

An aerial photograph of a retirement community. The image shows a large, rectangular development with a central green field. Surrounding the field are rows of houses with red-tiled roofs. The houses are arranged in a grid-like pattern, with some larger buildings and parking areas interspersed. The community is bordered by a road on the bottom and a wooded area on the top. The text "Continuing care retirement communities" is overlaid in the center of the image.

# Continuing care retirement communities





# **Continuing care retirement communities**

## **A guide to planning**

Robin Tetlow



**JOSEPH ROWNTREE  
FOUNDATION**



**Planning  
Officers  
Society**

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\* The technical appendices are provided on CD, in the back cover of this publication. They are also available on the Joseph Rowntree Foundation website, along with a PDF of the report: [www.jrf.org.uk](http://www.jrf.org.uk).



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A photograph of a residential building with a red-tiled roof and a balcony. The building is constructed of light-colored brick. A balcony with a green metal railing is visible on the upper floor. In the foreground, there is a green lawn and a yellow-painted concrete path. A dark semi-transparent rectangle is overlaid on the image, containing the text "Chapter 1 Introduction" in white.

# Chapter 1 Introduction

## Purpose

**1.1** This guide is designed to be of practical assistance to those involved in the planning and development process.

**1.2** It has been conceived as a companion to the recent joint publication by the Planning Officers Society and the Retirement Housing Group, *Planning for Retirement Housing* (2003), which notes that ‘some “retirement villages” are being developed in the UK’ but such developments ‘raise their own issues and considerations’. It should be read within the context of this wider guidance, much of which remains highly relevant.

Ryfields, Warrington, is a CCRC composed principally of 243 one- and two-bedroom flats. These are arranged along internal ‘streets’ incorporating shops and a pub. There are also areas for communal activities, as well as staff and care facilities.



## Context


**1.3** Few continuing care retirement communities (CCRCs) have been developed in the UK. Most local authority planners will therefore not have encountered planning applications for such housing before, and may not understand its characteristics, its role in promoting independent living amongst older people and its contribution to sustainable development.

**1.4** Equally, developers are not always aware of all of the potential concerns of planners and local residents when a planning application goes forward. They need to understand and address those concerns.

**1.5** It is hoped that the information and advice in this guide will be of assistance to all practitioners involved in this field.







## **Chapter 2**

### **What are CCRCs?**

## Defining CCRCs

**2.1** Continuing care retirement communities date back to the earliest twentieth century in the USA, but have only recently become popular in the UK. They are increasingly seen as a response to the limitations of traditional models of sheltered housing and very sheltered housing, which are unable to provide the care and support some older people need, and which fail to satisfy the diversity of housing need in later life.

**2.2** For consistency the single term continuing care retirement communities, abbreviated to CCRCs, is used throughout this report. It should, however, be noted that other terms are commonly used to describe such developments, including 'retirement villages'.

**2.3** Innovative models of housing for older people, such as 'flexible' or 'extra care' housing, have been developed in both the social rented and private sectors. These models aim to accommodate both 'fit' and 'frail' older people, providing socially supportive, stimulating environments in which older people may live wholly independently, and also receive extensive care and support services when required. Rather than simply focusing on care and support, these models address a range of needs: quality of accommodation; opportunities for social interaction; affordability; and continued independence.



Self-contained flats or bungalows distinguish extra care from residential care. Homes such as this one at Hartrigg Oaks, York, incorporate design features to facilitate continued independence.

**2.4** These new models are the focus of considerable interest among policy makers, as evidenced by the drive to encourage new forms of supported housing, such as ‘extra care’ schemes, within the Supporting People programme (ODPM/DoH 2003).

**2.5** CCRCs have all the usual features of ‘extra care’ housing, together with a commitment to supporting the vast majority of people in that community irrespective of needs. They comprise groups of self-contained properties designed for older people all on one site. Care and support are available at a sufficiently high level to allow people to remain at home despite frailty, periods of ill health or some disabilities, and often without the need to move to residential care. Schemes vary in scale, funding, care and support services, facilities, accommodation and management arrangements. It must be emphasised that the boundaries are blurred and the CCRC concept therefore does not lend itself easily to a one-size-fits-all approach.

**2.6** The Department of Health (2004) has described CCRCs as large-scale extra care housing, comprising ‘an all-embracing, comprehensive alternative to both sheltered housing and residential care providing for a whole range of needs and individual circumstances’. In a CCRC, ‘extra care’ can be provided directly in residents’ homes, typically up to a prescribed number of hours per week and as long as they can perform a certain number of activities of daily living independently. This is very different to the traditional approach of moving to a residential nursing home when care is required.

**2.7** In some models the care centre provides the ‘continuing’ element, in others the same level of care is provided in the home. If full-time care is required by a CCRC resident on a temporary or permanent basis, they can simply move to the on-site care centre with minimal disruption to family and social relationships. Although this does not prevent health deterioration in any way, it may allow people to remain in their own homes longer than otherwise would be possible and, if full-time care is required, it eases some of the traumatic aspects of the transition process. To an extent, the community acts in the capacity of the missing extended family. This is helpful for those undergoing such a transition, and eases some of the health worries residents may have over their future.

**2.8** The following features characterise CCRCs:

- self-contained flats or bungalows – a defining feature which distinguishes extra care from residential care. Dwellings incorporate design features, equipment and technology to facilitate independence and provide a safe environment;
- provision of an appropriate package of care, in the individual’s own dwelling, to a high level if required;
- catering facilities with one or more meals available each day;
- 24-hour care staff and support available on site;
- more comprehensive and extensive communal facilities than very sheltered accommodation – restaurant, lounge(s), activity room(s), library health suite, computer suite, consultation room, etc.;

- staff offices and facilities, domestic support services including help with shopping, cleaning and possibly making meals;
- specialist equipment to help meet the needs of frail or disabled residents – laundry, assisted bathing, sluice, hoist, also charging and storage facilities for electric wheelchairs/scooters;
- social and leisure activities/facilities and additional individual or shared services – a shop, hairdressing, chiropody, massage, alternative therapies, cash machine, post box, etc.;
- mobility and access assistance, for example communal buggies or a shared pool car.

**2.9** Key features that distinguish a CCRC from a traditional residential care home include:

- self-contained accommodation – flat or bungalow;
- care provision which can be separated from the provision of accommodation;
- care based on an assessment of individual needs and which can be more easily tailored to the individual;
- a greater mix of care or dependency needs amongst residents;
- in most models all domiciliary care is registerable, and where there is a care home this is also registerable;
- residents are tenants or owners, not licencees. In each case they have security of tenure. CCRCs often incorporate a mixture of tenures.

**2.10** Key features that distinguish a CCRC from traditional sheltered housing include:

- high levels of care available;
- 24-hour on-site staffing;
- extensive facilities.

**2.11** The most significant feature that truly sets CCRCs aside from other options for older people is the way they are financed. Nursing home residents tend to pay a very large annual fee, which includes the cost of all care. Most CCRC residents pay two types of fee: a one-off entry payment, or a weekly fee to cover the cost of the accommodation; and a regular annual or monthly fee for the duration of their stay. The entry fee is often substantial and covers the costs of accommodation, whilst the regular fee is much lower and covers maintenance, communal services and care support costs. The key point in some models is that provided certain health criteria are satisfied on entry the regular fee is partially or entirely independent of the level of care provided. If care is required on a long-term basis life savings will not be quickly depleted, as they would in a nursing home.

- A relaxing communal area at Ryfields. The opportunity to mix with people of a similar age has proved to be both attractive and beneficial to CCRC residents.





A photograph of a woman with short, light-colored hair sitting on a piece of gym equipment, possibly a recumbent bike or a leg press machine. She is wearing a dark blue or black short-sleeved shirt. The background shows a well-lit gym with various pieces of equipment, including a large white machine with multiple weight stacks and a black bench. The floor is made of light-colored wood. A semi-transparent dark rectangle is overlaid on the image, containing white text.

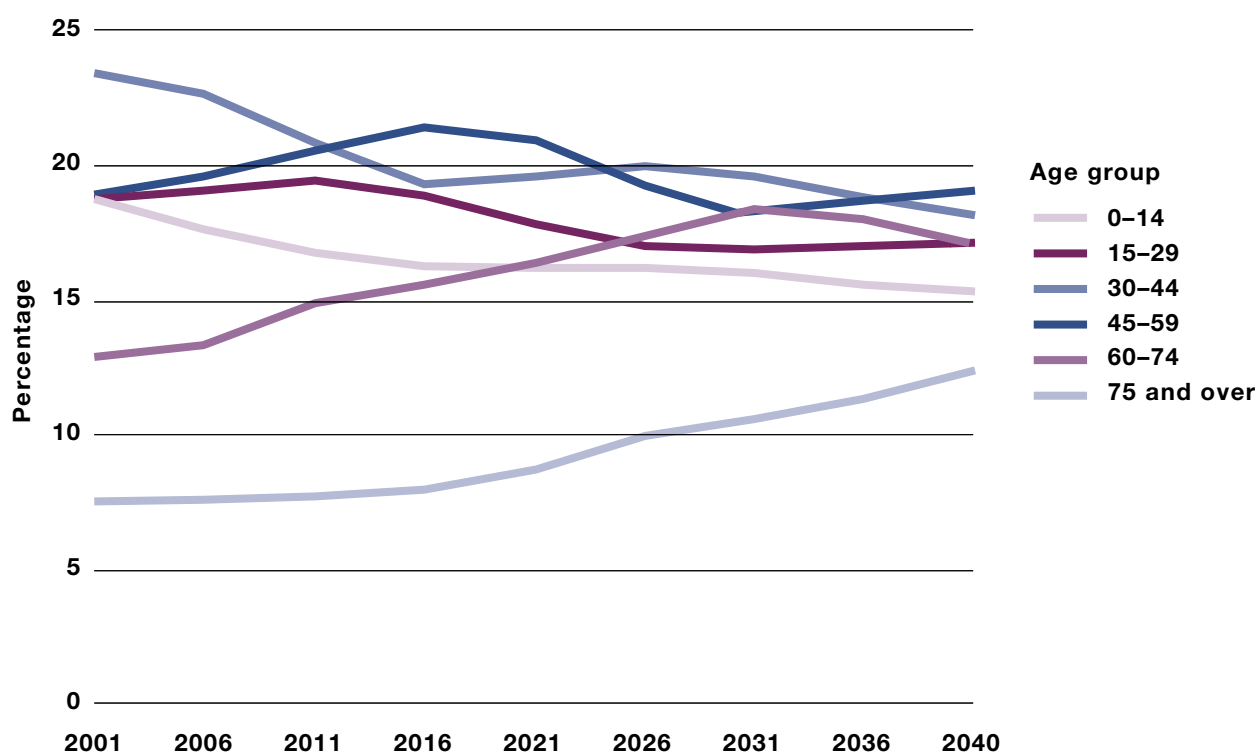
**Chapter 3**  
**The implications of an  
ageing population with  
changing requirements**

**3.1** Britain is an ageing society. Between 1961 and 2001 there was an increase in the population aged 65 and over of 51 per cent, with 9.4 million people aged 65 and over at the time of the 2001 Census. The 2001 Census also shows that there will be more people aged 65 and over than are aged under 16 by 2014 as the average lifespan continues to increase (Office of National Statistics). Family and social networks are also changing. More people will live alone in later life as divorce rates rise and family relationships become more complex and more distant.

**3.2** At the same time, 'age' is being redefined. People in their fifties and sixties no longer see themselves as old, and retirement is seen as a rewarding and active part of life. Concepts of age are emerging which reject the notion of older people being a burden on society and which embrace ideas such as the 'third age', the 'grey pound' and greater empowerment of older people. The diversity of older people's aspirations, expectations and needs has now been recognised (Department of Health, 2005a).

**3.3** Housing need in later life can no longer simply be equated with a need for care and support, as this fails to recognise the wide-ranging housing needs and preferences of older people. Traditional models of sheltered housing and very sheltered housing are being replaced, in part because they are unable to provide the care and support some older people need in order to avoid an unwanted move into residential care, and also because of their failure to recognise the delivery of housing need in later life.

**Figure 3.1: The ageing population**



Source: Housing Corporation

**3.4** The Government has emphasised the need to enable older people to choose the housing they live in. In the past, some older people have had to live in housing that they would not have chosen. Others have experienced housing arrangements that have made it difficult for them to interact with the wider community. Legislation on community care has effected a shift from institutional care to care in people's own homes. However, some older people who need care live in unsuitable housing, and services are not available for some older people who want to be cared for at home.

**3.5** A report by Help the Aged (2002) demonstrates that there is discrimination against older people, typically based on a lack of understanding of ageing. The research revealed that such lack of understanding can result in few categories of specialised housing meeting the actual needs of older people. Or it can result in a failure to recognise the care needs of older people who do not live in specialised housing. It can lead to ignorance of desires, demands and expectations of older people beyond their basic needs. The report suggested that in future, older people will expect to have the same range of housing choices as younger people.

**3.6** The number of residential care and nursing homes available to older people is diminishing because of rising costs resulting from labour market regulation, wage inflation and new care standards. In their annual review of the UK health and community care market in 2001 Laing & Buisson calculated that, during the previous five years, 50,000 care home places for older, ill and disabled people in all sectors had been lost (net figure, taking new registrations into account). The Care Standards Act, introduced on 1 April 2002, has caused a further reduction in numbers.

**3.7** A 2001 Help the Aged publication reported that:

*'A decline in the residential and nursing home sector might be a welcome sign of the success of the Government's policy to enable older people to remain at home. But this is not the case – the numbers of people receiving such care has been declining, while the number of hours allocated to each person each week has been rising ... for those who need a medium level of support to ensure their safety and comfort and to prevent deterioration in their circumstances, there will be nothing ... social care for older people is in crisis.'*





## Chapter 4 Development issues

## Introduction

**4.1** This section is intended primarily for potential developers but should also be useful to planning officers in evaluating particular schemes.

## Demographic and market research

**4.2** The starting point is to make population projections using updated Census data of the older population in the locality. The projections are similarly broken down into age at ward level:

55 – 64	future demand
65 – 74	} current demand
75+	

**4.3** Demand, and type of scheme needed, will be affected by the following factors:

- housing conditions in the locality;
- wealth/tenure of older population;
- physical disability projection.

The local data can be put into context by comparison with national and regional rates.



Most CCRCs have gym, pool or spa facilities to encourage a healthy and active lifestyle.

**4.4** This analysis of demand can be supplemented by qualitative data about the nature of the demand, and how this is changing, aspirations, the needs of minority groups, the adequacy of local services and so on. Such data can be obtained through interviews, stakeholder workshops or similar means.

**4.5** The figures need considering alongside other evidence of demand – a listing of individual sheltered schemes, waiting lists for each, vacancies, turnover rates, bedroom sizes and facilities available to residents. All this adds to the picture of the level and type of demand for specialist accommodation in a particular area.

**4.6** The next step is to map the supply. This means determining the level of specialist accommodation like sheltered housing and residential care, and of services to support older people at home. Again, the raw data should be reviewed to establish future trends. At present there will often be a projected fall in residential care – particularly local authority homes – as a result of inability to meet the requirements of the Care Standards Act. The private residential home sector may also be static or contracting, in this case driven by low social services contract prices as well as standards of provision and care within the sector. The same process of comparing supply with national and regional rates can be used to detect under- or over-supply in the locality. It may also reveal something about local contracting practices or culture. Local inter-authority comparisons can also be useful.

**4.7** In addition to the demographic data, key indicators of demand for extra care at a ward level are:

- number of residential care home admissions;
- number of nursing home admissions;
- number of new referrals to social services for additional service of people already receiving a service in the community;
- numbers being referred for their first service;
- number of physical disability referrals;
- number of mental health referrals;
- number of home care users;
- number of day care users;
- number of shopping and delivery services users;
- numbers receiving a meal service.

**4.8** The precise list of indicators you are able to compile will depend on what management information is kept by social services and the mix of services offered. These kinds of indicators can also be used to assess the type of extra care model that is most needed. Other things being equal, the best location will be groupings of wards which score highly on four or more of the above indicators and have a relatively low supply of specialist accommodation.

**4.9** If all this analysis suggests a long-term demand for specialist provision, the next question is the scale of provision that should be made. This must be informed by trends and expectations about other services that can support frailer older people, and how these may change.

### **Feasibility**

**4.10** Before any proposal to provide a range of tenure in the accommodation is prepared, comprehensive research should be undertaken to establish:

- the ability of prospective residents to buy;
- the willingness of people to buy in to the 'village' concept (ExtraCare start their promotional marketing two years before the scheme is built);
- the optimum mix of tenure;
- the provisions of the local housing strategy and whether or not the housing authority is likely to be supportive;
- the provisions of the development plan and whether or not such a proposal is likely to be compatible;
- whether social services would be willing and supportive;
- whether the primary care trusts would be willing and supportive.

### **Type of scheme/option appraisal**

**4.11** It must be reiterated that there is no single straitjacket for a CCRC. There are therefore a number of key options/variables which need to be carefully considered from an early stage. These may be summarised as follows:

#### **(a) Housing and support providers**

- Housing and care provider identical?
- One housing provider with one separate care provider?
- Housing provider with social services as care provider?
- Housing provider with several care providers?

#### **(b) Facilities**

- The range of additional services and facilities which are introduced over and above the norm for very sheltered housing.

#### **(c) Scale**

- Generally, a minimum of 100 units of accommodation are needed to create economies of scale and a viable community. There is no absolute maximum but schemes are unlikely to exceed 500 units.

#### **(d) Type of dwellings**

- Bungalows.
- Flats.
- Combinations of bungalows and flats.



There is no single model for a CCRC scheme. This development, at Hartrigg Oaks, York, includes both self-contained bungalows and a central care facility, which also houses other communal facilities.

#### **(e) Lettings**

- Lettings are usually managed, and applicants will include some seeking sheltered housing, some needing residential care and some looking to the future.

#### **(f) Tenure**

- Owned.
- Mixed tenure.

### **Sites**

**4.12** Having ascertained the scale of provision required, and the broad localities with highest demand and least supply, the final question is, which site? In reality the choice will always be extremely limited and the availability of a particular site often becomes a determining factor from a very early stage.

**4.13** A full planning appraisal should always be undertaken before committing to any site. This should include an assessment of the site and its surroundings and any planning constraints affecting the site; all within the framework of adopted and emerging development plan policies.

#### 4.14 Indicators of suitable sites for CCRCs include:

- more than 1 in 5 people over retirement age living in the locality;
- a site suitable for traditional sheltered housing, for example a level site, served by public transport, near shops, church and other facilities;
- a secure environment;
- a considerably larger site than traditional sheltered housing, between 3 and 5 hectares typically – but depends on precise circumstances;
- a locality with a high expected demand and indicators of demand (see pages 24–25) but low level of specialist provision;
- a site not more than 5 miles from a major centre of population;
- for mixed tenure models, projected house prices of no less than half the cost of providing extra care dwellings, depending on the availability of subsidy;
- site-specific attractive features, for example a pleasant outlook, near a park, and/or absence of overriding unattractive features for which no mitigation is possible.

**4.15** It is possible for CCRC schemes not to meet all these tests and yet still be successful. This is partly because the scale enables them to counter otherwise negative features. A larger scheme can, for example, arrange for public transport to call or can have its own transport; support a small shop; build in features and services that create a secure environment; and incorporate attractive landscaping and open space.

#### **Pre-application consultation/community involvement**

**4.16** In view of the complexity of the planning considerations often involved in CCRC schemes, extensive pre-application consultation with all interested parties, including all relevant departments of the council, relevant statutory bodies such as English Heritage, local district councillors, the parish council and local residents, is especially important. Such dialogue needs to continue throughout the period up until the determination of the application.

**4.17** Such consultation can take the form of face-to-face meetings, public meetings, exhibitions, circulars, newsletters, website information, etc. as appropriate. Often it will involve the submission of additional technical information in support of the application to address concerns interested parties have raised.

#### **Housing and care provider relationships**

**4.18** There are three key parties to delivering a service in extra care housing:

- *Social services*: commission, fund, and may directly provide services. In all cases where they ‘place’ people they will be responsible for assessing needs. In some models the primary care trust may also play a part.

- *Housing providers:* the landlord, and usually the developer as well, although landlord and developer could be different organisations.
- *Care providers:* may be social services, a charitable body, private company or housing association.

**4.19** There are various possible options and combinations but in practice there is often a continuum, the landlord's responsibilities extending into providing domiciliary care but stopping short of providing personal care. Alternatively, the landlord may delegate some traditional housing management tasks to the care provider.

### **Lettings/sales policy**

**4.20** Normally a lettings/sales policy will be designed to maintain a balance of ages and dependency needs, and to add choice. Lettings are managed to ensure the scheme only accommodates a limited number of very frail older people; neither a simple waiting list nor an assessment of high physical or mental need guarantees access.


### **Tenure**

**4.21** There are two basic models, although there are variants within them:

- **Ownership:** property is occupied and care is funded via a range of financial arrangements, varying in their detail according to local circumstances and the scheme and service funding available.
- **Mixed tenure** (including a combination of outright ownership, shared ownership and renting): this is designed to ensure a mixed community and offer an alternative and choice to those with a property to sell. Shared ownership usually falls within the definition of 'affordable housing'.

**4.22** Most housing association and charitable providers, as well as the private sector, deliberately seek to attract a proportion of residents who pay for their own care for a variety of reasons – principally for risk management and community balance.



An aerial photograph of a suburban residential development. The image shows a grid-like layout of streets with numerous houses featuring red-tiled roofs. Green lawns and trees are interspersed between the buildings. A central road curves through the middle of the development, and a roundabout is visible in the lower-middle section. The overall scene depicts a planned, modern housing estate.

## **Chapter 5**

# **Planning policy issues**

## Local and regional policies

**5.1** The planning system is development plan led. In other words it operates on the principle that proposals should only be approved if they conform to the policies in the approved development plan, unless there are compelling 'other material planning considerations'. In evaluating a CCRC the relevant policies will be mainly criteria based.

**5.2** It is essential that regional spatial strategies, local development documents and community strategies take full account of the circumstances of older people and are flexible enough to respond to innovative solutions such as CCRCs. Ultimately it may only be realistic to expect such documents to set a positive framework rather than identify and allocate particular sites, suitable sites very often arising as unexpected windfalls as other uses become redundant.

**5.3** Office of the Deputy Prime Minister (ODPM) good practice guidance on local housing assessments makes it clear that older people must be specifically identified within the household totals and indicates that surveys should collect information on older people's housing preferences and expectations. Such assessments can thereby inform the planning of housing provision for older people and feed into consideration of how care and support services should develop in future. The role of the community strategy is important in this context in establishing the framework for co-ordinating the activities of different parts of the local authority and its partners.

**5.4** In drafting planning policies within the core strategy of the local development framework, criteria-based policies should be formulated which:

- address directly the needs of an ageing population, with particular emphasis on the land use planning requirements;
- recognise the need for positive provision for older people generally, and the need to increase the range of appropriate residential accommodation, including CCRCs;
- maintain diversity in new residential provision, including an awareness that older people as a group will have different needs;
- address 'sustainability' considerations, including the relationship of proposed development to appropriate public transport provision and local facilities/services; and
- set appropriate design and parking guidance, relative to the nature and role of the various forms of accommodation for older people.

**5.5** Good practice policy examples taken from the emerging Basingstoke and Deane Borough Local Plan Review and the emerging Core Strategy within the Horsham Local Development Framework are included in Appendices T1 and T2 (see CD). It may also be appropriate for local planning authorities to prepare specific supplementary planning documents (SPDs) on older people's accommodation.

## National policy

**5.6** Important to both the formulation of development plan policies and the consideration of individual proposals as ‘other material considerations’ are a range of recent policy and good practice documents issued by the Government.

**5.7** The Government is committed to changing the culture of planning to make it more responsive, positive and proactive. This is reflected in the Planning and Compulsory Purchase Act 2004. Diversity and equality are at the heart of this agenda. The Government is also committed to creating strong, vibrant and sustainable communities and to promoting community cohesion in both urban and rural areas. These are important elements of delivering sustainable development, which the Government defines as the purpose of the planning system.



Exercise classes provide an opportunity for social interaction as well as the obvious health benefits.

**5.8** *Planning Policy Statement 1* (ODPM 2005a) states that planning for sustainable development means ‘meeting the diverse needs of all people in existing and future communities, promoting personal well being, social cohesion and inclusion and creating equal opportunity for all citizens’. It goes on to state that ‘Development plans should promote development that creates socially inclusive communities, including suitable mixes of housing. Plan policies should:

- ensure that the impact of development on the social fabric of communities is considered and taken into account;
- seek to reduce social inequalities;
- address accessibility (both in terms of location and physical access) for all members of the community to jobs, health, housing, education, shops, leisure and community facilities;
- take into account the needs of all the community, including particular requirements relating to age, sex, ethnic background, religion, disability or income;
- deliver safe, healthy and attractive places to live; and
- support the promotion of health and wellbeing by making provision for physical activity.’

**5.9** *Diversity and Equality in Planning: A Good Practice Guide* (ODPM 2005b) states that ‘Diversity and equality are not “add ons” to the Government’s vision for sustainable communities. They are what help define sustainable communities. That is why they need to be put at the centre of planning practice and embedded in all aspects of the work



Activity groups and clubs, many resident-led, are popular features of CCRCs.

of a local planning authority. Diversity issues may be a material consideration in planning and are relevant to Regional Spatial Strategies, Local Development Frameworks and development control’.

**5.10** The current *Planning Policy Guidance Note 3: Housing* (DETR 2000) provides clear guidance that:

- everyone should have the opportunity of a decent home;
- there should be a greater choice of housing and a better mix in size, type, affordability and location than is currently available;
- local authorities should plan to meet the requirements of the whole community, including those with ‘special needs’. Amongst the ‘specific groups’ whose needs should be assessed and planned for are ‘the elderly’.

**5.11** There are several other wider Government documents which have addressed the needs of older people. For example, *Quality and Choice for Older People’s Housing* (DETR 2001a) says:

*‘The increasing older population poses a challenge for social policy generally, and housing policy specifically. In what form and at what cost do we make adequate provision for the housing care and support needs of older people? With the ageing profile changing so rapidly (people living longer with a more healthy lifestyle and an increase in owner occupation), there is a direct impact on the provision of decent, affordable and appropriate housing for older people ... For housing policy specifically, there is a major role to play in ensuring that older people are able to realise their potential. Effective housing, allied to the right care, support and wider services, such as good transport and community safety, can be the springboard that enables older people to remain involved and live their lives to the full. Conversely, poor housing can be a fetter for older people, contributing to immobility and social exclusion, ill health and depression.’*

**5.12** More recently the Green Paper *Opportunity Age* (Department of Health 2005) set out the key principles of the Government’s strategic approach towards older people, including:

- promoting their well-being and independence and providing them with choice and accessibility;
- tackling discrimination against older people;
- ensuring that local authorities take a lead role in planning for the ageing of their community;
- ensuring that older people feel safe at home and in the street;
- ensuring that older people live in decent, warm accommodation.





**Chapter 6**  
**Planning application**  
**and development**  
**control issues**

## Overview

**6.1** An analysis of successful CCRC schemes approved by local authorities and the Secretary of State reveals that the planning decisions have more often than not involved a sophisticated balancing of different material planning considerations. In the example decision contained in Appendix T8 (see CD) concerning a CCRC near Heysham the Secretary of State referred to ‘the unique nature of the proposals’. Frequently development plan policies are only a starting point, there being material issues concerning location, sustainability, listed buildings and protected greenfield land or open space to be carefully weighed against the more obvious benefits. In the case of developments in the green belt it will be necessary to demonstrate ‘very special circumstances’.

## C2, C3 or *sui generis*?

**6.2** It is of fundamental importance how CCRC schemes are considered in terms of the Use Classes Order. Particular schemes may be slightly different from one another but there has been room for debate as to whether CCRC schemes should generally be considered as C2 (residential institutions), or C3 (ordinary dwelling house), or even *sui generis*.

**6.3** C2 encompasses ‘use for the provision of residential accommodation and care for people in need of care’. ‘Care’ is defined in the Use Classes Order 1987 (Article 2) as ‘personal care for people in need for such care by reason of old age, disablement’. The provision of ‘a significant element of care’ takes a use into C2.

**6.4** Appendix T3 (see CD) contains a recent Counsel’s opinion relative to a CCRC scheme in South Gloucestershire; the conclusion being that the scheme is C2 and not C3. This question was further explored in the High Court judgement of *West Oxfordshire District Council v The Secretary of State and Wates Built Homes Ltd* (5 March 1990). This upheld an earlier Secretary of State decision, which is contained in Appendix T5 (see CD). Relevant extracts from this and other example Secretary of State decisions contained in Appendices T6 to T8 are included in Appendix T4 (see CD).

**6.5** The classification has important implications in planning policy terms. C3 development falls under normal housing policies within development plans and is subject to testing within the parameters of the overall housing requirements set by the development plan documents, whereas C2 falls under the same special housing policies as nursing homes and other residential institutions. The importance of this point was recognised by the Secretary of State in granting planning permission for the CCRC at Heysham referred to above; the decision letter (contained in Appendix T8, see CD) specifically referred to the proposals being ‘beyond the scope of the development plan policies on housing allocations’.

**6.6** In accordance with the Secretary of State’s approach, planning authorities in Cheshire have specifically agreed to exempt ‘extra care’ housing from their housing

supply figures. An extract from a Cheshire County Council executive report is included in Appendix T9 (see CD).

### **Sustainable location?**

**6.7** CCRCs are frequently proposed in relatively rural locations, utilising disused brownfield sites such as former hospitals. Criticisms can be raised as to the sustainability of such locations, including accessibility to key services and the level of traffic movements generated.

**6.8** As recognised, however, in the Secretary of State decision for the site near Heysham referred to above (Appendix T8, see CD), the availability of services to meet daily requirements and special transport arrangements can be enough to overcome locational concerns. In the Heysham case the Inspector recognised that the site was ‘a fairly remote location in terms of ease of access to existing facilities particularly for main shopping, leisure, health and social activities’. It was reliant on access to ‘nearby towns’. The Secretary of State concluded that the need for off-site trips would be limited, there being ‘little necessity for residents to travel to work, school or college from the site; and most of the needs for shopping, health, social activities and dining would be provided for on site’. Importantly, a Green Travel Plan was submitted and a Section 106 Agreement provided for 20 per cent of the units being ‘car free’ and for the provision of minibuses covering circular fixed routes to major shopping and recreational centres.

### **Gated community or sustainable community?**

**6.9** There is a common perception that CCRCs constitute ‘ghettos of older people’ and ‘gated communities’, running against the grain of the Government’s current ‘sustainable communities’ agenda. This originates from images of some of the larger North American CCRCs, but such perceptions are without foundation in the UK context.

**6.10** Those living in CCRCs span several generations; with an age range of 55 to over 100. This in itself brings a vibrancy to the community; but in addition there is evidence to suggest that families are more likely to visit their older relatives in the environment of a CCRC than in any other form of residential accommodation. Many of the relatives take full advantage of the range of social and recreational facilities available within the village, thereby the whole spectrum of age and community is visible within the village centre and streets.

**6.11** One of the compelling reasons for individuals choosing to live in a CCRC is the security of this environment, both from a physical and a health care perspective. But to achieve this security it is not necessary to provide a ‘gated community’. The achievement of ‘Secured by Design’ (see 6.26 below), the natural vigilance of the village community and the round-the-clock on-site staffing all contribute to creating a secure environment. CCRCs, whilst having many facilities to support individual residents, are not isolated and totally self-sufficient communities. Those living there will continue to take a full role in the

wider community. In addition, members of the wider community, particularly those over the age of 55, are able to use the communal facilities of the CCRC.

**6.12** Various research simply demonstrates that CCRCs can meet the key components of the Government's vision of delivering sustainable communities. They meet the diverse needs of their residents and contribute to a high quality of life. They are safe and inclusive; they are well planned, well built and well run places where people want to live; and they offer opportunity and services to older people, a specific group which warrants priority.

### **Contribution to affordable housing?**

**6.13** As well as being material to planning, housing issues relative to older people fall within the remit of unitary and district councils in their capacity as housing authorities, and should be referred to in the council's housing strategy. Regardless of whether or not CCRCs are regarded as a C2 use, a specific affordable housing contribution is sometimes sought by planning authorities, dependent on particular policies of the local authority in question. In any event, CCRCs can directly contribute to meeting 'affordable and special housing needs'; which should be identified via local housing assessments, general housing strategies and housing strategies for older people. The economics of provision of the whole scheme, the availability of public subsidies and other site-specific factors will be material to how much housing can be reserved for those with lower incomes or for which nominations can be offered to the housing authority.

**6.14** It is interesting to note that in a further Secretary of State decision relative to a scheme in Sapcote, Leicestershire for which the developer chose to offer an element of affordable housing, it was concluded that affordable housing was 'a further useful, but incidental, benefit', this being 'not one of the scheme's primary purposes' (contained in Appendix T7, see CD).

### **Strains on local health resources?**

**6.15** Some planning authorities may feel that development of this type could lead to an imbalance in the population of a particular area, possibly to the detriment of the character of the area. There may also be fears that over-concentration will lead to strains on local health resources. In the past some authorities, such as Worthing Borough Council, sought to apply policies to resist the proliferation of rest homes and nursing homes. Such policies have not enjoyed the support of the Secretary of State, who has taken the view generally that the adequate provision of health and social services is a matter for consideration by the registering authorities and the local family practitioner committee prior to registration. The Secretary of State's current advice, contained in Circular 03/2005 (paragraph 64), is that local planning authorities need only concern themselves with the impact of the proposed institution on amenity and the environment,

► CCRCs reduce social isolation by providing easy opportunities for older people to mix.



that is, on land-use planning considerations. In any event, the experience is that CCRCs tend to reduce rather than increase demands on health, social services and other care facilities (see paragraph 6.18 below).

**6.16** In the Sapcote decision referred to above (contained in Appendix T7, see CD) the Secretary of State rebutted such arguments, going as far as to note that the adjacent village ‘does not have swimming or indoor facilities, nor a proper doctor’s surgery. Provision of such facilities within walking distance of the village would therefore be of appreciable benefit to the village’s existing, retired population, as would an additional bus service’.

### **Planning benefits?**

**6.17** Specific research about CCRCs has been carried out by the Joseph Rowntree Foundation regarding the Hartrigg Oaks scheme (Joseph Rowntree Foundation 2003). This enables the following conclusions to be drawn:

- There is evidence that Hartrigg Oaks represents a model of living for later life that meets the diverse needs of its residents.
- CCRCs can alleviate fears people have about their retirement. Security is generally better in CCRCs than in a typical house, both because CCRC housing is generally modern with secure windows and doors, and because centralised security such as CCTV cameras is often provided. CCRCs also provide pleasant, tranquil surroundings. Being amongst many others of a similar age also allows friendships to form more easily and reduces (although does not eliminate) the risk of isolation. CCRCs also provide gardeners for those unable to tend their own gardens.
- The potential to provide a supportive and stimulating environment is a key argument in favour of retirement communities over the use of floating care and support delivered to older people in general needs housing. In many respects, Hartrigg Oaks is a highly successful example of retirement housing that is also a community and is characterised by the extent and success of social networks involving residents.
- Having leisure activities close at hand encourages residents to take part – many older people give up activities solely due to transportation difficulties. Similarly, having shops and laundry services nearby makes those household tasks easier.

**6.18** Research has also been undertaken by the Centre for Social Gerontology at Keele University over a number of years relative to Berryhill retirement village in Stoke-on-Trent, which was built by Touchstone Housing Association and the ExtraCare Charitable Trust. This has been disseminated in a number of publications including Bartlam et al. (2004). The conclusions may be summarised as follows:

- Retirement communities, of the type studied, can contribute to the maintenance of physical and mental well-being of their residents, compared to a comparable community sample residing in the same local area.
- They provide a positive freedom from the stresses of family care, for both relatives and older people themselves, and from the security risks associated with neighbourhood living.
- Living with people of a similar age, when accompanied by a culture of peer support, has emerged as a powerful aid to morale and an antidote to age prejudice.
- CCRCs can be said to combine the best elements of residential and neighbourhood communities, which may be summed up as 'autonomy with inclusion'.
- This form of housing appears to be most suitable for older people with moderate health impairments but can also support individuals with quite severe sensory disabilities.

**6.19** Each scheme can be seen to directly benefit the local economy because a significant number of jobs are likely to be created. For example, the Sapcote Secretary of State decision already referred to (Appendix T7, see CD) identified 'the appreciable economic benefits for Sapcote village' including '73 jobs' and helping to 'sustain the village economy by providing new customers for the existing shops'.

## **Buildings and layout**

**6.20** Buildings vary in extent and mix of physical facilities. The range is from simply providing a restaurant and/or meals provision on top of the normal facilities, to very extensive communal facilities including workshops, shop, health suite, therapy/consultation rooms, computer suite, library, greenhouse, etc.

**6.21** Properties in CCRCs should be designed to at least mobility or wheelchair standards; and to incorporate a range of features to facilitate independence and use by frailer older persons. One leading developer in the field has a policy of 'future proofing', by which it seeks to build to standards 10 to 15 years ahead of the market.

**6.22** CCRCs vary in how facilities are located within the development. This impacts on support arrangements. Typical arrangements are:

- Core and cluster: a core central building contains most of the communal facilities like restaurant, library, reception, health suite and in some models, a residential care home. People live in their own properties scattered around the core building and access services as they need them.
- Dispersed facilities: represent the other end of the continuum. Facilities are spread throughout the project. This kind of model is for example common in the better designs for people with dementia. Lounges, dining rooms and

sometimes the kitchens are located around the scheme each catering for 4 or 5 people so creating a more domestic scale and feel.

## **Design**

**6.23** CCRCs should achieve high standards of design, making a positive contribution to the public realm as well as responding to the functional design requirements. A considered appraisal of the local area will inform a design response that acknowledges local character, scale, building relationships, materials and features.

**6.24** A holistic approach to design is to be encouraged, to ensure that all the components of a development and their interrelationships are fully considered. This means that the building design, which derives from the needs of the occupiers for safe, secure and convenient accommodation, should relate well to the site and its surroundings. Planning and design statements accompanying planning applications should include design appraisals to assist with the understanding and interpretation of the proposal and its design implications.

**6.25** Early discussion between developers and local planning authorities is essential. Developers need to be aware of other general and site-specific constraints, such as spacing standards, conservation status, listed buildings, etc. In turn, local planning authorities should recognise the experience developers have of the design requirements of this type of specialised housing and should not seek to impose their own preferences, particularly regarding matters of internal layout and accommodation.

## **Amenity space**

**6.26** Residents of CCRCs will not require or use large areas of private garden space for recreational purposes. Where garden areas are provided, ground floor residents tend to use the area outside their patio door. Most CCRCs will depend heavily on communal open space, which will sometimes be extensive. This should be landscaped to a high quality to provide visual interest and the opportunity for relaxation. It is important, however, that security issues are considered. It is advisable to apply for police certification under the Home Office 'Secured by Design' scheme.

## **Privacy**

**6.27** Parts of CCRCs can be of high density. It will be important to ensure that there is no undue overlooking of private gardens or habitable rooms by nearby properties. Insensitively located balconies can be particularly intrusive.

## **Daylight and visual impact**

**6.28** The impact of a new development on neighbouring properties' direct sunlight and diffused daylight should be assessed. The orientation of a site and the siting, scale and massing of buildings are critical elements that require consideration from the outset so as to ensure that neighbouring habitable rooms and gardens are not placed in undue shadow.

**6.29** The outlook from neighbouring sensitive buildings is also an important consideration, and in order for a development to achieve neighbourliness it should not create an overbearing appearance.

### **Ancillary features**

**6.30** Consideration needs to be given to the siting of car parks, access roads, plant rooms, refuse storage areas and other associated, but important, features. Details of these and any other ancillary features should be included with the planning application and not left for subsequent approval. These aspects of the development can raise issues of noise, intrusion and security.

### **Car parking**

**6.31** Government advice on car parking is provided in *Planning Policy Guidance Note 3: Housing*, and *Note 13: Transport* (DETR 2000, 2001b). Some local authorities may have parking guidance for different types of retirement housing. Whilst developers should



The size and siting of car parking can be a significant issue for both developers and planners.

seek advice from local planning authorities about their approach to car parking, it is also important that authorities take account of specific data and information developers provide relating to their developments. Car parking levels should relate specifically to the nature of the development in the light of local circumstances, particularly the availability of local facilities and proximity to public transport.

**6.32** Due to the varied nature of CCRCs, car parking requirements fall within a wide range. The general experience is that a proportion of between 33 per cent and 66 per cent of the number of units is appropriate. The key variables will be staff, servicing and visitors, including outside users of communal facilities. Car parking should be considered as an integral part of any green travel plan, the submission of which will normally be appropriate.

**6.33** Where the local planning authority has concerns about either underprovision or overprovision of car parking it may be appropriate to consider car parking facilities which can be interchangeable with adjacent landscaping at some future date.

### **Density**

**6.34** There can be no set rules about what represents an appropriate density for a CCRC. Current Government advice in *Planning Policy Guidance Note 3: Housing* encourages higher density development in urban areas well served by public transport, and provides guidance on the range of density that residential development is expected to achieve overall. More often than not, however, the density of CCRCs will be a product of the constraints and design needs of the particular proposal and its context.

### **Sustainable construction**

**6.35** As CCRCs are an innovative concept, they provide an opportunity for further innovation in design and construction – for example, the inclusion of sustainable urban drainage systems (SUDS), energy saving initiatives, such as construction to ‘eco homes very good standards’ (as devised by the Building Research Establishment), and water conservation measures.

### **Planning obligations**

**6.36** Local planning authorities should ensure that any infrastructure contributions it seeks conform to current Government guidance on planning obligations set out in Circular 5/2005 and are based on up-to-date development plan policy and supplementary planning documents.

**6.37** CCRCs may reasonably be required to support contributions to infrastructure requirements. However, contributions to certain types of provision that are not related to the type of housing being provided, for example children’s play areas and education facilities, should be avoided.

## Overall balance of material considerations

**6.38** As with other types of schemes, there is no one set of typical planning circumstances in which such applications will be considered. Appendix T10 (see CD) contains a planning officer's report on a CCRC scheme which has been developed in Bristol. This report indicates how in this instance the benefits of the scheme were carefully weighed against a number of apparent negative aspects to reach a positive recommendation.

**6.39** The following aspects of that report are worth picking out:

- The site had a complex and difficult planning history.
- Much of the site was identified as 'open space' in the adopted Local Plan.
- The site was adjacent to a conservation area and within the setting of a Grade I listed building.
- There were tree preservation orders to consider.
- Much technical information was submitted in support of the application.
- The proposal included a restored and enhanced cricket pitch. Sport England, an important national consultee, was in support.
- The primary care trust was in support.
- The housing authority was in support on the basis of nomination rights for 50 of the properties.
- Safety and security issues were deemed to have been satisfactorily addressed.
- It was recognised that whilst the three-storey very sheltered housing complex would be 'imposing' this was required to enable 'the complex to sustain itself'.
- Satisfactory agreement was reached on car parking and traffic management issues.
- Various matters were dealt with by condition and Section 106 Undertaking.

**6.40** The report concludes that 'the revised scheme ensures the right balance between the provision of elderly persons' accommodation and facilities which would benefit the wider community and the retention of the open character of the site'. This is a useful model for the consideration of CCRCs by local planning authorities elsewhere.

## Final word

**6.41** Recent research for the Joseph Rowntree Foundation (Chappelow Wilson Associates 2004) of four varied CCRCs has concluded:

*'There is no doubt that, whatever the setting, the prime features of care or retirement villages which make villages attractive are essentially the same as those to which we all aspire: safety, security, comfort, familiarity and care – all the features which contribute to a home. Residents in villages have the right and opportunity to choose how they engage in the wide range of activities on offer. They can be as private*

*as they wish or they can join in everything from bridge and bowls to abseiling, depending upon the village in which they live ... In each of the villages it appeared that for the majority of the residents their needs, social and care, were being met and the demand for admission, evidenced by waiting lists, says much for the apparent success of the various schemes. Any doubts about living in a "retirement village", which may have existed in the past, seem to have been dispelled'.*

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## Appendix A: Examples of CCRCs in the UK

### Hartrigg Oaks, York



Hartrigg Oaks, York.

This is a development by the Joseph Rowntree Housing Trust (JRHT). Located at New Earswick on the outskirts of York, work started in earnest in 1994 after a long struggle to obtain planning permission. The first residents moved in 1998.

#### *Design and layout*

This is a campus-style development of an 8-hectare site. It consists of 152 bungalows spread around a central building (The Oaks) which contains both a 41 bed care home, and extensive communal facilities. The central building includes:

- restaurant and café;
- lounges;
- library;
- gymnasium and spa pool;
- meeting rooms and activity rooms, studio, craft facilities;
- reception desk/area;
- offices;
- central control alarm and video monitoring;
- shop;
- hairdressers.

The central building also houses a nursery/crèche. This is in part a facility for the 100 full- and part-time staff employed, and in part a way of forming a continuing link with the wider community.

The distinctive features of the design and buildings include:

- the core building, incorporating a care home, surrounded by clusters of dwellings;
- arrangement of bungalows in small closes;
- designed to anticipate continued use of private transport;
- some areas separate out traffic and provide pedestrian- and buggy-friendly wide pathways.

There is a mixture of types of bungalow, with three unusual and distinctive features:

- the bungalows are built to generous space standards (particularly when the loft area is incorporated into the living space);
- some two-bedroom bungalows have two showers/bathrooms, including one en-suite;
- the majority of bungalows are designed so the loft can be readily converted into another large, habitable room; many residents have done this and use the loft for activities, as a computer room or similar purposes.

For a time one of the properties was used to demonstrate a wide range of both enabling and monitoring assistive technologies – “SMART” homes.

The residential home (The Oaks) is of a good contemporary standard with en-suite bathrooms and several sitting rooms, but is essentially a normal care home.

### **Care and support**

This is provided by JRHT’s staff, so the landlord and care provider are in effect one and the same. In principle each resident gets their own package of care and support according to their needs, in their own home. While every attempt is made to keep residents supported in their bungalow, in the event that care routinely exceeds 21 hours per week, they are encouraged to move into The Oaks care home. A move will depend on individual circumstances and the availability of a place. Whether or not a physical move takes place, the person will continue to be supported within the village.

JRHT covers both basic home help support and direct personal care:

#### **Home help**

Cleaning  
Laundry  
Shopping  
Meals delivered from the restaurant

#### **Personal care**

Dressing/undressing  
Bathing  
Medical  
Meal preparation  
Toileting

Each property is also linked to the central monitoring base so emergency help is available on site, 24 hours a day, to everyone.

In addition, Hartrigg Oaks has a 'pop-in' service, a short visit by a staff member for emotional support, reassurance, to help make or deliver a meal, for example.

### **Finance**

Hartrigg Oaks is, like many American CCRCs, based on actuarial calculations.

Those living at Hartrigg Oaks make two contributions to the community's costs – the residence fee and the community fee.

The residence fee covers the occupation of a bungalow and, where required, a room in The Oaks Care Centre. There are three payment options for the residence fee:

- Fully refundable residence fee: this is a one-off payment on joining the community. The full sum is repaid within two weeks of leaving Hartrigg Oaks on a permanent basis.
- Non-refundable residence fee: this is a lower one-off fee, but is not repaid on leaving Hartrigg Oaks, unless this occurs within the first six months (when there is full repayment), or during the subsequent 50 months (when there is partial repayment).
- Annualised residence fee: this is an annual fee (payable monthly) instead of a one-off capital payment.

The fully refundable residence fee and the annualised residence fee are the same for couples or single people, but the non-refundable residence fee is higher for couples. All residence fees vary according to the size and location of the bungalow.

The community fee covers the cost of the communal facilities at The Oaks Centre, the maintenance of residents' bungalows, landscaping and other communal facilities plus care support, whether to a bungalow or in The Oaks Care Centre. There are three options for the payment of the community fee:

- Standard: this is an annual sum (payable monthly). The level of the community fee does not vary according to the amount of care received, even following a transfer to The Oaks Care Centre. It is based on age when joining Hartrigg Oaks.
- Reduced: a lump sum payment (on similar terms to a non-refundable residence fee) may be made on joining Hartrigg Oaks in return for a reduced community fee.
- Fee for care: this is a lower annual charge than the standard or reduced community fee, but in addition to this charge, care services are paid for as they are needed.

Those who are eligible may receive a variety of benefits including Income Support, Housing Benefit or Supporting People Grant as well as funding from social services in relation to care.

### ***Some observations***

Hartrigg Oaks has proved hugely popular. The historical Rowntree connection with Quakers was one unusual feature which attracted applicants from across the country. Properties are always in demand.

The insurance/actuarial financial basis replicates a common American approach to such developments. The distinguishing feature of Hartrigg is its emphasis on being a continuing care community so that better off people are safe in the knowledge they will be supported and cared for irrespective of their long-term health, needs or financial position. Some of the initial intake of residents turned out to need higher levels of care than the financial model had assumed, and this has led to changes in the process of considering and assessing the individual needs of applicants.

## **Ryfields, Warrington**

Ryfields is one of a series of similar CCRCs developed by ExtraCare Charitable Trust (ECCT). This development was the result of a partnership with Warrington Borough Council, and Arena Housing Association, who carried out the development and provide a housing management service to the Trust.



Ryfields, Warrington.

### ***Design and layout***

The CCRC is composed principally of 243 one- and two-bedroom flats and a few bungalows. The flats are arranged along streets incorporating shops, a pub and a core building incorporating communal activities, as well as staff and care facilities.

The range of facilities includes:

- art and pottery room;
- woodworking room;
- greenhouse;
- library;
- several lounges and meeting rooms;
- IT suite;
- shop;
- restaurant;
- licensed bar;
- fitness suite – including changing rooms;
- jacuzzi and steam rooms;
- a separate assisted bathing facility (a defining feature of ECCT villages);
- large village hall;
- laundry.

The landscaped grounds incorporate a small lake area which provides a focus for the village, and a large patio area with tables and chairs overlooking the lake.

The CCRC was constructed on part of a large complex of playing fields and other sports and leisure facilities. Many of these facilities remain adjacent to but not part of Ryfields. The bowling green and sports club provide one meeting place for residents and other people living nearby.

The distinctive features of the design and buildings which mark ECCT developments include:

- a central village hall;
- the very extensive range of facilities and the emphasis on activity;
- the arrangement of both amenities and dwellings in covered and safe streets.

### ***Care and support***

The buildings are managed and maintained by the housing association, who acted as the developer. They have a staffed office on the main street, near the main entrance to the core building.

Care is provided by ECCT. This is the first CCRC in the UK to offer full nursing care to residents within their own homes. There is no requirement to transfer to a separate care

home, as at Hartrigg Oaks. Indeed, the expectation is that the vast majority of residents will be able to be supported in their own homes irrespective of the level of frailty.

ECCT employs a large team of care staff and the concept of the scheme is that each individual can receive a tailored package of care according to their particular needs and wishes. Care is flexible and can increase or decrease, and can change on a daily basis. The culture of ECCT is to encourage and support independence and health, rather than deliver care in a passive way, which tends to create dependency. So while a substantial, and high quality, restaurant is available there is no expectation that everyone (or anyone) will have all their meals provided. They may instead be supported to make a meal in their own flat, for example.

The lettings (and sales) policy at Ryfields is designed to ensure a range of abilities among residents, so a proportion of residents need little assistance for much of the time.

### **Finance**

Ryfields is a mixed tenure scheme. Seventy properties were sold either outright or on shared ownership terms.

Shared ownership (part buy, part rent) means a proportion of the equity is purchased – 25 per cent, 50 per cent or 75 per cent, according to the individual's resources. The remaining part of equity continues to be owned by the landlord and is rented to the owner. If the resident qualifies for Housing Benefit, that can be used to pay the rent element. Offering shared ownership provides a way for people moving to the scheme from a low value property to move to the CCRC but still retain their capital.

Selling some properties outright, and some through shared ownership, provides one means of funding the capital costs of the development. In the case of Ryfields building costs were met by a combination of:

- Social Housing Grant from The Housing Corporation and the local authority to Arena Housing Association;
- proceeds of sales on 70 properties;
- private loan – repayments are funded through rents;
- charitable donation by ExtraCare.

Those who do not own, rent their property from the housing association landlord.

Care and support is also funded in a combination of ways:

- residents' own finance (as in residential care);
- financial support from social services (those seeking social services support for a package of care will be assessed against the local authorities' charging policy);

- Income Support benefits, including a premium for those who are eligible, to meet daily living expenses;
- Housing Benefit for those eligible, to meet the rent on the accommodation;
- Attendance Allowance (a non-means-tested benefit for which a large number of those who live at Ryfields qualify because of their disabilities and health);
- social services contribution to care based on the level of care needed;
- Supporting People grant to fund 'general counselling and support'.

### ***Some observations***

The culture and ethos of ECCT is to promote and encourage independence, activity and health. Distinctive features are:

- the high level and extent of involvement of residents in running the village;
- the extensive range of activities and the number of people who participate;
- the replication of a village based on streets.

## **Westbury Fields Retirement Village, Bristol**

Westbury Fields is located within the urban area of Bristol adjacent to the local centre of Westbury-on-Trym. It has been developed by the St Monica Trust, a charity established by the Wills tobacco family in 1919. The Trust's endowment is managed by Bristol's Society of Merchant Venturers and the Council of Trustees is made up of a mixture of members of the Society of Merchant Venturers, nominations from the Bishop of Bristol and the Bishop of Bath and Wells together with other members of the local community. The village, built in 2003, is a parallel development to the Trust's original care home on Durdham Downs, where much new development has also taken place in recent years. Westbury Fields was a sports ground owned by the Gunn Trust and a condition of sale was the preservation and upkeep of a large cricket pitch, around which the CCRC is situated.

The Westbury Fields CCRC has a mix of retirement and sheltered housing units, a care home and the extra care facility.

### ***Aims and objectives***

The guiding principle is that older people should have a home for life and not have to move again if at all possible. This is reflected in design arrangements which provide full wheelchair accessibility throughout and a commitment to care provision as and when required. The aim is a balanced community ranging from people with little or no care needs to quite frail people who might otherwise have gone into residential care. Communal facilities are open to use by local people to facilitate integration into the community. Residents are able to choose how they live in the scheme and a proactive philosophy operates, with an emphasis on promoting independence, empowerment, health and quality of life. The scheme aims to provide accommodation and care of the highest standard within available resources.

The partners to the programme aim to manage schemes which facilitate effective joint working between housing providers, care providers and commissioners.

### ***Key elements***

Westbury Fields is made up of 98 one- or two-bedroom retirement/sheltered housing units. These may be purchased on a shared ownership, 90 per cent equity basis where all the purchaser's equity is returned by the Trust on departure, with no added interest or revaluation. Ten shared ownership units are held by Bristol City Council.



Westbury Fields Retirement Village, Bristol.

Residents pay a substantial annual service charge for a call-bell system to the care/support and security teams on site, phone entry gates, CCTV, access to the health spa, gym, internet, the shop, a twice-weekly bus to the shops and an hour's cleaning each week (which also enables a check on their well-being). Unlike Hartigg Oaks, residents get preferential rather than guaranteed access to the care home on site.

The care home consists of a 30-bed nursing home, together with 15 places in a secure section for people with dementia, and 15 beds for short-term and intermediate care. The surrounding local authorities and the primary care trust buy a number of rapid response beds, safe haven beds and respite care beds. The care home has its own facilities for physiotherapy and occupational therapy. Assistive technology is used in the dementia care unit to monitor falls, behaviour changes, etc. and is linked to an Eclipse Nurse Call System. All bathrooms in the short-term care unit have facilities adjustable for particular impairments and tracking is in place for movement from bedroom to bathroom on a room-covering basis.

The Cricketer's Arms is an attractive modern pub with a restaurant, built on one corner of the care home, and is used by all residents of the village.

The ExtraCare (Very Sheltered Housing/VSH) facility is built on some City Council and some Trust land on the far side of the cricket pitch where a derelict City Council old people's home was demolished. Entirely social housing, the VSH (made up of 51 flats) and the care home are subsidised by the Trust from the capital receipts from lease purchase sales and other endowment income.

The VSH is an integral part of the CCRC. It is run on a partnership basis between the Trust and the City Council, but the Trust has control over all allocations. A central part of the concept is that there should be a mix of dependency levels and a balanced community within the facility. Therefore, just under half the flats in the VSH are leased to the City Council for continuous care for frail local people who have been assessed as having care needs. The other half are for people from the housing register who at the time of their tenancy do not have or need a care assessment. The running costs are financed by Housing Benefit and Supporting People. The tenants are supported by the Trust's Care and Support Service, which is available to all the village sheltered units. All flats are rented, with an additional service charge.

For the high support need VSH units, there is 24-hour cover. There is also a 24-hour porter/security service on site. The support services are a mix of care workers and a traditional care/support service. Residents developing dementia will be kept in the VSH as long as possible but no-one will be admitted with dementia already diagnosed. Access to the on-site care home is available on preferential rates for all residents in the village to recuperate after hip operations, etc., and space has been allocated for this, subject to availability.

The VSH units are arranged on three galleries around two sides of a square, which is glazed over to make an attractive street-like atrium with lamp posts, café tables and chairs and indoor facilities for boules, bowling, snooker and garden chess. Flats have their own kitchens but a central kitchen can supply cooked meals, or tenants can make use of the dining room. This is open to anyone in the village and also functions as a luncheon club for people from the local community.

There is a residents' lounge and activities room, gym, IT suite, health spa, treatment room, shop and laundry facilities. A traditional local authority bedsit-type sheltered housing scheme lies adjacent to the CCRC. The Trust has installed a special entry gate for residents of this scheme and they come into the village to share the luncheon club, hairdressing and sports facilities. The proximity of the CCRC has had a positive impact on lettings of these previously hard to let units and there is now a waiting list.

### ***Some observations***

The Westbury Fields scheme demonstrates attractive possibilities for the transformation of old-style residential care, particularly in terms of the design of the ExtraCare facility which is similar to that of the covered street model developed in the Netherlands and Denmark. The scale of the CCRC makes it possible to provide a range of leisure and social facilities.

Extra care is integrated within the CCRC concept, embracing a range of tenures, care needs, facilities and services. There is scope in the Westbury Fields CCRC for a healthily inclusive approach to older people and a balance of care needs. Older people in the locality also benefit from flexible use of the facilities for older people in the CCRC.

### **Photo acknowledgements**

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