Planning and Delivering Continuing Care Retirement Communities

Rosie Rogers

Tetlow King
PLANNING
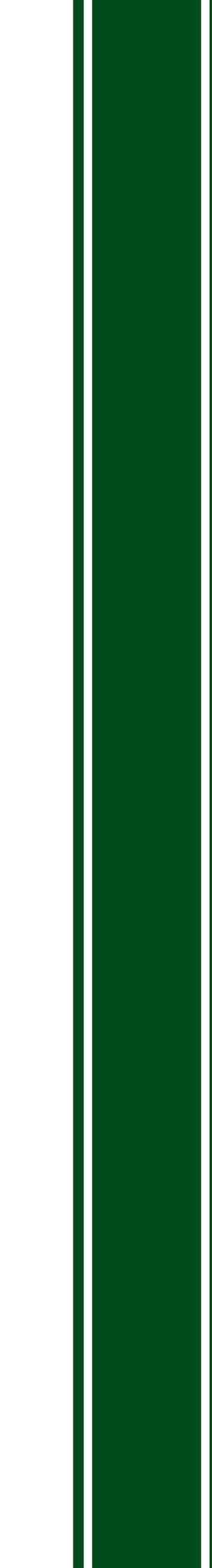
Planning and Delivering Continuing Care Retirement Communities

"Preparing for the needs of our ageing population is now one of our greatest challenges"

(DCLG 2008)

Rosie Rogers
March 2011

Foreword

Robin Tetlow

It was a privilege to be asked by the Joseph Rowntree Foundation and the Planning Officers Society in 2005 to work on a national good practice guide on planning for Continuing Care Retirement Communities (CCRCs).

The resultant publication *Continuing Care Retirement Communities: A Guide to Planning* (2006) and the two subsequent brief updates (2007 and 2008) generated widespread interest. There are increasing signs that the CCRC concept is becoming better understood by the planning profession.

Tetlow King Planning is currently involved in promoting more than 20 CCRC proposals throughout the UK.

Rosie Rogers, Assistant Planner at Tetlow King Planning, Bristol, has worked on several of these proposals whilst also studying part time at the University of the West of England.

As part of her course Rosie was required to prepare a dissertation on a subject of her choice. I was delighted when she decided to choose CCRCs as her topic; and even more so when she produced such an excellent piece of work, which so obviously builds on my earlier publications. The examiners at the University of the West of England clearly agreed, giving it a special commendation.

Rosie has now adapted her research into a form suitable for publication for the benefit of a wider audience. I commend it to you.

Robin Tetlow MSc Dip Surv FRTPI FRICS FCIH FRSA
Managing Director, Tetlow King Planning Ltd.

Chapter Images

Cover image: Inside Monica Wills House, Bristol

Chapter 1: Extra care units at Roseland Parc, Tregony

Chapter 2: Residents at Westbury Fields, Bristol

Chapter 3: The atrium at Monica Wills House, Bristol

Chapter 4: Extra care units at Westbury Fields, Bristol

Chapter 5: Extra care units at Roseland Parc, Tregony

Chapter 6: Aerial view of Westbury Fields, Bristol showing the cricket pitch and range of provision around it

Chapter 7: The Oaks communal centre at Hartrigg Oaks, New Earswick

Chapter 8: Aerial view of the St Monica Trust Sandford Station site, North Somerset

Chapter 9: A resident at Sandford Station, North Somerset

References: Entrance to Roseland Parc, Tregony

Appendix: A resident at Monica Wills House, Bristol

Contents

List of Figures

Acknowledgements

Chapter 1

Introduction

More of us are living longer than ever before. Decreases in mortality in the second half of the twentieth century combined with fertility below replacement level have resulted in a rapidly ageing population (Dini and Goldring 2008). While there are around 10,000 centenarians now, by 2050 there are expected to be around 250,000, a twenty-five fold increase (DWP 2009). This demographic change will have widespread implications for the whole of society. As the 'baby boom' generation reaches retirement, there is little doubt that preparing for our ageing population is one of our greatest challenges (DCLG 2008).

However, in a somewhat ironic inversion of the standard perceptions of old age the younger members of society tend to be rather 'hard of hearing' (Cantrell 2010). It is only comparatively recently that the social and economic consequences of these demographic changes have attracted attention, highlighting the problems with increasing pressures on pension funding as well as housing, health and social care provision. As such the implications of the ageing population are huge, affecting every aspect of our lives, individually and socially (RTPI 2004).

As the statistics continue to mount, this piece of research investigates housing and care provision for the older generations. It concludes that continuing along the same lines is not an option. Existing specialised provision of sheltered housing and residential care is no longer sufficient in terms of quality or quantity to meet the needs and expectations of the growing ageing population. In addition, domiciliary care in the community is not only being stretched through increased demand but is resulting in people living in large family homes which are unsuitable and difficult to maintain, and in some cases can result in social isolation as family and social networks become more distant and complex. Combined with the national budget deficit and the cuts in funding for housing, health and social care, it is clear that the way we provide for our older generations needs to change.

This report focuses on the planning issues in delivering what have come to be called Continuing Care Retirement Communities (CCRCs). These have long been a retirement option in the US but have only relatively recently become available in the UK. CCRCs provide a full spectrum of care, from independent living right through to 24 hour care, which is flexible and tailored to individual needs. CCRCs typically comprise a care home and a number of extra care dwellings, where residents can live as independently as possible in the security that care is available on site as and when it is needed. They also provide a range of onsite facilities and opportunities, promoting general health and well being as well as social interaction. One such example is the St Monica Trust facility at Sandford Station, North Somerset, see Figure 1.1.

CCRCs add to the overall diversity, choice and quality of the housing and care provision available, and help to meet the growing demands and expectations of the new older generations, who are used to greater consumer choice. However the purpose of this report is not to suggest that CCRCs are the only way forward for meeting the needs of the ageing population, rather that they are one potential solution to diversify the existing housing and care provision. CCRCs are a new and innovative concept in the UK and as such have faced some challenges with delivery, particularly in obtaining planning permission. They therefore provide an interesting focal point for research, providing detailed specifics about planning for CCRCs but also a wider insight into planning for our ageing population. This report focuses on the planning issues arising in the determination of applications for CCRCs and how, if at all, the planning approach has changed over time.

Figure 1.1: Site plan of Sandford Station CCRC, North Somerset, operated by St Monica Trust. Image courtesy of KWL Architects, Newport

This report reveals a number of common planning barriers to delivering CCRCs and warns that in the context of a rapidly ageing population, such issues need to be overcome. It is intended that this report should provide guidance for both planners and care providers about potential issues occurring in planning for CCRCs, and provides recommendations on ways of advancing the housing and care agenda. As the ageing population becomes a growing national priority, the market needs the planning system on board to ensure that new and innovative solutions can be effectively delivered.

The Ageing Population: A National Priority

The UK is going through an extraordinary demographic transition. In 2007, for the first time in the UK's history, we passed a demographic tipping point, with the number of people over the age of 65 surpassing the number of children under 16 (DWP 2009). Within a few years, 25% of the UK population will be above retirement age (Hawkins 2010). Decreases in mortality combined with lower birth rates have resulted in the growing ageing population seen today. It is predicted that the number of over 65s will increase by almost 50% by 2026 and for over 85s, this is predicted to be even higher at 88% (PAS 2009). National population projections indicate that such rapid growth in the older age groups is set to continue after 2026.

Figure 2.1: Predicted population change over the next 20 years in the UK. Data from the Office for National Statistics (2010)
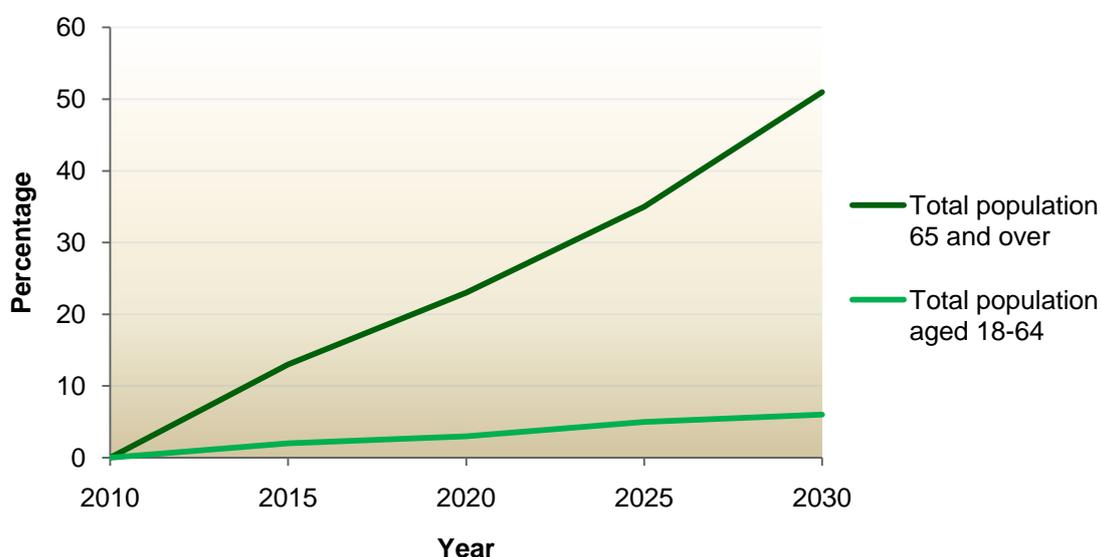
This demographic profile will have considerable impacts on the UK's housing, health and social care systems. While housing and care provision has increased substantially over the last few years, it is still not keeping up with growing demand. It is estimated that older people will account for half of the increase in households between now and 2026, creating 2.4 million more 'older households' (Kochan 2010). This far exceeds the 5000 houses which are provided on average every year for older people and as such there are very few housing options for older people, at a time when their need for security, support and care increases (Hawkins 2010; NHF 2009).

The demands for health care are also predicted to rapidly increase. The largest rates of growth are with the so called 'oldest old' group of people aged 85+. It is this age group which accounts for a disproportionately large amount of health and social care resources (RTPI 2007).

Ageing affects people in different ways. Amongst older people, there is huge diversity in needs, aspirations and resources (Bevan 2009). As Figure 2.2 shows, the older population is not a homogenous group. People experience age in a variety of different ways. The current older generation of owner occupiers, with an occupational pension, increasing independence and improved healthcare will not experience ageing in the same way as previous generations (Riseborough and Fletcher 2006). Thus the traditional housing options for later life cannot meet the needs of the growing numbers of older people, and nor can they meet their changing demands and aspirations.

Figure 2.2: Aspects of Ageing (Audit Commission 2008)
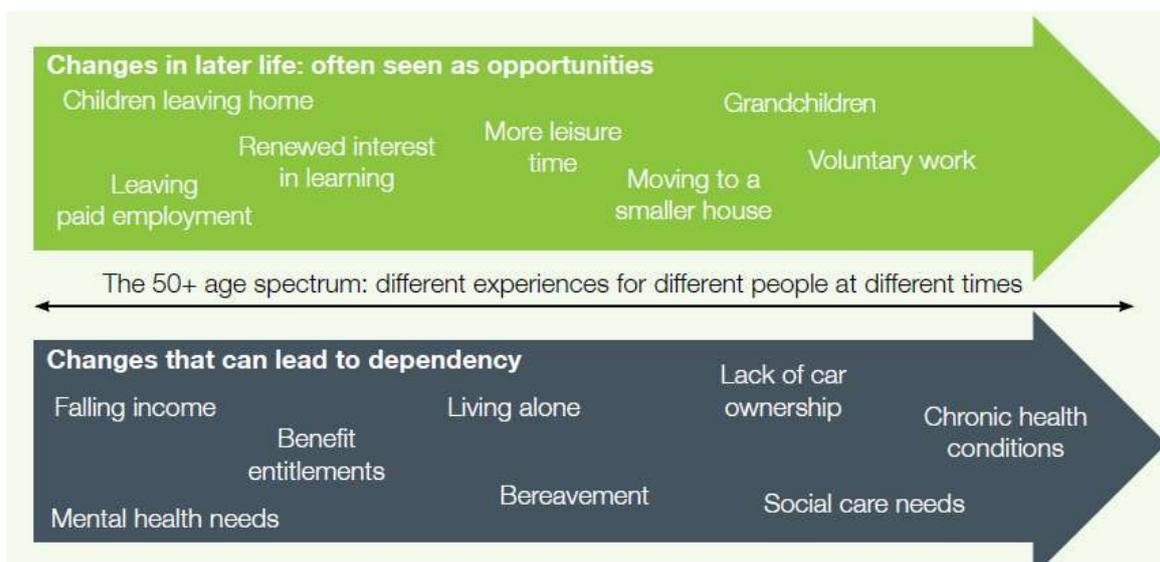
The needs of the ageing population can no longer be ignored. Our society is ageing at a rapid rate and appropriate responses need to be planned for sooner rather than later (HOPDEV 2006). Delivering new solutions to meet this ageing crisis is now a national priority.

Chapter 3

Continuing Care Retirement Communities in Britain

Introduction

Continuing Care Retirement Communities (CCRCs) have long been a retirement option for those in the US but remain relatively embryonic in the UK. Based on their American counterparts, they often conjure up the negative image of large gated developments, segregating older people from the rest of society. However the emerging British literature on the topic suggests that UK examples are not like that and in fact encourages CCRCs as a positive option to meet the needs of our ageing society.

The Concept

Continuing Care Retirement Communities combine the provision of housing and care. CCRCs are manifest in a variety of different forms throughout the UK, and as such they are based on a concept rather than a precise definition. This concept centres on a philosophy of 'continuing care', which is provided on a single site (Phillips et al. 2001). In general, the following features characterise CCRCs:

- A range of accommodation, including individual extra care units and a care home;
- Provision of personalised domiciliary care beyond the care home;
- 24 hour on-site care and support;
- A comprehensive range of onsite catering, social, leisure and communal facilities;
- Security of tenure;
- Finance through a single entry fee and regular service payments

(Tetlow 2008)

Figure 3.1: Residents enjoying croquet at Westbury Fields, Bristol. At St Monica Trust's CCRCs a range of tenure options are available to older people who can purchase, rent or engage with shared equity arrangements

A CCRC is therefore a housing option for older people which enables them to live in their own home, within a community that offers security, independence and opportunities to socialise. At the same time it offers a level of care and support, provided in individual homes, that previously was only available within a residential nursing home, which is flexible and tailored to individual needs (see Figure 3.2) (Unwin 2009). This encourages people to retain independence for longer, in a safe and secure environment, and unlike traditional care homes, allows people to retain their security of tenure by purchasing their own property. The scale of CCRCs in the UK varies from as few as 50 extra care units and a care home, up to more than 300 extra care units and a care home; although a care home with around 100 extra care units is more typical. Larger schemes benefit from economies of scale and so are able to provide a fuller range of onsite services and facilities (such as cafes, restaurants, health and fitness suites, computer rooms, craft rooms and small shops), which may not be viable on smaller schemes. These facilities provide opportunities for leisure, health promotion and social interaction (Croucher 2006). Thus CCRCs offer older people as much a social life and a place to live as a care setting.

Figure 3.2: Care Spectrum (Driscoll 2008)
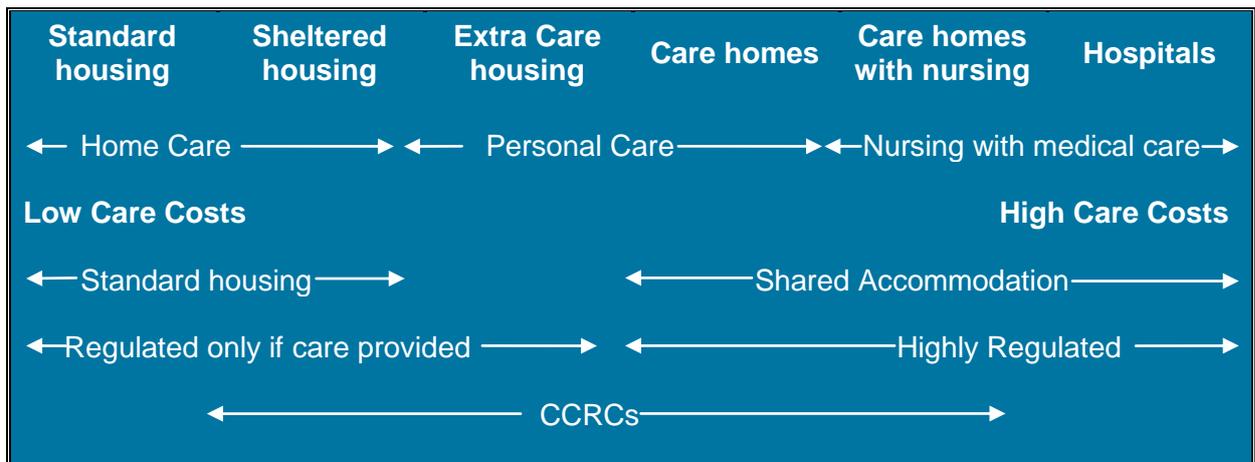
Extra care housing is a growing feature of older people's accommodation and a primary feature of a CCRC. There is a huge variety of terminology used to describe similar grouped housing and care schemes for older people. These include 'very sheltered housing', 'supported housing', 'integrated care', 'close care', 'flexi-care' , 'assisted living', and 'retirement village' (Croucher et al. 2006). This array of terms reflects the haphazard way that housing with care has developed in the UK, and has created problems for both the public and the industry (Driscoll 2008). Despite the variety of terms, the CCRC concept remains unique in its ability to provide the greatest range of services across the housing and care spectrum.

Figure 3.3: Castle Village CCRC, Berkhamsted, Hertfordshire, including 150 privately owned cottages, bungalows and apartments.

Origins and Evolution

The earliest evidence of CCRCs in the UK dates back to 1983 with a study commissioned by the Centre for Policy on Ageing to investigate whether they could be developed in Britain. The ensuing report, by David Hearnden (1983), concluded that such communities would be both economically and socially viable in Britain, but acknowledged that more work was needed before such a community could become a reality. This work inspired many at the Joseph Rowntree Housing Trust, who visited a number of schemes in the United States before developing their own community in New Earswick, Yorkshire. Hartrigg Oaks, as it was named, was the first CCRC in the UK, opening in 1998, 10 years after the first planning application was submitted (JRF 2009). Since then a growing number of proposals have come forward throughout the UK.

The traditional options for people as they age have been residential care or sheltered housing accommodation (HLIN 2006). Residential care is primarily a care setting, offering residents a single room and 24 hour nursing care. In contrast, sheltered housing provides a group of independent accommodation units with an onsite warden and alarm system. It is primarily a living environment with no care provision and only a limited amount of onsite support. Neither of these options is portrayed as a positive or fulfilling way to spend time at the end of life.

Figure 3.4: Preliminary plans for the first UK CCRC in New Earswick by the Joseph Rowntree Housing Trust

For example Oldman (2000) expresses how the move towards residential care is considered a failure, with the loss of independence and security of tenure; and others such as Croucher et al. (2003), Hayes (2006) and Appleton (2008) all express the failure of sheltered housing to meet growing needs in later life. Thus CCRCs have emerged as a response to these limitations, combining the provision of both housing and care, and addressing the changing preferences which have made the traditional models unsuitable (Darton and Muncer 2005).

The International Context

CCRCs are well established in the US, Australia, South Africa and Scandinavia (Battersby 2007). In America they date back to the 1920s and range in size from small communities reaching up to complete new towns such as Sun City in Arizona (Streib 2002). These communities often focus on leisure facilities to attract upper middle class professionals. CCRCs have also developed as a common option for housing and care in Europe since the 1950s. These are much smaller than typical American models and have gained momentum because of the positive emphasis on communal living in mainland Europe

(Phillips et al. 2001; Darton and Muncer 2005). Much of the international research focuses on evaluating CCRCs, in particular through levels of residents' satisfaction, or through assessing the sense of community (see for example Clouter-Fisher and Harvey 2009; Ejaz et al. 2006; McHugh and Larson-Keagy 2005; and Bookman 2008). The majority of these sources paint a positive picture of life in retirement communities, in particular with regard to the impact on health and well being. Nevertheless, in analysing the international context, careful consideration needs to be given to the different scale and nature of the schemes being assessed, and also to the different political and social contexts within which the analysis is situated. In the US, for example, the literature is situated within a culture where CCRCs have been a prominent part of the landscape for almost a century and where health and social care are the sole responsibility of the individual.

Early Evaluations

The primary purpose of the recent literature on CCRCs has been to evaluate the success of existing schemes. While the volume of literature has gradually increased, to date there still remains only a handful of papers that document and evaluate primary research from UK schemes.

There are two recent large scale longitudinal studies of CCRCs, one by Bernard et al. (2004) of Berryhill Village operated by the ExtraCare Charitable Trust and the other by Croucher et al. (2003) of Hartrigg Oaks, operated by the Joseph Rowntree Housing Trust. Both of these studies offer in depth accounts of living in retirement communities. More recently an evaluation of the first 10 years of Hartrigg Oaks has been produced by the residents and staff (JRF 2009). The other UK based studies cover smaller time frames (e.g. Evans and Means 2007) and so adopt different methods and sample sizes, ranging from around 15 participants to over 100. Another approach by Biggs et al. (2001) adopts a comparative analysis, comparing those within a CCRC to a sample from the wider community. This produces an effective analysis of life within a retirement community as it enables direct comparisons to be drawn. Across these evaluations a number of key themes can be identified.

Safety and Security

A number of sources refer to the sense of safety and security experienced by residents (e.g. Phillips et al. 2001, Baker 2002, Biggs et al. 2001). This is most often related to knowing that care staff are available on site day and night, and knowing that help is available across a range of domains, including home maintenance (Croucher 2006). It is

also acknowledged that being in such a community reduces the risk of being a victim of crime or harassment.

Figure 3.5: Residents value not only the care provided by the on-site team but also the sense of security that this brings

Health

Within a CCRC, the onsite care provision ensures that all residents are fully cared for and supported. Hayes (2006) acknowledges that this provides residents with peace of mind from knowing that they can stay at home even if their care needs change. Throughout their comparative studies both Croucher (2006) and Biggs et al. (2001) found that the self reported health status of residents within the village tended to remain much higher than those living outside.

Figure 3.6: As well as the obvious health benefits provided by the on-site care team, CCRCs also offer communal facilities that can bring wider health benefits

Impacts on the wider community

There are also wider community benefits of such provision. These include much faster discharges from hospital as well as lower admission rates (Idle 2003). Some literature sources describe a negative impact on local GP surgeries with the influx of older people; however in evaluating such evidence, Croucher (2006) expresses that such concerns may be overstated. The benefits to families are also important in terms of relieving them of the pressure to provide care and in particular freeing up for the younger generation larger units of family housing (Phillips et al. 2001; JRF 2009).

Social Inclusion

The issue of social inclusion is commonly cited as an important reason for moving into such a community. Social inclusion is a key theme throughout government policy and it is widely recognised that older age groups with reduced mobility increasingly suffer from social exclusion (Battersby 2007; OCSI 2009). It is well documented that CCRCs offer opportunities for companionship and social interaction. This occurs both formally within organised clubs or activities and informally within communal areas (see for example Bernard et al. 2007; Croucher 2006; JRF 2009; Evans and Means 2007 and Phillips et al. 2001). Some authors report instances of conflict or marginalisation of those who don't fit in with the norm (Croucher et al. 2006; Phillips et al. 2001). In general however this is heavily outweighed by the volume of evidence documenting the mutual support that exists between residents, creating a true sense of place and community spirit.

Figure 3.7: CCRCs offer a range of communal activities which help prevent social isolation, an increasing problem for older people in the wider community as their mobility decreases

Sustainable Communities?

Retirement communities in the US have long been criticised as 'playpens for the old', 'unnatural environments' or 'geriatric ghettos' due to their nature of spatially segregating older people from the wider society (Bernard et al. 2007; Phillips et al. 2001). In contrast urban policy in the UK has strongly endorsed the idea of social mix, with the national housing Planning Policy Statement (PPS3) stating a clear objective to "*create sustainable, inclusive, mixed communities in all areas*" (DCLG 2006a: paragraph 9). Critics have argued that CCRCs run against this "sustainable communities" agenda. However, it is evident from the evaluations of UK CCRCs that this view is without foundation.

Firstly, British schemes are much smaller than their American counterparts and studies from authors such as Evans and Means (2007), Bernard et al. (2007) and Croucher (2006) show that residents themselves do not feel isolated and in some cases actively participate in the wider community. For example, at Hartrigg Oaks strong links are made with the neighbouring local school as well as wider organisations, ensuring the development is well integrated within the wider village (Willcocks 2009). Payne (2002) acknowledges that a 'ghetto' is often the perception of outsiders before they have visited a village or spoken to residents. While the UK's evidence base is only small, there exists a strong consensus that CCRCs are not isolated ghettos and as such cannot be readily compared to the much larger communities within the US.

Figure 3.8: Residents enjoy social activities with the wider community

Secondly, it can be argued that CCRCs do not run counter to the Government's sustainable communities agenda because of the real sense of community that they exhibit. Both Croucher (2006) and Willcocks (2009) acknowledge the value that residents place on being with likeminded individuals. The sense of peer support and friendship that exists in a CCRC is much greater than is often found in any naturally occurring neighbourhood; suggesting that perhaps this is the true sense of community that the Government is searching for. Those living in CCRCs span many generations with age ranges from 60 to over 100 and are made up of both 'fit' and 'frail' residents. In addition, schemes offer a mix of tenures to cater for a variety of incomes, and with the staff and visiting family members, such communities are far from the ghettos outsiders often depict them as (Tetlow 2006).

Figure 3 9: At Westbury Fields the inclusion of a cricket ground for use by local clubs is just one way of ensuring the scheme is integrated into the wider area

Conclusion

Continuing Care Retirement Communities are a new and growing phenomenon in the UK. Adapted from international examples, CCRCs aim to create a community, fostered around ideals of independence and security. The emerging evidence base on CCRCs primarily focuses on evaluating existing schemes; and within this there is clear consensus that CCRCs are a positive option that add to the overall diversity of housing and care provision in the UK. The literature is beginning to acknowledge the perceived conflict with the Government's sustainable communities agenda; however there is a growing evidence base which argues that CCRCs contain very diverse communities and do not meet the misplaced stereotype of 'geriatric ghettos'.

Chapter 4

The National Agenda for Housing and Care

Introduction

How best to meet the housing and care needs of our ageing population has now become a key policy question (Croucher et al. 2009). Over recent years an array of governmental advice and guidance has been produced, shaping the new national agenda for housing and care (see Figure 4.1). This agenda sends out clear messages to policy makers, providers and planners of the need to deliver new and innovative opportunities now.

Figure 4.1: The national policy context

- Care Green Paper (DH) (2009)
- Homes for our Old Age (CABE 2009)
- National Strategy for Housing an Ageing Population (DCLG) (2008)
- Putting People First (DH) (2007)
- Homes for the Future: More Affordable, More Sustainable (DCLG) (2007)
- Our Health, Our Care, Our Say: a new direction for community services, White Paper (DH) (2006a)
- Independence, Well Being and Choice, Green Paper (DH) (2006b)
- Dignity in Care (DH) (2006c)
- The Local Government White Paper: Strong and Prosperous Communities (DCLG) (2006b)
- Quality and Choice for Older People's Housing: A Strategic Framework (DCLG) (2006c)
- Opportunity Age: A National Strategy on Ageing (DWP) (2005)
- Older People, Independence and Well Being: The challenge for public services, (Audit Commission) (2004)
- National Service Framework for Older People (DH) (2001)

The Agenda for Housing

Meeting the housing needs of an ageing population is now a clear policy goal. Having a good place to live is important to everyone but it takes on greater meaning in later life, especially with the onset of illness or disability (Riseborough and Fletcher 2008). The context for delivering housing for older people has most recently been set out by the Department of Communities and Local Government in the National Strategy for Housing an Ageing Society (DCLG 2008). This document entitled *Lifetime Homes, Lifetime Neighbourhoods* places a new emphasis on the role of housing in supporting older people's aspirations and preventative care.

Figure 4.2: Converted farmhouses offering extra care housing at Sandford Station, providing diversity and choice in housing provision for those entering old age

The need for increased delivery of and greater diversity in older people's housing are key themes throughout the literature. In terms of growing demand, the National Strategy (DCLG 2008) and the Housing Green Paper (DCLG 2007) both acknowledge how housing supply is not meeting the rising demand from our ageing population. Added to this, are the changing aspirations of the emerging older generations, being more mobile than past generations and so demanding more in terms of housing options. This was highlighted in a recent publication by the Department for Work and Pensions (2009) entitled *Preparing for our Ageing Society*, which found the need for a broader range of older people's housing choices, including greater availability of options that bridge the gap between living independently and moving into a retirement home. This is supported by the National Strategy, which states:

> "*Older people's housing options are too often limited to care homes or sheltered housing. Put simply we need more and better homes for older people now*" (DCLG 2008: 11).

Figure 4.3: Extra care housing overlooking the cricket ground at Westbury Fields

In 2009, the former Labour Government set up the Housing our Ageing Population: Panel for Innovation (HAPPI). Their report, acknowledges that UK housing provision is currently based on the perception that as we age, we wish to stay put in existing family housing. This means that there is limited housing choice for those who do wish to move, which only acts to reinforce the notion that moving in retirement is a last resort. The HAPPI report is very critical of this assumption, arguing instead for the need to create demand for better choice, through a greater range of housing options. It states that:

> "...*the time has come for a national effort to build the homes that will meet our needs and aspirations as we all grow older*" (PFI 2009: 3).

If owner occupiers are forced to remain in their large family homes, this will result in lower stock turnover, which will have much wider implications, reducing the housing options for people across all age groups (PAS 2009). Thus in the interests of the whole of society, there is a clear national agenda to improve the volume and diversity of housing for older people.

Figure 4.4: A selection of documents shaping the policy context

The Agenda for Care

In 2009 the Green Paper entitled *Shaping the Future of Care Together* (DH 2009), set out ways to reform the care and support system in England. This paper acknowledges that increasing demand and changing expectations are affecting the way that care and support is seen and the way that services will need to be delivered in the future. Thus, as the proportion of the 'oldest old' continues to grow, the literature recognises that the present system cannot continue as it is. This commitment to transforming the provision of care in England is further acknowledged in the White Paper *Our Health, Our Care, Our Say* (DH 2006a) and in the cross-governmental publication *Putting People First* (DH 2007).

'Personalisation' and 'diversity' are recurring themes throughout the literature, which are supported by plans to deliver the notion of 'shifting care closer to home'. It is further clarified that 'home' does not necessarily mean the family home; rather it is about providing care in someone's own space, not in an institutional setting as has traditionally been the case.

Figure 4.5: Ensuring that care is personalised and provided in one's own setting is a national policy goal

Integrating Agendas – The Housing-Care Continuum

These agendas are far from mutually exclusive. The interdependence of housing, health and social care is increasingly recognised (see for example Appleton 2008; Burlumi and Tuck 2008).

While some authors argue that the rapid policy innovation and proliferation of initiatives is helping to cross the housing and care divide (e.g. Cameron et al. 2001), others argue that the integration of these agendas is not as far advanced as it should be, with institutional and financial structures maintaining a divide between health, housing and care provision (e.g. Harrison and Heywood 2000).

A New Approach to Ageing

Within the policy guidance, there are a few key messages which form the cornerstones of the new national approach to ageing. One of the overarching themes has been the promotion of independence. It has been recognised that historically housing and care have been provided in a framework which was ageist and fostered dependency. However, the thrust of new policies is to help people remain more independent (Leeson et al. 2004). The notion of 'ageing in place' is also part of the new approach to age, which offers individuals a 'home for life', with care services tailored to personal needs, rather than people being continuously forced to move as their care needs increase. (Croucher et al. 2006). In addition there is a new emphasis on 'active ageing', encouraging people to engage in social interaction and become active members of society rather than being viewed as a burden (Croucher 2006).

Figure 4.6: Active Ageing at Sandford Station

It is clear that CCRCs represent one manifestation of this agenda. They offer high levels of care and support in living environments that maintain and promote independence, whilst fostering notions of 'active ageing' and 'ageing in place'. In their review of the literature on housing with care Croucher et al. (2006) conclude that out of all the current options a CCRC is best able to offer a home for life. Being the only scheme with an onsite care home, there is considerably less disruption as residents' care needs increase; and couples can stay together even if the care needs of one increase faster than the other's. Thus there is considerable consensus amongst authors that CCRCs serve current policy agendas very well (e.g. Bernard et al. 2007; Phillips et al. 2001; Evans and Means 2007; and Croucher 2006). However government policy remains underpinned by the need for greater choice, thus CCRCs are only one part of this agenda, and are far from a panacea for all (Riseborough and Porteus 2003; Croucher 2008).

Figure 4.7: CCRCs offer a home for life, providing care and support in one's own home

Rhetoric or Reality?

As this national agenda for housing and care emerges, so too do its critiques. These, in general, support the aims and objectives of the new ageing agenda but questions the lack of attention paid to its delivery. One particular critique is the lack of strategic housing priority afforded to the older population, as it is often overlooked in the drive to develop affordable housing for younger people. Mainstream housing policy makes limited reference to older people, and even where it does, this is confined to those with the highest care and support needs (HOPDEV 2006). This is supported by Wanless (2006:

xxv) who finds that "*the demands of an ageing population come too low on the list of strategic housing priorities*", with the concerns of first time buyers and key workers being more immediate. In their analysis, Riseborough and Fletcher (2008) argue that despite the supportive policy context towards an ageing population, actual changes are much slower to emerge, with the needs of older people easily being knocked off the political agenda. Thus, despite the rhetoric, current approaches are not ensuring that a sufficient supply of suitable housing is being delivered (Riseborough and Fletcher 2008).

A second critique concerns the considerable gap between the creation of policy at a national level and the devolution of responsibility to local government (Audit Commission 2008). At present there are no statutory requirements for authorities to plan for or deliver this new approach to ageing. Organisations such as Housing and Older People Development Group (HOPDEV) consider that until the 'housing and care' agenda becomes a statutory requirement on local authorities, and until they are provided with sufficient funding and resources, the existing provision will continue more or less as at present.

Through the National Strategy, central government has set its agenda to encourage greater provision of housing and care options for the ageing population. This now needs to be followed up with "*the resources and regulatory requirements that will turn rhetoric into reality*" (PFI 2009: 50). Within the literature there is a real sense of urgency to meet the needs of the current demographic change. A wealth of studies recommend a step change in the delivery, but this is not followed up with the mechanisms to ensure that such proposals can be put into place. In particular, as the next chapter explores, the planning system has a vital role to play in the delivery of land use change; however at present there is limited guidance within planning policy to facilitate the delivery of this agenda.

Conclusion

The policy framework for the older generations is very different to a decade ago. This new national agenda encourages greater diversity in housing and care provision as well as fostering independence and active ageing, and offering a 'home for life'. CCRCs represent one manifestation of this agenda and as such there is potential for them to become an established part of the landscape in Britain. However at present insufficient attention has been paid to the delivery mechanisms needed to ensure that current rhetoric becomes a reality.

Chapter 5

Planning for Housing with Care

Introduction

The planning system is a highly political process through which land use decisions are made. Anyone wishing to undertake development requires consent to do so from their local planning authority. The planning system in England is plan-led. Section 38(6) of the 2004 Planning and Compulsory Purchase Act sets out that development decisions should be made in accordance with the development plan unless material considerations indicate otherwise. Development plans are documents prepared by local and regional planning authorities which set out the long term vision for their area, guiding what development should take place and where (NAO 2008).

As set out by the 2004 Planning and Compulsory Purchase Act, development plans comprise the relevant Local Development Framework (LDF) and Regional Spatial Strategy (RSS). However the Localism Bill (HM Government 2010a) published in December 2010 will remove Regional Strategies from statute once it is enacted. At the local level many authorities are behind in preparing their Local Development Frameworks, and so in the interim period, saved policies from the old Structure and Local Plans also form part of their development plan (Cullingworth and Nadin 2006; PINS 2010).

The Localism Bill sets out proposals to reform planning at the local level with the introduction of Neighbourhood Plans. It is also highlighted in the *Local Growth* White Paper to replace LDFs with Local Spatial Plans, which will be brought in later on through secondary legislation (HM Government 2010b). However until the new system is in place, local authorities are continuing to progress Core Strategies as their primary Development Plan Document.

At the national level, Government produces Planning Policy Statements. These national policy statements do not form part of the development plan; however all development plan policies must be in conformity with them.

The English planning system is characterised by its discretionary nature. Development plans are only the starting point and decisions makers are afforded considerable discretion to weigh up policies and other material considerations. Material considerations are factors which play a significant role in determining development decisions. In some cases these considerations can outweigh the policies set out in the development plan

The structure of planning policy and the composition of the development plan is set out in Figure 5.1.

Figure 5.1: The planning policy framework (adapted from Cullingworth and Nadin 2006)

NATIONAL

Planning Policy Statements and Guidance

National Policy Statements on Infrastructure

REGIONAL

Regional Spatial Strategies

Regional Plan prepared by the region and approved by the SOS after EIP

Sub-Regional Strategy

The London Plan

Spatial Development Strategy for London

COUNTY

Minerals and Waste Plans

DISTRICTS, UNITARY AUTHORITIES AND LONDON BOROUGHS

Local Development Framework

Development Plan Documents

Mandatory Core Strategy, Site Specific Allocations and Proposals Map, Discretionary Action Plans

Local Development Scheme

Statement of Community Involvement

Annual Monitoring Report

Supplementary Planning Documents

COMMUNITY OR PARISH

Village and Parish Plans

Neighbourhood Plans

Shaded areas form the development plan. (SOS = Secretary of State, EIP = Examination in Public). With the enactment of the Localism Bill, Regional Strategies will be removed from statute (although the London Plan will be retained) and Neighbourhood Plans will become part of the development plan.

Applications for planning permission are determined through a process known as development management, which is set out in Figure 5.2.

Figure 5.2: The typical development management process in England for major applications (based on National Audit Office 2008)
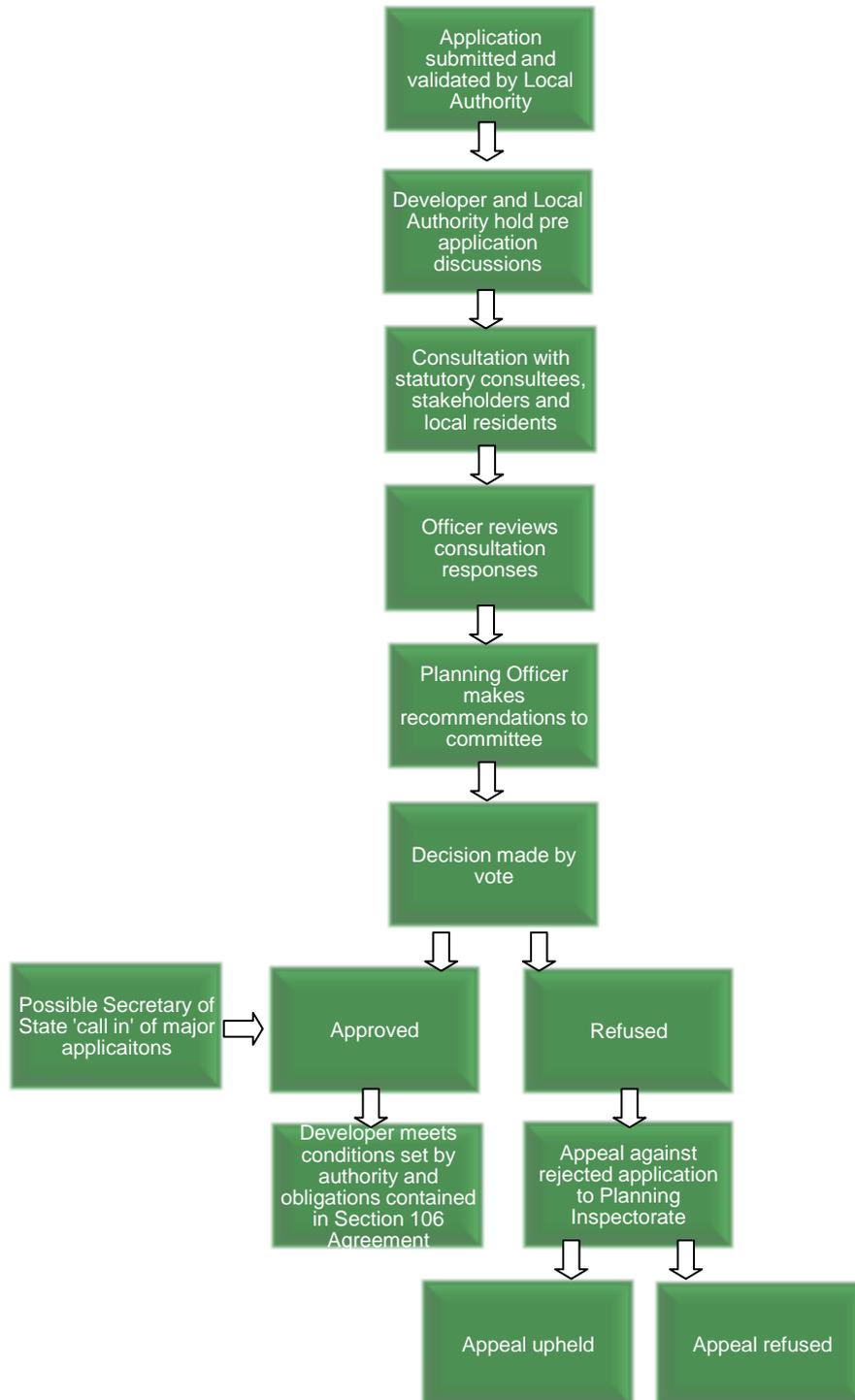
Experiences of Planning for Housing and Care

The planning system has often been characterised as a slow, inefficient and bureaucratic process. At present very limited literature exists on the process of planning for housing and care, but the little that does exist outlines a picture that fits this stereotypical view. The records of Development Control Services (2010) highlight how in the late 1980s applications for sheltered housing were constantly refused by local authorities leading to very large numbers of appeal inquiries. In particular, in 1989 alone, over 100 appeal inquiries for sheltered housing were held. In the 1990s the number of refusals declined as knowledge of the market increased; however the number of appeals for such developments has remained significant (Williams 1990; DCS 2010). Planning for care homes has not faced the same degree of difficulty, with their use being more readily understood and accepted. In some cases local authorities have included reference to residential institutions in their local planning framework, providing guidelines for developers to bring schemes forward. However with the growth in domiciliary care across the last two decades, there has been a considerable reduction in the number of housing and care related proposals coming forward.

The Agenda for Change

In 2001, a Green Paper entitled *Delivering a Fundamental Change* (DTLR 2001) set out plans for the creation of a new spatial planning system, replacing the old system of land use planning. It was gradually recognised that the traditional land use planning system was failing to meet its objectives and as such was becoming an increasingly marginalised and regulatory activity (Nadin 2006). Spatial planning has evolved through the 2004 Planning and Compulsory Purchase Act and more recently the 2008 Planning Act. The spatial planning discourse seeks to relocate planning away from a regulatory process concerned with land use to a more proactive process of 'place making' (Wood 2008). New spatial policies are intended to set broad spatial strategies to allow decisions to be made within a more flexible framework (Gallent and Shaw 2007). There is also greater emphasis on the need for a robust evidence base to justify and support these policies (Rodriguez-Pose 2008).

More recently there has also been a shift in the culture of planning from the decision making process formerly known as 'development control', to 'development management'. This acknowledges that the traditional 'development control' approach to decision making has focused on taking a reactive and cautious approach to determining planning applications and enforcing contraventions. Thus the culture shift towards development

management is encouraging local authorities to move away from the reactive approach to development and to adopt a more positive and proactive role in place shaping.

At a time when there is a need to respond to demographic change, the agenda for change within the planning system appears particularly well timed. Spatial planning brings with it the notion that planners should take a more proactive approach, facilitating development to meet identified need. Thus in theory the planning system is evolving in a way that demographic change is identified, understood and planned for. Authors such as Tacken (2005) strongly express the essential role of spatial planning in enhancing the environment for older people. In addition authors such as Edwards and Harding (2008) acknowledge the value being placed on having a strong evidence base. This is supported by the National Housing Federation (2009) who argue that older people's housing will only be a priority if need for it is identified. As such, it becomes logical that a greater focus on evidence based planning will lead to a greater appreciation not only of the growing numbers of older people but also of their aspirations. Such evidence can then be used to ensure that the ageing population is effectively planned for.

Figure 5.3: Understanding the needs of our older generations is an essential starting point

Planning for Housing and Care: Recent Experience

The recent experience of planning for housing and care is not well documented in the UK. Very limited literature exists as to how planning departments are responding to meet the needs of the ageing population. While there is a growing body of literature addressing how the introduction of spatial planning is affecting the delivery of housing, only a handful of sources are concerned with the delivery of housing and care.

Within this evidence, there is a clear focus on the role of planning policy. The Planning Advisory Service and the Housing an Ageing Population: Panel for Innovation acknowledge the failure of planning policies to address the needs of the ageing population (PAS 2009; PFI 2009). This conclusion is also reached by both Tetlow (2008) and Burlumi and Tuck (2008), who consider that ageing and inclusion policies appear not to be feeding through into Local Development Documents, resulting in short term opportunistic gains rather than a long term vision for meeting the needs of our ageing population.

Within this small body of literature, there is a clear sense that planning remains too distanced from the demands of demographic change. Planning has a vital role to play and even the most innovative scheme will not succeed without the proactive engagement of planning departments (Burlumi and Tuck 2008). Thus there is an overarching message that planners need to respond; although without sufficient evidence, exactly how is not entirely clear.

Figure 5.4: The needs of the ageing population need to be understood and effectively planned for

33

Conclusion

The planning system has a vital role in mediating land use, making it an important mechanism through which to implement a range of government agendas. The planning system is therefore an essential consideration in meeting the housing and care needs of our ageing population. The contribution of planning towards this agenda has so far remained limited, with broad statements calling for a change in the way planners approach the ageing population (PAS 2009). However as this chapter has argued, much greater empirical evidence is needed to help analyse and understand how applications for housing and care are currently being addressed. It is insufficient for the literature just to call for a greater role for planning. We need to fully understand what is going on before we can address how planning can best respond.
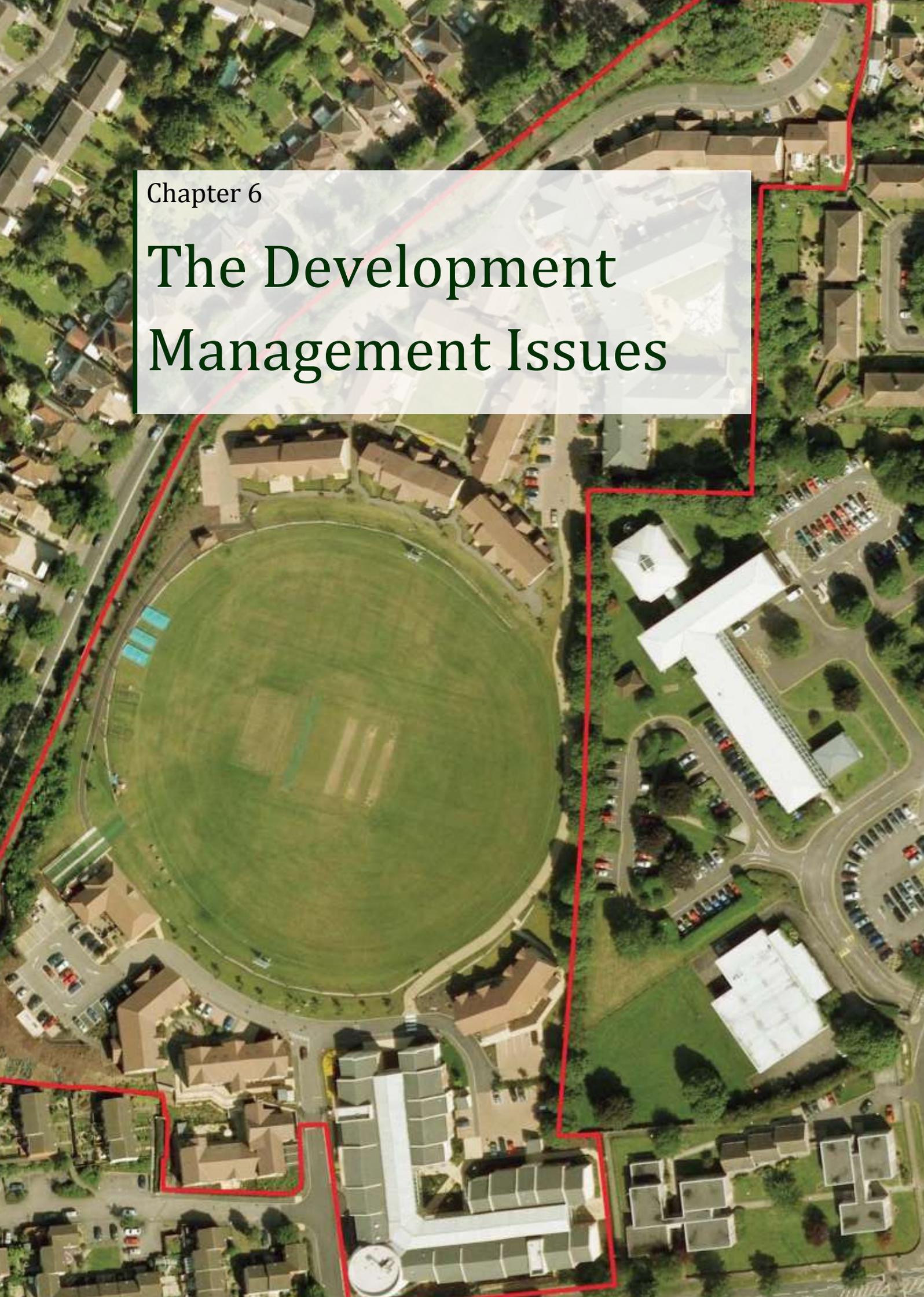
Chapter 6

The Development Management Issues

Introduction

Proposals for CCRCs are all unique. Brought together only by the concept of providing a continuum of care, every scheme contains a different number of units, facilities, costs and care packages. However, this research has revealed that planning for such communities raises a number of common issues. This chapter investigates what these issues are and why they arise.

For the purposes of this research a CCRC was defined as having a care home and a least 50 extra care units. Throughout the research a selection of 24 CCRCs were identified. Of these, 7 schemes were subject to 2 or 3 planning applications, creating a total of 33 applications. These results are detailed in the Appendix. A high proportion of these applications were determined outside of the local planning authority. In total 7 applications were called in for determination by the Secretary of State due to their perceived national or regional importance and a further 7 were determined by a Planning Inspector at appeal. Of these 33 applications, 20 were approved, 11 were refused and 2 withdrawn.

Overview of Issues

Figure 6.1 sets out the frequency of the main development management issues arising across the 33 applications.

Figure 6.1: The development management issues with CCRCs
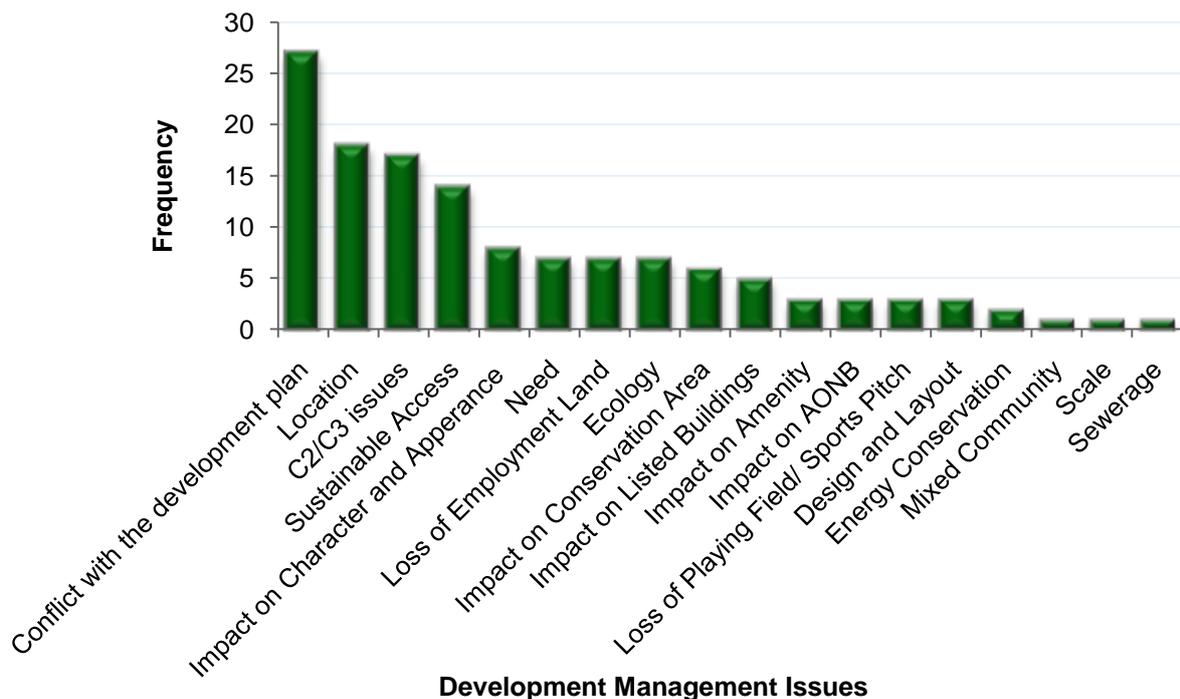
Concerns regarding conflict with the development plan, the site location and the use class are particularly prominent issues for applicants and planning officers to address. Other issues concerning access, need, impact on the wider area and loss of employment land are also relatively prominent considerations. The issues at the lower end of the scale, with a frequency of five or less tend to be more site specific, arising across all application types, rather than being issues common to CCRC proposals. The rest of this chapter investigates some of the most commonly arising issues in more detail.

Conflict with the Development Plan

The overarching planning issue for CCRCs is their relationship to the development plan. As set out in Chapter 5, Section 38(6) of the Planning and Compulsory Purchase Act 2004 requires that planning decisions are made in accordance with the adopted development plan unless material considerations indicate otherwise. As shown in Figure 6.2, 85% of the applications analysed contained proposals that were against policies in the adopted development plan.

Figure 6.2: CCRC Proposals in relation to the Development Plan
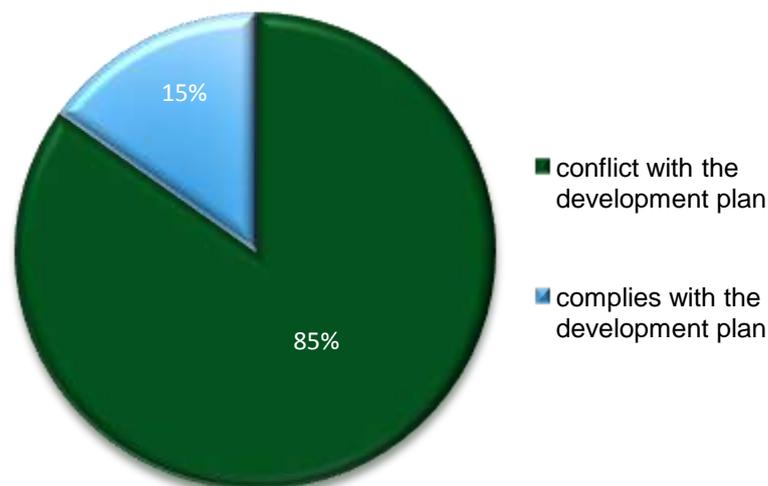
The reasons for this have been acknowledged by a number of Inspectors and relate to the unique nature of the proposals being beyond the development plan framework and in some cases where adopted policies are considered out of date.

The 2004 Planning and Compulsory Purchase Act entirely reformulated the planning policy framework, replacing Local Plans with Core Strategies as the document guiding local spatial development. In the interim period before Core Strategies are adopted, the development plan framework is based on 'saved' Local Plan policies. Thus in some cases outdated policies continue to form the basis for planning decisions while new plans are

being developed. However this situation is generic for all application types, and what is unique about CCRCs is that they are often considered to be outside of adopted policies. While it is obvious that Local Plans largely predate the growth of retirement communities in the UK, it is also the case that development plans often make limited or no reference to retirement housing or any form of residential care use. This was evident from the research, with only 9 of the 24 development plan policies containing some form of reference to the older generations.

As shown in Figure 6.3, 45% of applications have been approved despite being contrary to the development plan. These applications have therefore been granted permission as an exception to adopted policies, with decision makers acknowledging wider material benefits to outweigh conflict with the development plan. This sophisticated balancing of material planning considerations is a common aspect of the majority of CCRC decisions.

Figure 6.3: Decisions in relation to the Development Plan
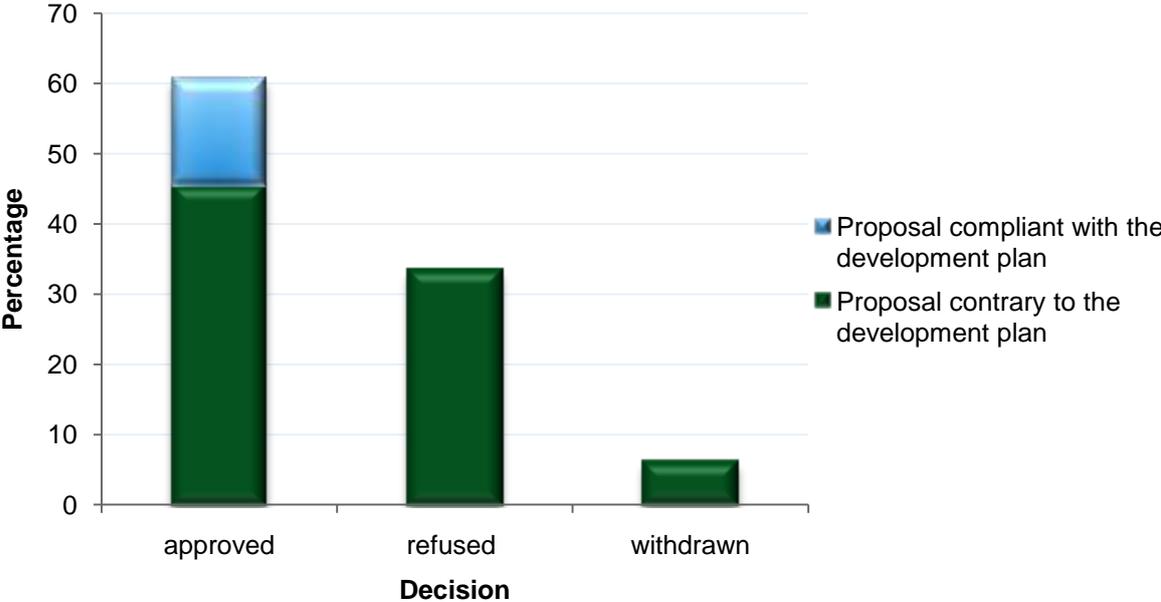
Rather than development plan policies being sufficiently flexible to accommodate new and innovative proposals, the weight is currently being placed on material considerations in order to respond. Such an approach may be a short term solution but if decisions are continually based on wider material considerations, in the longer term this will undermine the effectiveness of the English plan-led system.

The Site Location

As shown in Figure 6.1, the site location was a prominent issue in 18 of the cases analysed. Due to the size and scale of CCRCs, finding suitable and sustainable sites has proved difficult. Schemes are frequently proposed outside the settlement boundaries and

in relatively rural locations. CCRCs operate on economies of scale. A higher number of units provided on site not only increases the sense of community but justifies the provision of more communal facilities. It is these social areas, as well as the facilities on offer within them, that are vital to the health and well being of the residents and which are central to the CCRC concept. Evidence indicates that in order to accommodate sufficient communal areas, sites need to be between 2 and 5 hectares. Suitable urban brownfield sites tend to be allocated for residential or employment uses, pushing up the land values and often making them unviable for care provision. CCRCs therefore tend to be located on greenfield sites in more rural areas. Such locations also relate to wider social factors. In rural areas there are typically higher proportions of older people, with reduced access to social and care services creating a much higher care need than in more urban locations. This can be seen in Figure 6.4 below, which demonstrates a strong spatial divide in the predicted growth rate of older people between rural and urban areas.

Figure 6.4: Map showing the greatest expected increase in the numbers of older people in England 2009-2029 (OSCI 2009)
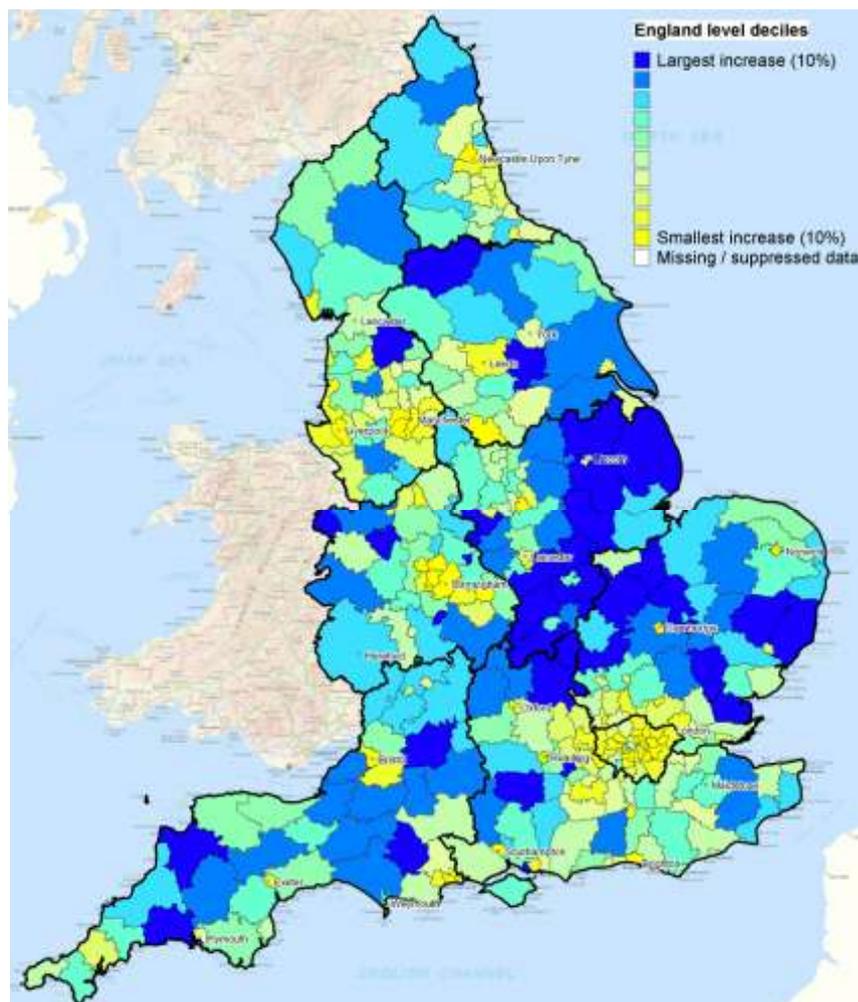
Proposals on greenfield land, outside the settlement boundary are contrary to development policies which seek to restrain urban sprawl. Inspectors have taken varying approaches to this issue. For some Inspectors, the location has been a key reason for refusal. For example in a scheme at Mayland, Essex[1], the proposed location on the edge of a small village in the countryside was considered unsustainable, and was the primary reason for refusal. However other Inspectors have taken a different approach, acknowledging the difficulties in finding suitable sites. For example at the appeal in Hereford, the Inspector acknowledged that while there was a unitary development plan policy that generally permitted the development of residential care and nursing homes, no specific site allocations were made. Thus the Inspector considered that it was axiomatic that any such proposals would always come forward on land allocated for other uses, and as such would always conflict with the development plan.

Similarly in the case at Sapcote, the Inspector acknowledged that "*for all practical purposes, this development could not be accommodated on allocated land*", because sites had not been allocated for such uses in the Local Plan and prospects of a suitable windfall site were slight. Thus the Inspector concluded that sufficient material considerations outweighed the harm caused to the character and the amenity of the area, constituting "*one of the infrequent cases, where built development with no inherent grounds for a rural location would nevertheless be justified*" (paragraph 78). In this instance the Secretary of State readily accepted the Inspector's recommendation.

It is interesting to note that proposals have generally been more successful where they are located on sites with an existing care use. For example both schemes at Twyford and Ditchling proposed CCRCs on greenfield sites, beyond the settlement boundary within the grounds of an existing care facility. These proposals were both contrary to the development plan; however the nature of the established care use on part of the site enabled the CCRC concept to be more readily accepted on greenfield land.

The development management process has been further complicated with the location of 6 of the 33 applications on sites within the Green Belt. Land designated as Green Belt is afforded the highest environmental protection and any development within it must be justified by 'very special circumstances' (see Planning Policy Guidance 2 (PPG2), DCLG 1995). This issue has been approached in a number of ways by decision makers. For the application at Delph, it was considered by the Secretary of State that there were very

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[1] For more details on the cases referred to, see the Appendix

special circumstances to outweigh any harm caused to the Green Belt. These were considered to be:

- The ageing population and in particular the rapid growth of the 'oldest old' who have the highest health and social care needs, with the Inspector acknowledging how the needs and demands of the new ageing population are changing so that existing provisions are no longer sufficient.
- The evidence of need for the proposal
- Recent governmental support for this type of proposal
- The provision of affordable housing
- No sequentially preferable sites
- The existence of wider benefits including freeing up larger family houses, the provision of employment and the wider economic benefits for local business.

However, for a much larger CCRC proposed in Chester, it was considered that there was not enough evidence to demonstrate very special circumstances and consequently the proposal was refused. Other cases in the Green Belt have concerned the development of 'major developed sites', to which Annex C of PPG2 applies. This was the case for Storthes Hall and Maudslay Park, where in both cases, the Secretary of State considered that the proposal met the policy requirements and was not considered to be inappropriate development.

Figure 6.5: Finding suitable sites for CCRCs which do not conflict with planning policies has proved difficult

Locating suitable sites for CCRCs will continue to be a major issue for providers and a key concern for planners. To help ease this process, a thorough assessment of alternative sites would help facilitate the decision making process. A number of more recent applications have included an assessment of alternatives, demonstrating that there are no sequentially preferable sites. With proposals for CCRCs coming forward in the countryside or in typical areas of planning restraint, such justifications can underpin a decision which is contrary to the development plan. In both the cases at Storthes Hall and Delph, sequential tests played an important role in demonstrating the lack of suitable urban sites and therefore in justifying development as an exception to adopted policy.

The Use Class Debate

The third most common theme to emerge concerns the use class debate. Use classes have a role of classifying similar land uses into defined groups (see Figure 6.6):

Figure 6.6: Planning Use Classes, as defined by the Use Classes Order 1987, as amended 1990 and 2005

Use Class A	Use Class B	Use Class C	Use Class D	Other
• A1 - shops • A2 - financial and professional services • A3 - restaurants and cafes • A4 - drinking establishments • A5 - hot food take aways	• B1 - business • B8 - storage and distribution	• C1 - hotels • C2 - residental institutions • C2A - secure residential institutions • C3 - dwellinghouses	• D1 - non residential instituitons • D2 - assembly and leisure	• Sui Generis

It is evident from the research that CCRCs sit uncomfortably within the Use Classes Order. In 17 out of the 33 applications, the use class debate was a key aspect of the development management process. The debate arises because CCRCs provide a continuum of care, offering independent living right through to 24 hour care. Use class C2 covers *Residential Institutions*, which has traditionally covered all forms of residential and nursing care homes. It is defined as

> "*Use for the provision of residential accommodation and care to people in need of care (other than a use within a class C3 (dwellinghouses). Use as a hospital or nursing home. Use as a residential school, college or training centre*".

By contrast Use Class C3 covers use as a *dwellinghouse*, which is defined as:

"use as a dwellinghouse, (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)."

The debate therefore centres around whether a CCRC should fall within Use Class C2 or C3, or whether it should be defined as *Sui Generis*, which covers "*all other uses of land which do not fall within the specified classes*".

Previously, the provisions of housing and care for older people fitted neatly into the defined use classes, with a residential care home being C2, and sheltered housing, with a warden but no provision of care, being C3. However housing with integrated care provision faces huge challenges in the present system. The research revealed that despite the growing numbers of applications, there remains a lack of guidance on the issue, with the interpretation of the Use Classes Order varying according to particular proposals and the range of services provided.

The evidence indicates that the care home use has never been disputed but rather the debate centres on the provision of extra care accommodation. Thus proposals have generally been considered to either contain a mix of C2 and C3 uses, to contain a purely C2 use, or to be Sui Generis. In determining applications, the Secretary of State, Inspectors and planning officers have taken a number of different approaches.

For the appeal in Hereford, the Inspector decided the proposal contained a mixed C2/C3 use, considering that the definition of C3 in the Use Classes Order states "*use as a dwellinghouse*", including "*a household where care is provided for residents*". The Inspector acknowledged that "*the level of care to be provided is not relevant, since the Use Classes Order does not refer to that*" (paragraph 29). Thus the Inspector takes the view that the inclusion of units 'with their own front door' should be classed as C3, even if a significant level of care is provided. A similar conclusion was reached by the Secretary of State, in determining an application on the former HMS Royal Arthur Site, in Corsham, North Wiltshire. However in this case greater emphasis was placed on the legal Section 106 agreement. These agreements can be bilateral or unilateral between the developer and the authority and can include contributions, arrangements and restrictions related to that development in order to make it acceptable. At Corsham the Inspector considered that the Section 106 did not to provide suitable controls on the occupation of the units, in terms of age and care provision, and as such they could be occupied as class C3. Although even in cases where an appropriate legal agreement has been provided, the

decision is still at the discretion of the decision maker. For example in the case at Arclid the proposal was restricted to those age 55 and over, who were in need of care and would be required to purchase at least a minimum level of care provision. In addition the proposed units were leasehold, restricting their sale on the open market, and were all linked to the care home through an electronic call system. Despite these restrictions the Inspector considered that the extra care units displayed the characteristics of C3 dwellings, making the overall proposal a mix of C2/C3 uses.

However in a number of other cases, decision makers have taken a different view, treating the proposal as a whole concept. In the cases in Sandford, Faygate and Aston on Trent it was concluded that the proposals represented purely C2 uses. Article 2 of the Use Classes Order states that for the purposes of C2 care means:

> *"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".*

In these cases, Inspectors and Planning Officers have taken the view that the distinguishing feature of C2 establishments is the provision of personal care for those who need it, and that given that the units would be restricted to those in need of care by reason of old age, this would fall within the definition of Use Class C2. For the case at Sandford, the planning officer acknowledged that the proposal included residential housing but that the use of these units would be restricted to at least 1 person per unit who was in genuine need of care and as such the units could not be occupied in the same way as general market housing. In addition the substantial costs associated with this care provision would dissuade those not in genuine need of care.

The reason why the use class issue has created such a debate relates to the wider planning policy implications. C3 uses fall under normal housing policies and as such are subject to testing within the parameters of the overall housing requirements as set by the development plan; whereas C2 uses fall under the same special housing policies as nursing homes and other residential institutions. Housing policies typically restrict development beyond the settlement boundary and include a requirement for affordable housing provision. However for those development plans which contain reference to C2 uses, these are treated as special types of housing and often accepted beyond the settlement limits. This was evident from the research with all of the schemes considered as mixed C2/C3 uses being refused, largely because they could not comply with the locational strategy for new C3 housing developments or failed to provide sufficient

affordable housing contributions. Conversely, schemes classified as C2 have generally been more successful, being considered as a special type of housing and being accepted on sites not suitable for general market housing. For example in the appeal at HMS Royal Arthur in Wiltshire, the Inspector dismissed the appeal, considering the extra care units were C3 and so contrary to policy; however in the revised application, the Council accepted that the Section 106 agreement ensured that the proposal remained within Use Class C2 and therefore approved the application as being in line with the development plan. Thus, this subtle difference in the use class can have significant implications on the determination of an application or appeal.

Figure 6.7: Extra care units at Sandford Station. Despite their appearance as standard residential dwellings, the provision of care together with the restriction on occupation ensures that they fall within Use Class C2

The difficulty of this issue is further emphasised with the example at Mayland. Here the Inspector dismissed the original appeal, considering amongst other things that the extra care units did not comply with the local plan housing policies. In reaching this decision the Inspector considered the units as a mixed C2/C3 use. This decision was subsequently challenged in the High Court on a number of grounds, including that the Inspector erred in treating the proposed development as mixed C2/C3 rather than wholly C2, and in particular failed to take into account obligations in the submitted draft Section 106 Agreement securing the occupation of the extra care units to those aged 65 and over and in need of care. The Judge ruled that the proposed use class of the development was material to the application of development plan policies and concluded that the Inspector had unreasonably rejected the draft unilateral obligation, which limited the use of the extra care units. The Inspector's decision was formally quashed and the appeal re-determined as a C2 use.

The C2/C3 debate stems from a lack of definitional clarity. Both C2 and C3 classes include the provision for accommodation and care, creating uncertainty about the dividing line between the two classes. The previous divide between residential care and sheltered housing no longer exists, with new forms of provision seeking to provide a continuum of care. The use class definitions currently in force derive from the 1987 Order and consequently are outdated in regard to present day proposals. Added to this, the types of accommodation and care on offer vary significantly. Confronted with different proposals for extra care, close care, assisted living etc., decision makers often struggle with conceptualising exactly what is being proposed. CCRCs can vary in the services and facilities on offer and as such can sometimes warrant different classifications in the Use Classes Order. However in many cases, exactly the same products are being proposed and yet they are classified very differently. This inconsistent approach is leading to uncertainty and confusion, which only leads to further difficulties in delivering housing with care. In order to speed up the planning process and provide greater certainty for developers and decision makers, it is evident that further clarity is needed, from developers in terms of what is being proposed but also in the form of good practice guidance as to how such applications should be determined.

Sustainable Access

Applications for CCRCs also raise a number of questions with regard to sustainable access. Concerns are raised about the accessibility by public transport for both residents and staff; the potential traffic flows; and, if relevant, the provisions in the submitted green travel plan. The issues of access arise not only because of the location of schemes in more rural areas but also because of the nature of CCRCs. They are different from normal market housing in the sense that residents are beyond retirement age and so do not require locations near schools or employment sites. In addition, most of the facilities required by residents are provided onsite, considerably reducing the need to travel. For example at Hartrigg Oaks onsite provisions include a restaurant/cafe, small shop, gym, pool, massage and treatment room, onsite medical facilities, library, wood workshop, and craft room as well as a number of communal rooms for social activities, such as singing, dancing and cinema screenings, all of which considerably reduce the need to travel offsite.

In the application at Heysham, the Secretary of State attached weight to the fact that the need for offsite trips would be limited, with health, recreation, shopping, dining and social activities all provided onsite. Similarly in the schemes at Storthes Hall and Faygate, it was acknowledged that given the age restrictions and the costs included in the service

charges, it was unlikely that the dwellings will be occupied by anyone other than those with significant care needs. As such the need to travel would be significantly less than that of open market housing.

Figure 6.8: Restaurant facilities at Sandford Station, reducing the need for individual trips off-site

However in the ultimate appeal decision at Mayland, the Inspector attached greater weight to the accessibility of the site for care staff. The Inspector concluded that the frequency of public transport was insufficient to accommodate the shift pattern of the nurses, leading to an unsustainable form of development. Similarly at Bideford, the increased use of the private car for the staff and visitors was a determining factor in dismissing the appeal.

Planning policies tend to direct development to larger urban centres; restricting development in isolated rural locations. However it does not follow that schemes in more urban locations will necessarily be approved and those in more rural locations will be refused. Schemes in highly rural locations, such as Storthes Hall, Heysham and Charters Towers, have all been approved, while those in more urban settings, such as Bideford, have been refused. These decisions are therefore contrary to expectations and demonstrate how applications for CCRCs differ from conventional housing or nursing home proposals. This also reveals how the planning benefits may be finely balanced, with issues of access being weighted differently depending on other material considerations.

Need

In almost all of the decisions, the question of need was addressed; however in only 7 of the 33 applications, was the issue highly debated. This is because in some cases the need for such proposals was more readily accepted based on national evidence of the

ageing population, however in other cases more detailed evidence of specific local need was required. This meant examining the needs of current and future older populations within the local area, against the existing care provision. However care needs assessments have suffered from a lack of guidance and have been the subject of disputes about the appropriate size of catchment area and about methods for predicting the future level of need. Thus even for applications where needs assessments are provided, it is not uncommon for the results to be disputed. At present there remains no statutory requirement for local authorities to assess the needs of the older population. Thus while the spatial planning discourse encourages planners to respond to evidence of need, the needs of the ageing population are often poorly understood.

Figure 6.9: There remains no statutory requirement to assess the needs of our older generations, meaning many needs remain unnoticed

Loss of Employment Land

A final issue concerns the loss of employment land. It is evident from the research that a number of applications were proposed on sites allocated for employment in the adopted Local Plan. Development plan policies seek to protect these allocations to ensure the

availability of sufficient employment opportunities and as such CCRC proposals are contrary to policy. Thus decision makers have to weigh up the potential employment opportunities offered by the proposal, the demand for the site and the alternative employment sites within the area.

For the proposal on the former hospital site in Arclid it was considered that the potential to provide around 100 jobs within the CCRC would not match the employment potential of the site, which together with the insufficient marketing to demonstrate a lack of demand for traditional employment uses on the site, led the appeal to be dismissed. However for a similar scheme in Corsham, North Wiltshire, the Secretary of State considered that the proposal would provide employment for more than 100 skilled and non skilled employees, which would be comparable with the allocated employment use. It was further evident from this research that the contention by developers that the scheme will provide a certain number of jobs is often treated as speculative by decision makers, unless the scheme already has a care provider who can provide explicit evidence about the employment prospects.

Figure 6.10: The former employment site at Sandford Station

The other important consideration concerns the availability of alternative sites. For the appeal in Hereford, the Inspector dismissed the proposal, acknowledging that there was limited available employment land in the area. However, in the subsequent application, the Council considered that there was little or no justification to retain the employment land, with there being sufficient provision elsewhere in the District.

The reason for this issue again relates to the difficulties of finding appropriate sites for CCRCs. Regenerating previously developed land is currently considered more sustainable than developing greenfield sites. It is uncommon to find vacant residential land, and where this does occur it is often in high demand. However the nature of the capitalist market economy means that the demand for employment land is not constant, with new employment sites being developed at the expense of others. With the shift to the service economy, large scale industrial, or distribution and warehousing sites are being left vacant. Hence some of the most suitable sites for CCRCs are former employment sites, which local planning policy often seeks to protect.

Conclusion

Planning for CCRCs is not straightforward. While new and innovative proposals for older generations continue to come forward, there are a number of development management issues that continue to arise. These relate to a difficulty in identifying suitable sites, together with the lack of definitional clarity, and a clear lack of statutory guidance.

Providing opportunity and independence in old age will continue to be an uphill battle unless these issues can be effectively addressed. Both planners and developers need to play a greater role in recognising these potential issues early in the planning process, providing time to overcome any concerns. However it is likely that decision makers will continue to reach alternative conclusions about the same issues until further guidance is produced.

A Changing Approach

Introduction

This chapter looks at how, if at all, the development management process has evolved throughout the period since the first application for an English CCRC was submitted in 1988. It also investigates the changing policy context through the introduction of spatial planning in 2004 and the impact this has had upon the planning framework.

The former Labour Government took a huge step in recognising the importance of housing and care for older people. Since 2000, a plethora of government guidance evolved highlighting the needs of the ageing population; however as this chapter sets out, planning for the ageing population has been somewhat left behind.

A Chronological Analysis

From the sample of schemes analysed, it is clear that the frequency of planning applications for CCRCs has increased throughout the 22 year period, with a noticeable rise since 2004 (see Figure 7.1). This relates not only to the growing numbers of older people in need of care but also to the growing popularity of CCRCs.

During this period, the spatial planning discourse has transformed planning into a more flexible and proactive activity based on the guidance set out in the Government's 2001 publication, *Delivering a Fundamental Change (*DTLR 2001*)*. Simultaneous changes have also taken place within the health and social care sectors, providing a positive framework for meeting the needs of the ageing population. However against this context, Figure 7.1 suggests that the approach to planning for CCRCs appears not to have changed. There has been no obvious improvement, with applications continuing to be refused and determined on appeal or resubmitted as revised schemes. This is partly because every case is different and is assessed on its individual planning merits. However these observations also suggest that both planners and developers are failing to utilise the benefits of hindsight. Learning from experience would allow potential issues to be identified and addressed earlier in the application process, encouraging more approvals and reducing the number of schemes having to be appealed or resubmitted.

Figure 7.1: Timeline of application decisions
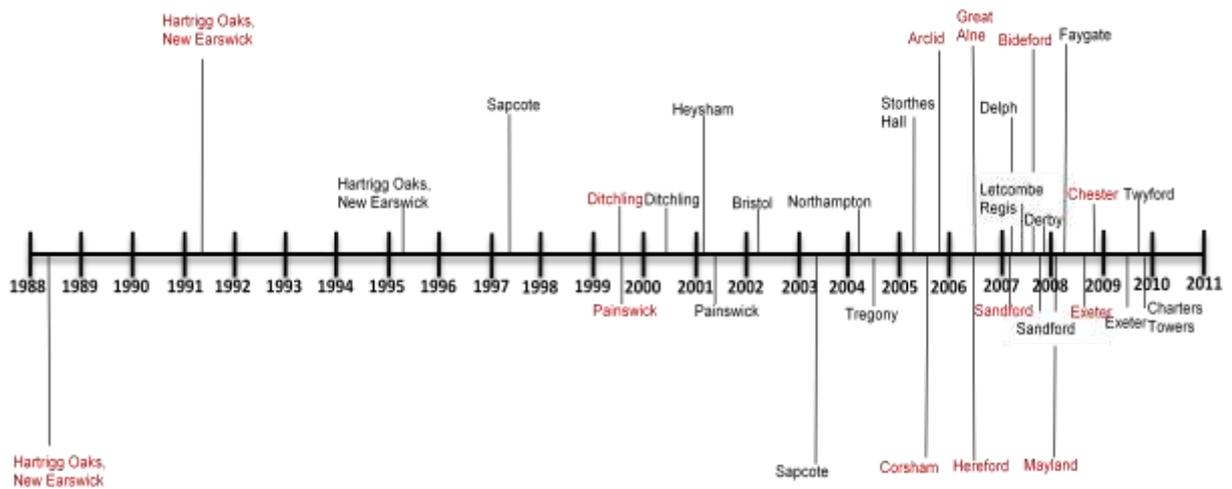
A chronological analysis of the primary issues arising with CCRC applications is set out in Figure 7.2.

Figure 7.2: A chronological analysis of the development management issues

Years in which applications were submitted
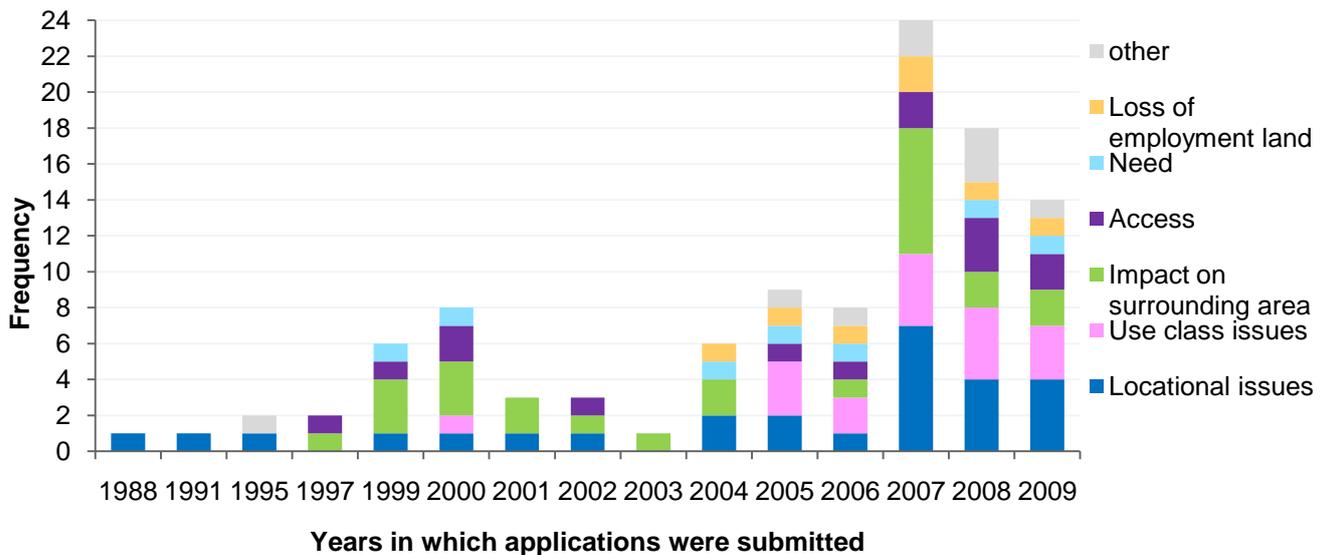
The increase in the frequency of these planning issues reflects the temporal distribution of applications as set out in Figure 7.1. It follows that the more applications submitted, the higher the frequency of planning issues to address. However what is key from Figure 7.2 is not the frequency but the temporal pattern of the planning issues. An obvious trend is that the site location and associated issues of access and impact on the surrounding area have remained constant concerns in planning for CCRCs. These issues were the primary considerations with the earlier applications and remain just as prominent today. This suggests continuing difficulties in finding suitable sites, leading to proposals being located

in more rural areas, with limited access and within scenic landscaped settings. Secondly the graph also indicates that issues of need, loss of employment land, and use class have only relatively recently become important planning considerations. In particular the use class debate has only become a prominent concern since 2004. Thus while new issues are arising, old ones are not being resolved.

The continuing occurrence of these issues suggests that the benefits of hindsight are not being utilised. Planners and developers are not learning from the experience of others to ensure that these issues are effectively addressed. This suggests that unless changes are made to the way we plan for CCRCs, as the number of applications increase, the planning process could become even more complex.

Figure 7.3: Site plan of Hartrigg Oaks, the UK's first CCRC. Since this scheme was approved in 1995, planning for CCRCs has not got much easier

This temporal pattern does not suggest an evolving planning system which is flexible and responsive to our demographic changes. The introduction of the spatial planning discourse has sought to relocate planning away from a regulatory activity concerned with testing proposals against adopted policies to a more proactive process of place shaping. In addition the culture shift in decision making, from development control to development management, has encouraged planners to move away from reactive decision making, encouraging a flexible approach based on up to date evidence. However these results suggest that very little has changed and if anything obtaining permission do develop a CCRC has become even more regulatory with recent concerns about the use class debate. As explained in the previous chapter, the C2/C3 classification determines how the

application is related to the development plan and in particular whether the proposal should comply with adopted housing policies. Thus, as the spatial planning discourse seeks to move planning away from a restrictive regulatory activity, the recent emergence of the use class debate conversely centres planning for CCRCs firmly within a regulatory framework.

The Policy Context

Planning policies are far from static and are constantly evolving as the needs and development priorities of an area change. As new Core Strategies are progressed as the primary document to guide local spatial development, 'saved' policies from the previous Local Plan remain in place as the adopted development plan. At the time of the application, of the 24 authorities where a CCRC has been proposed, only 9 development plans (38%) contained any sort of policy encouraging provision for the older population, meaning that the majority (62%) were determined in a policy context which failed to acknowledge the nature of the proposal. Within this 38%, the relevant development plan policies tend to encourage the provision of sheltered housing or residential care homes, with only very few recognising the need for other forms of provision, such as extra care housing.

This situation is changing within the emerging policy framework. As set out in Figure 7.4, only 29% or 7 of the emerging Core Strategies do not make any reference to the ageing population; 33% make only brief reference to the ageing population within their demographic profile; 25% refer to the need for housing and care provision, such as extra care housing; and 13% include a specific policy encouraging housing and care. This shows a positive step forward, with 71% of emerging policy documents making reference to the older population, in comparison with only 38% of adopted development plan documents.

Figure 7.4: Extent of reference to the ageing population within Core Strategies

Legend:
- No reference to the ageing population
- General reference to an ageing population
- Specific reference to providing housing and care for the ageing population
- New policy on housing and care provision
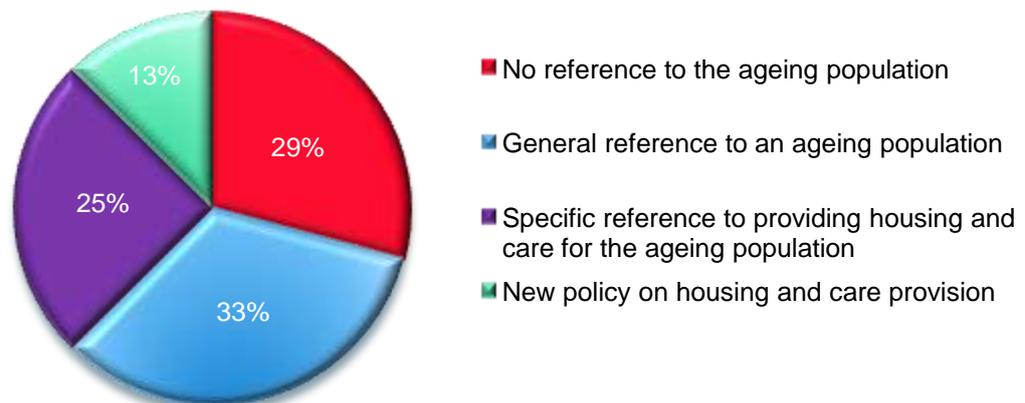
However it can also be argued that this step in the right direction does not go far enough. The majority of this emerging guidance is contained within supporting text, with only 13%, or 3 Core Strategies including direct policy guidance. Planning policies are directly used for development management decisions, with supporting text being afforded limited weight in the overall planning balance. One reference within the Core Strategy, whilst acknowledging the ageing population, nevertheless does not reflect the recent government guidance about the need for opportunity and independence in old age; and nor does it provide sufficient planning guidance to allow new forms of housing and care provision to be effectively delivered. Thus while the emerging policy framework suggests a changing approach to the needs of the ageing population, it is evident that this does not go far enough to ensure the delivery of innovative ideas.

This situation is further complicated by the proposed changes to local planning frameworks announced by the Coalition Government in the Localism Bill and White Paper. This impending change is adding further delay to the adoption of up to date development plan documents, meaning that development management decisions could be based on outdated local plans for a considerable time to come.

Figure 7.5: The community building at Sandford Station, designed to combine the historic character of the existing buildings on site with the need for modern housing and care facilities

At the national level, there has been no direct shift in the planning policy framework to address the needs of the ageing population; with the major changes taking place within the housing, health and social care sectors. In one of the more recent cases at Delph, the Inspector's report for the Secretary of State acknowledges this wider policy shift, stating:

> "...*the most significant policy shift emerging from Government is a growing recognition by the Department for Communities and Local Government of the importance of older people as a population group in relation to housing. This is specifically reflected in the Housing Green Paper published in July 2007 and the National Strategy for Housing an Ageing Society...*
>
> *...The requirement to deliver extra care housing and care villages for older people thus sits at the heart of Government strategy across housing, care and health*" (paragraph 47 and 49).

This requirement to deliver extra care housing and care villages has been widely acknowledged throughout housing, health and social care strategies but remains largely omitted from planning guidance. In order to meet the needs of our ageing population, planning policy at both the national and local levels has some catching up to do.

Figure 7.6: Residents socialising in the conservatory. In order to meet the needs of our ageing population, planning policy has some catching up to do

Conclusion

Planning has an important role to play alongside health and social care sectors to meet the needs of our older generations. However at present, planning for CCRCs is not improving. Issues regarding the site location continue to remain a dominant concern, although in more recent years, issues regarding need, employment land and use class have also become significant considerations. As the spatial planning agenda calls for a more flexible planning system, responses to CCRCs have conversely become bound up in the regulatory detail of the 1987 Use Classes Order.

While the policy context is generally moving in the right direction, with the emerging framework beginning to acknowledge demographic trends, this chapter has argued that these changes have not gone far enough to ensure the delivery of innovative ideas. As the population continues to age, the planning system needs to develop a more appropriate response.

Chapter 8

Advancing the Agenda
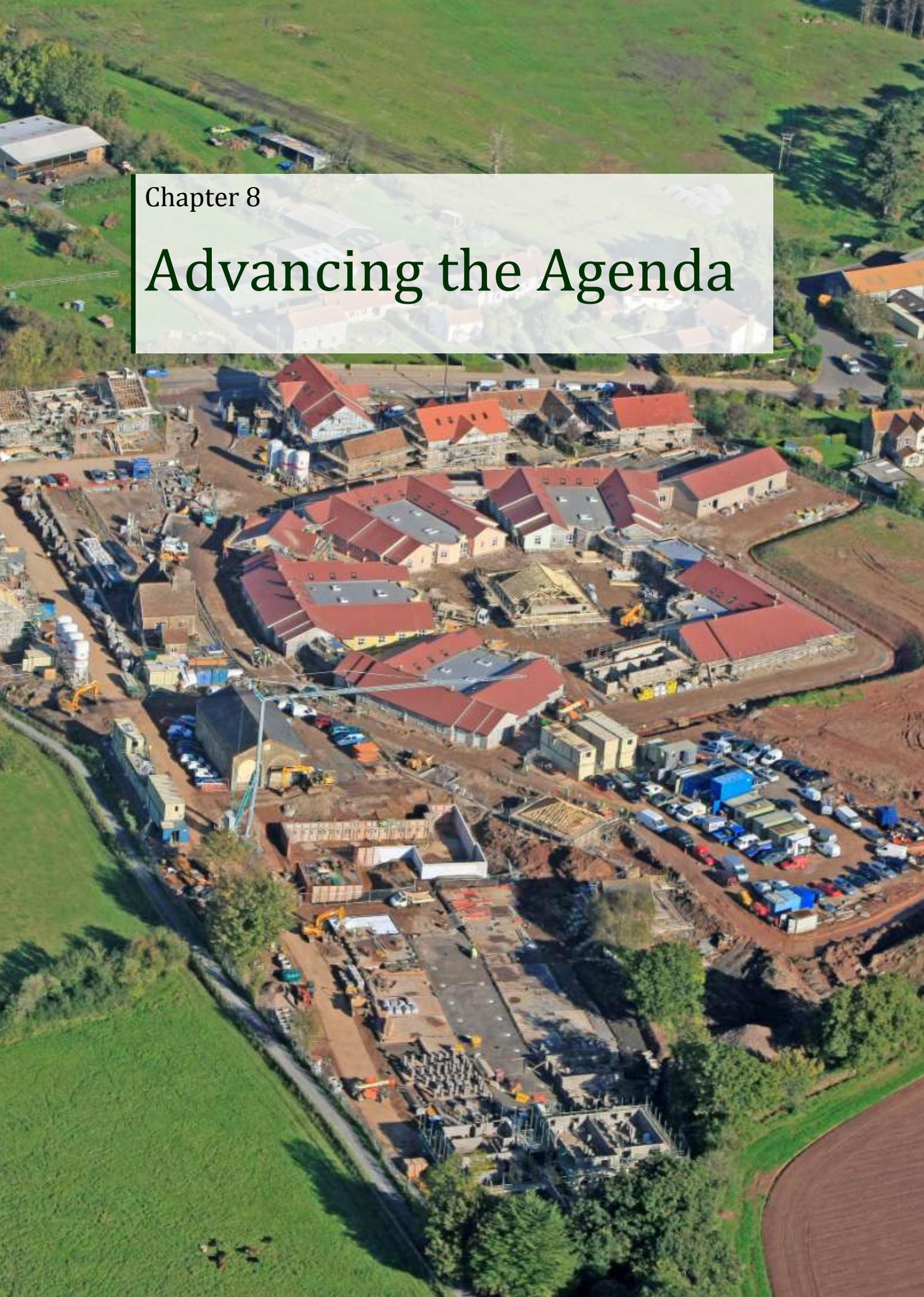
Introduction

This chapter looks at ways of advancing the ageing population agenda for both developers and planners. It takes into account the issues highlighted in the previous two chapters and investigates ways to help ensure that planning is playing its part in responding to our ageing demographic.

Advancing Care Policy

The planning policy context has an important role in shaping how development management decisions are made. However, demand for housing and care provision has yet to be effectively mapped by planners and it is this lack of overall policy guidance which is contributing to the uncertainty from local authorities as to how to effectively manage this type of development.

Figure 8.1: Cawston House within Lime Tree Village, near Rugby, operated by Retirement Villages Ltd. Promoting developments such as this remains a challenge in the current policy framework

At present we have a divided policy framework. While the National Strategy for Housing an Ageing Population (DCLG 2008) recognises the diversity of housing and care solutions needed, it is not a planning policy document. On the other hand Planning Policy Statement 3 (DCLG 2006a) is a planning document which provides an enabling framework to meet the housing needs of all sectors of society but provides no direct guidance about the provision of housing and care. At the local level, the majority of development plan documents make no reference to the needs of the older generations and of the few that do, these are primarily restricted to care homes or sheltered housing.

Within the emerging policy documents, Core Strategies are beginning to acknowledge the needs of the ageing population but only three of those examined include specific policy guidance.

The results reveal that the average decision time for applications without a supportive policy context is 20 months. However where development plan policies exist which recognise the needs of the older generations as separate from the general housing needs of the population as a whole, the average decision time is 13 months. Therefore on average, where the development plan provides a context which acknowledges the needs of the older population, the development management process is more efficient. However, that both of these averages is larger than a year only further emphasises the need to advance care policy so that we can adequately meet the needs of our last time buyers.

To overcome the inadequacies in the current approach, three key issues need to be addressed.

Firstly, planning guidance needs to be contained directly within a policy rather than included within the supporting text. Where the adopted development plan contains a reference to the older generations, in the majority of cases this is explicitly contained within planning policy. This is in contrast to the emerging Core Strategies analysed in Figure 7.4 where only 13% contained direct policy guidance, with the rest either making no reference at all, or only making minor reference within the supporting text. As more applications for CCRCs and alternative models of housing and care come forward, minor references within supporting text will not provide sufficient guidance to effectively determine applications. This point was recently acknowledged in the Inspector's Report into the Tandridge Core Strategy where the Inspector found the document sound, subject to a few recommendations which included a new extra care housing policy. While the submission version of the Core Strategy recognised the need for extra care, the Inspector considered that this should be contained within a separate policy and not 'lost' within the wider text. Planning policies are directly used for purposes of development management and are afforded significantly more weight than the wider supporting text. Direct policy guidance will therefore add clarity and certainty for both planners and developers.

Secondly, emerging policies need to include recognition of the diversity of solutions available across the housing and care divide. No longer can proposals be grouped into those that are predominantly housing (e.g. sheltered housing) or predominantly care (e.g. residential institutions). As the health and social care sectors have moved on to accommodate the changing needs and aspirations of the older generations, so too must

the planning policy framework. CCRCs do not operate in the same way as general market housing, making it irrelevant and unhelpful to rigidly apply housing policies. Emerging local planning policies need to ensure they are able to accommodate this blurring of the boundaries, providing developers and planners a framework within which applications can be progressed.

Figure 8.2: Dementia care accommodation at Sandford Station. Such provision of accommodation with care fails to be acknowledged in the majority of development plan documents

Thirdly, it is important that the policy context remains sufficiently flexible. Prescriptive policies which, for example, define specific numbers of units or specific locations should be avoided, as they may restrict delivery, innovation and choice. Instead, criteria based policies should be formulated, which recognise the needs of the ageing population and provide criteria for identifying suitable sites. They should also remain sufficiently flexible so that a whole range of extra care and retirement village applications can be assessed against them. Examples of recently adopted policies are set out in Figure 8.3, which demonstrate alternative approaches to advancing care policy.

Figure 8.3: Examples of alternative approaches to advancing care policy

Wokingham Borough Council– Policy CP2

Inclusive communities

To ensure that new development contributes to the provision of sustainable and inclusive communities (including the provision of community facilities) to meet long term needs, planning permission will be granted for proposals that address the requirements of:

a) An ageing population, particularly in terms of housing, health and wellbeing;

b) Children, young people and families, including the co-ordination of services to meet their needs;

c) People with special needs, including those with a physical, sensory or learning disability or problems accessing services; and

d) The specific identified needs of minority groups in the borough, including Gypsies, Travellers and Travelling Showpeople and black and minority ethnic groups. Proposals for gypsies, travellers and travelling showpeople (including allocations in other Development Plan Documents) will demonstrate that:

i) The site is located either within or close to the development limits of a settlement in policy CP9 in order to maximise the possibilities for social inclusion and sustainable patterns of living; and

ii) The proposed site is not disproportionate to the scale of the existing settlement whether singly or cumulatively with any existing sites in the area.

Horsham District Council– Policy DC37

Retirement Housing and Care Homes

a. Retirement housing will be permitted within defined built-up areas if it:

i. is accessible to local shops, services, community facilities and public transport; and,

ii. includes appropriate amenity space and suitable car parking

b. Larger scale 'continuing care retirement communities' will be permitted only in appropriate locations outside defined built-up areas where they can be justified in terms of the need being met, and:

i. provide accommodation for a full range of needs, including care provision separate from the self-contained accommodation;

ii. include services and facilities, including transport, to meet the needs of residents and which contribute to the wider community; and

iii. incorporate a scale of buildings which is appropriate to the rural context and which provides for the maintenance or enhancement of the local environment.

c. Care and nursing homes will be permitted in order to meet the care needs of the elderly or other groups in need of specific specialist care provided that:

i. the development incorporates appropriate staff accommodation and / or is the subject of an agreed Green Travel Plan;

ii. the need for the form and type of development in its particular location is fully justified as being essential to the identified care provision.

Any proposal for retirement housing or care homes should also comply with all other relevant policies, particularly those relating to character and design.

At the national level, alterations to PPS3 to allow for an emphasis on the provision of housing with care would bridge the gap in the current policy framework. It would allow for the emphasis on housing our ageing population as set out in the National Strategy (DCLG 2008) to be acknowledged within planning policy. This would not only provide a supportive context, encouraging such proposals to come forward, but it would also set the framework for the delivery of more detailed planning policies at the local level. As the Coalition Government's localism agenda sets out plans to remove regional planning, this is unlikely to assist in the necessary strategic thinking and collaboration. Therefore advancing care policy at both the national and local levels becomes even more essential to meet the needs of the ageing population.

Advancing care policy in this way will help to improve the development management process, with the principle of development being more readily understood and providing planners and developers with a robust set of criteria against which to test applications.

Site Allocations

The proposed site location has been one of the most common development management issues, which has remained prominent over the 22 year period. Inspectors have acknowledged that the site location is always going to remain an issue because until suitable sites are allocated, schemes will continue to come forward on sites allocated for alternative uses. Allocating sites through the development plan process specifically for extra care housing, CCRCs and care homes would ensure that schemes come forward in the most suitable and sustainable locations. This would improve the planning process, reducing the debate about site suitability and ensuring that the current need is identified and planned for.

At present sites are allocated for housing, employment or as recreation/open space. As was made evident by the local authority at the planning inquiry for the CCRC in Mayland, the allocation of land as housing does not preclude the provision of extra care units or residential care. As such, if a proposal for a CCRC came forward on land allocated for housing, it would be considered to comply with the development plan. However, this approach ignores the basic development economics and would be unlikely to happen because of the differential in profit margins between the two uses and certainly in the market conditions which have prevailed over most of the past 20 to 25 years. If land is allocated for housing, developers will seek to deliver housing because this generates the most profit and may even wait several years to achieve this. Residential care and extra

care uses do not generate the same level of return to a developer and so such applications will not usually come forward on land allocated for housing.

In addition, sites for CCRCs and care homes do not require the same locational characteristics as general market housing in terms of access to schools or employment facilities and so allocating care uses as distinct from general residential uses, would be a positive and proactive way forward to meeting the needs of the ageing population. Simple changes could be made to the Strategic Housing Land Availability Assessment (SHLAA) process to include assessing the potential of land for housing with care. Land allocated for such uses could then be incorporated into the development plan.

Figure 8.4: CCRCs offer on-site activities including leisure, hairdressing and shopping facilities and so do not require the same locational characteristics as general open market housing

Advancing care policy alone is not sufficient to deliver a fast and effective approach to spatial planning. Policies setting the context for such provision will need to be supported by evidence of potential development sites. This was evident in the case at Faygate, Horsham, where the adopted policy contained evidence directly concerning retirement housing and care homes¸ however without any spatial guidance the proposal came forward in a protected strategic gap. Thus while policy guidance is an important step in setting the context for the delivery of housing with care, it needs to be supported with details of potential spatial locations or at least criteria against which they may be assessed.

Evidence Based Planning

Another key element to advancing the ageing agenda is through greater emphasis on evidence based planning, from both local authorities and developers. Evidence based planning is at the heart of spatial planning and could play an essential role in improving the planning process.

For local authorities, collecting evidence of need could be an important way forward to resolve more recently occurring disputes about the need and demand for such proposals. *More Choice, Greater Voice*, a toolkit for producing a strategy for accommodation with care for older people (Appleton 2008) recommends that 2.5% of all those over 75 need some form of care provision, yet this remains unrecognised across many authorities. In some areas Strategic Housing Market Assessments currently have a role in identifying this need, although at present this often lacks sufficient detail. While in the short term, such research can be conducted by developers before submitting an application, in the longer term this approach is heavily reliant upon the market to bring forward proposals and will not ensure that all needs are identified. Instead, care needs assessments could be undertaken by local authorities ensuring a thorough and consistent approach. Indeed, only once the scale and type of such needs have been identified can plans be made to effectively address them.

Another aspect to improve the development management process has involved developers setting out as much detailed information as possible about the proposal. A significant number of CCRC applications have foundered on unresolved disputes about the potential level of future employment which have contributed to long debates about the loss of employment land. In the recent case at Sandford, the developers set out the exact number of staffing hours to be provided onsite, the total number of jobs, details about how the extra care units were linked to the central nursing station and precise details of onsite facilities. This led to a much smoother, more efficient planning process, allowing planners to more effectively assess the proposal and its wider implications. In addition, where exact details of the care provision for the extra care units can be provided, including the qualifying age and health criteria for residents and the minimum number of care hours per week, this can assist decision makers in understanding the nature of the scheme and therefore determining the most appropriate use class. Even for outline applications, the more detailed information provided, the more efficient the decision making process will be.

Figure 8.5: Setting out exact details of on-site provision can help improve the planning process

Collaborative working

A final consideration is for the need to promote cross boundary working. Closer working between the housing, health, planning and social care sectors could help to resolve disputes about need and potential spatial locations early on in the planning process. A key element of the spatial planning discourse is for collaboration between departments and so this approach coincides with the wider planning agenda. Financial and institutional structures will continue to remain as a barrier to collaborative planning until a more proactive approach is taken.

Conclusion

Local planning authorities need to move forward in framing plans for last time buyers. The development management process is highly reliant on the adopted development plan and so until the ageing agenda is progressed within spatial plans, it is unlikely that the development management process will improve. This report calls for a need to advance care policy, based on up to date evidence of need, potential spatial locations and collaborative working. This will provide more solid guidance for both developers and decision makers, enhancing clarity and certainty in planning for our older generations.

Figure 8.6: Residents socialising with harpist and enjoying the social interaction created by such communities

This chapter has identified potential ways of advancing the housing and care agenda to try and overcome the development management issues highlighted in previous chapters and to prevent planning being a barrier to meeting the needs of the ageing population. This generic approach is intended to provide ideas about an appropriate way forward. Local authorities will need to adopt an approach which works best for them and their demographic profile. It is clear is that continuing along the same lines is not an option: we need to improve the way we plan for our ageing population and we need to do it now.

Chapter 9

Conclusion

The UK is going through an extraordinary demographic transition. For the first time in the UK's history, the number of people aged 65 and over is greater than the number of children under 16 (DWP 2009). The largest rates of growth are with the so called 'oldest old', with increases in the number of those aged 85 and over predicted to be 88% by 2026 (PAS 2009). This demographic profile will have considerable impacts on the UK's housing, health and social care systems. As the scale of this challenge becomes apparent, new and innovative means of delivering housing and care need to be found. As part of this process, the planning system must respond.

The new older generation of owner occupiers and those with an occupational pension, will not experience ageing in the same way as previous generations (Riseborough and Fletcher 2006). The traditional provisions of sheltered housing and residential care cannot adequately meet the needs of the growing numbers of older people, and nor can they meet their changing demands and aspirations. The National Strategy for Housing and Ageing Population (DCLG 2008) encourages innovative models of housing and care to come forward, promoting independence and opportunity in old age.

Figure 9.1: CCRCs promote opportunities which would otherwise not be available to many

The delivery of Continuing Care Retirement Communities in the UK represents a chance to help address this growing agenda, where residents have the chance to live in specially designed housing as tenants or owner occupiers, delaying the need for residential care and encouraging independence and dignity in old age. This research has not sought to assert that CCRCs are the best or in fact the only way forward to meet the needs of the ageing population. Rather it has suggested that they are a new and innovative approach

in the UK, which fit in well with the national agenda and could play an important role in diversifying the existing provision.

The planning system has a vital role in mediating land use, making it an important mechanism through which to implement a range of Government agendas. The current approach to planning for our ageing society is far from sufficient. Planners are under increasing pressure to develop and implement planning policies and development management practice which promotes new ideas and reflects changing demand (RTPI 2007).

The experience of planning for housing with care in the UK has not been well documented, with very limited literature on the subject. This research has therefore sought to address this, providing empirical evidence on the issues and approaches in planning for CCRCs.

The research reveals that the benefits of hindsight are not being utilised. Planners and developers are continuing to face the same development management issues, particularly regarding conflict with the development plan, the site location and the use class. Conflict with the development plan is a primary planning consideration, occurring in 85% of the cases analysed. While this relates partly to the nature of the proposals themselves, it is also due to the lack of up to date planning policies and the nature of the proposals being beyond the development plan. It is rare for planning policies to include provision for older age and where they do it is often focused specifically on residential care and sheltered housing as separate solutions. The absence of planning for CCRCs makes it inevitable that they come forward on sites allocated for alternative uses.

The use class issue has only become a prominent concern over the past 5 years and relates to the lack of definitional clarity between C2 and C3 uses in the 1987 Use Classes Order, combined with the nature of the proposals seeking to blur the boundaries between housing and care.

The introduction of the spatial planning agenda has not brought the flexibility intended, with proposals for CCRCs continuing to face the same complex planning issues. If anything, the emergence of the use class debate in recent years represents a step in the opposite direction, situating planning for CCRCs firmly within an even more complex regulatory framework.

At present we are faced with a policy context which fails to recognise the distinctive housing and care needs of the older generations. While the direction of national policy

seeks to encourage new and innovative forms of housing and care, this is not effectively being transformed into planning policy to guide development. This context is gradually beginning to change as emerging core strategies recognise local demographic trends; however this is far from sufficient to deliver these innovative new ideas.

Figure 9.2: Planning for CCRCs can bring numerous benefits. Such innovative ideas need to be encouraged through planning policies

Local planning authorities need to move forward in framing plans for last time buyers. They need to proactively identify and address the needs of the ageing population in a way that suits their local demographic profiles. This research concludes that the inclusion of criteria based policies for the delivery of housing with care within development plan documents is an important way forward; supported by a strong evidence base, potential spatial locations and a collaborative approach between housing, health and social care departments. Whether the local planning framework stays as it is or reverts to local plans under the new Coalition Government, it is clear that advancing policy to address the provision of housing and care is an essential way forward. This will provide both planners and developers with a robust set of criteria against which to test applications. Until the policy context is improved, it is likely that applications will continue to come forward which are contrary to the development plan.

Delivering new solutions to address the ageing crisis is now a national priority. As health and social care sectors seek to deliver new forms of housing and care, the planning sector must respond. Failure to do so will mean that the system designed to proactively deliver development, will in fact become a barrier to meeting the needs of our ageing population.

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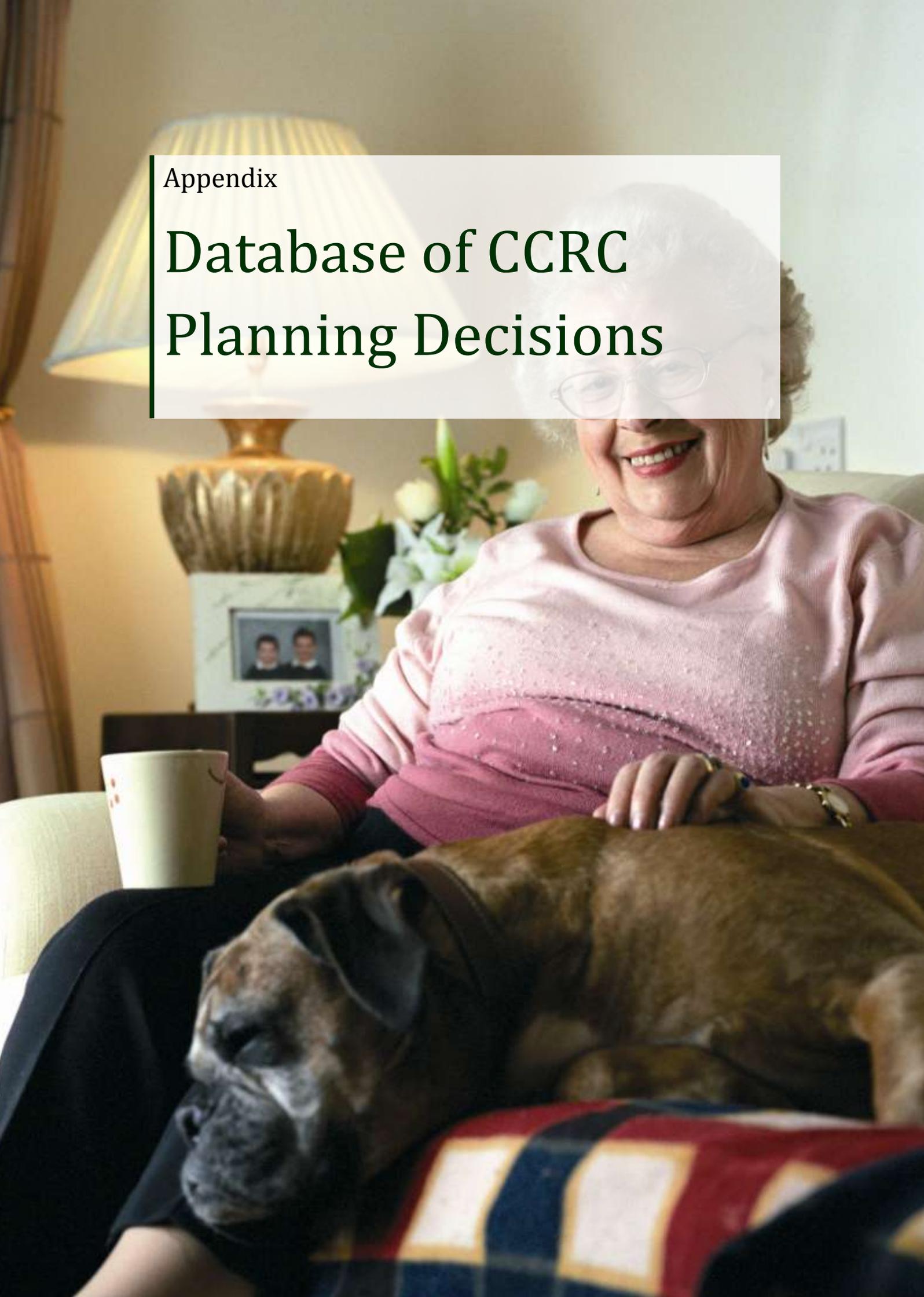
Appendix

Database of CCRC Planning Decisions

Site: Agates Yard, Faygate Lane, Faygate, Horsham **Proposal:** 148 retirement units, 8 affordable housing units, 50 bed care home, communal facilities building, medical centre **Authority:** Horsham District Council **Timeframe:** February 2008 - May 2009 **Decision:** Allowed on appeal **Location in policy terms:** Outside the settlement boundary, located within the strategic gap of Horsham and Crawley **Council's reasons for refusal:** 1.Conflicts with the development plan	**Main issues in determining decision:** 1.Location in a strategic gap; 2.C2/C3 (affordable housing provision); 3.Loss of employment land; 4.Need **Development plan:** RPG9, saved polices of West Sussex Structure Plan (2004), Core Strategy (2007), Site Allocations DPD (2007) **Reference to planning for housing and care in Local Plan:** N/A - superseded **Status of Core Strategy:** Adopted February 2007 **Reference to planning for housing and care in Core Strategy:** Reference to planning for housing and care; in the General Development Control Policies Document, policy DC37 directly refers to retirement housing and care homes
Site: Land at Junction of Steeple Road and Mill Road, Mayland, Essex **Proposal:** Nursing home, extra care elderly persons bungalows, affordable housing for the elderly and a community building **Authority:** Maldon District Council **Timeframe:** January 2008 - March 2010 **Decision:** Refused at initial appeal, decision then quashed in the High Court and subsequent appeal refused **Location in policy terms:** Outside the settlement boundary of rural village **Council's reasons for refusal:** 1.Site lies in a rural area, outside the settlement boundary; 2.Impact on the character of the countryside	**Main issues in determining decision:** 1.Impact on the character and appearance area; 2.The sustainability of the site; 3.C2/C3 issues **Development plan:** East of England Plan, Essex Structure Plan (April 2001), Maldon District Local Plan (Nov 2005) **Reference to planning for housing and care in Local Plan:** None (previous policy on residential care not saved) **Status of Core Strategy:** Pre submission Core Strategy Consultation April-June 2009 **Reference to planning for housing and care in Core Strategy:** Reference to the need to provide housing and care
Site: Land at Raleigh Hill, Northam, Bideford **Proposal:** A retirement care village with 84 independent apartments together with social/well being and communal facilities **Authority:** Torridge District Council **Timeframe:** October 2007- November 2009 **Decision:** Refused on appeal **Location in policy terms:** Outside settlement boundary **Council's reasons for refusal:** 1.Location; 2.Highways and access; 3.Impact on ecology; 4.Impact on amenity of surrounding occupiers, 5.C2/C3 uses	**Main issues in determining decision:** 1.Location; 2.Highways and access; 3.Impact on ecology; 4.Impact on amenity of surrounding occupiers, 5.C2/C3 uses **Development plan:** RPG 10, Torridge District Local Plan 1997-2011 (adopted September 2004) **Reference to planning for housing and care in Local Plan:** Reference to planning for housing and care in Local Plan **Status of Core Strategy:** Pre-publication Joint Core Strategy. Due for adoption winter 2011 **Reference to planning for housing and care in Core Strategy:** Reference to the need to provide housing and care

Site: Maudslay Park, Great Alne, Stratford-on-Avon	**Main issues in determining decision:** 1.Location in the Green Belt; 2.Need; 3.C2/C3 and impact on housing supply; 4.Mixed community; 5.Access and transport
Proposal: 197 independent care units, 50 bed care home, central building with community facilities	**Development plan:** RPG11, Warwickshire Structure Plan (2001), Stratford-on-Avon Local Plan (2006)
Authority: Stratford-on-Avon District Council	**Reference to planning for housing and care in Local Plan:** None
Timeframe: May 2006- December 2007	
Decision: Refused by the Secretary of State	**Status of Core Strategy:** Consultation Core Strategy currently published, with the submission version due in Autumn 2010
Location in policy terms: In the Green Belt, outside the village envelope	
Council's reasons for refusal: 1.Location; 2.Need and scale not justified; 3.Will not create a mixed community; 4.Absence of completed S106; 5. Oversupply of housing	**Reference to planning for housing and care in Core Strategy:** Reference to the need to provide housing and care
Site: Land off Faraday Road, Hereford	**Main issues in determining decision:** 1.Loss of employment land; 2.Risk of odour from nearby chicken plant; 3.C2/C3 (affordable housing)
Proposal: 51 bed nursing home, 59 bed residential home, and 100 assisted living units	**Development plan:** RPG11, Herefordshire Unitary Development Plan
Authority: Herefordshire Council	
Timeframe: May 2006 - May 2007	**Reference to planning for housing and care in Local Plan:** Policy CF7 addresses residential and nursing care homes.
Decision: Refused on appeal	
Location in policy terms: Land adjacent to a chicken processing plant. Within a Conservation Area and on former employment land	**Status of Core Strategy:** Fourth round of consultation between January and March 2010
Council's reasons for refusal: 1.Loss of employment land; 2.Impact on nearby chicken plant; 3.Conflict with policy because of lack of affordable housing provision	**Reference to planning for housing and care in Core Strategy:** None
Site: Former hospital site, Newcastle Road, Arclid, near Sandbach	**Main issues in determining decision:** 1.Loss of employment land; 2.Whether the location was considered appropriate; 3.Need; 4.C2/C3 use
Proposal: Residential care village comprising 80 bed care home, extra care housing and central community facilities	**Development plan:** RPG13, Cheshire County Structure Plan (2005), Congleton Borough Local Plan (2005)
Authority: Congleton Borough Council, now part of Cheshire East Council	**Reference to planning for housing and care in Local Plan:** None
Timeframe: November 2005 - June 2007	
Decision: Refused on appeal	**Status of Core Strategy:** First draft not yet produced after local government reorganisation in 2009. A draft Core Strategy for the former Congleton Borough was not progressed.
Location in policy terms: Located on previously developed land outside but adjoining the settlement boundary of Arclid, a small rural settlement.	
Council's reasons for refusal: 1.Loss of employment land, 2.Inappropriate location, 3.Impact on protected trees	**Reference to planning for housing and care in Core Strategy:** None

Site: Former HMS Royal Arthur Site, Westwells Corsham, North Wiltshire **Proposal:** Retirement care village comprising a 72 bed care home, 80 extra care units, 129 supported living units, and a community activity centre **Authority:** North Wiltshire District Council, now Wiltshire Council **Timeframe:** August 2005-November 2006 **Decision:** Refused by the Secretary of State **Location in policy terms:** On a former MOD site (covered by policy NE20), in the open country-side **Council's reasons for refusal:** 1.Proposal is contrary to policy, providing dwellings in the countryside; 2.Not a permitted use of a former MOD site, 3.Unsustainable location 4.Insufficient affordable housing provision	**Main issues in determining decision:** 1.Location in the countryside; 2.Impact on travel; 3. C2/C3 uses (affordable housing provision) **Development plan:** RPG10, Wiltshire Structure Plan 2011 (2001), North Wiltshire Local Plan (2006) **Reference to planning for housing and care in Local Plan:** None **Status of Core Strategy:** Since local government reorganisation in 2009 no unitary council Core Strategy has been produced. The draft North Wiltshire Core Strategy remains as a material consideration **Reference to planning for housing and care in Core Strategy:** Reference to the ageing population
Site: The Limes, Hinckley Road, Sapcote, Leicestershire **Proposal:** 79 close care beds, 133 independent apartments and a community building **Authority:** Blaby District Council **Timeframe:** February 2003 - November 2003 **Decision:** Allowed on appeal **Location in policy terms:** Outside the settlement boundary in the open country-side **Council's reasons for refusal:** N/A appeal against non determination	**Main issues in determining decision:** 1.Impact on the character and appearance of the area; **Development plan:** Leicestershire Structure Plan (1994) and the Blaby District Local Plan (1999) **Reference to planning for housing and care in Local Plan:** None **Status of Core Strategy:** The current submission version is now the sixth version of the document **Reference to planning for housing and care in Core Strategy:** Reference to the ageing population
Site: Beechlands, Haxby Road, New Earswick **Proposal:** 120 independent living units and 50 bed nursing home and community facilities **Authority:** Ryedale District Council, now York City Council **Timeframe:** July 1991 - December 1992 **Decision:** Refused on appeal **Location in policy terms:** Outside settlement boundary, on land identified for potential future development **Council's reasons for refusal:** Prematurity, with the public inquiry for the Greater York Green Belt study due later that year	**Main issues in determining decision:** 1.Location of the scheme together with the outcome of Greater York Green Belt Study **Development plan:** North Yorkshire County Structure Plan, Draft Southern Ryedale Local Plan **Reference to planning for housing and care in Local Plan:** None **Status of Core Strategy:** Second round of consultation in June 2009 **Reference to planning for housing and care in Core Strategy:** Reference to the ageing population

Site: Beechlands, Haxby Road, New Earswick **Proposal:** 120 independent living units and 50 bed nursing home and community facilities **Authority:** Ryedale District Council, now York City Council **Timeframe:** June 1988 - March 1990 **Decision:** Refused by the Secretary of State **Location in policy terms:** Outside settlement boundary, on land identified for development in draft Local Plan but for inclusion in the Green Belt in the Greater York Plan **Council's reasons for refusal:** 1.Land earmarked for inclusion in the Greater York Green Belt; 2.There was a sufficient supply of residential land	**Main issues in determining decision:** 1.The merits of the proposal against the weight to be attached to the emerging Greater York Green Belt Study which included the site in the Green Belt. **Development plan:** North Yorkshire County Structure Plan, Draft Southern Ryedale Local Plan **Reference to planning for housing and care in Local Plan:** None **Status of Core Strategy:** Second round of consultation in June 2009 **Reference to planning for housing and care in Core Strategy:** Reference to the ageing population

Site: Charters Towers, Felcourt Road, Baldwins Hill, Surrey Proposal: Continuing Care Retirement Community comprising 83 extra care units, 60 bed care home, restaurant and communal facilities Authority: Tandridge District Council Timeframe: December 2009- September 2010 Decision: Approved Location in policy terms: Outside the settlement boundary in the Green Belt	Main issues in determining decision: 1.Location in the Green Belt; 2. contrary to the development plan; 3.C2/C3 (affordable housing provision); 4.suitability of the site; 5.access Development plan: Tandridge Core Strategy, Tandridge District Local Plan Reference to planning for housing and care in Local Plan: None, Policy on Housing the Elderly was not saved Status of Core Strategy: Adopted, October 2008 Reference to planning for housing and care in Core Strategy: Policy CSP 8 on Extra Care Housing
Site: Land off Faraday Road, Herefordshire Proposal: Total Care facility comprising 51 bed nursing home, a 59 bed retirement home and 100 assisted living units Authority Herefordshire Council Timeframe: November 2009 – June 2010 Decision: Approved Location in policy terms: Land adjacent to a chicken processing plant. Within Conservation Area and on former employment land, protected within the local plan	Main issues in determining decision: 1.C2/C3 (affordable housing provision); 2.loss of employment land Development plan: RPG11, Herefordshire Unitary Development Plan Reference to planning for housing and care in Local Plan: Policy CF7 addresses residential and nursing care homes. Status of Core Strategy: Fourth round of consultation between January and March 2010 Reference to planning for housing and care in Core Strategy: None
Site: Land at Bridge House Nursing Home, Twyford Proposal: 137 extra care units, extension to care home for a 20 bed dementia unit plus medical and leisure facilities Authority: Wokingham Borough Council Timeframe: October 2009-April 2010 Decision: Approved Location in policy terms: Outside but adjoining the settlement boundary; site already has a C2 use	Main issues in determining decision: 1.scale of the proposed development; 2.location outside the settlement boundary; 3.need; 4.alternative sites; 5.impact on conservation area and listed building Development plan: South East Plan, Wokingham District Council Local Plan saved policies Reference to planning for housing and care in Local Plan: Saved policy WH15 is supportive of nursing homes Status of Core Strategy: Adopted, January 2010 Reference to planning for housing and care in Core Strategy: Policy on providing housing for the ageing population (Policy CP2);

Site: Millbrook Village, Exeter

Proposal: 50 bed care home, 202 retirement apartments, 50 affordable extra care apartments, communal facilities and retention of a listed building as a heritage centre
Authority: Exeter City Council

Timeframe: May 2009 - October 2009

Decision: Approved

Location in policy terms: Previously developed land within the urban area of Exeter

Main issues in determining decision: 1.C2/C3 (affordable housing provision); 2.highways and access; 3.loss of sports pitch; 4.ecology

Development plan: RPG10, Devon County Structure Plan, Exeter Local Plan First Review

Reference to planning for housing and care in Local Plan: None

Status of Core Strategy: Draft Preferred Options consultation taken place, October 2006

Reference to planning for housing and care in Core Strategy: None

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Site: Land adjacent to The Cheshire Cat, Whitchurch Road, Christleton, Chester

Proposal: 123 extra care living units, 38 memory care beds, community welfare hub centre and public open space

Authority: Chester City Council

Timeframe: December 2008 - May 2009

Decision: Refused

Location in policy terms: In the Green Belt, in the Christleton Conservation Area; in close proximity to an area of nature conservation value

Main issues in determining decision: 1.Location in the Green Belt; 2.impact on the conservation area; 3.impact on strategic wildlife corridor; 4.impact on the sewerage system

Development plan: Chester District Local Plan

Reference to planning for housing and care in Local Plan: None

Status of Core Strategy: Issues and Options Consultation took place Nov 2009 - Jan 2010

Reference to planning for housing and care in Core Strategy: Reference to the ageing population

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Site: Millbrook Village, Exeter

Proposal: 50 bed care home, 236 retirement units, and a central facilities building

Authority: Exeter City Council

Timeframe: October 2008 - November 2008

Decision: Withdrawn when it became apparent it would be refused

Location in policy terms: Previously developed land within the urban area of Exeter

Main issues in determining decision: 1.C2/C3 (affordable housing provision); 2.highways and access; 3.loss of sports pitch; 4.ecology

Development plan: RPG10, Devon County Structure Plan, Exeter Local Plan First Review

Reference to planning for housing and care in Local Plan: None

Status of Core Strategy: Draft Preferred Options consultation taken place, October 2006

Reference to planning for housing and care in Core Strategy: None

Site: Former HMS Royal Arthur Site, Westwells Corsham, North Wiltshire	**Main issues in determining decision:** 1.C2/C3 uses; 2.design; 3.sustainable access; 4.ecology;
Proposal: Retirement care village comprising a 75 bed care home, 221 extra care apartments and communal facilities	**Development plan:** RPG10, Wiltshire Structure Plan 2011 (2001), North Wiltshire Local Plan (2006)
Authority: North Wiltshire District Council, now Wiltshire Council	**Reference to planning for housing and care in Local Plan:** None
Timeframe: January 2008 – November 2008	**Status of Core Strategy:** Since local government reorganisation in 2009 no unitary council Core Strategy has been produced. The draft North Wiltshire Core Strategy remains as a material consideration
Decision: Approved	
Location in policy terms: On a former MOD site (covered by policy NE20), in the open country-side	**Reference to planning for housing and care in Core Strategy:** Reference to the ageing population
Site: Aston Hall Hospital, Aston on Trent, Derby	**Main issues in determining decision:** 1.C2/C3; 2.highway safety; 3.impact on the character and appearance of the area
Proposal: 60 care bedrooms, 75 care suites and 140 care apartments	**Development plan:** RSS8, South Derbyshire Local Plan
Authority: South Derbyshire District Council	
Timeframe: December 2007 - April 2008	**Reference to planning for housing and care in Local Plan:** None
Decision: Approved	**Status of Core Strategy:** Second round of consultation took place in January 2010
Location in policy terms: Previously developed land, on a site with a lawful C2 use	**Reference to planning for housing and care in Core Strategy:** Reference to providing housing and care for the ageing population
Site: Former Sandford Stone and Railway Station Site, Sandford	**Main issues in determining decision:** 1.location outside the settlement boundary; 2.sequential testing of sites; 3.C2/C3 use; 4.loss of employment land; 5.energy conservation; 6.provision of affordable housing; 7.impact on listed buildings
Proposal: 71 bed care home, 108 extra care housing units, community facilities and conversion of railway station to museum	**Development plan:** RPG10, North Somerset Replacement Local Plan
Authority: North Somerset Council	**Reference to planning for housing and care in Local Plan:** Policy H/11 on housing with care
Timeframe: December 2007 - March 2008	
Decision: Approved	**Status of Core Strategy:** Second round of consultation took place between Nov 2009 and February 2010
Location in policy terms: Outside the settlement boundary, contained to brownfield land. Site included a number of listed buildings and is close to an AONB	**Reference to planning for housing and care in Core Strategy:** Reference to the ageing population

Site: Letcombe Regis Retirement Village **Proposal:** 60 bed care home, 50 fully serviced care suites and 71 close care units and a range of community facilities **Authority:** Vale of the White Horse **Timeframe:** April 2007 - August 2007 **Decision:** Approved **Location in policy terms:** On a brownfield site, in a Conservation Area and in the North Wessex Downs AONB	**Main issues in determining decision:** 1.Access; 2.impact on conservation area; 3.impact on AONB **Development plan:** Oxfordshire Structure Plan (2006), Vale of the White Horse Local Plan (2006) **Reference to planning for housing and care in Local Plan:** Policy H19 seeks to ensure the grouped provision of specialised housing for specific groups including the elderly **Status of Core Strategy:** 3rd stage of consultation took place in January 2010 **Reference to planning for housing and care in Core Strategy:** Continuous reference for the need for housing and care provision for the elderly
Site: Former Sandford Stone and Railway Station Site, Sandford **Proposal:** 90 bed care home, with 95 very sheltered housing units, affordable housing and community facilities **Authority:** North Somerset Council **Timeframe:** January 2007 - September 2007 **Decision:** Refused **Location in policy terms:** Outside the settlement boundary, on both greenfield and brownfield land. Site contains a number of listed buildings and is close to an AONB	**Main issues in determining decision:** 1.location outside the settlement boundary; 2.sequential testing of sites; 3.C2/C3 use; 4.loss of employment land; 5.energy conservation; 6.provision of affordable housing; 7.impact on listed buildings **Development plan:** RPG10, North Somerset Replacement Local Plan **Reference to planning for housing and care in Local Plan:** Policy H/11 on housing with care **Status of Core Strategy:** Second round of consultation took place between Nov 2009 and February 2010 **Reference to planning for housing and care in Core Strategy:** Reference to the ageing population
Site: Penlee House and adjacent fields at New Road, Tregony **Proposal:** Care Village comprising a 52 bed nursing home, 58 close care apartments and community facilities **Authority:** Carrick District Council, now Cornwall Council **Timeframe:** May 2004 - September 2004 **Decision:** Approved **Location in policy terms:** Outside the settlement boundary in the open countryside; impact on the conservation area and listed building. The site already has a C2 use.	**Main issues in determining decision:** 1. contrary to the development plan; 2.impact on listed building; 3.impact on the conservation area; 4.need **Development plan:** Cornwall County Structure Plan 1997, Carrick District Local Plan 1998 **Reference to planning for housing and care in Local Plan:** None, Policy 6M Housing for special needs was not saved **Status of Core Strategy:** Since local government reorganisation in 2009 no unitary council Core Strategy has been produced. The Carrick Core Strategy was found unsound. **Reference to planning for housing and care in Core Strategy:** None

Site: Richmond Villages, Grange Park, Northampton	**Main issues in determining decision:** 1.loss of employment land; 2.alternative sites
Proposal: 80 bed care homes, 54 close care apartments, a public house and restaurant and community facilities	**Development plan:** Northamptonshire Structure Plan, South Northamptonshire Local Plan (1997)
Authority: South Northamptonshire Council	**Reference to planning for housing and care in Local Plan:** None
Timeframe: January 2004 - August 2004	**Status of Core Strategy:** Issues and Options Consultation took place in Jan 2007
Decision: Approved	**Reference to planning for housing and care in Core Strategy:** None
Location in policy terms: On a site with outline planning permission for mixed use, on a zone identified for industrial/ commercial use so constitutes a departure application	

Site: Former Westbury on Trym Cricket Ground, Passage Road, Westbury on Trym, Bristol	**Main issues in determining decision:** 1.impact of the loss of playing fields and sporting facilities; 2.impact on amenity; 3.transport and access issues
Proposal: 60 bed care home, 51 very frail elderly flats, 87 sheltered flats, with communal facilities and new cricket pitch	**Development plan:** RPG10, Bristol Local Plan 1997
Authority: Bristol City Council	**Reference to planning for housing and care in Local Plan:** Policy on residential care homes. No reference to housing and care
Timeframe: January 2002 - May 2002	
Decision: Approved	**Status of Core Strategy:** Submission Version November 2009
Location in policy terms: On a former sports pitch/playing field within the settlement boundary	**Reference to planning for housing and care in Core Strategy:** None

Site: Richmond Villages, Painswick, Gloucestershire	**Main issues in determining decision:** 1.impact on AONB; 2.impact on the conservation area; 3.location outside the settlement boundary;
Proposal: Nursing home complex together with up to 20 associated ancillary dwellings	**Development plan:** RPG10, Gloucestershire Structure Plan, Draft Stroud District Local Plan (2000)
Authority: Stroud District Council	**Reference to planning for housing and care in Local Plan:** None
Timeframe: March 2001 - August 2001	
Decision: Approved	**Status of Core Strategy:** Second round of consultation took place in March 2010
Location in policy terms: Adjacent to the settlement boundary on a site identified for a nursing home and 10 dwellings in the emerging local plan, adjacent to Conservation Area and within an AONB	**Reference to planning for housing and care in Core Strategy:** Reference to the ageing population

Site: St Georges Retreat, Ditchling Road, Ditchling	**Main issues in determining decision:** 1.need; 2.highways impacts; 3.impact on the character of the area; 4.ecology
Proposal: 86 retirement flats, 149 retirement dwellings, 60 bed nursing home, 121 unit residential and extra care facility	**Development plan:** Lewes Local Plan (2003)
Authority: Lewes District Council	**Reference to planning for housing and care in Local Plan:** None, policy on housing for people with limited mobility was not saved
Timeframe September 2000 - June 2004**:**	
Decision: Approved	**Status of Core Strategy:** Issues and Options Consultation May/June 2010
Location in policy terms: In the open countryside, near an SSSI and the site contains 2 areas of nature conservation importance, site already contains a C2 use	**Reference to planning for housing and care in Core Strategy:** Reference to an ageing population

Site: St Georges Retreat, Ditchling Road, Ditchling	**Main issues in determining decision:** 1.need; 2.highways impacts; 3.impact on the character of the area; 4.ecology
Proposal: 144 care beds, 106 extra care flats, 90 retirement flats, 216 retirement cottages and community facilities	**Development plan:** Lewes Local Plan (2003)
Authority: Lewes District Council	**Reference to planning for housing and care in Local Plan:** None, policy on housing for people with limited mobility was not saved
Timeframe: November 1999 - January 2000	
Decision: Withdrawn	**Status of Core Strategy:** Issues and Options Consultation May/June 2010
Location in policy terms: In the open countryside, near an SSSI and the site contains 2 areas of nature conservation importance, site already contains a C2 use	**Reference to planning for housing and care in Core Strategy:** Reference to the ageing population

Site: Stones House, Oldham Road, Delph, Oldham **Proposal:** Alteration and extension to an existing care home, creation of 33 extra care cottages and health, leisure and community facilities **Authority:** Oldham Metropolitan Borough Council **Timeframe:** February 2007- February 2008 **Decision:** Allowed **Location in policy terms:** On previously developed land, in the countryside and in the Green Belt.	**Main issues in determining decision:** 1.Location in Green Belt; 2.Impact on rural landscape; **Development plan:** RPG13 (2004), Oldham Unitary Development Plan (2006) **Reference to planning for housing and care in Local Plan:** None **Status of Core Strategy:** Final consultation before submission Summer 2010 **Reference to planning for housing and care in Core Strategy:** None
Site: Former Storthes Hall Hospital, Storthes Hall Lane, Kirkburton, Huddersfield **Proposal:** Continuing Care Retirement Community of approximately 300 extra care units, a residential care home and community facilities **Authority:** Kirklees Metropolitan Borough Council **Timeframe:** March 2005 - January 2007 **Decision:** Allowed **Location in policy terms:** UDP identifies the site as a 'major developed site' in the Green Belt, subject to policy D15 for development of a university campus	**Main issues in determining decision:** 1.Design issues; 2.C2/C3 issues **Development plan:** Emerging Regional Plan for Yorkshire and the Humber (2004), Kirklees Unitary Development Plan (1999) **Reference to planning for housing and care in Local Plan:** None **Status of Core Strategy:** Consultation in 2009, with a draft preferred options version due in 2010 **Reference to planning for housing and care in Core Strategy:** Reference to the need for housing and care
Site: Land at Former Pontins' Holiday Camp, Middleton Towers, Carr Lane, Middleton, Heysham **Proposal:** Retirement village including ancillary retail, leisure, recreation and administration facilities **Authority:** Morecombe and Heysham, now Lancaster District **Timeframe:** January 2000 - September 2002 **Decision:** Allowed **Location in policy terms:** On previously developed brownfield land outside the settlement boundary	**Main issues in determining decision:** 1.Site suitability; 2.Landscape impact; 3.Impact on listed buildings; 4.Transport and access; 5.C2/C3 (affordable housing) **Development plan:** Lancashire Structure Plan 1997, Morecombe and Heysham Local Plan 1993, emerging Lancaster District Local Plan given weight **Reference to planning for housing and care in Local Plan:** Policy for sheltered housing and nursing homes **Status of Core Strategy:** Adopted July 2008 **Reference to planning for housing and care in Core Strategy:** Reference to the ageing population

Site: Land at The Limes, Hinckley Road, Sapcote, Leicestershire	**Main issues in determining decision:** 1.Impact on the character and appearance of the countryside; 2.Transport implications
Proposal: Development of 90 retirement homes, 80 bed residential care home and community building	**Development plan:** Leicestershire Structure Plan (1994) and the emerging Blaby District Local Plan (1999)
Authority: Blaby District Council	**Reference to planning for housing and care in Local Plan:** None
Timeframe: April 1997 - August 1999	
Decision: Allowed	**Status of Core Strategy:** The current submission version is now the sixth version of the document
Location in policy terms: Outside the settlement boundary in the open countryside	**Reference to planning for housing and care in Core Strategy:** Reference to the ageing population

Planning and Delivering Continuing Care Retirement Communities

Every new census of the country's population provides further evidence that the proportion of older people is on the increase. As more people are living longer, this is placing increasing pressure on the UK's housing, health and social care systems. Changes are needed to the way we provide for our ageing population, with traditional options of residential care and sheltered housing failing to adequately meet the needs and expectations of the new older generations. Continuing Care Retirement Communities (CCRCs) represent one alternative. These communities encourage independent living, as well as offering the security of flexible care provision. However, delivering such innovative proposals in the UK has faced significant challenges, particularly in obtaining planning permission. This report investigates the spatial and temporal issues in planning for CCRCs. It concludes that the current approach is far from sufficient to meet the needs of the rapidly ageing population. Planning authorities are under increasing pressure to develop and implement planning policies and development management practice which promote appropriate models and reflect changing demand. This report calls for specific planning policies relating to the provision of housing and care, supported by collaborative working, a strong evidence base and the identification of potential spatial locations.

This report will be of interest to planners, developers and others working in housing , health and social care sectors. it will also provide an insight to a wider audience with an interest in meeting the needs of our ageing population.

Rosie Rogers is an Assistant Planner at Tetlow King Planning Ltd. Prior to this Rosie completed an MA honours degree at the University of St Andrews, where she achieved first class honours, and subsequently an MA with distinction in Town and Country Planning from the University of the West of England.