



Red & Yellow Specialist Extra Care

Melliss Avenue – Kew

Planning Statement
October 2018



EXECUTIVE SUMMARY

- The pressure of delivering sufficient amounts of new housing, including purpose-built accommodation for older people, across the United Kingdom (UK) is well documented. **There is a chronic need of fit-for-purpose housing for older people in the UK.**
- Despite the over 60 population making up approximately 22% of the UK's overall population, **specialist extra care accommodation in the UK make up just 2% of the UK's housing stock.**
- The demand for accommodation for older people housing in the UK is only set to increase as the elderly population increases at a notable rate. **The population aged 85 and over is projected to double from 1.7 million in 2018 to 3.4 million in 2030.**
- **This is particularly true of the London Borough of Richmond-upon-Thames (LBR).** The LBR Market Position Statement 2018–2019 states that there are *'28,900 people aged 65+ in Richmond-upon-Thames (15% of total population). This is predicted to increase by 55% to 46,800 people by 2035 (19% of total predicted population). This is the major area of demographic change'*.
- Expert analysis of this need by Carterwood Chartered Surveyors reveals a significant shortfall of provision within Richmond, Kew, and the local area, equating to an **under provision of 1,486 extra care units** within the market catchment area, increasing to a **shortfall of 1,599 extra care units by 2025. The case for requiring additional specialist extra care accommodation is overwhelming.**
- **The specialist extra care facility proposed will provide 89 new extra care units to help meet this demand.** The Red & Yellow model is not a care home but a home with care, and provides seamless and integrated care provision for older aged adults with long term illnesses. The purpose-built specialist extra care facility is of a high quality, sympathetic, contextual design and is complemented by a high quality and rich landscape offer.
- Currently the former Kew Biothane site is completely enclosed and the buildings and structures from its former use as a sewer plant then water treatment works are run down and in poor condition. **There is the opportunity to open up the site and significantly improve the previously inaccessible and unsightly Metropolitan Open Land.**
- A total of 2,926sqm of high-quality landscaped open area will be provided and publicly accessible. The provision of high quality, permeable landscaping and **community facilities**, including, **café, restaurant, communal and assisted public WC facilities, and children's play area**, will preserve and enhance the key MOL characteristics for future generations.
- The proposed development will reduce pressure on the healthcare system through prevention of health-related issues and by delivering health and social care efficiently within the home environment. **The proposed specialist extra care facility will help reduce stress on local GPs and reduce demand on NHS services.**
- **Economic benefits include the provision of approximately 80 Full-time equivalent jobs onsite**, and significant contribution to economic growth through increased expenditure from the proposed development.

- **The proposed specialist extra care facility will be functionally within Use Class C2, providing the components of care and support and level of communal facilities as set out in the GLA Housing SPG.** The full details of the Red & Yellow management of the proposed specialist extra care facility is set out in the accompanying Operator Statement.

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1.0 Introduction

1.1 This Planning Statement has been prepared by DP9 Ltd on behalf of Melliss Ave Devco Limited (later referred to as the “Applicant”) in respect of the proposals for the development of a specialist extra care facility at Former Biothane Site, Melliss Avenue, Kew TW9 4BD (the Site). Red & Yellow (R&Y) are the Development Managers and will be, on completion, the long-term operators of the facility.

1.2 The proposed description of development is set out below:

“Demolition of existing buildings and structures and redevelopment of the site to provide a specialist extra care facility (C2 Use Class) for the elderly with existing health conditions. Comprising 89 units, with extensive private and communal healthcare, therapy, leisure and social facilities set within a building of ground plus 3 to 5 storeys including set backs. Provision of car and cycle parking, associated landscaping and publicly accessible amenity spaces including a children’s play area.”

1.3 Founded in 2009, R&Y is an independent healthcare company which provides specialist, innovative, world class care for older persons specialising in the management of long-term health and social care conditions such as dementia. R&Y intend to become the first truly integrated specialist care provider, proposing to create a purpose-built community that provides housing, medical, nursing and personal care for people with varying needs and levels of care on the Site, providing a comprehensive and stable care pathway set in a vibrant community. The proposals will be one of the first specialist extra care facilities of its kind.

1.4 The care facility will offer specialist extra care homes, for which there is a demonstrable need. The proposed extra care facility will also act as a focal point for the community, and include a restaurant, café, children’s play area, fully accessible therapy pool and other social spaces and care facilities. The proposed specialist extra care facility will provide a number of substantial benefits to Kew and London Borough of Richmond upon Thames:

- Draw international attention as an exemplar older aged adult care environment and operation;
- Be a long term employment generator over and above standard residential developments;
- Provide the freedom for residents to stay in the local area close to familiar facilities, family and friends;

- Provide suitable accommodation for a vulnerable segment of the population while freeing up much needed housing stock in the borough with beneficial effects across the entire housing ladder;
 - Provide reduced traffic movements and parking issues compared to that of a typical residential scheme;
 - Produce a thriving community of like-minded individuals, with an increased sense of belonging, living in a community of people with similar life experiences;
 - Provide on-site care and support, reducing the burden on local health and social services, allowing residents to age in place with dignity;
 - Provide specialist education and training from Doctors, carers and nurses to a wide range of service positions, and researchers, designers, students, apprentices and the general public;
 - Redevelop, and open up the site to the community, from an enclosed eyesore to something that can be enjoyed by all;
 - Revitalise the area within the designated Metropolitan Open Land, opening up what was a completely shut-off site to provide high-quality landscaping and open space, whilst also providing a café, communal and assisted public WC facilities, and children's play area to be enjoyed by all;
 - Deliver high quality architecture and aesthetics, reflecting excellence in design and paying tribute to the historical character of Kew with the use of high-quality masonry, timber and metalwork in a contemporary manner; and
 - Provide a globally significant centre of excellence for design and operations for the provision of care to the elderly with long term health conditions.
- 1.5 The planning application sets out the national and local need for care facilities. The accompanying material, in particular the Design and Access Statement and Operator Statement, sets out how the proposed extra care facility has been designed to suit the Site and to take into account its specific site considerations.
- 1.6 This Planning Statement summarises the supporting application material and assesses the application against planning policy in the form of the NPPF, the London Plan and the London Borough of Richmond upon Thames ('LBR') Development Plan.
- 1.7 This Planning Statement should be read in conjunction with the submitted plans, drawings and the following accompanying documents which the Council have confirmed are required for validation of the planning application:
- Planning Application Form;
 - Community Infrastructure Levy (CIL) Form;

- Site Plan, Location Plan, and Planning Application Drawings prepared by Marchese Partners International Ltd;
- Design and Access Statement, including Open Space Assessment, prepared by Marchese Partners International Ltd;
- Operator Statement, prepared by Red & Yellow;
- Needs Assessment, prepared by Carterwood Chartered Surveyors;
- Health Impact Assessment, prepared by Red & Yellow;
- Affordable Housing Statement, prepared by DS2 LLP;
- Transport Assessment and Travel Plan, prepared by Tyréns UK Limited;
- Construction Management Statement, prepared by Blue Sky Building;
- Flood Risk Assessment, FRA Checklist and Flood Warning Plans, prepared by AKT II;
- SuDS Statement, prepared by AKT II;
- Foul Sewage and Utilities Statement, prepared by AECOM Ltd;
- Sustainable Construction Checklist including BREEAM Pre-Assessment, prepared by AECOM Ltd;
- Energy Strategy, prepared by AECOM Ltd;
- Tree Survey, prepared by SJA Trees;
- Historic Environment Statement, prepared by MOLA;
- Preliminary Ecological Appraisal, prepared by AECOM Ltd;
- Odour Assessment Report, prepared by AECOM Ltd;
- Site Investigation, Land Contamination Assessment and Remediation Strategy, prepared by Soiltechnics Ltd;
- Air Quality Assessment, prepared by AECOM Ltd;
- Daylight & Sunlight Assessment, prepared by Point 2 Surveyors;
- Noise Survey and Assessment, prepared by AECOM Ltd;
- Statement of Community Engagement, prepared by Icení Projects; and
- Biodiversity Strategy, prepared by AECOM Ltd.

1.8 A copy of the proposed S106 Heads of Terms is appended to this Statement at Appendix 1.

2.0 The Application Site and Surrounding Context

- 2.1 The Site is located within the Kew Riverside development, a private residential development of over 500 dwellings ranging from 1-bedroom units to large four-storey townhouses, and comprises the former Thames Water Biothane treatment plant associated with Stag Brewery. Following the closure of the Stag Brewery the use of the Site as a Biothane works has ceased and Thames Water have undertaken the required initial remediation works to the Site.
- 2.2 Extending to 0.7 hectares in size, the Site is located adjacent to the Thames River and the public towpath, however it is not currently accessible to the public and is surrounded by a 2.4 metre-high metal fence. On the Site are a number of buildings and structures associated with the former water treatment use, all of which are becoming run down and degrading further over time.
- 2.3 Directly adjacent to the north of the Site is the retained Thames Water facility and associated structures and buildings, which remains in use and is also fully enclosed by fencing. As previously mentioned, the public Thames towpath sits directly adjacent the eastern boundary of the Site and is lined by thick vegetation and trees.
- 2.4 The main vehicular and pedestrian access to the Site is from Melliss Avenue to the south, which connects via Townmead Road with Mortlake Road/South Circular. Pedestrians are also afforded alternative access through the Kew Riverside development and from the towpath, however some of these are gated and not available 24 hours a day.
- 2.5 With regard to public transport, Kew Gardens Station is located approximately 1km (12 minutes walking or 4 minutes cycling) from the Site and provides District Line on the London Underground and North London Line on the London Overground services to central and outer London.
- 2.6 Kew Village is similarly located approximately a 12-minute walk from the site, and provide a range of local amenities including cafes, restaurants, retail shopping and a post office.
- 2.7 More widely, completed in 2005, the Kew Riverside and Riverside Park developments surround the application Site and comprises a range of contemporary buildings of up to 7 storeys in height. Saffron House is located to the south and is 4 storeys in height (without set backs), while Terrano House to the north rises to 5 storeys in height (without set backs) - both are residential apartment buildings.

- 2.8 To the north, the former Inland Revenue site on Bessant Drive has been redeveloped as 'Emerald Gardens', completed in 2017, which provides approximately 170 residential units over a series of 5 storey blocks (without set backs).
- 2.9 Finally, built in the mid-1990s, Kew Retail Park is located to the west of the application Site and comprises a substantial (120,000sqm) retail centre with associated parking and serves a large shopping catchment area in Kew and south west London. Kew Retail Park has an extensive retail offer including a large Marks & Spencer supermarket and department store, and a large Boots pharmacy. Kew Retail Park is conveniently located a quarter of a mile from the Site, under a 5-minute walk.

Designations

- 2.10 The Site is identified as Site Allocation 'SA 26 Kew Biothane Plant, Mellis Avenue, Kew' within the London Borough of Richmond upon Thames Local Plan 2018. It is acknowledged within the designation that the Site is now surplus to requirements following the closure of the Stag Brewery and that the Council supports its redevelopment.
- 2.11 Part of the Site is designated Metropolitan Open Land ('MOL'), which comprises the elements closest to the river, of which the towpath is also identified as being Public Open Space. The Site also falls within the Thames Policy Area.
- 2.12 The Site is not located within a conservation area nor are there any listed buildings located in proximity to the Site.

Planning History

- 2.13 Planning history for the site is very limited, with only an application for "*Safety improvement to existing stormwater outfall involving steps, platform and handrail*" (ref: 07/0778/FUL) the only recorded application available on the LBR online planning portal.

3.0 The Application Proposals

- 3.1 The content of the application proposal is set out in the Design and Access Statement and Planning Application Drawings, and is summarised below. The proposed description of development is as follows:

“Demolition of existing buildings and structures and redevelopment of the site to provide a specialist extra care facility (C2 Use Class) for the elderly with existing health conditions. Comprising 89 units, with extensive private and communal healthcare, therapy, leisure and social facilities set within a building of ground plus 3 to 5 storeys including set backs. Provision of car and cycle parking, associated landscaping and publicly accessible amenity spaces including a children’s play area.”

- 3.2 As per the above, the proposed development comprises a new specialist extra care facility of 89 new specialist extra care units (C2 Use Class) set in landscaped grounds. The key characteristics of the proposed specialist extra care facility comprise:

- Purpose-built facility
- Caters for over 65s with long term significant health conditions
- Units are self-contained with 24 hour, permanent operator access to all areas
- Units have kitchens however as residents age in place they will become entirely dependent on the communal catering facilities
- Support is available on-site 24 hours a day, 7 days a week
- Specialist care is provided to residents depending on their varying needs
- Communal facilities are available

- 3.3 The proposed specialist extra care facility will be set within a building of ground plus 3 to 5 storeys in height, whereby the upper levels are set back from the levels below. The ground floor comprises entirely care and communal facilities and circulation space, with the extra care units themselves located on floors 1 to 5. The proposed quantum of development is as follows:

Table 1 - Areas

	<u>GEA Area (sqm)</u>	<u>GIA Area (sqm)</u>
Specialist extra care (C2 Use)	12,790	11,933

Table 2 - Total Units

	Total
1-bedroom	11
2-bedrooms	78
Grand Total	89

- 3.4 To complement the holistic social and health care provided, as well as to foster links and opportunities with the local and wider community, the proposals also include a variety of uses accessible for the local community. An operational team of 80 full-time equivalent jobs (which are required to cover up to 31 staff on site at any one time) comprised of 20 different staff types will be present on site 24 hours a day, 7 days a week to care for residents. Residents will benefit from engaging amenities and an active social environment. A key part of the Red and Yellow care model is to integrate with the local community for the benefit of the Extra Care residents to ward off loneliness. The integrated package includes the following communal facilities to give residents the quality of life that they need to live fully and age gracefully:

Care Facilities

- CQC registered Medical, nursing and care operations
- Medical Centre and Nurse Station
- Rehabilitation and Exercise Room
- Therapy and Treatments Rooms
- Hydro-Therapy and Exercise Pool
- Changing Facilities
- Mobility Scooter & Charge Store

Leisure / Amenity Facilities

- Cafe
- Restaurant / Bar
- Activity Room
- Lounge
- Library
- Hair Salon
- Play Area and open space

- 3.5 From the above it is clear that a significant quantum of communal facilities are proposed, indeed the entire ground floor is given over to community facilities and back of house facilities. Requirements for plant space to service the specialist extra care facility are also substantial, and overall the proportion of gross internal area dedicated to operational, functional, plant and circulation space will amount to approximately 40% of the total GIA. The remaining 60% will accommodate all extra care units, from first floor and above. This figure is much greater than standard residential developments and as such the proposed development differentiates itself as a specialist extra care facility by providing care provision, leisure and communal facilities, which in combination will enhance a resident's sense of community and aid treatment, rehabilitation and stimulation.
- 3.6 The accommodation has been designed to create a community feel within an existing urban environment which also seeks to enhance the Metropolitan Open Land and surrounding area. In design terms, the guiding principles that the architects, Marchese Partners, and the landscape architects, Wilder Associates, have identified and subsequently taken through the design development process have sought to:
1. Preserve and enhance the Metropolitan Open Land as part of the character of the area
 2. Deliver a high-quality architecture and aesthetic which is anticipated to be a response to the adjacent plots, but also pay tribute to the historical character of Kew, drawing on high quality materials and achieving excellent design
 3. Consider bulk, massing, height and density in response to the established rhythm of the local area and minimise visual impact on the properties of Melliss Avenue
 4. Consider views from buildings to the north and south
 5. Ensure open green areas are appropriately landscaped, respecting the site's location
 6. Sensitively consider the view into the site from the riverside path and from across the river
 7. Enhance the connectivity of the area, allowing permeability from the river and to adjoining areas
 8. Provide sufficient parking for residents, in line with policy, and minimise the use and visual impact of parking
- 3.7 Significant landscaping is proposed, which will dramatically improve the Site, the designated Metropolitan Open Land, and views from the surrounding area, while also providing a significant benefit to future residents. This includes completely opening up the landscaping for public access (where none is provided currently), the provision of a central hub courtyard space that acts as an extension to the MOL into the adjoining undesignated land, a formal public space and active street frontage to Melliss Avenue to signal the main entrance, as well as a play area located along the southern arm, connecting the central hub to the riverside walkway.

- 3.8 Primary access to the proposed specialist extra care facility is from Melliss Avenue, with a Porte Cochere located directly in front of the entrance to provide a covered area for disabled people to exit vehicles. Due also to the requirement to provide level access to the building and achieve Part M compliance, an access ramp is provided within the entrance courtyard, providing disabled access from the external pavement to interior of the building, without the need for assistance. Secondary access points to the building, each also with level access, are provided to the east and south.
- 3.9 A total of 27 car parking spaces are proposed, one of which will be a drop off/short term space, and 12 out of the 27 car parking spaces are proposed as blue badge disabled. With regard to cycle parking, 8 secure and sheltered long stay cycle parking spaces are located within the ground floor, along with 18 short stay cycle parking spaces situated outside the building.

4.0 Pre-Application Engagement

- 4.1 The submission of this application follows a period of extensive and engaging consultation held with London Borough of Richmond upon Thames ('LBR'), the Greater London Authority ('GLA'), relevant consultees and members of the public. Full details of the public consultation are included within the accompanying Statement of Community Engagement and an overview of the pre-application consultation is provided in this section.

LBR and GLA Engagement

- 4.2 The project team have met with a range of LBR officers including planning, highways and adult social services through a series of pre-application meetings and design workshops beginning in December 2015. Similarly, the Applicant and design team have undergone a thorough pre-app process with GLA planning and design officers.
- 4.3 Accordingly, the design has evolved extensively as a result of these meetings to incorporate comments received from officers, most notably to rationalise and reduce the overall quantum of development within the MOL, along with providing greater articulation and setbacks at the upper levels. The reduction of built form resulting from these discussions was significant - the GIA was reduced by over 700sqm and the unit count reduced from 96 to the final proposed 89.

Public Consultation

- 4.4 Further to the above, extensive public consultation has taken place prior to the submission of the application.
- Engagement with political stakeholders including London Borough of Richmond upon Thames Council (LBR) ward councillors
 - Engagement with local stakeholders including the Kew Riverside Residents' Association, the Kew Society and FiSH with site visits as requested
 - Community newsletters distributed to 883 local households
 - A first phase consultation community questionnaire
 - Community flyer distributed to c. 20,000 households
 - Main sponsors of the Kew Midsummer Fete with a stall on 23 June 2018
 - A second phase consultation with two public consultation events
 - An interactive and dedicated consultation website
 - A dedicated consultation email, telephone number and FREEPOST address

- 4.5 As per the above, two public drop-in consultation events were held at the Kew Riverside Primary School on Thursday 5 July and Saturday 7 July. A total of 56 people attended the event over the two days and the comments received collated. This was in addition to the first-round consultation whereby a total of 64 people responded (online and in hard copy). These comments have formed an important part of the design development process and have been incorporated into the final development proposals and accompanying submission documents where possible.

Summary of Pre-Application Engagement

- 4.6 This section demonstrates that the Applicant has engaged in an extensive programme of pre-application consultation, which has positively contributed to the design development process. Throughout this process the design team have constructively responded to feedback received during meetings and workshops held with LBR, the GLA and the local community. The submitted scheme reflects a design that is supported by the relevant stakeholders.

5.0 Planning Policy Context

- 5.1 Section 38(6) of the Planning and Compulsory Purchase Act 2004 states that when making any determination under the Planning Acts, it should be done so in accordance with the Development Plan unless material considerations indicate otherwise.
- 5.2 This section identifies the statutory development plan that is relevant to the application Site. The planning policy context comprises three levels of adopted and emerging policy, that of national, regional and local. At each level, there is both planning policy and supplementary guidance which together provides the framework within which the proposed development should be considered. Further specialist guidance has also been taken into consideration when assessing the impacts of the development, as addressed within the Environmental Statement and supporting technical documents.

Statutory Background

- 5.3 The principal statutory reference point for any land use classification is the Town and Country Planning (Use Classes) Order 1987 (as amended) ('the Order'). The Order defines residential/sleeping accommodation type uses (Part C) as follows:
- **C1 - Hotels and hostels** *"Use as a hotel, boarding or guest house or as a hostel where, in each case, no significant element of care is provided."*
 - **C2 – Residential Institution** - *"use for the provision of residential accommodation and care to people in need of care (other than a use within class C3 (dwelling houses)), use as a hospital or nursing home or use as a residential school, college or training centre".*
 - **C3 – Dwelling Houses** – *"Use as a dwelling house (whether or not as a sole or main residence) (a) by a single person or by people living together as a family, or (b) by not more than 6 residents living together as a single household (including a household where care is provided for residents)."*
- 5.4 A defining feature of the sub C classification is the provision of care, namely that the distinction between C2 use and others within the C classification is the provision of care to those in need of care. The other sub classes are similarly distinguished by the lack of care provision.
- 5.5 Care is defined in the Order as *"personal care for people in need of such care by reason of old age, disablement, past or present dependence on alcohol or drugs, or past or present mental disorder and in Class 2 also includes the personal care of children and medical care and treatment"*. It follows that residential accommodation with care provision to people in need of care, particularly those with specialist long term conditions such as dementia, is C2 and not C1 or C3.

National Planning Policy

- 5.6 The revised National Planning Policy Framework (NPPF) was adopted on 24th July 2018 and contains the Government's planning policies for England and how these are expected to be applied. The Government published the National Planning Practice Guidance (NPPG) in March 2014 which is expected to be updated in full by September 2018. The NPPG provides planning policy guidance at a national level and is a material consideration in the determination of planning applications. It is intended to provide guidance to local planning authorities and developers on the implementation of the planning policies set out within the NPPF.
- 5.7 At the heart of the NPPF is a presumption in favour of sustainable development, for both plan making and for decision taking. The NPPF directs local planning authorities to approve development proposals that accord with the development plan without delay.
- 5.8 NPPF paragraph 8 recognises that there are three dimensions to sustainable development: Economic, Social and Environmental. These dimensions give rise to the need for the planning system to perform a number of roles, which are mutually dependent and should not be undertaken in isolation:
- *An Economic Role - contributing to building a strong, responsive and competitive economy by ensuring that sufficient land of the right type is available in the right places and at the right time to support growth and innovation; and by identifying coordinating development requirements, including the provision of infrastructure;*
 - *A Social Role - supporting strong, vibrant and healthy communities, by providing the supply of housing required to meet the needs of present and future generations; and by creating a high quality built environment, with accessible local services that reflect the community's needs and supports its health, social and cultural well-being; and*
 - *An Environmental Role - contributing to protecting and enhancing our natural, built and historic environment; and, as part of this, helping to improve biodiversity, use natural resources prudently, minimise waste and pollution, and mitigate and adapt to climate change including moving to a low carbon economy.*

National Planning Practice Guidance

- 5.9 The Planning Practice Guidance (PPG) supports the National Planning Policy Framework, covering 48 topics. The PPG addresses the need for older people's accommodation as part of the 'Housing and economic development needs assessment' guidance. There are several references to the need for housing for older persons:

- Housing for older people – *‘The need to provide housing for older people is critical given the projected increase in the number of households aged 65 and over accounts for over half of the new households (Department for Communities and Local Government Household Projections 2013). The age profile of the population can be drawn from Census data. Projection of population and households by age group should also be used. Plan makers will need to consider the size, location and quality of dwellings needed in the future for older people in order to allow them to live independently and safely in their own home for as long as possible, or to move to more suitable accommodation if they so wish. Supporting independent living can help to reduce the costs to health and social services, and providing more options for older people to move could also free up houses that are under occupied. The future need for specialist accommodation for older people broken down by tenure and type (e.g. sheltered, enhanced sheltered, extra care, registered care) should be assessed and can be obtained from a number of online tool kits provided by the sector. The assessment should set out the level of need for residential institutions (Use Class C2). Many older people may not want or need specialist accommodation or care and may wish to stay or move to general housing that is already suitable, such as bungalows, or homes which can be adapted to meet a change in their needs. Local authorities should therefore identify particular types of general housing as part of their assessment.’*
- How should local planning authorities deal with housing for older people – *‘Older people have a wide range of different housing needs, ranging from suitable and appropriately located market housing through to residential institutions (Use Class C2). Local planning authorities should count housing provided for older people, including residential institutions in Use Class C2, against their housing requirement. The approach taken, which may include site allocations, should be clearly set out in the Local Plan. In decision-taking, evidence that development proposals for accessible and manageable homes specifically for older people will free up under-occupied local housing for other population groups is likely to demonstrate a market need that supports the approval of such homes*

London Plan

- 5.10 The current London Plan, which consolidated all of the alterations, was adopted in March 2016. The document provides the overall strategic plan for London, setting out a fully integrated economic, environmental, transport and social framework for the development of the capital to 2031.

- 5.11 Further to this the Mayor has produced a draft London Plan which was published in November 2017, and is due to be considered by a formal Examination in Public in 2019. While these policies are not yet adopted and do not hold full weight in the planning assessment they have been considered in the analysis in Section 6.
- 5.12 Finally, the Mayor's Housing Supplementary Planning Guidance (SPG) (March 2016) is also of relevance to the application proposals.

Local Planning Policy

- 5.13 At the local level, the Development Plan comprises the London Borough of Richmond upon Thames Local Plan, which was adopted in July 2018 and published as an interim version, subject to additional minor modifications to the Plan to cover any necessary updates on adoption and graphic and layout changes. A final version is stated to be published in due course.
- 5.14 In addition to the above, the following LBR planning documents are also of particular relevance:
- Kew Village Planning Guidance SPD, 2014

Other Relevant Documents

- 5.15 Along with the planning documents set out above, the following documents have informed the preparation of the proposals and will influence their ongoing operation:
- Housing our Ageing Population: Plan for Implementation (published November 2012), prepared by an All Party Parliamentary Group on Housing and Care for Older People
 - London Assembly - Homes for older Londoners, Building healthy homes for a comfortable and independent retirement. GLA, 2013
 - Living Well With Dementia: a national dementia strategy, published February 2009 by Department of Health and Social Care (note – the two main authors went on to help develop the R&Y care model as Non-Executive Directors of R&Y)
 - RTPi Good Practice Note 8 (Extra Care Housing: Development Planning, Control and Management) (2007)
 - Housing LIN (Planning Use Classes and Extra Care Housing, Learning and Improvement Network) (2011)

6.0 Planning Assessment

6.0.1 The assessment is made against the planning policies identified in Section 5 of this statement and are discussed below.

6.0.2 This section is set out by topic addressing the following planning considerations:

- Principle of Development and Housing Need
- Metropolitan Open Land
- Land Use
- Health Impact and Benefits
- Affordable Housing
- Design Considerations
- Landscaping, Ecology and Biodiversity
- Transport
- Construction Management
- Neighbouring Amenity
- Flood Risk and Drainage
- Energy and Sustainability
- Air Quality
- Contamination
- Archaeology

6.1 Principle of Development and Housing Need

6.1.1 The NPPF states that *“At the heart of the planning system is a presumption in favour of sustainable development, which should be seen as a golden thread running through both plan making and decision taking...”* it goes on to state, *‘All plans should be based upon and contain the presumption in favour of sustainable development as their starting point, with clear priorities that will guide how the presumption should be applied locally.’*

6.1.2 Paragraph 61 of the revised NPPF includes a requirement for local planning authorities to recognise the need for the delivery of homes for older people, and that *“the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies.”*

6.1.3 The revised NPPF also includes a new chapter titled ‘Making effective use of land’. Paragraph 117 directs decisions to *“promote an effective use of land in meeting the need for homes and other uses”*. Paragraph 118 part (c) develops this position where it states that ‘substantial weight’ should be given to *“the value of using suitable brownfield land within settlements for*

homes and other identified needs” and part (d) promotes and supports “the development of under-utilised land and buildings, especially if this would help to meet identified needs for housing where land supply is constrained and available sites could be used more effectively.”

6.1.4 Policy 3.3 of the London Plan states that the potential to release brownfield land to meet housing need must be realised by Local Authorities. This is echoed in Policy H1 of the new draft London Plan and further stressed in Policy GG2 ‘Making the best use of land’, which states that well-connected brownfield sites should be prioritised, and that the potential to intensify the use of land should be proactively explored *“particularly on sites that are well-connected by public transport, walking and cycling, applying a design-led approach.”*

6.1.5 London Plan Policies 3.2 and 3.8 promote well designed and varied housing choices to meet the needs of Londoners, including older people. These principles have been brought forward as part of the new draft London Plan in Policies D4 and D5, while new Policy H15 sets out specific requirements for specialist older persons housing. Part A of the policy reads: *“Boroughs should work positively and collaboratively with providers to identify sites which may be suitable for specialist older persons housing taking account of:*

- 1) local and strategic housing needs information and the indicative benchmarks set out in Table 4.4*
- 2) the need for sites to be well-connected in terms of contributing to an inclusive neighbourhood, access to social infrastructure, health care and public transport facilities*
- 3) the increasing need for accommodation suitable for people with dementia.”*

6.1.6 Table 4.4 which accompanies draft Policy H15 sets out an annual requirement of 155 specialist older person units for LBR.

6.1.7 In local policy, the redevelopment of the former Biothane Site has been envisaged for some time. It is included in the July 2014 Kew Village Planning Guidance SPD as allocated site ‘KW 3 Kew Biothane Plant, Mellis Avenue, Kew’ to redeveloped for ‘mixed uses to include residential, including affordable units, and open space.’ More recently, the July 2018 LBR Local Plan includes the Site as reference ‘SA 26’ within its allocated sites stating: *“The Council supports the redevelopment of this site to provide for residential uses, including affordable housing, and associated open space provision”* and:

- *“The redevelopment of this site provides an opportunity to enhance the environment whilst meeting housing needs.*

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- 6.1.8 Accompanying the application and in support of the proposed development is a Needs Assessment prepared by Carterwood Chartered Surveyors. The report begins with setting out the national context for the changing needs of the UK's elderly population, as well as the fact that the supply of private specialist extra care housing in the UK is many times below that of other English-speaking countries, and that the elderly population is projected to increase significantly in the coming years.
- 6.1.9 The pressure of delivering sufficient amounts of new housing, including purpose-built accommodation for older people, across the United Kingdom (UK) is well documented. The National need for elderly person's accommodation is outlined in reports such as:
- Housing our Ageing Population: Plan for Implementation (published November 2012), prepared by an All Party Parliamentary Group on Housing and Care for Older People;
 - The Top of the Ladder, prepared by Demos (published 2013);
 - Housing Our Ageing Population: Panel for Innovation (HAPPI), prepared by a Cross Party Panel for Communities and Local Government, the Department of Health and the Homes and Communities Agency (published 2009).
- 6.1.10 These reports find that there is a chronic need for fit-for-purpose housing for older people in the UK. Despite the over 60 population making up approximately 22% of the UK's overall population, retirement properties in the UK make up just 2% of the UK's housing stock.
- 6.1.11 Further to the above, research from Carterwood states that the percentage of the UK population over the age of 85 is projected to multiply more than four times, from 1.6 million in 2018 (2.4 per cent of the population) to 8.5 million in 2111 (10.0 per cent of the population), while the 75- to 84-year-old segment will rise from 4.054 million in 2018 (5.9 per cent of the population) to 7.9 million in 2111 (9.3 per cent of the population). Accordingly, with the UK's elderly population set to grow substantially over the coming years, there is a national requirement for a variety of care and accommodation options.
- 6.1.12 Within Richmond, the Council's adult social care strategy Market Position Statement 2018–2019 sets out the current and potential future demand and supply for adult social care services and outlines the investment that the Council and its partners have made in local services, to inform evidence-based commissioning. Within this document it is stated that:
- *“28,900 people aged 65+ in Richmond-upon-Thames (15% of total population).”*
 - *“This is predicted to increase by 55% to 46,800 people by 2035 (19% of total predicted population). This is the major area of demographic change.”*
 - *“Richmond-upon-Thames has a high proportion of older people within its population (15% aged over 65), compared to London as a whole (12% aged over 65).”*
-

- 6.1.13 It also must be noted that the London Borough of Richmond upon Thames has the highest proportion of older people living alone in Greater London, with over 76 per cent owning their own homes.
- 6.1.14 Currently there is only one existing private leasehold extra care scheme located within the London Borough of Richmond upon Thames Council area, an enhanced sheltered housing scheme comprising 38 units, located in Teddington 4.2 miles from the subject site. Carterwood have identified a market catchment area extending to a radius of 3.5 miles from the subject site, in order help inform their analysis. There are no existing private extra care schemes within the market catchment area. Four applications for additional private leasehold extra care units have been identified, two of which are within the LB Richmond boundary: the Udney Park Road scheme (ref: 18/0151/FUL) which has been appealed to the Secretary of State against non-determination so its delivery and timescales are in question; and the former Stag Brewery (ref: 18/0547/FUL) whereby the application states that it is to include “*up to 150 units of flexible living accommodation for either assisted living or residential use*”, meaning the proposed use of these 150 units for assisted living is not therefore a fixed proposition and could be subject to change.
- 6.1.15 Accordingly, the likelihood of these additional extra care units coming forward in Richmond is very much in question, and there is already a chronic need, particularly in proximity to Kew.
- 6.1.16 In order to determine the need for extra care housing Carterwood have undertaken an assessment of the need for extra care units within the market catchment area and LB Richmond using the Strategic Housing for Older People Resource Pack (SHOP) toolkit. This analysis tool is a method used to forecast the demand for specialist housing for older people in England and Wales, and is endorsed by the Department of Health and Care Services and the Welsh Government.
- 6.1.17 The resulting SHOP needs assessment reveals a requirement for 1,486 extra care units within the market catchment area and 564 extra care units within LB Richmond. This differs from LB Richmond’s own analysis, which does not take into consideration private need. However, private need must be taken into account if Richmond is going to meet the housing demand of its ageing population.
- 6.1.18 Taking together the planned supply of extra care units versus the identified need, Carterwood’s analysis indicates an exceptional unmet need of 1,210 private extra care units in the market catchment area and 322 extra care units in the local authority area. Further to this the shortage is predicted to rise substantially over the next six years to 2025, whereby the shortfall is expected to increase to 1,599 units and 466 units within the market catchment area and LBR respectively. This existing and growing shortfall could be partially met by the 89 proposed extra

care units proposed at the Site, and the proposed specialist extra care facility would represent an important step towards fulfilling the growing need in Kew and Richmond.

- 6.1.19 Clearly, the proposals for a new extra care facility and 89 new extra care units will help contribute to the identified requirements for specialist older persons care accommodation within Kew and LBR. As such, the principle of redeveloping this well-located brownfield site to provide an extra care facility which meets an identified housing need is strongly supported in policy terms.

6.2 Metropolitan Open Land

- 6.2.1 Paragraph 145 of the NPPF states that a local planning authority should regard the construction of new buildings as inappropriate in the Green Belt subject to certain exceptions, including:

“limited infilling or the partial or complete redevelopment of previously developed land, whether redundant or in continuing use (excluding temporary buildings), which would:

- not have a greater impact on the openness of the Green Belt than the existing development; or*
- not cause substantial harm to the openness of the Green Belt, where the development would re-use previously developed land and contribute to meeting an identified affordable housing need within the area of the local planning authority.”*

- 6.2.2 Policy 7.17 of the London Plan in substance applies the same development management approach to proposals within, or which affect, MOL as is set out in the NPPF concerning Green Belt, which are reflected in draft London Plan policy G3. The overarching strategic aim for Local Authorities is to enhance the quality and range of uses of MOL.

- 6.2.3 As set out above, site allocation ‘SA 26’ envisages the redevelopment of the former Biothane site and states; *“Parts of the site are designated as Metropolitan Open Land and development in this area would not be acceptable. There is an expectation that any redevelopment proposal improves the character and openness of the Metropolitan Open Land”.*

- 6.2.4 Policy LP13 of the London Borough of Richmond Local Plan 2018 recognises that a balanced and comprehensive approach is required to be taken in the context of larger scale development within and affecting MOL, in particular where development helps secure the objectives of improving the Metropolitan Open Land. From the above it is clear that the redevelopment of the site and the MOL designation are compatible and a suitable development is anticipated and can be brought forward.

- 6.2.5 In order to fully assess the potential benefits to the MOL associated with the proposed development, first the existing site condition must be touched upon. The Site was last used by Thames Water as a water treatment works associated with the Stag Brewery in Mortlake. The treatment works are now redundant following the closure of the Brewery as shown in the Design and Access Statement at section 3 page 34. Prior to the use by the Brewery, the Site is understood to have been used as a sewerage treatment facility. Therefore, as it stands the Site is a significant detractor from the appearance and openness of the MOL and there is an opportunity to provide a more appropriate and sympathetic development to the benefit of the public and MOL.
- 6.2.6 The Site and MOL are currently completely inaccessible to the public and almost completely hidden from view, detracting from the surrounding MOL and visual landscape. It is surrounded by a 2.4-metre-high spiked metal fence to discourage unauthorized access. Over 50% of the Site is currently covered in hard standing surfaces and waste treatment buildings. Views in and out of the Site are extremely limited. Again, there presents an opportunity to open up the site and significantly improve its visual appearance in accordance with MOL policies.
- 6.2.7 Whilst the Site is no longer in use by Thames Water, a number of water treatment structures, plant and holding tanks remain, as well as areas of hard standing. In particular, the part of the Site that faces the River Thames has a mixture of treatment works, plant, other structures, hard standing and limited vegetation all of which sits within the MOL boundary. To the east, the boundary of the Site is marked by a line of trees and shrubs beyond which lies the accessible Thames Path.
- 6.2.8 In order to fully test the proposals against the relevant MOL policies, the following table has been created by taking the key policy requirements in relation to the development within MOL, and an assessment against them undertaken:

Table 3 – MOL Policy Matrix

	MOL Policy Criteria	Existing Site Condition	Proposed Site Condition
1	Maintain openness	✗	✓
2	Essential ancillary facilities	✗ - treatment works are now redundant	✓
3	Retained in predominantly open use	✗	✓

4	Public and private open spaces	✗	✓
5	Open recreation and sport	✗	✓
6	Biodiversity	✗	✓
7	Open community use	✗	✓
8	Linked to functional use of the MOL	✗	✓
9	Supports outdoor open space use	✗	✓
10	Uses remain open or depend upon open uses	✗	✓
11	Conserve and enhance open nature	✗	✓
12	Conserve and enhance biodiversity	✗	✓
13	Enhancement of landscaping	✗	✓
14	Removal or replacement of inappropriate screening or fencing	✗	✓

6.2.9 Further to the above qualitative analysis, a quantitative analysis of the existing and proposed built form in the MOL has been undertaken and is set out within the accompanying Design and Access Statement. A summary of the findings is shown in Table 4 below:

Table 4 – Existing vs Proposed MOL Development

	Existing	Proposed	Total
Built Form	598.8sqm	528.1sqm	- 61.7sqm
Hard Standing	1354.4sqm	439.7sqm	- 914.7sqm
Wasteland	1949.6sqm	0sqm	0sqm
Landscape	0sqm	2,926sqm	+ 2,926sqm
Biosolar Roof	0sqm	325.5sqm	+ 325.5sqm

6.2.10 Table 4 demonstrates that there will be an overall reduction on 61.7sqm of built footprint within MOL as a result of the proposed development, while publicly accessible landscaped areas will increase by 2,926sqm. This is a significant increase in the level of public green landscaped open space introduced to the Site over and above the existing condition

- 6.2.11 Taking both qualitative and quantitative analysis together, crucially, the proposals will maintain 'openness' and retain the Site in predominantly open use through the introduction of a publicly accessible garden within the MOL. Furthermore, the garden and children's play area, which will act as new community use, will have direct access from the Thames towpath. The existing inappropriate spiked metal fencing will be removed which will greatly improve the enjoyment and usability of the Thames towpath which currently lacks in any facilities or opportunity for respite for members of the public. The public will also benefit from complete access to the proposed restaurant and café, as well as communal and assisted public WC facilities. Lastly, the proposals include wide ranging biodiversity and ecological benefits.
- 6.2.12 In summary, the proposals result in a reduction of built footprint within the MOL, while providing substantial benefits in improving the overall openness and character of the Site as well as significant enhancement in both landscaping and biodiversity - a considerable betterment of the MOL. The redevelopment of the Site will also create access for the public to a significant amount of green open space which was previously inaccessible. This in turn creates wider benefits for access and users of the Thames towpath.
- 6.2.13 It is therefore considered that the overall improvements to the Site alongside the public benefits fall within the exceptional circumstances for development within the MOL as set by Policies 7.17 and LP13.

6.3 Land Use

- 6.3.1 A key part of the development is that residents get the benefit of extra longevity, higher degrees of health and wellness and dramatically reduced levels of loneliness due to the extra facilities and integration within the community. The resident's experience and health and wellness support does not start and stop at their front door; the entire community, and all of the extra facilities and services for the community, act to support the health and wellness of residents. The ethos and aspirational design protocols encourage residents to be active and live dynamic, vibrant lives, in spite of their physical and other limitations, regarding which Red & Yellow will provide the necessary support.
- 6.3.2 Extra Care developments provide a number of benefits that are only now starting to be noticed. These benefits are for the residents and society in general. A recent study by Aston University¹ on residents of ExtraCare Charitable Trust Villages showed that combining housing, health and social care services can have a dramatic impact on the quality of life of older people while cutting costs at the same time. Key findings of the report included:

¹ Aston Research Centre for Healthy Ageing (ARCHA), 2015

- NHS costs for the residents were cut by 38% over 12 months compared with their costs when they first moved in
- The residents experienced a significant reduction in the duration of unplanned hospital stays, from 8-14 days to 1-2 days
- Routine GP appointments for these residents fell 46% after a year
- Numbers of people with clinical levels of depression fell by 64.3% over 18 months
- Of the residents who moved in a 'pre-frail' condition, 19% had returned to a 'resilient' state 18 months later
- After 18 months, residents experienced a 10% improvement in their autobiographical memory – the ability to recall events, objects and people

6.3.3 Accordingly, it is clear that the proposed specialist extra care facility at the Site will provide wide public benefits for LB Richmond and its residents.

6.3.4 It is always necessary to firstly refer to statute and primary legislation before considering supplementary guidance, policy notes, professional good practice guiding notes and other such sources to assist where it is necessary to consider the facts and degree in each individual case. In this instance, the primary source is the Use Classes Order. It defines C2 as the “***provision of residential accommodation and care to people in need of care***”.

6.3.5 The glossary to the NPPF includes a definition of 'older people' which acknowledges the ranging needs of the group *'whose housing needs can encompass accessible, adaptable general needs housing through to the full range of retirement and specialised housing for those with support or care needs.'* (page 54). The proposed development seeks to provide this range of accommodation in one location for elderly people downsizing from their family home and where care and medical support may be needed.

6.3.6 The NPPF identifies the need to provide elderly housing as essential, due to the increase in households aged 65 and older. The proposed development intends to stimulate the local housing market by increasing the amount of housing stock for family homes. This helps to unlock family sized units back into the housing market which trickles down to help first time buyers to get on the housing ladder.

6.3.7 Strategic aims for London's older persons housing are contained within London Plan Policies 3.2 and 3.8. However, it is apparent from the draft London Plan policy H15 that the GLA is seeking to redefine what is set out in the Order by attempting to qualify extra care accommodation as Use Class C3. In any event however, draft policy H15 and the SPG recognise that definition is a matter of fact and degree in each specific case, particularly where an operation is functionally C2.

- 6.3.8 Despite the draft London Plan policy set out above that states that self-contained accommodation is “generally” C3, the SPG at paragraph 3.7.18 recognises that even if units within a building have their own front door this does not mean that the use falls outside of Class C2.

“Consultants suggest that the most robust way of distinguishing between the two is the ‘front door’ test – if the unit of accommodation has its own front door then it is usually C3, if not it is C2. However, development management experience suggests in many cases this may require some refinement to take appropriate account of the components of care and support and level of communal facilities such as those associated with some Extra Care schemes where units may have their own front door, but functionally are effectively C2. Providing the proposal is justified by identified need and addresses wider policy considerations, the planning system should not be used to restrict development of either – this is an evolving market and provision should not be constrained by what, in need terms, might appear to be an arbitrary and perhaps dated planning distinction”.

- 6.3.9 It can be seen that the draft policy H15 and the SPG rely heavily on the ‘front door test’ and, generally, assess self-contained accommodation as C3, but without reference to the provision of care as set out and defined by the Order. Notwithstanding that presumption, both are not prescriptive and the SPG recognises the need to consider all matters where an operation is functionally C2, but with own front doors.
- 6.3.10 LBR Local Plan Policy LP30 states that the Council will support development that results in a pattern of land uses and facilities that encourage “access to local community facilities, services and shops which encourage opportunities for social interaction and active living, as well as contributing to dementia-friendly environments”. Furthermore, Policy LP37 seeks to provide housing to meet the needs of different identified groups, stating that “*planning permission will be granted for new accommodation where housing is providing for an identified local need, across a range of tenures, providing they are on a site and in a location suitable for that particular use, and in accordance with environmental, transport, parking and other relevant policies.*”
- 6.3.11 In terms of its operation and function, the Site will have 24-hour care staff and facilities to provide care to all residents. This operational team is made up of 80 full-time equivalent jobs (which are required to cover up to 31 staff on site at any one time) comprised of 20 different staff types. The Site will also provide significant communal facilities, which have been designed using best practices to keep the elderly residents active, socially engaged and healthy.
- 6.3.12 It is proposed that a Section 106 Agreement would confirm details of eligibility criteria i.e.: minimum age and health condition restrictions for the residents of the proposed development.

There will also be a restriction on occupation to a resident who meets the age criteria plus a spouse or partner (i.e. no other dependents).

6.3.13 As previously stated, the proposed development will include a wide range of communal facilities. These are summarised below:

Care Facilities

Critically, and as noted above, the care will be provided in the individual flats and a holistic assessment of the quantum and quality of the care 'facilities' needs to consider that the whole development is a 'care facility'.

However, the following care facilities will also be available to use by the range of 20 different staff types identified above, ranging from geriatricians and psychiatrists to occupational therapists and mental and physical health nurses together with specialist dementia care:

- Medical Centre with consulting rooms and Nurse Station
- Therapy and Treatment rooms – to provide therapy treatment
- Hydro-Therapy and Exercise Pool – to provide physical therapy treatment and encourage social interaction and integration as part of the care provision
- Rehabilitation and Exercise Room – to provide physical therapy treatment and encourage social interaction and integration as part of the care provision

Communal Facilities

R&Y will also provide the following to encourage social interaction and integration as part of the care provision:

- Restaurant and Café
- Hair Salon
- Activity and Sensory room
- Lounge and Library

6.3.14 The breakdown below illustrates the type of care that a typical resident will receive during a week:

- 15 hours of health care assistant per week
- 3.5 hours of nursing per week

- 30-minute appointments with a consultant every 6 weeks (eg geriatricians and psychiatrists)
- A mix of sessions with various Clinical Therapy Team members:
 - 1.5-hour session with the occupational therapist per month
 - 1-hour session with the psychologist per month
 - Half hour session with the physiotherapist twice per month
 - Half hour session with the speech and language therapist every 2 months
 - Half hour session with the chiropodist per month
 - Half hour session with the dietician every two months

6.3.15 The care operator and model for the proposed development will be formally registered by the Care Quality Commission. The management will have master keys to access all extra care units and all rooms within these units. A condition of the lease will be that Residents will not be permitted to change these locks. A requirement will be made for residents of the proposed development to carry out an initial assessment of care needs, with quarterly assessments thereafter.

6.3.16 It is understood that the average amount of care provided in a traditional care home is 18 hours of care per resident per week. This is all delivered by a healthcare assistant which has very little “added value”. In practice, however 18 hours actually translates to much less than this per resident as it is 10% of residents which usually take up a lot more care than the other 90%. The Red & Yellow model will ensure that people actually get the care they require from a more skilled team. It is the input from this skilled team that means that the care received is more efficient, focused and adds value. In effect 1 hour of care in a Red & Yellow building is worth more than an hour of care in a traditional care home.

6.3.17 Further to the above, all staff members will as a minimum be registered “Dementia Friends”, an Alzheimer’s Society initiative. R&Y aim for over 50% of all employees to progress to “Dementia Champions” with regular sessions for the wider community to be held on site. R&Y are part of the “Programme Partnership” and aims to create over 1,000 “Dementia Friends” based out of the Kew extra care facility.

6.3.18 The R&Y Care Model is entirely bespoke and no two residents will need the same care package. Residents will be required to subscribe to a basic care package which includes a minimum of 5 hours of care per week as well as on going monitoring and diagnosis from specialist staff. Additional care packages will be subscribed to by residents in conjunction with the CQC registered Head of Care, a full-time employee of the development. Given the level of services and facilities available on site, it is expected that residents will require an average of 20 hours of care per week.

Care Management

R&Y will provide integrated care management as follows:

- Initial and ongoing assessment – to determine the level and type of care
- 24/7 care from extensive medical, clinical, nursing health and social care services delivered by a CQC-registered team made-up of 80 full-time equivalent staff comprised of 20 different staff types ranging from geriatricians and old age psychiatrists to occupational therapists, physiotherapists, chiropodists and mental and physical health nurses.
- Activity coordinator – to assist in the provision of social care
- Food and beverage – staff trained to provide for the specialist culinary and nutritional needs of older persons
- Security – specialist security staff with training in older persons' care
- Transportation – to assist in travel (dedicated mini bus service)
- Housekeeping and maintenance – all selected and trained to ensure proper understanding of older adult needs

6.3.19 Further detail is set out within the accompanying Red & Yellow Operator Statement.

6.3.20 Further to the above communal and care facilities, there are a vast number of detailed and specific design features which are hardwired and built into the proposed extra care facility and units, which clearly identify it as a C2 use. These include:

Design features

An integral part of the design proposed is that the scheme, and the individual extra care units, will incorporate the following:

General

- Simple plan form and layout to aid way finding
- Lift cores visible from the main entrance of the building
- Larger lift available for stretcher use
- Vehicle drop off area at main entrance to allow residents to alight safely and securely
- All units to be single story
- Entrances to the building are limited to maximise legibility and security
- Sliding doors are used in specific locations to improve accessibility
- Landscape design to be sensory and calming, and provide dedicated activity space

- Handrails and dado rail shelves to at least one side of circulation routes
- Easy to use ironmongery
- Electrical sockets and switches located at an appropriate height
- Colour schemes which use contrasting tones to highlight locations and features within the building (Red and Yellow are the two colours that are most easily recognised by people with dementia.)

Apartments

- Master bedroom layout provides direct connection to the ensuite to allow a hoist to be used
- Shower rooms comprise level threshold wet rooms
- Provision of telecare systems, alarms, also ability to install bed and floor sensors to reduce need for more invasive care whilst providing a discrete overwatch especially for night time movements which is when the majority of injuries occur
- Design to accommodate, anti-scald/burn safety measures, fire detection and integrated hand rails
- Environmental control will include mechanical ventilation, underfloor heating and openable windows

Bathrooms

- Red and Yellow collaborated with Ideal Standard to produce an entire range of bathroom equipment specially for the elderly, most notably the specialist designed R&Y bath which all extra care units will be fitted with
- Walk-in shower/wet rooms which accommodates a wheelchair and carer
- Easily adaptable bathroom which enables fitting a bathing hoist and shower seats
- Anti-slip flooring with specially designed tiles that are less likely to cause a slip and if a slip does occur are less likely to lead to injury
- Basins/vanity units at 800 – 850 mm high, to accommodate a wheelchair and is safe to lean on
- Mixer taps with lever handles, which are easier to use by people with arthritis
- Shower head rail which can double as a grab rail
- Safety plugs for the sink and bath to avoid flooding

Kitchens

- Corner base units with pull out carousel fittings
- Glazed or open shelves for item identification

- Drawer and cupboard pulls that are easy to grab
- Tall fridge freezer rather than under counter
- Smaller high-level dishwasher with drawers
- Oven, hob and fridge freezer with sensors so avoid being left on or open

Comfort and security

- Carefully considered lighting e.g. colour options to replicate daylight, uplift mood or promote rest
- Low level sensor lighting which can be turned on by carers when entering at night
- Mix of overhead and wall lighting
- All lighting to be dimmable

Specific user group requirements

Visual Impairment

- A colour scheme with good contrast between the floors, walls and ceilings
- Avoid glossy or shiny surfaces, particularly on floor coverings
- Avoid highly patterned floors and worktops since it is harder to pick out objects against them
- Ensure a contrast between doors and their handles

Hard of Hearing

- Ensure large spaces have a high acoustic absorbency to reduce echo
- Install an induction loop system in all communal area
- Ensure door bells, smoke alarms and telephony provide flashing lights and/or vibrate

6.3.21 All of the above taken together clearly demonstrates how the proposals differentiate from standard residential development, and sit firmly within the C2 Use Class.

6.3.22 It is also important to summarise the “evolution of use” which will take place, whereby residents will use the facilities and their individual units differently over time as they age in place. Small adaptations can be incorporated over time in order to ensure that residents are supported as new symptoms develop while meeting their desire to maintain their previous life. This evolution of use and care is a key part of the proposed extra care facility and how it will be operated by

Red & Yellow. For example, kitchens are designed to adapt to the changing needs of residents who will become wholly dependent on communal catering facilities.

6.3.23 In terms of the Site itself and its suitability for an extra care development, as demonstrated above future residents will have their care and other services provided on-site, however the Site is also well positioned to access local shops and services, including the Kew Retail Park and Kew Village. The Kew Riverside development also has numerous green open spaces which can be enjoyed by residents, and the Thames towpath is located directly adjacent to the Site providing further enjoyed amenity.

6.3.24 The appeal against the refusal of planning permission for an extra care facility at The Knowle, Station Road, Sidmouth (Ref: APP/U1105/W/17/3177340 - 22 January 2018) is of particular importance as the proposal, which comprised self-contained residential units, communal areas and on-site care facilities, has similarities to those currently proposed - although the level of care and design integrated for the proposed Kew R&Y facility going far above and beyond that proposed at Sidmouth. At paragraph 49 of the appeal decision letter, the Inspector stated:

“... it is clear to me that the development is offering much more than a dwelling house. Independent living accommodation is one element of the scheme but that would be provided alongside a range of communal facilities that are inextricably linked to an expected way of life. The scheme is designed to meet the needs of the target occupants and facilitate assisted living as well as social well-being and interaction with the outside world. Care would also be provided, specifically tailored to the needs of the occupant. Whilst some primary occupants of the development might, upon taking up residence, require only the minimum level of personal care there is likely to be a mix of care needs at any one time and those with limited needs may well require additional care in the future.”

6.3.25 The Inspector took extra lengths to firmly establish the use class of the proposals, including looking at current guidance from London. He stated: *“I have had regard to the Mayor of London’s Housing Supplementary Guidance (March 2016), which suggests that Extra Care accommodation is normally C3 use, notwithstanding that the document is not applicable in Devon. This does not alter my conclusions having had regard to the merits of this case.”* Accordingly, the Inspector concluded that the Sidmouth development should be properly considered as C2 use and the same assessment and conclusion should similarly be applied to the current proposals.

6.3.26 Returning to draft London Plan Policy H15, the policy commentary sets out definitions for different types of older persons accommodation and whether they should be treated as C3 or C2 use class. The proposed specialist extra care facility is C2 as all residents will be in need of

care upon moving to the building and the provision of care is a critical part of the accommodation package.

- 6.3.27 Red & Yellow will provide a specialist extra care facility of the highest standard which will have a number of features distinctly setting it apart from traditional C3 accommodation. Firstly, the accommodation will be legally restricted for occupation by those over 65 years in age and requiring a minimum level of care of 5 hours per week. An initial care needs assessment will be required for new residents, undertaken by a Care Manager (registered nurse). This in-depth assessment of their health and social care needs will then be reviewed on a quarterly basis and the care provision adjusted to suit.
- 6.3.28 Given the level of services and facilities available on site, it is anticipated that residents will on average have high care needs. We estimate this translates into an additional 15 hours of care needed on a weekly basis on average. This is on top of the 5 hours of care provided as part of the basic care package. The multidisciplinary nature of the care model means that these 20 hours are the equivalent of much more than this in a normal care environment.
- 6.3.29 The quantum and type of staff also differ significantly from a C3 development, there will be 80 full-time equivalent staff including 20 different staff types, ranging from geriatricians and old age psychiatrists to occupational therapists, physiotherapists, chiropodists and mental and physical health nurses. Staff ratios and shifts are set out below:

Core Team

Staff Type	Day shift (9h-17h)	AM shift (7h-14h)	PM shift (14h-21h)	Night shift (21h-7h)
General Manager	1			
Care Manager	1			
Senior nurse		1	1	
Health Care Assistant		2	2	2
Administration staff	2			
Receptionist/Security		2	2	1
Activities Co-Ordinator	2			
Food and Beverage staff		5	5	
Facilities management staff		2	2	1
Driver		1	1	
Total	6	13	13	4

Consultant and Clinical Therapy Team

Staff Type	On Site
Consultant Geriatrician	Half day per week
Consultant Psychiatrist	Half day per week
Occupational Therapist	4 days per week
Psychologist	2.5 days per week
Physiotherapist	2.5 days per week
Speech & Language Therapist	Half day per week
Chiropodist	1 day per week
Dietician	Half day per week

Nurse and Health Care Assistants Team

Staff Type	AM shift (7h-14h)	PM shift (14h-21h)	Night shift (21h-7h)
Physical Health Nurse	1	1	2
Mental Health Nurse	1	1	
Health Care Assistant	7	7	4
Total	9	9	6

6.3.30 All of these points taken together clearly demonstrate the C2 use of the proposed specialist extra care facility. Further to this, at Appendix 2 is an Extra Care Continuum, which shows where the proposed Red & Yellow specialist extra care facility will fit within the care spectrum. This shows that the Red & Yellow model is able to cater for residents with needs at a high level of dependency and therefore provides an alternative to a care home, with some overlap with the traditional enhanced sheltered housing product at the other end of the spectrum. There is no overlap with standard C3 housing.

6.3.31 Finally, the associated benefits of the proposed C2 use can be summarised as:

- *Benefits to future residents:* the provision of a new extra care development with integrated care facilities. Purpose built housing for the elderly allows people to live independently for longer. These units will have associated support services to meet residents care and health needs as required. The community and social activities available are also a significant benefit to residents' wellbeing.

- *Benefit to the healthcare system:* Enabling residents to live independently longer will help to reduce pressure on the healthcare system through prevention of health-related issues and by delivering health and social care efficiently within the home environment. Routine GP appointments will be reduced and demand on NHS services also reduced. A typical purchaser will spend 65% of the funds from the sale of their property to purchase an extra care unit. This equity release helps with the cost of care and other lifestyle purchases for a traditionally asset rich but cash poor demographic enabling people to live well for longer.
- *Benefits to the housing market:* There is a significant issue of elderly residents under occupying housing. Delivery of Extra Care units provides elderly residents with an attractive option when looking to downsize. This helps to unlock family sized units back into the housing market which trickles down to help first time buyers to get on the housing ladder.

6.3.32 In summary, the proposed specialist extra care facility use constitutes a C2 use class and would meet an identified and increasing need within the Borough as well as having a number of knock on benefits in respect of the local housing stock and local health and social care provision, in accordance with planning policy.

6.4 Health Impact and Benefits

6.4.1 A Health Impact Assessment ('HIA') has been prepared in support of the application proposals, as per the requirements of LBR Local Plan Policy LP30, London Plan Policy 3.2, and draft new London Plan Policy GG3. The HIA is required to look at the potential impacts of development proposals on the health and wellbeing of communities, in order to mitigate any potential negative impacts and help reduce health inequalities. As such, the HIA has been formulated using the Healthy Urban Planning Checklist and the Rapid Health Impact Assessment Tool developed by the London Health Urban Development Unit (HUDU).

6.4.2 The result of the assessment reveals that the proposed development will have significant positive health benefits throughout both the construction and operation phases of the development, with the Healthy Urban Planning Checklist indicating that the proposals are found to have a positive health effect in 47 of the 50 assessment criteria. The remaining 3 criteria indicate a neutral health effect as a result of the proposals. As part of this process additional mitigation and enhancement measures have been identified and subsequently incorporated into the proposals, such as the provision of electric car charging points and the inclusion of a minibus service within the travel plan.

- 6.4.3 At the heart of this is the proposed purpose-built specialist extra care facility which will make a substantial contribution to meeting the identified need for additional older persons housing in the area, with the accommodation developed specifically for elderly residents in need of care and support, using experience from specialist international designers and extensive ethnographic research. The proposed healthcare, therapy, leisure and social facilities also provide considerable health benefits and it is anticipated that the specialist extra care facility will become a hub for the CQC registered care provider to deliver care services to the surrounding community.
- 6.4.4 Currently completely inaccessible, the proposals will open up the site and MOL to the public and provide high quality landscaping, including a children's play area, as well as a restaurant, café and communal and assisted public WC facilities. Passive surveillance, 24-hour on site staff and CCTV will ensure that the external spaces remain safe and welcoming to all, while the operational extra care business will fund and coordinate the maintenance of the publicly accessible open space.

Overall, it is clear that the proposed specialist extra care facility and associated landscaping works will provide substantial health benefits for the area, local residents and future residents, positively addressing Local Plan Policy LP30, London Plan Policy 3.2 and draft new London Plan Policy GG3.

6.5 Affordable Housing

- 6.5.1 The Applicant is engaged in on-going discussions with LB Richmond officers in relation to the potential for an appropriate contribution to be made towards the delivery of affordable housing within the Borough.
- 6.5.2 Please refer to the accompanying Affordable Housing Statement prepared by DS2 LLP for further detail.

6.6 Design Considerations

- 6.6.1 The design of the proposed development is of the highest standard for the new purpose-built specialist extra care facility building and the public realm. There is distinct architectural context in the surrounding area, with the Site being the only undeveloped element of the wider Kew Riverside development. As such, the proposals react and respond to this existing context.
- 6.6.2 The supporting Design and Access Statement provides detailed analysis of the proposal in respect of its evolution, response to feedback, site optimisation and final design.

6.6.3 The design and size of the specialist extra care units differ from standard C3 residential accommodation. This is primarily due to the accessibility requirements which are built into the apartments, providing unobstructed access zones in accordance with Part M of the building regulations, as well as wheelchair movement requirements. The size and design of the units are another feature of the specialist extra care facility which allows residents to age in place.

6.6.4 Looking at it another way, the proposed extra care facility does not physically resemble a standard C3 residential development in design terms in a number of ways, for example 8 units per core does not work for operational reasons, as all units per floor must be accessible to care staff. There are marked differences in technical standards and housing policies that affect the overall design of buildings classified C2 and C3. They are not easily interchanged as it would impact the efficiency, viability and operations of the development together with significantly compromising the residents' accommodation and standards of wellbeing. It is therefore considered that specialist extra care sits clearly within the C2 classification.

6.6.5 Two bedroom units are also the preferred type of accommodation, which again is a result of meeting specific needs of future residents. Richmond Council's 'Retirement Housing Review – Adult Social Care (October 2016)' document links to the Council's Housing Strategy and specifically outlines the current priorities for meeting the needs of older people in the Borough. Within this it is stated:

“Research studies have found that the majority of older owner downsizers are likely to want at least two bedrooms. A Demos study found that most older downsizers surveyed said that their preferred move would be to a two-bed property. In addition, a report by the Joseph Rowntree Foundation found that the majority of older people wanted at least two bedrooms to have space for visitors, carers, storage or hobbies. This is indicative of the aspirations of older people and, specifically, owner occupiers.”

6.6.6 Taking the development principles established by the architects and design team, the final proposals as submitted seek to:

- Reinststate, enhance and open up the Metropolitan Open Land, with the inclusion of publicly accessible outdoor areas, a children's play park, toilets and cafe / restaurant.
- Deliver high quality architecture and aesthetics, reflecting excellence in design and paying tribute to the historical character of Kew with the use of high-quality masonry, timber and metalwork in a contemporary manner
- Deliver consistency in bulk and massing with the surrounding 5 storey developments, and ensure the building respects and increases on the required setbacks to adjacent buildings

- Retain views for buildings to the north and south - maintaining generous river views, whilst providing a carefully considered approach to the landscaped garden areas and façade design, ensuring a pleasant outlook for neighbouring properties
- To provide as much appropriate soft landscaping as possible, whilst creating an open and inviting destination, developing new linkages and permeability through the site; connecting the Thames towpath, new children's play park and MOL garden space
- Protect the existing trees and shrubbery along the exiting towpath, reflecting feedback from local user groups by retaining the character and quality of this environment
- Articulate the upper levels of the building with the use of different materials / colour treatments and setbacks, cutting back the massing behind the existing river tree line; thereby softening and reducing any visual impact to the residents on the opposite bank of the river
- Provide rationalised parking at a reduced rate, due to residents' reduced driving needs
- Provide residents with appropriately sized units, where downsizing from family homes requires larger units, with the ability to store a lifetime of belongings and memories
- Ensure specialist extra care units are readily accessible and adaptable so the residents can age in place and receive care

6.6.7 In townscape terms, the buildings are all contextual to the surrounding heights and the proposed massing follows the prevailing character and urban grain of Kew Riverside. Setbacks to neighbouring properties all equal or exceed 20 metres, which provides a comfortable relationship between the buildings. Similarly, the proposed building height of ground plus 3 to 5 storeys also incorporates set backs at the upper levels, again providing a comfortable and contextual relationship to the surrounding built form. These relationships are further demonstrated within the submitted Design and Access Statement.

6.6.8 The submitted Views Assessment (forming part of the Design and Access Statement) clearly demonstrates the acceptability of the proposed building height, mass, articulation and materiality in both the immediate and wider locality. Indeed, given the nature and location of the site, it is only really appreciated from a small number of local views. In longer views, particularly those along the river, it is apparent that the proposed development would reflect the pattern of development of the adjacent buildings fronting the Thames. Furthermore, for a large part of the year the proposed building would be almost entirely screened by the extensive mature vegetation and trees which line the towpath.

6.6.9 In summary, the proposed development is of the highest quality internally, externally and in relation to the surrounding context, in compliance with London Plan Policy 3.5 and LBR Policies LP1, LP2, and LP18.

6.7 Landscaping, Ecology and Biodiversity

- 6.7.1 Landscaping is a fundamental part of the proposed development and will form a key component of the specialist extra care facility for future residents as well as the general public. Wilder Associates landscape architects, in conjunction with Marchese Partners, have developed a comprehensive landscaping strategy which is included within the accompanying Design and Access Statement. It is intended the development seamlessly integrates into the existing context and Metropolitan Open Land, while significantly improving the visual appearance of the Site and area.
- 6.7.2 The existing ecological status of the subject Site is set out within the Preliminary Ecological Appraisal prepared by AECOM. While over half of the Site comprises building and hardstanding, which has negligible ecological value, the existing semi-improved grassland does have potential value for certain common invertebrates, small mammals and birds. Accordingly, a Biodiversity Strategy has been prepared by AECOM which sets out a series of mitigation measures, which includes an extensive living biosloar roof, deadwood piles, multiple nest boxes for house sparrows, common nesting birds and swifts, as well as bat roost boxes and habitat boxes for a variety of invertebrate species. The addition of new trees to Melliss Avenue as part of the landscaping scheme will also add to the biodiversity of the area and help to soften the proposed built form in a manner similar to the existing condition.
- 6.7.3 It is therefore considered that the proposed development meets the requirements of LBR Policies LP13, LP15, LP16 and LP17 relating to landscaping, biodiversity, trees and green roofs.

6.8 Transport

- 6.8.1 It is proposed for vehicles to access the Site from Melliss Avenue, with a 'loop road' and Porte Cochere at the building's main entrance, as well as the car park entrance at the southern corner of the Site. A dedicated delivery servicing bay is also provided at the northern portion of the Site fronting Melliss Avenue. A total of 27 car parking spaces are proposed, of which 12 will be blue badge disabled spaces, as well as 1 drop off/short terms space and a mini bus parking bay.
- 6.8.2 The development will promote sustainable transport choices and the detailed Transport Assessment prepared by Tyréns UK Limited that accompanies this application demonstrates that the proposed development is not expected to have any significant material impact on public transport modes or the highway network. Located approximately 1km from Kew Gardens Station, and with numerous bus routes in proximity, the subject Site is well located with regard to public transport.

- 6.8.3 A total of 26 cycle parking spaces will be provided for both visitors and staff. Of these, 8 spaces will be provided as secure and sheltered spaces within the building and 18 short stay spaces will be provided outside the building in the public realm.
- 6.8.4 In addition to the above, a dedicated minibus service for the site will provide easy access to key local amenities and transport hubs for residents. The service, available between 7am and 9pm 7 days a week, will further reduce the need for residents, staff and visitors to make journeys by private car. A dedicated area for the minibus is located within the car park.
- 6.8.5 A Travel Plan has also been submitted which accompanies the Transport Assessment undertaken by Tyréns UK Limited, and which sets out the approach to sustainable travel and transport in the operation of the proposed specialist extra care facility.
- 6.8.6 In summary, the arrangements for transport and access within the proposed development are fully in accordance with local planning policies LP24, LP44 and LP45.

6.9 Construction Management

- 6.9.1 The approach to construction of the proposed development has been a key consideration and has been developed in detail as part of the pre-application engagement and design development process. On this basis, a Construction Management Statement has been prepared by Blue Sky Building, with the document outlining how critical demolition & construction activities will be undertaken, and specifically covers the environmental, public health and safety aspects of the proposed development.
- 6.9.2 The overall demolition and construction programme is anticipated to take 24 months, and the site will be fully hoarded during this period. Access to the site will be via Townmead Road and Melliss Avenue. Detailed swept path analysis has been undertaken, confirming that the route can be negotiated by 10m rigid lorries, and as such vehicles will be limited to this size. Deliveries and waste removal will be scheduled to avoid peak periods and vehicles will be marshalled by banksmen. All vehicles will enter and exit the site in a forward gear.
- 6.9.3 The construction process will be undertaken with full local authority and public liaison, which will include dedicated community relations personnel. For full details of the proposed approach to construction and logistics please refer to the submitted Construction Management Statement.

- 6.9.4 Red and Yellow is endeavouring to obtain permission with neighbouring properties for an alternative access route that would alleviate pressure on the estate and on public users of the Recycling Centre, but that remains subject to agreement (with parties outside their control). The Construction Management Statement therefore mitigates potential clashes by limiting hours of deliveries as far as practical to avoid weekday rush hours and weekends altogether.

6.10 Neighbouring Amenity

Daylight and Sunlight

- 6.10.1 The application proposals have been carefully designed to ensure that the building maximises levels of daylight and sunlight within the proposed specialist extra care units and reasonably minimises impacts on daylight and sunlight levels experienced in dwellings in proximity to the Site.
- 6.10.2 The proposed development has been informed by a Daylight, Sunlight and Overshadowing Report, prepared by Point2 Surveyors, which has been submitted in support of this application. The development has sought to address any impacts on neighbouring properties and to optimise the scheme's performance in terms of daylight and sunlight amenity through design evolution, with close collaboration between the architects Marchese Partners and daylight and sunlight specialists Point2. Building articulation and upper floor set backs ensure that the built form minimises any effects to adjacent properties.
- 6.10.3 As has been previously noted, the existing site condition includes densely planted perimeter trees along the boundary, which were installed in order to screen the former Biothane plant from sight, something that they achieve exceptionally well. The trees, having been an established part of the local context for over 15 years, present a noticeable obstruction to the daylight and sunlight experienced by neighbouring residential properties. As such, the trees should be taken into consideration as part of the detailed technical assessment.
- 6.10.4 In accordance with the above, and in accordance with the BRE Guidelines, the assessment has been undertaken both with the trees in full leaf (approximately 7-9 months of the year) and without leaf (approximately 3-5 months of the year). The assessment has also been undertaken without the trees included in order to give a complete picture.
- 6.10.5 Overall, when taking into consideration the existing site condition, the vast majority of neighbouring properties satisfy BRE guidance and retain good levels of daylight and sunlight availability. Indeed, there are a number of windows which will experience improvements to their

daylight and sunlight availability as a result of the existing trees being removed and the setting out of the new building as part of the proposed development.

- 6.10.6 Turning to overshadowing, the 'Sun on Ground' availability for all surrounding residential gardens is in accordance with BRE guidance, and again in a number of instances there would in fact be an improvement in Sun on Ground availability to gardens as a result of the existing tree removal.

Noise

- 6.10.7 With regard to noise, a Noise Survey and Assessment has been undertaken by AECOM, with the summary findings confirming that subject to appropriate design and mitigation measures external noise ingress can be suitably controlled.

Odour

- 6.10.8 An Odour Assessment Report prepared by AECOM accompanies the planning submission. The proposed café and restaurant will provide hot and cold meals serviced by a single kitchen. While the detailed layout and technical specification of the kitchen are to be developed, the space planning and building services design have accounted for appropriate risers for vertical ductwork, extraction, filtration and termination at roof level in order to ensure that the proposals do not lead to unacceptable odours or other environmental effects.
- 6.10.9 Each of the above criteria is considered to be in accordance with the requirements of LBR Policy LP8 by suitably protecting the amenity and living conditions for occupants of the new, existing, adjoining and neighbouring properties.

6.11 Flood Risk and Drainage

- 6.11.1 In terms of flood risk, the site falls within Flood Zone 3a, which indicates a high probability of flooding whereby there are no flood defences. In this instance, there are flood defences in place which protect the area against a river flood with a 1 in 100 annual probability or 1 in 200 annual probability of sea flooding. In design terms, it is therefore necessary for the ground floor to contain 'less vulnerable' uses, with the proposed specialist extra care accommodation located from the first floor and above.
- 6.11.2 As part of this process the proposals were discussed and agreed with the Environment Agency, including being directed away from providing basement accommodation. In real terms, any basement can only accommodate plant, stores and car parking. Plant would be destroyed in

the event of a flood, and thus maintaining equipment at the ground floor enables a far quicker recovery and reinstatement for vulnerable residents.

6.11.3 A Flood Risk Assessment (FRA) has been prepared by AKT II which confirms that the Site has a low to very low risk of flooding by source. A dry escape route is provided to the east of the site and suitable evacuation procedures will be put in place by trained staff who are in place 24-hours a day. As above, the proposals have been discussed and the approach agreed with the Environment Agency prior to submission.

6.11.4 Further supporting the application is a Sustainable Urban Drainage Systems (SuDS) Statement prepared by AKT II setting out the approach to drainage and stormwater management. In summary, it is proposed to install a below ground attenuation tank along with tanked permeable pavements in the car parking areas for run-off treatment. Outfall from the site will connect to the existing sewer system on Melliss Avenue, with the approach discussed and agreed with Thames Water prior to submission.

6.12 Energy and Sustainability

6.12.1 The supporting Energy Statement undertaken by AECOM confirms that the building includes passive design principles and energy efficient building fabric and services in order to reduce emissions. A high efficiency, low carbon communal heating system is proposed. Renewable energy technologies were also explored and it is proposed to utilise solar photovoltaic (PV) panels and air source heat pumps (ASHPs) as part of the development. The total area of PV panels proposed is 430sqm.

6.12.2 The combination of the identified passive design, energy efficiency measures, and renewable measure indicates that the target of 35% on-site CO₂ savings is predicted to be met.

6.12.3 In addition to this, AECOM have prepared a Sustainable Construction Checklist which demonstrates that the proposed development achieves an overall score of 59.5, equivalent to a residential new build 'A' rating, and meaning that the development will make a major contribution towards achieving sustainable development in Richmond.

6.12.4 A BREEAM pre-assessment has also been completed, which demonstrates that the proposed development can achieve a BREEAM rating of 'Excellent'.

6.13 Air Quality

6.13.1 An Air Quality Assessment has been prepared in support of this application which assesses the application proposal and its potential to impact on local air quality through dust emissions

during construction and once operational. During construction dust mitigation measures are recommended in order to reduce any potential impact to nearby residential receptors.

The proposed development has also been assessed as 'air quality neutral' both in terms of building emissions and transport emissions. The detailed dispersion modelling of Melliss Avenue, Townmead Road and Mortlake Road revealed that mean NO₂ concentrations at all existing and proposed sensitive receptors were within AQS objectives. Overall, the report concludes that the Site is considered appropriate for its proposed use from an air quality standpoint, in accordance with LBR Policy LP10 and London Plan Policy 7.14.

6.14 Contamination

- 6.14.1 Soiltechnics Ltd have completed a Site Investigation, Land Contamination Assessment and Remediation Strategy report which accompanies the application. This report sets out the exploratory investigations undertaken and subsequent findings. It is not considered that any further investigative works are required at this stage. The Environment Agency have already provided written confirmation that the necessary measures have been undertaken in order to avoid pollution risk following the closure of the water treatment facility. With regard to further remediation, the Remediation Strategy sets out the approach for addressing the contamination identified in order to ensure the Site is suitable for the proposed development.

6.15 Archaeology

- 6.15.1 A Historic Environment Assessment has been undertaken by MOLA, which comprises a desk-based study assessing the impact of the proposed scheme on buried heritage assets (archaeological remains). It is noted that the previous investigations associated with the Kew Sewage Treatment Works have shown that the archaeological potential of the site is likely to be limited to remains of no more than low significance and that any such remains have likely been impacted by the construction works associated with the treatment plant. The proposed development does not include a basement and accordingly it is not anticipated that any further archaeological investigations will be required.

7 Summary of Planning Benefits

7.0 In addition to the proposed development's compliance with relevant planning policy set out above, the scheme will deliver the following range of planning benefits:

- 7.0.1 **Benefits to future residents:** purpose-built housing for the elderly so that individuals/households can remain in their homes removing the requirement to move into a carehome. This allows people to live independently for longer allowing couples to stay together. New units will have associated support services and facilities to meet residents care and health needs as required. A significant benefit to resident wellbeing will be the sense of community created by the scheme and social activities available. Local residents will be able to stay local whereas there is no choice to do so at present. Health and Social Care can be delivered at a lower cost than alternatives (eg retirement or care homes) – as required by residents rather than a set amount. The intensity and type of care can be adjusted according to specific needs – provides flexibility, care changes as the individual/households needs change, accommodating a wide range of needs including end of life care.
- 7.0.2 **Benefits to the health and social care system:** In providing on-site care and enabling residents to live independently for longer, the proposed development will reduce pressure on the healthcare system through prevention of health-related issues and by delivering private health and social care efficiently within the home environment. The proposed specialist extra care facility will help reduce stress on local GPs, reduce demand on NHS services (eg hospital admissions) and local Adult Social Services.
- 7.0.3 **Benefits to the housing market:** there is a significant issue of elderly residents under occupying housing. Delivery of a new elderly housing development with integrated care facilities provides elderly residents with an attractive option when looking to downsize. This helps to unlock family sized units back into the housing market which trickles down to help first time buyers to get on the housing ladder.
- 7.0.4 **Benefits to Metropolitan Open Land:** by opening up and significantly improving the previously inaccessible and unsightly MOL. A total of 2,926sqm of high-quality landscaped open area will be provided and publicly accessible. The provision of high quality, permeable landscaping and community facilities, including, café, restaurant, communal and assisted public WC facilities, and children's play area, will preserve and enhance the key MOL characteristics for future generations. In particular, there is no other public WC currently available between Chiswick Bridge and Kew Bridge along the towpath, so this represents a significant benefit.

- 7.0.5 **Employment and economic benefits:** the proposed development will make a significant contribution to economic growth through increased expenditure from the proposed development alongside local job creation, which is already creating a lot of interest. In addition to the construction related jobs, approximately 80 full-time equivalent permanent jobs will be created onsite alone. Indeed, the Applicant is already receiving interest from neighbours with respect to being involved and working in various roles in the scheme.
- 7.0.6 **Architectural and townscape quality:** the design for the proposed development has been sympathetically developed to ensure it provides an appropriate contextual response for the local area, complemented by a high quality and rich landscape offer. The final “piece of the jigsaw” will enhance the wider development providing a unique legacy for Kew and the Borough.

8 Conclusion

- 8.0 Section 38(6) of the Planning and Compulsory Purchase Act requires planning applications to be undertaken in accordance with the development plan unless material considerations indicate otherwise. This proposal is in accordance with development plan policy, and in addition, there are a number of material considerations which support the grant of planning permission.
- 8.1 There is compelling evidence and policy justification that supports the current proposals for the redevelopment of a well located and underutilised brownfield site and the provision of a C2 extra care facility at the Site.
- 8.2 It has been clearly demonstrated that the proposed specialist extra care facility, to be operated by Red & Yellow, will provide substantial levels of tailored care to residents, and the building will fall squarely within the definition of a functional C2 use. By providing a specialist C2 extra care facility the scheme will meet an identified need for LB Richmond, and in conjunction with the associated landscaping works, will provide substantial health benefits for the area, local residents and future residents.
- 8.3 The proposals will result in opening up what is currently inaccessible and run down Metropolitan Open Land, while the associated landscaping will provide major visual, ecological and biodiversity benefits for the Site, local area and MOL.
- 8.4 The proposed communal facilities, including restaurant, café, communal and assisted public WC facilities, open space and children's play area will allow for the development to be accessible to not only residents and visitors but also the wider community.
- 8.5 The overall high-quality design by way of its massing, articulation and appearance is considered to be contextually comfortable within its surroundings and a positive contribution to the local area. The proposals satisfy the objectives of the Development Plan policies discussed in this statement.
- 8.6 It is therefore considered that the proposals should be supported and planning permission duly granted.

APPENDIX 1 – S106 HEADS OF TERMS

It is proposed that the Section 106 Agreement will contain planning obligations which could secure the following (without prejudice):

- Operational Management Plan including:
 - Definition of Extra Care Facility (C2 Use Class) – *“means the 3 to 5 storey specialist care facility comprising 89 units (C2 Use Class) with extensive associated private and communal healthcare, therapy, leisure and social facilities, for occupation by Extra Care Facility Residents.”*
 - Buyer eligibility restriction – *“means persons who at the time of admission to the Extra Care Facility are over 65 with a long-term health condition and in need of long term medical, nursing or social care.”*
 - Care definition and services provided
 - Monitoring arrangements
 - Re-sale controls
- Proposed facilities available for community, visitors and public access - arrangements including details of hours and eligibility
- Travel Plan

Further to the above the applicant is willing to engage with LBR to ensure that the appropriate obligations are secured within a s106 legal agreement as part of the planning permission.

APPENDIX 2 – EXTRA CARE CONTINUUM

Elderly care spectrum						
Setting	Standard housing	Sheltered housing	Extra care/ Enhanced sheltered housing/independent living/assisted living	Care homes	Care homes w with nursing	Hospitals
Care provided	Domiciliary care			Personal care	Nursing and medical care	
Cost of care	Low to medium and highly variable			Medium to high	High	Very high
Accommodation type	Standard housing	Specialist elderly housing		Residential/Institutional setting		
CQC regulation	Regulated only if care provided			Highly regulated – all care and accommodation		
Proposed community			Needs met in the proposed scheme			

APPENDIX 2 – LAND USE NOTE

RED AND YELLOW KEW BIOTHANE

LAND USE

1. Introduction

The purpose of this file note is to provide information to define the land use classification of the proposal for a Red and Yellow ('R&Y') operation at Kew Biothane.

It sets out the statutory position, assesses relevant guidance and supporting material considerations and then applies this to the R&Y model proposed at Kew.

2. Statutory background

The principal statutory reference point for any land use classification is the Town and Country Planning (Use Classes) Order 1987 (as amended) ('the Order'). The Order defines residential/sleeping accommodation type uses (Part C) as follows:-

C1 - Hotels and hostels *"Use as a hotel, boarding or guest house or as a hostel where, in each case, no significant element of care is provided."*

C2 – Residential Institution - use as *"use for the **provision of residential accommodation and care to people in need of care** (other than a use within class C3 (dwelling houses)), use as a hospital or nursing home or use as a residential school, college or training centre"*.

C3 – Dwelling Houses – *"Use as a dwelling house (whether or not as a sole or main residence) (a) by a single person or by people living together as a family, or (b) by not more than 6 residents living together as a single household (including a household where care is provided for residents)."*

A defining feature of the sub C classification is the provision of care.

Care is defined in the Order as **"personal care for people in need of such care by reason of old age, disablement, past or present dependence on alcohol or drugs, or past or present mental disorder and in Class 2 also includes the personal care of children and medical care and treatment"**. It follows that residential accommodation with care provision to people in need of care is C2 and not C1 or C3.

Care provision and specialist accommodation is provided in many forms and extra care is a relatively new model that has evolved – see below (the Department of Health Extra Care Housing Toolkit - Introduction).

*In recent years, a quiet revolution has begun to take place in terms of the provision of specialist housing, particularly for older people. For a long time, choice in accommodation for this population meant one of three options; remaining in their long term family home (which may have become increasingly difficult to maintain or increasingly inaccessible); moving to sheltered housing (predominately perceived as both an interim and a public sector option) or moving into some form of care home (often entailing a surrender of housing equity). The change that has taken place has not only seen an increase in services to support people within their traditional family home, through specialist domiciliary care and assistive technology, but also **the development of specialist housing which has been designed to accommodate people with a range of lifestyle, health and care needs to the extent that deteriorating general health should no longer be the sole reason for having to move home.** The need to develop this type of provision has been emphasised in the recent Wanless Review, 'Securing our Future Health: Taking a Long Term View', and, for a number of years, by the government. For example, Stephen Ladyman stated in 2003: "...most older people want services that allow them to retain control over their daily lives with support delivered as and when they need it. What they don't want are rigid and traditional models that take for granted an inevitable and progressive path from living independently to being cared for. Our increasing recognition of housing related services, and extra care housing in particular, - backed up by extra investment and new approaches to housing with care - is part of our policy to deliver this choice and control."*

There is no definitive categorisation of the 'extra care' or a 'care' model of provision and so this falls to be determined as a matter of fact and degree in each individual case. To assist in further defining what constitutes C2, despite the clarity provided by the terminology of the UCO (***the provision of residential accommodation and care for people in need of care***), guidance notes of governmental and professional bodies are helpful.

For example, the Department of Health Extra Care Housing Toolkit defines extra care as ***"purpose-built accommodation in which varying amounts of care and support can be offered and where some services and facilities are shared"***.

The RTPI Good Practice Note 8 (Extra Care Housing: Development Planning, Control and Management) (2007) and Housing LIN (Planning Use Classes and Extra Care Housing, Learning and Improvement Network) (2011) define extra care in line with the toolkit definition above.

From the above statutory definitions and primary guidance, the key characteristics of C2 use (whether that is extra care or care) are:-

- purpose built accommodation,
- providing levels of care, and
- some services/facilities being shared

3. Development Plan Policy

Current London Plan

The adopted London Plan 2016 does not contain any policy or make any reference to the definition of C2 and the qualification or otherwise of care or extra care provision.

Draft New London Plan

Draft Policy H15 C states:

*“Sheltered accommodation and extra care accommodation is considered as being in Use Class C3. Residential nursing care accommodation (including **end of life/ hospice care and dementia care home accommodation**) is considered as being in Use Class C2.”*

Paragraph 4.15.3 of the supporting text simply states again that “*sheltered accommodation and extra care accommodation should be considered as C3 housing*”, defining extra care accommodation as follows:

“extra care accommodation (also referred to as assisted living, close care, or continuing care housing) is self-contained residential accommodation and associated facilities, designed and managed to meet the needs and aspirations of older people, and which provides 24-hour access to emergency support. A range of facilities are normally available such as a residents’ lounge, laundry room, a restaurant or meal provision facilities, classes, and a base for health care workers. Domiciliary care will be available to varying levels, either as part of the accommodation package or as additional services which can be purchased if required.”

The above definition is at odds with the Order which is the primary reference point for a legally defined definition of use and the use class it falls under.

The Mayor’s Housing Supplementary Planning Guidance (SPG) (March 2016) sets out the following non-statutory guidance (para 3.7.4):

- **Sheltered accommodation** (also called retirement housing) (use class C3); self-contained residential accommodation specifically designed and managed for older people (minimum age 55) in need of no or a low level of support. Each household has self-contained accommodation and the schemes normally include additional communal facilities such as a residents’ lounge. A warden, scheme manager, community alarm/telecare or house manager interacts with residents on a regular basis and is the first point of contact in an emergency.
- **Extra care accommodation** (also called close care, assisted living, very sheltered or continuing care housing) (use class generally C3 – see use class section below); Self-contained residential accommodation and associated facilities designed and managed to meet the needs and aspirations of people who by reason of age or vulnerability have an existing or foreseeable physical, sensory or mental health impairment. Each household has self-contained accommodation and 24-hour access to emergency support. In addition, extra care accommodation includes a range of other facilities such as a resident’s lounge, a guest room, laundry room, day centre activities, a restaurant or some kind of meal provision, fitness facilities and classes and a base for health care workers. The exact mix of facilities will vary on a site by site basis. Some domiciliary care is provided as part of the accommodation package, according to the level of need of each resident. Extra care housing aims to create a balanced community, bringing together a balanced proportion of people with different levels of care needs.
- **Use class C2 - Residential Institutions**; Residential/nursing care (including end of life/hospice care and dementia care): Nursing or residential care home providing non-self-contained residential accommodation for people who by reason of age or illness have physical, sensory or mental impairment, including high levels of dementia. Accommodation is not self-contained; meals and personal services are routinely provided to all residents. Communal facilities are likely to include a dining room and residents lounge. There will be a scheme manager and in house care team who provide a consistent presence. Personal or nursing care is a critical part of the accommodation package. Nursing homes include 24-hour medical care from a qualified nurse.”

Despite the draft London Plan policy set out above that states that self-contained accommodation is “generally” C3, the SPG at paragraph 3.7.18 recognises that even if units within a building have their own front door this does not mean that the use falls outside of Class C2.

- *“Consultants suggest that the most robust way of distinguishing between the two is the ‘front door’ test – if the unit of accommodation has its own front door then it is usually C3, if not it is C2. However, development management experience suggests in many cases this may require some refinement to take appropriate account of the components of care and support and level of communal facilities such as those associated with some Extra Care schemes where units may have their own front door, but functionally are effectively C2. Providing the proposal is justified by identified need and addresses wider policy considerations, the planning system should not be used to restrict development of either – this is an evolving market and provision should not be constrained by what, in need terms, might appear to be an arbitrary and perhaps dated planning distinction”.*

It can be seen that the draft policy H15 and the SPG rely heavily on the ‘front door test’ and, generally, assess self-contained accommodation as C3, but without reference to the provision of care as set out and defined by the Order. Notwithstanding that presumption, both are not prescriptive (ref use of the term ‘generally’) and the SPG recognises the need to consider all matters where an operation is functionally C2, but with own front doors.

4. Other Considerations

Appeal Decision Precedent - The Sidmouth Decision 22 January 2018 APP/U1105/W/17/3177340

The ‘Sidmouth appeal’ relates to a proposal for 113 extra care units with staff accommodation and communal facilities, including a kitchen, restaurant/bar/café, a well being suite comprising gym, treatment rooms and pool, a communal lounge and storage facilities.

The appeal decision and the Inspector’s Report provide very helpful guidance on the application of statutory and other definitions and guidance with regards to the definition and qualification of the appeal scheme as C2 and, although not in London, also considered the Mayor’s SPG. Relevant notes are made below:-

- A critical number of residential units are required to support the level of care proposed together with the communal services and facilities that are to be provided by the scheme. This means that an extra care home is purpose designed and built; it is not applicable as a general housing type and requires a critical mass to support the care provision and communal facilities. It is therefore hybrid/different to general C3 housing.
- The development would involve self-contained apartments with their own front doors, private space and facilities. They will be accessed via communal space and have access to a range of communal areas and facilities such as all day food and drink provision, wellbeing facilities comprising a gym, treatment rooms, a pool and a communal lounge. Staffed and supervised treatment facilities provide opportunities for exercise, fitness and mobility and have the potential for more specific medical treatment and rehabilitation after illness or surgery. The description does not conform to general C3 development and is clearly aligned with C2 definitions. All types of accommodation generally have their own front door and the self-

containment element is simply a factor of the typology of the extra care model; it does not mean that the proposal is not providing “*care for people in need of care*”.

- The supporting care facilities are available to residents to support their independent living and are also available to the general public to achieve the same objective and to encourage community interaction and engagement. This not only exceeds the level of provision expected in general residential development, but it also serves a different purpose; that being to promote social and community interaction as opposed to entirely private ‘gated’ development normally associated with C3 use.
- The extra care proposal restricts occupation to those aged 60 or over and in need of a minimum level of personal care per week. The definition of personal care is broad; traditionally including assistance with personal hygiene, dressing, feeding and drinking, but now incorporates advanced technology such as artificial intelligence and multisensory furniture and design items such as diagnostic WC’s and soft impact flooring. These are all items not normally associated with general C3 use and due to their high level of sophistication and cost are very specific to C2 use.
- The development would have full time care staff based on site, the sole purpose being to manage care provision and provide diagnostic assessment and monitoring. Again, this goes beyond the general concierge/caretaker provision normally associated with C3 use and requires professional medical/care related qualification.
- The Inspector concluded that the development was offering much more than a dwelling house and that whilst providing independent living accommodation (self-containment) this is only one element of the scheme that otherwise provides a range of communal facilities inextricably linked to the extra care model and the provision of care tailored to the needs of the occupiers. Accordingly, the Inspector concluded that the Sidmouth development should be properly considered as C2 use.
- The Inspector considered the Mayor of London’s position, notwithstanding that it was not the relevant Development Plan in consideration for the proposal, and concluded that it did not alter his conclusion on the facts of the case defining whether the proposal was C2 or C3.

5. Assessment of the Red and Yellow proposal

For the purposes of the assessment, it is assumed that R&Y proposal is very similar to the Sidmouth proposal in terms of providing residents’ accommodation, staff accommodation and supporting communal health, well-being services and facilities

Care provision

R&Y provides accommodation for people over 65 in need of care with care support available 24/7. Residents will be able to use any care provider, but R&Y will be the preferred care provider on site and will be responsible for the delivery of care services.

Initial assessment and emergency response is included as part of the basic package residents are required to subscribe to. Residents also have access to a full range of health and social care services including domestic, personal and social care (general housekeeping, assistance with eating and drinking, toileting, dressing and companionship) and clinical healthcare (mental and physical health) for common long term conditions such as Parkinsons, dementia etc. It is

expected that residents care requirements will range from low (2 hours/week) to medium (2-15 hours/week) to high (>15 hours/week), increasing over time.

R&Y will employ a multi-disciplinary team of 20 different staff types ranging from geriatricians and psychiatrists to occupational therapists and mental and physical health nurses. A clinical governance committee will oversee this team and operate under the guidelines of the Care Quality Commission.

Self-containment

The 'USP' of the R&Y model is to **provide homes with care, not care homes**. It is a critical component of the model that care provision is fully integrated, eliminating the need to transition into institutional care facilities, except for extreme emergency hospitalisation, with the care brought to the home 'unit' or accessed within the home 'facility' (this being the development as a whole via the communal treatment services and facilities). Therefore, residents' care will evolve into provision more normally associated with nursing and residential care homes, but without having to move home. For example, a resident is likely to develop a terminal illness over time, require acute care, but remain in the accommodation. Accordingly, the question of self-containment is something of a red herring as it misleads and distracts from the most relevant and important issue which is the level of care for people in need of care.

Care facilities

R&Y will provide the following:-

- Treatment rooms to accommodate the range of 20 different staff types identified above, ranging from geriatricians and psychiatrists to occupational therapists and mental and physical health nurses together with specialist dementia care.
- Critically, and as noted above, the care will be provided in the individual homes and a holistic assessment of the quantum and quality of the care 'facilities' needs to consider that the whole development is a 'care facility'.
- Day care service.

Communal facilities

R&Y will also provide the following:-

- Wellness and Exercise Centre – to encourage social interaction integration as part of the care provision.
- Therapy Pool and Spa – to encourage social interaction integration as part of the care provision and also to provide therapy treatment.
- Beauty Salon - to encourage social interaction integration as part of the care provision.
- Cinema/activity room - to encourage social interaction integration as part of the care provision and palliative care.

Care management

R&Y will provide integrated care management as follows:-

- Initial and ongoing assessment – to determine the level and type of care.
- 24/7 emergency response care with two trained health care assistants and a senior nurse on site 07:00 – 21:00 and an additional carer at night, all night.
- Activity coordinator – to assist in the provision of social care.
- Food and beverage – staff trained to provide for the specialist culinary and nutritional needs of older persons.
- Security – specialist security staff with training in older persons' care.
- Transportation – to assist in travel (dedicated bus service).
- Housekeeping and maintenance – all selected to ensure proper understanding of older person needs.
- In total, R&Y will employ 34 persons to operate the development, excluding the 20 health care specialists.

Design features

An integral part of the design proposed is that the scheme, and the individual units, will incorporate the following:-

General

- Simple plan form and layout to aid way finding
- Lift cores visible from the main entrance of the building
- Larger lift available for stretcher use
- Vehicle drop off area at main entrance to allow residents to alight safely and securely
- All units to be single story
- Entrances to the building are limited to maximise legibility and security
- Sliding doors are used in specific locations to improve accessibility
- Landscape design to be sensory and calming, and provide dedicated activity space
- Handrails and dado rail shelves to at least one side of circulation routes
- Easy to use ironmongery
- Electrical sockets and switches located at an appropriate height
- Colour schemes which use contrasting tones to highlight locations and features within the building

Apartments

- Master bedroom layout provides direct connection to the ensuite to allow a hoist to be used
- Shower rooms comprise level threshold wet rooms
- Provision of telecare systems, alarms, also ability to install bed and floor sensors
- Design to accommodate, anti-scald/burn safety measures, fire detection and integrated hand rails
- Environmental control will include mechanical ventilation, underfloor heating and openable windows

Bathrooms

- Walk-in shower/wet rooms which accommodates a wheelchair and carer
- Easily adaptable bathroom which includes a bathing hoist and shower seats
- Anti-slip flooring
- Basins/vanity units at 800 – 850 mm high, to accommodate a wheelchair and is safe to lean on
- Mixer taps with lever or cross handles
- Shower head rail which can double as a grab rail
- Safety plugs for the sink and bath to avoid flooding

Kitchens

- Corner base units with pull out carousel fittings
- Glazed or open shelves for item identification
- Drawer and cupboard pulls that are easy to grab
- Tall fridge freezer rather than under counter
- Smaller high level dishwasher with drawers
- Oven, hob and fridge freezer with sensors so avoid being left on or open

Comfort and security

- Carefully considered lighting e.g. colour options to replicate daylight, uplift mood or promote rest
- Low level sensor lighting which can be turned on by carers when entering at night
- Mix of overhead and wall lighting
- All lighting to be dimmable

Specific user group requirements

Visual Impairment

- A colour scheme with good contrast between the floors, walls and ceilings
- Avoid glossy or shiny surfaces, particularly on floor coverings
- Avoid highly patterned floors and worktops since it is harder to pick out objects against them
- Ensure a contrast between doors and their handles

Hard of Hearing

- Ensure large spaces have a high acoustic absorbency to reduce echo
- Install an induction loop system in all communal area
- Ensure door bells, smoke alarms and telephony provide flashing lights and/or vibrate

6. Summary

The Town and Country Planning Act 1990 (as amended) provides that all planning applications must be determined in accordance with the Development Plan unless material considerations indicate otherwise.

In the first instance, however, it is necessary to be absolutely clear as to what a planning application proposes before applying Development Plan policy to determine whether planning permission should be granted or not. With regard to the R&Y proposal at Kew Biothane, the principle matter is whether the development comprises C2 or C3 development.

It is always necessary to firstly refer to statute and primary legislation before considering supplementary guidance, policy notes, professional good practice guiding notes and other such sources to assist where it is necessary to consider the facts and degree in each individual case. In this instance, the primary sourced is the Use Classes Order. It defines C2 as the “*provision of residential accommodation and care to people in need of care*”.

It is apparent from the draft London Plan policy H15 that the GLA is seeking to redefine what is set out in the Order by seeking to qualify extra care accommodation as C3, principally on the basis of accommodation being self-contained. As described earlier, the design of a proposal is not central to the qualification as it is the provision of care to people in need of care that defines C2. In any event however, draft policy H15 and the SPG recognise that definition is a matter of fact and degree in each specific case, particularly where an operation is functionally C2.

The fact that a R&Y resident can live independently by virtue of a unit having its own bathroom and kitchen facilities does not mean that the unit should be considered as C3. There is no sub-planning unit being created as the whole development is an integrated care facility with communal facilities, designed to encourage social interaction through the provision of onsite catering and care/treatment facilities outside of each individual unit. The principal purpose of such care provision is to create ‘homes with care’ whereby care is provided in the home to limit residents having to access care outside their home.

The Sidmouth appeal decision and the assessment by the SoS appointed Inspector provides an overriding assessment of the question of whether that extra care provision proposal is C2 or C3. The Inspector acknowledged the self-containment of the units, but concluded that the communal areas and facilities differentiated the proposal from a C3 development. Further, the level of care provision and age qualification criteria conformed with C2. The R&Y proposal is very similar to the Sidmouth proposal and indeed provides for greater levels of care.

Taking all of the above into account, the only conclusion that can be reached is that the R&Y proposal at Kew Biothane is C2.

DP9 Limited
16 March 2018

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