</b>	<b>11,556</b>	<b>11,733</b>	<b>11,935</b>	<b>12,193</b>

Figures may not sum due to rounding. . Office of National Statistics Crown copyright 2012

6.4 An increase in the proportion of the population living into advanced old age also impacts on the demands made upon health services. Table Seven projects an increase in the numbers of those experiencing a long-term limiting illness. This shows an overall increase for those over sixty five years of age is around 10%.

6.5 Table eight below highlights in all but the sixty-five to sixty-nine age cohort, that there will be an increase in the population that are unable to manage at least one mobility activity on their own.

**Table Eight People aged 65 and over unable to manage at least one mobility activity on their own , by age, projected to 2020 – (LB Camden)**

	2012	2014	2016	2018	2020
People aged 65-69 unable to manage at least one activity on their own	666	691	666	632	623
People aged 70-74 unable to manage at least one activity on their own	740	766	824	902	902
People aged 75-79 unable to manage at least one activity on their own	765	798	786	807	873
People aged 80-84 unable to manage at least one activity on their own	850	850	850	897	926
People aged 85 and over unable to manage at least one activity on their own	1,385	1,370	1,455	1,525	1,560
<b>Total population aged 65 and over unable to manage at least one activity on their own</b>	<b>4,406</b>	<b>4,475</b>	<b>4,581</b>	<b>4,763</b>	<b>4,884</b>

Office of National Statistics Crown copyright 2012. Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

6.6 Table Nine shows that the predicted increase in those over sixty five years of age that will be living with dementia to be around 14%. This is significantly below the projections for England which stands at 23%.

**Table Nine People aged 65 and over predicted to have dementia, by age and gender, projected to 2020 (LB Camden)**

	2012	2014	2016	2018	2020
People aged 65-69 predicted to have dementia	96	100	96	91	90
People aged 70-74 predicted to have dementia	153	158	168	185	185
People aged 75-79 predicted to have dementia	265	276	271	278	301
People aged 80-84 predicted to have dementia	419	419	419	443	456
People aged 85-89 predicted to have dementia	422	422	439	456	478
People aged 90 and over predicted to have dementia	299	327	324	324	382
<b>Total population aged 65 and over predicted to have dementia</b>	<b>1,653</b>	<b>1,702</b>	<b>1,717</b>	<b>1,775</b>	<b>1,892</b>

Figures may not sum due to rounding Crown copyright 2012

6.7 Table ten shows the number projected for England for the purpose of comparison.

**Table Ten People aged 65 and over predicted to have dementia, by age and gender, projected to 2020 England**

	2012	2014	2016	2018	2020
People aged 65-69 predicted to have dementia	34,637	36,687	37,153	34,398	33,785
People aged 70-74 predicted to have dementia	56,030	59,669	64,779	73,849	76,009
People aged 75-79 predicted to have dementia	99,811	104,323	105,151	109,379	118,158

People aged 80-84 predicted to have dementia	154,672	157,872	162,363	170,447	177,770
People aged 85-89 predicted to have dementia	158,551	163,884	173,939	182,866	191,044
People aged 90 and over predicted to have dementia	132,398	145,823	158,648	171,850	188,975
<b>Total population aged 65 and over predicted to have dementia</b>	<b>636,099</b>	<b>668,257</b>	<b>702,033</b>	<b>742,788</b>	<b>785,741</b>

Figures may not sum due to rounding Crown copyright 2012

### Section summary

Those having difficulty with one or more domestic tasks will increase between 2012 to 2020 from 9,861 to 19,925. A failure to manage these tasks often persuades older people, or their relatives, of the need for a move to a high care setting, such as a Registered Care home, when their needs would be better met in specialised accommodation, such as that proposed in this application.

Similarly those experiencing difficulty with at least one task of personal care are projected to rise from 8,075 in 2012 to 8,889 in 2020. This may contribute to additional demand for specialised accommodation but will have a direct impact on demand for care home places.

The age cohort seventy to seventy-four years of age shows an increase of 11% in the period to 2020 for those that will have difficulty in managing at least one mobility task on their own. This age cohort is a key group when looking at the transition in to more specialised accommodation and will have an impact upon demand for specialised accommodation and support services.

Throughout the period to 2020 there is predicted to be a 14% increase in the population aged sixty-five and above that have dementia; with around 27% increases in the 90 years of age cohort. These significant rises in the Camden will again place increasing demand on care and accommodation places.

## 7 The tenure profile of the older population

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

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

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

7.4 Table Eleven demonstrates the significant levels of owner occupation now to be found among older people in Camden. Although the level of home ownership in the borough is only around half the national average owner-occupiers still make up a third or more of the population of those sixty-five years of age and above.

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

**Table Eleven Proportion of population by age cohort and by tenure, year 2001 (LB Camden)**

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	39.64%	36.22%	34.84%
All social rented	45.84%	46.33%	43.21%
Private rented or living rent free	14.52%	17.46%	21.96%

Figures may not sum due to rounding. . Office of National Statistics Crown copyright 2012

7.6 Table Twelve gives the average levels for England. The difference is consistent across the three age cohorts shown.

**Table Twelve Proportion of population aged 65 and over by age and tenure, i.e., owned, rented from council, other social rented, private rented or living rent free, year 2001 – England**

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	76.10%	67.79%	61.42%
Social Rented	18.59%	24.53%	27.15%
Private rented or living rent free	5.31%	7.68%	11.43%

Figures may not sum due to rounding. . Office of National Statistics Crown copyright 2012

7.7 Home ownership, is the tenure of choice of a significant proportion of the older people of Camden, a tenure the majority will wish to maintain in accommodation and care facilities are available to them in advanced old age.

### Section Summary

The London Borough of Camden varies from the national trend toward owner-occupation as the dominant tenure for older people only in the levels currently projected. Levels of owner-occupation among older people in the borough are substantially below national averages at 39.64% for those between 65 and 74 years of age. In the oldest age group the level of home ownership may be depressed by lack of options for owner-occupation in specialised accommodation but remains close to 35%.

## 8 The current supply of specialised accommodation for older people

8.1 The profile of the current supply of specialised accommodation for older people within the London Borough of Camden is broadly what one expect of an Inner London Borough. There is a supply of specialist accommodation provided for older people, including age restricted and sheltered housing for rent which is above the national average in relation to the total older population of the borough. The supply of retirement housing for leasehold sale is very limited and below the national average. These proportions, measured against the total older population and set out in Table Thirteen, demonstrate the significant under-supply of all forms of specialised accommodation to respond to the levels of owner-occupation among older people in London Borough of Camden, modest though the levels of owner-occupation have been seen to be.

8.2 Taking the various forms of sheltered and retirement housing offered either to rent or to buy there appear to be currently approximately two thousand units of accommodation. To achieve comparability this supply has been expressed as a ratio to the size of the population of older people in the borough.

8.3 Various thresholds have been used but that which is generally recognised as having the greatest relevance is that for the number of people seventy five years of age or older. There are around 181.7 units in any tenure per thousand of the population in this age category in LB Camden.<sup>10</sup>

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

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

8.6 With just 47 units of retirement housing of all types for sale for a population of home owners of seventy five years of age or more of approximately 3,978 the ratio of provision for retirement housing for sale per thousand is 11.81.<sup>11</sup>

<sup>10</sup> In this section we have aggregated accommodation now designated as “Age Specific” with the forms of sheltered housing for rent as these units generally are provided with means of summing assistance and meet accessibility design standards. This aggregation allows ready comparison with national supply data.

<sup>11</sup> Among persons 75-84: 8,000 persons, 36.22% are home owners + persons 85+: 3,100 persons, 34.84% are home owners = 3,978 home owners 75+.

8.7 The comparative figure for those seventy five years of age or more who are in rented tenures the ratio per thousand is 276.18 (1,967 units for approximately 7,122 persons seventy five years of age or more in tenures other than home ownership.)

**Table Twelve Provision of place for older people in (LB Camden) 2012**

	Number of units/places	Per 1,000 of the population 65 years and over (24,500)	Per 1,000 of the population 75 years and over (11,100)	Per 1,000 of the population 85 years and over (3,100)
Age Exclusive housing to rent	15	0.61	1.35	4.83
Sheltered Housing to rent	1848	75.42	166.48	596.12
Enhanced Sheltered Housing to rent	35	1.42	3.15	11.29
Extra Care Housing to rent	69	2.81	6.21	22.25
<b>Total housing to rent - all types</b>	<b>1967</b>	<b>80.28</b>	<b>177.20</b>	<b>634.51</b>
Age Exclusive housing for leasehold	0	0	0	0
Sheltered Housing for leasehold	47	1.91	4.23	15.16
Enhanced Sheltered Housing for leasehold	0	0	0	0
Extracare Housing for leasehold	0	0	0	0
<b>Total Housing for Leasehold - all types</b>	<b>47</b>	<b>1.91</b>	<b>4.23</b>	<b>15.16</b>

<b>Total Sheltered - all tenures</b>	<b>2014</b>	<b>82.20</b>	<b>181.17</b>	<b>649.67</b>
Registered Care places offering personal care	198	8.08	17.83	63.87
Registered Care places offering nursing care	160	6.53	14.41	51.61

(Source: Contact Consulting from EAC database)

8.8 It is clear from the levels of home ownership in succeeding cohorts that the level of those in old age who are homeowners will continue to rise, albeit more slowly than in some other parts of the country. The majority of those entering old age as homeowners will wish to maintain that tenure and there are sound economic arguments for the individual and for the public purse to support that.

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

8.11 Places in Registered Care Homes offering personal care per thousand in LB Camden are strikingly below average levels of provision for England, with 198 beds, or 17.83 per thousand of the population seventy-five years of age and over, compared with the average for England of 57.7. It would appear from local authority documents that a number of Camden residents are supported in Registered Care beds outside the borough and similarly it may be expected that a number of self-funders find the places they need outside Camden.

8.12 In Registered Care Homes offering nursing care the ratio of places to population is significantly below the average for England by around 62% (14.41 per thousand 75 years of age or over compared with the national average of 38.0), although the same considerations may apply in relation to out of area provision.

8.13 Table Fourteen provides the reference ratios for England drawn from the Elderly Accommodation Database, the source used by the Department for Communities and Local Government and the Department of Health. These do not differentiate between Age Restricted accommodation, which is often accommodation built and formerly operated as sheltered housing but now with

reduced levels of on-site service, conventional sheltered or retirement housing and enhanced forms of sheltered housing that are something less than Extra Care. Appendix One provides some further explanation of these strands of provision and the distinctions between them.

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

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

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

8.14 Annex Two sets out the details of the sheltered housing schemes, retirement housing and Registered Care Homes identified within the London Borough of Camden

8.16 The overall picture is of a higher than average level of provision of sheltered housing in the social rented and a much lower than average level of provision in the leasehold sector. The level of provision for older home owners falls well short of the levels needed to provide equity of access to appropriate housing in older age between tenures.

## Section summary

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

The lower than average provision of leasehold retirement housing exacerbates the shortfall in the level of provision needed to achieve an adequate supply for older homeowners wishing to maintain their tenure when transferring to specialised accommodation. For those older people who are owner-occupiers the ratio of provision for retirement housing for sale per thousand is 11.81. Whilst for those older people who are renters the comparable ratio per thousand is 276.18.

The provision of a more adequate supply of retirement accommodation of all kinds for homeowners will provide an environment of choice in which independence can be sustained and transfer to expensive Registered Care postponed or avoided. The development proposed by Pegasus Life will contribute toward this more adequate level of provision for older homeowners

## 9 The future pattern of provision to which this development contributes

9.1 The current pattern of provision in the London Borough of Camden, as in the rest of the country, developed not in response to assessed need but rather in response to short-term demand and provider perceptions of what will be popular and fundable. Public policy has substantially shaped the pattern of provision in recent years.

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

- Demand for rented conventional sheltered housing is likely to decline in Camden as in other parts of the country
- The suitability of the older stock for letting has already been recognised and steps taken to re-purpose or re-provide.
- The potential for leasehold retirement housing will continue to grow.
- Some existing schemes will lend themselves to refurbishment and remodelling to provide enhanced sheltered housing to support rising levels of frailty, and a number of those opportunities have already been taken locally.
- Some of this enhanced sheltered housing could be offered for sale alongside that for rent.
- There is a need for an increasing proportion of extra care housing as evidenced in strategies published by the GLA.
- Extra Care housing should be provided for sale and rent.
- There is a need for housing-based models of accommodation and care for people with dementia.
- Provision of Registered Care both for Personal and Nursing Care will need to be distributed so that it is more nearly matched to need within local populations.
- The challenges of maintaining viability in smaller Registered Care Homes will continue to drive change in provision with an increase in larger, purpose-built developments.
- Housing-based models for dementia care will provide an alternative to nursing home based strategies for meeting the needs of those living with moderate to severe dementia<sup>12</sup>

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<sup>12</sup> More Choice, Greater Voice, a toolkit for producing a strategy for accommodation with care for older people, Nigel Appleton, CLG & CSIP, 2008

The clear consequence is that there will be more of some styles of provision and less of others.

9.3 In the publication “Housing in Later Life”<sup>13</sup> we have updated the guidance that we originally prepared for the publication “More Choice Greater Voice” for the Department for Communities and Local Government and the Care Services Partnership (CSIP) at the Department of Health. That model assumed that a “norm” for conventional sheltered housing to rent would be around 50 units per 1,000 of the population over 75 years of age and around 75 units per 1,000 of leasehold retirement housing. This deliberately inverted the current levels of provision in most places but in doing so sought to reflect the rapidly changing tenure balance.

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

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

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

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

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<sup>13</sup> Housing in later life – planning ahead for specialist housing for older people, December 2012, National Housing Federation and the Housing Learning and Improvement Network.

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

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

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

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

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

9.13 Extra Care Housing offers the possibility of housing a balanced community of people with relatively limited care needs through to those who might otherwise be living in residential care. Our modelling suggests provision of around 500 units of Extra Care in total, divided between rented (about one third) and leasehold and shared ownership tenures (about two thirds) will be required in the short to medium term.

9.14 Within the model a modest provision is made for the development of housing forms to provide a context for the care of those people with dementia

who cannot be supported in their existing home but require an alternative to residential or nursing home care, the norm here is 6 places per 1,000.

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

9.16 The emergence of owner-occupation as a significant factor in old age has shifted the balance between estimates of need and response to demand. The benefits of providing more leasehold retirement housing, for example, may be seen in its effect in releasing family sized accommodation into the market, alongside its more significant impact in meeting the particular needs of those who move into it.

9.19 The “norms” reflect national patterns and priorities and will necessarily need to be moderated to take account of the rate of change that would be required to meet them. The pattern projected is for the medium to long-term and may need to be adjusted as newer forms are developed and mature. In particular the significant reduction in the most basic form of rented sheltered housing may not materialise if lack of suitable alternatives artificially sustains demand.

**Table Fifteen Indicative levels of provision of various forms of accommodation for older people in Camden**

	Current provision	Current provision per 1,000 of Population 75+	Increase or decrease	Resulting number of units	Provision per 1,000 of Population 75+ (11,100)	
Conventional sheltered housing for rent	1863	167.83	-1197	666	60	
Leasehold sheltered housing	47	4.23	+1285	1332	120	
Enhanced sheltered housing	For rent	35	3.15	+76	111	10
	For sale	0	0	+111	111	10
Extracare sheltered housing	For rent	69	6.21	+97	166	15
	for sale	0	0	+333	333	30
Housing based provision for dementia	0	0	+66	66	6	

## Section Summary

The stock of leasehold retirement housing within the borough of any kind is tiny and comes nowhere meeting potential demand. There is enormous scope for development to meet the needs of older people who are homeowners.

The most pressing priority, driven by demography, need, tenure, and policy imperatives is to increase the availability of all categories of specialised accommodation for older homeowners. The development proposed by Pegasus Life makes a significant contribution to meeting that priority.

## Annex One Explanation of terms used in this report

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

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

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

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

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

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

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

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

**Annex Two: Specialist Accommodation for Older People in the London Borough of Camden**

**Age exclusive housing to rent**

Name of scheme	Address	Manager	Number of units
<b>Endsleigh Gardens</b>	Bloomsbury, London WC1H 0EB	Community Housing Association Ltd	15 (F)
<b>Total</b>			<b>15</b>

**Sheltered housing to rent**

Name of scheme	Address	Manager	Number of units
<b>Akbar House</b>	4 Guildford Place, Bloomsbury, London, WC1N 1EA	Asra Housing Group	14 (F)
<b>Argenta House</b>	1 Aspern Grove, Haverstock Hill, London, NW3 2AF	London Borough of Camden	28 (F)
<b>Ashdown Crescent</b>	London, NW5 4QB	London Borough of Camden	40 (F)
<b>Ashton Court</b>	254-256 Camden Road, Camden Town, London, NW1 9HE.	Origin Housing	35 (F)
<b>Asian Men Project</b>	63 Warren Street, West End, London, W1T 5NZ	Circle 33	39 (F)
<b>Burrard &amp; Ingham Roads</b>	West Hampstead, London, NW6 1DE	Genesis Housing Association	26 (F)
<b>Cherry Tree Court</b>	91-93 Camden Road, Camden Town, London, NW1 9HX	Circle 33	23 (F)
<b>Cleve Road</b>	West Hampstead, London, NW6 3RR	Central and Cecil	36 (F)
<b>Clyde Court</b>	Hampden Close, London, NW1 1HL	London Borough of Camden	46 (F)
<b>Cressfield Close</b>	London, NW5 4BW	London Borough of Camden	24 (F)
<b>Denton Tower</b>	Malden Crescent, London, NW1 8BN	London Borough of	87 (F)

		Camden	
<b>Dudley Court</b>	36 Endell Street, London, WC2H 9RB	London Borough of Camden	23 (F)
<b>Foundling Court &amp; O'Donnell Court</b>	9 Foundling Court, Brunswick Centre, London, WC1N 1AN	London Borough of Camden	141 (F)
<b>Fraser Regnart Court</b>	Southampton Road, Gospel Oak, London, NW5 4HU	St Pancras Almshouses	41 (F)
<b>Greenwood</b>	Oseney Crescent, London, NW5 2BB	London Borough of Camden	67 (F)
<b>Greenwoods Almshouses</b>	Rousden Street, Marylebone, London, NW1 0SU	Harrison Housing	6 (F)
<b>Hampstead Road</b>	London, NW1 2PX	London Borough of Camden	19 (F)
<b>Henderson Court</b>	102 Fitzjohns Avenue, London, NW3 6NS	London Borough of Camden	69 (F)
<b>Highgate Road</b>	London, NW5 1TR	London Borough of Camden	26 (F)
<b>Jubilee House</b>	167-169 Grays Inn Road, Clerkenwell, London, WC1X 8UE	Circle 33	22 (F)
<b>Kingsgate Road</b>	London, NW6 4JY	London Borough of Camden	25 (F)
<b>Lauriston Lodge</b>	Barlow Road, London, NW6 2BH	London Borough of Camden	22 (F)
<b>Longford Street</b>	St Pancras, London NW1 3PE	Community Housing Association Ltd	34 (F)
<b>Lymington Road</b>	London, NW6 2BH	London Borough of Camden	31 (F)
<b>Makepeace Avenue</b>	London, N6 6HL	London Borough of Camden	24 (F)
<b>Millman Street</b>	London, WC1N 3EQ	London Borough of Camden	22 (F)
<b>Monica Shaw Court</b>	31 Purchase Street, London, NW1 1EY	London Borough of Camden	21 (F)
<b>Monro House</b>	116 Fitzjohns Avenue,	London Borough of	31 (F)

	London, NW3 6NU	Camden	
<b>Oldfield Estate</b>	54 Fitzroy Road, Primrose Hill, London, NW1 8UA	<u>Central and Cecil</u>	251 (F)
<b>Pennethorne House</b>	204 Albany Street, Regents Park, London, NW1 4AA	Origin Housing	33 (F)
<b>Philip House</b>	Mortimer Place, Kilburn, London, NW6 5PB	<u>Central and Cecil</u>	78 (F)
<b>Rackstraw House</b>	40 Primrose Hill Road, Hampstead, London, NW3 3AB	<u>Central and Cecil</u>	22 (F)
<b>Robert Morton House</b>	Alexandra Place, St Johns Wood, London, NW8 0DX	Origin Housing	45 (F)
<b>Rose Bush Court</b>	35-41 Parkhill Road, Hampstead, London, NW3 2YE	Origin Housing	57 (F)
<b>Sage Way</b>	Cubitt Street, London, WC1X 0PG	London Borough of Camden	31 (F)
<b>Shan House</b>	52-58 Millman Street, Bloomsbury, London, WC1N 3EE	Asra Housing Group	18 (F)
<b>Spencer House</b>	9-11 Belsize Park Gardens, Belsize Park, London, NW3 4JR.	<u>Circle 33</u>	19 (F)
<b>Spring Court</b>	1b Iverson Road, Kilburn, London, NW6 2QW.	<u>Riverside</u>	23 (F)
<b>Sycamore Court</b>	Bransdale Close, London, NW6 4QJ	London Borough of Camden	28 (F)
<b>Vivian Court</b>	128-134 Maida Vale, Maida Vale, London, W9 1PZ	<u>Central and Cecil</u>	156 (F)
<b>Waterhouse Close</b>	Lyndhurst Road, London, NW3 5PF.	London Borough of Camden	24 (F)
<b>Webheath</b>	Palmerston Road, London, NW6 2JU	London Borough of Camden	17 (F)
<b>Wells Court</b>	Oriel Place, London, NW3 1QN	London Borough of Camden	24 (F)

<b>Total</b>			<b>1848</b>
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**Enhanced Sheltered housing to rent**

Name of scheme	Address	Manager	Number of units
<b>Mora Burnet House</b>	37 Winchester Road, Swiss Cottage, London, NW3 3NJ	Origin Housing	35 (F)
<b>Total</b>			<b>35</b>

**Extra Care to rent**

Name of scheme	Address	Manager	Number of units
<b>Esther Randall Court</b>	2 Little Albany Street, Marylebone, London, NW1 4DY	One Housing Group Ltd	34 (F)
<b>Gospel Oak Court</b>	Maitland Park Road, Hampstead, London, NW3 2ET	Shaw healthcare	35 (F)
<b>Total</b>			<b>69</b>

**Age exclusive housing for sale**

Name of scheme	Address	Manager	Number of units
<b>Total</b>			<b>0</b>

**Sheltered housing for sale**

Name of scheme	Address	Manager	Number of units
<b>Davina House</b>	59a Fordwych Road, London, NW2 3PB	Genesis Housing Association	22 (F) Leasehold
<b>Osprey Court</b>	256-258a Finchley Road, London, NW3 7AA	Osprey Management	25 (F) Leasehold
<b>Total</b>			<b>47</b>

**Enhanced Sheltered housing for sale**

Name of scheme	Address	Manager	Number of units
<b>Total</b>			<b>0</b>

**Extra Care for sale**

Name of scheme	Address	Manager	Number of units
<b>Total</b>			<b>0</b>

**Registered care homes providing personal care**

Name of scheme	Address	Owner	Number of beds
<b>Branch Hill</b>	London NW3 7LS	London Borough of Camden	50
<b>Compton Lodge</b>	7 Harley Road, London NW3 3BX	Central and Cecil	34
<b>Rathmore House</b>	31 Eton Avenue, London NW3 3EL	Central and Cecil	20
<b>Spring Grove</b>	214 Finchley Road, London NW3 6DH.	Springdene Care Homes Group	46
<b>Wellesley Road</b>	London NW5 4PN	London Borough of Camden	48
<b>Total</b>			<b>198</b>

**Registered care homes providing nursing care**

Name of scheme	Address	Owner	Number of beds
<b>Maitland Park</b>	Maitland Park Road, Maitland Park Villas, Camden, London	Shaw healthcare	60
<b>St John's Wood Care Centre</b>	48 Boundary Road, London NW8 0HJ	Life Style Care plc	100
<b>Total</b>			<b>160</b>

**Annex Three: The author of this report:  
Nigel J W Appleton MA (Cantab)**

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

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

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

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

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

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

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

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

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



