

APP 1.1

Inspired Villages

Proof of Evidence

Former Broke Hill Golf Course, Sevenoaks Road, Halstead, Kent,
TN14 7HR

Appeal Reference: APP/G2245/W/21/3273188

Appellant: Quinn Estates Limited

Application Reference: 19/02616/OUT

Date: 24 September 2021

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1. Introduction

Qualifications and Experience

- 1.1. I am Stuart Garnett, land and planning director for Inspired Villages. I have been a Member of the Royal Town Planning Institute since 2003 and I have over twenty years' post qualification experience.
- 1.2. I hold a Bachelor of Science degree in City and Regional Planning and a Diploma in Town Planning from the University of Wales, Cardiff.
- 1.3. I have a wide range of town planning experience, including site promotion, project management, submission of major planning applications and appearances at examinations in public, hearings and inquiries as an expert witness. I have previous experience of working in planning consultancy; the public sector, having spent approximately five years as a development management officer and enforcement officer in local authority; and also for a sheltered housing developer.
- 1.4. The evidence which I have prepared and provided for this appeal (reference APP/G2245/W/21/3273188) in this Proof of Evidence is true and has been prepared and is given in accordance with the guidance of my professional institution and I confirm that the opinions expressed are my true and professional opinions.

Scope of Evidence

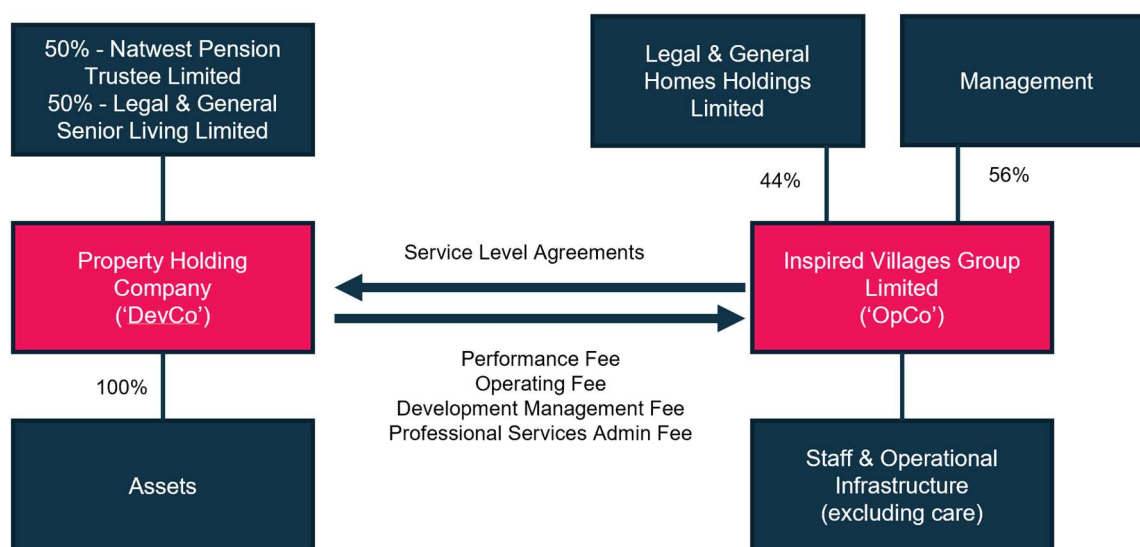
- 1.5. My evidence has been prepared to provide the Inspector with a clear understanding of the proposed Retirement Care Community for up to 180 C2 use class units and the Inspired Villages model. My evidence will focus on the matters set out below.
- 1.6. Chapter 2 explains who Inspired Villages, the model and the company structure, its existing operational villages, and its pipeline.
- 1.7. Chapter 3 describes what extra care is alongside other typologies of specialist housing for older people, the Use Class Order and how the Retirement Care Community is extra care and that it falls within the C2 Use Class.
- 1.8. Chapter 4 explains the operator's perspective to site selection and about our residents, covering care and support, residents' profiles, costs such as the service charge and deferred management fee, and the on-site facilities.

- 1.9. Chapter 5 assesses benefits from an extra care development and their significance, including: the need; economic benefits; NHS and social care savings and freeing up family housing.
- 1.10. Chapter 6 provides a conclusion to the details set out in my proof.

2. About Inspired Villages

2.1. Inspired Villages has agreed terms with the Appellant to purchase a parcel at the Appeal Site subject to planning. Inspired Village's business structure is set out as follows.

Figure 1. Inspired Villages structure



2.2. Legal & General Homes Holdings Limited is a wholly owned subsidiary of Legal & General Capital (LGC), the direct investment arm of Legal & General (L&G).

2.3. L&G is one of the world's largest insurers and a global top 20 asset manager, managing more than £1.2 trillion of assets, serves 9.5 million customers in the UK and pays more than 1 million pensioners monthly.

2.4. L&G has been engaged in the real estate sector for over twenty years with ambitions to continue to develop this sector through a multi-tenure housing strategy.

2.5. The LGC investment portfolio supports the delivery of this strategy and includes the following businesses, which provides extensive market knowledge and track record of delivery experience, including:

- CALA Homes – an established housebuilder with over forty years' experience in home building in the UK.
- L&G Affordable Homes – an institutional registered provider with a gross asset value of circa £750 million.
- Build-to-Rent – a prominent investor and operator in the urban build to rent market with nearly 2,000 completed homes and over £2 billion committed since 2016.

- Suburban Build-to-Rent – a recently created housing arm which will focus on the suburban family housing market.
- L&G Modular Homes – an innovative business focussed on delivering homes using modern methods of construction which includes an operational 550,000 square foot factory which can deliver up to 3,500 homes per year.
- L&G Later Living – a business created for the delivery of purpose-built housing for the later living sector in the UK with capital commitments of £500 million.

2.6. L&G Later Living established two businesses:

- Inspired Villages (IV) – an operator of retirement communities in the UK focussed on locations in or on the edge of towns and villages (see following section, paragraph 2.9+ for an explanation of IV).
- Guild Living (GL) – will be an operator of retirement communities for sites within more urban city locations. GL has legally secured four sites in the UK, all now have planning consent.

2.7. In 2019, L&G in conjunction with Edinburgh University set up the £20 million Advanced Care Research Centre, designed to improve the understanding of care in later life and revolutionise how it is delivered.

2.8. L&G works with other research centres, for example, the Internal Longevity Centre UK to support research and development into the later living sector.

2.9. NatWest Trustees Pension Limited (NWTPL) is the trustee of one of the largest pension funds in the UK, the NatWest Group Pension Fund, which has more than 200,000 members and £53bn of assets.

2.10. The legal structure for the business consists of: the operating company (OpCo) Inspired Villages Group; and a property holding company (PropCo) with a number of Service Level Agreements (SLA) in place between the PropCo and the OpCo.

2.11. The OpCo (Inspired Villages Group) is responsible for managing the buying and developing of land, construction, sales and operation of each retirement community on behalf of PropCo, while each PropCo purchases and owns the land and buildings for the site in question.

2.12. The PropCo is owned equally between NWTPL and Legal & General Senior Living Limited.

2.13. The OpCo is majority owned by Inspired Villages Group management and the remainder owned by Legal & General Senior Living Limited.

- 2.14. Once a development is completed the OpCo (Inspired Villages) will operate and run the retirement community. NWPTL will retain the freehold ownership of the site through its 'Operational Fund'.
- 2.15. The ownership shows the inter-relationship between IV, Legal & General and NatWest providing the equity and the expertise to deliver 'at scale' a retirement community operator of at least 34 sites over the next five years. This will provide in excess of 5,000 extra care units for nearly 7,000 older persons.
- 2.16. IV was established in 2017 following the acquisition of English Care Villages providing a platform of two operational retirement communities, shortly followed by Renaissance Villages portfolio being acquired and incorporated into the business, which included four operational retirement communities.
- 2.17. IV, as of July 2021, had 923 residents in 664 occupied extra care units across its six communities, being:
- Austin Heath, Warwick, Warwickshire
 - Bramshott Place, Liphook, Hampshire
 - Durrants Village, Faygate, West Sussex
 - Gifford Lea, Tattenhall, Cheshire
 - Great Alne Park, Great Alne, Warwickshire
 - Millbrook Village, Exeter
- 2.18. IV has a further four villages under construction (Turvey in Bedfordshire; Leeds in Kent; Caddington in Bedfordshire and Chandlers Ford in Hampshire), with construction due to start on 2-3 sites in 2022. IV has nineteen sites legally secured: six operational, four under construction, four consented/allocated and pending construction, and five in the planning system (pre-application, planning application, local plan promotion or at appeal).

Map 1. Inspired Villages locations



- 2.19. IV has only one site legally secured in Sevenoaks District, the Appeal Site. IV has one other site secured in Kent, known as Ledian Gardens situated in Leeds village, Maidstone Borough. Ledian Gardens is under construction and Phase 1 is due for Practical Completion in February 2022.
- 2.20. Since being formed in 2017, IV has assessed other potential sites in Sevenoaks District but no other sites have progressed because, either following receipt of the initial enquiry no further information was provided to IV, commercial terms could not be agreed with the landowner/vendor, or the site was not suitable.

3. Extra Care and Use Class

Extra Care

- 3.1. There are various published definitions of the term ‘extra care’, including from the Royal Town Planning Institute; the Care Quality Commission; the Department of Health; and the Housing LIN. The common themes from these definitions are: the accommodation is purpose built or specialist; is designed such that varying levels of care can be offered and received (and increased over time); and it offers communal facilities and/or community living.
- 3.2. The Housing LIN ‘Factsheet 1: *Extra care housing what is it?*’ (November 2015) (**Core Document (CD) E35**) at page 3 states: *“Extra care housing is housing with care primarily for older people where occupants have specific tenure rights to occupy self-contained dwellings and where they have agreements that cover the provision of care, support, domestic, social, community or other services. Unlike people living in residential care homes, extra care residents are not obliged as a rule to obtain their care services from a specific provider, though other services (such as some domestic services, costs for communal areas including a catering kitchen, and in some cases some meals) might be built into the charges residents pay.”*
- 3.3. The ‘RTPI Good Practice Note 8: Extra Care Housing’ (2007) (**Appendix SG1**) is stated (front cover) to *“complement”* the Extra Care Housing Toolkit, published by the Care Services Improvement Partnership at the Department of Health in October 2006. The RTPI note describes extra care housing as being the *“generic description of housing with care support”* and as being described in the Toolkit as *“purpose-built accommodation in which varying amounts of care and support can be offered and where some services are shared.”* (page 7)
- 3.4. The government’s ‘Housing for Older and Disabled People Guidance’ (2019) set out four types of specialist housing to meet the diverse needs of older people (Paragraph: 010 Reference ID: 63-010-20190626, revision date 26 June 2019):
- *“Age-restricted general market housing:* *This type of housing is generally for people aged 55 and over and the active elderly. It may include some shared amenities such as communal gardens, but does not include support or care services.*
 - *Retirement living or sheltered housing:* *This usually consists of purpose-built flats or bungalows with limited communal facilities such as a lounge, laundry room and guest*


room. It does not generally provide care services, but provides some support to enable residents to live independently. This can include 24 hour on-site assistance (alarm) and a warden or house manager.
















- Extra care housing or housing-with-care: This usually consists of purpose-built or adapted flats or bungalows with a medium to high level of care available if required, through an onsite care agency registered through the Care Quality Commission (CQC). Residents are able to live independently with 24 hour access to support services and staff, and meals are also available. There are often extensive communal areas, such as space to socialise or a wellbeing centre. In some cases, these developments are known as retirement communities or villages - the intention is for residents to benefit from varying levels of care as time progresses.
- Residential care homes and nursing homes: These have individual rooms within a residential building and provide a high level of care meeting all activities of daily living. They do not usually include support services for independent living. This type of housing can also include dementia care homes.“

3.5. Inspired Villages is a full member of the Associated Retirement Community Operators (ARCO). ARCO is the main body representing the retirement community sector in the UK with 30 members (private and not-for-profit), comprising about half of the retirement community sector operators. ARCO was formed in September 2012. As a condition of membership, all ARCO members have signed up to, and pledged adherence to ARCO’s standards and compliance framework including external assessments under their consumer code.

3.6. Retirement communities may also be referred to as extra care and housing-with-care and Figure 2 is from ARCO’s website (<https://www.arcouk.org/>), which highlights the distinction between retirement housing, retirement communities (or extra care), and care homes.

Figure 2. ARCO Living Options for Older People

 Setting Standards for Retirement Communities

|  Retirement Housing Also known as sheltered housing or retirement flats |  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 |
|---|---|---|
|  Self-contained homes for sale, shared-ownership or rent |  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 |  24-hour onsite staff with optional care and domestic services available |  24-hour care and support (including meals) |
|  Usually have a lounge, laundry facilities, gardens and a guest room |  Range of facilities including a restaurant or café usually alongside leisure and wellness facilities such as gyms, hairdressers, activity rooms, residents' lounges and gardens |  Range of facilities and activities, including gardens, lounges and dining rooms |
|  Typically 40 - 60 units |  Typically 60 - 250 units |  Sizes vary considerably |

- 3.7. Inspired Villages developments fall within the definition of extra care.
- 3.8. Inspired Villages operational and consented developments range in quantum from 116 to 270 extra care units.
- 3.9. Inspired Villages has 24/7 staffing on-site to provide safety and security to its residents, including a CCTV system. Care and support is available to all residents, with CQC registered care delivered by a partner care provider. Inspired Villages works with Bluebird Care on 5 of the 6 operating villages, although residents are free to commission any care provider to meet their care needs. Inspired Villages has agreed to enter into a Service Level Agreement with Helping Hands as 'Preferred Supplier' of in-home care services. Helping Hands is one of the UK's leading home care providers with over 30 years' experience providing bespoke live-in and visiting care. Helping Hands is regulated by the CQC to ensure the provision of the highest quality of care.
- 3.10. On-site communal facilities are provided within the Village Centre (or Village Core) building. Within IV's existing developments these facilities include: a restaurant, café/bar, hairdressers, activity room, meeting room, cinema/library room, wellbeing centre (comprising gym, fitness studio, pool and sauna), landscaped gardens and recreational space, and a village transport service.

3.11. A range of unit types will be provided, including one, two and three bedroom apartments and cottages, ranging in size from 53 sq.m up to 193 sq.m. All units provide specialist design features to meet the needs of older residents', and which can be further adapted as they age in place, including:

- An emergency call system.
- Lift access to upper floors.
- Level access to all properties with doorways widened to facilitate wheelchairs, mobility scooters, etc.
- Usable balcony areas or patio areas for all units.
- Kitchen work tops and wall cupboards lowered.
- Ovens, microwaves, fridges and freezers installed at a height to reduce bending down and stretching.
- Induction hobs that are cool to touch after use.
- Toilet seats at an increased height.
- Washbasins installed to enable wheelchair user.
- Shower trays provide level access and avoid steps.
- Walls and ceilings capable of installing grab rails, hoists, etc.
- Electronic tablet allowing communication with staff and residents – similar to an iPad - providing free internet access for residents, ability to message the village team, view village information, displays community messages, and can be used to make reservations for the restaurant and village transport service. It also displays the image from the main entrance door and allows the resident to view, speak and release the door.

3.12. All units are designed to comply with M4(2) Accessible and Adaptable Dwellings standards.

3.13. The communal facilities provide a range of specialist design features, including:

- Wellbeing centre offering a mix of exercise, relaxation and therapeutic facilities, suitable to accommodate physiotherapy and rehabilitation activities, as well as group exercise classes that promotes movement and social activity.
- Treatment rooms are available for health practitioner visits.
- Level access throughout and lift access to upper floors.
- Fixing points for lifting equipment.

- Clear signage.
- Lowered counter tops.
- Toilet seats at an increased height.
- Disabled changing rooms and toilets.
- Restaurant providing for communal dining, providing a choice of meals for consumption in the restaurant or a residents' own home.
- Activity room, meeting room, library/cinema room for social activities.
- Café and small onsite shop selling daily essentials.

Use Class

- 3.14. Planning policies typically requires there to be an identified need for specialist housing for older people and for development to be proportionate to its surroundings.
- 3.15. So far as need is concerned this has been described nationally, as **critical**, and in Sevenoaks this has already been established and accepted by the Council (see also Mr Appleton's proof).
- 3.16. A development needs to be viewed in the context of need and how sustainable and appropriate a site may be, and that is a function of assessment and design and will vary. Matters of planning assessment and need for older persons housing are addressed in the proofs of Mr Burley and Mr Appleton respectively.
- 3.17. In terms of the deliverability of a retirement community, its communal facilities, and the funding and infrastructure required, there is a minimum scale that works financially and operationally.
- 3.18. Inspired Villages 'standard' model for assessment purposes is for approximately 150 units. This can be compared with Figure 2 of this proof, which ARCO suggests a retirement community is 'typically 60 to 250 units', and the RTPi Good Practice Note (**SG1**) notes "*a number of extra care villages of 100-300 units have now been developed*". This 'standard' model is based upon approximately 210,000 sq.ft of floorspace (GIA), of which, approximately 20% would be 'non-saleable' space in the form of communal facilities (e.g. café/bar, restaurant, wellbeing centre including treatment rooms, fitness studio and pool, library, activity room and hairdressers). Inspired Villages indicative accommodation schedule for the Appeal Site is for approximately 225,421 sq.ft (GIA) total floorspace, of which approximately 23% would be 'non-saleable' space. This shows that relative to a national

housebuilder who operates at 100% efficiency (i.e. because they just build homes and provide no communal facilities) then a retirement village is less efficient at approximately 77% efficiency due to the significant extent of communal facilities. This is highly relevant in understanding the ability (or lack of) for a retirement village operator to compete in the land market against a housebuilder.

- 3.19. All schemes require a minimum scale of development to be viable, whilst meeting the identified need. It is impractical for a retirement community to be disaggregated into smaller amounts because it would not be viable for IV to deliver, would reduce the level of facilities provided and thus the ability to provide the integrated care package, and would be uneconomic in terms of the service charges needed (i.e. an individual's service charge would be very high and this will discourage sales).
- 3.20. The key considerations in determining the use class for specialist older people's housing is the level of care and scale of communal facilities provided (NPPG Paragraph: 014 Reference ID: 63-014-20190626). These are key factors why an older person chooses to move.
- 3.21. A retirement community is not residential accommodation alone, they provide both 24-hour care and related communal facilities, enabling individuals to live independently in their own home, with the security and amenities that allow for peace of mind.
- 3.22. Such developments are C2 rather than C3, even when there is no registered care home as part of the development. This has been identified in recent planning appeals such as: West Malling (Appeal reference: APP/H2265/W/18/3202040); Virginia Water (Appeal reference: APP/Q3630/W/18/3195463); and Great Boughton (Appeal reference: APP/A0665/W/18/3203413). Inspired Villages developments' have a high level of care available on-site for residents and a significant amount of communal facilities placing it squarely within the C2 use class.
- 3.23. The 'Shining a spotlight on the hidden housing market' report (Shakespeare Martineau and Housing LIN, 2019) (**E42**), amongst others, considered a new use class should be created specifically for 'retirement living schemes' (page 17) as they have previously fallen under C2, C3 or sui generis, which has led to inconsistencies in terms of delivery, location and affordable housing provision between local authorities.

- 3.24. A retirement community differs in a number of ways from normal residential development (C3), which not only affects its viability and whether or not it can fund additional obligations such as affordable housing, but also in understanding the use class, 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.
- 3.25. These factors are intrinsic in recognising a retirement community or extra care is very different from C3 residential development, which directly affects deliverability, and in turn the inappropriateness of applying policy intended to be applied to C3 residential development.
- 3.26. The Officer's Report (**C03**) referenced the retirement village proposals as being C2 and this is not a Matter Disagreed in the main Statement of Common Ground.

4. Operational perspective

Site selection

- 4.1. Inspired Villages has a UK-wide land requirement with a target to legally secure and deliver 34 to 40 villages by 2026.
- 4.2. It is our experience that we are normally outbid by national housebuilders for land opportunities. The reasons for this includes: our higher construction costs, slower sales rates, and lower gross to net efficiencies (see para 3.18) through the provision of communal facilities and grounds and other non-saleable space, e.g. corridors, lifts in all apartment buildings, etc, when compared to traditional C3 residential housing values.
- 4.3. In an attempt to respond to this, we have sought to develop relationships with housebuilders and developers who might recognise the community benefits and lack of direct competition with their own product to consider selling us land from their strategic sites for below 'market value' (i.e. what they could sell it to another traditional C3 residential developer for). The Appellant, Quinn Estates is one such developer who Inspired Villages is pleased to be working with and are a company who recognise the importance of providing suitable sites to meet the needs of older persons.
- 4.4. Inspired Villages considers the profile of prospective purchasers by reviewing the local demographic profile. Due to the age restrictions of our developments (aged 65 and over) our residents generally will be unable (or willing) to secure a mortgage to 'purchase' (leasehold) one of our properties. This means our residents are releasing capital via the sale of their existing property - an accepted planning benefit, and/or savings/investments, and/or their pension. We therefore model the number of people aged 65 or over who are mortgage free and living within close proximity of a site. We then calculate the 'market penetration' based on these parameters.
- 4.5. The rental model is in its infancy within the extra care sector and currently accounts for a limited take up. However, this position is changing as the wider view of rental has, and we are assuming as much as 25% of future occupations could be rentals.
- 4.6. Due to the costs for constructing and operating a retirement village, and the type of development (predominantly apartments), a minimum number of units are required to make a development viable. Too few units would increase the cost of the service charge for

residents, which would affect sales. Whilst minimum unit numbers will vary by site and general location, to meet our 'standard' model requirements (see para 3.18) will discount many land opportunities.

- 4.7. At 'up to 180 units', the Appeal proposal is higher than our 'standard' but not excessively so and falls well within the 250-300 units identified by ARCO and the RTPi. The level of units fits comfortably within the site size available on the Appeal Site and there is flexibility to deliver a choice of unit sizes and types within the 'up to' quantum in the description of development.
- 4.8. The development would not be a gated community, and it is important our villages integrate with the local community. Many future residents will come from the local community either they already live there or to move to be with friends and family. The Appeal Site provides scope for older persons to live within our village whilst their family members may live in the existing community or in the new build homes.
- 4.9. Whilst we provide on-site facilities which meets many of the day-to-day needs of our residents (and the surrounding local community), the proximity to existing local amenities is important to our site selection, e.g. convenience store, post office, doctor's surgery, pub, etc. Proximity to a bus stop can be helpful but is not essential due to the operation of the on-site village transport service which benefits residents, their guests and staff. The Appeal Proposals will provide a good range of services and facilities which will contribute to a sustainable community which will benefit our residents
- 4.10. There is an existing supply of only 51 market extra care units resulting in a significant need for a further 324 units to match projections (2020) rising to a further 429 units (2040) (see Mr Appleton's appendix – Social Needs Report tables 16 and 17). During site selection, we consider existing, consented and planned supply. For this analysis we are less concerned with retirement housing/sheltered housing schemes, typically McCarthy & Stone and Churchill Retirement, as this is a different typology of specialist housing to ours, as it does not tend to incorporate care, or to the same extent. Whilst we recognise retirement housing/sheltered housing has a role in the overall offering for specialist housing, our experience is our residents choose to move into our villages because they provide a range of on-site facilities, and the availability of care and support which is not available within retirement housing (or to the same extent).

- 4.11. The very low existing provision of extra care in the district combined with the low pipeline for extra care contributes to our decision-making that there will be sufficient demand to support our proposal. The significant unmet need in the district means we could deliver another retirement village in the district, should a suitable site become available and which we could successfully bid on and secure. However, we recognise there is significant unmet need which must be met now.
- 4.12. The Appeal Site satisfies Inspired Villages criteria for site selection, with strong underlying need, local demographics, and good accessibility to the services and facilities proposed on the Appeal Site and the wider local area.

Our residents

Care and support

- 4.13. There are entry requirements for someone wanting to move into an Inspired village. A purchaser must be aged 65 years or over and must satisfy other occupation restrictions, such as details on the care and support required. Prospective residents will meet with our sales advisors and village staff, including the village manager to ensure they meet the required criteria, including care and affordability.
- 4.14. The level of care and support is tailored to the individual and matures over time with them, providing a flexible care environment ranging from a low level of assistance through to full-time care. Each resident has an 'alarm call' device which they can use to reach someone 24-hours a day providing an essential peace of mind service. There is always at least one member of staff on-site at any one time. Domestic assistance is available to help residents with domestic chores, housekeeping, etc. Regulated medical care is provided by a Care Quality Commission registered provider, with care provision secured by a separate contract between the provider and the resident.
- 4.15. A retirement community allows efficiency in the delivery of care by the registered provider because a care worker can provide care to a number of residents within the same development, removing or reducing the need to travel across a wider area to treat those same residents had they chosen not to move into specialist housing.
- 4.16. Care needs will vary between residents. There is no 'one size fits all' approach. The receipt of care to a resident can be within their own home, whilst they benefit from remaining with

their network and support of friends, along with the continuity of care and support from the registered provider and Inspired Villages on-site staff. It can help reduce or remove the need to go into a care home.

- 4.17. Most conditions associated with becoming elderly and frail can be met in the privacy of a residents' home, including milder forms of dementia / Alzheimer's disease. Inspired Villages is not a specialist mental health care provider and we would work with the resident and their family to identify the best option available at the appropriate time should a resident develop more advanced or complex dementia.
- 4.18. Inspired Villages provides its residents with access to a wellbeing activities schedule, which provides the opportunity for residents to stay social and active making the most of the on-site facilities. In normal times, the villages run as many as 200 wellbeing activities a month, co-ordinated by the village manager and the wellbeing navigator. The activities help the individual to improve strength, fitness, flexibility and balance with their own personalised programmes from village staff through to healthcare professionals. These include fitness, fall prevention services, stroke rehabilitation, assessment clinics, physiotherapy, long term conditions management and promotion of self-care, expert patient programmes, cognitive stimulation, pulmonary and cardiac rehabilitation programmes. Many of the clinics are free of charge or at nominal charge to residents.
- 4.19. On moving into the village, a health and wellbeing assessment is undertaken to identify any care needs; and a care plan is prepared. The care plan will be overseen by the registered provider and reviewed regularly thereafter. The plan will set out how any needs can be met, and the care team will ensure those are met by scheduled visits to a residents' home where appropriate.

Resident profiles

- 4.20. Based on occupation data of our residents as of June 2020, they fell within the following age bands:
- 2% aged 64 and under;
 - 16% aged 65 to 74 years;
 - 49% aged 75 to 84 years; and
 - 33% aged 85 and over.

- 4.21. 82% of our residents are aged 75 years or over and this is the grouping where there is greatest demand.
- 4.22. The average age of a resident moving into our villages is 79 years, with a variation across the six villages, with the lowest average age being 75.5 years at Great Alne Park and the oldest average age being 81.5 years at Gifford Lea.
- 4.23. Occupation data of our 868 residents for March 2021 in our six operational villages revealed 63% are couples and 37% are single occupiers. This means average occupancy is 1.3 persons per unit (645 occupied units), which if applied to the Appeal Scheme would result in a population of up to 234 persons.
- 4.24. A potential resident has the option to purchase a long leasehold or rent under a short-term lease (Assured Shorthold Tenancy (AST)). Prior to making a reservation, a potential resident will on average make three visits, to:
- view a selection of properties and the on-site facilities.
 - to discuss their budget with the sales advisors.
 - be comfortable with the village style, its location and its 'feel'.
 - to meet the village manager, wellbeing navigator and other staff.
- 4.25. It is common for a potential residents' family members to also visit so they are also comfortable with the move. On average, the sales journey from first enquiry to reservation is 26 weeks. This is significantly longer than 'normal' residential (C3 Use) housing which from enquiry to completion can take half as long.
- 4.26. The move into a retirement community will normally be a residents' final move, having regard to their age and health requirements. It is estimated a typical period of stay for a resident will up to ten years.

Service charge and deferred management fee

- 4.27. The service charge to residents covers the day-to-day running costs of the village, upkeep of all communal and external parts together with a range of services and activities. Each property pays an equal rate for the service charge (single or double occupancy rate) and the charge is fixed but index linked. The service charge is cost covering and is administered on a not-for-profit basis. It reflects the extent of facilities and services provided within a development.

4.28. In our villages, the following are normally included in the service charge:

- The village team
- Gardens and grounds maintenance
- Communal area heating and lighting
- 24-hour on-call response
- Housekeeping and laundry
- Maintenance and repairs
- Servicing of 'white goods'
- Satellite television signal
- Telephone line rental and unlimited broadband internet access
- Car parking permits
- Village transport
- Insurance, maintenance and repair contracts
- The Dining Room and Eric's (restaurant and café)
- The Wellbeing Centre including changing rooms, pool, steam room, gym and specialist treatment rooms
- Central support (head office and administrative support, training and relevant accreditation costs, etc)
- Social activities and events

4.29. The service charge does not include the provision of personal care, utilities and council tax.

4.30. The annual service charge for the Appeal Site is estimated to be approximately £6,500 to £7,000.

4.31. Extra care units are subject to an 'event fee', also known as a 'deferred management fee' (DMF). The DMF is a payment by a resident or their estate when the extra care unit is resold. The purchaser is fully aware of the DMF throughout the entire sales process. The DMF covers investment back into capital refurbishments and upgrades in the village estate, refurbishment costs of a property and fees prior to resale, and a sinking fund. The fee varies depending upon the length of stay of a resident.

On-site facilities

- 4.32. The communal facilities in the Village Centre (or Core) will be delivered in Phase 1, ensuring all residents have access to these facilities upon first occupation. The facilities will be accessible to the wider community and which will be secured in the planning obligation:
- Communal Facilities - reception area, restaurant, café, treatment rooms, hairdressers, and the open space – are normally publicly accessible.
 - Wellbeing Facilities – operates on a membership basis, normally those who are aged over-55. The facilities include a swimming pool, gym and fitness studio. There are associated changing and toilet facilities.
- 4.33. The Wellbeing Centre includes an equipped gym. In its six operational villages, Inspired Villages uses bespoke equipment from EGYM. In the first six-month period of its introduction in 2019, the data recorded a 35% increase in core strength of our residents using the equipment. The percentage of residents using the gym increased from 10% to over 50% in that same period.
- 4.34. A village transport service is provided within each development. This normally includes one or two vehicles, plus drivers. At our Gifford Lea and Austin Heath villages this service includes a minibus (eight seater) and an electric black cab vehicle (six seater). The vehicles can be booked by residents for trips, such as weekly food shopping or medical appointments. This is included within the residents' service charge. Additional bookings for recreational trips can also be made, on a chargeable basis.
- 4.35. During a 15-week period between July and October 2019, a total of 943 trips were ran by the village transport service across the six operational villages, equivalent to 10.5 trips per village per week (total resident population of 740 during that period). In this period a total of 2,684 residents were transported, an average of 2.85 persons per trip. The service is an important function reducing the need for residents to drive a personal car. The provision and retention of the service will be secured within the planning obligation.

5. Benefits

Need

- 5.1. The housing needs for older people is 'critical' (PPG Paragraph 001, Reference ID: 63-001-20190626). This is the only housing typology identified in the PPG as being of such importance. However, a report by Irwin Mitchell and Knight Frank in 2020 'Unlocking potential for Senior Living Development: analysing the planning landscape' (**E43**) showed 161 (50%) local authorities had neither a clear policy to support housing for older people or site allocations. Mr Appleton's proof addresses the need for older person's housing, including market extra care.
- 5.2. In March 2021, ARCO sent an open letter to the Prime Minister (**SG2**) calling on the 2020s to be the decade of housing-with-care (i.e. extra care) and for a task force to be established to create more choice for older people. The letter was signed by a number of parliamentarians, researchers and academics, trade associations, organisations, charities and investors.
- 5.3. The matter was discussed in the House of Commons (see Hansard extract - **SG3**) with the Housing Minister, Christopher Pincher MP saying "*The Department (MHCLG) has noted the open letter sent by (ARCO) to the Prime Minister on the 29 March 2021. Housing-with-care has a **vital** role in enabling older people to live independently, with the necessary care and support available if required. Both the Department of Health and Social Care, and (MHCLG) are committed to further improving the diversity of housing options available to older people, including housing-with-care*" (**bold**, my emphasis)
- 5.4. Inspired Villages recognises the significant unmet need which exists in the district for extra care housing and the 'critical' need for it as identified by Government. Inspired Villages is committed to the early delivery of extra care housing and a reserved matters application for Phase 1 would be submitted as quickly as possible, should this appeal be allowed.
- 5.5. There are planning appeal decisions, which recognise meeting the need for extra care housing is a matter of significant or substantial weight. These include:
 - **Epsom General Hospital, Dorking Road, Epsom (Epsom & Ewell Borough Council). (APP/P3610/W/21/3276483) (F11)** para 102 referenced the PPG and the need to provide housing for older people as critical and giving older people a better choice of accommodation. Para 105 notes there is a great need for extra care housing and para

107 acknowledges the identified need for care accommodation for older people and attaches **significant weight**.

- **Former Homebase Site, Pines Way, Bath (Bath & North East Somerset Council) (APP/F0114/W/21/3268794) (F13)** para 82 notes the PPG stating the need to provide housing for older people is critical because their proportion of the overall population is increasing, offering older people a better choice of accommodation and the Inspector noted *“bearing this in mind, as well as the established unmet need, I give this public benefit **substantial weight**.”*
- **Little Sparrows, Sonning Common (South Oxfordshire District Council) (APP/Q3115/W/20/3265861) (F12)**. The Inspector considered need for extra care at considerable length (para’s 26 to 49). Para 29 references the PPG and at para 30 the Inspector articulates the key terms of need being critical, importance of choice and addressing changing needs. Para 38, the Inspector notes *“the need for more private extra care is **overwhelming**”* and there was a strong case (para 40) that the identified need was underplaying the scale of the potential need, which was accepted by the Council. Para 45 the Inspector noted there is hardly any market housing the in the district and that choice is largely unavailable. At para 131 the Inspector concluded *“there is a specific and immediate need for extra care provision and market extra care housing.”*
- **Former Homebase, New Zealand Avenue, Walton-on-Thames (Elmbridge Borough Council) (APP/K3605/W/20/3263347) (F10)**. As with the Sonning Common appeal, the Inspector here considered need at considerable length (para’s 60 to 89) and para 105 unequivocally recognised *“there is an established need for housing with care”* and at para 95 that housing for older people, including housing with care *“is an integral part of the Council’s identified housing need.”*
- **Former Hazeldens Nursery, Aldbourne (Mid Sussex District Council) (APP/D3830/W/19/3241644) (F04)** para 93 *“I consider that the evidence indicates a significant level of current unmet need, in particular for extra care leasehold housing, whichever provision rate is adopted. Furthermore, this will significantly increase over the local plan period. ... I consider that the provision of extra care units by the appeal development to be a matter of **substantial weight**.”*

- **Land east of Reading Road, Lower Shiplake (South Oxfordshire District Council) (APP/Q3115/W/19/3220425) (F05)** para 58 “I am satisfied that there is a need for the provision of extra care housing, that that need is high, and given the population profile that the need is likely to increase... given the evidence before me my judgement would be that that should attract **significant weight**.”
- **Beechmoor Garden Centre, Chester (Cheshire West & Chester Council) (APP/A0665/W/18/3203413) (F06)** para 40 acknowledges that it “*seems likely that a specific need for this form of extra care housing would remain*” and the Inspector attributed this “**very substantial weight**.”
- **Land to the rear of 237-259 London Road, West Malling (Tonbridge & Malling Borough Council) (APP/H2265/W/18/3202040) (F02)** Housing needs of older people was discussed at para’s 26 to 40 and concluded “*there is a local need for residential accommodation of this type and tenure for which the current and emerging development plan does not make adequate provision and that the development would make a **significant contribution** towards meeting such needs.*”
- **Land to the rear of Burston Garden Centre, North Orbital Road, Chiswell Green, St Albans (St Albans City & District Council) (APP/B1930/W/19/3235642) (F07)** - Para 68 to 72 discusses extra care need. Para 72 notes the “*current shortfall in C2 accommodation, there can be no doubt that the development could make a very significant contribution towards meeting such local needs*”, “*would be likely to free up existing housing stock, thereby assisting the wider market*” and considers the benefits to be “**very significant which weights substantially in favour of the development.**” (and also stated at para 92).
- **Oak Farm, Catherine De Barnes, Solihull (Solihull Metropolitan Borough Council) (APP/Q4625/W/19/3237026) (F08)** - Para 31 to 42 discusses need for older persons housing and concludes at para 42 “*The PPG sets out that the need to provide housing for older people is critical, and therefore I attach **substantial weight** to this matter.*”

5.6. This is applicable to this appeal and the same level of weight should apply.

5.7. The Care Act 2014 (<https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>) places a statutory requirement on a local authority to promote an “individual’s wellbeing” (Part 1, 1(1)) which includes:

“(a) personal dignity (including treatment of the individual with respect);

(b) physical and mental health and emotional well-being;

...

(f) social and economic well-being;

...

(h) suitability of living accommodation;

(i) the individual’s contribution to society”

5.8. Part 1, 1(3) ‘Promoting integration of care and support with health services etc’ includes:

“(1) A local authority must exercise its functions under this Part with a view to ensuring the integration of care and support provision with health provision and health-related provision where it considers that this would-

(a) promote the well-being of adults in the area with needs for care and support and the well-being of carers in its area,

(b) contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area of needs for support, or

(c) improve the quality of care and support for adults, and of support for carers, provided in its area (including the outcomes that are achieved from such provision.”

5.9. Part 1, 3(5) states *“for the purposes of this section, the provision of housing is health-related provision.”*

5.10. A local authority has a legal duty for all citizens in their area and not just those requiring state financial support:

“5 Promoting diversity and quality in provision of services

(1) A local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market—

(a) has a variety of providers to choose from who (taken together) provide a variety of services;

(b) has a variety of high quality services to choose from;

(c) has sufficient information to make an informed decision about how to meet the needs in question.”

- 5.11. It is noted that the Act's reference to a 'local authority' means Kent County Council for the purpose of this appeal. However, KCC is not the planning decision-maker and is reliant on the district's to determine planning applications. SDC must support KCC's duty within the Care Act. The alternative simply perpetuates non-delivery of a choice of specialist housing for older people.
- 5.12. This position is supported in a letter from John Kennedy, dated 4 March 2021 and accompanied with his biography and CV for reference (**SG4**). Mr Kennedy is a health and social care advisor to Inspired Villages. The Council accepts there is need for extra care housing and must also accept it has a duty to its citizens for their care and support needs to be met. This places significant weight in favour of the Appeal Development.

Economic benefits

Operational jobs

- 5.13. Employment levels within the six operational Inspired villages range between 30 to 37 employees in a range of roles and responsibilities (the latter figure reflects a village which is nearing full occupation) and importantly, provides long-term investment and employment opportunities. There would be up to three sales staff on-site during the sales period, plus approximately four care workers employed by the registered provider would be present on site.
- 5.14. Icen's Economic Benefits Assessment (February 2020) (**B24**) was submitted with the outline planning application and the table under para 5.8 shows the 'retirement care living' proposals could generate up to 50 jobs as part of the overall 402-497 FTE jobs across the Appeal Site and para 5.16 assumes salaries totalling approximately £720,000 per annum. Employment levels within the villages can, and do, change over time to respond to the operational village requirements. What is important to recognise is that the retirement community will generate significant long-term investment and job generation.

Construction jobs

- 5.15. The Economic Benefits Assessment (para 4.3) estimated 187-211 direct construction jobs per annum over the construction period (and indirect employment at para 4.10). This would include the construction of the retirement village and para 4.13 estimated £185.8 million per

annum in Gross Value Added (GVA) during the construction period, being the contribution to the economy of economic activity associated with the construction of the development proposal. The Assessment does not disaggregate the retirement village from construction across the site and this, as an overall benefit is considered in Mr Burley's proof.

Other economic benefits

- 5.16. The Economic Benefits Assessment sets out Local Authority revenues (section xx) including Council Tax (para 5.21), New Homes Bonus of £6.5m over four years (para 5.20), Stamp Duty (para's 5.27-5.28), health and social care cost savings (para's 5.29 to 5.34) of up to £1.1m per annum.
- 5.17. The economic benefits derived from the Appeal Proposal, which includes the retirement community, are of significant weight.

NHS and social care

- 5.18. A report between the Aston Research Centre for Healthy Ageing and the ExtraCare Charitable Trust (April 2015) **(E44)** set out to evaluate "*whether the ExtraCare approach gives positive outcomes for healthy ageing which result in measurable health and social care cost savings*" and a total of fourteen villages and schemes took part in the three year study (page 4).
- 5.19. The key findings were identified at pages 7-8 and 12-13 of that report, including:
- ExtraCare model can result in significant savings for NHS budgets – over a 12-month period total NHS costs (including GP visits, practice and district nurse visits and hospital appointments and admissions) reduce by 38%.
 - NHS costs for 'frail' residents had reduced by 51.5% after 12 months.
 - Use of the ExtraCare wellbeing service, which provides accessible, relatively informal support, for preventative health-care and ongoing day-to-day chronic illness care increases and at the same time there is a significant reduction in pressure on local GP surgeries, with a 46% reduction in residents' routine or regular GP appointments in year one.
 - The ExtraCare model is associated with a significant reduction in the duration of unplanned hospital stays, from an average of 8-14 days to 1-2 days.

- The ExtraCare model is likely to offer significant potential savings in the cost of social care for local authority commissioners.
 - The cost of providing lower level social care using the ExtraCare model was £1,222 less per person (17.8% less) per year than providing the same level of care in the wider community.
 - A significant number (19%) of ExtraCare residents designated as ‘pre-frail’ at baseline returned to a ‘resilient’ state 18 months later.
 - A frail person’s average annual care costs were £4,720.96 at the 12 month point, compared to £61.40 for a pre-frail resident, underlying the importance of preventative interventions to reduce the likelihood of a person becoming frail.
 - Improvements with cognitive functions, independence, health perceptions, depression and anxiety after 3 months, with significant improvements in psychological wellbeing, memory and social interaction.
 - A reduction in depression after 18 months.
- 5.20. A report by WPI Strategy for Homes for Later Living, titled ‘Healthier and Happier: an analysis of the fiscal and wellbeing benefits of building more homes for later living’ (September 2019) **(E45)** showed at page 6 that each person living in a home for later living enjoys a reduced risk of health challenges, contributing to fiscal savings to the NHS and social care services of approximately £3,500 per year and building 30,000 more retirement homes every year for the next 10 years would generate savings of £2.1bn per year.
- 5.21. The analysis set out at page 20 of the report compared mainstream housing with homes for later living to identify the potential savings and calculations at pages 24-26.
- 5.22. Pages 12 and 13 considered key health problems in old age, such as falls; being cold and keeping-warm; and social isolation. There is evidence that poor housing or living in unsuitable accommodation can contribute to these problems. This is a position endorsed in the Housing LIN report ‘Demonstrating the Health and Social Cost-Benefits of Lifestyle Housing for Older People’ (October 2017) **(E46)** which included key facts and figures (pages 2-3):
- If one couple for every 50 older homeowners moved into a new unit of specialist retirement housing for at least 10 years, this would yield savings in the long-term of

between £675 million and £2.6 billion depending on the region, or £14.5 billion across the country.

- People living in a retirement community are more socially connected and therefore less prone to loneliness. Reducing social isolation in later life and increasing mental stimulation via improved housing conditions, age friendly environments, services and communities improves health and has been found to delay onset of cognitive decline by up to 1.75 years. There is statistical evidence living in a care village increases life expectancy by up to 5 years.
- People in extra care use less care than if they were living in the community, had fewer admissions into a care home and fewer deaths. Care package costs reduced and were 16% lower compared to the cost pre-admission. The saving to adult social care in home care costs was £2,400 per person per year.
- Postponing entry into resident care by one year could reduce non-core costs by £26,000 per person or £15,500 with a move to extra care housing.
- Some studies estimated almost a third of residential care placements could be avoided if alternative housing choices were available locally.

5.23. A report by the Kings Fund 'Evaluating the Care and Support Specialised Housing (CASSH) programme: results of a scoping exercise' (November 2020) **(E47)**. CASSH is a Department of Health and Social Care (DHSC) programme which provides capital funding to build new specialised accommodation in England for older people and disabled adults with care and support needs. The scoping exercise was intended to explore areas including the established benefits of CASSH-type housing generally and the wider health and care policy goals. Appendix 1 (page 20+) of the report sets out the types of benefits of CASSH-type housing in a series of tables, from various sources, which includes:

- Table 1 – savings to the NHS due to reduced elective and non-elective usage of NHS services, such as GP visits and A&E attendances and from faster transit through the health system, e.g. earlier hospital discharge.
 - Reduced visits to GPs; reduction in use of community nursing services; reduction in length of hospital stays; NHS costs; reduction in non-elective admissions to hospital; reduction in length of stay; reduced emergency call outs; savings to NHS through return on investments.

- Table 2 – reducing social care spending due to care package reducing or a reduction in travel time for care workers.
 - Care package costs reduced; savings to social care services; reduced usage of residential care; reduced usage of at home care; reduction in costs for home equipment and adaptations.
- Table 3 – improvement in individual’s personal health.
 - Increased exercise; increased perceived health; independence; reduction in risk of falls; delay to frailty; increased life expectancy; improved mobility.
- Table 4 – improvement in individual’s mental wellbeing, e.g. through reduced loneliness.
 - Lower levels of depression, anxiety, loneliness; improved cognitive functioning; improved social contact.

5.24. The House of Commons Communities and Local Government Committee Housing for older people Second Report of Session 2017-2019 Report (E48) set out its conclusion 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) (underline my emphasis)*

5.25. 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 setting is much reduced. These outcomes are clear from the research reports set out above and accepted by the Select Committee.

5.26. A study involving a local authority is also relevant, authored by Southampton City Council and the Housing Learning & Improvement Network, ‘Identifying the health care system benefits of housing with care’ (August 2019) (E49). The report drew on an extensive review of research available in order to quantify the financial benefits that arise when older people are accommodated in housing with care (i.e. extra care).

5.27. The authors summarise the benefits under five headings:

- reduction 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).

- 5.28. The report notes that *“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)”* (page 4).
- 5.29. 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) 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.”
- 5.30. 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”* (page 9); and
 - *“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. 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”* (page 10).
- 5.31. The authors point to 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” (page 10).

- 5.32. 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 (pg10): *“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.”*
- 5.33. In addition to the Aston Research Centre report reviewed above they cite a further research paper from The Joseph Rowntree Foundation at pg10: *“Bäumker and colleagues (2008) 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.”*
- 5.34. On the basis of the Aston Research Centre and Joseph Rowntree Foundation studies they conclude at pg11: *“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.”*
- 5.35. 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 (pg11):
- *“Unplanned emergency re-admissions to hospital have been a growing issue in the NHS in recent years. 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.”*
- 5.36. The authors cite two relevant studies (pgs 11-12):

- *“A longitudinal study by Kneale from 2002 to 2010 covering 1,400 to 1,600 housing with care properties, 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 Stone 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.”*

5.37. 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 (page 11) where 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.”*

5.38. 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, whereby: *“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 million. 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. A lot of the difficulties associated with that could be mitigated successfully in the housing with care setting due to its unique characteristics”* (page 12).

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

- *Research by Aston University 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; and*

- *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.”*

- 5.40. Finally, the authors found the research 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 of Sheltered Housing’ identifies a clear link between the incidence of falls amongst older people and ambulance call outs”; and “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.”* (page 13)
- 5.41. Clearly mitigating the risk of a fall will have a positive effect on the need for ambulance services and the authors quote Kneale’s study (page 14), which *“identified a reduced likelihood of falling in housing with care; falls rates were measured at 31% compared to 49% in general housing.”*
- 5.42. The authors concluded (page 14) *“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.”*
- 5.43. This enabled the authors to arrive at a headline figure for the savings achieved by the provision of extra care places (see para 5.26 above) and then applied this (page 4): *“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 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.”*
- 5.44. In endorsement of this chapter it is relevant to cross refer to Mr Appleton’s Needs Report (appended to his proof) para’s 5.23 to 5.31 which notes Kent’s Market Positioning Statement (MPS) 2021-2026, particularly para 5.27 where the MPS notes the drivers for extra care housing have included *“reducing demand for social care and, more specifically, to reduce adult social care spending”* and at para 5.29 where the MPS observes *“The Housing with Care*

scheme is seen as an asset to the community providing services for local people such as drop-ins, GP consultations and classes. Its accommodation also offers step down and rehabilitation opportunities to enable people to be discharged from hospital quicker.”

5.45. Finally, the following sets out some recent appeal decisions for extra care developments which conclude on the NHS and social care benefits, as follows:

- **Epsom General Hospital, Dorking Road, Epsom (Epsom & Ewell Borough Council). (APP/P3610/W/21/3276483) (F11)** – An allowed appeal on the 13 September 2021 for a new care community (Use Class C2) for a total of 305 units (amongst other components). The Inspector’s decision letter para 106 concluded the proposals *“would have benefits for future occupiers in terms of improved wellbeing and better health outcomes. Moreover, there would be wider social and economic benefits in terms of reduced need for GP and hospital services”* adding at para 107 that this attracted **significant weight**.
- **Former Homebase Site, Pines Way, Bath (Bath & North East Somerset Council) (APP/F0114/W/21/3268794) (F13)** – An allowed appeal on the 2 September 2021 for a new care community (Use Class C2) for a total of 288 units. The Inspector’s decision letter para 130 concluded amongst the **substantial material considerations** weighing in favour of the scheme included *“improved health outcomes and NHS savings”* and para 84 which included *“the undisputed evidence from Aston University”* that showed a fall in GP visits and reduced average time in hospital.
- **Little Sparrows, Sonning Common (South Oxfordshire District Council) (APP/Q3115/W/20/3265861) (F12)** – An allowed appeal on the 25 June 2021 for a continuing care retirement community care village (Use Class C2) of up to 133 units. The Inspector’s decision letter para 112 states *“the health and well-being benefits of the appeal proposal should be recognised and given **significant weight**. Such benefits to elderly people are entirely obvious... The benefits specialist housing for older people can bring include addressing concerns about suitable supervision, frailty, care, assistance, recreation, loneliness and isolation”* and at para 125 *“I consider that extra care housing benefits elderly people in terms of health and wellbeing ... It is reasonable to assume that these factors would likely result in a lower number of visits to the GP, reduce hospital admissions and overall savings to the NHS.”*

- **Former Hazeldens Nursery, Aldbourne (Mid Sussex District Council) (APP/D3830/W/19/3241644) (F04)** – An allowed appeal on the 11 September 2020 for an extra care development of up to 84 units (Use Class C2). The Inspector’s decision letter para 104 states *“(t)here is evidence to indicated that elderly people who live in an extra care environment, with all that it offers, benefit in terms of health and wellbeing. The secure community environment and sense of independence can reduce social isolation and encourage greater fitness and healthy lifestyles. It is reasonable to surmise that these factors are likely to result in a lower number of visits to the GP, reduced hospital admissions and overall savings to the National Health Service. The social and economic benefits are matters to which I give **significant weight.**”*
- **Land east of Reading Road, Lower Shiplake (South Oxfordshire District Council) (APP/Q3115/W/19/3220425) (F05)** – An allowed appeal on the 14 October 2019 for an extra care development of up to 65 units (Use Class C2). The Inspector’s decision letter para 59 acknowledged the benefits derived from extra care housing was *“not significantly challenged”* and *“there are advantages to health providers as the care needs of residents can be changed dependant on circumstances which can facilitate earlier discharge from hospitals as support in the home can be easily organised, this has obvious cost advantages. Care provision at this point can also reduce the need for admissions to hospital and other pressures on GP and A&E services.”* Para 80 concludes *“the benefits associated with the scheme are **substantial.**”*
- **Beechmoor Garden Centre, Chester (Cheshire West & Chester Council) (APP/A0665/W/18/3203413) (F06)** – An allowed appeal on the 17 July 2019 for 110 care apartments and bungalows (Use Class C2). The Inspector’s decision letter para 41 stated *“(t)he development would also provide associated social and economic benefits. Importantly, it would assist in ensuring the well-being of elderly tenants and there is evidence to suggest such facilities can reduce pressure on local community and health facilities.”* This and other benefits were attributed *“**substantial weight** in favour of the development.”*
- **Land to the rear of 237-259 London Road, West Malling (Tonbridge & Malling Borough Council) (APP/H2265/W/18/3202040) (F02)** – An allowed appeal on the 19 December 2018 for an extra care development of 79 units (Use Class C2). The Inspector’s decision

letter para 43 acknowledged the appellant’s evidence which the Council did not dispute *“that the development would be likely to provide health and well-being benefits including: the care package; monitoring of the residents’ well-being; facilities to encourage activity and mobility; and reduced isolation. The on-site support would be likely to reduce the need for residents to make use of primary health care services or social services as well as relieving pressure on hospital bed spaces.”* The Inspector at para 44 concluded *“there are likely to be overall benefits to health and well-being to be weighed in balance”* and at para 66 accords this **“significant weight.”**

- 5.46. This chapter identifies the evidence base which assesses the benefits associated with extra care development in respect of social and economic benefits, particularly the NHS and social care. This stems from those reports which cover the sector generally (e.g. Aston Research Centre, Homes for Later Living, Kings Fund) through to those strategies which are for Kent. Finally, the above appeal decisions show how planning inspectors have acknowledged these benefits are of substantial or significant weight. The circumstances are relevant to this appeal and the same level of weight should be applied.

Freeing up family housing

- 5.47. Icen’s ‘Economic Benefits Assessment’ (February 2020) (**B24**) submitted with the outline planning application identified that the proposals could release 136 units of under occupied homes suitable for families (i.e. three or more bedrooms).
- 5.48. The Homes for Later Living ‘Chain Reaction: the positive impact of specialist retirement housing on the generational divide and first-time buyers’ report (August 2020) (**E50**) at page 4, point 3 states *“If all the homeowners over the age of 65 in England who wanted to move were able to do so, they would directly release one million properties back onto the market and free up two million spare bedrooms.”* Chapter 3 of the report discusses under-occupancy and empty bedrooms with the summary at page 11 highlighting that in many cases, older people are living in larger family homes with plenty of spare rooms; that “reliably” estimates 2.5 million homes owned by people aged 65 or over are under-occupied.
- 5.49. The Kings Fund ‘Evaluating the Care and Support Specialised Housing (CASSH) programme: results of a scoping exercise’ report (November 2020) (**E47**) at appendix 1, Table 6 states the

benefit of ‘freeing up homes on housing ladder’ which references the following report at paragraph 6.22.

- 5.50. The Strategic Society Centre / James Lloyd ‘Valuing Retirement Housing: exploring the economic effects of specialist housing for older people’ (August 2016) (E51) identifies (page 11) over half of the 65+ owner occupier group (72%) have three or more bedrooms in their home, and (page 12) adds *“these findings suggest that older homeowners may exhibit relatively high levels of so-called ‘under-occupancy’.”*
- 5.51. The CSFI / CASS ‘Too Little, Too Late? Housing for an ageing population’ report (June 2020) (E52) considers the case of under-occupancy and states (page 9) *“the scale of the surplus is huge”* and (page 11) that *“under-occupancy is likely to get worse”* and further estimates (page 15) the *“research identifies an almost doubling in the number of surplus bedrooms in the older population from 6.6m to 12.8m between 2000 and 2040”*. The report’s (page 15) solution is to build more age-appropriate housing to release homes with surplus bedrooms.
- 5.52. Further to the evidence base set out above, freeing up family housing has been accepted in recent planning appeals for extra care developments as being a benefit of significant or substantial weight, including:
- **Epsom General Hospital, Dorking Road, Epsom (Epsom & Ewell Borough Council). (APP/P3610/W/21/3276483) (F11)** – para 96 states *“The proposals would enable older people to move from existing housing, freeing up that stock for use by others”* and acknowledges it is a **benefit** of the proposals.
 - **Little Sparrows, Sonning Common (South Oxfordshire District Council) (APP/Q3115/W/20/3265861) (F12)** – para 111 noted *“the fact that extra care accommodation ... can assist in ‘freeing up’ existing family and other housing”* and *“would be likely to free up 39 family dwellings locally but it could be as high as 64. Significant weight can be given to this.”*
 - **Former Homebase, New Zealand Avenue, Walton-on-Thames (Elmbridge Borough Council) (APP/K3605/W/20/3263347) (F10)** – An allowed appeal dated the 21 June 2021. In considering the need for extra care, the Inspector noted at footnote 49 (to para 66) *“the consequential release of potential family homes onto the market is a benefit of the proposal of some weight.”*

- **Former Hazeldens Nursery, Aldbourne (Mid Sussex District Council) (APP/D3830/W/19/3241644) (F04)** - Para 95 states there is *“likely to be some benefit to the local housing market as well as a contribution made in terms of the national housing crisis. Overall I give this benefit **significant weight.**”*
- **Land east of Reading Road, Lower Shiplake (South Oxfordshire District Council) (APP/Q3115/W/19/3220425) (F05)** - The Inspector’s decision letter para 59 acknowledged the benefits derived from extra care housing was *“not significantly challenged”* and *“there are advantages to health providers as the care needs of residents can be changed dependant on circumstances which can facilitate earlier discharge from hospitals as support in the home can be easily organised, this has obvious cost advantages. Care provision at this point can also reduce the need for admissions to hospital and other pressures on GP and A&E services.”* Para 59 also adds *“There is evidence that demonstrates the provision of specialist housing would have a role in freeing up under occupied family housing, facilitating downsizing, bringing this housing back onto the market. There is with significant proportions of households over 65 under occupying properties in South Oxfordshire. Given the reasonable scale of this development I give these benefits derived from the occupation of the development **significant weight.**”*
- **Beechmoor Garden Centre, Chester (Cheshire West & Chester Council) (APP/A0665/W/18/320341) (F06)** para 45 discussed the potential to release market housing, making a sizeable contribution to the general housing land supply and gives this *“**moderate weight.**”*
- **Land to the rear of 237-259 London Road, West Malling (Tonbridge & Malling Borough Council) (APP/H2265/W/18/3202040) (F02)** para 41 to 42 discussed *“freeing up general housing”* and notes that *“under-occupied homes could then be released onto the market ... The provision of specialist housing more suited to the needs of older persons is likely to encourage them to move and would make a valuable contribution to overall housing needs which should be **weighed in the balance.**”*

5.53. This chapter identifies the evidence base which assesses how specialist housing can free up family housing and address under occupancy of homes. There are several relevant planning

appeal decisions, which shows planning inspectors have acknowledged these benefits are of weight extending to significant weight. There is no suggestion they have no weight.

6. Conclusion

- 6.1. My evidence has explained how the proposed development properly falls within the definition of extra care and within the C2 use class providing purpose-built specialist accommodation for older people with a significant range of on-site communal facilities and the provision of care. There are a range of terms for extra care, including housing-with-care and retirement communities or villages. An Inspired village provides a mix of types of one, two and three bedroom apartments and cottages with a mix of tenures (leasehold or rented) and a range of sizes. All units, and the communal facilities, provide a range of specialist design features to meet the needs of older residents.
- 6.2. The site selection process for a retirement community has been explained to help understand how we struggle to compete in the land market in comparison to a traditional C3 residential housebuilder and the lack of available sites. However, once a site is identified, a site selection criteria is applied which includes strong underlying need, local demographics and accessibility to local services and facilities.
- 6.3. The proof discusses who our residents are, their care and support requirements and key profiles, such as age, singles or couples, the sales journey and the typical period of stay. This is supplemented by an explanation of the service charge and deferred management fee along with the considerable on-site facilities which are delivered within a retirement community.
- 6.4. The evidence then expands upon the significant or substantial benefits of a retirement community as identified in various reports and planning appeal decisions. This covers the critical housing needs for older people with commentary on the statutory requirements of a local authority set out in The Care Act; the economic benefits arising from operational and construction jobs and other economic benefits and revenues; the NHS and social care benefits and financial savings that can arise from this form of development; and how such developments help free up family housing.