

PMC PLANNING

Lynette Duncan, Programme Officer,
c/o Ashford Borough Council,
Civic Centre,
Tannery Lane,
Ashford,
Kent,
TN23 1PL

26th March 2018

Dear Madam,

EXAMINATION OF ASHFORD LOCAL PLAN 2030, SUPPLEMENTARY STATEMENT, MCLP/379

Further to our recent correspondence please find attached Supplementary Statement MCLP/379. As previously advised we believe this relates to Issue 6 (iv) and we have already requested an appearance on the day that this Issue will be discussed.

Yours faithfully,



Paul McCreery

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SUPPLEMENTARY STATEMENT

ISSUE 6 (iv)
FOSTER AND PAYNE
c/o PAUL McCREERY, PMC PLANNING

1.0 Unsound Element

1.1 Foster and Payne believe Ashford Local Plan 2030 is unsound because it does not specifically encourage age related housing proposals which are both sustainable in themselves and which add to the sustainability credentials of smaller marginal hamlets and villages. Such a proposition is fully in accordance with paragraph 55 of the Framework to 'enhance or maintain the viability of rural communities'.

2.0 Unsoundness Criteria

2.1 The Ashford Local Plan 2030 fails to positively endorse age related sustainable development in a manner which is consistent with NPPF policies. Foster and Payne support the efforts of Ashford Borough Council in continuing to meet quantitative housing requirements in the Borough over recent decades. The company, however, believes Ashford Local Plan 2030 fails to properly provide for age related (C2) specialist housing provision in a sustainable manner which would markedly enhance the qualitative housing/care home provision within the Borough.

3.0 Why it Fails

3.1 A detailed 'Care Needs Assessment' Report prepared by Pinders Professional and Consultancy Services Ltd. dated August 2017, was submitted with Representation MCLP/146. This document may be a candidate for adding to the Library as suggested Annex B (paragraph D) of the Guidance note from the Inspectors dated 21st February 2018 (The Pinders Report).

3.2 For brevity we append a Briefing Note on the Pinders Report dated 5th February 2018. This Note at paragraph 6 emphasises the massive scale of the need for age related housing in Ashford. By 2027 some 2834 people will be living in Ashford Borough with a limiting long-term illness over the average age of entry to a care home (85 years). Some of these people would be able to lead satisfying, independent lives in their own home if supported by the type of environment created by Foster and Payne. The scale of need for age related C2 housing is in the thousands. The provision envisaged, as evidenced by Pinders and Ashford Local Plan 2030, is in the tens or at best low hundreds.

3.3 There are nine key advantages of age related C2 extra care provision as promoted by Foster and Payne at this time. These are set out in paragraph 10 of the Pinders Briefing Note.

3.4 Foster and Payne is a private sector housing provider and manager. The company believes that the need for age related private sector subsidised market rent (C2) housing with its own front door will not be met in any other way in Ashford Borough unless constructive changes are made to Ashford Local Plan 2030 to encourage the delivery of such sites in a sustainable manner. Such sites need to be large enough to viably support the provision of on site care management, medical, retail and leisure facilities.

4.0 How to change the Plan

4.1 The need to address the above evidenced 'demographic change' and fully address the housing needs of different groups such as 'older people' is included in paragraphs 50 and 159 of the NPPF. This need is repeated in the recent proposed changes to the NPPF and the report of the parliamentary inquiry into age related housing provision. Foster and Payne would wish to meet with officers at Ashford Borough Council and prepare a Statement of Common Ground as to how best the above needs can be fully reflected in the Plan. One way to achieve this would be by way of a newly drafted policy.

5.0 Precise Changes Requested

5.1 The submitted Representation MCLP/379 contains a suggested addition to the wording of Policy HOU5 after the second paragraph (f) in the Policy. This suggestion is a compromise in itself because Foster and Payne do not promote 'Isolated residential development in the countryside' but seek to make logical and contained additions to existing villages/hamlets where the proposal would make the overall situation of that settlement more sustainable.

5.2 An example of the Foster and Payne approach at Old Wives Lees is described in the submitted Representation MCLP/379. The Inspectors may wish to express a view as to whether they believe the site at Old Wives Lees has merit as an integrated retirement community.

5.3 Foster and Payne suggest possible wording for a new age related (C2) housing Policy HOU2(A) in its Supplementary Statement reference MCLP/146.

Paul McCreery FRTPI,
Planning Director, Foster and Payne,
26th March 2018.

Appendix

1. Briefing Note on 'Care Needs Assessment' produced by Pinders Professional Consultancy Services Limited, August 2017 dated 5th February 2018.

Foster and Payne

Cobbs Hill, Old Wives Lees

Briefing Note on 'Care Needs Assessment' produced by Pinders Professional Consultancy Services Limited, August 2017.

1. Foster and Payne wished to understand better the need for Extra Care or Assisted Living within their working catchment of East Kent. The Company therefore commissioned a bespoke report from Pinders, a company which has provided consultancy advice to the healthcare sector for more than forty years. Pages 20-30 of the attached Pinders Report deal with the Administrative area of Ashford Borough.
2. The elderly population (aged over 65 years) of the Borough will increase from 24,471 in 2017 to 31,844 by 2027. This is an increase of 7373 people or 30%.
3. Based on the level of provision available at the time of the 2011 census, the Report notes that additional provision of 823 Extra Care Units was required in 2017, rising to 902 in 2022 and 1075 in 2027 (page 20). Age-Exclusive Housing is described in the Appendix to the Pinders Report, as is Extra Care or Assisted Living. Foster and Payne do not support the proposition that the 2011 base level of provision of Extra Care Housing in any way fully meets the needs of the elderly.
4. The figures produced in the Pinders Report should, therefore, be regarded as the base level of the lowest possible amount of care which should be provided. The Foster and Payne proposal for Cobbs Hill Park falls within Town and Country Planning Use Class C2. As such the proposal is for Extra Care or Assisted Living which is described by Pinders as:

"Similar in nature to age-exclusive housing but on-site care provision will be an integral service. The care packages received are individually tailored to meet the changing needs of individuals. Because of this such schemes are seen as offering a more flexible long-term choice where future care needs can be accommodated."
5. A key feature of the Foster and Payne proposal is that this Extra Care can be provided whilst people still enjoy the privacy of their own front door, rather than having to enter into a more institutional care home environment.
6. The Pinders Report (page 26) notes that at 2017 there were 1834 people living in Ashford Borough with a limiting long-term illness over the average age of entry into a care home (85 years of age). This is projected to increase to 2189 people by 2022 and 2834 by 2027. The Pinders Report (page 26) notes that at 2017 there were 1988 people living alone in their own homes over the average of entry into a care home (85 years of age). This is projected to increase to 2372 people by 2022 and 2963 by 2027.

7. Because of the way the data is presented we do not know how many people in Ashford Borough over 85 years of age are living along with a limiting long-term illness.

8. The Pinders Report describes Domiciliary Care as follows:

“the provision of care within an individual’s own dwelling. This can be within the ‘family’ home in the community or to an apartment/bungalow within an age-exclusive housing scheme. Because of budgetary constraints and increasingly congested roads, care visits are generally quite brief, restricting the amount of care which can realistically be provided. By focusing resources on a group within an Extra-Care scheme, care can be provided more efficiently and effectively.”

9. Foster and Payne propose the provision of a new build Extra-Care Scheme where care will be provided to those in need of care but efficiently; and effectively tailored to an individual’s needs, which may change with time.

10. Some perceived advantages of extra care and close care housing include:

- The intensity of care can be adjusted easily on a daily basis according to the resident’s needs;
- Residents can remain in extra care with greater degrees of frailty and ill health than they could in their own dispersed homes, even with intensive home care packages;
- Moving to extra care can free up a larger unit of social housing for use by a family;
- In the private sector, extra care can release housing equity to pay privately for care;
- Enables older people to live independently as part of a community rather than being isolated with acknowledged health benefits;
- Encourages older people to remain more independent for longer;
- Measured levels of dependency may decrease after a period in extra care;
- Offers residents a capital investment in the case of long leasehold schemes; and
- Enables couples not be separated by one partner leaving to enter a care home.

Paul McCreery

5th February 2018