

## Fitzjohn's Avenue, NW3

Prepared for the London Borough of Camden

Planning, Design and Access Statement (including Landscaping and Townscape, Heritage and Visual Impact Assessment)

A detailed planning application, submitted on behalf of PegasusLife to provide specialist living accommodation for older people

## Appendix 1

### Social Needs Report

PegasusLife



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

**Nigel Appleton**

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



# 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 regression 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 of 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 summ0ning 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	Central and Cecil	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	Central and Cecil	78 (F)
<b>Rackstraw House</b>	40 Primrose Hill Road, Hampstead, London, NW3 3AB	Central and Cecil	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.	Circle 33	19 (F)
<b>Spring Court</b>	1b Iverson Road, Kilburn, London, NW6 2QW.	Riverside	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	Central and Cecil	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.