

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

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

Section 78 Appeal

Land east of Ansty Way, Cuckfield

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Outline planning application (All matters reserved except for access) for the redevelopment of land to the east of Ansty to create a new Garden Community, comprising of the erection of up to 1,450 homes (including 30% affordable housing), up to 90 residential care units (C2 class), a primary school, a SEND school, health hub, sports facilities including all weather hockey pitches and tennis centre, allotments, retail, community and employment uses together with ancillary and associated development including new and enhanced pedestrian/cycle routes, open spaces, and landscaping

Land east of Ansty Way, Cuckfield

Fairfax Acquisitions Limited And The Norris Family

May 2026

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LPA REF: DM/23/2866

OUR REF: M26.0402.01.RPT

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Summary Proof

- i. This Proof of Evidence deals specifically with older persons housing and the weight to be afforded to it in the planning decision in light of the evidence of need in the Mid Sussex District Council area.
- ii. Outline planning permission is sought for a new Garden Community to include 90 residential care units (C2). The C2 provision will be secured via a section 106 agreement.

Key Findings

- iii. The Council's position to deliver schemes to meet identified need is addressed through policy DP30 of the MSDP, which notes that if a shortfall is identified in meeting demand that

“the Council will consider allocating sites for such use through a Site Allocations Document...”

- iv. The subsequent Site Allocations Document (adopted in 2022) included a single allocation that references the delivery specialist housing for older people through site SA20, albeit the supporting text referenced delivery of 142 dwellings within class C2 as opposed to care beds. Planning permission was secured under hybrid application DM/23/2699 for development of the site to include the following relevant matters:

“outline planning permission for a mixed use development comprising up to 550 dwellings (Use Class C3), a care village of up to 150 dwellings (Use Class 2)...”

- v. The supporting s106 agreement defined the care community as follows:

“means the development of up to 150 Retirement Dwellings together with access roads and supporting infrastructure to be located in the approximate area shown shaded yellow on plan 35044 BL-M-01 Rev J which forms part of the Land and “Care Community Phase” shall be construed accordingly;”

- vi. A Reserved Matters submission has since been made (DM/26/0131) that only relates to the 550 dwellings in Class C3 with the supporting planning statement noting that:

“the mixed use area and care village are be brought forward through separate applications in due course.”

- vii. This allocation will not therefore deliver C2 accommodation in the form of bed spaces to meet any identified need, despite the recognition through policy DP30 or the wording of policy SA39 of the Site Allocations Document.
- viii. The more recent 2024 SHMA prepared for the District Council clearly identifies a need for additional C2 bed spaces, moreover, indicating a requirement to update the position on need set out in the then policy DPH4 of the emerging Local Plan. That position is summarised in table 4.3 of the SHMA as replicated below:

Table 4.3 Specialist Housing Need using adjusted SHOP@Review Assumptions, 2021-40 – Mid Sussex

		Housing demand per 1,000 75+	Current supply	Current demand	Current shortfall/surplus (-ve)	Additional demand to 2040	Shortfall /surplus by 2040
Housing with support	Market	73	867	1,149	282	710	992
	Affordable	38	811	591	-220	365	145
Total (housing with support)		111	1,678	1,740	62	1,075	1,137
Housing with care	Market	43	187	674	487	417	904
	Affordable	15	111	230	119	142	261
Total (housing with care)		58	379	905	526	559	1,085
Residential care bedspaces		36	486	557	71	344	415
Nursing care bedspaces		40	738	626	-112	387	275
Total bedspaces		76	1,224	1,183	-41	731	690

Source: Derived from Demographic Projections and Housing LIN/EAC

Assessment of Need

- ix. Our assessment of need has identified that as of 2026 there is additional need for both tenures of extra care accommodation along with personal and nursing care beds when assessed solely on a quantitative needs approach. If a qualitative assessment were used instead, by which only those schemes delivering single occupancy beds with en-suite facilities are considered, there is then a much higher deficit in both forms of care provision due to no more than 70% of current provision meeting such standards.
- x. Our approach to assessing future need for extra care provision adopts a conservative prevalence rate of 45 units per 1,000 over 75s, as opposed to considering more aspirational targets as identified by appeal inspectors in respect of other schemes. Indeed, the Older Peoples Housing Taskforce ('OPHT') report issued in November 2024 included as its fifth aim to

“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.”

- xi. The OPHT also noted in the context of strengthening planning policies that:
- “The reforms we propose here are not just about fixing problems. They are about ensuring that local authorities become aspirational, age-friendly and inclusive placemakers and that planning for our ageing population should no longer be an afterthought, it should be integral to the way we plan our places and communities.”*
- xii. When moving on to consider the future we identify a cumulative need for a total of **465 extra care units and 502 care beds in the short term** (that being 2026 to 2030), or **734.5 extra care units and 1,206 beds in the longer term** (that being 2026 to 2045). Again, these figures are based solely on the quantitative approach.
- xiii. If adopting a qualitative approach, then the respective figures would be **926 beds in the short term** and **1,630 beds in the longer term**. There would be no change to the need for extra care provision beyond that already identified.
- xiv. Under either approach for future requirements the dementia need is expressed separately, adding a further need for **119.4 beds in the short term** and **157.8 beds over the longer term**.

Benefits of provision

- xv. Separate to the matter of need for additional provision of residential care units in either the long or short term I also consider the following benefits to be associated with the provision:
- Contribution towards overall housing supply (substantial weight).
 - Provision of specialist accommodation to alleviate pressures on the NHS (significant weight).
 - Reduced pressures on the adult social care budget through increased provision (moderate weight);
 - Contribution to overall housing supply through freeing up of under-occupied housing (significant weight); and
 - Employment generation (moderate weight).

Weight to be afforded

- xvi. I have then gone on to review similar appeal cases over the last two years to identify the key conclusions that other inspectors have arrived at when considering schemes that include provision of care homes. The key summaries identify the following trends:

- Meeting a clearly identified need 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;
- Release of under occupied family accommodation afforded significant weight;
- Economic benefits aligned with the construction and operation of specialist schemes are afforded moderate weight; and
- Provision of specialist accommodation to alleviate pressures on the NHS afforded significant weight in the context of extra care and minimal weight for care beds.

Conclusion

- xvii. 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 90 additional residential care units from these proposals will make a meaningful contribution to the future needs.
- xviii. Accordingly, I consider that the contribution ought to be afforded no less than **substantial weight** in the overall determination of this appeal. I acknowledge that in the signed Statement of Common Ground [CD7.1] that this is the same degree of weight that is agreed at paragraph 5.10.

Introduction

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 almost 25 years' professional experience in the field of town planning within local authorities and for the last 19 years within the private sector. Throughout these 19 years I have been active within the later living 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 (TKP), 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 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.
- 1.7 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.
- 1.8 Throughout the course of my career, I have presented evidence at numerous Section 78 appeal inquiries and hearings in relation to the later living sector.

Declaration

- 1.9 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 6002030 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

- 1.10 The scope of my evidence covers assessing the needs for specialist accommodation for older people within Mid Sussex, assessing the benefits that derive from such specialist provision with reference to relevant appeal decisions and my own relevant experience within the sector, and ascribing the weight that ought to be afforded to this provision in the overall planning balance.
- 1.11 For clarity, the weightings I apply are as follows:
- limited;
 - moderate;
 - significant; and
 - substantial.
- 1.12 This proof of evidence comprises the following seven 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 identifies the benefits of the proposed C2 provision; and
 - Section 8 considers the weight to be afforded to the proposed C2 provision.

The Appeal Proposals

Section 2

- 2.1 The appeal site is well described in the original Planning Statement [CD1.19] and Design and Access Statement in support of the application [CD1.23] as well as the committee report [CD3.1] and is not therefore repeated again here.
- 2.2 The description of development refers to the provision of 90 residential care units (Class C2) with the supporting information as part of the application referencing provision of care home beds and extra care bungalows.
- 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 Associated Retirement Community Operators (hereafter referenced as “ARCO”)¹ as a means of explaining the options within the later living sector.

¹ <https://www.arcouk.org/>

Figure 2.1: Types of Older Persons Housing (Source: ARCO)

 Retirement Housing Also known as: • Sheltered housing • Retirement flats or communities	 Integrated Retirement Communities Also known as: • Extra care • Retirement villages • Housing-with-Care • Assisted living • Independent living	 Care Homes Also known as: • Nursing Homes • Residential Homes • Old People's Home
 Offers self-contained homes for sale, shared-ownership or rent	 Offers self-contained homes for sale, shared-ownership or rent	 Communal residential living with residents occupying individual rooms, often with an en-suite bathroom
 Part-time warden and emergency call systems. Typically no meals provided	 <ul style="list-style-type: none"> • 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: <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

2.5 This evidence focusses on the provision of both extra care bungalows as well as care home beds on the basis that the split was not identified through the application, such that the proposals could deliver a mix of accommodation or be restricted to one element within the C2 category.

What is an Integrated Retirement Community?

2.6 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. In the context of certain needs assessments this type of provision is also referred to as 'Housing with care'.

2.7 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.

2.8 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.

2.9 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

Care homes

2.10 The difference between personal care provision and nursing provision is that a nursing home has a qualified nurse on site to provide medical care and is registered with the CQC accordingly, personal care provision does not provide that level of medical care.

The Adopted Development Plan

Section 3

Introduction

- 3.1 The Development Plan for the area comprises Mid Sussex District Plan (MSDP) 2014-2031 [CD5.1], the Site Allocations DPD [CD5.2], the Ansty, Staplefield and Brook Street Neighbourhood Plan [CD5.7], and the Cuckfield Neighbourhood Plan [CD5.6]

Mid Sussex District Plan (MSDP) 2014-2031 [CD5.1]

- 3.2 The MSDP was adopted in March 2018. The visions and objectives note at paragraph 2.9 that:

“According to the 2011 Census, 18.1% of the Mid Sussex population are aged 65 and over, and the Office of National Statistics has projected that this will increase to 21.2% by 2021. There is also a projected increase in people aged over 85 years living in Mid Sussex from 2.8% to 3.3% by 2021 and new development will need to meet the changing needs of residents...”

- 3.3 Strategic allocations DP10 (Pease Pottage) and DP11 (Clayton Mills) include reference to provision of a range of housing including for older people but no specific target or typology.

- 3.4 Policy DP30: Housing Mix notes that housing developments will:

- *“meet the current and future needs of different groups in the community including older people...”*
- ...
- *If a shortfall is identified in the supply of specialist accommodation and care homes falling within Use Class C2 to meet demand in the District, the Council will consider allocating sites for such use through a Site Allocations Document, produced by the District Council.”*

Site Allocations DPD (2022) [CD5.2]

- 3.5 The Site Allocations DPD was adopted in June 2022.
- 3.6 The DPD notes that site SA20 is described as providing for the following:

“Housing allocation with Local Centre and Care Community (C2), early years, primary school and facilities for Special Educational Needs (2FE), strategic SANG, public open space and children’s equipped playspace, provision of land for playing fields associated with Imberhorne School.”

3.7 The supporting text further notes:

“Provision of a minimum of 142 dwellings (Use Class C2) in a dedicated site within the allocation, fronting onto Imberhorne Lane.”

3.8 The intention therefore from the site allocation is to provide the accommodation in the form of extra care accommodation as a form of C2 accommodation, as opposed to a care home. That has since been confirmed with the grant of outline consent for the site under application DM/23/2699 where the supporting s106 agreement noted that the care community was defined as:

“...the development of up to 150 Retirement Dwellings together with access roads and supporting infrastructure to be located in the approximate area shown shaded yellow on plan 35044 BL-M-01 Rev J which forms part of the Land and “Care Community Phase” shall be construed accordingly;”

3.9 It also includes policy SA39: Specialist Accommodation for Older People and Care Homes, which notes the following:

“There is an identified need for specialist accommodation for older people comprising at least 665 additional extra care units (Use Class C2) by 2030, of which at least 570 should be leasehold.

The Housing and Economic Development Needs Assessment Addendum (August 2016) identified forecast demand for care homes (Use Class C2) at 2031 as 2,442 bedspaces. The Council will support proposals that will contribute to meeting these types of specialist accommodation.

Proposals for specialist accommodation for older people and care homes will be supported where:

a) It is allocated for such use within the District Plan, Site Allocations DPD or Neighbourhood Plan; or

b) It forms part of a strategic allocation; or

c) It is located within the Built-Up Area Boundary as defined on the Policies Map; or

d) Where the site is outside the Built-Up Area, it is contiguous with the Built-Up Area Boundary as defined on the Policies Map and the development is

demonstrated to be sustainable, including by reference to the settlement hierarchy (policy DP4).

In all circumstances, the site must be accessible by foot or public transport to local shops, services, community facilities and the wider public transport network. Proposals must demonstrate how reliance on the private car will be reduced and be accompanied by a Travel Plan which sets out how the proposal would seek to limit the need to travel and how it offers a genuine choice of transport modes, recognising that opportunities to maximise sustainable transport solutions will vary between urban and rural areas.”

Ansty, Staplefield and Brook Street Neighbourhood Plan [CD5.7]

- 3.10 The Ansty, Staplefield and Brook Street Neighbourhood Plan was adopted in February 2017.
- 3.11 It contains no relevant policies relating to the provision of specialist accommodation for older people.

Cuckfield Neighbourhood Plan [CD5.6]

- 3.12 The Cuckfield Neighbourhood Plan was adopted in May 2014.
- 3.13 It contains no relevant policies relating to the provision of specialist accommodation for older people.

Emerging Mid Sussex Local Plan [CD5.11]

- 3.14 The MSDP 2021-39 was submitted for examination in July 2024 and is still undergoing further work at present with a schedule of main modifications to follow.
- 3.15 Emerging policy DPH4 relates to the provision of Older Person’s Housing and Specialist Accommodation. The emerging policy sets out the future needs through to 2038 based on the 2021 SHMA. That notes as follows:

Accommodation Type and Tenure	Need (units/bedspaces)	
	Housing with Support (retirement living or sheltered housing)	Market
Affordable		15
Housing with Care (extra care)	Market	857
	Affordable	214
Residential Care Bedspaces	n/a	300
Nursing Care Bedspaces	n/a	0 ³⁶

- 3.16 The supporting text seeks to justify future care bed provision as 211 net additional beds due to an oversupply of 89 beds in the nursing care sector, albeit the personal and nursing care are regulated differently.
- 3.17 Following the more recent hearings the Council has prepared Statement MS03: Homes to Meet the Needs of all the Community (February 2026) which includes under section 3c) an update on homes for older people that relates to document MS-TP2: Housing. The hearing statement notes the following:

“3.11 The submitted District Plan proposes to meet the need for older persons’ accommodation in a variety of ways as detailed in Policy DPH4: Older Persons’ Housing and Specialist Accommodation. The Sustainable Communities allocations (DPSC1/2/3) require the provision of older persons’ accommodation as part of the allocation, with the level commensurate with the overall scale of development proposed. It is expected that each site will provide a minimum 60-bed facility, providing a minimum of 180 units across the three sustainable communities.

3.12. DPA9: Land west of Turners Hill Road, Crawley Down requires older persons’ accommodation to be delivered as part of the development. The planning permission granted on this site includes a 70-bed care home.

3.13. Two sites are allocated for older persons’ accommodation: DPA18: Land at Byanda, Hassocks and DPA19: Land at Hyde Lodge, Handcross. Planning permission has been granted at Byanda for a 60-bed care home.

...

3.16. The Council considers that it is doing all it can to meet the needs of older people through site allocations and criteria-based policy.”

Other Material Considerations

Section 4

National Planning Policy Framework [CD6.1]

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 [CD6.2]

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.

4.6 The consultation draft moves away from the previous approach of paragraph numbering and instead adoption of 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

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 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 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).

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

“ ...

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).

- 4.20 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

- 4.21 Although not planning policy guidance in the same way as the NPPF or PPG, this report from the Older People’s 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 2024) (hereafter referenced as “**WMS**”) by Matthew Pennycook, Minister of State for Housing and Planning.
- 4.22 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”.

4.23 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.

4.24 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.”

4.25 It then noted:

“We need an estimated 30-50,000 new later living homes per annum to meet this growth - but only build around 7,000 a year.”

4.26 The Report notes at 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.”

4.27 In considering the various typologies for housing it further notes at page 8:

“we 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.”

4.28 Chapter 5 of the report 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 at 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.”

4.29 The message is clear that we are already seeing a major increase in the need for specialist forms of older persons housing.

4.30 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.”

4.31 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.”

4.32 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.**”*

4.33 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. This is particularly relevant in this appeal where the plan is significantly out-of-date in respect of its provision for specialist housing.

What older people want: A rapid evidence assessment on what older people want, and can afford, when it comes to their housing choices when looking to move

- 4.34 This research paper was released alongside the main taskforce report with the purpose of exploring:

“what older people want, and what they can afford, when it comes to their housing choices when looking to move.” [Executive summary, page ii]

Chapter 3: What older people want: housing priorities, aspirations and preferences

- 4.35 This Chapter notes that whilst the:

“most older people want to live independently in their own home for as long as possible” [page 11, paragraph 3.3]

- 4.36 there is

“an even stronger attachment to the concept of independence, with 90% of respondents expressing a desire to ‘live independently as long as possible.’” [page 12, paragraph 3.4]

- 4.37 This supports the concept of providing new purpose built accommodation to provide appropriate homes to maintain independence whilst still adhering to the concept of living in their own home.

- 4.38 The report further notes at page 12, [3.6]: that

“Older people prioritise aspects, or dimensions, of housing that support aspirations to age in place. This includes aspirations to live independently, maintain wellbeing, exercise choice and control, be an active member of society, contribute to family life, not feel like a ‘burden’, and have good relationships with neighbours”

- 4.39 Locational considerations are also addressed, with the report noting at page 12, [3.8]:

“When considering the location of their housing preferences, older people frequently cite the social benefits that arise from a sense of community and belonging, access to social networks and being close to family and friends (Aitken et al., 2019; Bevan, 2010; Gopinath et al., 2021; Mayhew, 2022; McCall et al., 2020; Park and Ziegler, 2016). Proximity to amenities, especially local shops and health services, and accessible transport routes, are also an important priority to fulfil cultural, religious and practical needs (Aitkens et al., 2019; Gopinath et al., 2021; McCall et al., 2020). There is case study evidence suggesting people

moving to retirement villages value the balance provided by being proximate to a peaceful countryside setting, whilst being able to access the amenities of the wider village or town.”

4.40 It goes on to note at page 13, [3.9]

“Older people recognise the value of living in housing that can accommodate changes in physical and cognitive functioning as they age. For example, single-floor dwellings (such as bungalows) and properties with stair free access are recognised as making a property more accessible and safer for older people.”

Chapter 4: Available housing options

4.41 The report looks to provide a definition of specialist housing at page 18, [4.8]:

“purpose-build developments providing individual dwellings with their own front door that can be available to rent and own; restrict access to older people; are purposefully designed to promote independence, minimise risk and support healthy ageing; often provide communal areas and onsite amenities; typically have some form of housing management and support service; and varying levels of care and support.”

Chapter 6: Moving home: review of the existing evidence base

4.42 The report notes that at page 31, [6.7]:

“the majority of existing homes lack basic accessibility features for people with reduced mobility. Older people’s specialist accommodation is more accessible by design, but there is a notable shortfall in supply”

4.43 The reasons for moving were also considered with the report noting at pages 33-34, [6.16]:

“Health status, with health crises or the anticipation of future care needs associated with moves into retirement accommodation and extra care;

4.44 *Age, with moving reported to be more common among younger old people (for example pre-retirement) and the very old”* (reference:

4.45 The report focusses on moving destination as well, noting at page 36, [6.28])

“most moves made by older people are local, but there is some variation between different sections of the older person population”

4.46 The report goes on to note at page 36, [6.29]:

“Moving destination may also be shaped by local housing markets and moves away from densely populated urban areas in later life...while downsizers were more likely to move locally, movers who either purchase a similar sized property or upsize were more likely to move to a different region with lower house prices.”

Written Ministerial Statement (26 November 2024)

4.47 The WMS specifically notes:

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

4.48 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.”

4.49 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.”

Housing and Economic Development Needs Assessment (HEDNA) [CD5.27]

4.50 The August 2016 update provided a focussed update including a chapter on housing for older people. Table 10 of the HEDNA (replicated below) considered the supply in 2014 against demand and then review the position as of 2031.

	2014 demand	2014 supply	Need (2014 demand vs. 2014 supply)	2031 demand	Need (2031 demand vs. 2014 supply)
Sheltered Housing (C3)	1,650	1,499	151 (9%)	2,775	1,276 (46%)
Sheltered Housing: Rent	940	848	92 (10%)	1,582	734 (46%)
Sheltered Housing: Purchase	710	651	59 (8%)	1,193	542 (45%)
Enhanced Sheltered (C3)	264	104	160 (61%)	444	340 (77%)
Enhanced Sheltered: Rent	103	41	62 (60%)	173	132 (76%)
Enhanced Sheltered: Purchase	161	63	98 (61%)	271	208 (77%)
Extra Care (mostly C3)	330	210	120 (36%)	555	345 (62%)
Extra Care: Rent	241	154	87 (36%)	405	251 (62%)
Extra Care: Purchase	89	56	33 (37%)	149	93 (62%)
Registered Care (C2)	1,452	1,680	-228 (-16%)	2,442	762 (31%)
Residential Care	858	471	387 (45%)	1,443	972 (67%)
Nursing Care	594	1,209	-615 (-104%)	999	-210 (-21%)
Notes	SHOP@ data	SHOP@ data	MSDC calculation	SHOP@ data with MSDC calculation	MSDC calculation

Table 10 - Need for Sheltered, Extra Care and Registered Care 2014-2031^B

4.51 The position was based on an understanding of the over 75's population totalling 13,413 people in 2014 and increasing to 22,524 by 2031 (those figures derived from table 2 of the HEDNA).

Strategic Housing Market Assessment (2024 update) [CD5.30]

4.52 The SHMA 2024 update produced as part of the evidence base to the emerging new local plan included as chapter 4 the section on Older and Disabled Persons. It noted at table 4.1 that the population aged 75 and over was projected to increase from 15,639 people in 2021 to 25,304 by 2040 representing a 61.8% growth.

4.53 The position on need and supply of all specialist housing for older people was set out in table 4.3 of the SHMA as replicated below:

		Housing demand per 1,000 75+	Current supply	Current demand	Current shortfall/surplus (-ve)	Additional demand to 2040	Shortfall/surplus by 2040
Housing with support	Market	73	867	1,149	282	710	992
	Affordable	38	811	591	-220	365	145
Total (housing with support)		111	1,678	1,740	62	1,075	1,137
Housing with care	Market	43	187	674	487	417	904
	Affordable	15	111	230	119	142	261
Total (housing with care)		58	379	905	526	559	1,085
Residential care bedspaces		36	486	557	71	344	415
Nursing care bedspaces		40	738	626	-112	387	275
Total bedspaces		76	1,224	1,183	-41	731	690

Source: Derived from Demographic Projections and Housing LIN/EAC

- 4.54 The supply position was also updated having regard to pipeline supply and those schemes delivered between 2021 and 2024, as shown below:

		Completed April 2021 – March 2024	Pipeline – with planning consent at 31 st March 2024
Housing with support	Market	0	50
	Affordable	10	0
Total (housing with support)		10	50
Housing with care	Market	8	164
	Affordable	24	60
Total (housing with care)		32	224
Residential care bedspaces		4	380
Nursing care bedspaces		44	-35
Total bedspaces		48	345

Source: Mid-Sussex Monitoring Data

- 4.55 The report also specifically concluded at paragraph 6.9 that:

“The updated evidence continues to point to a need for specialist housing to meet the needs of a growing older population. It now shows a higher need for specialist housing than the previous evidence, influenced by both the extension of the plan period to 2040, and an updated analysis of the baseline supply position. A need for nursing home bedspaces is now shown (whereas the previous evidence pointed to an oversupply).”

- 4.56 The SHMA went on to note in the section 6 conclusions relating to Older Persons Housing Needs at paragraph 6.9 that:

“The updated evidence continues to point to a need for specialist housing to meet the needs of a growing older population. It now shows a higher need for specialist housing than the previous evidence, influenced by both the extension of the plan period to 2040, and an updated analysis of the baseline supply position. A need for nursing home bedspaces is now shown (whereas the previous evidence pointed to an oversupply).”

4.57 The final position on future need was set out in table 6.1 replicated below:

Table 6.1 Need for Specialist Older Persons Housing & Accommodation

		Net Need, 2021-40
Housing with support	Market	992
	Affordable	145
Housing with care	Market	904
	Affordable	261
Residential care bedspaces		415
Nursing care bedspaces		275

4.58 The supporting text at paragraph 6.11 noted:

“Iceni consider that table in Policy DPH4 should be updated to reflect this. The Policy seeks to support development of specialist accommodation on both specific allocations and windfall sites within or contiguous to built-up area boundaries and remains appropriate.”

Market Position Statement (August 2024)

4.59 The Market Position Statement (hereafter MPS) prepared by West Sussex County Council sets out the aims relating to the provision of extra care housing. The MPS is an online document but notes in relation to aims the following matters:

- “ECH should be focused on delivering these strategic, system-wide outcomes:*
- *Sustainable, affordable and adaptable housing to meet the needs of a wide range of people who need care and support*
 - *Reduced admissions to hospital and support for early discharges from hospital*
 - *Reduced admissions to residential care homes*
 - *Improved community resources and reduced social isolation in the wider community*
 - *Increased availability in social housing and private sector accommodation*
 - *Better value for money for the public purse than bed-based care”*

And

“ECH should be focused on delivering these outcomes for the people who live in them:

- *High-quality adapted accommodation with low running costs in areas accessible to transport links and local amenities*
- *An alternative to residential care with people enabled to live independently within their own home*
- *Improved wellbeing, quality of life, financial wellbeing and social inclusion*
- *Flexible and discrete care to enable people to live with independence, choice, and control*
- *Promotion of wellbeing and social inclusion”*

4.60 Section 7 addresses the matter of future needs, noting that:

“With extra care as a key strategic objective for West Sussex County Council (WSCC), the ambitions are to significantly increase the number of ECH schemes and available units within the county. It is a further priority to broaden the current service offer to enable more people with different needs to be supported in ECH.”

4.61 It goes on to note:

“Older people: Increase the prevalence of ECH from the current levels of approx. 1 unit per 34 people to 1 unit per 18 people”

4.62 Finally, the section outlines future need as follows on a district level:

Area	Older people demand	Working aged people demand	Total demand	Current supply	Gap in supply
Mid Sussex	261	53	314	149	165

Council's Assessment of Need

Section 5

Introduction

- 5.1 This section of the evidence considers the Council's Assessment of the appeal proposals during the course of the application, and the appeal process as well as also covering the position of Cuckfeld Parish Council and Ansty & Staplefield Parish Council as the Rule 6 party where relevant.

Council's Case

- 5.2 It is to be noted that the committee report [CD3.1] addresses the matter of specialist provision at paragraph 12.37 where it states:

"In terms of specialist housing, the proposals include up to 90 residential care units. The need for specialist housing for older people is recognised in the Council's Strategic Housing Market Assessment (SHMA), where it is identified that there is a particular need for specialist housing for those aged over 75. The inclusion of the proposed residential care units is therefore supported – further details will be required as part of any future reserved matters applications."

- 5.3 The 2024 SHMA identified a need for a total of 1,086 housing with care units, 415 additional residential care beds to 2040, along with 275 nursing care beds over the same period (that set out in table 4.3 indicated above).

- 5.4 At paragraph 12.182 when considering the matter of the heritage balance and existence of public benefits it specifically listed as the first bullet point the benefit that was attributed to:

"The provision of new housing (including a policy compliant level of affordable housing and provision of specialist C2 units and self/custom build plots)."

- 5.5 The report then noted at paragraph 12.183 that such benefits should attract significant weight in the planning balance.

- 5.6 When considering the overall planning balance, the report noted at paragraph 13.8 that the provision of the 90 residential care units:

"should be afforded substantial positive weight in the planning balance."

Statement of Case [CD15.2]

5.7 In their Statement of Case, the council is entirely silent on the matter of need for provision of additional care bed and the degree of weight that ought to be given to such provision, save for the single reference at 9.10 acknowledging that such provision has “potential benefits”.

5.8 The SoC goes on to note that the benefits of the appeal scheme would be

“outweighed by the impact on the setting of the HWNL in isolation, and /or that impact taken together with the resulting landscape impacts and coalescence between the settlement of Ansty and Cuckfield.”

5.9 There is no indication of the degree of weight afforded to the provision of the residential care element, save for it being a potential benefit, despite reference within the committee report where it was considered to be either significant (paragraph 12.183) or substantial (paragraph 13.8). The SoC is thus silent on the matter of weight in regard to the overall planning balance.

Rule 6 Statement of Case [CD15.3]

5.10 It is to be noted that the Rule 6 party do not address the matter of the specialist C2 provision save for the single reference at paragraph 4.16 were they note:

“A 90 bed care home would also be a benefit.”

5.11 No position on weight to be afforded to this benefit is noted anywhere within the SoC such that is unclear how this has been considered as part of the overall planning balance.

Previous delivery of C2 accommodation

5.12 The Council provides no separate monitoring of delivery of specialist C2 accommodation through its Annual Monitoring report to determine average delivery rates, or indeed total delivery since the adoption of the current local plan.

Consequences of failing to deliver additional C2 bed spaces

5.13 The consequences of failing to meet identified needs for specialist accommodation for older people are substantial and include the following matters:

- A lack of suitable housing options for older people resulting in remaining in unsuitable accommodation that fails to meet their needs;

- Harmful impacts on physical and mental health through isolation and lack of appropriate care provision;
- Increased under occupation of housing that can otherwise be freed up for families;
- Increased demand on GPs and hospital stays resulting in potential increased bed blocking; and
- An increasing social care bill to meet needs.

5.14 I am of the opinion that a drastic shift is required in relation to the delivery of older persons accommodation specifically in the form of C2 accommodation across Mid Sussex to address not only current shortfalls but also to ensure that the future authority-wide needs are met in a timely manner. Failure to do so will mean the consequences identified above will only worsen.

Summary and Conclusion

5.15 I do not consider that the Council have properly considered the matter of need for the C2 specialist provision, or the weight that ought to be attached to such provision. There has also been no assessment of the proposals against the requirements of policy DP30 of the MSDP, given the limited success of the Site Allocations DPD in specifically allocate sites to deliver C2 care beds where there is a clear need for such provision.

5.16 At no point in the consideration of the committee report does it explicitly state the precise form of the C2 accommodation beyond using the reference term '*residential care units*'. Whilst it could be inferred that the meaning implied residential care bed that is not a precise approach as typically 'unit' is used in regard to a self-contained property falling within the IRC/ extra care category as shown in the ARCO model (see figure 2.1 of this proof) whereas care home provision is referenced in the context of bedspaces.

5.17 It is only the Rule 6 party that have explicitly referenced the provision solely in the form of care home development.

5.18 In my opinion, the Council has accepted that there is a need for additional specialist accommodation despite offering no evidence as to how the position on need has been reached, save for the 2024 SHMA. It is my opinion that the provision of the proposed specialist accommodation should be afforded substantial weight in the determination of this appeal. It is my opinion that this is the only reasonable position to adopt in respect of weight given the clear evidenced need, and recognition within the PPG of a

critical need to provide specific housing for older people (Paragraph: 001 Reference ID: 63-001-20190626).

- 5.19 This level of weighting reflects the direction of travel set out from the recently published NPPF consultation and the Council's own update to the position on need as set out in document MS-TP2: Housing [CD14.1] where it notes at paragraph 4.41 that:

"The SHMA update [H6] concludes that there is now a need of 2,222 dwellings with support or care (an increase of 335 dwellings). The SHMA update [H6] also concludes a need for 690 nursing and residential care bedspaces (an increase of 479 bedspaces)."

- 5.20 It then goes on to note at 4.42 that:

"The wording of Policy DPH4 will need to be amended to reflect the updated need figures. Allocations required to deliver older persons' housing will need to reflect the evidence of need identified in the SHMA update [H6]."

- 5.21 This is now also the position that the council accept as noted by paragraph 5.10 of the signed SoCG [CD7.1, page 25], where it expressly notes:

"It is accepted that the provision of up to 90 residential care units (C2 class) from the Appeal Scheme is a benefit that should be afforded substantial weight."

Appellants' Assessment of need

Section 6

- 6.1 The appeal proposals include the provision of specialist C2 accommodation, as such this Proof of Evidence considers the specific needs for such accommodation and the extent to which this is considered a benefit as part of the planning balance.
- 6.2 The assessment of need considers the immediate short term period of the next 5 years (that being 2026 to 2030) as well as the longer term period over the next 20 years (2026 to 2045).
- 6.3 In considering assessments for future need we would typically look at the immediate short term needs (those being the next 5 years so through to 2029) to reflect the timeframe by which any consented scheme now would be completed and operational, as well as the longer term needs (modelled through to 2045).
- 6.4 This assessment for demand for specialist older persons accommodation has been based on the general methodology referenced in 'Housing for Later Life' as opposed to the SHOP@ toolkit as referenced within the PPG given that this is a more suitable overall approach to address the critical need for all forms of specialist housing for older people.
- 6.5 Housing in Later Life was published in 2012 as a joint piece of work between the following organisations:
- National Housing Federation
 - Housing LIN
 - McCarthy & Stone
 - Contact Consulting; and
 - Tetlow King Planning.
- 6.6 The foreword to the report noted:
- "This toolkit spells out the processes that could help the HAPPI objectives to be met – with particular emphasis on the role of local planning authorities."*
- 6.7 In explaining the reasoning behind the report, it noted in section 1 that:
- "This document has been prepared for four reasons:*

- *To help local planning authorities plan for and deliver the appropriate level and type of specialist housing for older people to improve housing choice for a growing ageing population.*
- *To highlight the benefits of specialist housing for older people and the ways in which local officers can work with housing providers to tackle some of the challenges in delivering this form of housing.*
- *To provide a route map for local planners to navigate how the new planning and development regime in England can be used to improve housing options for older people.*
- *To encourage local authorities to join up planning, housing and social care policy.”*

6.8 Housing in Later Life therefore places a greater emphasis on the need to provide for Extra Care housing than its predecessor, More Choice Greater Voice, as such Housing in Later Life sets a benchmark for the provision of Extra Care units, equating to a prevalence rate of 45 units per 1,000 people aged 75+ (or 4.5% of that age cohort). This compares with a prevalence rate of 25 units per 1,000 people within More Choice Greater Voice as well as the revised @SHOP toolkit in 2013.

6.9 The matter of choosing the appropriate provision rates for extra care accommodation was debated at length in the context of a recent section 78 planning appeal for a continuing care retirement community care village of up to 133 units². In that appeal the Inspector noted the following key paragraphs:

“38. Mr Appleton sets out a provision rate for private extra care of 30 per 1,000 of the 75 and over population in the District based on a total provision of 45 extra care units per 1,000 (4.5%) across both the affordable and private sectors, but split on a ratio of one third for social rented and two thirds for sale. This takes into consideration the research in “More Choice: Greater Voice” and revisions in “Housing in Later Life”. I note that the 45 units per 1,000 is to be divided as suggested in order to bring supply into closer alignment with tenure choice among older people.”

“40. In my view, there is a strong case that Mr Appleton’s 45 per 1,000 overall, with 30 per 1,000 to market extra care, should be far more ambitious given not only the true tenure split in the District but also what it could mean for the ability to

² APP/Q3115/W/20/3265861

contribute towards addressing the housing crisis. Mrs Smith conceded that the figure of 30 per 1,000 was hardly ambitious and, if anything, was underplaying the scale of the potential need.”

“44. But the fact is it [SHOP tool] only provides a figure based on existing prevalence and then seeks to project that forward with a proportion increase based on the increase in the 75+ age group in the District. This is not a measure of need.”

6.10 This same topic has also been discussed in the context of a previous appeal for a development of 222 units of care accommodation³. In that appeal the Inspector noted at paragraph 76 that:

“The prevalence rates for extra care and enhanced sheltered together, as defined by the Council are as follows:

- *SHOP@ 45 per 1000 people over 75; and*
- *Housing in Later Life/SHOP: 65 per 1000 people over 75”*

6.11 The Inspector then noted at paragraph 77 that:

“This is a significant difference which makes a considerable variation to the overall assessment of need.”

6.12 Moreover, in this appeal it is also notable that the inspector then went on to state at paragraph 77 that:

“I am conscious that these prevalence rates do not take into account that there may be those in the age cohort 65-74 years of age who also require Housing with Care. In my view it would be unsafe to assume that those in that age bracket would not need appropriate housing for their care needs.”

6.13 In respect of Care home provision, the approach is the same regardless of which methodology is adopted (as shown in table 6.1 below) in that all approaches adopt a provision rate of a cumulative 110 bedspaces per 1,000 population aged 75 and over.

Table 6.1: Summary of alternative needs modelling (per 1,000 population aged 75+)

	Sheltered housing		Extra Care Housing		Care Homes
	Rent	Lease	Rent	Lease	
More Choice, Greater Voice (2008)	50	75	12.5	12.5	110*
SHOP@ (2011)	50	75	15	30	
Housing in Later Life (2012)	60	120	15	30	
SHOP@ 2013	50	75	25		

³ APP/K3605/W/20/3263347

* Split as 65 for personal care and 45 for nursing care

Current Supply

- 6.14 At present across Mid Sussex the provision of specialist care accommodation is summarised in table 6.2 below, with the full list of relevant schemes included at [Appendices IW1](#) (pages 1 to 6 of the bundle), [IW2](#) (pages 7 to 15 of the bundle) and [IW3](#) (pages 16 to 23 of the bundle).
- 6.15 Within Mid Sussex there are a total of 9 operational extra care schemes at the time of this assessment, providing a total of 365 units split as 149 units (40.8%) within the social rent sector and a further 216 in the private leasehold sector (59.2%).
- 6.16 In relation to care home provision, there are a total of 36 homes providing 660 beds for personal care and a further 825 nursing home beds.
- 6.17 In such circumstances the total provision has been calculated to identify a present requirement overall. This is shown in table 6.2 below in respect of current provision against the benchmark rates of provision set out within Housing in Later Life, indicating an estimate of existing under provision.

Table 6.2: Indicative Levels of Care Bed provision, for Mid Sussex

	Number of Units/ Places	Current Provision Per 1,000 of Aged 75+ (18,400)	Housing in Later Life Benchmarks	Change in Units to Meet Housing in Later Life Benchmarks (2026)
Extra care (Rent)	149	8.1	15	+127
Extra care (Lease)	216	11.7	30	+336
Total Provision	365	19.8	45	+463
Personal Care	660	35.9	65	+536
Nursing Care	825	44.8	45	+3
Total Provision	1,485	80.7	110	+539

(Source: <http://www.eac.org.uk> and *Housing in Later Life*)

- 6.18 In summary it is clear that at the present time there is demand for all forms of specialist older persons accommodation within the C2 definition, albeit that the additional need for nursing beds is limited.
- 6.19 It is relevant to note that of the current supply several of the care homes listed do not offer all rooms as single occupancy, or all as en-suite accommodation either.
- 6.20 The provision of en-suite single occupancy bedrooms was set out as an industry standard in the 2003 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 relevance of considering such minimum standards was considered in the context of an appeal for a 64 bed care home (ref: APP/D3830/W/21/3281350 and

included as [Appendix IW4](#), pages 24 to 49 of the bundle) where the Inspector noted at paragraph 50 that:

“Furthermore, they do not take account of the significant number of rooms which are not single occupancy and are without any ensuite facilities, agreed by the Council and Appellant to now be a reasonable minimum expectation for registered care bedrooms for older people. On that basis, the need over the plan period would be for 1294 beds, with an immediate need, agreed to be the more important figure, of 658 beds based on a current supply of rooms with at least an ensuite toilet and/or bathroom of 1148 rooms...”

6.21 The Inspector then went on to note at paragraph 51 that:

“On the Appellant’s figures, in the absence of anything similar from the Council, only 11 of the 37 registered care homes in the District have any rooms with an ensuite facility including a wetroom, with an estimate of a small number more than 589 of the current 1518 supply of bedrooms having such a facility. I have no substantive basis to disagree with this analysis and acknowledge that such provision, as is proposed in this case, would prevent the need for sharing such facilities, both from a wellbeing perspective and to minimise the spread of infections. On that basis the need would be much greater than the consideration relating to provision of only the minimum ensuite facilities.”

6.22 It is therefore considered unacceptable to still have shared rooms within care homes, and similarly to expect residents to use communal toilet facilities in place of en-suite provision. There is therefore a qualitative assessment that needs to be factored into the approach to determining existing quantitative provision of care home beds.

6.23 It is also entirely appropriate to consider whether or not older care homes, particularly those derived from the conversion of larger properties meet modern access requirements in respect of level access, appropriate corridor widths or even suitable staircases for those with mobility access. This was a factor considered in the context of an appeal for a 32 bed care home in Elmbridge (ref: APP/K3605/W/20/3257109 and included as [Appendix IW5](#), pages 50 to 65 of the bundle) where the Inspector commented at paragraph 32 that:

“...the existing buildings are no longer suitable for their current use; I agree. There is no level access from the street, and the buildings have a number of levels, with narrow corridors and a number of short staircases making them unsuited for those with mobility issues. Some of the rooms have en-suite facilities, but others do not

and are therefore not to expected modern standards. Some of the bedrooms and bathrooms are sub-standard in size. The communal areas are also sub-standard and there are operational difficulties with the kitchens and the distance to some of the rooms.”

Pipeline assessment

6.24 Mid Sussex Council enables a search of planning applications by address or description of development. The search for pipeline sites submitted or approved within the last 5 years (that is from 2021 onwards) has been undertaken using the following terms:

- Housing with care (green rows) – extra care; close care; retirement village; care village; and integrated retirement community
- Care homes (orange rows) – C2; residential care; personal care; nursing home; and care home

Table 6.3: Relevant applications made within the last 5 years

Ref:	Address	Quantum
DM/25/3020	Land To The West Of Courthouse Farm Copthorne Common Copthorne West Sussex <i>[Outline]</i>	101 extra care units Pending consideration
DM/25/1986	Phase 1c, Burgess Hill Northern Arc, Land North And North West Of Burgess Hill, Between Bedelands Nature Reserve In The East And, Goddard's Green Waste Water Treatment Works In The West <i>[Reserved Matters]</i>	60 extra care units Approved March 2026
DM/23/2699	Land South And West Of Imberhorne Upper School Imberhorne Lane East Grinstead West Sussex <i>[Outline Application]</i>	150 extra care units Approved December 2025
DM/22/2485	Site Of The Former Hazeldens Nursery London Road Albourne West Sussex BN6 9BL <i>[Reserved Matters]</i>	84 extra care units Approved March 2023
DM/25/1650	Horncastle Care Centre Plawhatch Lane Sharpthorne East Grinstead <i>[Detailed]</i>	80 bed specialist dementia care and 10 bed ABI unit Pending consideration
DM/25/0016	Land West Of Turners Hill Road And North Of Huntsland Turners Hill Road Crawley Down <i>[Outline]</i>	Up to 70 bed care home Approved September 2025
DM/24/2214	Lingworth 17 Oathall Road Haywards Heath <i>[Detailed]</i>	29 room/ 37 bed care home. Not age restricted Pending consideration
DM/23/2360	Francis Court Borers Arms Road Copthorne Crawley <i>[Detailed]</i>	78 bed care home Approved April 2024
DM/23/0002	Byanda, Bright Road, Hassocks <i>[Detailed]</i>	60 bed residential care Approved September 2023
DM/20/3081	Land Adjacent To Rowan East Of Turners Hill Road Crawley Down <i>[Detailed]</i>	64 bed care home Approved on appeal April 2022

6.25 In respect of the pending application in Copthorne (DM/25/3020), it is noted that the housing officers' comments dated 27 January 2026 do not seek to address the matter of need but relate more to use class and operational requirements. Those comments note as follows:

“There does not appear to have been any consultation between the applicant and WSCC over what Extra Care is required within the district and the relevant requirements that expected from and Extra Care scheme within the County. It does not meet with County’s Position Statement for Extra Care being open to all instead of having an age restriction on it, as occurs with retirement living.”

6.26 Having regard to the MPS as summarised in section 4 of this Proof we can consider that it only relates to identifying need within the social sector for extra care provision given its reference to 149 current units, which correlates with the social provision shown in table 6.2 of this Proof.

6.27 Those same housing officer comments also raise the matter of determining Use Class and, whilst I do not believe there to be an issue with these proposals in respect of Use Class, I set out in my [Appendix IW6](#) (pages 66 to 76 of the bundle) why I consider any extra care provision would fall within a Class C2 use.

6.28 At this stage the only confirmed provision for extra care accommodation in the pipeline is the Albourne site for 84 units on the basis that works commenced on site late in December 2023.

6.29 In respect of the above care home sites, it is relevant to note that DM/20/3081 and DM/23/2360 are both under construction, whilst conditions have been submitted in respect of DM/23/0002. The potential supply of a further 202 beds need to be considered when assessing future requirements.

6.30 Application DM/24/2214 does not relate to an age restricted care home such that it does not form part of the relevant pipeline supply to be considered in this assessment.

6.31 Whilst application DM/25/1650 remains undetermined as of the date of this assessment it is relevant to note the comments from the Planning Policy team dated 4 September 2025, where they note:

“DP30: Housing Mix – The policy supports the delivery of a range of housing types to meet the accommodation needs of the local community, including specialist accommodation and care homes. The Council’s 2021 Strategic Housing Market Assessment (SHMA) indicates that there is a need for residential care bedspaces

within the district. The SHMA is the Council's most recent evidence of need. The net increase in bedspaces from the proposed development will contribute to meeting this need."

Short Term outlook (2026-2030)

Quantitative Assessment

- 6.32 The first approach to assessing need against supply is purely on a quantitative basis making use of the existing methodology adopted by the various toolkits available, including SHOP@ as advocated within the PPG, as well as Housing in Later Life.
- 6.33 Having regard to the assessment in table 6.1 above, the current provision of extra care amounts to a total of 365 units which equates to a prevalence rate of a mere 19.8 units per 1,000 population aged 75 and over. Applying the standard rate from Housing in Later Life this results in a deficit of 25.2 units per 1,000 population aged 75 and over.
- 6.34 the current provision of care home beds as amounting to a total of 1,438 bedspaces which equates to a prevalence rate of 60.17 beds per 1,000 population aged 75 and over. Applying the standard rate from Housing in Later Life this results in a deficit of 49.83 bedspaces per 1,000 population aged 75 and over.
- 6.35 Given the population in 2026 is 18,400 this indicates the current total level of need would be 828 extra care units and 2,024 bedspaces, meaning a requirement for an additional 465 extra care units and 539 bedspaces. The majority of the extra care deficit is in the private/leasehold sector where there is a requirement for an additional 336 units.
- 6.36 Table 8.1 of [Appendix IW8](#) (page 91 of the bundle) then considers the future need to 2030 based on the same population growth figures, such that with an additional population of 1,500 over 75s the further need is for a combined 67.5 extra care units and 165 bedspaces. This therefore means between 2026 and 2030 there is an additional need for a total of 533 extra care units and 704 bedspaces over the current provision.
- 6.37 Table 6.3 above considers the matter of pipeline supply which must be considered when determining future requirements. There are an additional 84 extra care units (all within the private/leasehold sector) and 202 care bedspaces that are likely to be available in the short term.
- 6.38 As such the total requirement for additional specialist accommodation by 2030, when accounting for the pipeline, amounts to 449 extra care units and 502 bedspaces.

- 6.39 The operation of care homes is also an important consideration when assessing supply against demand given that there needs to be choice in the market, a buffer for spare capacity in the case of home closures (an issue that is more common of late), and the need for the necessary procedures to clean rooms on the death of occupants before rooms are available again. Other factors that may limit the availability of beds within homes can include staffing constraints, rooms being reconfigured for other uses, or rooms undergoing refurbishment. It is therefore standard practice for homes to only remain occupied at around 90% of their full capacity to handle such events.
- 6.40 For the purpose of this assessment, we have not sought to apply the 90% capacity approach to current provision and have therefore adopted a more conservative approach to assessing the relationship between current provision and future needs.

Qualitative Assessment

- 6.41 As a separate exercise it is also important to undertake a qualitative assessment whereby the provision is considered in the context solely of single occupancy, en-suite rooms as well as accounting for other elements such as level access throughout buildings, appropriate corridor widths etc. The reasoning for this approach is identified in paragraphs 6.20 through to 6.23 above.
- 6.42 Of the present supply just under 80% of the personal care beds provided are single occupancy, en-suite rooms (526 of the total 660 beds provided), whilst for nursing care provision the figures are lower at just under 65% (this amounts to a total of 535 of the total 825 beds when applying the same ratio to the 3 homes that have not provided details of en-suite provision).
- 6.43 On the basis of the current provision of such accommodation, table 8.3 of [Appendix IW8](#) (page 92 of the bundle) identifies the total requirement for additional beds to meet the 2026 requirement as well as the additional demand required between then and 2030 having again considered the pipeline supply from table 6.3 above. This demonstrates a total requirement for 926 additional bedspaces up to 2030 to meet the qualitative assessment.
- 6.44 When assessed in the context of the identified need through the quantitative assessment this therefore demonstrates that to ensure all provision is single occupancy rooms with en-suite facilities an additional 570 combined bedspaces would be required over the already identified shortfall.
- 6.45 The qualitative assessment does not result in any change to the modelling for extra care provision given that all accommodation provided meets standard provisions.

Conclusion on short term need

6.46 The overall position on additional need in the short term is therefore summarised below in table 6.4.

Table 6.4: Cumulative Projected Levels of Need up to 2030, for Mid Sussex (Quantitative and Qualitative Assessments)

	2026 requirement	2026 to 2030 requirement	Total number required up to 2030 ⁴
Quantitative Assessment			
Extra care (Rent)	+127	+22.5	+149.5
Extra care (Lease)	+336	+45	+297
Personal Care	+536	+97.5	+431.5
Nursing Care	+3	+67.5	+70.5
Dementia Care	+110.4	+9	+119.4
Qualitative Assessment			
Extra care (Rent)	+127	+22.5	+149.5
Extra care (Lease)	+336	+45	+297
Personal Care	+670	+97.5	+565.5
Nursing Care	+293	+67.5	+360.5
Dementia Care	+110.4	+9	+119.4

6.47 This shows a significant shortfall to meet current needs (those at 2026) and a further problem through to 2030 due to a very limited pipeline supply.

6.48 Specialist dementia provision is calculated separately to care beds, as set out in table 8.4 of [Appendix IW8](#) (page 93 of the bundle), which indicates between 2026 and 2030 a requirement for an additional 119.4 beds.

Long Term outlook (2026-2045)

Quantitative Assessment

6.49 Adopting the same approach to the short term assessment, as of 2026 there is an identified shortfall of a total of 465 extra care units and 539 bedspaces.

6.50 Accounting for the population growth of 7,900 additional over 75s in the long term period, Table 9.1 of [Appendix IW9](#) (page 95 of the bundle) then demonstrates a further requirement for 734.5 extra care units along with 1,206 bedspaces when accounting for the pipeline supply shown in table 6.3.

Qualitative Assessment

6.51 The qualitative assessment approach is identical in the long term to that of the short term as it only seeks to address the deficit with the current provision given that all new accommodation provided in care homes is of the single occupancy, en-suite provision.

⁴ This has been adjusted to reflect the pipeline supply delivery by 2030 as indicated in table 6.3 above

6.52 As such we know that the additional requirements above the quantitative assessment only relate to the immediate 2026 period whereby a further 963 beds would be required to replace existing provision not meeting such standards.

Conclusion for long term need

6.53 The overall position in respect of additional care bed requirements for the longer term period is summarised in table 6.5 below:

Table 6.5: Cumulative Projected Levels of Need up to 2045, for Mid Sussex (Quantitative and Qualitative Assessments)

	2026 requirement	2026 to 2045 requirement	Total number required up to 2045 ⁵
Quantitative Assessment			
Extra care (Rent)	+127	+118.5	+245.5
Extra care (Lease)	+336	+237	+489
Personal Care	+536	+513.5	+847.5
Nursing Care	+3	+355.5	+358.5
Dementia Care	+110.4	+47.4	+157.8
Qualitative Assessment			
Extra care (Rent)	+127	+118.5	+245.5
Extra care (Lease)	+336	+237	+489
Personal Care	+670	+513.5	+981.5
Nursing Care	+293	+355.5	+648.5
Dementia Care	+110.4	+47.4	+157.8

6.54 This shows a significant shortfall to meet current needs (those at 2026) and a further significant shortfall through to 2045 due to a very limited pipeline supply and the implications of a growing older population.

6.55 Specialist dementia provision is calculated separately to care beds, as set out in table 9.3 of [Appendix IW9](#) (page 96 of the bundle), which indicates between 2026 and 2045 a requirement for an additional 157.8 beds.

⁵ This has been adjusted to reflect the pipeline supply delivery by 2030 as indicated in table 6.3 above

Benefits of the Proposed C2 provision

Section 7

- 7.1 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).
- 7.2 The appeal proposals would deliver 90 residential care units, either as a mix of care home beds and extra accommodation or a scheme made up of one component only.
- 7.3 The matter of identified need has been established within section 6 above and is an acknowledged benefit to be afforded substantial positive weight. This assessment has identified the following needs:
- 446.5 additional extra care units by 2030;
 - 356 additional bedspaces by 2030 based on a quantitative assessment, or 926 additional bedspaces on a qualitative assessment;
 - 119.4 dementia bedspaces in addition to the care bed spaces by 2030;
 - 734.5 additional extra care units by 2045;
 - 1,206 additional bedspaces by 2045 based on a quantitative assessment, or 1,630 additional bedspaces on a qualitative assessment; and
 - 157.8 dementia bedspaces in addition to the care bed spaces by 2045.
- 7.4 The following factors are all considered to be specific benefits that are secured through the delivery of specialist accommodation for older people.
- 7.5 There is also an abundance of evidence of the beneficial impact on public budgets and residents themselves.
- 7.6 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.

- 7.7 The provision of purpose built accommodation offering single occupancy and en-suite facilities replacing dated provision also represents a benefit in respect of the quality of accommodation and therefore dignity for future residents.
- 7.8 The Planning Practice Guidance (016a Reference ID: 63-016a-20190626) notes that plan-making authorities will need to count housing provided for older people against their housing requirement. When taking into context the census data for the average number of adults living in households this results in a figure of 1.8 care beds being equivalent to a single dwelling. This means that the proposed development would provide the equivalent of up to 50 dwellings towards the Council's housing shortfall if all the accommodation were provided as a care home, or alternatively freeing up of up to 90 under occupied family dwellings.
- 7.9 The construction and operation of the specialist accommodation 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.

Summary and Conclusion

- 7.10 It is my opinion that the additional benefits associated with the provision of the proposed care home are such that it should be afforded **substantial weight** in the determination of this appeal. That is of course the position as agreed with the Council at paragraph 5.10 of the signed SoCG [CD7.1, page 25].

The weight to be afforded to C2 provision

Section 8

8.1 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.

8.1 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.”

8.2 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)”.

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

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

8.4 Given the current position relating to provision of suitable specialist older persons accommodation within the authority and the lack of a clear development plan policy approach to support future delivery including no specific allocations through the emerging plan save for a single draft allocation, together with an absence of any up-to-date assessment of need, there should be no doubt that the provision of 90 residential care units should be afforded substantial weight in the determination of this appeal.

Relevant appeal decisions

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

8.6 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.

8.7 A summary of relevant extra care decisions is set out in [Appendix IW10](#) (pages 98 to 107 of the bundle), 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.

8.8 A summary of relevant care home decisions is set out in [Appendix IW11](#) (pages 108 to 140 of the bundle), but the key points from these examples that are directly relevant to this appeal are 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

8.9 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 LHNA (2025).

8.10 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.

8.11 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 90 additional residential care units from these proposals will make a meaningful contribution to the future needs. Accordingly, I consider that the contribution ought to be afforded no less than **substantial weight** in the overall determination of this appeal. That is of course the position as agreed with the Council at paragraph 5.10 of the signed SoCG [[CD7.1](#), page 25].