

Londonplan

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Sent: 02 March 2018 13:30
To: Londonplan
Subject: Draft London Plan

Follow Up Flag: Follow up
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I have experienced difficulties using the online system to leave comments.

This is an objection and it is on behalf of Tetlow King Planning who have several projects running in the plan area.

The objection relates to affordable housing and specialist housing for the elderly.

The only parts we wish to comment on are policy H15 and its accompanying text. Our comments are below:

Policy H15 and Accompanying Text

I wish to specifically object to the point in the policy at part C and the ongoing accompanying text that extra care accommodation is only C3. Extra care can and is C2

The policy and text is incorrect and lacks precision or certainty.

Forms of extra care accommodation can C3 but it can also be C2. There are numerous section 78 appeal decisions that confirm this and also Inspector/Examiner reports on development plans and CIL.

Examples of these include the North Somerset Council Examiner's report on CIL dated 5 May 2017 and then as examples planning appeal at East Devon District Council dated 22 January 2018 3177340 and North Somerset District Council dated 9th October 2012 2168918. These decisions (easily viewable on the internet), along with many other which could be quoted, are clear examples that C2 extra care does exist.

Point C should be altered to read as follows

"Sheltered accommodation and extra care accommodation is considered as being in Use Class C3. Residential nursing care accommodation (including end of life/ hospice care and dementia care home accommodation) **as well as extra care accommodation that clearly links the accommodation to the provision of care though management and operational matters** is considered as being in Use Class C2.

At a later point in the text at 4.15.3 it says

"extra care accommodation (also referred to as assisted living, close care, or continuing care housing) is self-contained residential accommodation and associated facilities, designed and managed to meet the needs and aspirations of older people, and which provides 24-hour access to emergency support. A range of facilities are normally available such as a residents' lounge, laundry room, a restaurant or meal provision facilities, classes, and a base for health care workers. Domiciliary care will be available to varying levels, either as part of the accommodation package or as additional services which can be purchased if required".

That description subject to the operation, management and care/support alongside any planning controls being applied is a C2 use. The superficial appearance of the units as self contained is just that i.e. superficial and not definitive. The North Somerset planning application appeal contains important comments on this on this at para 19 and elsewhere.

This overt denial that C2 extra care accommodation has impacts on policy in terms of complying with national policy and guidance in terms of taking account of viability. C2 extra care and the benefits it brings are too important to interfere with without proper evidence and justification. National policy requires assessment of viability. We are not convinced that the viability work at the end of 2017 produced to support the plan has correctly assessed the viability of extra care accommodation taking into account the views of the Examiner in the North Somerset CIL final report as below:

“67...The point is made by representors that C2 extra-care housing is significantly different to general market housing in terms of structure and funding. Firstly, the funding streams for C2 schemes are generally provided up front by the provider, and with this comes an element of risk. In addition, a significant proportion of the total development floorspace is set aside for care and communal facilities. I was informed that these additional communal areas can typically lead to the net floorspace being around 55% to 60% of the gross floorspace, as evidenced by the Corby CIL Viability Study which stated within its Executive Summary that: “care homes, extra care housing and other residential institutions are unlikely to be sufficiently viable to absorb any CIL contributions”.

68. Furthermore, evidence was presented that in several cases, the ‘extra-care’ dimension of C2 accommodation involves the setting up of an integrated care team on the site, together with specialist equipment, all of which is expensive and needs to be in place from the outset. These considerations all point to a fundamentally different viability model to C3 housing schemes”.

The viability reports need to take these matter into account and we do not see this reflected in the viability work carried out to date to support this policy and the plan.

The plan needs to alter to reflect that C2 extra care exists and this should be properly viability tested before an appropriate policy is formed.

As a footnote we are not anti affordable housing and only wish the policies to be formed with proper testing and evidence. We do not see that in this case in relation to this policy.

Regards

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