

## CHURCHILL RETIREMENT LIVING AND McCARTHY STONE RETIREMENT LIFESTYLES RESPONSE TO THE ENFIELD LOCAL PLAN 2021-2036 (REGULATION 19) PRE-SUBMISSION CONSULTATION

### Draft Strategic Policy SP SC1– Improving the Health & Wellbeing of Enfield’s Diverse Communities

We welcome the Council’s commitment to the health and wellbeing of its residents. As detailed in our representation to *Policy DM H5 – Supported and specialist housing*, the demographic profile of the Borough is ageing with the population aged 65 and over projected to increase by 51.5% over the Plan period.

An ageing population inevitably results in an increase in frail individuals and persons with long term health issues. There is a commensurate pressure on care and health services accordingly with many local authorities spending over a third of their budgets on adult social care currently.

It is well established that poor housing can exacerbate health problems in old age, with enormous resultant costs to the NHS and social care. For example:

**Falls** - Public Health England statistics show that in 2017/18 falls accounted for 335,000 hospital admissions in England of people aged 65 and over.

**Cold Homes** - Millions of older people in the UK are living in homes that are too cold. A cold home can cause chronic and acute illnesses and lead to reduced mobility, falls and depression.

**Social Isolation** - 1.5 million people aged 50 and over are always or often lonely, researchers have calculated. Loneliness makes it harder for people to regulate behaviours such as drinking, smoking, and over-eating, which in turn have their own significant negative outcomes.

Specialist older persons’ housing has been developed with the needs of the elderly in mind, enabling them to remain independent for longer. These homes are designed to be warm and with features to alleviate the physical impact of ageing (such as level access throughout) and offer opportunities for residents to access support, care, and companionship. The recently published *Healthier and Happier Report* by WPI Strategy (September 2019) calculated **that the average person living in specialist housing for older people saves the NHS and social services £3,490 per year.**

Sub-Clause 2 of this policy stipulates that development within certain categories will need to demonstrate how they address any adverse health impacts through to the submission of a health impact assessment. The forms of development which require a health impact assessment includes forms of development in which there are clear issues of health and well-being – development in areas with poor air quality and hot food takeaways and payday loan shops – and forms of development which have a

clear benefit to health and wellbeing – care homes, Retirement Living housing and education, health, leisure and community facilities.

This begs the questions, if the benefit to health and well-being are self-evident, what relevance is a health impact assessment? Most of the questions in the *Healthy Urban Planning Checklist* are only relevant to strategic development proposal and have little bearing on many of the developments stated in sub-clause 2.

## Recommendations

We consider that sub-clause 2 is re-visited and the requirement for Health Impact Assessments is limited to relevant developments – i.e. forms of development with clear adverse impacts on the health and wellbeing and strategic housing developments.

## Policy SP H2: Affordable Housing

### COMMENT

Affordable Housing requirements in the Enfield Local Plan are linked to the corresponding policies in the London Plan – namely *Policy H4: Delivering affordable housing*. This sets a strategic target of 50% of all new homes in London to be ‘genuinely affordable’ with a 35% affordable housing requirement for residential developments that fulfil the requirements of the threshold approach detailed in *Policy H5: Threshold approach to applications*.

*Policy SP H2: Affordable Housing* seeks a minimum of 35% affordable housing from all developments of 10 or more dwellings, across the Borough, in line with the threshold approach with the exception of estate regeneration, green belt and former industrial land, which is required to provide 50%.

The affordable housing targets detailed in the above policy are informed by the *London Borough of Enfield – Whole Plan and CIL Viability Study* (LPVS) undertaken by HDH Planning & Development. We note that the LPVS has assessed the viability of older persons’ housing typologies, which is welcomed.

In reviewing the methodology for assessing specialist older persons’ housing, we note that many of the inputs align with the methodology detailed in the Briefing Note on Viability Prepared for the Retirement Housing Group (hereafter referred to as the RHG Briefing Note) by Three Dragons, although a number do not. A copy of the RHG Briefing Note has been provided as part of this submission, which could result in an unrealistic planning obligations burden in the next Local Plan. Our concerns are that the Viability Assessment has overplayed the viability of older persons’ housing.

The respondents, as part of a Retirement Housing Consortium, have consistently voiced their concerns about the Mayor of London’s threshold approach and the viability evidence underpinning this. These concerns were presented during the EiP, however despite the Examiners acknowledging our concerns the *London Plan Examination in Public: Panel Report* (October 2019) concluded that

222. *‘The threshold requirements for affordable housing have been challenged, on the basis of the higher build costs compared with mainstream housing. This is reflected in the findings of the LPVS, which indicates that viability for sheltered and extra care housing is more difficult in lower value areas. Further the case studies tested for this type of housing in the LPVS do not reflect industry practice. For these reasons, we are not convinced that viability would not hamper delivery. However, in light of the significant need for affordable homes and given that the “viability tested route” is available to assess the impact of viability on affordable housing requirements, it is worth waiting to assess the impact of this new policy approach. However, close monitoring should take place to ensure that the impacts are properly assessed and fed into any review*

This 'wait and see' approach does not accord with the increased emphasis for the viability of planning obligations to be tested, robustly, at the Plan making stage. The London Plan was assessed with regard to the policies in the 2012 version of the NPPF, and other relevant policy under the transitional arrangements detailed in NPPF (2019) paragraph 214 and footnote 69. It was not assessed against the revisions to the NPPF made in 2018, 2019 or 2021.

The London Plan's approach, particularly in respect of development viability and affordable housing contributions, is not considered to be consistent with that of the NPPF (2021). While the respondents will not reiterate the point made in their submissions to the London Plan, they remain strongly of the view that the viability assessments for older persons' housing typologies in the *London Plan Viability Study* were not fit for purpose and substantially overstated the viability of these forms of development.

Notwithstanding the respondents concerns with *The London Plan Viability Study*, we note that it concluded that the viability of older persons' housing was considered to be particularly finely balanced in the outer London Boroughs (Value Bands D & E):

#### ***Other residential development types***

*14.2.11 This group of uses includes specialist provision for the elderly and others needing sheltered or extra care facilities and for care homes. It also includes student accommodation and another relatively new form of provision – Shared Living. Generally, all these types of uses are viable and able to provide affordable housing (when required to do so). However, there are considerable differences in viability between the uses. The policy requirements for student accommodation and Shared Living can be met across the value areas. Sheltered housing is able to provide 50% affordable housing in Value Band C, but not in D or E. Extra care, as was tested for this study, was viable with 35% affordable housing in C but not in D or E. (Emphasis own)*

The need for specialist older persons' housing across Greater London is detailed in *Table 4.3 of the London Plan* which requires the Borough 195 units of specialist older persons' accommodation per annum.

Enfield's Annual Monitoring Reports (AMR) do not currently monitor the delivery of specialist older persons' housing in the Borough. The *Knight Frank Senior Housing Update 2021* is however a useful reference in this respect and highlights the London Plan target for an additional 4,115 units of specialist older persons' housing per year across the capital up to 2029. Since the start of the London Plan timeline in 2017 however, only 3,000 seniors housing units have been delivered – less than the requirement for one year. There are a further 1,600 further units either under construction or with planning granted across Greater London, which will do little to address the shortfall.

In light of the urgent need to significantly increase the delivery of specialist older persons' housing in the Borough and across Greater London, we consider that it is imperative that the viability of these forms of development is careful robustly against planning obligations and policy requirements.

Mindful of the guidance in the PPG that is the responsibility of site owners and developers to engage in the Plan making process – McCarthy Stone and Churchill Retirement Living have provided a separate document with viability appraisals for Retirement Living housing and extra care older persons' housing typologies. **It concludes that these forms of development are not able to provide an affordable housing contribution on previously developed land in the Authority.**

The PPG makes it clear that *'Different requirements may be set for different types or location of site or types of development'* (Paragraph: 001 Reference ID: 10-001-20190509). We are strongly of the view that it would be more appropriate to set a lower, potentially nil, affordable housing target for Retirement Living housing and extra care accommodation in the Borough.

We are of the view that as The London Plan was assessed against the NPPF (2012) and the Enfield Local Plan will be determined against the NPPF (2021), with its increased emphasis on robust viability

assessments at the plan making stage, it is the Borough's responsibility to ensure its planning obligations regime is sufficiently robust and justified.

The Local Plan is therefore considered to be unsound on the grounds the affordable housing targets are not justified, positively prepared or effective.

#### **RECOMMENDATION:**

The respondents as part of a Retirement Housing Consortium have consistently voiced their concerns about the affordable housing threshold approach and the viability evidence underpinning this in the London Plan.

As the Enfield Local Plan Review will be determined against the NPPF (2021), with its increased emphasis on robust viability assessments at the plan making stage, it is the Borough's responsibility to ensure its planning obligations regime is sufficiently robust and justified.

The evidence we have provided in our viability appraisals for Retirement Living housing Housing and Extra Care Housing typologies, concludes that these forms of development should be exempt from affordable housing provision.

#### **Draft Policy DM H5: Supporting and Specialist Housing**

#### **COMMENT**

McCarthy Stone and Churchill Retirement Living are independent and competing housebuilders specialising in Retirement Living housing housing for older people. Together, we are responsible for delivering approximately 90% of England's specialist owner-occupied retirement housing.

Paragraph 1 of the PPG Housing for Older and Disabled people states:

*"The need to provide housing for older people is critical. People are living longer lives and the proportion of older people in the population is increasing. .... Offering older people, a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems. Therefore, an understanding of how the ageing population affects housing needs is something to be considered from the early stages of plan-making through to decision-taking".*

Paragraph: 001 Reference ID: 63-001-20190626

Table 7.1 of the *Enfield Local Housing Needs Assessment*. (HNA) details that the population aged 65 and over is projected to increase by 22,522 people (51.5%) between 2018 and 2036. It is notable that population aged 75 and over, the demographic who are most likely to be frail and managing long-term health conditions, will increase by 11,622 persons (56.2%) over the plan period.

The HNA advises that there is a requirement for between 737 – 755 units of residential care (Use Class C2) and between 1,212 and 1,242 units of specialist older persons' housing (Use Class C3) over the Plan period.

Table 4.3 of the London Plan requires the Borough to deliver 195 units of specialist older persons' accommodation per annum. This generates a requirement of 4,290 units of specialist older persons' housing over the 22-year London Plan period, which is nearly double the requirement stated in the *Enfield Local Housing Needs Assessment*.

We consider that the requirement for specialist older persons' housing in the HNA to be underwhelming and consider the figures stated in the London Plan to be more proportionate to Borough's ageing demographic profile.

Notwithstanding the above, commend the manner in which the housing needs of older people have been comprehensively addressed in the *Policy DM H5*.

We also note that sub-clause 8 stipulates that '*to ensure inclusive and mixed neighbourhoods and communities, proposals must not result in a harmful overconcentration of care home accommodation within the locality*'. What comprises an 'overconcentration' of care home concentration, and what 'harm' is the Council alleging will arise from 'too many' elderly persons? We consider this element of the policy to be ambiguously worded, and potentially open to prejudicial judgement. It is contrary to Paragraph 16. of the NPPF which advises that '(d) *contain policies that are clearly written and unambiguous, so it is evident how a decision maker should react to development proposals.*'

Seeking to limit specialist older persons' housing in certain locations is also counterintuitive. Both the respondents locate their developments within 400metres (0.25 miles) of a town or local centre to facilitate the continued independence of older people and so well-located specialist older persons' housing development will tend to be concentrated such locations. Indeed, ease of access to community facilities, shops and services is a requirement of sub-clause 2 g) of the Policy.

We are of the view that sub-clause 8 should be deleted.

We would also, respectfully, highlight, that despite the largely positive manner which *Policy DM H5* addresses the Housing Needs of the elderly, it is undermined by the lack of consideration given to older persons' housing typologies in *Policy SP H2: Affordable Housing* and the inconsistencies of the *London Borough of Enfield – Whole Plan and CIL Viability Study*. This matter is addressed comprehensively in our representation to *Policy SP H2* and in our supporting viability appraisal.

## **RECOMMENDATION**

To address the concerns detailed in our representation we would suggest the following amendments to *Policy DM H5*:

- Sub-clause 8) is deleted in its entirety.