



EPPING FOREST REGULATION 19 CONSULTATION REPRESENTATION On behalf of Inspire Villages Group

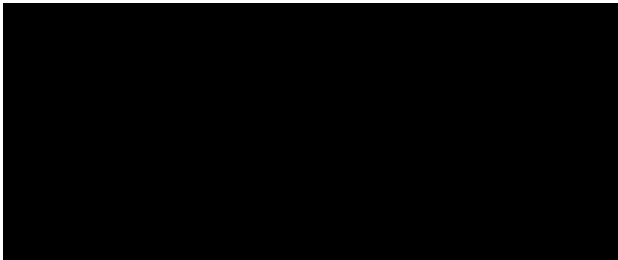
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Approved for release;

BB Architecture and Planning Ltd.



Documents forming part of this representation (separate attachments):

- Housing LIN doc: More Choice Greater Voice
- ECV report with JLL the market opportunity
- JLL report Retirement living
- Economic, social and environmental impacts of a typical care village
- Knight Frank report retirement housing
- Housing in Later Life Toolkit

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INTRODUCTION and SUMMARY

This submission is on behalf of Inspire Villages Group (IVG) who are developers and operators of Care Villages (Continuing Care Retirement Communities), to the Regulation 19 Local Plan consultation for the District of Epping Forest.

Care Villages (CCRC) form a distinct sector in the housing market providing homes for older people with access to care as an alternative to remaining in frequently under-occupied and unsuitable homes, releasing equity for the provision of their care, reducing the unsustainable demands being made upon the NHS and social care systems due to the ageing population in England and delivering significant social and economic benefits. The numbers involved are a very significant component of housing requirement and the motivation here is that of trying to assist the Council to achieve a more sustainable solution to developmental issues such that opportunities to support the achievement of sustainable development are not missed.

IVG are now funded by institutional investors (Legal and General) with a mission to develop what is an under-supplied and immature market in the UK compared to equivalent countries with a stream of care village development in suitable locations across the country.

This submission is important in highlighting, from the wider experience of IVG and its constituent organisations and partners, issues that the planning system will need to consider. In the case of the SHMA which reflects into the approach of the plan there is a disconcerting lack of reference to nationally recognised methodology for calculation of specialist housing for older people (in particular the provision of housing-with-care which is significant as it cannot be delivered by housing mix policies). **In that matter we consider the methodology of assessment and the policy response is flawed and inconsistent with good practice and national policy requirement.**

The discrepancy between the population projections found in the SHMA and those provided by NOMIS (a difference of 10% for the 2033 gross population projection) are unexplained and will be a matter of wider interest. However irrespective of such matters, in relation to the increase in the age cohort critical to delivery of specialist housing with care¹ there are less concerns as the predicted populations for that age cohort in 2033 appear to be consistent between the sources and it is those figures which concern this submission.

Historic assumptions as to how people might (and want) to live in older age have inappropriately framed approaches in many parts of the Country and the domination of the market in housing land by 'mainstream' housing companies and the strategic land companies has tended to squeeze delivery of specialist housing (particularly market-delivered housing-with-care) to the margins and a reliance on windfall opportunities which is clearly unsatisfactory when the requirements for such housing are no longer a small subset of the overall housing requirement.

By 2033 in the wider HMA the increase in older people households will be something over 30,000² and in Epping Forest the increase will be at least 8000. In Epping Forest there is considered to be an unmet need for 1245 units of housing-with-care of which 722 would be for sale (leased) for which the Plan as drafted makes no provision.

These figures amount to a very significant proportion of OAN, which is not to say that such numbers translate into a direct requirement for specialist housing but that when the increase in older person

¹ Aged 75 and over

² Based on a typical older-person household size of 1.33 and allowing for communal establishments

households amounts to some 60% of the overall household increase then more attention should be paid to the requirements of that population, as recognised in national policy and other evidence, than appears to be the case in the SHMA and, therefore, in the Epping Forest submitted plan.

Notwithstanding that many people will prefer to live in their own homes or in general market housing of one form or another, as this statement identifies, nationally recognised methodology³ indicates a gross requirement of up to ⁴ 4750⁵ units of specialist housing for older people (75+) in the district, including 1345 units of housing with care⁶ of which 758 should be owned (leased).

This is significant because the Older Persons Housing Strategy (and the SHMA reports and therefore the Plan) are disappointingly framed by historic assumptions around provision. There is a discussion about sheltered housing, but in other parts of England this develops into a discussion about adapting a perceived over-supply/reduced demand for 'ordinary' sheltered housing into a process for upgrade as housing with care (rented). Fundamentally, however, an approach which fails to recognise or attempt to engage the planning system with a burgeoning need and latent requirement for 'owned' specialist housing for older people (leased)- and in relation to this submission the need for housing-with-care, neglects an important opportunity to deliver social, economic and environmental benefits through the planning system.

The approach taken simply blocks delivery of an important stream of housing delivery which could make the Plan more robust and ignores that (typically) 60-70% of those aged 65 or over own their homes outright, the majority of those will be under-occupied and many will be unsuitable for people with care needs.

Even allowing for existing provision (the data necessary to understand the levels and accurately identify the types of existing provision does not appear to be publicly available) these are clearly significant figures for consideration in the larger, spatial, picture particularly as delivery of the housing with care must engage specialist providers and a business model which is alien to the buy-build-sell model for general housing.

A further difficulty to be addressed by the planning system is the viability threshold for these types of provision which means, for instance, a Care Village has a minimum site requirement of 4.5 hectares (150 units), rarely available as a windfall site. A typical extra care scheme has less on site facilities and is typically 60 units on more compact sites.

As the recent housing White Paper 'fixing our broken housing market' recognises, the planning system is integral to a transformatory approach in which ensuring a diverse supply of land and supply routes for housing is key.

So although the provision of 'specialist housing' which could include age-friendly accessible and adaptive housing within general market housing it is essential that the Local Plan, when adopted, provide a clear route to delivery of appropriate numbers of housing-with-care that is essential to the delivery of a balanced housing market in the context of our significantly aging population.

³ Housing LIN

⁴ Less existing provision which is not likely to be balanced in terms of tenure (insufficient 'owned') or adequate as to numbers of housing-with-care units. The SHMA recognises the issue with sheltered housing.

⁵ 18.95 (thousands) x 251 being the Housing LIN benchmark multiplier

⁶ Including 6 units/thousand as dementia housing

1. POLICY CONTEXT

National Policy is clear that Local Planning policy should both understand the need and make appropriate provision for different types of housing, and in this, specifically refers to housing for older people (defined in NPPF Glossary).

1.1 Planning Practice Guidance identifies provision of specialist housing for older people as a ‘critical need’ and indicates that a local plan should have allocations for suitable levels of provision or ensure that there are robust policies in place to permit such development and potentially have targets for provision⁷.

The language of the relevant section of PPG is obligatory. LPAs ‘should ensure’ policies recognise the diversity of need and ‘where appropriate’ identify specific sites for all types of housing to meet their anticipated housing requirement.

It is the submission of IVG that for the reasons explained in this submission the only way to ensure provision for the specific elements of need with which this submission is concerned, housing-with-care, is to have **allocations alongside robust permissive policies that work together to ensure the burgeoning requirement for housing with care is not constrained by the characteristics of a housing market dominated by delivery of land for general housing.**

1.2 NPPF paragraph 50 says:

“To deliver a wide choice of high quality homes, widen opportunities for home ownership and create sustainable, inclusive and mixed communities, local planning authorities should:

- *plan for a mix of housing based on current and future demographic trends, market trends and the needs of different groups in the community (such as, but not limited to, families with children, older people, people with disabilities, service families and people wishing to build their own homes)*

NPPF paragraph 159 says:

“Local planning authorities should have a clear understanding of housing needs in their area. They should:

- *prepare a Strategic Housing Market Assessment to assess their full housing needs, working with neighbouring authorities where housing market areas cross administrative boundaries. The Strategic Housing Market Assessment should identify the scale and mix of housing and the range of tenures that the local population is likely to need over the plan period which:*

– meets household and population projections, taking account of migration and demographic change;

⁷ Paragraph: 006 Reference ID: 12-006-20150320

“Local planning authorities should ensure that the policies in their Local Plan recognise the diverse types of housing needed in their area and, where appropriate, identify specific sites for all types of housing to meet their anticipated housing requirement. This could include sites for older people’s housing including accessible mainstream housing such as bungalows and step-free apartments, sheltered or extra care housing, retirement housing and residential care homes. Where local planning authorities do not consider it appropriate to allocate such sites, they should ensure that there are sufficiently robust criteria in place to set out when such homes will be permitted. This might be supplemented by setting appropriate targets for the number of these homes to be built”.

–addresses the need for all types of housing, including affordable housing and the needs of different groups in the community (such as, but not limited to, families with children, older people, people with disabilities, service families and people wishing to build their own homes); and

– caters for housing demand and the scale of housing supply necessary to meet this demand;”

Without specific response to include housing-with-care delivery through allocations and supportive/permissive policies it is not likely that a Local Plan can be justified or effective.

2. WHY THIS REPRESENTATION IS IMPORTANT

2.1 This submission is made from the standpoint of an organisation which was established for the specific purpose of responding to the challenges of a population which is not just living longer but also has legitimate expectations of active life in old age and of living such a life within a context of supportive care. The market is clearly indicating a need for housing with care as an element of the specialist housing for older people which we say should be at least one third of total numbers.

2.2 As will be seen from the information provided (ECV document attached) an Inspire Villages development will include a wide range of on-site facilities and an active social environment which would normally integrate within the wider community. As residential accommodation which is self-contained and equipped for independent living, housing-with-care units contribute to housing delivery unlike 'Care Homes' and 'Nursing Homes' which provide an institutional environment and are only exceptionally capable of being viewed as housing provision.

Although the West Essex and East Hertfordshire Strategic Housing Market Assessment (SHMA) recognises a 47,000 increase in the persons over 65 including an additional 26,750 persons over 75 by the end of the plan period in the four districts comprising the HMA, the approach taken in the ORS SHMA report fails to recognise the significance of these figures in terms of need for specialist housing with care. For instance it fails to consider whether many older people stay in their own homes from lack of choice not from preference.

2.3 Methodology:

The most frequently used toolkit in terms of setting a 'benchmark' for the number of specialist housing types is the Housing LIN which sets out different categories of provision as a multiplier of the population of people 75 or over against which supply should be calculated. The following table is repeated from (amongst others) the Wider Bristol SHMA report which shares the same authors and (although not beyond criticism) does at least recognise the methodology and attempt to apply it. Why the West Essex and East Hertfordshire Strategic Housing Market Assessment is silent is not explained.

Figure 20: Benchmark Figures for Specialist Accommodation based on Section A of the Strategic Housing for Older People Resource Pack (Housing LIN, ADASS, IPC) 2012

| | Demand per 1,000 persons aged 75+ | | |
|--|-----------------------------------|--------|-------|
| | Owned | Rented | TOTAL |
| Extra care | 30 | 15 | 45 |
| Sheltered 'plus' or 'Enhanced' Sheltered | 10 | 10 | 20 |
| Conventional Sheltered Housing | - | 60 | 60 |
| Dementia | - | 6 | 6 |
| Leasehold Schemes for the Elderly (LSE) | 120 | - | 120 |

As can be seen from the demographic data set out in the table provided in section 6 of this document, application of these multipliers indicates a gross requirement of up to 4750 units of specialist housing for older people (75+) in the district, including 1345 units of housing with care of which 758 should be owned (leased). Application of the above multiplier to those populations and deduction of supply is a robust approach to establishing the unmet need, however, the approach of the authors (ORS) has been to treat these in aggregate and compute numbers based on the population *increase*; this is clearly defective as the benchmark requirement is a gross calculation

against which existing provision should be counted if distortions in supply and changing profiles of need are to be recognised.

2.4 Such an approach both neglects current under-supply in the round and because (typically) existing provision is dominated by ordinary sheltered housing (no care provided) under the control of social providers, fails to recognise either the imbalance as to changing demand towards housing with care (extra-care and CCRC development) or that the bulk of requirement is for owned tenure by 'downsizers' or the work needed to adapt existing supply (of 'ordinary' sheltered housing) to meet expectations. Although there is some consideration of this issue in the Housing Strategy, the 'shortfall' of 127 units of extra care housing falls well below the requirement set out in the Housing LIN methodology referred to above (of 1345). In particular the Housing LIN methodology emphasises the requirement for Market provision which in Epping Forest is currently zero.

Allowing for projects 'in development' the County Council figures quoted in the housing strategy indicate a unmet need against the Housing LIN methodology of 1245 units of housing with care by the end of the plan period of which 722 are market provision.

2.5 Looking at the population of the four LPAs in the HMA , according to the Housing LIN methodology (which is potentially highly conservative) the housing-with-care 'owned' requirement would be for around (60.9 x 40) units before deducting an (unknown level of) existing provision as it does not appear that the work has been done to establish the profile of current provision in comparison to the specific types of need. As we will explain, gross numbers may show the scale of the problem, but can also conceal the need to attend to particular types of accommodation in pursuit of a balanced provision

It is to some degree recognised by the work of the County Council that, for historic reasons (found widely) that the existing supply position is imbalanced in relation to this requirement such that the majority of supply currently available is rented.

2.6 National policy requires plan preparation to engage with these issues and not simply an overview within which such issues are hidden. Any understatement of the requirement for housing-with-care, particularly owned (leased) housing, is to deny a substantial opportunity for achieving sustainable development as this statement and supporting reports show.

2.7 A further reason not to neglect 'downsizing' to care villages and 'owned' extra-care is that this represents a potential stream of housing delivery which can run parallel with sales of general housing and therefore make housing delivery more robust overall. It is important to recognise that the market here (for 'owned' CCRC /extra-care schemes) lies within the (typically) 60% or more of those over 65 who own their homes outright but find themselves in mid-late 70's in unsuitable and under-occupied housing with care issues looming.

2.8 It is considered that there is a structural problem with the market for housing land and, in parallel, a failure for Local Plans to reflect the changing requirements and expectations of the part of the population (65+) that holds a very large proportion of the equity held in private housing.

2.9 Lack of choice and exposure to alternative forms of housing such as care villages may explain why in equivalent countries such as the USA, New Zealand and Australia the proportion living in housing with care varies between 5.25% and 6.4% of the population aged 65 or over, in England this is just 0.7%. Clearly there must be pent-up (or latent) demand for housing with care which the planning system should recognise and facilitate in pursuit of the economic and social benefits. **The EFLP as drafted fails to have policies that positively address this issue.**

3. UNDERSTANDING NEED and PROVISION

3.1 The National Housing Strategy for an Ageing Society makes clear that there is a need or greater leadership and ambition to address the housing market and circumstances, lifestyle choices and needs of older people now and into the future. *“The strategy strongly recommends that proper local analysis is done to understand current and projected supply and demand. Determining levels of provision is of course entirely a matter for local determination.”*

3.2 A Plan which delivers the right number of the wrong sort of housing out of a dominance of the market in land by mass housebuilders and strategic land companies cannot reasonably be considered sound. Whereas housing mix policies can deliver age-restricted and adaptable housing (as the EFLP intends) through housing mix policies on a proportionate basis, the fundamental problem which the planning system has to fix arises from business models that are alien to the delivery of housing with care.

3.3 The position is further complicated as it requires an appreciation of the difference between the different types of specialist provision – for instance it is essential that housing-with-care is not conflated with general retirement housing or with institutional provision and that the planning system is sufficiently flexible to allow the market to respond to a complex and changing picture of need and (potentially) *increasing demand*.

Other than housing-with-care (extra-care/enhanced sheltered and CCRC none of which are referred to in the SHMA or Plan as drafted) forms of housing in the retirement sector would include sheltered housing and other age-restricted accommodation or retirement developments where no on site facilities are provided and which are, therefore scalable development within the general housing sector; as a large proportion of older people will choose to live in their own homes.

How these different types of provision relate is helpfully explained in More Choice Greater Voice housing LIN toolkit from which the ‘Wokingham Matrix’ (below) is reproduced (with acknowledgements):⁸

⁸ www.housinglin.org.uk/Topics/type/More-Choice-Greater-Voice-a-toolkit-for-producing-a-strategy-for-accommodation-with-care-for-older-people

| Housing Type | | Characteristics of population | Design and facility requirements | Services |
|--------------------------------|-----------|--|---|---|
| Retirement accommodation | Essential | Independent population. | Self contained accessible accommodation. A sustainable location in terms of access to local amenities and services. | Community Alarm. |
| | Desirable | | Built to meet lifetime homes standards. Guest room with a range of facilities Providing two bedrooms in each unit. | Visiting warden/scheme manager service on demand, floating support service and/or individual budget. |
| Conventional Sheltered Housing | Essential | Independent population. | En suite private accommodation Communal facilities. High standard of accessibility internal and external. Guest room with a range of facilities. | Facilitated access to care services. Dedicated warden/ scheme manager service. |
| | Desirable | Capacity to cope with occasional care needs. | Enhanced communal facilities: eg craft facilities, IT suite, etc. Infra-structure in place for assistive technology. Generous storage space in addition to that within the individual unit. | Facilitated social and recreational activity programme, floating support service and/or individual budget. |
| Enhanced Sheltered Housing | Essential | Mixed dependency population. Including up to 12 hrs per week care needs. | Assisted bathing facilities. Access to meals service. Recreational/Leisure facilities. Infra-structure in place for assistive technology. Guest accommodation with range of facilities. | Manager based on site to provide support and facilitate access to day opportunity services. Expedited access to care services Facilitated social and recreational activity programme. |
| | Desirable | Aggregate care needs 150-200 hrs per week. | Restaurant. Fully equipped craft rooms. IT Suite. Exercise suite. Generous storage space in addition to that within the individual unit. | On site care and/or support. |
| Extra Care Sheltered Housing | Essential | Mixed dependency population, around 1/3rd having care needs in excess of 18 hrs care per week, 1/3rd low care needs, 1/3rd no current care needs. Aggregate care needs at least 240 hrs per week. | En-suite one bedroom & accommodation - Restaurant - Fully equipped craft rooms - IT Suite - Exercise suite - Day opportunities Scheme design encourages orientation. Infra-structure in place for assistive technology Generous storage space in addition to that within the individual unit. | Manager based on site to provide support and co-ordination 24/7 on site care. Facilitated recreation, social, cultural programme. |
| | Desirable | Existing residents supported in extreme frailty Some residents with moderate levels of dementia. | Some utilisation of assistive technology Communal facilities available for older people in local community | Access to nursing/ wellbeing services Access to dementia services. |

The above types of accommodation represent the range of specialist housing for older people.

The housing types shaded yellow are forms of ‘housing with care with which the respondent is concerned including CCRC Continuing Care Retirement Communities (Care Villages) being a form of extra care with significant levels of on-site provision and amenities. CCRC provide all types of care including end-of-life palliative care and would address the essential and desirable sections of the above table.

To present a full picture the Wokingham Matrix also includes institutional care from which it can be seen that the care in a registered care home is similar in scope to that which might be found in a care village⁹. In essence a fully developed CCRC should become the ‘last move’ for an older person and could be seen as providing all the benefits of independent living in a social environment with the security of knowing all care needs can be addressed.

| | | | | |
|----------------------|-----------|---|--|--|
| Registered Care Home | Essential | Minimum care needs 18 hrs per week up to highest level of personal care short of nursing. | In space and design standards meeting the requirements of the Commission for Social Care Inspection. Infra-structure for assistive technology. | In staffing levels and practice meeting the requirements of the Commission for Social Care Inspection. |
| | Desirable | Capacity to cope with highest levels of physical and mental frailty | Exceeding the minimum space standards and with additional facilities to enrich the life experience of residents. Guest accommodation with a range of facilities. Some utilisation of assistive technology. | Evidence of highest professional practice and staffing to support life enrichment for residents. |

⁹ Specialised levels of care for advanced stages of dementia would require specific provision in either case.

4. CONTINUING CARE RETIREMENT COMMUNITIES

4.1 A Continuing Care Retirement Community is a form of extra-care provision, but not all extra care provision is equivalent to CCRC provision (see enclosed documents).

The typical CCRC resident is around 75 years old when they move in (although the average age of residents in a 'mature' village will be in the mid 80's or higher) and has purchased their property and retained an element of equity to fund their care needs. Some CCRC have a mix of 'owned' and 'rented' units although the demand is dominated by downsizers with equity. 'Extra-Care' and 'enhanced sheltered' provision attacks a different segment of the housing-with-care requirement, such schemes are often apartment-dominated developments with lesser facilities for people with lower levels of equity or for rent; all types of provision are necessary to meet the requirement and the predominant requirement is housing-with-care for sale.

4.2 A key point is that the provision of significant on-site facilities and related staffing of a CCRC together with the management/delivery of care for residents requires a wholly different business model to the buy-build-sell model in the general housing market. **Therefore to assume housing-with-care will be delivered by market forces within general housing provision (allocations) without specific provision is fatal to a balanced supply within a complex sector.**

4.3 CCRC development offer significant social and economic benefits. This includes employment (typically 50-60 FTE jobs and more than a million pounds spend into a community. CCRC are not 'gated' exclusive developments in the way a Care Home operates, they often stimulate significant degrees of social interaction, engage with local business and have, importantly, 'tailored transport' which reduces private car use, meeting the needs of residents.

These benefits are outlined in the ECV study 'economic social and environments impacts of a typical care village' included with this submission which is a survey of the benefits of typical care villages.

The level of facilities in general extra-care development is not as high as that provided in a CCRC but there is, nevertheless a minimum 'critical mass' needed to render both extra care and CCRC development viable.

This is why proportionate delivery through a housing mix policy will not work except on the largest sites. The minimum viable size for (genuine) 'extra-care' and CCRC development is generally accepted as 60 and 150 units respectively. A CCRC development will require a site of at least 4.5 hectares, whereas typical extra-care development is generally much more compact but, due to the lower level of on-site provision, requires closer access to key services than a CCRC.

Clearly such development is unlikely to be delivered on windfall sites. Although it is recognised that Essex County Council is progressing some extra-care/supportive living schemes, the numbers involved overall require involvement of the market and the facilitation of the planning system.

This all points to a need for an enabling policy to specifically support housing with care.

5. THE MARKET FOR CONTINUING CARE RETIREMENT PROVISION

5.1 Fundamentally it is considered that a lack of appreciation of the benefits and limited understanding of the market for specialist housing (despite this being a 'critical' issue as far as the government is concerned) means the planning system in England risks holding back one sector of the housing market in favour of the dominant forces of general housing delivery.

5.2 Why do we say this? The starting point is to consider why in the equivalent countries such as the USA, New Zealand and Australia the proportion living in housing with care varies between 5.25% and 6.4% of the population aged 65 or over, whereas in England there is just 0.7%. Clearly there must be pent up (or latent) demand for housing with care which the planning system should recognise and facilitate in pursuit of the economic and social benefits. It is widely contended that this discrepancy arises because the UK market is at an immature stage in comparison and that the relative lack of exposure to this type of provision is suppressing what is a significant level of potential demand. This is expanded upon in the supporting documents listed at the front of this report.

At present there are less than 100 CCRC schemes in place or approved in England which is equivalent to accommodating just one third of 1% of the population of those aged 75 or over at the present time. Clearly there is a strong argument for ensuring the planning system does not inappropriately constrain delivery of this sort of housing not only on grounds of demand but also in relation to the clear social and economic benefits.

5.3 The attached ECV document 'The Market Opportunity' gives a great deal of background information and includes the JLL report referred to.

6. THE AGING DEMOGRAPHIC.

6.1 The following summarises the data in the 2015 West Essex and East Herts SHMA.

The 2017 update on OAN does not materially affect the proportion of the OAN which should be addressed by specialist older- persons housing.

| SHMA 2015 | YEAR | 2011 | 2033 | INCREASE |
|-----------|------------|--------|---------|----------|
| AGE 75+ | ACROSS HMA | 34,174 | 60,924 | 26,750 |
| AGE 65+ | | 70,363 | 117,516 | 47,153 |

6.2 The following data is extracted from ONS published population projections

Projections from 2014-2033 <https://www.nomisweb.co.uk/articles/956.aspx>

| | YEAR | 2014 | 2033 | INCREASE |
|---------|--------------------|--------|--------|----------|
| AGE 75+ | East Hertfordshire | 11,038 | 19,598 | 8,560 |
| | Epping Forest | 11,883 | 18,953 | 7,070 |
| | Harlow | 6,585 | 9,553 | 2,968 |
| | Uttlesford | 6,995 | 14,105 | 7,110 |
| | TOTAL | 36,501 | 62,209 | 25,708 |

| | YEAR | 2014 | 2033 | INCREASE |
|---------|--------------------|--------|---------|----------|
| AGE 65+ | East Hertfordshire | 24,226 | 39,018 | 14,792 |
| | Epping Forest | 24,972 | 36,082 | 11,110 |
| | Harlow | 13,006 | 19,278 | 6,272 |
| | Uttlesford | 15,785 | 26,984 | 11,199 |
| | TOTAL | 77,989 | 121,362 | 43,373 |

6.2 The preceding table summarises the demographic change in the four districts within the HMA over the next twenty years, showing there will be an additional 43,373 persons (over 75) by the end of that period. The increase in the age of those 85 or older (referred to in the SHMA as an increase of 12000¹⁰) is significant in demand for care and the burden upon social service care delivery and the NHS which is also material. The Housing LIN multipliers used elsewhere in this document are applied to the population of those aged 75 and over by the end of the plan period (yellow).

6.3 Key reference documents (MCGV¹¹) makes clear that there should be “ *attention to the proportion of people over retirement age, the numbers in early, middle and advanced old age (broadly 55-70, 70-85, 85+) each of which will have, in aggregate, different characteristics that impact upon the level of need for services*” .

6.4 So although the number of people entering the 65+ age cohort through the plan period (brown) could be regarded as indicating the need for general housing suitable for older people such as bungalows and accessible housing, within that the proportion of people who are entering the 75+ age cohort (middle old age) is indicative of demand for housing-with-care and the increase in the proportion in advanced old age (85+) relates to higher level of support being required.

6.5 The additional numbers in the 85+ category is portentous of a significant demand for housing-with-care because that is the age at which there is a dramatic increase in the percentage of people¹² who:

- Need assistance with personal care needs (67%)
- Suffer from cognitive impairment (22%)
- Have mobility problems which they cannot overcome alone (45%)
- Need assistance with day-to-day domestic tasks (77%)

These issues are fully considered in the Housing LIN documents attached to this submission.

¹⁰ Figure 40 of the 2015 SHMA

¹¹ More Choice greater Voice Housing LIN found at: <https://www.housinglin.org.uk/Topics/type/More-Choice-Greater-Voice-a-toolkit-for-producing-a-strategy-for-accommodation-with-care-for-older-people>;

¹² Evidence provided in ‘More Choice Greater Voice’ Housing LIN section 11

7. THE EMERGING EPPING FOREST PLAN

7.1 In previous sections we have outlined deficiencies, in comparison with National Policy requirements and other Plan areas, in the approach taken so far;

Those deficiencies are:-

- Lack of robust approach to determining housing requirements for older people, in particular failure to address or consider the potential requirement for housing with care and housing for the elderly which is owned (leased). The failure to engage consideration of methodologies such as the Housing LIN when the same authors (ORS) have done so (albeit imperfectly) in other SHMA areas is concerning. The numbers appearing in the Housing strategy analysis for extra care housing falls well below the numbers identified through the Housing LIN
- Failing to address the scale of potential requirement for housing with care as set out in 2.4. this may mean, notwithstanding what is currently 'in development' 4 or 5 'care villages' each with substantial site requirements, and 8-10 extra-care schemes.
- Reliance on housing mix to deliver specialist housing when, because of differing business models for specialist providers, only age-restricted or adaptable general housing is likely to be provided on a proportionate basis.

7.2 It is the submission of IVG that the Epping Forest Local Plann cannot be found sound without attention to the following issues:

- (1) The Plan should allocate sufficient land to address unmet need for housing-with-care noting the site requirements for such, and recognising that the business model for housing-with-care is entirely different to that engaged by the strategic land and general housebuilders.
- (2) The Housing LIN methodology is considered to be a conservative basis for provision that does not address latent demand. Plan(s) should be sufficiently flexible to respond to demand if it increases beyond expected levels (whatever those may be) with policies that support windfall schemes of specialist housing for older people.
- (3) Because the number of households entering the 'older-people' age cohort is a very significant proportion of the OAN a permissively-worded policy to support the provision of Housing for Older People of all types should be incorporated into all Plans (not merely as a component of housing mix) which also recognises the sustainability benefits of Care Villages. A policy such as this appears in other adopted plans, reflecting the special sustainability of CCRC development:
(page following)

DRAFT POLICY HOUSING FOR OLDER PEOPLE

1. The provision of housing suitable for the needs of older people will be encouraged on all allocated and windfall sites of five units or more as part of the market housing mix through policy XXX and affordable housing requirement.

2. Where housing for older people falling into Class C2 of the Town and Country Planning (Use Classes) Order 1987 (as amended) is proposed, permission will be granted provided that:

i. There is an evidenced requirement for that type of accommodation;

ii. The scheme has good access to public transport, healthcare, shopping and other community facilities OR, where the proposed scheme lacks such access, it can be demonstrated that there would be demonstrable benefits to the local community from the scheme in its proposed location and the scheme would provide on-site services and facilities and tailored transport services to meet the needs of residents; and

iii. Where a mix of use classes C2 and C3 is proposed on a single site, the affordable housing requirements are met in respect of the C3 element.

End of representation.