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Proof of Evidence of Nick Ireland on Housing Need

Gondar Gardens, London, NW6 1QF

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Housing Need**
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1. SUMMARY

- 1.1 My name is Nick Ireland. I am a Director at consultancy Icen Projects and have over 10 years' consultancy experience in advising on housing needs issues. My evidence deals with the need for leasehold extra-care units and nursing home accommodation in Camden Borough and within a 4-mile radius of the application site. It considers the need for such accommodation taking account of demographics, the current and pipeline supply, and the extent to which current supply is fit-for-purpose.
- 1.2 Planning policies at a national, London and Camden level all recognise that the population of older persons is growing and that the housing needs of this group are diverse, but that there is a need to bring forward additional specialist older persons accommodation. The London Plan recognises the growing and changing requirements for housing older people in London as one of the most important emerging planning issues for the City.
- 1.3 My evidence shows that housing with care is an under-supplied market now and that the need is growing as the population is getting older and people are living longer. This is the case at the national level, across London and locally within Camden.
- 1.4 The scale of need at a national level is significant, with a potential need for 60,700 housing with care units per year across England. Set against the UK Government's ambition to deliver 300,000 homes per year, this would equate to around 20% of new homes. It is also a market segment which is imbalanced, with existing supply focused on affordable housing and a lack of leasehold properties available to buy.
- 1.5 In London there is also a clear need. But whilst the need is clear, the supply to meet this has not been coming forwards. The latest London-wide evidence base, prepared for the GLA, indicates that despite a growing older population, the stock of specialist older persons housing across London fell between 2015-17.
- 1.6 Moving forwards, the GLA's evidence identifies a need for 4,115 units of specialist older persons housing per annum across London (2019-29) and 105 units per annum in Camden. In addition, it identifies insufficient good quality care home accommodation now, and a quantitative need to bring forward an average of 867 care home bedspaces across London. These figures however under-count the true level of need, as they do not take into account the existing limited level of provision.
- 1.7 My evidence provides up-to-date and more detailed assessment of need for leasehold extra care accommodation and care home bedspaces.

- 1.8 Drawing on the GLA’s latest demographic projections and taking into account existing supply and the additional supply which will be delivered on development schemes with planning consent, my evidence identifies a current need in 2018 for 452 leasehold extra-care units in Camden Borough, and 2,253 units across a wider 4-mile catchment of the development site. Taking account of projected demographic changes, this can be expected to rise to 730 units in Camden by 2031, and 3,468 units across the wider Catchment Area.
- 1.9 My analysis shows that 67% of older persons households in Camden are owner-occupiers, with a substantial 44% of owner-occupiers aged over 75 in properties valued at over £700,000; with 4,700 households aged over 75 in the Borough living in homes valued at over £1 million. It is important that there is a choice of appropriate housing in the Borough for these households as they age and their needs change. Set against this however, there is no current provision of leasehold extra care housing in Camden at all – all existing extra care provision is within the affordable sector. There is just one scheme in the development pipeline, in Hampstead, which will deliver 60 leasehold units.
- 1.10 At the strategic level across London, the GLA’s evidence points to the demand and supply of extra care housing for rent being broadly in balance, but identifies a clear current need for extra care units for sale and shared ownership.
- 1.11 The evidence thus points not just to a need to deliver additional housing with care in Camden, but a need in particular to bring forward additional leasehold extra care housing which will both meet an identified need, and address a current tenure imbalance. The development scheme will deliver 82 leasehold extra care units, and would thus meet 10.7% of the need identified over the plan period to 2031.

Table 1.1 Conclusions on Quantitative Need

	Camden Borough	Catchment Area
Leasehold Extra Care Units		
Net Current Need	452	2,253
Net Need to 2031	730	3,468
Market Standard Care Home Bedspaces		
Net Current Need	367	862
Net Need to 2031	771	2,713

- 1.12 In addition to the need for extra care housing, my analysis shows a current shortfall of up to 367 market standard nursing/care home bedspaces in Camden, and a shortfall of 862 across a wider 4-mile catchment area. Given demographic changes, these figures are also expected to grow – Camden’s need increasing to 771 bedspaces by 2031. It is important however to recognise some interaction between extra care and nursing/care home provision, and provision of suitable extra care

space may help to avoid people having to move into a nursing/care home setting. On this basis, the assessed needs for extra care units should be regarded as minimum figures, and the figures for care home bedspaces should be considered maxima.

- 1.13 In considering the need for different sizes of leasehold extra care properties, I find that the mix of units proposed in the development is consistent with that in Table 1 in the Local Plan which identified provision of two- and three-bedroom units as a 'high priority'. My analysis shows that many older homeowners (75%) have more bedrooms than they would necessarily need, and the ability for relatives or friends to come and stay is an important consideration for many older households when making decisions about moving to new properties. For a scheme of market housing, where the development must appeal to what leaseholders want, the mix of different sizes of extra care units I find to be entirely appropriate.
- 1.14 I find that the development scheme will have a range of benefits beyond just providing accommodation. Research has shown that housing with care schemes have a range of wider benefits, including providing residents with a higher quality of life, and reducing loneliness and social isolation. They can have positive benefits in supporting healthy living and reducing costs to the NHS, including in avoiding bed-blocking within hospitals. They are designed to cater for older persons' changing needs over time and allow people to remain independent for longer based on ageing in place.

2. INTRODUCTION

My Qualifications and Experience

- 2.1 My name is Nick Ireland. I am employed as a Director in the Strategic Planning Team at consultancy Icen Projects.
- 2.2 I have been instructed by LifeCare Residences (“the appellant”) to provide evidence at this appeal in respect of the objectively assessed need for specialist accommodation for older persons, specifically leasehold extra care and nursing home bedspaces.
- 2.3 I hold a BA (Hons) degree in Geography from Durham University and a Masters in Town Planning (MTPI) from Manchester University. I have been a member of the Royal Town Planning Institute since 2005. I have 15 years’ experience in planning, development and regeneration consultancy.
- 2.4 I joined Icen Projects in July 2018, having worked previously at GL Hearn in its Planning and Development Team (2008-18) where I led its Economic Consulting Team. Prior to this I was employed in the Planning, Development and Regeneration Team at GVA Grimley, in Manchester between 2003-06 and in London from 2006-08.
- 2.5 I specialise in providing consultancy advice on strategic and spatial planning issues, particularly in regard to housing and employment development. I have advised over 80 local authorities in England on considering housing needs since 2010, including through the preparation of Strategic Housing Market Assessments (SHMAs) which consider the overall need for housing, and the housing needs of different groups within the population which includes the needs of older persons.
- 2.6 I advise local authorities, developers and landowners on housing needs and issues related to housing land supply, and have provided evidence at both local plan examinations and a range of planning appeals on these issues.
- 2.7 The evidence which I have prepared and provide for this Inquiry (APP/X5210/W/18/3198746) is true and has been prepared and is given in accordance with the guidance of the Royal Town Planning Institute and I confirm that the opinions expressed are my true and professional opinions.

Overview of the Proposed Scheme

- 2.8 The proposed development scheme would deliver a retirement village which included 82 extra care apartments, a 15 bed nursing home and associated communal facilities and services. The description of the proposed scheme is as follows:

‘Partial demolition of the existing reservoir, including the roof and most of the internal structure, and the erection of six 4-6 storey buildings and four 2-3 storey link buildings with common basement levels within the retaining walls of the existing reservoir to include 82 self-contained extra care apartments (class C2); a 15 bedroom nursing home (Class C2); Associated communal facilities

including reception area, guest suite, lounge, restaurant, café, bar, library, exercise pool, gym, therapy rooms and cinema; Associated support facilities including staff offices, welfare and training spaces, storage, laundry, kitchen, cycle storage, car parking and plant areas and; a site-wide biodiversity-led landscaping and planting scheme including external amenity space, drop off area, retention pond and slope stabilization and associated engineering works.

- 2.9 The provision of a range of facilities on-site, activities and opportunities for social interaction together with the potential for domiciliary care to be provided within apartments is integral to the concept.

Context to My Evidence

National Planning Policy Framework

- 2.10 Para 59 in the 2018 National Planning Policy Framework (“the Framework” or “NPPF”, CD1A) states:

“To support the Government’s objective of significantly boosting the supply of homes, it is important that a sufficient amount and variety of land can come forward where it is needed, that the needs of groups with specific housing requirements are addressed and that land with permission is developed without unnecessary delay” (my emphasis).

- 2.11 Para 61 sets out that *“the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies (including, but not limited to, those who require affordable housing, families with children, older people, students, people with disabilities, service families, travellers, people who rent their homes and people wishing to commission or build their own homes)” (my emphasis).*

- 2.12 “Older people” are defined in the Framework’s glossary as *“people over or approaching retirement age, including the active, newly-retired through to the very frail elderly; and whose housing needs can encompass accessible, adaptable general needs housing through to the full range of retirement and specialist housing for those with support or care needs.”* The Framework thus clearly recognises that older persons’ housing needs are diverse, but include the need for retirement housing and specialist housing with care.

- 2.13 Para 212 states that the policies in this Framework are material considerations which should be taken into account in dealing with applications from the day of its publication.

Scope of My Evidence

- 2.14 My evidence deals with the need for leasehold extra-care units and nursing home accommodation in Camden Borough and within a 4 mile radius of the application site. It considers the need for such accommodation taking account of demographics, and compares this to the current and pipeline supply, assessing the extent to which current supply is fit-for-purpose.

2.15 Mr Nick Fell considers viability issues. Mr David Phillips deals with the use class within which proposed accommodation falls, whether affordable housing should be required, and the planning balance.

2.16 The remainder of my evidence is structured as follows:

- Section 3: the retirement living market;
- Section 4: the development plan and associated evidence;
- Section 5: needs assessment; and
- Section 6: what the development will offer.

3. THE RETIREMENT LIVING MARKET

Housing for Older People

- 3.1 As the NPPF Glossary definition of “older people” states, the housing needs of older people vary and range from accessible, adaptable general needs housing through to the full range of retirement and specialist housing for those with support or care needs.
- 3.2 There is a spectrum of different types of specialist housing for older persons. These are shown in Figure 3.1 overleaf. Drawing on what is set out in the 2012 Housing our Ageing Population Report,¹ housing for older persons can be divided into three categories:
- **Mainstream housing** – which is not designated for a specialist group. This includes general needs housing, including accessible and adaptable dwellings (as defined in Requirement M4(2) in the Building Regulations) and wheelchair-user dwellings (as defined in Requirement M4(3) therein).
 - **Specialist retirement housing** – which is housing specifically designed for older people with access to care and support. This includes sheltered/ retirement housing, assisted living, extra care housing and retirement villages.
 - **Residential care or care home accommodation** – which is institutional accommodation (a suite of bedrooms) with care services and facilities. It includes residential homes and nursing homes.
- 3.3 There are a range of different forms of specialist retirement housing which can reflect both the varying needs of older persons and commercial considerations.
- 3.4 **Sheltered housing schemes and over 55 developments** are similar to general housing, but are age-restricted, typically for those aged 55 or over. They offer independent self-contained homes, with households having their own front door, which can include properties to buy or rent. Properties can include specific design features, such as raised electric sockets, lowered worktops, and walk-in showers. Some may be designed to accommodate wheelchair users or mobility scooters. There is usually also an emergency alarm service or other telecare infrastructure.²

¹ HCA, CLG & Department of Health (2012) *Housing our Ageing Population – Panel for Innovation*

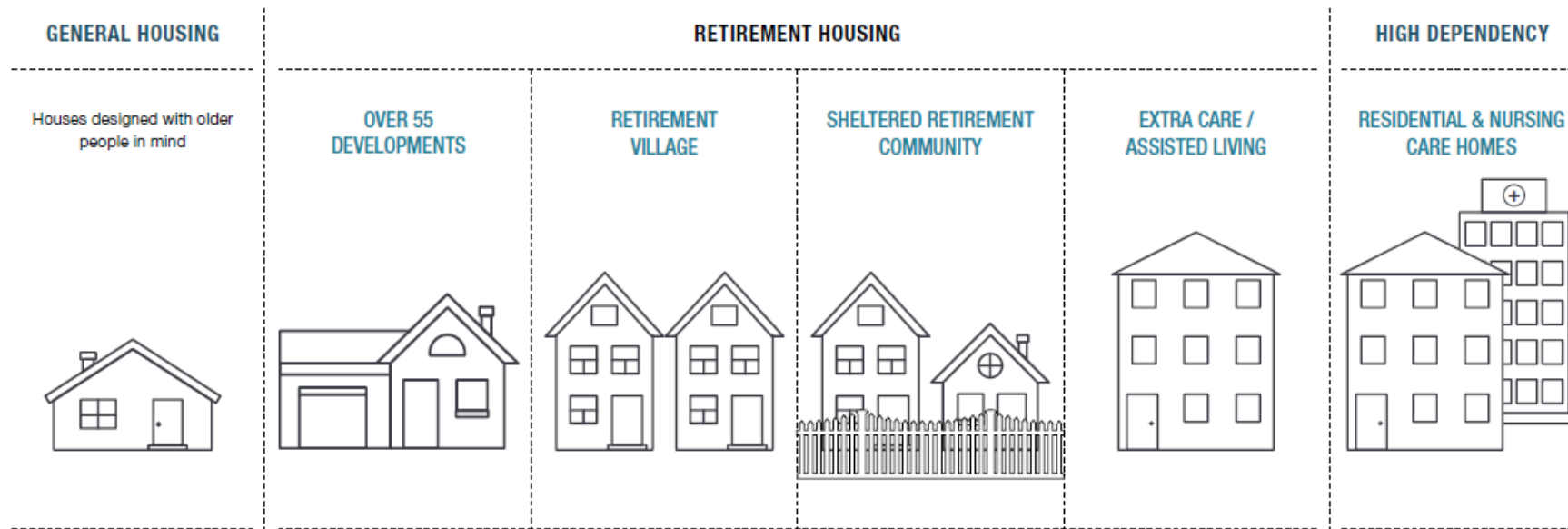
² Telecare is technological infrastructure that helps a person live safely and independently, such as a personal trigger, fall detector or smoke alarm.

- 3.5 Some schemes have a 'manager' or 'warden', either living on-site or nearby, whose job is to manage the scheme and help arrange any services residents need. Managed schemes may also have some shared or communal facilities such as a lounge for residents to meet, a laundry, a guest flat and a garden. On other schemes, staffing can be limited, typically focused on the maintenance of communal areas or grounds.
- 3.6 **Extra care housing** is housing with care primarily for older people where occupants have specific tenure rights to occupy self-contained dwellings and where they have agreements that cover the provision of care and support, and domestic, social, community and/or other services. Residents may not be obliged to obtain their care services from a specific provider, though other services (such as domestic services, costs for communal areas and in some cases meals) might be built in to charges the residents pay. Extra care units can be available on either a leasehold or rented basis.
- 3.7 The Housing Learning and Improvement Network (Housing LIN), a knowledge hub on specialist housing issues which is recognised by Government and the housing with care sector, has identified a core set of ingredients that are part of extra care housing. Schemes are typically purpose-built, accessible buildings that promote independent living and support people in place as they age; contain self-contained properties where occupants have their own front doors; some communal spaces and facilities; office/staff space; access to domiciliary care³ and support services 24 hours a day; community alarms and other assisted technology; with safety and security often built into the design of the scheme.⁴
- 3.8 **Retirement villages and communities** are typically larger schemes, with 100 or more units, which can offer a variety of housing types, and an extended range of facilities for older people in an attractive setting. They typically accommodate residents with varying support and care needs, and are designed so that the level of care/support provided can change over time, as people's needs change. Social, sport/leisure and retail facilities may also be provided on site, as these can be supported by the greater scale of the scheme. Schemes offer a range of housing options and opportunities for social interaction and activities. The application scheme falls into this category by virtue of its size and offer, which includes both extra care units and nursing home bedspaces.

³ Domiciliary Care is care provided in an individual's home, normally of a personal nature such help with dressing, washing or toileting. It can be arranged by Social Services following an assessment of need, or can be arranged privately by the individual themselves, or someone acting for them.

⁴ Housing LIN Factsheet 1: Extra care housing – What is it in 2015?

Figure 3.1: Types of Housing for Older People



Source: Knight Frank, UK Healthcare Property Market 2018

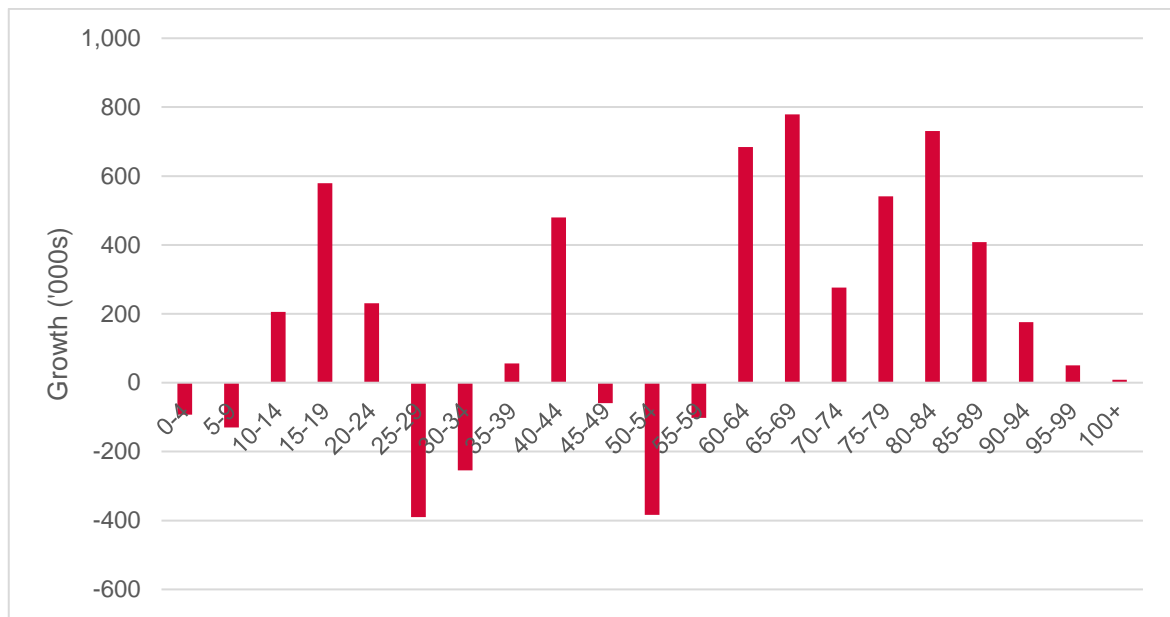
- 3.9 **Care and nursing homes** are places where personal care⁵ and accommodation are provided together. Both the care that people receive and the premises are regulated by the Care Quality Commission (CQC). Residents typically have a room, usually single rooms, and access to on-site care services 24 hours a day. A care home setting is appropriate for people that have higher levels of support needs.
- 3.10 The needs assessment, prepared by Carterwood and submitted alongside the planning application (CD2.49, p6), has described how the application scheme sits within the spectrum of accommodation options for older persons. The proposed 15-bed care home will be capable of providing care to residences of all dependency levels, but in particular those with a higher level of care needs. The 82 leasehold extra care units will cater for older people with lower dependency needs, within an environment that allows people with care needs to maintain their independence for as long as possible.

The Main Factor Determining Demand: Demographics

- 3.11 Put simply, there is a rising need for retirement housing and care as the population is getting older, and people are living longer.
- 3.12 The latest 2016-based national population projections, released by the Office for National Statistics (ONS), indicate that England's population is expected to grow by 3.8 million over the period 2018-2031. The majority of this population growth is expected to be of people aged over 60: the population aged over 60 is expected to increase by 3.7 million (28% growth). A very substantial 41% growth expected in those aged over 75 (compared to 7% growth in the population as a whole). What this represents in absolute terms is an increase in the population of England aged over 60 of 3.7 million over the next 13 years, and an increase of 1.9 million in those aged over 75.

⁵ Personal Care includes: assistance with dressing, feeding, washing and toileting, as well as advice, encouragement and emotional and psychological support. The Department of Work and Pensions (DWP) defines this as attention required in connection with bodily functions

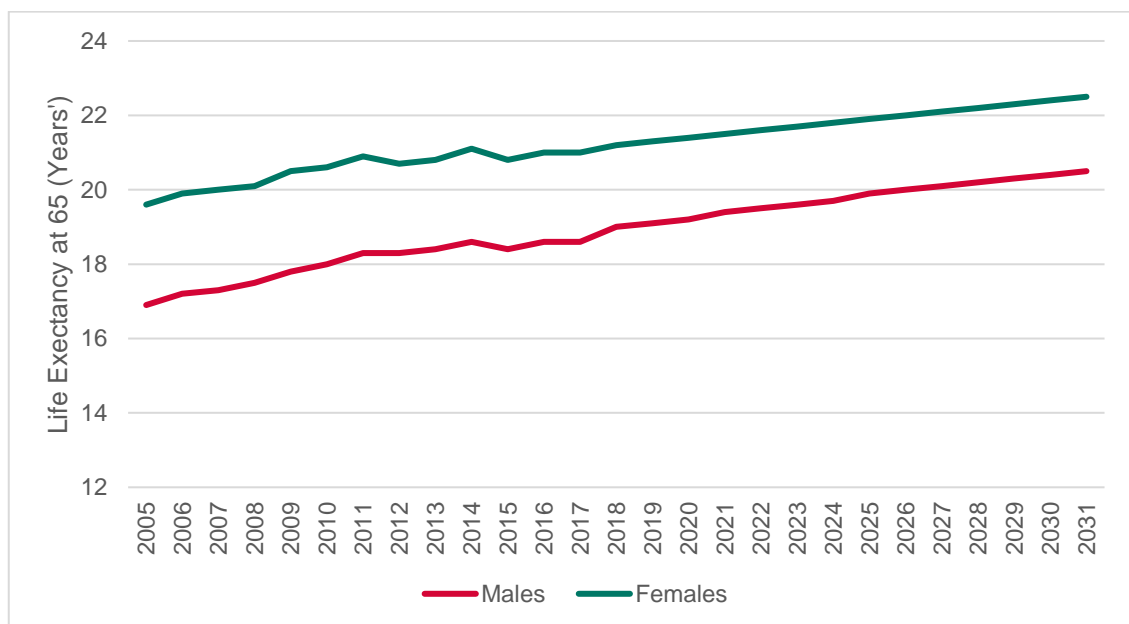
Figure 3.2: Projected Population Growth across England, 2018-31



Source: ONS 2016-based National Population Projection

3.13 What underlies this strong growth is a combination of a number of larger age cohorts (including post-war baby boomers) moving into older age groups together with improvements in life expectancy. As Figure 3.3 below shows, whilst a male who was 65 in 2005 might have expected on average to live for a further 17 years, this has risen to 19 years for someone aged 65 now and is expected to increase further to 20.5 years for a man aged 65 in 2031. Female life expectancy is growing as well, with ONS expecting showing some convergence of life expectancy between men and women.

Figure 3.3: Life Expectancy of Someone aged 65, England



Source: ONS 2016-based National Population Projection

3.14 Yet whilst people are living longer, the number of older people who need some form of care or support is substantial. The 2011 Census indicated that 53% of those aged over 65 across England have a limiting long-term illness or disability.

A Substantial Under-Supply of Housing with Care

3.15 Housing with care is an established market and property sector in many countries which have similar demographic characteristics to England. It is however an under-supplied market in the UK.

3.16 Jones Lang LaSalle (“JLL”), the international real estate company, publishes research on Retirement Living. Their 2017 *Housing with Care Index* research (Appendix 1) has assessed the market for housing with care in the UK, including looking at demand drivers and market penetration compared to that in other countries internationally with similar demographic characteristics. This includes an analysis of market ‘penetration rates’⁶ which assess the number of housing with care units relative to the population aged over 65. It shows that in the USA for instance, 6.1% of the total population aged over 65 are living in housing with care properties. Amongst over 75s, the UK penetration rate is 1.6% compared to 12.4% in New Zealand. This lower penetration rate in the UK exists in a context in which the UK has a higher proportion of its population aged over 65, suggesting that there is not only a greater need for further development in this area, but potentially higher demand. Housing with care is therefore an under-supplied market in the UK now, without even allowing for demographic growth.

Table 3.1 JLL Analysis of Comparable Retirement Living Markets, 2015

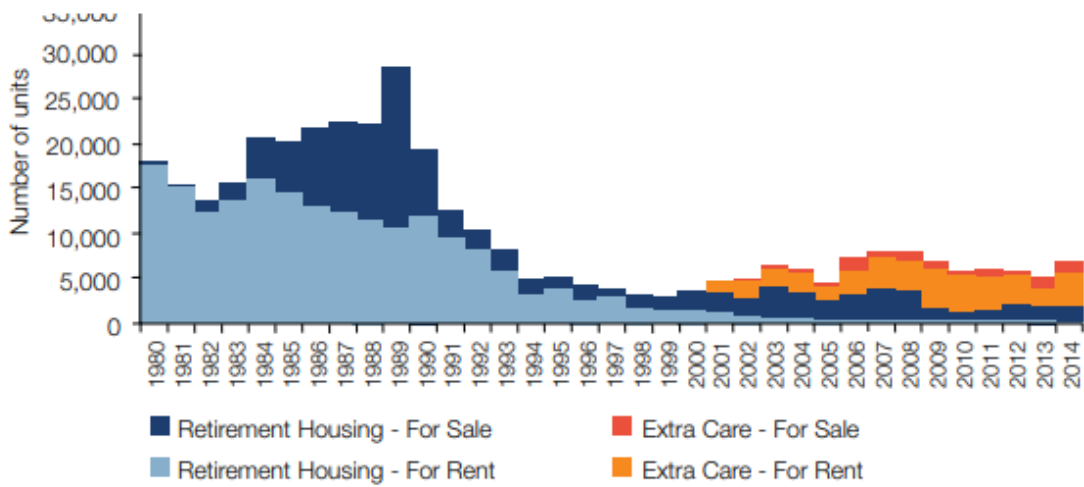
	USA	Australia	New Zealand	UK
Over 65 Population, 2015	47.6 million	3.4 million	0.7 million	11.9 million
Over 65 as % of Total Population, 2015	14.8%	14.2%	14.4%	17.9%
Housing with Care Units	2,950,000	184,000	28,200	66,700
Penetration Rate	6.1%	5.4%	5.2%	0.7%

Source: JLL Healthcare Research: Housing with Care Index, 2017 / Beach, B. (Jan 2018) Stronger Foundations – International lessons for the Housing-with-Care Sector in the UK

3.17 Historic trends in the UK retirement housing sector demonstrate that this is a market which as persistently been under-supplied. Despite a growing older population, construction of new housing for older people peaked in 1989 at 30,000 units but has subsequently fallen dramatically averaging around 7,000 units a year in recent years. There has also been a shift from provision of sheltered housing towards extra-care housing.

⁶ Penetration rates are used to describe the percentage of a target group which is reached by a product.

Figure 3.4: Delivery of Specialist Retirement Housing, UK



Source: Elderly Accommodation Council

3.18 Many older households are owner occupiers. Data from the English Housing Survey 2016-17 indicates that of households across England where the head of the household (the “household reference person”) is aged over 65, 73% own the home outright with a further 5% having a mortgage, giving a total home ownership rate of 78%. This compares with 63% for all households.

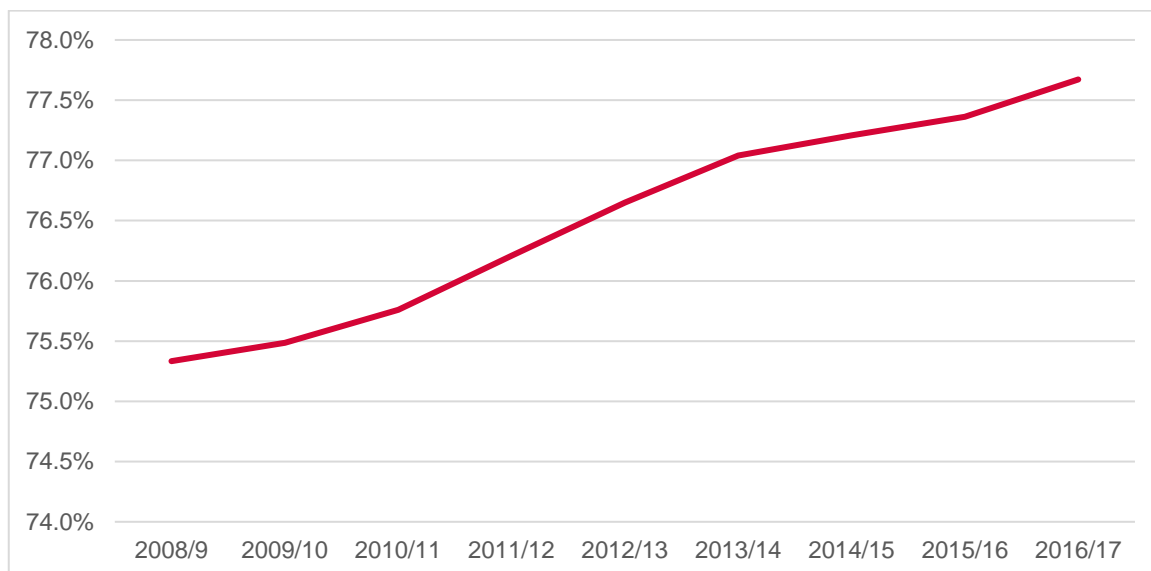
Figure 3.5: Tenure Profile of Households, England



Source: English Housing Survey 2016/17

3.19 The proportion of those aged over 65 who are home owners across England has also been steadily growing, as Figure 3.6 shows.

Figure 3.6: % Households over 65 who are Owner Occupiers, England



Source: English Housing Survey 2016/17

3.20 These high rates of home ownership enable many older households to pay for retirement housing and housing with care. Sustained house price growth and low interest rates have boosted housing equity levels. JLL Research⁷ shows that 27% of households over 65s have more than £320,000 of housing equity with a further 32% having more than £200,000; whilst for those aged 55-64, 56% already have more than £200,000 in equity. Housing equity is a key component of overall wealth. JLL found that the number of over 65's in households with wealth of over £1million has risen from 636,000 in 2006 to 1.7 million in 2016. Households can release equity by moving to housing with care, and this is an important means for many in funding lifestyle and care requirements.

3.21 JLL's research *Retirement Living: Where is the Opportunity*⁸ (Appendix 2) has assessed the profile of housing with care units⁹ built over the 2000-15 period across the UK and compared this to the need profile. They profile the affluence of those over 65, identifying that 25% of the population are of high affluence but just 9% of the supply of housing with care units caters for this market. In contrast, whilst 75% of housing with care units are affordable housing, the need profile for this is just 25% of the population (see Figure 3.7). The data shows that the proportion of Housing with Care units

⁷ JLL (2017) *Retirement Living – JLL Housing with Care Index* (Appendix 1)

⁸ JLL (2017) *Retirement Living – Where is the Opportunity?* (Appendix 2)

⁹ Housing with care is defined by JLL as including extra care, assisted living, very sheltered or closed care housing. It often includes personal and domestic support, a dining service, communal facilities and 24 hour on site staff.

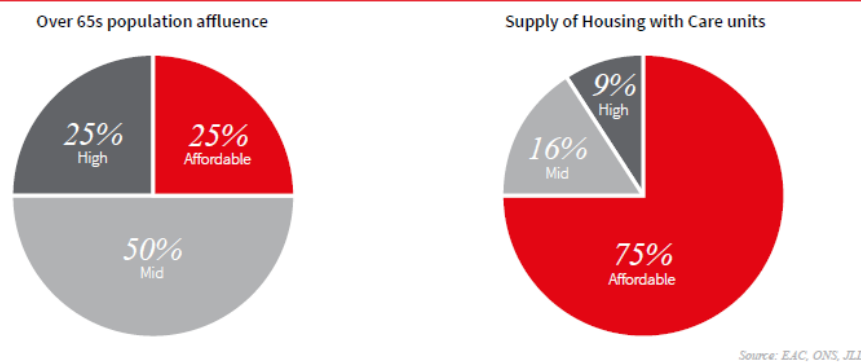
available to mid and high affluent households (c.1:500) is roughly one tenth of that currently available (per capita) for the lowest affluent households (c.1:50).

3.22 JLL concludes on this basis that the market is severely imbalanced when it comes to the tenure profile of housing with care. They state:

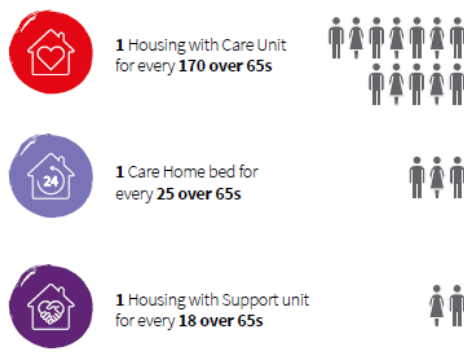
“JLL have identified that there is currently a chronic imbalance between the supply of Housing with Care units in the UK, and wealthier older people who fall outside of state funded support. Utilising the latest ONS wealth report, JLL calculate that 75% of over 65s fall into the mid to high end of the wealth spectrum (i.e. they have more than £150,000 in wealth). If we compare this to current supply of Housing with Care, we can see that 75% of supply is aimed at the affordable sector, with only 25% catering for the mid to high end market.”¹⁰

Figure 3.7: Supply Imbalance in the Housing with Care Sector

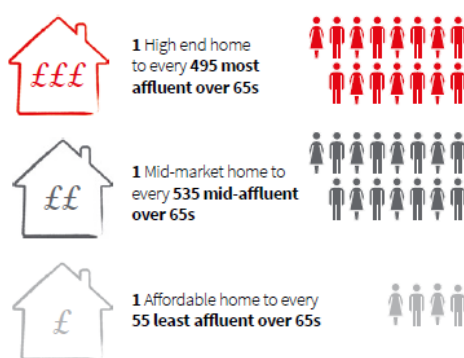
10. Affluence vs Supply



11. Proportion of over 65s population to existing accommodation



12. Proportion of Housing with Care accommodation split



Source: JLL, ONS, EAC and carehome.co.uk

Source: Jones Lang LaSalle (2017) Retirement Living – Where is the Opportunity?

¹⁰ JLL (2017) Retirement Living – JLL Housing with Care Index (Appendix 1)

- 3.23 There is therefore an evident need for additional housing with care. This is particularly the case for market housing provision and for the mid to high end markets which will be fuelled by increasing housing wealth.
- 3.24 In addition JLL forecast approximately 190,000 additional Housing with Care units will be required by 2025 to keep up with the rising older population. They identify that the majority of these will need to target those in the mid to high end areas of the market to match the future wealth profile of the demographic.
- 3.25 Benchmarking the supply per capita for Housing with Care against the more developed Housing with Support segment of the market (which includes age-restricted and independent living housing), JLL forecast a potential unmet need of 725,000 units in the UK by 2025. On the basis that 84% of the UK's population aged over 65 is in England¹¹, I calculate that the need across England would equate to around 60,700 units per annum. Set against the UK Government's ambition to deliver 300,000 homes per year in England, this would notionally equate to around 20% of all new homes.

The Benefits of Housing with Care

- 3.26 There are a range of benefits associated with housing with care. Research by Dr Brian Beech for ARCO, the Associated Retirement Community Operators,¹² has identified a range of benefits associated with housing with care, which I have replicated below:
- *Minimal costs to the public purse:* releasing current housing equity will cover a vast portion of the costs associated with increasing the supply of housing-with-care for ownership.
 - *Better health and wellbeing:* Residents in housing with care experience higher quality of life and lower levels of loneliness and social isolation.
 - *Reduced cost to the NHS and more efficient use of hospital beds:* Average savings equal almost £1115 per person per year.
 - *Lower costs and need for local authority social care:* Costs are reduced by 18% and 26% per person per year for providing low- and high-level care respectively.
 - *Options for those wishing to downsize:* Delivery of housing-with-care has a knock-on-effect of releasing more family homes onto the market for others.

¹¹ Based on ONS 2017 Mid-Year Population Estimates.

¹² Beach, B. (Jan 2018) *Stronger Foundations – International Lessons for the Housing-with-Care Sector in the UK*

- *Jobs and growth:* In addition to supporting construction sector jobs during development, there is (on average) around 1 permanent job created for every 4 units built.
- *Community impact and families:* Communal and commercial areas available which can benefit residents, friends/family and in some instances the wider local community.
- *Higher quality and more efficient care:* Travel costs for care workers are significantly reduced, and closer ties among staff and residents can contribute to more stability and satisfaction amongst the workforce.

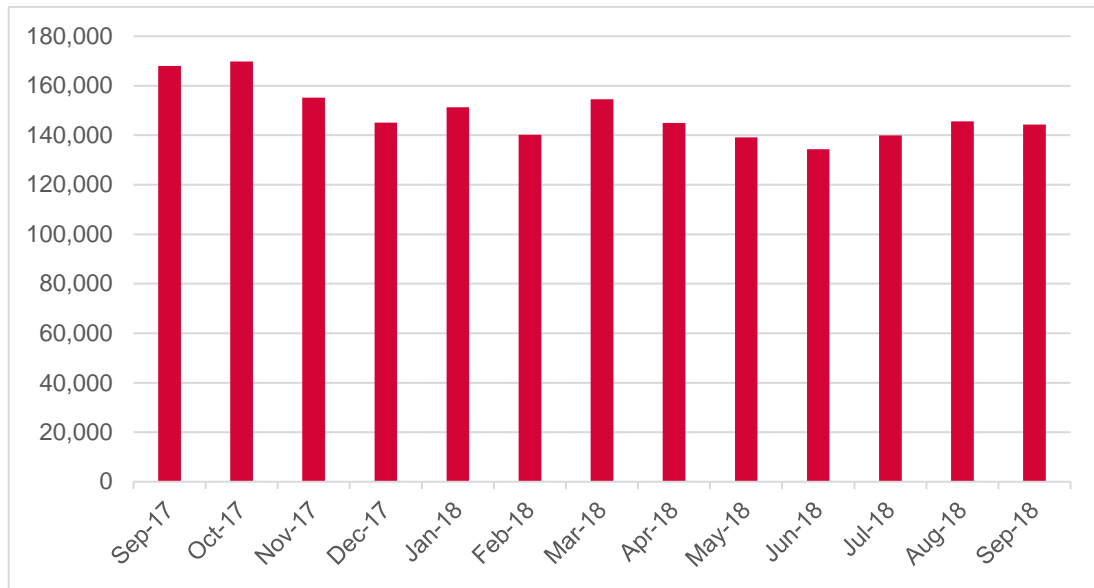
3.27 The delivery of suitable purpose-built housing-with-care accommodation thus has a range of benefits for residents, society and the operation of the housing market.

3.28 For the housing market, it can see people move to purpose-built accommodation which is more suited to their needs, and in many cases cheaper to run, often releasing existing family homes which can be occupied by other households. This is important given that the supply of new-build family-sized housing in London is relatively modest: data from the Greater London Authority (GLA) indicates that the proportion of family-sized housing (defined by the GLA as having 3 bedrooms or more) has consistently fallen below 25% of gross housing completions.¹³ Releasing family-homes for other households will help to support fluidity in the housing market.

3.29 There are also benefits for the NHS. On-site healthcare support in housing-with-care schemes can reduce pressure on local GPs. Housing-with-care will also allow hospitals to discharge patients in a range of circumstances, and can therefore help to avoid ‘bed-blocking.’ Bed-blocking is a very significant issue with NHS data from the last year showing that across England beds are blocked for an average of 147,000 days per month (Figure 3.8).

¹³ GLA (2018) *Housing in London 2018*, p49.

Figure 3.8: Transfer of Care – Delayed Days per Month (Bed-Blocking), England



Source: NHS England, Delayed Transfer of Care Statistics

- 3.30 Of this, the NHS data shows that there are 38,000 days per month when beds are blocked and patients are awaiting a nursing or care home placement, and a further 35,000 days where a patient is awaiting a care package or adaptations to their own home. Clearly, provision of housing-with-care provides a means of reducing these figures. The development scheme will also allow residents to move between apartments and the nursing accommodation as necessary, including on a temporary basis, with both benefits for residents in terms of quality of life, and in freeing up bedspaces in hospitals.
- 3.31 Benefits also arise for residents, who are able to live in a safe and secure environment, where support is available as and when they need it; and where there are a range of facilities and activities on site which support social interaction and can help avoid loneliness.

4. THE DEVELOPMENT PLAN AND ASSOCIATED EVIDENCE

- 4.1 The development plan includes the London Plan, Camden's Local Plan and the Fortune Green and West Hampstead Neighbourhood Plan. In this section, I review relevant policies and the associated evidence base.

London Plan

- 4.2 Policy 3.8: Housing Choice within the London Plan (CD3.3) sets out in (A) that Londoners should have a genuine choice of homes that they can afford and which meet their requirements for different sizes and types of dwellings in the highest quality environments. In (B) it states that Boroughs should work with the Mayor and local communities to identify the range of needs likely to arise within their areas and ensure a number of criteria are met. This includes provision of a mix of housing size and types, and under (e) it states that account should be taken of the changing age structure of London's population and, in particular, the varied needs of older Londoners, including for supported and affordable provision.
- 4.3 Relevant supporting text is included in the Plan in paragraphs 3.44 – 3.51. This recognises that specialist needs will arise from London's growing older population, and indeed identifies the growing and changing requirements for housing older people in London as one of the most important emerging planning issues for London (para. 3.50). Paragraphs 3.50B and 3.50C are particularly relevant:

“Research suggests that the choices (see Glossary) open to older Londoners to move into local specialist housing may have been constrained through inadequate supply. Extending these choices through a higher level of specialist provision will in turn free up larger homes for family occupation. Over the period 2015 – 2025 older Londoners may require 3,600 – 4,200 new specialist units per annum. At the midpoint of this range, these might be broken down broadly into 2,600 private units pa, 1,000 in shared ownership and some 300 new affordable units. There may also be a requirement for 400 - 500 new bedspaces pa in care homes.¹⁴ The draft London Housing Strategy sets out proposals for investment and partnership working to support this provision.

Boroughs should demonstrate in their LDFs and other relevant strategies and plans how they have identified and addressed the local expression of these strategic needs including

¹⁴ Cambridge Centre for Housing & Planning Research, Three Dragons, Land Use Consultants. The role of the planning system in delivering housing choice for older Londoners. Report for the GLA, GLA, 2012. Update GLA 2013

through targets and performance indicators. These should be informed by the indicative requirement benchmarks set out in Annex A5: Specialist housing for older people. Boroughs should work proactively with providers of specialist accommodation for older people to identify and bring forward appropriate sites, taking particular account of potential capacity anticipated from housing led, high density, mixed use redevelopment of town centres (see Policy 2.15). Both should work with registered providers and other relevant partners to support the provision of additional ‘intermediate’ models of housing. In order to widen the choice of residential environments for older people, boroughs should also encourage ‘mainstream’ housing developers to extend their product range to meet specialist needs. More generally, it is important that viability assessments take into account the distinct economics of specialist housing and care home provision.”

- 4.4 Annex A5 (Appendix 3 to my evidence), as referred to above, sets a specific benchmark for Camden to provide 100 additional units per annum of specialist older persons housing between 2015-25, based on an estimated potential demand from 2.5% of households age 65-74 and 15% of households aged 75 and over.

Table 4.1 London Plan Indicative Annualised Strategic Benchmarks for Specialist Housing for Older people, 2015-25

	Private Sale	Intermediate Rent	Affordable Rent	Total
Camden	65	20	15	100
London	2620	955	325	3900

Source: London Plan Annex A5

- 4.5 In addition to this need for specialist older persons housing, the London Plan refers to a potential strategic need across London for 400 – 500 additional care home places per year as identified above.

Camden’s Local Plan

- 4.6 Policy H1 of the Camden Local Plan (CD3.6) sets out a minimum housing requirement for 16,800 additional homes from 2016/17 – 2030/31. This was derived from the Borough’s 2016 Strategic Housing Market Assessment (Appendix 4 to my evidence).¹⁵
- 4.7 Policy H8 addresses housing for older people (as well as homeless and vulnerable people). This states that the Council will aim to ensure a sufficient supply of appropriate housing available for older people. It sets out that it will support development of a variety of housing aimed at meeting these specific needs, provided that the development:

¹⁵ Local Plan Para 3.8

- a. is needed to meet a demonstrable need within the borough and will be targeted at borough residents;
 - b. will be suitable for the intended occupiers in terms of the standard of facilities, the level of independence, and the provision of support and/or care;
 - c. will be accessible to public transport, shops, services, community facilities and social networks appropriate to the needs of the intended occupiers;
 - d. contributes to creating a mixed, inclusive and sustainable community; and
 - e. does not cause harm to residential amenity.
- 4.8 The policy goes on to state that the Council may seek affordable housing for older people in schemes of 25 or more additional homes.
- 4.9 The supporting text to the policy (at para. 3.208) states that the Council aims to enable people to live in their own homes or to live as independently as possible in more suitable homes; and to provide greater opportunities for older people to live in suitable accommodation within Camden (rather than out-of-borough). It states that development for supported living will assist in this.
- 4.10 Para 3.210 states that the number of people in the Borough aged 75+ is expected to increase by some 5,000 over the plan period. The text then refers to the indicative benchmark set for Camden by the London Plan to provide 100 additional homes per year specifically for older people, and that this figure is supported by the Council's own modelling, which further indicates that two-thirds of these additional homes should be to buy or lease (para. 3.215).
- 4.11 The text explains that extra care is an effective way to facilitate people maintaining independence whilst ensuring their care and support needs are met (para. 3.216). Moreover, "*further needs for affordable housing for older people will be met primarily through redeveloping or reconfiguring the existing sheltered housing stock*" (para. 3.218). There is a growing market for leasehold housing designated for older people, although the supply in Camden is "*very limited at present*" (para. 3.220). This paragraph recognises that the resources which older people have to access such accommodation vary considerably. The Council recognises that older people can benefit from homes that are designed to foster independence whilst accommodating increasing support needs (para. 3.221). However, the text continues:

"[...] the Care Act 2014 is underpinned by a principle of sustaining people in their own homes for as long as possible. Furthermore, a cap on personal contributions to residential care is due to be introduced under the Act, and this means any development that attracts additional care users into the borough could have a significant impact on Council resources. The Council will therefore support new development of housing for older people provided that it meets a demonstrable need to provide for existing borough residents and is targeted towards meeting that need. In accordance with Policy H1 and supporting paragraphs, we will seek to

ensure that homes are marketed and available for sale in Camden for at least two months before they are marketed more widely.”

Fortune Green and West Hampstead Neighbourhood Plan

4.12 The Neighbourhood Plan (CD3.8) was adopted in 2015. Objective 1 sets out that housing development in Fortune Green and West Hampstead will provide a range of housing and housing types, including social and affordable housing, as well as housing suitable for families, older people and young people.

4.13 Policy H1: Housing sets out that residential development shall provide a range of housing types, to meet a range of needs, as appropriate, related to the scale of the development. It sets out a number of ways in which this will be achieved, including “the appropriate provision of homes for the elderly and disabled, which promote accessibility”. The supporting text in Para A6 states that:

“As the population ages - both in the UK and in the NDP area - greater thought and consideration needs to be given to elderly residents. Accessible homes designed for older people will need to be incorporated into some new developments, to enable older residents to stay in the area and to downsize. Provision should also be made for additional sheltered housing in appropriate locations. Developers should engage with relevant user groups at an early stage in order to ensure that the specific needs of elderly and disabled people are taken into account; and should be encouraged to extend their product range to meet these needs.”

4.14 Within this there is a clear recognition of the need to consider the housing needs of a growing older population within the neighbourhood, and of the need to deliver specialist accommodation to meet the needs of elderly residents.

Draft London Plan Evidence Base

4.15 The evidence base supporting the emerging London Plan provides up-to-date evidence on the housing needs of older people. This has been assessed in a report prepared by consultancy Three Dragons for the GLA, entitled *Assessing Future Potential Demand for Older Persons Housing, Care Homes and Dementia Housing in London*.¹⁶

¹⁶ Three Dragons (Nov 2017) *Assessing Future Potential Demand for Older Persons Housing, Care Homes and Dementia Housing in London* (Appendix 5)

- 4.16 This report found that the stock of specialist older persons housing in London was 56,418 units in 2017 but had fallen by just over 600 units between 2015-17.
- 4.17 It forecast future needs using the GLA's 2015 based interim household projections. Using the Retirement Housing Group Model, it assumed that 15% of older persons households aged 75 and over would live in specialist housing if it was available, together with 2.5% of households aged 65-74. It assumed the tenure profile of demand was the same as for older households in 2011.
- 4.18 It found that between 2019-2029 the number of older persons households (65+) will have increased by 37%, "*with households aged 75 and move (who are most likely to require specialist retirement housing) increasing by 42% (to over 500,000)*" (para 1.5).
- 4.19 It found that in 2017 demand and supply for extra care housing for rent are broadly in balance, but there is a need for extra care housing for sale and shared ownership. It found a very limited current supply of existing specialist retirement housing for market rent. Looking to 2029 it identified that extra care housing is needed across all tenures.
- 4.20 The Study concluded by identifying a need for specialist older persons housing of:
- 4,115 units per annum across London; and
 - 105 units per annum in Camden.
- 4.21 Set against delivery of just 471 new units a year over the past two years, the Study found that a step change in delivery was needed in London.
- 4.22 In respect of care home accommodation, it identified in para 1.10 that London currently has numerically enough care home beds but there is insufficient good quality provision. Looking to 2029 and applying 2011 Census levels of occupancy by age (1.1% of persons aged 65-84 and 9.3% of persons aged 85+), it found that the increase in the older population pointed to a quantitative need to provide an average of 867 additional care home bedspaces a year across London.
- 4.23 Whilst the draft London Plan does not form part of the Development Plan at the current time, the evidence base is a material consideration for decision-making.

Camden 2016 Strategic Housing Market Assessment

- 4.24 Camden's latest (2016) Strategic Housing Market Assessment (Appendix 4) identified a total of 1,999 older persons housing units in the Borough in 2013, of which 47 units (2.4%) were owned, and 97.6% rented, from either the local authority or a registered provider. The tenure profile is clearly very skewed towards affordable provision, with very limited existing private provision in the Borough.

- 4.25 The SHMA identified 406 care home bedspaces, comprising 180 nursing care and 226 residential care bedspaces. Of this around half was private accommodation.
- 4.26 The SHMA modelled demand for additional older persons' housing, by applying prevalence ratios¹⁷ set out in Figure 128 therein to the projected population growth of those aged 75+, which was expected to increase from 12,527 in 2016 to 18,489 in 2031 (Para 7.90). This showed a need for 268 extra care units over the 2016-31 period. It found the overall need for older persons' housing to be similar to the London Plan benchmark of 100 units pa.

Table 4.2 Additional Modelled Demand for Older Person Housing in Camden (2016-31)

	Owned	Rented	Total
Extra care	179	89	268
Sheltered 'plus' or 'Enhanced' Sheltered	60	60	120
Conventional sheltered housing to rent	-	358	358
Dementia	-	36	36
Leasehold Schemes for the Elderly (LSE)	715	-	715
Total	954	543	1497

Source: Camden SHMA 2016

- 4.27 It is fair to say, in my opinion, that the SHMA's analysis is relatively high level and has a number of limitations. It included no consideration of the adequacy of existing provision of older persons housing within the Borough and whether a shortfall in supply existed now. There was no consideration of market housing dynamics.

¹⁷ Prevalence ratios in this context describe the proportion of people in a defined age group who can be expected to live in specialist older persons housing

5. NEEDS ASSESSMENT

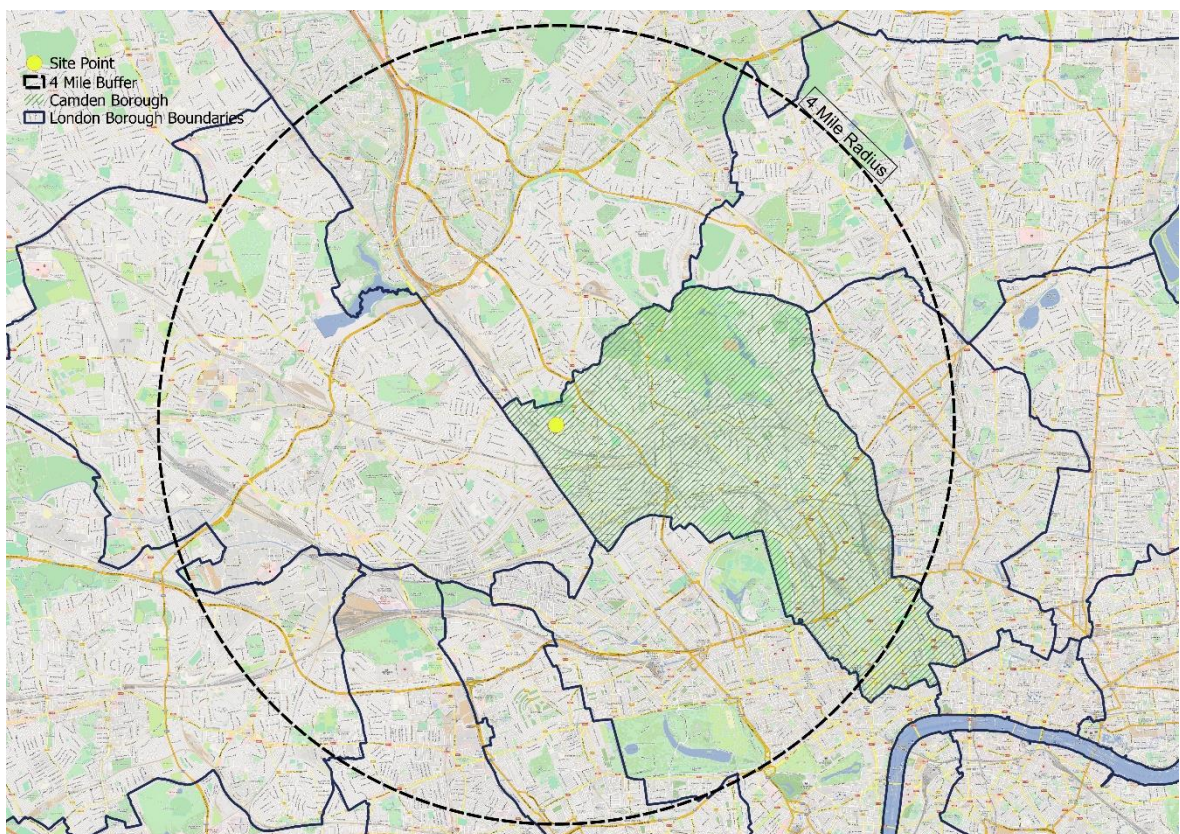
5.1 In this section of my evidence, I move on to assess the need for extra care housing and care home accommodation.

Geographies

5.2 I have assessed need for two geographies, a) the Borough of Camden; and b) a defined 4-mile catchment area of the development site.

5.3 The GLA defines London as a single housing market and people commonly travel across administrative boundaries to find market housing. The application site is located close to Camden's borough boundary and it is therefore reasonable to expect, and likely that, people will move to the development scheme from both within and beyond the Borough.

Figure 5.1: Borough and Catchment Area Geographies



5.4 In defining the 4 mile catchment area, I have taken into account information provided by LifeCare Residences regarding where households have moved from to LifeCare's existing Battersea Place scheme. This is specific evidence, within a London context, of the distances which households will move to access the quality of product provided.

5.5 The four-mile catchment area (see Figure 5.1) encompasses Camden and parts of the boroughs of Brent, Ealing, Hammersmith and Fulham, Kensington and Chelsea, Westminster, Islington, Haringey and Barnet.

Demographic Changes

5.6 Demographic changes are a key driver of demand for extra care housing and care home accommodation. My assessment has considered need over the 2018-31 period. The start point is the current year; the end point is the end of the plan period for Camden's Local Plan.

5.7 My needs assessment uses the GLA's latest 2016-based Demographic Projections. I use the housing-led projections, which is the set which GLA recommends are used, which take account of the assumed trajectory of housing delivery from the GLA 2016 Strategic Housing Land Availability Assessment (SHLAA). These projections show very slightly less projected growth in the population of older persons than the GLA Central Trend Projection.

Camden

5.8 Camden's total population is expected to grow by 6% between 2018-31, increasing in size by around 17,900 persons. Its population aged over 65 is expected to grow strongly, increasing by 10,925 persons over this period, a growth of 36%. Within this the strongest growth is expected in those aged 85 and over, as life expectancy grows; this age cohort is expected to increase in size by 6,950 persons (51% growth).

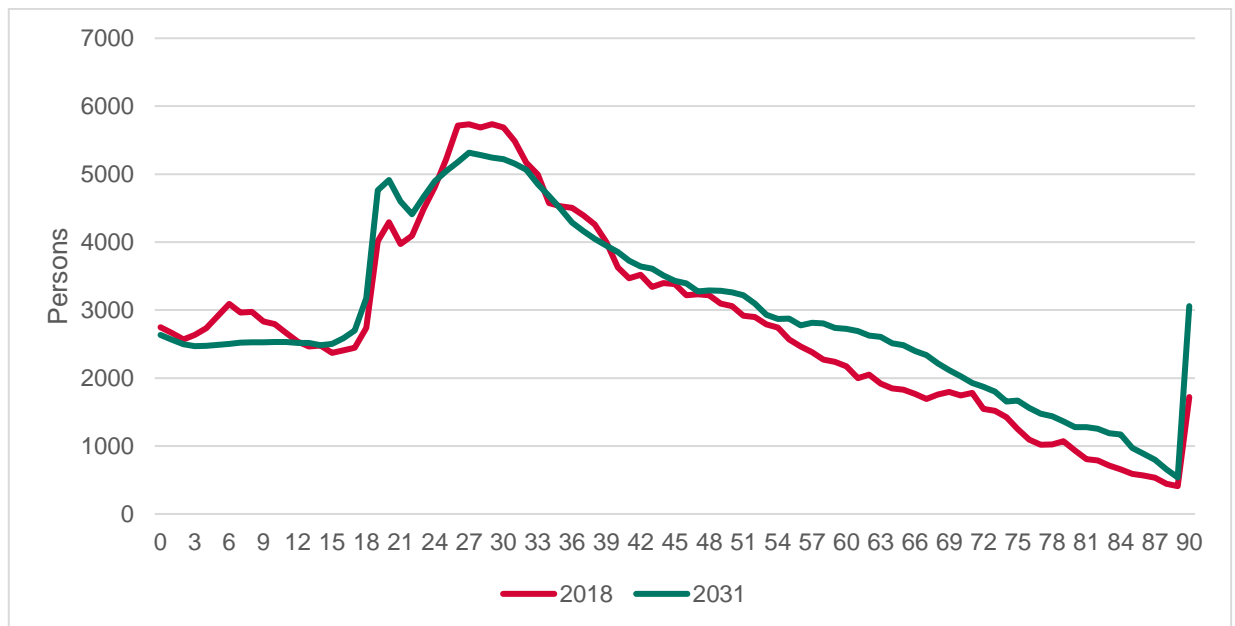
Table 5.1 Projected Changes in Population in Camden Borough, 2018-31

Age	2018	2031	Change	% Change
65-74	16,848	20,825	3,977	24%
75+	13,620	20,568	6,948	51%
Total 65+	30,468	41,393	10,925	36%
Total Population	252,637	267,884	17,873	6%

Source: GLA 2016-based Housing-led Projection

5.9 Figure 5.1 below plots projected changes in the population structure over the 2018-31 period. It shows some growth in those aged 15-23, and then of those aged over 40.

Figure 5.1: Projected Changes in Population Structure in Camden Borough, 2018-31



Source: GLA 2016-based Housing-led Projection

Catchment Area

5.10 A similar analysis for the catchment area (Table 5.2) shows total population growth across the area of around 158,000 over the 2018-31 period, equivalent to 12.8% growth. The population aged over 65 is again expected to grow strongly, increasing by 58,000 over the period – growth of 40%. Within this 47% growth is expected in those aged 75 and over, representing an increase of over 30,000 persons.

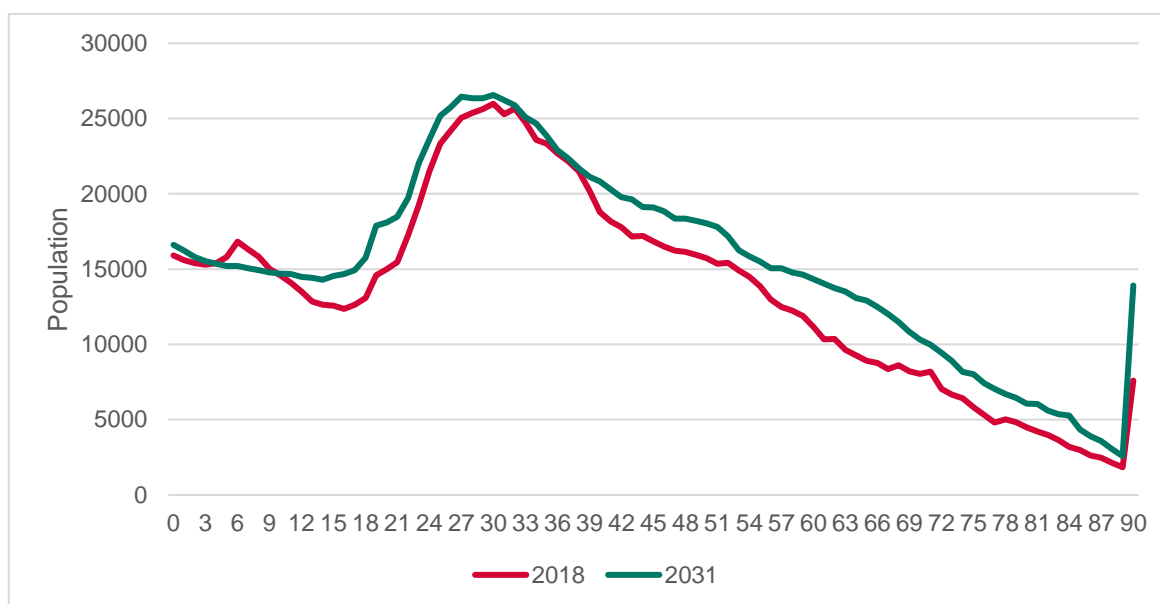
Table 5.2 Projected Changes in Population in the Catchment Area, 2018-31

	2018	2031	Change	% Change
65-74	79,216	106,535	27,319	34%
75+	64,966	95,339	30,373	47%
Total 65+	144,182	201,874	57,692	40%
Total Population	1,233,941	1,391,884	157,943	12.8%

Source: GLA 2016-based Housing-led Projection

5.11 Figure 5.2 shows population growth across a range of age groups, but with some of the strongest growth in those age over 40.

Figure 5.2: Projected Changes in the Population Structure in the Catchment Area, 2018-31



Source: GLA 2016-based Housing-led Projection

Extra Care Needs Assessment

5.12 To assess the need for extra care accommodation, I have drawn on the Strategic Housing for Older People Resource Pack (SHOP) developed by the Housing Learning and Improvement Network (Housing LIN) and supported by the Association of Directors of Adult Social Services. It is designed to provide a practical toolkit for policy makers to assess needs for older persons accommodation. This provided estimates of demand for different types of specialist housing for older persons, which I have replicated in Table 5.3 below.

Table 5.3 Benchmarks for Demand per 1,000 persons aged 75+

	Owned	Rented	Total
Conventional Sheltered Housing	120	60	180
Sheltered plus/ Enhanced sheltered	10	10	20
Extra care	30	15	45
Housing-based provision for Dementia			6
Total	160	85	251

Source: Housing LIN, ADASS

5.13 Camden Council's own consultants, ORS, employed these assumptions in deriving need figures within the Borough's 2016 Strategic Housing Market Assessment (Appendix 6). What I have done is applied the assumptions on enhanced sheltered extra care accommodation to the latest population projections to provide an updated assessment of need.

5.14 The benchmarks indicate a need or 30 private leasehold units of extra care provision, together with a further 10 units for enhanced sheltered housing, per 1,000 population aged 75 and over. I have

included enhanced sheltered housing for sale (defined as provision with some care needs) within my need analysis given that the focus of the market is now squarely on delivering extra care housing.

- 5.15 In assessing supply, I have used the Elderly Accommodation Council (EAC) website to assess the existing supply of extra care, assisted living and closed care housing within the Borough and the four-mile catchment area. From this I have identified existing market housing provision. I have drawn information on schemes in the development pipeline, by which I mean development schemes with planning consent, from a combination of the EAC website and undertaking specific searches using the planning application portals on the websites for the local authorities within the catchment area (either in whole or in part). I have also undertaken a cross-check of the supply information against schemes identified on the carehome.co.uk website. This is a search facility for care home accommodation which includes information on extra care schemes.

Extra Care Need in Camden

- 5.16 Based on Camden's population in 2018 aged 75 and over, the evidence points to a **current shortfall of 452 private leasehold extra care units (i.e. market housing units)**. This is based on a current need of 545 units, and two schemes with planning consent, Bartrams Convent Hostel in Hampstead, which will deliver 60 leasehold units; and a second at Fitzjohns Avenue in Hampstead which will deliver 33 units.

Table 5.4 Current Shortfall of Extra Care Housing, Camden

	Camden
Current Population 75+, 2018	13,620
Requiring Market Extra Care Units per 1,000 Population	40
Current Need	545
Current Supply of Market Units	0
Pipeline Units (Schemes with Planning Permission)	93
Current Shortfall (Units)	452

Source: Icen Analysis

- 5.17 I have then considered future needs, taking account of demographic growth. Projected population growth is expected to result in a gross need for 278 additional units by 2031.

Table 5.5 Future Need for Extra Care Housing, Camden (2018-31)

	Camden
Projected Population Growth 75 and over, 2018-31	6,948
Requiring Market Extra Care Units per 1,000 Population	40
Future Need, 2018-31	278

Source: Icen Analysis

- 5.18 Combining the current need and future need, I identify a **net need for 730 leasehold extra care units in Camden to 2031**.

Table 5.6 Net Need for Extra Care Housing, Camden (2018-31)

	Camden
Current Need (Net)	452
Future Need, 2018-31	278
Total Net Need, 2018-31	730

Source: Icenis Analysis

- 5.19 The evidence shows a very clear need for additional leasehold units to be brought forward to meet in the short-term. The scheme, which comprises 82 extra-care units, would meet 11.2% of the need identified over the plan period.

Extra Care Need in the Catchment Area

- 5.20 Across the four-mile catchment area as defined in Figure 5.1 above, the evidence points to a current shortfall of 2,253 leasehold extra care units. This takes into account the current supply of 78 leasehold extra care units, and a pipeline provision of 268 units.

Table 5.7 Current Shortfall of Extra Care Housing, Catchment Area

	Catchment Area
Current Population 75+	64,966
Requiring Market Extra Care Units per 1,000 Population	40
Current Need	2,599
Current Supply of Market Units	78
Pipeline Units (Schemes with Planning Permission)	268
Current Shortfall	2,253

Source: Icenis Analysis

- 5.21 I have then considered future needs, taking account of demographic growth. Projected population growth is expected to result in a gross need for 1,215 additional units by 2031.

Table 5.8 Future Need for Extra Care Housing, Catchment Area (2018-31)

	Catchment Area
Projected Population Growth 75 and over, 2018-31	30,373
Requiring Market Extra Care Units per 1,000 Population	40
Future Need, 2018-31	1,215

Source: Icenis Analysis

- 5.22 Combining the current need and future need, I identify a net need for 3,468 market-sector leasehold extra care units in the Catchment Area to 2031.

Table 5.9 Net Need for Extra Care Housing, Catchment Area (2018-31)

	Catchment Area
Current Need (Net)	2,253
Future Need, 2018-31	1,215
Total Net Need, 2018-31	3,468

Source: Icen Analysis

Care Home Needs Assessment

- 5.23 To assess the need for care home bedspaces, I have taken data from the 2011 Census on those residing in a care or nursing home¹⁸ across London for three age groups: those aged 65-74, 75-84 and 85+. The proportions of those living in a care home in London are lower than those across England, particularly for those aged 85+ where nationally 13.9% of persons are resident in a care home, compared to 10.4% in London. This highlights that my assessment is unlikely to over-estimate the scale of need.

Table 5.10 Care Home Bedspaces – Prevalence Rates by Age, 2011

Age Group	Population in Care Homes, 2011	All Usual Residents, 2011	% in Care Homes
65-74	473,058	3,412	0.7%
75-84	308,661	7,303	2.4%
85+	123,030	12,735	10.4%

Source: Icen analysis of 2011 Census

- 5.24 I have then applied these prevalence rates to the population in these age groups in both Camden and the 4-mile catchment area. I have drawn population data from the GLA 2016-based Population Projections, again using the housing-led projections.
- 5.25 To calculate a net current need, I have then subtracted the current level of ‘market standard’ care home bedspaces from this, together with the number of units in the development pipeline (in terms of schemes with planning consent).
- 5.26 I have defined ‘market standard’ accommodation as bedrooms which include en-suite facilities, this including providing at least a WC and wash basin. Homes lacking en-suite facilities typically also often include inappropriately sized and shaped rooms, and other accommodation constraints such as level changes and stepped access, narrow corridors or a lack of lifts.

¹⁸ Those living in a care home with or without nursing managed by a local authority or other body, as well as in a home or hostel managed by a registered social landlord or housing association

5.27 In assessing supply, I have again used the Elderly Accommodation Council (EAC) website to assess the existing supply of care and nursing home accommodation within the Borough and the four-mile catchment area. I have drawn information on schemes in the development pipeline from a combination of the EAC website and undertaking specific searches using the planning application portals on the websites for the local authorities within are within the catchment area (either in whole or in part). I have also undertaken a cross-check of the supply information against schemes identified on the carehome.co.uk website. This is a search facility for care home accommodation.

Camden

5.28 I have taken the population in Camden aged 65-74, 75-84 and 85+ in 2018 and 2031 from the GLA 2016-based Demographic Projections. This is shown in Table 5.11.

Table 5.11 Projected Population Growth in Camden in 65+ Age Groups

Age Group	2018	2031	Change
65-74	16,848	20,825	3,977
75-84	9,358	13,664	4,306
85+	4,262	6,904	2,642
Total 65+	30,468	41,393	10,925

Source: GLA 2016-based Demographic Projections (Housing-led)

5.29 Applying the prevalence ratios for care home accommodation set out in Table 5.10 to this, I project a gross current need for 784 care home bedspaces in Camden (Table 5.12).

Table 5.12 Gross Current Need for Care Home Bedspaces in Camden, 2018

Age Group	Population, 2018	Prevalence Rate	Gross Current Need
65-74	16,848	0.7%	122
75-84	9,358	2.4%	221
85+	4,262	10.4%	441
Total 65+	30,468		784

Source: Icen Analysis

5.30 In Table 5.13, I have then subtracted from the gross current need both the supply of existing 'market standard' care home bedspaces and the supply within the development pipeline. My analysis shows an existing supply of 407 market standard bedspaces in the Borough, together with a pipeline of a further 10 bedspaces in a scheme at St John's Wood Care Centre. This results in a net current need for 367 additional bedspaces in Camden.

Table 5.13 Net Current Need for Care Home Bedspaces in Camden, 2018

	Camden
Current Gross Need	784
Existing Market Standard Bedspaces	407
Pipeline Bedspaces (Schemes with Planning Permission)	10
Current Net Need	367

Source: Icen Analysis

- 5.31 I have then considered the projected growth in the population of older persons in the Borough. Applying the prevalence ratios from Table 5.10 to the projected population growth, I generate a future need for 404 additional care home bedspaces to 2031.

Table 5.14 Future Need for Care Home Bedspaces, Camden (2018-31)

	Population Growth, 2018-31	Prevalence Rate	Future Need, 2018-31
65-74	3,977	0.7%	29
75-84	4,306	2.4%	102
85+	2,642	10.4%	273
Total 65+	10,925		404

Source: Icen Analysis

- 5.32 Combining the net current need from Table 5.13 and future need from Table 5.14, **I identify a net need for 771 additional care home bedspaces in Camden to 2031** (Table 5.15).

Table 5.15 Net Need for Care Home Bedspaces, Camden (2018-31)

	Camden
Current Net Need	367
Future Need, 2018-31	404
Total Net Need, 2018-31	771

Source: Icen Analysis

- 5.33 It should be borne in mind that the analysis assumes that the Census prevalence rates remain the same. However as alternatives to traditional residential care are developed, such as extra care, there is the potential that the prevalence rates for care home accommodation decline. The analysis may therefore over-estimate the need for care home bedspaces, and the figures above should be regarded as maxima. However any reduced need for care home bedspaces would be expected to result in additional need for extra-care accommodation (over and above that modelled in my evidence). This applies equally to the analysis for Camden and the 4-mile Catchment Area.

Catchment Area

- 5.34 Adopting a consistent approach to that for Camden, I have taken the GLA 2016-based Population Projections as a starting point. These are shown in Figure 5.16 below.

Table 5.16 Projected Population Growth in Catchment Area in 65+ Age Groups

	2018	2031
65-74	79,216	106,535
75-84	45,321	63,979
85+	19,645	31,360
Total	144,182	201,874

Source: GLA 2016-based Demographic Projections (Housing-led)

- 5.35 Applying the prevalence ratios for care home accommodation set out in Table 5.10 to this, I project a gross current need for 3,677 care home bedspaces across the Catchment Area (Table 5.17).

Table 5.17 Gross Current Need for Care Home Bedspaces in Catchment Area, 2018

	Population, 2018	Prevalence Rate	Gross Current Need
65-74	79,216	0.7%	571
75-84	45,321	2.4%	1,072
85+	19,645	10.4%	2,033
Total 65+	144,182		3,677

Source: GLA 2016-based Demographic Projections (Housing-led)

- 5.36 In Table 5.18, I have then subtracted from the gross current need both the supply of existing 'market standard' care home bedspaces and the supply within the development pipeline. My analysis shows an existing supply of 2,533 market standard bedspaces across the Catchment Area, together with a pipeline of a further 403 bedspaces on schemes with planning consent. This results in a net current need for 1,508 additional bedspaces across the Catchment Area.

Table 5.18 Net Current Need for Care Home Bedspaces in Catchment Area, 2018

	Catchment Area
Current Gross Need	3,677
Existing Market Standard Bedspaces	2,533
Pipeline Bedspaces (Schemes with Planning Permission)	282
Current Net Need	862

Source: Icen Analysis

- 5.37 I have then considered the projected growth in the population of older persons in the Catchment Area. Applying the prevalence ratios from Table 5.10 to the projected population growth, I generate a future need for 1,851 additional care home bedspaces to 2031.

Table 5.19 Future Need for Care Home Bedspaces, Catchment Area (2018-31)

Age Group	Population Growth, 2018-31	Prevalence Rate	Future Need, 2018-31
65-74	27,319	0.7%	197
75-84	18,658	2.4%	441
85+	11,715	10.4%	1,213
Total 65+	57,692		1,851

Source: Icen Analysis

- 5.38 Combining the net current need from Table 5.18 and future need from Table 5.19, **I identify a net need for 2,713 additional care home bedspaces across the 4-mile Catchment Area to 2031** (Table 5.20). This should be regarded as a maximum figure for the reasons I have set out in paragraph 5.34.

Table 5.20 Net Need for Care Home Bedspaces, Catchment Area (2018-31)

	Catchment Area
Current Net Need	862
Future Need, 2018-31	1,851
Total Net Need, 2018-31	2,713

Source: Icen Analysis

Implications

- 5.39 The analysis in this section provides clear evidence of needs for both extra care units and care home bedspaces. It addresses a shortcoming in the Council's existing evidence base in considering the adequacy of existing provision as well as future needs arising from demographic growth.
- 5.40 The evidence shows an acute under-supply of existing leasehold extra care units in the Borough, with no existing supply. It identifies a current shortfall now of 452 leasehold extra care units. Taking account of demographic growth this is expected to grow, with the evidence showing a net need for an additional 730 leasehold extra care units over the plan period to 2031. Given the potential for some people who would have traditionally been accommodated in a care or nursing home to live in extra care housing, these should be regarded as minimum figures.

Table 5.21 Conclusions on Quantitative Need

	Camden Borough	Catchment Area
Leasehold Extra Care Units		
Net Current Need	452	2,253
Net Need to 2031	730	3,468
Market Standard Care Home Bedspaces		
Net Current Need	367	862
Net Need to 2031	771	2,713

Source: Icen Analysis

- 5.41 Across the catchment area, the analysis shows a current shortfall of at least 2,253 leasehold extra care units. Taking account of demographic growth, I identify a need for provision of at least 3,468 leasehold extra care units to 2031.
- 5.42 In addition, my analysis identifies a current under-provision of market standard care home bespaces, with a current shortfall of up to 367 units in Camden Borough and 862 units across the 4-mile Catchment Area. With demographic growth, this is expected to increase with a need for provision of up to 771 bedspaces to 2031 in Camden and 2,713 bedspaces across the Catchment Area. These figures are maxima.

Tenure Profile of Need

- 5.43 The GLA's *Older Persons Housing Needs Assessment 2017* (Appendix 5, Para 3.13) identifies that across London the demand and supply for extra care housing for rent are broadly in balance; but there is a current need for extra care units for sale and shared ownership.
- 5.44 To understand the broad need for different tenures of extra care accommodation in Camden Borough, I have used 2011 Census data to interrogate the occupational and tenure profile of households where the Household Reference Person (HRP) or 'head of household' was aged 65 or over in 2011. My findings are set out in Table 5.22 below. They show that:
- Two thirds (67%) of older persons households in the Borough are owner occupiers;
 - Of these households, 83% are higher skilled (having worked in managerial or professional occupations).

Table 5.22 Occupation and Tenure Profile by Age – Camden Borough

	All Tenures	Owner Occupied	Private Rent	Social Rent
All Occupations	100%	67%	12%	21%
Groups 1-3: Higher Skilled:	71%	83%	68%	34%
1. Managers, directors and senior officials	18%	21%	18%	8%
2. Professional occupations	33%	39%	31%	15%
3. Associate professional and technical	20%	22%	19%	11%
Groups 4-6: Good Standard of Skills:	16%	11%	18%	32%
4. Administrative and secretarial occupations	8%	6%	8%	15%
5. Skilled trades occupations	4%	2%	5%	9%
6. Caring, leisure and other service occupations	4%	3%	5%	8%
Groups 7-9: Lower Skilled:	13%	6%	14%	34%
7. Sales and customer service occupations	3%	2%	3%	6%
8. Process, plant and machine operatives	3%	1%	4%	9%
9. Elementary occupations	7%	3%	7%	19%

Source: 2011 Census

5.45 Set against this, I have sought to analyse the existing supply of extra-care accommodation within the Borough. My analysis (Appendix 8) shows four existing schemes in the Borough which provide extra care accommodation and are operated in conjunction with the Council.¹⁹ These are:

- Rosebury Mansions, Kings Cross
- Gospel Oak Court, Hampstead
- Esther Randall Court, Regents Park
- Mora Burnett House, Swiss Cottage

5.46 These four schemes provide a total of 145 units. They are however all rented from a social landlord. **There does not appear to be any existing provision within Camden Borough of leasehold extra care units.**

5.47 Given that two thirds of older households in the Borough are owner occupiers, it would be reasonable to expect that a similar proportion of the need for extra care accommodation would be for units to buy (i.e. leasehold accommodation). Yet there is no existing supply of leasehold accommodation in the Borough – this is therefore a clear gap in the Borough’s housing offer. The evidence illustrates a clear need for leasehold extra care units for sale in Camden.

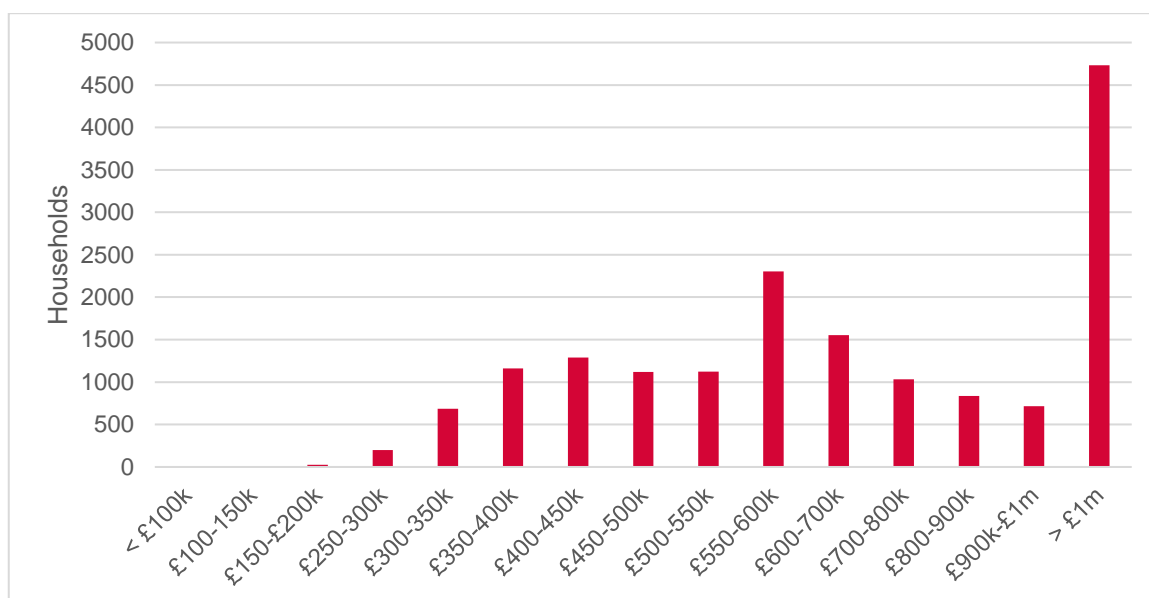
¹⁹ Source: Camden Care Choices Website - <https://camden carechoices.camden.gov.uk/information-and-advice/care-homes-and-housing-options/extra-care-housing/>

5.48 The Borough’s housing offer should cater for the full range of housing needs which exist. As for market housing more generally, it is not reasonable to expect development schemes to be homogenous – they will invariably cater for different segments of the market. Surveyors within London for instance commonly refer to a ‘prime’ market, defined as the most desirable and aspirational property by reference to location, standards of accommodation, aesthetics and value; as different from the mainstream market in properties for sale. Different developers typically have products which target different levels within the market.

5.49 My analysis in Section 3 (see Figure 5) showed a particular shortfall at a national level of ‘high end’ housing with care (as defined by Jones Lang LaSalle). It is however possible to give consideration to the broad need profile within the Borough. I have used profiling of the socio-economic groups of Camden’s population, as set out in Table 5.22 above, to do this. This analysis shows that of owner occupiers aged over 65 in Camden, a substantial 83% are in higher-skilled groups.

5.50 In addition, I have drawn on Experian data on the home value of households aged 75+ in Camden. This shows that a substantial 44% of owner occupiers aged over 75 are in properties valued at over £700,000 (over 7,300 households); and there are over 4,700 households aged over 75 in Camden living in homes valued at over £1 million, this price bracket representing 28% of the total.

Figure 5.3: Home Value of Households aged over 75, Camden



Source: Experian

5.51 The evidence thus shows a clear and substantial need for high quality leasehold extra care accommodation in the Borough and an absence of any existing provision for this market in Camden.

5.52 Undertaking a similar analysis for the Catchment Area (Table 5.23 below), my findings are similar. Across this area 70% of older households (aged 65+) are owner-occupiers, and of these, 72% are in higher skilled occupational groups.

Table 5.23 Occupation and Tenure Profile by Age – Catchment Area

	All Tenures	Owner Occupied	Private Rent	Social Rent
All Occupations	100%	70%	13%	17%
Groups 1-3: Higher Skilled:	64%	72%	62%	31%
<i>1. Managers, directors and senior officials</i>	20%	23%	22%	7%
<i>2. Professional occupations</i>	28%	32%	24%	14%
<i>3. Associate professional and technical</i>	16%	18%	16%	10%
Groups 4-6: Good Standard of Skills:	20%	17%	22%	32%
<i>4. Administrative and secretarial occupations</i>	9%	8%	9%	12%
<i>5. Skilled trades occupations</i>	6%	5%	6%	10%
<i>6. Caring, leisure and other service occupations</i>	5%	4%	8%	11%
Groups 7-9: Lower Skilled:	16%	11%	16%	37%
<i>7. Sales and customer service occupations</i>	4%	3%	4%	6%
<i>8. Process, plant and machine operatives</i>	4%	3%	4%	9%
<i>9. Elementary occupations</i>	8%	5%	8%	22%

Source: 2011 Census

- 5.53 Similar to the evidence shown for Camden Borough alone, I find that a notably high portion of households with an HRP aged 65 and over are owner-occupiers. In this instance, 70% of residents across the catchment area are so. This is compared with only 17% in social rented accommodation and 13% in private rented accommodation. Of those currently owners of their own homes, 72% are in higher skilled occupations.

Size Profile of Need

- 5.54 The Officer's Report on the application is critical at Para 3.6 of the mix of units in the proposed development, outlining that the mix proposed is heavily weighted in favour of 2 and 3 bed properties; with a 'distinct lack' of 1-bed units. The report is critical of this, indicating that this does not represent an inclusive mix for this housing type. I have therefore sought to give consideration to this issue.
- 5.55 The mix of units proposed within the proposed development scheme is shown in Table 5.24 below.

Table 5.24 Mix of Leasehold Extra Care Units Proposed

	Proposed Mix of Extra Care Units	%
1-bed	7	9%
2-bed	62	76%
3-bed	13	16%
4+ bed	0	0%
Total	82	100%

5.56 Table 1 in Camden’s Local Plan identified ‘Dwelling Size Priorities’. I have replicated this below. Para 3.190 in the Plan sets out that *“the Council acknowledges that there is a need and/ or demand for dwellings of every size shown in Table 1. We expect most developments to include some homes that have been given a medium or lower priority level. However, the Council has prioritised some sizes as high priority (primarily on the basis of a high level of need relative to supply). We will expect proposals to include some dwellings that meet the high priorities wherever it is practicable to do so.”*

5.57 Para 5.191 continues, stating *“having regard to criteria (c) to (h) in Policy H7, the Council acknowledges that it will not be appropriate for every development to focus on the higher priorities in the Table 1. However, we consider that each development should contribute to the creation of mixed and inclusive communities by containing a mix of large and small homes overall, in accordance with clause (b). Where possible a mix of large and small homes should be included for both the social-affordable rented and the market housing. In accordance with clause (b) the Council will also generally resist development proposals for self-contained general needs housing that contain only one-bedroom and studio flats.”*

Table 5.25 Camden Local Plan – Dwelling Size Priorities

	Studio/ 1-bed	2-bed	3-bed	4-bed (or more)
Social/ Affordable Rented	lower	high	high	medium
Intermediate Affordable	high	medium	lower	lower
Market	lower	high	high	lower

Source: Camden Local Plan Table 1, p95

5.58 I have first sought to appraise the development scheme against the above. The proposed development is a market housing scheme. **A mix of units biased towards two and three-bed properties is highly consistent with Table 1 in the Plan which identifies these as the categories where a ‘high priority’ need for market housing is identified. I consider that it is therefore consistent with the Guidance provided within the Plan.**

5.59 I have also sought to use 2011 Census data to profile what sizes of properties older persons (aged 65 and over) living in owner-occupied properties in the Borough live in. My analysis, set out in Table 5.26 below shows that in Camden:

- Of one-person owner-occupying households in Camden in 2011, just 31% lived in a 1-bed property. 39% lived in a two-bed property and 30% in a property with three or more bedrooms;
- Of family households aged over 65 who were owner-occupiers, 89% lived in properties which had spare bedrooms, with 57% having two or more additional bedrooms than they needed.

Table 5.26 Occupancy of Older Person Owner Occupiers in Camden, 2011

Camden	One Person Household 65+		Family Household (All over 65)	
	Households	%	Households	%
Too few rooms relative to household size/ composition	0	0%	6	0%
Bedrooms matching household size/composition	1,196	31%	179	10%
One additional bedroom over number required	1,492	39%	557	32%
Two or more additional bedrooms over number required	1,139	30%	984	57%
Total	3,827	100%	1,726	100%

Source: 2011 Census

5.60 The above analysis shows quite clearly that there is a weak relationship between the sizes of homes which older person owner occupiers live in, and the size of the household. Three quarters (75%) of those aged over 65 in the borough who are home owners live in properties with more bedrooms than they need.

5.61 Whilst older person households may downsize, in doing so many will seek to retain additional bedrooms so that friends and relatives can come to stay. The ability for friends and relatives to come to stay with them is an important consideration for many older households when making decisions about moving to new properties, including into an extra care housing scheme. One-bed properties do not offer this flexibility. For a scheme of market housing, where the scheme must appeal to what leaseholders want, I consider it quite reasonable that a substantial proportion of the units available are 2-bed properties. Residents are typically downsizing from big family homes, and although there are only 1-2 people living in each apartment, space is appreciated to maintain their way of life and house their belongings.

5.62 I consider it likely that many of the households moving to the scheme would be downsizing from larger properties. It is important to remember, when considering the housing mix, that this will contribute to releasing larger family housing within the general needs housing stock for other

households; and in doing so will support fluidity and turnover within the housing market more widely. These I would see as benefits of the development scheme.

6. WHAT THE DEVELOPMENT WILL OFFER

- 6.1 The proposed development scheme will deliver 82 extra care apartments (including 12 wheelchair-adaptable apartments), a 15-bed nursing home, communal facilities, and on-site health facilities. It is designed as a series of linked mansion blocks arranged around courtyard gardens.

Services and Facilities

- 6.2 As set out in the Design and Access Statement accompanying the application (CD2.61), the development offers a number of communal facilities including a fully serviced restaurant, bar, residents' lounge and cafe. These areas help to promote a sense of community and provide appropriate venues for organised social events. There is also a cinema, sun lounge with roof terrace, and a number of flexible spaces which are able to house - amongst other activities - billiards, craft workshops or seminars. The communal facilities are spread across the site to give a variety of experiences and outlooks.
- 6.3 In addition to the social amenity spaces the development also provides a swimming pool, spa and gym on site. These facilities help promote health and wellbeing for residents, and are located together as part of a spa and fitness area. Also in this area are a number of treatment rooms for on-site GP appointments and regular physiotherapy sessions.
- 6.4 The development is designed to provide an attractive living environment for older residents with a range of spaces for social interaction helping to foster a sense of community, to address potential loneliness which is a common issue for older persons, and to encourage residents to be active with potential health benefits which can arise from this. On-site healthcare support in housing-with-care schemes can help reduce pressure on local GP surgeries.
- 6.5 Nursing care is available on site both to residents within their apartments and in a dedicated nursing home facility, located on the ground floor of the development and with its own entrance from the entry courtyard. This facility provides 24-hour end of life care if needed, and is available to both existing residents and the wider community.