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Planning need assessment
Extra care

Land off Harefield Road, Uxbridge, London UB8 1JS

Prepared for:
Senior Living Urban (Uxbridge) Ltd

Carterwood Report – February 2021



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- Sector specialism
- Data quality
- Innovation

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EXECUTIVE SUMMARY

T1 Planning need assessment summary

Site	Land off Harefield Road, Uxbridge, London UB8 1JS
Proposed scheme	• Development of the site to provide a care community comprising 194 extra care apartments, together with a range of care community services and facilities.
Notes	• Need assessment based on market catchment of circa 5 mile radius, market sensitivity catchment of circa 3 miles and the London Borough of Hillingdon. • The subject scheme is not included in our 'planned supply' figures in T3. • The proposed private extra care units are for leasehold sale or market rent.

T2 National and local demand drivers for older people's housing and care

- Significant additional specialist housing for older people is required in the UK now and in coming years, particularly provision for private sale or market rent, where supply is lower despite high levels of home ownership. National supply of private extra care (the form of housing with care proposed at the subject scheme), provides for just 0.5 per cent of the approximate 5.96m people aged 75+.
- The elderly population (65+) in the London Borough of Hillingdon is projected to rise by over 47 per cent between 2020 and 2040, with the Greater London Authority recognising that extra care supply should be increased to meet need and enable older people to live in their own home for as long as possible, as their care requirements increase.
- The GLA need assessment sets an annual benchmark of 180 specialist older persons housing units for the London Borough of Hillingdon, with extra care housing needed across all tenures.
- Homeowners, comprising almost 63 per cent of older person households in the Borough of Hillingdon, will not be eligible for 'affordable' extra care schemes; it is therefore critical that additional private supply, both for leasehold sale and for market rent, is made available to meet this need. This will promote 'right sizing', release large underoccupied family homes to the market and enable all older people to remain in their local community, where they can readily access social facilities and amenities.
- Our review of the available need methodologies shows a wide variation in suggested need for private extra care in the market catchments and the Borough of Hillingdon.
- We consider some methodologies use prevalence rates based on historic data, which accentuate existing patterns of older people's housing provision (sheltered and affordable) and place a greater reliance on residential care homes. Furthermore, they generally remain silent on the need for housing with care for those aged between 65 and 74 years, even though need is evident from this age cohort based on the number who live in such care developments due to their ongoing care requirements.
- National Planning Practice Guidance identifies that the need to provide housing for older people is 'critical', given projected increases in the number of older person households and limited existing supply. This reduces the housing options available to older people and the opportunity for them to derive the health and wellbeing benefits linked to specialist housing.
- Extra care offers a unique combination of independence and security of lifestyle within a socially active and supportive community.

T3 Need analysis (2024) for private extra care

Catchment	Market (circa 5-mile radius	Market sensitivity (circa 3-mile radius)	London Borough of Hillingdon Council
Need			
Total 75+ population	36,537	11,450	22,276
Estimated need for private extra care (4.0%)	1,461	458	891
Supply			
Current supply of private extra care	383	198	59
Planned supply by operational year	72	72	72
Total supply (units)	455	270	131
Net need			
Private extra care need (units)	1,006	188	760

For assumptions see T30 on page 43.

T4 Need summary

- Our assessment of need for private extra care (assuming 4 per cent of population aged 75+) concludes that there is a net need for 1,006 units in the 5-mile market catchment, 188 units in the 3-mile market catchment and 760 units in the London Borough of Hillingdon, as at 2024, the earliest the proposed care community could be made available.
- For full details of our need assessment (in terms of catchment and methodology) please see Sections 15–21 of this report and paragraph 17.2 on page 29.
- We have not made any allowance for the obsolescence of existing, outdated stock.
- The prevalence rates we have adopted, in our opinion, most closely accord with the requirements outlined in government literature and studies citing the importance of additional private extra care (Section 10), where existing availability is lower, despite high levels of elderly home ownership (Section 16).
- By 2031, shortfalls are expected to be 1,218, 248 and 879 private extra care units, rising to 1,671, 389 and 1,171 units by 2041 in the 5-mile market catchment, 3-mile market sensitivity catchment and London Borough of Hillingdon respectively, on the basis that prevalence rates and existing provision remain unchanged and all currently planned provision is developed.
- Existing provision in the London Borough of Hillingdon in T3 above comprises two schemes, with a total of 59 private extra care units, included in our analysis (see Section 18 for details).
- The proposed care community is specifically designed for older people with increasing care needs, to provide a welcoming environment with associated community facilities and enable residents to maintain their independence for as long as possible.
- By operating on a leasehold sale and private rental basis, the proposed scheme will allow elderly people to move more readily into the scheme if it becomes more difficult to live in their existing home independently.
- We consider there is a significant and growing need for additional private extra care within the two market catchments and the London Borough of Hillingdon and the proposed care community seeks to address this need.

BACKGROUND & THE PROPOSAL

1. Introduction

1.1. Carterwood Chartered Surveyors has been commissioned to prepare a need assessment, on behalf of Senior Living Urban (Uxbridge) Ltd, in relation to the proposed care community development, comprising 194 units of private extra care accommodation with associated communal facilities, on land at Harefield Road, Uxbridge, London UB8 1JS.

1.2. In this report, we have considered the national context together with a detailed study of the catchment areas of the proposed development.

Limitations to advice

1.3. With the ongoing presence of COVID-19 and the exit of the UK from the European Union (Brexit), we are in a highly volatile market. Our reports are prepared using high quality data and expert analysis from our experienced team. Any recommendations made are based upon the market and financial climate as at the date of the report, but do not take into account future economic or market fluctuations caused by the events outlined above or other unforeseen activity. While the UK and the European Union have agreed a trade deal, it may be prudent to review a commissioned report once the impact has fully emerged, especially given the ongoing economic impact of the COVID-19 pandemic.

T5 Instruction summary

Purpose of advice	Planning need assessment for private extra care
Terms of engagement	15 January 2021
Planning research	22 January 2021
Report date	16 February 2021
Prepared by	Jessamy Venables BSc (Hons) MSc MRICS and reviewed by Alex Taylor BSc (Hons) MA MRICS.

2. Carterwood

2.1. Carterwood provides advice across the care sector to a range of operators, developers and other stakeholders.

2.2. Examples of private sector clients who regularly commission need assessments or site feasibility studies include:

- Porthaven Care Homes
- Gracewell Healthcare
- Hallmark Healthcare
- Care UK
- Caring Homes
- Signature Senior Lifestyle
- Barchester Healthcare
- Octopus Healthcare
- Retirement Villages
- LNT Care Developments
- Richmond Villages
- Audley Court Limited

2.3. Similarly, examples of Carterwood clients in the not-for-profit sector include:

- Anchor Hanover
- The Royal British Legion
- The ExtraCare Charitable Trust
- Leonard Cheshire Disability
- Sanctuary Care
- Brendoncare
- Care South
- Healthcare Management Trust
- Greensleeves Homes Trust
- The Orders of St John Care Trust

2.4. Carterwood's client base represents many operators currently seeking to develop new care homes and extra care schemes. Accordingly, we are in an almost unique position in the sector, having assessed over 2,000 sites since 2008, with the majority located in the South East of England, for a range of providers across a range of scheme types and care categories.

3. Description of proposal



Figure 1: Aerial map showing the proposed site, for identification purposes only

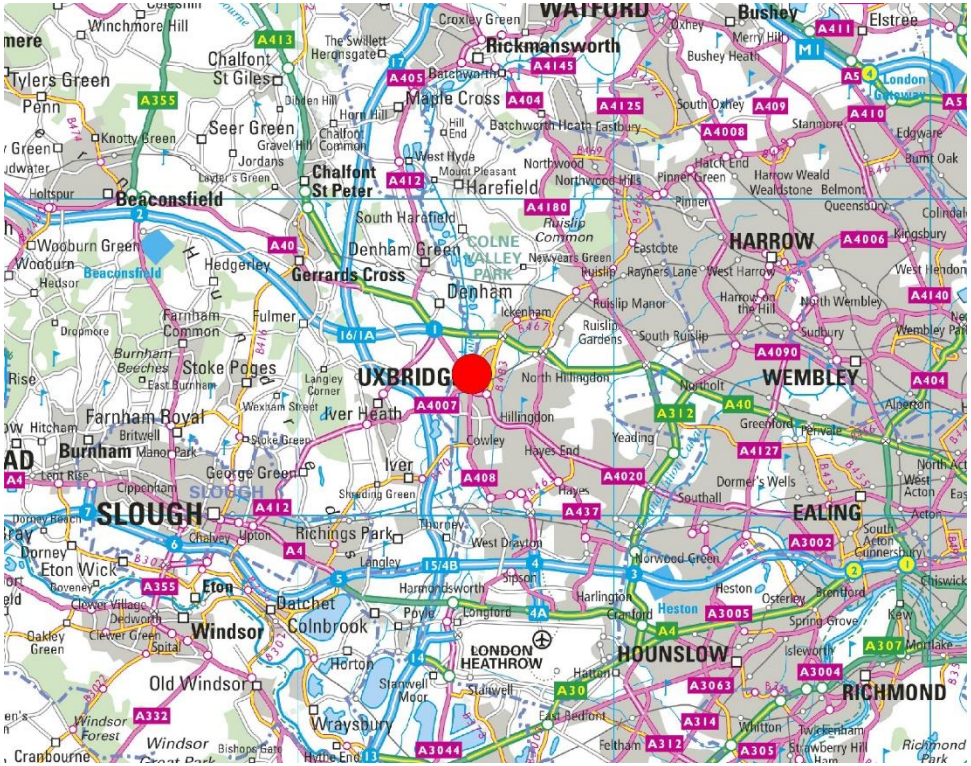


Figure 2: Location map of the subject site

3.1. The proposed development will comprise a care community with private extra care apartments (for leasehold sale or market rent), together with associated communal facilities and care support services.

3.2. The proposed care community would include a total of 194 private extra care apartments, comprising 161 ‘Guild Living Residences’, 7 ‘Guild Care Residences’ and 26 ‘Guild Care Suites’, with integrated CQC-registered domiciliary care support services available to those occupying the extra care apartments.

3.3. Communal care and wellbeing facilities will include a restaurant, café/bar, wellness centre, gym, library, salon, therapy room, hydrotherapy pool and treatment rooms.

3.4. The community will provide opportunities for social interaction within a welcoming environment where, importantly, residents will be able to access support and care from the on-site care team and receive the level of support and care they require, administered easily within their own home.

3.5. Further details in respect of the proposal can be found in the planning statement that accompanies the application.

4. The proposed scheme – position on the care spectrum

4.1. We have compared the private extra care accommodation within the proposed care community against other forms of care and accommodation in respect of care provided, cost of care, accommodation type and regulation. Table T6, below, shows the range of options available within this "spectrum of care".

4.2. Increasingly, prospective service users do not make a decision to move into a care home until later in life. Due to the increasing requirements placed upon the NHS and hospital beds, as well as the introduction of delayed-discharge legislation, which imposes fines for "blocked beds" upon local authorities, hospital stays are increasingly shorter and a stay in a care home servicing this higher level of dependency may be the only short-term option.

4.3. This has presented additional opportunities for the development of alternatives that fall between traditional sheltered housing and care homes. These are referred to by a number of terms, which we have defined as “extra care” generically in this report, but also can refer to other housing labels, such as assisted living. All meet the definition of providing housing with on-site care support and/or on-site amenities and facilities. A full description of model types is provided in Section 6.

4.4. A substantial variant to the provision elements of the care spectrum below is informal/family care. An estimated 8.8 million or more unpaid carers provide significant support to elderly relatives, neighbours and friends (Age UK 2019). This allows many thousands of people to remain in their own homes, particularly when the support is alongside home care and/or day care. Thus, a range of care requirements and a range of services co-exist, sometimes with considerable overlapping.

4.5. We consider that within the model proposed, the private extra care units will be able to cater for a proportion of residents who would otherwise, either at the point of occupancy or at some future point in time, require a care home placement.

Key findings – proposed scheme – position in the care spectrum

- The proposed care community will cater to older people, initially with lower dependency needs, with the provision of care that is flexible and adaptable as required, with support being available 24 hours a day, should this become necessary. The extra care units and amenities within the proposed community create an environment to enable people with care needs to maintain their independence for as long as possible.
- We consider, given the proposed private leasehold or market rental tenure, the scheme will appeal to a broad client base and be attractive to those who would otherwise remain in their own, under-occupied homes or be cared for in lower dependency level care homes. The community-based scheme will enable elderly people to downsize from their existing homes, and move to a vibrant, welcoming environment while remaining close to family and friends.

T6 Elderly care spectrum

Accommodation	Standard housing	Sheltered housing	Extra care / assisted living	Care homes	Care homes with nursing	Hospitals
Care provided	Domiciliary care			Personal care	Nursing and medical care	
Cost of care	Low to medium and highly variable			Medium to high	High	Very high
Accommodation types	Standard housing	Age restricted, age-exclusive or sheltered housing	Extra care, assisted living, very sheltered housing	Residential setting		Acute hospital
Accommodation style	House, cottage, flat, bungalow, suite, apartment			Bedroom, suite		Bedroom
CQC regulation	Regulated only if care provided			Highly regulated – all care and accommodation		
Proposed community		Requirements met in the proposed extra care scheme				

NATIONAL CONTEXT AND KEY DEFINITIONS

5. UK elderly population trends & market size

Population

5.1. The elderly UK population is set to grow dramatically over the coming years, and the predicted rapid increase in elderly population is likely to continue to drive demand for both non-residential care, such as extra care schemes and other accommodation options, as well as care home beds.

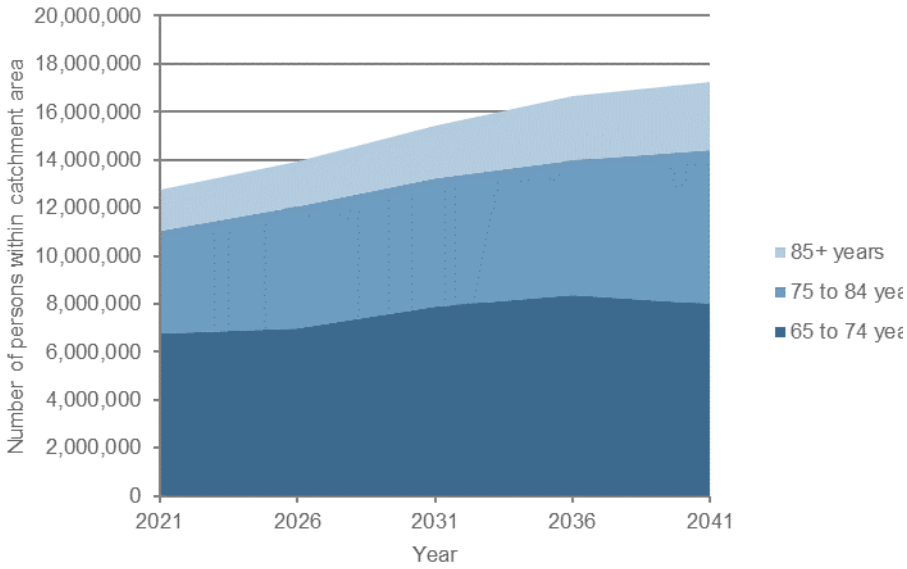


Figure 3: UK population growth 2021 to 2041

Source: 2011 Census, government population projections.

5.2. LaingBuisson's *Care Homes for Older People UK Market Report (30th edition)* states that the percentage of the UK population over the age of 85 is projected to multiply more than five times, from 1.68 million in 2020 (2.4 per cent of the population) to c.8.49 million in 2111 (10.0 per cent of the population), while the 75- to 84-year-old segment will rise from 4.167 million in 2020 (6.3 per cent of the population) to 7.9 million in 2111 (9.3 per cent of the population).

Home ownership

5.3. The levels of home ownership amongst the elderly are very high nationally, as illustrated by the data from the 2011 census, below.

T7 Household ownership (2011) where HRP is aged 65+ years or older

Tenure	UK`	
	No.	%
Owner occupied: owns outright	8,093,442	30.6
Owner occupied: owns with a mortgage/loan	8,691,561	32.9
Owner occupied: shared ownership	192,648	0.7
Rented from: council (local authority)	2,601,715	9.8
Rented from: registered social landlord	2,198,050	8.3
Rented from: private landlord / letting agency	3,925,141	14.8
Rented from: other	375,945	1.4
Living rent free	363,594	1.4
All households*	26,442,096	100.0

Source: 2011 Census, government population projections.

5.4. Home ownership levels of the aged are very important for the analysis of private extra care accommodation, as those property occupiers who own their own home will not be able to access RSL support through affordable rental options and instead will need to access alternatives that are available for private leasehold or market rental.

5.5. Home ownership levels vary considerably across the UK and higher levels are generally found in areas of increased affluence and vice versa. The table above shows the national average for home ownership where the 'household reference person' is aged 65 years and older is 30.6 per cent owner occupied and 32.9 per cent, owner occupied with a mortgage or loan.

6. Definition of extra care

6.1. Accommodation for older people has traditionally been limited to three options:

A. Remaining in the family home;
B. Moving into sheltered housing accommodation;
C. Moving into a residential care environment.

6.2. Extra care accommodation has evolved in recent years to respond to the growing need from older people for greater choice, quality and independence.

6.3. As the supply of extra care has expanded, so has the number of models and designs, making it difficult to define this form of accommodation. However, the Department of Health (DoH) has identified three common features. These are as follows:

A. It is first and foremost a type of residential accommodation. It is a person's own home. It is not a care home or a hospital and this is reflected in the nature of its occupancy through ownership, whether it be lease or tenancy.
B. It is accommodation that has been specifically designed, built or adapted to facilitate the care and support needs of its owners or tenants.
C. Access to care and support is available 24 hours per day.

6.4. Extra care schemes, providing 24-hour on-site care and support, typically fall within Class C2 ("residential institution") of The Town and Country Planning (Use Classes) Order 1987 because they provide both accommodation and care/support on a 24-hour/day basis.

6.5. However, there is no statutory definition, which often leads to ambiguity for key stakeholders, including planners, residents and social services departments. Extra care can mean different things to different people and different stakeholders.

Extra care models

6.6. Extra care (often used as a generic term) is frequently referred to as a concept rather than a type of accommodation and the term covers a range of different accommodation models.

6.7. Extra care housing is referred to by various names, again depending upon whether the accommodation is operated by a provider/developer or social services. Current terms used include independent living, extra care, very sheltered housing, assisted living, category 2.5 accommodation and close care.

6.8. The accommodation options offered range from flats or housing to a small village model. The accommodation provided is available on a variety of tenures – shared ownership, long leasehold and rent (social and private/market).

6.9. Central to the philosophy of extra care is that it should provide a 'home for life'. The accommodation element of the scheme is not registered by the CQC. The care required by the residents will be provided either by an in-house or external domiciliary care agency, which is regulated by the CQC.

6.10. The Elderly Accommodation Counsel (EAC) provide a set of definitions of the types of elderly specialist housing as follows:

- Age exclusive housing is designed, built and let/sold exclusively to older people (typically 50+ or 55+), but without supportive on-site management and usually without any shared facilities except perhaps a garden.
- Sheltered housing (also known as retirement housing) is mainly for rent and let through local councils or housing associations, usually for people on low income. Sheltered housing is also available to lease or buy from private providers, including housing associations.
- Enhanced sheltered housing has additional services in situ to enable older people to retain their independence for as long as possible. Mostly for renting, but also leasehold or purchase.
- Extra care (also known as assisted living) schemes are designed for independent living with a service to provide personal or nursing care on site 24/7. Typically for renting by RSLs (affordable rent), but also increasing for leasing, purchase and market rent.

6.11. Within the wider definition of 'housing with care' a form of older people's housing exists called 'enhanced sheltered housing'. This is in response to a few hybrid schemes that have been developed over the years that seek to provide some form of on-site facilities/amenities and/or some form of additional support packages to scheme residents, but do not meet the full definition of extra care housing. We have included this element of specialist retirement housing within our global 'extra care' definition as many schemes that meet the requirements of 'extra care' are labelled as 'enhanced sheltered' in the EAC data and vice versa.

6.12. It is important to remember that there is NO statutory definition and these 'labels' are applied to schemes without any regulatory rigour or set of standards. We are aware, for example, that schemes by the same operator providing the same

services are coded as either 'enhanced sheltered housing' or 'extra care' within their portfolio in the EAC housing directory.

6.13. In addition to these definitions are further sub-definitions of specialist older people's housing, also referenced in the EAC directory, as follows:

- Close care – elderly people's accommodation linked to a registered care home;
- Care village/CCRC (continuing care retirement community) – large schemes offering an extended range of services for older people; often providing a range of accommodation types and with many including a registered care home on the site (although this is not compulsory).

6.14. For the avoidance of doubt, if a scheme were to be referred to as a 'care village' this does not mean that it can no longer considered to be extra care or assisted living, but that it can ALSO be categorised as a care village.

6.15. The lack of a statutory definition is one of the main reasons for confusion in this sector by social services, planners, residents and policy makers alike.

6.16. The proposed scheme meets several of the various definitions of specialist housing for older people, and for ease and consistency, we have used the term 'extra care' throughout this report, whilst not disregarding the comments and observations above. We also use the terms 'housing with care' and 'extra care/enhanced sheltered housing' where appropriate, for context. We have assumed that the terms utilised by our client, 'living residences' and 'care residences' in the proposed scheme can be used interchangeably with extra care as they meet the same criteria definition and only differ in the subject scheme by individual unit size and target market dependency levels.

Key findings – extra care definition

- There is no statutory definition of extra care, which often leads to ambiguity for key stakeholders, including planners, potential or existing residents, and social services departments.
- For the avoidance of doubt, we have included extra care and enhanced sheltered housing within our definition of 'extra care' in our need assessment, having regard to the EAC database.
- The proposed scheme will provide accommodation with care and we have therefore used the term 'extra care' throughout this report, whilst not disregarding our comments and observations regarding the various forms of specialist housing. We also use the terms 'housing with care' and 'extra care/enhanced sheltered housing' where appropriate for context.

National provision of private extra care

6.17. Determining the size of the extra care market is dependent on the definition of 'extra care', as discussed above. We have utilised our dataset, which is sourced from EAC and updated to include our own research.

6.18. In T8, below, we have analysed the total market supply of private specialist older people's housing and classed such accommodation either as 'with care/support' or 'without care/support'. 'Extra care' and 'enhanced sheltered housing' are included within our definition of 'with care/support'.

T8 Private specialist older people's housing supply (UK)

Scheme type	Total schemes	Private units for sale or rent	% of private units
Without care/support			
Age exclusive	970	19,598	10.8
Sheltered	3,584	132,881	73.2
Sub-total	4,554	152,479	84.0
With care/support			
Enhanced sheltered	307	13,167	7.3
Extra care	316	15,815	8.7
Sub-total	623	28,982	16.0
All schemes			
Total	5,177	181,461	100.0

6.19. The vast majority of existing private specialist accommodation in the UK comprises 'sheltered housing', with just 16.0 per cent of total stock meeting our definition of extra care, where care/support is available on site, amounting to 28,982 units. Extra care has evolved in recent years to respond to the growing need from older people for greater choice, quality and independence. With approximately 12.5m people over the age of 65 years and approximately 5.8m people aged over 75 years, this equates to a supply of private extra care for only 0.23 per cent and 0.5 per cent of these age cohorts, respectively

6.20. T9 shows the percentage of private specialist older people's housing by year of development with over a third of all supply having been completed during the 1080s. The majority of development at that time comprised age exclusive and sheltered housing which does not incorporate any care provision on site.

T9 Private specialist older people's housing by year of development (UK)

Year of development	Total schemes	Private units for sale or rent	% of private units
Unknown	450	9,273	5.1
Prior to 1970	167	3,024	1.7
1970s	57	1,354	0.7
1980s	1,728	61,661	34.0
1990s	814	28,012	15.4
2000s	900	35,330	19.5
2010s	1,061	42,807	23.6
Total	5,177	181,461	100.0

Typical extra care resident profile

6.21. There is a strong wish amongst elderly Britons to remain independent for as long as possible. Extra care units appeal to this sentiment, given the style and design of the accommodation, and for the majority of supply, the creation of a valuable legal interest – i.e. sale on a long leasehold basis. Similarly, 'market rent' options are becoming an increasing available and sought after option as they enable potential residents to move into a scheme and experience living there before they decide whether to sell their own home.

6.22. The decision to move into retirement housing is often strongly influenced by immediate relatives. The more confused the elderly person, the more this applies. Aspects such as accessibility and convenience for visiting relatives play a major role. Elderly people generally seek to move to care facilities either close to their own homes or close to relatives' homes. Sometimes, therefore, this may involve the resident moving away from his or her own area.

6.23. In operational extra care developments of which we are aware, the residents typically range in age between 70 and 90 years, with an average resident age of around 80 years. Interestingly, this is similar to the age profile of a registered care home; however; care homes now tend to cater to residents with much higher dependency levels, such as complex dementia or 24-hour nursing care.

6.24. Typically, single females occupy 65–70 per cent of units, married couples 20–25 per cent, and single males 10 per cent of the units. The key issues leading people to move into extra care are health and care needs, often prompted by the death of a spouse or partner.

COVID-19 market impact

6.25. The coronavirus has made a significant impact on the social care sector and wider national and international markets. At this stage, it is impossible to predict the eventual impact and outcome on the retirement housing and extra care sector.

6.26. Any local market assessment should be based upon a detailed local level investigation into the specific schemes in the area to ascertain its true impact. It is a binary equation and schemes will either be affected or not and therefore any impact will be localised to the individual scheme level. It is totally inappropriate to contact local schemes for such a purpose at this time.

6.27. Our view overall, is that retirement housing and extra care/retirement community developments provide the ideal compromise between traditional housing and a care home for looking after the very elderly. Traditional housing is not preferable for the lonely and/or isolated elderly with little or no community support and protection. Care homes have been adversely affected by the current pandemic (although have very unfairly been portrayed by the press, given they cater for the frailest 3 percent of elderly people in the country).

6.28. Care communities allow residents to self-isolate effectively within their own homes, but crucially they can also have trained on-site care and support if required. This not only means residents will be looked after effectively, but also that debilitating damage caused by loneliness and social isolation is mitigated.

6.29. Since the outbreak of COVID-19, we consider that local authorities and social services teams should be looking at their policies and expanding any previous estimate prepared for need for this type of accommodation rather than reducing or maintaining supply at pre-COVID-19 levels.

Key findings – UK market trends

- The elderly UK demographic is set to grow dramatically in the coming years, and will continue to drive demand for both non-residential care, such as extra care schemes, and other specialist accommodation options, as well as care home beds.
- The vast majority of existing private specialist accommodation in the UK comprises 'sheltered housing', with just 16.0 per cent of total stock meeting our definition of extra care, where care/support is available on site, amounting to 28,982 units.
- Extra care has evolved in recent years to respond to the growing need from older people for greater choice, quality and independence. With approximately 12.5m people over the age of 65 years and approximately 5.8m people aged over 75 years, this equates to a supply of private extra care for only 0.23 per cent and 0.5 per cent of these age cohorts, respectively.
- Home ownership levels of older people are very important in the analysis of private extra care as those that own their own home will not be eligible for Registered Social Landlord affordable rental options. Instead, they will need to access private leasehold sale or market rent alternatives.
- COVID-19 has had a significant impact on the social care sector. At this stage, it is impossible to predict the eventual outcome; however, in our opinion, extra care allows residents to self-isolate effectively within their own homes where, crucially, they can also receive trained on-site care and support, if required. This not only means they will be cared for, but also that debilitating damage caused by loneliness and social isolation is mitigated.

COMMISSIONING REVIEW

7. Commissioning

7.1. We have conducted a full review of the following documentation:

- *Hillingdon Health and Wellbeing Strategy 2018-2021 (Draft).* Hillingdon Health and Wellbeing Board.
- *Hillingdon Strategic Intentions 2020–2022 (2019).* NHS Hillingdon CCG.
- *GLA Older Persons' Housing Needs Assessment Report 2017- Report to the Greater London Authority. Assessing future demand for older persons housing, care homes and dementia housing in London (2017).* Three Dragons.

7.2. We have provided, verbatim, relevant extracts from these documents in relation to elderly care below, together with our conclusions.

Hillingdon Health and Wellbeing Strategy 2018-2021

Older People:'

7.3. *'Our population is aging and the number of people enjoying their retirement years is increasing. We will ensure we have responsive services to deliver joined up, coordinated care as individual needs evolve'* (page 7).

Improving Older People's Care:

7.4. *'Our health and social care services will work better together to ensure local people receive better coordinated care – especially those with multiple long term conditions. The expansion of our community outreach programme will provide support for nurses and carers working to help their patients stay in the home for longer, rather than being taken into hospital. Mental health professionals and GPs will work better together with care home staff so they can help patients more effectively. We will have community based teams of local specialist clinicians including practice and community nurses, social care workers, allied health professionals, community mental health workers, GPs, and geriatricians. Key transformation themes:*

- *New model of integrated care for older people*
- *Integrated service and coordinate support for people at the end of life'* (page 9).

Hillingdon Strategic Intentions 2020–2022

7.5. *'We are facing real challenges in delivering improved outcomes and high quality health care for patients, driven by increasing demand and constrained financial resources. We recognise that we can only achieve our ambitions by working together across NW London. We are moving ever closer to an alliance with our local Hillingdon health and social care partners to develop better and more "joined up" care for patients as part of an Integrated Care Partnership (ICP)'* (page 3).

7.6. *'Population growth of approximately 14% is predicted for Hillingdon between 2019 and 2039. The larger proportion of this growth will be front-loaded occurring between 2019-2029 and slowing after this to 2039. Current estimates suggest a decrease in the 0-4 and 25-39 age bands (by 640 and 2,365 respectively) but a growth in all others age groups – the most pronounced of which will be the 40-64 age group (+15,189) and 75-84 (+11,764)'* (page 17).

2020-2022 Strategic Intentions – transforming care for older people

7.7. *By 2020/21 we will be delivering the following outcomes [inter alia]:*

- *Fewer hospital admissions due to cold/flu related illness*
- *Improved dementia diagnosis and support*
- *Fewer emergency admissions due to falls*
- *Enhanced reablement outcomes and reduced need for long term care*
- *Fewer permanent admissions of older persons to care homes, enabling them to live independently and in the family home for longer*
- *Further reduce delayed transfers of care*
- *Reduced frequency of unplanned events, reduction in Non-Elective Admissions* (page 37).

GLA Older Persons' Housing Needs Assessment Report 2017

7.8. *'This study was undertaken in 2017 to provide background information to the emerging London Plan. It updates borough-based benchmarks of demand for specialist older persons housing which accompanied Further Alterations to the London Plan. Specialist older persons housing refers to self-contained accommodation and includes extracare and assisted living type schemes'* (page 3).

7.9. *'The total stock of specialist older persons housing in London fell by just over 600 units between 2015 and 2017 and in 2017 totalled 56,418 units, 11% of these were housing with care and 89% housing with support. 81% of the stock of specialist older persons housing is housing for rent'* (page 3).

Looking to 2029

7.10. *In 2019, according to the 2015 based household interim projections, there will be 719,000 households in London aged 65 and over of whom 386,000 will be 75 and over. By 2029 the number of older person households will have increased by 37%,*

with households aged 75 and over (who are most likely to move into specialist retirement housing) increasing by 42% (to over 500,000)' (page 3).

7.11. *Most older households (an estimated 65%) will be homeowners in 2029. Around 15% of older households are expected to want retirement housing and most of the demand will be for home ownership or shared ownership. There is a large stock of affordable rented sheltered housing, but much of it is old and will need upgrading. At present there is very limited supply of specialist retirement housing for market rent. Total potential demand across London adds up to just over 4,000 units a year. There is demand for both extracare and sheltered housing'* (page 3).

7.12. *'This level of delivery will be a step change from the average of 471 new homes a year which have been provided in the past two years'* (page 3).

Older person households in London

7.13. *The number of older person households in London will increase over the period of the London Plan. By 2029 the number of households aged 65 and over at 1.04m is projected to be 37% higher than in 2017, whilst the number of households aged 75 and over is projected to increase by 42% to 524,000 and the number of households aged 85 and over will increase by 46% to 163,000'* (page 5).

7.14. *'EAC data shows that total stock of specialist older persons housing has fallen by 1% and in 2017 there were 611 fewer units than in 2015'* (page 5).

7.15. *'The total stock of extracare housing rose from 6,002 to 6,209 units. The majority of specialist older persons housing continues to be provided as sheltered/supported housing (89% of the stock)'* (page 6).

STOCK OF SPECIALIST OLDER PERSONS HOUSING		
	2015	2017
housing with support	51027	50209
rent	40854	39604
sale	10	9949
shared ownership	na	656
housing with care	6002	6209
rent	5494	5423
sale	508	666
shared ownership	na	120
TOTAL	57029	56418

Figure 4: Data on stock of specialist older persons housing 2015 and 2017 (EAC)

7.16. *'LDD data on planning consents since 2015 shows that:*

- *In the period from April 2015 to April 2017 943 units of specialist older persons housing were granted planning consent. This gives an annual average of 471 units per year (or 14 per London borough)*
- *56% were for sale, 37% for rent and 7% for shared ownership*
- *Dwellings specified as extracare totalled 576 (or 61% of the total)'* (page 6).

Forecasting specialist housing demand in London

7.17. *'This study models potential demand for specialist older persons housing in London, using the Retirement Housing Group (RHG) Model, an approach which is recommended in "Housing in Later Life" '* (page 7).

7.18. *'Currently in England an estimated 9.5% of households aged 65 and over live in specialist older persons housing (533,201 dwellings). The equivalent figure for London is 8.5%. 81% of the stock of specialist older persons housing in London is rented housing'* (page 7).

7.19. *'Research for the Housing LIN suggests that, based on comparisons with the USA and Australia where the stock of older persons housing is higher and those people who wish to live in specialist accommodation have a practical option to do so, the proportion of older person households moving into specialist older persons housing could be as high as 13-17%. Analysis of SHMA findings from surveys of over 13,500 households aged 50 suggests that around 15-20% of all older households would consider moving to specialist older persons housing if it was available'* (page 7).

7.20. *'The RHG model is based on propensity to move. Nationally it assumes that 15-20% of older person households (aged 75 and over) would live in specialist older persons housing if it was available. Because the stock of general needs flats is higher in London than the national average, in this study demand for specialist older persons housing in London has been modelled on the assumption that demand is at the lower end of the spectrum (i.e. 15% of households aged 75 and over)'* (page 7).

7.21. *'Some older persons housing is occupied by households aged less than 75. The minimum age for access to older persons housing is typically 55 and over. Analysis of residents in a sample of specialist older persons housing properties for sale shows that 18% of residents are aged under 75. If it is assumed that this is the normal age distribution for households living in specialist older persons housing and the total number of households in each age group living in specialist older persons housing is compared with those living in the general housing stock, then an estimated 2.5% of households aged 65-74 would live in specialist older persons*

housing if it was available in their area and their chosen tenure. The model therefore assumes that 15% of households aged 75 and over and 2.5% of households aged 65-74 would live in specialist older persons housing if it was available' (page 8).

7.22. *'There is considerable variation between London boroughs in home ownership among older households, ranging from less than 30% in Hackney and Tower Hamlets to more than 80% in Bexley, Bromley and Redbridge. These variations have been taken into account in modelling housing demand by tenure by borough'* (page 9).

Potential demand for specialist older persons housing in London

7.23. *'In 2017 the model suggests that:*

- *'There is a need for both extracare and sheltered units for sale and shared ownership*
- *Demand and supply for extracare housing for rent are broadly in balance.*
- *Because there is so much stock relative to potential demand there is no need for additional provision of sheltered housing for affordable/social rent.*
- *At present there is very limited supply of specialist retirement housing for market rent'* (page 10).

Looking to 2029

- *'Extracare housing is needed across all three tenures – rent, sale and shared ownership.*
- *There is potential demand for sheltered housing for sale and shared ownership and for market rent.*
- *There is no need for additional provision of sheltered housing for affordable/social rent.*
- *Total potential demand for specialist older persons housing across London adds up to just over 4,000 units a year'* (page 11).

7.24. *'This level of delivery is a step change from the 471 new homes a year which have been consented in the past two years, which in itself did not offset the loss of existing stock'* (page 11).

ANNUAL BENCHMARK	
Barking and Dagenham	70
Barnet	275
Bexley	145
Brent	230
Bromley	210
Camden	105
City of London	10
Croydon	225
Ealing	200
Enfield	195
Greenwich	105
Hackney	40
Hammersmith and Fulham	70
Haringey	110
Harrow	165
Havering	185
Hillingdon	180

Figure 5: Potential demand for specialist older persons housing by borough 2017–2029

8. Carterwood review

8.1. Our review of the Greater London and London Borough of Hillingdon strategy documentation provides evidence that additional extra care accommodation is required. This is in line with the majority of councils' commissioning strategies across the country in that it is seeking to reduce the volume of residential care commissioned and increase community-based services, with older people living in their own homes for as long as possible.

8.2. We note that the Hillingdon Health and Wellbeing Strategy supports new models of integrated care for older people, with community-based services enabling those with long term conditions to stay at home for longer. This links closely with the strategic intentions for the borough, aiming to reduce emergency admissions to hospital and delayed transfers of care. In turn, enhanced reablement is intended to reduce the need for long term care and assist older people to live independently for longer.

8.3. The Older Persons Housing Need Assessment Report for the Greater London Authority (2017) suggests that a step change in the development of new specialist housing provision for older people is necessary. With an estimated 65 per cent of older households being homeowners by 2029 and based on around 15 per cent considering a move to retirement housing, total potential demand is around 4,000 units per year across the London boroughs for both extra care and sheltered housing.

8.4. Almost 63 per cent of householders aged over 65 years in the London Borough of Hillingdon own their own home (27.9 per cent outright and 35 per cent with a mortgage). The provision, availability and choice of quality older people's extra care is paramount to older residents, to provide an alternative to privately funding a place in a care home.

8.5. Such homeowners, comprising the bulk of households in the borough will not meet housing list criteria and will not be eligible for 'affordable' extra care developments. It is therefore critical that additional private supply is made available to meet such requirements, to enable older people to remain in their local community and promote 'right' sizing.

8.6. What is evident is that there is an increasing requirement for well-designed accommodation suitable for the provision of care as an alternative to a move into a residential care home. The form of new provision in the London Borough of Hillingdon, with an annual benchmark of 180 units, is recommended to include extra care for rent, sale and shared ownership.

8.7. The proposed private extra care scheme will seek to address this requirement by providing additional high quality provision within an attractive community setting, which will assist in addressing national concerns over the critical lack of specialist accommodation for older people.

8.8. It will provide older homeowners within Hillingdon with a high quality extra care accommodation option, to facilitate downsizing from their existing home. The extra care will provide a local, more cost effective alternative to a residential care home, in an environment where residents can maintain their independence for as long as possible.

Key findings – commissioning review

- The Greater London Authority and London Borough of Hillingdon strategy is in line with that of other local authorities, seeking to reduce the amount of residential care it commissions in care homes by increasing community-based services and extra care, to enable older people to be cared for in their own homes for as long as possible.
- The strategic documents clearly identify an existing and increasing need for additional specialist accommodation for older people, with an annual benchmark of 180 units for the London Borough of Hillingdon.
- Homeowners, comprising almost 63 per cent of households in the borough, will not meet housing list criteria and will not be eligible for 'affordable' extra care developments. It is therefore critical that additional private supply, both for private leasehold sale and for market rent, is made available to meet such requirements, to promote downsizing and enable all older people to remain in their local community in an environment where they can maintain their independence for as long as possible.
- The proposed care community will address this need and allow older people more flexibility and choice when taking the decision to move into an extra care development.

NEED ASSESSMENTS – QUANTITATIVE MODEL AND METHODOLOGY REVIEW

9. Need vs Demand

9.1. Extra care housing in its current form for private sale or rent remains a relatively new concept and there is a lack of an accurate measure of predicting the need in any given area because of this market immaturity.

9.2. The Communities and Local Government *Estimating Housing Need* (2010) paper differentiates between 'need' and 'demand' as follows:

- *'These discussions also generally distinguish "need" – shortfalls from certain normative standards of adequate accommodation – from "demand" – the quantity and quality of housing which households will choose to occupy given their preferences and ability to pay (at given prices). The term "housing requirements" is sometimes used in this context, to refer to the combination of need and demand, particularly where market as well as affordable housing provision is being considered (as in the planning system).*
- *It is also important to recognise the difference between statements about "need" which refer to existing or expected shortfalls (the backlog) and statements about the amount of affordable or general housing which "needs" to be provided over some time frame.'*

9.3. The assessment of need in traditional housing typically takes account of critical areas such as obsolescence of existing stock, which is a huge issue in the sector in the specialist housing market due to the age profile of most of the existing stock. Approximately 40 per cent of all stock of specialist housing (all types and tenures) was developed pre-1990, over 30 years ago, and to spatial standards recommended at the time, which are far below current market requirements, often with studio-style flat accommodation that would not be permissible in new developments. No model we have reviewed adequately, if at all, considers the supply side of the equation in this respect when estimating "need".

9.4. The models reviewed in our assessment only look at the need by population age either based upon projecting forward from current supply or by looking at potential need based upon predicted prevalence. Both approaches have strengths and weaknesses (which we have reviewed model by model), but all have been considered either at planning appeals, referenced in the NPPF, or incorporated by social services teams or the GLA in their strategic modelling for future housing requirements, and therefore can be considered as models of predicting population 'need' as opposed to 'demand'.

10. National requirement for extra care housing

10.1. The national requirement for the development of new extra care developments is growing. This is due to several factors, including:

- Highly publicised ageing population demographic leading to a much older and more dependent population that will require an alternative approach to the previous 'norm'.
- National policy drive towards keeping people in their own homes for as long as possible and a move away from residential care (where practicable and in the best interest of the individual) – extra care housing allows the perfect accommodation option to meet this policy objective.
- The National Planning Practice Guidance has identified that the need to provide housing for older people is 'critical', given the projected increase in the number of households aged 65 and over accounts for over half of all households.
- Paragraph 50 of the NPPF advises that local planning authorities should plan for a mix of housing based on current and future demographic trends and the needs of different groups in the community including older people.

10.2. The House of Commons CLGC (Commission for Long Term Care) "Housing for Older People Second report of Session 2017-19, (February 2018), states:

- *'We believe that, in the face of demand, there is a shortfall in supply of specialist homes in general and particularly for private ownership and rent and for the "middle market". This limits the housing options available to older people and the opportunity to derive the health and wellbeing benefits linked to specialist homes.'*

10.3. The '*Too little, too late? Housing for an ageing population'* study (Mayhew 2020), prepared in conjunction with the Centre for the Study of Financial Innovation, ARCO and Cass Business School, sets out four key reasons for why we should be concerned about the shortfall in retirement housing:

- *'The increasing under-occupation of the housing stock caused by a rapidly ageing population has created a dysfunctional housing market;*
- *Far too few homes are being built that cater for older people. Retirement housing has only accounted for about 125,000, or 2%, of all new homes built since 2000, but each year around 700,000 people turn 65 years of age;*
- *The number of households will continue to grow at a faster rate than the population and average household size will continue its long-run decline, resulting in increasingly inefficient use of the housing stock;*

- *With care homes charging high fees to cater for people with high needs, the provision of age appropriate housing, with flexible access to communal services and personal care, must become part of mainstream housing policy'* (page 37).

10.4. The above points to a huge market for retirement housing that would help correct these imbalances given the evidence above.

10.5. Housing wealth is second only to pensions as a source of personal wealth in the UK. According to the ONS, net housing wealth is estimated at £4.6 trillion, with 65 per cent of this concentrated in households aged 55+ (41 per cent in the 65+ age bracket). The median wealth based on all asset types, including pensions, in the 55–64 age group is over £500,000 and so the financial means exist to downsize, given the right policies and affordable alternatives.

10.6. At present, the majority of older people's housing with-care provision caters for those eligible for social/affordable rent. It is heavily subsidised through the housing benefit system and charitable foundations. Some 1.2m households aged 65+ receive housing benefit, of which 80 per cent are local authority tenants or registered social landlord tenants. Most of the older home-owning population fall into the 'middle market' bracket and are ineligible for social rented accommodation – for them retirement housing needs to be attractive as well as affordable.

10.7. Surveys show downsizing is popular in theory but less so in practice. The main reasons for downsizing are that the family home has become too big for the needs of one or two people, too expensive to run or is otherwise unsuitable. One such survey commissioned by Legal & General (2014), found that 33 per cent of over-55s would consider moving but only 7 per cent actually did. Key reasons were the lack of availability of suitable properties and price. The latest edition of Legal & General's Last Time Buyers Report posits that 26 per cent of older households are amenable to downsizing, affecting 3.1m properties. This could release 6.2m beds, assuming two spare bedrooms per property, suggesting huge potential.

10.8. In its vision for the future, ARCO, the trade body for retirement communities with care, envisages an expansion from the current population of 75,000 living in retirement communities to 250,000 by 2030 across the sector. With around two-thirds of residents living alone, this would translate into roughly 15,000 new properties a year. We can compare these figures with the EAC data that showed total annual stock additions since 2010 of only 7,000 units. [Note: EAC data includes ALL housing types and not just retirement communities that ARCO represent. The actual new stock for extra care per annum is significantly lower than 7,000 units per annum and the annual shortfall much greater.] A study by JLL, a property developer, puts forward a much higher figure of 72,500 new retirement units each year for 10 years, equating to nearly a third of the total housebuilding volume in an average year.

10.9. In addition to these housing estimates, we are aware of other studies. Savills (Housing an Ageing Population, 2015) calculate that we should be building 18,000 homes for older people a year simply to maintain existing levels of provision as the population ages. The think tank Demos (Demos, Unlocking the housing market) has argued that annual demand for purpose-built new homes for older people is in fact over 30,000 new homes a year.

10.10. The HAPPI 2 Inquiry by the All Party Parliamentary Group on Housing and Care for Older People found that it is vital to offer older people choice and opportunity in old age, including the right housing and care solutions at the right time. The majority of older people choose to stay put, adapting their home as they grow older, but many also choose to move somewhere more accessible and/or with a level of care and support provided. The HAPPI report (2015) estimates that 8 million people over 60 years of age, occupying 7 million homes, are interested in 'downsizing'. By 2025, it is estimated, 725,000 housing-with-care homes will be needed to meet demand from an ageing 'Baby Boomer' generation.

11. UK & international comparisons

11.1. The Policy Exchange's 2018 publication 'Building for the Baby Boomers' illustrates the gulf between the UK and other international countries. The UK falls behind other countries, given its elderly demographic, when it comes to specialist housing.

11.2. *'The majority of older people in the UK live in ordinary mainstream housing with only a small percentage living in tailor-made specialist housing. Estimates range from 1% to 7% depending on definitions and how the data is calculated. By comparison, 17% of over 60s in the USA and 13% among that age group in Australia and New Zealand are living in tailor-made retirement properties.'*

11.3. *'When it comes to provision of housing for older people, the UK is clearly lagging behind other developed countries, and there is a vast opportunity for an increase in provision to meet the growing demand and need.'*

Key findings – national requirement for extra care

- Countless studies predict that significant levels of additional specialist housing for older people is required now and in the years to come. This is particularly so in the private market, where the provision of extra care is lower despite high elderly home ownership levels.

12. Local level need methodology review

12.1. Despite the ever-growing corpus of national research, government policy direction and Market Position Statements from local authority commissioning departments about the benefits of extra care housing, the available local level "models" developed remain full of shortcomings. The critical issues surrounding the available models and their use and application are detailed below, not as criticisms of the models (many of which are being mis-used and mis-understood from their intended purpose) but as a review of the attributes and shortcomings when it comes to determining need for private extra care accommodation at a site-specific level.

Use of existing supply to predict future supply levels

12.2. The existing supply of extra care housing and other forms of specialist accommodation for the over 65 years is currently UNDERSUPPLIED at the national level on every basis assessed and by considerable numbers based upon downsizing potential, international comparisons and the government's own policy objectives to keep people in their own homes for longer.

12.3. Most of the models look at the current stock of extra care as the basis to decide future requirements. This has resulted in some outputs pointing to the ridiculous position where if an authority has zero existing extra care provision in their area (due to market circumstances of an immature product rather than need-related issue) then in 'n' years' time, despite a huge increase in forecasted elderly population growth, the need remains at zero.

12.4. Models assume that if there is a lot of one form of provision, then there must be a continued need for that type of provision going forward at that level – extra care is a NEW model of care (particularly in the private sector). It has significant challenges to fund and finance and source land (due to the economics of the operating model) and therefore it needs encouragement and support in order to generate any meaningful development. Other more traditional, established forms of specialist accommodation may not be needed in the same quantities as previously. The Associated Retirement Community Operators (ARCO) has been at the forefront of generating support at the national level for 'retirement communities', through various initiatives.

Over-reliance and tool misunderstanding

12.5. The models have been misunderstood and an overly significant amount of weight has been placed on what is only meant to be a 'high-level' indication of need (this is no criticism of model authors, all of whom caveat the models appropriately and recommend local, scheme-specific research is conducted on a site-by-site basis).

Evidence base for prevalence rates adopted

12.6. There is no data-driven evidence base for the prevalence figures that are adopted in the models, as they are all based predominantly on either existing supply levels or are merely 'educated estimates'.

Extra care assumed only as a replacement for residential care

12.7. The application of some models is made on the basis that a need exists for 'extra care' solely as a replacement for residential care and consider that as one goes down, the other must go up proportionately. All evidence indicates that there is additional latent need driven by a lack of existing supply and choice, which the government itself is trying to promote over and above any care home provision, as they cater to proportions of people at different dependency levels.

Obsolescence of existing stock

12.8. Models ignore the obsolescence factor of much of the supply of existing stock – many schemes still provide 'studios' or small one-bed units that are completely unsuitable to meet modern age-appropriate housing standards and would barely be marketable as traditional housing, let alone 'specialist' housing for older people.

Misunderstanding of the private extra care product target market

12.9. The application of the models by local authority social services commissioning teams does not adequately consider the nuances of delivering extra care housing in the private sector. It is impossible to expect an elderly person who would otherwise be receiving residential care (and therefore requires assistance daily with washing, bathing, eating, etc.) to sell their own home and go through the conveyancing process, acquire or lease a new property and move house at this level of dependency.

12.10. Extra care in the private sector is a 'preventative' solution, i.e. if that same person had acquired their private extra care unit 18 months earlier, whilst not needing 24-hour care and support, they are more likely to have been in a position to buy/sell their property, move into the extra care scheme and then age in place with all of the support and care on site when they need it later, not solely when they have an immediate requirement as a result of a crisis..

Failure to account for actual homeownership levels to reflect private extra care need

12.11. Models do not adequately reflect homeownership levels in many instances and the apportionment of 'need' has been made arbitrarily, often at the behest of social services teams, who often do not support private development, as their strategy and budgets are focused primarily on affordable and social need. There is greater provision of affordable extra care but, given levels of homeownership nationally, this situation should logically be reversed. Most models, however, do not take this into account.

Exclusion of elderly people between 65 and 74 years of age in need calculations

12.12. Most models, for some reason, exclude households between 65 and 74 years of age and instead only look at 'need' from 75+ years. This is despite the planning restrictions in place on specialist older people's housing schemes typically starting from 65+ years (sometimes 55+ years).

12.13. Our own analysis of existing retirement community residents on behalf of ARCO indicates that at least 20 per cent of residents in retirement communities are aged between 65 and 74 years – therefore most models consistently under-estimate need. Even care home need models (which have higher levels of dependency than extra care as eligibility criteria) assume a percentage of the population of 65 to 74-year olds will occupy a care home bed. There is no evidenced-based-rationale for the exclusion of those below 75 years of age (the Three Dragons model is the only model assessed that does try to explicitly account for this) in its calculation of 'need' for older people.

Model obsolescence and lack of a 'level playing field'

12.14. We contacted Housing LIN, which provides the model specifically quoted in the government's National Planning Policy Framework (NPPF), to ascertain if they are willing to undertake bespoke market research for us to support planning applications and they declined due to potential conflicts with County Councils. The SHOP@ tool, to which the NPPF refers, has been withdrawn and is no longer available for third-party use. We therefore consider that this is no longer a model that can be considered robust if both 'sides' are unable to utilise it and it is no longer supported by its creators – it is not a level playing field.

12.15. The Three Dragons/RHG model is not available as a free to access tool on the organisation's website and must also be independently commissioned.

Carterwood approach

12.16. Given the challenges of the existing tools, we have undertaken our assessment of need considering ALL of the models in turn and then applied the prevalence data at local authority and market catchment level in order to provide the most comprehensive assessment of need available – this includes both national models and local models.

12.17. Our recommended prevalence rate is based upon our composite review of the strengths and weaknesses of our assessment.

12.18. Appendix B has a full review of each model assessed for reference purposes.

13. Model need prevalence rate summary

T10 Summary of local level population need prevalence rates (per 1,000 population over 75 years unless stated otherwise)

Housing type	Enhanced sheltered housing		Extra care housing		Housing based provision for dementia
Models reviewed	For rent	For sale	For rent	For sale	
More Choice Greater Voice (2008) - 'Ratios suggested by the norm'/1,000 population 75+ (page 45) **(*1)**	10.0	10.0	12.5	12.5	10.0
SHOP (Dec 2011) - estimate of demand/1,000 population 75+ (page 36) **(*2)**	10.0	10.0	15.0	30.0	6.0
Housing in Later Life (2012) Indicative ratios for Bury/1,000 population 75+ (page 23) **(*3)**	10.0	10.0	15.0	30.0	6.0
SHOP@ (2013) – Projected "base case" demand at 2030/1,000 75+. (page 7) **(*4)**	10.0	10.0	12.5	12.5	-
Extra Care Demand Assessor (ECDA) **(*5)**	-	-	Calculated independently by the online model		-
Other national models					
Three Dragons (Nov 17) Report to GLA **(*6)**	15 to 20 per cent of all 75+ person households would want to live in specialist older people's housing, if it was available. Need analysis based upon Greater London characteristics, however, does not separate out demand for extra care/enhanced sheltered housing by prevalence rate.				
ARCO Vision 2030 **(*7)**	For 250,000 people to have the opportunity to live in retirement villages by 2030. Defined as retirement communities which we consider would fall within either the extra care or enhanced sheltered housing definitions.				

NB – the 'for rent' figures above relate to 'affordable rent'. The 'for sale' figures relate to market rent or leasehold sale 'private' enhanced sheltered or extra care housing.

Sources:

(1) More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people. Communities and Local Government, CSIP & Housing LIN, February 2008.
(2) SHOP Resource Pack, December 2011.
(3) Housing in Later Life: planning ahead for specialist housing for older people, Housing LIN, NHF et al, December 2012.
(4) SHOP@, Housing LIN & EAC, Delivering the Detail, October 2013.
(5) Archer, Tom (2018). Extra Care Demand Assessor (ECDA). SHU Research Data Archive (SHURDA).
(6) Three Dragons / RHG (November 2017) Assessing future potential demand for older person's housing, care homes and dementia housing in London.
(7) ARCO vision statement.

14. Model review – strengths and weaknesses

T11 Summary of local level prevalence rates

Model	Strengths	Weaknesses
More Choice Greater Voice (2008)	Provides full breakdown of prevalence by tenure and housing type.	Age of study, need based upon 'current' provision, which on every assessable measure was under-provided for based upon elderly population at the time, doesn't account for need from 65 to 74-year-old cohort.
SHOP (Dec 2011)	Provides full breakdown of prevalence by tenure and housing type, includes some allowance however arbitrarily assessed about need that is not solely based upon current supply.	Age of study, no longer supported by authors, doesn't account for need from 65 to 74-year-old cohort.
Housing in Later Life (2012)	Based upon SHOP above so same strengths.	Based upon SHOP above so same weaknesses.
SHOP@ tool (2013)	Flexibility to reflect demand based upon tenure type, interactive on-line tool which was (whilst it was available) easy to use.	No longer available by the authors, widely misused tool by social services commissioning teams who misunderstood its application and how to use the system, reduced the overall "need' prevalence significantly despite national and local policy objectives to increase supply of extra care – again arbitrarily with no evidence base other than opinion of local authorities, doesn't account for need from 65 to 74 year old cohort.
CRESR (Nov 2017) Greater Cambridge. Extra Care Demand Assessor (ECDA)	More recent study, online model available free for use.	Model based upon existing supply of extra care, which is nationally recognised as being under-provided for, doesn't account for need from 65 to 74-year-old cohort, model calculates the catchment area 'in reverse' and therefore doesn't take account of potential need outside these areas in more densely populated areas.
Other models		
Three Dragons (Nov 17) / Retirement Housing Group	Accounts for need from 65- to 74-year-old cohort, considers potential need and national policy objectives explicitly rather than being a measure of solely existing supply.	London-centric analysis that amalgamates extra care and sheltered housing into one global measure and doesn't differentiate by housing type; RHG model unavailable for site-specific use unless commissioned independently.
ARCO Vision 2030	Considers potential need and national policy objectives explicitly rather than being a measure of solely existing supply.	Not a formal model.

Key findings – need model and methodology review

- All the available local-level tools have strengths and weaknesses, with the greatest weakness being an over-reliance on the models by stakeholders for what are supposed to be high-level tools that require significant additional work at the local level in order to address need issues.
- Given the challenges of the existing tools, we have undertaken our assessment of need considering ALL of the models in turn and then applied the prevalence data at the local authority level in order to provide the most comprehensive assessment of need available – this includes both national models and local models. We have then adopted our own prevalence rate, as set out in Section 17, considering all of the strengths and weaknesses of the models available, to provide the most rounded assessment possible.

NEED ASSESSMENT – LOCAL MARKET QUANTITATIVE ASSESSMENT

15. Catchment area assessment

15.1. In collaboration with the Associated Retirement Community Operators (ARCO) and its members Carterwood conducted a national research project to calculate the distance travelled by extra care housing residents from their last place of residence. This showed that approximately 70 per cent of residents emanate from within a radius of 10 miles. Distance, however, varies depending on the type, quality, and location of the extra care development.

15.2. The research concluded that the average distance travelled by residents to a private (leasehold) scheme was 5 miles. The analysis regarding location of the development suggested that in an urban location the average travel distance was 2 miles, although the average travel distance for highly accessible locations was just over 4 miles.

15.3. We have therefore based our assessment of the need position for the proposed private extra scheme on a market catchment area, shaded pink and blue in the map opposite, extending to a radius of circa 5-miles from the subject site.

15.4. For the purposes of providing a thorough analysis, and with regard to the characteristics of the site's location and position within the M25 and close to the M3, we have also assessed a circa 3-mile market sensitivity catchment from the subject site, which is shaded pink in the map opposite.

15.5. In addition, we have undertaken analysis based upon the London Borough of Hillingdon, as edged dark blue in the map opposite.

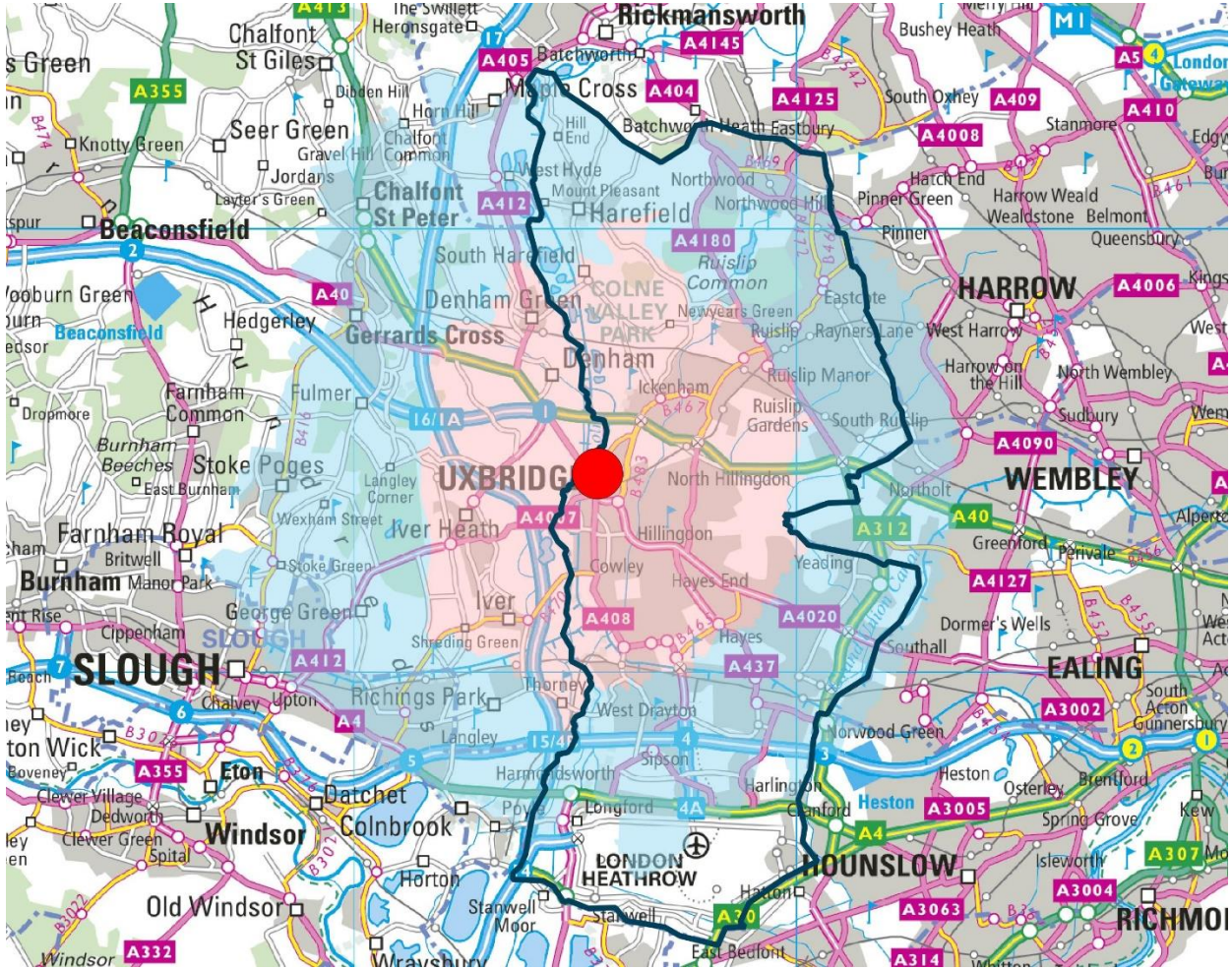


Figure 6: Extra care bases of assessment

The red dot shows the approximate location of the proposed care community. The blue and pink shaded area (combined) illustrates the circa 5-mile market catchment, the pink shaded area illustrates the 3-mile market sensitivity catchment, and the dark blue outline illustrates the London Borough of Hillingdon.

16. Local demographic profile

Housing ownership

16.1. Housing ownership data at the time of the 2011 census, summarised in Table T12, shows that 64.2 per cent of all households within the 3-mile market sensitivity catchment where the household reference person is over 65 years of age were owned either outright or with a mortgage. This measure is above the UK average (63.5 per cent) and reflects the wealth profile of the market area.

16.2. The London Borough of Hillingdon shows a slightly lower percentage of 62.9 per cent home ownership, where the household reference person is over 65 years, being just below the UK average.

16.3. Please note that the figures may contain rounding and total figures compared across different tables may vary due to rounding and amalgamation of different data sets and limitations of census 2011 data. The data in this table includes vacant properties and secondary residences/holiday accommodation.

Population profile

16.4. We have summarised the profile of the elderly population in T13, opposite. The 3-mile market sensitivity catchment is characterised by an increased population of those aged 75 years and above, compared to the London Borough of Hillingdon as a whole.

16.5. Both catchments show lower levels of population aged over 65 when compared to the UK average.

Population growth

16.6. The population growth measure considers the rate of growth of the target elderly demographic between 2020 and 2040 and shows the total growth rate over this 20-year period at 45.5 per cent for the 3-mile sensitivity catchment and 47.4 per cent in the London Borough of Hillingdon. It provides an indication of demand for specialist housing for older people.

16.7. The elderly population growth rate exceeds the UK national average in both the 3-mile market sensitivity catchment and the London Borough of Hillingdon across all years assessed. Both catchments significantly exceed the UK average by 2040, being at 4.6 and 6.1 per cent higher in the 3-mile market sensitivity and London Borough of Hillingdon, respectively.

T12 Household ownership (2011) where HRP is aged 65+ years or older

Tenure	3-mile sensitivity		LB of Hillingdon	
	No	%	No	%
Owner occupied: owns outright	13,603	28.7	27,921	27.9
Owner occupied: owns with a mortgage/loan	16,828	35.5	35,090	35.0
Owner occupied: shared ownership	725	1.5	1,280	1.3
Rented from: council (local authority)	4,501	9.5	10,481	10.5
Rented from: registered social landlord	3,247	6.8	6,271	6.3
Rented from: private landlord / letting agency	7,291	15.4	16,691	16.7
Rented from: other	772	1.6	1,450	1.4
Living rent free	452	1.0	1,030	1.0
All households*	47,419	100.0	100,214	100.0

Source: 2011 Census, government population projections.

T13 Population profile (2021)

Age profile	3-mile sensitivity		LB of Hillingdon		Differential to UK %	
	No.	%	No.	%	Market	LA
All population	144,429	100.0	311,126	100.0	-	-
Age 65+	21,375	14.8	42,976	13.8	-4.1	-5.1
Age 75+	10,471	7.2	20,441	6.6	-1.6	-2.3
Age 85+	3,309	2.3	6,367	2.0	-0.2	-0.5

Source: 2011 Census, government population projections.

T14 Population growth (2020–2040)

Category	Elderly population growth rates (%)			
	3-mile sensitivity	UK comparison	LB of Hillingdon	UK comparison
2020	0.0	0.0	0.0	0.0
2025	10.4	1.5	10.8	1.9
2030	23.4	2.8	24.3	3.7
2035	35.4	4.6	36.9	6.1
2040	45.5	8.5	47.4	10.4

Source: 2011 Census, government population projections.

17. Local market size assessments

17.1. Using our analysis of demographic data, we have set out an assessment of need based upon the available models in Table T15 for the 5-mile market catchment, the 3-mile market sensitivity catchment and the London Borough of Hillingdon. We have used each model's prevalence rate data and utilised the population projection data from the census and government actuarial department to predict the need for private extra care for each model. There is a wide variation in need calculated across the different models and approaches.

T15 Summary of local level need by model – extra care and enhanced sheltered housing (2024)

Housing type	Combined prevalence rates for private extra care and enhanced sheltered housing – need per 1,000 population	Private extra care "need" in local population in 2024		
Model	Basis of assessment	5-mile market	3-mile sensitivity	LB of Hillingdon
More Choice Greater Voice (2008) - 'Ratios suggested by the norm'/1,000 population 75+ (p. 45)	22.5 per 1,000 75+ population	822	258	501
SHOP (Dec 2011) - estimate of demand/1,000 population 75+ (p. 36)	40 per 1,000 75+ population	1,461	458	891
Housing in Later Life (2012) Indicative ratios for Bury/1,000 population 75+ (p. 23)	40 per 1,000 75+ population	1,461	458	891
SHOP@ (2013) pre-set rates	22.5 per 1,000 75+ population	822	258	501
Extra Care Demand Assessor (ECDA)	Unknown – calculated by online model	*(includes all tenure types and based upon 5.3km notional catchment area generated by the model)*		

Source: see table T10

17.2. **We have prepared our own assessment and have adopted the original SHOP Dec 11 and Housing in Later Life prevalence rates. We consider that these ratios and prevalence rates most accurately take account of the strengths and weaknesses of the other available models, which are overly punitive on need-based factors at the local level. The prevalence rate below most accurately accords with the requirements outlined in the national literature and take account of the increased weighting of housing with care required in future provision as it is currently an immature market, rather than adopting a 'more of the same' approach. The prevalence rate adopted also more accurately reflects UK and local level homeownership levels, which are heavily skewed towards the private market. In addition, the slightly higher prevalence takes account of the 20 per cent of people who may occupy an extra-care scheme who are aged between 65–74 years of age, who are arbitrarily excluded from all of the other models assessed.**

T16 Summary of local level need – Carterwood projections (2024)

Housing type	Combined prevalence rate for private extra care and enhanced sheltered housing – need per 1,000 population	"Need" in local population		
Model	Basis of assessment	5-mile market	3-mile sensitivity	LB of Hillingdon
Carterwood assessment	40.0 per 1,000 75+ population	1,461	458	891

17.3. To provide context for our adopted prevalence rate, if this figure is applied at the UK level, these prudent assumptions indicate that only 1.8 per cent of the total number of over 65-year olds in the country require private extra care/sheltered housing. Given the high levels of homeownership, lack of current provision and government policy drive towards promotion of support within an individual's own home, we consider that the levels are a highly robust measure with which to assess current and future need for private extra care accommodation.

18. Existing private extra care schemes

18.1. We subscribe to the Elderly Accommodation Counsel's (EAC) data, which offers enhanced data fields compared to the online version of www.housingcare.org. We have also updated the base EAC data with the results of our own research, to assess the current supply of extra care accommodation within the market catchment – we have recoded and classified where we have inspected a scheme and know it to be incorrectly coded by the raw data.

18.2. The challenges for EAC are manifold in maintaining this data set, as there is no regulatory data from which to build and maintain this database. It relies upon a small research team and operators/developers themselves to update – this can sometimes lead to inconsistencies.

18.3. We have researched all schemes classified as follows:

- Extra care/assisted living;
- Enhanced sheltered housing;
- Close care;
- Retirement village.

18.4. We have conducted additional research to ensure that each scheme conforms to the recognised definition of extra care, namely that 24-hour on-site care is provided or that it meets the definition of enhanced sheltered housing as per the housingcare.org.uk website. We have not included any registered social landlord schemes and have only included schemes catering to the private market.

18.5. We have specifically not considered any traditional sheltered housing or other similar schemes in our analysis of current supply.

18.6. There are 5 private extra care/enhanced sheltered housing schemes within the 5-mile market catchment, providing 383 private units of accommodation. Two of these schemes are also located within the 3-mile market sensitivity catchment, providing 198 private units of accommodation.

18.7. There are only 2 private extra care/enhanced sheltered housing schemes within the London Borough of Hillingdon, providing 59 units of private accommodation. Details are provided in the adjacent tables.

18.8. A full list of the individual schemes is attached at Appendix C.

T17 Existing supply of private extra care (market catchments)

Scheme type	Schemes (No.)		Units (No.)		Private units (No.)	
Market catchment	5-mile	3-mile	5-mile	3-mile	5-mile	3-mile
All schemes & all retirement villages						
With on-site care/support	5	2	567	382	383	198
Without on-site care/support	14	10	446	357	446	357
Retirement villages only						
With on-site care/support	2	1	469	327	285	143

Source: EAC, Carterwood

T18 Existing supply of private extra care (London Borough of Hillingdon)

Scheme type	Schemes (No.)	Units (No.)	Private units (No.)
All schemes & all retirement villages			
With on-site care/support	2	59	59
Without on-site care/support	12	385	385
Retirement villages only			
With on-site care/support	0	0	0

T19 Existing supply by decade of construction (5-mile market and LB Hillingdon)

Scheme type	Private units					
	With on-site care / support (%)		Without on-site care/ support (%)		Total units (No.)	
Catchment	5-mile	LBH	5-mile	LBH	5-mile	LBH
Pre-1980s/unknown	38	7	0	0	147	4
1980s	0	0	48	51	216	195
1990s	0	0	27	31	120	120
2000s	0	0	10	12	45	45
2010s (2010–2014)	37	0	0	0	142	0
2010s (2015+)	25	93	15	6	159	80
Total	100	100	100	100	829	444

Source: EAC, Carterwood

19. Planned private extra care supply

19.1. From our data sources, we have reviewed all the planning applications that have been granted, refused, withdrawn or are pending decision. A full list of the individual schemes is included at Appendix C.

19.2. This has been cross-referenced against the online planning website for the relevant local authority and, where an anomaly exists, we have contacted the planning officer, if required.

19.3. We have made enquiries with Hillingdon Council and the local authorities situated within the 5-mile market catchment area and used our own data information sources and market knowledge to determine the number of planned units, either in the planning process or under construction. Additional units in the area are of key importance, as they are likely to be of a high standard and provide more significant competition to the proposed development once completed and trading. We have searched for planning applications submitted over the past 3 years; our research was undertaken on 22 January 2021.

19.4. Where an application has been refused or withdrawn, we have entered the postcode into the local authority online planning facility to identify if a subsequent application or appeal application has been submitted. The results of this are included within the report.

19.5. Where a planning application has been granted, we have cross-referenced the postcode against our existing supply to ascertain if the scheme is operational. If it is, we have included it within the operational provision and not within the planning table.

19.6. We would note that the planning registers that we subscribe to are not definitive and may exclude some applications as they rely upon each local authority for provision of the information. We have excluded any sheltered housing, category II sheltered housing schemes or affordable extra care schemes from our analysis.

19.7. We have identified one planning application for extra care units, which falls within the 5-mile market, 3-mile sensitivity and London Borough of Hillingdon catchments, as set out in T20. The planning application is by the Anchor Hanover Group, for the proposed development of 72 assisted living apartments on land off Thompson Road, Hillingdon.

19.8. In T21, we have provided our opinion of the pipeline by year of delivery based upon desktop review and conversations with developers/applicants, where possible. We have had regard to the scheme size, the nature of the site and its current development status.

T20 Planned supply of new private extra care

Scheme type	Market (5-mile)	Market sensitivity (3-mile)	LB Hillingdon
New-build OPH units: pending decision	0	0	0
New-build OPH units: granted permission	72	72	72
Total planned units	72	72	72
Total number of schemes	1	1	1

Source: Carterwood, Glenigan, Planning Pipe and relevant planning departments

T21 Planned supply of new private extra care by estimated year of delivery

Planned supply pipeline by year of delivery	Market (5-mile)	Market sensitivity (3-mile)	LB Hillingdon
2021	0	0	0
2022	0	0	0
2023	0	0	0
2024	72	72	72
2025+	0	0	0
Total units	72	72	72
Total number of schemes	1	1	1

Source: Carterwood, Glenigan, Planning Pipe

20. 5-year need analysis summary

20.1. By applying our need methodology to the market catchment, we have calculated the potential net need for private extra care units from people aged 75 years and above (which includes an intrinsic allowance for the circa 20 per cent of residents who move to an extra care scheme who are aged between 65 and 74 years, as per our detailed methodology review).

20.2. Our analysis as at 2021, based upon current need projections, existing supply and deliverable pipeline, shows a net need for 955 private extra care units in the 5-mile market catchment, 221 in the 3-mile market sensitivity catchment and 759 in the London Borough of Hillingdon.

20.3. Our analysis as at 2024 (the earliest year the subject scheme could be developed given its current status) shows a net need for 1,006 private extra care units in the 5-mile market catchment and 188 private extra care units in the 3-mile sensitivity catchment .This considers demographic growth over the period and includes additional pipeline supply coming forward through the planning system.

20.4. Our analysis for 2024 for the London Borough of Hillingdon on the same basis, shows a net need for 760 private extra care units. We therefore consider that there is an evident and increasing undersupply of private extra care accommodation within the three assessed catchments.

T22 Primary year for private extra care need analysis

Primary year of assessment	2024	The earliest year the subject scheme is developed and the first phase of private extra care units is available

T23 Five-year private extra care requirement (5-mile market catchment)

Year	2021	2022	2023	2024	2025
Need					
Total 75+ population	33,442	34,787	35,741	36,537	37,280
Estimated need private extra care (4.0%)	1,338	1,391	1,430	1,461	1,491
Private extra care supply					
Current supply of private extra care	383	383	383	383	383
Planned beds by operational year	0	0	72	72	72
Total supply (units)	383	383	455	455	455
Balance of provision					
Need (private extra care units)	955	1,008	975	1,006	1,036

Source: Carterwood, Census 2001, Government population projections, Glenigan, Planning Pipe, EAC

T24 Five-year private extra care need (3-mile market sensitivity catchment)

Year	2021	2022	2023	2024	2025
Need					
Total 75+ population	10,471	10,911	11,210	11,450	11,664
Estimated need private extra care (4.0%)	419	436	448	458	467
Private extra care supply					
Current supply of private extra care	198	198	198	198	198
Planned beds by operational year	0	0	72	72	72
Total supply (units)	198	198	270	270	270
Net need					
Private extra care units	221	238	178	188	197

Source: Carterwood, Census 2001, Government population projections, Glenigan, Planning Pipe, EAC

T25 Five-year private extra care requirement (London Borough of Hillingdon)

Year	2021	2022	2023	2024	2025
Need					
Total 75+ population	20,441	21,282	21,835	22,276	22,681
Estimated need private extra care (4.0%)	818	851	873	891	907
Private extra care supply					
Current supply of private extra care	59	59	59	59	59
Planned beds by operational year	0	0	72	72	72
Total supply (units)	59	59	131	131	131
Net need					
Private extra care units	759	792	742	760	776
Assumptions to Tables T23, T24 and T25					

- Key year of analysis is based upon 2024 projections – earliest possible year of opening given current development status.
- Planned supply based upon individual assessment of each scheme and assessment of likely development completion.
- Assumed zero closures of obsolete stock as no known closures imminent.

Source: Carterwood, Census 2001, Government population projections, Glenigan, Planning Pipe, EAC

21. Need analysis – methodology comparison

21.1. We have provided a quantitative assessment of need for private extra care using all of the models reviewed, as at 2024, for the assessed catchments.

21.2. The results show a broad variation of net need; up to 1,006 private extra care units in the 5-mile market catchment, 188 in the 3-mile market sensitivity catchment and 760 units in the London Borough of Hillingdon, based upon the different prevalence rates adopted.

21.3. The suggested ECDA oversupply of 5 units relates to a catchment size of 5.3 km, population aged 75+ as at 2021 and total supply of extra care rather than just private provision (NB – need for affordable extra care is assessed separately), and is not, therefore, directly comparable to the other models.

21.4. However, despite this wide range based upon the underlying need assumptions, all models reviewed based on the 5-mile market catchment and London Borough of Hillingdon show shortfalls in private extra care provision. The 3-mile sensitivity catchment (and ECDA 5 km catchment) show a range from close to equilibrium to a need for 188 private extra care units.

T26 Primary year for private extra care need analysis

Primary year of assessment	2024	The earliest year the subject scheme is developed and the first phase of private extra care units is available

T27 All models' private extra care need (5-mile and 3-mile catchments) – 2024

Year	More Choice Greater Voice		SHOP		Housing in Later Life		SHOP@	
Market catchment	5-mile	3-mile	5-mile	3-mile	5-mile	3-mile	5-mile	3-mile
Need								
Total 75+ population	36,537	11,450	36,537	11,450	36,537	11,450	36,537	11,450
Prevalence rate (%)	2.25	2.25	4.00	4.00	4.00	4.00	2.25	2.25
Estimated need for private extra care	822	258	1,461	458	1,461	458	822	258
Private extra care supply								
Current supply of private extra care	383	198	383	198	383	198	383	198
Planned beds by operational year	72	72	72	72	72	72	72	72
Total supply (units)	455	270	455	270	455	270	455	270
Net need								
Private extra care units	367	-12	1,006	188	1,006	188	367	-12

T28 All models' private extra care need (London Borough of Hillingdon) – 2024

Year	More Choice Greater Voice	SHOP	Housing in Later Life	SHOP@	ECDA*
Need					
Total 75+ population	22,276	22,276	22,276	22,276	10,320
Prevalence rate (%)	2.25%	4.00%	4.00%	2.25%	n/a
Estimated need for private extra care	501	891	891	501	n/a
Private extra care supply					
Current supply of private extra care	59	59	59	59	147
Planned beds by operational year	72	72	72	72	n/a
Total supply (units)	131	131	131	131	n/a
Net need					
Private extra care units	370	760	760	370	-5

Sources: See table 15
**Extra Care Demand Assessor (ECDA) assumes a population aged 75+ of 10,320 (2021) based on a 5.3km catchment and states current supply is 147 (includes affordable extra care). We have adopted the data from the model itself verbatim - hence it does not accord with our own supply data.*

NEED ASSESSMENT – QUALITATIVE ASSESSMENT

22. Tangible benefits for the NHS & the wider community

Benefits to the housing chain

22.1. Extra care and other specialist housing for older people offer a unique combination of independence and security of lifestyle within a socially active and supportive community. Here, older people are able to continue to live in their own space, supported by a comprehensive and flexible network of personal care services and activities.

22.2. People moving into a scheme will release large family homes back into the community, which is key to offering more options for families living locally.

22.3. A report ('The top of the ladder', prepared in September 2013) by Demos, the leading cross-party think tank, has considered the above issue in significant detail. We have considered some of the key issues and findings raised as part of this research and reproduced below:

22.4. *'Retirement properties make up just 2 per cent of the UK housing stock, or 533,000 homes, with just over 100,000 to buy. One in four (25 per cent) over 60s would be interested in buying a retirement property – equating to 3.5 million people nationally.'*

22.5. *'More than half (58 per cent) of people over 60 were interested in moving. More than half (57 per cent) of those interested in moving wanted to downsize by at least one bedroom, rising to 76 per cent among older people currently occupying three-, four- and five-bedroom homes. These figures show that 33 per cent of over 60s want to downsize, which equates to 4.6 million over 60s nationally. More than four in five (83 per cent) of the over 60s living in England (so not Scotland, Wales or Northern Ireland) own their own homes, and 64 per cent own their home without a mortgage. This equates to £1.28 trillion in housing wealth, of which £1.23 trillion is unmortgaged. This is far more than the amount of savings this group has (£769 billion). Therefore, the over 60s interested in downsizing specifically are sitting on £400 billion of housing wealth.'*

22.6. *'If just half of the 58 per cent of over 60s interested in moving (downsizing and otherwise) as reported in our survey were able to move, this would release around £356 billion worth of (mainly family-sized) property – with nearly half being three-bedroom and 20 per cent being four-bedroom homes.'*

22.7. *'If those wanting to buy a retirement property were able to do so, this would release £307 billion worth of housing.'*

22.8. *'Combining New Policy Institute (NPI) analysis of current market chain effects of older people dying and moving each year with our own analysis of ELSA, we can estimate that if all those interested in buying retirement property were able to do so, 3.5 million older people would be able to move, freeing up 3.29 million properties, including nearly 2 million three-bedroom homes. 'If just half of those interested in downsizing more generally were able to do so, 4 million older people would be able to move, freeing up 3.5 million homes.'*

22.9. The report's key conclusions are summed up in the following statement:

22.10. *'We conclude by reflecting on the fact that the housing needs of our rapidly ageing population (the number of over 85s will double by 2030) is the next big challenge this government faces. And yet the costs associated with overcoming this are far lower than those related to the effects of the ageing population on health or social care. The money is there already – locked up in over a trillion pounds' worth of assets across the country. Hundreds of millions of pounds could be released to stimulate the housing market if (low-cost) steps were taken to unlock the supply to meet the demand already there – let alone if demand were further stimulated. While there must always be a place for social housing and affordable tenancy for older people, the vast majority of older people can be helped into more appropriate owner-occupied housing without any direct delivery costs incurred by government or local authorities.'*

22.11. *New research in 2020, prepared by the Centre for the Study of Financial Innovation, also supports the above housing chain benefits and is described in detail in Section 10.*

Employment and economic benefits

22.12. The subject scheme will provide full-time and part-time roles in order to fulfil its obligations to residents and cover care and support requirements. We set out overleaf a breakdown of roles/occupations based upon data collected by Worcester Research in 2016 on the Bishopstoke Park retirement village in Hampshire, operated by Anchor Hanover, and over 160 units in size.

T29 Direct employment generated	
Job role	Number of people employed Bishopstoke Park actual
Management, professional, associate professional	8
Skilled manual, admin and clerical	12
Caring, machine occupations, elementary roles	45 (mostly part time average - 20 hours pw)
Total	65

22.13. In addition to directly employing a local workforce, schemes also employ the services of a wide range of local companies in the provision of services in order to service a scheme of this size. Data quoted in the Housing for Later Life report in 2011 estimated an average 40-unit extra care apartment scheme provides investment of approximately £5m into older people's housing and the local economy (in 2020 costs, this would be significantly higher, having been subject to 10 years' inflation). The report also found that around 50 people were needed for construction.

22.14. The Worcester Research group applied the above construction cost and utilised other research of their own as part of a resident survey and identified the following economic contribution for a typical 150-unit village:

- £15m in initial investment in capital asset (we estimate this to be greater and more likely to be in the region of £20 to £30m for a large 150-unit village).
- Approximately 187 jobs during the construction phase.
- £1.7m in on-going salary to local workers.
- At least £160,000 per annum in additional business to local suppliers.
- Around £1.3m expenditure in the local economy from residents (including multiplier effects).
- Between £152,000 and £190,000 in additional council tax to support local service provision.

Health & wellbeing and benefits to the NHS and Social Services

22.15. We have reviewed the House of Commons report of Housing for Older People (2nd report 2017/9), which neatly summarises the available body of evidence on the benefits to health and wellbeing and the direct positive impact on the NHS and budgets:

22.16. *'There is a significant body of evidence on the health and wellbeing benefits to older people of living in specialist housing and the resultant savings to the NHS and social care. This is particularly the case for extra care housing, which has onsite care and support and communal facilities. In addition, this type of housing helps family and carers finding it challenging to provide enough care and support.'*

22.17. *'Research by the International Longevity Centre-UK found that around a quarter of people who moved into extra care housing with social care needs (or went on to develop them) experienced an improvement within five years, were less likely to be admitted to hospital overnight and had fewer falls. Subsequent research found that, in comparison to older people in the general community, extra care residents reported having a higher quality of life, a higher sense of control and lower levels of loneliness.'*

22.18. *'While at Aston University, Professor Holland led a three-year study on the impact on older people's health of living in the ExtraCare Charitable Trust's extra care schemes. Professor Holland's study found that the NHS costs for those in the sample were reduced by 38% and that the costs for frail residents had reduced by 51%. In addition, local authority costs of providing lower and higher-level social care were 17.8% (£1,222) and 26% (£4,556) lower respectively on average per person per year.'*

22.19. *'With regards to retirement housing, research from the University of Reading showed that it can help combat social isolation and promote fitness, with over 80% of owner occupiers of retirement housing taking part reporting feeling happier in their new home and nearly a third feeling that their health had improved.'*

22.20. *'Providers of sheltered housing emphasised their role in helping older people to stay healthy, reducing hospital admissions and delayed transfers of care, thereby generating savings to health and social care budgets. Research by Demos estimated the value of sheltered housing to the NHS and social care at £486 million per year, of which £17.8 million amounted to reduced loneliness.'*

22.21. *Sometimes NHS CCG teams are concerned about the impact on their local doctors' surgeries. However, evidence indicates that there is a positive benefit in line with the evidence base above and regardless we anticipate the subject scheme will hold periodic surgeries in-house within the development and will not impact on local surgeries directly. This serves to reduce the number of GP visits, as the requirement for GP input is heavily controlled by care staff understanding the clinical requirements for each service user.*

22.22. The visiting GP can also combine multiple visits into one trip. The presence of on-site care staff also reduces the number of unnecessary trips to GPs, thereby

reducing waiting lists rather than increasing them. The concentration of individuals within one place should also assist in reducing the need for community nurses and there are obvious advantages of having residents within one geographic location.

22.23. Further, the pressure on GPs will not be a direct result of the proposed development – demand is not created, it is catered for and the new scheme will provide much needed facilities to help battle the rising demographics pressure across the area.

22.24. In addition, some local authority Social Services teams are concerned that new schemes bring in people from outside of the area who will drain local authority budgets. However, having conducted a plethora of studies across the UK and spoken with a host of social services teams, our general observation is that local authority placements both into and out of any local authority are neutral.

22.25. There is no doubt that several residents will move into an area when a new scheme is developed. However, this goes both ways and as new schemes are developed in neighbouring boroughs and an equivalent proportion of people will therefore leave their authority area and funding requirements will reduce. Funding pressure by social services to and from neighbouring and surrounding local authorities therefore compensate each other. In effect, there are just as likely to be as many people leaving the area as there are migrating into the area, and these two factors effectively cancel each other out.

Key findings – tangible benefits for the NHS & the wider community

- *'People moving into a scheme will release large family homes back into the community, which is key to offering more options for families living locally. If just half of the 58 per cent of over 60s interested in moving (downsizing and otherwise) as reported in our survey were able to move, this would release around £356 billion worth of (mainly family-sized) property – with nearly half being three-bedroom and 20 per cent being four-bedroom homes'* (Demos, The Top of the Ladder).
- The subject scheme will provide a range of full-time and part-time roles in order to fulfil its obligations to residents and provide care and support requirements.
- The Worcester Research group identified the following economic contribution for a typical 150-unit village:
    - £15m in initial investment in capital asset (we estimate this to be greater and more likely to be in the region of £20 to £30m for a large 150-unit village).
    - Approximately 187 jobs during the construction phase.
    - £1.7m in on-going salary to local workers.
    - At least £160,000 per annum in additional business to local suppliers.
    - Around £1.3m expenditure in the local economy from residents (including multiplier effects).
    - Between £152,000 and £190,000 in additional council tax to support local service provision.
- There is a significant body of evidence on the health and wellbeing benefits to older people of living in specialist housing and the resultant savings to the NHS and social care. This is particularly the case for extra care housing, which has on site care and support and communal facilities. In addition, this type of housing helps those families and carers finding it challenging to provide sufficient care and support.
- A study of the ExtraCare Charitable Trust's extra care schemes found that the NHS costs for those in the sample were reduced by 38 per cent and that the costs for frail residents had reduced by 51 per cent.

23. Tangible benefits for residents

23.1. The primary purpose of the literature on care villages has been to evaluate the success of existing schemes. In addition, while the volume of literature has gradually increased, to date there remain only a handful of papers that document and evaluate primary research from UK schemes. We have extracted the text below verbatim from a report prepared by Tetlow King, published in 2011, which summarises the empirical evidence available in respect of the benefits of care villages to the individuals who are cared for within the developments. We have also reviewed a report prepared by CASS Business School, entitled 'Does Living in a Retirement Village Extend Life Expectancy?'.

Planning and Delivering Continuing Care Retirement Communities (Tetlow King 2011)

23.2. *'There are two recent large scale longitudinal studies of CCRCs, one by Bernard et al. (2004) of Berryhill Village operated by the ExtraCare Charitable Trust and the other by Croucher et al. (2003) of Hartrigg Oaks, operated by the Joseph Rowntree Housing Trust.'*

23.3. *'Both of these studies offer in depth accounts of living in retirement communities. More recently an evaluation of the first 10 years of Hartrigg Oaks has been produced by the residents and staff (JRF 2009). The other UK based studies cover smaller time frames (e.g. Evans and Means 2007) and so adopt different methods and sample sizes, ranging from around 15 participants to over 100. Another approach by Biggs et al. (2001) adopts a comparative analysis, comparing those within a CCRC to a sample from the wider community. This produces an effective analysis of life within a retirement community as it enables direct comparisons to be drawn. Across these evaluations a number of key themes can be identified.'*

'Safety and Security

23.4. *'A number of sources refer to the sense of safety and security experienced by residents (e.g. Phillips et al. 2001, Baker 2002, Biggs et al. 2001). This is most often related to knowing that care staff are available on site day and night, and knowing that help is available across a range of domains, including home maintenance (Croucher 2006). It is also acknowledged that being in such a community reduces the risk of being a victim of crime or harassment.'*

'Health

23.5. *'Within a CCRC, the onsite care provision ensures that all residents are fully cared for and supported. Hayes (2006) acknowledges that this provides residents with peace of mind from knowing that they can stay at home even if their care needs change. Throughout their comparative studies both Croucher (2006) and Biggs et al. (2001) found that the self-reported health status of residents within the village tended to remain much higher than those living outside.'*

'Social Inclusion

23.6. *'The issue of social inclusion is commonly cited as an important reason for moving into such a community. Social inclusion is a key theme throughout government policy and it is widely recognised that older age groups with reduced mobility increasingly suffer from social exclusion (Battersby 2007; OCSI 2009). It is well documented that CCRCs offer opportunities for companionship and social interaction. This occurs both formally within organised clubs or activities and informally within communal areas (see for example Bernard et al. 2007; Croucher 2006; JRF 2009; Evans and Means 2007 and Phillips et al. 2001). Some authors report instances of conflict or marginalisation of those who don't fit in with the norm (Croucher et al. 2006; Phillips et al. 2001). In general, however this is heavily outweighed by the volume of evidence documenting the mutual support that exists between residents, creating a true sense of place and community spirit.'*

Living in a retirement village extends life expectancy
The case of Whiteley Village

23.7. *'The increasing number of people we expect will require residential care at some point in their lives provides a new impetus to examine how retirement village communities can cater for the needs of their residents. This report is particularly commendable because it examines the records of residents of Whiteley Village, covering 100 years of its existence including their longevity experience.'*

23.8. *'It finds that Villagers, particularly females, live longer than the average for England & Wales and this advantage was especially pronounced when pensioner poverty was higher than it is today. This is particularly remarkable since eligibility to become a resident of Whiteley, usually at around normal retirement age, is based on having limited financial means, i.e. people who would be expected to die sooner on average.'*

23.9. *'This advantage continues today if one compares the longevity of Whiteley Villagers with the poorest 20% of pensioners in England & Wales. The key message therefore is that as well as increasing quality of life, housing with care communities such as Whiteley Village can also extend life expectancy.'*

23.10. *'As the residential care sector continues to respond to the needs of our rapidly ageing society, I hope that policymakers and the social care sector can take heart in knowing that, whilst socio-economic inequalities in life expectancy sadly still*

exist, the right housing with care community might just be able to ameliorate the effects of deprivation and address those inequalities in later life' (page 4).

'Executive summary

23.11. *'The benefits or otherwise of communal living in later life are of considerable interest in the context of a growing and increasingly elderly population because of the continuously rising cost pressures on health and social care and the need to provide more suitable accommodation. Such establishments have the capacity to provide in one location all the needs of residents whilst providing a stimulating and high quality living environment which insulates residents from the day-to-day problems of growing old. Whiteley Village, currently celebrating its 100th anniversary, is one of the main forerunners of this kind of retirement living anywhere in the world. The aim of this study is to investigate the possible benefits of retirement village life with respect to life expectancy, i.e. whether Villagers live longer on average than the general population. Our results show that there is strong statistical evidence that female residents, in particular, receive a substantial boost to their longevity when compared to the wider population – at one point in time reaching close to five years. Whiteley's longevity advantage is even greater once we take account of the fact that the resident population is drawn from the poorest pensioners, who would be expected to experience higher mortality rates. Although we were unable to find sufficient statistical evidence that the male residents of Whiteley outlive their counterparts in the wider population, there was certainly evidence that the majority lived at least as long on average (i.e. the effects of living at Whiteley appears to combat the inequalities caused by social deprivation)' (page 5).*

23.12. The research document concludes that there are significant benefits of living at Whiteley that help to combat the inequalities caused by social deprivation. The report concludes that as well as increasing quality of life, housing with care communities such as Whiteley Village can also extend life expectancy.

The Joseph Rowntree Foundation

23.13. In addition to the above commentary, we have considered the Joseph Rowntree Foundation paper, published in April 2006, called '*Making the Case for Care Villages*'. Drawing on previously published studies and data from an on-going comparative evaluation of seven different housing with care schemes for older people, they found that evidence shows very clearly that older people see care villages as a positive choice.

23.14. We have extracted a few examples of the research that underpins the key observations made on the benefits.

23.15. *'Care Villages also play an important role in promoting health and well-being. Increased opportunities for social interaction and engagement can reduce the experience of social isolation, with consequent benefits to health, well-being, and quality of life…'*

23.16. *'Living in a purpose-built, barrier-free, efficiently heated environment removes many of the difficulties and dangers of living in inappropriate accommodation, in particular the risk of falls. Resident groups can be effectively targeted for health promotion initiatives... On-site catering services can promote healthy eating, and cater for particular dietary requirements and ensure that everyone has the opportunity to have a hot, nutritious meal every day.'*

Benefits of domiciliary care delivery in community setting

23.17. In addition, provision of domiciliary care and support to occupants of the extra care units can be provided in much smaller time segments than is possible to achieve in someone's own home in a traditional way. Often visits in traditional home care within a person's own home are limited to a minimum of 30 minutes or even an hour, which is very impractical to meet the needs of the person concerned if they require a more bespoke service. There is greater consistency in case delivery compared to traditional care as home care delivery is easier to control.

Key findings – tangible benefits for residents

- Residents benefit, over and above other wider benefits to the economy and the NHS, due to improvements in the following key health and social metrics:
    - Safety and security.
    - Health and well-being benefits and improved quality of life.
    - Social inclusion and reduction in inequalities caused by social deprivation.
    - Longevity and life expectancy increases.
    - Reduced risk of falls/injury by living in purpose-built accommodation.
    - Tailored care delivery and consistency of care through provision from same site.

KEY FINDINGS AND CONCLUSIONS

24. National context and the proposal

24.1. There is no statutory definition of extra care, which often leads to ambiguity for key stakeholders, including planners, potential or existing residents, and social services departments.

24.2. For the avoidance of doubt, we have included extra care and enhanced sheltered housing within our definition of 'extra care' in our need assessment, having regard to the EAC database.

24.3. The proposed scheme will provide accommodation with care and we have therefore used the term 'extra care' throughout this report, whilst not disregarding our comments and observations regarding the various forms of specialist housing. We also use the terms 'housing with care' and 'extra care/enhanced sheltered housing' where appropriate for context.

24.4. The elderly UK demographic is set to grow dramatically in the coming years, and will continue to drive demand for both non-residential care, such as extra care schemes, and other specialist accommodation options, as well as care home beds.

24.5. The vast majority of existing private specialist accommodation in the UK comprises 'sheltered housing', with just 16.0 per cent of total stock meeting our definition of extra care, where care/support is available on site, amounting to 28,982 units.

24.6. Extra care has evolved in recent years to respond to the growing need from older people for greater choice, quality and independence. With approximately 12.5m people over the age of 65 years and approximately 5.8m people aged over 75 years, this equates to a supply of private extra care for only 0.23 per cent and 0.5 per cent of these age cohorts, respectively.

24.7. Home ownership levels of older people are very important in the analysis of private extra care as those that own their own home will not be eligible for Registered Social Landlord affordable rental options. Instead, they will need to access private leasehold sale or market rent alternatives.

24.8. COVID-19 has had a significant impact on the social care sector. At this stage, it is impossible to predict the eventual outcome; however, in our opinion, extra care allows residents to self-isolate effectively within their own homes where, crucially, they can also receive trained on-site care and support, if required. This not only means they will be cared for, but also that debilitating damage caused by loneliness and social isolation is mitigated.

25. Commissioning enquiries

25.1. The Greater London Authority and London Borough of Hillingdon strategy is in line with that of other local authorities, seeking to reduce the amount of residential care it commissions in care homes by increasing community-based services and extra care, to enable older people to be cared for in their own homes for as long as possible.

25.2. The strategic documents clearly identify an existing and increasing need for additional specialist accommodation for older people, with an annual benchmark of 180 units for the London Borough of Hillingdon.

25.3. Homeowners, comprising almost 63 per cent of households in the borough, will not meet housing list criteria and will not be eligible for 'affordable' extra care developments. It is therefore critical that additional private supply, both for private leasehold sale and for market rent, is made available to meet such requirements, to promote downsizing and enable all older people to remain in their local community in an environment where they can maintain their independence for as long as possible.

25.4. The proposed care community will address this need and allow older people more flexibility and choice when taking the decision to move into an extra care development.

26. Quantitative need assessment for private extra care units

26.1. We have reviewed the available need methodologies and considered the strengths and weaknesses of each model in Section 14.

26.2. We have calculated the potential need for private extra care units from people aged 75 years and above. The prevalence rate we have adopted, in our opinion, most accurately accords with requirements outlined in national literature and take account of the increased weighting of 'housing with care' required in future provision rather than adopting a 'more of the same' approach.

26.3. The prevalence rate adopted also more accurately reflects elderly home ownership levels, which are heavily skewed towards the private market and prudently account for the c.20 per cent of people living in extra care aged 65–74 years, arbitrarily excluded from other models.

26.4. We have analysed the potential need for private extra care to 2041 and interpreted this as at 2024 (see T30), the earliest possible year the first extra care units in the subject proposed care community could be made available. This timescale could be significantly longer given the current planning status; however, for prudence, we have adopted this best-case scenario.

26.5. For the avoidance of doubt, the models we have assessed in our methodology review identify a need for additional private extra care units in all three catchments (see Section 21).

26.6. T31 sets out the long-term need set against the rising elderly population over a wider time horizon up to 2041 and shows a significant increase in the net need for private extra care. The proposed scheme would assist to address this shortfall.

T30 Need analysis (2024) for private extra care (Carterwood assessment)

Catchment area	5-mile market catchment	3-mile market sensitivity catchment	London Borough of Hillingdon
Year of assessment	2024	2024	2024
Need			
Total 75+ population	36,537	11,450	22,276
Estimated need private extra care (4.0%)	1,461	458	891
Private extra care supply			
Current supply of private extra care	383	198	59
Planned beds by operational year	72	72	72
Total supply (units)	455	270	131
Net need			
Private extra care units	1,006	188	760
Assumptions			

- Estimated need for private extra care assumed at 4.0 per cent of the total 75+ population. This is based upon the original SHOP tool and Housing for Later Life studies which we consider best reflect the underlying need characteristics of private extra care housing.
- Key year of analysis based upon 2024 projections – earliest possible year units within the proposed development could be available.
- Planned supply based upon individual assessment of each scheme and assessment of likely development completion.
- Zero allowance for reduction through obsolete stock – whilst this is an overly prudent assumption given the age and configuration of a lot of older stock, we have no detailed information at scheme-specific level to make a site-specific adjustment.

T31 Need for private extra care units – medium to long term

Catchment		5-mile market	3-mile market sensitivity	London Borough of Hillingdon
Net need for private extra care	Year			
	2021	955	221	759
	2024	1,006	188	760
	2026	1,060	203	788
	2031	1,218	248	879
	2036	1,425	311	1,011
	2041	1,671	389	1,171

Sources: Housing LIN, Census 2011, government population projections, EAC Housing Options

27. Qualitative need assessment for private extra care units

27.1. 'People moving into a scheme will release large family homes back into the community, which is key to offering more options for families living locally. If just half of the 58 per cent of over 60s interested in moving (downsizing and otherwise) as reported in our survey were able to move, this would release around £356 billion worth of (mainly family-sized) property – with nearly half being three-bedroom and 20 per cent being four-bedroom homes' (Demos, The Top of the Ladder).

27.2. The subject scheme will provide a range of full-time and part-time roles in order to fulfil its obligations to residents and provide care and support requirements.

27.3. The Worcester Research group identified the following economic contribution for a typical 150-unit village:

- £15m in initial investment in capital asset (we estimate this to be greater and more likely to be in the region of £20 to £30m for a large 150-unit village).
- Approximately 187 jobs during the construction phase.
- £1.7m in on-going salary to local workers.
- At least £160,000 per annum in additional business to local suppliers.
- Around £1.3m expenditure in the local economy from residents (including multiplier effects).
- Between £152,000 and £190,000 in additional council tax to support local service provision.

27.4. There is a significant body of evidence on the health and wellbeing benefits to older people of living in specialist housing and the resultant savings to the NHS and social care. This is particularly the case for extra care housing, which has on site care and support and communal facilities. In addition, this type of housing helps those families and carers finding it challenging to provide sufficient care and support.

27.5. A study of the ExtraCare Charitable Trust's extra care schemes found that the NHS costs for those in the sample were reduced by 38 per cent and that the costs for frail residents had reduced by 51 per cent.

27.6. Residents benefit, over and above other wider benefits to the economy and the NHS, due to improvements in the following key health and social metrics:

- Safety and security.
- Health and well-being benefits and improved quality of life.
- Social inclusion and reduction in inequalities caused by social deprivation.
- Longevity and life expectancy increases.
- Reduced risk of falls/injury by living in purpose-built accommodation.
- Tailored care delivery and consistency of care through provision from same site.

APPENDICES

A: SOURCES OF INFORMATION AND METHODOLOGY

Sources of information

We have utilised the following sources of information:

- Census 2011 population statistics;
- ONS 2018-based population projections;
- EAC database
- Carterwood database;
- www.cqc.org.uk;
- Department of Health;
- Relevant planning departments;
- Contains Ordnance Survey data © Crown copyright and database right (since 2010);
- Contains LPS Intellectual Property © Crown copyright and database right (since 2016);
- Glenigan;
- Planning Pipe;
- LaingBuisson's Care Homes for Older People UK Market Report (30th edition);
- Communities and Local Government;
- National Planning Policy Framework;
- House of Commons Commission for Long Term Care;
- Centre for the Study of Financial Innovation;
- HAPPI, HAPPI2, HAPPI3;
- Demos;
- Policy Exchanges;
- ARCO;
- FPD Savills;
- Housing LIN;
- Shefford Hallam University;
- Three Dragons/Retirement Housing Group;
- Worcester Research;
- Tetlow King;
- Joseph Rowntree Foundation;
- CASS Business School.
- Hillingdon Council

In preparing our advice, we have also relied upon the following:

- Background information provided by the client;
- Documentation submitted with planning application

In accordance with our definitions and reservations (attached at Appendix E), we have assumed that the information above is accurate and should it be proven through further investigations to be incorrect, then this could affect our advice.

Confidentiality

This report is for the stated purposes only and for the sole exclusive use the client, to whom it is addressed.

Neither the whole, nor any part of this report or any reference to it, may be included now or at any time in the future, in any published document, circulation or statement, nor referred to or used in any way, without our written approval and context to which it may appear.

Conflicts of interests

There are no conflicts of interests that we are aware of that would prevent us from providing our advice.

B: QUANTITATIVE LOCAL-LEVEL MODEL REVIEW

More Choice Greater Voice and Housing LIN models

i) More Choice Greater Voice (February 2008)

From the publication of 'More Choice: Greater Voice' onwards, the population of those 75 years of age and over has been generally been adopted as the appropriate metric for housing with care need calculations, for no specific reason.

The ratios of provision provided in 'More Choice: Greater Voice' were built on evidence of current provision (in 2008), adjusted to reflect the thrust of policy toward the encouragement of the Extra Care model (at that point only really beginning to establish itself in the social rented sector and practically non-existent in the private sector) and the changing tenure pattern among older people.

The general acceptance of the methodology and approach set out in 'More Choice: Greater Voice', taken with market signals around the falling demand for older style sheltered housing for rent, strengthening demand for retirement housing on a leasehold basis and a widening of the appeal of Extra Care in all tenures, led to an uplift in the suggested ratios of provision in the 2012 publication: 'Housing in Later Life – planning ahead for specialised housing for older people'.

ii) Housing in Later Life (December 2012)

The focus of this toolkit is deliberately narrow – to assist local authorities in England in planning for specialist housing for older people as one part of their overarching strategy. Specialist housing for older people refers to a range of housing options built to assist older people with their accommodation and support needs in later life, and a full definition is found in the appendices.

iii) SHOP (December 2011)

The same ratios as Housing in Later Life were adopted in the first iteration of the SHOP (Strategic Housing for Older People) suite of documents. This toolkit was originally developed for the Housing Learning and Improvement Network and the Housing Network of the Association of Directors of Adult Social Services by the Institute for Public Care at Brookes University and published in December 2011.

During mid-2020 Housing LIN updated their website as follows:

This 2011 version of the SHOP Resource Pack is now out of date and uploaded as an archived record only. However, the Housing LIN has since worked with many councils individually to further develop and apply them to help produce their local housing strategies for extra care housing and supported housing. Please consult with us on your requirements so we can best advise on the most up-to-date resources and support available from the Housing LIN that would best suit your needs.

iv) SHOP@ 'Delivering the Detail' (October 2013)

SHOP@ was launched in March 2013 and provided a web-based framework for local authorities, housing providers, commissioners and developers. It detailed local housing and care data for older people in simple formats to prioritise investment and maximise capital resources and revenue funding.

The SHOP@ tookit was preset with the number of units required per 1,000 of the population aged over 75 years derived from the 'More Choice Greater Voice' prevalence rates.

By using nationally available assumptions and data, SHOP@ calculated housing and care supply and demand figures to 2030 for all 350+ local authorities in England.

SHOP@ generated four summary tables with information until 2030 from nationally available data and the assumptions input by the user based on their local commissioning strategies. The summary tables were as follows: Current housing and care need analysis for older people; Estimated future needs for older people's housing and care; Increase in number of older people living alone; Change in housing tenure of older people.

v) Update 2020 (Jeremy Porteus, Chief Executive, Housing LIN)

SHOP@ is no longer available as a web-based resource. Housing LIN 'solely undertake SHOP@ assessments on a commissioned consultancy basis, predominantly for public sector bodies'. Therefore, each one is bespoke and they are not available for use outside of local authorities.

The challenges around the most widely used model, which is referenced explicitly in the NPPF (SHOP@ by Housing LIN), have been articulately expressed by Nigel Appleton in his proof of evidence for the Shiplake retirement village appeal inquiry for Retirement Villages in Oxfordshire (August 2019):

'Available on-line the SHOP@ Tool has been widely used and has been recommended in successive Planning Practice Guidance, most recently in the PPG of June 2019. Whilst other methodologies have also been mentioned the availability of the SHOP@ Tool has regularly been cited as the basis for calculations in local authority documents and in Planning Inquiries.

The flaw inherent in the use of the SHOP@ Tool has been identified by some is that it is presented as providing objective assessment when it does nothing of the sort. The outputs it produces are heavily influenced by the assumptions that are inputted.

Used in its default settings it relies upon current prevalence of provision as an indicator of future levels of need. This can lead to ludicrous outcomes: where an area with high levels of older people within its population has little provision and the default settings are used it will project that little will be needed in the future.

This difficulty is recognised by the Housing LIN who have expressed concern about the reputational damage they are suffering as a consequence of the misuse of the SHOP@ Tool. They make the point that the default settings of the SHOP@ on-line tool are intended to illustrate the information that needs to be loaded rather than recommending a level of prevalence or tenure split.

So concerned has the Housing LIN become by this distortion of their intention, which was that the tool should support their aspiration to be a "Market Shaper", working alongside colleagues in commissioning roles in Adult Social Care and promoting local discussion about future provision, that they have now withdrawn the SHOP@ Tool from being accessed on line.

That the Housing LIN has taken this remarkable step, a month after the SHOP@ Tool was recommended in the June 2019 PPG, leads one to treat calculation based on this methodology with extreme caution.'

The Appeal Decision for the Site of the former Hazeldens Nursery, Albourne, West Sussex appeal (September 2020) sets out that:

The SHOP@ toolkit is pre-set with the number of units required per 1,000 of the population over 75 years old at 25 or 2.5%. This I shall refer to as the 'provision rate' and it has been derived from 'More Choice Greater Voice (2008), which is a document that seeks to provide a strategy for housing with care for older people. It is important to have in mind that the provision rate is an assumption and is not evidence based. The Council pointed out that a provision rate of 25 is roughly double that for extra care housing nationally. However that reflects the critical need across the country and is not particularly helpful in the consideration of how need should be med in Mid Sussex. (Para 84)

In December 2012 'Housing in later life: planning ahead for specialist housing for older people' sought to update 'More Choice Greater Voice'. It recognises that extra care housing was becoming better known as an alternative choice for older people who do not necessarily want or need to move to a residential care home. Furthermore, it recognises a prevalence for home ownership in the elderly population and predicts that demand for extra care housing for sale [generally on the basis of a leasehold tenure] will be twice that of extra care housing for rent. It provides a toolkit for use by local authorities in their planning for and delivery of specialist housing for older people. It seeks to improve housing choice for a growing ageing population and increases the provision rate to 45 or 4.5% per 1,000 of the population over 75 years old. Whilst a worked example is given for Bury Metropolitan Council, it seems apparent from the information provided that this provision rate is one that is generally more applicable. That said, it is important to understand that this is an aspirational figure and is also not evidence based. (Para 85)

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Sheffield Hallam University - Centre for Regional Economic and Social Research (CRESR) - Housing for Older People Supply Recommendations (HOPSR)

The model developed called the Extra Care Demand Assessor is available free online. Housing for Older People Supply Recommendations (HOPSR) has been created by the Centre for Regional and Economic Social Research (CRESR) at Sheffield Hallam University, in conjunction with the University of Sheffield. It is a new tool to help local authorities understand the requirements for older people's housing in their area. It is the output of research with South Cambridgeshire District Council, Cambridge City Council and Cambridgeshire County Council, and with funding from NHS England's Healthy New Towns programme.

Below are extracts from the documentation, which summarise the model's approach:

'HOPSR uses national data from the Elderly Accommodation Counsel (EAC) about older people's housing schemes. Looking specifically at the local authorities with the highest level of current supply, the research uses this as the basis to recommend a level of supply for each local authority, accounting for local demographic, health and place trends.'

'The Extra Care Demand Assessor (ECDA) builds on the work to provide localised assessments of demand for Extra Care housing. The model has been developed through a series of stages (page 25 of report for Cambridgeshire): The first stage assessed the level and composition of supply of age-exclusive housing, specialist housing, and care beds across the 100 English local authorities with the highest overall provision of each broad type of older person housing per 1,000 older people (aged 75 years or older). This drew on the national data set of such schemes provided by the EAC.'

'This exercise does, however, reveal which authorities are supplying units at high levels given the measure of older people locally, and provides a sufficiently large sample on which to explore the factors associated with higher provision. In the 100 local authorities with the highest level of specialist housing, these provide 172.6 units per 1,000 people aged 75 years and older. This was made up of:

- *153.2 units of sheltered per 1,000 people aged 75 years and older*
- *4.4 units of enhanced sheltered per 1,000 people aged 75 years and older, and*
- *15.1 units of extra care per 1,000 people aged 75 years and older.'*

'The second stage used statistical modelling to identify factors that are predictors of the variation in provision between the 100 local authorities with the highest overall level of supply of age-exclusive, specialist and care beds respectively. The variables included were: the percentage of persons aged 75 years and older who are in owner occupation, the percentage of persons aged 75 years and older living with dementia, the usage of Home and Day care per 1,000 persons aged 65 years and older, expenditure on home and day care per 1,000 persons aged 65 years and older, the proportion of persons aged 85 years and older, the proportion of persons aged 75 years and older whose day-to-day activities were limited a lot, and whether the area is urban or rural.'

'This analysis revealed a number of relationships within local authorities, including:

- *The supply of specialist housing being positively associated with the level of people aged 75 years and older limited by a LTHCD.*
- *Sheltered housing is positively associated with the level of people aged 75 years and over limited by a LTHCD. Furthermore, the level of sheltered housing was negatively associated with supply of extra care per 1,000 people aged 75 years and over.*
- *Extra care accommodation was positively associated with the level of people aged 75 years and older limited by a LTHCD. As above, this form of provision was negatively associated with supply of sheltered housing per 1,000 people aged 75 years and over.*
- *Enhanced sheltered was not associated with any of the variables considered.'*

The CRESR model uses the above findings to recommend a level of supply at the aggregate rate for the 100 local authorities with the highest level of provision, but it adjusts this with localised data - for example, the proportion of people aged 75 years and older with a limiting LTHCD in the case of specialist housing. In addition, the model allows adjustments based on the current balance between the provision of sheltered and extra care housing."

The model provides a critique of itself and summarises these below:

'This model has a number of strengths and weaknesses. Its strengths are that it is based on the realities of supply and demand in other local authorities and it provides a distinctly grounded and realistic estimate of what supply is possible. One criticism of models based purely on future projected demand is that they can be viewed as somewhat idealistic, and therefore susceptible to challenge on this basis. One might argue that a weakness of employing quantitative estimates based on other local authority provision is that it makes the model merely reactive to what is happening in those other areas, rather than responding to underlying or changing needs. To counter this, the model should be re-run regularly to take account of changing provision which reflects changes to the determinants of demand and supply of specialist housing.'

'Our model suggests only one in 10 of the recommended supply of specialist units in Greater Cambridge are either enhanced sheltered or extra care. This reflects the fact that our modelling is premised on existing provision in authorities with a high level of overall supply, and where extra care provision may vary in scale. As discussed in Chapter 5, if it is decided that extra care can meet a greater proportion of needs that are currently met in other areas of the system (e.g. in residential care), then this could dramatically change how many units of extra care are required' (page 28).

In our opinion the weaknesses of the model pointed out within the documentation far outweigh the strengths when it comes to assessing demand for private extra care housing; there is a national recognised shortfall on what is an immature market – therefore any model that bases requirements on current provision is fundamentally flawed.

Three Dragons/Retirement Housing Group

The Retirement Housing Group's (RHG) model and approach, which is recommended in Housing in Later Life, forecasts demand for specialist housing in London. The model is based on the number of older person households and not on the population of older persons, although household estimates by age are based on census population data. In England, 9.5 per cent of households aged 65 + are living in specialist older person's housing, equating to 533,201 households. The equivalent for London is 8.5 per cent.

RHG's model is based on the propensity to move. The assumption is that nationally 15 to 20 per cent of all person households (age 75 +) would live in specialist older person's housing if it were available.

Due to the higher proportion of general needs flats in London, the study uses 15 per cent (at the lower end of the spectrum). Analysis of older person's housing for sale suggests that 18 per cent is acquired by those aged under 75 and therefore assumes that 2.5 per cent of households aged 65 to 75 would also live in specialist older person's housing if it were available.

'*The Inquiry into the further amendments to the London Plan has recognised our model as robust'.*

- *'There is an acute shortage of specialised retirement housing. Out of 515,666 units of sheltered and extra care accommodation in England in 2015, 75% were for social rent with only about 174,000 for owner occupation.*
- *Estimated supply needs to more than double by 2025. At least 11,000 need to be built every year (see Housing our Ageing Population - positive ideas HAPPI 3) (June 2016).'*

In their report to the Greater London Authority (GLA) in 2017, Three Dragons expected that around 15 per cent of older households would want retirement housing by 2029 with most demand for privately owned or shared ownership. The point was made that although there are large stocks of affordable rented sheltered housing, much is old and requires updating. Total potential demand is for 4,000 plus units a year of both extra care and sheltered housing.

In our opinion it is challenging to adopt this model formally, despite its strengths as there is no publicly available guidance in respect of separating the need for private extra care in a non-London market and drivers of future need are based upon existing provision to some degree.

C: SUMMARY OF EXISTING SCHEMES

T32 Summary of existing schemes

Map ref	Catchment	Scheme	Manager / operator	Distance to subject site (miles)	Total units	Private units	Scheme type	Year of construction
1	5-mile market, 3-mile sensitivity and London Borough of Hillingdon catchments	Lysander House, Heritage Place, High Road, Ickenham, Uxbridge, Middlesex, UB10 8FB	YourLife Management Services	2.2	55	55	Extra care	2016
2	5-mile market and 3-mile sensitivity catchments	Denham Garden Village, Denham Green Lane, Denham, Buckinghamshire, UB9 5LB	Anchor Hanover	2.7	327	143	Extra care	1955
3	5-mile market catchment only	Rutherford House, Marple Lane, Chalfont St. Peter, Gerrards Cross, Buckinghamshire, SL9 9FU	YourLife Management Services	4.2	39	39	Extra care	2018
4	5-mile market and London Borough of Hillingdon catchments	Supported Living Cottages, Aronmore Care Home, Hallowell Road, Northwood, Middlesex, HA6 1DS	Ventry Residential Care	4.8	4	4	Enhanced sheltered	Unknown
5	5-mile market catchment only	Audley Chalfont Dene, Rickmansworth Lane, Chalfont St. Peter, Gerrards Cross, Buckinghamshire, SL9 0LX	Audley Villages	5.6	142	142	Extra care	2013

Source: EAC Housing Options, Operator websites

T33 Summary of planned provision

Map ref.	Catchment area	Site address	Applicant	Scheme	Net extra care units	Development commenced	Estimated year of delivery	Distance from subject scheme (miles)	Planning ref./date granted	Notes
Granted										
A	5-mile market, 3-mile sensitivity and London Borough of Hillingdon catchments	Land off Thompson Road, Hillingdon Road, Hillingdon, London, UB10 0GJ	Anchor Hanover Group	Construction of a building containing 72 assisted living apartments (16 one bedroom and 56 two-bedroom apartments) and communal facilities (use class C2) with associated parking and landscaping.	72	No	2023	0.7	585/APP/2019/829 - 18/02/2020	--

Source: subscribed data sources and relevant planning departments.

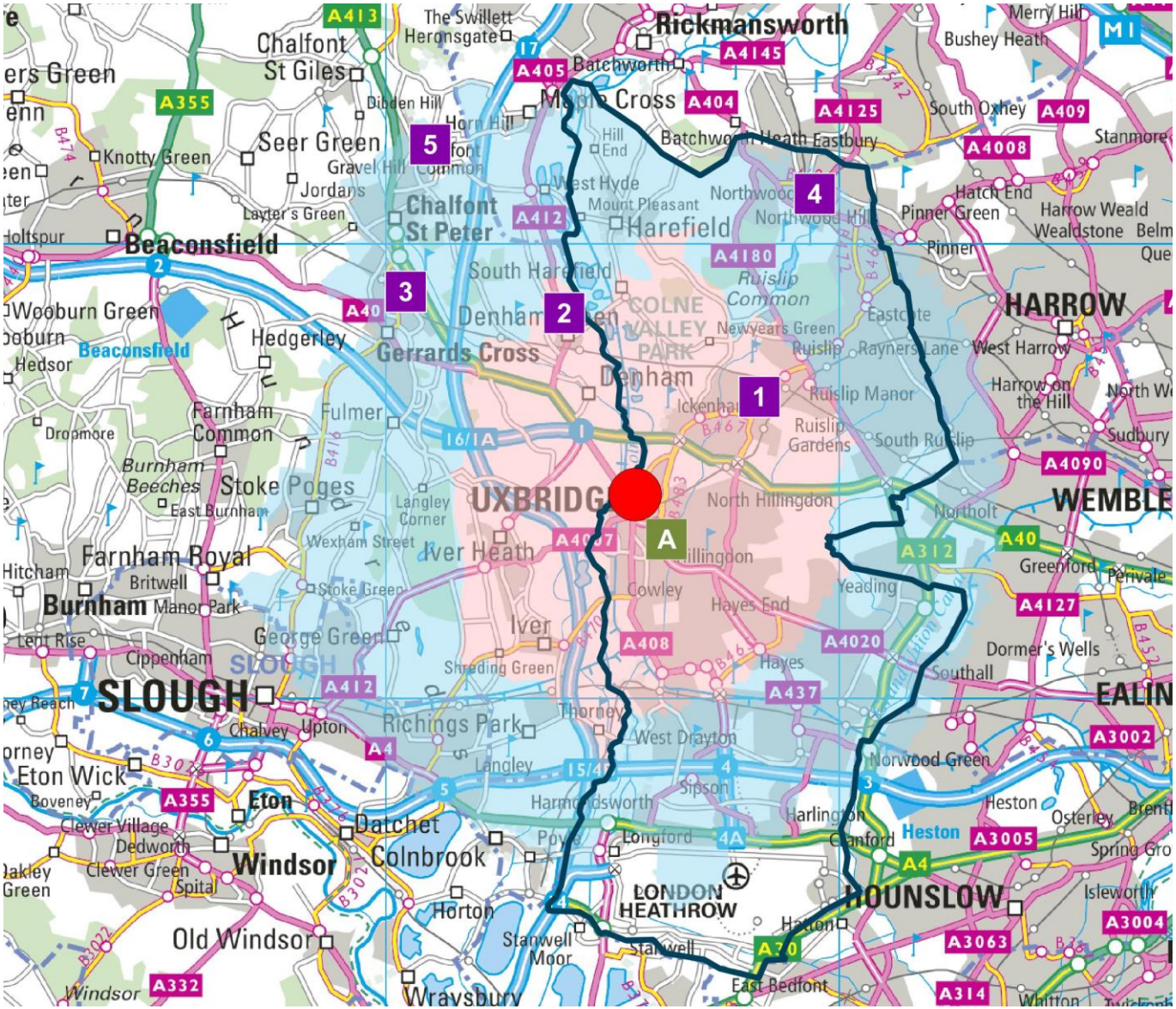


Figure 7: Existing private extra care and planned schemes within the catchment areas assessed.

Key:

- The proposed care village
- Existing private extra care schemes
- Planned private extra care schemes

Please note that the locations of all existing and planned schemes are approximate.

The light blue and pink shading (combined) shows the 5-mile market catchment, the pink shading shows the 3 mile market sensitivity catchment and the dark blue line outlines the London Borough of Hillingdon.

D: LIST OF TABLES AND FIGURES

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E: DEFINITIONS AND RESERVATIONS

Timing of advice
Our work commenced on the date of instruction and the collection and compilation of data and other research contained within our work was undertaken at varying times during the period prior to completion of this report.

The report, information and advice provided during our work were prepared and given to address the specific circumstances as at the time the report was prepared and the scope and requirements set out in the engagement letter. Carterwood has no obligation to update any such information or conclusions after that time unless it has agreed to do so in writing and subject to additional cost.

Data analysis and sources of information
Details of our principal information sources are set out in the appendices and we have satisfied ourselves, so far as possible, that the information presented in our report is consistent with other information such as made available to us in the course of our work in accordance with the terms of our engagement letter. We have not, however, sought to establish the reliability of these information sources by reference to other evidence.

The report includes data and information provided by third parties of which Carterwood is not able to control or verify the accuracy.

We must emphasise that the realisation of any prospective financial information or market or statistical estimates set out within our report is dependent on the continuing validity of the assumptions on which it is based. The assumptions will need to be reviewed and revised to reflect market conditions. We accept no responsibility for the realisation of the prospective financial or market information. Actual results may be different from those shown in our analysis because events and circumstances frequently do not occur as expected, and the differences may be material.

Measuring and predicting demand is not an exact science, and it should be appreciated that there are likely to be statistical and market related factors that could cause deviations in predicted outcomes to actual ones.

We have undertaken certain analytical activities on the underlying data to arrive at the information presented. We do not accept responsibility for the underlying data.

Where we have adapted and combined different data sources to provide additional analysis and insight, this has been undertaken with reasonable care and skill. The tools used and analysis undertaken are subject to both internal and external data-checking, proof reading and quality assurance. However, when undertaking complex statistical analysis it is understood that the degree of accuracy is never absolute and there is inevitably variance in any findings, which must be carefully weighed up with all other aspects of the decision-making process.

The estimates and conclusions contained in this report have been conscientiously prepared in the light of our experience in the property market and information that we were able to collect, but their accuracy is in no way guaranteed.

All advice has been prepared on a ‘desktop’ basis and where we have prepared advice on a ‘headline basis’, we have conducted a higher level and less detailed review of the market. If commissioning a Headline Market Analysis report it we recommend commissioning a comprehensive market analysis report before finalising the decision-making process. Where we have provided ‘comprehensive’ advice, we have used reasonable skill and endeavours in our analysis of primary and secondary (for example, Census, Land Registry, etc.) data sources, but we remain reliant upon the quality of information from third parties, and all references above to accuracy, statistics and market analytics remain valid.

Purpose and use
The report has been prepared for the sole use of the client and any other persons specifically named in our engagement letter and solely for the purposes stated in the report. The report should not be relied upon by any other person or for any other purposes. The report is given in confidence to the client and any other persons specifically named in our engagement letter and should not be quoted, referred to or shown to any other parties without our prior consent.

The data, information and any conclusions in the report should not be used as the sole basis for any business decision, and Carterwood shall not be liable for any decisions taken on the basis of the same.

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Extraordinary market factors
With the ongoing presence of COVID-19 and the exit of the UK from the European Union (Brexit), we are in a highly volatile market. Our reports are prepared using high quality data and expert analysis from our experienced team. Any recommendations made are based upon the market and financial climate as at the date of the report, but do not take into account future economic or market fluctuations caused by the events outlined above or other unforeseen activity. While the UK and the European Union have agreed a trade deal, it may be prudent to review a commissioned report once the impact has fully emerged, especially given the ongoing economic impact of the COVID-19 pandemic.

Intellectual property
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