



Epping Forest Local Plan

Examination Hearing Statement

Matter 11 – Housing

Prepared by Strutt & Parker on behalf of M Scott Properties Ltd (ID 19LAD0086)

April 2019

Introduction

1. Strutt & Parker are instructed by M Scott Properties Ltd ('Scott Properties') to submit this Hearing Statement to the Epping Forest Local Plan Examination. This Statement follows previous engagement with the District Council throughout the Local Plan process; engagement with their appointed consultants ARUP throughout 2016-17, and; attendance at each of the Developer Forums arranged by EFDC.
2. Our client's interest is in Site Ref. CHIG.R5 in the Submission Local Plan (Plan) together with adjoining land. Our submissions to date have highlighted:
 - The Council's flawed approach in their sequential site assessment whereby the area of brownfield land adjoining CHIG.R5, which forms part of Chigwell Garden Centre has been excluded. The exclusion of this site from allocation will lead to the buildings falling into disrepair as a result of the Garden Centre being developed in accordance with CHIG.R5. This area is subject to a planning application for a 100-bed care home to provide much needed specialist accommodation and dementia care.
 - The acute need for specialist accommodation (as demonstrated by the accompanying reports) within the Epping Forest District and the Chigwell area, and the Council's failure to include adequate provision within the Emerging Local Plan to address this need; particularly for those living with dementia and/or requiring end of life care.
 - The Council's inability to provide any robust information to confirm why they have taken their stance to not addressing the needs of various groups of people within the District; specifically those in later life.
3. This Hearing Statement addresses Housing Policy issues identified by the Inspector for Matter 11. The site-specific considerations concerning Policy P7 and site allocation CHIG.R5 have been considered in a separate Hearing Statement for Matter 15.

5. Five Appendices accompany this Hearing Statement:

Appendix A: Chigwell – Detailed Population Projections (Experian, February 2019)

Appendix B: Chigwell – Summary Tables of Experian Demographic Data (2017-2022)

Appendix C: Chigwell Garden Centre site – Comprehensive Planning Need Assessment by Carterwood on behalf of Signature Senior Lifestyle (November 2018)

Appendix D: Extract from Chelmsford Draft Local Plan up to 2036 – Paragraphs 8.6-8.9

Appendix E: Appeal Decision Ref: APP/H2265/W/18/3202040 (19 December 2018) - Land to the rear of 237-259 London Road, West Malling, Kent

Meeting the Housing Needs of Older People and those in need of Specialist Accommodation

6. The Inspector has identified six questions for Matter 11: Housing, Issue 1. This Hearing Statement is specifically addressing the following two questions relating to meeting the housing need for elderly persons, and particularly those in need of care accommodation:

Will Policy H1 be effective in securing an appropriate mix of housing?

Does the policy, and the Plan generally, do enough to support the specific needs of older people?

In Part E, should the term “specialist accommodation” be defined? How will unmet need for specialist accommodation be identified? Is compliance with this part of the policy dependent upon development viability and the identification of a specific provider of the specialist accommodation?

7. At paragraph 1.44, one of the stated issues that the Plan must address is as follows:
“the need to ensure a housing stock that matches the needs of the population, including catering for an ageing population and more single person households, providing affordable housing and starter homes for those who cannot afford market prices and providing for the Traveller communities.”
8. At paragraph 2.27, Objective B (ii) of the Plan is as follows:
“to ensure that new homes provide an appropriate mix of sizes, types, forms and tenures to meet local needs and create balanced, mixed and well-integrated communities. This includes supported housing for elderly people and other groups with special needs:”
9. Policy H1 is the only policy in the Plan which seeks to address the provision of housing for elderly persons, and specialist accommodation for people with support needs. The key content within the policy in respect of housing for elderly persons and specialist accommodation for people with support needs is underlined below:

“Policy H1 Housing Mix and Accommodation Types

- C. Proposals for housing, requiring specialist accommodation, self-build/custom build housing, sites upon which caravans can be stationed, or locations for mooring houseboats, will be supported where:
- (i) they meet a proven identified need;
 - (ii) the location is appropriate in terms of access to facilities, services and public transport and;
 - (iii) It can be demonstrated that the development is designed and managed to provide the most appropriate types and levels of support to the proposed occupier and adequately caters for the needs of support staff.
- E. Where there is evidence of an identified unmet need in the local area and the location is appropriate in terms of access to existing or proposed facilities, services and public transport, larger scale new residential developments should incorporate specially designed housing/specialist accommodation for people with support needs (including for older people and housing with care).
- F. The loss of bungalows and specialist accommodation will be resisted.”
10. The supporting justification for the matters being addressed in this Hearing Statement is at paragraphs 3.3-3.6 in the Plan as follows, again with the most relevant text underlined:
- “3.3 The Strategic Housing Market Assessment (SHMA) 2015 and updates are the latest published housing needs evidence which set out the quantum, type, and size and tenure of new market housing homes needed both across the SHMA area and within the District over the Plan period. However, there is also a need to consider the most appropriate location for new market housing, and the type and size of properties to be provided in different areas. This must take into account the desire for some to build their own homes and to address specialist housing needs where the evidence exists to support this. The Council will seek to make the best use of land, and take account of the existing stock of homes within the locality to achieve the objective of mixed and balanced communities.*
- 3.4 It is important that a proportion of new homes can provide for the needs of those with, or who may develop, accessibility needs through the design of those homes. This reflects*

the evidence as set out in the SHMA and the 2017 update that there is an existing need for accessible housing in the District that will continue taking into account the ageing profile of the District's population over the period of the Local Plan. Improving housing standards to strengthen local communities and reduce the need for residential care by enabling vulnerable people to remain in their homes, or be able to have the choice to be able to move into a new home, is important as part of improving the overall housing mix within the District. Consequently, the Council's approach is that all new homes should be built to Category 2: Accessible and Adaptable Homes standards, in order to maximise choice in the type, size and location of new homes available.

3.5 The needs of those with accessibility needs, including older people can be supported by bungalow accommodation. Recent information contained in the Council's Authority Monitoring Report shows that there has been a gradual erosion of the District's existing stock of bungalows. The Council considers that bungalows can play an important role because of their potential ease of adaptation such that they can provide choice for people with accessibility needs, including the current and future needs of older people.

3.6 Specialist accommodation for those with support needs, including for older people, will continue to play an important role in providing for those residents who currently, or will, need assistance. Consequently, the loss of existing specialist accommodation will be resisted and new provision will normally be supported where appropriately located and designed."

11. From our analysis, the West Essex and East Hertfordshire Strategic Housing Market Assessment (September 2015) (Examination Doc. EB405) fails to fully address the future housing needs of older persons and those needing specialist residential accommodation across the HMA. The issue is not addressed in any greater detail in subsequent SHMA work (within Examination Docs. EB406-408). The Plan's Evidence Base for supporting and justifying the Council's approach to meeting the housing needs of elderly persons and people needing specialist residential accommodation is therefore very concerning given the attached Carterwood Report identifying an unmet need for specialist care bedspaces of between 829-962 and a serious lack of specialist dedicated dementia provision within the catchment area.

12. Perhaps not unsurprisingly, in view of this weak evidence, the Plan then fails to contain a specific policy that addresses those housing requirements and only one site allocation (CHIG. R4) that sets out a requirement for specialist homes. The need for accommodation to meet these requirements is only addressed, in policy terms, within Policy H1 as highlighted above. This runs counter to the national policy advice and guidance set out in the NPPF and PPG, viz:

“plan for a mix of housing based on current and future demographic trends, market trends and the needs of different groups in the community (such as, but not limited to, families with children, older people, people with disabilities, service families and people wishing to build their own homes); etc...” (NPPF, para. 50, 2012)

13. And

“How should local planning authorities deal with housing for older people?”

Older people have a wide range of different housing needs, ranging from suitable and appropriately located market housing through to residential institutions (Use Class C2). Local planning authorities should count housing provided for older people, including residential institutions in Use Class C2, against their housing requirement. The approach taken, which may include site allocations, should be clearly set out in the Local Plan.” (PPG ID 3-037 March 2015)

14. It is necessary therefore to consider the demographic projections for both Epping Forest District as a whole, and the Chigwell area in particular, in greater depth, in order to assess the housing requirements for these groups within the population, in order to provide more robust evidence. Appendix A to this Hearing Statement comprises detailed population projections prepared by Experian in February 2019 for Chigwell (the Area) in February 2019. They illustrate backcast estimates for the years 2012-2016, estimates for the year 2017 and forecasts for the years 2018-2027, together with comparable data for the district as a whole (the Base).
15. Across that period (i.e. 2012-2027), the population in Chigwell is projected to increase by 13.36% from 5,933 persons to 6,725 persons. The growth in households is projected to increase by 22.38% from 2,224 to 2,722. More particularly, and of key importance to this matter, amongst the highest levels of population growth during the years 2017-2022 will be within the five year age bands above 55 years. For example by 12.37% (Male) and

6.55% (Female) for those aged 55-59, by 9.69% (Male) and 22.59% (Female) for those aged 75-79 and by 15.90% (Male) and 4.82% (Female) for those aged 85+. The underlying trend, not just for the Chigwell area but for the Epping Forest district as a whole, is that of an increasingly ageing population during the Plan period.

16. Appendix B provides a set of more detailed tables for the defined Chigwell catchment and the district as a whole, with a calculation of the potential new homes/bed requirement in Chigwell for people suffering from dementia. This shows an increase in the requirement for new homes (for persons aged 65-80) from 58 in 2022 to 111 in 2030, and for new bedspaces for those suffering from dementia (for persons aged 80+) from 59 in 2022 to 91 in 2030. This data is based on a catchment which represents just 5% of the district's total population. It also does not consider other specialist needs arising from an elderly population. The projected district-wide requirement for new specialist residential accommodation is therefore clearly substantial, a point which is at present virtually absent from the Plan and its evidence base.
17. Further evidence of the need for specialist residential accommodation of this type is shown within the document attached at Appendix C. This comprises a Planning Need Assessment, prepared in November 2018 to support a planning application that has been submitted to the District Council by Signature Senior Lifestyle for the development of a purpose-built 100-bed care home for the elderly and those living with dementia, on land immediately to the east of proposed site allocation CHIG. R5 but within Scott Properties control. The location of the proposed scheme and its catchment area is shown on the map at Figure 1 on page 3, and the indicative current (2019) unmet need for elderly care home beds within that catchment is calculated to be between 829-962 market standard bedspaces, which takes into account current supply and committed care home developments. Existing and planned provision within the catchment is illustrated at Figure 7 on page 28, and it will be noted that there is a lower number of facilities within those parts of the catchment that fall within of Epping Forest District.
18. In short, the Plan is failing to address the principal demographic issue that is facing the district over the Plan period either through its policy mechanisms or its site allocations. It quite simply does not do enough to support the specific needs of older people, and if it were to remain in this form, it will lead to a significant impact on the health and wellbeing of those in later life within the District.

19. Policy H1 is addressing all forms of housing, but as a result fails to give appropriate policy support to development proposals which are specifically seeking to provide housing for older people and those in need of specialist accommodation. In fact, as presently drafted, the policy is setting more rigorous tests for such development proposals, for example in terms of meeting unmet need and location, than for any other types of housing, and as such it does not encourage traditional housebuilders (who are not deliverers of specialist accommodation regardless) to deliver specialist accommodation within their developments. It is the case that there is an existing identified unmet need across the district as a whole, and as demonstrated by Appendices A-C more specifically within the Chigwell area. That unmet need will continue to increase during the Plan period, and the Plan contains insufficient policy interventions and site allocations to demonstrate that it is addressing the stated issue (c.f. paragraph 6 above) and the stated objective of the Plan (c.f. paragraph 7 above).

Defining Specialist Residential Accommodation

20. The Plan at present fails to provide an adequate definition of Specialist Residential Accommodation, either within Policy H1 and its supporting text or within the Glossary. Paragraph 3.6, as set out above, provides a reference to specialist accommodation, but not a full definition.
21. In contrast, and by way of example, Chelmsford City Council's emerging new Local Plan, which is approaching the final stages of Examination, provides a clear definition at paragraphs 8.6-8.9 in that Plan, which is reproduced at Appendix D.
22. Whilst clearly containing data specific to the Chelmsford City area, the general principles of that approach apply equally to Epping Forest. Furthermore, Chelmsford's emerging plan sets out a commitment for the City Council to work with Essex County Council to identify the need for, and secure provision of suitable sites for Specialist Residential Accommodation.
23. The Plan also needs to recognise that the factors determining the viability of proposed specialist residential accommodation are quite different to other types of housing, generally because of the additional facilities, such as communal facilities, on-site medical provision and staff facilities that need to be provided. It is the case that many proposals are simply not able to be developed on housing allocation sites, nor are they able to compete financially on sites where the principle of general housing has been established. This leads to the need, as foreseen in Chelmsford, for sites to be identified and specifically allocated for Specialist Residential Accommodation. In the case of our clients, it leads to their representations before this Examination that the brownfield land to the east of proposed site allocation CHIG.R5 should be specifically allocated for the provision of Specialist Residential Accommodation to meet part of the existing identified needs for such accommodation in Epping Forest District and Chigwell.
24. A recent appeal decision at West Malling in Kent, which is attached at Appendix E, demonstrates that the Inspector, in that case, in reaching his decision on the balance of the issues which included harm to the site's location within the Green Belt, accorded "*substantial weight to the contribution that the development would make towards the need for specialist extra care housing for sale to older people which was not accurately estimated in the SHMA and for which the current and emerging development plan does*

not make adequate provision." (see paragraph 65 of the decision letter). Similar issues arise with regard to this Plan which does not make adequate provision for specialist residential accommodation.

Conclusion and Proposed Changes to Submission Local Plan

25. We consider that the submitted Plan is presently unsound in that it is not positively prepared, nor justified, nor consistent with National Policy in that it fails to address the specific needs for specialist residential accommodation in the Plan area. We seek the modification of the Plan in order to satisfy the tests of soundness by the amendment of Policy H1 to indicate that specific sites are allocated in the Plan to meet the clear identified needs during the Plan period for such accommodation, including the site identified by our clients at Chigwell. We therefore request that the Inspector recommends that such modification be made to the Plan in order to make the Plan sound.
26. It should also be noted that we would be strongly opposed to any attempt to address the identified specialist needs within the district on large strategic sites, given the conflict of giving people the opportunity to remain close to friends and family, and the long lead in periods which will only cause the acute needs of an ageing population to go unmet.

Appendix A

Location Analyst

UK



Chigwell - Detailed Projections

Detailed Projections

22 February, 2019

Contents

- Area Overview
- Area Map Overview
- Residential Population Projections
- Household Projections
- Gender Projections
- Age Bands - 5 Year Backcasts
- Age Bands - Current Estimates
- Age Bands - 5 Year Projections
- Explanation - Population Backcasts
- Explanation - Population Projections



Describing 190222Chigwell in relation to Epping Forest
Creation Date: February 22, 2019

What does this report show?

This report shows the residential population, population by gender and population by age bands for the following

- Backcast estimates for years 2012 - 2016
- Current estimates for year 2017
- Forecasts for years 2018 - 2027

The report is particularly useful for trend analysis and for identifying changes and potential patterns in the study area.

What data sources are used?

Population Projections - Population change is an important element in fluctuations in consumer demand. Experian's population projections give a valuable insight into future demand in local areas, enabling you to predict future business performance, and plan accordingly.

Population Backcasts - Population and household backcasts provide improved estimates of the number of households and the resident population for each year from 2016 back to 2012 . Population estimates are also split by gender and 20 age bands.

Area Summary

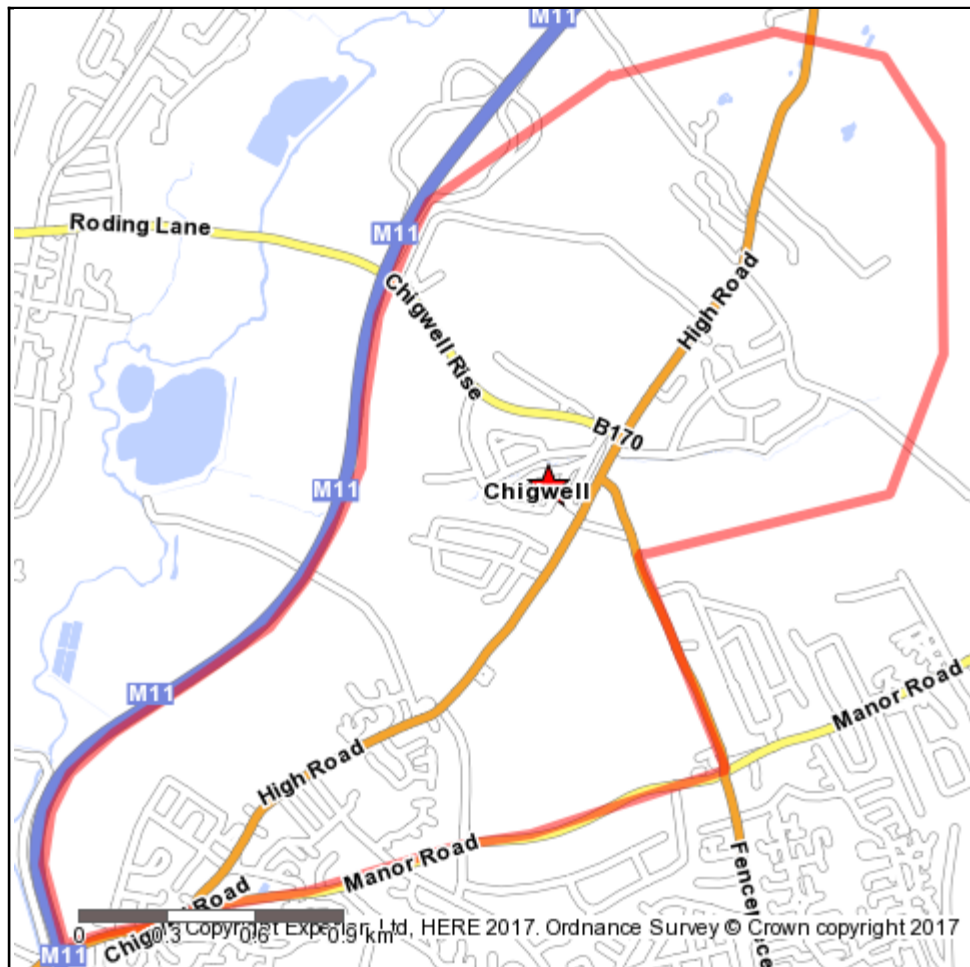
	Residential Population	Household
Backcast estimate (2012)	5,933	2,224
Current estimate (2017)	6,064	2,320
Projection estimate (2022)	6,428	2,567

Population by Gender	Males	Females
Backcast estimate (2012)	48.73 %	51.27 %
Current estimate (2017)	48.90 %	51.10 %
Projection estimate (2022)	48.86 %	51.14 %

Population by Gender (split by Top Age Band)	Males	Females	Top Age Band
Backcast estimate (2012)	49.21 %	50.79 %	Age 15-19
Current estimate (2017)	50.00 %	50.00 %	Age 50-54
Projection estimate (2022)	45.97 %	54.03 %	Age 55-59

Describing 190222Chigwell in relation to Epping Forest
Creation Date: February 22, 2019

Area Map



Geography Selection:

190222Chigwell

Boundary Colour:

 Geography Selection

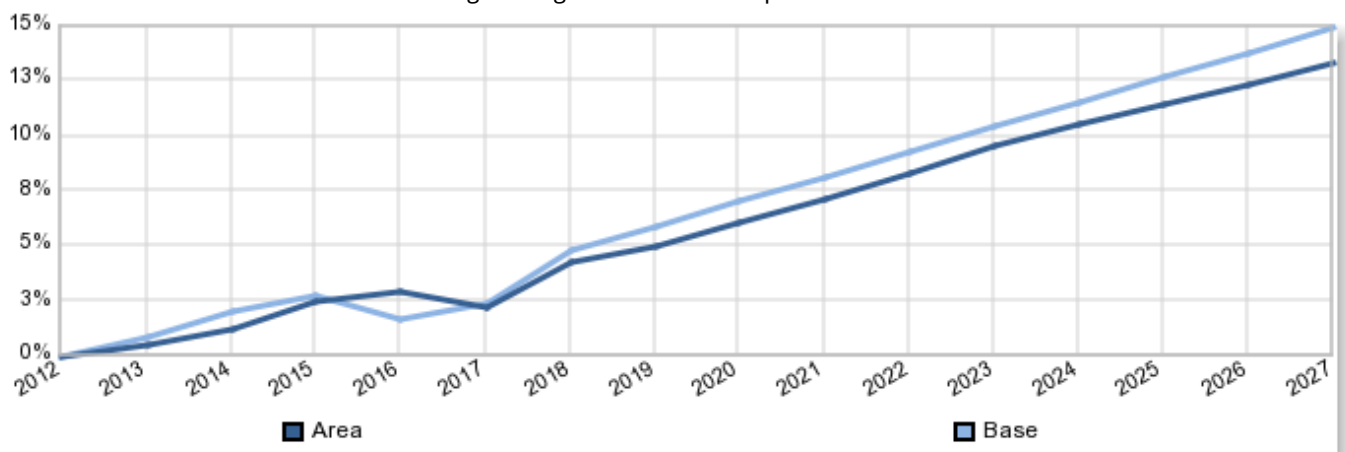
Mapping data: © 2017 HERE.
Copyright Experian 2017.

Date: 22/02/19

This table shows how the residential population has changed over the past 5 years, the current estimate of the population and how it is predicted to change over the next 10 years.

Year	Area	Base	% Change in Area from 2012	% Change in Base from 2012
Residential population change over the past five years				
2012	5,933	128,144	0.00	0.00
2013	5,963	129,230	0.51	0.85
2014	6,004	130,793	1.20	2.07
2015	6,077	131,596	2.43	2.69
2016	6,105	130,347	2.90	1.72
Current residential population				
2017	6,064	131,165	2.21	2.36
Residential population change in the next ten years				
2018	6,185	134,336	4.25	4.83
2019	6,229	135,728	4.99	5.92
2020	6,294	137,172	6.09	7.05
2021	6,358	138,625	7.18	8.18
2022	6,428	140,094	8.35	9.33
2023	6,497	141,539	9.52	10.45
2024	6,557	142,970	10.53	11.57
2025	6,611	144,399	11.44	12.68
2026	6,666	145,816	12.37	13.79
2027	6,725	147,234	13.36	14.90

Percentage Change in Residential Population from 2012

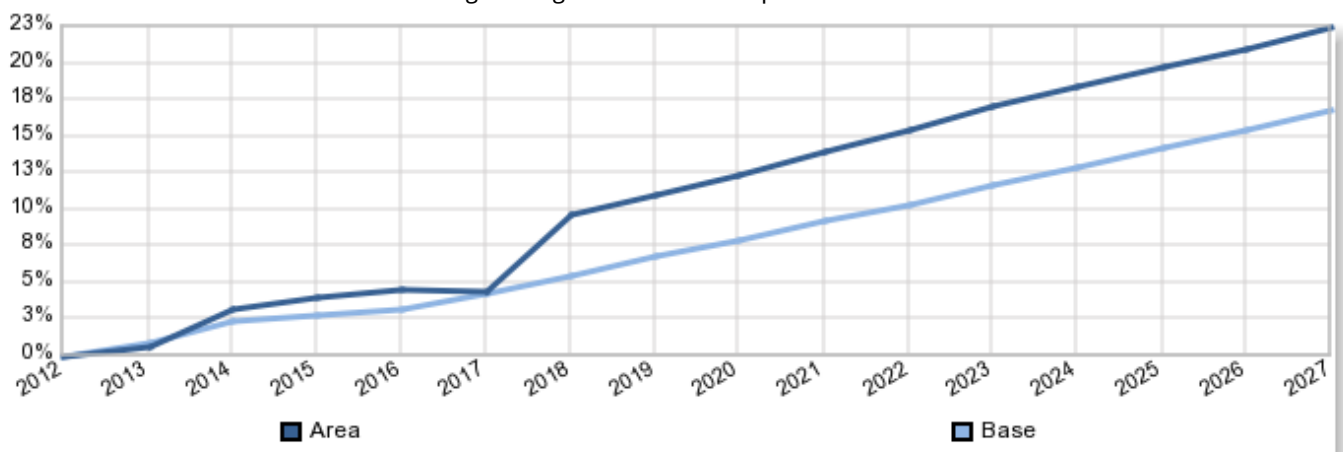


In 2012 the total residential population estimate was 5,933 in your target area, compared to the base estimate of 128,144. In 2017 the population was estimated to be 6,064, which is a change of 2.21 % from 2012 . For comparison, the base area has changed by 2.36 %. By 2027 the area population is estimated to be 6,725, which is a change of 13.36 % from 2012 . The base population in 2027 is estimated to be 147,234, which is a change of 14.90 % from 2012 .

This table shows how the household population has changed over the past 5 years, the current estimate of the household population and how it is predicted to change over the next 10 years.

Year	Area	Base	% Change in Area from 2012	% Change in Base from 2012
Household population change over the past five years				
2012	2,224	52,754	0.00	0.00
2013	2,238	53,202	0.62	0.85
2014	2,294	54,039	3.15	2.44
2015	2,312	54,234	3.92	2.81
2016	2,327	54,459	4.62	3.23
Current household population				
2017	2,320	54,991	4.30	4.24
Household population change in the next ten years				
2018	2,441	55,652	9.73	5.49
2019	2,468	56,299	10.95	6.72
2020	2,501	56,948	12.42	7.95
2021	2,534	57,593	13.91	9.17
2022	2,567	58,244	15.42	10.41
2023	2,603	58,901	17.02	11.65
2024	2,633	59,555	18.36	12.89
2025	2,662	60,222	19.69	14.16
2026	2,692	60,893	21.02	15.43
2027	2,722	61,601	22.38	16.77

Percentage Change in Household Population from 2012

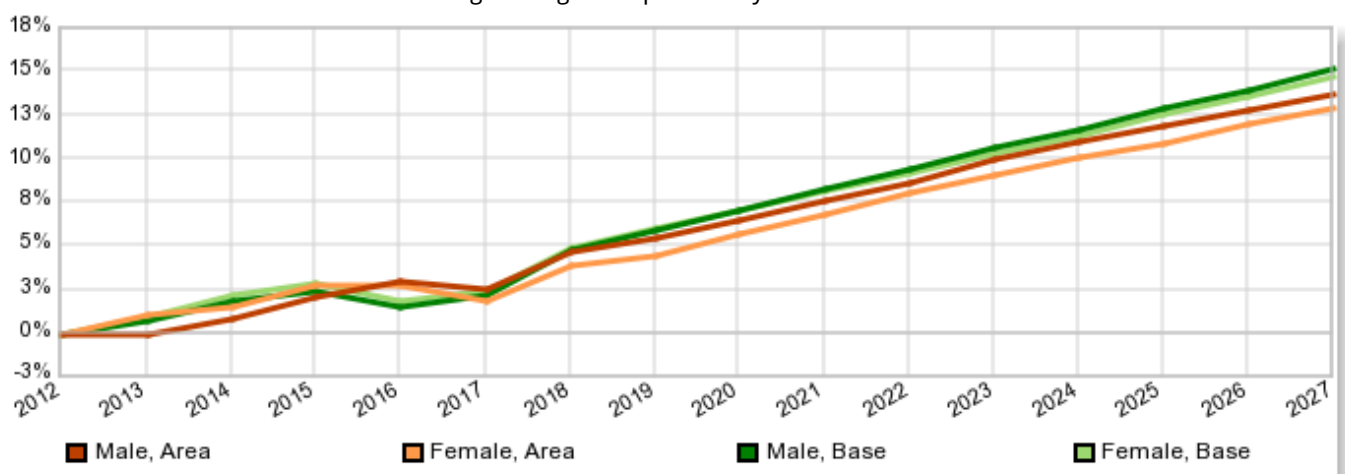


In 2012 the total household estimate was 2,224 in your target area, compared to the base estimate of 52,754. In 2017 the number of households was estimated to be 2,320, which is a change of 4.30 % from 2012 . For comparison, the base area has changed by 4.24 %. By 2027 the household count is estimated to be 2,722, which is a change of 22.38 % from 2012 . The base household count in 2027 is estimated to be 61,601, which is a change of 16.77 % from 2012 .

This table shows how the residential population has changed over the past 5 years, the current estimate of the population and how it is predicted to change over the next 10 years split by Gender.

Year	Males in Area	Males in Base	Females in Area	Females in Base	% Change in Males since 2012 (Area)	% Change in Males since 2012 (Base)	% Change in Females since 2012 (Area)	% Change in Females since 2012 (Base)
Residential population change over the past five years split by gender								
2012	2,891	62,114	3,042	66,030	N/A	N/A	N/A	N/A
2013	2,889	62,559	3,074	66,671	-0.07	0.72	1.07	0.97
2014	2,917	63,287	3,087	67,506	0.88	1.89	1.51	2.24
2015	2,952	63,663	3,124	67,933	2.12	2.49	2.72	2.88
2016	2,979	63,030	3,126	67,317	3.03	1.47	2.78	1.95
Current residential population split by gender								
2017	2,965	63,517	3,099	67,648	2.57	2.26	1.87	2.45
Residential population change in the next ten years split by gender								
2018	3,027	65,074	3,158	69,262	4.69	4.77	3.83	4.89
2019	3,050	65,764	3,179	69,964	5.50	5.88	4.52	5.96
2020	3,079	66,485	3,215	70,687	6.50	7.04	5.69	7.05
2021	3,110	67,209	3,249	71,416	7.57	8.20	6.81	8.16
2022	3,141	67,951	3,288	72,143	8.63	9.40	8.09	9.26
2023	3,179	68,683	3,318	72,856	9.96	10.58	9.10	10.34
2024	3,210	69,397	3,347	73,573	11.03	11.73	10.06	11.42
2025	3,236	70,106	3,376	74,293	11.91	12.87	10.99	12.51
2026	3,260	70,806	3,406	75,010	12.76	13.99	11.99	13.60
2027	3,287	71,507	3,438	75,727	13.71	15.12	13.02	14.69

Percentage Change in Population by Gender from 2012

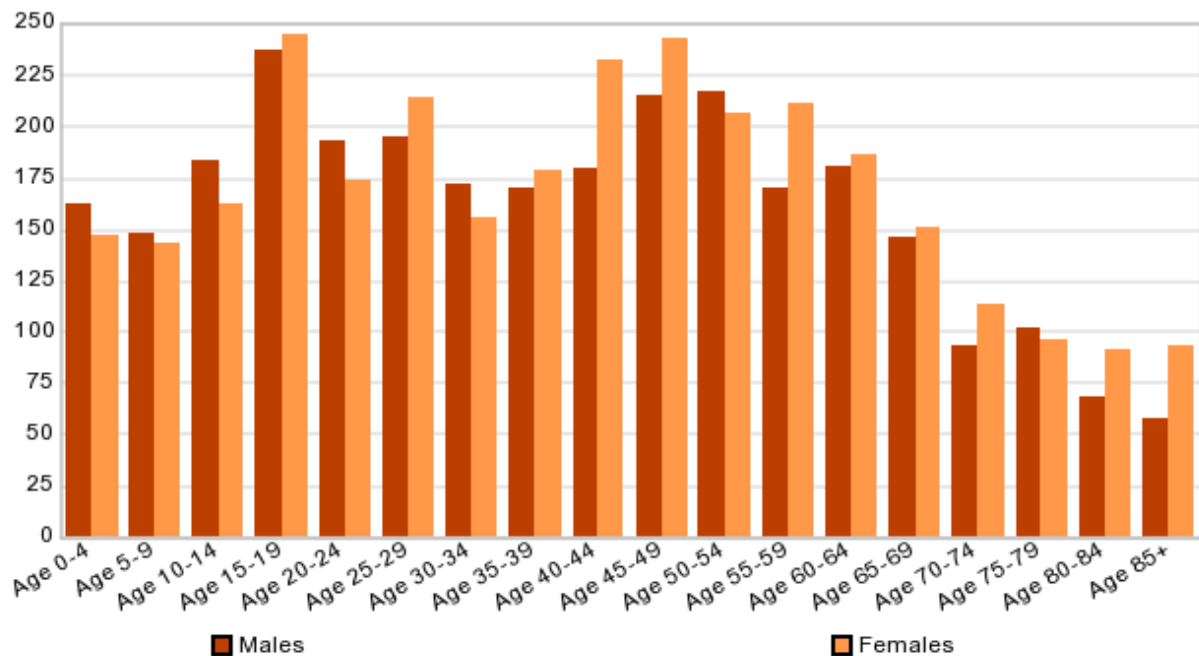


In 2012 the population estimate was 5,933 in your target area. This was made up of 48.73 % males and 51.27 % females. For comparison, the base percentages are 48.47 % and 51.53 % respectively. In 2017 the gender split was 48.90 % males and 51.10 % females, which is a percentage change of 2.57 % for males and 1.87 % for females from 2012 . The base area has changed by 2.26 % for males and 2.45 % for females. In 2027 the population gender split is estimated to be 48.88 % males and 51.12 % females. This is a change of 13.71 % and 13.02 % respectively from 2012 . The base populations are estimated to change by 15.12 % for males and 14.69 % for females.

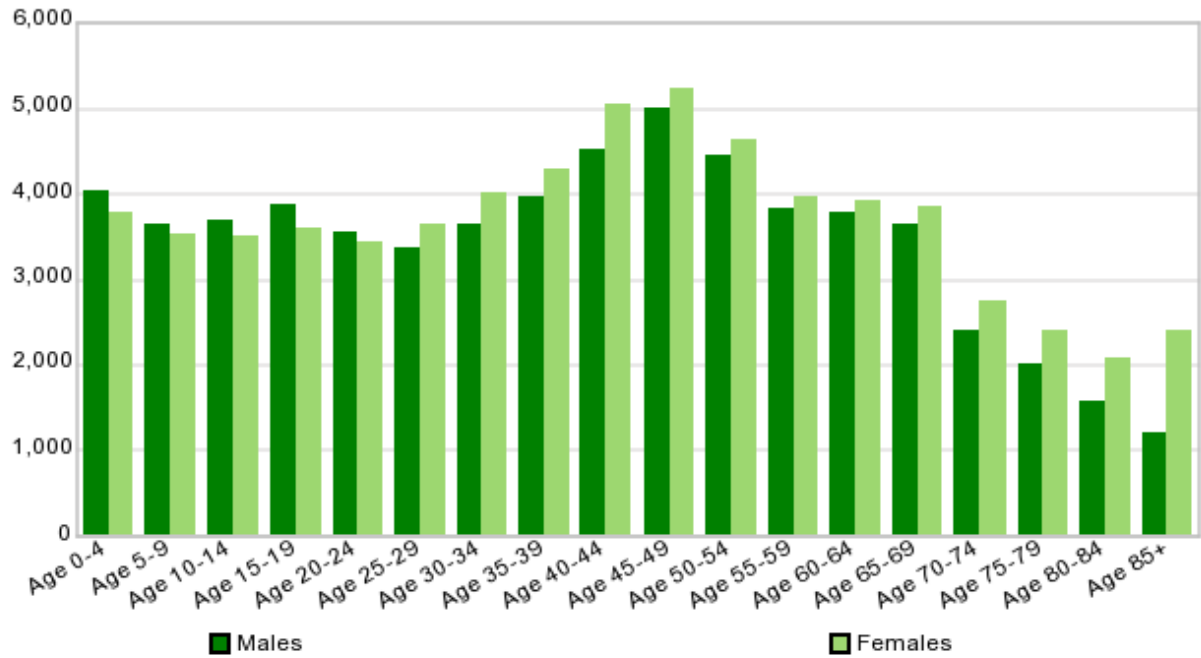
What were the gender and age band splits 5 years ago?

Age Band	Males in Area	Males in Base	Females in Area	Females in Base
Age 0-4	163	4,032	147	3,768
Age 5-9	148	3,634	143	3,516
Age 10-14	183	3,674	163	3,501
Age 15	61	835	56	701
Age 16-17	97	1,615	102	1,534
Age 18-19	79	1,440	85	1,358
Age 20-24	193	3,546	174	3,434
Age 25-29	195	3,372	214	3,632
Age 30-34	172	3,638	155	4,023
Age 35-39	170	3,981	178	4,280
Age 40-44	179	4,500	232	5,035
Age 45-49	215	4,988	243	5,220
Age 50-54	217	4,439	206	4,636
Age 55-59	170	3,839	211	3,970
Age 60-64	180	3,764	186	3,928
Age 65-69	146	3,626	151	3,863
Age 70-74	93	2,405	113	2,736
Age 75-79	102	2,012	96	2,405
Age 80-84	69	1,567	91	2,073
Age 85+	58	1,207	93	2,417

Population Gender and Age Bands (2012) in Area



Population Gender and Age Bands (2012) in Base



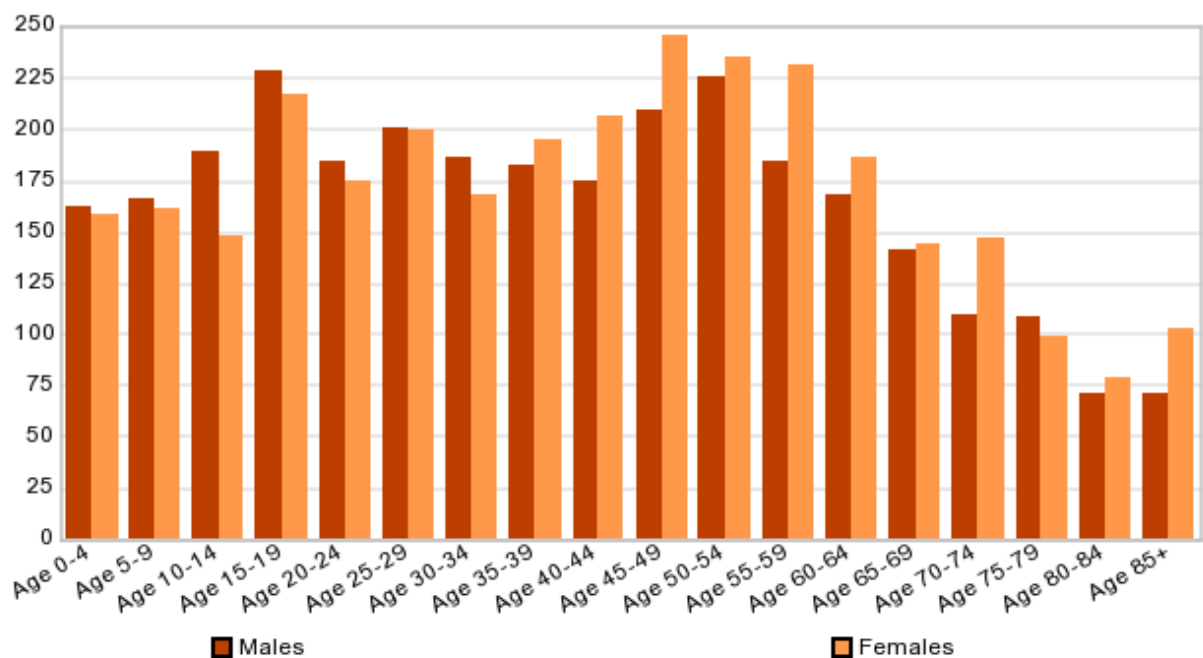
In your target area the highest male count is within the Age 15-19 category with a population estimate of 237, which is equivalent to 8.19 %. The top female banding is Age 15-19 with an estimate of 244 representing 8.04 % of females. When considering the base selection, the highest male count fell into the band Age 45-49 with an estimate of 4,988, which is 8.03 %. The highest female population estimate is 5,220 and fell into the Age 45-49 category at 7.91 %.

The lowest male estimate was in the category Age 85+, which is 2.01 %. The lowest female banding was Age 80-84, which represents 3.00 % of the female population. When comparing this to the base selection, the smallest count of males was found in the band Age 85+ representing 1.94 %. For comparison, the lowest female band of Age 80-84 was 3.14 %.

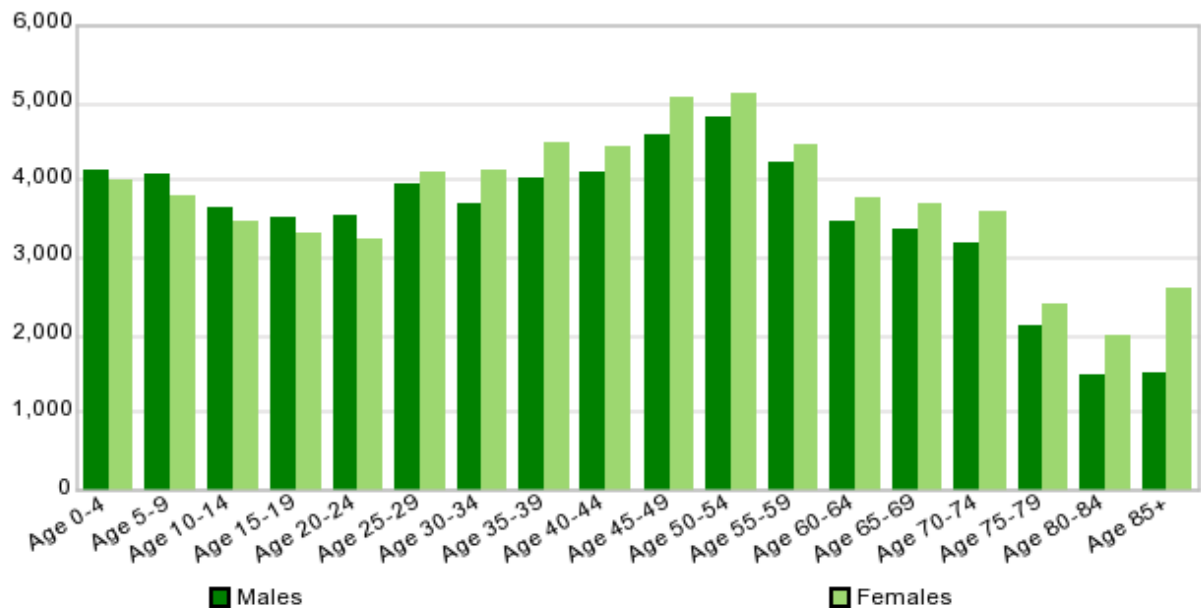
What are the current gender and age band splits?

Age Band	Males in Area	Males in Base	Females in Area	Females in Base	% Change in Males since 2012 (Area)	% Change in Males since 2012 (Base)	% Change in Females since 2012 (Area)	% Change in Females since 2012 (Base)
Age 0-4	163	4,126	158	4,005	-0.17	2.28	6.91	5.92
Age 5-9	166	4,070	162	3,821	10.65	10.71	11.97	7.98
Age 10-14	189	3,642	148	3,457	3.07	-0.88	-9.97	-1.27
Age 15	63	689	51	713	3.81	-21.19	-11.71	1.68
Age 16-17	97	1,543	101	1,427	0.38	-4.67	-1.37	-7.50
Age 18-19	69	1,282	66	1,174	-14.93	-12.32	-30.40	-15.67
Age 20-24	184	3,533	175	3,239	-5.08	-0.37	0.88	-6.02
Age 25-29	201	3,959	200	4,106	2.97	14.83	-6.88	11.54
Age 30-34	186	3,688	168	4,139	7.50	1.36	7.50	2.80
Age 35-39	182	4,032	195	4,483	6.36	1.26	8.55	4.53
Age 40-44	175	4,111	206	4,414	-2.14	-9.46	-12.31	-14.07
Age 45-49	209	4,605	245	5,054	-2.90	-8.32	0.66	-3.28
Age 50-54	226	4,814	235	5,105	4.00	7.79	12.31	9.19
Age 55-59	184	4,236	231	4,441	7.94	9.37	8.47	10.61
Age 60-64	168	3,477	186	3,764	-6.88	-8.25	0.06	-4.36
Age 65-69	141	3,366	144	3,692	-3.89	-7.72	-4.90	-4.63
Age 70-74	110	3,189	147	3,589	14.96	24.58	23.23	23.77
Age 75-79	109	2,113	99	2,420	5.80	4.78	2.57	0.62
Age 80-84	72	1,509	79	1,995	4.26	-3.84	-16.32	-3.91
Age 85+	72	1,533	103	2,610	19.35	21.27	9.74	7.39

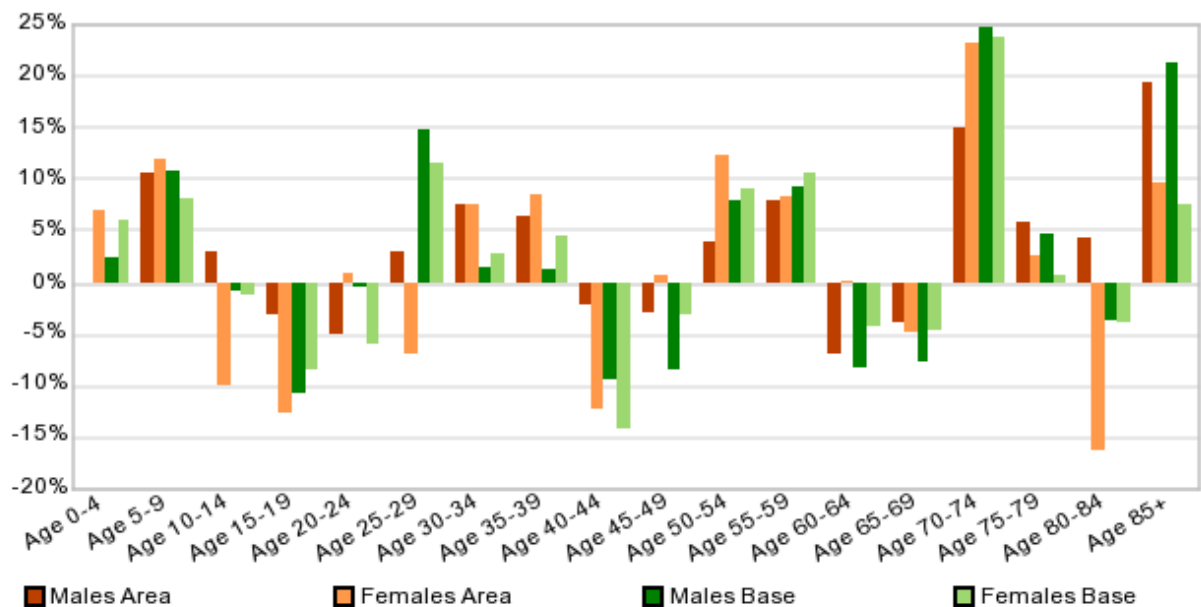
Population Gender and Age Bands (2017) in Area



Population Gender and Age Bands (2017) in Base



Percentage Change of Population Gender and Age Bands from 2012 to 2017



In your target area the highest male count is within the Age 15-19 category with a Population estimate of 229, which is equivalent to 7.73 %. The top female banding is Age 45-49 with an estimate of 245 representing 7.91 % of females. When considering the base selection, the highest male count fell into the band Age 50-54 with an estimate of 4,814, which is 7.58 %. The highest female Population estimate is 5,105 and fell into the Age 50-54 category at 7.55 %.

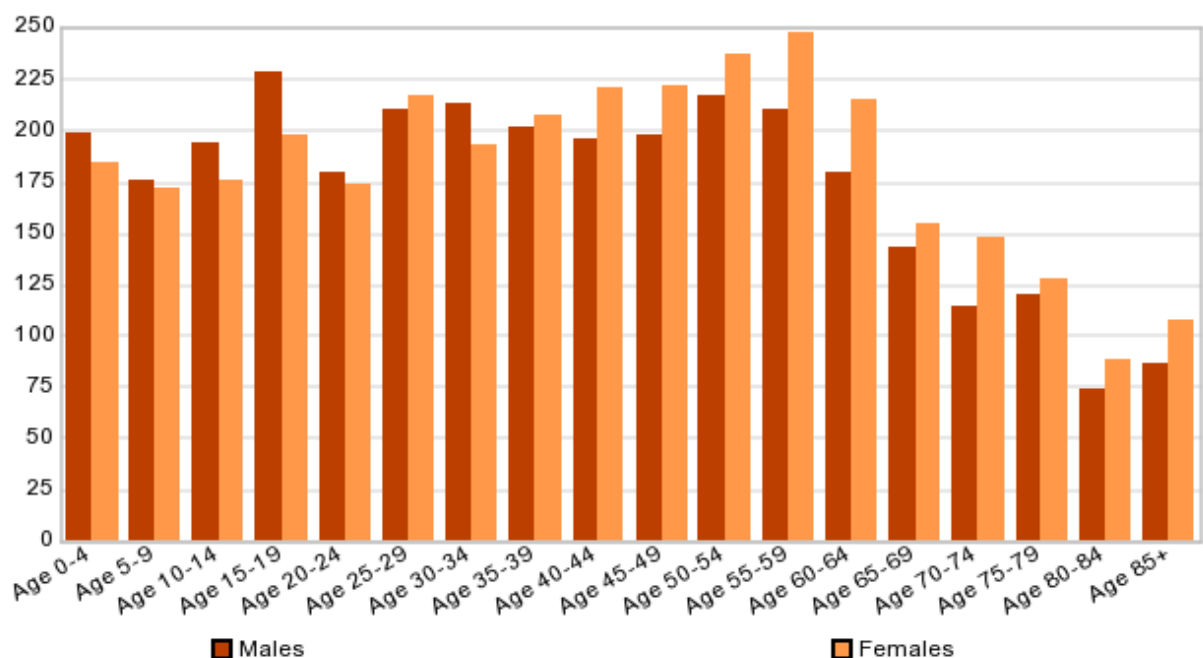
The lowest male estimate was in the category Age 85+, which is 2.43 %. The lowest female banding was Age 80-84, which represents 2.54 % of the female Population. When comparing this to the base selection, the smallest count of males was found in the band Age 80-84 representing 2.38 %. For comparison, the lowest female band of Age 80-84 was 2.95 %.

What will the gender and age band splits be in 5 years' time?

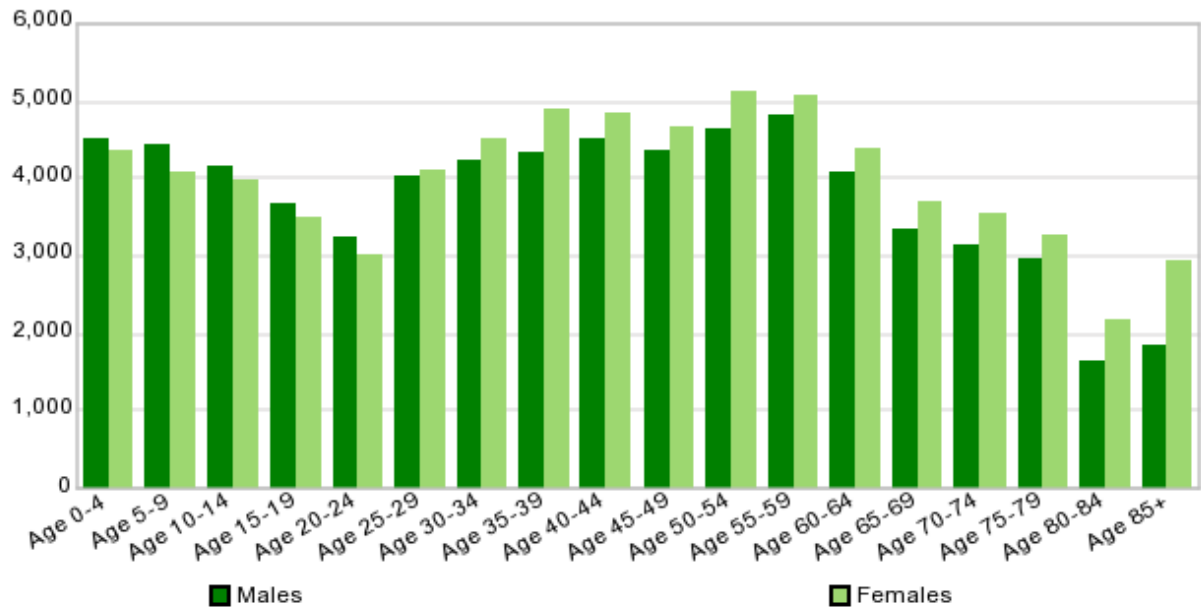
This table now shows percentage changes based on current year estimates and how the change is predicted to fluctuate in 5 years time.

Age Band	Males in Area	Males in Base	Females in Area	Females in Base	% Change in Males since 2017 (Area)	% Change in Males since 2017 (Base)	% Change in Females since 2017 (Area)	% Change in Females since 2017 (Base)
Age 0-4	199	4,494	184	4,361	18.24	8.19	14.11	8.16
Age 5-9	176	4,425	172	4,090	5.61	8.02	5.80	6.58
Age 10-14	194	4,168	176	3,982	2.47	12.62	15.81	13.18
Age 15	40	768	37	847	-58.02	10.29	-38.47	15.82
Age 16-17	109	1,714	85	1,489	10.97	9.98	-18.71	4.16
Age 18-19	80	1,193	76	1,162	14.09	-7.46	14.16	-1.03
Age 20-24	179	3,236	174	3,015	-2.71	-9.18	-1.02	-7.43
Age 25-29	210	4,029	217	4,118	4.46	1.74	7.63	0.29
Age 30-34	213	4,239	193	4,511	12.86	13.00	13.09	8.25
Age 35-39	202	4,320	207	4,898	10.16	6.67	5.96	8.47
Age 40-44	196	4,511	220	4,850	10.56	8.87	6.47	8.99
Age 45-49	198	4,343	222	4,667	-5.56	-6.03	-10.61	-8.29
Age 50-54	217	4,658	237	5,112	-4.22	-3.35	0.67	0.14
Age 55-59	210	4,811	247	5,065	12.37	11.95	6.55	12.32
Age 60-64	179	4,079	215	4,386	6.16	14.76	13.72	14.18
Age 65-69	143	3,348	154	3,694	1.63	-0.54	6.06	0.05
Age 70-74	114	3,155	148	3,539	3.97	-1.08	0.74	-1.41
Age 75-79	120	2,956	127	3,279	9.69	28.52	22.59	26.20
Age 80-84	74	1,648	88	2,160	2.63	8.43	10.87	7.64
Age 85+	86	1,856	108	2,918	15.90	17.40	4.82	10.56

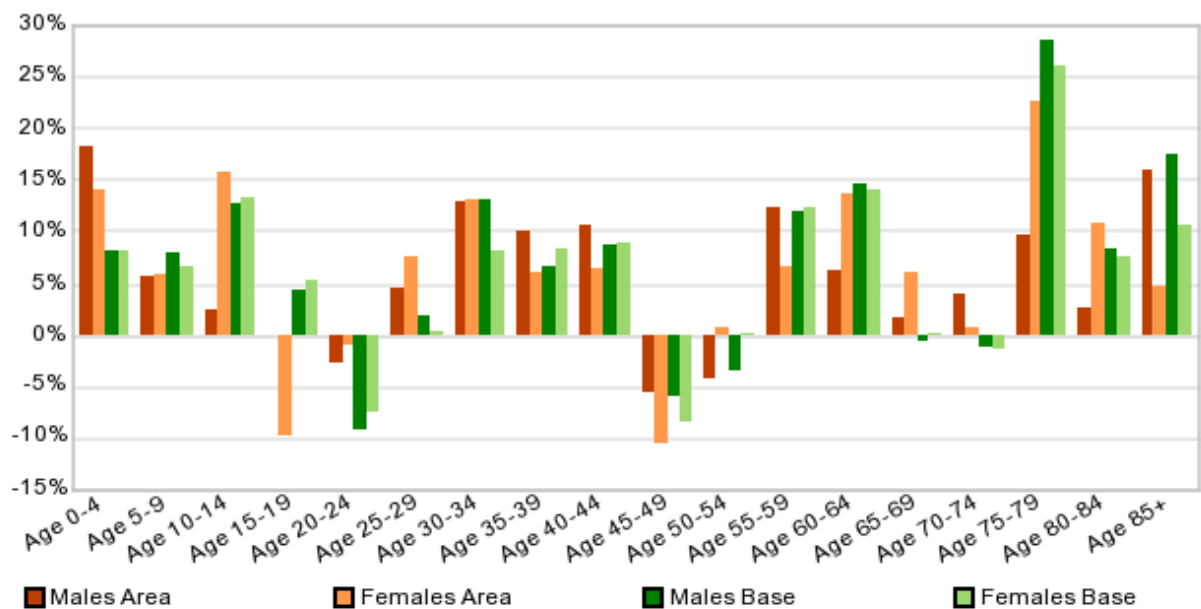
Population Gender and Age Bands (2022) in Area



Population Gender and Age Bands (2022) in Base



Percentage Change of Population Gender and Age Bands from 2017 to 2022



In your target area the highest male count is within the Age 15-19 category with a population estimate of 229, which is equivalent to 7.30 %. The top female banding is Age 55-59 with an estimate of 247 representing 7.52 % of females. When considering the base selection, the highest male count fell into band Age 55-59 with an estimate of 4,811, which is 7.08 %. The highest female population estimate is 5,112 and fell into the Age 50-54 category at 7.09 %.

The lowest male estimate was in the category Age 80-84, which is 2.36 %. The lowest female banding was Age 80-84, which represents 2.68 % of the female population. When comparing this to the base selection, the smallest count of males was found in the band Age 80-84 representing 2.43 %. For comparison, the lowest female band of Age 80-84 was 2.99 %.

Population and household backcasts provide improved estimates of the number of households and the resident population for each year from 2016 back to 2001. Population estimates are also split by gender and 20 age bands. The improved estimates are calculated by taking into account new methodologies and new data sources e.g. estimates from the 2011 census.

Population and household backcasts can cater for any previous year-on-year discontinuities in estimates, and allow trends to be more accurately identified. With population and household backcasts, each year's estimates are calculated using the same assumptions and are provided on the same sector list, which allows each year's estimates to be more accurately compared. In addition, as 2017 JICPOPs figures have been used as a base, projections from 2016 backwards can be compared to the Experian 2017 mid year population age and gender estimates.

CENSUS

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Population change is an important element in fluctuations in consumer demand. Our population projections give a valuable insight into future demand in local areas, enabling you to predict future business performance, and plan accordingly.

The data is particularly useful if you are targeting specific age/gender ranges - for example, child care nurseries can find sites where the number of children is set to increase, and football clubs can target areas expecting growth in the number of teenagers.

Projections of residential population split by gender, and household population are available for each year from 2018 to 2037 . Projections of population split by 20 age bands are available for each year from 2018 to 2022 , plus years 2025 , 2030 and 2037 .

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Appendix B

Chigwell

As per the catchment in the report
Epping Forest District Council as Base

24/04/2019

VC

Summary of Experian Data - Current (2017) to Projected (2022)

Age bands	Area - C	Area - P	Base - C	Base - P	% of change in Area from C	% of change in Base from C	Difference	Additional Residents - A	Additional Residents - B
Age 0-4	321	383	8,131	8,855	19.31	8.90	10.41	62	724
Age 5-9	328	348	7,891	8,515	6.10	7.91	-1.81	20	624
Age 10-14	337	370	7,099	8,150	9.79	14.80	-5.01	33	1,051
Age 15	114	77	1,402	1,615	-32.46	15.19	-47.65	-37	213
Age 16-17	198	194	2,970	3,203	-2.02	7.85	-9.87	-4	233
Age 18-19	135	156	2,456	2,355	15.56	-4.11	19.67	21	(101)
Age 20-24	359	353	6,772	6,251	-1.67	-7.69	6.02	-6	(521)
Age 25-29	401	427	8,065	8,147	6.48	1.02	5.47	26	82
Age 30-34	354	406	7,827	8,750	14.69	11.79	2.90	52	923
Age 35-39	377	409	8,515	9,218	8.49	8.26	0.23	32	703
Age 40-44	381	416	8,525	9,361	9.19	9.81	-0.62	35	836
Age 45-49	454	420	9,659	9,010	-7.49	-6.72	-0.77	-34	(649)
Age 50-54	461	454	9,919	9,770	-1.52	-1.50	-0.02	-7	(149)
Age 55-59	415	457	8,677	9,876	10.12	13.82	-3.70	42	1,199
Age 60-64	354	394	7,241	8,465	11.30	16.90	-5.60	40	1,224
Age 65-69	285	297	7,058	7,042	4.21	-0.23	4.44	12	(16)
Age 70-74	257	262	6,778	6,694	1.95	-1.24	3.18	5	(84)
Age 75-79	208	247	4,533	6,235	18.75	37.55	-18.80	39	1,702
Age 80-84	151	162	3,504	3,808	7.28	8.68	-1.39	11	304
Age 85+	175	194	4,143	4,774	10.86	15.23	-4.37	19	631
Total	6,065	6,426	131,165	140,094				361	8,929
	1,076	1,162	26,016	28,553					

Population Analysis

Population aged 65+	1,076	1,162	26,016	28,553	
% of population aged 65+	18%	18%	20%	20%	

5% Area vs District population

Housing needs for Dementia

7% People over 65 with dementia

Projected Population (2022 - Area)

Projected population aged 65+	806	
Potential New Homes Requirement for Population aged 65-80 suffering from dementia	58	7% has been used from Alzheimers.org (1 in 14 people)

1 Occupancy rate

17% People over 80 with dementia

Projected Population (2022 - Area)

Projected population aged 80+	356	
Potential New Bed Requirement for Population aged 80+ suffering from dementia	59	17% has been used from Alzheimers.org (1 in 7 people)

Total bed required up to 2022 117

Projected Population 65+ (2030 - Area)

Projected population aged 65+	1,550	Catchment = 5% of District Total Population
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Potential New Homes Requirement for Population aged 65-80 suffering from dementia	111	
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Projected Population 80+ (2030 - Area)

Projected population aged 80+	546	
Potential New Bed Requirement for Population aged 80+ suffering from dementia	91	

Total bed required up to 2030 202

Projection Population 65+ (2022 - District)

Projected population aged 65-80 with dementia	1,426.50	7%
Projected population aged 80+ with dementia	1,430	17%
Total New Bed requirement for Population suffering from dementia	2,857	

Projection Population 80+ (2030 - District)

Projected population aged 80+	11,900	
Potential New Homes Requirement for Population aged 80+ suffering from dementia	1,983	17%

General Housing Need for over 65s

Current % of what Area is against total pop	5%	
2030 POPPI (ONS) District over 65	33800	
2030 Area population (5% of District)	1550	

7% and 1.75 occupancy rate 62 7% would actually move - taken from Legal & General report

Required in area per annum	5	Assuming 7% and 1.25 occupancy rate
Per annum across the District (over 65)	104	Assuming 7% and 1.25 occupancy rate

Who currently lives in the area 2016 data

Age bands	Area (M)	Base (M)	Area (F)	Base (F)	Area Total	Base Total	% of Area	% of Base	Difference %
Age 0-4	163	4126	158	4005	321	8131	5.29	6.20	-0.91
Age 5-9	166	4070	162	3821	328	7891	5.41	6.02	-0.61
Age 10-14	189	3642	148	3457	337	7099	5.56	5.41	0.14
Age 15	63	689	51	713	114	1402	1.88	1.07	0.81
Age 16-17	97	1543	101	1427	198	2970	3.26	2.26	1.00
Age 18-19	69	1282	66	1174	135	2456	2.23	1.87	0.35
Age 20-24	184	3533	175	3239	359	6772	5.92	5.16	0.76
Age 25-29	201	3959	200	4106	401	8065	6.61	6.15	0.46
Age 30-34	186	3688	168	4139	354	7827	5.84	5.97	-0.13
Age 35-39	182	4032	195	4483	377	8515	6.22	6.49	-0.28
Age 40-44	175	4111	206	4414	381	8525	6.28	6.50	-0.22
Age 45-49	209	4605	245	5054	454	9659	7.49	7.36	0.12
Age 50-54	226	4814	235	5105	461	9919	7.60	7.56	0.04
Age 55-59	184	4236	231	4441	415	8677	6.84	6.62	0.23
Age 60-64	168	3477	186	3764	354	7241	5.84	5.52	0.32
Age 65-69	141	3366	144	3692	285	7058	4.70	5.38	-0.68
Age 70-74	110	3189	147	3589	257	6778	4.24	5.17	-0.93
Age 75-79	109	2113	99	2420	208	4533	3.43	3.46	-0.03
Age 80-84	72	1509	79	1995	151	3504	2.49	2.67	-0.18
Age 85+	72	1533	103	2610	175	4143	2.89	3.16	-0.27
Total	2966	63517	3099	67648	6065	131165	100.00	100.00	

Projected number of residents in 5 years time

Age bands	Area (M)	Base (M)	Area (F)	Base (F)	Area Total	Base Total	% of Area	% of Base	Difference %
Age 0-4	199	4494	184	4361	383	8855	5.96	6.32	-0.36
Age 5-9	176	4425	172	4090	348	8515	5.42	6.08	-0.66
Age 10-14	194	4168	176	3982	370	8150	5.76	5.82	-0.06
Age 15	40	768	37	847	77	1615	1.20	1.15	0.05
Age 16-17	109	1714	85	1489	194	3203	3.02	2.29	0.73
Age 18-19	80	1193	76	1162	156	2355	2.43	1.68	0.75
Age 20-24	179	3236	174	3015	353	6251	5.49	4.46	1.03
Age 25-29	210	4029	217	4118	427	8147	6.64	5.82	0.83
Age 30-34	213	4239	193	4511	406	8750	6.32	6.25	0.07
Age 35-39	202	4320	207	4898	409	9218	6.36	6.58	-0.22
Age 40-44	196	4511	220	4850	416	9361	6.47	6.68	-0.21
Age 45-49	198	4343	222	4667	420	9010	6.54	6.43	0.10
Age 50-54	217	4658	237	5112	454	9770	7.07	6.97	0.09
Age 55-59	210	4811	247	5065	457	9876	7.11	7.05	0.06
Age 60-64	179	4079	215	4386	394	8465	6.13	6.04	0.09
Age 65-69	143	3348	154	3694	297	7042	4.62	5.03	-0.40
Age 70-74	114	3155	148	3539	262	6694	4.08	4.78	-0.70
Age 75-79	120	2956	127	3279	247	6235	3.84	4.45	-0.61
Age 80-84	74	1648	88	2160	162	3808	2.52	2.72	-0.20
Age 85+	86	1856	108	2918	194	4774	3.02	3.41	-0.39
Total	3139	67951	3287	72143	6426	140094	100.00	100.00	

Appendix C

Chigwell Garden Centre, High Road, Chigwell

Full Planning Consent Application

November 2018



Comprehensive Planning Need Assessment

By

Carterwood

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EXECUTIVE SUMMARY

T1 Background

Carterwood Chartered Surveyors has been commissioned to prepare a need assessment on behalf of Signature Senior Lifestyle in support of a planning application for the development of a purpose-built 100-bed care home for the elderly and those living with dementia.

T2 National demand drivers for new elderly bedspaces

National overview

The population of the UK is set to age dramatically over the coming years, with a substantial increase in the number of people living to over the age of 85, when dependency levels and the prevalence of dementia increase dramatically. Nationally, approximately 31 per cent of existing elderly care home provision is not to the standard required to cope with the needs and expectations of today's elderly care home residents.

T3 Indicative need for elderly care within the catchment area – 2019

Demand	Ref.	Market catchment
Estimated demand for elderly care beds	1	3,364
Supply		
Current supply of elderly market standard bedrooms	2	2,330
Beds pending decision	3	0
Beds granted permission but not under construction	4	133
Beds granted permission and under construction	5	72
Total planned and existing market standard beds	-	2,535
Balance of provision (excluding the proposed home)		
Estimated shortfall including all planned beds (Supply equates to the sum of references 2, 3, 4 and 5)	-	829
Estimated shortfall including beds under construction (Supply equates to the sum of references 2 and 5 only)	-	962

T4 Conclusions and recommendations

- Our assessment of the balance of provision in 2019, within our circa 4- to 5-mile 'market' catchment area, indicates a significant shortfall of 829 market standard bedspaces (assuming all planned beds are developed).
- Our more realistic assessment of the balance of provision, where only planned beds under construction are included, indicates an even larger level of unmet need of 962 market standard bedspaces.
- Furthermore, our calculations indicate a serious lack of specialist dedicated dementia provision in the area.
- We consider there to be a significant unmet need for additional elderly care home beds within the market catchment area.

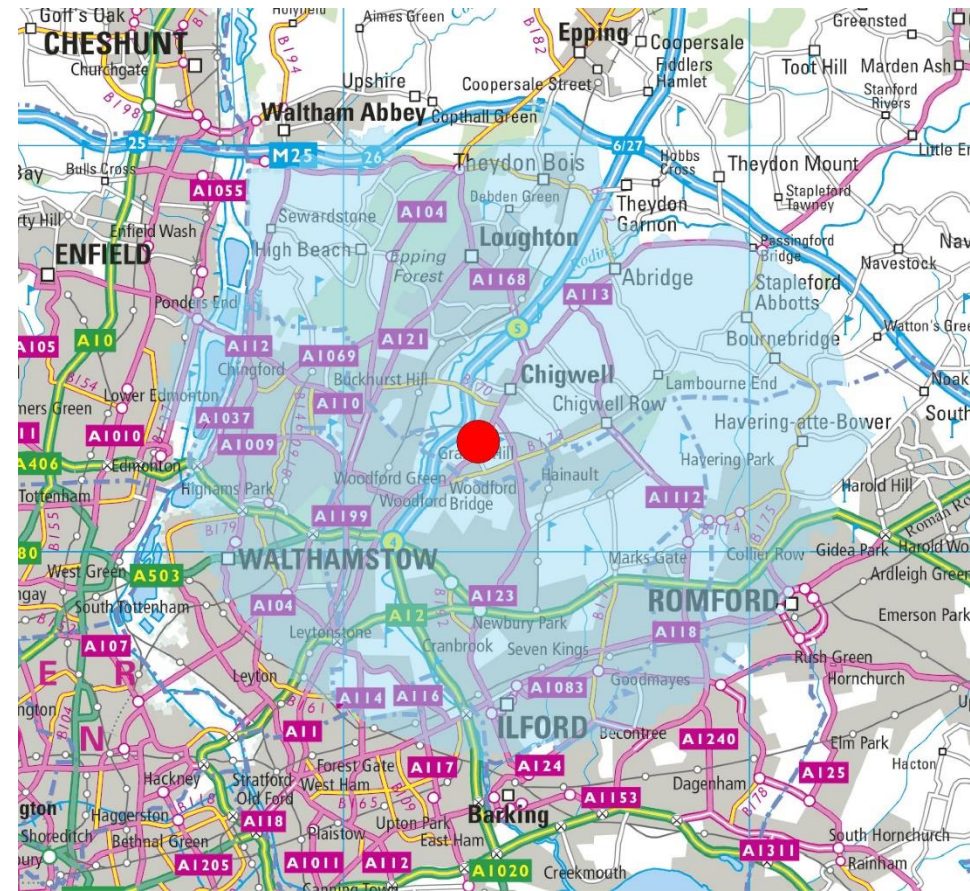


Figure 1: Location of the proposed scheme and its catchment area

Notes: The proposed scheme is shown by the red dot. The market catchment area we have adopted is a circa 4- to 5-mile radius from the proposed care home, indicated by the area shaded in blue.

T5 Definition of market standard beds

A market standard bed is defined as a bedroom providing en-suite facilities and comprising of a minimum of WC and wash hand basin. There is no stipulation of minimum size, suitability for purpose or incorporation of shower/wetroom facilities in this wide definition adopted.

INTRODUCTION

1. Introduction

- 1.1. Carterwood Chartered Surveyors has been commissioned to prepare a need assessment on behalf of Signature Senior Lifestyle (SSL) in relation to the erection of a 100 bedroom, high quality care home at Chigwell Garden Centre, High Road, Chigwell, Essex, IG7 5BL.
- 1.2. The proposed home will be modern in design and capable of flexibly adapting to meet the needs of all aspects of elderly care provision. It will include physical adaptations and an environment suited towards the provision of specialist dementia care, to meet a growing need in this area.
- 1.3. In this report, we have considered the national context, together with a detailed study of the market catchment area.

2. Sources of information

- 2.1. We have utilised the following sources of information:
 - Census 2011 population statistics;
 - Government actuarial 2016-based population projections;
 - LaingBuisson Care Homes for Older People UK Market Report (29th edition);
 - LaingBuisson Dementia Care Services 2012;
 - *A-Z Care Homes Guide 2018*;
 - www.housingcare.org;
 - www.cqc.org.uk;
 - Relevant planning departments;
 - Barbour ABI;
 - EGi;
 - Alzheimer's Society: *Dementia UK The full report 2007*;
 - Alzheimer's Society: *Low expectations: Attitudes on choice, care and community for people with dementia in care homes*, February 2013;
 - Epping Forest District Council;
 - Essex County Council.

3. Carterwood

- 3.1. In almost 10 years, the company has grown from two founding directors to a team of over 25, with active agency and valuation departments, and provides advice across the care sector to a range of operators, developers and other stakeholders.
- 3.2. Examples of private sector clients who have commissioned need assessments or site feasibility studies include:
 - Porthaven Care Homes
 - Gracewell Healthcare
 - Hallmark Healthcare
 - Care UK
 - Caring Homes
 - Signature Senior Lifestyle
 - Barchester Healthcare
 - MedicX
 - Retirement Villages
 - LifeCare Residences
 - Richmond Villages
 - Ranc Care Homes
 - Four Seasons Health Care
- 3.3. Not-for-profit providers include:
 - Anchor
 - The Royal British Legion
 - Mencap
 - Leonard Cheshire Disability
 - Sanctuary Care
 - Jewish Care
 - Brendoncare
 - Care South
 - Healthcare Management Trust
 - Greensleeves Homes Trust
 - Milestones Trust
 - The Orders of St John Care Trust
- 3.4. Carterwood's client base represents the majority of operators currently seeking to develop new care homes aimed at the privately funded care home market.
- 3.5. Accordingly, we are in an almost unique position in the sector, having assessed over 2,000 sites in the past 10 years for a range of different providers and a range of different scheme types and care categories.

4. Our approach

- 4.1. Our report is split into sections as follows:

National context and key definitions

- 4.2. We outline some key definitions and background explanatory text for the social care sector. We also consider the national overview of the demand and supply factors currently influencing the care home sector, with an emphasis on the growing demographic pressures in relation to the United Kingdom's ageing population and the increasing prevalence of dementia.

The proposal

- 4.3. A description of the proposed scheme and the operator.

Establishing need

- 4.4. We provide a full methodology of our approach, which underpins the research and findings of this report.

Local demand and supply analysis for elderly care

- 4.5. We analyse the demand and supply position for a market catchment area of the proposed scheme, as well as within the council boundary. Our market catchment is based upon our own empirical research into catchment areas for new-build care homes. We present detailed research into the demographic profile and competing homes, as well as looking at planned provision to determine the current and future levels of unmet need. We review Essex County Council's own Market Position Statement and comment where appropriate.

Conclusions

- 4.6. We present our empirical, evidence-based assessment of the balance of provision for care home bedspaces as at 2019, together with our assessment of wider qualitative issues over quality of provision and market expectations and demand over the coming decades.
- 4.7. We also consider a number of key issues that are commonly raised in our experience of recent applications. These issues, whilst not directly related to need *per se* (and therefore irrelevant in terms of determining the planning application), remain important to the relevant stakeholders. Therefore, we consider that this section should assist the reader and adult social care teams, who are often consulted in the planning process, to make an informed decision in respect of need for the proposed scheme.

NATIONAL CONTEXT AND KEY DEFINITIONS

5. Definition of a care home

- 5.1. Elderly care homes fall within Class C2 ("residential institution") of The Town and Country Planning (Use Classes) Order 1987. Section 3 of the Care Standards Act 2000, defines an elderly care home as '*any home which provides accommodation together with nursing or personal care for any person who is or has been ill (including mental disorder), is disabled or infirm, or who has a past or present dependence on drugs or alcohol*'.
- 5.2. Elderly care homes operate in a highly regulated sector administered by the CQC, which is responsible for registering and monitoring elderly care homes across all sectors, as well as other care providers such as domiciliary care agencies. The regulation of health and adult social care is governed by the Health and Social Care Act 2008.
- 5.3. There are approximately 18,860 care homes in the United Kingdom, around 11,600 of which care for elderly people, according to the *A–Z Care Homes Guide 2018*.

Personal care and nursing

- 5.4. To assist the reader, we provide below an explanation of the difference between personal care and nursing care, both of which can be provided within registered care facilities. The subject community will be seeking to cater towards elderly frail, in a self-contained nursing facility, and dementia sufferers, in a personal care setting.
- 5.5. Personal care, or residential elderly care homes, as they are sometimes referred to, provide both short-term and long-term accommodation to elderly people. They also offer help with personal hygiene, continence management, food and diet management, counselling and support, simple treatments, personal assistance with dressing, mechanical or manual aids and assistance getting up from or going to bed.
- 5.6. Nursing homes offer the same services as personal care homes, but also provide registered nurses to care for residents with more complex health issues as prescribed by doctors. These nurses are available 24 hours a day.

6. Elderly population trends

- 6.1. The elderly UK population is set to grow dramatically over the coming years. Government population projections from the 2011 census show the over-85-years age band, from which the bulk of care home referrals are drawn, set to increase by 40 per cent between 2011 and 2021, as illustrated in Figure 2 below, a trend that is set to continue. The rapid increase in numbers of 65- to 84-year-olds is likely to continue to drive demand for both non-residential care, such as extra care schemes and other accommodation options, as well as care home beds.

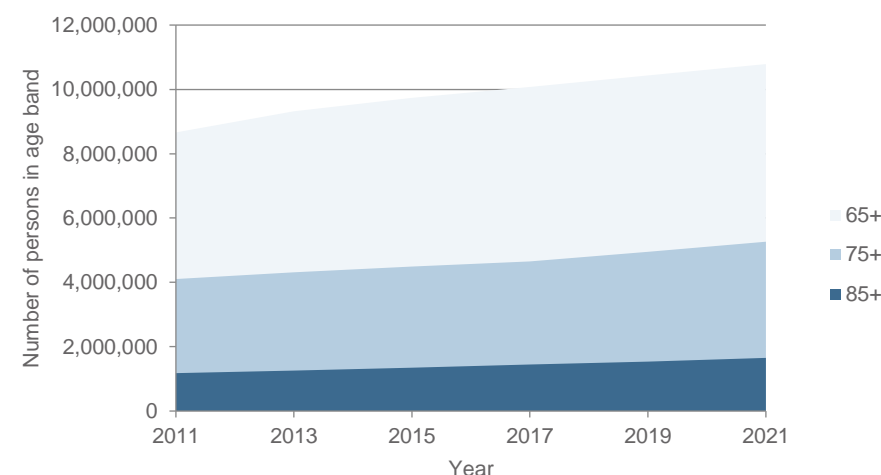


Figure 2: UK population growth, 2011–2021

Source: 2011 Census, government population projections.

- 6.2. LaingBuisson's *Care Homes for Older People UK Market Report (29th edition)* states that the percentage of the UK population over the age of 85 is projected to multiply more than five times, from 1.6 million in 2018 (2.4 per cent of the population) to c. 8.5 million in 2111 (10.0 per cent of the population), while the 75- to 84-year-old segment will rise from 4.054 million in 2018 (5.9 per cent of the population) to 7.9 million in 2111 (9.3 per cent of the population).
- 6.3. The demand for care rises dramatically with age. Approximately 0.59 per cent of persons aged 65 to 74 live in a care home or in a long-stay hospital setting, rising to 14.80 per cent for the over-85s.

7. National provision

- 7.1. LaingBuisson's *Care Homes for Older People UK Market Report (29th edition)* states that as of March 2018 there were approximately 464,800 registered nursing and personal care bedspaces for the elderly and physically disabled in the United Kingdom. There was a general reduction in capacity from the mid-1990s until approximately 2007, and since 2007 the reduction in overall capacity has ceased and capacity has remained broadly static or marginally increased.
- 7.2. Capacity is actually down from a 1996 peak of 573,700, but evidence now indicates that a new phase of essential expansion is underway across the country, as the number of very old people at risk of entering a care home rises significantly.
- 7.3. According to the *A–Z Care Homes Guide 2018*, approximately 390,000 of these beds have en-suite provision, meaning that around 27 per cent of current registered bedspaces do not conform to the current market standard of providing a bedroom with en-suite facilities.

8. The growing need for dementia care

- 8.1. *'The term "dementia" describes a set of symptoms that include loss of memory, mood changes and problems with communication and reasoning. There are many types of dementia, the most common being Alzheimer's disease and vascular dementia. Dementia is progressive, which means the symptoms gradually get worse'* (source: Alzheimer's Society website).
- 8.2. Both personal care and nursing homes can provide care to persons suffering from dementia and/or Alzheimer's disease. Whilst the preference is always to try to maintain an individual's independence at home, this is not always possible, given the nature of the condition.
- 8.3. Nationally, there are a large number of mixed-registration homes caring for both elderly frail and dementia sufferers; this is acknowledged to be operationally challenging, as most homes lack the specialist design and layout to meet the complex needs of the service users' requirements.
- 8.4. As with the need for care in a residential setting, dementia prevalence increases rapidly with age. In the 65–74 years age group, dementia prevalence ranges between 1.3 and 2.9 per cent, but rises steeply to between 20.3 and 32.5 per cent for those aged 85 years and above. Thus, with more people living longer, the number of people with dementia is also increasing significantly. Already two-thirds of people living in elderly care homes have dementia; an issue that *the National Dementia Strategy 2009* stated had *'not been planned for'*.

- 8.5. The following statistics have been sourced directly from the Alzheimer's Society website, which provides useful background on the condition and its growing importance in the UK social and health care sector:
- There are currently 850,000 people with dementia in the UK, with numbers set to rise to over 1 million by 2025;
 - 225,000 people will develop dementia this year, that's one every three minutes;
 - One in six people over the age of 80 have dementia;
 - More than 40,000 below 65 years of age and 25,000 from black, Asian and minority ethnic groups in the UK are affected;
 - 60,000 deaths a year are directly attributable to dementia;
 - Delaying the onset of dementia by 5 years would reduce deaths directly attributable to dementia by 30,000 a year;
 - The financial cost of dementia to the UK was £23 billion in 2012;
 - Unpaid carers supporting someone with dementia save the UK economy £11 billion a year;
 - 70 per cent of people living in elderly care homes have a form of dementia;
 - Two-thirds of people with dementia live in the community while one-third live in an elderly care home; 40 per cent of people with dementia receive a diagnosis.
 - Dementia is one of the main causes of disability later in life, ahead of cancer, cardiovascular disease and stroke. As a country we spend much less on dementia than on these other conditions.
- 8.6. An article published in the *Lancet* medical journal in March 2018 supports the above statistics, saying: 'Dementia is a devastating disease that brings fear, confusion, and loneliness to the lives of patients and their families. Today, around 850 000 people in the UK are living with dementia, costing the National Health Service (NHS) and UK society more than £26 billion annually. By 2025, it is estimated that over 1 million people in the UK will be affected, with the prevalence and costs of care for these patients expected to double by 2050' (source: *The Lancet* March 2018).
- 8.7. The Alzheimer's Society's report *Low expectations: Attitudes on choice, care and community for people with dementia in care homes*, February 2013, sets out quantitative and qualitative research on dementia provision in the UK, which recognises that for people with moderate and severe dementia needs an elderly care home placement may be the safest and most sustainable option available. Their report states that:
- 'While there has been significant focus on delivering care to people in the community in recent years, care homes remain often the most appropriate place of care for many people with dementia, especially those with more advanced dementia'* (page 5).

8.8. It also goes on to state that:

'There is significant evidence that the environment that people with dementia live in can have profound implications for their quality of life. Dementia can make it difficult for people to negotiate environments, potentially increasing the risk of accidents. Furthermore, many people with dementia are prone to walking about, and need environments which can enable this while remaining safe and secure' (page 26).

'The focus on new-build care homes should be on how environments can support good quality of life for residents, and existing good practice design guidance should be considered early on in building processes' (page 29).

8.9. Whilst the document also considers other outcomes in a very positive light (including domiciliary care and other alternatives), the above illustrates that provision of residential care is an important part of the approach required to tackle the increasing demographic pressures and increased levels of acuity in care home placements.

9. Paying for care

9.1. According to LaingBuisson, as of March 2017, 56 per cent of care home residents were having their fees paid, in part or in full, by local authorities. Consequently, the resources that government makes available to local authorities to fund community care are very important to the care home sector, particularly in less affluent areas of the country.

9.2. According to LaingBuisson, as at March 2017, an estimated 44 per cent of older or physically disabled residents in care homes were self-payers, receiving no funding from the state across the whole of England. Currently if a prospective resident has assets of over £23,250 (for England and Wales), they will have to pay the full accommodation and personal care costs as a 'self-funded' service user. In many circumstances, an individual's own home is taken into account and the sale proceeds used to fund their ongoing care needs. In the more affluent counties of the South East, we have been advised by the commissioning teams that the proportion of private funders is closer to 80 per cent.

9.3. The remaining proportion of funding is driven from NHS or Continuing Healthcare referrals for high-acuity placements.

10. Key issues for the sector

10.1. The national requirement for the development of new elderly care home beds is growing. This is due to a number of factors, including:

- The increasing dependency level of service users;
- Increasing expectations from regulators and the marketplace;
- Many existing elderly care homes are converted, and are unsuitable for use in their current configuration without physical adaptation of the property;
- Constantly changing population demographics leading to a much older and more dependent population;
- The significant and growing increase in the incidence of dementia in older people;
- Impact of older people on the NHS and wider healthcare policy as levels of dependency increase and the burden of this age group on NHS facilities increases. This is also linked to the impact of social care funding and responsibility for paying for social care over the coming decades;
- The increasing requirement for extra care and other alternative forms of housing accommodation as an alternative to residential care, where suitable for the needs of the residents;
- The Care Act 2014;
- National Living Wage and its implications on staff retention and recruitment and sustainability of some current business models.

10.2. In response to these changing demographics, market-based and regulatory factors, the subject scheme will meet a wide variety of needs for the elderly population in the area.

THE PROPOSAL

11. Signature Senior Lifestyle Ltd

- 11.1. Signature Senior Lifestyle launched in 2006 with a vision to create an alternative to the existing offering of residential and nursing care homes in the UK. The company is a unique elderly care provider in that the amount and type of care provided within each home is tailored to the individual needs of each resident, with the resident only paying for the care they need. The homes are therefore able to provide care to a wider number of older people than a traditional care home, including those with low dependency personal care needs, nursing needs and those living with dementia within a specialist community. Couples are also able to stay together.
- 11.2. Signature Senior Lifestyle currently operates services in Buckinghamshire, Essex, Hertfordshire, Kent, Surrey and London Borough of Merton, most of which are registered nursing homes, and plan to develop a number of further care homes in the coming years.
- 11.3. The care homes offer single occupancy bedrooms or apartment-style units, equipped with en-suite wetroom facilities, all finished to an exceptional standard. Such a standard of accommodation is future-proof and caters towards the increasing demand amongst care home residents for high quality services within a building tailored to meet the current and future requirements of the residents. The homes also provide stimulating activities and amenities, excellent meals, reliable high-quality daily services such as housekeeping and laundry, and the best possible care.

12. Description of application proposal

- 12.1. The planning application will be for the demolition and removal of existing dwelling, storage buildings, associated commercial structures and car park, and the erection of a 100 bedroom, high quality care home with associated access, vehicle parking, hard and soft landscaping, structural landscaping and site infrastructure.
- 12.2. The proposed scheme is to comprise a 100-bed care home in which, while single occupancy, the large one-bedroom suites can accommodate couples, with each bedroom equipped with an en-suite wetroom. Unlike traditional care homes, the home will provide a range of bedroom types, from typical care home bedrooms to deluxe one-bedroom apartment-style units with a separate living area that can accommodate couples as well as single individuals. The proposed home will also include a 24-bed dedicated dementia community.
- 12.3. A comparison between Signature Senior Lifestyle's bedroom and apartment sizes and that of a typical care home bedroom, which resembles much of the existing purpose-built provision, is provided in Figure 3, opposite.
- 12.4. It is anticipated that as a result of this development, in excess of 100 full and part time jobs will be created at the proposed care community across a range of job types, from higher grade management positions to care workers and ancillary staff. Further detail in respect of the proposal can be found in the planning statement accompanying the application.



Figure 3: Typical Signature Senior Lifestyle bedroom and apartment layouts compared to a standard care home bedroom

Source: Signature Senior Lifestyle Ltd

13. The proposed care home - its position in the local market

Elderly care spectrum

- 13.1. Following our earlier review of the social care sector, to illustrate where we consider the proposed community lies within the various models of care provided in the UK long-term elderly-care market, we have compared the proposed home against other accommodation types in respect of care provided, cost of care, accommodation type and regulation. Table T6 below shows the range of options available within this "spectrum of care".
- 13.2. Increasingly, prospective service users are delaying their decision to move into residential care until later in life, and sometimes the catalyst for a move is a fall or illness causing a short-term hospital stay. Due to the increasing demands placed upon the NHS and hospital beds, as well as the introduction of delayed-discharge legislation, which imposes fines for "blocked beds" upon local authorities, hospital stays are increasingly shorter, and residential care at this higher level of dependency may be the only short-term option.

- 13.3. A substantial variant to the provision elements of the care spectrum below is informal/family care. An estimated six million people provide significant support to elderly relatives, neighbours and friends. This allows many thousands of people to remain in their own homes, particularly when the support is alongside home care and/or day care. The effect of the above is to delay the older person's move into a care home, maybe even to the extent of bypassing care homes altogether and only moving into a nursing home or hospital when dependency is very high. Thus, a range of care needs and a range of services co-exist, sometimes with considerable overlapping.

The proposed care home

- 13.4. The proposed care home will be capable of providing care to residents of all dependency levels, including the capability of providing care to those with higher dependency levels who require nursing care or dementia care within a specialist unit specifically designed to cater to their needs. Without this capability a number of very high-dependency residents would otherwise require an enforced hospital stay.

T6 Elderly care spectrum						
Accommodation	Standard housing	Sheltered housing	Extra-care/independent living/assisted living	Care homes	Care homes with nursing	Hospitals
Care provided	Domiciliary care			Personal care	Nursing and medical care	
Cost of care	Low to medium and highly variable			Medium to high	High	Very high
Accommodation type	Standard housing	Specialist elderly housing		Residential setting		
CQC regulation	Regulated only if care provided			Highly regulated – all care and accommodation		
Proposed community				Planned needs in the proposed care home		

ESTABLISHING NEED

14. Methodology for assessing need for general elderly care

- 14.1. Our methodology for the demand and supply analysis of the catchment area is provided below, with the analysis and results in relation to the catchment area of the proposed community contained within Sections 16 to 21 of this report.
- 14.2. Current and future demand for elderly care is influenced by a host of factors. These not only include the balance between demand and supply in any given area, but can also be influenced by social, political, regulatory and financial issues.
- 14.3. In our opinion, taking all factors into account, the most appropriate means of assessing whether a particular area or proposed development has sufficient demand to warrant additional beds seeks to measure the difference between demand for elderly care home beds and the current and future supply; below we provide a fuller explanation of the process used.

Demand

- 14.4. We assess demand based upon Census 2011 population statistics and have applied elderly population growth rates to determine the current and future demand for beds.
- 14.5. We have adopted LaingBuisson's measure of "Age Standardised Demand" (ASD). ASD is a tool used to predict the risk of an elderly person being in a residential setting at a given age.
- 14.6. The methodology involves taking population statistics by age (65–74, 75–84 and 85+ years) and applying standard UK patterns of care home admission. It must be understood that ASD is therefore a function of population; it is not a direct measure of demand for care services and is only an indicator of them. It is, however, the industry-recognised approach to determining demand for care in a residential setting.

Current supply

- 14.7. We assess supply by calculating the number of market standard elderly care home beds currently registered within the assessed area.
- 14.8. We have also provided a detailed analysis of the existing competing care provision. We have analysed the quality of accommodation, total number of bedspaces and market distribution between private operators, groups, local authority and voluntary operators.
- 14.9. In the event of any anomaly in our subscribed data source, *A–Z Care Homes Guide 2018*, we have cross-referenced against the CQC website and, where necessary,

we have reviewed the home's/operator's website or telephoned the home directly to confirm the query.

- 14.10. In our assessment, we include both personal care and nursing homes, as there is as yet, no industry-recognised measure of assessing the need for solely nursing care or solely personal care.

Planned supply

- 14.11. We assess planned supply by conducting a review of all new care home beds that have been granted planning permission within the catchment area. From our data sources, Barbour ABI ("ABI") and Estates Gazette Interactive ("EGi"), we have reviewed all planning applications for new care home beds (both new-build and extensions) that have been granted, refused, withdrawn or are pending decision. This has been cross-referenced against the online planning website for the relevant local authority and, where an anomaly exists, we have contacted the planning officer if required.
- 14.12. We have made enquiries with the relevant local authority and used our own data information sources and market knowledge to determine the number of planned beds, either with planning permission or under construction. Additional bedspaces in the area are of key importance as they are likely to be of a high standard and provide significant competition to the proposed community once completed and trading.
- 14.13. We have searched for planning applications submitted over the past 3 years. Where an application has been refused or withdrawn we have entered the postcode into the local authority online planning facility to identify if a subsequent application or appeal application has been submitted. We would note that the planning registers that we subscribe to are not definitive and may exclude some applications as they rely upon each local authority for provision of the information.
- 14.14. A significant proportion of planned care home beds are never implemented; however, we include all planned bedspaces regardless of their deliverability. It should be noted that beds granted permission, but not yet under construction, have potential for alternative residential C3 schemes to take their place.
- 14.15. We then differentiate the planned schemes depending on whether construction has commenced or not.

Estimating shortfall of elderly care home beds

- 14.16. We combine the results of our demand analysis with our assessment of the existing supply and planned provision to provide a measure of the balance of provision position within the catchment.
- 14.17. The measure provides a 'worst-case' scenario assuming all planned beds are developed and operational, regardless of the construction status or long-term deliverability.
- 14.18. We consider that this methodology is a logical, industry-recognised, means of establishing whether there is demand for additional elderly care home beds in any given area.
- 14.19. Going forward, it is harder to predict future industry trends and there are other factors that may influence the longer-term demand for care services, which include:
- Political and regulatory change;
 - Funding constraints;
 - Increase in adaptive technology and "telecare", prolonging the ability for people to remain in their own homes;
 - Medical advancement.
- 14.20. We have provided an indication of the estimated balance of provision between the years 2019 and 2029 in Section 22, and these estimates assume that all other factors remain equal, with the only variance being the increased demand for care based upon the rise in the number of elderly people.

15. Market standard beds

- 15.1. In calculating the current supply of beds, we assess the total provision of market standard beds. We define market standard beds as the total number of bedrooms operated by each home that provide en-suite facilities. An en-suite is defined as providing a WC and wash hand basin and does not necessarily provide shower/bathing facilities.
- 15.2. We do not assess the shortfall of bedspaces based upon the total registered capacity. A care home's total registered capacity is often greater, as it includes the maximum number of bedspaces that the care home is registered to provide by the sector's regulator, the Care Quality Commission (CQC). This registered provision will therefore include:
- Market standard bedrooms;
 - Under-sized bedrooms;
 - Homes with internal or external stepped access, which therefore limit the level of physical acuity that a resident must have in order to occupy the room;
 - Bedrooms accessed via narrow corridors, making them unsuitable for persons confined to a wheelchair;
 - Bedrooms accessed without a shaft lift – a significant challenge in the provision of any care, but particularly the provision of high dependency nursing care;
 - Bedrooms of an inappropriate size and shape that prevent two care assistants from being able to assist a person into and out of their own bed;
 - Historic shared occupancy rooms – now only 'marketable' as single occupancy bedrooms, as market expectations and commissioning standards rise;
 - Bedrooms that lack en-suite facilities, which for the last 20+ years have been actively encouraged, wherever possible in new developments, by the government's regulator as well as by the market. Both are trying to drive increased quality and meet basic expectations that current referrals and their next of kin see as mandatory.
- 15.3. We are aware of some local authorities previously arguing that, as the CQC continues to register existing care homes that do not comply with the definition of market standard, the total registered capacity should be the appropriate basis of assessment of market supply.
- 15.4. However, this argument fails to take account of the rising levels of acuity and dependency levels of referrals into residential care. The profile of care home occupants has changed markedly over the past 10 years, and failure to address the shortcomings in the existing standard of care home supply will mean inadequate accommodation for those most at need over the coming years, as the well-publicised rapidly ageing population starts to take effect.

15.5. In our opinion, it is the local authority, and not the government's regulator, that holds the ability to influence developments and drive environmental quality forward. In this respect, Carterwood has been involved in several successful planning applications and has submitted needs assessments using an identical methodology to that prepared as part of these submissions, where the need case has been accepted by the relevant local authority during the application process. Recent examples are:

- Land at Parklands, Bittams Lane, Chertsey, Surrey, KT16 9RG (planning reference: RU.14/0085): Development to provide a two-and-a-half-storey building for use as a 70-bed care home and a three-and-a-half-storey building for use as 50 extra care apartments (revised description 22/01/14);
- Land west of Banbury Road, Adderbury, Oxfordshire, OX17 3PL (planning reference: 13/01672/HYBRID): Phase 1: Construction of a 60-bed elderly nursing home. Phase 2: Construction of extra care facility of up to 3,450 sq. m (GIA);
- Old Silhillians Association Ltd, Warwick Road, Knowle, Solihull, B93 9LW (planning reference: 2013/867): Development of a 60-bedroom care home with car parking/servicing area and landscaped grounds;
- 50–54 West Street, Reigate, RH2 9DB (planning reference: 13/01592/F): Development of a registered residential care home for the frail elderly, following demolition of three existing dwellings;
- The Old Bell House, Sunninghill, SL5 9JH (planning application reference: 13/01207): Development of a registered residential care home for the frail elderly, following demolition of four existing dwellings;
- Princess Alexandra House, Stanmore, HA7 3JE (planning application reference: P/4071/14): Development of a new retirement community to replace an existing care home not meeting market standards.
- Grays Farm Production Village, Grays Farm Road, Orpington, BR5 3AD (planning reference: 14/00809/FULL1): Demolition of the existing buildings and redevelopment to provide a 75-bed care home with landscaping and associated car parking.
- Brethrens Meeting Room, West Street, Farnham, GU9 7AP (planning reference: WA/2015/0641): Erection of a care home with nursing (Class C2) with related access, servicing, parking and landscaping following demolition of existing place of worship (as amended by plans and documents received 02/07/2015 and 16/07/2015 and as amplified by additional information received 08/05/2015);
- Farthings, Randalls Road, Leatherhead, KT22 0AA (planning reference: MO/2016/0594): The erection of 62-bed care home, 35 assisted living units, 26 family houses and 17 affordable dwellings, together with access, parking, public

open space including a Locally Equipped Area of Play (LEAP) and landscaping following the demolition of Farthings.

- Former Preston Cross Hotel, Rectory Lane, Little Bookham, Surrey, KT23 4DY (planning reference: MO/2014/0918): Erection of a 70-bedroom elderly nursing home including three close care units, with the erection of a new single-storey outbuilding to provide a further close care unit, with creation of associated access, circulation, parking and landscape, including new footpath and boundary treatment, following the demolition of all buildings with the exception of the façade, retention of the original house on three sides, and flint outbuilding for conversion to an additional close care unit.
- Grove Place Village, Grove Place, Upton Lane, Nursling, Southampton, SO16 0XY (planning reference: 14/01899/FULLS): Erection of two-storey 54-bed care home to provide specialist nursing and dementia care facilities, with ancillary cycle store, servicing, amenity space and landscaping, including woodland management and tree planting, provision of 28 car parking spaces plus relocation of four existing car parking spaces; construction of access drive from Upton Lane.
- Plot B of Plot 1, Andover Business Park, Hawker Siddeley Way, Andover, SP11 8BF (planning reference: 14/01649/FULL): Erection of three-storey 66-bedroomed care home for older people, with associated car parking and landscaping, bin store, garden store/electric meter storage and cycle shelter.

15.6. In each instance, the adult social care team accepted that, whilst the total registered capacity was greater than the number of market standard bedspaces, the issue of quality, design and type of bedspace could not be ignored, and the premise of assessing bedspaces on a market standard basis was accepted by each respective council.

15.7. We are also aware of an appeal case with a similar result, where we were not acting for the appellant; in Sevenoaks under planning reference 11/01878/FUL granted on the 3 June 2014.

15.8. We have adopted market standard beds due to the rising expectations of quality required by service users as well as previous regulatory requirements to provide en-suite facilities, and best practice. We consider that, going forward, homes that do not provide adequate en-suite facilities will fast become obsolete.

15.9. This method of assessing supply, utilising market standard beds, is accepted market practice by all of the operators we currently undertake feasibility work for, when considering the development of new facilities. We have prepared over 2,000 site feasibility and/or need assessments over the past 10 years, all of which adopt the market standard bed approach.

15.10. All new care homes provide en-suite facilities, and many provide larger en-suite wet/shower rooms to enable the service user to be bathed without the need for larger communal bathrooms; therefore, all new beds are classified as market standard. It should be noted that the quality of en-suite provision in existing homes may vary significantly, from large wetroom facilities to small converted cupboards with a WC and wash hand basin. There are also other factors that influence what determines a market standard bedroom, including room size, layout and configuration, as well as a host of factors not related to the physical environment, most importantly the quality of care being provided to service users. However, with the information available, and without making qualitative judgements as to the calibre of any home, we consider it the most appropriate measure of elderly care home provision available upon which to assess need.

LOCAL DEMAND AND SUPPLY ANALYSIS FOR ELDERLY CARE

16. Shaping Futures Market Position Statement: Designing services for the future 2015–2025

- 16.1. We have not had the opportunity to speak with the adult social care team to discuss the proposals prior to submission of this application, although we would be happy to do so, if and when required.
- 16.2. We have, however, conducted a full review of the *Shaping Futures Market Position Statement: Designing services for the future 2015–2025* prepared by Essex County Council in partnership with the Clinical Commissioning Groups (CCGs).
- 16.3. We are aware of other adult social care strategies prepared by Essex County Council (ECC), although we assume these have been superseded by the Market Position Statement. We would be happy to review these documents should this not be the case.
- 16.4. We have provided, verbatim, relevant extracts from this document in relation to elderly care below.

Market Position Statement

Demographic trends

- 16.5. *'There are currently 286,600 older people living in Essex. 2014 data indicates that 45% of people 65 and over are male and 55% female. The population aged 65+ is projected to increase 25% to 357,400 by 2024.'*

'There is likely to be a particular increase in the older age groups with a 22% increase in people 85-89 and a 33% increase predicted in people aged 90+' (page 37).

Older people and support needs

- 16.6. *'61,325 people (25% of the population) have an illness which limits day to day activities. Older people are likely to have difficulties with personal care tasks such as bathing, showering and washing, taking medicines, dressing and feeding.'*
- '95,194 older people (33%) are unable to manage at least one self-caring activity on their own and 115,913 older people (40%) are unable to manage at least one domestic task on their own. Jobs involving household shopping, cleaning windows, dealing with personal affairs and opening screw tops are amongst the most difficult tasks.'*
- 'Overall there are estimated to be 89,390 older people in Essex with social care needs, 31% of the population.'*
- '19,935 older people are estimated to be living with dementia, which is 7% of Essex's population aged 65 and over' (page 39).*

Long term nursing and residential care

- 16.7. *'The number of care home beds for older people in Essex has increased from 9,846 beds in 2009 to 11,556 beds in 2014. The number of older people financially supported in registered care by ECC has remained static from 2005/06, unlike the national picture, which has decreased by 16% over the same period.'*

'The 2014 satisfaction survey of service users in residential and nursing care found that 70% of those surveyed were "very" or "extremely satisfied" with the care and support they received.'

'Around 70% of respondents to the residential and nursing care survey felt that their home meets their needs very well, and a further 25% felt it met most of their needs. 71% of those surveyed stated that they do not currently buy any additional care or support privately' (page 46).'

Conclusions

- 16.8. The council's strategy is in line with the majority of councils' commissioning strategies across the country in that it is seeking to reduce the amount of residential care it commissions and to increase community-based services, with older people living in their homes for as long as possible.
- 16.9. However, the market position statement also clearly identifies a number of key demand drivers for new care home bedspaces, as the demographic pressures of an ageing population become manifest over the coming decade.
- 16.10. The strategy also states that there is a current shortage of capacity, particularly nursing dementia, which is something all beds within the proposed scheme will be able to offer.

17. Basis of assessment

- 17.1. We have based our quantitative assessment of the demand and supply position of the proposed scheme based upon a market catchment area, shaded blue opposite.
- 17.2. We have previously analysed resident data provided by a number of private care home operators for high-quality operational schemes that target the top of the private fee paying market, akin to that of the proposed community. From this information, we have calculated the mean distance travelled by each resident from their previous place of residence into their respective care home. The headline results of our research are provided below:

T7 Average distance travelled to a care home	
Comparable location	Average distance travelled by resident (miles)
Location 1: Rural location	5.7
Location 2: Rural location with good A-road links	5.4
Location 3: Urban location	4.3
Location 4: Edge-of-town location close to motorway network	5.2
Location 5: Urban location close to motorway network	5.7
Overall average	5.4

Source: Carterwood.

- 17.3. The location of the proposed care home accords with Locations 3 and 4, hence we have adopted a circa 4- to 5-mile radius from the proposed care home, although this varies, given the constraints of the available data.
- 17.4. All care homes will inevitably also draw service users in some instances from substantially further than a typical catchment. If the family is the key decision maker in the placement decision then sometimes the service user may move significant distances, which can distort catchment area analysis. Conversely, if the local authority is the key decision maker then the service user's choice can be highly constrained to vacant beds in affordable homes.
- 17.5. Given the subject scheme's location towards the southern edge of the Epping Forest District Council local authority area boundary, we consider that the local authority area does not resemble where referrals will be drawn from and have, therefore, run the analysis solely upon a market catchment area.

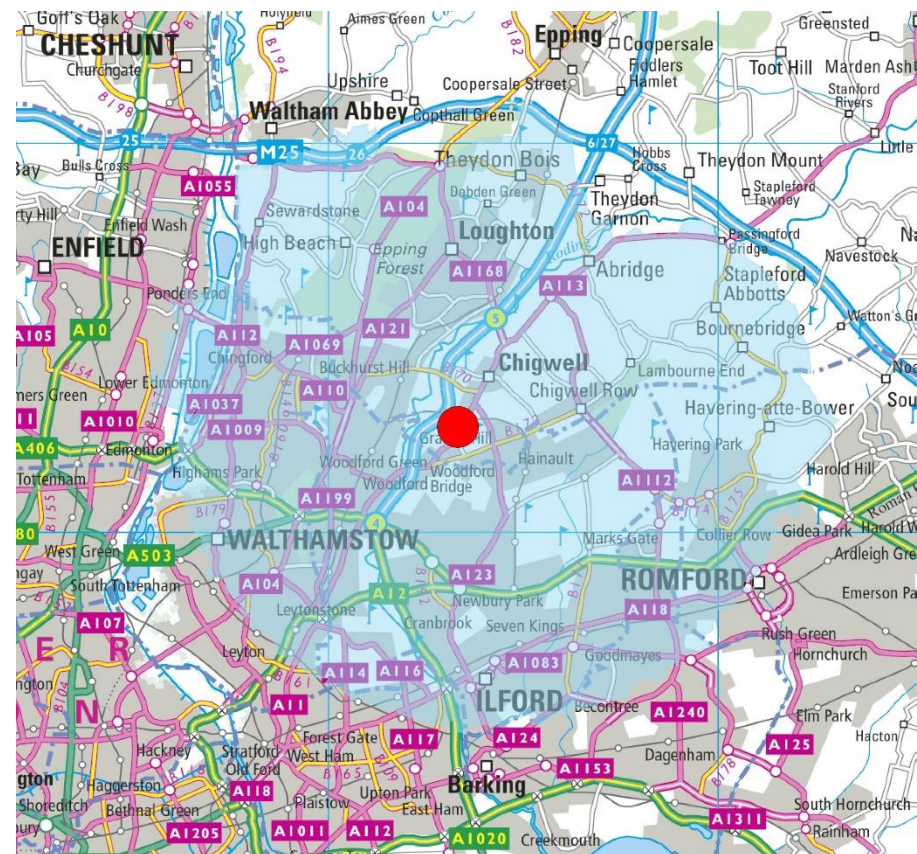


Figure 4: Basis of assessment

The red spot shows the approximate location of the site. The blue shaded area illustrates the market catchment area.

18. Demographics

- 18.1. We have assessed demand based upon Census 2011 population statistics and have extrapolated expected elderly population growth rates for the council local authority area to determine current and future demand for beds. The total projected population for the market catchment area as at 2019 is 651,132.
- 18.2. The graph opposite shows the growth of the population over the next 12 years within the market catchment area.
- 18.3. Table T8 shows the number of persons that are at risk of requiring care in a residential setting as at 2019. Our assessment of demand for residential care is therefore 3,364 within the market catchment area.
- 18.4. This is calculated based upon LaingBuisson's Age Standardised Demand rates for determining the risk of entering a residential care establishment. The current percentages adopted by age band are as follows:
- 65–74 years – 0.59 per cent;
 - 75–84 years – 3.80 per cent;
 - 85+ years – 14.80 per cent.
- 18.5. The need for care home beds is expected to rise by c. 35 per cent within the catchment between 2019 and 2031, assuming all other things remain equal, further indicating an increased demand for additional market standard bedspaces.

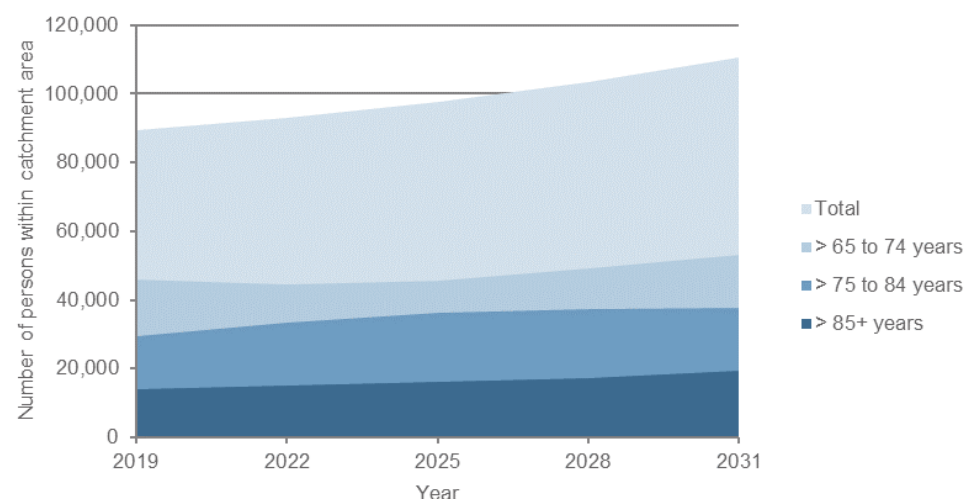


Figure 5: Projected population by age within the market catchment area

T8 Key demographic indicators - 2019	
Catchment area	Market catchment area
Population	
Total population	651,132
Total population aged 75 years and above	43,199
Percentage of persons aged 75 years and above (%)	6.6
Demand	
Predicted need for residential care beds	3,364

Source: Census 2011, government population projections, LaingBuisson.

Source of figures opposite: LaingBuisson Care Homes for Older People UK Market Report (29th edition).

19. Supply of existing care homes

- 19.1. We have assessed supply based upon market standard bedspaces, which we define as any registered bedroom providing a minimum of en-suite WC and wash hand basin.
- 19.2. Within the market catchment area, there are 58 homes, providing 2,940 registered bedspaces, 2,330 of which are equipped with an en-suite. This equates to 79 per cent of registered bedspaces meeting the criteria of 'market standard', which is in line with the national average.
- 19.3. Figure 6 shows the competition in the market catchment by geographical distance to the subject site. There are no care homes within 0.5 miles of the subject site, and the majority of the provision is located in excess of 3 miles from the subject site.
- 19.4. Although a large majority of bedspaces are equipped with an en-suite within the catchment area, for both personal care and nursing care, most are likely to be WC and wash hand basin only, with few offering bedrooms with en-suite wetrooms of the same size and specification to that proposed by the subject scheme.

T9 Nursing and personal care provision				
Care category	Number of homes	Registered beds	Market standard beds	Percentage of market standard beds (%)
Personal care	33	1,217	762	63
Nursing care	25	1,568	1,568	91
Overall	58	2,940	2,330	79

Source: A-Z Care Homes Guide 2018, CQC, Carterwood.

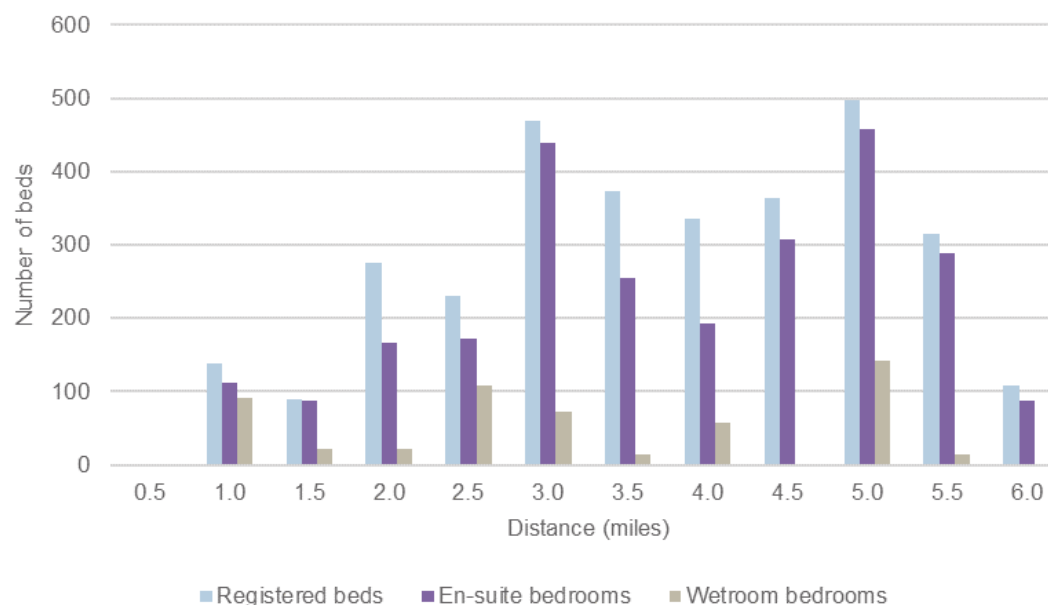


Figure 6: Existing registered capacity by distance from the subject site (market catchment).

20. Dementia

Methodology

- 20.1. Estimating the prevalence of dementia within a given population is difficult, due to the constraints of the available data, the nature of the condition and the range of acuity levels of sufferers. Much of the current research focuses upon existing prevalence rates based upon sample studies. We have assessed demand and supply for dementia by comparing the following:
- The number of persons requiring an elderly nursing home bed, with dementia as the primary cause of admission;
 - The number of market standard bedspaces providing dedicated dementia care, either within a dedicated dementia elderly nursing home or a dedicated dementia unit within a mixed-registration home, available within the catchment area.

Demand

- 20.2. Our measure is based upon research carried out within Bupa elderly nursing homes in 2012 and indicates that 45.6 per cent of residents within the surveyed elderly nursing homes were admitted with dementia as a primary cause. Therefore, utilising this prevalence rate, we have calculated the demand within each catchment area from residents with dementia as a primary cause of admission. The results of which are shown in Table T10 opposite. Best practice states that people living with dementia should be cared for within a specialist, dedicated dementia environment.
- 20.3. This measure, by definition, assumes that a principal reason for admission to care in a residential setting was based upon the dementia condition. However, it should be noted that there may be other physical frailty in addition to this measure. Conversely, there will also be a larger pool of dementia sufferers who would have been admitted due to a physical frailty/disability, but who now also suffer from some form of dementia.

Supply

- 20.4. We have provided a summary of the total number of market standard bedspaces within dedicated dementia elderly nursing homes or units within mixed-registration homes in Table T10 opposite. This analysis does not take account of the supply within mixed-registration homes, where residents with dementia are mixed with those without dementia and there are no dedicated units. However, whilst such services are capable of accommodating service users with dementia, it is considered best practice to care for residents living with dementia within a specialist dedicated dementia environment.

- 20.5. Normally, where it is stated by a planning application that a care home is to provide dementia care, we have included the planned beds within our assessment. In this instance, no such information is available, which is not unusual as it is possible that the categories of care within a new care home will not be finalised until shortly before opening. Therefore, we have assumed the proposed Schemes A and E will each provide a floor of dedicated dementia care (24 and 11, beds respectively). All the planned beds, regardless of their likelihood of development, are included within our analysis below.

Demand vs. Supply

- 20.6. Our analysis shows a significant undersupply of 699 market standard, dedicated dementia beds within the market catchment area. Therefore 46 per cent of people living with dementia as a primary cause of admission to an elderly care home are unable to be cared for within a specialist, dedicated dementia elderly home or unit within the market catchment area. Even if all the planned beds are developed and provide dedicated dementia care, which is highly unlikely, there is still a substantial shortfall within the catchment. The subject home will address this need by providing a dedicated dementia unit within the home.

T10 Indicative need for dedicated dementia bedspaces (2019)

Bases of assessment	Market catchment area
Total demand for elderly care home beds	3,364
Demand for dedicated dementia beds based upon Bupa survey	1,534
Supply of market standard dedicated dementia beds	811
Planned supply of market standard dedicated dementia beds	24
Shortfall of market standard dedicated dementia beds	699
Shortfall as a percentage of demand	46

Sources: A-Z Care Homes Guide 2018, Bupa: The changing role of elderly nursing homes 2011, Census 2011, Population Projections, LaingBuisson Care Homes for Older People UK Market Report, Carterwood.

- 20.7. This measure is an indicative assessment only and should not be used as a definitive measure, due to the limitations of assessing demand and supply of dementia provision in isolation of total capacity for all older people's services. However, it does provide an empirical indication of the potential shortfall of specialist dementia beds within the catchment area.

21. Planned supply

- 21.1. We have made enquiries with our planning databases, Barbour ABI and EGi, and cross-checked planning applications for new elderly care home beds against the relevant planning departments' online planning registers for applications submitted within the last 3 years. This research was carried out on 6 September 2018.
- 21.2. We have identified four planning applications for additional care home beds within the market catchment, all of which have been granted.
- 21.3. From a site visit we note that construction of the proposed 72 bed care home at Woodview (Scheme A) has now commenced.
- 21.4. There is no indication that development has commenced at any of the schemes B, C or D although we are aware that The Chestnuts Nursing and Residential Care Home (Scheme C) has now been closed to facilitate its redevelopment.
- 21.5. We are also aware of a planning permission that was granted with conditions in 2011, for the development of a 40 bed care home at 120 Goodmayes Lane, Ilford IG3 9PX (ref: 0667/11). This site is approximately 4.4 miles from the subject scheme. We understand work commenced on site prior to the discharge of conditions and a separate application (ref 4242/16) was made to the London Borough of Redbridge to provide confirmation that planning permission 0667/11 had lawfully commenced. The decision notice dated 9 December 2016 stated that 'having regard to the fact that condition 5 of the planning permission (ref:0667/11) is a condition precedent and that the condition was not discharged within the requisite time period, the planning permission has not been lawfully commenced. It was therefore confirmed to be unlawful. For this reason it has not been included in our planned provision table below.
- 21.6. We have been unable to confirm definitively if the applications detailed below are the only current applications in the area for C2 elderly care use.

T11 Details of planned provision

Map ref.	Site address	Applicant	Scheme	Net elderly beds	Has construction commenced?	Distance from subject site (miles)	Planning reference	Notes
Granted								
A	Woodview, Lambourne Road, Chigwell, IG7 6HX	Longprime Limited	72-bed care home and two three-storey blocks containing 40 apartments, comprising six one-bed and 34 two-bed, together with parking and landscaping.	72	Under construction	1.5	EPF/2473/16 - 03/05/2017	A site visit on 21 September 2018 confirmed that the proposed care home is currently under construction.
B	Forest Place, Roebuck Lane, Buckhurst Hill, IG9 5QL	Abbey Total Care Group Limited	Demolition of two-storey building fronting Roebuck Lane, single-storey detached building and detached house adjoining boundary with Linders Field Nature Reserve. Redevelopment comprising a two-and-a-half-, three- and four-storey development with basement to create 165 total care units, with ancillary medical and recreational facilities, and single-storey courtyard development. Creation of 57 parking spaces including two-level car parking for 40 vehicles in north eastern corner of site and 17 spaces within redesigned frontage area adjacent to Roebuck Lane. .	52	No indication of development	1.6	EPF/1957/15 - 26/02/2016	The existing care home, Forest Place, is registered for 90 residents and provides 68 en-suite bedrooms. The planning application indicates that the existing care home will be re-developed to provide a total of 165 bedspaces, of which 45 will cater for individuals who require rehabilitation. Therefore, there is a net gain of 52 elderly market standard bedspaces.

T11 Details of planned provision								
Map ref.	Site address	Applicant	Scheme	Net elderly beds	Has construction commenced?	Distance from subject site (miles)	Planning reference	Notes
C	The Chestnuts Nursing & Residential Care Home, 63 Cambridge Park, Leytonstone, E11 2PR	Westgate Healthcare Limited (Head Office)	Redevelopment to create a 63-bedroom care home with associated communal rooms, offices, staff facilities, kitchen, dining room, toilets, parking and landscaping works, following demolition of existing care home building.	63	No indication of development	3.5	5952/16 03/07/2017	The Chestnuts Nursing Home which provided 49 en-suite rooms is now archived on CQC is to be demolished to provide a new 63-bed care home.
D	Abbey Care Home, Collier Row Road, Romford, RM5 2BH	Abbey Care Home	Application for outline planning permission: Demolition of existing care home and erection of replacement two-storey (with accommodation in the roof) 38-bedroom care home.	18	No indication of development	3.7	14/00786/OUT - 06/11/2015	The existing home provides 20 en-suite rooms, so there is a net gain of 18 en-suite rooms.

Sources: Barbour ABI, EGi, Relevant planning departments, Carterwood.

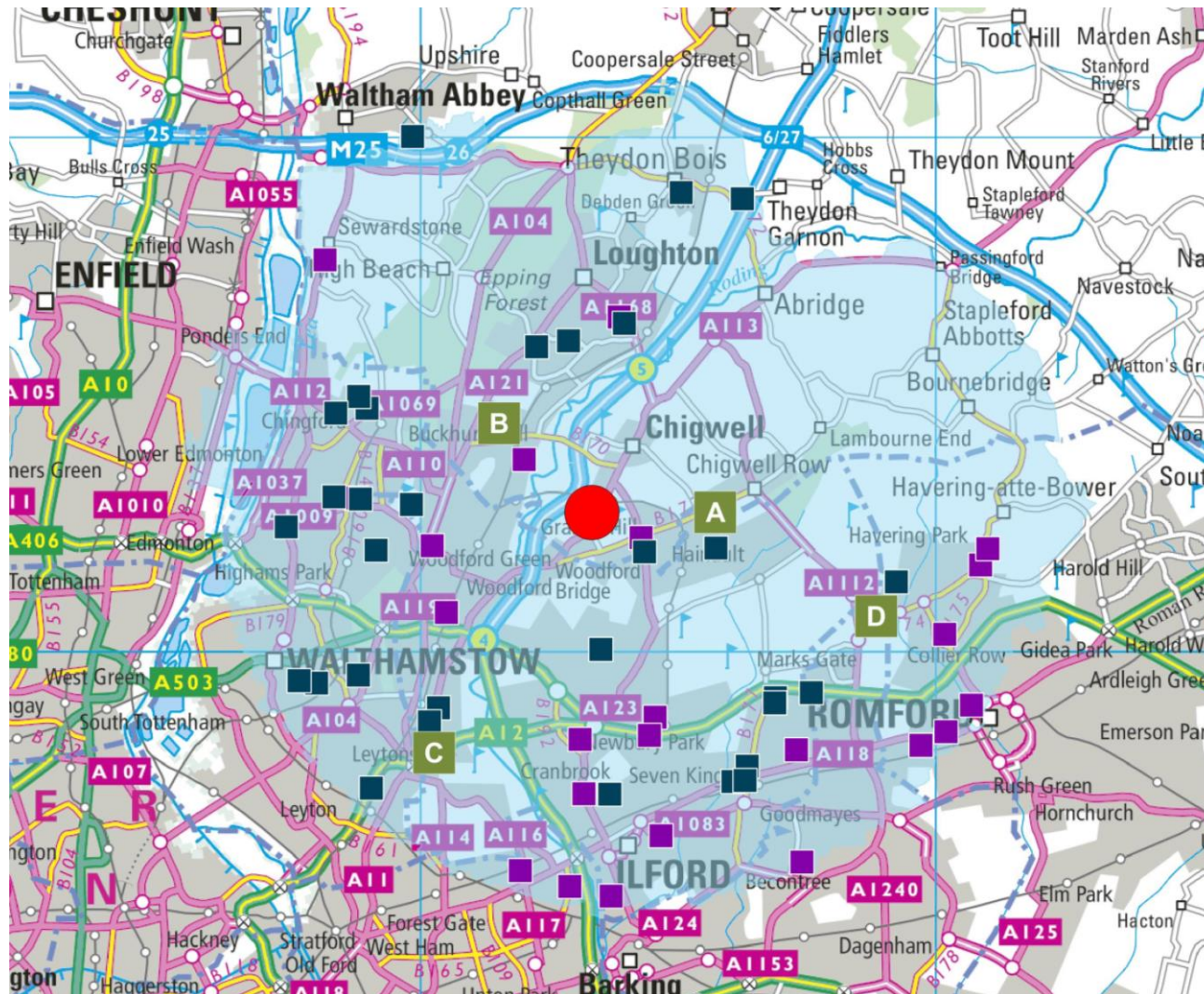


Figure 7: Existing and planned provision map

Key:

- The proposed care home
- Nursing homes
- Personal care homes
- Planned care home beds

Please note that the plotted locations of all care homes are approximate only.

Due to the concentration of homes within urban areas, several of the icons for the homes may overlap.

CONCLUSIONS

22. Estimated shortfall of elderly care home beds

- 22.1. Our assessment of the balance of provision in 2019, within the market catchment area, assuming that the planned schemes have been developed and are operational, regardless of whether the development has progressed, indicates a significant level of unmet need equivalent to 829 market standard bedspaces.
- 22.2. However, only one of the four planned schemes is currently being developed and a more realistic measure of demand and supply sees this shortfall increase to 962 market standard bedspaces.
- 22.3. Should the proposed 100-bed scheme be developed, it will fill only 10.4 per cent of the unmet need within the market catchment area, based on our more realistic assumption where only planned bedspaces likely to be developed are included.
- 22.4. The need for care home accommodation is not simply a quantitative exercise about bedspace provision. It includes often-overlooked qualitative aspects and the provision of a choice of homes to very frail residents and those living with dementia, as well as raising industry standards.
- 22.5. People living with dementia are poorly catered for, with only a handful of dedicated specialist dementia units in the catchment area offering living environments that accord with best practice in caring for people with such needs. Our analysis indicates there is a significant unmet need for dedicated dementia provision in the catchment, which the subject home will address by providing a dedicated dementia unit within the scheme.
- 22.6. We, therefore, conclude that there is both a strong quantitative and qualitative need for the proposed development to provide high-quality accommodation for the frail elderly and people living with dementia in this location.

T12 Indicative need for elderly care within the catchment area- 2019		
Demand	Ref.	Market catchment area
Estimated demand for elderly care beds	1	3,364
Supply		
Current supply of elderly en-suite (market standard) bedrooms	2	2,330
Beds pending decision	3	0
Beds granted permission but not under construction	4	133
Beds granted permission and under construction	5	72
Total planned and existing market standard beds	-	2,535
Balance of provision		
Estimated shortfall including all planned beds (Supply equates to the sum of references 2, 3, 4 and 5)	-	829
Estimated shortfall including beds under construction (Supply equates to the sum of references 2 and 5 only)	-	962

Sources: Census 2011 population statistics, A-Z Care Homes Guide 2018, LaingBuisson, Barbour ABI, EGi, relevant planning authorities.

23. Future demand for care home beds

- 23.1. Shortfall growth in the future is based on the 2016-based ONS-projected population figures for older people until 2029. This assumes that the demand for care home beds, which is based upon LaingBuisson's ASD rates, will remain the same rate in the future.
- 23.2. However, the ASD figures have generally declined for the 65- to 74-, 75- to 84-, and 85+ age bands, with some minor fluctuations. By applying the 2016/17 and 2017/18 rates to the current England and Wales population, overall demand is broadly equivalent between the two time periods.
- 23.3. As alternative forms of care, for example improved home-care, extra care, etc. increase in availability and quality, the ASD rates in the future are likely to fall further. This 'absorption' into alternative forms of accommodation needs to be weighed against the rapidly rising elderly population.
- 23.4. The actual balance between the increase in demand, due to demographic pressures, and a reduction in bed demand, due to alternatives to residential care, will be dependent upon a host of national variables, as well as site-specific factors, and is, therefore, impossible to predict with absolute certainty.
- 23.5. The chart opposite shows the projected demand for new care home beds on two bases. The first being based on the somewhat unrealistic assumption that the need for care home beds will remain constant over time, with the second on the basis that 50 per cent of future demand is 'absorbed' by alternatives to traditional residential care, for example home care, extra care, etc.
- 23.6. Even on this conservative basis, the level of undersupply within the catchment area is currently large, and is likely to remain so, given the scale of the changes to demography over the coming decades and beyond.
- 23.7. A substantial increase in planning and construction activity would be needed in order to reduce the shortfall of provision.

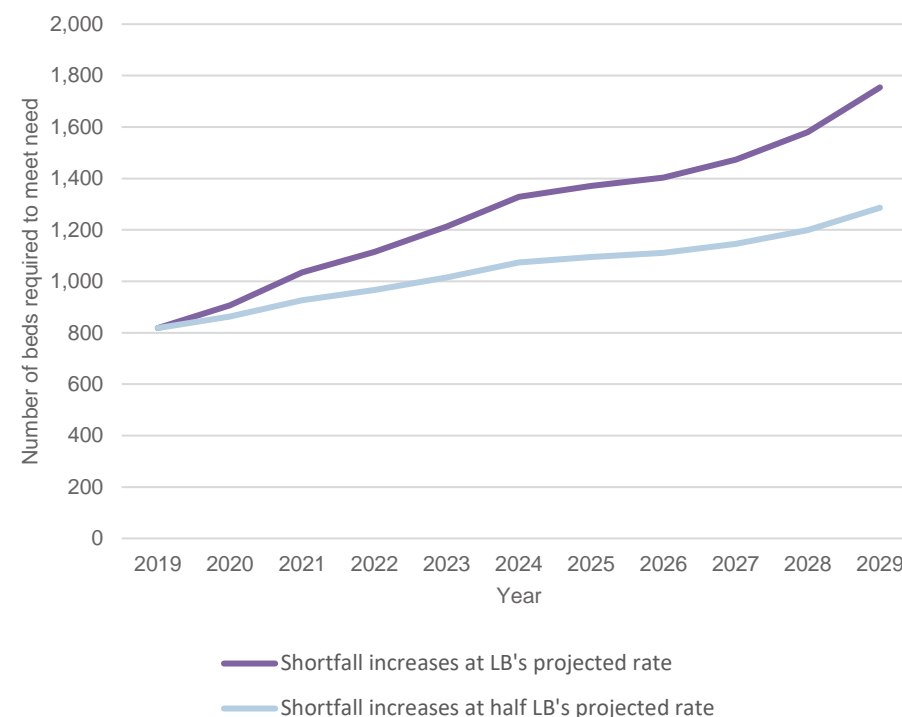


Figure 8: Potential unmet need of market standard beds in the market catchment area over time

24. Impact of the proposed development – commonly raised questions

24.1. Carterwood is a market leader in the provision of needs and demographic analyses in the social care sector. As part of this expertise, we have been involved in a large number of need assessments submitted to support planning applications, and there are several consistent themes that have been raised by adult social care teams and commissioning departments in respect of new care developments and their impact upon the local area.

24.2. We have, therefore, summarised below a number of commonly raised queries and issues to pre-empt areas where there may be uncertainty or ambiguity in the needs case:

Issue – the proposed development may impact upon existing health and social services and GPs, in particular, who are already over-stretched

24.3. An area of the new home will be made available for a visiting practitioner to hold an in-house surgery for the residents, if required. This may limit the number of visits to GP surgeries significantly and the visiting GP can combine multiple visits into one trip. The presence of on-site care staff also potentially reduces the number of unnecessary trips to GPs, thereby reducing waiting lists rather than increasing them.

24.4. The concentration of individuals within one place should also assist in reducing the burden on community nurses, and there are obvious advantages of having residents within one geographic location.

24.5. However, notwithstanding the above, the key issue is that the people who will be resident within the home have needs, and their needs are not manufactured through the provision of the facility that they require, more that they will have a local facility within which their needs can be met.

Issue – the proposed development may impact upon already stretched local authority budgets

24.6. Having conducted a plethora of studies across the UK and spoken with a host of social services teams, our general observation is that local authority placements both into and out of any local authority tend to be broadly neutral.

24.7. There is no doubt that a number of referrals will move into an area when a new home is developed; however, there are many new schemes that we are aware of in neighbouring boroughs that will have the same effect and draw residents away. Placements by social services to and from neighbouring and surrounding local

authorities compensate for each other. In effect, there are just as likely to be as many people leaving the area as there are migrating into the borough, and these two factors effectively cancel each other out.

24.8. We are also aware of the challenge faced by local authorities in funding long-term care to the elderly who do not meet current savings thresholds. A further potential issue relates to prospective self-funding service users who exhaust their funds and are therefore obliged to seek local authority support for payment of on-going care.

24.9. In enquiries we have conducted with other county councils and social services departments, we have ascertained that this type of funding requirement generally tends to amount to less than 1 per cent of the total social services' budget for older people (while we have not been able to confirm the exact proportion for Epping Forest District Council in the timescales required for this advice we would be more than happy to assist the council in analysing this information if required by social services).

24.10. Also, in our experience, the incidence of this scenario developing is very low compared to the vast majority of self-funding service users, who continue to fund their care throughout the duration of their stay. To guard against this potential issue further, operators often allocate a budget within their own financial modelling for this very issue to ensure that residents' needs can be met and the home is genuinely a 'home for life' if required. Also, their admission process and eligibility criteria ensure that any self-funding residents have proof of funds to support themselves financially, normally for a minimum period of 2 years.

24.11. Notwithstanding all of the above, it is inappropriate for financial considerations and viability to be confused during consideration of a planning permission. We set out below an extract from an appeal decision from Cheshire East planning authority (reference: APP/R0660/A/12/2188195) in respect of a care village scheme in Handforth. Paragraph 62 of the appeal decision (for which planning permission was granted) is as follows:

24.12. *"The Council has suggested that, due to a lack of need, new residents from outside Cheshire East could have to enter the home to ensure its viability. They would then represent a risk that the Council could be responsible for their future care. The financial concerns of the Council are however not material considerations in this case, as has been found on many other occasions including in the Health and Safety Executive v Wolverhampton City Council & Victoria Hall Ltd [2012] UKSC 34 case. This is the situation notwithstanding an annual increase in those needing*

Council support in care homes and the Council's 2011/12 expenditure of some £2.2m of support to those unable to afford fees previously met privately."

- 24.13. The above is clear that these types of issues are not considerations that should be material in the planning decision-making process and should therefore be disregarded.

Issue – utilisation of domiciliary care as an alternative to the subject scheme

- 24.14. National policy is seeking for people to remain in their own homes for longer, with any care to be provided by an external domiciliary care company. This outcome has two specific advantages; firstly, a positive outcome for the resident, who can remain in their own home and receive care; secondly, reduced spending for any local authority-supported placements, as, on average, domiciliary care costs less than residential care.
- 24.15. However, whilst care at home as a policy should be supported as an objective wherever possible, it is economically unviable for the provision of 24-hour residential care, where the marginal costs of nursing support necessitate a residential environment.
- 24.16. For dementia sufferers, specialist accommodation is also required to cater for this service user group's specialist needs. Where informal care by family or friends is not on hand, or where the demands of the individual become too great, moderate and severe dementia sufferers, more often than not, require care in a residential setting, where 24-hour care and support is on hand in a safe and secure environment.

Issue – extra care/independent living as an alternative to the subject scheme

- 24.17. As part of recognising these shortcomings and limitations for high-dependency residents, many local authorities seek to support the development of extra care facilities that provide the residents "with their own front door" whilst providing 24-hour on-site security and support. The concept is also being viewed more positively by the private sector, with the development of a range of older people's housing alternatives. Although, since the economic downturn in 2008, significant new developments over the past 5 years have generally been limited.
- 24.18. The supply of extra care accommodation should be expanded to enable many elderly people to continue to live rewarding and independent lives for longer. This is not in dispute.

- 24.19. However, simply increasing extra care provision is not a panacea for the accommodation needs of all elderly people. Given the forecast demographic changes, which will increase the number of very elderly people, and the prevalence rates of dementia, it is clear that a large number of elderly people will not be able to live rewarding and independent lives in extra care housing and will need 24-hour care home accommodation for the same reasons as identified above.
- 24.20. In addition, most new extra care schemes in the private sector are aimed at the lower end of the acuity spectrum, as it is difficult, if not impossible, for private purchasers to go through the sale of their own home at the point at which they are frail enough to be considered for entry into a long-term care establishment.
- 24.21. Dependency levels and lengths of stay continue to rise and fall, respectively, within the residential care sector. The subject development is proposing to meet the highest level of acuity for older people where 'choice' is replaced with a 'needs-based' decision for themselves or their family/friends/key decision-maker.

APPENDICES

A: LIST OF TABLES AND FIGURES

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B: DEFINITIONS AND RESERVATIONS

Timing of advice

Our work commenced on the date of instruction and our research was undertaken at varying times during the period prior to completion of this report.

The report, information and advice provided during our work were prepared and given to address the specific circumstances as at the time the report was prepared and the specific needs of the instructing party at that time. Carterwood has no obligation to update any such information or conclusions after that time unless it has agreed to do so in writing and subject to additional cost.

Data analysis and sources of information

Details of our principal information sources are set out in the appendices and we have satisfied ourselves, so far as possible, that the information presented in our report is consistent with other information such as made available to us in the course of our work in accordance with the terms of our engagement letter. We have not, however, sought to establish the reliability of the sources by reference to other evidence.

The report includes data and information provided by third parties of which Carterwood is not able to control or verify the accuracy.

We must emphasise that the realisation of any prospective financial information or market or statistical estimates set out within our report is dependent on the continuing validity of the assumptions on which it is based. The assumptions will need to be reviewed and revised to reflect market conditions. We accept no responsibility for the realisation of the prospective financial or market information. Actual results are likely to be different from those shown in our analysis because events and circumstances frequently do not occur as expected, and the differences may be material.

Measuring and predicting demand is not an exact science, and it should be appreciated that there are likely to be statistical and market related factors that could cause deviations in predicted outcomes to actual ones.

Our report makes reference to 'Carterwood analytics'. This indicates only that we have (where specified) undertaken certain analytical activities on the underlying data to arrive at the information presented. We do not accept responsibility for the underlying data.

Where we have utilised Carterwood analytics to adapt and combine different data sources to provide additional analysis and insight, this has been undertaken with reasonable care and skill. The tools used and analysis undertaken are subject to both internal and external data-checking, proof reading and quality assurance. However, when undertaking complex statistical analysis it is understood that the degree of accuracy is never finite and there is inevitably variance in any findings, which must be carefully weighed up with all other aspects of the decision-making process.

The estimates and conclusions contained in this report have been conscientiously prepared in the light of our experience in the property market and information that we were able to collect, but their accuracy is in no way guaranteed.

Where we have prepared advice on a 'desktop' or 'headline' basis, we have conducted a higher level and less detailed review of the market. All our headline advice is subject to the results of comprehensive analysis before finalising the decision-making process. Where we have provided 'comprehensive' advice, we have used reasonable skill and endeavours in our analysis of primary (for example, site inspections, mystery shopping exercise, etc.) and secondary (for example, Census, Land Registry, etc.) data sources, but we remain reliant upon the quality of information from third parties, and all references above to accuracy, statistics and market analytics remain valid.

Purpose and use

The report has been prepared for the sole use of the signatories of this letter and solely for the purposes stated in the report and should not be relied upon for any other purposes. The report is given in confidence to signatories of the engagement letter and should not be quoted, referred to or shown to any other parties without our prior consent.

The data and information should not be used as the sole basis for any business decision, and Carterwood shall not be liable for any decisions taken on the basis of the same.

This report is for general informative purposes only and does not constitute a formal valuation, appraisal or recommendation. It is only for the use of the persons to whom it is addressed and no responsibility can be accepted to any third party for the whole or any part of its contents. It may not be published, reproduced or quoted in part or in whole, nor may it be used as a basis for any contract, prospectus,

agreement or other document without prior consent, which will not be unreasonably withheld.

Validity

As is customary with market studies, our findings should be regarded as valid as at the date of the report and should be subject to examination at regular intervals.

Intellectual property

Except where indicated, the report provided and any accompanying documentation and materials, together with all of the intellectual property rights (including copyright and trademarks) contained within it, belong to Carterwood, and ownership will not pass to you.

Appendix D

Extract from Chelmsford Draft Local Plan up to 2036

Paragraphs 8.6-8.9

"8.6 There are certain groups of people within the community that need Specialist Residential Accommodation that caters for their specific needs. Specialist Residential Accommodation includes housing for older people such as Independent Living schemes for the frail elderly, student accommodation, homes for those with disabilities and support needs, residential institutions and also non-nomadic Gypsy and Travellers who, for cultural reasons, choose to live in caravans.

8.7 The SHMA indicates that if occupation patterns of Specialist Residential Accommodation for older people remain at current levels, there will be a requirement for 60 Specialist Residential Accommodation units each year. Essex County Council's Independent Living Programme is encouraging the provision of Specialist Residential Accommodation in Essex as a means to provide housing for people over the age of 55 whose current home no longer meets their needs. Essex County Council has set a target of delivering 214 additional units of Independent Living accommodation (162 market and 52 affordable rental units) to enable older people to live independently within the community by 2020.

8.8 Specialist Residential Accommodation will need to be provided at a range of costs in accordance with the identified need. Specialist Residential Accommodation will not be considered as an alternative to, or replacement for, the affordable housing requirements set out in Policy HO2.

8.9 The Council will refer to the latest assessments of need and will work with Essex County Council to identify the need for, and to secure provision of, suitable sites for Specialist Residential Accommodation. Such assessment will include the Joint Strategic Needs Assessment (JSNA) and SHMA."

Appendix E



Appeal Decision

Inquiry Held on 4-7 December 2018

Site visit made on 7 December 2018

by Robert Mellor BSc DipTRP DipDesBEnv DMS MRICS MRTPI

an Inspector appointed by the Secretary of State

Decision date: 19 December 2018

Appeal Ref: APP/H2265/W/18/3202040

Land to the rear of 237-259 London Road, West Malling, Kent ME19 5AD

- The appeal is made under section 78 of the Town and Country Planning Act 1990 against a refusal to grant outline planning permission.
 - The appeal is made by Retirement Villages West Malling Ltd against the decision of Tonbridge & Malling Borough Council.
 - The application Ref TM/17/00506/OA, dated 23 February 2017, was refused by notice dated 13 November 2017.
 - The proposal is an outline application for an extra care development of 79 units (comprising of apartments and cottages) all within Use Class C2; associated communal facilities; provision of vehicular and cycle parking together with all necessary internal roads and footpaths; provision of open space and associated landscape works; and ancillary works and structures.
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DECISION

1. The appeal is allowed and planning permission is granted for an extra care development of 79 units (comprising of apartments and cottages) all within Use Class C2; associated communal facilities; provision of vehicular and cycle parking together with all necessary internal roads and footpaths; provision of open space and associated landscape works; and ancillary works and structures on land to the rear of 237-259 London Road, West Malling, Kent ME19 5AD in accordance with the terms of the application, Ref TM/17/00506/OA, dated 23 February 2017, subject to the conditions set out on the attached schedule.

POLICY CONTEXT

2. I am required by statute to determine the appeal in accordance with the provisions of the development plan unless material considerations indicate otherwise. The development plan currently includes the Tonbridge and Malling Borough Core Strategy (2007) (the CS), and the Tonbridge and Malling Managing Development and the Environment Development Plan Document (2010)(the DPD).
3. It is a material consideration that the Council is preparing a new Local Plan which will replace the existing development plan and which has recently been the subject of a Regulation 19 public consultation prior to its submission to the Secretary of State for Examination. However only limited weight may be accorded to that emerging plan as there have been relevant objections to the draft plan and the policies may change before the Plan is adopted as part of the development plan.

4. The National Planning Policy Framework (2018) (the Framework) is another important material consideration.

MAIN ISSUE

5. Since the planning application was determined there have been further negotiations between the Appellant and the Council. As a result the Council now advises that Reasons for Refusal 2 and 3 have been overcome. In accordance with the use as defined in the completed Section 106 legal agreement the Council now accepts that this would be a Use Class C2 development (Residential Institution) and not a Use Class C3 development (Dwellings). A recalculated open space financial contribution has been agreed in the Section 106 agreement. Notwithstanding CS Policy CP17, the Council also now accepts that it is unnecessary to provide the affordable housing required by the development plan. Whether or not that is a correct interpretation of CS Policy CP17, the more up-to-date Framework at paragraph 64 is a material consideration and also seeks to preclude such specialist housing for the elderly from a requirement to provide affordable housing.
6. Reason 4 related to the effect of the development on the ecology of the site and bio-diversity. A revised indicative layout was submitted after the application was determined. It shows how some of the buildings could be relocated to reduce the impact on wildlife habitat. The Council now considers that this objection has also been overcome subject to the application of suitable planning conditions setting out clear parameters.
7. I agree with the Council's conclusions on the above agreed matters. Apart from the access the site is in the Green Belt. The parties also agree that the development would be inappropriate in the Green Belt as defined by national policy to which Policy CP3 here defers. At the Inquiry the parties' witnesses also agreed that there would be harm to the openness which is an essential characteristic of Green Belts as well as encroachment into the countryside. However the extent of that harm is disputed.
8. The main outstanding issue is thus whether the harm to the Green Belt by reason of inappropriateness and any other harm, including harm to openness and encroachment into the countryside, would be clearly outweighed by any other considerations.

THE SITE

9. The appeal site is an approximately level area of land that was last used for agriculture. It stands to the rear of a row of detached houses in deep plots that front London Road (A20). The appeal site is open and undeveloped except for a track which provides access to a backland dwelling at 237 London Road. To the east is low density residential development on rising land between the site and Town Hill. That residential area lies within the defined settlement boundary for West Malling, which line also here defines the Green Belt boundary. The southern half of the site is largely covered with self-seeded trees and shrubs. It adjoins a low railway embankment. Beyond the railway is mainly open land including allotments and a sports field. To the south west is other open land of rural character forming part of the extensive curtilages of dwellings at Brickfields and beyond which are open fields in agricultural or similar uses.

REASONS

Green Belt

10. CS Policy CP3 is the most relevant development plan policy and it provides that national Green Belt policy will be applied here. That national policy is currently expressed in the Framework which was revised as recently as July 2018.
11. It is not disputed that the development would be inappropriate in the Green Belt as defined by the Framework (and hence also the development plan) in that it does not qualify as any of the listed exceptions that define what development is not inappropriate. National policy requires that substantial weight be accorded to the harm of inappropriate development to the Green Belt and that very special circumstances would be needed to clearly outweigh that and any other harm including the harm to openness and of encroachment on the countryside.
12. As a substantial built development on undeveloped land the proposal would inevitably reduce the openness which national policy describes as an essential characteristic of the Green Belt. However the extent of that harm is disputed. The Appellant acknowledges that there is spatial harm but there is disagreement as to whether that is compounded by perceived visual harm to openness and, if so, the extent of that harm. In particular, the Appellant relies on the site's visual containment in views from public places.
13. It is likely that the development would be little visible from London Road or Town Hill and that the setback from the railway and partial screening by retained or reinforced planting would mitigate other visual impacts in public views. Nevertheless, the several substantial 2-3 storey apartment blocks indicated in the submitted proposals would be seen from the adjoining residential areas to the north and east and from more distant buildings on Town Hill such as Malling House. They are also likely to be partially visible in public views both from the railway and from the public footpath that passes close to the site's western boundary. The scale of the built development and associated parking areas and the associated reduction in openness would also be very apparent to the many residents, staff and visitors at the development itself. That visual and spatial harm to openness would therefore constitute significant additional harm to the Green Belt.
14. That the built development would be on undeveloped land, formerly in agricultural use, outside the defined settlement, and adjoining other open land to the south west and beyond the railway also means that the development would result in encroachment into the countryside contrary to one of the Framework's 5 defined purposes of the Green Belt.
15. Harm to openness and encroachment into the countryside must nevertheless be distinguished from other landscape and visual effects to which the Council does not here object. Based on the indicative layout and scale of buildings I agree with the parties that the site's relative containment and the opportunities for retained and improved landscaping mean that there need be no significant harm to landscape character. In relation to visual effects, whilst there would be some adverse impacts on the currently open and undeveloped views as seen from adjoining residential areas, the railway and the public footpath, I do not consider that these would be significantly or unacceptably harmful.

16. Neither, subject to appropriate conditions and the final design, need there be significant harm to bio-diversity or associated policy conflict.

Other Considerations

17. National policy provides that the identified harm to the Green Belt may be weighed with any other material considerations in order to determine if there are very special circumstances which may justify inappropriate development. A number of matters have been cited by the Appellant and the main considerations are examined below.

Housing Supply

18. At the Inquiry it was not disputed that the residential units to be provided as part of the proposed C2 residential institution would still count as housing provision for the purposes of housing land supply calculations.
19. The Council acknowledges that it cannot identify the minimum 5 year supply of housing land against objectively assessed housing needs that is required by Section 5 of the Framework. The most recent figure of 4.7 years supply was assessed in October 2017 but was based on figures as at March 2017. That data is now 20 months old and the current supply position may be different. Nevertheless there is no evidence to demonstrate that the housing supply position has improved since then, and it may have worsened. In these circumstances it is material that Paragraph 11 and Footnote 7 of the Framework provide amongst other things that where a 5 year supply of housing land cannot be demonstrated then the most important development plan policies for determining the application should be considered out of date and planning permission for the proposal should be granted. However different considerations apply in some circumstances.
20. CS Policy CP14 defines the settlement boundary for West Malling. It seeks to protect the countryside outside that boundary from unsuitable development. The appeal proposal does not qualify as an exception under that policy. However that boundary was defined in the context of a different and now outdated assessment of housing needs derived from the withdrawn South East Regional Strategy and its evidence base. For that reason, whereas the proposed development is in conflict with Policy CP14, the Council accepts that, because of the shortfall against the 5 year supply, that conflict would not be a reason to refuse planning permission and it did not do so in this case.
21. The Appellant has suggested that the Green Belt boundary was also defined in relation to housing land needs and should similarly be discounted as out of date. However one of the essential characteristics of Green Belts is their permanence. Whilst national policy does permit the alteration of their boundaries in exceptional circumstances it also seeks that they should otherwise be set to endure beyond the plan period.
22. There is no evidence before me that the current Green Belt boundaries were directly related to local housing needs. Moreover before considering changes to the Green Belt there would have been the opportunity in Tonbridge and Malling to direct necessary development to those parts of the Borough to the east of West Malling that are beyond the Green Belt. But in any case I am aware that the former Regional Strategy did not seek to exactly match housing needs and supply within each local planning authority. Rather it sought the redistribution of

housing supply from constrained areas, including the Green Belt, to less constrained parts of the region.

23. The Framework goes on to provide at Paragraph 11(d) (i) and Footnote 6 that specified Framework policies to protect areas and assets of particular importance, including the Green Belt, can still provide a clear reason for refusing the development proposal if the Framework policies would be breached. Notwithstanding the housing land supply shortfall it would thus remain necessary to establish that very special circumstances existed in order for inappropriate development in the Green Belt to proceed.
24. The parties have drawn attention to Written Ministerial Statements of 1 July 2013 and 17 December 2015 which provide in summary that an unmet demand for housing: *'is unlikely to clearly outweigh harm to the Green Belt and any other harm so as to establish very special circumstances.'* However that wording would not preclude that an unmet demand for housing may still be weighed against the harm to the Green Belt, whether on its own or in combination with other factors.
25. I conclude that the overall shortfall in housing supply is one significant factor to be weighed in the balance but is unlikely on its own to clearly outweigh the harm to the Green Belt.

Housing Needs of Older People

26. Paragraph 60 of the Framework provides that local planning authorities should prepare a local housing need assessment. Paragraph 61 provides that, amongst other things, the amount and tenure of housing needed for different groups should be assessed and reflected in planning policies including housing for older people and people with disabilities. The latter provision is relevant insofar as Extra Care housing seeks to address the needs of older people who are in need of care due to a reduced ability to perform some tasks.
27. The Council produced a Strategic Housing Market Assessment (SHMA) in 2014 as part of the evidence base for the emerging Local Plan. Amongst other things it seeks to estimate the need for specialist housing for older persons both now and in the period leading up to the year 2030. At Table 59 it identified a total need in 2014 for 193 affordable extra care units, rising by 177 units to create a total identified need for 370 units by 2030. By contrast, and relying on the on-line tool provided by the Housing Learning and Improvement Network, it estimates the current need for extra care market housing (such as the appeal scheme) as 0 in 2014 and 0 by 2030. Nevertheless paragraph 9.28 explains that the tenure split between market and affordable extra care housing should be treated as only indicative in that it is influenced by the area's current tenure of specialist housing for older persons. This implies that there had been an absence of extra care market housing in the Borough in 2014 when the SHMA was prepared. The paragraph goes on to recognise that a demand for market extra care housing is nevertheless to be expected in Tonbridge and Malling *'particularly given the level of savings and equity of many older households'*. However, unhelpfully, this is not quantified in the SHMA estimates.
28. The Council has not sought to define a different tenure split or to otherwise quantify the estimated need for extra care market housing. Instead, for the purposes of the Inquiry, its non-expert witness based his assessment on the overall need identified in the SHMA for 370 extra care dwellings. He has identified that 184 units had already been provided since 2014, leaving an

identified need for 186 units of all tenures by 2030. That may well underestimate the overall need and demand for extra care accommodation because an increased provision of open market units for sale may attract current home-owners to move to extra care accommodation. But that would not necessarily result in a reduced demand from non-home-owners for units to rent, whether affordable or otherwise.

29. The Planning Statement submitted in support of the application included a revised estimate of the need for extra care housing in the Borough, again based on an on-line tool (as recommended in national Planning Practice Guidance) but with the application of a reasonably justified split of 35% rented units to 65% leased units for purchase (such as the appeal scheme). That resulted in a modestly increased estimated overall future need for 420 units by 2030 of which 273 would be the estimated need for leased units.
30. For the Inquiry the Appellant's expert witness submitted further evidence suggesting a significantly greater need to provide an additional 590 extra care units in the Borough between 2018 and 2035 of which 499 would be for sale (on lease). Whilst acknowledging the witness's experience in this field, I accord limited weight to these precise figures. The chosen period extends well beyond the period for the emerging Local Plan. Also the Council did not present an expert witness of its own to test the underlying assumptions. Nevertheless the Appellant's expert evidence provides additional support for the contention that the SHMA figures seriously underestimate the future need in the Borough for extra care housing and especially the likely demand for units for sale. In particular this is agreed to be an affluent area with significant numbers of home-owning older people for whom their current homes are likely to become increasingly unsuited to their needs.
31. Whilst the Appellant's estimates of need exceed those of the Council, their expert witness still only expects 4.5% of people in relevant age groups to be accommodated in extra care schemes, divided between 3% in leased units for sale and 1.5% in rented units. These are lower percentages than occur in other countries such as the United States and Australia and may reflect the fact that this is a relatively novel and high cost concept with relatively luxurious units, and that significant annual service charges and lease assignment fees have to be paid to the operator. The great majority of older people are thus likely to remain within their own homes although some will move to sheltered housing schemes or to residential care homes. That there are already some other types and tenures of specialist housing for the elderly in West Malling does not negate the need in the Borough for this type of extra care market housing or render West Malling an unsuitable location.
32. Whereas the SHMA estimated a zero need for extra care market units (albeit with qualifications) that was based on the previous lack of provision. The sector is expanding nationally and the latest evidence shows an active demand for such development in the Borough. In addition to the 24 shared ownership (affordable) extra care units for sale at Rosewell House in Tonbridge, 27 of the extra care units permitted at The Orpines, Watlingtonbury are to be made available for outright leasehold sale. That would however make only a small contribution to the overall level of need identified in the Planning Statement, let alone that in the evidence of the Appellant's expert witness. Neither is there any specific provision for either extra care housing or other specialist housing for older people in the emerging Local Plan.

33. That the Council has previously accepted that there is an unmet need for extra care housing in the Borough is demonstrated by its grant of planning permission in 2016 for that development at The Orpines, Watlington (Council Ref TM./16/00920/FL). That development is similarly to be located in the Green Belt. As in the present case, that was judged to be inappropriate development in the Green Belt; it being disproportionately larger than the care home which it replaced and also harmful to openness.
34. The Officer Report for that development misinterpreted the conclusions of the SHMA by wrongly citing the identified need for 410 care home bedspaces as part of the justification for the development. In fact there would have been the direct loss of such bedspaces arising from the demolition of a care home, albeit offset by the development of 51 extra care units. Nevertheless that identified shortage of 410 care home bedspaces can itself contribute to the need for alternative provision for those in need of care which may include extra care developments.
35. The Watlington report did conclude that there is a clear need for accommodation for the growing older population and that this is not only quantitative but also qualitative. The report acknowledges that: '*... a general recognition exists that there is also a shortage of high quality and purpose-built facilities which meet the evolving needs of older people in the UK.*' In that case the development was judged to meet part of such needs and that was the main contribution to the report's conclusions that the harm to the Green Belt was clearly outweighed by that need such that very special circumstances existed to permit the development.
36. Notwithstanding its approach to the Watlington scheme and that acknowledgement of a shortage of such accommodation in the UK, at the Inquiry the Council has suggested that there is now not a local need for extra care developments. This was on the basis that the relative numbers of people in older age groups or who own their own properties in those age groups are not markedly different in Tonbridge and Malling from the national averages in England. However there is widespread evidence of a general under-provision of housing of all types across England of which the rapidly worsening affordability ratio is clear evidence and is especially marked in Tonbridge and Malling.
37. That there are national shortages both of general housing and also of high quality purpose-built accommodation to meet the needs of older people does not diminish the identified need for local provision but rather confirms it. Moreover, housing needs assessments must necessarily allow for cross border movements and in this case, whilst there is evidence that a significant proportion of prospective purchasers will either already live locally or will have family or friends that do, the location of the appeal scheme close to the Borough boundary would be likely to attract some residents from other authority areas.
38. The Council suggested at the Inquiry that what it identified as a more modest need for extra care housing of unspecific tenure could be addressed either by development on sites to be allocated for general housing in the emerging Local Plan or as windfall development at the rate of 20 or so a year. However, because extra care developments need to be of a sufficient size to support the shared facilities they are unlikely to come forward on small sites or at that rate. The Appellant has submitted a sequential site assessment to support their view that there are no sequentially preferable sites available to come forward in the short term. This evidence has not been challenged by the Council.

39. The Appellant also claims that for viability reasons it rarely succeeds in obtaining suitable larger sites when in competition with general housing developers and normally instead seeks out sites which are less attractive to such developers because of some policy or other constraint. These claims were not substantiated by examples or by any financial information. It is nevertheless clear that the retirement village concept requires a minimum number of units and site area in order to support the viable provision of shared on-site facilities for residents. That of itself would limit the choice of suitable sites, particularly in a Borough with extensive areas of Green Belt. Neither is there any evidence before me of the successful development of retirement villages as the result of development plan allocations.
40. I conclude that there is a local need for residential accommodation of this type and tenure for which the current and emerging development plan does not make adequate provision and that the development would make a significant contribution towards meeting such needs.

Freeing up General Housing

41. One consequence of the national and local housing shortages and of the associated past rise in property values, including in Tonbridge and Malling, are that those older people who purchased their existing homes many years ago are likely to hold substantial equity as the result of rising property values and because they may have paid off their mortgages. Some of those homes are likely to have been purchased originally to accommodate families and may be poorly suited to the present needs of their occupiers due to their size, internal layout, large gardens, or a location remote from necessary services and facilities. However their occupiers are likely to be cautious about moving to a rented property if it means relinquishing the security of their home ownership and the wealth stored in it. On the other hand, and as the SHMA recognises, in an affluent area they may have the equity and savings which provide the means to purchase specialist property such as extra care housing which is more suited to their needs and which can continue to be a source of security and equity.
42. As the Government has recognised in paragraphs 4.42 to 4.44 of the White Paper '*Fixing our broken housing market*', helping older people to move at the right time and in the right way can help their quality of life as well as freeing up more homes for other buyers. Under-occupied homes could then be released onto the market where they would be particularly attractive to those in younger age groups in need of larger houses to raise families. The provision of specialist housing more suited to the needs of older persons is likely to encourage them to move and would make a valuable contribution to overall housing needs which should be weighed in the balance.

Health and Well-Being Benefits

43. I acknowledge the Appellant's evidence, which the Council does not dispute, that the development would be likely to provide health and well-being benefits including: the care package; monitoring of the residents' well-being; facilities to encourage activity and mobility; and reduced isolation. The on-site support would be likely to reduce the need for residents to make use of primary health care services or social services as well as relieving pressure on hospital bed-spaces. Whilst local residents report current pressures on GP services in West Malling, the Appellant's evidence suggests that such pressures are to be

addressed as part of new provision of services at Kings Hill, whether or not the appeal proposal goes ahead.

44. I conclude that there are likely to be overall benefits to health and well-being to be weighed in the balance.

The Emerging Local Plan

45. A very relevant consideration is that the emerging Local Plan includes a proposal to remove the appeal site from the Green Belt and to allocate it for the development of an estimated 110 dwellings.
46. That proposal has the support of the Council's officers and members. However it is likely to have been the subject of representations in the recent consultation including objections from the Parish Council and others. The content and nature of those representations has yet to be processed by the Council and is not before me. The Local Plan has yet to be submitted for examination and it may be modified prior to its adoption as part of the development plan. Therefore only limited weight can be accorded to these draft changes to the Green Belt or the draft allocation. Nevertheless it is relevant to consider the evidence base which contributed to the decision to include those changes and the extent to which the appeal proposal would accord with the Council's objectives or otherwise.
47. The Council's Green Belt Study in 2016 reviewed the existing Green Belt and tested it against the criteria set out in the then Framework which have generally been carried forward in the current version. This included a strategic assessment of the Green Belt in the vicinity of West Malling, albeit without the scoring of individual parcels of land against criteria that was a feature of the Rushcliffe study referred to by the parties.
48. The Stage Two Report of August 2018 considered whether exceptional circumstances justified changes to the Green Belt boundary. One important consideration was whether Green Belt sites should be released to increase the supply of housing as a means of addressing the worsening affordability ratio in the Borough, as well as making additional provision for affordable housing, whilst also promoting a sustainable pattern of development. The study concluded that exceptional circumstances would justify the removal of the appeal site and another smaller site at West Malling from the Green Belt: *'to ensure that a degree of development comes forward in order to promote local growth and make a reasonable contribution to the economic well-being of [West Malling] ... and ... provide for sustainable locations for living'*.
49. The Study also proposes that additional land to the east of West Malling be added to the Green Belt to protect the setting and special character of the historic town and to prevent towns merging, functions which the appeal site does not perform.
50. The draft housing allocation policy does not specify the form that housing should take on the appeal site. The Council does not dispute that extra care housing would qualify in terms of providing units of housing to contribute to the Borough's housing supply.
51. The appeal scheme would provide 79 units. The emerging Local Plan's higher estimate of site capacity is 110 dwellings and is based on a standard application of a density of 30 dwellings per hectare to this and other sites in the emerging Plan. That does not appear to take account of the on-site constraints and especially the wildlife habitat. If that habitat were to be protected in the manner

indicated in the appeal scheme then it is likely that a general housing development would need to have a similar layout with apartments predominating but reduced communal facilities. Even so the estimated capacity of 110 units appears ambitious and may be unachievable, not least because of the greater requirements for on-site parking and amenity space. General housing would also be likely to generate significantly more vehicle movements, especially at peak hours. That would have implications for the operation of the junction with the A20 and would be likely to require a wider access road within the site.

52. Were the site to be developed instead with the typical 2-3 storey houses with gardens that some neighbouring residents say they would prefer then its likely capacity in terms of dwelling numbers would be much reduced if a similar area of the site were to be set aside to protect wildlife and the landscape.
53. At the Inquiry the Council's witness suggested that the development would not accord with the emerging Local Plan because it would not include affordable housing. The parish council would also prefer that if the site is developed it should include low cost housing for young people and families. However the draft Local Plan allocation does not specify what form housing on this site should take and does not specifically require that it is to be developed for affordable or family housing.
54. Whereas CS Policy CP17 generally seeks the provision of affordable housing and paragraph 6.3.25 would include retirement housing in those requirements, the Council has agreed that Use Class C2 should here be exempt from a requirement for affordable housing. In any case the more up-to-date Framework at Paragraph 64 now seeks to exempt specialist housing for the elderly from such requirements. In the same way, whilst draft Local Plan Policy LP39 would specifically seek that extra care housing should include affordable housing provision that Plan has yet to be examined and may similarly prove to be inconsistent with the Framework in that regard.
55. The Framework would allow for the first time that affordable housing may come forward on unallocated sites in the Green Belt to address local needs. Thus the development of this site need not be the only means of providing affordable housing in the parish. The proposed release of the site from the Green Belt is itself partly with the object to improve overall housing supply to address affordability concerns more widely.
56. The Council did not refuse planning permission on the grounds of prematurity to the Local Plan and I do not consider that the circumstances set out in paragraph 49 of the Framework exist here to justify dismissal for that reason.
57. My attention has been drawn to the Secretary of State's decision at Tewkesbury to permit a large housing development in the Green Belt on a site which had been included in the Local Plan previously submitted for examination but which was subject to objections and before the examination of that Local Plan had been concluded (ref APP/G1630/V/14/2229497). That case differs in that the Tonbridge and Malling Local Plan has yet to be submitted for examination and is at an earlier stage. Nevertheless it is an example of a case where the need for the development on a site which the local planning authority proposed for release from the Green Belt was considered by the Secretary of State to qualify as very special circumstances that clearly outweighed the harm to the Green Belt.

58. It is not disputed that the site is in a sustainable location adjacent to the built up area of West Malling which is defined as a rural service centre. The attractive high street and its many facilities would be within walking distance for more mobile residents. There are public transport services and the S106 agreement includes provision for a mini-bus service for residents. There is evidence that many primary residents would be in their 80s when they purchase their units and that, whilst some may bring cars when they move in, their use and ownership of cars is likely to be modest. The maximum ownership and use of cars is likely to occur when the development is first fully occupied and to decline with time as the average age range of the occupiers is extended.
59. I conclude that the development would accord with the objectives of the Green Belt Study to promote local growth in West Malling, contribute to its economic well-being and provide a sustainable location for living. It would also accord with the site's draft allocation for residential development in the emerging Local Plan. Site constraints indicate that the higher estimated dwelling capacity for the site estimated in the emerging plan is unlikely to be realised. Whilst the development would not include affordable housing, and would therefore not accord with draft policy LP39 in the emerging Local Plan, that consideration is outweighed by the apparent inconsistency of Policy LP39 with the Framework in that regard.

CONDITIONS AND PLANNING OBLIGATIONS

60. The submitted S106 Legal Agreement includes a suitable definition of the proposed development as Use Class C2 and an appropriate financial contribution to off-site provision of open space as well as other relevant provisions. The S106 Unilateral Undertaking includes a justified and appropriate contribution to the library services needed to serve the future residents and appropriate financial provision for monitoring the Travel Plan. Both documents satisfy the legal tests for S106 planning obligations.
61. Draft planning conditions were submitted by the Appellant and the Council and were the subject of discussion at the Inquiry where some changes were agreed to add necessary provisions or to remove unnecessary conditions. I have made further minor changes to the wording and the order of the conditions. The reasons for each condition are included on the attached schedule. Having regard to what I saw on site including the existing background noise from London Road, the set back of the London Road dwellings from the access track and the existing fencing there, I do not now consider that it is necessary to require the provision of the acoustic fencing that was discussed at the Inquiry.

CONCLUSIONS

62. For the above reasons I conclude that the development would be in conflict with CS Policy CP14 in respect of development in the countryside outside the settlement boundary for West Malling. However that conflict is outweighed by the failure of the Council to demonstrate that it has at least a 5 year supply of housing land. The lack of affordable housing provision, if it does conflict with CS Policy CP17, is outweighed by the provision in the more up-to-date Framework at paragraph 64 that specialist housing for the elderly should not be subject to such requirements.
63. For the purposes of CS Policy CP3 and the national policy to which it defers, the development would be inappropriate in the Green Belt, harmful to its openness and would cause encroachment onto the countryside, contrary to a main purpose

of the Green Belt. **Substantial weight** is accorded to the overall harm to the Green Belt albeit that the harm to openness and encroachment is mitigated by the site's visual containment and limited public visibility. Nevertheless there are a number of other considerations to weigh against that harm.

64. I accord **significant weight** to the contribution that the development would make to general housing supply given the lack of a 5 year housing supply in the Borough, including through the likely consequential release on to the market of family housing as older residents move to the proposed development.
65. I accord **substantial weight** to the contribution that the development would make towards the need for specialist extra care housing for sale to older people which was not accurately estimated in the SHMA and for which the current and emerging development plan does not make adequate provision.
66. I accord **significant weight** to the health and well-being benefits for the future occupiers of the development.
67. I accord **limited weight** to the emerging local plan and to its evidence base whereby the Council has concluded that exceptional circumstances justify the proposed release of the appeal site from the Green Belt for residential development in order to promote local growth in West Malling in a sustainable location and to improve overall housing supply and affordability.
68. My overall conclusion is that these other considerations cumulatively clearly outweigh the harm to the Green Belt and as such qualify as very special circumstances. As the demonstration of very special circumstances accords with national policy the proposed development does accord with CS Policy CP3 and the other identified conflicts with the development plan are outweighed by other material considerations. The appeal should therefore be allowed.

Robert Mellor

INSPECTOR

APPEARANCES

FOR THE LOCAL PLANNING AUTHORITY:

Mr Asitha Ranatunga	of Counsel, instructed by Mr A Stansfield, Director of Central Services, Tonbridge & Malling BC
He called	
Mr M Fewster BA(SocSci)GDipRUP	Principal Planning Officer Tonbridge & Malling BC

FOR THE APPELLANT:

Mr Christopher Young	of Queen's Counsel, instructed by Mr Iain Warner
He called	
Mr James Donagh BA(Hons) MCD MIED	Director at Barton Wilmore – Consultant on housing for older people
Mr N Appleton	Executive Chairman of Contact Consulting (Oxford) Ltd – Housing needs expert
Mr Guy Flintoft BA(Hons) DipTP DipUD MRTPI	Planning Director- Retirement Villages West Malling Ltd
Mr Paul Whatley	Landscape Architect & Associate Director of Lloyd Bore Ltd
Mr Iain Warner BSc(Hons) DipTP MRTPI	Director at Tetlow King Planning

INTERESTED PERSONS:

Mr Arnold	Local Resident
Mr Peter Cosier	Local Resident

INTERESTED PARTY:

Mr Richard Byatt	Chairman of the Planning Committee of West Malling Parish Council
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DOCUMENTS

- 1 Suffolk Coastal v Hopkins Homes judgement 10 May 2017
- 2 Land at Perrybrook to the North of Brockworth decision
APP/G1630/V/14/2229497
- 3 Land north of Asher Lane, Ruddington Appeal decision
APP/P3040/W/17/3185493
- 4 Opening Statement of Mr C Young QC on behalf of the Appellant
- 5 Opening Statement of Mr A Ranatunga on behalf of the Local
Planning Authority
- 6 List of corrections of errors in Mr Fewster's proof of evidence
- 7 Final S106 Planning Agreement between Appellant and Tonbridge
and Malling BC- executed and dated copy
- 8 Final S106 unilateral undertaking to Kent County Council -
executed and dated copy.
- 9 Tonbridge and Malling BC draft conditions
- 10 Appellant's draft conditions

- 11 Letter from Housing Learning and Improving Network (LIN) to Iain Warner of Tetlow King dated 30 November 2018
- 12 Housing LIN and EAC Consultation Paper — Shop@ Analysis Tool Review July 2016
- 13 Planning Application form, Abbeyfield extra care at Watlingtonbury, ref 16/00920/FUL
- 14 Tables updating current and pipeline supply of Extra Care housing in TMBC
- 15 Update to Appleton need report tables 15 and 16 based on changes in Document 14
- 16 As per Document 15 plus committed extra care site at Watlingtonbury
- 17 Copy of letter from Tetlow King to Housing LIN dated 22 November 2018
- 18 Letter dated 27 November 2017 to TMBC from applicants re Watlingtonbury scheme setting out revised tenure split
- 19 Tables comparing Tonbridge and Mailing to England on indices relating to indicators of care
- 20 Table showing programme for bringing forward the appeal development
- 21 Closing submissions for Council
- 22 Closing submissions for Appellant

SCHEDULE OF CONDITIONS

- 1) Details of the appearance, landscaping, layout, and scale, (hereinafter called "the reserved matters") shall be submitted to and approved in writing by the local planning authority before any development takes place and the development shall be carried out as approved.

Reason: In pursuance of Section 92(2) of the Town and Country Planning Act 1990.

- 2) Application for approval of the reserved matters shall be made to the local planning authority not later than three years from the date of this permission.

Reason: In pursuance of Section 92(2) of the Town and Country Planning Act 1990.

- 3) The development hereby permitted shall be begun either before the expiration of 3 years from the date of this permission, or before the expiration of 2 years from the date of approval of the last of the reserved matters to be approved, whichever is the later.

Reason: In pursuance of Section 92(2) of the Town and Country Planning Act 1990.

- 4) The development hereby permitted shall be carried out within the site defined by the red line on the Site Local Plan Ref RETI150716 SLP-02 Revision C.

Reason: In the interests of certainty as to the extent of the site.

Access

- 5) The development shall not be occupied until measures for the modification of the existing access at the A20 London Road have been implemented as set out on the Proposed Highway Arrangement Drawing Ref PL01 Revision A.

Reason: In the interests of highway safety.

- 6) The development shall not be occupied until traffic islands have been constructed within the A20 London Road in general accordance with the recommendations of the Stage 1 Safety Audit November 2006 (Alpha Consultants) in order to facilitate safe vehicle turning movements and safe pedestrian crossing movements adjacent to the site access.

Reason: In the interests of highway safety.

- 7) At or before the time of the first submission of Reserved Matters pursuant to Condition 1, details relating to the following shall be submitted for approval in writing by the Local Planning Authority:

- a) Provision of a section of passing bay of a width of 5.5m to allow for any incidences when an entering and exiting service vehicle may concurrently occur over the length of the access road;
- b) Provision of a pedestrian link between the site proper and the A20 London Road;
- c) Internal swept path analyses demonstrating efficient refuse collection, servicing and emergency access;

- d) The location of underground services/service strips suitable for maintenance to avoid disruption to the access; and
- e) Provision of surface water drainage from the access road to avoid discharge onto the A20 London Road.

Reason: In the interests of safety and traffic flow.

Travel Plan

- 8) The development shall not be occupied until a Travel Plan in accordance with the sustainable development aims and objectives of the National Planning Policy Framework, and in general accordance with the 'Framework Travel Plan' document dated February 2017 has been submitted to and approved in writing by the Local Planning Authority

The approved Travel Plan shall be implemented prior to occupation and for each and every subsequent occupation of the development by a new occupier.

Reason: To encourage sustainable travel modes in accordance with local and national policy.

Levels

- 9) No development shall take place until a plan showing the proposed finished floor level of the new buildings and finished ground levels of the site in relation to the existing levels of the site and adjoining land have been submitted for the written approval of the Local Planning Authority. The works shall be carried out in strict accordance with the approved details.

Reason: To ensure that the development does not harm the character of the area or visual amenity of the locality.

Ecology

- 10) At or before the time of the first submission of Reserved Matters pursuant to Condition 1, a revised ecological impact assessment report shall be submitted for the written approval of the Local Planning Authority. The report shall include updated dormice, reptile and badger surveys and a detailed mitigation strategy to safeguard protected species, their habitats and local biodiversity. The development shall be undertaken in strict accordance with the recommendations, mitigation and enhancements features detailed in the approved updated ecological report.

Reason: In the interests of minimising the impacts of the development on the wildlife habitats on the site and to local biodiversity.

- 11) At or before the time of the first submission of Reserved Matters pursuant to Condition 1, a plan that sets out the parameters of the built form of the development to include an ecological buffer in general accordance with drawing 3822-LLB-XX-XX-DR-L-0001-S03/P01 dated 11 June 2018 and the recommendations of the revised ecological impact assessment report shall be submitted for the written approval of the Local Planning Authority. The layout and landscaping details submitted pursuant to condition 1 shall accord with the approved parameter plan.

Reason: To ensure that badgers, dormice and reptiles found on site and their habitat are adequately protected and that there is a landscape buffer at the edge of the built up area.

- 12) No development shall take place until a detailed scheme for the translocation of reptiles has been submitted to and approved in writing by the Local Planning Authority. The scheme shall include:
- a) a methodology for the collection of reptiles and measures to prevent reptiles returning to the site prior to and during the development;
 - b) surveys to confirm that the translocation site is currently not holding a significant population of reptiles;
 - c) details of how the translocation will be enhanced and be in a suitable condition to support the likely number of animals which will be moved, prior to any animals being captured for transportation; and details of the management of the translocation site in perpetuity.

The translocation shall be undertaken in strict accordance with the approved details and the development shall not commence until a verification report has been submitted to and approved in writing by the Local Planning Authority confirming that the reptiles have been removed from the site.

Reason: To ensure that reptiles are protected and are not adversely impacted by the proposed development.

Landscape and Trees

- 13) No development above ground shall take place until there has been submitted for the written approval of the Local Planning Authority a scheme of hard and soft landscaping and boundary treatment. The approved scheme of landscaping shall be in general conformity to the indicative landscape drawing (ref 3822-LLB-XX-XX-DR-L-0001-S03/P01 dated 11 June 2018). The landscaping details shall include an implementation programme for all planting, seeding and turfing. Any trees or shrubs removed, dying, being seriously damaged or diseased within 5 years of planting shall be replaced in the next planting season with trees or shrubs of similar size and species, unless the Authority gives written consent to any variation. The approved hard landscaping works shall be implemented prior to first occupation of those parts of the development to which they relate.

Reason: Pursuant to Section 197 of the Town and Country Planning Act 1990 and to protect and enhance the appearance and character of the site and locality.

- 14) The landscaping details of the reserved matters submission shall include a further arboricultural report to be submitted for the written approval of the Local Planning Authority that:
- a) identifies the trees and shrubs to be retained;
 - b) provides a comprehensive assessment of the impact of the development on the existing trees on the site and on adjoining land; and
 - c) includes measures to protect the retained trees and shrubs during the construction of the development in accordance with BS5837:2012.

The existing trees and shrubs shown to be retained, shall not be lopped, topped, felled, uprooted or wilfully destroyed other than where indicated in the approved arboricultural report, without the prior written consent of the

Local Planning Authority, and any planting removed with or without such consent shall be replaced within 12 months with suitable stock, adequately staked and tied and shall thereafter be maintained for a period of 5 years.

Reason: Pursuant to Section 197 of the Town and Country Planning Act 1990 and to protect the appearance and character of the site and locality.

Materials

- 15) No development above ground shall commence until details and samples of all materials to be used externally have been submitted to and approved in writing by the Local Planning Authority, and the development shall be carried out in accordance with the approved details.

Reason: To ensure that the development does not harm the character and appearance of the area or the visual amenity of the locality.

Boundary treatment

- 16) The development hereby permitted shall not be occupied until details of all fencing, walling and other boundary treatments have been submitted to and approved in writing by the local planning authority. The boundary treatment shall be implemented in full in accordance with the approved details and in accordance with a programme to be agreed in advance in writing by the local planning authority.

Reason: To protect the character and appearance of the area, to safeguard residential amenity, and to control access to the adjacent railway line in the interests of safety.

Construction Management Plan

- 17) No development hereby permitted shall commence until a Construction Transport Management Plan, to include details of:

- (a) parking for vehicles of site personnel, operatives and visitors
- (b) loading and unloading of plant and materials
- (c) storage of plant and materials
- (d) programme of works (including measures for traffic management)
- (e) measures to prevent the deposit of materials on the highway
- (f) on-site turning for construction vehicles
- (g) measures to ensure protection of protected species and habitats during construction access arrangements

has been submitted to and approved in writing by the Local Planning Authority. Only the approved details shall be implemented during the construction of the development.

Reason: In the interests of parking, highway safety, neighbouring residential amenity and the character of the area.

Foul Drainage

- 18) Foul water shall be disposed of directly to the mains sewer.

Reason: To prevent pollution of groundwater.

Sustainable Drainage

- 19) Development shall not begin until a detailed sustainable surface water drainage scheme for the site has been submitted to and approved in writing by the local planning authority. The detailed drainage scheme shall be based on the principles recommended within the FRA Thomasons Ltd (January 2017), and shall demonstrate that the surface water generated by this development (for all rainfall durations and intensities up to and including the climate change adjusted critical 100yr storm) can be accommodated and disposed of through infiltration features located within the curtilage of the site.

Reason: To ensure that the principles of sustainable drainage are incorporated into this proposal and to ensure ongoing efficacy of the drainage provisions.

- 20) Development shall not begin until details of the implementation, maintenance and management of the sustainable drainage scheme have been submitted to and approved in writing by the local planning authority. The scheme shall be implemented and thereafter managed and maintained in accordance with the approved details. Those details shall include:
- a) a timetable for its implementation, and
 - b) a management and maintenance plan for the lifetime of the development which shall include the arrangements for adoption by any public body or statutory undertaker, or any other arrangements to secure the operation of the sustainable drainage system throughout its lifetime.

Reason: To ensure that the principles of sustainable drainage are incorporated into this proposal and to ensure ongoing efficacy of the drainage provisions.

- 21) Where infiltration is to be used to manage the surface water from the development hereby permitted, it will only be allowed within those parts of the site where it has been demonstrated that there is no resultant unacceptable risk to controlled waters and/or ground stability. The development shall only then be carried out in accordance with the approved details.

Reason: To protect vulnerable groundwater resources.

Lighting

- 22) No development above the ground shall take place until details of a lighting scheme has been submitted to and approved in writing by the Local Planning Authority. The development shall be carried out in accordance with the approved lighting scheme.

Reason: To protect the visual amenity and ecology of the rural locality.

Refuse/Waste

- 23) The development shall not be occupied until a scheme for the collection and storage of refuse for the development has been submitted to and approved in writing by the Local Planning Authority. The approved scheme shall be provided in accordance with the approval details prior to first occupation of the development.

Reason: To facilitate the collection of refuse and preserve visual amenity.

Noise

- 24) No development above the ground shall take place until a noise report detailing the current noise climate at the site due to the close proximity of the development to both the A20 and railway line and a scheme of noise attenuation measures for the development having regard to the relevant standards outlined in BS8233:2014, have been submitted to and approved in writing by the Local Planning Authority. The approved scheme shall be implemented prior to first occupation of any part of the development and shall be retained at all times thereafter.

Reason: To protect the amenities of the residential occupiers of the development.

Contamination

- 25) (a) If during development work, significant deposits of made ground or indicators of potential contamination are discovered, the work shall cease until an investigation/ remediation strategy has been agreed with the Local Planning Authority and it shall thereafter be implemented by the developer.
- (b) Any soils and other materials taken for disposal should be in accordance with the requirements of the Waste Management, Duty of Care Regulations. Any soil brought onsite should be clean and a soil chemical analysis shall be provided to verify imported soils are suitable for the proposed end use.
- (c) A closure report shall be submitted by the developer relating to (a) and (b) above and other relevant issues and responses such as any pollution incident during the development.

Reason: In the interests of amenity and public safety.

Security

- 26) No development above the ground shall take place until details of measures to minimise the risk of crime according to the principles and physical security requirements of Crime Prevention through Environmental Design (CPTED) have been submitted to and approved in writing by the Local Planning Authority.
- 27) The approved measures shall be implemented before the development is occupied and thereafter retained.

Reason for the condition: In the interest of Security, Crime Prevention and Community Safety.

Archaeology

- 28) No development shall commence until the landowner, or their agents or successors in title, has secured and implemented:
- a) archaeological field evaluation works in accordance with a specification and written timetable which has been submitted to and approved in writing by the Local Planning Authority; and
 - b) further archaeological investigation, recording and reporting, determined by the results of the evaluation, in accordance with a specification and timetable which has been submitted to and approved in writing by the Local Planning Authority

Reason: To ensure that features of archaeological interest are properly examined and recorded.