TECHNICAL BRIEFING: EPSOM AND EWELL BOROUGH COUNCIL



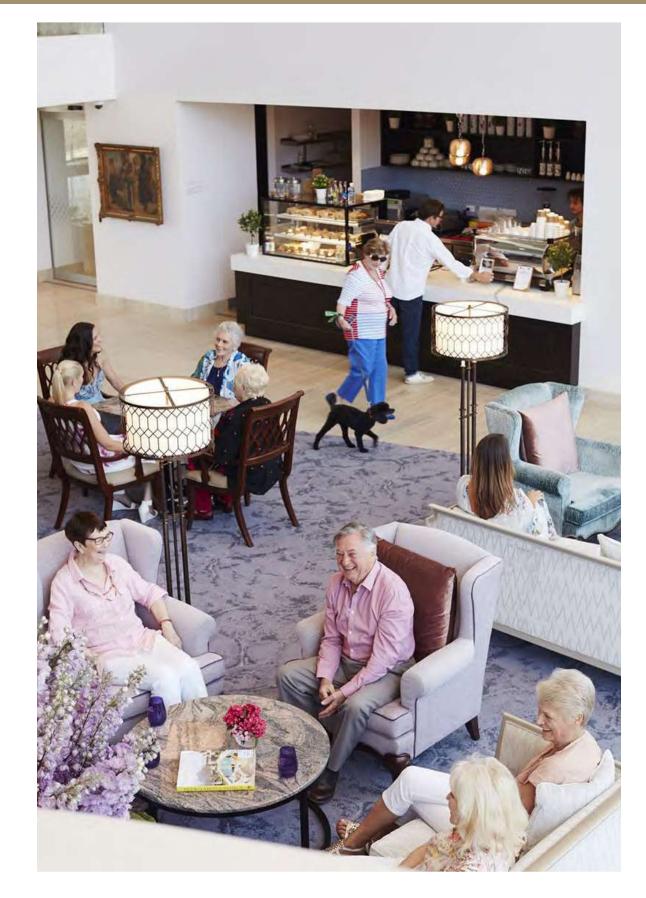






TODAY'S TECHNICAL BRIEFING

- Introducing Guild Living
- Location and Context
- The Proposed Development
 - Heights and setbacks
 - Care Accommodation Types and Mix
 - Affordable Housing
 - Parking and Access
 - Public Realm and Landscaping
- Planning Policy
 - Older Peoples Accommodation
 - Housing Supply
 - Changing Demographics
- Communal Benefits
- Existing Senior Living in Epsom & Ewell





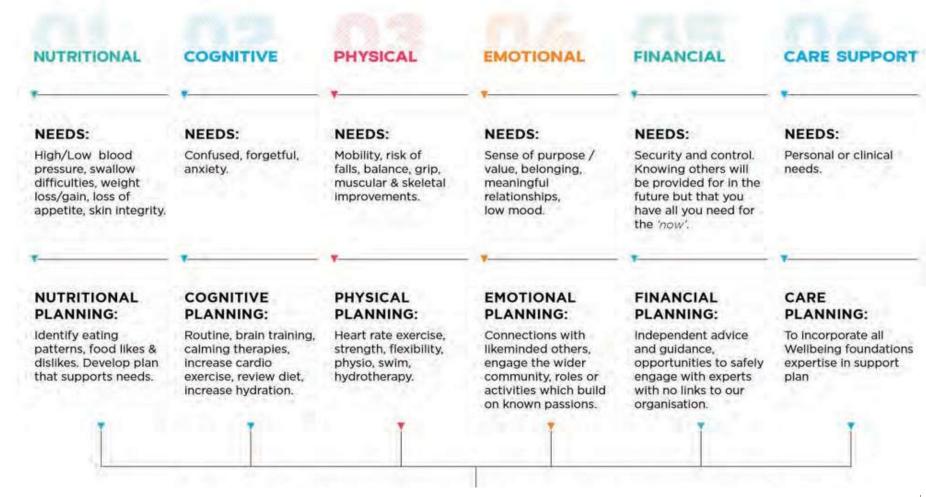


WHO ARE GUILD LIVING?



Guild Living is a partnership between Legal & General and global experts in architecture, development, operations and wellness to operate innovative later living communities in town and city centres

- We aim to deliver groundbreaking later living communities
- Our vision is to redefine Third Age Living by creating a holistic Wellness approach to our Member's health-span.
- We will achieve this through expertise and development of our Wellness Foundations: Physical, Cognitive, Financial, Clinical, Emotional and Nutrition.







OUR PROPOSAL

AFFORDABLE HOUSING

- 45 units (12% affordable housing)
 - 24 Key Worker units at 80% market rent
 - 21 C2 Retirement Units



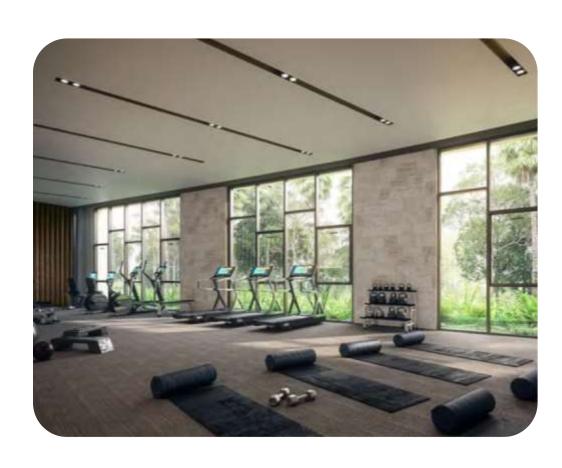


- 306 Guild Living Residences
 - 22% 1 Bed
 - 71% 2 Bed
 - 7% 3 Bed
- 10 Guild Care Residences
- 28 Guild Care Suites
- All Residences meet or exceed National Space Standards
- Each building has private amenity space totalling 1520 m².
- 6120 m² of private and communal amenity spaces at ground level
- 27 m² of amenity space per person

BENEFITS FOR LOCAL HOUSING DELIVERY

- Release pressure on the Green Belt by:
 Contribute 334 units towards the
 - Contribute **334** units towards the Council's housing requirements of 579.
 - Free up other sectors of the housing market by releasing family housing.
- Address a local need for specialist older people accommodation.
- **Regenerate** an **urban site** and optimise the use of the land to create a new attractive site.









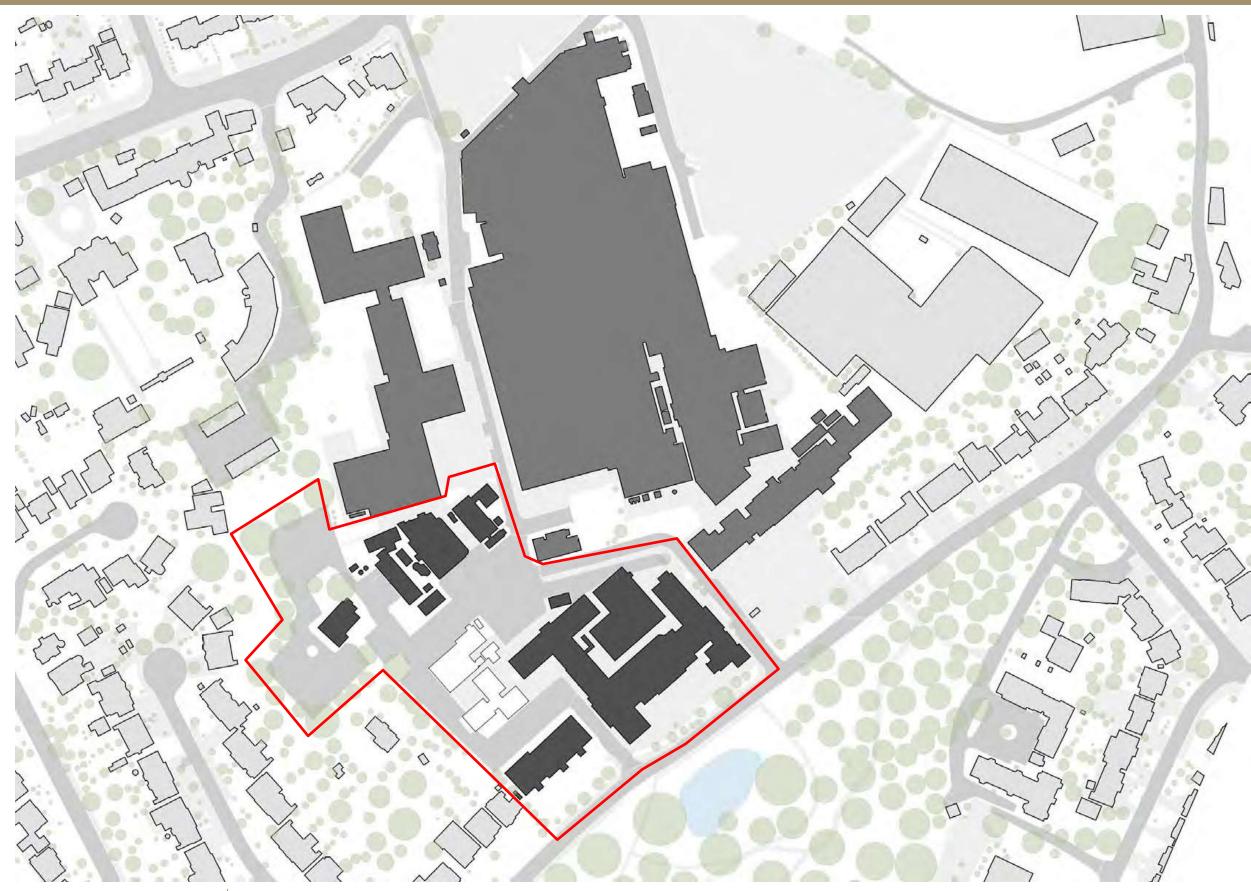
LOCATION AND CONTEXT







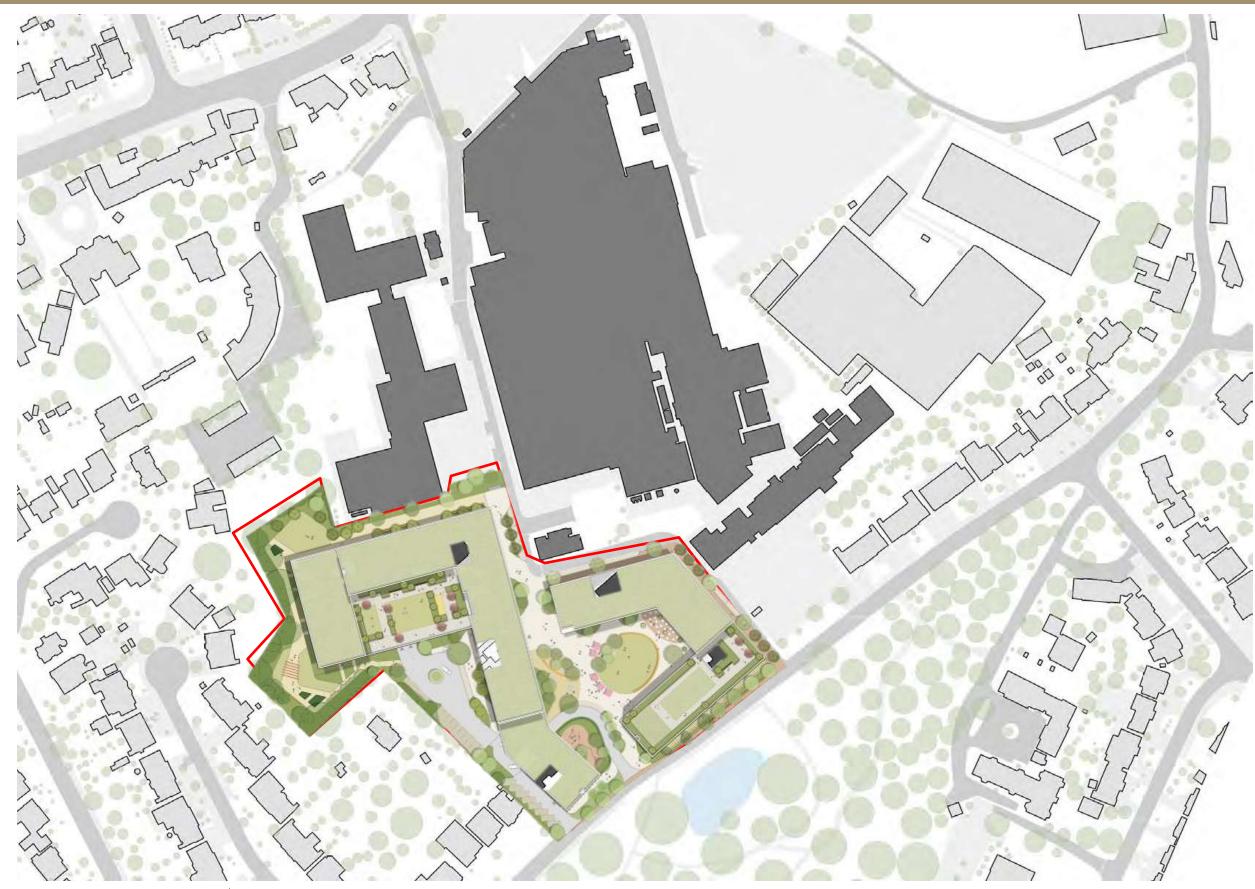
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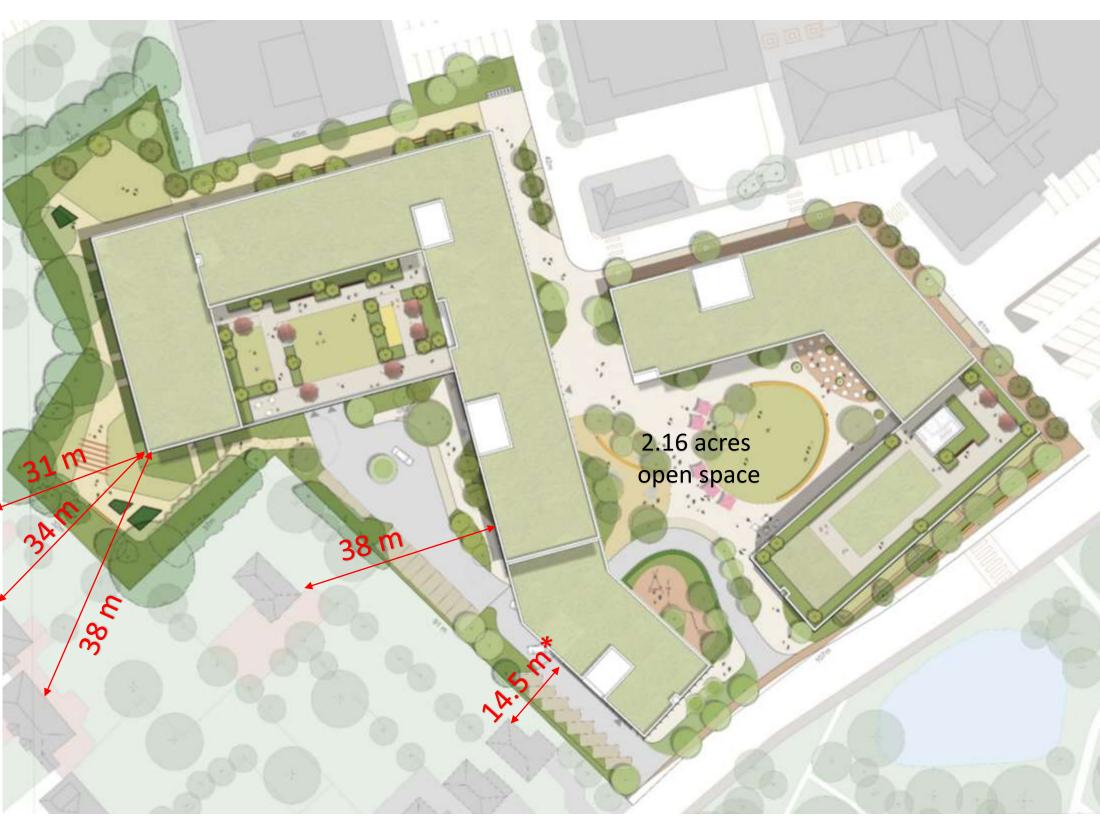


PROPOSED SCHEME: Overview









*Existing setback to 40 Woodcote Green 9.2 m





LANDSCAPE STRATEGY



















PROPOSED SCHEME: Ground level - Community







PROPOSED SCHEME

Communal Facilities and Wellness Suite









PROPOSED SCHEME: Care Level (first floor)







PROPOSED SCHEME: Residences Level







PROPOSED EXTRA CARE RESIDENCES

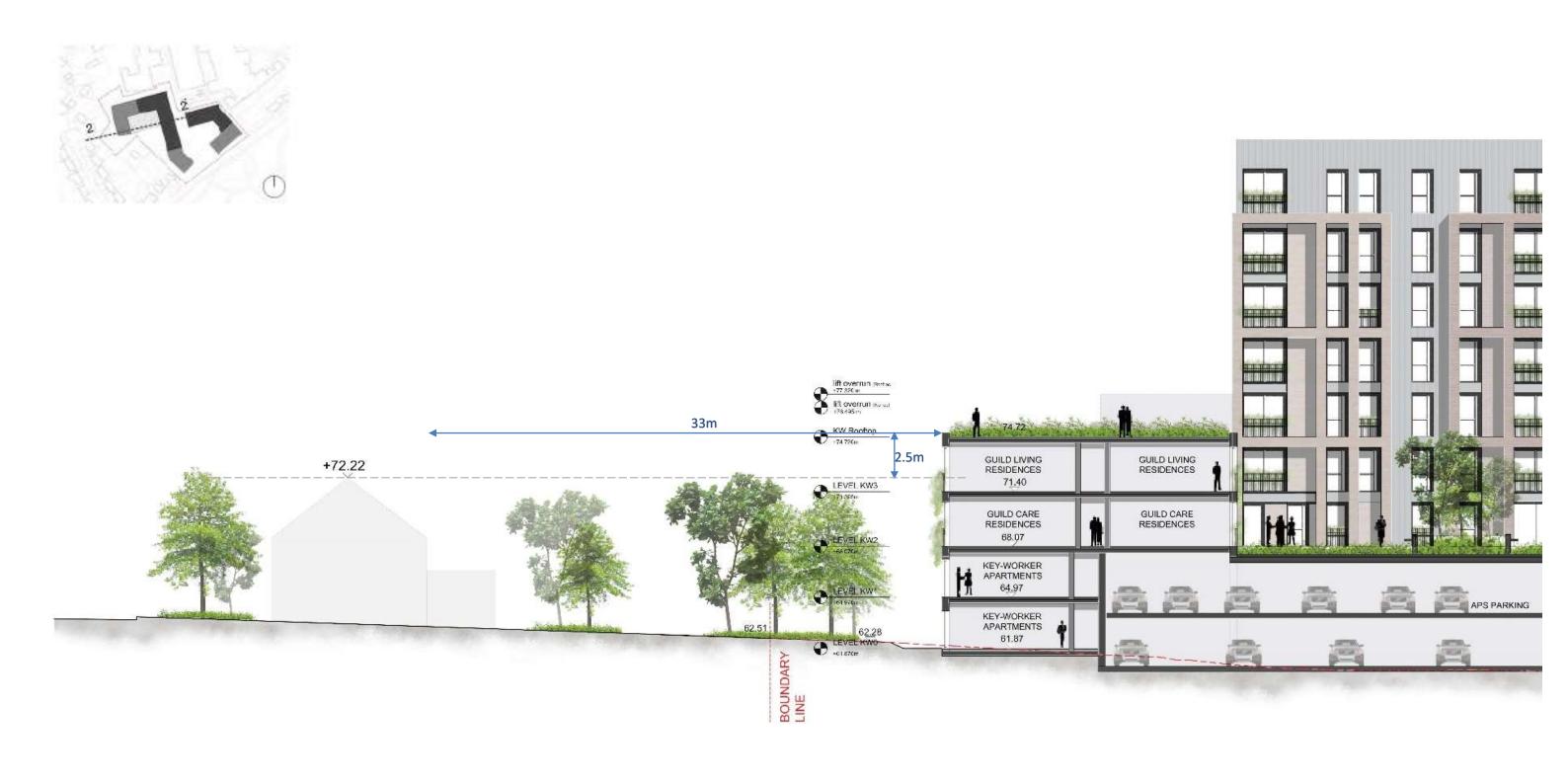
- Recessed front door to create interest and highlight the entry.
- View to the outside to create space and light within the apartment with low window sills.
- Plenty of storage.
- Flexibility is preferred the ability to turn a bedroom into a study or extend the living area provides the resident options in living arrangements.
- Large adaptable bath/ shower rooms which comply with life time homes and Part M4(2)/(3).
- 6 Level thresholds throughout provide accessible, non-trip environments.
- Fixtures, fittings and materials are considered and designed with the resident and dementia design principles in mind, such as ergonomically designed door and joinery handles, contrasting colours and easy to use kitchen appliances.
- Down-lights placed to not cast shadows on the residents' faces in bathrooms or in kitchen areas are key.
- Washing machines, ovens and microwaves are provided at an accessible height, and where possible adjacent worktops.
- Bathroom walls are lined internally with ply to allow for retro-fitting grab rails when required.
- Views, where possible, should be provided directly from the bed to the WC (this is advocated by Elderly Living research.
- The heights and locations of light switches and power points are considered, along with their style, so that they are easily accessed and clearly defined.
- 13 Provisions in master bedroom and en-suites to allow retro-fitting of hoists.
- Balconies to allow for wheelchair access and turning and to be pre-fabricated off site.
- Bathrooms and kitchens to be standard, repeated modules to be potentially be produced off site.
- Provision of protected hall and addition of fire door, should the tenant become dependent (to comply with BS 9991:2015).







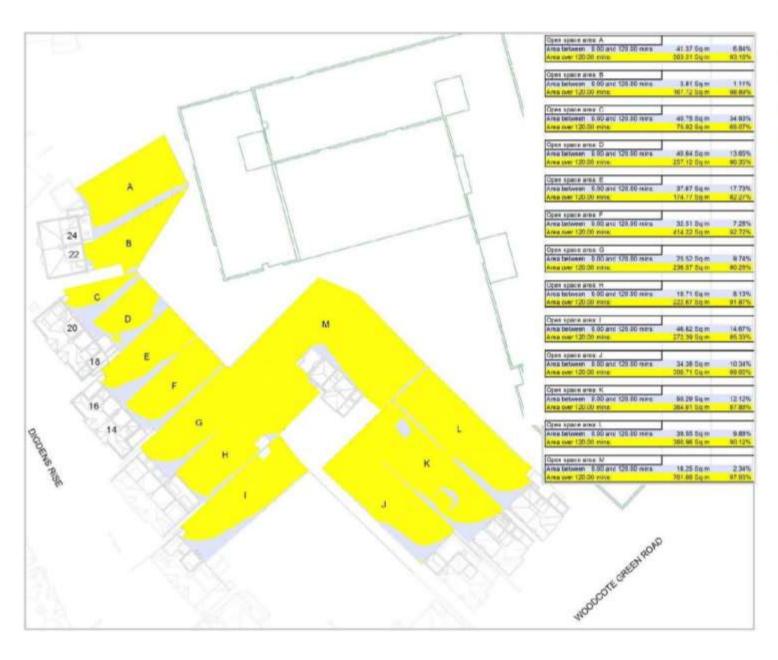
AMENITY CONSIDERATIONS: Section East - West

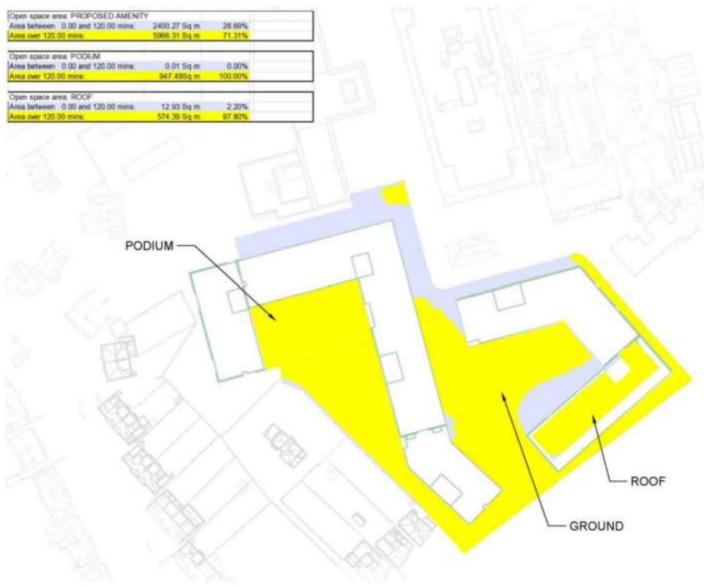






AMENITY CONSIDERATIONS: Sunlight & Daylight









AMENITY CONSIDERATIONS: Section North - South







AMENITY CONSIDERATIONS: Streetscape







TRAFFIC PARKING AND ACCESS



ACCESS

- Access to the site is from a new access point to the south.
- One way loop, to serve APS and drop off
- Egress is from the existing, and improved, access point
- Pedestrian access from north and south
- Improved pedestrian route through the site, linking the hospital and Millennium Green
- · Hospital access improved with turning radii added

TRAFFIC GENERATION

- Peak hour trips reduced
 - 97 fewer AM peak hour trips
 - 60 fewer PM peak hour trips
 - 696 total daily (7am to 7pm) trips (Worst case scenario based on total units whereas only 40% will be sold with parking)
 - Majority of development trips between 10am & 4pm

PARKING

- 150 Spaces in Automatic Parking System
- 20 External parking spaces
- Only 40% units sold with parking
 - 120 spaces for residents;
 - 20 spaces for visitors; and
 - 10 spaces for staff.
- 20% of spaces are to be provided with ECVP
- 50 Cycle parking spaces, with room for an additional 40 spaces are provided
- 2 Car Club Spaces and a Mini Bus Space
- Improvements via S106 to bus stops





PROPOSED SCHEME: Architectural details and materials







VISUALISATIONS OF PROPOSED SCHEME







CARE NEED: Existing Extra Care Provision and Health Drivers

In June 2019, the Office for National Statistics (ONS) reported that more than 24% of people living in the UK will be aged 65 or older by 2024, an 18% increase from 2016.

148,071

Over 75s within 10 miles of Epsom Hospital

23%

Predicted increase in Surrey's 65+ population over the next 12 years



2030

The year the UK's 85+ population will reach 3,400,000

5,755

Over 75s in Epsom Borough with more than one long-term medical condition

SUBJECT SITE

EXISTING PRIVATE EXTRA
CARE SCHEMES

EXTRA CARE SCHEME UNDER CONSTRUCTION

APPROXIMATE MAP OF EXISTING PRIVATE EXTRA CARE AND PLANNED PROVISION WITHIN CATCHMENT AREAS. (NEEDS ASSESSMENT BY CATERWOOD, ANALYSING MARKETS IN HEALTH & SOCIAL CARE)





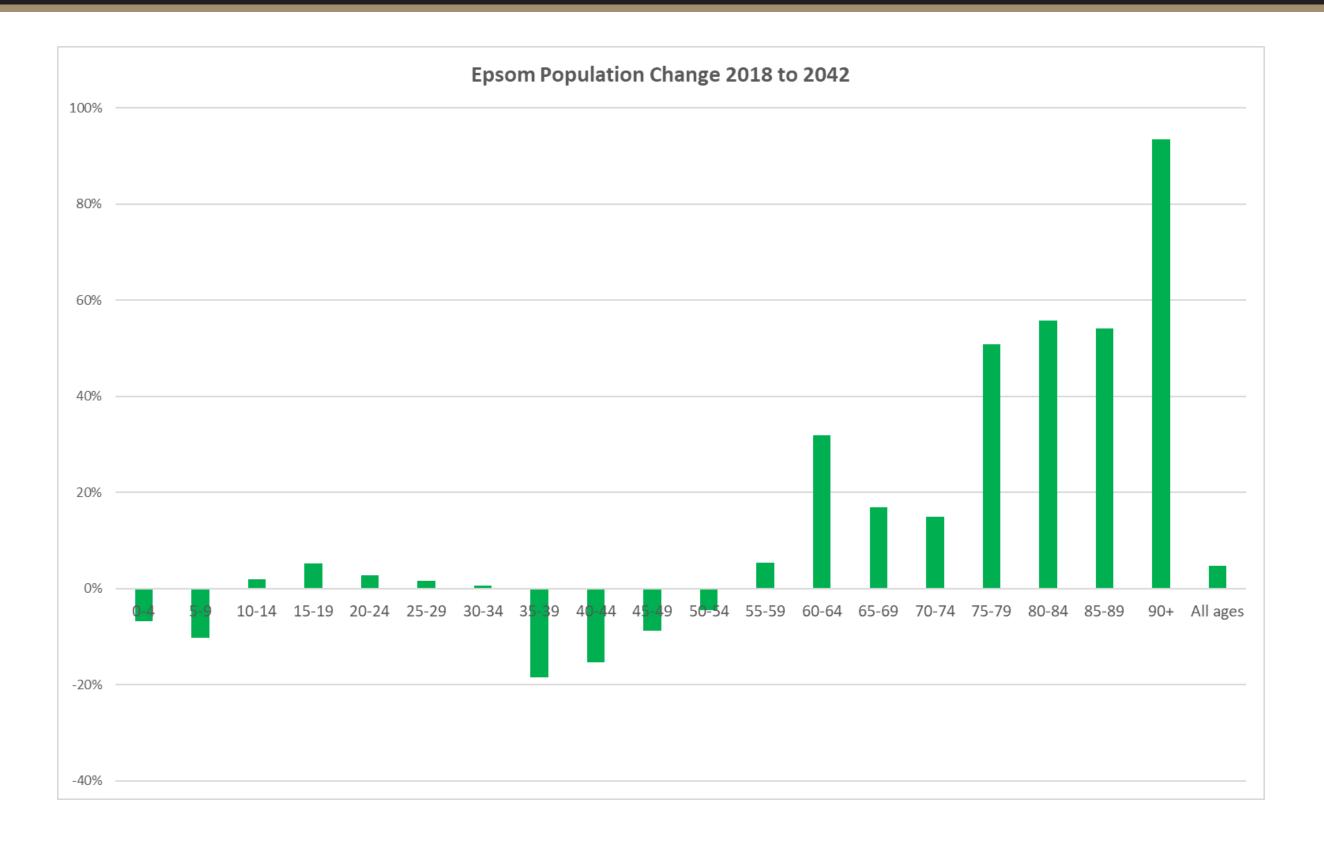
WHY EPSOM AND EWELL: Demographic Changes

	AGE	2018	2022	2026	2030	2034	2038	2042
-1.3%	0-4	5,102	4,790	4,568	4,473	4,465	4,561	4,759
	5-9	5,464	5,575	5,298	4,974	4,857	4,831	4,907
	10-14	4,981	5,665	5,867	5,640	5,270	5,124	5,079
	15-19	4,791	4,866	5,481	5,768	5,584	5,192	5,045
	20-24	3,905	3,744	3,716	4,158	4,391	4,287	4,014
	25-29	4,075	3,785	3,665	3,526	3,913	4,192	4,139
-7.3%	30-34	4,398	4,352	4,115	3,979	3,766	4,075	4,429
	35-39	5,541	5,071	4,923	4,737	4,580	4,332	4,519
	40-44	5,829	6,180	5,846	5,566	5,380	5,175	4,934
	45-49	5,969	5,964	6,247	6,157	5,859	5,668	5,448
	50-54	5,921	5,776	5,844	6,026	6,103	5,814	5,654
	55-59	5,247	5,652	5,486	5,543	5,592	5,835	5,531
34.8%	60-64	4,053	4,569	5,047	4,961	5,008	5,009	5,346
	65-69	3,968	3,712	4,080	4,626	4,665	4,658	4,642
	70-74	3,786	3,718	3,418	3,663	4,202	4,392	4,351
	75-79	2,717	3,311	3,583	3,164	3,295	3,763	4,100
	80-84	2,063	2,199	2,559	3,057	2,765	2,819	3,212
	85-89	1,356	1,429	1,556	1,765	2,201	2,094	2,091
	90+	762	835	880	975	1,112	1,387	1,475
		18,705						25,217
	All ages	79,928	81,193	82,177	82,756	83,007	83,207	83,674





WHY EPSOM AND EWELL: Population Growth and Decline







PLANNING POLICY DIRECTION FOR OLDER PEOPLE'S HOUSING

NATIONAL POLICY AND GUIDANCE

- Paragraph 117: Promote the effective use of land to meet the need for homes and other uses
- Paragraph 61: Authorities to delivery housing choice including housing for older people
- Paragraph 91: Development to achieve healthy safe and inclusive places to promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other
- Paragraph 109 development can only be refused on highways grounds if unacceptable safety impact, or severe cumulative impacts.
- The need to provide housing for older people is described in the NPPG as 'critical' as people are living longer lives and the proportion of older people in the population is increasing

EPSOM & EWELL CORE STRATEGY AND DEVELOPMENT MANAGEMENT POLICIES

- Policy CS8 calls for development to be located within the built up areas of Epsom and Ewell, avoiding Green Belt and focussing on brownfield sites.
- Policy CS9 calls for developments to include a mix of dwelling types, sizes and tenures which help meet identified local housing needs
- Policy DM21 of the Development Management Plan promotes specialist accommodation for older people, considering need, supply and location.
- DM11 new housing is to make the most efficient use of development sites within the existing urban area
- DM13 restricts heights to 12 metres beyond the Town Centre Boundary
 - Optimising Housing Delivery gives reduced weight to these restrictive policies in light of their restraining effect on housing delivery





PLANNING POLICY DIRECTION FOR OLDER PEOPLE'S HOUSING

PLANNING BALANCE

- EEBC's Optimising Housing Delivery Guidance gives reduced weight to the restrictive policies in DM11 and DM13 light of their restraining effect on housing delivery
- The **proposals are consistent** with National Planning Policy and the Development Plan as a whole
- There is a confirmed need for specialist accommodation for the older generation in the area
- The Council cannot currently demonstrate a five-year housing land supply and last years Housing Delivery test shows, over the last three years, 633 units delivered of 1380 (46%). The development will deliver **334** units towards housing targets.
- The proposed development units represents **59% of the annual housing need** (579) which is a very positive step towards meeting the housing delivery test to avoid the "tilted balance".
- The scheme delivers Affordable Housing and CIL contributions,
- The delivery of units counted towards housing delivery will ease pressure on the Green Belt.
- Significant increase in landscaped areas and quality public realm, and biodiversity enhancements and low carbon building and energy efficiency
- Significant social, health, wellbeing and economic benefits





HEALTHCARE AND WELLBEING BENEFITS

LIVING IN EXTRA CARE RESULTS IN ***

- 46% reduction in planned visits to GPs
- 75% increase in exercise
- 18% reduction in falls in the first two years
- **335,000** hospital admissions from **falls** in 2017/18

*Homes for Later Living report (2019)

** Health Care benefits Southampton CC & Housing LIN – 2019

*** Aston / Lancaster University Measuring Outcomes for Healthy Aging (2019)

The scheme creates a Pandemic Secure environment

- The ability to contain the development in groups
- Segregated cores and entrances
- Separate and isolatable external amenity areas
- Secure catering facilities

SAVINGS TO THE NHS AND SOCIAL SERVICES

- £3,500 savings per person *
- £2.1bn savings from building 10% of National housing targets *
- £2,115 savings from reducing hospital stays from 5-7 days to 1-2**

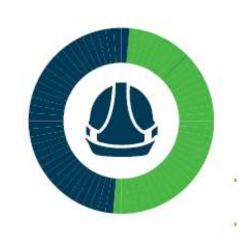




ECONOMIC BENEFITS

ECONOMIC BENEFITS: CONSTRUCTION PHASE

- Direct Employment: £17.9m in wages and 793 Construction job years
- Indirect Employment: £2.9m in wages and 100 job years
- Construction Costs
 £121.9M



ECONOMIC BENEFITS: OPERATIONAL PHASE

- Additional Resident Spending: £9,2m
- The older generation is more likely to spend locally
- 80 jobs created within the Guild Living development
- 22 new jobs created in the EEBC local community



- £41.1M Construction GVA
- £22.4M Operational GVA









VISUALISATIONS OF PROPOSED SCHEME

