

Accessible Housing in Cambridge

A study into accessible housing requirements in Cambridge for the emerging Local Plan.

January 2017

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1. Background: Accessible Housing Standards

- 1.1. On 25 March 2015, the Government issued a Written Ministerial Statement introducing new steps designed to “streamline the planning system, support economic growth and assist locally-led decision-making” (CLG [online], 2015).
- 1.2. The Written Ministerial Statement removed the ability of Local Planning Authorities to set a policy requirement for Lifetime Homes and Wheelchair Housing Design standards¹, and introduced both mandatory and optional Building Regulations, which came into force on 1 October 2015.
- 1.3. Cambridge City Council has produced this study in order to align Policy 51: *Lifetime Homes and Lifetime Neighbourhoods* of the emerging Local Plan with current Government guidance for M4(2): *Accessible and adaptable dwellings* standard and M4(3): *Wheelchair user dwellings* standard and assess the current need in the city for accessible and adaptable homes.
- 1.4. The need for accessible and adaptable housing across the country has been reiterated by Habinteg’s accessible housing toolkit (2016) which notes that there is a clear case for building 100% of new housing to M4(2): *Accessible and adaptable dwellings* standard, except for 10% that is built to M4(3): *Wheelchair user dwellings* standard. This is broadly the policy that has been followed for several years in London. This standard gave developers clarity and certainty regarding the requirements for new build properties and was complied with in London.
- 1.5. The Council acknowledges that as a result of improved life expectancy nationally, people may be living longer with mobility impairments and long-term health and disability issues. It is beneficial for the wider community for housing to be built to inexpensive and inclusive principles.

Local Policy Context

- 1.6. The Cambridge Local Plan 2014: Proposed Submission (the Plan) was submitted to the Secretary of State for examination on 28 March 2014. The Plan included Policy 51: *Lifetime Homes and Lifetime Neighbourhoods* which required 100% of new homes to be built to Lifetime Homes standard and 5% of any housing scheme providing 20 or more self-contained homes to meet the Wheelchair Housing Design Standard².

¹ Lifetime Homes [online], 2016.

² Delivered in accordance with British Standards Institution's *BS 8300: 2009 Design of buildings and their approaches to meet the needs of disabled people*.

- 1.7. Following the Written Ministerial Statement, the National Planning Practice Guidance (PPG) introduced the following guidance regarding optional technical housing standards notes:

“Where a local planning authority adopts a policy to provide enhanced accessibility or adaptability they should do so only by reference to Requirement M4 (2) and / or M4 (3) of the optional requirements in the Building Regulations and should not impose any additional information requirements They should clearly state in their Local Plan what proportion of new dwellings should comply with the requirements.”³

- 1.8. In a letter from the Inspectors dated 20 May 2015⁴, the Inspectors examining the Local Plan requested a review of Local Plan policies in light of the publication of Written Ministerial Statements in order to bring them up to date with recent changes in Government guidance and policy. Policy 51 has therefore been reviewed to establish the current need in the city for accessible and adaptable homes.

Government Guidance

- 1.9. Paragraph 58 of the National Planning Policy Framework (NPPF) states that planning policies and decisions should aim to ensure that developments create safe and accessible environments and promote community cohesion.
- 1.10. In addition, paragraph 50 (first bullet point) of the NPPF also requires that local authorities plan for a mix of housing and housing needs, including that of older people and people with disabilities.
- 1.11. On 25 March 2015, the Government issued a Written Ministerial Statement which set out a new approach to the application of Local Plan Policies in respect of accessible and adaptable home standards and requirements.
- 1.12. This Written Ministerial Statement was followed by the introduction of specific guidance on Housing – Optional Space Standards within the Government’s National Planning Practice Guidance (PPG)⁵.
- 1.13. On 1 October 2015, the Government introduced mandatory and optional Building Regulations covering new dwellings. These regulations can be found in Part M, Volume 1 of the Government’s Building Regulations⁶.

³ Reference 56-008-20160519 (CLG [online], 2016).

⁴ <https://www.cambridge.gov.uk/sites/default/files/documents/RD-GEN-170.pdf> (Planning Inspectorate [online], 2015).

⁵ (CLG [online], 2016).

⁶ (HM Government [online], 2010).

- 1.14. Mandatory Building Regulations are contained within Regulation *M4(1): Visitable Dwellings* and cover the physical security of dwellings.
- 1.15. Two further optional Building Regulations were also established: *M4(2): Accessible and adaptable dwellings* and *M4(3): Wheelchair user dwellings*.
- 1.16. Local planning authorities have the option to include these standards within Local Plan policies. The PPG notes that: “Local planning authorities will need to gather evidence to determine whether there is a need for additional standards in their area, and justify setting appropriate policies in their Local Plans.”⁷ This evidence requirement is discussed in more detail later in this report.
- 1.17. The PPG also notes that Local Plan policies for wheelchair accessible homes (optional requirement M4(3)) can only be applied to dwellings where the local authority is responsible for allocating, or nominating a person to live in that dwelling. This indicates that the wheelchair user dwellings standard could only be applied to affordable housing.

What are the Mandatory and Optional Building Regulations?

- 1.18. Mandatory Building Regulation *M4(1): Visitable Dwellings* covers the physical security of dwellings. It requires that reasonable provision should be made for most people, including wheelchair users, to approach and enter the dwelling and to access habitable rooms and sanitary facilities on the entrance storey.
- 1.19. Optional Building Regulation *M4(2): Accessible and adaptable dwellings* enables Councils to stipulate through planning policy that a specific percentage of dwellings in a development should meet the differing needs of occupants (including older or disabled people) and can be adapted over time to meet these changing needs. It requires that reasonable provision should be made to enable most people to access the dwelling. The dwelling should incorporate features that make it potentially suitable for a wide range of occupants, including older people, those with reduced mobility and some wheelchair users.
- 1.20. Optional Building Regulation *M4(3): Wheelchair user dwellings* enables Councils to stipulate through planning policy that a specific percentage of dwellings in a development should meet the needs of wheelchair users and allow for the simple adaption of the dwelling for wheelchair users. It requires wheelchair users to be able to live in the dwelling and use any associated private outdoor space, parking and communal facilities that may be provided for the use of the occupants. This

⁷ Reference 56-002-20160519 (CLG [online], 2016).

Regulation can only be applied to dwellings where the local authority is responsible for allocating, or nominating a person to live in that dwelling⁸.

- 1.21. A summary of the criteria needed to meet these requirements can be found in Table 1.

Table 1: Summary of provisions required to meet the mandatory and optional Part M Building Regulations (Volume 1)

Mandatory Requirement	Optional Requirement	Optional Requirement
M4(1): Visitable Dwellings	M4(2): Accessible and Adaptable Dwellings	M4(3): Wheelchair User Dwellings
a. Within the curtilage of the dwelling or the building containing the dwelling, it is possible to approach and gain access to the dwelling.	a. Within the curtilage of the dwelling, or of the building containing the dwelling, it is possible to approach and gain step-free access to the dwelling and to any associated parking space and communal facilities intended for the occupants to use.	a. Within the curtilage of the dwelling or of the building containing the dwelling, a wheelchair user can approach and gain step-free access to every private entrance to the dwelling and to every associated private outdoor space, parking space and communal facility for occupants' use.
b. It is possible to gain access to the dwelling, or the building containing the dwelling, from the most likely point of alighting from a car.	b. There is step-free access to the WC and other accommodation within the entrance storey, and to any associated private outdoor space directly connected to the entrance storey.	b. Access to the WC and other accommodation within the entrance storey is step-free and the dwelling is designed to have the potential for step-free access to all other parts.
c. A disabled person who is able to walk is able to visit any dwelling in a building containing one or more dwellings.	c. A wide range of people, including older and disabled people and some wheelchair users, are able to use the accommodation and its sanitary facilities.	c. There is sufficient internal space to make accommodation within the dwelling suitable for a wheelchair user.
d. Visitors can access and use the habitable rooms and a WC within the entrance storey of the dwelling (or the principal storey where the entrance storey does not contain a habitable room).	d. Features are provided to enable common adaptations to be carried out in future to increase the accessibility and functionality of the dwelling.	d. The dwelling is wheelchair adaptable such that key parts of the accommodation, including sanitary facilities and kitchens, could be easily altered to meet the needs of a wheelchair user or, where required by a local planning authority, the dwelling is wheelchair accessible.
e. Where the habitable rooms and the WC are located on the entrance storey, access between them is step free.	e. Wall-mounted switches, socket outlets and other controls are reasonably accessible to people who have reduced reach	e. Wall-mounted switches, controls and socket outlets are accessible to people who have reduced reach.
f. Wall-mounted switches and socket outlets in habitable rooms are reasonably accessible to people who have reduced reach.		

⁸ Paragraph: 009, Reference ID: 56-009-20150327 (CLG [online], 2016).

Evidence Requirements

1.22. The Planning Practice Guidance notes that it is for local planning authorities to set out how they intend to demonstrate need for the optional Building Regulations.

“Based on their housing needs assessment and other available datasets it will be for local planning authorities to set out how they intend to approach demonstrating the need for Requirement M4(2) (accessible and adaptable dwellings), and / or M4(3) (wheelchair user dwellings), of the Building Regulations. There is a wide range of published official statistics and factors which local planning authorities can consider and take into account, including:

- the likely future need for housing for older and disabled people (including wheelchair user dwellings).
- size, location, type and quality of dwellings needed to meet specifically evidenced needs (for example retirement homes, sheltered homes or care homes).
- the accessibility and adaptability of existing housing stock.
- how needs vary across different housing tenures.
- the overall impact on viability.”⁹

(CLG [online], 2016)

1.23. In addition, the Government produced a *Guide to available disability data*¹⁰ which also provides potential useful data and sources of further information which planning authorities can use to inform their assessments.

⁹ Reference ID: 56-007-20150327 (CLG [online], 2016).

¹⁰ (CLG [online], 2015a).

2. Existing Housing Stock

- 2.1. This section assesses the current situation with regard to accessible and adaptable housing in Cambridge.
- 2.2. In assessing the current situation in Cambridge, a range of data has been considered. It is a complex area of study, given that data has been collected for a range of purposes and does not necessarily lend itself to use for the purposes of assessing need for accessible homes.
- 2.3. In order to ascertain the accessibility and adaptability standards of housing stock in Cambridge, an analysis will be made using the findings from the English Housing Survey and applying them at a local level to current household figures.
- 2.4. It should also be noted that the Council undertook a *Cambridge Private Sector House Condition Survey* in 2015. At that time, it was noted that 14% of all homes and 18% of privately rented homes in the city contained a category one hazard¹¹. A category one hazard is a 'serious hazard' as defined through the national Housing Health and Safety Rating System and includes, physiological hazards related to damp, cold, heat and pollutants; psychological hazards such as over-crowding, security, noise and infectious hazards related to hygiene sanitation and water supply. This implies that regardless of existing accessibility and adaptability requirements, a significant proportion of homes in Cambridge require remedial work to eliminate hazards in the home that could potentially contribute towards ill health (physical or psychological) and/or hospitalisation. These hazards may also affect the health and well-being of the elderly and those with long-term illness or disability who are also most in need of homes built to accessible and adaptable standards.

National Accessible and Adaptable Dwellings

- 2.5. The *English Housing Survey Profile of English housing 2014-15* (EHS) was commissioned by the Department for Communities and Local Government (CLG) and assesses housing conditions and housing circumstances in England. The survey results and their associated data annexes are provided through a suite of documents all published in July 2016¹²:

- English Housing Survey 2014 To 2015: *Adaptations And Accessibility Of Homes Report*;

¹¹ Source: *Cambridge City Council Strategic Housing Key Facts, September 2016*, indicator GD7 (CCC [online], 2016).

¹² (CLG [online], 2016a).

- English Housing Survey 2014: *Energy Report*;
- English Housing Survey 2014 To 2015: *First Time Buyers And Potential Home Owners Report*;
- English Housing Survey 2014: *Housing And Well-Being Report*;
- English Housing Survey 2014 To 2015: *Housing For Older People Report*;
- English Housing Survey 2014 To 2015: *Private Rented Sector Report*;
- English Housing Survey 2014 To 2015: *Housing Stock Report*;
- English Housing Survey 2014 To 2015: *Smoke Alarms In English Homes Report*;
- English Housing Survey 2014 To 2015: *Social Rented Sector Report*;
- English Housing Survey 2014 To 2015: *Headline Report*;
- English Housing Survey 2014 To 2015: *Questionnaire And Physical Survey Form*.

- 2.6. A physical survey of 12,297 occupied or vacant dwellings across England was completed to gather data which related to information regarding the physical aspects of dwellings. Information was gathered for the survey between April 2013 and March 2015, creating a 'mid-point' of April 2014 from which to base results upon.
- 2.7. 13,174 households were also contacted as part of the fieldwork carried out for the EHS between April 2014 and March 2015. This survey work asked questions of households to address issues which could not be covered by the purely physical survey.
- 2.8. The EHS *Adaptations and Accessibility of Homes Report*¹³ evaluates the accessibility of dwellings and disability adaptations. Visitability of dwellings is based on four key features which form the basis for the requirements in Part M of the Building Regulations, these are expanded upon in Appendix 1 and include:
1. Level access;
 2. Flush threshold;
 3. Sufficiently wide doors and circulation space;
 4. WC at entrance level.
- 2.9. The visitability standards in the EHS do not replicate exactly the more detailed standards in Part M4 of the Building Regulations¹⁴, but do provide an indication of what key features were considered to be the most important in enabling people with mobility difficulties to access a home.

¹³ (CLG [online], 2016b).

¹⁴ (HM Government [online], 2010).

- 2.10. The EHS *Adaptations and Accessibility of Homes Report* surmised that approximately 7% (around 1.7 million homes) possessed all four key features which render a dwelling 'fully visitable'. Around two thirds (64%) of homes had a toilet at entrance level but the presence of the other three visitable features was less common, especially level access (18%)¹⁵.
- 2.11. Out of the 93% of homes that were not fully visitable, 57% of homes required minor or moderate work to bring them up to fully visitable standard (Table 2).

Table 2: Estimates of work needed to make homes in England fully visitable 2014-15

Proportion of all homes in England not already fully visitable	Description and estimated cost of work to make the home fully visitable	
11.9%	Minor work	<£1,000
45.1%	Moderate work	£1,000-£15,000
15.3%	Major work/problematic	>£15,000
27.7%	Not feasible to make fully visitable	

Source: Annex Table 2.3: Level of work required to make homes 'visitable', by dwelling characteristics, (CLG [online] 2016) and page 57 of CLG [online], 2015d.

- 2.12. The level of work required to make a dwelling fully visitable is not costed in the EHS 2014-15 reports. Information from the Profile of English Housing 2013¹⁶ does however provide an approximation of likely costs. This has been provided in Table 2 above as an approximation of the potential cost required to make each category of dwelling fully visitable.
- 2.13. The EHS *Accessibility and Adaptability Report* highlighted that the four most common adaptations needed by households were: grab hand rails inside the dwelling (40%); a bath or shower seat or other bathing aids (30%); a specialist toilet seat (25%); a shower to replace a bath (19%).¹⁷ These are relatively low cost conversions. Building Regulation M4(2) requires buildings to be designed so that all walls, ducts and boxings to the WC/cloakroom, bathroom and shower are strong enough to support grab hand rails, seats and other adaptations that could impose a load of up to 1.5N/m²

Local Accessible and Adaptable Dwellings

- 2.14. To establish the potential proportions of accessible and adaptable housing stock of existing households in Cambridge, the national proportions of all homes in England not already fully visitable (Table 2) can be applied to the existing household

¹⁵ (pp.2, CLG [online], 2016b).

¹⁶ (pp.57, CLG [online], 2015d).

¹⁷ (pp.2, CLG [online], 2016b).

population in Cambridge as established through the 2011 Census. The 2011 Census counts the number of households in Cambridge at 46,714¹⁸.

- 2.15. The EHS estimates that 7% of homes are fully visitable. If this percentage is applied to the number of households in Cambridge, this is the equivalent of 3,270 homes (46,714 x 0.07). This implies that the remaining 43,444 households require some form of work to render them fully visitable. This figure (43,444) has been applied to the percentages identified in Table 2 to provide a local approximation as to the number of households and work required to make households in Cambridge fully visitable, and therefore accessible and adaptable. These figures can be found below in Table 3.

Table 3: Estimates of work needed to make homes in Cambridge fully visitable

Number of dwellings in Cambridge not already fully visitable	Description and estimated cost of work to make the home fully visitable	
5,170	Minor work	<£1,000
19,593	Moderate work	£1,000-£15,000
6,647	Major work/problematic	>£15,000
12,034	Not feasible to make fully visitable	

- 2.16. Table 3 illustrates that approximately 24,763 existing households in Cambridge would require minor or moderate work to make homes fully visitable. The remaining 18,681 dwellings would require major work, be too problematic or be unfeasible to render accessible.
- 2.17. These figures are based on estimates from the EHS and therefore do not represent actual requirements in Cambridge. They do however, provide an approximation of the potential deficit, or severe lack of, accessible and adaptable dwellings in Cambridge.

Estimated Existing Household Need

- 2.18. The 2011 Census counts the number of households in Cambridge housing at least one person aged 65 years or over as 9,809¹⁹. This equates to 21% of the total household population.
- 2.19. To cater for the needs of any long-term health problems as a result of an ageing population, it could be argued that all households housing a person over 65 years should at the least be fully accessible and adaptable. Even by making the extremely cautious assumption that all 7% of fully visitable homes in Cambridge belong to

¹⁸ Table QS402EW: *Accommodation Type – Households, 2011 Census* (NS [online], 2016).

¹⁹ Table QS404EW: *Tenure - Household Reference Person Aged 65 and Over* (NS [online], 2016).

households who house at least one person over 65 years, a current need would still remain to make 6,539 homes fully visitable (a further 14% of the existing housing stock).

For Example:

Number of households housing someone over 65 years – current number of houses that are fully visitable = potential existing need for accessible and adaptable homes

$$9,809 - 3,270 = 6,539$$

- 2.20. Unfortunately, data within the 2011 Census do not confirm the number of households which house someone with a long-term health problem or disability that limits their day to day activities a lot, as the 2011 Census provides information on a population basis rather than a household basis. Further information relating to existing household need for adaptable dwellings based on long-term health or disability issues cannot therefore be factored into the above assumption.

Summary

- 2.21. The ‘conservative’ need for a potential 6,539 households living in accessible and adaptable homes is substantial, especially when taken in the context of the number of households to be built to 2031.
- 2.22. The emerging Cambridge Local Plan identifies that 14,000 new homes are required by 2031, this is the Council’s objectively assessed housing need figure which is currently being tested through the Local Plan examination. Information provided by Cambridgeshire County Council’s Business Intelligence Service estimates that this equates to 13,540 households, this figure is rounded to the nearest ten. The method of calculation was derived from identifying the dwelling to household ratio from the 2011 Census and applying this to the Council’s objectively assessed housing need 14,000.

For Example

Number of households in 2011 Census²⁰ / Number of dwellings in 2011 Census²¹ = dwelling to household ratio

$$46,714 / 48,288 = 0.967$$

Cambridge City Council objectively assessed housing need²² x dwelling to household ratio = number of households formed in Cambridge during the Plan period

²⁰ Table QS402EW: *Accommodation Type – Households, 2011 Census* (NS [online], 2016).

²¹ Table: *Cambridge Dwelling Stock by Tenure and condition* (NS [online], 2016).

$14,000 \times 0.967 = 13,543.65$ or 13,540 rounded to the nearest ten households

- 2.23. This implies that before even taking into account future need for accessible and adaptable homes, 48% of new households would be required to be fully accessible and adaptable to meet existing need.

For Example:

Estimated existing need for fully accessible and adaptable homes / number of households to be created to 2031 = percentage of new households built that would need to be fully accessible to meet existing accessibility need

$$6,539 / 13,540 = 48\%$$

- 2.24. This is a simplistic estimate of existing accessible housing need and does not take into account the needs of households with people who have long-term health or disability issues, or the variables associated with long-term health problems, disability and age. It does however, illustrate the potential percentage of new households built between 2011/12 and 2030/31 that would be required to meet this standard to meet existing unmet need in Cambridge.
- 2.25. It should also be noted that between 2011/12 and 2015/16, 3,744 new dwellings have been built²³ none of which have been required through planning policy to be built to Lifetime Homes standard or M4(2) Building Regulation specification. This increases the percentage of new homes required to be built to Building Regulation M4(2) to 67% to meet existing need.²⁴

²² 2011 to 2031.

²³ Cambridge City Council Housing Trajectory Dwelling Completions within the *Cambridge City Council Annual Monitoring Report 2016*: <https://www.cambridge.gov.uk/content/annual-monitoring-reports>

²⁴ Estimated existing need for adaptable homes / (Estimated household increase to 2031 – Housing completions 2011/12 to 2015/16), or $6,539 / (13,540 - 3,744) = 67\%$

3. The Need for Accessible and Adaptable Homes across Tenures

- 3.1. This section assesses the current situation with regard to accessible and adaptable housing in Cambridge by tenure. It is a complex area of study, given that data has been collected for a range of purposes and does not necessarily lend itself to use for the purposes of assessing need for accessible homes.
- 3.2. The need for accessible and adaptable homes varies across tenures on a national level. Of all households that required adaptations: “Compared with other tenures, private renters (32%) were the most likely to feel that their accommodation was unsuitable for their needs. Around a fifth of social renters (22% of housing association tenants and 23% local authority tenants) stated their accommodation was unsuitable. Owner occupiers were the least likely to feel that their accommodation was unsuitable (15%).”²⁵
- 3.3. This illustrates that the need for accessible homes is not solely limited to those in social and local authority housing and could imply that private rented accommodation is currently falling behind other tenures in the provision of accessible and adaptable dwellings.
- 3.4. To ascertain the accessibility and adaptability standards of housing stock by tenure in Cambridge, an analysis will be made using the findings from the English Housing Survey’s *Adaptations and Accessibility of Homes Report*²⁶ and supporting figures and annexes which detail the level of work that is required to make dwellings in England fully visitable (Appendix 2). This information will then be applied a local level to 2011 Census figures relating to housing stock by tenure in Cambridge.

Local Accessible and Adaptable Dwellings by Tenure

- 3.5. The English Housing Survey’s *Adaptations and Accessibility of Homes Report* and supporting figures and annexes identify the level of work required to make dwellings fully visitable by tenure. An extract of these tables can be found in Appendix 2 of this document.
- 3.6. Tables within this report (also found in Appendix 2) identify the national position regarding accessible housing, and show that only 7% of all homes are fully visitable. Findings from the report are also summarised below in Table 4.

²⁵ (pp.3, CLG [online], 2016b).

²⁶ (pp.3, CLG [online], 2016b).

Table 4: Level Of work required to make dwelling fully 'visitable' on a national basis

Tenure	Minor work only	Moderate work only	Major/ problematic	Not feasible	No Work Required
Owner Occupied	12.84%	46.74%	11.59%	23.68%	5.15%
Private Rented	8.11%	30.92%	17.77%	35.21%	7.99%
Local Authority	7.80%	39.39%	24.85%	21.45%	6.51%
Housing Association	8.10%	34.41%	16.48%	22.71%	18.29%

(Appendix 2, Table A2:2)

- 3.7. Table 4 identifies that housing association properties are least likely to require work to render properties fully visitable; 18% of housing association properties require no work and 43% only require minor or moderate work. Owner occupied dwellings are least likely to be fully visitable.
- 3.8. The 2011 Census identifies that 26% of Cambridge households are privately rented accommodation, 25% are housing association or local authority dwellings and 49% are owner-occupier or living rent free.

Table 5: Number and percentage of households in Cambridge by tenure

	Number of households	Percentage of households
Rents Privately	12,258	26%
Rents from Housing Association /Registered Social Landlord	3,914	8%
Rents from Local Authority	7,109	15%
Shared Ownership	526	1%
Owner-Occupier	22,171	47%
Lives Rent Free	736	2%
Total	46,714	

Source: Census 2011 - Households by Tenure (NS [online], 2016)

- 3.9. To understand the level of work required to make dwellings fully visitable by tenure in Cambridge, the national percentages identified in Table 4 can be applied to the number of households in Cambridge by tenure in Table 5. These figures can be found below in Table 6.
- 3.10. In order to match the categories in Table 4 assumptions have been made that living rent free is equivalent to owner occupied and shared ownership is Local Authority owned housing. It should also be noted that the number of properties requiring minor work, moderate work, major work etc. established in Table 6 will not directly relate to those in Table 3 (section 2). This is because the numbers are derived from

national percentages and therefore only provide an approximation of the number of dwellings requiring adaptations.

Table 6: Estimated level of work required to make dwellings fully 'visitable' by tenure in Cambridge

Tenure	Minor work only	Moderate work only	Major/ problematic	Not feasible	No work required (fully visitable)	Total
Owner Occupied	2,940	10,706	2,655	5,425	1,180	22,907
Private Rented	994	3,790	2,179	4,316	979	12,258
Local Authority	596	3,007	1,897	1,638	497	7,635
Housing Association	317	1,347	645	889	716	3,914

Summary

- 3.11. Table 6 predicts that approximately 13,646 owner occupier households, 5,267 housing association or local authority households and 4,784 privately rented households would require minor or moderate work to meet full visitability requirements. These existing households could be considered feasible to convert to accessible dwellings if considering the costs identified in Table 2 (section 2 of this document). However, by providing 100% accessible and adaptable new dwellings through Part M4(2) of the Building Regulations, the future need and cost associated with accessibility adaptations to those homes could be reduced for residents and a better range of alternative new-build accommodation would be available for those in properties where adaptations would be problematic or unfeasible. Choice for residents would therefore be increased.
- 3.12. Table 6 also demonstrates a lack of accessible homes across all tenures and identifies the greatest need for accessible and adaptable homes (due to the lack of fully visitable homes) is not in the affordable housing sector²⁷, but in the private sector.
- 3.13. By demonstrating that the historic lack of accessible homes is spread across all tenure types and that the greatest deficiency in accessible homes is in the private housing sector, it could be argued that all housing stock irrespective of tenure should meet the optional accessibility requirements within Part M4(2) of the Building Regulations.

²⁷ Local Authority or Housing Association properties.

4. Evidence of Need: Ageing Population

- 4.1. This section aims to understand the likely need for accessible and adaptable housing for older people to 2031²⁸. Unfortunately, no significant data is currently available that correlates the household needs of those over 65 years with mobility and health issues and therefore accessible housing need. The following section instead provides a population based indication of the number of those over 65 years who may require accessible and adaptable housing.
- 4.2. Cambridgeshire County Council produces mid-year population estimates and forecasts for Cambridge to 2031.
- 4.3. The Projecting Older People Population Information System (POPPI) provides useful projections to 2030 of the needs and mobility levels of those over 65. The projections are based on Office for National Statistics (ONS) population projections with a base year of 2012 projected forward to 2030.
- 4.4. The POPPI population projections used to identify needs and mobility levels in the over 65 age group do not correlate exactly with Cambridgeshire County Council's population forecasts. POPPI population projections are trend-based projections, meaning future levels of births, deaths and migration are based on observed levels mainly over the previous five years. The projections do not take into account any policy changes that have not yet occurred, or those that have not yet had an impact on observed trends. Therefore POPPI's predicted population by age is lower than that of the County Council's data.
- 4.5. As this section aims to understand the potential future need of older people within the Plan period, it seems reasonable to base the estimated need on population forecasts provided by Cambridgeshire County Council. Therefore, to ascertain the mobility, accessibility and adaptability needs in Cambridge of the over 65 age group to 2031, assumptions will be made using the findings from the POPPI projections and applying them at a local level to Cambridgeshire County Council's population forecast for Cambridge.
- 4.6. This section will start by examining the Cambridgeshire County Council population forecasts for Cambridge before looking at the specific issues of mobility, self-care and predicted falls and applying POPPI trends to Cambridge population forecasts.

²⁸ The Cambridge Local Plan 2014: Proposed Submission Plan period runs from 2011/12 to 2030/31.

Cambridgeshire County Council's Population Forecast to 2031

- 4.7. Cambridgeshire County Council produce mid-year population estimates and forecasts for Cambridgeshire. At the time of writing, the 2015 based population forecasts had not been published and therefore 2013 based estimates have been used.
- 4.8. 2013 population forecasts estimate a resident population in Cambridge of 123,900 at the start of the Plan period in 2011; this figure is expected to rise to 154,200 by 2031²⁹. Table 7 illustrates the estimated growth in population by age.

Table 7: Population forecast for Cambridge local authority area by age³⁰

Age	2011		2031		% Increase 2011 to 2031
	Population	%	Population	%	
0-4	6,700	5.41%	7,400	4.80%	10.45%
5-14	10,100	8.15%	14,700	9.53%	45.54%
15-24	28,300	22.84%	33,100	21.47%	16.96%
25-44	40,800	32.93%	44,500	28.86%	9.07%
45-64	23,300	18.81%	30,800	19.97%	32.19%
65-74	6,900	5.57%	11,000	7.13%	59.42%
75-84	5,000	4.04%	7,700	4.99%	54.00%
85+	2,700	2.18%	5,000	3.24%	85.19%
Total	123,900	100.00%	154,200	100.00%	24.56%

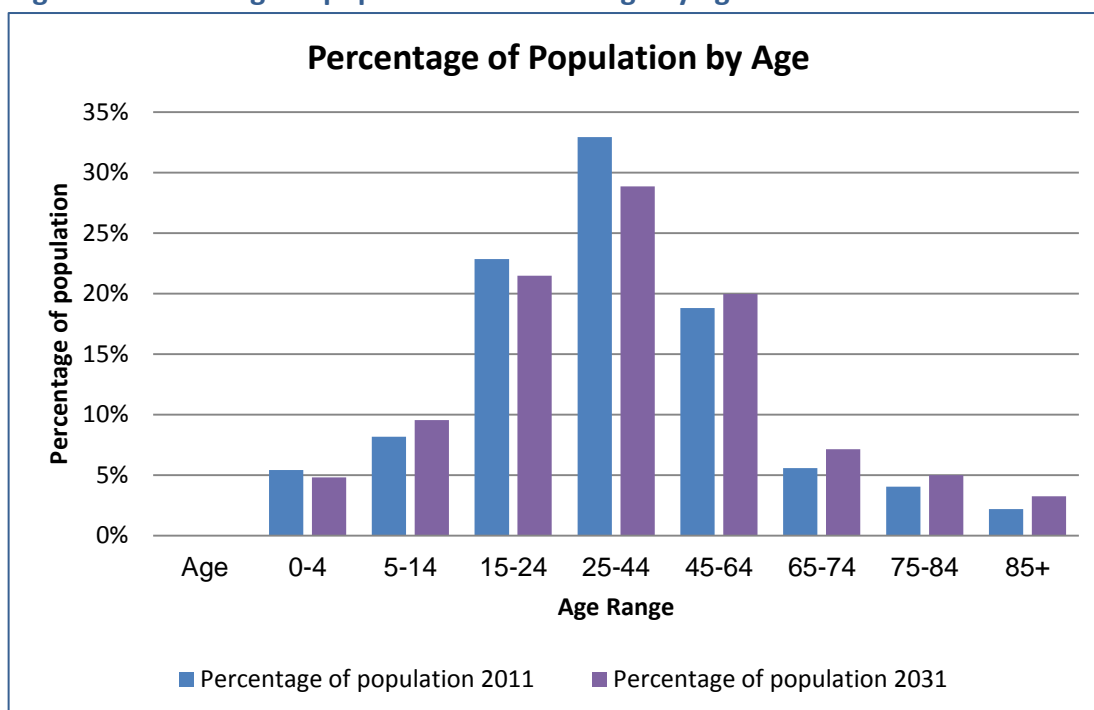
(Cambridgeshire Insight [online], 2013)

- 4.9. Table 7 demonstrates an increase in the proportion of people in the over 65 age group from 11.8% to 15.4% based on the proportion of the total Cambridge population from 2011 to 2031, this equates to an additional 9,100 residents.

²⁹ (Cambridgeshire Insight [online], 2013).

³⁰ All figures are rounded and therefore may not necessarily add up to the total population figure displayed. For more information on the methodology behind the data see bibliography reference: *Cambridgeshire Insight [online], 2013*.

Figure 1: Percentage of population in Cambridge by age



(Cambridgeshire Insight [online], 2013)

- 4.10. Figure 1, provides a pictorial representation of the population shift towards demonstrating an ageing population. As the population of Cambridge ages, the need for more accessible and adaptable housing will increase. Evidence from the Government further substantiates these claims by pointing out that ‘the prevalence of disability rises with age’³¹.

Mobility in Older People

- 4.11. The Projecting Older People Population Information System (POPPI) provides useful projections of the needs of Cambridge residents over 65 years and their ability to manage at least one mobility activity on their own. This information can be found in Table A3:4a (Appendix 3) and is grouped in age bands of ten years from the age of 65 onwards. These activities include going outdoors and walking down the road, getting up and down stairs, moving around the house on the level, getting to the toilet and in and out of bed and have been calculated as a proportion of those in each band who are unable to manage at least one mobility activity.
- 4.12. The POPPI proportions of those in each band who are unable to manage at least one mobility activity (Table A3:4a) have then been applied to Cambridgeshire County Council’s population estimates for people in Cambridge over 65 and can be found below in Table 8.

³¹ (pp. 15, Habinteg [online], 2016).

Table 8: Estimated percentage of people over 65 in Cambridge who will be unable to manage at least one mobility activity on their own in 2031

	A	B	C
	Percentage of population unable to manage at least one mobility activity (POPPI projections)	Cambridge population estimates to 2031	Number of people in Cambridge estimated to be unable to manage one mobility activity on their own (A + B)
People aged 65-74	11%	11,000	1,161
People aged 75-84	20%	7,700	1,524
People aged 85 and over	44%	5,500	2,420
			4,985

- 4.13. Table 8 approximates that, in 2031, a potential 4,985 people aged 65 years and over will be unable to manage one mobility activity on their own; these people may therefore be in need of specialist care or in house adaptations such as level or step-free access and access ramps to improve their mobility and quality of life within their home.
- 4.14. These findings illustrate a demonstrable need for adaptable homes to meet the requirements of an ageing population in Cambridge. Unfortunately, no significant data is currently available that correlates the household needs of those over 65 years with mobility issues and therefore accessible housing need. As such, a population based indication of the number of people of over 65 years who may require accessible and adaptable housing has been provided. However, it is of interest to note that, in 2011, 5,194 households in Cambridge out of a total of 46,714 households were one person households consisting of a person aged 65 years and over. This represents 11% of all households³². 9,809 households included at least one person over 65 years old³³.

Self-Care and Older People

- 4.15. POPPI also provides useful projections of the needs of Cambridge residents over 65 years and their ability to manage at least one self-care activity on their own. This information can be found in Table A3:2a (Appendix 3) and is grouped in age bands of ten years from the age of 65 onwards. These activities including bathing,

³² Table QS113EW - *Household composition – Households* (NS [online], 2016).

³³ Table OS404EW *Tenure – Household Reference Persons Aged 65 and Over* (NS [online], 2016).

showering or washing all over, dressing and undressing, washing their face and hands, feeding, cutting their toenails and taking medicines.

- 4.16. The POPPI proportions of those in each band who are unable to manage at least one self-care activity (Table A3:2a) have then been applied to Cambridgeshire County Council's population estimates for people in Cambridge over 65 and can be found below in Table 9.

Table 9: Estimated percentage of people over 65 in Cambridge who will be unable to manage at least one self-care activity on their own in 2031

	A	B	C
	Percentage of population unable to manage at least one self-care activity (POPPI projections)	Cambridge population estimates to 2031	Number of people in Cambridge estimated to be unable to manage one self-care activity on their own (A + B)
People aged 65-74	22%	11,000	2,400
People aged 75-84	38%	7,700	2,927
People aged 85 and over	65%	5,500	3,564
			8,755

- 4.17. Table 9 calculates that, in 2031, a potential 8,755 people aged 65 years and over in Cambridge will be unable to manage at least one self-care activity on their own. These people would therefore be in need of specialist care or in house adaptations such as step-free access to a toilet and sanitary facilities to improve their mobility and quality of life within their home.
- 4.18. It also establishes that adaptability requirements for those over 65 years are more prevalent in the self-care category as opposed to the mobility category (Tables 8 and 9).

Predicted Falls in the Older Population

- 4.19. Issues relating to mobility in the elderly also manifest in trips and falls within the home. These falls can result in hospital admissions and/or longer term impacts on health and mobility. The proportion of those over 65 years who are predicted to have a trip or fall can be found in Table A3:6a (Appendix 3). The table is grouped in age bands of ten years from the age of 65 onwards.
- 4.20. The POPPI proportions of those in each band who are predicted to have a trip or fall (Table A3:2a) have then been applied to Cambridgeshire County Council's

population estimates for people in Cambridge over 65 and can be found below in Table 10.

Table 10: Estimated percentage of people over 65 predicted to have a trip or fall in 2031

	A	B	C
	Percentage of population predicted to have a trip or fall (POPPI projections)	Cambridge population estimates to 2031	Number of people in Cambridge estimated to have a trip or fall (A + B)
People aged 65-74	22%	11,000	2,407
People aged 75-84	27%	7,700	2,082
People aged 85 and over	43%	5,500	2,365
			6,755

- 4.21. Table 10 shows that in 2031 approximately 6,755 people aged 65 years and over will be likely to have a trip or fall. Hospital admissions and further care as a result of trips and falls in the home put a further strain on the NHS. The *Care Act 2014* (Article 19) promotes preventative action in housing, including home adaptations, which is a core principle of the promotion of wellbeing.
- 4.22. These findings therefore illustrate a demonstrable need for adaptable homes to meet the requirements of an ageing population in Cambridge, and to reduce the strain on other local government services.

Summary

- 4.23. The data analysed in this section illustrates a demonstrable need for the provision of accessible and adaptable homes to support an ageing population in Cambridge. Although some of these needs may already be catered for by home adaptations and specialist or home care, there is a projected need for future accessible and adaptable homes to keep up with a growing older population, meet the requirements of The *Care Act 2014*, and to reduce the strain on other local services.
- 4.24. Adaptions to homes to meet mobility issues would require the installation of or availability of dwellings with step-free or level access, and access ramps. A growing number of people over 65 years will also require in house adaptations to assist in self-care activities such as step-free access to a toilet and sanitary facilities.

5. Evidence of Need: Long-Term Health and Disability

- 5.1. Section 149 of the *Equality Act 2010* requires public bodies (including local authorities) to have ‘due regard’ to the need to promote equality of opportunity for disabled people. In order to demonstrate they have paid ‘due regard’, local authorities should ensure that they assess the impact of decisions they take on disabled people.
- 5.2. Information from the 2011 Census identifies that Cambridge has 10,392 residents with a long-term health problem or disability. 6,160 of Cambridge’s population in 2011 had a long-term health problem or disability that limited their ‘day to day activities a lot’³⁴. Some of these people will be 65 or over and will be the result of an ‘elderly’ population; this need has been discussed in section 4 of this study.
- 5.3. The projected needs of residents with a long-term health problem or disability that limits their ‘day to day activities a lot’ (6,160) will no doubt impact upon future and existing accessible and adaptable housing needs. However, it is unknown what the future impact will be on the need for accessible housing for the 8,537 residents who have ‘day to day activities limited a little’ as they age, or how old they are. Table 11 however, does demonstrate that the number of people with long-term health issues or disability is not restricted to a particular tenure.

Table 11: Number of residents in households with a long-term illness or disability by tenure

	All categories: Long-term health problem or disability		Day-to-day activities limited a lot		Day-to-day activities limited a little		Day-to-day activities not limited	
Tenure	Count	%	Count	%	Count	%	Count	%
All tenure categories	107,345	100%	6,160	6%	8,537	8%	92,648	86%
Owned or shared ownership	52,630	49%	2,704	5%	4,565	9%	45,361	86%
Social rented	23,727	22%	2,903	12%	2,859	12%	17,965	76%
Private rented or living rent free	30,988	29%	553	2%	1,113	4%	29,322	94%

(Number of residents in households with a long-term illness or disability (Census 2011: NS [online], 2016)

³⁴ Terminology used in the 2011 Census.

- 5.4. As explained above, some of the people in Table 11 will be 65 or over; this need has already been discussed in section 4 of this study. This section aims to add further detail to the likely need for accessible and adaptable housing by looking at the long-term health and disability needs of people aged 18 to 64 years to 2031. No significant data is currently available that correlates the household needs of those aged 18 to 64 years with long-term health and disability issues and therefore accessible housing need. As such, this section instead provides a population based indication of the number of those aged 18 to 64 years who may require accessible and adaptable housing.
- 5.5. The Projecting Adult Needs and Service Information system (PANSI) was designed to help explore the possible impact that demography and certain conditions may have on people aged 18 to 64. It provides useful projections of the long-term health and disability needs of those aged 18 to 64 based on disability and long-term health problems.
- 5.6. PANSI projections are trend-based projections and based on Office for National Statistics (ONS) population projections with a base year of 2012 that are projected forward to 2030. The projections do not take into account any policy changes that have not yet occurred, or those that have not yet had an impact on observed trends.
- 5.7. As this section aims to understand the potential future need for accessible and adaptable homes of those aged 18 to 64 within the Plan period, it seems reasonable to base the estimated number of people aged 18 to 64 with long-term health or disability problems on population forecasts provided by Cambridgeshire County Council (Table 7) as these take into account the effects of Local Plan policy. Therefore, to ascertain the long-term health and disability difficulties of those aged 18 to 64 to 2031 assumptions will be made by using the findings from the PANSI projections and applying them at a local level to Cambridgeshire County Council's population forecast for Cambridge.
- 5.8. These figures can be considered in addition to the needs of older people (aged 65 and over) discussed in section 4 of this document.

Long-Term Health and Disability in the 18-64 Age Group: Moderate and Serious Disability

- 5.9. PANSI provides projections of the estimated number of people in Cambridge aged 18 to 64 who have a moderate or serious disability.
- 5.10. Table 12 summarises the percentage of those in Cambridge who have a moderate or serious disability according to PANSI projections. This information has been taken

from Table A4:2a in Appendix 4. Unfortunately, Cambridgeshire County Council Population Projections do not fall exactly into the same age brackets as the PANSI data, but the table does give an idea of the percentages of people nationally aged 18 to 24, or 35 to 44 for example, who have a long-term health problem or disability, some of whom may require accessible and adaptable homes to assist in day to day activities.

- 5.11. By taking the total forecast population for Cambridge to 2031 of 154,200 (Table 7) and applying it to the percentage of those aged 18-64 who have a physical disability as a percentage of total population³⁵, an approximation can be made to ascertain the potential number of people who have a moderate or serious disability. These calculations can be found in Table 12 below.
- 5.12. 7,073 of people in Cambridge aged 18 to 64 are estimated to have a moderate disability by 2031, this equates to 4.59% of the total population. An estimated 1,959 people aged 18 to 64 will be living with a serious disability by 2031, this equates to 1.27% of the total population.

³⁵ Taken from Table A4:2a, Appendix 4.

Table 12: Estimated % of people in Cambridge aged 18-64 predicted to have a moderate or serious disability in 2031

	A	B	C	D	E	F
	Percentage of population predicted to have a moderate physical disability (PANSI projections)	Cambridge population estimates to 2031	Number of people estimated to have a moderate physical disability (A + B)	Percentage of population predicted to have a serious physical disability (PANSI projections)	Cambridge population estimates to 2031	Number of people estimated to have a serious physical disability (D + E)
People aged 18-24	4.10%			0.80%		
People aged 25-34	4.20%			0.40%		
People aged 35-44	5.60%			1.70%		
People aged 45-54	9.70%			2.70%		
People aged 55-64	14.90%			5.80%		
Percentage of those aged 18-64 who have a physical disability as a % of total population	4.59%	154,200	7,073	1.27%	154,200	1,959

- 5.13. Those who have a moderate disability may be in need of adaptations to their home now or in the future. Potential adaptations could include electrical modifications such as wall-mounted switches, socket outlets and other controls accessible to people with reduced reach. Those with more serious disabilities may require specialist homecare and the provision of a range of adaptations.

- 5.14. Not all people with moderate disabilities will need in-house adaptations and some may be in specialist care facilities. It is also difficult (due to the lack of household data relating to disability) to estimate the number of households that contain people aged 18 to 64 who have a moderate or serious disability. However, as the 18 to 64 population ages, some of their needs will increase over time and homes will be required to be sufficiently adaptable to provide additional aids to meet these needs. Evidence from the Government further substantiates these claims by pointing out that ‘the prevalence of disability rises with age’³⁶.

Summary

- 5.15. The information provided in this section demonstrates that there is also a need for accessible and adaptable homes to meet the needs of those aged 18 to 64 who have a moderate or serious disability, now and in the future. A total of 9,032 Cambridge residents are estimated to be likely to be affected by a moderate or serious disability by 2031. Although some of these residents may already have in house adaptations, or specialist care, many will not and the need for further adaptations may increase over time as part of the ageing process.
- 5.16. In order to meet Government requirements (Section 149 of the *Equality Act 2010*) and to reduce the strain on other local services, it is reasonable to assume that a significant number of the population will require dwellings built to Building Regulation M4(2) to meet their needs.

³⁶ (pp. 15, Habinteg [online], 2016).

6. Wheelchair Accessible Housing Need

- 6.1. Optional regulation M4(3): *Wheelchair user dwellings* enables Councils to stipulate through planning policy that a specific percentage of dwellings in a development should meet the needs of wheelchair users and allow for the simple adaption of the dwelling for wheelchair users. It requires that wheelchair users should be able to live in the dwelling and use any associated private outdoor space, parking and communal facilities that may be provided for the use of the occupants.
- 6.2. Optional requirement M4(3) can only be applied to dwellings where the local authority is responsible for allocating, or nominating a person to live in that dwelling³⁷.
- 6.3. Advice provided by Habinteg: *Towards Accessible Housing – A Toolkit for Planning Policy*, provides a methodology for calculating the number of wheelchair user households with unmet housing need³⁸ i.e. not wheelchair adaptable. The report estimates that 2% of all households in the East of England are wheelchair user households and 9% of wheelchair user households have unmet wheelchair housing need. By using the 2011 Census count of a 46,714³⁹ households, the calculations (below) establish an unmet need of 84.08 wheelchair accessible homes.

Figure 2: Number of wheelchair user households with unmet need

Step 1: Number of households in local authority area **X** % of all households that are wheelchair user households

Step 2: Step one **X** number of wheelchair user households with unmet housing need.

$$46,714 \times 0.02 = 934.28$$

$$934.28 \times 0.09 = 84.09$$

- 6.4. Using the estimated household figure to 2031 of 13,540 (see paragraph 2.22) and multiplying this figure by wheelchair housing need (2%) provides the future wheelchair housing need to 2031. This establishes a future need of 270.80 dwellings.

³⁷ Reference ID: 56-009-20150327 (CLG [online], 2016).

³⁸ (pp. 18-19, Habinteg [online], 2016).

³⁹ Table QS402EW: *Accommodation Type – Households, 2011 Census* (NS [online], 2016).

Figure 3: Future wheelchair user households need

Step 1: Future estimated number of households X % of all households that are wheelchair user households

$$13,540 \times 0.02 = 270.80$$

- 6.5. By combining unmet need with future need, the total wheelchair housing need is estimated as 354.89 households (84.09 + 270.80).
- 6.6. As noted above, optional requirement M4(3) can only be applied to dwellings where the local authority is responsible for allocating, or nominating a person to live in that dwelling. Therefore any requirement for wheelchair accessible housing should be calculated based on the estimated proportion of households that live in affordable housing.
- 6.7. The Council currently has an affordable housing policy for the provision of 40% affordable housing on sites of 0.5 hectares or more or 15 dwellings or more⁴⁰. This however, does not infer that 40% of all new households will be affordable as many approved applications and housing completions may be under 0.5 hectares or 15 dwellings. Therefore to ascertain the potential average affordable housing build to 2031, the following methodology has been devised. The average affordable housing completion rate (established within the current Plan period) is equivalent to 24.4% of all total net housing completions (see Figure 4 Step 1). If applied to Cambridgeshire County Council's estimated household increase of 13,540, this implies that 3,303.76 affordable households will be formed by 2031. By dividing the unmet and future wheelchair housing need (354.89) by the estimated future affordable housing (3,303.76) it can be established that 10.74% of affordable housing would need to be wheelchair accessible to meet unmet and future wheelchair housing need.

⁴⁰ Policy 5/5 Meeting Housing Needs in the Cambridge Local Plan 2006.

Figure 4: Unmet and Future Wheelchair User Household Need

Step 1: Establish affordable housing provision based on past net housing completions for the Plan⁴¹ period commencing in 2011/12 to 2015/16 (most recent monitoring year). Affordable housing net completions divided by total net completions.

2011/12 = 54/352 = 15.3%
2012/13 = 68/471 = 14.4%
2013/14 = 424/1,325 = 32.0%
2014/15 = 190/713 = 26.6%
2015/16 = 297/884 = 33.6%

Step 2: Calculate the average affordable housing percentage from 2011/12 to 2015/16.

$(15.3 + 14.4 + 32.0 + 26.6 + 33.6)/5 = 24.4\%$

Step 3: Apply estimated future household provision to 2031 to estimated affordable housing completion rate

$13,540 \times 24.4\% = 3,303.76$

Step 4: Unmet and future wheelchair housing divided by estimated future affordable housing provision (step 3)

$354.89 / 3,303.76 = 10.74\%$

- 6.8. Not every resident with wheelchair housing need will be housed in Council or housing association housing. However, information established in section 5 of this document within *Table 11: Number of Residents in households with a long-term illness or disability by tenure* highlights the fact that households whose day-to-day activities are 'limited a lot' through long-term illness or disability is more prevalent for residents in Housing Association or Council housing. It is therefore considered conservative to require 5% wheelchair accessible housing through the application of optional building regulation M4(3): *Wheelchair user dwellings* to affordable housing. Requiring 5% of wheelchair user dwellings on developments with 20 affordable housing units or more allows for the provision of one full unit and eliminates the need for fractions of dwellings less than one unit.
- 6.9. It has been established within this section that the required wheelchair housing need is more substantial than 5% of all new affordable housing. It could therefore

⁴¹ Data taken from *Housing Completions in Cambridge 2016* (CCoC [online], 2016).

be argued that the building of a certain amount of wheelchair accessible homes should also be encouraged within market housing completions. Although this could not be included in any revisions to the text within Policy 51 due to Government restrictions in the PPG, support for provision of wheelchair user housing in market housing developments has been included within the supporting text to the policy.

7. Profile of Council and Housing Association Tenants: Supplementary Information

- 7.1. This section provides a brief overview of known data on Council and Housing Association tenants. It has not been used to derive predicted need for accessible homes, but provides an overview of the current accessibility, mobility and adaptability requirements of Council and Housing Association tenants as a snapshot in time, providing evidence of current demonstrable need for accessible and adaptable dwellings and the Council's response to these needs.
- 7.2. As of August 2016, a count of lead tenants in Cambridge City Council properties revealed that 35.8% are over 65 years. This profile is higher than that of the general population illustrated in Cambridgeshire County Council's Table 7: Population Forecast for Cambridge Local Authority by Age (11.8% in 2011). This illustrates the need for the provision of a higher percentage of affordable accessible and adaptable homes for to cater for the needs of elderly residents.

Table 14: Age of lead tenant

Age of lead tenant	Number	Percentage
Under 65	4,406	64.2%
Over 65	2,457	35.8%
Total	6,863	100%

Source: Cambridge City Council, Orchard Monitoring Software

- 7.3. Data from Cambridge City Council's Orchard monitoring software also reveals that 549 tenants (around 8%) have a disability. This is thought to be under recorded, and can cover a whole range of disabilities. There is no specific data on wheelchair use.
- 7.4. Home-Link, a choice-based letting scheme for Council and housing associations properties, records the mobility ratings of those on the Home-Link system using a mobility rating category:
- Mobility 1 = wheelchair user indoors or outdoors;
 - Mobility 2 = cannot manage steps or stairs, and may use wheelchair some of the day;
 - Mobility 3 = only able to manage one or two steps or stairs (currently listed separately but due to be merged with mobility 2).

- 7.5. Of the 1,959 people registered on the Home-Link register⁴² for Cambridge, 93% have no mobility rating and the remaining 7% have mobility issues which could require adaptations to homes such as ramps.

Table 15: Mobility rating of people on the Home-Link register in Cambridge

Mobility category of household (December 2016)	Number of applicant households	Percentage
Mobility 1	18	0.9%
Mobility 2	10	0.5%
Mobility 3	109	5.6%
No mobility rating	1822	93.0%
Total	1,959	100.00%

Source: Home-Link, December 2016

- 7.6. Appendix 5 illustrates the number of properties let to households based on dwelling type, mobility category of the dwelling, and number of bedrooms. The number of households with Mobility 3 needs (only able to manage one or two steps or stairs) could be reflective of an ageing population and the need for more adaptable homes, which could provide for a household over their lifetime.
- 7.7. Anecdotal evidence from Home-Link staff (found in full in Appendix 6) reveals the unsuitability of new build and existing properties for people requiring an adaptable home. Instead of finding the best solution for an adaptable home, Home-Link often have to look towards meeting the basic needs of tenants within the properties available. The information also reveals a need for 3-4 bed single level accommodation and more wheelchair adaptable dwellings.
- 7.8. This snapshot of Council and Housing Association tenants reveals that the need for accessible and adaptable homes is still required in affordable properties.

Cambridge City Council Household Adaptions

- 7.9. Data from Cambridge City Council Housing Services (City Homes) reveals that 520 adaptations were carried out in 2014/15. Some adaptations may be to the same properties, for example one dwelling may have received a modular ramp and level access shower. This does, however, illustrate the extent of adaptations undertaken in Council houses in Cambridge.
- 58 level access showers
 - 25 over bath showers
 - 15 modular ramps, 4 automatic door openers, widened a number of doorways

⁴² All people on the Home-Link Register have applied for housing; some are already housed in social housing but are on the register in order to transfer to more suitable accommodation.

- 21 stair lifts and 1 through floor lift
- 11 fencing jobs
- 5 specialist WCs and 1 WC lifter
- 2 property extensions
- 381 minor jobs (rails, half steps, lever taps etc.)

- 7.10. Of the adaptations completed between 2013/14 and 2015/16, on average 84% of adaptations were completed for adult household members and 16% were for children. As at November 2016, 8% of referrals for adaptations were for children, 51% for those aged 18-64 and 51% for those aged over 65 years.
- 7.11. Over the past five years 2010/11 to 2015/16, Cambridge City Council has spent £4.3m on dwelling adaptations⁴³.
- 7.12. Requiring all homes to meet accessible and adaptable Building Regulation standard M4(2) would not only decrease financial burden on Housing Associations and Council housing, but also on private tenants.

⁴³ Source: Cambridge City Council, Housing Services.

8. Adaptions to Homes: Disabled Facilities Grants

- 8.1. The Disabled Facilities Grant covers any adaptations costing over £1,000 to a dwelling for people living in the private sector and in Housing Association properties. Adaptions to properties range from level access showers and stair lifts to ground floor house extensions.
- 8.2. The Disabled Facilities Grant does not equate to the number of people or households who have applied for a grant as applicants may apply for more than one grant. The grants are also means-tested and will therefore not identify the number of dwelling adaptations carried about by people above the financial eligibility threshold.
- 8.3. The number of completed grants in Cambridge from 2010/11 to 2015/16 total 352. Within the emerging Local Plan period thus far, this equates to 278 completed adaptations (2011/12 to 2015/16).

Table 16: Number of completed Disabled Facilities Grants

Financial year	Completed disabled facilities grants
2010/11	74
2011/12	60
2012/13	68
2013/14	86
2014/15	64
Total	352

Source: Cambridge City Council

- 8.4. These figures show the consistent need for dwelling adaptations of existing properties and the number of households who are unable to undertake them without financial assistance.

9. Specialist Housing

- 9.1. Although specialist housing is available for those with long term health problems, disabilities, and the elderly, specialist housing cannot meet growing needs of all residents with health or mobility problems. The Cambridgeshire Joint Strategic Needs Assessment⁴⁴ – Phase 6 Summary Report⁴⁵ looks towards a reconfiguration of services to support older people to live in a community setting as long as possible, avoid admission to hospital and care homes, and return to a community setting after discharge from hospital.
- 9.2. The report notes that “housing is a major factor determining physically disabled people’s health and wellbeing. It appears from national reports that most disabled people live in unsuitable accommodation.”⁴⁶
- 9.3. This approach meets the requirements of Section 149 of the *Equality Act 2010* which requires public bodies (including local authorities) to have ‘due regard’ to the need to promote equality of opportunity for disabled people.
- 9.4. The approach also directs local authorities towards the positive impact that preventative action, i.e. the provision of accessible and adaptable homes, can have on the population in line with the requirements of Article 19 of The *Care Act 2014*.

⁴⁴ Produced by Cambridgeshire County Council and NHS Cambridgeshire.

⁴⁵ (pp. 18, CCCNHS [online], 2012).

⁴⁶ (pp.28, CCCNHS [online], 2012).

10. Further Considerations

Viability

- 10.1. The impact of viability on the implementation of optional Building Regulations M4(2): *Accessible and adaptable dwellings* and M4(3): *Wheelchair user dwellings* has not been addressed in detail as part of this study. However, research from Habinteg's *Accessible Housing Standards 2015*⁴⁷ suggests that Building Regulation M4(2) is less onerous to implement than the Lifetime Homes standard currently proposed under Policy 51 of the emerging Cambridge Local Plan. This implies that the implementation of Building Regulations M4(2): *Accessible and adaptable dwellings* could therefore be considered less costly to implement than its predecessor (Lifetime Homes).

"We have often referred to Category 2 as broadly equivalent to Lifetime Homes – although ... we do have some concerns over omissions or reductions in certain aspects."

(pp.2,Habinteg [online], 2015)

- 10.2. *Cambridge City Council's Statement of Consultation and Audit Trails*⁴⁸ explained the viability impact of the Council's requirement for 100% Lifetime homes and 5% wheelchair housing which was to be applied to all new homes through Policy 51: *Lifetime Homes and Lifetime Neighbourhoods*.
- 10.3. The potential impacts on viability were taken into account in a suite of viability documents produced on behalf of the council. These were the:
- *Cambridge City Council Local Plan – Community Infrastructure Levy Viability Assessment*;⁴⁹
 - *Cambridge City Council Local Plan - SHLAA and Potential Site Allocations High Level Viability Assessment*;⁵⁰ and
 - *Cambridge City Council Local Plan – Student Housing Affordable Housing Study*⁵¹.

⁴⁷ (pp.2,Habinteg [online], 2015).

⁴⁸ (CCC [online], 2013).

⁴⁹ (CCC [online], 2013b).

⁵⁰ (CCC [online], 2013c).

⁵¹ (CCC [online], 2013d).

- 10.4. These reports considered the implementation of a Lifetime Homes standard to be viable and achievable. Paragraphs 2.6.4 to 2.6.6 of the *Cambridge City Council Local Plan – Community Infrastructure Levy Viability Assessment*⁵² summarises the approach taken to this and also explained that an additional allowance of 5 to 7% of build costs was factored into the calculations to cover any contingencies.
- 10.5. *Cambridge City Council’s Statement of Consultation and Audit Trails* also adds that “At present, local authorities and health authorities bear the cost of adapting housing and re-housing people who become disabled. This budget is unlikely to expand and will encounter more demand with an ageing population and people living longer with profound disabilities and illnesses. Lifetime Home provision will help reduce future costs and will not require considerable resources to make further adaptations for people who become disabled....As Lifetime Homes design standards can be incorporated into development at an early stage and are already required for all affordable housing delivered in the city, it is considered appropriate to set out a requirement for all homes to comply with Lifetime Homes standards”⁵³.
- 10.6. It is therefore considered that the implementation of optional Building Regulations M4(2): *Accessible and adaptable dwellings* and M4(3): *Wheelchair user dwellings*, as Policy 51, will not be detrimental to the delivery of homes.
- 10.7. The Greater London Authority (GLA) adjusted its policy in light of the new national standards and proposed that 90 per cent of new housing be built to M4(2) (Lifetime Homes equivalent) and 10 per cent to M4(3) (wheelchair accessible or adaptable) standards. The viability study commissioned by the GLA showed that there was no additional cost involved in implementing Categories 2 and 3 compared to the existing London Plan standards. Further GLA data on the unmet need for accessible housing can be seen at: <http://www.habinteg.org.uk/toolkit-the-case-in-london>.

Lift Access

- 10.8. Building Regulation M4(2) requires that step free access should be provided. In the case of blocks of four storeys or less, the Greater London Plan determined that the implementation of lift access could cause potential viability issues⁵⁴. In these cases, it was considered that a development specific viability assessment should be undertaken and consideration should be given as to the implication of ongoing maintenance costs on the affordability of service charges for residents.

⁵² (CCC [online], 2013b).

⁵³ (pp.449-450, CCC [online], 2013a).

⁵⁴ <https://www.london.gov.uk/what-we-do/planning/london-plan/current-london-plan/london-plan-chapter-3/policy-38-housing-choice>

- 10.9. This is considered a sensible approach to assessing the need for lift access in flatted developments and allows flexibility within the policy, however the remaining requirements of M4(2) could still apply where applicable.

Need for Updates

- 10.10. Cambridgeshire County Council, in collaboration with the Cambridgeshire local authorities, is currently in the process of undertaking a Joint Strategic Needs Assessment regarding specialist housing need. The process began in late 2014. This project is expected to be completed in Spring 2017.
- 10.11. The project will identify what provision currently exists within the housing sub-region for people with disabilities or mental ill health, and ascertain the future need for such homes or schemes. This information will provide more robust and location specific data by local authority area, will be justified by cross-organisational collaboration and cooperation and include organisations such as Cambridgeshire County Council's Research Group, housing, health and social care commissioners from other agencies – in particular Cambridgeshire and Suffolk Adult Social Care services and Home Improvement Agencies.
- 10.12. This assessment will be used as an evidence base for the creation of future planning policies concerning specialist housing need and provision.

11. Conclusion

- 11.1. This document has reassessed the need and requirement to allow optional Building Regulations M4(2): *Accessible and adaptable dwellings* and M4(3): *Wheelchair user dwellings* to be applied in lieu of the Lifetime Homes Standard and Wheelchair Housing Design Standard. The Council believes it prudent to apply optional requirement M4(2) to all new build homes and optional requirement M4(3) to 5% of all affordable housing developments of 20 units or more.
- 11.2. Wheelchair housing and disability need spans all tenures and therefore the provision of wheelchair accessible housing should also be encouraged in market housing. Although this could not be included in any revisions to the text within Policy 51, it has been included within the supporting text to the policy.
- 11.3. The recommendation to require 100% of all new homes to be built to regulation M4(2): *Accessible and adaptable dwellings* is based on the following evidence provided within the Accessible Housing in Cambridge evidence document:
- It is estimated that only 7% of homes in Cambridge (3,270 households) currently meet the equivalent of M4(2). 5,170 households in Cambridge would require minor work to meet this standard and 19,593 would require moderate work. The remaining 18,681 homes would require major work or are unable to be adapted.
 - There is a potential unmet need for 6,539 accessible and adaptable homes. This implies that before even taking into account future need for accessible and adaptable homes, 48% of new planned homes between 2011/12 and 2031/31 would be required to be fully accessible and adaptable to meet existing need. As 3,744 homes have already been built within the plan period (2011/12 to 2015/16), this unmet need could rise to up to 67% of all remaining homes to be built to 2031.
 - The lack of accessible and adaptable homes is spread across all tenures.
 - Cambridge's population is expected to rise to 154,200 by 2031. The proportion of people over 65 years is also expected to rise from 11.8% in 2011 to 15.4% by 2031. This illustrates an ageing population, as the older population increases, so does the need for accessible and adaptable housing.
 - It is estimated that 4,985 people aged 65 and over will be need of specialist care or in house adaptations to improve their mobility and quality of life within their home. Likewise 8,755 people over 65 years are estimated to be unable

to manage a self-care activity on their own⁵⁵. Predicted trips or falls by the Cambridge residents over 65 years are estimated to reach 6,755 by 2031. Hospital admissions and further care as a result of trips or falls in the home also put a further strain on the NHS.

- Article 19 of The Care Act 2014 directs local authorities towards the implementation of preventative action through housing i.e. the provision of accessible and adaptable homes
- The number of people with long-term health issues or disability is not restricted to a particular tenure.
- An estimated 7,073 people aged 18 to 64 years in Cambridge will be living with a moderate disability in 2031 and 1,959 with a serious disability.
- As the 18 to 64 years population ages their in-home needs will increase over time and homes will be required to be sufficiently adaptable to provide additional aids to meet these needs.

11.4. At present, local authorities and health authorities bear the cost of adapting housing and re-housing people who become disabled. This budget is unlikely to expand and will encounter more demand with an ageing population and people living longer with profound disabilities and illnesses. Accessible housing provision will help to reduce future costs and will not require considerable resources to make further adaptations for people who become disabled. The optional Building Regulations can be incorporated into development at an early stage and the equivalent Lifetime Homes standard was until recently required for all affordable housing delivered in the city, it is considered appropriate to set out a requirement for all homes to comply with optional regulation M4(2): *Accessible and adaptable dwellings*.

11.5. The recommendation to require that M4(3): *Wheelchair user dwellings* be applied to 5% of all affordable housing developments of 20 units or more and to encourage the application of wheelchair accessible dwellings in market housing is based on the following evidence provided within the accessible housing in Cambridge evidence document:

- It is estimated that unmet and future wheelchair user household need to 2031 will be 354.89 households. This is equivalent to 10.74% of all affordable housing completions to 2031. Long-term health issues or disability is more prevalent in Housing Association or Council Housing. It is therefore considered conservative to require 5% wheelchair accessible housing through

⁵⁵ This includes bathing, showering or washing all over, dressing and undressing, washing their face and hands, feeding, cutting their toenails, taking medicines.

the application of optional building regulation M4(3): *Wheelchair user dwellings* to affordable housing. Wheelchair housing and disability need spans all tenures and therefore the provision of wheelchair accessible housing should also be encouraged in market housing, although this could not be included in any revisions to the text within Policy 51 due to the government's restriction on the use of M4(3), it has been included within the supporting text to the policy.

- 11.6. Although specialist housing is available for those with long term health problems, disabilities and the elderly, specialist housing cannot meet growing needs of all residents with health or mobility problems. The Cambridgeshire Joint Strategic Needs Assessment looks towards a reconfiguration of services to support older people to live in a community setting as long as possible, avoid admission to hospital and care homes, and return to a community setting after discharge from hospital. This approach meets the requirements of Section 149 of the Equality Act 2010 which requires public bodies (including local authorities) to have 'due regard' to the need to promote equality of opportunity for disabled people.
- 11.7. It is considered that the implementation of optional Building Regulations M4(2): *Accessible and adaptable dwellings* and M4(3): *Wheelchair user dwellings*, will not be detrimental to the delivery of homes.
- 11.8. The requirements of M4(2): *Accessible and adaptable dwellings* and M4(3) *Wheelchair user dwellings*, are not dissimilar to that of the requirements in the Council's Policy 51: *Lifetime Homes and Lifetime Neighbourhoods*, they are in fact less onerous on housebuilders and could therefore also be considered to be less costly. The viability impacts of applying Lifetime Homes and Wheelchair Housing Design standards to new dwellings were previously taken into account through a suite of viability documents produced on behalf of the Council. It was considered that the implementation of this policy was viable and achievable. It is therefore considered that the implementation of M4(2): *Accessible and adaptable dwellings* and M4(3): *Wheelchair user dwellings* would also be achievable.

Appendix 1: Excerpt from English Housing Survey – Profile of English Housing 2013

Box 2.2 - Visitability: four key features

Visitability comprises four key features which are considered to be the most important for enabling people with mobility problems to either access their home or visit someone else's home. These four features form the basis for the requirements in part M of the Building Regulations, although the EHS cannot exactly mirror the detailed requirements contained there.

1. Level access: For all dwellings with a private or shared plot, there are no steps between the gate/pavement and the front door into the house or block of flats to negotiate. This includes level access to the entrance of the survey module (i.e. a group of flats containing the surveyed flat). Dwellings without a plot are excluded from the analysis as access is, in effect, the pavement/road adjacent to the dwelling.
2. Flush threshold: a wheelchair can be wheeled directly into the dwelling from outside the entrance door with no steps to negotiate and no obstruction higher than 15mm.
3. Sufficiently wide doors and circulation space: the doors and circulation space serving habitable rooms, kitchen, bathroom and WC comply with the requirements of part M of the Building Regulations.
4. WC at entrance level: there is an inside WC located on the entrance floor to the dwelling.

(pp.54, CLG [online], 2015d)

Appendix 2: Level of Work Required to Make Homes Visitable

Data extracted from Annex Table 2.2: 'Visitability' features, by dwelling characteristics, 2014 and Annex Table 2.3: Level of work required to make homes 'visitable', by dwelling characteristics, 2014 found in the English Housing Survey Adaptations and Accessibility Report, July 2016.

Table A1:1 – Level of work required to make a dwelling fully visitable (by thousands of dwellings)

Level Of work required to make dwelling fully 'visitable' (in thousands)								
	Minor work only	Moderate work only	Major/ problematic	Not feasible	Fully visitable	Total stock	Sample size	% Fully visitable
Tenure								
Owner Occupied	1,894	6,897	1,710	3,495	760	14,757	4,662	5%
Private Rented	371	1,415	813	1,611	365	4,575	2,387	8%
Local Authority	131	661	417	360	109	1,679	1,961	7%
Housing Association	191	812	389	536	432	2,360	2,291	18%
				Total	1,667	23,371		7%
Dwelling Type								
Terraced House	449	2,183	759	3,329	316	7,037	3,879	4%
Semi-Detached House	574	3,615	1,100	964	160	6,413	3,145	2%
Detached House	1,140	3,010	151	679	281	5,262	1,715	5%
Flat	424	977	1,320	1,029	909	4,659	2,562	20%
				Total	1,667	23,371		7%
Dwelling Age								
Pre 1919	282	1,098	717	2,570	32	4,698	1,934	1%
1919-44	327	2,075	599	866	36	3,903	1,810	1%
1945-64	458	2,580	625	756	54	4,473	2,880	1%
1965-80	639	2,487	671	817	161	4,775	2,638	3%
1981-90	292	719	313	397	120	1,841	922	7%
post 1990	590	827	405	596	1,264	3,681	1,117	34%
				Total	1,667	23,371		7%

Table A1:2 – Level of work required to make a dwelling fully visitable (by %)

	Level Of work required to make dwelling fully 'visitable'					
	Minor work only	Moderate work only	Major/ problematic	Not feasible	No work required	
Tenure						
Owner Occupied	12.84%	46.74%	11.59%	23.68%	5.15%	100%
Private Rented	8.11%	30.92%	17.77%	35.21%	7.99%	100%
Local Authority	7.80%	39.39%	24.85%	21.45%	6.51%	100%
Housing Association	8.10%	34.41%	16.48%	22.71%	18.29%	100%
Dwelling Type						
Terraced House	6.38%	31.03%	10.78%	47.32%	4.49%	100%
Semi-Detached House	8.95%	56.37%	17.15%	15.03%	2.50%	100%
Detached House	21.67%	57.20%	2.87%	12.91%	5.35%	100%
Flat	9.11%	20.97%	28.34%	22.08%	19.50%	100%
Dwelling Age						
pre 1919	5.99%	23.38%	15.25%	54.70%	0.68%	100%
1919-44	8.37%	53.16%	15.35%	22.20%	0.92%	100%
1945-64	10.25%	57.67%	13.98%	16.90%	1.20%	100%
1965-80	13.39%	52.08%	14.05%	17.11%	3.37%	100%
1981-90	15.84%	39.05%	17.01%	21.58%	6.52%	100%
post 1990	16.02%	22.47%	11.00%	16.18%	34.33%	100%

Note: terraced, semi-detached and detached dwelling types include bungalows

Source: (CLG [online], 2016b)

Appendix 3: Forecasts of Older People's Needs for Cambridge

This data is provided by POPPI (Projecting Older People Population Information System). The data provided was originally developed by the Institute of Public Care (IPC) for the Care Services Efficiency Delivery Programme (CSED). The system is now provided solely by the Institute of Public Care on licence from the Department of Health. The data are derived from population based analysis.

Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 29 May 2014, are full 2012-based and project forward the population from 2012 to 2037.

Long-term subnational population projections are an indication of the future trends in population by age and sex over the next 25 years. They are trend-based projections, this means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the previous five years. They show what the population will be if recent trends continue.

The projections do not take into account any policy changes that have not yet occurred, nor those that have not yet had an impact on observed trends.

Table A3:1: Population in Cambridge aged 65 and over, projected to 2030

	2014	2015	2020	2025	2030
People aged 65-69	4,500	4,500	4,500	4,800	5,500
People aged 70-74	3,200	3,400	4,100	4,100	4,400
People aged 75-79	2,800	2,800	3,100	3,800	3,800
People aged 80-84	2,300	2,300	2,400	2,700	3,500
People aged 85-89	1,700	1,700	1,800	2,000	2,300
People aged 90 and over	1,200	1,200	1,500	1,800	2,200
Total population 65 and over	15,700	15,900	17,400	19,200	21,700

Figures may not sum due to rounding. Crown copyright 2014

Table A3:2: People in Cambridge aged 65 and over unable to manage at least one self-care activity on their own, by age and gender, projected to 2030. Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, take medicines

	2014	2015	2020	2025	2030
Males aged 65-69 unable to manage at least one self-care activity on their own	396	396	396	432	504
Males aged 70-74 unable to manage at least one self-care activity on their own	285	304	380	361	399
Males aged 75-79 unable to manage at least one self-care activity on their own	348	348	406	522	493
Males aged 80-84 unable to manage at least one self-care activity on their own	297	330	330	396	495
Males aged 85 and over unable to manage at least one self-care activity on their own	510	510	612	765	918
Females aged 65-69 unable to manage at least one self-care activity on their own	483	483	483	504	567
Females aged 70-74 unable to manage at least one self-care activity on their own	510	540	660	660	690
Females aged 75-79 unable to manage at least one self-care activity on their own	624	585	663	780	780
Females aged 80-84 unable to manage at least one self-care activity on their own	689	689	742	795	1,007
Females aged 85 and over unable to manage at least one self-care activity on their own	1,332	1,406	1,480	1,702	1,998
Total population aged 65 and over unable to manage at least one self-care activity on their own	5,474	5,591	6,152	6,917	7,851

Figures may not sum due to rounding. Crown copyright 2014

Table A3:2a: People in Cambridge aged 65 and over unable to manage at least one self-care activity on their own as a percentage of the population projected to 2030.

These figures have been calculated by summing all adults by age band who are unable to manage at least one self-care activity on their own (from Table A3:2) and comparing them to the estimated population in 2030 by age band (Table A3:1) to identify what proportion of each age band is unable to manage at least one mobility activity on their own.

	Unable to manage at least one mobility activity	Total estimated population	% of population
People aged 65-74	2,160	9,900	22%
People aged 75-84	2,775	7,300	38%
People aged 85 and over	2,916	4,500	65%

Table A3:3: Rates for men and women unable to manage on their own at least one self-care activity

Age range	% males	% females
65-69	18	21
70-74	19	30
75-79	29	39
80-84	33	53
85+	51	74

Figures are taken from Living in Britain Survey (2001), table 35.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be unable to manage at least one of the self-care activities listed, to 2030.

Table A3:4: People in Cambridge aged 65 and over unable to manage at least one mobility activity on their own, by age and gender, projected to 2030. Activities include: going out doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

	2014	2015	2020	2025	2030
People aged 65-69 unable to manage at least one mobility activity on their own	383	383	383	408	467
People aged 70-74 unable to manage at least one mobility activity on their own	422	448	552	542	578
People aged 75-79 unable to manage at least one mobility activity on their own	480	459	525	636	624
People aged 80-84 unable to manage at least one mobility activity on their own	539	557	586	651	821
People aged 85 and over unable to manage at least one mobility activity on their own	1,250	1,300	1,420	1,675	1,980
Total population aged 65 and over unable to manage at least one mobility activity on their own	3,074	3,147	3,466	3,912	4,470

Figures may not sum due to rounding. Crown copyright 2014

Table A3:4a: People in Cambridge aged 65 and over unable to manage at least one mobility activity on their own as a percentage of the population projected to 2030.

These figures have been calculated by summing all adults by age band who are unable to manage at least one mobility activity on their own (from Table A3:4) and comparing them to the estimated population in 2030 by age band (Table A3:1) to identify what proportion of each age band is unable to manage at least one mobility activity on their own.

	Unable to manage at least one mobility activity	Total estimated population	% of population
People aged 65-74	1,045	9,900	11%
People aged 75-84	1,445	7,300	20%
People aged 85 and over	1,980	4,500	44%

Table A3:5: Rates for those who are unable to manage at least one of the mobility tasks listed are as follows:

Age range	% males	% females
65-69	8	9
70-74	10	16
75-79	12	21
80-84	18	29
85+	35	50

Figures are taken from Living in Britain Survey (2001), table 29.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be unable to manage at least one of the mobility tasks listed, to 2030.

Table A3:6: People aged 65 and over in Cambridge predicted have a fall, by age and gender, projected to 2030

	2014	2015	2020	2025	2030
People aged 65-69 predicted to have a fall	925	925	925	984	1,125
People aged 70-74 predicted to have a fall	759	806	994	974	1,041
People aged 75-79 predicted to have a fall	660	633	725	882	863
People aged 80-84 predicted to have a fall	721	752	786	882	1,111
People aged 85 and over predicted to have a fall	1,204	1,247	1,376	1,634	1,935
Total population aged 65 and over predicted to have a fall	4,269	4,363	4,806	5,356	6,075

Figures may not sum due to rounding. Crown copyright 2014

Table A3:6a: People aged 65 and over in Cambridge predicted have a fall, by age and gender, projected to 2030 by percentage of population.

These figures have been calculated by summing all adults by age band who are predicted to have a trip or fall (from Table A3:6) and comparing them to the estimated population in 2030 by age band (Table A3:1) to identify what proportion of each age band is predicted to have a trip or fall.

	Number of people predicted to have a trip or fall	Total estimated population	% of population
People aged 65-74	2,166	9,900	22%
People aged 75-84	1,974	7,300	27%
People aged 85 and over	1,935	4,500	43%

Table A3:7 Rates for people who report at least one fall during the last 12 months are as follows:

Age range	% males	% females
65-69	18	23
70-74	20	27
75-79	19	27
80-84	31	34
85+	43	43

Figures are taken from Health Survey for England (2005), volume 2, table 2.1: Prevalence and number of falls in last 12 months, by age and sex.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of those predicted to be have fallen at least once in the last 12 months, to 2030.

(POPPI [online], 2016)

Appendix 4: Forecasts of Disability Needs for Cambridge

This data is provided by PANSI (Protecting Adult Needs and Service Information). The data provided was originally developed by the Institute of Public Care (IPC) for the Care Services Efficiency Delivery Programme (CSED). The system is now provided solely by the Institute of Public Care on licence from the Department of Health. The data are derived from population based analysis.

Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 29 May 2014, are full 2012-based and project forward the population from 2012 to 2037.

Long-term subnational population projections are an indication of the future trends in population by age and sex over the next 25 years. They are trend-based projections, this means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the previous five years. They show what the population will be if recent trends continue.

The projections do not take into account any policy changes that have not yet occurred, nor those that have not yet had an impact on observed trends.

Table A4:1: Population in Cambridge aged 18-64, projected to 2030

	2014	2015	2020	2025	2030
People aged 18-24	23,800	23,700	23,300	23,600	26,100
People aged 25-34	23,600	23,000	21,300	20,500	19,800
People aged 35-44	16,300	16,400	16,600	16,400	16,100
People aged 45-54	13,800	13,900	14,000	13,900	14,200
People aged 55-64	10,600	10,600	11,700	12,600	12,700
Total population aged 18-64	88,100	87,600	86,900	87,000	88,900
Total population - all ages	124,900	125,100	126,500	128,800	132,400

Figures may not sum due to rounding. Crown copyright 2014

Table A4:2: People in Cambridge aged 18-64 predicted to have a moderate or serious physical disability, by age, projected to 2030

	2014	2015	2020	2025	2030
People aged 18-24 predicted to have a moderate physical disability	976	972	955	968	1,070
People aged 25-34 predicted to have a moderate physical disability	991	966	895	861	832
People aged 35-44 predicted to have a moderate physical disability	913	918	930	918	902
People aged 45-54 predicted to have a moderate physical disability	1,339	1,348	1,358	1,348	1,377
People aged 55-64 predicted to have a moderate physical disability	1,579	1,579	1,743	1,877	1,892
Total population aged 18-64 predicted to have a moderate physical disability	5,798	5,784	5,881	5,973	6,073
People aged 18-24 predicted to have a serious physical disability	190	190	186	189	209
People aged 25-34 predicted to have a serious physical disability	94	92	85	82	79
People aged 35-44 predicted to have a serious physical disability	277	279	282	279	274
People aged 45-54 predicted to have a serious physical disability	373	375	378	375	383
People aged 55-64 predicted to have a serious physical disability	615	615	679	731	737
Total population aged 18-64 predicted to have a serious physical disability	1,549	1,551	1,610	1,656	1,682

Figures may not sum due to rounding. Crown copyright 2014

This table is based on the prevalence data for moderate and serious disability by age and sex included in the Health Survey for England, 2001.

Table A4:2a: estimated % of people in Cambridge aged 18-64 predicted to have a moderate or serious disability in 2030

These figures have been calculated by summing all adults by age band who are predicted to have a moderate and serious disability (from Table A4:2) and comparing them to the estimated population in 2030 by age band (Table A4:1) to identify what proportion of each age band has a moderate or serious disability.

	Moderate physical disability	Total estimated population	%	Serious physical disability	Total estimated population	%
People aged 18-24	1,070	26,100	4.10%	209	26,100	0.80%
People aged 25-34	832	19,800	4.20%	79	19,800	0.40%
People aged 35-44	902	16,100	5.60%	274	16,100	1.70%
People aged 45-54	1,377	14,200	9.70%	383	14,200	2.70%
People aged 55-64	1,892	12,700	14.90%	737	12,700	5.80%
Total population aged 18-64	6,073	88,900	6.83%	1,682	88,900	1.89%
Percentage of those aged 18-64 who have a physical disability as a percentage of total population	6,073	132,400	4.59%	1,682	132,400	1.27%

Table A4:3: Rates given in the survey for moderate and serious physical disability are as follows:

Age range	% moderate	% serious
18-24	4.1	0.8
25-34	4.2	0.4
35-44	5.6	1.7
45-54	9.7	2.7
55-64	14.9	5.8

The prevalence rates have been applied to ONS population projections of the 18 to 64 population to give estimated numbers predicted to have a moderate or serious physical disability to 2030.

(PANSI [online], 2016)

Appendix 5: Number of Home-Link Properties in Cambridge Let to Households with Different Mobility Ratings Through Home-Link.

Table A5:1: Number of people housed in Mobility 1 properties

Number of people housed in Mobility 1 properties								
Year	2008	2009	2010	2011	2012	2013	2014	2015
One bed	4	4	9	3	7	3	4	4
Two bed	1	3	3	4	1	2		4
Three bed	2			2		3	2	2
Four+ beds			3	1		1	2	
Total	7	7	15	10	8	9	8	10

Table A5:2: Number of people housed in Mobility 2 properties

Number of people housed in Mobility 2 properties								
Year	2008	2009	2010	2011	2012	2013	2014	2015
One bed	4	10	14	6	6	8	6	
Two bed		2	1	3	2	2	4	7
Three bed		3	1	1	1	3	2	2
Four+ beds					1	1		
Total	4	15	16	10	10	14	12	9

Table A5:3: Number of people housed in Mobility 3 properties

Number of people housed in Mobility 3 properties								
Year	2008	2009	2010	2011	2012	2013	2014	2015
One bed	14	21	25	16	27	66	97	78
Two bed	1	4	9	5	8	20	26	23
Three bed	1	2	1	2	3	7	14	5
Four+ beds						1		4
Total	16	27	35	23	38	94	137	110

Source: Cambridge Home-Link

Appendix 6: Anecdotal Evidence From Home-Link Staff

Comments received from Home-Link staff. These comments are qualitative data and cannot be quantified by the number of comments of a similar nature that have been received.

- 3/4-bed need families in requirement of single level accommodation can be waiting indefinitely as there are no 3/4-bed flats. 3/4-bed dwellings on the register are all houses and often hard to adapt with a through-floor lift. Floor lifts often cannot be installed within the footprint of the property. Additionally these houses often don't have the 'turning circles' for wheelchair users.
- A lot of houses (especially new-builds which can be over 3 floors) are unsuitable for adaptation.
- New build properties will not allow adaptations within the first year of occupancy.
- Stairlifts cannot be installed in properties with children under seven, or for people who are very obese.
- A lot of metal frame and other houses cannot be fitted with hoisting equipment (even some new builds).
- Applicants in need of 2-bed properties can get housed very quickly – Home-Link receive many 2-bed wheelchair flats and have to hunt around to find a suitable match and convince the applicants to take the offer. Reasons for applicants not wishing to take the property include distance from support networks or schools.
- There are not many 1-bed wheelchair properties available, but there isn't a particularly high demand for these.
- Bungalows are generally only suitable for tenants within the mobility 2 and 3 categories, as they are too small for wheelchair users
- Adapted flats are often poorly planned, for example, two new build Council properties at Scholars Court are wheelchair accessible but have baths. Anyone in a wheelchair will find a bath very difficult to access and would ideally require a level-access shower instead of a bath. Other new builds have changed during the construction phase for example, changes to the toilet location within the bathroom renders the property unusable for people requiring transfer.
- Home-Link are often looking at meeting the basic needs rather than offering the best solution, for example, using 3-bed parlour houses to create a downstairs bedroom.

Glossary

Term/Abbreviation	Definition
Affordable Housing	<p>Housing provided for people whose income levels mean they cannot access suitable market properties to rent or buy locally to meet their housing needs. It includes social rented, affordable rented and intermediate housing.</p> <p>Affordable housing should:</p> <ul style="list-style-type: none"> • meet the needs of eligible households including availability at a cost low enough for them to afford, determined with regard to local incomes and local house prices; and • include provision for the home to remain at an affordable price for future eligible households or, if these restrictions are lifted, for the subsidy to be recycled for alternative affordable housing provision.
Affordable rented housing	<p>Rented housing provided by local authorities and private registered providers of social housing to households that are eligible for social rented housing. Affordable rent is subject to rent controls that require a rent of no more than 80 per cent of the local market rent (including service charges, where applicable).</p> <p>From April 2012, most new homes funded by government grant have to be offered at affordable rents, to generate funding for further new affordable housing. Some existing social rent homes may also be converted to affordable rents</p>
CIL	<p>Community Infrastructure Levy.</p> <p>CIL is a levy that local authorities in England and Wales can choose to charge on new developments in their area. In areas where CIL is in force, landowners and developers must pay the levy to the local Council.</p> <p>CIL charges, set by the local Council, are based on the size and type of the new development. The money raised can be used to support development by funding infrastructure that the Council, local community and neighbourhoods would like.</p>
CLG	Department for Communities and Local Government
EHS	<p>The English Housing Survey Profile of English housing 2013 (EHS): commissioned by the CLG. The survey assesses housing conditions and housing circumstances. Information gathering for the 2014-15 survey was undertaken between April 2013 and March 2015 creating a 'mid-point' of April 2014 from which to base results upon. (CLG [online], 2016a).</p> <p>The survey findings are split into a suite of documents that</p>

Term/Abbreviation	Definition
	can be found at: https://www.gov.uk/government/collections/english-housing-survey
Habinteg	An affordable housing provider that provides and promoting accessible homes and neighbourhoods. The organisation also provides and researches into disability accessibility standards within housing. https://www.habinteg.org.uk/
HMO	Housing in Multiple Occupation An HMO, depending on the number of occupants, is classed as either: <ul style="list-style-type: none"> • a small HMO – this is a shared dwelling house which is occupied by between three and six unrelated individuals who share basic amenities such as a kitchen or bathroom. This falls into use class C4 under the Town and Country Planning (Use Classes) Order 2010; or • a larger HMO – This is when there are more than six unrelated individuals sharing basic amenities such as a kitchen or bathroom. This falls into the sui generis class under the Town and Country Planning (Use Classes) Order 2010.
Home-Link	A choice-based lettings scheme for Council and housing association properties across the Cambridgeshire and West Suffolk area. The scheme covers all the available Council and housing association properties, including housing for older people. https://www.home-link.org.uk/
Household	A household is defined as one person living alone, or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room, sitting room or dining area.
Intermediate Housing	Homes for sale and rent provided at a cost above social rent, but below market levels, and which meet the criteria for affordable housing (above). These can include shared equity (shared ownership and equity loans), other low-cost homes for sale and intermediate rent, but not affordable rented housing.
Lead Tenants	An individual tenant that acts on behalf of all other tenants resident in a property.
Lifetime Homes Standard	This is a widely-used national standard, which uses technical advice to ensure that the spaces and features in new homes can readily meet the needs of most people, including those with reduced mobility. http://www.lifetimehomes.org.uk/

Term/Abbreviation	Definition
NPPF	National Planning Policy Framework was published on 27 March 2012 and sets out the Government's planning policies for England and how these are expected to be applied.
ONS	Office of National Statistics The UK's largest independent producer of official statistics and the recognised national statistical institute of the UK. https://www.ons.gov.uk/
PANSI	A view-only system developed by the Institute of Public Care (IPC). For use by local authority planners and commissioners of social care provision in England, together with providers. It is a programme designed to help explore the possible impact that demography and certain conditions may have on populations aged 18 to 64. Prevalence rates from research are used to estimate the impact of conditions such as: learning disabilities, moderate or serious physical disability including personal care, visual impairment etc.
the Plan	Cambridge Local Plan 2014: Proposed Submission. https://www.cambridge.gov.uk/local-plan-core-documents-library
POPPI	A view-only system developed by the Institute of Public Care (IPC). It is for use by local authority planners and commissioners of social care provision in England, together with providers. It is a programme designed to help explore the possible impact that demography and certain conditions may have on populations aged 65 and over.
PPG	National Planning Practice Guidance was published in March 2014 it adds further context to the National Planning Policy Framework. The PPG replaces over 7,000 pages of planning guidance that was previously published in separate documents.
Shared Ownership	A form of intermediate tenure low cost home ownership housing. Homes in which the occupier owns a share of the equity and pays rent on the remaining share.
Sheltered/extra Care Housing	Accommodation with varying levels of care and support available on site. People who live in this housing have their own self-contained homes, their own front doors and a legal right to occupy the property.
Social Housing	let at lower than market rents to people in housing need. It includes social rent, affordable rent and intermediate housing tenures and is usually provided by not-for profit organisations including housing associations and Councils
Social rented	Rented housing owned by local authorities and private registered providers, for which guideline target rents are determined through the national rent regime. It may also be owned by other persons and provided under equivalent rental arrangements to the above, as agreed with the local

Term/Abbreviation	Definition
	authority or with the Homes and Communities Agency.
Specialist Housing	<p>Housing that has been specifically designed to meet the needs of people with particular needs.</p> <p>It can refer to housing that has been purpose designed or designated for a particular client group to assist tenants to live independently. This may include people with physical disabilities, learning difficulties or mental health issues and is sometimes referred to as 'Supported Housing'.</p> <p>Specialist Housing can also refer to housing designated to meet the needs of older people. This is characterised as housing that includes special design features and/or access to support to assist tenants to live independently for as long as possible in their own home.</p>

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