

REPRESENTATIONS TO TVBC LOCAL PLAN 2040 REGULATION 18 STAGE 1 CONSULTATION

ON BEHALF OF INSPIRED VILLAGES

**TOWN & COUNTRY PLANNING ACT 1990 (AS AMENDED)
PLANNING AND COMPULSORY PURCHASE ACT 2004**



Pegasus Group

Birmingham | Bracknell | Bristol | Cambridge | Cirencester | Dublin | East Midlands | Edinburgh | Leeds | Liverpool | London | Manchester | Newcastle | Peterborough | Solent

DESIGN ENVIRONMENT PLANNING ECONOMICS HERITAGE

The contents of this document must not be copied or reproduced in whole or in part without the written consent of Pegasus Group.

Pegasus Group is a trading name of Pegasus Planning Group Limited (072277000) registered in England and Wales Registered Office: Pegasus House, Querns Business Centre, Whitworth Road, Cirencester, Gloucestershire, GL7 1RT

Copyright Pegasus Planning Group Limited 2011. The contents of this document must not be copied or reproduced in whole or in part without the written consent of Pegasus Planning Group Limited

CONTENTS:

Page No:

1.0	INTRODUCTION	1
2.0	VISION, KEY CHALLENGES AND OBJECTIVES	4
3.0	SPATIAL STRATEGY.....	7
4.0	STRATEGIC POLICY FRAMEWORK.....	14
5.0	MEETING OUR NEEDS	15
6.0	SUITABILITY OF SHELAA SITE 295 TO CONTRIBUTE TO MEETING TVBC'S IDENTIFIED HOUSING NEED.....	21
7.0	ADDITIONAL BENEFITS ARISING FROM THE DELIVERY OF SPECIALIST HOUSING FOR OLDER PEOPLE.....	24
8.0	CONCLUSIONS	28

APPENDICES:

APPENDIX 1:	RESPONSE TO 2020 REFINED ISSUES AND OPTIONS CONSULTATION (COVERING LETTER ONLY)
APPENDIX 2:	INSPIRED VILLAGES LOCAL PLAN REPRESENTATIONS DOCUMENT
APPENDIX 3:	CONTACT CONSULTING SOCIAL NEEDS REPORT
APPENDIX 4:	CARE VILLAGE EXTENSION SITE LOCATION PLAN

1.0 Introduction

1.1 Pegasus Group is instructed by Inspired Villages to submit representations to the Test Valley Borough Council (TVBC) "Local Plan 2040" Regulation 18 Stage 1 Public Consultation.

1.2 The current consultation follows the previous "Issues and Options" consultation in 2018; Strategic Housing and Economic Land Availability Assessment (SHELAA) Call for Sites in 2019; and the "Refined Issues and Options" consultation in 2020. Pegasus Group made representations to the 2019 SHELAA Call for Sites and the 2020 consultation on behalf of Inspired Villages.

1.3 A copy of our response to the 2020 Refined Issues and Options consultation (covering letter only) is enclosed at Appendix 1. In summary, the points raised included:

- Support for the alteration of settlement boundaries to incorporate recent development and proposals with planning permission.
- Support for altered Settlement Boundaries to include new allocated sites required to meet identified needs, to assist in achieving delivery without delay.
- That housing delivery could be improved if Settlement Boundaries are extended to include land associated with settlements, and appropriate to deliver development.
- Alternatively, policies could be more flexible to allow for appropriate development on sites adjacent to Settlement Boundaries in certain circumstances (e.g. where a demonstrable unmet need is identified, and that type of development is appropriate for a settlement location).
- Highlighting the absence of content relating to the delivery of specialist housing, despite the fact that the document acknowledges that there is a need for housing an ageing population.
- The reasons why there will continue to be an undersupply of specialist housing to meet the needs of older people unless Local Plans specifically

plan for their viable delivery.

- The importance of review of Local Gap boundaries and policies, to ensure that land which does not contribute to the purpose or attributes of a Local Gap, is not retained within the designation simply as a result of rolling forward existing policies and boundaries.
- The absence of reference to nitrates in the Solent and the continuing impact this issue has on housing delivery, which clearly needs to be covered in a Local Plan to deliver development.

APPENDIX 1 -RESPONSE TO 2020 REFINED ISSUES AND OPTIONS CONSULTATION (COVERING LETTER ONLY)

1.4 The current Stage 1 Regulation 18 consultation states that feedback from the previous consultations has informed the current content. This Representations Statement on behalf of Inspired Villages is structured to follow the sections as set out in the consultation document, which are:

- i. Vision, Key Challenges and Objectives;
- ii. Spatial Strategy;
- iii. Strategic policy Framework; and
- iv. Meeting Our Needs.

1.5 A further section is then included, which demonstrates SHELAA Site 295's suitability for allocation to contribute towards meeting TVBC's identified housing needs.

1.6 Included at Appendix 2 to this Statement is the current version of Inspired Villages' Local Plan Representations document, which provides general submissions for consideration in dealing with specialist housing for older people in Local Plan preparation. Reference to this document is made where relevant

throughout this specific response to TVBC's current consultation.

**APPENDIX 2 – INSPIRED VILLAGES LOCAL PLAN
REPRESENTATIONS DOCUMENT**

2.0 Vision, Key Challenges and Objectives

- 2.1 We note the first sentence of the Vision set down at para 2.21 states the intention to provide access to good quality homes *"that will meet a range of needs and aspirations"*.
- 2.2 A clear position is set down that the sustainability of communities is linked to their ability of having easy and safe access (by active or sustainable modes of transport, where possible) to facilities, services and amenities to serve economic and social needs, including shopping, recreation, education, and employment.
- 2.3 It is identified that the Borough has an ageing population, with 22% of the resident population estimated to be aged 65 and over compared to the national average of 19%. It is suggested that this will increase pressure on health and social care infrastructure; and supporting our ageing population will require places that are accessible to all and ensure people living in our community have access to the services and facilities they need to reduce social isolation.
- 2.4 Meeting a range of housing to meet the needs of our communities is identified as a key challenge for the Local Plan 2040.
- 2.5 This position is generally supported; however, in September 2021, Inspired Villages commissioned an independent Social Needs Report prepared by Contact Consulting, to provide an up-to-date assessment of the population profile, summary of existing supply of specialist housing for older people and projection of future need in Test Valley. A copy is provided at Appendix 3.

APPENDIX 3 – CONTACT CONSULTING SOCIAL NEEDS REPORT (SEPTEMBER 2021)

- 2.6 Table 1 of the Contact Consulting report confirms that by 2040, there will be 39,000 over-65s in Test Valley, a 39% increase over that period. Table 3 states that by 2035, over-65s will make up almost 28% of the Borough's population

(well above the average for England of 23% at that point). **In respect of Planning Practice Guidance (PPG) identifying a "critical" need to provide housing for older people; and requiring local plans to meet existing need, meeting the continually increasing need must be planned for. This is expanded upon further in Section 5 of this statement below.**

2.7 **Additionally, we would point out the positive impact that delivery of specialist housing for older people can have on reducing the impact of an aging population on health and social care infrastructure.**

2.8 As discussed in Section 5 of the Inspired Villages Local Plan Representations document included at Appendix 2, individuals who plan for their future by using their own private financial means to secure accommodation in a setting that supports their health and wellness, without or before the need to call on the NHS and social care, will significantly reduce their need to draw on these socially funded services.

2.9 It also means that if they do need the services of the NHS, the fact that they live in a supported environment means that:

- a. this is more likely to be planned; and
- b. they are likely to be able to return home much sooner than if they lived in standard housing.

2.10 Potential cost savings to the NHS and social care services as a result are quantified in research from Aston Research Centre¹ in 2015, which set out that the NHS saved more than £1,000 per year on each resident living in Extra Care Charitable Trust's schemes between 2012 and 2015. The Homes for Later Living 'Healthier and Happier' report² suggests that each person living in older

¹ Holland, C (2015) Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the ExtraCare Charitable Trust

² WPI Strategy for Homes for Later Living (2019) Healthier and Happier; An analysis of the fiscal and wellbeing benefits of building more homes for later living

people's housing contributes to a fiscal saving to the NHS and social care of approximately £3,500 per annum.

3.0 Spatial Strategy

- 3.1 The consultation document proposes a strategy based on a Settlement Hierarchy, identifying the sustainability and role of settlements by grouping settlements in tiers (as with the previous plan).
- 3.2 However, it acknowledges that the Settlement Hierarchy approach in the current Local Plan 2029 has led to significant growth already in Andover and Romsey; and that to support sustainable future growth, the replacement spatial strategy identifies a wider distribution of development than set out in the current Local Plan 2029. It acknowledges a need to support an appropriate level of development at the largest range of sustainable settlements. **This is supported.**
- 3.3 There is much emphasis on the “rural” nature of the Borough, beyond the two key towns; and reference to “smaller settlements” in the rural area, where development will be enabled to support their role. However, para 3.19 does confirm that the hierarchy is informed by access to services and facilities within each settlement or in nearby larger towns or villages.
- 3.4 Para 3.34 confirms further that there are settlements which benefit from and have access to services and facilities within a nearby settlement; this can have an impact on the sustainability of the settlements; and where this exists, TVBC has grouped these settlements together in the assessment.
- 3.5 However, it appears that this has only occurred where smaller rural settlements are positioned close together and share services and facilities.
- 3.6 In the consultation Settlement Hierarchy, Ampfield is included in Tier 4. Valley Park is included in Tier 2.
- 3.7 There is no accompanying map to illustrate the extent of the areas covered by the settlements as referred to in the proposed Settlement Hierarchy specifically, so it is assumed that at this stage, the areas covered are those

identified in the current Adopted Local Plan 2029.

- 3.8 Therefore, the “settlement” of Ampfield, as included within Tier 4, incorporates six separate relatively small built-up areas located within the Parish of Ampfield, as identified by the yellow fill inside a turquoise outline in Image 1 below, which is an extract of the Local Plan 2029 Proposals Map.

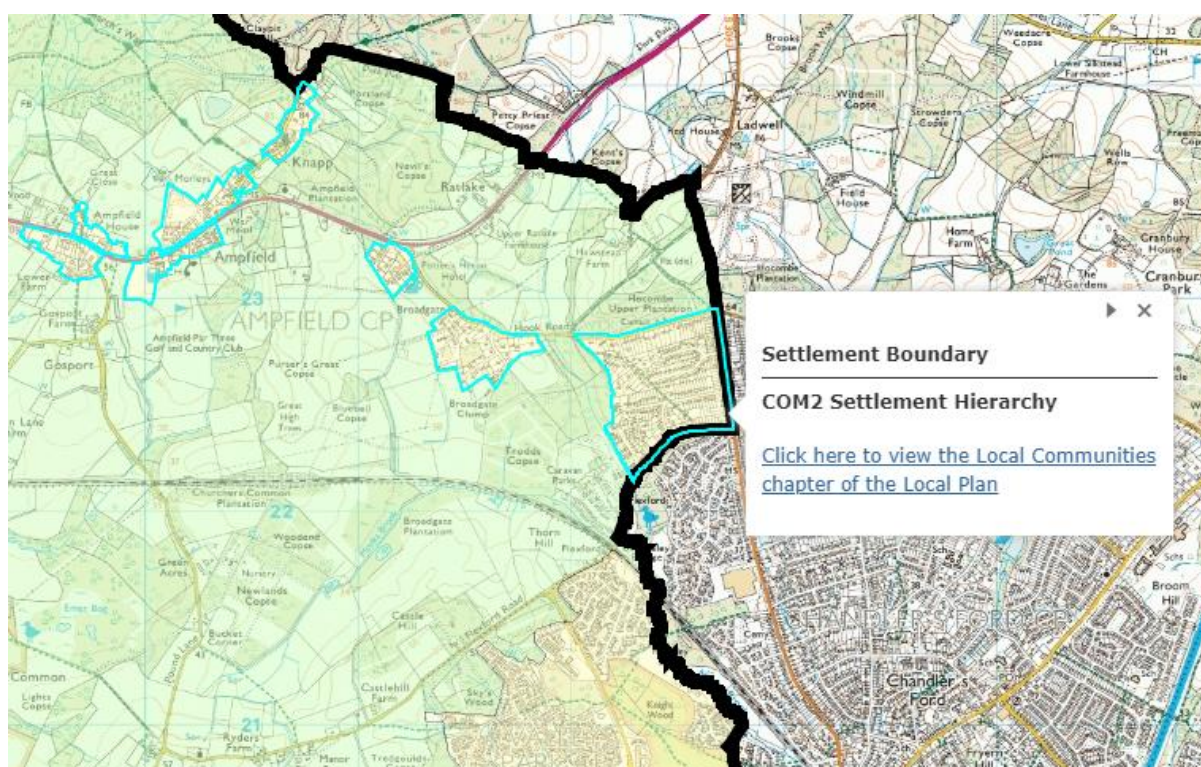


Image 1: Extract from Adopted TVBC Local Plan 2029 Proposals Map, showing the Ampfield group Settlement Boundary (yellow fill with turquoise outline) and the Valley Park Settlement Boundary (yellow fill with no outline)

- 3.9 The eastern-most area included within the six areas making up the Tier 4 Ampfield “settlement” is a larger built-up area which immediately borders Eastleigh Borough Council’s (EBC) administrative area. Just the other side of the border, within EBC, is the large established settlements of Chandler’s Ford and Eastleigh. Within Eastleigh Borough's planning framework, Chandler's Ford is identified as a Level 2 settlement in its Settlement Hierarchy, meaning it is well provided for in terms of services and facilities and represents a sustainable location for new development.

3.10 In reality, the eastern-most settlement area within the "Ampfield" settlement group functions as part of Chandler's Ford in terms of its connection to and availability of public transport, services and facilities.

3.11 Conversely, the Valley Park settlement is included within Tier 2 of the Local Plan 2040 Settlement Hierarchy. Valley Park is the area identified with a yellow fill and no turquoise outline in Image 1, to the south of Ampfield and also immediately adjacent to Chandler's Ford.

3.12 The Settlement Hierarchy Assessment Topic Paper (February 2022), which informed the Settlement Hierarchy now proposed in the Local Plan 2040, confirms the following (at para 4.8) in respect of Valley Park:

"Valley Park, North Baddesley and Nursling and Rownhams are positioned on the edge of Chandler's Ford and Southampton and thus benefit from the wider range of services in these adjacent settlements. These settlements score highly in terms of their access to facilities and services. The facilities that they provide and their geographical relationship to settlements at the south eastern part of the Borough have warranted them being within the Tier 2 category."

3.13 This statement is also true of the eastern-most area included within the "Ampfield" settlement grouping, which in practical terms, forms part of Chandler's Ford. Therefore, the inclusion of this area within Tier 4, and not Tier 2 (like Valley Park), represents an entirely inconsistent approach to the settlement assessment.

3.14 **If this is not addressed, we suggest the plan will not meet the tests of:**

- i. having been positively prepared, informed with consideration to cross-boundary matters and consistent with achieving sustainable development, and**
- ii. being justified, based on suitable evidence.**

3.15 Additionally, we have previously made representations that, within the replacement Local Plan, the Settlement Boundary surrounding this area should be extended to include the care village site which has the benefit of planning permission (17/01615/OUTS and ref. 20/00488/RESS), development of which has commenced.

3.16 **Taking the above into account, the developed area which falls within TVBC's boundary but forms part of Chandler's Ford not only requires an appropriate position within Tier 2 of the Settlement Hierarchy, in addition the boundary should also be extended to incorporate at least the care village site.**

Care Village Extension

3.17 Beyond the established care village site in Chandler's Ford, Inspired Villages made representations to the 2019 SHELAA Call for Sites, to identify a parcel of land immediately adjacent to the care village site as suitable to provide an extension to the care village. The care village extension site is identified on the Site Location Plan included at Appendix 4.

APPENDIX 4 – CARE VILLAGE EXTENSION SITE LOCATION PLAN

3.18 In the 2021 SHELAA, the care village extension site was given reference 295. The SHELAA, which was prepared on the basis of the 2019 Call for Sites submissions, provided the following summary assessment site 295:

"The site is available and promoted for development by a potential developer. The site is located outside of the settlement boundary of the TVBC Revised Local Plan DPD. The site is adjacent to the village of Ampfield which is identified as a Rural Village in the Local Plan Settlement Hierarchy. Rural Villages do not contain the range and number of facilities and services or have the same accessibility as larger settlements."

- 3.19 This SHELAA assessment clearly demonstrates the points made at paras 3.3 and 3.16 above. An entirely inappropriate conclusion has been drawn on the sustainability of the site based on an erroneous suggestion that the site lies adjacent to a rural village, without access to facilities, services and accessibility; whereas in reality, it lies adjacent to Chandler's Ford / Eastleigh, which have ample services, facilities and public transport connections.
- 3.20 Taking that incorrect conclusion aside, the SHELAA does not provide any other reasons as to why this site should not be considered suitable to deliver development to provide an extension to the care village.
- 3.21 We have provided further information below, to demonstrate the suitability of the site to provide an extension to the care village.
- 3.22 The existing care village will deliver a total of 149 no. extra care units of accommodation, comprising a mix of apartments and cottages; alongside a "village centre" building which will contain communal facilities for residents of the care village and wider local community.
- 3.23 SHELAA Site 295 lies immediately adjacent to the existing care village site. It is a well-contained piece of land, comprising 2.4 ha. It can accommodate approximately 44 no. additional extra care units of accommodation, which would make use of the existing on-site communal services and facilities provided within the village centre building in the approved care village adjacent.
- 3.24 As illustrated in Image 2 below, the site is surrounded by developed land comprising the mobile home parks and the existing care village to the south and east; and by Trodds Copse SSSI to the north and west. The parcel of land can only be accessed via the existing care village and is extremely well contained. It is therefore an obvious and logical site to deliver additional extra care accommodation that will benefit from the infrastructure already provided by the exiting care village, with minimal additional impact.

- 3.25 There is a bus stop positioned at the care village site frontage, which is served by bus routes into Chandler's Ford and Eastleigh. Chandler's Ford Railway Station is approximately 2 km southeast of the application site.
- 3.26 As mentioned above, within Eastleigh Borough's planning framework, Chandler's Ford is identified as a Level 2 settlement in its Settlement Hierarchy, meaning it is well provided for in terms of services and facilities and represents a sustainable location for new development.
- 3.27 Image 2 below shows the site in the context of the designated Local Gaps in this location, the protected SSSI, the existing/in-progress built development and Chandler's Ford.



Image 2: SHELAA Site 295 in relation to relevant Local Plan designations and existing developed land (base image source: Google)

- 3.28 Image 2 demonstrates the containment of the site, its relationships with the Local Gap designation and the built development within it, as well as the existing built-up area of Chandler's Ford. Given the legal protection afforded to the SSSI, which in this case is a dense woodland, its boundary forms an

impenetrable barrier to further development within the Local Gap in this direction, as well as complete screening.

3.29 On all other sides, the application site boundaries are shared with existing built development, beyond which is either further built-up settlement, or a railway line offering a defensible boundary.

3.30 Further information on the Local Gap designation and the need for this type of development is provided in the following sections.

4.0 Strategic Policy Framework

- 4.1 This chapter of the consultation document deals with some policy topics, but confirms more will be drafted for the Stage 2 consultation. Inspired Villages does not intend to make detailed comments on the topics currently covered in this section at this time.

5.0 Meeting Our Needs

- 5.1 The consultation document states that it identifies TVBC's housing needs and Stage 2 of the Regulation 18 consultation will include more detailed policies, including on the types of housing to be provided, reflecting evidence.

Housing Need (General)

- 5.2 A key vision for the Local Plan is to provide a range of homes that are fit for purpose and designed to meet the needs and aspirations of different groups within the community, including homes that meet the needs of an ageing population.

Housing Need (Specialist Housing for Older People)

- 5.3 The current consultation document confirms that Stage 2 of the Regulation 18 consultation will consider whether specific policies are needed to meet the particular housing needs, for example for older people and those who require specialist housing.
- 5.4 **Inspired Villages suggests it will absolutely be necessary for policies to provide for particular specialist groups, in order to be consistent with national policy, and to respond to the findings of the available evidence.** In particular, this will be necessary to have met the NPPF para 60 requirement to ensure that the needs of groups with specific housing requirements are addressed; and the para 62 requirement for the size, type and tenure of housing needed for different groups to be assessed and reflected in planning policies.

- 5.5 TVBC's current relevant evidence for this issue is contained in the January 2022 Strategic Housing Market Assessment (SHMA), which clearly supports this

position.

- 5.6 The SHMA identifies that TVBC has a slightly older age structure than seen nationally, with 22% of the population estimated to be aged 65 and over in 2020, which is acknowledged in the "Vision, Key Challenges and Objectives" chapter of the Stage 1 consultation document. However, the SHMA also identifies that the Southern Test Valley Rural sub-area sees a particularly old population (28% aged 65+).
- 5.7 Furthermore, the SHMA confirms that population growth is projected to be concentrated in older age groups (those aged 65 and over) – this age group accounting for 87% of all projected population change.
- 5.8 The SHMA includes a section dealing specifically with "The Needs of Older Persons & Those with Disabilities", in response to Planning Practice Guidance's (PPG) section on the same topic. It identifies the following for the 2020-2040 period:
- A 43% increase in the population aged 65+;
 - An increase in the population aged 65 and over of 12,000 people, potentially accounting for 63% of total population growth (19,000) in the Borough;
 - A 72% increase in the number of people aged 65+ with dementia and a 59% increase in those aged 65+ with mobility problems;
 - A need for around 1,500 housing units with support (sheltered/retirement housing) – mainly in the market sector;
 - A need for around 460 additional housing units with care (e.g. extra-care) - again mainly for market accommodation;
 - A need for around 540 additional care bedspaces (residential and nursing care);
 - Within any category of need there may be a range of products. It will be important for the Council to seek a range of products so that the needs of a wide range of households are met.

-
- 5.9 It concludes that this suggests there is a clear need to increase the supply of accessible and adaptable dwellings, wheelchair user dwellings and specific provision of older persons housing.
- 5.10 An additional point that is not raised in the SHMA, is the fact that provision of suitable specialist housing to suit the needs of older people who are homeowners results in the release of underoccupied family housing back to the market. This represents a benefit in respect of the availability of housing to meet general housing need.
- 5.11 The Social Needs Report prepared by Contact Consulting, included at Appendix 3 provides an up-to-date assessment of the population profile, summary of existing supply of specialist housing for older people and projection of future need in Test Valley.
- 5.12 The Contact Consulting report echoes the findings of the 2022 SHMA, evidencing the following:
1. Persons aged 65+ constitute a substantial proportion of the total population in Test Valley: over 22% in 2020, raising to more than 27% by 2040.
 2. Persons aged 90+ are the fastest growing age group in the local population, projected to increase by 133% between 2020 and 2040.
 3. The proportion of persons aged 85+ in Test Valley is significantly higher than national averages.
 4. Those having difficulty with one or more domestic task is set to increase by over 47% between 2020 and 2040; and those experiencing difficulty with one or more self-care task is set to rise by 46%.
 5. The accommodation and care needs of older people are diverse. There is an equally diverse pattern of economic status, social and familial

relationships, household composition, and tenure. The diversity and volume of need in Test Valley requires a range of responses to be brought forward on a sufficient scale if existing services are not to be overwhelmed.

6. Levels of owner-occupation among older people in the district are above national averages at 81.62% for those between 65 and 74 years of age. In the oldest age group, the level of home ownership may be depressed by lack of options for owner-occupation in specialised accommodation but remains just below 70%. The majority of persons who currently own their own homes will wish to retain that tenure as they move to specialised accommodation.
7. Older persons who are homeowners retain equity in the property which can be drawn upon to self-fund care needs. Facilitating this by supporting the delivery of suitable accommodation will help to reduce the pressure on the NHS and social services.
8. Whilst there is a substantial supply of leasehold retirement housing in Test Valley, this comes nowhere near reflecting the dominance of owner-occupation among the older population of Test Valley. There is a consequent shortfall in the level of provision needed to achieve an adequate supply of private leasehold specialist accommodation.
9. The current supply of market extra care housing (at 2020) is 156 units. The current indicative predicted need for market extra care housing in Test Valley in 2020 is 405 units, equating to a current shortfall of 249 units.
10. The indicative predicted need for the same in 2040 is 656 units. This suggests a need for a further 500 units of this particular type specifically, within the wider need for specialist housing for older people in general, within less than 20 years.

- 5.13 In addition to the clear local need identified in the SHMA, PPG confirms on a national level that the **"need to provide housing for older people is critical"** ... **"Offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems. Therefore, an understanding of how the ageing population affects housing needs is something to be considered from the early stages of plan-making through to decision-taking."**
- 5.14 **Taking account of this evidence, it is clear that the Local Plan 2040 must include policies that plan for and support the delivery of specialist housing for older people.**
- 5.15 The SHMA also considers affordable housing requirements in relation to whether development falls within Use Class C2 or C3.
- 5.16 It states that, within the local plan, it would be possible to craft a policy in such a way that affordable housing could be sought on extra care housing from both C2 and C3 use classes. It is, however, important to recognise that the viability of extra care housing will differ from general mixed tenure development schemes, and there are practical issues associated with how mixed tenure schemes may operate. A number of the features that create substantially different viability circumstances are listed, such as:
- Schemes typically include a significant level of communal space and on-site facilities, such that the floorspace of accommodation units might equate to 75% of the total floorspace, compared to 100% for a scheme of houses and perhaps 85% for typical flatted development. There is a significant proportion of space from which value is not generated through sales;
 - Higher construction and fit out-costs, as schemes need to achieve higher accessibility requirements and often include lifts, specially adapted bathrooms, treatment rooms etc. In many instances, developers need to employ third party building contractors are also not able to secure the same economies of scale as the larger volume housebuilders;

- Sales rates are also typically slower for extra care schemes, not least as older residents are less likely to buy 'off plan.' The combination of this and the limited ability to phase flatted schemes to sales rates can result in higher finance costs for a development.

5.17 These points echo those discussed in the Inspired Villages Local Plan Representations Document, which was included within our 2020 representations. The up-to-date version of this document is included at Appendix 2 to this statement.

5.18 **In order for the plan to be positively prepared and justified, we consider this evidence represents a clear requirement for flexibility to be contained within any potential affordable housing policies that could otherwise be considered to apply to specialist housing for older people. Otherwise, it could render the delivery of specialist housing unviable, particularly given there are many different "models" which have different viability considerations to each other, as well as general needs housing.**

5.19 **Additionally, the Viability Assessment for the Plan must assess the different typologies of specialist housing, e.g. retirement housing, extra care and care homes of varying sizes to understand the differences. Some may be viable with a lower rate of affordable housing, others may be unviable.**

6.0 Suitability of SHELAA Site 295 to Contribute to Meeting TVBC's Identified Housing Need

- 6.1 The existing un-met need for housing for older people in the Test Valley area will not be met through development within the current defined settlement boundaries. Therefore a plan prepared to account for future needs, which it has been evidenced are continuing to rise, must include provisions to meet that need.
- 6.2 The Local Plan 2040 will allocate suitable sites to deliver housing to meet identified needs, and this will come through in the following stages of consultation.
- 6.3 **The SHMA informing the Local Plan 2040 is very clear that Test Valley (Southern Test Valley in particular) will see significant increases in the population aged 65+ during the plan period. Allocated sites and policies supporting the delivery of housing for older people must therefore be included in the emerging Local Plan to have satisfactory responded to the evidence, in terms of soundness.**
- 6.4 SHELAA Site 295 is an obvious choice for allocation for development to contribute towards meeting that need.
- 6.5 Paragraphs 6.1, 6.2, 6.3 and 6.4 above demonstrate the sustainability and suitability of the site in accessibility and settlement strategy terms.
- 6.6 Generally speaking, there is a minimum scale of development required to viably deliver a care village. For IV's model, which includes a range of accommodation type and size designed to meet the needs of those who are in a position to self-fund their accommodation and care needs, this is at least 150 units to one village centre building providing the hub for communal services and facilities. Few, if any, private operators would bring forward a standalone 44-unit extra care scheme. Associated Retirement Community Operators (ARCO) is the main body representing the Integrated Retirement Community

sector in the UK. ARCO uses the term Integrated Retirement Community (IRC) as a universal term covering extra care, retirement villages, assisted living, independent living accommodation. They have produced the graphic below to describe the differences between retirement housing, IRCs and care homes, which includes typical unit sizes, suggesting a minimum of 60 units for IRCs.













 Retirement Housing <small>Also known as sheltered housing, retirement flats or communities</small>	 Integrated Retirement Communities <small>Also known as extra care, retirement villages, housing-with-care, assisted living or independent living</small>	 Care Homes <small>Also known as Nursing Homes, Residential Homes, Old People's Home</small>
 Offers self-contained homes for sale, shared-ownership or rent.	 Offers self-contained homes for sale, shared-ownership or rent.	 Communal residential living with residents occupying individual rooms, often with an en-suite bathroom.
 Part-time warden and emergency call systems. Typically no meals provided.	 24-hour onsite staff. Optional care or domiciliary services available. Restaurant / Cafe available for meals.	 24-hour care and support. Meals included.
<p>Typical facilities available:</p> <ul style="list-style-type: none"> • Communal lounge • Laundry facilities • Gardens • Guest room 	<p>Typical facilities available:</p> <ul style="list-style-type: none"> • Restaurant and Café • Leisure Club including: gym, swimming pool, exercise class programme • Communal lounge and/or Library • Hairdressers • Gardens • Guest room • Activity (Hobby) rooms • Social event programme 	<p>Typical facilities available:</p> <ul style="list-style-type: none"> • Dining room • Communal lounges • Activities • Gardens
 Typically 40 - 60 homes.	 Typically 60 - 250 homes.	 Sizes vary considerably.

Image 3: ARCO's graphic describing groups of specialist accommodation for older people (<https://www.arcouk.org/what-retirement-community>)

6.7 Therefore, it would not be realistic to consider the potential for the delivery of the approximately 44 units that could be delivered on SHELAA site 295 on a standalone basis. It would not be viable to deliver them with the required intrinsic communal facilities. However, they can be delivered in conjunction with the existing adjacent care village, making a significant contribution to supply. Clearly this is only possible on this site specifically.

Local Gap

6.8 Within the Adopted Local Plan 2029 policy framework, SHELAA site 295 lies within a designated Local Gap. It is unclear from the current consultation

information whether the emerging Local Plan 2040 will carry forward a Local Gap policy. We made representations on this matter in the 2020 consultation, pointing out that, if a Local Gap Policy is to be included, where land within the current Local Gap does not contribute to the purpose or attributes, it should not be retained within the designation simply as a result of rolling forward existing policies and boundaries.

- 6.9 Image 2 in Section 3 of this statement illustrates that SHELAA Site 295 represents a small remaining parcel of a modest area of land that does fall within the Local Gap designation, but also lies between the existing settlement boundary for Chandler's Ford and the defensible physical barriers to further development provided by Trodd's Copse SSSI and the railway line.
- 6.10 The vast majority of the land in this specific location within the Gap is developed, comprising the mobile home parks and the care village. Site 295 makes no valuable contribution to the function of the Local Gap, as it is entirely separated from it and contained, both physically and visually, by Trodd's Copse and the railway line.
- 6.11 The allocation of this site to deliver an extension to the care village would, therefore, neither diminish any physical or visual separation, or compromise the integrity of the remaining Local Gap.
- 6.12 The supporting text to Adopted Local Plan Policy E3 confirms that no more land than is necessary to prevent coalescence and retain separate identities of settlements has been included within Local Gaps. To ensure they can be easily identified, physical boundaries have been used to define their extent. Taking account of the relationship SHELAA site 295 has with the built-up area of Chandler's Ford to east, the physical boundaries provided by Trodd's Copse and the railway line to the north / west make logical physical boundaries to define the extent of the revised Gap in this direction.
- 6.13 **In conclusion, it has been demonstrated that SHELAA Site 295 is entirely suitable for allocation to deliver an extension to the existing care village to contribute towards the identified need.**

7.0 Additional Benefits Arising from the Delivery of Specialist Housing for Older People

7.1 In addition to meeting housing needs and facilitating the “freeing-up” of underoccupied family housing, specialist housing for older people also brings significant benefits in respect of cost-saving for the NHS and adult social care services.

7.2 This is because facilitating people's choice to self-fund their move into suitable accommodation with care as a future-proofing, pre-emptive decision means that they are far less likely to experience incidents/falls while struggling to undertake an everyday task they would ideally have assistance with. This reduces the likelihood of needing to draw on immediate/emergency NHS services in initial response. For residents who do require hospital treatment for any reason, they are likely to be in a position to be discharged from NHS care much earlier, as they have a supported home environment to return to.

7.3 Further, the availability of privately funded specialist accommodation for older people in a position to access it maximises the availability of local authority owned/managed stock for those who cannot.

7.4 Another substantial social benefit is the positive effect this type of housing has on the general wellbeing of a cohort that can commonly experience social isolation, loneliness and fear of crime. Care villages are designed to encourage and facilitate a sense of community amongst residents and their neighbours, with accessible communal areas and regular organised activities and events. An additional knock-on effect of this is a reduced likelihood to require medical or social support to deal with these issues.

7.5 There have now been a number of appeal decisions across the country, where Inspectors have recognised such social benefits, as summarised below.

- i. **APP/D3830/W/19/3241644** - Former Hazeldens Nursery, Aldbourne (Mid Sussex District Council), allowed 11 September 2020.

Extra care development of up to 84 units (Use Class C2). Benefits are discussed at para's 81 to 104:

- Need for extra care housing (para 81 to 93). Para 82 notes the PPG stating the need to provide housing for this group as critical, and older people should be offered a better choice and extra care housing is recognised by the Government as providing benefits.
- Freeing up family sized homes (para 94 to 95).
- On site facilities for use by the public (para 96 to 99).
- Economic and social benefits (para 103 to 104).

ii. **APP/Q3115/W/19/3220425** - Land east of Reading Road, Lower Shiplake (South Oxfordshire District Council), allowed 14 October 2019. Extra care development of up to 65 units (Use Class C2). Benefits are discussed at para 54 to 61:

- Need for extra care housing (para's 54 to 58)
- Advantages to health providers and reduction in the need for admissions to hospital and other pressures on GP and A&E services (para 59)
- Freeing-up family homes (para 59)
- Wider economic benefits through construction jobs and local investment during construction, expenditure in the local economy following occupation, and employment at the facility (para 61)

iii. **APP/A0665/W/18/3203414** - Beechmoor Garden Centre, Chester (Cheshire West & Chester Council), allowed 17 July 2019. 110 care apartments and bungalows (Use Class C2). Benefits are discussed at para 38 to 46.

- Specific need attracting "very substantial weight" (Para 40)
- Ensuring the well-being of elderly tenants and evidence to suggest such facilities can reduce pressure on local community and health facilities (para 41)
- Potential release of market housing making a sizeable contribution to the general housing land supply (para 45)

iv. **APP/H2265/W/18/3202040** – land to the rear of 237-259 London Road, West Malling (Tonbridge & Malling Borough Council), allowed 19

December 2018. Extra care development of 79 units (Use Class C2).

- Specific housing needs of older people (para's 26 to 40), including acknowledgement that meeting the need for extra care housing is unlikely to be addressed either by development on sites to be allocated for general housing or as windfall development at a rate of 20 or so units a year, stating "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." (para 38)
 - Freeing up general housing (Para 41 to 42)
 - Health and wellbeing benefits (paras 43-44)
 - Contribution to general housing supply (para 64 to 68)
- v. **APP/B1930/W/19/3235642** – land to the rear of Burston Garden Centre, North Orbital Road, Chiswell Green, St Albans (St Albans City & District Council), dismissed. New retirement community comprising a 64 bed care home, 125 assisted living bungalows and apartments.
- Significant contribution towards local needs (para 72)
 - Freeing up existing housing stock (para 72)
 - Health and wellbeing benefits (para 80-81)
- vi. **APP/Q4625/W/19/3237026** – Oak Farm, Catherine De Barnes, Solihull (Solihull Metropolitan Borough Council), dismissed. Continuing Care Retirement Community (C2) incl 50 care beds, 49 care suites, 71 care apartments, 7 care cottages and 4 care bungalows, etc.
- need for older persons housing (para 31 to 42)
 - Freeing up existing, potentially under occupied housing to the general market which (para 47-48)
 - Wider economic benefits (para 49 to 52)
 - Social and wellbeing benefits (para 53 to 56)
- vii. **APP/P3610/W/21/3276483** – Epsom General Hospital, Dorking Road, Epsom (Epsom & Ewell Borough Council), appeal A dismissed, appeal B allowed 13 September 2021. 267 care residences, 10 care apartments and 28 care suites – C2 use class.
- Significant contribution to housing land supply (para 95).
 - Shortfall of 248 extra care units (para 103-107)

-
- Wellbeing and health benefits, reduced GP and hospital visits (para 106)
- viii. **APP/F0114/W/21/3268794** – Homebase Site, Pines Way, Westmoreland, Bath (Bath & North East Somerset Council), allowed 2 September 2021. 288 units (Use Class C2).
- Significant contribution to 5 year housing land supply (para 79)
 - Extra care needs (para's 80-82)
 - Health outcomes and reduced NHS costs (para 84)
 - Accessibility (para 89)
 - Economic benefits (construction) and operational economic benefits (para 90-92)

8.0 Conclusions

8.1 In summary, Inspired Villages' key points in response to the Local Plan 2040 Regulation 18 consultation are:

- i. The general position that the sustainability of communities is linked to their ability of having easy and safe access (by active or sustainable modes of transport, where possible) to facilities, services and amenities to serve economic and social needs is generally supported.
- ii. The general acknowledgement of the ageing population and a need to support it by providing suitable accommodation is broadly supported; however, we would point out the positive impact that delivery of specialist housing for older people can have on reducing the impact of an aging population on health and social care infrastructure.
- iii. The acknowledgement that the Settlement Hierarchy approach in the current Local Plan 2029 has led to significant growth already in Andover and Romsey; and that to support sustainable future growth, the replacement spatial strategy will support an appropriate level of development at the largest range of sustainable settlements is supported.
- iv. The inclusion of the eastern-most area of the "Ampfield" settlement grouping (which in practical terms forms part of Chandler's Ford) within Tier 4 of the proposed Settlement Hierarchy, and not Tier 2 (like Valley Park), represents an entirely inconsistent approach to the settlement hierarchy assessment, which must be addressed for the plan to meet the tests of soundness.
- v. It is also necessary for the settlement boundary around this area to be extended to include the care village.
- vi. It will absolutely be necessary for policies to provide for and support

particular specialist groups, in order to be consistent with national policy, and to respond to the findings of the available evidence.

- vii. In order for the plan to be positively prepared and justified, evidence demonstrates a clear requirement for flexibility to be contained within any potential affordable housing policies that could otherwise be considered to apply to specialist housing for older people. Otherwise, it could render the delivery of specialist housing unviable, particularly given there are many different “models” which have different viability considerations.
- viii. The SHMA informing the Local Plan 2040 is very clear that Test Valley (Southern Test Valley in particular) will see significant increases in the population aged 65+ during the plan period. Allocated sites and policies supporting the delivery of housing for older people must therefore be included in the emerging Local Plan to have satisfactorily responded to the evidence, in terms of soundness.
- ix. It has been demonstrated that SHELAA Site 295 is entirely suitable for allocation to deliver an extension to the existing care village to contribute towards the identified need.

8.2 Further consideration and incorporation of these points into the emerging Local Plan 2040 as it progresses will be required to meet the relevant tests of soundness.



APPENDIX 1

RESPONSE TO 2020 REFINED ISSUES AND OPTIONS CONSULTATION (COVERING LETTER ONLY)

JT/EF/P19-0521

25 August 2020

Planning Policy and Economic Development Service
Test Valley Borough Council
Beech Hurst
Weyhill Road
Andover
Hampshire
SP10 3AJ
planningpolicy@testvalley.gov.uk

BY EMAIL ONLY

Dear Sir/Madam

**Next Local Plan: Refined Issues & Options Consultation 2020
Representations on Behalf of Inspired Villages**

Pegasus Group is instructed to respond to the current consultation on the Test Valley Borough Council Next Local Plan: Refined Issues & Options document published in June 2020, on behalf of Inspired Villages (IV).

The Refined Issues and Options document raises specific questions in relation to a number of topics; however we also note some key considerations that are raised by the content of the document, but do not have corresponding questions. We have responded to the following topics/question as relevant to IV's interests:

- **Section 5: Living in Test Valley (Housing and Communities)**
- Settlement Boundaries
- *Question 8*
- *Question 9*
- *Question 10*
- *Question 11*
- *Question 12*
- Housing Mix and Affordable Housing
- **Section 7: Enjoying Test Valley (Environment and Quality of Life)**
- Local Gaps

Further, we note some key planning related issues affecting (or likely to affect) Test Valley that are not covered in the document and we comment on these accordingly.

We have also enclosed a Local Plan Representations document, prepared by Inspired Villages, which provides IV's evidence based position on important considerations for the preparation of Local Plans generally, supporting 8 key recommendations for LPAs progressing Local Plans. Relevant points are referred to in this letter.

10 Albemarle Street, London, W1S 4HH
T: 020 3897 1110 | www.pegasusgroup.co.uk

Birmingham | Bracknell | Bristol | Cambridge | Cirencester | Dublin | East Midlands | Leeds | Liverpool | London | Manchester | Newcastle | Peterborough

 DESIGN  ENVIRONMENT  PLANNING  ECONOMICS  HERITAGE

The contents of this document must not be copied or reproduced in whole or in part without the written consent of Pegasus Group.
Pegasus Group is a trading name of Pegasus Planning Group Limited [07277000] registered in England and Wales Registered Office: Pegasus House, Querns Business Centre, Whitworth Road, Cirencester, Gloucestershire, GL7 1RT
Copyright Pegasus Planning Group Limited 2011. The contents of this document must not be copied or reproduced in whole or in part without the written consent of Pegasus Planning Group Limited

Section 5: Living in Test Valley (Housing and Communities)

Settlement Boundaries

Question 8

In updating the settlement boundaries to reflect recent development which has been built and development with planning permission, should we also include new allocations?

IV strongly supports the updating of Settlement Boundaries to incorporate recent development and proposals which have planning permission, but have not yet commenced. It would be illogical for land which has been confirmed as acceptable to accommodate development not to be identified as such in policy.

For the same reasons, amended Settlement Boundaries should include new allocations. The Council will need to identify allocated land as suitable to deliver its development requirements, which will have been determined to be acceptable in principle. It would therefore be inappropriate for this land to be identified as countryside on the Proposals/Policy Map(s).

The Council has suggested different options for allocating land for development, and if there is potential for this to be done, or added to, through later documents to follow on after the Local Plan, it will be important for development of land that is confirmed as acceptable in principle not to be delayed. New allocations included within amended Settlement Boundaries in the next Local Plan will assist in achieving delivery without delay, with the detailed considerations dealt with via the application process.

Question 9

How should we define settlement boundaries? What types of land uses should be included, such as public open space?

Question 10

Should the approach to using whole curtilages for defining settlement boundaries be retained, or should we take account of physical boundaries which extend beyond curtilages, or limit settlement boundaries to only parts of curtilages?

Question 11

Should settlement boundaries be drawn more tightly or more loosely, and perhaps reflecting which tier settlement is within the settlement hierarchy?

Question 12

Should settlement boundaries provide further opportunities for further limited growth beyond infill and redevelopment?

In response to questions 9, 10, 11 and 12, it is important that Settlement Boundaries do not preclude development on suitable land based purely on existing ownership or physical boundaries and/or current existence or lack of built development.

Housing delivery could be improved if Settlement Boundaries are considered more closely to ensure that land associated with settlements, and appropriate to deliver development

(with due regard to the settlement's position in the hierarchy, accessibility and proximity to services and facilities), is not excluded from Settlement Boundaries.

Alternatively, if Settlement Boundaries are kept relatively tight to existing developed sites, associated policies could be more flexible to allow for appropriate development on sites adjacent to Settlement Boundaries in certain circumstances. For example, where a demonstrable unmet need for a type of development is identified, and that development is appropriate for a settlement location.

The enclosed IV document provides examples of policies which take a similar approach at page 18. In these examples, the policies are permissive of specialist housing and supported accommodation on sites within Settlement Boundaries, and sites adjacent to Settlement Boundaries or in the countryside, provided a number of criteria are met. The criteria relate to the proximity to services and facilities and the demonstrable need for such development.

Although the appropriateness of this type of policy is not necessarily limited to developments providing specialist housing, this is where IV's specialist knowledge and experience lies.

The delivery of a suitable housing mix to meet different needs is discussed further in the following section; however, the related information included in the enclosed document demonstrates why the delivery of particular types of specialist housing may warrant a policy that deals with Settlement Boundaries differently. Paragraphs 2.12 and 2.22 of the enclosed document explain that there is a minimum scale required for certain types of specialist housing for older people, which is also a type of accommodation most appropriately located in close proximity to existing services and facilities. For this reason, criteria-based planning policies that allow such development beyond Settlement Boundaries, where it meets identified need, is otherwise locationally suitable, and does not conflict with other policies, should be progressed. The planning application process will filter out those that are unacceptable for other reasons, based on conflict with other detailed policies.

Without this type of approach, it is difficult to see how authorities will deliver specialist housing to meet residents' needs, along with all its associated benefits (as discussed in the enclosed document).

We note that existing retirement communities within TVBC (LifeCare at Nursling and Audley at Stanbridge Earls) are in very rural locations. Although the preference is for this type of facility to be positioned in close proximity to services and facilities, within Settlement Boundaries site size often precludes this, making edge of settlement locations appropriate for delivery.

Housing Mix and Affordable Housing

First and foremost, we highlight the absence of content relating to the delivery of specialist housing. Although the document acknowledges that there is a need for housing an ageing population, and confirms that a new Strategic Housing Market Assessment will inform housing policies, it does not make any suggestions, or raise any questions, relating to delivery.

The current adopted Local Plan acknowledges the need for housing to suit specific groups of people, including older people, in the current SHMA. However, there are no related policies for delivery. This should not be repeated in the next Local Plan.

We refer to the recent **Irwin Mitchell report, 'Unlocking Potential for Senior Living Development' (enclosed)**, which highlights that more than half of the England's local authorities still don't have clear policies in place to support housing for seniors, despite the critical need identified in Planning Practice Guidance in 2019. The report states that:

"This represents a crisis in planning policy with regards to seniors housing which needs to be addressed immediately to deliver age-appropriate housing. Moreover, this report shows a misalignment between local planning policy and the rate of demographic change, which is exacerbated in larger cities. This should not be allowed to happen any longer."

IV's enclosed document has been prepared to highlight this exact issue, whereby Local Plans must go further than acknowledging the ageing population, and take positive measures to support delivery through the planning process.

As is described in the enclosed document:

- Retirement village operators searching for suitable accessible sites will normally be in competition with residential developers for allocated sites. There are far greater costs, as well as long-term ownership and management commitments, associated with delivering a retirement village. Uncertainty caused by a lack of specific policies results in delay to delivery and reduces investor confidence, meaning that residential developers are far more likely to be successful in securing (or being in a position to promote) allocated sites.
- There are unlikely to be other sites of a suitable scale available within Settlement Boundaries to deliver viable retirement villages;
- Specialist housing for older people now comes in a variety of forms, a direct response to the need for flexible options to cater for the different or changing circumstances people find themselves in, or are planning for;
- The majority of these types of development are focused on retaining independence, but this is generally achievable as a result of the supporting services available on-site.
- The residents do not bring additional requirements for health and social care services in to an area, they generally already reside in the area, but are looking to make a positive change to support themselves and reduce the need for GP visits or hospital appointments. In doing so, they usually release under occupied family-sized housing back to the market.
- Retirement village developments generate substantially less traffic movements and parking requirements than standard housing, and usually have a certain level of on-site facilities, meaning an edge of settlement location can sustainably be supported.

There are significant benefits to this type of development, which require the appropriate support of Development Plans to be viably delivered.

The release of under-occupied family housing back to the market is a key consideration for local authorities. Within the **County Councils Network's 'Planning for Retirement' report (enclosed)**, Recommendation 10 is that retirement community housing should be counted as double against delivery targets. We note that Hampshire County Council are members of the County Council's Network.

We suggest this should be intrinsic to the consideration of Settlement Boundary related policies.

Section 7: Enjoying Test Valley (Environment and Quality of Life)

Local Gaps

Section 7 includes a sub-section on Local Gaps, however no questions are raised on this topic.

IV agrees that if the authority intends to continue to identify Local Gaps in the next Local Plan, there would need to be evidence based justification for doing so. Where Settlement Boundaries and countryside related policies provide the basis for decision making in appropriate locations to avoid the coalescence of settlements, there would need to be clear justification for an additional layer of policy relating to Local Gaps.

We note the lack of any national policy or status relating to Local Gaps, as well as the recent Court of Appeal Decision, *Liverpool Open and Green Spaces Community Interest Company v Liverpool City Council and Redrow Homes Ltd [2020] EWCA Civ 861*. Taking account of these factors, it is important that, if Local Gaps are brought forward within the next Local Plan, policy wording allows for the balanced consideration of proposals for development by the decision maker.

If they are progressed, it is extremely important that Local Gap boundaries and the associated policies are reviewed. Where land does not contribute to the purpose or attributes of a Local Gap, it should not be retained within the designation simply as a result of rolling forward existing policies and boundaries.

This is true of the land with the benefit of planning permission ref. 17/01615/OUTS, Chandler's Ford, as well as the land adjacent to it (SHELAA site 295). This site represents an isolated and visually contained piece of land, adjacent to existing development, which makes no contribution to the purposes of the Local Gap. This site is physically separated from the rest of the Local Gap by Trodd's Copse SSSI to the northwest and the railway line and embankment to the south, which physically prevent any expansion. It is otherwise surrounded by existing development. A review of Local Gap boundaries should result in the removal of this site and others like it from this designation.

Issues not Raised in the Refined I&O Document

Nitrates in the Solent

The Refined Issues & Options document does not mention this significant issue, which is having a substantial impact on housing delivery, with the lack of a solution resulting in an inability to issue planning permissions for otherwise acceptable development.

While we imagine the authority is hopeful that a strategic solution will be agreed on at a higher level, the Development Plan and its evidence base cannot afford to be silent on the matter if this does not occur. We would therefore expect that working with partners on a solution to this issue should be a critical matter of consideration in progressing the Next Local Plan.

Government's Proposed Standard Method

We note that under the proposed standard method recently published for consultation, Test Valley's housing need figure would be increased by 46% over the current standard method figure.

While it is fully acknowledged that the consultation on the proposed standard method was commenced after this consultation on the Refined Issues & Options document, this only serves to highlight the importance of a flexible approach to housing delivery to ensure a robust and long-standing Local Plan.

Yours faithfully,



Jim Tarzey

Executive Director

Jim.tarzey@pegasusgroup.co.uk

Encs:

1. Next Local Plan - Refined Issues and Options Consultation Comments Form
2. Inspired Villages: 'Representation by Inspired Villages for a Local Plan that will support the practical delivery of much-needed specialist accommodation to meet the needs of an ageing population'
3. Irwin Mitchell: 'Unlocking Potential for Senior Living Development'
4. County Councils Network: 'Planning for Retirement'



APPENDIX 2

INSPIRED VILLAGES LOCAL PLAN REPRESENTATIONS DOCUMENT

Representation by Inspired Villages

To support the practical delivery of much-needed specialist accommodation to meet the needs of an ageing population (version 3)

Inspired
Villages
The *best* years of your life?


Legal &
General



Representation by Inspired Villages

To support the practical delivery of much-needed specialist accommodation to meet the needs of an ageing population (version 3)

Foreword

We are not just getting older, we are living longer with rising health and care needs and by 2035, one in four of the population will be over 65 years old. With the unprecedented increase in the number of older people, a new approach is required to respond to the challenges of loneliness, isolation, unsuitable housing, unresponsive and rigid services.

We need to create environments where the chances of living well for longer, independently and actively are maximised, recognising the importance of social engagement and meaningful relationships to mitigate pressures on the health and social care system.

The planning system has struggled to keep up with the emerging models in the later living sector in recent years. This report is intended to assist local planning authorities with their development plan preparation to produce positive policies that will enable the housing needs for older people to be met, in full, particularly as such needs have been identified by the government's national planning guidance to be critical.

Legal & General entered the later living sector in the UK in August 2017, marking the first major institutional investment into this critically under supplied segment of the residential market. In August 2021, Inspired Villages entered into a new Joint Venture with Legal & General and NatWest Group Pension Fund providing the equity and the expertise to deliver at scale, an Integrated Retirement Community operator with at least 34 sites by 2026. This will provide in excess of 5,000 extra care units for nearly 7,000 older persons, making an important contribution to the specialist housing sector.

Phil Bayliss, Chairman, Inspired Villages

Inspired Villages recommendations

Inspired Villages makes the following eight recommendations which should be incorporated into the emerging local plan to support the practical delivery of specialist housing for older people and meet the ever-growing need.

The local plan and its evidence base should:

1. **Be based on a clear understanding of specialist housing for older people** drawing upon national guidance and other sources, particularly regarding the use class and recognise the different types of specialist housing which exist.
2. **Be based on a robust evidence base that identifies the housing requirements of specialist housing for older people** drawing upon appropriate sources recognised within the sector.
3. **Set out clear and specific policy / policies to address housing needs for older people** (e.g. integrated retirement communities and extra care), on land in, or adjacent to settlement boundaries where those settlements that provide a certain level of services and facilities, where the proposed development provides sustainable transport measures and communal facilities and where there is an identified need.
4. **Set indicative figures or a range for the number of specialist housing for older people needed** across the plan area throughout the plan period and this must recognise the diverse models that exist.
5. **Monitor the delivery of housing for older people and deliver action plans to address under provision.**
6. **Consider the inclusion of specialist housing for older people within appropriate strategic or other site allocations** subject to consideration of need, site and locational factors and deliverability.
7. **Recognise the significant benefits associated with specialist housing for older people** and this can inform planning decision making.
8. **Set out different policy requirements**, for example, affordable housing, for an integrated retirement community (C2 use) compared to residential development (C3 use) and the evidence base and viability should take into account the different circumstances between the uses (e.g. integrated retirement communities provide significant levels of communal facilities/non-saleable floorspace and their ongoing maintenance and management, staffing, funding, etc). Where there is doubt, policies should provide sufficient flexibility for specific circumstances, which may include viability, to be assessed through a planning application.

1. Introduction

- 1.1. **There is a significant existing shortage of suitable accommodation to meet the needs of the ageing population in the UK and the planning system must take positive measures to address this.** The National Planning Policy Guidance (NPPG) identified in mid-2016 there were 1.6m over-85s and this will double to 3.2m by 2041.¹ The majority of the ageing population are able to, and want to, live independently for as long as possible, and will not require intensive care home accommodation until much later in life, if at all. In this period older people will reconsider whether their home is most suitable for their current needs and are more likely to require increasing assistance with day-to-day tasks and managing their health. There is a need for a variety of types of specialist accommodation for older people, to meet the varying needs of individuals.
- 1.2. The coronavirus pandemic has brought into focus that the current system of older people remaining in unsuitable housing to meet their needs or care homes is not appropriate. An Integrated Retirement Community (IRC) model addresses the deficiencies of the existing options, and this is an opportunity to provide appropriate homes for older people to allow them to age in place with access to care and facilities on-site to meet their day-to-day needs.
- 1.3. What is not clear is how these different types of development should be classified, and delivered, by the planning system. **There is no consistent approach to local plan policies looking to tackle this issue.** Some local plans might support the principle of the delivery of specialist accommodation for older people, but do not necessarily deal with delivery in a practical sense.
- 1.4. A joint Irwin Mitchell and Knight Frank report '*Unlocking potential for senior living*' (July 2020)² identified **50% of Councils do not have any specific planning policies nor site allocations to make provision for housing for older persons.**
- 1.5. There has been an inconsistent approach to plan-making and decision taking at a local level across the country, which inevitably causes uncertainty for developers and operators within the sector, which results in delay to delivery and reduces investor confidence. **The lack of specific local plan policies and misinterpretation of the Use Classes Order are particular issues.**
- 1.6. This Local Plan representation provides an operator's perspective, to provide industry insight to inform your plan-making process, which can be used to develop planning policies that are better placed to support delivery and in compliance with the objectives of the National Planning Policy Framework (NPPF) and the NPPG.
- 1.7. This representation makes 8 recommendations (see page 3) for the local planning authority to incorporate within your emerging local plan to ensure the delivery of much-needed older people's housing.

¹ NPPG Paragraph: 001 Reference ID: 63-001-20190626

² [Unlocking Potential for Senior Living Development 2020](#)

2. Definitions of older people's housing and care

- 2.1. Since the late 1970s, accommodation for older people was generally limited to three options: remaining in the family home; moving into sheltered housing; or moving into a care home.³ A large volume of sheltered housing was developed in the 1980s to 2000s, predominantly by McCarthy & Stone and registered providers of social housing. This stock forms the bulk of existing provision in the UK.
- 2.2. In recent years there has been a considerable reduction in the availability of funding with spending falling in real terms,⁴ and local authorities seek alternative, more cost-effective means of providing care and accommodation for those who would otherwise be funded to move into residential care.
- 2.3. Furthermore, those who would otherwise fund their own care in a care home seek alternative options to retain their independence for as long as possible. The opportunity to retain a level of equity from an existing home by moving at an earlier stage to specifically designed housing for older people from properties that are often larger and difficult to maintain, and where increasing levels of care can be bought in as required, can serve to delay or prevent a move into a care home.⁵
- 2.4. The government's *'Housing for Older and Disabled Guidance (2019)'*⁶ set out four types of specialist housing to meet the diverse needs of older people and we also provide additional points from the Associated Retirement Community Operators (ARCO),⁷ who are the main body representing the retirement community sector in the UK, (*in underlined italics, below*), with regards the size of schemes:
1. **Age-restricted general market housing:** Usually for people aged 55 and over. May include some shared amenities such as communal gardens but does not include support or care services.
 2. **Retirement living or sheltered housing:** Usually consists of purpose-built flats or bungalows with limited communal facilities such as a lounge, laundry room and guest room. Does not generally provide care services but provides some support to enable residents to live independently (may include 24-hour on-site assistance and a warden or house manager). The housing provided is available on a variety of tenures: shared ownership, long leasehold and rent (social and private). *Typically, 40–60 units.*

³ NPPG Paragraph: 001 Reference ID: 63-001-20190626

⁴ Bottery S, Ward D and Fenney D (2019) Social Care 360. The King's Fund

⁵ The University of Sheffield and Dwell (2015). Extra-care Housing: Brief development

⁶ Gov.UK (2019) Housing for Older and Disabled People













⁷ Associated Retirement Community Operators (ARCO) website: www.arcouk.org

3. **Extra care housing or housing-with-care (assisted living or independent living):** Usually consists of purpose-built or adapted flats or bungalows with a medium to high level of care available, if required, through a registered on-site care agency. Residents can live independently with 24-hour access to support services and staff, and meals are also available. Often there are extensive communal areas, spaces to socialise or a well-being centre. In some cases, these developments are known as retirement villages or retirement communities – with the intention for residents to benefit from varying levels of care as time progresses. *Typically, 60–250 units.*

For the avoidance of doubt, an Inspired Villages Integrated Retirement Community falls within extra-care housing.

4. **Residential care homes and nursing homes:** Provide individual rooms (usually with en-suite) within a residential building, together with a high level of care (24-hour), meeting all activities of daily living. Also includes dementia care homes. Range of facilities and activities including gardens, lounges and dining rooms. *Sizes of homes vary considerably. Registered and regulated by the Care Quality Commission (CQC) in England, (by the Regulation and Quality Improvement Authority (RQIA) in Northern Ireland and the Care Inspectorate in Scotland and the Care Inspectorate in Wales (CIW)).*

Figure 1. What is an Integrated Retirement Community (www.arcouk.org/what-retirement-community)

 Retirement Housing Also known as sheltered housing, retirement flats or communities	 Integrated Retirement Communities Also known as extra care, retirement villages, housing-with-care, assisted living or independent living	 Care Homes Also known as Nursing Homes, Residential Homes, Old People's Home
 Offers self-contained homes for sale, shared-ownership or rent.	 Offers self-contained homes for sale, shared-ownership or rent.	 Communal residential living with residents occupying individual rooms, often with an en-suite bathroom.
 Part-time warden and emergency call systems. Typically no meals provided.	 24-hour onsite staff. Optional care or domiciliary services available. Restaurant / Cafe available for meals.	 24-hour care and support. Meals included.
<p>Typical facilities available:</p> <ul style="list-style-type: none"> • Communal lounge • Laundry facilities • Gardens • Guest room 	<p>Typical facilities available:</p> <ul style="list-style-type: none"> • Restaurant and Cafe • Leisure Club including gym, swimming pool, exercise class programme • Communal lounge and/or Library • Hairdressers • Gardens • Guest room • Activity (Hobby) rooms • Social event programme 	<p>Typical facilities available:</p> <ul style="list-style-type: none"> • Dining room • Communal lounges • Activities • Gardens
 Typically 40 - 60 homes.	 Typically 60 - 250 homes.	 Sizes vary considerably.

- 2.4 Until more recently, extra care or 'housing-with-care' was not widely recognised as providing an alternative to residential care. However, such accommodation maintains an individual's independence within their own specifically designed property with a range of on-site services and, importantly, where increasing levels of care can be bought in as needs change. Having evolved in recent years to respond to the growing demand from older people for greater choice, quality and independence, the number of models and designs have made it difficult to define this form of accommodation, however, the Care Services Improvement Partnership (2011)⁸ identified three common features:

- i. A type of residential accommodation, a person's own home. It is not a care home or a hospital and this is reflected in its occupancy through ownership, whether it be lease or tenancy;
- ii. It is accommodation that has been specifically designed, built or adapted to facilitate the care and support requirements of its owners or tenants; and
- iii. Access to care and support is available 24 hours per day.

2.5 **Frequently local planning authorities overlook the extra care model**, particularly the scale of an IRC and instead focus on retirement housing or care homes. **It is essential authorities recognise the different models which exist and plan to meet each of their respective needs. It is not appropriate to adopt a generic approach to provision as this is contrary to the NPPG which advocates providing a better choice of housing for older people.**

2.6 Private extra care development in the UK broadly reflects the economic boom of the middle part of the 2000s (see Table 1 below). Between 2005 and 2009 there was an acceleration of development, particularly IRC's. However, following the downturn in the residential housing market, the number of new, private extra care developments reduced significantly from 2009. Such developments have increased again from the mid-2010s resulting from the ever-increasing ageing population but provision tends to be well behind other types of specialist housing.

Recommendation One:

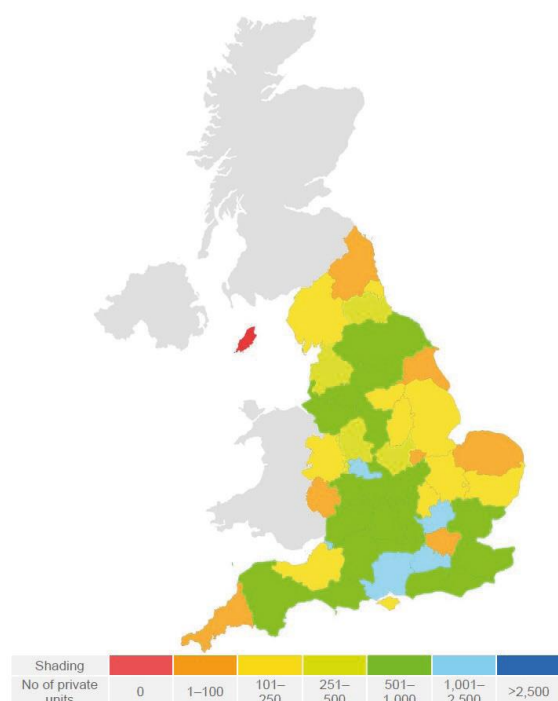
Local plans must be based on a clear understanding of specialist housing for older people and the Use Classes Order drawing upon the PPG and other relevant guidance.

Table 1.

Older people's housing by age of construction					
Decade	Schemes	Total units	Private units	% of private units	Average scheme size
Unknown	487	11,701	9,384	5.4	24
Prior to 1970	130	2,895	2,171	1.3	22
1970s	50	1,405	948	0.6	28
1980s	1,886	66,086	59,987	34.8	35
1990s	864	30,018	26,418	15.3	35
2000s	932	40,054	34,963	20.3	43
2010s	1,079	52,632	37,107	21.6	49
Forthcoming	46	2,184	1,141	0.7	47
Total	5,474	206,975	172,119	100.0	37.8

Source: Carterwood, EAC database May 2019. (Note. EAC database includes all schemes, including private rental and 'other' tenure types, the latter making up a small proportion of total units. 'Unknown' schemes are likely to be older developments where no date of construction has been provided.)

Figure 2. Private older people's housing per county with on-site care and facilities



Source: Carterwood, EAC database May 2019

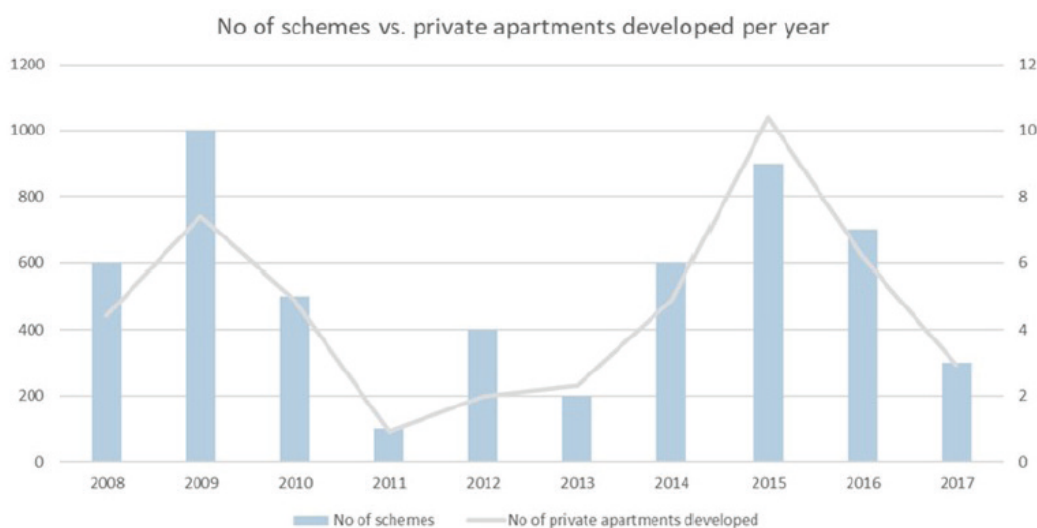
- 2.7 The average size of specialist housing for older persons' developments has increased year on year, driven by larger IRC / retirement village style developments and to achieve economies of scale when providing on-site care and facilities.
- 2.8 It is important that a range of tenure types are provided for, to meet the housing needs of older people. For the private sector, the decision to acquire (usually leasehold) or rent an extra care unit is choice driven, whereas in the affordable sector it is more likely to be based on need.
- 2.9 For those choosing to acquire or rent a private extra care unit they should be able to choose the type of accommodation that best suits their circumstances and consequently planning policy needs to support the delivery of housing types that meet the relevant local demand. **In areas where there is high provision of home ownership, the policy should encourage higher rates of private extra care delivery to match tenure.** Put simply, a home owner is unlikely to be eligible for affordable extra care meaning that private extra care provision is going to be required to provide a choice for that older person.
- 2.10 Figure 2 above shows the geographic distribution by county in England of private older people's housing units where on-site care and facilities are provided. Overall, it shows an historic low level of provision across England resulting in under supply and increasing needs.
- 2.11 There are a variety of site size requirements dependent upon the operator, the proposed scheme and its location. They tend to range between 0.5 to 1.5 acres for traditional retirement housing schemes and care home schemes where a lower level of amenities is provided on site and fewer units, up to approximately 10-12 acres for the comprehensive IRC/extra care schemes.

- 2.12 Despite rising sales rates and a demand that is tending to outstrip supply, the UK has only 4,535 private older people's housing schemes, including 124 'care villages' at 2018 (based on the EAC definition of care village).⁹ *Note: Care village is the same as an IRC.*
- 2.13 There have been fluctuations in new developments during the ten years to 2017 (see Table 2 below), which compares the number of schemes developed against the number of private apartments (or units) per year. These developments are operated by, amongst others: Audley Group, Inspired Villages, Retirement Villages, Richmond Villages, LifeCare Residences, The ExtraCare Charitable Trust, Joseph Rowntree Housing Trust, MHA and St Monica Trust.

Recommendation Two:

The local plan must be based on a robust evidence base that identifies the housing requirements of specialist housing for older people drawing upon appropriate sources recognised within the sector.

Table 2



Source: *Carterwood*.

⁹ Hartley, B (2018) Care Village Editorial. Healthinvestor

3. Deliverability & Use Class

- 3.1. Planning policies typically require there to be an identified need and for development to be proportionate to its surroundings. However, in terms of deliverability for extra care, for the communal facilities, funding and infrastructure, there is a minimum scale required for a development to work, both financially and operationally.
- 3.2. **A development requires a minimum scale of development to be viable whilst meeting the identified need. This means it is not realistic to disaggregate an IRC into smaller amounts as it would not be viable for an operator to deliver the units and the associated facilities and care.**
- 3.3. A 'standard' model for Inspired Villages is for approximately 150 units of accommodation (mix of cottages, bungalows and apartments ranging from 1, 2 and 3-beds) with some 210,000 sq.ft of floorspace, of which, approximately 20-25% would be communal facilities.
- 3.4. Communal facilities typically include: a café/bar; restaurant; activity/craft room; meeting room; hairdressers; and a wellbeing centre comprising treatment rooms, fitness studio and pool. These facilities are referred to as 'non-saleable space'. The extent of communal facilities provided within an Inspired village is significant and are accessible to residents, their visitors and also non-residents (wellbeing centre on a membership basis) – this is not a gated community but designed to be an important part of the local community.
- 3.5. Planning policies must be sufficiently flexible to take account of current identified and projected need for older people's housing. The introduction of an exceptions-based policy will assist the delivery of extra care to meet the *critical* need identified by the Government and must reflect the different typologies of specialist housing for older people. A generic approach is inappropriate as this does not serve to meet the identified needs nor provide the choice required for older people.

Recommendation Three:

The local plan should set out clear and specific policy/policies to address housing needs for older people (e.g. integrated retirement communities / extra care):

- 1. On land in, or adjacent to settlement boundaries where those settlements provide a certain level of services and facilities.**
- 2. Where the proposed development provides sustainable transport measures and communal facilities.**
- 3. Where there is an identified need.**

Use Class

- 3.6. When determining the use class for specialist older people's housing, **the key considerations are the level of care and scale of communal facilities provided.**¹⁰ Indeed these are the key reasons why an elderly person chooses to move. Extra care is not accommodation alone. It provides both 24-hour care and communal facilities, which enables individuals to live independently in their own home, with the security and amenities that allow for peace of mind.
- 3.7. Such developments are C2 rather than C3 use class, even when there is no registered care home as part of the development. This has been identified in planning appeals such as West Malling in 2018, amongst others.^{11 12 13} LPAs seeking to wrap older persons housing into a general residential C3 use or applying affordable housing policy based upon a deficient evidence base acts as a barrier to delivery.
- 3.8. In July 2018, ARCO stated *'More work needs to be done, including clear guidance for councils to make provision for the different needs of older people. Without this there is a risk of the NPPF becoming a blunt instrument which fails to make a difference to planning decisions'* and supported a *'more explicit statement that C2 use classes include genuine housing with care developments.'* Inspired Villages is an ARCO Approved Operator and adheres to their Consumer Code which provides a benchmark for good practice in the sector.
- 3.9. The reason for the lack of clarity is because the Use Classes Order pre-dates the introduction of the variety of options for accommodation (with or without care) that now exist. The Use Classes Order is in need of updating.
- 3.10. The 2019 report *'Shining a spotlight on the hidden housing market'*¹⁴ considered that a new use class should be created specifically for specialist housing for older people as they have previously fallen under C2, C3 or sui generis. This has led to inconsistencies in terms of delivery, location and affordable housing provision between local authorities. The term specialist housing for older people covers a range of types of development. Some of those types of development do not involve the delivery of care, nor the inclusion of facilities that support the delivery of care and on-going 'wellbeing' and it is generally agreed that those developments fall within use class C3, whereas an IRC or extra care falls fully within C2.
- 3.11. **It is essential that the Local Plan's evidence base and viability assessment properly understands the IRC model and its associated extra significant costs.** It is not appropriate for a C2 development to attract the same affordable housing requirement as C3 residential which does not have such costs to development. For example, C2 extra care construction costs are significantly higher than C3 residential and phasing is longer; sales rates are slower; and the extensive communal facilities are delivered upon first occupation – a significant capital cost (including cost of staffing).
- 3.12. Specialist housing for older people differs in a number of ways, which affects its viability. This all feeds into the consideration of whether or not it can fund additional obligations such as affordable housing, including:

- Funding;
- The long-term operation, management and ownership of the site;
- The provision, maintenance, upkeep and management of the significant communal facilities, including its delivery before the first unit is occupied; and
- Staffing

3.13. These factors are intrinsic in recognising the extra care model is very different from C3 residential, which directly affects deliverability, and in turn, the inappropriateness of applying policy intended to be applied to C3 residential. **Local Plan Viability Assessments must assess the different typologies of specialist housing for older people in recognition of the different costs associated with them and in distinction from C3 residential.**

3.14. The following principles are drawn from recent appeal decisions, for example, Retirement Village Group's appeal at Lower Shiplake¹⁵ grapples with use class and the application of affordable housing policies:

- Though it may be reasonable to consider individual self-contained units of accommodation as dwellings, where the proposed development forms a collection of units of accommodation with extensive communal facilities, beyond that reasonably likely to be provided in C3 residential accommodation, and which clearly exists to serve the residents, both the units and the communal facilities are intrinsic to each other forming part of the same planning unit.
- The planning unit as a whole exists to provide accommodation with care, to people in need of care, falling wholly within use class C2.
- Where the units are occupied only by residents in need of, and receiving, a minimum level of care, their existence is founded on the need for, and delivery of accommodation with care, for those in need of care, in direct correlation with use class C2. Where this is secured through occupation restrictions set down within a legal agreement, the terms of the grant of permission mean it can only be used for use class C2.
- Where care and assistance are provided at additional cost to an occupant, the occupant is only likely to choose to live there if they are in need of that care and assistance.
- Care can cover a very broad range of activities that assist people in carrying out everyday tasks, which may become increasingly difficult with age. What is important is that the planning unit is designed and exists to provide care, and which can increase over time. The physical attributes of the building, the interconnectivity between accommodation and facilities and the extent of communal facilities are all relevant to assessing the nature of the development.

¹⁵ Paragraph 43 - Appeal Decision APP/Q3115/W/19/3220425 Land to the east of Reading Road, Lower Shiplake, 14 October 2019

- 3.15. The fundamental point arising from this is that these developments exist to provide accommodation with the availability of care and the provision of extensive communal facilities. With regard to these points and the guidance provided in the PPG: *'when determining whether a development for specialist housing for older people falls within C2 (Residential Institutions) or C3 (Dwellinghouse) of the Use Classes Order, consideration could, for example, be given to the level of care and scale of communal facilities provided.'*
- 3.16. **An Inspired village has a high level of care available and significant amount of communal facilities on-site meaning it is clearly a C2 use.** This has been established in a number of planning decisions in various local authorities including Reigate & Banstead; Wealden District; Maidstone Borough; Bedford Borough; Central Bedfordshire; South Oxfordshire; Horsham District Council; and others.

Definitions of care

- 3.17. A definition of 'care' is provided in the interpretation section (Section 2) of the Use Classes Order, as follows:

"care" means personal care for people in need of such care by reason of old age, disablement, past or present dependence on alcohol or drugs or past or present mental disorder, and in class C2 also includes the personal care of children and medical care and treatment."

- 3.18. The 1987 Use Classes Order pre-dates the formal definition of the term 'personal care' in the health legislation. For the avoidance of doubt, the term 'personal Care' is now defined in the health and social care legislation, regulations and guidance, having been introduced in 2008; however, the reference to 'personal care' in the definition of care provided in the Use Classes Order is not synonymous with the health legislation definition, which did not exist at the time it was written. The definition in the Use Classes Order can only be taken in its practical sense, as described, i.e. 'individual' care to a person in need of care.
- 3.19. The different approach by different local authorities has led to different operational restrictions/obligations being secured at different sites that essentially constitute very similar development, not helped by a Use Classes Order which is now of some considerable age. This is understandably difficult to manage and unpredictable for developers of this type of development.
- 3.20. To support delivery, we strongly encourage the LPA adopts policies which allow for the specific circumstances of the proposal to be assessed in each case, rather than seeking to pre-determine use class based on a particular characteristic; and to be clear that affordable housing policies designed to apply to unrestricted C3 residential does not apply to C2 extra care. Where there is doubt, policies should provide sufficient flexibility for specific circumstances (e.g. viability) to be assessed through a planning application, unless specialist housing for older people had been fully considered at the plan-making stage (infrastructure, relevant policies and local and national standards, cost implications of Community Infrastructure Levy (CIL) and Section 106.¹⁶

4. Evidence base and approach for local plan-making

National planning policy context

- 4.1. The NPPF stresses the importance that the needs of groups with specific housing requirements are addressed, with paragraph 62 stating *‘the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies’*, including for older people.
- 4.2. The PPG (Housing for older and disabled people) (2019) identifies the evidence that plan-makers should consider when assessing the housing needs of older people; in terms of census data, projections of population and households by age group, together with the future need for specialist accommodation for older people broken down by tenure and type (e.g. sheltered housing, extra care)¹⁷. This can be assessed from online tool kits provided by the sector, and evidence prepared by health and well-being boards together with comparisons with other local authorities.

“The need to provide housing for older people is critical¹⁸”

- 4.3. With specific regard to planning and the supply of specialist housing for older people, the PPG sets out the following guidance for local planning authorities:
 - a. Set clear policies to address the housing needs of groups with particular needs such as older and disabled people. These policies can set out how the LPA will consider proposals for the different types of housing that these groups are likely to require.
 - b. Can provide indicative figures or a range for the number of units of specialist housing for older people needed across the plan area throughout the plan period.¹⁹
 - c. Include the provision of housing for older people for monitoring progress when preparing the Authority Monitoring Report.²⁰
 - d. Plans need to provide for specialist housing for older people where a need exists. Innovative and diverse housing models will need to be considered where appropriate. Plan-makers need to consider the size, location and quality of dwellings needed to allow them to live independently and safely in their own home for as long as possible, or to move to more suitable accommodation if they so wish.²¹
 - e. Allocating sites can provide greater certainty for developers and encourage the provision of sites in suitable locations, which may be appropriate where there is an identified unmet need. Location is a key consideration with factors including proximity to good public transport, local amenities, health services and town centres.²²

¹⁷ NPPG Paragraph: 004 Reference ID: 63-004-20190626

¹⁸ NPPG Paragraph 001 Reference ID: 63-001-20190626

¹⁹ NPPG Paragraph: 006 Reference ID: 63-006-20190626

²⁰ NPPG Paragraph: 007 Reference ID: 63-007-20190626

²¹ NPPG Paragraph: 012 Reference ID: 63-012-20190626

²² NPPG Paragraph: 013 Reference ID: 63-013-20190626

Recommendation Four:

The local plan should **set indicative figures or a range for the number of specialist housing for older people needed across the plan area and throughout the plan period and this must recognise the diverse models that exist.**

Recommendation Five:

The local planning authority must **monitor the delivery of specialist housing for older people and deliver action plans to address under provision.**

Recommendation Six:

The local plan should consider the **inclusion of specialist housing for older people within appropriate strategic or other site allocations** subject to consideration of need, site and locational factors and deliverability.

Evidence base and methods

- 4.4. The typical average age of entry to private extra care is 80 to 82 years, with an age range of 70 to 90 years forming the bulk of residents. Typically, single females occupy 65–70% of units, couples 20–25%, and single males 10%.²³ As such, it is important to assess the relative age profile of a catchment market to establish the size of the population matching this demographic, both in relative and absolute terms.
- 4.5. Older people will make a choice whether to move into extra care and to own or rent their property. This means the choice can be a large financial decision, often coinciding with a need to leave the larger family home, as well as an emotional decision, perhaps following the death of a spouse/partner or health related issues.
- 4.6. The key demographic profile is where the decision maker of any property buying decision, meets the following criteria:
- 65+ years – we know from empirical evidence that the average age of those entering private extra care is 80+ years of age, and typically those entering retirement housing is 70+ years. The key demographic is the 65+ year age group.

²³ Carterwood Focus, Issue 13 (2014) Extra care housing – where do residents come from?

- Owns their property outright – therefore, has the required equity in their own property to form the means of being able to make a private property purchase or rental decision.
- 4.7. **It is important the evidence base properly assesses supply and demand, given the substantial increase in the elderly demographic, the high proportion of home ownership for those aged 65+ and the rapidly increasing cost of caring for the elderly population.** The growth in the elderly demographic is not considered the best way of predicting demand for particular types of elderly care and accommodation, as traditional residential care homes make way for new forms of accommodation and care.
- 4.8. By considering older people’s preferences should they need care, the Housing LIN advises that although over 60% of people wish to remain in their home, this decision may be limited by a lack of choice of alternative housing, rather than preference. Often a choice is made based on what is available with a decision being made following a crisis event, when need is greatest.
- 4.9. Kerslake and Stilwell²⁴ estimated about one-third of the population entering a care home ‘*could have moved to a form of housing with care as a viable alternative, with a further third who could have managed in such housing had they moved at some time earlier in their care history*’. Other models for estimating demand for supported housing and housing markets and independence in old age include Ball and which endorses the approach that Councils should shift away from care home provision in favour of specialist housing for older people.²⁵
- 4.10. LaingBuisson’s ‘*Extra Care Housing UK Market Report*’²⁶ does not provide a tool for assessing demand, but instead refers to the demographic factors that are likely to influence demand, as follows:
- An expansion of the older population;
 - A reduction in the pool of young adults available for training as nurses or care assistants to work in the community or care homes;
 - An increase in the number of middle-aged people looking after children and a parent;
 - An increase in the proportion of older people with a living child;
 - Changes in the health and dependency levels of older people; and
 - Changes in the patterns of immigration by potential care workers and emigration by trained care staff.
- 4.11. LaingBuisson’s Age Standardised Demand (ASD) rates for care home beds shows a trend whereby demand for residential care beds has reduced as alternatives to residential care are developed. This provides benefits to stretched adult social care service budgets.
- 4.12. The use of comparative evidence and indicators from a variety of sources is a useful method to ascertain the indicative level of need for extra care in a particular local authority area. Other accommodation options in addition to IRC’s will continue to remain open, including remaining

²⁴ Kerslake, A and Stilwell, P (2004) What makes older people choose residential care, and are there alternatives? Housing Care and Support

²⁵ Ball, M (2011). Housing Markets and independence in old age: expanding the opportunities. Henley, University of Reading

²⁶ LaingBuisson (2015) Extra Care Housing UK Market Report, Thirteenth Edition

in their own homes, moving to retirement housing, a care home or to another informal care setting. **It is essential the local authority has a full understanding of the various forms of care and accommodation, knowledge of schemes and their availability, and input from a range of sources to determine appropriate indicative levels of need over the plan period (including existing shortfalls).**

4.13. The methods of determining demand in a given area reveal a clear message; that there is a strong and increasing demand for new forms of care and accommodation as an alternative to traditional residential care, alongside an increased requirement for nursing and dementia care homes for those with the highest care needs. The difficulty in trying to accurately assess demand for extra care housing is that, due to the relatively new nature of the product, there is no position of over-supply upon which to assess a position of balance. Essentially, the additional supply creates 'demand' when it is developed.

4.14. The government's response to the '*Inquiry into Housing for Older People*' (2019),²⁷ included the following points and which the local authority should consider in their plan preparation:

- *'We have a rapidly ageing population. The needs of older people are now different from previous generations and their aspirations around housing and lifestyles have changed dramatically.'*
- ***Offering older people a better choice of accommodation can help them to live independently for longer, improve their quality of life and free up more family homes for other buyers.***
- ***We recognise that the integration of housing with health and social care services is a vital part of ensuring that people are able to live healthier, more independent lives for longer.***
- ***We agree that more older owner-occupiers, living in low value housing, should have the opportunity to move to more appropriate housing as they age. At present, new commercial specialist older people's housing tends not to cater for this market while new supported housing is largely targeted at the most vulnerable. We are keen to encourage innovative approaches, especially from local authorities and housing associations.***
- ***More of all types of housing for older people – extra care, sheltered and accessible housing – need to be built across the social and private sectors.***
- *Older people moving home in later life could be part of the solution to tackling the housing shortage but there is little evidence to support this. We agree that further research into the impact of older people moving home on the housing market could contribute to a stronger evidence base to inform policy making.*
- *It is important that providers use clear terminology (with regard to the different types of specialist housing), so that people can make informed choices.'*

“There is a strong and increasing demand for new forms of care and accommodation as an alternative to traditional residential care.”

²⁷ Government response to the second report of 2017-2019 of the Housing, Communities and Local Government Select Committee Inquiry into housing for older people. (September 2018)

4.15. The government's Social Care White Paper '*Caring for our Future*',²⁸ committed to provide support to help local authorities develop their market capacity to provide greater choice for users and drive up quality in care services. The Developing Care Markets for Quality and Choice programme, launched by the Department of Health in 2012, was intended to support local authorities to improve capacity through preparing or improving their Market Position Statements.

4.16. The '*Top of the Ladder*' report by Demos,²⁹ the leading cross-party think tank, provided some key findings:

- *'Retirement properties make up just 2% of the UK housing stock, or 533,000 homes, with just over 100,000 to buy. One in four (25%) over-60s would be interested in buying a retirement property – equating to 3.5 million people nationally.'*
- *'More than half (58%) of people over 60 were interested in moving. More than half (57%) of those interested in moving wanted to downsize by at least one bedroom, rising to 76% among older people currently occupying three, four and five-bedroom homes.'*
- *'If just half of the 58% of over-60s interested in moving (downsizing and otherwise) were able to move, this would release around £356 billion worth of (mainly family-sized) property – with nearly half being three-bedroom and 20% being four-bedroom homes.'*

4.17. The report suggested a number of national policy recommendations to assist in overcoming these problems:

- *'Giving retirement housing special planning status akin to affordable housing, given its clear and demonstrable social value.'*
- *'Tackling S106 and community infrastructure levy (CIL) planning charges, which make many developments untenable and affect them disproportionately compared with general needs housing developments'.*
- *'Quotas and incentives for reserving land for retirement housing, and linking this to joint strategic needs assessment and health and well-being strategies for local areas.'*

4.18. **Inspired Villages recommends clear policies in development plans to support new IRC's / extra care schemes.** The evidence is clear, as are the benefits to support the approach and deliver much-needed specialist accommodation for older people.

“One in four (25%) over-60s would be interested in buying a retirement property.”

²⁸ HM Government (2012) *Caring for our future: reforming care and support*

²⁹ Wood, C (2013). *The Top of the Ladder*. Demos

5. Local Authority Plan Making

- 5.1 Many local authorities are increasingly aware of the variety of accommodation and care options available to enable older people to receive care in their own homes, and as a more cost-effective alternative to residential care. In certain areas, they are considering the potential for the reconfiguration of dated and under-used sheltered housing stock to provide additional, affordable extra care housing.
- 5.2 In reality, upgrading sheltered housing to extra care suitable for those with increasing care needs is rarely the most efficient solution, as existing developments are often too small to enable the required economies of scale to deliver 24-hour on-site care, nor are they able to provide the layout and additional communal facilities necessary to form a genuine extra care community.
- 5.3 The Housing LIN considers that the later living market needs to be made both acceptable and financially viable to enable older people to move from unsuitable accommodation (too large to manage, costly to maintain, poorly located or ill-equipped to deal with changing needs) to better, thoughtfully designed homes in sought-after places. Right-sizing does not mean a compromise on design and new homes that are accessible and adaptable and can meet with the current and future lifestyle goals of potential residents.
- 5.4 **There is a strong preference for older people to remain independent for as long as possible, and extra care housing appeals to this desire – it provides their own home, their own front door but within a communal setting with the flexible provision of care on site to adapt to their changing needs.** The key issues leading people to move into extra care are health and care requirements, frequently prompted by the death of a spouse or partner. The decision to move is often strongly influenced by immediate relatives, and the more frail or vulnerable the elderly person, the more this applies. Aspects such as accessibility and convenience for visiting play a major role in decision-making.
- 5.5 An estimated six million people provide significant support to elderly relatives, neighbours and friends across the UK. This factor contributes additional demand, as carers understand the benefits associated with their charges moving to an environment where some of the care burden can be shared, allowing them to remain, sometimes indefinitely, outside of the care home environment. Additionally, the family is often involved in a decision to move a loved one into extra care, located more conveniently, so that regular visits are more easily made and concerns over ‘welfare at a distance’ can be eliminated.
- 5.6 In 2019, ARCO partnered with ProMatura to conduct the biggest ever study of retirement communities, 30 with surveys of residents representing 81 communities³⁰ and 15 different care operators, which provided evidence of the huge health, wellbeing and security benefits for residents.

³⁰ ARCO with research by ProMatura International (2019) Housing, Health and Care. The health and wellbeing benefits of Retirement Communities

- 5.7 The main reasons given for moving to an IRC were cited as: less need for property maintenance, access to communal facilities, and the availability of 24-hour support and domiciliary care on site. The benefits of living in extra care included: being more active and healthier for longer, the ability to enjoy life, having greater control, and feeling safe and secure with a consequent reduction in loneliness.
- 5.8 The resultant recommendations for action set out, amongst others, that the government and local authorities should:
- *‘Develop a legal and regulatory framework for Retirement Communities to bring the UK into line with leading countries around the world*
 - *Develop a clear definition and terminology for Retirement Communities and recognise the significant contribution they are making to our health and social care systems*
 - *Provide more funding and land for affordable housing in Retirement Communities*
 - *Undertake further research on the level of Retirement Community supply and demand in their areas*
 - *Ensure they have provisions in their local plans for Retirement Community housing*
 - *Partner with specialist Housing Associations with expertise in extra care Retirement Communities to increase provision.’*
- 5.9 Tailored housing that is accessible, well designed and well located to facilities (particularly those on-site) may reinvigorate a person’s social life through their offer of a wide range of activities and communal areas that provide opportunities for making new friends. There is evidence that residents have better health outcomes than older people living elsewhere; designs that minimise the risk of falling, for example, and social activities that reduces loneliness and isolation.
- 5.10 By providing an attractive alternative type of accommodation in the form of extra care housing, older homeowners may benefit from releasing equity from their existing properties, which they can use to fund their retirement years. Extra care can also contribute to addressing wider housing market concern, by releasing their homes onto the market for families.
- 5.11 There are other benefits in promoting extra care as they can reduce the demand upon health and social care. Research from Aston Research Centre³¹ in 2015 set out that the NHS saved more than £1,000 per year on each resident living in Extra Care Charitable Trust’s schemes between 2012 and 2015. The Homes for Later Living *‘Healthier and Happier’* report³² suggests that each person living in older people’s housing contributes to a fiscal saving to the NHS and social care of approximately £3,500 per annum. Inspired Villages typical model providing 150 units would generate a population of approximately 195 residents (average occupancy 1.3 persons per unit) **resulting in savings of £680,000 to the NHS and social care every year**. This is a significant benefit and widely acknowledged as such in Section 73 planning appeals.

³¹ Holland, C (2015) Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the ExtraCare Charitable Trust

³² WPI Strategy for Homes for Later Living (2019) Healthier and Happier; An analysis of the fiscal and wellbeing benefits of building more homes for later living

Recommendation Seven:

The local plan and its evidence base must recognise the significant benefits associated with specialist housing for older people and this can inform planning decision making.

- 5.12 As an operator, unlike C3 residential developers, Inspired Villages considers the long-term ownership and management of the site. Therefore, it is vital that we secure suitable sites and planning permissions which enables the implementation of a viable development. It is often very difficult for an operator, such as Inspired Villages to secure sites on the open market due to competition from residential developers who do not provide the level of facilities or care that an IRC does.
- 5.13 The inclusion of positive policies to support extra care could give landowners an incentive to proceed with this type of development over a C3 residential developer and can be justified on the basis that extra care developments are relatively self-contained because of the extensive communal facilities on-site (which are also publicly accessible); lower traffic generation as trips are predominantly off-peak; are employment generators; and can result in savings to the NHS and adult social care. All of which are significant benefits.
- 5.14 We recommend the LPA properly engages with the extra care sector regarding the potential for including this form of development in site allocations to ensure this would be deliverable and an appropriate site location. The sector is an emerging market and operators do not tend to have strategic land, meaning they may not be able to promote potential sites at the time the local plan is being prepared.
- 5.15 To avoid being prejudiced, LPAs should consider whether policies allow for a greater degree of flexibility for proposals for specialist housing for older people on land that may otherwise be inappropriate for standard residential development, for example, adjacent to settlement boundaries where those settlements provide a certain level of services and facilities. Such a policy approach has been applied in authorities, such as Hart District, South Northamptonshire and Horsham District (see examples at back of document.)

Recommendation Eight:

The local plan should **set out different policy requirements**, for example, affordable housing, **for specialist housing for older people (C2 use) compared to residential development** within the C3 use class and the evidence base, viability must be taken into account the different circumstances between the uses (e.g. integrated retirement communities/extra care provide significant levels of communal facilities - non saleable floorspace - and their ongoing maintenance and management, staffing, funding, etc). Where there is doubt, policies should provide sufficient flexibility for specific circumstances, which may include viability, to be assessed through a planning application.

- 5.16 Inspired Villages recognises that some LPA's have specifically considered the need for policies to be adopted to support the delivery of affordable extra care type housing, principally derived by County Council's Market Position Statements endorsing this tenure because this is the tenure which they are responsible for commissioning. Inspired Villages is concerned to ensure planning policy also gives sufficient policy support for the full range of specialist housing provision to serve older people, including private extra care/IRC's, as set out in the definitions of specialist housing in the PPG.
- 5.17 **The need identified for both affordable and private tenures must be recognised, and LPAs have a duty to plan for the delivery of development to meet all housing needs.** The 'critical need' has been identified in the PPG and the requirement to ensure sufficient land is available to address housing requirements of groups with specific needs and incorporate policies that deliver housing for all is identified at paragraphs 59 and 61 of the NPPF. Private extra care is one of the options, along with care homes, affordable extra care, and private and affordable sheltered housing, that will cumulatively contribute towards addressing the need and having provided choice.
- 5.18 In addition to responding to this duty, planning policies that support the delivery of specialist housing for all older people, regardless of financial means, is of significant benefit to social care and NHS funding. This is because individuals who plan for their future by using their own private financial means to secure accommodation in a setting that supports their health and wellbeing, without or before the need to call on the NHS and social care, will significantly reduce their need to draw on these socially funded services. Prevention of health issues is vital to the resilience of the NHS and social care services. LPAs should not underestimate the beneficial effect that supporting development proposals that facilitate people to fund and plan for their own health and wellbeing.
- 5.19 **We therefore strongly encourage the LPA to produce policy, which supports the delivery of specialist housing to meet the needs of older people in line with the requirements of the NPPF**

and the PPG which states *“where there is an identified unmet need for specialist housing, local authorities should take a positive approach to schemes that propose to address this need.”*³³

Rectory Homes Judgement

Rectory Homes Ltd sought permission for ‘the erection of a ‘Housing with Care’ development (use class C2) for 78 open market extra care dwellings and a communal residents centre’ in Thame, South Oxfordshire. Both the applicant and the local planning authority agreed that the proposed use fell within use class C2, but there were differing opinions as to whether an affordable housing contribution was required.

The question to be determined by the Court was whether the proposed C2 units were ‘dwellings’ for the purpose of the development plan policy. The Court concluded that units of accommodation that allow for independent living comprise dwellings despite falling within use class C2 meaning that an extra care development may be caught by a widely drafted policy requirement to provide affordable housing.

Consequently, the decision has the potential to cause significant difficulties for the sector, resulting in an increased reliance on viability assessments, resulting in further cost and uncertainty in the planning process. This has the potential to disincentivise delivery of a much-needed form of specialist accommodation in circumstances where providers are already at a disadvantage against traditional residential developers due to the inherent costs within a retirement community development.

It is important that the drafting of affordable housing is precisely worded to reflect its applicability to C3 residential dwellings, particularly where the Council’s evidence base viability work has not assessed retirement communities.

³³ NPPG Paragraph: 016 Reference ID: 63-016-20190626

Examples of other local authorities taking a positive policy approach

Hart Local (Plan Strategy and Sites) 2032 (adopted 30 April 2020):

Policy H4 - Specialist and supported accommodation (as per main modifications)

Proposals for specialist and supported accommodation that meets the needs of older persons or others requiring specialist care will be permitted:

- a) on sites within settlement boundaries; and
- b) on sites in the countryside provided:
 - i. there is a demonstrated need for the development; and
 - ii. there are no available and viable alternatives within settlement boundaries; and
 - iii. the site is well related to an existing settlement with appropriate access to services and facilities either on or off site.

South Northamptonshire Part 2 local plan (adopted 22 July 2020):

Policy LH6 - Specialist housing and accommodation needs

1. Proposals to meet older persons / specialist housing needs for two or more dwellings will be supported on suitable sites that are within the settlement confines subject to the following criteria:
 - a) The location is well served by public transport or within walking distance of community facilities (within 400m) such as shops, medical services, public open space, and social networks appropriate to the needs of the intended occupiers, or where this is not the case, such facilities are provided on site; and
 - b) The scale, form and design of the development is appropriate to the client group and in relation to the settlement where it is located; and
 - c) Highway, parking and servicing arrangements are satisfactorily addressed; and
 - d) Gardens and amenity space are provided and are of an appropriate size and quality.

Proposals for older persons / specialist housing on suitable sites immediately adjacent to the settlement confines of Rural Service Centres and Primary Service and Secondary Villages (A) should meet all of criteria (a) to (d) above and:

- e) The scale of development should be clearly justified by evidence of need in the district; and
 - f) Evidence is provided which demonstrates that there are no alternative suitable available sites within the adjacent confines.
2. Proposals for specialist housing and accommodation to meet clearly evidenced needs arising from outside the district will be considered where they relate to suitable sites that are within or immediately adjacent to the confines of the Rural Services Centres.

Horsham District Planning Framework (November 2015)

Policy 18 Retirement Housing and Specialist Care

3. Proposals for development which provide retirement housing and specialist care housing will be encouraged and supported where it is accessible by foot or public transport to local shops, services, community facilities and the wider public transport network. The Council will particularly encourage schemes that meet identified local needs for those on lower incomes and provide affordable accommodation for rent or shared ownership / equity.
4. Large scale 'continuing care retirement communities' will be supported in appropriate locations, normally within defined built-up areas, where they can be justified in terms of meeting identified need, and:
 - a) Provide accommodation for a full range of needs, including care provision separate from the self-contained accommodation;
 - b) Include 'affordable' provision to meet identified local needs, or where this is not possible, provide an appropriate commuted sum in lieu of on-site units; and
 - c) Include appropriate services and facilities, including transport, to meet the needs of residents / staff and which contribute to the wider economy.

Vale of Aylesbury District Council Local Plan 2013-2033 (adopted 15 September 2021)

Policy H6b Housing for older people – in addition to identifying eight site allocations and four broad locations for the provision of C2 accommodation, also proposes:

3. Proposals for C2 older people accommodation will be granted permission provided the following criteria are met:
 - a) The proposal is in a sustainable location for amenities and services
 - b) There is an identified package of care provision on site
 - c) Minimum Clinical Commissioning Group inspected space standards are met or exceeded
 - d) Facilitates social and recreational activity are provided
 - e) Guest accommodation is provided (unless the proposal is for Extra Care Sheltered Accommodation)

Inspired Villages

The *best* years of your life?

Inspired Villages Group Ltd,
Unit 3, Edwalton Business Park,
Landmere Lane, Edwalton,
Nottingham, NG12 4JL.

T: 0115 666 8750

E: info@inspiredvillages.co.uk

www.inspiredvillages.co.uk

Follow us on     

In partnership with 
**Legal &
General**

Pegasus
Group 

 improve decision making
carterwood[®]



APPENDIX 3

CONTACT CONSULTING SOCIAL NEEDS REPORT



**Social Needs Report,
supporting the provision
of 149 units of Extra Care
accommodation and
associated facilities in
Ampfield Meadows Care
Village which is within the
Test Valley LPA**

Prepared for Inspired Villages Group

**Nigel Appleton
with David Appleton**
17th February 2021



Contents

	Page
1 Why might the needs of older people require special consideration?	2
2 The context for the development in national policy and guidance	5
3 The context in local policy	13
4 Understanding the development of accommodation and care options for older people	23
5 The demography of the older population	27
6 Indicators of need within the resident population of older people	31
7 The tenure profile of the older population	38
8 The current supply of specialist accommodation for older people	40
9 The benefits to Health and Social Care of specialised housing for older people	45
10 The approach to examining need and setting it against current supply	53
11 Forecasting Future Need	54
12 The evidence in summary	59
Annex One Explanation of terms used in this report	63
Annex Two Specialist Accommodation for Older People in Test Valley District	65
Annex Three POPPI data sources	74
Annex Four The authors of this report	77

1 Why might the needs of older people require special consideration?

1.1 The purpose of this section is to set out the range of considerations that should be taken into account when planning to respond to the housing and care needs of older people.

1.2 Older people do not constitute a homogeneous group and their accommodation and care needs are diverse. Taking the conventional threshold age of 65 years it is immediately apparent that those at or above this age constitute a substantial proportion of the total population, in Test Valley District: 22.06% in 2020, rising to 27.68% by 2040. Those in advanced old age, that is those who are 90 years of age or over, are the fastest growing age group in the local population, projected to increase by 133% between 2020 and 2040.

1.3 The majority of those in early old age will be physically fit with their capacity for independent living uncompromised by their health status or functional capacity. In contrast a high proportion of those in advanced old age will be coping with reduced mobility, with chronic health conditions and a significant minority among them will be experiencing difficulties in coping with the tasks of self-care.

1.4 There is no one pathway through this experience: some will arrive at the end of life fit and independent to their last few days, others will have spent two or three decades coping with chronic health conditions, yet others will have been entirely independent until some traumatic event precipitates a sudden decline.

1.5 This variety of health and functional capacity status is overlaid on an equally diverse pattern of economic status, social and familial relationships, household composition, and tenure. All these factors influence not just what an individual may need in the way of accommodation and care but also what they can, in practical and economic terms, access when they need it.

1.6 Whilst the choices and compromises that older people make in navigating their way through the years of their old age will be influenced by their personal needs and circumstances, and by the practicality of what is available to them, they are also conditioned by their perceptions of old age and level of knowledge of the options available to them.

1.7 In the public perception old age generally carries negative connotations of inevitable decline, to be resisted or denied for as long as possible. This leads to a reluctance to identify future or emerging needs and to proactively make choices that will place individuals in accommodation, some of whose facilities they do not need immediately but which will become appropriate as their needs change. At present the majority of moves to specialised accommodation among older people are triggered by some form of trauma: a disabling illness, a fall, a period as a hospital in-patient, a bereavement, the anxiety or reality of being a victim of crime, and so on. In such circumstances moves may be influenced by the need for an immediate solution and what is available in a very tight timescale. The advantages of a more considered pre-emptive move are obvious.

1.18 Added to these inhibitions may be a relatively restricted knowledge of what is available, especially in relation to newer and emerging models of provision. For many their point of reference will be conventional Category Two Sheltered Housing provided by a local authority or a Registered Social Landlord and the role of the Sheltered Housing “Warden”, a title that is loaded with cultural implications that belong to an earlier age. For others, whilst they may not fully understand the Extra Care model the word “Care” in the title conjures up negative images of traditional Care Homes.

1.19 Limited knowledge and psychological inhibitions of the kind described limit the value of questioning those approaching old age, or those already passing through it, about their options and preferences for accommodation in old age. The commonly reported outcome of surveys seeking to establish the needs and wishes of older people and those approaching old age is that they want to stay where they are for as long as possible and accept, reluctantly that when they can no longer do that they may need to move to institutional care.

1.20 This provides no sound basis for a progressive strategic approach to ensuring that an appropriate and diverse range of options are available to older people so that through their accommodation they may have a context for a good old age as they move through changing health and personal circumstances.

1.21 The range of housing and care responses through which their needs and aspirations can be met is inter-active: capacity or scarcity in one part of the range of provision will impact on availability and access in other areas of the range. This is also a dynamic situation in which expectations among older people, the evolution of new offers from providers and the imperatives of public policy are driving change.

1.22 Public policy has had a focus on responding to those with higher levels of need for care and support. The reasons for this are obvious, both in relieving the pressures on the individuals themselves and upon their carers, but also in the public interest of constraining the burgeoning cost to the public purse of providing care by conventional means. This has been a driver of the encouragement of Extra Care provision in the Affordable or Social Rented sector and the focusing of commissioning of beds in Registered Care Homes on the higher end of care. However, those adjustments: reducing the reliance on an increase in Care Home beds and increasing the capacity of Extra Care in both Affordable and Market sectors need to be set within the context of ensuring a modern, appropriate and attractive range of options beneath them in the hierarchy of need.

1.23 Providing age restricted bungalows across all tenures, built to modern and accessible standards, or Extra Care not restricted to those with immediate and significant need or care is as much a contribution to meeting the diversity of need and achieving a balanced range of options as increasing the number of care beds.

1.24 In the absence of provision at the lower end of the hierarchy of care we observe “upward transfer” which puts avoidable pressure on those higher and more expensive categories of provision. For example, a person experiencing difficulties with mobility who is unable to cope in their current dwelling because of its layout and

design and unable to find a suitable housing based solution may move directly to Institutional Care when this far exceeds their current or immediate future needs. They will have surrendered a measure of independence and quality of life prematurely and someone whose needs required that place will be deprived of it.

2 The case for the development in national policy and guidance

2.1 National policy guidance has been consistent through successive administrations. The foundations for the current direction of travel was set by Labour administrations, carried forward by the Coalition Government and reconfirmed by the current administration in the 2017 Housing White Paper. The headlines of this consensus have been to encourage the maintenance of independence for older people for as long as possible, retaining them in their own homes where possible. Where a move is required to meet care needs the preference has been for Extra Care rather than increasing dependency on registered care homes.

Laying the Foundations: A Housing Strategy for England, 2011, DCLG¹

2.2 Half of all households in England are older 'established homeowners'. Some 42 per cent are retired and 66 per cent own their own home outright. As life expectancy increases, more of these households will need support to remain in their homes in later life. Limited choice in the housing market makes it difficult for older households to find homes that fully meet their needs.

2.3 The Government is committed to ensuring that housing and planning policies positively reflect the wide range of circumstances and lifestyles of older people, who already occupy nearly a third of all homes. Nearly two thirds (60 per cent) of the projected increase in the number of households from 2008–33 will be headed by someone aged 65 or over.

2.4 Planning homes and communities that enable older people to remain economically active, involved with their families, friends and community and able to choose where and how they live not only makes financial sense but also results in a better, more inclusive society.

2.5 Good housing for older people can enable them to live healthy, independent lives and reduces pressure on working families in caring for older relatives. It can also prevent costs to the NHS and social care. For some older people a move to a smaller, more accessible and manageable home can also free up much-needed local family housing.

2.6 New housing developments also need to make suitable provision for our ageing population in the long term. Ensuring a mix of property types, including Lifetime Homes, will help to provide the diversity and choice needed to support longer term independent living. The Lifetime Homes standard is widely adopted in mainstream housing developments and incorporates a range of features which makes homes more accessible and easily adaptable. Future needs will vary considerably at a local level and the number of Lifetime Homes within each

¹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/7532/2033676.pdf (Accessed 11/01/2017)
Laying the Foundations: A Housing Strategy for England, 2011, DCLG. Page 2. Para. 3. Page 48. Para's 6-8. Page 49. Para 8.

development should be made at a local level, in proportion to local need and aligned with other local housing support and information services

Funding Initiative to stimulate provision and modernization of Specialised Housing for older people.

October, 2012²

2.7 In October, 2012 Care and Support Minister Norman Lamb announced a renewal of funding to encourage the provision, or modernisation, of specialised accommodation for older people. Local authorities were encouraged to bid for part of a £300 million pot of money which will boost the supported housing market and help people grow old in their own homes. The aspiration of the initiative was that it should help create thousands of extra houses and flats specially designed for the needs of disabled and older people who need extra support. The Minister recognised that high quality, innovative housing can help people stay independent for longer by allowing them to receive care and practical help in their own home, reducing the need for them to go into care homes. Specialised housing available for owner occupation or shared ownership was a particular target for this initiative.

2.8 The broader benefit of freeing family sized housing in all sectors was endorsed by the recognition that specially designed housing of this kind can give people the option to downsize from a larger home to a more manageable property designed for their needs.

Market assessment of housing options for older people,

Pannell J, Aldridge H and Kenway P, May 2012, New Policy Institute.³

2.9 The study focused on the 7.3 million older households in mainstream or specialist housing in England (excluding care homes) which contain no-one below the age of 55.

- Around one-third of all households are older households. This proportion applies across most regions except for the South West (40 per cent) and London (22 per cent).
- 76 per cent of older households are owner-occupiers and most own outright; 18 per cent are housing association or council tenants, while 6 per cent are private sector tenants.
- 42 per cent of older households aged 55 to 64 are single, and this proportion increases with age.
- About 7 per cent of older households (530,000) live in specialist housing where a lease or tenancy restricts occupation to people aged over 55, 60 or 65. Most of these schemes are provided by housing associations

² www.gov.uk/government/uploads/system/uploads/attachment_data/file/377023/care_and-support_specialised_housing_fund_prospectus.pdf (Accessed 11/01/2017). **Care and Support Specialised Housing Fund Prospectus**. October 2012. Department of Health, Homes & Communities Agency.

³

www.npi.org.uk/files/5213/7485/1289/Market_Assessment_of_Housing_Options_for_Older_People.pdf (Accessed 11/01/2017) **Market assessment of housing options for older people**, Pannell J, Aldridge H and Kenway P, May 2012, New Policy Institute.

and offer special facilities, design features and on-site staff. Around 10 per cent of specialist dwellings are in schemes offering care as well as support.

- 93 per cent of older people live in mainstream housing. As well as 'ordinary' housing, this includes housing considered especially suitable for older people due to dwelling type (e.g. bungalows), design features (including 'lifetime homes') or adaptations (e.g. stair lifts).

2.10 Supply of and demand for specialist housing: the research confirmed that there is limited choice for older people who want to move to both specialist and alternative mainstream housing, in terms of tenure, location, size, affordability and type of care or support. Despite the majority of older people owning their homes outright, 77 per cent of specialist housing is for rent and only 23 per cent for sale. There are significant regional variations: the extremes are the North East (only 10 per cent for sale) and the South East (37 per cent for sale).

2.11 There has been recent interest, but slow progress, in developing different housing options for older people and in integrating these within mainstream new housing developments (which could attract older people who prefer to remain in mixed-age communities). There is extensive evidence on what older people are looking for and whether they stay put or move. Two bedrooms is the minimum that most older people will consider, to have enough space for family visitors, a carer, storage, hobbies, or separate bedrooms for a couple. Analysis of moves by older households in the last five years within the private sector (rent or owner-occupier) shows that 87 per cent move into a dwelling with two or more bedrooms. Yet much specialist housing is small (one-bedroom or sheltered bedsits). Some specialist housing is poorly located and there have been concerns about withdrawal of scheme-based staff. Depending on the method of estimation used, the projected growth in the older population requires an increase in the stock of specialist housing of between 40 per cent (200,000) and 70 per cent (350,000) over the next 20 years.

National Planning Policy Framework, July 2021⁴

2.12 The Government updated the National Planning Policy Framework published in 2018 with the publication of a new Framework Document in July 2021. In relation to the needs of older people it has little directly to say, beyond including them in the list of those whose particular accommodation needs should be taken into consideration in forming local plans.

“Within this context, the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies (including, but not limited to, those who require affordable housing, families with children, **older people**⁵, students, people with disabilities, service

4 Nation Planning Policy Framework, Ministry of Housing, Communities and Local Government, July 2021, Cm 9680

5 The Glossary to the NPPF provides the following definition for “Older People” within the Framework and Guidance:

“**Older people:** People over or approaching retirement age, including the active, newly-retired through to the very frail elderly; and whose housing needs can encompass accessible, adaptable general needs housing through to the full range of retirement and specialised housing for those with support or care needs.”

families, travellers, people who rent their homes and people wishing to commission or build their own homes).”
(Para 62)

2.13 The volume, location and characteristics of new homes to be provided, including those intended for occupation by older people, has to be assessed, using one of the methodologies identified in guidance:

“To determine the minimum number of homes needed, strategic policies should be informed by a local housing need assessment, conducted using the standard method in national planning guidance – unless exceptional circumstances justify an alternative approach which also reflects current and future demographic trends and market signals. In addition to the local housing need figure, any needs that cannot be met within neighbouring areas should also be taken into account in establishing the amount of housing to be planned for.” (Para 61)

2.14 Alongside the economic and environmental objectives of the planning process the introduction to the Framework identifies a “social objective”

“b) **a social objective** – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural well-being;” (Para 8b)

Planning Practice Guidance, June 2019⁶

2.15 This guidance seeks to assist Local Planning Authorities in preparing planning policies on housing for older and disabled people. It sets out the reasoning behind drawing particular attention to the needs of older and disabled people:

“The need to provide housing for older people is critical. People are living longer lives and the proportion of older people in the population is increasing. In mid-2016 there were 1.6 million people aged 85 and over; by mid-2041 this is projected to double to 3.2 million. Offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems. Therefore, an understanding of how the ageing population affects housing needs is something to be considered from the early stages of plan-making through to decision-taking.”

2.16 The guidance recognises that this is a diverse population with a diversity of needs and aspirations which will change as they move through old age:

“The National Planning Policy Framework glossary provides definitions of older people and people with disabilities for planning purposes, which

⁶ <https://www.gov.uk/guidance/housing-for-older-and-disabled-people>

recognise the diverse range of needs that exist. The health and lifestyles of older people will differ greatly, as will their housing needs, which can range from accessible and adaptable general needs housing to specialist housing with high levels of care and support. For plan-making purposes, strategic policy-making authorities will need to determine the needs of people who will be approaching or reaching retirement over the plan period, as well as the existing population of older people.”

2.17 The Guidance suggests that population data is the starting point for estimating future needs for a range of accommodation and housing related services to meet the needs of older people. It makes reference to a range of methodologies (which includes the methodology adopted in the preparation of this report) but specifically references only the SHOP@ Tool. The SHOP@ tool, like others, requires judgement concerning the assumptions that guide its set-up. None of the methodologies are neutral as all are influenced by the policy and other assumptions used. The Guidance makes only passing reference to the need for Registered Care Homes when most Adult Social Care authorities will wish to depress the expansion of Registered Care Homes in favour of increasing capacity in housing-based models:

“The age profile of the population can be drawn from Census data. Projections of population and households by age group can also be used. The future need for specialist accommodation for older people broken down by tenure and type (e.g. sheltered housing, extra care) may need to be assessed and can be obtained from a number of online tool kits provided by the sector, for example SHOP@ (Strategic Housing for Older People Analysis Tool), which is a tool for forecasting the housing and care needs of older people. Evidence from Joint Strategic Needs Assessments prepared by Health and Wellbeing Boards can also be useful. The assessment of need can also set out the level of need for residential care homes.”

2.18 The Guidance sets out a condensed range of categories of specialised provision for older people which, in some circumstances, could be unhelpful, blurring as it does the gradations that exist in the capacity of different models to offer a robust response to increasing levels of need. The authors acknowledge the limitations of what is provided:

“There is a significant amount of variability in the types of specialist housing for older people. The list above provides an indication of the different types of housing available, but is not definitive. Any single development may contain a range of different types of specialist housing.”

2.19 The Guidance makes it clear that Local Plans should respond to evidence of need by facilitating appropriate provision:

“Plans need to provide for specialist housing for older people where a need exists. Innovative and diverse housing models will need to be considered where appropriate.”

2.20 The requirement for specialised accommodation is rightly set within a context of ensuring that general housing is also sensitive to the needs of an ageing population:

“Many older people may not want or need specialist accommodation or care and may wish to stay or move to general housing that is already suitable, such as bungalows, or homes which can be adapted to meet a change in their needs. Plan-makers will therefore need to identify the role that general housing may play as part of their assessment.”

This rubric should not however be seen as an encouragement to “talk-down” the need for specialised accommodation.

2.21 Clearly the emphasis is upon ensuring that older people have choice within a range of options:

“Plan-makers will need to consider the size, location and quality of dwellings needed in the future for older people in order to allow them to live independently and safely in their own home for as long as possible, or to move to more suitable accommodation if they so wish”.

2.22 The Guidance takes a neutral stance on the issue of allocating sites for specialised housing for older people but sets out some possible criteria for site selection. The thinking behind these seems to be limited as some larger developments will be viable and attractive options for older people without the proximity to some existing local facilities the Guidance suggests:

“It is up to the plan-making body to decide whether to allocate sites for specialist housing for older people. Allocating sites can provide greater certainty for developers and encourage the provision of sites in suitable locations. This may be appropriate where there is an identified unmet need for specialist housing. The location of housing is a key consideration for older people who may be considering whether to move (including moving to more suitable forms of accommodation). Factors to consider include the proximity of sites to good public transport, local amenities, health services and town centres.”

2.23 The Guidance does offer a strong steer toward the meeting of unmet need for specialised accommodation for older people:

“Where there is an identified unmet need for specialist housing, local authorities should take a positive approach to schemes that propose to address this need.”

Care Act, 2014⁷

2.24 The Care Act 2014 sought to set a new baseline in relation to the provision of social care for adults. It re-defines roles, responsibilities and boundaries, setting out arrangements for the new world of personal budgets.

2.25 A priority within the Act was promoting inter-agency collaboration, both between Adult Social Care and Health and with other agencies, such as housing, in statutory, commercial and third sectors. It places a strong emphasis on services that contribute to well-being and delay or divert the requirement for more intensive forms of care.

Fixing our broken housing market. February 2017⁸

2.26 In relation to the assessing of housing requirements the White Paper asserts that the current system is complex and lacks transparency. The need for a more consistent approach and one that takes account of the needs of particular groups within each community with older people being particularly mentioned:

“The current approach to identifying housing requirements is particularly complex and lacks transparency. The National Planning Policy Framework (NPPF) sets out clear criteria but is silent on how this should be done. The lack of a standard methodology for doing this makes the process opaque for local people and may mean that the number of homes needed is not fully recognised. It has also led to lengthy debate during local plan examinations about the validity of the particular methodology used, causing unnecessary delay and wasting taxpayers’ money. The Government believes that a more standardised approach would provide a more transparent and more consistent basis for plan production, one which is more realistic about the current and future housing pressures in each place and is consistent with our modern Industrial Strategy. This would include the importance of taking account of the needs of different groups, for example older people”. (Para 1.2)

2.27 In a subsequent section further reference is made to the need to take account of the needs of an ageing society

“Whatever the methodology for assessing overall housing requirements, we know that more people are living for longer. We propose to strengthen national policy so that local planning authorities are expected to have clear policies for addressing the housing requirements of groups with particular needs, such as older and disabled people.” (Para 1.16)

2.28 The White Paper embraces the proposition that an appropriate range of options in accommodation for older people not only supports a better quality of life for older people it also offers benefits to the health and social care systems:

⁷ www.legislation.gov.uk/ukpga/2014/23/contents/enacted (Accessed 11/01/2017) **Care Act 2014**

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/590464/Fixing_our_broken_housing_market_-_print_ready_version.pdf

“Offering older people a better choice of accommodation can help them to live independently for longer and help reduce costs to the social care and health systems. We have already put in place a framework linking planning policy and building regulations to improve delivery of accessible housing. To ensure that there is more consistent delivery of accessible housing, the Government is introducing a new statutory duty through the Neighbourhood Planning Bill on the Secretary of State to produce guidance for local planning authorities on how their local development documents should meet the housing needs of older and disabled people. Guidance produced under this duty will place clearer expectations about planning to meet the needs of older people, including supporting the development of such homes near local services. It will also set a clear expectation that all planning authorities should set policies using the Optional Building Regulations to bring forward an adequate supply of accessible housing to meet local need. In addition, we will explore ways to stimulate the market to deliver new homes for older people”. (Para 4.42)

2.29 In the following paragraph the benefit of encouraging older people to move and release under-occupied property back into the market is also recognised as a worthwhile goal:

“Helping older people to move at the right time and in the right way could also help their quality of life at the same time as freeing up more homes for other buyers. However there are many barriers to people moving out of family homes that they may have lived in for decades. There are costs, such as fees, and the moving process can be difficult. And they may have a strong emotional attachment to their home which means that where they are moving to needs to be very attractive to them and suitable for their needs over a twenty to thirty year period. There is also often a desire to be close to friends and family, so the issues are not straightforward”. (Para 4.43)

2.30 In addition to setting out plans to consult with a wide range of stakeholders to bring forward new ideas in relation to the housing and support of older people, the White Paper contains a commitment that the Government will go on funding the various forms of specialised housing for older people:

“These (*stakeholder consultations*) will sit alongside the Government commitments to fund and develop supported housing, including sheltered, step down and extra care housing, ensuring that the new supported housing funding model continues to provide the means for older people to live independently for longer while relieving pressure on the adult social care system”. (Para 4.44)

3 The context in local policies

Test Valley Borough Council Housing Strategy 2020 to 2025⁹

3.1 The Strategy identifies as its Third Theme: Meeting the challenge of an ageing population and sets out the driver for this theme as the growth in the proportion of older people within the local population:

“With a growing proportion of older people within the borough’s population, it is vital that we understand the housing aspirations and housing needs of older persons, and plan to meet them.”

3.2 To progress that understanding the Strategy sets out four priorities for the Authority:

“Understand the housing aspirations of people aged 55 and over, who may be eligible for older persons housing.

Understand local need in partnership with Hampshire County Council, to establish demand and identify opportunities for future schemes.

Ensure new affordable housing for older people adequately meets future needs (including mobility needs and issues such as dementia), in locations close to local amenities, and of a design and type that is attractive to older people.

Develop a range of alternative housing options for older persons, actively encouraging downsizing to free up family homes.”

3.3 Among the ways in which the Authority will seek to deliver these priorities is a concern to understand the barriers to “downsizing” and that is linked to a better understanding of the satisfaction levels of existing residents of specialised accommodation for older people within the borough.

“In partnership, review the housing needs of older people in Test Valley, including an exploration of the barriers to downsizing.

Conduct satisfaction surveys with residents of older person’s housing in the borough.”

3.4 What follows seems to be focused on Need for affordable options and initiatives to respond to that need with no explicit mention of need in the Market Sector and the role of the Authority in facilitating response to that need among the majority of older people in the Borough who are homeowners:

“Work with partners to deliver events that promote affordable housing options for older people and to seek their views, including understanding their housing aspirations.

Investigate good practice elsewhere; including where schemes may have been delivered for a mix of ages and household types, successfully integrating older persons housing into a mixed community.

⁹ <https://www.testvalley.gov.uk/assets/attach/9891/Housing%20Strategy%202020-2025%20FINAL.pdf>

Work with Registered Providers to identify, and then consult, tenants who are under-occupying affordable homes by 2 or more bedrooms, to understand what would encourage them to move to a smaller home.

Identify opportunities on new development sites to deliver a small proportion of bungalows that could be ring-fenced for people who are downsizing from family sized affordable homes in Test Valley.

Review the mix of housing needed in the borough as part of the next Revised Local Plan.

Review potential for an Extra Care Scheme in Andover town centre to support a mixed and vibrant community as part of future regeneration.

Work with partners to deliver and allocate Extra Care homes at the Nightingale Lodge scheme in Romsey.”

Annex Two: Housing Strategy Delivery Plan¹⁰

3.5 The same approach is evident in the Delivery Plan appended to the Strategy where the action:

“Ensure new affordable housing for older people adequately meets future needs (including mobility needs and issues such as dementia), in locations close to local amenities, and of a design and type that is attractive to older people.”

Is to be pursued by consulting with partner Registered Providers to seek evidence of Good Practice and no mention is made of drawing upon the experience or expertise of those organisations successfully delivering specialised accommodation to older people in the Market Sector.

“Use Registered Provider partnership to access evidence of good practice. Review opportunities on new developments which are providing affordable housing.”

3.6 Whilst the benefit of providing appropriate and attractive options for older people looking to “downsize” in facilitating a more efficient use of the existing housing stock and reducing pressure to build even more family sized housing is recognised for the affordable sector the same logic does not appear to have been applied to the Market Sector:

“Develop a range of alternative housing options for older persons, actively encouraging downsizing to free up family homes”.

“Identify level of under occupation. Consider options with RP partners Consider incentives to offer residents to downsize.”

¹⁰ <https://www.testvalley.gov.uk/assets/attach/9892/Annex%20-%20-%20Housing%20Strategy%20Delivery%20Plan.pdf>

Test Valley Adopted Local Plan 2011 – 2029 (2016) ¹¹

3.7 The ageing of the local population is recognised as a driver of the Local Plan alongside the overall growth in the population of the borough.

“The increase in population creates a need for more homes. Test Valley is also experiencing an ageing population with Census (2011) data indicating that there are 14,757 people above 70 living in the Borough.”

“A key issue for the Council is to identify the type and provision of housing required to cater for a changing population demographic. The Council has commissioned studies to assess the likely scale of new housing required within the plan period”.

Test Valley Borough Council 2013 Strategic Housing Market Assessment, 2014¹²

3.8 A key contribution to the evidence base for both the Housing Strategy and the Local Plan has been the Strategic Housing Market Assessment. This identifies rapid growth in the older population of the borough but also points to the sizeable cohorts following on:

“Test Valley has experienced significant growth in the over 65 population over the past decade, faster in percentage terms than Hampshire and the South East.”

and

“The most prevalent age groups in the population are 40 to 49s, consistent with a market dominated by established families and most likely empty nesters. “

This latter sizeable cohort will be between 65 and 69 years of age by 2040.

3.9 The SHMA spells out the scale of the increase of numbers among those approaching or in early old age:

“The largest growth will be in people aged over 60. In 2031 it is estimated that there will be 45,446 people aged 60 and over. This is an increase of 15,552 from 2011, representing growth of 52%. The population aged 75 and over is projected to increase by an even greater proportion.” (Para 6.71)

3.10 The SHMA Guidance is referenced as directly attention toward the importance of providing appropriate housing options for older people:

“The SHMA Guidance recognises the need to provide housing for older people as part of achieving a good mix of housing. A key driver of change in

¹¹ <https://www.testvalley.gov.uk/assets/attach/2446/Adopted-Local-Plan-2011-2029.pdf>

¹² <https://www.testvalley.gov.uk/assets/attach/2557/EB-LC-14-Test-Valley-SHMA-Justin-Gardner-Consulting-2013.pdf>

the housing market over the next 20-years is expected to be the growth in the population of older persons.” (Para 9.5)

3.11 Some of the key considerations for addressing the accommodation needs of an ageing population are identified in paragraph 9.7:

- “A need to provide housing for older people as part of achieving a good mix of housing, but recognizing that many older people are able to exercise choice and control over housing options – e.g. owner occupiers with equity in their homes;
- Falling demand for residential care in some areas, and a rapidly rising average age of people living in sheltered housing over 20-years, requiring higher levels of support. However many local authorities have struggled to contain expenditure on services for older people;
- New models of enhanced and extra care housing have emerged. These aim to meet the needs of those who require high levels of care and support alongside those who are still generally able to care for themselves. These models often allow for changing circumstances in situ rather than requiring a move; and
- Providing choice, including supporting people to stay in their own homes including through supporting adaptations to properties and through provision of floating support.”

3.12 The SHMA draws attention to the issue of under-occupation among older households and the desirability of encouraging “down-sizing” to achieve a more efficient use of the existing housing stock:

“A key theme that is often brought out in Housing Market Assessment work is the large proportion of older person households who under-occupy their dwellings. Data from the Census allows us to investigate this using the bedroom standard. The Census data suggests that older person households are more likely to under-occupy their housing than other households in the Borough. In total 60% have an occupancy rating of +2 or more (meaning there are at least two more bedrooms than are technically required by the household). This compares with 41% for non-pensioner households. Further analysis suggests that under-occupancy is far more common in households with two or more pensioners than single pensioner households.” (Para 9.17)

3.13 The SHMA reports the outcome of using the SHOP Tool at its standard or “default” settings to estimate the levels of provision required to meet future need for specialised accommodation for older people.

“We have also accessed data from the Housing LIN website’s Strategic Housing for Older People (SHOP) analysis toolkit. This source estimates potential requirements for sheltered, extra care and residential care housing.” (Para 9.23)

“The data suggests a current requirement for 853 units with an additional 2,520 expected to be needed over the period to 2030. This is a total of 3,373 with the majority of this expected to be required as affordable housing. In total (and excluding the figures for registered care) the Housing LIN data suggests a requirement for some 2,359 additional units of accommodation specifically for older people by 2030 – around 131 per annum.” (Para 9.24)

3.14 Unfortunately it was this way in which their SHOP Tool had been used that led the Housing LIN to restrict access to it in July 2019. At that time the Housing LIN made it clear that they did not endorse any particular rate of provision as this was a matter of judgement and that use on the standard or default setting tended to produce an under-estimate of future requirements.

3.15 Among the conclusions drawn in the SHMA is the likely need for an increased supply of both housing related services, such as support to home adaptations, specialised accommodation for older people:

“Our analysis also suggests that the growing older population (particularly in the oldest age groups) will result in growth in households with specialist housing needs. Typically the greatest support needs are for alterations to properties (such as to bathrooms, showers and toilets, provision of emergency alarms or help maintaining homes). Many of these can be resolved in situ through adaptations to existing properties and the resource implications of this will need to be planned for.” (Para 9.28)

3.16 The SHMA recognises that measures taken to support older people who wish to remain in their existing accommodation will need to be complemented by an increased provision of appropriate and attractive specialised accommodation for older people:

“The growing older population will however likely lead to some increase in requirements for specialist housing solutions. The analysis above suggests a 123% growth in older population with dementia, and a 91% increase in the older population with mobility problems. From a planning point of view, some of these people will require specialist housing such as sheltered or extra care provision.

Increasing numbers of older people with health problems will also require joint-working between housing and health (Council and NHS).” (Para 9.29)

Partnership for Extra Care Housing in Hampshire, December 2008

3.17 Hampshire County Council has exercised a role of leadership and co-ordination alongside the City, Borough and District councils in the county in relation to the provision of Extra Care Housing. Although this document from 2008 is now

somewhat dated it is seminal for shaping many of the assumptions implicit in subsequent policies and strategic approaches to an ageing population.

“Hampshire faces a demographic challenge in the coming decades with a substantial rise forecast in its’ older population. By 2012 it is anticipated that the 85+ age group will rise by 23.4%. This generation of older people expect choice and the opportunity to adopt a positive lifestyle in their old age. Integral to this is the desire to live in their own homes for as long as possible.

This increase in the number of individuals attaining advanced old age means there will also be a steep rise in the number of those suffering the range of chronic conditions associated with advanced old age, such as reduced mobility, mental confusion and a reduction in the capacity for independent living. People will require appropriate accommodation, support and care if their independence, quality of life and wellbeing are to be preserved.

The challenge for social care commissioners and housing authorities at both County and District / Borough level lies in shaping the provision of housing support and care for older people, in a way which offers choice and ensures the aspirations and needs of an ageing population can be met.”

3.18 The document “Partnership for Extra Care Housing in Hampshire” recognises the importance of structuring future provision to match the pattern of tenure among older people. Investment to deliver the strategy has so far been more successful in developing Extra Care Housing for rent than for home ownership. The proposed provision Pegasus Life in Brockenhurst will help re-balance that outcome and reflect the concerns set out in the following paragraph of the document:

Reflecting the high percentage of home ownership within the County, it is important that a choice of tenure is provided. A range of options will be developed so that people are able to rent, own or part-own an apartment or bungalow within a scheme of similar units. A tenancy or leasehold agreement will ensure security of tenure. Schemes developed by the County in partnership with housing providers will primarily be affordable housing, although a proportion of open market units in each development may be provided as a means of ensuring the initial viability of the scheme.

Whilst the document is written to support the development of Extra Care its concerns apply equally to all forms of specialised accommodation provided for older people.

Shaping our future together Hampshire Sustainable Community Strategy 2008–18¹³

3.19 The Sustainable Community Strategy reports the indicators of well-being as they apply to Hampshire local authorities:

“Overall, Hampshire residents experience good health with relatively low levels of premature deaths, but this hides significant inequalities across the

¹³ http://www3.hants.gov.uk/73496_sustain_communities_2.pdf

county. In terms of male life expectancy, Hart is the top-ranked county district, and the only one that exceeds 80 years for any period since 1991. Eastleigh, Fareham, Hart, New Forest and Winchester are consistently in the best 25% nationally. Basingstoke and Deane and Rushmoor are consistently above the national average. Gosport has been consistently the lowest-ranked Hampshire authority, but while below the national average, has been gradually improving its national position. Since 1991, life expectancy is consistently higher on average for females than males in every district in Hampshire.”

3.19 The Strategy draws attention to the variety of actual and perceived difficulties that may influence older people to seek specialised accommodation:

“Most older people in Hampshire can live independently with the support of their family and their local community or voluntary groups. As problems such as health, perception of safety and mobility become more common in older age, some older people need more support to help them stay independent and make choices affecting their welfare and vulnerability.”

Adults Health and Care Strategy Our vision for Health and Care – a five year journey, 2018, Hampshire County Council¹⁴

3.20 This Market Position Statement from Hampshire County Council in its role as the Welfare Authority and in concert with Health partners carries forward many of the themes explored in preceding documents, especially in relation to the role of accommodation in delivering policy priorities to meet the needs of older people.

“The County Council has a long tradition of facilitating accommodation based services and for directly operating our own suite of residential and nursing homes partly to complement and add to market provision. We also benefit from greater control especially in relation to higher cost placements and geography, recognising both the size and rurality of the Hampshire administrative area.”

3.21 The Strategy goes on to set out the Authority’s investment plans and the intention that this investment should mitigate the revenue costs of increased demand for services from an ageing population:

“Our ambitions for the next five years are bold but realisable. We aim to take forward a possible £300m capital programme, set to be wide ranging. It will result in some new facilities and services alongside the modernisation and updating of the remainder of our in-house stock – introducing the latest technology wherever we are able to, for the benefit of clients, their families and friends, and to assist our own front line operational staff.

Crucially, the investment will mean that the County Council’s on-going annual revenue operating costs for the clients benefiting from the different accommodation choices, will be reduced. In an era of rising service demand

¹⁴ <https://documents.hants.gov.uk/adultservices/AdultsHealthandCareStrategy2018-2023.pdf>

and continued austerity, the importance of this key area of our five year strategy cannot be overstated.”

3.22 In relation to commissioning intentions the desire to divert people away from Institutional Care and into housing based service where ever possible is made explicit:

“For the most vulnerable adults of all ages and abilities, long term accommodation will continue to be available either in a residential setting, or through supported living, Extra Care or other placements. The residential and nursing care placements we make will be for people with the most complex needs, but despite increasing service demand, we do not intend to increase the overall number of people going into this long-term form of accommodation.”

3.23 The centrality and benefits of Extra Care style developments in this overall approach is spelt out in the Strategy:

“Extra Care Housing schemes are a fundamental and growing component of our service, enabling people with high levels of support needs to live in the community but with care support on site. It can be an option for all of the groups of people we support. It is an alternative to residential accommodation giving more independence and autonomy. Extra Care may also be used for short term or respite accommodation. We intend to develop our Extra Care provision for older and younger people, and those with learning disabilities, backed by up to £70m of investment.”

3.24 Among the drivers for this approach is the disconnect between increasing life-expectancy and healthy life expectancy, with the upward trajectory of need for care and support services:

“Life expectancy continues to rise. Life expectancy in Hampshire is 81.1 years for men and 84.3 years for women. These are both significantly higher than the UK average. People over the age of 75 make up 10% of Hampshire’s population compared with 8% nationally

Healthy life expectancy has not risen. Healthy life expectancy is a measure of the number of years a person can expect to live in good health. The healthy life expectancy for men is 67.2 years and for women is 67.2 years.

The stark difference between healthy life expectancy and overall life expectancy indicates increasing years of ill health; around 14 years for men and 17 years for women; therefore although women live longer than men, more life years are spent in poorer health.”

Towards a healthier Hampshire, a Strategy for Improving the Public's Health, 2016-2021¹⁵

3.25 The same message is repeated in "Towards a Healthier Hampshire"

"The gap between how long people live and how long they live in good health is widening. While women are living longer, they are not necessarily living healthy for longer."

It is a situation that calls for a multi-faceted approach that reflects the diversity of circumstances found within the older population and the suitability of their accommodation to promote healthy lifestyles and mitigate risk.

Ageing Well in Hampshire – Older People's Well-Being Strategy April 2014 – March 2018¹⁶

3.26 Although now past its terminal date this valuable document sets out a number of key insights into the situation of the older population of Hampshire and the nuances needed to meet their diverse needs:

"With three, and increasingly four generations now defined as 'older people' there can never be a single solution or way of working, as the needs and expectations of such a diverse group cannot be met with a "one solution fits all" approach. It is recognised that with the increase in "older old" (those aged over 85) will come greater calls on healthcare services and a requirement for more complex social care packages. This in turn will put greater strain on families and friends, who themselves will often be older and in poor health."

3.27 In taking account of what the Strategy has to say about Baby Boomers we need to recall that when the report was drafted those in the vanguard of that cohort were in their late sixties they are now in their mid-seventies. They are entering the period in which long-term chronic ill-health and functional incapacities will begin to take their toll on their capacity for sustaining an independent life-style.

"At the younger end of the spectrum there are those defined as "baby boomers" (born 1946- 1964) who, although defined as older people, already are seen to have very different ideas on ageing and what they will continue to achieve over the coming years. There is an expectation that this group in particular will become part of the solution and will respond to the demands of the ageing population by harnessing their experiences and skills to work and support their local communities for as long as they are able."

3.28 The Strategy identifies some of the triggers for a decline in physical and mental health status and well-being with implications for the capacity to maintain independence:

¹⁵ <https://documents.hants.gov.uk/public-health/TowardsahealthierHampshireastrategyforimprovingthepublicshealth2016-2021.pdf>

¹⁶ <https://documents.hants.gov.uk/adultservices/older-people/older-people-well-being-strategy.pdf>

“We know that crisis points such as bereavement, retirement, diagnosis of long term illness or moving home can lead to a change in levels of well-being and independence.”

3.29 The centrality of appropriate accommodation in achieving and maintaining well-being among older people is clearly recognised:

“A secure, safe home and a community in which people can age without fear is important to the physical and mental wellbeing of an older person. The need to develop long term housing solutions is increasingly recognised nationally and in Hampshire the development of Extra Care housing is part of the solution.”

Section Summary

3.30 The various documents that provide the foundations for a strategic approach to provision for an ageing population in Hampshire all emphasise the rate of growth in the population of older people across the county and in the Test Valley.

3.31 Appropriate and attractive accommodation that will meet the needs of an ageing population and encourage down-sizing is identified in both borough and county-wide strategies as a key priority.

3.33 The working through of those projections to realistic estimates of future requirements for specialised accommodation for older people focus mainly on the provision of affordable housing and the under-met need and demand from older homeowners is not prominently represented.

4 Understanding the development of accommodation and care options for older people

4.1 The traditional accommodation and care pathway for those passing through old age took shape in the 1950s as the health and social care reforms of 1940s that shaped health and social care were matched by developments in specialised accommodation for older people. This pathway starts with those living in general housing, moves through sheltered housing and then crosses the threshold of institutional care provision into residential care and then nursing home care. Beyond this might lie long-term hospital care but this was largely removed from the range of provision with the closure of long-stay geriatric hospital wards in the 1970s.

4.2 Progression through these categories of provision was prompted by assessment of functional deficit or deterioration of health. This is marked by a regression trade-off between access to care and quality of living conditions. Thus those who needed care accessed it by surrendering the space, privacy and independence of general or sheltered housing for the bed space, locker and shared facilities of residential or nursing care.

4.3 The linkage between accommodation context and a “blanket” pattern of care in the traditional pattern of accommodation and care services is shown in Figure One.

Figure One The traditional configuration of accommodation and care for older people

Accommodation Context	Characteristics
General Housing	Community personal social care. Community medical, nursing and para-medical services. Meals on wheels. Provision on demand according to need.
Sheltered Housing	As above but with support from a warden, generally resident on site. Provision on demand according to need.
Residential Care	Intensive personal social care. Community medical and para-medical services. All meals provided. “Blanket” provision.
Nursing Homes	Intensive nursing and personal social care. Special arrangements for medical and para-medical services. All meals provided. “Blanket” provision.

4.4 Through the 1970s and 1980s the main focus in making provision for older people was through the development of sheltered housing, originally, and predominantly, for social rent. In the 1980s pioneer private developers began to produce a very similar model of retirement housing for sale by long lease to older home owners.

4.5 From the peak of its popularity in the late 1970s sheltered housing for rent has experienced something of a reversal in fortunes. Some schemes have proved difficult to let and in others existing facilities and patterns of service have been found to have limitations in coping with the needs of an ageing and increasingly frail tenant population.

4.6 Through the 1990s, policy and investment decisions at national and local levels began to be influenced by the general perception that in most parts of the country there was a sufficient supply of conventional sheltered housing but that opportunities existed to add to the stock of Very Sheltered, or Extra Care Housing. This was substantiated in McCafferty's 1994 study for the Department of the Environment¹⁷ which concluded that there was "a significant unmet need for very sheltered housing and a potential over-provision of ordinary sheltered housing". Little new sheltered housing for rent has been built in the past twenty-five years although demand for retirement housing for sale has continued to be strong with that majority of older people who are now home-owners.¹⁸

4.7 Alongside this rise and partial decline in the popularity of sheltered housing, at least in the social rented sector, there has been a similar rise and fall in the fortunes of Residential Care. The roots of residential care in the public sector may be traced beyond the 1948 National Assistance Act¹⁹ to Poor Law provisions stretching back into the nineteenth century. Much of the older provision was replaced in the 1960s and 1970s with subsequent legislation and practice leading to improvements in standards. The introduction of new regulatory regimes from 2002 with the requirement to meet new standards both for services and facilities has re-shaped the pattern of provision. However, many commentators would see this style of provision as a dated model for care that places over-emphasis upon dependency

4.8 Residential care in the private sector also has a long history. Until the 1980s much of the residential care provided in the private sector was for those able to meet their own care costs. The unintended consequence of changes in regulations in the early 1980s, so that financial support from public funds was available to those cared for in private residential care homes, was an enormous increase in the sector. Some homes are almost wholly dependent upon residents funded by the local authority and most would say that their fee levels are heavily influenced by local authority levels.

4.9 Some contraction continues to be apparent in parts of the residential care home sector. Many local authorities have withdrawn from the direct provision of residential care, once a major element in the pattern of provision. Whilst some have sold homes to private sector operators or to voluntary sector organisations others have deliberately reduced capacity by closing homes. There has been a marked reduction in provision by very small operators providing less than twenty beds, generally in converted dwelling houses. Capacity within the care home sector is

¹⁷ McCafferty P 1994 Living Independently: a Study of the Housing Needs of Elderly and Disabled People, HMSO

¹⁸ A national average of 75% of households with a head 65 years of age or over according to the 2011 Census.

¹⁹ National Assistance Act 1948, section 21.

being maintained by the development of larger, purpose-built care homes that meet modern standards and operate at a level that supports their viability.

4.10 Like private residential care, private nursing homes have been in existence for many years but only in the last thirty years have they been generally accessible to people needing public funding to meet the cost of their care. The growth of this sector was promoted by two principal factors:

- The availability of public funds to support care costs.
- The general withdrawal of provision for in-patient chronic care of older people within the NHS.

4.11 Some larger nursing homes have been developed specifically as re-provision following the closure of long-stay wards in NHS hospitals. The closures have followed upon a concentration within NHS hospitals on acute care and the conviction that a hospital ward does not provide an appropriate setting for long term care. Nursing Homes generally provide for those who have some need for frequent nursing attention in addition to personal care, but a level of care that does not require the constant supervision of a medically qualified person.

4.12 Changes in regulation for both residential and nursing homes in the Care Standards Act (2000) introduced a single registration of Registered Care Home, with the distinction that beds might be registered for the provision of personal care or for the provision of nursing care. Public funding for those allocated to Registered Care Home places is increasingly restricted to those experiencing extreme physical frailty or living with some level of confusional state such as dementia.

4.13 The traditional role of residential care homes has largely been taken over by the hybrid model of Extra Care Housing in its various forms. The debate around how Extra Care might be defined has been carried on between academics, commissioners and providers for most of the past decade²⁰. Fundamentally there are two schools of thought:

- Those whose main driving criterion is the capacity of Extra Care to provide an alternative to Residential Care.
- Those whose aspiration is more toward the development of a model that enhances the lifestyle of older people but with the capacity to deliver care.

4.14 At the extreme end of the first school of thought there are those who feel that allocation to Extra Care should only be available to those with care needs that would otherwise be sufficient to merit placement and public expense in residential care. In describing Extra Care, their emphasis is upon those facilities that will support the delivery of personal care and possibly primary health care: assisted bathing facilities, treatment rooms and so on. In staffing, the emphasis is upon on-site care teams as the pre-eminent requirement.

²⁰ See for example Appleton N: Extra Care Housing for Older people, Care Services Improvement Partnership Housing LIN 2009

4.15 The emphasis upon the substitution for allocation to a Registered Care Home reflects a narrower set of assumptions about the benefit to individuals and communities that can arise from a move to Extra Care. They take no account, for example of the benefits to mental health and well-being, or to the preventative aspects of an environment that reduces the incidence of falls.

4.16 Those who take the alternative stance emphasise the need to make Extra Care a good place to live, think in terms of a balanced community in relation to care needs, and give prominence to facilities that support an active and positive lifestyle: an exercise suite and spa bath, a coffee bar and perhaps licensed bar, facilities for arts and crafts; all supported by appropriate staffing. Whilst they include the care facilities and staffing, they are matched by these lifestyle requirements if the scheme is to be considered as truly Extra Care.

4.17 Whilst declining to offer a definitive description of Extra Care the Department of Health has promoted the development of Extra Care schemes, not least through successive programmes of capital grant, and this has been supported by the identification of “key characteristics” to be expected in an Extra Care development²¹.

4.18 These include the provision of private apartments, with associated communal facilities and services that support independence and dignity, whilst encouraging well-being. These serve as “minimum standards” for a development to be recognised as Extra Care and, where funding permits, Extra Care schemes may include a wide range of recreational, cultural and social amenities.

4.19 The services on offer to residents will provide support designed to assist them in maintaining a degree of independence, and to foster a community spirit. This reflects the philosophy and model of ageing that undergirds the proposed development: that enhances capacity rather than stressing incapacity, that offers a bespoke pattern of support that lengthens the period of independence and manages the transition into higher levels of dependency without compromising dignity and quality of life.

²¹ Funding Initiative to stimulate provision and modernization of Specialised Housing for older people. October, 2012

5 The demography of the older population of Test Valley District

5.1 There is a projected rise in the total population of around 39% for those people aged 65 years and over within Test Valley up to the year 2040. Within this overall growth there is a steeper rate of increase within the oldest cohorts, the number of those ninety years of age or more projected to increase by 133% or 2,000 over the period to 2040.

Table One Population aged 65 and over, projected to 2040 (Test Valley)

	2020	2025	2030	2035	2040
People aged 65-69	6,900	7,600	8,900	8,900	8,500
People aged 70-74	7,700	6,700	7,400	8,600	8,600
People aged 75-79	5,600	7,100	6,200	6,900	8,100
People aged 80-84	3,900	4,800	6,200	5,500	6,100
People aged 85-89	2,500	2,900	3,600	4,600	4,200
People aged 90 and over	1,500	1,800	2,100	2,700	3,500
Total population 65 and over	28,100	30,900	34,400	37,200	39,000

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

5.2 In the period to 2040 the second youngest cohort, those aged between 70 to 74 increases only slightly before climbing to a 900 increase over the whole period. The rate of increase is higher in each succeeding cohort to 68% among those between 85 and 89 years of age and 337% among those 90 years of age and over. Table Two plots the percentage increase in each age band from the 2020 base.

**Table Two Population aged 65 and over, projected to 2040 (Test Valley)
% Change**

	2020	2025	2030	2035	2040
People aged 65-69	0	10%	29%	29%	23%
People aged 70-74	0	-13%	-4%	12%	12%
People aged 75-79	0	27%	11%	23%	45%
People aged 80-84	0	23%	59%	41%	56%
People aged 85-89	0	16%	44%	84%	68%
People aged 90 and over	0	20%	40%	80%	133%
Total population 65 and over	0	10%	22%	32%	39%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

5.3 Table Three shows the projected increase in the total population for the Test Valley from 127,400 in 2020 to 140,900 in 2040, set against the increase in the numbers of people who are over 65 years of age and over 85 years of age and over. These two threshold ages are used because 65 represents the general point of exit

from paid employment and 85 is, as will be shown in the next section, a significant threshold for needing specialised accommodation and services.

5.4 The proportion of the population 65 years of age or over in Test Valley is above the national average for England and exceeds that average by a slightly widened margin throughout the period to 2040. For those 85 years of age and above the proportion in Test Valley is higher than the average for England and the differential widens over the period to 2040. This is an elderly population overall and it is characterised by a higher than average proportion of people in advanced old age.

Table Three Total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2040 (Test Valley)

	2019	2020	2025	2030	2035
Total population	127,400	132,100	135,600	138,300	140,900
Population aged 65 and over	28,100	30,900	34,400	37,200	39,000
Population aged 85 and over	4,000	4,700	5,800	7,300	7,700
Population aged 65 and over as a proportion of the total population	22.06%	23.39%	25.37%	26.90%	27.68%
Population aged 85 and over as a proportion of the total population	3.14%	3.56%	4.28%	5.28%	5.46%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

5.5 Table Four gives the numbers and percentages for England to provide a comparison.

Table Four Total population, population aged 65 and over and population aged 85 and over as a number and as age of the total population, projected to 2040 – England

	2020	2025	2030	2035	2040
Total population	56,678,500	58,060,200	59,181,800	60,183,900	61,157,900
Population aged 65 and over	10,505,500	11,449,400	12,696,900	13,815,400	14,527,100
Population aged 85 and over	1,417,000	1,573,300	1,810,000	2,246,200	2,411,300
Population aged 65 and over as a proportion of the total population	18.54%	19.72%	21.45%	22.96%	23.75%
Population aged 85 and over as a proportion of the total population	2.50%	2.71%	3.06%	3.73%	3.94%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

5.6 The significance of these threshold ages is to be found in the convergence of dependency and chronological age. At age 65 the lifetime risk of developing a need for care services to assist with personal care tasks is 65% for men and 85% for women²². The incidence of need for assistance increases substantially with age and is highest for those 85 years of age and above. As the tables in the following section modelling levels of dependency and need for service demonstrate this increase in the ageing of the population has a direct impact on the need for care and support services and appropriate accommodation.

²² David Behan, Director General for Adult Social Care, Department of Health, presentation to a King's Fund Seminar 21st July 2009

Section summary

5.7 In relation to the age of its population the Test Valley has an age profile above the national average, with those 65 years of age making up over 22% of the total population of the district in 2020 and increasing to more than 27% by 2040. The proportion of the population in advanced old age, that is to say 85 years of age and older, is also significantly higher than national averages. This is already an aged population and is set to age further in the next two decades.

5.8 In the absence of appropriate, contemporary accommodation options pressures will increase on higher-end services, such as Registered Care Homes providing Personal Care and Registered Care Homes providing Nursing Care.

6 Indicators of need in the local population of older people

6.1 Table Five shows the modelling of those older people who are likely to experience difficulty with at least one task necessary to maintain their independence. As is clearly seen the incidence of difficulty rises sharply with age and is projected to increase over time as the population of those in the highest age groups increases. Between 2020 and 2040 the number of those experiencing such difficulties is projected to increase by around 47%.

Table Five **People aged 65 and over unable to manage at least one domestic task on their own, by age group projected to 2040 (Test Valley)**

	2020	2025	2030	2035	2040
Males aged 65-69 who need help with at least one domestic task	495	570	645	645	615
Males aged 70-74 who need help with at least one domestic task	684	589	684	779	779
Males aged 75-79 who need help with at least one domestic task	702	891	783	891	1,026
Males aged 80 and over who need help with at least one domestic task	1,089	1,353	1,716	1,815	2,013
Females aged 65-69 who need help with at least one domestic task	684	722	874	874	836
Females aged 70-74 who need help with at least one domestic task	943	805	874	1,035	1,035
Females aged 75-79 who need help with at least one domestic task	1,020	1,292	1,122	1,224	1,462
Females aged 80 and over who need help with at least one domestic task	2,530	2,970	3,685	4,015	4,235
Total population aged 65 and over who need help with at least one domestic task	8,147	9,192	10,383	11,278	12,001

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

Activities include: Doing routine housework or laundry, shopping for food, getting out of the house, doing paperwork or paying bills. These are Instrumental Activities of Daily Living (IADLs) are activities which, while not fundamental to functioning, are important aspects of living independently.

6.2 Table Six suggests that the number of those who will be unable to manage at least one personal care task will increase by approximately 46% between 2020 and 2040 to just almost twelve thousand.

Table Six **People aged 65 and over unable to manage at least one self-care task on their own, by age group projected to 2040 (Test Valley)**

	2020	2025	2030	2035	2040
Males aged 65-69 who need help with at least one self-care activity	528	608	688	688	656
Males aged 70-74 who need help with at least one self-care activity	756	651	756	861	861
Males aged 75-79 who need help with at least one self-care activity	728	924	812	924	1,064
Males aged 80 and over who need help with at least one self-care activity	1,155	1,435	1,820	1,925	2,135
Females aged 65-69 who need help with at least one self-care activity	792	836	1,012	1,012	968
Females aged 70-74 who need help with at least one self-care activity	984	840	912	1,080	1,080
Females aged 75-79 who need help with at least one self-care activity	870	1,102	957	1,044	1,247
Females aged 80 and over who need help with at least one self-care activity	2,254	2,646	3,283	3,577	3,773
Total population aged 65 and over who need help with at least one self-care activity	8,067	9,042	10,240	11,111	11,784

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

Activities of Daily Living (ADLs) are activities relating to personal care and mobility about the home that are basic to daily living: Having a bath or shower, using the toilet, getting up and down stairs, getting around indoors, dressing or undressing, getting in and out of bed, washing face and hands, eating, including cutting up food, taking medicine.

6.3 In the past few years social care services funded from public funds have focused on supporting those who have difficulty with tasks of personal care. The projected increase in the numbers of older people experiencing difficulty therefore impacts directly on the likely demand for services.

Table Seven People aged 65 and over with a limiting long-term illness, by age, projected to 2040 (Test Valley)

	2020	2025	2030	2035	2040
People aged 65-74 whose day-to-day activities are limited a little	2,748	2,691	3,068	3,294	3,218
People aged 75-84 whose day-to-day activities are limited a little	2,862	3,585	3,736	3,736	4,278
People aged 85 and over whose day-to-day activities are limited a little	1,047	1,230	1,518	1,911	2,015
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little	6,657	7,507	8,322	8,940	9,512
People aged 65-74 whose day-to-day activities are limited a lot	1,429	1,399	1,595	1,713	1,673
People aged 75-84 whose day-to-day activities are limited a lot	1,976	2,475	2,579	2,579	2,954
People aged 85 and over whose day-to-day activities are limited a lot	1,581	1,857	2,292	2,885	3,043
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	4,985	5,732	6,466	7,177	7,670

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

6.4 An increase in the proportion of the population living into advanced old age also impacts on the demands made upon health services. Table Seven projects an increase in the numbers of those experiencing a long-term limiting illness. This shows an overall increase for those over 65 years of age whose day-to-day activities are limited “a lot” of 54%.

6.5 Table Eight below highlights that in all age cohorts above 65 there will be a marked increase in those within the population that are unable to manage at least one mobility activity on their own.

Table Eight People aged 65 and over unable to manage at least one mobility activity on their own, by age, projected to 2040 – (Test Valley)

	2020	2025	2030	2035	2040
People aged 65-69 unable to manage at least one activity on their own	588	646	758	758	724
People aged 70-74 unable to manage at least one activity on their own	1,016	870	968	1,130	1,130
People aged 75-79 unable to manage at least one activity on their own	942	1,194	1,041	1,152	1,359
People aged 80-84 unable to manage at least one activity on their own	933	1,150	1,461	1,320	1,450
People aged 85 and over unable to manage at least one activity on their own	1,775	2,065	2,540	3,200	3,370
Total population aged 65 and over unable to manage at least one activity on their own	5,254	5,925	6,768	7,560	8,033

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

6.6 Table Nine shows that the predicted increase between 2020 and 2035 in those in Test Valley over 65 years of age who will be living with dementia to be around 67.9%. This exceeds the projections for England which stands at 54.9%.

Table Nine People aged 65 and over predicted to have dementia, by age and gender, projected to 2040 (Test Valley)

	2020	2025	2030	2035	2040
People aged 65-69 predicted to have dementia	114	125	147	147	141
People aged 70-74 predicted to have dementia	235	201	226	262	262
People aged 75-79 predicted to have dementia	336	426	372	413	485
People aged 80-84 predicted to have dementia	431	531	675	609	673
People aged 85-89 predicted to have dementia	454	504	666	827	757
People aged 90 and over predicted to have dementia	472	566	648	837	1,108
Total population aged 65 and over predicted to have dementia	2,041	2,353	2,733	3,094	3,426

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

6.7 Table Ten shows the number projected for England for the purpose of comparison.

Table Ten People aged 65 and over predicted to have dementia, by age and gender, projected to 2040 England

	2020	2025	2030	2035	2040
People aged 65-69 predicted to have dementia	46,209	51,083	58,805	60,054	56,584
People aged 70-74 predicted to have dementia	85,935	79,817	88,517	102,195	104,697
People aged 75-79 predicted to have dementia	120,939	150,906	141,054	157,283	182,625
People aged 80-84 predicted to have dementia	161,679	182,808	229,667	216,994	244,601
People aged 85-89 predicted to have dementia	162,026	180,567	208,001	263,815	253,881
People aged 90 and over predicted to have dementia	165,088	178,967	203,045	240,536	307,066
Total population aged 65 and over predicted to have dementia	741,875	824,146	929,088	1,040,878	1,149,455

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

Section summary

6.8 Those having difficulty with one or more domestic tasks will increase between 2020 and 2040 from 8,147 to 12,001, an increase of 47.3%. A failure to manage these tasks often persuades older people, or their relatives, of the need for a move to a high care setting, such as a Registered Care home, when their needs would be better met in specialised accommodation, such as that proposed in this application.

6.9 Similarly those experiencing difficulty with at least one task of self-care are projected to rise from 8,067 in 2020 to 11,784 in 2040. This may contribute to additional demand for specialised accommodation but will have a direct impact on demand for care home places.

6.10 Those finding at least one mobility activity difficult or impossible will increase by around 52.9% between 2020 and 2040. The impact of these difficulties on the capacity for independent living can be significantly mitigated by appropriate design and flexible delivery of care and support services.

6.11 Throughout the period to 2040 there is predicted to be a 67.9% increase in the population aged 65 and above that have dementia; with around 93% increase in the oldest cohort; those 85 years of age and over. These significant rises will again place increasing demand on care and accommodation places.

6.12 The number of those living with a Long-Term Limiting Illness whose day-to-day activities are limited a lot will increase by some 2,685 persons to 7,670.

7 The tenure profile of the older population

7.1 Next to demographic trends toward an ageing of society the most significant factor shaping the future of provision for older people is the shift in tenure pattern. Owner-occupation has become the tenure of the majority of older people.

7.2 Traditionally local authorities have been primarily focused on the provision of social rented housing. Although the past two decades have seen a shift away from direct provision by local authorities concerns for this sector have tended to dominate thinking and resources.

7.3 There has been an implicit assumption that older people who are homeowners can, through the deployment of the equity represented by their current home, make provision themselves for their accommodation in old age.

7.4 Table Eleven demonstrates the significant levels of owner occupation now to be found among older people in Test Valley. The level of home ownership in the district is around 5% above the national average owner-occupiers for those 65 to 74 years of age and declines through successive cohorts to close to 70% for those 85 years of age and above.

7.5 The fall in ownership in the older cohorts is explained principally by the limited range of options available to homeowners in these cohorts who have needed to find specialist accommodation and care have not had opportunities available to them that allowed them to maintain their tenure.

Table Eleven Proportion of population by age cohort and by tenure, year 2011 (Test Valley)

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	81.62%	77.09%	69.77%
Rented from council	3.49%	5.36%	5.74%
Other social rented	9.05%	11.74%	15.16%
Private rented or living rent free	5.84%	5.80%	

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2018)

7.6 Table Twelve gives the average levels for England. The difference is consistent across the first two age cohorts shown and narrows slightly in the oldest age cohort.

Table Twelve Proportion of population aged 65 and over by age and tenure, i.e., owned, rented from council, other social rented, private rented or living rent free, year 2011 – England

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	76.34%	74.84%	68.20%
Rented from council	9.54%	10.42%	11.99%
Other social rented	7.75%	8.79%	11.66%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2018)

7.7 Homeownership is the tenure of choice of a significant proportion of the older people of Test Valley, a tenure the majority will wish to maintain in accommodation and care facilities are available to them in advanced old age.

Section Summary

7.8 Test Valley follows but exceeds the national trend toward owner-occupation as the dominant tenure for older people. Levels of owner-occupation among older people in the district are above national averages at 81.62% for those between 65 and 74 years of age. In the oldest age group the level of home ownership may be depressed by lack of options for owner-occupation in specialised accommodation but remains just below 70%.

8 The current supply of specialised accommodation for older people

8.1 The profile of the current supply of specialised accommodation for older people within the Test Valley is highly unusual. Even taking Age Exclusive and Conventional Sheltered Housing together there is a relatively limited number of units for social rent. There is a much higher level of leasehold provision of comparable stock than national averages. This pattern is readily explained by the overwhelming dominance of home ownership as the tenure of choice among older people within the area. The number of units in each style of provision and tenure are set out in Table Thirteen.

8.2 Taking the various forms of sheltered and retirement housing offered either to rent or to buy there appear to be currently around 1,409 units of accommodation. To achieve comparability this supply has been expressed as a ratio to the size of the population of older people in the district.

8.3 Various thresholds have been used but that which is generally recognised as having the greatest relevance is that for the number of people 75 years of age or older. There are around 105.1 units of any type in any tenure per thousand of the population in this age category in Test Valley.

8.4 This compares with benchmark figures derived from the data base of the Elderly Accommodation Counsel, which is the source relied upon by the Ministry of Housing, Communities and Local Government. These provide a national average ratio of provision of 125.5 per thousand of those 75 years of age and over.

8.5 Whilst the supply of Market Specialised Accommodation for older people is significantly higher than national averages it still does not provide an equitable ratio to that available for those seeking similar accommodation in the Affordable Sector.

8.6 With 910 units of retirement accommodation of all types for sale for a population of homeowners of 75 years of age or more of approximately 10,114 the ratio of provision for retirement housing for sale per thousand is 89.97.²³

8.7 The comparative figure for those 75 years of age or more who are in rented tenures the ratio per thousand is 147.4 (499 units for approximately 3,386 persons 75 years of age or more in tenures other than home ownership.)

8.8 It is clear from the levels of home ownership in succeeding cohorts that the level of those in old age who are homeowners will be maintained. The majority of those entering old age as homeowners will wish to maintain that tenure and there are sound economic arguments for the individual and for the public purse to support that.

²³ Among persons 75-84: 9,500 persons, 77.09% are home owners + persons 85+: 4,000 persons, 69.77% are home owners = 10,114 home owners 75+.

Table Thirteen Provision of Specialised Housing units and Registered Care Home beds for older people²⁴ (Test Valley) 2020

	Number of units/ places	Per 1,000 of the population 75 years and over (13,500)
Affordable Age Exclusive Housing	6	0.4
Affordable Age Exclusive and Retirement Housing	403	29.9
Affordable Enhanced Retirement Housing	0	0.0
Affordable Extra Care Housing	90	6.7
Total Affordable specialised housing - all types	499	36.9
Market Age Exclusive Housing	172	12.8
Market Retirement Housing	430	31.9
Market Enhanced Retirement Housing	152	11.3
Market Extra Care Housing	156	11.6
Total Market Specialised Housing - all types	910	67.9
Total Specialised accommodation for older people - all types, all tenures	1,409	105.1
Registered Care places offering personal care	308	22.8
Registered Care places offering nursing care	726	53.8

(Source: Contact Consulting from EAC database – extracted 18.01.2021)

8.9 To enable older people to exercise that choice, to meet the needs of older people for specialist accommodation in their tenure of choice, and to encourage older people to make a capital investment in their accommodation in old age the local authority needs to facilitate increased leasehold provision of suitable accommodation.

²⁴ In this Table “Affordable” relates to specialised housing offered on the basis of Licence (as in the case of Almshouses), Social Rent or Shared Ownership from a charitable provider, such as a housing association. “Market” relates to specialised housing offered on the basis of Market Rent or Shared Ownership by a commercial provider or on the basis of Leasehold or Freehold purchase.

8.10 Places in Registered Care Homes offering personal care per thousand in Test Valley are significantly below average levels of provision for England, with 308 beds, or 22.8 per thousand of the population seventy-five years of age and over, compared with the average for England of 35.3.

8.11 In Registered Care Homes offering nursing care the ratio of places to population is well above the average for England (53.8 per thousand 75 years of age or over compared with the national average of 38.7).

8.12 Hampshire County Council, as the Welfare Authority, has a long-established policy objective of reducing the historic level of dependence on Registered Care Home beds for those for whom they commission services. Working with district council housing colleagues they have sought to encourage the development of Extra Care Housing as an alternative option and to focus the provision of beds in homes offering Nursing Care upon those in the highest categories of need.

8.13 The relatively low level of beds offering Personal Care within the district may be an indication of outcomes arising from the initiatives they have taken but this brings with it an imperative that provision of Extra care should continue expansion in all tenures to provide sufficient capacity to meet the needs of an aged and ageing population.

8.14 Table Fourteen provides the reference ratios for England drawn from a new analysis of the Elderly Accommodation Database, the source used by the Ministry for Housing, Communities and Local Government and the Department of Health and Social Care²⁵.

8.15 The national supply figures illustrate a number of noteworthy trends. The supply of Affordable Retirement Housing has declined over the past five years as older stock has been decommissioned or re-designated as “Age Exclusive” with reduced levels of on-site service.

8.16 Whilst the supply of Affordable Extra Care has continued to increase the growing population of those 75 years of age or more means that, as a ratio to that population, the level of supply has decreased.

8.17 The same effect is observed in relation to Market Retirement Housing where supply has increased but the ratio of 75+ population has decreased.

8.18 The supply of Market Extra Care units has increased by almost 50% over the past five years but the ratio to 75+ population is still modest when compared with the supply available to those qualifying for Affordable Extra Care.

²⁵ Contact Consulting tabulated the entries for all English local authorities using the categorisation used by EAC. As this is a self-reported database there some inconsistencies but at the macro level this tabulation provides a reliable overview of the current national supply.

Table Fourteen Provision of places for older people in England 2020

	Number of units/ places	Per 1,000 of the population 75 years and over (5,122,000 ²⁶)
Affordable Age Exclusive Housing	104,458	20.4
Affordable Retirement Housing	313,382	61.2
Affordable Enhanced Retirement Housing	7,648	1.5
Affordable Extra Care Housing	45,764	8.9
Total Affordable specialised housing - all types	471,252	92.0
Market Age Exclusive Housing	20,192	3.9
Market Retirement Housing	122,351	23.9
Market Enhanced Retirement Housing	10,895	2.1
Market Extra Care Housing	17,960	3.5
Total Market Specialised Housing - all types	171,398	33.5
Total Sheltered - all types, all tenures	642,650	125.5
Registered Care Home Personal Care Beds	180,998	35.3
Registered Care Home Nursing Beds	198,400	38.7

(Source: EAC Database, Re-formatted by Contact Consulting)

8.19 Also of note is the continuing reduction in the number of beds in Registered Care Homes registered for Personal Care. This form of provision, formerly known as Residential Care, continues to decline suggesting a need for further growth in the provision of Extra Care, which many commissioners identify as a preferred alternative.

8.20 Although the number of beds in Registered Care Homes registered for Nursing Care have increased the ration to the 75+ population has reduced significantly.

²⁶ ONS Estimate of 75+ age group in England in 2020, 2018 Estimates.

8.21 In summary this analysis of supply at a national level suggests that whilst supply of Affordable Extra Care and Market provision of both Retirement Housing and Extra Care are increasing the expansion of supply is not keeping pace with the increasing numbers of those in the population who are 75 years of age or over.

Section summary

8.22 Taking tenures together and comparing with the whole population it would appear that levels of provision of specialised housing for older people are very significantly below national averages in relation to social rented stock and more than double national averages in relation to retirement housing offered for market sale.

8.23 Whilst there is a substantial supply of leasehold retirement housing this comes nowhere near reflecting the dominance of owner-occupation among the older population of Test Valley. There is a consequent shortfall in the level of provision needed achieve an adequate supply for older homeowners wishing to maintain their tenure when transferring to specialised accommodation. For those older people who are owner-occupiers the ratio of provision for retirement housing for sale per thousand is 89.97. Whilst for those older people who are renters the comparable ratio per thousand is 147.4, almost 50% greater.

8.24 In relation to Extra Care Housing provision of Affordable units is slightly below the national average and that of Market units substantially above the average but in neither case does provision come close to a level that will meet the needs of older people in the district.

8.25 The level of provision of bed spaces in Registered Care Homes providing Personal Care is substantially below the national average and those providing Nursing Care above the national averages by a similar margin of around 30%. These ratios reflect a shifting balance away from Personal Care beds and toward Nursing beds to respond to the highest levels of need for care.

8.26 The declining ratios of provision to population emphasises the need to maintain a good supply of all forms of specialised housing for older people if the beds that are available in Registered Care Homes are not to be under pressure from “upward transference”, that is beds are occupied by those who could be more appropriately accommodated in specialised housing with care and support

8.27 The provision of a more adequate supply of retirement accommodation of all kinds for homeowners will provide an environment of choice in which independence can be sustained and transfer to expensive Registered Care postponed or avoided.

9 The benefits to health and social care of specialised housing for older people

9.1 Whilst the benefits to older people of moving to Extra Care have been asserted since the model began to be developed, research to quantify that benefit over a range of domains has been slower to emerge. More recently the focus of research has widened from examining the beneficial impact on the health and well-being of the individual residents to the impact such developments may have on health and social care services.

9.2 The recent report of the Communities and Local Government Select Committee on the future of housing for older people²⁷ cites evidence of benefit, not only to individuals, but also to the Health and Social Care economy. The report asserts:

“There is a significant body of evidence on the health and wellbeing benefits to older people of living in specialist housing and the resultant savings to the NHS and social care. This is particularly the case for extra care housing, which has onsite care and support and communal facilities. In addition, this type of housing helps family and carers finding it challenging to provide enough care and support”. (Para 87)

9.3 The report by the International Longevity Centre, reported in our review appended, is referenced by the Committee:

“Research by the International Longevity Centre-UK found that around a quarter of people who moved into extra care housing with social care needs (or went on to develop them) experienced an improvement within five years, were less likely to be admitted to hospital overnight and had fewer falls. Subsequent research found that, in comparison to older people in the general community, extra care residents reported having a higher quality of life, a higher sense of control and lower levels of loneliness”. (Para 88)

9.4 The report goes on to refer to evidence provided to the Committee by Professor Holland of Aston University. Drawing on the findings of her three-year study of residents of Extra Care developments managed by the Extra Care Charitable Trust she quantified the estimated benefit to the health and social care economy. The Committee accepts that:

“Professor Holland’s study found that the NHS costs for those in the sample were reduced by 38% and that the costs for frail residents had reduced by 51%. In addition, local authority costs of providing lower and higher level social care were 17.8% (£1,222) and 26% (£4,556) lower respectively on average per person per year. With regards to retirement housing, research from the University of Reading showed that it can help combat social isolation and promote fitness, with over 80% of owner occupiers of retirement housing

²⁷ House of Commons Communities and Local Government Committee Housing for older people Second Report of Session 2017–19 Report, together with formal minutes relating to the report Ordered by the House of Commons to be printed 5 February 2018

taking part reporting feeling happier in their new home and nearly a third feeling that their health had improved. (Para 88)

9.5 The Committee sets out its conclusions in unambiguous terms:

“Specialist housing, and particularly extra care housing, can promote the health and wellbeing of older people and their carers, leading to savings in spending on health and social care.” (Para 91)

9.6 The Aston University research did establish a range of benefits in health and well-being among the Extra Care residents when compared with the Control Group. From this they have generated projected savings to local services which were referenced by the CLG Select Committee.

9.7 The Aston Study reports:

“NHS Costs – Comparing Extra Care and Control Participants: Total NHS costs were estimated for each participant, including practice and Borough nurse, GP and outpatient appointments as well as admissions. Average ExtraCare resident NHS costs reduced by 47% over 12 months. Control NHS costs reduced by 14.1%. BUT when you control for the fact that the more poorly are the people who left the sample this is a 38% reduction, (still a significant reduction). This equates to an average saving of £1114.94 per person per year.”

9.8 More difficult to quantify are the additional savings that arise from slowing the progression of residents to higher levels of frailty, and therefore of need for services, through the mitigation of risk through design, and contribution to well-being through services and activities that the scheme will provide. The Aston study reports:

“The reduction for the frail residents was the most striking: for those in the sample at baseline and follow-up, this changed from an average of £3274.21 to £1588.04 average per person. That is, a 51.5% drop. Use of this figure needs to bear in mind that the frailest within this group are those who have died or dropped out of the study.”

9.9 Savings in Social Care costs falling upon the public purse are more difficult to extrapolate from the Aston research. Whilst all residents may be expected to qualify for NHS services without financial contribution the majority will be self-funders in relation to social care. Thus, the savings identified in the report may benefit individuals, savings for statutory social services will not be comparable to those achieved in schemes operated by the Extra Care Charitable Trust where the majority of residents would be of more limited means.

9.10 When compared with the current dominant option of a place in a Registered Care Home the medium to long-term risk of residents using up their financial resources and becoming dependent upon statutory financial support in an Extra

Care settings are much reduced. This is a consequence of the differential levels of cost and the cost models referenced in Section Seven preceding.²⁸

9.11 We direct attention to the conclusions of this review, accepted by the CLG Select Committee, that there are both benefits to individual residents and to the local Health and Social Care economy through provision of the option of Extra Care for older people in Test Valley.

9.12 A more recent study²⁹ was undertaken in a collaboration between the Housing Learning and Improvement Network (Housing LIN) and Southampton City Council. Drawing on an extensive review of the literature the authors seek to quantify the financial benefits that arise when older people are accommodated in housing with care³⁰. They model those benefits to the current and planned population of older people living in Extra Care accommodation in Southampton.

9.13 The authors summarise the benefits to the Health Care system they have established through their review under five headings before setting out the evidence they cite to substantiate each of these benefits:

“While the body of research available that identifies the health impacts of housing with care has been relatively limited, all the identified evidence suggested positive impacts on the health care economy, which included:

- Reductions in the number of GP visits (by housing with care residents).
- Reductions in the number of community health nurse visits (amongst housing with care residents).
- Reductions in the number of non-elective admissions to hospital (by housing with care residents).
- Reductions in length of stay and delayed discharges from hospital (amongst housing with care residents).
- Reductions in ambulance call outs, typically linked to reduced incidence of falls (amongst housing with care residents).

9.14 Turning first to the reduction in the demand made upon GP services they cite research that established the average number of GP attendances per annum by men and women 65 years of age and over:

“Polisson (2011)³¹ found the average number of annual visits to a GP in England was 7.4 for women aged 65 and over, and 6.7 for older men.”

²⁸ Para 7.14

²⁹ Identifying the Healthcare System benefits of Housing with Care, Strezlecka D, Copeman I, Hastings R & Beech L, August 2019, Southampton City Council and Housing LIN

³⁰ The authors use the term “housing with care” throughout their report which we take to be a synonym for Extra Care Housing, which is the term we have generally adopted throughout this report.

³¹ Polisson, M. (2011). Do waiting times matter in primary care? GP visits and list sizes in England.

9.15 In addition to the Aston University study reviewed above they cite two further studies:

“Research by the International Longevity Centre identifies that lonely people use health services more frequently and are 1.8 times more likely to visit the GP; their research found that a housing with care resident experiences half the amount of loneliness (12.17%) than those people living in the wider community (22.83%), which suggests that living in housing with care reduces the likelihood of residents using GP services due to loneliness.”³²

“Research for McCarthy and Stone found that on average, their residents reported that they had made 4 visits to their GP in the last 12 months.³³ Across the nine McCarthy and Stone schemes where research was conducted, residents had made 67 fewer visits to their GP in the previous 12 months compared with the 12 months before they moved into the scheme; or 0.66 fewer visits per resident.”

9.16 The authors point up the contrast between the increased demand on GP services that might be expected from a group of older people with complex needs and the reality established by research that in fact demand is less than in the general population where the incidence of complex needs will be less concentrated:

“Typically residents of housing with care will include people with more complex health and social care needs so it is particularly significant that there is evidence to indicate that housing with care can be effective in reducing the use of GP services amongst this cohort. Overall this indicates that there is evidence to suggest that housing with care can have a positive impact in terms of reducing the number of GP visits made by housing with care residents.”

9.17 Turning next to the demands made of the community nursing service they draw attention to the benefits that arise from the design, range of facilities and on-site care staff included in Extra Care schemes:

“Despite the limited research evidence available, there is evidence that housing with care can reduce the use of community nursing services by its residents as a result of the provision of on-site care staff, providing a living space that is designed to be better suited to age related needs, and the provision of nutritious food through an on-site restaurant. Several research studies have found in these circumstances that the use of community nursing services by housing with care residents has reduced.”

9.18 In addition to the Aston University Study reviewed above they cite a further research paper from The Joseph Rowntree Foundation:

³² Wood, C. (2017). The Social Value of Sheltered Housing: Demos Briefing Paper.

³³ McCarthy and Stone (2014). McCarthy and Stone Local area economic impact assessment.

“Bäumker and colleagues (2008)³⁴ presented comprehensive evidence from twenty-two residents of an extra care scheme that showed the cost of health care dropped substantially with the single largest component drop being in nurse consultations.”

9.19 On the basis of the Aston University and Joseph Rowntree Foundation studies they conclude:

“Overall this indicates that there is evidence to suggest that housing with care can have a positive impact in terms of reducing the number of community nursing service visits to housing with care residents.”

9.20 The third issue they address is the impact of residence in an Extra Care scheme on the likelihood of a non-elective admission to hospital:

“Unplanned emergency re-admissions to hospital have been a growing issue in the NHS in recent years.³⁵ 80 per cent of emergency admissions for more than two weeks are patients aged over 65. Falls are one of the most common (as well as costly) reasons for non-elective admissions among older people. Unsuitable home conditions can directly cause or at least contribute to a hospital admission, often via a fall. If individuals are discharged to unsuitable accommodation after their hospital stay, they may have further complications and return to hospital.”

9.21 The authors cite two relevant studies:

“A longitudinal study by Kneale from 2002 to 2010 covering 1,400 to 1,600 housing with care properties,³⁶ reported that housing with care residents were less likely to be admitted to hospital initially than those in unsupported housing in the community and were more likely to be admitted only once a serious condition had developed. The incidence of annual hospitalisation was 4.8 nights per year per person amongst those aged 80+ compared to 5.8 nights for those matched and living in the community.”

“Research conducted for McCarthy and Stone³⁷ identified that there were a total of 13 fewer admissions in previous year, or 0.13 fewer admissions per resident per year in their new housing with care scheme than previously.”

9.22 These reductions in rates of non-elective admission are attributed by the authors to the combination of design, facilities and services available in Extra Care schemes:

³⁴ Bäumker, T., Netten, A. & Darton, R. (2008) Costs and Outcomes of an Housing with care Scheme in Bradford. Joseph Rowntree Foundation.

³⁵ Blunt, I., Bardsley, M., Dixon, J. (2010). Trends in emergency admissions in England 2004-2009: is greater efficiency breeding inefficiency? The Nuffield Trust.

³⁶ Kneale D. (2011) Establishing the extra in Extra Care: Perspectives from three Housing with care Providers. ILCUK.

³⁷ McCarthy and Stone (2014). McCarthy and Stone Local area economic impact assessment.

(The) “particular nature of the living environment in housing with care, coupled with the provision of onsite 24/7 staffing, which provides both general support to residents as well as direct and rapid assistance in an emergency, helps to reduce the likelihood and incidence of non-elective hospital admissions.”

9.23 Difficulties in achieving timely discharge of patients from hospital when active clinical interventions are complete is a widely recognised issue and here too Extra care Housing is seen to offer better outcomes. The authors introduce the issue as follows:

“Delayed transfers of care can be costly to both an individual’s health as well as to the NHS. There are currently many older people in hospitals who are ready to be discharged, but where their discharge is delayed the estimated cost to the NHS is around £820 million³⁸. Some of the primary reasons associated with older people experiencing delayed transfers of care include waiting for a care package in their own home, awaiting a place in a nursing or residential home or awaiting further assessment.³⁹ A lot of the difficulties associated with that could be mitigated successfully in the housing with care setting due to its unique characteristics.”

9.24 Once again the Aston University study reviewed above provides data on reduction in non-elective or unplanned hospital admissions with a further study also cited:

“There is some research evidence that has found that the nature of the service provided by housing with care, particularly the availability of onsite care, enables people to avoid delays in hospital discharge.

Research for McCarthy & Stone found that whilst a higher percentage of those in housing with care might receive an inpatient episode, they remained in hospital for only half the time of those not living in retirement housing.⁴⁰

Research by Aston University⁴¹ found that the housing with care model is associated with a reduction in the duration of (unplanned) hospital stays, from an average of 8-14 days to 1-2 days. The duration of (unplanned) hospital stays reduced from a median of 5-7 days at baseline, to 1-2 days thereafter.”

9.25 Turning finally to the need for an ambulance among older people living in Extra Care Housing and older people in the general population the authors find that the research literature suggests a strong convergence between the incidence of falls among older people and their use of emergency ambulances:

“Often for older people, the incident that leaves them needing an ambulance is a fall. Research by Demos in relation to older people’s housing, *‘The Value*

³⁸ National Audit Office (2016). Discharging older patients from hospital. Available at: <https://www.nao.org.uk/report/discharging-older-patients-from-hospital/>

³⁹ Housing Learning and Improvement Network (2017). Home from hospital: How housing services are relieving pressure on the NHS. Available at: <https://www.housinglin.org.uk/Topics/type/Home-from-hospital-How-housing-services-are-relieving-pressure-on-the-NHS/>

⁴⁰ ORB (2004). A Better Life: Private Sheltered Housing and Independent Living for Older People

⁴¹ Ibid

*of Sheltered Housing*⁴² identifies a clear link between the incidence of falls amongst older people and ambulance call outs.”

9.26 The scale of the issue is illustrated from the Demos research report:

“The research by Demos estimates that 600,000 older people attend A&E following a fall each year (about 17% of all falls), and around a third are then admitted to hospital. This research estimated that 91,940 falls are prevented by people living in older people’s housing, which is estimated to prevent 15,629 ambulance call outs and A&E attendances.”

9.27 Clearly mitigating the risk of a fall will have a positive effect on the need for ambulance services and in addition to evidence from the Aston University study cited above the authors quote Kneale’s study:

“Research by Kneale⁴³ identified a reduced likelihood of falling in housing with care; falls rates were measured at 31% compared to 49% in general housing.”

9.28 The authors therefore conclude:

“Overall this indicates that there is evidence to suggest that housing with care can have a positive impact in terms of reducing the number of ambulance call outs for residents, particularly associated with a decreased likelihood of falling and/or staff being available onsite to assist directly a resident who has had a fall.”

9.29 By combining the reduction in the incidence of various demands made upon Health Care services for each resident of Extra Care Housing as indicated in the research literature and quantifying the cost saved by that reduction in demand for services, the authors arrive at a headline figure for the savings achieved by the provision of Extra care places:

“When quantified, it was possible to estimate that for each person living in the housing with care settings, the financial benefit to NHS was approximately £2,000 per person per annum (calculated as a costs benefit to the health care system).”

9.30 Applying this saving per resident to the current and planned provision of Extra Care accommodation in Southampton they set out a notional cost benefit to the local health care economy:

“When compared with the volume of the housing with care market in Southampton, it was possible to estimate that Southampton’s current provision of housing with care (circa 170 units) has been producing a cost benefit to the health care economy of over £334,000 per year. This figure is

⁴² Wood, C. (2017). *The Social Value of Sheltered Housing: Demos Briefing Paper*. Available at: <https://www.demos.co.uk/wp-content/uploads/2017/06/Sheltered-Housing-paper-June-2017.pdf>

⁴³ Kneale D. (2011) *Establishing the extra in Extra Care: Perspectives from three Housing with care Providers*. ILCUK.

estimated to increase to almost £890,000 per year once Southampton delivers on its ambition to grow its supply to about 450 units of housing with care.”

10 The approach to examining need and setting it against current supply

10.1 National Planning Practice Guidance⁴⁴ directs attention to the range of methodologies that may be adopted to estimate the current and future need for specialised accommodation for older people. We review the available approaches in Section Two of this report.

10.2 All the available approaches adopt a similar route: examining the current and projected population of older people within the local area (usually the LPA or Housing Authority area), looking next at incidence of functional incapacity and health status in that population to form a view of the scale of need within the older population. Having had regard to the guidance available in national and local policy and the evidence found in the research literature, a target for future provision will be projected.

10.3 It is at this point that methodologies diverge, some being more strongly influenced by current prevalence and others being more focused on the need to which specialised accommodation with associated care and support can respond.

10.4 In this report we have followed the approach set out in the publication “Housing in Later Life”⁴⁵, one of the approaches commended in NPPG from 2014 onwards.

10.5 These adopt a projected prevalence figure for Extra Care that will respond to the indicators of need and support the delivery of an alternative to increasing reliance upon Registered Care Home beds by indicating a ratio of 45 units per 1,000 of the local population who are 75 years of age or over is desirable.

10.6 To bring supply onto closer alignment with tenure choice among older people it suggests that this total be divided one third for social rented and two thirds for sale.

10.7 Whilst the SHOP@ Tool, referenced in the NPPG 2019 and widely used by local authorities and those advising them is capable of producing an identical answer it is often used with projected prevalence ratios more reflective of current supply than potential need.

10.8 It is for this reason that in July 2019 the Housing Learning and Improvement Network (Housing LIN), who provide the SHOP@ Tool, decided to restrict access to it as they felt it had been used to produce artificially low outcomes.

10.9 By adopting the ratios of provision set out in Housing in Later Life we offer a realistic set of targets for provision of specialised accommodation that will meet the needs of the current and future population of older people in Test Valley.

⁴⁴ NPPG June 2019 but also earlier issues from 2014 onwards, as referenced in Section Nine

⁴⁵ “Housing in later life – planning ahead for specialist housing for older people” (National Housing federation and the Housing LIN, December 2012)

11 Forecasting future need

11.1 The current pattern of provision in Test Valley, as in the rest of the country, developed not in response to assessed need but rather in response to short-term demand and provider perceptions of what will be popular and fundable. Public policy has substantially shaped the pattern of provision in recent years.

11.2 Hampshire County Council has a well-established collaborative approach, working with borough and district councils and health partners, to shape future provision of specialised accommodation for older people in all tenures.

11.3 Moving to a pattern with a more rational base that seeks to place all elements of provision within a wider context inevitably appears threatening to some. In seeking to look forward and to encourage a shift from the current pattern to one which offers a range of options to older people and is reflective of key characteristics of the older population it will be important to take into account a number of factors:

- Although supply is limited demand for the older examples of rented conventional sheltered housing is likely to decline in Test Valley as in other parts of the country and some new stock in this category in this tenure will be required.
- The potential for leasehold retirement housing will continue to grow.
- Some existing schemes will lend themselves to refurbishment and remodelling to provide enhanced sheltered housing to support rising levels of frailty, and a number of those opportunities have already been taken locally.
- Extra Care housing should be provided for sale and rent.
- Provision of Registered Care both for Personal and Nursing Care will need to be distributed so that it is more nearly matched to need within local populations.
- The challenges of maintaining viability in smaller Registered Care Homes will continue to drive change in provision with an increase in larger, purpose-built developments.

The clear consequence is that there will be more of some styles of provision and less of others.

11.4 In the publication “Housing in Later Life”⁴⁶ we updated the guidance that we originally prepared for the publication “More Choice Greater Voice” for the Department for Communities and Local Government and the Care Services Partnership (CSIP) at the Department of Health. That model assumed that a “norm” for conventional sheltered housing to rent would be around 50 units per 1,000 of the population over 75 years of age and around 75 units per 1,000 of leasehold retirement housing. This deliberately inverted the current levels of provision in most places but in doing so sought to reflect the rapidly changing tenure balance.

⁴⁶ Housing in later life – planning ahead for specialist housing for older people, December 2012, National Housing Federation and the Housing Learning and Improvement Network.

11.5 The stock of rented sheltered housing is below national averages and some re-provision may be required to meet need and to facilitate the option to down-size for tenants in socially rented general needs housing.

11.6 Demand for leasehold retirement housing has continued to grow strongly and we therefore revised upward our targets for leasehold retirement housing, especially in areas where owner-occupation levels among older people are high and property values facilitate the move to such accommodation.

11.7 When we framed our targets in late 2007/ early 2008 Extra Care Housing was still little known, in many areas there were no developments at all and the initial targets reflected the difficulty of bringing forward developments on a model that was unfamiliar to many professionals and virtually unknown to the general public. The Department of Health and Homes and Communities Agency capital investment programme accelerated the rate of Extra Care Housing developments and the increasing number of commercially developed Retirement Villages and Continuing Care Retirement Communities, especially across the South of England have made the concept much better known.

11.8 The targets offered for Extra Care provision in the 2008 publication were very much a “toe in the water” at a time when it was still difficult to judge the acceptability of the model to older people or to those who advised them. That situation has now changed and we propose not only an increased target overall but a shift in the tenure balance to reflect the increasing recognition of the needs of older home owners for Extra Care style options.

11.9 The continuing drive among Adult Social Care authorities to shift from policies that rely heavily on Registered Care homes toward Extra Care Housing solutions also shifts the balance and supports an increase in targets either side of this divide.

11.10 When analysed in relation to the proportion of older people in the district who are owner-occupiers there is an under-supply of retirement housing offered on a leasehold basis. The district council has a role in encouraging the identification of sites, in influencing the style of provision and through the Local Development planning process to facilitate an increase in this provision.

11.11 As the Authority’s own policy documents suggest Extra Care Housing offers the possibility of housing a balanced community of people with relatively limited care needs through to those who might otherwise be living in residential care. Our modelling suggests provision of around 600 units of Extra Care in total, divided between rented (about one third) and leasehold and shared ownership tenures (about two thirds) will be required in the short to medium term.

11.12 Table Fifteen summarises the current levels of provision and the adjustments that may be indicated to bring them to the levels that some would see as a benchmark for the future. How much specialised accommodation may be needed in total? Previous estimates of the requirements for sheltered housing tended to look mainly at the need for social rented provision, rather than at the overall potential demand.

11.13 The emergence of owner-occupation as a significant factor in old age has shifted the balance between estimates of need and response to demand. The benefits of providing more leasehold retirement housing, for example, may be seen in its effect in releasing family sized accommodation into the market, alongside its more significant impact in meeting the particular needs of those who move into it.

Table Fifteen Indicative levels of provision of various forms of accommodation for older people in Test Valley 2020

		Current provision	Current provision per 1,000 of Population 75+	Increase or decrease to match projection	Resulting number of units	Provision per 1,000 of Population 75+ (13,500)
Age Exclusive and Retirement Housing	Affordable	409	30.3	+401	810	60
	Market	602	44.6	+1,018	1,620	120
Enhanced Retirement Housing	Affordable	0	0.0	+135	135	10
	Market	152	11.3	-17	135	10
Extra Care Housing	Affordable	90	6.7	+112	202	15
	Market	156	11.6	+249	405	30

11.14 Judged against these norms there are marked deficits in provision in all categories except Market Enhanced Retirement Housing.

11.15 The limited supply of Age Exclusive and Sheltered Housing for rent is unusual and possibly reflects a deliberate policy decision by the local authority. The most substantial deficits are in the provision of Retirement Housing and Extra Care available to those who are homeowners and wish to maintain their tenure of choice when moving to specialised accommodation.

11.16 Table Sixteen projects forward to reflect the requirements of the older population of Test Valley in 2040. The number of those 75 years of age or more will have greatly increased and without substantial provision in the intervening period the deficit in provision will have widened.

Table Sixteen Indicative levels of provision of various forms of accommodation for older people in Test Valley 2040

		Current provision	Current provision per 1,000 of Population 75+	Increase or decrease to match projection	Resulting number of units	Provision per 1,000 of Population 75+ (21,900)
Age Exclusive and Retirement Housing	Affordable	409	18.7	+905	1,314	60
	Market	602	27.5	+2,026	2,628	120
Enhanced Retirement Housing	Affordable	0	0.0	+219	219	10
	Market	152	6.9	+67	219	10
Extra Care Housing	Affordable	90	4.1	+238	328	15
	Market	156	7.1	+500	656	30

11.18 It has been suggested that capacity exists in neighbouring authorities and that a broader, sub-regional view of need for Extra Care Housing and how it should be met is more appropriate.

11.19 As Table Seventeen shows, when the formula of 30 units of Market Extra Care per thousand of the population 75 years of age and over all neighbouring authorities have deficits in supply equal to, or greater than those shown for the Test Valley.

Table Seventeen Supply of Extra Care units against target.

	ECH Affordable units	ECH Market units	Population 75+ (2020)	Provision at 30 per 1k 75+	Current deficit in units
Eastleigh	166	56	12,600	378	322
Fareham	0	86	13,900	417	331
New Forest	131	42	26,900	807	765
Portsmouth	243	95	14,400	432	337
Southampton	37	0	15,900	477	477
Test Valley	90	155	13,500	405	250
Winchester	106	159	13,400	402	243

11.20 Taken with the recognition that other forms of specialised accommodation that may be in the pipeline do not match the benefits offered by an Extra Care scheme of the type being developed at Ampfield Meadows it is clear that the additional units will make a vital contribution toward a more adequate level of supply that will not be found elsewhere in the immediate future.

Section Summary

11.21 The stock of leasehold retirement housing whilst relatively strong by national standards comes nowhere meeting potential demand. There is enormous scope for development to meet the needs of older people who are homeowners.

11.22 To reflect the policy aspirations of Hampshire County Council and its health partners to divert future increasing need away from Registered Care Homes and toward Extra Care the most pressing requirement is that the targets for provision in social rented and shared-ownership developments by Registered Providers should be matched by Extra Care provided to home owners for purchase.

11.23 The most pressing priority, driven by demography, need, tenure, and policy imperatives is to increase the availability of all categories of specialised accommodation for older homeowners.

12 Summary of the evidence

12.1 In relation to the age of its population the Test Valley has an age profile above the national average, with those 65 years of age making up over 22% of the total population of the district in 2020 and increasing to more than 27% by 2040. The proportion of the population in advanced old age, that is to say 85 years of age and older, is also significantly higher than national averages. This is already an aged population and is set to age further in the next two decades.

12.2 Whilst the crucial role of appropriate housing and the widest range of options for older people is widely recognised, problems in achieving an appropriate supply remain.

12.3 Those having difficulty with one or more domestic tasks will increase between 2020 and 2040 from 8,147 to 12,001, an increase of 47.3%. A failure to manage these tasks often persuades older people, or their relatives, of the need for a move to a high care setting, such as a Registered Care home, when their needs would be better met in specialised accommodation, such as that proposed in this application.

12.4 Similarly those experiencing difficulty with at least one task of self-care are projected to rise from 8,067 in 2020 to 11,784 in 2040. This may contribute to additional demand for specialised accommodation but will have a direct impact on demand for care home places.

12.5 Those finding at least one mobility activity difficult or impossible will increase by around 52.9% between 2020 and 2040. The impact of these difficulties on the capacity for independent living can be significantly mitigated by appropriate design and flexible delivery of care and support services.

12.6 Throughout the period to 2040 there is predicted to be a 67.9% increase in the population aged 65 and above that have dementia; with around 93% increase in the oldest cohort; those 85 years of age and over. These significant rises will again place increasing demand on care and accommodation places.

12.7 The number of those living with a Long-Term Limiting Illness whose day-to-day activities are limited a lot will increase by some 2,685 persons to 7,670.

12.8 The evidence in Test Valley of steeply increasing levels of need shown by projections of those persons in need of personal care, assistance with domestic tasks and in managing mobility demonstrates a requirement for a range of accommodation and care options. The diversity and volume of need requires a range of responses to be brought forward on a sufficient scale if existing services are not to be overwhelmed.

12.9 Test Valley follows but exceeds the national trend toward owner-occupation as the dominant tenure for older people. Levels of owner-occupation among older people in the district are above national averages at 81.62% for those between 65 and 74 years of age. In the oldest age group the level of home ownership may be depressed by lack of options for owner-occupation in specialised accommodation but remains just below 70%.

12.10 The majority of those persons who currently own their own homes will wish to retain that tenure as they move to specialised accommodation. They will also look for accommodation of a comparable quality to that which they currently occupy. This suggests that if the needs of all older homeowners are to be addressed a range of options need to be provided that mirrors the range of options available in the general housing market within Test Valley

12.11 There are many reasons why this option commends itself to older people who are homeowners: they are able to retain equity in the property that can be drawn upon during their old age or left to family members or others as a legacy. It maintains the sense of life-achievement that many home-owners feel when they have paid-off their mortgage and can say that they own their property. By retaining ownership, through purchase of a long-lease (typically 99 or 125 years) they feel they are retaining a degree of control over their own circumstances.

12.12 Taking the level of homeownership among older people in the District into consideration when reviewing the local supply of specialised accommodation there is clearly a shortfall in the in the level of provision needed to achieve an adequate supply for older homeowners wishing to maintain their tenure when transferring to specialised accommodation.

12.13 Taking tenures together and comparing with the whole population it would appear that levels of provision of specialised housing for older people are very significantly below national averages in relation to social rented stock and more than double national averages in relation to retirement housing offered for market sale.

12.14 Whilst there is a substantial supply of leasehold retirement housing this comes nowhere near reflecting the dominance of owner-occupation among the older population of Test Valley. There is a consequent shortfall in the level of provision needed achieve an adequate supply for older homeowners wishing to maintain their tenure when transferring to specialised accommodation. For those older people who are owner-occupiers the ratio of provision for retirement housing for sale per thousand is 97.97. Whilst for those older people who are renters the comparable ratio per thousand is 147.4.

12.15 In relation to Extra Care Housing provision of Affordable units is slightly below the national average and that of Market units substantially above the average but in neither case does provision come close to a level that will meet the needs of older people in the district.

12.16 The level of provision of bed spaces in Registered Care Homes providing Personal Care is substantially below the national average and those providing Nursing Care above the national averages by a similar margin of around 30%. These ratios reflect a shifting balance away from Personal Care beds and toward Nursing beds to respond to the highest levels of need for care.

12.17 The declining ratios of provision to population emphasises the need to maintain a good supply of all forms of specialised housing for older people if the beds that are available in Registered Care Homes are not to be under pressure from

“upward transference”, that is beds are occupied by those who could be more appropriately accommodated in specialised housing with care and support

12.18 The provision of a more adequate supply of retirement accommodation of all kinds for homeowners will provide an environment of choice in which independence can be sustained and transfer to expensive Registered Care postponed or avoided.

12.19 The role of specialised housing in achieving desired policy outcomes is outlined in various policy documents from both Ministry of Housing and Local Government and Department of Health and Social Care cited in Section Two of this Report.

12.20 The absence of appropriate accommodation and care options for many older people is recognised, both in Government consultation documents and in research. The limited options faced by older home-owners are well recognised and the role of the planning system in alleviating this difficulty is clearly identified.

12.21 The policies of Test Valley District Council, Hampshire County Council and their Health partners, cited in Section Three of this Report, recognise the ageing of the local population as a factor influencing future requirements for accommodation.

12.22 The most relevant social benefit that arises from the provision of appropriate and attractive specialised accommodation is that people who own homes of their own have an option that meets their needs and aspirations.

12.23 An additional, and increasingly recognised benefit of offering more, and more attractive, options to older people for their accommodation and care is that family-sized accommodation will be released by their move to specialised provision. Thus the individuals who move to the proposed development will have the benefit of a more appropriate and easily managed living environment and will also have enabled those who move into the home they have released to be more appropriately housed, cascading property down the purchaser chain.

12.24 In the absence of appropriate, contemporary accommodation options pressures will increase on higher-end services, such as Registered Care Homes providing Personal Care and Registered Care Homes providing Nursing Care. The proposed development will contribute to providing the alternative options favoured in national and local policies responding to this substantially aged and ageing population.

12.25 Considerations of demography, need, tenure, and policy all reinforce the imperative to increase the availability of Specialised Housing for older homeowners. Our model (Section Eleven) shows a current deficit in all models of specialised accommodation for older people in the Market Sector with a widening deficit over succeeding years unless substantial further developments are facilitated.

12.26 For many who have promoted the Extra Care model part of its attraction is that for those who make a pre-emptive move the level of their dependency may be mitigated or the rate of its onset slowed. For the great majority it will provide a home

for life with the flexibility to provide care and support at increasing levels as circumstances change.

Annex One Explanation of terms used in this report

This report uses terms which are commonly understood among those working in the field of housing and care for older people but may not be so readily comprehensible by those working in other disciplines. Whilst not exhaustive this section seeks to explain the meaning and usage on this document, of some of those terms:

Sheltered housing is a form of housing intended for older people that first emerged in the 1950s and was developed in volume through the 1960s and 1970s. In this period it was developed in one of two styles: “Category Two” Sheltered Housing consisted of flats and/or bungalows with enclosed access, a communal lounge and some other limited communal facilities such as a shared laundry and a guest room. Support was provided by one or more “wardens” who were normally resident on site. “Category One” Sheltered Housing has many of the same features but might not have enclosed access, might have more limited communal facilities and would not normally have a resident warden. In current practice these models have merged and the service models for delivery of support are in flux. This provision has generally been made by Housing Associations and Local Authorities.

Retirement Housing is a term widely adopted to describe Sheltered Housing, similar in built form and service pattern to Category Two Sheltered Housing described above but offered for sale, generally on a long lease, typically ninety-nine or one hundred and twenty-five years. This provision has generally been made both by Housing Associations (often through specialist subsidiaries) and commercial organisations.

Very sheltered housing is a term now largely disappearing from use that was used first in the mid to late 1980s to describe sheltered schemes that sought to offer some access to care services and some additional social and care facilities.

Enhanced sheltered housing is the term that has largely succeeded to Very Sheltered Housing to describe sheltered housing that provides more in facilities and services than traditional sheltered housing but does not offer the full range of facilities, services and activities to be found in an Extra Care Housing Scheme.

Extra Care Housing is the term used for a complex of specialised housing for older people that provides a range of “lifestyle” facilities for social, cultural, educational and recreational activities, in addition to services that provide care in a style that can respond flexibly to increasing need whilst helping the individual to retain their place within their existing community. In most Extra Care Housing schemes people enter their unit of accommodation and the care services they receive are delivered into that unit as their needs increase. This is generally referred to as the “integrated model” of Extra Care.

Continuing Care Retirement Community is a variant of the Extra Care Housing model but one in which higher levels of care are generally delivered by transfer within the scheme from an independent living unit in which low to moderate care is delivered into a specialist unit or care home. This pattern is often referred to as the “campus” model of Extra Care.

Registered Care Home is the form of institutional provision that in the past would have been referred to as either a “Residential Care Home” or a “Nursing Home”. All are now referred to as “Registered Care Homes” and differentiated as either “Registered Care Home providing personal care” or as a “Registered Care Home providing nursing care”.

Annex Two: Specialist Accommodation for Older People in Test Valley

Originally sourced from the Elderly Accommodation Counsel Database and checked for up-dating against that database on 08/12/2020

Affordable Age Exclusive Housing

Name of scheme	Address	Manager	Number of units
Sheppard Cottages	The Green, Ampport, Andover, Hants, SP11 8BE	Sheppards Almhouses Trust	6
Total			6

Affordable Retirement Housing

Name of scheme	Address	Manager	Number of units
Abbeyfield House	Mill Lane, Romsey, Hampshire, SO51 8EW	Abbeyfield	12
Blake Court	Artists Way, Andover, Hampshire, SP10 3UU	Asterliving	32
Bracher Close	Church Close, Andover, Hampshire, SP10 1EH	Anchor Hanover	37
Charles Dalton Court	Western Road, Andover, Hampshire, SP10 2NT	Housing 21	53
Gainsborough Court	Willis Avenue, North Baddesley, Southampton, Hants, SO52 9JX	Aster Living	45
Hanover & Runnymede House	London Street, Kings Meadow, Andover, Hampshire, SP10 2SF	Anchor Hanover	35
Hanover Close	Floral Way, Andover, Hampshire, SP10 3PP	Anchor Hanover	23
Linden Court	Linden Road, Romsey, Hampshire, SO51 8BR	Aster Living	21
Mulberry House	Silkweavers Road, Andover, Hampshire, SP10 1QT	Aster Living	17

Pembroke Court	Beales Close, Andover, Hampshire, SP10 1LG	Aster Living	23
Rosalind Hill House	Stockbridge, Hampshire, SO20 6HD	Aster Living	17
Shepherd Lodge	Artists Way, Andover, Hampshire, SP10 3TL	Stonewater	31
Threadneedle House	Weavers Close, Andover, Hampshire, SP10 1QU	Aster Living	18
Wakeford Court	Cressey Road, Romsey, Hampshire, SO51 8HU	Aster Living	39
Total			403

Affordable Enhanced Retirement Housing

Name of scheme	Address	Manager	Number of units
Total			0

Affordable Extra Care

Name of scheme	Address	Manager	Number of units
Lion Oak Court	Salisbury Road, Andover, Hampshire, SP10 2GJ	Aster Living	52
Warner Court	Bishops Way, Andover, Hampshire, SP10 3EG	Sovereign	38
Total			90

Market Age Exclusive Housing

Name of scheme	Address	Manager	Number of units
Fleming Court	Norton Welch Close, North Baddesley, Southampton, Hampshire, SO52 9JY	Self Managing Group	15 Leasehold
Fleur-de-Lis Romsey	Duttons Road, Romsey, Hampshire, SO51 8XG	Renaissance Retirement	52 Leasehold
Grange Mews	Winchester Hill, Romsey, Hampshire, SO51 7NB	Broadleaf Management Services Ltd	18 Freehold
Homemead House	Middlebridge Street, Romsey, Hampshire, SO51 8QL	Freemont Property Managers	37 Leasehold
Kingsmead	Lower Common Road, West Wellow, Romsey, Hampshire, SO51 6DG	Self Managing Group	24 Leasehold
Oaklands	Lower Common Road, West Wellow, Nr Romsey, Hampshire, SO51 6BT	Colbury Homes Ltd	7 Leasehold
St Peters Close	Church Lane, Goodworth Clatford, nr Andover, Hants, SP11 7SF	Cognatum	19 Leasehold
Total			172

Market Retirement Housing

Name of scheme	Address	Manager	Number of units
Abbey Lodge	Winchester Road, Romsey, Hampshire, SO51 8LJ	Millstream Management	31 Leasehold
Ashlawn Gardens	Winchester Road, Andover, Hampshire, SP10 2EU	Ashlawn Gardens Ltd	40 Leasehold
Bridge Court	Middlebridge Street, Romsey, Hampshire, SO51 8HT	Owner/Manager Not Known	15 Leasehold
Carters Meadow	Charlton Village, Andover, Hampshire, SP10 4AF	Anchor Hanover	48 Leasehold

Chantry Lodge	Portland Grove, Andover, Hampshire, SP10 1DE	Churchill Retirement Living	65 Leasehold
Dunwood Court	Sherfield English, nr Romsey, Hampshire, SO51 6GR	Millstream Management	22 Leasehold
Hillier Court	Botley Road, Romsey, Hampshire, SO51 5AB	McCarthy & Stone	40 Leasehold
Meadow Heights	15-17 London Road, Andover, Hampshire, SP10 2PL	First Port	15 Leasehold
Mottisfont Lodge	Alma Road, Romsey, Hants, SO51 8AG	Millstream Management	31 Leasehold
Nightingale House	Great Well Drive, Romsey, Hants, SO51 7QN	Grange	38 Leasehold
North Stoneham Park	Eastleigh, Hampshire,	Housing 21	26 Shared Ownership
Trinity Court	88 Winchester Road, Chandler's Ford, Eastleigh, Hampshire, SO53 2RD	HC- One	20 Leasehold
Westfield Court	Old Winton Road, Andover, Hampshire, SP10 2DU	First Port	39 Leasehold
Total			430

Market Enhanced Retirement Housing

Name of scheme	Address	Manager	Number of units
Grove Place	Upton Lane, Nursling, Southampton, Hampshire, SO16 0XY	Hica group	115 Leasehold
Knightwood Mews	Shannon Way, Chandlers Ford, Hampshire, SO53 4TL	Brendon Care	37 Leasehold
Total			152

Market Extra Care

Name of scheme	Address	Manager	Number of units
Audley Stanbridge Earls	Stanbridge Lane, Stanbridge Earls, Romsey, Hampshire, SO51 0ZS	Audley Villages	155 Leasehold
Ampfield Meadows	Winchester Road, Ampfield, Romsey, Hampshire, SO51 9BQ	Inspired Villages	(149) ⁴⁷ Leasehold
Total			155

⁴⁷ Pipeline and not counted as current provision, construction works expected to commence on site in 2021.

Registered care homes providing personal care

Name of Scheme	Address	Owner	Number Of Beds	Single and Shared Rooms	How many en suite?	Purpose built or converted	CQC Rating (Date of report)
Abbotswood Court	Minchin Road, Romsey, Hampshire SO51 0BL	Cinnamon Luxury Care	60	60 single	60	Purpose built	Good (10/10/17)
Arbory Residential Home	London Road, Andover Down, Andover, Hampshire SP11 6LR	Coate Water Care Company Ltd	64	58 single and 3 shared	47	Not Known	Good (21/04/18)
Bartlett House	Old Common Way, Ludgershall, Wiltshire SP11 9SA	The Orders of St John Care Trust	36	36 single	1	Purpose built	Requires Improvement (13/02/19)
Brendoncare Knightwood Court	Shannon Way, Valley Park, Chandlers Ford, Hampshire SO53 4TL	BrendonCare	20	18 single and 2 shared	20	Purpose built	Good (10/10/17)
Clifford House	11 Alexandra Road, Andover, Hampshire SP10 3AD	Mrs A Brenchley	21	19 single and 1 shared	7	Converted	Good (15/06/19)
Copper Beeches	Woodlands Way, London Road, Andover, Hampshire SP10 2QU	Hampshire County Council	36	Not Known	Not Known	Purpose built	Good (16/04/19)

Edwina Mountbatten House		Countess Mountbatten Romsey Memorial Trust	18	17 single	4	Purpose built	Requires Improvement (30/04/19)
Greenview	Lockerley Green, Lockerley, Romsey, Hampshire SO51 8JN	Ian Bradford	8	6 single and 1 shared	7	Converted	Good (04/01/18)
Woodley Grange	Winchester Hill, Romsey, Hampshire SO51 7NU	Manucourt Ltd	45	41 single and 2 shared	33	Purpose built	Good (11/07/19)
Total			308				

Registered care homes providing nursing care

Name of Scheme	Address	Owner	Number Of Beds	Single and Shared Rooms	How many en suite?	Purpose built or converted	CQC Rating (Date of report)
Andover Nursing Home	Weyhill Road, Andover, Hampshire SP10 3AN	Andover Care Limited	87	83 single and 2 shared	83	Purpose built	Outstanding (08/06/19)
Ashbourne Court Care Home	13 Salisbury Road, Andover, Hampshire SP10 2JJ	Brighterkind	64	64 single	64	Purpose built	Outstanding (22/08/19)
Cedar Lawn Nursing Home	Woodley Court, Braishfield Road, Romsey, Hampshire SO51 7PA	Sentinel Healthcare	30	22 single and 4 shared	25	Converted	Good (26/07/18)
Dunwood Manor	Sherfield English, Romsey, Hampshire SO51 6FD	Sentinel Healthcare	55	41 single and 7 shared	32	Purpose built	Good (05/12/19)
Durban House Nursing Home	Woodley Lane, Romsey, Hampshire SO51 7JL	JSAI Country Home Ltd	40	36 single and 2 shared	23	Converted	Good (15/01/19)
Harrier Grange Care Home	Hawker Siddley Way, Andover, Hampshire SP11 8BF	Care Concern Andover Ltd	66	66 single	66	Purpose built	Good (28/07/18)
Knights Grove Care Home	Thomas Road, North Baddesley, Southampton SO52 9EW	BUPA	56	56 single	56	Purpose built	Outstanding (27/03/19)

Marie Louise House	Newton Lane, Romsey, Hampshire SO51 8GZ	The Healthcare Management Trust	48	46 single	46	Purpose built	Requires Improvement (29/09/20)
Millway House Care Home	Weyhill, Andover, Hampshire SP11 8DE	J SAI Group Ltd	58	18 single and 8 shared	6	Purpose built	Good (19/02/20)
Rothsay Grange Care Home	Weyhill Road, Weyhill, Andover, Hampshire SP11 0PN	Barchester Healthcare	60	60 single	60	Purpose built	Requires Improvement (01/10/20)
St John's Nursing Home	Rownhams Lane, Rownhams, Southampton, Hampshire SO16 8AR	R & E Kitchen Care Group	34	16 single and 9 shared	2	Converted	Good (09/07/19)
Waverley Lodge Nursing Home	Dunwood Manor Nursing Centre, Sherfield English, Romsey, Hampshire SO51 6FD	Sentinel Healthcare	26	26 single	24	Purpose built	Good (07/11/18)
Willow Court	Charlton Road, Andover, Hampshire SP10 3JY	Hampshire County Council	66	66 single	66	Purpose built	Good (14/09/18)
Winton Nursing Home	Wallop House, Nether Wallop, Stockbridge, Hampshire SO20 8HE	Amesbury Abbey Group	36	25 single and 7 shared	18	Converted	Good (16/02/18)
Total			726				

Annex Three POPPI data sources

As indicated in Section Four projections of numbers of older people likely to be experiencing various functional or health issues that are indicative of need for specialised accommodation and care are taken from the POPPI (Projecting Older People Population Information System) database. This database is maintained by the Institute of Public Care at Oxford Brookes University and is a widely respected and authoritative source, used by statutory, commercial and third sector organisations. We set out here the sources and methodology notes provided by POPPI in relation to the tables contained in Section Four of this report.

Table 5 Domestic tasks: People aged 65 and over unable to manage at least one domestic task on their own, by age and gender, projected to 2035

Instrumental Activities of Daily Living (IADLs) are activities which, while not fundamental to functioning, are important aspects of living independently:

- Doing routine housework or laundry
- Shopping for food
- Getting out of the house
- Doing paperwork or paying bills

Figures are taken from the Health Survey for England 2016: Social care for older adults (2017) NHS Digital⁴⁸, Table 4: Summary of Activities of Daily Living (ADLs/IADLs) for which help was needed and received in the last month, 2011-2016, by age and sex.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to need help with at least one of the domestic tasks listed, to 2035.

Table 6 Self-care: People aged 65 and over unable to manage at least one self-care activity on their own, by age and gender, projected to 2035.

Activities of Daily Living (ADLs) are activities relating to personal care and mobility about the home that are basic to daily living:

⁴⁸ The Health Survey for England 2016 is the latest in a series of surveys commissioned by NHS Digital and carried out by NatCen Social Research and University College London. The surveys are representative of adults and children in England, and are used to monitor the nation's health and health-related behaviours.

- Having a bath or shower
- Using the toilet
- Getting up and down stairs
- Getting around indoors
- Dressing or undressing
- Getting in and out of bed
- Washing face and hands
- Eating, including cutting up food
- Taking medicine

Figures are taken from the Health Survey for England 2016: Social care for older adults (2017) NHS Digital, Table 4: Summary of Activities of Daily Living (ADLs/IADLs) for which help was needed and received in the last month, 2011-2016, by age and sex.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to need help with at least one of the self-care tasks listed, to 2035.

Table 7 Limiting long term illness: People aged 65 and over with a limiting long-term illness, by age, projected to 2040.

Figures are taken from Office for National Statistics (ONS) 2011 Census, Long term health problem or disability by health by sex by age, reference DC3302EW. Numbers have been calculated by applying percentages of people with a limiting long-term illness in 2011 to projected population figures.

Table 8 Mobility: People aged 65 and over unable to manage at least one mobility activity on their own, by age and gender, projected to 2040.

Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

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

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be unable to manage at least one of the mobility tasks listed, to 2035.

Table 9 Dementia: People aged 65 and over predicted to have dementia, by age and gender, projected to 2040

Figures are taken from Dementia UK: Update (2014) prepared by King's College London and the London School of Economics for the Alzheimer's Society. This report updates the Dementia UK (2007) report. It provides a synthesis of best available evidence for the current cost and prevalence of dementia. It aims to

provide an accurate understanding of dementia prevalence and cost in the UK to assist in policy development, influencing, commissioning and service design.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2035.

To calculate the prevalence rates for the 90+ population, rates from the research for the 90-94 and 95+ age groups have been applied to the England population 2013 (when the research was undertaken) to calculate the numbers in each age group, the sum of these groups is then expressed as a percentage of the total 90+ population to establish the predicted prevalence of the 90+ population as a whole.

Annex Four The authors of this report

Nigel J W Appleton MA (Cantab)

Nigel Appleton is Executive Chairman of Contact Consulting (Oxford) Ltd, a consultancy and research practice specialising in issues of health, housing and social care as they affect older people and people with particular needs. Nigel's particular area of interest and expertise is in relation to the accommodation and care needs of older people.

Nigel Appleton has a nationally established reputation in the field of estimating the requirement for particular styles of accommodation for older people, having been the author of publications supported by the Department of Communities and Local Government and the Department of Health that provide guidance in this area.⁴⁹

In recent years he has developed a substantial practice in the demonstration of need for older people's accommodation and the documentation of that need to form part of a planning case. His work has also been tested at Appeal where he has contributed to the applicant's case as an Expert Witness.

He contributed the section "Preparing the Evidence Base" to "Housing in later life – planning ahead for specialist housing for older people" (National Housing federation and the Housing LIN, December 2012). This updated the comparable sections of his: "More Choice: Greater Voice – a toolkit for producing a strategy for accommodation with care for older people" (February 2008 for Communities and Local Government and the Care Services Improvement Partnership). He is also the author of "Connecting Housing to the Health and Social Care Agenda – a person centred approach" (September 2007 for CSIP).

Nigel also wrote "Planning for the Needs of the Majority – the needs and aspirations of older people in general housing" and "Ready Steady, but not quite go – older homeowners and equity release", both for the Joseph Rowntree Foundation.

For the Change Agent Team at the Department of Health he wrote "An introduction to Extracare housing for commissioners" and "Achieving Success in Developing Extra Care housing" together with a number of briefing papers and studies in the area of sheltered housing and its variants.

⁴⁹ "More Choice, Greater Voice, a toolkit for producing a strategy for accommodation with care for older people", Nigel Appleton, CLG & CSIP, 2008 & "Housing in later life – planning ahead for specialist housing for older people", December 2012, National Housing Federation and the Housing Learning and Improvement Network.

Other publications include three Board Assurance Prompts on the deployment of Assistive Technology/ telecare in both specialised and general housing for older people; “Housing and housing support in mental health and learning disabilities – its role in QIPP”, National Mental Health Development Unit, with Steve Appleton (2011) and “The impact of Choice Based Lettings on the access of vulnerable adults to social housing” (2009) for the Housing LIN at the Department of Health.

Nigel led the team that prepared the material for the Good Practice Guidance for local authorities on delivering adaptations to housing for people with disabilities issued by the Office of the Deputy Prime Minister, Department of Health & Department for Education and Skills.

His expertise covers the full spectrum of issues in the field of housing and social care for older people. He has supported more than thirty local authorities in preparing their strategies for accommodation and care in response to the needs of an ageing population. With his team he has conducted a number of detailed reviews of existing sheltered housing schemes for both local authority and not for profit providers.

Nigel also brings expertise in relation to the various models of accommodation for older people and the operational issues that may arise in relation to staffing numbers and profile, operational viability and related matters.⁵⁰

He has worked with housing and adult social care officers and members in a wider range of local authorities, and with various commissioning and provider bodies within the NHS. Nigel works to support development, operation and evaluation of specialised accommodation for providers in statutory, commercial and third sectors.

Nigel served as Expert Advisor to the Social Justice and Regeneration Committee of the Welsh Assembly in its review of housing and care policies in relation to older people in Wales.

Prior to establishing his consultancy in 1995 Nigel was Director of Anchor Housing Trust. Until December 2017 he served as a Governor and Chair of the Management Committee of Westminster College, Cambridge. Nigel formerly served as Vice Chair of the Centre for Policy on Ageing and as a trustee of Help & Care, Bournemouth, and has been an honorary research fellow at the Centre for Urban and Regional Studies, Birmingham University. In the more distant past he was a member of the Governing Body of Age Concern England and a Board Member of Fold Housing Group, Northern Ireland.

⁵⁰ For example, for the Joseph Rowntree Foundation: “Planning for the Needs of the Majority – the needs and aspirations of older people in general housing”, and for the Change Agent Team at the Department of Health: “An introduction to Extracare housing for commissioners” and “Achieving Success in Developing Extra Care housing”

David Appleton

David Appleton is the Consultancy Support and Development Manager for Contact Consulting (Oxford) Limited. David joined the staff of Contact Consulting in 2014 after a two-year period in which he had undertaken specific assignments on a sub-contracted basis.

After securing his HND in Health, Welfare and Social Policy from Anglia Ruskin University David worked in residential care settings, initially with Cambridgeshire County Council, and subsequently with Northamptonshire County Council. During his time in Northamptonshire David was responsible for the oversight and delivery of their Physical Intervention training, and investigation. At the time of leaving Northamptonshire CC, in December 2011, David's role was that of Assistant Manager in one of the Authority's residential units.

Since joining Contact Consulting David has undertaken a variety projects and his current responsibilities within the company include research, policy and data analysis, policy and report writing. He is also involved in delivering training, in service evaluation, and supporting investigations in a number of statutory and non-statutory settings.

In addition to his HND in Health, Welfare and Social Policy David continued his professional development, undertaking NVQ3 in Children and Young People, NVQ4 in Leadership and Management, and accreditation as an instructor in Physical Intervention. Since joining Contact Consulting he has secured accreditation in Prince2 project management and provides that input to company assignments as required.



APPENDIX 4
SITE LOCATION PLAN



Copyright of this drawing is the property of Urban Edge Architecture Limited. It must not be reproduced or amended nor used in the execution of any works whether in conjunction with the proposed works for which it is prepared or otherwise without the express consent in writing of Urban Edge Architecture Limited.

Urban Edge Architecture Limited
One Scotgate Mews, Scotgate,
Stamford, Lincolnshire, PE9 2FX.

Tel. ++44 (0)1780 755 665
Fax. ++44 (0)1780 755 360

THIS DRAWING IS FOR PLANNING ONLY AND IS NOT TO BE USED FOR TENDER OR CONSTRUCTION

DRAWING TO BE READ IN COLOUR

SITE ADDRESS:
FORMER NORTH HILL SAWMILL
YARD
BADDESLEY ROAD
CHANDLER'S FORD
SOUTHAMPTON
HAMPSHIRE
SO52 9BH

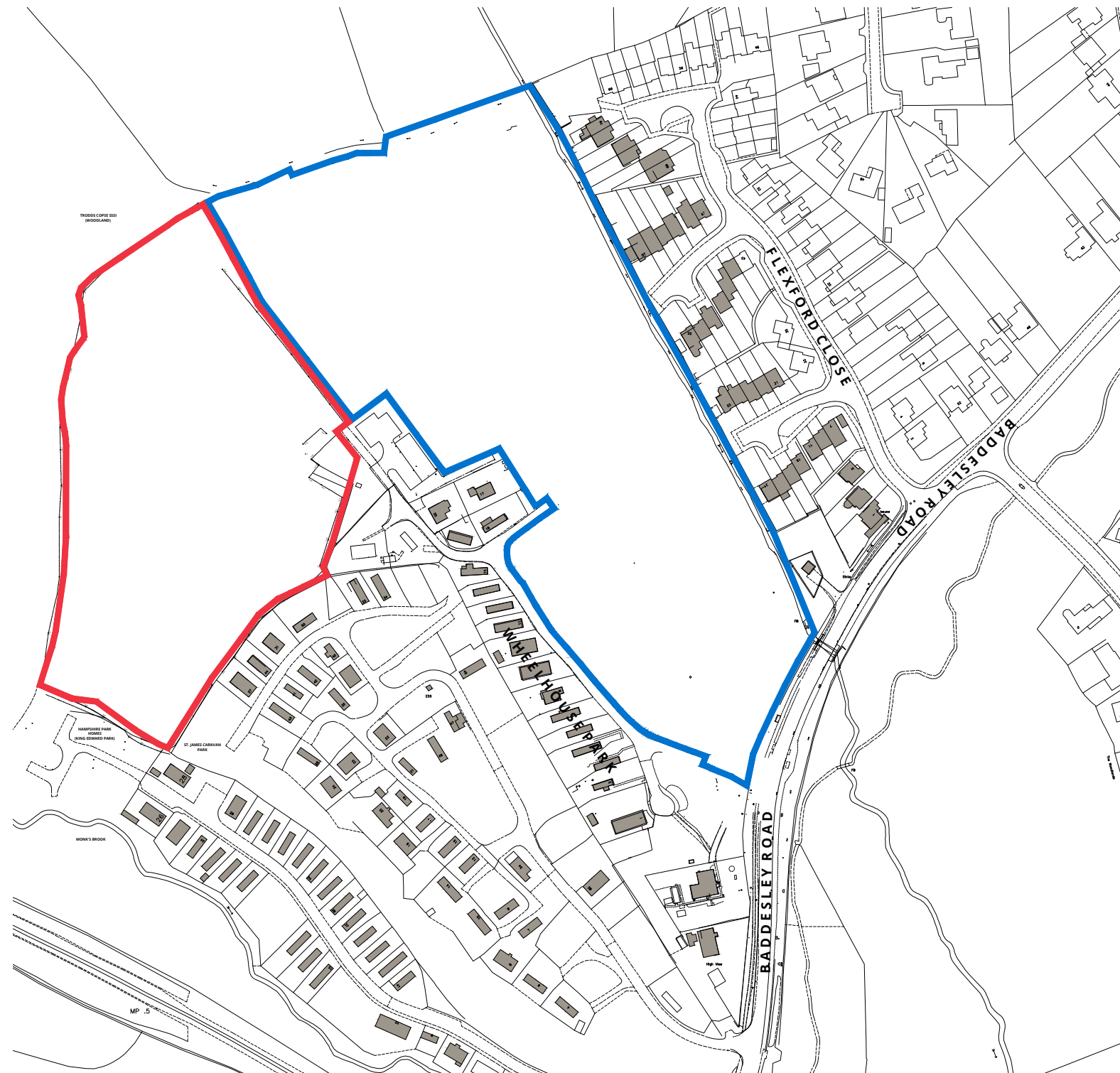
LEGEND:

- CARE VILLAGE EXTENSION SITE (SHELAA SITE 295)
- ADJACENT CARE VILLAGE SITE (PERMISSION REF.S 17/01615/OUTS AND REF. 20/00488/RESS)

NOTE:-

THE SITE BOUNDARY (RED LINE) IS DEPICTED IN ACCORDANCE WITH THE GUIDELINES LAID OUT IN HM LAND REGISTRY PLANS, PRACTICE GUIDE 40, SUPPLEMENT 5.

THE OUTSIDE EDGE OF ALL BOUNDARY LINES DENOTE THE EXTENT OF THE BOUNDARY. THE THICKNESS IS FOR GRAPHIC REPRESENTATION ONLY.



Rev No	Description	Drawn By	Date



Client
**SENIOR LIVING
(CHANDLER'S FORD) LIMITED**

Project
**CHANDLER'S FORD CONTINUING
CARE RETIREMENT COMMUNITY
OPTION LAND**

Drawing
**SITE LOCATION PLAN
LOCAL PLAN CONSULTATION**

Issue Purpose
PLANNING

UE Proj No	Scale	Date	Drawn	Status	Revision
2320	1:2500@A3	MARCH 2022	TB		P00

Project - Organisation - Volume/System - Level - Type - Role - Number
2320-URB-OL-00-DR-A-208910

SCALE 1 : 2500
SCALE 1 : 1

