

# Older Persons Housing Proof of Evidence of Iain Warner BSc (Hons) DipTP MRTPI

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Town and Country Planning Act 1990 Planning and Compulsory Purchase  
Act 2004

Section 78 Appeal

Former Laporte Works Site, Nutfield Road, Nutfield

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Appeal against refusal of Outline planning permission for the development of the site for new homes (Use Class C3) and Integrated Retirement Community (Use Classes C2, E(e), F2), creation of new access, landscaping and associated works to facilitate the development, in phases which are severable (Outline with all matters reserved, except for Access)

Former Laporte Works Site, Nutfield Road, Nutfield  
Nutfield Park Developments Limited (LTD)

February 2026

PINS REF: APP/M3645/W/25/3374913

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OUR REF: 1202.01.RPT

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## Contents

Section 1	Introduction	1
Section 2	The Appeal Proposals	4
Section 3	Adopted Development Plan	7
Section 4	Other Material Considerations	10
Section 5	Assessment of Need	18
Section 6	Council's Assessment of the Scheme	21
Section 7	Use Class Matters	29
Section 8	Benefits of the Proposed Older Persons Provision	40
Section 9	The Weight to be Afforded to Older Persons Provision	42

## Appendices

Appendix IW1	Elderly Persons Needs Assessment
Appendix IW2	Relevant extra care appeal summaries
Appendix IW3	Relevant care home appeal summaries

# Introduction

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## Section 1

### **Qualifications**

- 1.1 My name is Iain Warner, I am a Senior Director at Tetlow King Planning.
- 1.2 I hold a BSC Honours Degree in Town and Country Planning (2000) and a Diploma in City and Regional Planning (2002) from the University of Wales, Cardiff.
- 1.3 I have been a Member of the Royal Town Planning Institute (RTPI) since 2003.

### **Introduction**

- 1.4 I have over 24 years' professional experience in the field of town planning within local authorities and for the last 18 years within the private sector. Throughout these 18 years I have been active within the retirement and care planning sector. This commenced during my employment with Barton Willmore (now Stantec), followed by employment within AKA Planning (now part of BNP Paribas) which was a specialist small scale planning consultancy specialising almost exclusively in the retirement and care sector.
- 1.5 In my current role with Tetlow King Planning, a consultancy leading in the field of retirement and care planning, I head up the later living sector and, in this role, I have attended and presented at specialist retirement and care conferences.
- 1.6 Tetlow King Planning (TKP), founded in 1985, is a town planning and development consultancy, inter alia offering specialist professional advice on accommodation and care for older persons across the public and private sectors.
- 1.7 TKP has extensive portfolio of clients including many of the largest housing developers and leading care/retirement providers. TKP has extensive UK wide experience of advising such clients on a diversity of new later living schemes, including establishing the market and need for such provision and the concomitant planning benefits.
- 1.8 TKP are also affiliate members of ARCO in recognition of the continued work within the sector and provide support to ARCO in terms of planning updates both online and at seminars when requested.

- 1.9 During the course of my career, I have presented evidence at numerous Section 78 appeal inquiries and hearings.

### **Declaration**

- 1.10 In accordance with the Planning Inspectorate's Procedural Guidance, I hereby declare that:

*"The evidence which I have prepared and provide for this appeal reference APP/M3645/W/25/3374913 in this statement is true and has been prepared and is given in accordance with the guidance of the Royal Town Planning Institute. I confirm that the opinions expressed are my true and professional opinions."*

### **Scope of Evidence**

- 1.11 The scope of my evidence covers assessing the needs for specialist accommodation for older people within Tandridge, as well as assessing the benefits that derive from such specialist provision with reference to relevant appeal decisions and my own relevant experience within the sector.

- 1.12 For clarity, the weightings I apply are as follows:

- very limited;
- limited;
- moderate;
- significant;
- very significant;
- substantial; and
- very substantial

- 1.13 This statement should be read alongside the following Proofs of Evidence:

- The Planning Proof of Evidence
- Housing Land Supply Proof of Evidence

- 1.14 This proof of evidence comprises the following eight sections:

- Section 2 summarises the appeal proposals;
- Section 3 summarises the development plan;
- Section 4 summarises other relevant material considerations;
- Section 5 summarises the overall assessment of need;
- Section 6 sets out the Council's and Rule 6's assessment of the scheme;

- Section 7 addresses matters of Use Class;
- Section 8 identifies the benefits of the proposed care home provision; and
- Section 9 considers the weight to be afforded to the proposed care home provision.

### **Statements of Common Ground**

- 1.15 An overarching Statement of Common Ground (SoCG) [CD8.1] has been prepared and advanced between the Appellant and the Council.
- 1.16 A topic specific SoCG has also been advanced on the matter of specialist older persons accommodation [CD8.5].

# The Appeal Proposals

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## Section 2

2.1 The appeal site is well described in both the original Design and Access Statement in support of the application [CD1.11 to 1.12] and the delegated officer report [CD3.1] and is not therefore repeated again here.

2.2 In respect to the specific specialist older persons housing element of the scheme, the proposals allow for the provision of the following elements:

- Up to 41 units of Extra care; and
- A care home of up to 70 beds.

2.3 These terms are described in the Planning Practice guidance as below:

***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.” (Paragraph: 010 Reference ID: 63-010-20190626).

2.4 These terms are also represented graphically in the figure below provided by ARCO as a means of explaining the options within the later living sector.

 <b>Retirement Housing</b> Also known as: • Sheltered housing • Retirement flats or communities	 <b>Integrated Retirement Communities</b> Also known as: • Extra care • Retirement villages • Housing-with-Care • Assisted living • Independent living	 <b>Care Homes</b> 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
 Typical facilities available: • Communal lounge • Laundry facilities • Gardens • Guest room	 Typical facilities available: • 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	 Typical facilities available: • Communal lounge • Laundry facilities • Gardens • Guest room
 Typically 40 - 60 homes	 Typically 60 - 250 homes	 Sizes vary considerably

### What is an Integrated Retirement Community?

2.5 The term 'Integrated Retirement Community' is the new definition introduced in 2021 to coalesce into a single definition what had previously been called extra care housing, retirement villages, independent living or Continuing Care Retirement. They ultimately provide older people the opportunity to live independently, in their own home as part of a wider community with lifestyle, wellbeing and care services provided on site.

2.6 The key elements of such schemes are the provision of well-designed accommodation with integrated facilities and services, maintaining independent living with the comfort of care and support available as required.

### Facilities and services provided

2.7 Central to the function of such schemes are the communal facilities provided on site. These can include:

- Café / bar / restaurant and small shop

- Meeting / activity room
- Wellness facility such as pool, age-appropriate gym, studio, etc
- Offices for management, staff and care staff
- Laundry
- Guest suite
- Village transport service
- Internal and external seating areas
- Landscaped areas
- Recreational space, e.g. croquet, bowls, walking routes

# Adopted Development Plan

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## Section 3

### Introduction

- 3.1 The Development Plan for the area comprises Tandridge District Council Core Strategy [CD4.1], adopted in October 2008 and Tandridge Local Plan Part 2 – Detailed Policies, adopted July 2014 [CD4.2].

### **Tandridge District Core Strategy (2008) [CD4.1]**

- 3.2 The Core Strategy sets out the Council's strategic policies and proposals for the development and use of land within the District.
- 3.3 Policy CSP8 sets out the council's approach to the provision of older persons housing. The full wording of that policy states as below:

*“The Council will, through the allocation of sites and/or granting of planning consents, provide for the development of at least 162 units of Extra Care Housing in the period up to 2016 and additional units in the period 2017-2026 following an updated assessment of need. In identifying sites and/or determining planning applications, regard will be had to:*

- *The need for each site to accommodate at least 50 Extra Care Housing units;*
- *The Extra Care Housing Model in the East Surrey Extra Care Housing Strategy in respect of the provision of services and facilities (and any further guidance received from Surrey County Council);*
- *Sustainability—sites should be sustainable by virtue of their location and there will be a preference for sites within defined settlements, but where such sites are not available regard will be had to the potential for development to be self-contained to reduce travel requirements and the availability of public transport;*
- *The priority will be for the re-use of previously developed land, greenfield sites will only be acceptable following allocation in the LDF; and*
- *The potential to co-locate a nursing/residential care home on the site where there is an acknowledged need.*

*The Council will also work with its partners, Surrey County Council, Reigate & Banstead Borough Council, Surrey Supporting People and the Primary Care Trust in identifying suitable sites and securing the provision of schemes.*

*The Council will support suitable proposals notwithstanding that such developments may result in or exacerbate an excess of housing development against South East Plan requirements.”*

3.4 The supporting policy text noted at paragraph 8.17 that:

*“There is an identified need for 162 units of Extra Care Housing in the District <sup>(19)</sup>, divided equally between social rented and leasehold tenure over the next ten years. In addition the East Surrey Strategic Housing Market Assessment identifies a greater need to provide for Extra Care Housing over a 3 year period. There is concern that this type of housing will not be delivered within the first 10 years of the plan as housing development taking place over that period will be made up of existing consents, windfall sites (based upon historic completions) and identified sites within the Urban Capacity Study. None of the existing consents are for Extra Care Housing and few sites suitable for such development are likely to come forward. Therefore the Council will consult with service providers to facilitate the provision of such housing in accordance with the acknowledged need. In addition there is an identified need for 39 units of housing for people with dementia.”*

3.5 It is also relevant to note what was set out in the Inspectors report on the Core Strategy examination, given that the adopted policy CSP8 came about during the course of the examination process by way of a Statement of Common Ground between the Council and a specialist developer/operator of older persons accommodation. The Inspector noted at paragraph 9.17 the following:

*“Policy CSP 17 plans for, and ¶ 13.20 recognises, the proven need for Extra Care Housing in the District. I agree with the Council and a respondent who considered that the CS was not sound as this specialised provision should be in a separate policy and not “lost” in CSP 17, and that specific criteria should be drawn out from the CS to guide such development. As a consequence, monitoring targets would need to be inserted into Annex 2 and ¶ 13.20 would need to be amended. The changes necessary to achieve this were set out in a Statement of Common Ground, which I recommend. I am satisfied that this new policy has a good evidence base, has been adequately considered in the SA, and solely involves a gathering together of existing sound CS policy on this subject in one place, thereby aiding clarity and certainty.”*

3.6 The strategy is otherwise silent in regard to any detailed policy seeking to deliver new care homes within Tandridge save for those co-located with extra care accommodation.

***Tandridge Local Plan Part 2 (2014)*** [CD4.2]

- 3.7 The Part 2: Detailed Policies plan sets out the policies that will be used in the determination of all planning applications in the endeavour of working towards achieving sustainable development. The adoption of the Part 2 plan superseded all of the remaining saved policies of the Local Plan from 2001.
- 3.8 The Part 2 plan contains no relevant policies relating to the provision of specialist accommodation for older people.

***Withdrawn Tandridge Local Plan***

- 3.9 The Local Plan 2023 set out the strategic framework for development up to 2033. Within the draft plan it set out an updated approach to delivering specialist housing for older people through draft policy TLP14. That approach was broadly in line with the previous CSP8 and again had limited reference to the provision of new care homes.
- 3.10 The Local Plan 2023 was found unsound in the Planning Inspectors report and was subsequently formally withdrawn on 18 April 2024 by the Full Council of Tandridge.
- 3.11 The Planning Policy Committee met on 15<sup>th</sup> January to discuss a high level Regulation 18 document with the recommendation for consultation to be undertaken between 19<sup>th</sup> January and 1 March 2026.
- 3.12 The published Local Development Scheme (February 2025) indicated that the new Local Plan will not be examined until early 2028, demonstrating that it will be a number of years before a new Local Plan is adopted as part of TDC's Development Plan.

# Other Material Considerations

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## Section 4

### **National Planning Policy Framework [CD5.1]**

4.1 In December 2024 the Government published the revised the National Planning Policy Framework (hereafter referenced as “**NPPF**”). The NPPF is a material consideration in the determination of planning applications and appeals.

4.2 Paragraph 61 of the revised NPPF establishes that:

*“to support the Government’s objective of significantly boosting the supply of homes, it is important that a sufficient amount and variety of land can come forward where it is needed, that the needs of groups with specific housing requirements are addressed and that land with permission is developed without unnecessary delay” [my emphasis added].*

4.3 The revised NPPF retains the commitment to plan for and assess the housing needs of older people. Within the context of ‘delivering a sufficient supply of homes’ Paragraph 63 of the revised NPPF establishes that the size, type and tenure of housing needed for different groups in the community, including older people (as defined in Annex 2) and people with disabilities, should be assessed. The update now specifically defines older people as including:

*“retirement housing, housing-with-care and care homes.”*

4.4 Paragraph 71 also notes that:

*“Mixed tenure sites can provide a range of benefits, including creating diverse communities and supporting timely build out rates, and local planning authorities should support their development through their policies and decisions (although this should not preclude schemes that are mainly, or entirely, for Social Rent or other affordable housing tenures from being supported). Mixed tenure sites can include a mixture of ownership and rental tenures, including Social Rent, other rented affordable housing and build to rent, as well as housing designed for specific groups such as older people’s housing and student accommodation, and plots sold for custom or self-build.” [my emphasis added]*

## **National Planning Policy Framework Consultation**

4.5 On 16 December 2025 the government published the consultation version of the new NPPF with the consultation period running until 10 March 2026. Thus it is unlikely to be in a position for adoption prior to the determination of this appeal.

4.6 The consultation draft moves away from the previous approach of paragraph numbering and instead adopts various relevant policy headlines with the supporting text.

4.7 Chapter 6 of the consultation includes the foreword as follows:

*“The objective of the policies in this chapter is to support the delivery of a substantial increase in the supply of homes and traveller sites, by ensuring that a sufficient amount and variety of land can come forward where needed. This includes planning for an appropriate mix of accommodation for the local community, and ensuring that land with permission is developed without unnecessary delay.”*

4.8 Under policy HO1 it notes at paragraph 2 that:

*“At the most appropriate level, development plans should also take into account an assessment of the size, type and tenure of housing or other accommodation needed for different groups. These groups include, but are not limited to:*

*...*

*b. Older people (including those who require retirement housing, housing-with-care and care homes);”*

4.9 One of the specific questions set out in the supporting consultation document sets out:

***“49) Is further guidance required on assessing the needs of different groups, including older people, disabled people, and those who require social and affordable housing? Strongly agree, partly agree, neither agree nor disagree, partly disagree, strongly disagree.***

*a) If so, what elements should this guidance cover?”*

4.10 This question specifically picks up the thrust from the older people’s housing taskforce addressed below.

4.11 Under policy HO4 it notes at paragraph 2 that:

*“Local plans should identify specific sites, infrastructure and other site-specific requirements for large-scale development, including:*

*...*

*c. Supporting delivery by setting expectations for an appropriate mix of tenures which would meet the needs of different groups. This can include a mixture of ownership and rental tenures, including Social Rent, other rented affordable housing and build to rent, as well as housing designed for specific groups such as older people’s housing and student accommodation, and plots for custom or self-build.”*

4.12 Under policy HO5 it notes at paragraph 1 c) that:

*“Identifying sites, or setting requirements for parts of allocated sites, which can provide specific types of housing where there is an identified need, including (but not limited to):*

*i. specialist housing for older people;*

*...”*

4.13 The supporting consultation document explains that the proposed approach to revising what is currently enshrined by paragraphs 63, 65, and 67 through:

*“Requiring authorities to identify sites, or set requirements for parts of allocated sites, which can provide specific types of housing such as older persons housing, purpose-built accommodation for students, plots for self and custom build, and traveller sites.” (my emphasis added)*

4.14 Policy HO7 is also relevant in that it notes:

*“In applying the policies in this Framework, substantial weight should be given to the benefits of providing accommodation that will contribute towards meeting the evidenced needs of the local community, taking into account any up-to-date local housing need assessment, and other relevant evidence (including the extent to which there is a five year supply of deliverable housing and traveller sites, and performance against the Housing Delivery Test).”*

4.15 Policy HO9 is specific to the delivery of specialist forms of accommodation and notes at paragraph 1 that:

*“Development proposals to address specialist housing needs should provide living conditions and access to services which are appropriate to the needs of their residents and users. This includes:*

*a) Housing for older people:*

*i. being located where residents will be able to access frequently-used services easily and safely by walking, wheeling (including mobility scooters) and public transport; including through on-site provision where applicable; and*

*ii. being delivered to M4(2) or M4(3) accessibility standards.”*

#### **National Planning Practice Guidance [CD5.18]**

4.16 The Government also published the National Planning Practice Guidance (hereafter referenced as “PPG”) in March 2014, and it has been subsequently updated, the most recent updates for present purposes being July 2019. It provides further guidance on the interpretation and application of the NPPF. The elements of the PPG of particular relevance are detailed below.

4.17 As of June 2019, the government introduced a new section of the PPG entitled ‘Housing for older and disabled people.’ This new section in part reinforces earlier messages within the PPG, whilst in other places it takes the guidance further. It sets out from the opening that:

*“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.”* (Paragraph: 001 Reference ID: 63-001-20190626) [my emphasis added].

4.18 The guidance sets out clearly that:

*“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.” (Paragraph: 003 Reference ID: 63-003-20190626) [my emphasis added].

4.19 In order to determine the levels of need, the guidance sets out that:

*“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.”* (Paragraph: 004 Reference ID: 63-004-20190626).

4.20 When considering the task of addressing the specific needs within plans, the guidance states:

*“Plan-making authorities should 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 plan-making authority will consider proposals for the different types of housing that these groups are likely to require. They could also 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.”* (Paragraph: 006 Reference ID: 63-006-20190626).

4.21 This section also provides guidance on the specific types of specialist forms of older persons housing that exist, which are:

**“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.”* (Paragraph: 010 Reference ID: 63-010-20190626).

4.22 The section goes on to state that:

*“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.*

*Many older people may not want or need specialist accommodation or ...*

*Plan-makers will therefore need to identify the role that general housing may play as part of their assessment. 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.”* (Paragraph: 012 Reference ID: 63-012-20190626).

4.23 In respect of decision making the guidance sets out clearly that:

*“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”.* (Paragraph: 016 Reference ID: 63-016-20190626).

**Our Future Homes: Housing that promotes wellbeing and community for an ageing population [CD6.38]**

4.24 Although not planning policy guidance in the same way as the NPPF or PPG, this report from the Older People’ Housing Taskforce (hereafter referenced as “OPHT”)

provides the most up-to-date macro position in relation to future policy when read alongside the Written Ministerial Statement (26 November) (hereafter referenced as “WMS”) by Matthew Pennycook, Minister of State for Housing and Planning [CD5.8].

4.25 The report itself sets out the need to amend the current planning policy framework to ensure that the sector can increase scale/output at pace to meet the needs of the ageing population. It notes in the executive summary that:

*“[A]s our population ages, we need to expand these housing options – not just in variety, but in volume as well. Put simply, we need to offer senior citizens greater choice, particularly as their lifestyle and health needs evolve in later life. Ensuring suitable, accessible and affordable housing for later living is a societal obligation on which the current housing market falls significantly short.”*

4.26 It then continues at page 8 stating:

*“[W]e need to expand the market for the different models of OPH/LLH – incentivising greater investment to drive the development of new supply that is more affordable to the ‘lower to middle-affluence market’, both to buy, and importantly, to live in. We need to couple this with increased consumer awareness, confidence and demand for this housing, across all tenures.*

*But focussing on specialised OPH/LLH alone is not sufficient. We also need to ensure that mainstream housing better supports senior citizens to live well. We must focus on new build housing, but critically we must focus also on our existing housing stock.”*

4.27 The report considers the case for new definitions to cover all forms of older persons housing (what it terms Later Living Homes), which are:

- *“Mainstream homes/housing (e.g., existing, new build and adapted homes, rightsizing homes, bungalows, stacked bungalows with lift.);*
- *Community-led homes/ housing (e.g., Alms houses, Co-housing, collaborative housing, Shared Lives, home share.);*
- *Service-led homes/housing with support Supported living (e.g., sheltered homes, independent living or retirement apartments and sometimes bungalows.);*
- *Service-led homes/housing with care Assisted living (e.g., extra care, assisted living, integrated retirement communities, retirement villages.); and*
- *Care homes (e.g., residential and nursing homes.)”*

4.28 The WMS specifically notes:

*“There is rightly significant national interest in the Taskforce’s findings.”*

4.29 It then continues:

*“The Government recognises the importance of increased supply and improving the housing options for older people in later life, and we will give careful consideration to the many recommendations set out in the report.”*

4.30 It concludes on the lines of:

*“The Government is committed to helping older people to live comfortably and independently at home for as long as possible.”*

# Assessment of Need

## Section 5

- 5.1 The planning application was not submitted with a full Older Persons Needs Assessment, however various responses on the matter of provision and need were provided in response to matters raised by both the District and County Council's during the determination period [CD 2.52 and 2.53].
- 5.2 In support of this appeal a detailed needs assessment has been undertaken that reflects the most recent population projections such that it looks ahead to 2045 for the long term outlook, whilst the short term period is 2025 to 2029. The assessment is included as [Appendix IW1](#) to this Proof of Evidence.
- 5.3 It is to be noted that the over 75s population within Tandridge is forecast to grow from 10,300 in 2025 to 11,100 in 2029, and then to 14,500 by 2045. This represents a 7.77% growth by 2029 and 40.78% by 2045. By comparison the national and regional growths over the same period are shown below:

**Table 5.1: Comparative Growth levels regionally and nationally for 2029 and 2045**

	<b>Tandridge</b>	<b>Surrey</b>	<b>Nationally</b>
<b>2025 Population</b>	10,300	128,500	5,573,700
<b>2029 Population</b>	11,100	136,600	5,960,400
Growth (000s)	800	8,100	386,700
Growth (%)	7.77%	6.3%	6.94%
<b>2045 Population</b>	14,500	179,900	8,110,100
Growth (000s)	4,200	51,400	2,536,400
Growth (%)	40.78%	40%	45.51%

- 5.4 The above shows that Tandridge is forecast to have a faster growing older population aged 75 and over by 2029 compared to either the regional or national average, whilst by 2045 it is only the national growth will exceed that of Tandridge.
- 5.5 This therefore provides an indication of the comparative challenges ahead relating to an ageing population.

### **Quantitative assessment**

- 5.6 Adopting a purely quantitative assessment to need, the future outlook for Tandridge in respect of extra care accommodation and care home beds through to 2045 is shown at Table 6.4 of the assessment with dementia provision included at table 6.6 to result in the below:

**Table 5.2: Cumulative Projected Levels of Need up to 2045, for Tandridge.**

	2025 requirement	2025 to 2045 requirement	Total number required up to 2045
Extra Care for rent (65-74)	+30	+4	+34
Extra Care for lease (65-74)	+61	+7	+68
Extra Care for rent (75+)	+117.5	+63	+180.5
Extra Care for lease (75+)	+74	+126	+200
<b>Total Extra Care</b>	<b>+282.5</b>	<b>+200</b>	<b>+482.5</b>
Personal Care	+330.5	+273	+603.5
Nursing Care	-61.5	+189	+127.5
Dementia beds	+61.8	+25.2	+87
<b>Total Care beds</b>	<b>+279</b>	<b>+462</b>	<b>+741</b>

5.7 Alternatively, the outlook through to 2029 is shown at table 5.3 below:

**Table 5.3 Cumulative Projected Levels of Need up to 2029, for Tandridge.**

	2025 requirement	2025 to 2029 requirement	Total number required up to 2029
Extra Care for rent (65-74)	+30	+3	+33
Extra Care for lease (65-74)	+61	+5	+66
Extra Care for rent (75+)	+117.5	+12	+129.5
Extra Care for lease (75+)	+74	+24	+98
<b>Total Extra Care</b>	<b>+282.5</b>	<b>+44</b>	<b>+326.5</b>
Personal Care	+330.5	+52	+382.5
Nursing Care	-61.5	+36	-25.5
Dementia beds	61.8	4.8	66.6
<b>Total Care beds</b>	<b>+279</b>	<b>+88</b>	<b>+357</b>

### Qualitative assessment

5.8 Separate to the quantitative assessment, we have also undertaken a qualitative assessment in respect of the care home provision whereby we have only considered provision of single occupancy rooms with en-suite facilities in meeting the highest level of accommodation possible. This approach is considered more appropriate to reflect provision of the highest quality of standard of accommodation as opposed to the potential for shared rooms or lack of en-suite provision to bedrooms. The reasoning for this approach is set out within [Appendix IW1](#).

5.9 Adopting such an approach results in the following level of need to 2045 shown at table 5.4:

**Table 5.4: Cumulative Projected Levels of Need up to 2045, for Tandridge (single, en-suite care rooms only).**

	2025 requirement	2025 to 2045 requirement	Total number required up to 2045
Extra Care for rent (65-74)	+30	+4	+34
Extra Care for lease (65-74)	+61	+7	+68
Extra Care for rent (75+)	+117.5	+63	+180.5

Extra Care for lease (75+)	+74	+126	+200
<b>Total Extra Care</b>	<b>+282.5</b>	<b>+200</b>	<b>+482.5</b>
Personal Care	+409.5	+273	+682.5
Nursing Care	+130.5	+189	+319.5
Dementia beds	+61.8	+25.2	+87
<b>Total Care beds</b>	<b>+601.8</b>	<b>+487.2</b>	<b>+1,08</b>

5.10 The same approach adopted through to 2029 is shown at table 5.5 below:

**Table 5.5: Cumulative Projected Levels of Need up to 2029, for Tandridge (single, en-suite rooms only).**

	2025 requirement	2025 to 2029 requirement	Total number required up to 2029
Extra Care for rent (65-74)	+30	+3	+33
Extra Care for lease (65-74)	+61	+5	+66
Extra Care for rent (75+)	+117.5	+12	+129.5
Extra Care for lease (75+)	+74	+24	+98
<b>Total Extra Care</b>	<b>+282.5</b>	<b>+44</b>	<b>+326.5</b>
Personal Care	+409.5	+52	+461.5
Nursing Care	+130.5	+36	+166.5
Dementia beds	61.8	4.8	66.6
<b>Total Care beds</b>	<b>+601.8</b>	<b>+92.8</b>	<b>+694.6</b>

### Summary and Conclusions

- 5.11 The evidence is therefore clear that there is a quantitative need for additional extra care accommodation and care beds both by 2029 and moreover by 2045 to meet the increasing needs of an ageing population. The need for additional nursing beds is not shown quantitatively as of 2029, however by 2045 there is a need for all forms of specialist care beds.
- 5.12 Conversely, adopting the qualitative assessment there is a clear need by 2029 for additional beds across all forms, increasing considerably by 2045.
- 5.13 The appeal proposals will therefore meet the identified future needs.

# Council's Assessment of the Scheme

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## Section 6

### Introduction

- 6.1 This section of the evidence considers the Council's Assessment of the appeal proposals during the course of the application and the appeal process.

### Officer Report

- 6.2 It is to be noted that the delegated report [CD3.1] provides little in the way of a definitive position from the council on the matter of need. The main information being set out at paragraphs 12.31 to 12.33 which are repeated below:

*"12.31 The application has been accompanied by an Older Persons Briefing Note which has been reviewed by the Senior Commissioning Manager at Surrey County Council Adult Social Care, and they have raised some concerns about the nature of the proposal and the methodology utilised to calculate need. The figures provided to demonstrate need are not considered to be accurate and it is considered that, when identifying the number of beds in the Tandridge District area, the applicant should use the lists produced by the Care Quality Commission as the regulator of residential care homes and nursing care homes. The figures in Planning guidance for accommodation with care for older people - Tandridge analysed the CQC lists and established that there were 328 residential care home beds registered for older people and 644 nursing care home beds registered for older people as at January 2024. These figures show a very different picture to that presented by the applicant, and a new version of the planning profile for Tandridge (to be published shortly) will reveal minor changes to the bed numbers as at April 2025.*

*12.32 They also consider that while arguments can be made on the definition of an Integrated Retirement Community, the applicant still needs to demonstrate that the proposed specialist housing units should be argued for a C2 planning use rather than C3. This reflects on the NPPG for Housing for older and disabled people - GOV.UK, which presents "extra care housing or housing-with-care" as a separate typology of specialist housing to "Residential care homes and nursing homes", noting that "any single development may contain a range of different types of specialist housing." In order to argue for a C2 planning use, the services*

*provided to people living in the specialist housing units will need to be either regarded as indivisible from the functions of the care home (as without it the specialist housing would no longer be C2). Alternatively, the communal facilities, existing outside the care home and forming part of the specialist housing submission, must be in place to primarily support the residents and so form part of the C2 use class, and substantial enough to be far beyond what is normally found in older people's housing, i.e. clearly for people in need of care.*

*Surrey County Council Adult Social Care also indicate that the following matters remain unresolved: The undertakings which the applicant would need to make in order to evidence the suitability of a C2 planning use for the "extra care facility beds". The proximity of the care home is not enough to evidence this – the operation of both the proposed care home and relevant housing units need to be intertwined to the extent that they, together, form what the applicant describes as an "integrated retirement community". For background to this the applicant is invited to examine the outcome of appeal Reference: APP/Q3115/W/19/3220425, in particular paragraph 43, and to consider ARCO's model s106 which sets out what should be expected for a housing setting to be regarded as C2: Model Section 106 Agreement for Integrated Retirement Communities | ARCO. The applicant should note that the care home will operate in a very different fashion to a housing with care setting, being solely regulated by the Care Quality Commission and placing restrictions on many residents' activities when meeting their needs, and the care home's facilities will need to be substantial enough to accommodate both the needs of its residents but also people living in the housing with care units nearby; If any additional facilities are to be presented as supporting the C2 planning use for the "extra care facility beds", then they need to come under the C2 planning use as they are there to support the residents, with only an ancillary function in providing services to the wider community. Use classes of E(e) and F2 would be used for outwardly focused services and be treated separately, with no bearing on a C2 planning determination, simply because they can continue to operate without the "extra care facility beds". I suggest, given the wording on affordable housing in Tandridge's Local Plan documentation, that the applicant evidence how the extra care units cannot deliver affordable housing through the submission of a viability assessment. Clarity on the range of alternative transport options for the care home, extra care housing residents, visitors and staff.*

*12.33 As such, it is not considered that a demonstrable need for the proposed 'Integrated Retirement Community' has been put forward."*

6.3 The delegated report then goes on to note at 13.11 the following:

*“Recent information from Surrey County Council made available to the Council with respect to another planning application (Lingfield House, application reference TA/2024/1079) is: As of January 2024, Tandridge had 328 residential care home beds, with a projected need of 436 by 2035 – indicating a shortfall of 66 beds. Similarly, the demand for nursing care home beds is also expected to increase, leading to an additional shortfall by 2035. These figures highlight a sustained need for more residential and nursing care home beds in the area. However, as highlighted in the Older People Residential and Nursing Care – Market Positioning Statement, there is further emphasises on the growing demand for complex care in Surrey due to an aging population and rising cases of advanced dementia, physical frailty, and multimorbidity. Addressing this need requires not only specialised care home development but also experienced care providers capable of effectively supporting residents with complex conditions. However, the planning application documents do not indicate a designated care provider with proven expertise in delivering this level of care, nor does it go into detail as to how it would meet the needs within a specialist environment. In summary, while there is a clear need to expand capacity in Tandridge to meet future demand, it is essential to ensure that the right type of provision is developed alongside a qualified care provider and suitable environment.”*

6.4 It is notable that no specific comments on need were thus seemingly provided by the County Council on this application, instead comments from another case were relied upon. That application, which was refused and is the subject of an appeal under reference APP/M3645/W/25/3371917, did not propose any care home beds but instead relates to 107 units of extra care in the form of an Integrated Retirement Community. It is unclear why no scheme specific comments were received on this application despite receiving comments from them on other similar specialist older persons housing schemes live at a similar time.

6.5 It is noted that the County Council’s population profile prepared for Tandridge has been updated to October 2025, superseding earlier versions of the profile that had been previously relied upon.

6.6 In respect of extra care provision (shown in the table below which is included in the signed SoCG [CD 8.1](#)), the tenure split proposed differs significantly to that set out in current adopted policy CSP8 indicating an even split between affordable and market provision. The assessment notes as follows:

Year	75+ population projection	Affordable need (10 per 1,000 75+)	Market need (35 per 1,000 75+)	Total need (45 per 1,000 75+)
2025	10,380	104	363	467
2030	11,214	112	392	505
2035	12,095	121	423	544

6.7 It then goes on to note:

*“As stated in the Planning Guidance for Accommodation with Care for Older People, Surrey County Council’s Right Homes Right Support Strategy is highly ambitious in increasing the availability of affordable extra care housing. In consideration of this strategic shift the affordable need figures should be regarded as conservative.”*

6.8 When considering the total need for extra care from 2025 onwards the assessment has assumed that the consented scheme at Lingfield Grange for 150 units would be immediately operational as of 2025 to reduce that level of need. That is not however the case given that the developer/operators own website material indicates that they only officially completed on the site in January 2025. The development will not therefore be completed in full until 2030.

6.9 The position relative to residential care need (shown in the table below which is included in the signed SoCG [CD 8.1](#)) has been to adopt a significantly lower prevalence rate for future provision than the otherwise accepted standard approach, namely adopt a ratio of 36.65 beds per 1,000 for supply as opposed to the more typical rate of 65 beds per 1,000 for supply as adopted by all other assessments. This reduction of 28.35 beds per 1,000 over 75s has a significant impact on the position of need. It would also require a significant increase in the provision of extra care given that as of 2030 the SCC approach would have reduced need levels by some 318 beds as opposed to the notional figure of 35 that has been used.

Year	Tandridge 75+ population	No. of beds to reflect England ratio in 2025	Reduction due to delivery of new affordable extra care housing	Projected (oversupply) / need for additional beds in Tandridge
2030	11,214	411	(35)	57
2035	12,095	443	(35)	89

6.10 In part the reasoning offered for reducing the prevalence rate has been on the assumption that future need should be reduced as a result of the provision of extra care accommodation. This assumes that by 2030 and 2035 the supply of such accommodation will increase to meet the demand. Tandridge already suffers from

under provision of such accommodation given that as of now there are only 33 available units for such close care/extra care accommodation (28 of which are on license arrangements). Thus, as it stands there can be no certainty that affordable extra care housing will be an option to allow for a reduction in future need.

- 6.11 In addition, at a time when the County Council are seeking to encourage a greater provision of affordable extra care housing to meet what might otherwise be need for residential care the ratio of provision is now less than that which was established through policy CSP8 (that was on the basis of 12.5 per 1,000 over 75) and is also lower than equivalent ranges used in the more commonly accepted methodologies (see table 5.1 in the Needs Assessment as [Appendix IW1](#)) which are between 12.5 and 15 per 1,000 over 75.
- 6.12 Furthermore, the fact that the assessment only reduces future need due to increased affordable extra care provision implies that the County Council’s assessment only considers local authority provided care and excludes private funding, thus the position on overall future need cannot be clear.
- 6.13 Although on a lesser scale, with nursing home provision (shown in the table below which is included in the signed SoCG [CD 8.1](#)) a reduced prevalence rate has also been relied upon reducing the provision by approximately 7 beds per 1,000 over 75s to 38.12 beds per 1,000 over 75s (the exact rate varies from 38.077 in 2030 to 38.115 in 2035) as opposed to the standard rate of 45 per 1,000 over 75s.

Year	Tandridge 75+ population	No. of beds to reflect England ratio in 2025	Projected (oversupply) / need for additional beds in Tandridge
2030	11,214	427	(182)
2035	12,095	461	(148)

- 6.14 The Council’s case cannot therefore be one of a lack of need for care home beds, given the acknowledgment of a shortfall in provision through to 2035 as per the County Council’s own assessment, but more the lack of detail about the type of provider involved. The position on need is perhaps understandable given the finding of an earlier appeal in 2025 in Tandridge relating to a 63 bed care home (APP/M3645/W/25/3359711 included as [CD 10.3](#)), where the Inspector noted at paragraph 40 that:

*“The need to provide housing for older people nationally is critical as set out in the National Planning Practice Guidance (PPG). There is no doubt that there is a clear*

*need for this type of development in Tandridge. Consequently, the cumulative benefits associated with the provision of a care home providing general needs and dementia care are afforded substantial weight.”*

- 6.15 That appeal was dismissed, such that the scheme does not contribute towards a pipeline supply to meet the future need that was clearly established.
- 6.16 There is nothing to note at present what the Council's case therefore is relating to failure to meet the County Council's specific needs or what specific information is necessary at an outline stage to determine the type of provision considered.
- 6.17 Reference is made to the County Council's market position statement as defining the complex care needs that are seemingly not being met, however that document does not provide any evidence of future needs or capacity that correlate with any failure in the needs assessment work provided with the application or since updated for the appeal. The market statement defines the response to meeting complex care needs as follows:

*“As people live longer, we want to work with providers and other partners to develop affordable and high quality residential and nursing care provision that can care for people with complex needs, including advanced dementia with behaviour that challenges.”*

- 6.18 It then only refers to complex care once more in the document at page 10 where it notes:

*“Multimorbidity (defined as the co-occurrence of two or more chronic conditions) and frailty (which commonly coexist) contribute to more complex care needs for residents.”*

- 6.19 It is incorrect therefore to assert that the market position statement identifies a specific quantum of need for dealing with complex care needs, or for that matter demonstrates that there is no need for further residential or nursing care beds in the future to meet demand.
- 6.20 The proposals specify a maximum floorspace provision/bedroom capacity for a care home thereby providing flexibility for provision across all forms of specialist accommodation whether that be residential care, nursing care, or specialist dementia care.
- 6.21 The Council do not have a clear approach to the need for future care home beds and have no policy basis within the adopted Core Strategy, nor did they have one in the

withdrawn local plan either as that approach followed the current one of supporting the delivery of Extra Care housing only save for the co-location of a care home with new schemes.

- 6.22 The officer report is entirely silent on the interpretation of policy CSP8 in the context of the proposed development, merely repeating at paragraph 13.9 what the policy states without providing an assessment in the context of the proposed development.
- 6.23 The officer report fails to provide any clarification on the wider benefits that delivery of specialist older persons accommodation contributes, either in support of that element or the overall case in terms of green belt matters.
- 6.24 It is therefore my opinion that the delegated report failed to properly understand the nature of the development, relevance in the context of adopted development plan policy, and the wider benefits and therefore weight that should be attributed to such proposals.

#### **Statement of Case**

- 6.25 In their Statement of Case [CD12.1] the council deals with the older persons accommodation specifically at section 12. No submission is made on the basis of a case of needs as the only content relates to a matter of use class and interpretation of what the term Integrated Retirement Community means.
- 6.26 It is therefore entirely unclear whether the council maintain that there is a lack of proven need for either the extra care or care beds, or that the need is accepted subject to clarification that the extra care accommodation meets a Class C2 definition.
- 6.27 I deal with the matter of use class and operation in the following section of this proof.

#### **Summary and Conclusion**

- 6.28 I do not consider that the Council have properly assessed the matter of delivery of specialist older persons accommodation in the form of a care home.
- 6.29 No specific comments were received from Surrey County Council as the adult social care provider for this case, the officer report effectively quotes from comments received on an entirely separate application which was for the provision of extra care housing albeit comments on need related to care home beds.
- 6.30 The only available evidence provided by Surrey County Council in the form of the district profiles, updated to October 2025, provides respective figures for extra care accommodation, residential care and nursing care. There is no further evidence to

demonstrate “*the needs identified by Surrey County Council*” for which the council seek to reduce weight.

- 6.31 The clear evidence from the county council is one of convincing need for both tenures of extra care through to 2035. This is despite adopting a higher figure for current provision than actually exists at present due to reliance on schemes that are not yet built out.
- 6.32 In assessing the matter of need for care beds the County Council assessment has been to adopt lower prevalence rates for both residential and nursing care without clear explanation for such an approach, save for in the matter of residential beds assuming a reduction would be met through increased delivery of affordable extra care provision. That approach has not materialised such that I consider it to be a flawed approach that will do little to nothing to meet an otherwise acknowledged need.
- 6.33 In my opinion, the Council has accepted that there is a need for additional extra care accommodation in addition to care beds, reflecting the recent appeal determination, but have sought to reduce the weight on the basis of not understanding how the extra care would function and what specific type of care to be provided.
- 6.34 It is my opinion that the provision of the proposed specialist older persons accommodation should be afforded **substantial weight** in the determination of this appeal.

# Use Class Matters

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## Section 7

- 7.1 Separate to the matter of need, the Council’s statement of case [CD12.1] sets out issues that relate not only to whether or not the extra care element meets a Class C2 use but also whether the development itself meets the definition of an Integrated Retirement Community.

### **Use Class considerations**

- 7.2 Specifically in relation to the matter of correctly identifying the use class, the Council’s Statement of Case states that:

*“the services provided to people living in the specialist housing units will need to be either regarded as indivisible from the functions of the care home (as without it the specialist housing would no longer be C2).”*

- 7.3 The inference being that there has to be physical link between the extra care and care home in regard to functions and services offered, presumably in regard to the care provision. If that is the intention then this demonstrates a misunderstanding of the relevant tests, and indeed the registration purposes of the CQC as the relevant authority.

- 7.4 Use Class C2 is defined within circular 03/2005 Changes of Use of Buildings and Land (formal revision to the Town and Country Planning Use Classes Order 1987) as:

*“...use for the provision of residential accommodation and care for people in need of care (other than a use within class C3 (dwelling houses)).”*

- 7.5 Care is defined within Article 2 of the Order as:

*“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.”*

- 7.6 Personal care is not further defined but is one of the categories of registration by the Care Quality Commission (CQC) which recognises that providers of personal care must by law be registered by the CQC.

- 7.7 The above definition makes a clear distinction that the determining factor is based upon the provision of care and accommodation, and not solely on the provision of care. It does not prescribe or limit the form the accommodation element may take. The provision of a significant element of care on site as a core function/aim of the development will make it C2.
- 7.8 Care Homes fall to be assessed in line with CQC standards where both the level of care and accommodation are assessed and form part of the relevant registration for the home. The care provided is intrinsically linked to the operation of the care home such that residents receive both accommodation and care from the same operator. That does not apply in the same way for extra care as it is only the care provision through a domiciliary care agency that is registered with no such requirement for accommodation. Similarly, there is no obligation for residents to receive the care provision from any agency linked to the operator of the scheme, that is to say that residents are free to purchase a care package from any registered domiciliary care provider. This therefore means that there would not need to be any physical or operational link between the extra care accommodation and the care home for them both to provide a level of care commensurate with a Class C2 use.
- 7.9 Occupation of the extra care units would be restricted to households meeting a minimum age limit of 65 (that applies either to individuals or one member of the household) and having been assessed on entry to require at least 2 hours of personal care per week. This level of care will cover all of the following personal care activities:
- Visits by registered nurses to provide nursing care and administer drugs and general medical support;
  - Wellbeing checks, such as blood pressure;
  - Advice on health generally, including diet and encouragement to undertake physical exercise;
  - Organised rehabilitation, either physical or mental, following a hospital visit or health event;
  - Assistance with bodily functions such as feeding, bathing and toileting;
  - Assisting a person to get out of bed, dress and move;
  - Assistance with personal hygiene;
  - Time spent with the wellbeing navigator to organise and ensure the provision of housekeeping, property maintenance and personal affairs is kept under control;
  - Time spent with the wellbeing navigator to manage and arrange the delivery of prescription medication or meals to the door;

- Time spent with the wellbeing navigator to organise and facilitate external visits;
  - Use of the transport services for trips out of the village;
  - Time spent with the wellbeing navigator to plan and arrange domestic assistance which could include cleaning, laundry and other domestic support; and
  - Advice, encouragement and supervision relating to the above activities.
- 7.10 The care provision will be provided through a registered domiciliary care service based on site.
- 7.11 The Minimum Care Package provides residents with access to the following:
- 24 hr emergency response
    - To provide attendance at residence if required;
    - To provide comfort, reassurance, and peace of mind to residents and their family;
    - To facilitate/greet/liaise with emergency services if called;
  - Pre-arranged activities on and off-site including weekly art and music classes, weekly games events, monthly cultural excursions, weekly shopping trips and gardening club;
  - A variety of technological and digital care solutions, including pinpoint alarms, fall prevention and detection systems, call systems and thermal control and lighting systems, algorithmic passive monitoring, health and wellbeing monitoring etc.
  - Communal facilities;
  - A full range of support personnel, who undertake housekeeping, property maintenance, personal affairs, arranging and facilitating external visits, etc; and
  - Domestic assistance which could include cleaning, laundry and other domestic support.
- 7.12 All of the above details are set out within the draft s106 Agreement to demonstrate
- 7.13 It is therefore evident that within the extra care development the provision of care is an intended and permanent feature of the use. The unit of accommodation forms part of a larger whole including other units of accommodation and care is provided to residents. That care may be provided to people in their accommodation or in other spaces provided for the purpose or more likely a combination of the two.
- 7.14 Assessed against the definition of use class C2, there is therefore no difference between extra care and a residential care home: both provide accommodation and care to people in need of care and thus fall within class C2. All modern residential care

homes provide en suite bathrooms, and some provide suites of rooms with all the necessary facilities for occupation as a dwelling house, but these remain C2.

- 7.15 The issue was debated in respect of a scheme for 51 apartments for people aged 55 and over in Portishead (APP/D0121/A/12/2168918 from 2012). In this appeal the sole issue of dispute related to whether or not the scheme fell within a Class C2 or C3 use and thus triggered the need for affordable housing. The Inspector noted that at paragraph 14 that the Council accepted that:

*“Through the operation of the pre-admission assessment mechanism undertaken by the care providers and the terms of the unilateral undertaking, the proposed occupiers of the development would be “people in need of care” as defined in the Order...”*

- 7.16 In this appeal the Council’s argument was that each of the proposed 51 apartments was a self-contained unit of accommodation within Class C3 and that the communal facilities provided fell within a separate planning unit. The Inspector drew specific attention to this point at paragraph 20 stating:

*“I have no doubt that each of the apartments is capable of being seen as falling squarely within Use Class C3, because they would provide all the necessary attributes of a separate dwelling. However, it is necessary to look at the interrelationship between the apartments and the rest of the building, and this goes beyond the physical arrangement, and involves an examination of the use of the separate parts and the building as a whole.” [my emphasis]*

- 7.17 The Inspector commented at paragraph 21 that:

*“It seems to me that the provision of care pervades the whole of the development, and this is demonstrated in a number of ways. Occupiers pay for between 2 and 4 hours of personal care per week, whether they need or want it, although the assessment undertaken by MHA prior to occupation is designed to establish that prospective residents are in need of the kind of care offered in a HwC [Housing with Care] scheme of this type.”*

- 7.18 This again emphasises the point that within such schemes the service charge together with a pre-assessment ensures that residents only move into such a scheme when they are in need of care.

- 7.19 Ultimately in determining the appeal the Inspector commented at paragraph 29 that:

*“I find that the primary purpose of the building as a whole is to provide residential accommodation and care to people in need of care, as the care element is the reason people choose to live there, and is an integral part of everyday life.”*

7.20 He therefore concluded that:

*“I consider that it would be wholly artificial to regard the apartments as being so independent of the rest of the facilities as to amount to one building in separate planning units – the whole of the building is used for residential accommodation with care to people in need of care, and thus falls within Class C2.”*

7.21 The classification of extra care housing was again discussed at length in relation to a development in Ticehurst (APP/U1430/A/08/2091935 - 2009) to provide 25 extra care apartments with on-site care and retail. In this appeal the Inspector took a slightly different approach firstly to considering the use by defining the difference between a Class C2 scheme to those within either Class C1 or C3. The inspector noted at paragraph 7 that the characteristics setting apart Class C2 from C1 was the provision of personal care and treatment and that C2 differed from C3 on the basis that the residents and staff do not form a single household. He went on to comment that:

*“The provision of care is therefore important in determining the appropriate use class.”*

7.22 The Inspector further commented at paragraph 8 that:

*“Occupation of the proposed leasehold apartments would be restricted by the section 106 planning obligation to persons aged 65 years or more (and their partners sharing accommodation) and suffering from permanent illness or disablement such as to be in need of personal care and who have committed to subscribe to at least the basic care package, including provision per week of at least four hours of personal care.”*

7.23 Ultimately, the Inspector concluded at paragraph 13 that:

*“I conclude that the proposed development would fall within class C2 of the Use Classes Order and so Policy HG1 does not apply and there is no requirement to provide any units of affordable housing.”*

7.24 Of course, the above appeals are more dated, and it is therefore relevant to consider how the matter has been addressed more recently. There is an abundance of recent appeal cases where use class has continued to be an issue in early stages between

appellants and the council, or where an Inspector has been clear in their decision. The following are therefore not an exhaustive review but reflect the trend.

7.25 The matter of use class was relevant in the context of an appeal in West Malling (APP/H2265/W/18/3202040 – December 2018) given that at the time of refusing the application the council stated that they considered the extra care development was a C3 use and therefore required the provision of affordable housing.

7.26 By the time of the appeal the council had changed its position accepting of the C2 nature such that the inspector noted at paragraph 5:

*“In accordance with the use as defined in the completed Section 106 legal agreement the Council now accepts that this would be a Use Class C2 development (Residential Institution) and not a Use Class C3 development (Dwellinghouses).”*

7.27 The issue was again live in the context of a scheme in Lower Shiplake (APP/Q3115/W/19/3220425 – October 2019) relating to up to 65 units of extra care described as C2 in the description of development but again contested by the council in the reasons for refusal.

7.28 The inspector noted at paragraph 45 that:

*“The proposed development is agreed to be C2. That is a residential institution in the context of the Use Classes Order...However the development proposed is more than the provision of individual units it is the collection of a number of units the occupation of which is restricted and which the occupants have access to communal facilities and which require occupants to have a level of care need; hence the C2 classification. It would be inappropriate to dissect the development into its constituent parts and conclude that one element triggered the affordable housing threshold. The policy refers to the site. The site in this case incorporates the whole development. The development consists of an extra care development of up to 65 units comprising of apartments and cottages (Use Class C2) and associated communal facilities. Parts of the development could not be implemented independently, the communal facilities and extra care is an integral component of the development. In this regard I am of the view that the development does not result in a net gain of three or more dwellings but results in the provision of an extra care development of up to 65 units comprising of apartments and cottages (Use Class C2) and associated communal facilities, as the description of development confirms.”*

7.29 Of course, shortly after this decision came the outcome of another scheme in South Oxfordshire (APP/Q3115/W/19/3228431 – October 2019) where the matter of use class and implications for affordable housing arose.

7.30 The inspector noted at paragraph 11 that:

*“There was some discussion at the Inquiry as to the nature of the proposal. The appellants and the Council are agreed that the proposal would fall within Class C2 of the Schedule to the Town and Country Planning (Use Classes) Order 1987 (as amended) (the UCO) on the basis that it would constitute a use for the provision of residential accommodation and care to people in need of care (other than a use within class C3 (dwelling houses) but then disputed matters that flow from this. In order to conclude on some of the other disputed issues in the appeal it makes sense to deal with this matter first.”*

7.31 Ultimately the inspector then concluded at paragraph 20 that:

*“I acknowledge the occupancy restriction and the communal facilities here proposed. However, I can see nothing in the communal facilities here which means that those living in the units require use of those communal facilities or that those running the facility need to use that building. I note, for example, that there is no on-site office for care staff or those who might manage the site. The care staff could readily arrive on site, visit the occupants and leave with no interaction with the communal accommodation. It is also a separate building which mean that the facilities there could readily be used by those living off-site. There is no restricted access to the communal accommodation building and it could be readily accessed from what would be public open space. From the evidence in front of me I conclude that there are differences between the Lower Shiplake scheme and that in front of me.”*

7.32 In that particular case the inspector therefore deemed that whilst the overall scheme was a C2 use, the accommodation was an ancillary element. This case is therefore the anomaly in that the operational matters for the site were not clear to the Inspector and the communal facilities were considered to function separate to the accommodation, hence the conclusion that the site was a mixed use per se.

7.33 It is also relevant to consider how the Council themselves have recently considered the matter in respect of several schemes. The most relevant case being that of TA/2022/1161 in respect of the redevelopment of the site at St Piers Lane, Lingfield where planning permission was granted for 152 units of extra care. This scheme was

approved at planning committee in May 2023 subject to completion of a s106 agreement.

- 7.34 The committee report (included as [CD 9.2](#)) undertook a detailed assessment of the proposed use under paragraph 97, concluding at paragraph 98 that:

*“Overall, Officers are satisfied that the retirement and extra care element of the development proposal would be used for purposes falling within Use Class C2.”*

- 7.35 In all of the above cases for a Class C2 use to have been supported it has been necessary to restrict occupation of the units by way of a s106 agreement to those aged 65 and over and for at least one resident in each unit to sign up to receive the minimum care package, assessed by way of a healthcare assessment prior to occupation and then reviewed annually. All of these elements are appropriately controlled within the draft s106 agreement that has been prepared in support of this appeal, following the approach adopted in the model s106 agreement prepared by ARCO, so as to demonstrate that this is a Class C2 proposal. The scheme would therefore function in the same manner as the Lingfield scheme which the Council have previously accepted as being a Class C2 use, as well as all of the above appeals where Inspectors have accepted them to be a Class C2 use.

- 7.36 It is also relevant to consider how the communal facilities would operate relative to the extra care in order to determine whether it is to be seen as a single planning unit, as opposed to considering them as a series of individual properties as with the Rectory homes scheme. The appeal proposals are clear that the communal facilities defined within the draft s106 agreement are provided as part of the operation of the extra care element and are to be paid for through a service charge for the enjoyment of those residents. That separates the scheme from the Rectory homes site and is more in keeping with the other retirement models referenced in the appeals, and moreover how the Audley scheme that the Council approved as Class C2 would function.

- 7.37 It is on that basis that it is clear that the extra care element being delivered through the appeal scheme is clearly one that falls within the accepted Use Class C2 approach.

### **Integrated Retirement Communities**

- 7.38 The second matter raised in the Council’s Statement of Case relates to the use of the term *“integrated retirement community”* and the suggestion that this requires *“the operation of both the proposed care home and relevant housing units need to be intertwined”* as per paragraph 12.2.

- 7.39 The term 'Integrated Retirement Community' is a new definition that was first introduced by ARCO<sup>1</sup> in 2021 bringing together what had previously been called extra care housing, retirement villages, independent living or Continuing Care Retirement Communities (as in the case of the outline consent for this site).
- 7.40 These terms ultimately provide older people the opportunity to live independently, in their own home as part of a wider community with lifestyle, wellbeing and care services provided on site.
- 7.41 The term integrated does not relate to the link between care homes and extra care but to the following matters:
- Integrated Lifestyle: Facilities like restaurants, bars, gyms, cinemas, community halls and gardens offer optional activities and social opportunities.
  - Integrated Well-being and Care: Personal and domestic care can be delivered within people's homes. Dedicated staff teams are on site 24/7.
  - Integrated with Wider Communities: Connections with wider communities through family, friends, intergenerational, volunteering or leisure opportunities are valued and cherished.
- 7.42 It is therefore incorrect to consider the care home as part of the Integrated Retirement Community and requiring a clear link with the extra care when the below diagram clearly demonstrates that the IRC term does not include care home provision.

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<sup>1</sup> ARCO stands for Associated Retirement Community Operators and they are the main body representing the Integrated Retirement Community sector in the UK

 <b>Retirement Housing</b> Also known as: <ul style="list-style-type: none"> <li>• Sheltered housing</li> <li>• Retirement flats or communities</li> </ul>	 <b>Integrated Retirement Communities</b> Also known as: <ul style="list-style-type: none"> <li>• Extra care</li> <li>• Retirement villages</li> <li>• Housing-with-Care</li> <li>• Assisted living</li> <li>• Independent living</li> </ul>	 <b>Care Homes</b> Also known as: <ul style="list-style-type: none"> <li>• Nursing Homes</li> <li>• Residential Homes</li> <li>• Old People's Home</li> </ul>
 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	 <ul style="list-style-type: none"> <li>• 24-hour onsite staff</li> <li>• Optional care or domiciliary services available</li> <li>• Restaurant / Cafe available for meals</li> </ul>	 24-hour care and support. Meals included
 Typical facilities available: <ul style="list-style-type: none"> <li>• Communal lounge</li> <li>• Laundry facilities</li> <li>• Gardens</li> <li>• Guest room</li> </ul>	 Typical facilities available: <ul style="list-style-type: none"> <li>• Restaurant and Café</li> <li>• Leisure Club including: gym, swimming pool, exercise class programme</li> <li>• Communal lounge and/or Library</li> <li>• Hairdressers</li> <li>• Gardens</li> <li>• Guest room</li> <li>• Activity (Hobby) rooms</li> <li>• Social event programme</li> </ul>	 Typical facilities available: <ul style="list-style-type: none"> <li>• Communal lounge</li> <li>• Laundry facilities</li> <li>• Gardens</li> <li>• Guest room</li> </ul>
 Typically 40 - 60 homes	 Typically 60 - 250 homes	 Sizes vary considerably

Figure 7.1 Typology of Schemes (Source: <https://www.arcouk.org/what-retirement-community>)

7.43 The confusion has seemingly arisen from consideration of the term Close care settings provided with Surrey County Council's planning guidance for accommodation with care for older people where it notes:

*“Close care settings are generally larger developments than those seen for individual extra care settings or care homes, and are recognisable by being comprised of specialist housing for older people with an adjacent residential or nursing care home.*

*These settings, due to the proximity of a care home, can have the potential to offer specialist housing residents additional care and support which is beyond sheltered housing models, as the facilities and staff support may be made available to them. However, any planning proposals arguing for C2 planning classification of the housing provision, due to the proximity of care home provision, should be very clear in setting out how there is an inseparable link between the two elements, such that they can be treated together as one overarching residential institution.”*

7.44 As the description clearly notes, this is a term that is used in respect of ‘generally larger developments than those seen for individual extra care settings or care homes’ which

is not applicable to the appeal given the total of up to 41 extra care units and a 70 bed care home. In comparing the size to those shown in Figure 7.1 the extra care element is even below the typical smallest size of 60 units that is set out so clearly cannot be a '*larger development*' as the close care setting would imply.

# Benefits of the Proposed Older Persons Provision

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## Section 8

- 8.1 The Government have set out within the PPG that there is a critical need for delivering more older persons accommodation (Paragraph: 001 Reference ID: 63-001-20190626) in the context of generally significantly boosting the supply of housing (paragraph 61 of the NPPF).
- 8.2 The appeal proposals would deliver up to 41 extra care units in addition to a care home up to 70-beds on site to meet identified need and secure a range of social and economic benefits,
- 8.3 The following factors are all considered to be specific benefits that are secured through the delivery of specialist accommodation for older people.
- 8.4 The matter of identified need, although set out within [Appendix IW1](#), has already been considered in the context of the appeal decision at The Grasshopper Inn, Westerham included as [CD 10.3](#)), from September 2025 where the Inspector noted at paragraph 40 that:
- “The need to provide housing for older people nationally is critical as set out in the National Planning Practice Guidance (PPG). There is no doubt that there is a clear need for this type of development in Tandridge. Consequently, the cumulative benefits associated with the provision of a care home providing general needs and dementia care are afforded substantial weight.”*
- 8.5 Allied with the clear need for future provision of specialist older persons accommodation is the fact that at present the Council lack a clear development plan policy relating to the delivery of additional care home beds, save for the single line in Policy CSP8 in the context of delivery of new extra care schemes. Furthermore, the most recent plan that was ultimately found unsound followed an identical policy approach to the present Core Strategy in that its sole focus was on provision of additional extra care housing.
- 8.6 There is therefore a complete policy vacuum at present relating to the delivery of additional care home beds. Allied to that is the lack of any specific allocations for new developments to meet an identified need.

- 8.7 There is also an abundance of evidence of the beneficial impact on public budgets and residents themselves.
- 8.8 Investment in on-site care and support services can help to relieve pressures on publicly funded hospital and social care services in the locality. In a period of financial constraint, the potential cost savings to the public purse cannot be ignored.
- 8.9 The Planning Practice Guidance notes that plan-making authorities will need to count housing provided for older people against their housing requirement. This has been assessed as demonstrating that the provision of 1.8 care beds is equivalent to a single dwelling. This means that the proposed development would provide the equivalent of 44 dwellings towards the Council's housing shortfall.
- 8.10 The construction and operation of the IRC would also generate job creation in the short and long term, as well as providing support to local services in the operational stage. Such economic benefits are capable of being afforded moderate weight in support of the appeal proposals. Such an approach is consistent with the Grasshopper Inn, Westerham appeal decision (see [CD 10.3](#) paragraph 41).

# The Weight to be Afforded to Older Persons Provision

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## Section 9

9.1 The NPPF is clear at paragraph 32 that policies should be underpinned by relevant up-to-date evidence which is adequate and proportionate and considers relevant market signals.

9.2 Paragraph 62 requires that:

*“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 practice guidance.”*

9.3 The NPPF requires local authorities at paragraph 63 to assess and reflect in planning policies the size, type and tenure of housing needed for different groups including:

*“older people (including those who require retirement housing, housing-with-care and care homes)”.*

9.4 The PPG also specifically notes at Paragraph: 001 Reference ID: 63-001-20190626 that:

*“The need to provide housing for older people is critical.”*

9.5 Given the current position relating to provision of suitable care home beds within the district and the lack of a clear development plan policy approach to support future delivery, together with an absence of any up-to-date assessment of need, there should be no doubt that the provision of an 80 bed care home should be afforded substantial weight in the determination of this appeal.

### **Relevant appeal decisions**

9.6 The importance of specialist older persons housing as a material consideration has been reflected in numerous appeal decisions.

9.7 Many decisions recognise this form of housing as an individual benefit with its own weight in the planning balance. Importantly, the provision of care home beds can also contribute to overall housing land supply and afforded additional weight there in the context of the consideration of 5-year housing land supply matters.

9.8 A summary of relevant extra care decisions is set out in [Appendix IW2](#) but the key points from these examples are highlighted below:

- Meeting a clearly identified need is afforded significant to substantial weight.
- Contribution towards overall housing supply afforded substantial weight.
- Provision of specialist accommodation to alleviate pressures on the NHS afforded significant weight.
- Release of under occupied family housing is afforded significant weight.
- Economic benefits aligned with the construction and operation of IRCs are afforded moderate weight.

9.9 A summary of relevant care home decisions is set out in [Appendix IW3](#) but the key points from these examples are highlighted below:

- Meeting a clearly identified need for future bed spaces is afforded significant to substantial weight.
- Contribution towards overall housing supply afforded substantial weight.
- Delivery of new, purpose built care homes meeting modern requirements (single occupancy en-suite) afforded moderate weight.
- Economic benefits aligned with the construction and operation of care homes are afforded moderate weight.
- Provision of bed spaces to alleviate pressures on the NHS afforded minimal weight.

### **Summary and conclusion**

9.10 The PPG is clear that there is a critical need for the provision of additional specialist accommodation for older people, which has been reflected in the findings of the Older People's Housing Taskforce report in November 2024. This need has been reflected in numerous appeal decisions as summarised above.

9.11 The population profile information issued by Surrey County Council for Tandridge also specifically notes that between January 2024 and October 2025 9 residential care beds have been lost (a 2.7% reduction) and 35 nursing beds (a 5.4% reduction). This shows a decline in provision from older operational schemes, further supporting the need to deliver modern, purpose-built homes to deliver additional bedspaces to the highest standards.

- 9.12 It is therefore evident that in the context of an ageing population and a critical need for increased delivery of specialist older persons accommodation it is imperative that there is a need to significantly boost provision.
- 9.13 On the basis of the evidence of need that has been indicated in support of the proposals, combined with the clear benefits, the provision of up to 41 extra care units together with up to 70 additional care beds from these proposals will make a meaningful contribution to the future needs. Accordingly, I consider that the contribution ought to be afforded **substantial weight** in the overall determination of this appeal.