



Stag Brewery, Mortlake

Assisted Living Overview and Characteristics Report

For Reselton Properties

February 2018

Assisted Living Overview and Characteristics Report



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Application Overview and Structure

1. This “Assisted Living and care overview for former Stag Brewery” has been prepared by Savills on behalf of Reselton Properties Limited (‘the Applicant’) in support of three linked planning applications for the comprehensive redevelopment of the former Stag Brewery Site in Mortlake (‘the Site’) within the London Borough of Richmond Upon Thames (‘LBRuT’).
2. The former Stag Brewery Site is bounded by Lower Richmond Road to the south, the river Thames and the Thames Bank to the north, Williams Lane to the east and Bulls Alley (off Mortlake High Street) to the west. The Site is bisected by Ship Lane. The Site currently comprises a mixture of large scale industrial brewing structures, large areas of hardstanding and playing fields.
3. The redevelopment will provide homes (including affordable homes), accommodation for an older population, complementary commercial uses, community facilities, a new secondary school alongside new open and green spaces throughout. Associated highway improvements are also proposed, which include works at Chalkers Corner junction.

Application A: Mixed Use

Hybrid application to include the demolition of existing buildings to allow for the comprehensive phased redevelopment of the site:

Planning permission is sought in detail for works to the east side of Ship Lane which comprise:

- *Demolition of existing buildings (except The Maltings and the façade of the Bottling Plant and former Hotel), walls, associated structures, site clearance and groundworks;*
- *Alterations and extensions to existing buildings and erection of 12 buildings varying in height from 3 to 8 storeys plus a single storey basement*
- *443 residential apartments*
- *Flexible use floor space for:*
 - Retail, financial and professional services, café/restaurant and drinking establishment uses*
 - Offices*
 - Non-residential institutions and community use*
 - Boathouse*
- *Hotel / public house with accommodation*
- *Cinema*
- *Gym*
- *Offices*

- *New pedestrian, vehicle and cycle accesses and internal routes, and associated highway works*
- *Provision of on-site cycle, vehicle and service parking at surface and basement level:*
- *Provision of public open space, amenity and play space and landscaping.*
- *Flood defence and towpath works*
- *Installation of plant and energy centres*

Planning permission is sought in outline with all matters reserved for works to the west of Ship Lane which comprise:

- a) The erection of a single storey basement and buildings varying in height from 3 to 7 storeys*
- b) Residential development of up to 224 units*
- c) Nursing and care home (up to 80 en-suite rooms) with associated communal and staff facilities*
- d) Up to 150 units of flexible use living accommodation for either assisted living or residential use*
- e) Provision of on-site cycle, vehicle and service parking*
- f) Provision of public open space, amenity and play space and landscaping.*
- g) New pedestrian, vehicle and cycle accesses and internal routes, and associated highway works*

Introduction

- As part of the proposed redevelopment of the former Stag Brewery, by Reselton Properties, will include a care village, that will consist of a care home and assisted living apartments. The provision of care within the apartments and care home will be registered and regulated by the Care Quality Commission. The accommodation for older people will be circa 24,210 sqm GEA above ground, and this will be split between up to 150 assisted living apartments with residents facilities, and a separate care home with up to 80 en-suite rooms. Blocks 13, 16 and 17 seek planning permission for flexible assisted living residential units. This report sets out the nature of the assisted living units in the event that they are delivered. The residents of the assisted living, and the care home will typically be currently residing with the local area, and will have an underlying condition and need that will prompt the move.
- Within London there is a crisis developing of a chronic lack of suitable housing for older Londoners to downsize into, combined with a significant increase in the older population of London, as Baby Boomers now enter their retirement age.
- Many family homes are under occupied with older residents stuck in their existing homes – the GLA stated that 54% of older Londoners are under occupying their homes by two or more bedrooms (Census 2011). This is preventing growing families from moving into larger more suitable homes, while causing issues of depression to residents trapped unsuitable homes, and a knock on effect / cost to the local NHS – it has been proven that age appropriate housing reverses frailty and better manages conditions, and thus reduces the cost and burden to the local NHS.
- This lack of housing choices for older persons impact for on the NHS, can be demonstrated where older Londoners are bed blocking in hospitals and cannot be discharged back to their unsuitable current homes. For instance they cannot use the stairs, or do not have a level access preventing access into home, and cannot be discharged. The cost to the NHS across the UK from this issue of bed blocking is £900m a year.
- We have seen more recently, in London there has been a slight increase in the number of class C2 Extra Care (assisted living) planning permissions (for example Stanmore / Hampstead / Kensington and Chelsea). These schemes each offer a similar services and operations model, with similar customers to what is being proposed at Stag. However with an annual target in the GLA London Plan of 2,620 private units per annum, and only 103 units delivered in the last three years (at Battersea Place on Albert Bridge Road), this crisis is getting worse. The overwhelming demographic need within the local area is highlighted within the 'Stag Brewery: Assisted Living Demand Assessment' by Regeneris that has

been submitted with these applications. If assisted living is brought forward, the development will provide within the care village much needed homes for older local people, and will free up much needed family homes for those who would likely be forced from the Borough due to a lack of suitable family housing.

- We have been commissioned to prepare this overview of the accommodation for older people and what it will comprise, and who the residents will be, to support the outline application for this area of the site. As part of the reserved matters submission, Reselton's operating team will submit an operators statement. It will follow the basis of this overview, which is based upon our experience of consultancy, operations and management of assisted living developments across the UK, and the work undertaken by Reselton to create a best in class care village.
- It is expected that the types and base level of services, and minimum age of residents would form part of the Section 106 for the proposed care village, and be within the leases that the care village residents sign up to – we will within this report address the Section 106, and who the customer will be and what services will be offered, based upon the offering of operators within this space – who have largely been unable to deliver suitable housing within London,

Extra Care / Assisted Living

- Extra care is typically the term given to housing with care, provided by registered providers. Within the UK, private sector housing with care developments are known as “assisted living”. This form of retirement housing is different to sheltered housing, typically provided by the likes of McCarthy and Stone. Sheltered housing provides limited facilities and no care to residents. Within a suitable designed and operated assisted living development, circa 90% of all medical ailments should be able to be treated. Assisted Living operators include Audley, LifeCare Residences and Anchor within the UK.
- Assisted living allows residents to maintain their independence within their home, but to draw down medical and domestic support when they need it. This is complimented and supported by the amenity facilities provided within the development allowing them to be part of a community and not be isolated. Many feel isolated within their current homes (that they are under occupying), and feel trapped and a burden to their families and others.
- Due to the high level of facilities provided, assisted living developments have a gross to net ratio of circa 60%. By comparison a typical residential scheme will be at circa 80% gross to net ratio. The provision of this additional space provides the space to provide care and community services to residents, and deal with their requirements as they age in place. It is the high level of service and residents’ care, and provision of community space that differentiates assisted living from residential schemes / land use both in terms of offer, but also in being far more expensive to deliver.
- Housing with care is the growth sector within the UK which is under supplied. There is an existing demand from older people who want to move to a home and community that adapts as their needs change, rather than staying trapped within their current home due to lack of choice, or downsizing and then having to move again to a care home when their health declines further.
- Assisted Living developments are typically on a for sale basis, with there being a minimum age of entry restriction, which ranges from 55 to 65 (though most residents will be at least mid-70’s). Those looking to move into the scheme will have a care assessment from the in-house team to make sure that the resident (or one party if a couple) meets the requirement of needing care.
- The proposed Assisted Living facility, if brought forward, will be a 24-hour operation with all residents having access to emergency support and 24 hour nursing. Personal care and support is applied to the residents based upon their individual



requirements and needs. In addition, regular visits from health care specialists and activities that promote wellness, community and movement will be provided.

- The entire building is effectively the planning unit, with the residents using all the services and the facilities, in order to maintain the health, wellness and lifestyle benefits of living in a supported community with integrated care. This is similar to a care home, with both being regulated environments, in its approach to maximising the health and wellness of residents, but with facilities designed to adapt to the needs of the residents as they age.

Extra Care planning use class guidance from Housing LIN Factsheet December 2015

- *'The planning classification of extra care housing is far from straightforward, reflecting the broad range of philosophy and types that extra care covers. Whether it is seen as primarily housing or as a proxy for a care home depends on the nature of the scheme and the services provided. The planning Use Class applied to Extra-Care confirms this distinction because some schemes are defined as C3 (Dwelling Houses) and some are C2 (Residential Institution). Occasionally schemes can have mixed class use, with distinct parts of a scheme being C2 and others C3. For well integrated extra care communities, with clear linkages between the various elements, the predominant function of the 'planning unit' as a whole usually prevails. Occasionally extra care has been classified as 'Sui Generis; that is, a use not falling within any specific class within the Use Class Order.*
- *Amongst the key factors in determining the Use Class are the extent of any legal restrictions on purchase and occupation; availability of care via a registered care provider, arrangements for the regular assessment of individual care needs including upon occupation; the availability of meals; and the extent and scale of communal facilities.*
- *Different planning policies may apply depending upon the above classification of the scheme. A key example relates to requirements to provide an element of affordable housing, which are not normally applicable to C2 developments. Such requirements can significantly impinge on scheme viability and the ability of private developers of extra care to compete with general house builders.*
- *Some providers, see care provision as integral to extra care housing provided within a communal setting. They have always obtained planning permission under C2 Use Class. Other providers incorporate little or no care and community facilities; and their schemes should be classed as C3. It is very important therefore to understand that, dependent on circumstances, Extra care housing can be either C2 or C3 Use Class. For more comprehensive information on planning, see the Housing LIN's online planning portal.'*

Extra Care / Assisted Living characteristics

- Primarily for older people – this is typically 65 years and over, though residents in our experience will be mid to late 70's at point of entry, and at maturity the care village average age will be mid 80's. If a resident has a care requirement and is younger they can move in, though most residents will be over the lower age. For example, at Battersea Place, a care village on Albert Bridge Road the range of ages was 64 to 91 at point of entry.
- Ailments / conditions that prompt a move to an assisted living development –
 - Heart disease
 - Stroke
 - Osteoporosis
 - Memory issues
 - Mobility issues
 - Hearing issues
 - Sight issues
 - Depression
 - Loss of spouse
 - Impending loss of spouse
 - Disability
 - Parkinsons
 - Diabetes
 - Osteoarthritis
- Each apartment is sold on a for sale basis, with the lease requiring the residents to opt in to services being provided to them within their own home.
- Each apartment is self-contained within the assisted living development – each will have its own bathroom(s) and kitchen and private spaces. It allows for the resident to maintain their independence, which is a key principle that they don't want to lose. They want to be part of a community and be able to use the services and support when they need it.



- Personal care is delivered by the onsite team – it is tailored to the needs and requirements of each individual, and can be tailored to suit their changing needs. Like a care home, the care team will be under the Care Quality Commission regulations and standards.
- Individuals will pay for a minimum level of support within the lease, with everything else paid for other and above that, as it is needed.
- Support is available on site 24 hours a day, 7 days a week.
- Support can range from domestic support with laundry, cleaning, cooking, to personal care such as bathing, and dressing changes to full on medical care.
- Communal facilities and services are available to residents for community, lifestyle and social interaction, and active ageing – these are substantially larger than a traditional C3 residential scheme or even a C3 Sheltered Housing Scheme, and are designed to encourage socialising and meet changing care, physical and emotional needs – this is about managing ailments and reversing frailty. For example mobility is typically improved for the residents through the use of age appropriate exercise, and the community spaces will help to reduce levels of depression through integration. These will include –
 - Hair and beauty
 - Hydro therapy pool, sauna and steam room
 - Exercise studio for group yoga, and Pilates
 - Gym with low impact hydraulic equipment
 - Treatment rooms for physio and occupational treatments
 - Library / reading room
 - Cinema / conference room
 - Games room
 - Craft room
 - Events / function space
 - Informal seating areas

- Restaurant (room service will be available within residents homes for those who are self-conscious about eating in public)
- Bar / café
- Medical centre / consultation rooms for external health consultants to provide advice to residents
- Care staff office
- Mobility scooter charging
- Guest suite for residents guests and families to stay in
- Sensory gardens
- Laundry
- For residents, up to three healthy meals are available each day within the dining facilities, and these provide meals for those who are unable to cook. Provides opportunity for the residents to socialise with each other and with their families.
- Those living within this form of specialist housing, are be able to stay within their home longer than if they had remained within their former home – they can draw down care to treat circa 90% of ailments, and will benefit from being part of a safe and secure community. It is a key principle of the designs and operations of an assisted living development that the home, environment and services can adapt as the residents needs change, allowing them to age in place.
- Staff will manage on site –
 - Medical care
 - Domestic support
 - Facilities management
 - Food and beverage services
 - Lifestyle services and activities
 - Maintenance and landscaping (for development and residents)
 - Concierge / reception
 - Transport services
- Activities at the development to remove isolation and depression and encourage mobility will include –
 - Yoga and Pilates
 - Tea Dances

- Film Club
- Arts and crafts
- Games
- Book clubs
- IT Classes
- Themed meals
- Drama groups
- Choirs
- Staffing roles (which number far greater than a C3 residential or sheltered housing scheme, with the provision of care regulated by the Care Quality Commission) will include –
 - Registered nurse
 - Health care assistant
 - Care services team
 - Care village management team
 - Chef
 - Kitchen staff
 - Serving staff
 - Domestic staff
 - Concierge / reception
 - Activities staff
 - Health facilities staff
 - Maintenance
 - Drivers
 - IT Staff
 - Security
 - Administration staff

Stag Brewery accommodation for older people

- For the outline application for the wider Stag Brewery site, the details of the accommodation for older people have yet to be determined. These will be submitted as part of the Reserved Matters application for Development Area 2. At that stage Reselton Properties will have an agreement with the operators of these elements, and the scheme submitted will be to their specification.
- To guide the process at this stage we would, based on similar schemes within London and the wider UK, expect –
 - Assisted living units – a mix of 1, 2, 2.5 and some 3 bedroom apartments, which will typically be larger than an open market apartment due to the requirements of the residents and their care needs – for example bathrooms will need to allow for a carer to assist a resident within this area. There will then be extensive communal facilities (far in excess of that provided within a residential scheme), that meet the care, community and lifestyle requirements of the residents, allowing them to age in place. These will include a restaurant, café, treatment rooms, activity rooms, communal sitting rooms, care team and catering areas, laundry, exercise studio, fitness suite and pool; and
 - Given the development's location, and the operating models of most, the scheme will have an element of openness to the facilities' that will allow members of the public from the local area to be able to use the facilities. For example, we would expect seniors from the local community who do not reside to be able to participate with exercise classes.
- The care home will depend in size upon the operator's requirements – typically care homes would be circa 60 beds, but we are seeing operators within urban locations such as this to be requiring in excess of 100 beds. The applicants seek permission for a care home providing up to 80 ensuite rooms. The care home will provide a restaurant for the use of its residents, as well as treatment areas, and specialist areas such as assisted baths, as well as social areas and staff spaces. The level of fees will depend upon the particular requirement of the operator, and the detail of their model will form part of the detailed application for this area of the site.

Section 106 Agreement

As part of the Section 106 agreement, we would expect that requirements for the operators of the care accommodation, and its residents will be set out. We would expect –

- Minimum age of a qualifying resident / owner for an assisted living apartment to be 65
- Those looking to move in will have an assessment of their needs prior to moving in
- That the apartments cannot be sublet / under let to people who do not meet the criteria
- A minimum of one hour per week of care services to be included in service charge – over and above that to be on draw down basis – we would expect that at maturity personal care per resident will equate to 6 hours per week. This is why there is a requirement to deliver large staffing levels and associated facilities, something which further differentiates it from open market residential.
- First three months of marketing on first sale must be to people who currently reside within the London Borough of Richmond-upon-Thames. By way of example, Bramshott Place Phase 4 a development by Renaissance Villages in East Hants district has clear direction within the Section 106 for application 54599/001. It states, ‘the owner shall not offer any Dwelling for sale or lease for the first time or sell the lease or rent such Dwelling for the first time other than offering to a person with a Local Connection and by selling, leasing or renting it to such a person and the Owner shall undertake Local Advertising in order to try and achieve such a disposal.’
- To reiterate that while the Section 106 agreement and in turn the leases will restrict the residents, those who will buy an apartment will move due to an event happening (need) and will more than likely be from the local area. Buyers of assisted living want to stay close to the area and network they know, and are not transient like investors or first-time buyers who will typically buy where the opportunity is, rather than because they have to buy within a certain location.
- The provision of care will be regulated by the Care Quality Commission (CQC).

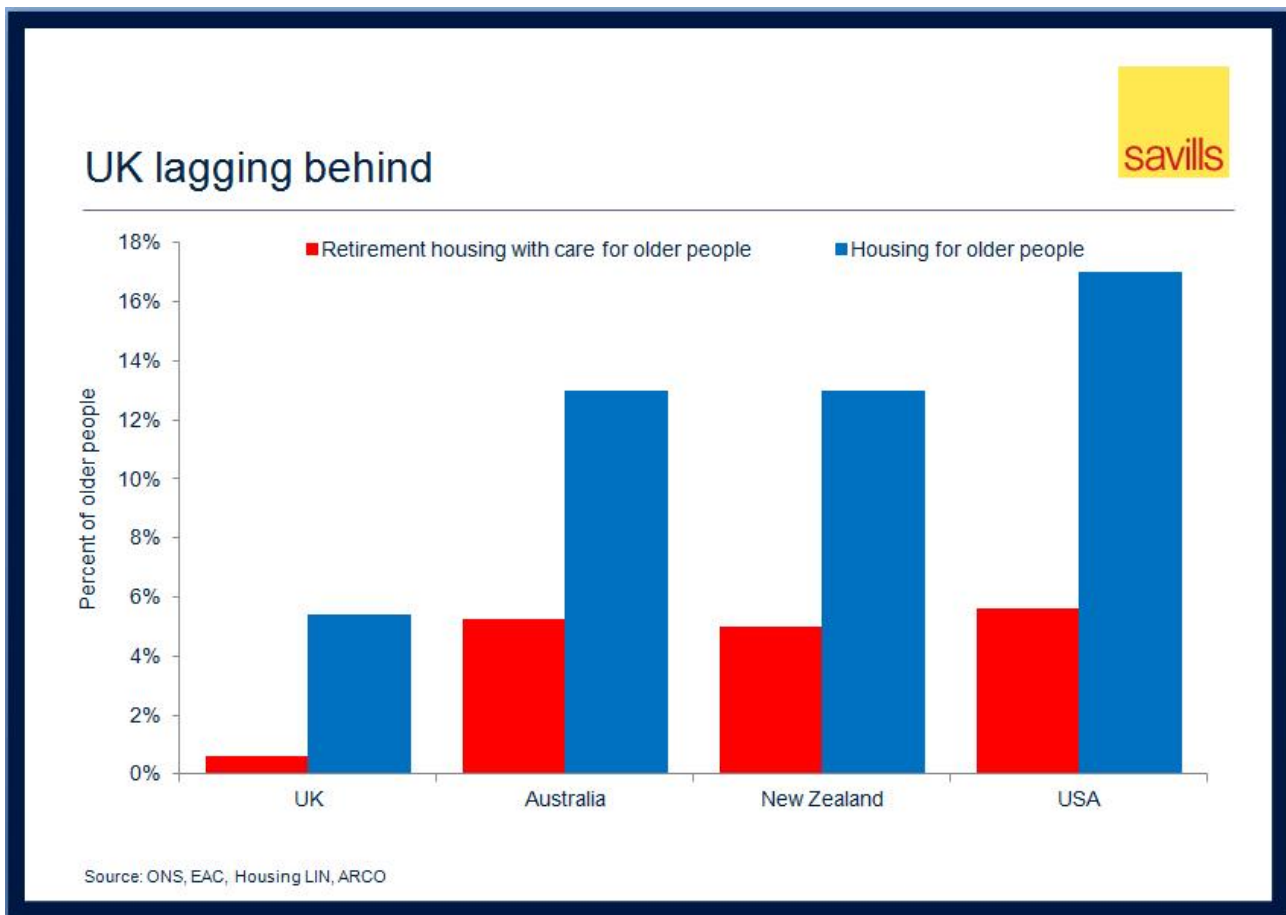
The London crisis

- Showing the scale of the crisis in London, the London Plan (2016) identified that London needed 2,620 private sale specialist homes for older people per year from 2015 to 2025, however supply has failed to meet that need. In LBRuT, the requirement is 105 private sale specialist housing for older people units per year between 2015 and 2025.
- With older Londoners being the fastest growing population group in London (GLA, 2016), the crisis is increasingly a focus of the London boroughs, GLA and central government.
- As can be seen in the report from Regeneris titled “Extra Care Assessment”, the crisis facing LBRuT and wider London boroughs of the growing older population, and the lack of suitable choices for people to downsize their homes but improve their quality of life is massive.
- Housing an ageing population is increasingly a focus for HM Government, and we are now in a process that will see changes to make the delivery of housing for older people faster. Within London the Mayor's Housing SPG, 2016 has stressed the importance of this form of housing, and we will comment further later within this report on this.



International comparison

- The UK lags behind other countries in the provision of housing with care for older people – this under provision is especially chronic in London - by way of comparison London has a population of 8 million and 1 assisted living retirement village – New Zealand by contrast has a population of 4 million and 351 retirement villages.
- We have highlighted the comparison as it shows how countries that have clear planning guidance / use classes and policies for the retirement housing sector, have been able to address their crisis far better than the UK.



Benefits to the residents and local community and services from Extra Care (Assisted Living)

- The assisted living will provide benefits to the residents, their families, and the local communities. By residents moving from unsuitable homes to suitable needs based accommodation it not only frees up family housing, but acts to reverse frailty and reduces the strain and burden on the local primary care trust. Please see the infographic at the bottom of this section for actual positive impacts from assisted living on PCT's.
- Benefits to the local area of a care village –
 1. Meeting local need and targets of the GLA and LBRuT
 2. Freeing up much needed family homes, to allow those over occupying smaller homes to move to more suitable accommodation
 3. Remove current isolation and reduce depression for residents moving to the scheme
 4. Couples do not need to be separated, by one having to move into a care home or hospital
 5. Older people can live independently but as part of the community
 6. Individuals / households can age in place within the assisted living scheme, and can provide treatment for most ailments, up to and including end of life care, within the privacy of their own home
 7. The intensity of care provided can be adjusted depending on the residents' well-being, which provides flexibility and allows residents peace of mind that care is there when they need it
 8. Care can be delivered into the residents' home at a lower cost than being provided within a care home
 9. Allows residents to age in place living within an independent environment with support on hand whenever needed
 10. Peace of mind and reduced burden to families of residents
 11. Provide choice to those needing to downsize, but unable to due to lack of current choice

12. Reduce costs to the NHS of providing care to those who are living in homes unsuitable for their needs
13. Reduce length of stay in hospital for older residents, who are able to move into suitable accommodation
14. Reduce social care costs to LBRuT
15. Reduce GP visits – manage the care of residents and their need to visit the doctor and hospital, through the on-site care team
16. Provide community and lifestyle and care to those in need
17. Local supply chain economic benefits

- The below infographic shows the outcome of the research done conducted by Aston University looking at the actual benefits of the schemes that had been built and operated by The Extra Care Charitable Trust to their residents.
- These schemes provide significant benefit to the residents, community and local services, and help to recycle family housing back into the market -



For more information visit www.extracare.org.uk

The ExtraCare Charitable Trust, 7 Harry Winston Road, Binley Business Park, Binley, Coventry CV3 2SN
 Tel: 024 7650 6011 Fax: 024 7650 6299 Email: betterlives@extracare.org.uk Twitter: @ExtraCareOrgUK #betterlives Facebook: TheExtraCareCharitableTrust
 The ExtraCare Charitable Trust Registered Office: 7 Harry Winston Road, Binley Business Park, Binley, Coventry CV3 2SN Registered Charity No. 327816 Registered in England and Wales No. 2205136
 †Research Findings from Aston University, 2015. ‡The International Longevity Centre - UK, 2011. **The Enriched Opportunities Programme, Bradford University, 2011. Edition 2: June 2015



Care Home

- Within the accommodation for older people proposed for Stag, there will be a care home. This is defined as a small institution where people are unable to care for themselves. The difference to assisted living (extra care) residents, is that those moving into the assisted living while like a care home resident will have had a medical or emotional event occur, they will move at an earlier age, and then age in place. Those moving into the care home will have remained within their current home longer, often isolated and cut off and then suffer a serious medical incident and have to move into hospital or care. However residents of both will need care of some type.
- While the operator will have its own business model, we would expect that in this location the focus will be on nursing and dementia care, as opposed to residential care. The level of care will be high acuity and focused on typically end of life.
- Those living within the care home will be renting their room on a weekly basis, and will typically stay for 6 to 12 weeks, while rehabilitated to return home, or passing away.
- Care services that to be provided will range from nursing, to palliative, to physio, to rehabilitation, to post-operative care, to palliative end of life care.
- Each resident will have a personal care plan, with care provided by registered nurses and specialist therapists and carers.
- There will be common services (where allowed under Care Quality Commission regulations) between the care home and the assisted living elements of the care village.



Typical residents

- The customers for the care home and the assisted living will be different – those purchasing an apartment in the assisted living will be moving into a home that will adapt as their needs change, allowing them to age in place with the comfort and peace of mind of care and community for when they need it.
- The care home residents will be short term residents, likely to be more advanced in their ailments and age.

Assisted Living:

- Certain events are known to prompt moves – this could be a medical incident such as a stroke, heart attack, depression, loss of spouse, or early onset dementia.
- Prospective residents will typically come from within 3 miles of the site, with a local network of family and friends – due to a lack of choice within the local area they have been unable to downsize. For a recent scheme in south London, 80% of the buyers came from within 3 miles of the site.
- Will typically be living in the family home within the local area, but under occupying and not using many rooms, due to issues such as mobility. They will not want to leave the area that they reside in currently as this will be what they are familiar with and close to their family, friends and support network. Their determination to stay close to this is what prevents many from leaving the local area. The lack of choice is a source of frustration and stress for them and their families. Those who can't move end up declining in health and having to move into hospital or a care home, which will often be significant cost to the public purse.
- Prospective residents will be aged mid to late 70's and likely be a couple, though one or both will have a life limiting illness of condition typically.
- The resident will be wanting to move into the assisted living development and to age in place, increasing the care and support as they need it.
- Experience shows that residents will live within the scheme for 7 to 10 years, with the maturity of the development the residents having an average age of mid 80's.



Care Home:

- Those moving into the care home, will generally be older than the residents of the Assisted Living, being mid to late 80's. They will also be from the local area (within 3 miles of the site).
- They will move into the care home, with an advanced condition or ailment, such as dementia, cancer, Parkinson's, or in need of respite following an operation, or for end of life care.
- Within the care home the resident will seek care from nursing, residential, dementia, respite or end of life.
- Length of stay will be 3 to 6 months on average.
- Residents will be in rooms on their own, with access into shared areas should they want to leave the privacy of their own room.
- Due to the range of care available at the assisted living meaning residents can receive care for circa 90% of conditions within the assisted living, the residents of the care home will come from the local area, including step down care from local hospitals. This will free up much needed beds within local hospitals.

HAPPI (Housing an Ageing Population Panel for Innovation), 2009 - design principles that guide Assisted Living design

- The design of Assisted Living is different to C3 residential, with different requirements within the design to allow for the home to adapt for residents as their needs change. For example the use of large windows has benefit of maximising the Vitamin D exposure of the resident, and helping with their ability to see within the apartment as their eye sight declines.
- The design principles will follow those of HAPPI, and these are -

<p>1</p>  <p>Generous floor plan at Flugplatz, St Gallen</p>	<p>the new retirement homes should have generous internal space standards, with potential for three habitable rooms and designed to accommodate flexible layouts</p>
<p>2</p>  <p>Sunny circulation with a view, de Plooverbuurt, Rotterdam</p>	<p>care is taken in the design of homes and shared spaces, with the placement, size and detail of windows, and to ensure plenty of natural light, and to allow daylight into circulation spaces</p>
<p>3</p>  <p>Balcony as garden in Maatschap de Bovenste Luit, Groningen</p>	<p>building layouts maximise natural light and ventilation by avoiding internal corridors and single-aspect flats, and apartments have balconies, patios, or terraces with enough space for tables and chairs as well as plants</p>
<p>4</p>  <p>Fully accessible shower in Cabloch Alarontum, Zurich</p>	<p>in the implementation of measures to ensure adaptability, homes are designed to be 'care ready' so that new and emerging technologies, such as telecare and community equipment, can be readily installed</p>
<p>5</p>  <p>Access deck to defensible space at Stadt Arminia, Stuttgart</p>	<p>building layouts promote circulation areas as shared spaces that offer connections to the wider context, encouraging interaction, supporting interdependence and avoiding an 'institutional feel', including the imaginative use of shared balcony access to front doors and thresholds, promoting natural surveillance and providing for 'defensible space'</p>



6

Lively social spaces at de Plassenburg, Rotterdam

in all but the smallest developments (or those very close to existing community facilities), multi-purpose space is available for residents to meet, with facilities designed to support an appropriate range of activities – perhaps serving the wider neighbourhood as a community ‘hub’, as well as guest rooms for visiting friends and families



7

Miniature gardens by sustainable drainage, Pad 55, Plaaiing

in giving thought to the public realm, design measures ensure that homes engage positively with the street, and that the natural environment is nurtured through new trees and hedges and the preservation of mature planting, and providing wildlife habitats as well as colour, shade and shelter



8

Expressive awnings at Inchei, Zurich

homes are energy-efficient and well insulated, but also well ventilated and able to avoid overheating by, for example, passive solar design, the use of native deciduous planting supplemented by external blinds or shutters, easily operated awnings over balconies, green roofs and cooling chimneys



9

Spacious and convenient bike store, de Plooi, Groningen

adequate storage is available outside the home together with provision for cycles and mobility aids, and that storage inside the home meets the needs of the occupier



10

Shared surfaces, Bobi, Malmö

shared external surfaces, such as ‘home zones’, that give priority to pedestrians rather than cars, and which are proving successful in other countries, become more common, with due regard to the kinds of navigation difficulties that some visually impaired people may experience in such environments.



Assisted Living layout and design

- The facility will provide self-contained units comprising bedroom, bathroom, dining, living and kitchen facilities. The self-contained element will allow residents to maintain a level of independence and privacy, while also having the flexibility to access a range of communal and wellbeing facilities on site. Each self-contained unit has the ability to be adapted to suit the residents needs as they change, with meet their nursing and care needs.
- The apartments will be a mix of 1, 2 and 2 bed plus units – this allows for flexible use by the resident. For example older couples may wish to sleep in separate rooms as their needs change, with one of the couple needing care through the night.
- The facility will provide a range of personal, nursing and domestic care services, available 24 / 7. Services can be provided to residents within the communal areas or the privacy of their own home.
- The building will be designed to be a safe and enabling environment as the residents needs change.
- The apartments will be designed for people to be dementia friendly, and in addition a sensory garden will be provided for the residents.



Recent C2 Assisted Living planning permissions in London

- While the delivery of C2 assisted living has been very low in London, 2017 has seen three C2 Assisted Living developments gain planning consent. None of these schemes include the C2 care home as will be provided here, yet are C2 Assisted Living / Extra Care.
- The schemes are -
 - 2 Dovehouse Street, Chelsea, RBKC, PP/17/00583 (approved September 2017)– this will be 55 C2 assisted living apartments plus residents facilities. The site was formerly a C2 care home owned by RBKC, known as Thamesbrook House.
 - Jubilee House, Merton Avenue, Stanmore, Harrow, P/1320/16 – this will be 102 C2 assisted living apartments plus residents facilities. Like Stag this site will have C3 residential as part of the overall site, but as separate titles.
 - 114-120 West Heath Road, Hampstead, Ref 16/5993/FUL (March 2017) – this will be 46 C2 assisted living apartments plus residents facilities. The site is currently offices.

Mayor's Housing SPG (2016)

- The Mayor's Housing SPG states that 'a variety of housing options are required to ensure older people's needs and aspirations are addressed, some of which will include support to enable older people to live on an independent basis'. However it states that 'research shows that the choices open to older Londoners may be constrained due to inadequate supply. This may have wider implications for the housing market, in particular for the supply of family homes'.
- The proposed older persons accommodation at Stag will provide greater choice for older Londoners, meeting their changing needs, and freeing up family housing.
- 'Extra care accommodation (also called close care, assisted living, very sheltered or continuing care housing)(using class generally C3). Self – contained residential accommodation and associated facilities designed and managed to meet the needs and aspirations of people who by reason of age or vulnerability have an existing or foreseeable physical, sensory or mental health impairment. Each household has self-contained accommodation and 24hour access to emergency support. In addition extra care accommodation includes a range of other facilities such as a residents lounge, a guest room, laundry room, day centre activities, a restaurant or some kind of meal provision, fitness facilities and classes and a base for health care workers. The exact mix of facilities will vary on a site by site basis. Some domiciliary care is provided as part of the accommodation package, according to the level of need of each resident. Extra care housing aims to create a balanced community, bringing together a balanced proportion of people with different levels of care needs.' As has been seen by the three recent planning consents within London boroughs this is a C2 planning use class rather than C3 as stated here. Sheltered housing, such as that provided by McCarthy and Stone for their limited service Retirement Living model (staff on site for a few hours, residents lounge as the only communal space), is typically C3. That which provides 24 hour staff and provides care and meals, is C2 use class. This is seen by example with McCarthy and Stone's Assisted Living Model which provides 24 hour staff, care and meals amongst its services, and falls within the C2 use class. What is proposed at the former Stag Brewery site provides far more services than McCarthy and Stone Assisted Living (C2).
- *'Use class C2 – Residential institutions - Residential / nursing care (including end of life/ hospice care and dementia care); Nursing or residential care home providing non-self-contained residential accommodation for people who by reason of age or illness have physical, sensory or mental impairment, including high levels of dementia. Accommodation is not self-contained; meals and personal services are routinely provided to all residents. Communal facilities are likely*

to include a dining room and residents lounge. There will be a scheme manager and in house care team who provide a consistent presence. Personal or nursing care is a critical part of the accommodation package . Nursing homes include 24 hour medical care from a qualified nurse.’ This is the use class for both a care home and an extra care / assisted living development, where care is provided as a critical part of the accommodation package.

- *‘The Mayor’s Seaside and Country Homes initiative can help older people that want to move out of London find suitable accommodation and also help free up existing family housing in the capital.’ Older people typically do not want to move away from family or network that is within the area they live within – this is why the proposed care village is much needed, and why older people with a lack of choice remain within their current homes under occupying.*

- The older persons accommodation at Stag meets with many areas of the Mayors Housing SPG -
 - *‘Is designed to enable and incentivise older people to move into smaller, more appropriate accommodation while staying in the locality.’*
 - *‘An independent review of the way in which the planning system can help meet the housing needs of older people highlights the need for many boroughs to take a pro-active approach to increase provision of C3 ‘sheltered’ and ‘extra care’ accommodation, especially in the private sector. The consultants found that, at present, across London as a whole, most specialist housing for older Londoners is in the social rented sector.’*
 - *‘Given that more than 60% of older people in London are home owners, LPAs should seek to encourage provision of a range of housing options which reflects the diversity of tenure amongst older households.’*
 - *‘The 2014 update to the review suggests the potential demand for specialist older person housing which cannot be met from the existing stock is approximately 3,900 new specialist units a year, broadly broken down into 2,620 private units.’*
 - *‘There may also be a requirement for some 500 new bed spaces per annum in care homes.’*
 - *‘For specialist accommodation for older people, is very much an emerging market; boroughs are encouraged to work with providers and developers to devise products that better meet the needs of London’s emerging older population.’*
 - *‘LPAs should work with developers and providers to bring forward suitable sites to deliver specialist older persons accommodation that meets the needs and aspirations of older Londoners.’*

- *'Town centres and other areas with good accessibility to public transport and facilities are likely to be suitable for specialist older person accommodation and may offer an attractive option to downsizers, particularly if it enables them to stay in their local area.'*
 - *'Providing specialist housing for older people is not simply a planning issue. Planning for older peoples housing and support needs requires effective joint working between health and housing agencies as well as planning. Through his role as Chair of the London Heath Board the Mayor will promote recognition of the importance of decent housing for older Londoners as a strategic health issue.'*
- With regards to use class it states *'There has been some debate over how to categories specialist older persons accommodation in terms of the Use Class Order. While some specialized housing is clearly institutional in character and has a well-defined element of 'care' (typically registered with the Care Quality Commission, previously the Commission for Social Care Inspection) and can be readily categorized as falling within Use Class C2.'* The proposed care village in both the C2 assisted living and C2 care home will be registered with the Care Quality Commission (two separate registrations in line with their regulations), and therefore both are *'readily categorised as falling with the Use Class C2'*
- *'Consultants suggest that the most robust way of distinguishing between the two is the 'front door' test – if the unit of accommodation has its own front door then it is usually C3, if not it is C2. However, development management experience suggest in many cases this may require some refinement to take appropriate account of the components of care and support and level of communal facilities such as those associated with some Extra Care schemes where units may have their own front door but functionally are effectively C2.'* As has been shown the Extra Care / Assisted Living will provide *'the components of care and support and level of communal facilities such as those associated with some Extra Care schemes where units may have their own front door but functionally are effectively C2'*.
- Where there *'is justified by identified need and addresses wider policy considerations, the planning system should not be used to restrict development of either – this is an evolving market and provision should not be constrained by what, in need terms, might appear to be an arbitrary and perhaps dated planning distinction.'*
- With regards to Section 106 agreements and viability *'Consultant's report that because of the ancillary services and layout required for new specialist older people's housing, development costs are usually significantly higher than for general needs housing, even when associated direct or indirect revenue streams are netted off. It is therefore important that viability assessments to identify developer contributions are sufficiently sensitive to take these additional net costs*



into account.' The proposed older persons accommodation (in line with other care villages as benchmark) will have a net to gross far less efficient than the C3 residential, due to the additional space required to provide services and facilities and care. *'As with housing generally, the Mayor seeks to encourage rather than restrain development of specialist housing and, in line with NPPF requirements, this requires a thorough appreciation of viability.'*



Conclusion

- The proposed accommodation for older people at the site, provides a great opportunity for a new community for older Londoners, which is much needed, and provide many benefits to the health and wellbeing of the residents, and to the wider community allowing the recycling of housing stock, and reducing the burden upon the local services.
- The assisted living and care home will provide a range of regulated care services under the regulation of the CQC, and will be its own community within the wider uses of the site's redevelopment.