

Older Person's Housing - Briefing Note

Introduction

Section 1

- 1.1 This briefing note takes the form of three elements: (1) this relates to updates in regard to the NPPF and other relevant material considerations published post the submission of the application; (2) provides an overview on the matter of older person need relating to Tandridge; and (3) responds to the specific comments raised by Surrey County Council Adult Social Care.
- 1.2 The application (reference 2023/1281) is for:

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).

Guidance Updates

Section 2

NPPF (December 2024)

2.1 In December 2024 the Government published the revised NPPF. The NPPF is a material consideration in the determination of planning applications and appeals. Nothing of significance to older persons housing was updated in this iteration.

Older People's Taskforce Report

2.2 The Older People's Taskforce Report and two research papers were published by MHLCG on 26th November 2024. The Report was commissioned by Government as an independent report to advise on how to address a widely recognised shortage of appropriate specialist housing. The Report was researched and written up, with detailed engagement with key stakeholders throughout 2023 and 2024.

2.3 The Report makes clear that there is no single model that is best placed to meet the needs of older people. A range of typologies are required to be delivered including:

“purposefully designed and built homes for later living, adapted ‘mainstream’ homes that are age-friendly, and to a lesser degree community-led models”
[Executive Summary, page 7]

2.4 The Report builds upon the existing Planning Practice Guidance which was amended in 2019 to include the separate chapter on ‘Housing for older and disabled people’ with reference at paragraph 63-001 to the need being “critical”.

2.5 The Report should be seen as the direct continuation of that message. It is a clear communication to both government and local planning authorities of the urgent need to grant planning permission for older persons housing schemes now.

2.6 The Report notes on page 7:

“[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.”

2.7 The Report notes at page 27:

"To meet the diverse needs and cultural preferences of our ageing population, local and national policy makers should strive to provide a range of choices. In addition to expanding the supply of purpose-built, service-led housing (supported living and assisted living) at affordable price points, we also need age-friendly and inclusive mainstream and community-led housing. Without action, housing developers will continue to build stock that is unsuitable for our ageing population, especially for people of lower to middle-affluence."

2.8 Chapter 5 primarily focusses on what the Report defines as service led homes/ housing which is what the PPG defines as "extra care housing" or "Integrated Retirement Communities". However, the recommendations on boosting the supply of specialist homes are applicable to all forms of older persons housing with the report noting on page 49:

"It is estimated that the number of households aged 65+ will grow by 37.3% by 2040, so the supply of later living housing will need to be boosted by over a third just to maintain its current coverage. Indeed, the Mayhew Review found that to ease the pressure on the NHS and social services the Government needs to construct OPH/LLH at the rate of 50,000 new units a year compared with the "meagre" 5-7,000 currently being built. This is particularly worrying given that there has been a reduction in the numbers of private developers of OPH/LLH in the UK in the last 40 years. Current delivery rates are at a fraction of late 1980's peak and falling. Overall, the UK is significantly far behind other developed countries in delivering the volume of stock required."

2.9 The message is clear that we are already seeing a major increase in the need for specialist forms of older people's housing.

2.10 Chapter 6 recommends urgent change to national policy to meet the challenge of an ageing population and what the PPG recognizes as the critical need. The Report notes at page 61:

"There is currently no consensus on the best way of evidencing need for OPH/LLH and there was frustration at this expressed from all quarters. LPAs who responded to the Taskforce's housing survey reported using multiple methodologies, including external consultants, census and survey data and the Housing LIN model (currently being updated). The inconsistent approaches and subsequent lengthy and costly appeal decisions have endorsed appellants'

views that the standard toolkits underestimate need, are over complicated, are based on past data rather than aspiring to meet future needs, and are not always transparent or consistent.

LPAs frequently underestimate need by extrapolating from past delivery, which means ignoring both previously unmet demand and the increased demand arising from the ageing population.

Evidence taken from industry experts also made clear that housing needs assessments do not recognise the benefits for senior citizens of moving into supportive communities ahead of reaching a personal crisis and undervalue the benefits of more age-appropriate housing.”

2.11 It goes on to state at page 62:

“A standard approach to housing needs assessment should reconcile simplicity with enough flexibility to reflect local variations. One way forward would be for the Government to publish proposed prevalence rates for OPH/LLH for age cohorts starting from the age of 55 years. LPAs can then model their future population age profile and apply the prevalence rates to their estimates to assess their future OPH/LLH needs.”

2.12 Relevant ambitions set out in this chapter include at page 64-65:

“Introducing a planning policy presumption in favour of OPH/LLH to scale up appropriate housing for an ageing population. The recent revision to paragraph 63 of NPPF should be used as the platform and OPH/LLH should be given an increased profile in the NPPG. The language needs to give significant weight to the urgency of provision and to ensure that planning for OPH/LLH is aligned with local objectives, supports wellbeing and community integration and delivers viable high-quality design and the provision of social infrastructure.”

...

“Revising the NPPG and developing a new National Development Management Policy (NDMP) to positively profile OPH/LLH and include specific agreed requirements for LPAs to make provision, allocate sufficient land in varied locations (town centre to greenfield) and recognise the nuances of the form and function of the various types of OPH/LLH to ensure the viable delivery of sufficient OPH/LLH.”

...

“Establishing a common standardised methodology for local assessment of minimum need for the various forms of OPH/LLH (as a subset of overall housing) which is simple, universally recognised, transparent and available for LPAs to use free of any costs. Also, to establish national prevalence rates for each type of OPH/LLH which are not based on past delivery but is instead aspirational and outcome driven in line with the Chief Medical Officer’s annual report from 2023 to help guide practice.”

- 2.13 The report importantly recognises a need for a standardised methodology to positively plan for the increased delivery of older persons housing, and importantly that this needs to start from the age cohort of 55 and over.

Need Update

Section 3

- 3.1 The proposal provides up to 70 care home beds (Class C2) and up to 41 extra care facility beds within a wider proposed community that looks to create 166 (class C3) homes, 1,500sqm of flexible health and well-being floorspace and up to 50ha of public open space (application ref: 2023/1281. Following a recent refusal of an application for an Integrated Retirement Community proposal in Lingfield (ref: 2024/1079) which would provide up to 107 extra care units the Council have requested an update to the position of need for the specialist accommodation.
- 3.2 It is to be noted on the part of extra care provision that the committee report for the Lingfield scheme itself references comments from Surrey County Council Adult Social Care stating:

“As I understand it the Audley/Young Epilepsy Society planning application remains as the only approved proposal for private (or market) extra care housing, and so the gap in need for this type of provision remains at 246 units for 2030.

In summary, while I would like to have clarity on the dedicated care staffing provision and suggest that Tandridge District Council consider ARCO’s model s106 agreement, there remains a need for additional market extra care housing in the District and I recognise the proposals as amounting to an IRC in principle.”

- 3.3 This has then been further considered later in the committee report where the officer notes:

“110. Since the publication of this report, Tandridge have approved one other major care scheme at Young Epilepsy in Lingfield whilst another has been approved by Surrey County Council opposite the site at Orchard Court. The development at YE approved 150 care units, and the development at Orchard Court 54 care units. Therefore, when considering the table required [this being taken from the Planning Profile for Tandridge published by Surrey County Council and copied below] 368 market units in 2024, the Council provided 204 of these through the approval of the above referenced sites in 2024. Appreciating that this is still below the requirements outlined within the table,

and by 2030 the overall requirement increases, there is an undersupply of care provision within Tandridge District.

111. The Care Needs Assessment submitted by the applicant is broadly in line with these findings, concluding that there is a demand for such development and the proposal would go some way to meeting this demand. This assessment references an undersupply of 218 units in 2024, however, fails to take into account the approved development by Surrey CC at Orchard Court, less than 30 metres from the proposed application site. This figure of 218 is therefore not considered accurate, and whilst Officers can agree that there still remains an undersupply, this is not as significant as made out within the Care Needs Assessment.

112. In conclusion, there is an identified need for care provision within Tandridge District and the proposal would go some way to meeting this demand.”

3.4 The table referenced at paragraph 110 of the committee report as taken from the Planning Profile for Tandridge published by Surrey County Council is shown here:

Year	75+ population projection	Affordable need	Market need	Total need
2024	10,500	105	368	473
2030	11,300	113	396	509
2035	12,200	122	427	549

3.5 This committee report failed to grasp that granting of consents does not of itself immediately meet the demand given that it takes time to develop schemes and have them operational. As such the consents issued in 2024 are unlikely to result in any operational scheme open before 2027 at the earliest. This means that there will continue to be a shortfall in supply for the short to medium term at least, which the current proposals could seek to address.

3.6 Regardless of that however, and whether the Lingfield IRC is appealed or not, the report makes it clear that there is a continuing need for extra care accommodation to support the Nutfield Green proposal.

3.7 This therefore only leaves the matter of demonstrating the need for the proposed care home development.

3.8 Using data from POPPI¹ between 2023 and 2040 we can see that the population of those aged 75 and over will grow by 5,600 residents.

	2023	2025	2030	2035	2040
People aged 75-79	4,400	4,400	3,900	4,300	5,100
People aged 80-84	2,700	2,900	3,700	3,300	3,700
People aged 85-89	1,800	1,900	2,200	2,800	2,600
People aged 90 +	1,300	1,300	1,500	1,800	2,300
Total population 75 +	10,200	10,500	11,300	12,200	13,700
Growth	0	300	1,100	2,000	3,500

Source: Data from <https://www.poppi.org.uk/>

3.9 In respect of care bed provision this is calculated on the basis of 65 beds per 1,000 over 75s for residential and 45 beds per 1,000 over 75s for nursing, making a combined requirement of 110 beds per 1,000. This methodology has been established in Housing in Later Life as well as the SHOP@ toolkit which is expressly referenced in the PPG as one of the available toolkits for determining future requirements.

3.10 The growth between 2023 and 2040 would generate a further need of 385 beds.

3.11 It is to be noted that Surrey County Council have prepared profiles for individual authorities to determine future need for specialist older persons housing (dated January 2024) which for Tandridge notes the following:

“The Tandridge District area had a supply of 328 residential care home beds against a 75+ population of 10,500. This provides a prevalence rate of 31.24 beds per 1,000 of the 75+ population.

In comparison, England had a supply of 200,720 residential care home beds against a 75+ population of 5,614,400. This provides a prevalence rate of 35.75 beds per 1,000 of the 75+ population.”

3.12 The assessment considered the implications for 2030 and 2035 as below:

Year	Tandridge 75+ population	No. of beds to reflect England ratio in 2024	Projected (oversupply) / need for additional beds in Tandridge
2030	11,300	404	34
2035	12,200	436	66

3.13 The same profile also looked at nursing care provision and noted:

¹ Projecting Older People Population Information System – provided by Oxford Brookes University and Institute of Public Care

“The Tandridge District area had a supply of 644 nursing care home beds against a 75+ population of 10,500. This provides a prevalence rate of 61.33 beds per 1,000 of the 75+ population.

In comparison, England had a supply of 209,885 nursing care home beds against a 75+ population of 5,614,400. This provides a prevalence rate of 37.38 beds per 1,000 of the 75+ population.”

3.14 The assessment considered the implications for 2030 and 2035 as below:

Year	Tandridge 75+ population	No. of beds to reflect England ratio in 2024	Projected (oversupply) / need for additional beds in Tandridge
2030	11,300	422	(222)
2035	12,200	456	(188)

3.15 Clearly the approach adopted by SCC starts with a lower prevalence rate for provision compared to that adopted by Housing in Later Life in SHOP@, which had been supported in numerous appeal decisions as an appropriate method for calculating future need. The implications of adopting lower prevalence rates is clear in reducing overall need without providing choice. The SCC guidance sets out a rational for this as follows:

“For residential care homes only, reduces the 2030 and 2035 need figures of Surrey’s Borough and District areas as a result of the delivery of new affordable extra care housing. This is because Surrey County Council’s focus will be on identifying and supporting older people who would benefit from affordable extra care through nominations processes to eliminate a need for future residential care as much as possible.”

3.16 The issue in Tandridge of course is that the current supply of extra care accommodation is failing to meet current or future demand, thus there is an overall failure in policy terms to meet the housing needs of older people.

3.17 According to the EAC (<https://housingcare.org/>) there are 22 care homes providing a total of 854 care home beds. 262 are provided for personal care and 457 are provided as nursing care. A further 135 beds are provided within homes offering both personal and nursing care such that the split is not easily determine.

3.18 To meet the needs as of 2023 based on the Housing in Later Life approach there would need to be an additional 322 personal care beds whilst there is an oversupply of 54 nursing beds.

3.19 The population growth through to 2040 would see an additional need for 228 personal care beds (an overall need thus of 550 beds) and a further 158 beds for nursing care (thus an overall need of 104 beds). Combined between 2023 and 2040 there would therefore be a need for 654 additional care beds. The provision of dementia beds is separate from the above. The overall picture of future need is therefore expressed in the table below:

	2023 requirement	2040 requirement	Total requirement (2023-2040)
Personal Care	+322	+228	+550
Nursing Care	-54	+158	+104
TOTAL	+268	+386	+654
Dementia	61	21	82

3.20 It is also relevant to note that of the current supply several of the homes do not offer all rooms as single occupancy, or all as en-suite accommodation either. The provision of en-suite single occupancy bedrooms was set out as an industry standard in the 2002 National Minimum Standards for Care Homes for Older People published by the Department of Health, albeit that these standards are no longer in place. The issue of quality of provision was specifically addressed in the context of a recent appeal (APP/L3245/W/22/3306381) where the inspector noted:

“49. In Shropshire, as is the case nationally, many of those living in care homes do not enjoy private ensuite accommodation. This is because the beds are in converted older properties or were built when it was considered appropriate for care home residents to share bathrooms. I am aware that the 2002 minimum standards for care homes have since been rescinded, nonetheless, the principle of providing high quality accommodation for the elderly still holds good. The appellant’s need figure for residential care home beds, derived by the Laing Buisson methodology, is lower at 2,578 beds than that of the Council at 3,000 as of 202010. However, the appellant’s approach to discount beds from the supply which do not provide private washing facilities, with benefits both for disease control and residents’ dignity, results in a greater emphasis on providing more capacity now, with a requirement of 750 bedspaces.”

“51. I fully accept the need for a choice in accommodation, including its cost, and that there may be potential residents who are happy to share a bathroom. Nonetheless, it is reasonable to assume that there is a need to provide a choice of residential care accommodation built to modern care standards for those considering going into a home. The Council have already accepted in the Statement of Common Ground for the Need for Specialist Housing for Older

People, that at 2025 there will be a further need for more residential care beds. Consequently, I conclude, even if a conservative approach was taken which did not discount all non ensuite bedspaces from the supply, this would still result in a more pressing need to provide modern beds than that evidenced by the Council."

3.21 Clearly where there is a demonstrable need identified, and a present failure to meet that, then the provision of new facilities should be afforded significant weight in the planning balance, recognising the critical need (see reference (Paragraph: 001 Reference ID: 63-001-20190626 of the NPPG) for delivery of specialist housing for older people.

SCC Adult Social Care

Section 4

4.1 Further comments from Surrey County Council Adult Social Care have been provided in regard to this planning application on their email dated 13 June 2025 which we seek to address below.

Nature of proposals

4.2 In the opening paragraph of the comments it is suggested that the proposals cannot be an Integrated Retirement Community because of the inclusion of both extra care housing and a care home. This consideration is in light of the ARCO definitions, which are represented in the graphic below:

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

4.3 It is correct that where extra care is provided on its own, and meets the nature of the provision as set out above, then it would fall to be classified as an IRC. Similarly, where a care home is provided on its own then it would naturally fall within that typology. However, nowhere in the classification provided by ARCO does it note that co-location of extra care units and care homes prohibits the operation of a scheme within the meaning of an IRC.

4.4 In support of that position, I would note the appeal ref: APP/Z3635/W/24/3342657 for a scheme in Sunbury on Thames (Spelthorne Borough Council) which related to an application for:

“a) a full planning application for 38 extra care and 28 close care units (Use Class C2), with an on-site village centre to include a medical facility, means of access off Vicarage Road, associated infrastructure, landscape buffer and open space;

b) an outline planning application for a care home (up to 60 beds) and up to 98 extra care units (Use Class C2), landscaping and open space, parking, infrastructure, and internal access roads.”

4.5 That application was described as delivering an Integrated Retirement Community, with that same description used and accepted during the appeal process. Moreover, the appellant in that case is a member of ARCO and therefore fully aware of the definition of what an IRC is or can be and they were content that such a description can include provision of care beds.

4.6 The starting point for the SCC position is therefore incorrect in this instance and therefore there is no need to separate how future applications may be made for the two elements.

4.7 The response agrees that there remains a need for further expansion of the extra care provision within Tandridge. However, in respect of care home provision it refers back to the 2024 calculations referenced in section 3 of this note. As noted there, the provision rates that are adopted are reduced on the basis of an anticipated increased delivery of affordable extra care housing. However, to date that provision has not materialised meaning that the future strategy is somewhat compromised with no certainty that provision will be increased for either targets of 2030 or 2035.

4.8 The approach to demonstrating need for the application relies instead on the traditional methodology of 110 beds per 1,000 population aged 75 and over as used in all of the following methodologies:

- More Choice, Greater Voice (2008)
- SHOP@ (2011 and subsequent iterations)
- Housing in Later Life (2012)

4.9 The final comment related to many of the current care beds not meeting current standards. That position of course refers to the fact that newly built care homes deliver accommodation as single occupancy, en-suite rooms as opposed to double occupancy and shared bathrooms.

4.10 Whilst there are 22 care homes listed across Tandridge (<https://housingcare.org>), selecting only those with single occupancy en-suite reduces that to 20 homes. However not all of the accommodation within those homes meet the modern single person, en-suite provisions as shown in the table below:

Care Home	Total beds.	Single beds	En-suite
BURNTWOOD LODGE	6	6	1
BUXTON LODGE CARE HOME	44	33	18
<i>CHAMPIONS PLACE</i>	<i>19</i>	-	-
CHARTERS COURT	60	60	60
CHERRY LODGE REST HOME	19	13	16
COLLEGE OF ST. BARNABAS	28	9	9
COOMBE DINGLE	42	28	11
CRANMER COURT	56	56	56
DAVID GRESHAM HOUSE	29	29	29
ELIZABETH COURT	59	59	59
GLEBE HOUSE	41	33	25
GREATHELD MANOR NURSING HOME	29	23	23
HEATHERLEY CHESHIRE HOME	39	40	6
<i>LONGMEAD HOUSE</i>	<i>23</i>	-	-
OAKHURST COURT NURSING HOME	57	47	43
OAKLEIGH	51	51	51
RIDGEWAY MANOR	43	43	22
TANDRIDGE HEIGHTS MEMORIAL	75	75	75
TUPWOOD GATE NURSING HOME	35	25	24
WINDMILL MANOR CARE HOME	60	60	60
WOLFE HOUSE CARE HOME	13	12	3
WOODSIDE VIEW	26	20	11
TOTAL	854	722	602

NB// the 2 homes in italic are those not listed as providing single occupancy and en-suite facilities

4.11 Putting aside that the supply noted on this site differs to that referenced in the SCC April 2024 note (854 according to housingcare.org as opposed to 972 with the SCC note), it is clear that when only considering single occupancy en-suite accommodation the total provision reduces considerably. These older care homes are under the greatest pressure to deliver suitable accommodation to meet the needs of older people and are more likely to come forward for conversion or redevelopment. Our assessment

therefore considered both the quantitative and qualitative provision of accommodation within Tandridge when considering future need.

Conclusion

Section 5

- 5.1 The direction of travel for older persons housing is therefore clear through the OPHT and as shown in this instance there is a demonstrable need for both forms of specialist housing proposed in this scheme, that being the extra care and care home beds.
- 5.2 Whilst the development plan contains a specific policy to support the delivery of such specialist housing it is fair to say that there has been a general failure to deliver the required quantum of development to meet identified need.
- 5.3 The Council have clearly acknowledged an urgent need for additional extra care accommodation already in the context of previous applications, most recently the proposals at Lingfield under ref: 024/1079, which are not being met through extant consents.
- 5.4 In the context of care homes, firstly the position is that the need figures produced by Surrey County Council have been reduced on the assumption that more residents will move into extra care accommodation as the preferred choice despite a clear recognition that this extra care provision is failing to meet the demand at present. A reduction in care home provision would also necessitate an increased rate of provision of extra care to meet the change in demand.
- 5.5 Secondly, we have shown that a lot of the current care home provision is not in the form of single occupancy, en-suite rooms which are the preferred form now to ensure dignity and resident health (see paragraph 3.20 of this note).
- 5.6 In overall conclusion, it is clear that there is demonstrable need both for the extra care units and the care home beds proposed as part of this application.