



**Report on Need and Demand
for the proposed
development of 6 age
restricted single storey
dwellings at Hook Norton
Road, Sibford Ferris,
Oxfordshire within Cherwell
LPA**

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Contents

	Page
Note to re-issued report on need	2
1 Executive Summary and conclusions	4
2 The context in national policy, guidance and research	7
3 The context in local policy	19
4 An overview of the current supply of specialist accommodation for older people in Cherwell District	27
5 The approach to examining need and setting it against current supply	32
6 The tenure of the older population	34
7 The demography of the older population of Cherwell District	36
8 Indications of need for this style of accommodation	40
9 How this style of accommodation responds to that need	45
10 Why do the housing requirements of older people require special consideration?	50
11 Looking at the particular situation of older people in Sibford Ferris	54
Annex One Explanation of terms used in this report	56
Annex Two POPPI data sources	58
Annex Three The Authors of this report	59

Note to re-issued report on need

This report is substantially the same as that prepared in December 2021 for the appeal made by Blue Cedar against refusal of planning approval by Cherwell District Council for the development of six single storey age restricted dwellings on this site.

The need in this area for dwellings suitable by design and facilities for occupation by those in or approaching old age but able to live a substantially independent life-style was accepted but the appeal rejected on other grounds, principally the acceptability of single storey dwellings in this setting.

This re-application substitutes two storey for single storey dwellings and responds to other concerns raised in relation to the original proposals.

The design and facilities of these two-storey dwellings incorporate the same design features in relation to accessibility and space, taking account of the need to facilitate access between floors if the capacity of the occupants should change over time. They offer an alternative but robust response to the needs identified in the original proposal.

In the knowledge that the report of December 2021 on need was accepted and given weight it is now re-issued, with minor updating and modification, in support of this revised proposal.

The preliminary release of data from the 2021 Census records the population of Cherwell District Council area who were 65 years of age or more at the time of the census as 28,034. This is strikingly close to the 2020 projection and inspires confidence that the existing projections used in the report of December 2021 are within the margins of statistical accuracy. We have therefore retained those projections as the basis of the evidence presented in this re-issued report.

1 Executive summary and conclusions

1.1 Both national and local policies direct attention to the challenges presented by an ageing population. The White Paper on Social Care, discussed in Section Three, gives a current restatement of Government intentions in responding to the challenges an ageing population present.

1.2 Taking the various forms of sheltered and retirement housing offered either to rent or to buy in Cherwell District Council administrative area there appear to be currently around 2,278 units of accommodation. To achieve comparability this supply has been expressed as a ratio to the size of the population of older people in the district.

1.3 Various thresholds have been used but that which is generally recognised as having the greatest relevance is that for the number of people 75 years of age or older. There are around 172.58 units of any type in any tenure per thousand of the population in this age category in Cherwell.

1.4 This compares with benchmark figures derived from the data base of the Elderly Accommodation Counsel, which is the source relied upon by the Department for Levelling Up, Housing and Communities. These provide a national average ratio of provision of 125.5 per thousand of those 75 years of age and over.

1.5 A less comfortable picture emerges when we compare the available accommodation in Affordable or Market categories with the population of older people in each main category of tenure. With just 754 units of retirement housing of all types for sale for a population of homeowners of 75 years of age or more of approximately 11,266 the ratio of provision for retirement housing for sale per thousand is 66.9.¹

1.6 The comparative figure for those 75 years of age or more who are in rented tenures is 788.0 per thousand (1,524 units for approximately 1,934 persons 75 years of age or more in tenures other than home ownership.)

1.7 It is clear from the levels of home ownership in succeeding cohorts that the proportion of those in old age who are homeowners will be maintained. The majority of those entering old age as homeowners will wish to maintain that tenure and there are sound economic arguments for the individual and for the public purse to support that.

1.8 To enable older people to exercise that choice, to meet the needs of older people for specialist accommodation in their tenure of choice, and to encourage

¹ Among persons 75-84: 9,400 persons, 78.67% are home owners + persons 85+: 3,800 persons, 70.09% are home owners = 11,266 home owners 75+.

older people to make a capital investment in their accommodation in old age the local authority needs to facilitate increased leasehold provision of suitable accommodation.

1.9 Cherwell follows, but substantially exceeds the national trend toward owner-occupation as the dominant tenure for older people. Around four out of every five older people in Cherwell are home-owners.

1.10 The profile of the Cherwell in relation to the age of its population is currently very slightly below the national average but those 65 years of age will make up a quarter of the total population of the district by 2040. This will be a major factor in shaping future policy for housing, health and social care authorities.

1.11 Between 2020 and 2040 there will be 9,500 more people in the District who are 85 years of age or more and this will present a major challenge for health and social care agencies.

1.12 In the absence of an adequate supply of appropriate, contemporary accommodation options pressures will increase on higher-end services, such as Registered Care Homes providing Personal Care and Registered Care Homes providing Nursing Care.

1.13 The proposed dwellings meet the definition of the first type of specialist housing for older people in the National Planning Practice Guidance of June 2019, that is to say: "Age-restricted general market housing". The PPG definition says: "this type of housing is generally for people aged 55 and over and the active elderly. It may include some shared amenities such as communal gardens, but does not include support or care services."

1.14 Dwellings of the type proposed in this application may not therefore appear any different to mainstream market housing - they are not built with visible adaptations, fixtures or fitting for older people as would be the case in a sheltered housing development. The only differences to market housing are not visible: they are for retired people (over 65) only and they are built to Part M4(2) so that they can be adapted.

1.15 They contribute to the range of provision for an old age population by offering to someone who is newly retired or approaching retirement an option that will allow them to "age in place" for as long as possible, in line with the stated policy goals of both national government and the Welfare Authority (Oxfordshire County Council).

1.16 Indicators of need for specialised accommodation are projected to increase over time as the population of those in the highest age groups

increases. Between 2020 and 2040 the number of those experiencing Mobility difficulties is projected to increase by over 61%.

1.17 An increase in the proportion of the population living into advanced old age also impacts on the demands made upon health services. There will be an increase in the numbers of those experiencing a long-term limiting illness with a higher rate of increase in the older age cohorts of around 97% for those experiencing the higher level of difficulty.

1.18 There is a predicted increase in those people aged over 65 likely to have a fall in Cherwell. From the baseline of 2020 to 2040 the predicted increase is shown to be around 55%. Coping with the consequence of avoidable falls has a major impact on hospital services generally but especially upon ambulance and accident and emergency departments.

1.19 The style of accommodation proposed in this application is designed to meet and adapt to the needs and lifestyles of those approaching, and in old-age; supporting their independence for as long as possible in a safe and secure environment.

1.20 In concept, delivery and continuing occupation a Blue Cedar home provides a form of specialised accommodation which meets a specific housing need among older people. In doing so, it gives rise to many significant planning and social benefits which in turn address national and local priorities, for example:

- An increase in retirement housing stock;
- A better choice for older people;
- A sense of community and security;
- A home that can be adapted over time to meet a changing lifestyle;
- Managed estate;
- Supports independent living with additional help and support.

2 The Context in National Policy, Guidance and Research

Market assessment of housing options for older people,

Pannell J, Aldridge H and Kenway P, May 2012, New Policy Institute.²

2.1 The study focused on the 7.3 million older households in mainstream or specialist housing in England (excluding care homes) which contain no-one below the age of 55.

- Around one-third of all households are older households. This proportion applies across most regions except for the South West (40 per cent) and London (22 per cent).
- 76 per cent of older households are owner-occupiers and most own outright; 18 per cent are housing association or council tenants, while 6 per cent are private sector tenants.
- 42 per cent of older households aged 55 to 64 are single, and this proportion increases with age.
- About 7 per cent of older households (530,000) live in specialist housing where a lease or tenancy restricts occupation to people aged over 55, 60 or 65. Most of these schemes are provided by housing associations and offer special facilities, design features and on-site staff. Around 10 per cent of specialist dwellings are in schemes offering care as well as support.
- 93 per cent of older people live in mainstream housing. As well as 'ordinary' housing, this includes housing considered especially suitable for older people due to dwelling type (e.g. bungalows), design features (including 'lifetime homes') or adaptations (e.g. stair lifts).

2.2 Supply of and demand for specialist housing: the research confirmed that there is limited choice for older people who want to move to both specialist and alternative mainstream housing, in terms of tenure, location, size, affordability and type of care or support. Housing providers tend to focus on retirement villages and housing with care when thinking about housing that is 'suitable' for older people. Despite the majority of older people owning their homes outright, 77 per cent of specialist housing is for rent and only 23 per cent for sale. There are significant regional variations: the extremes are the North East (only 10 per cent for sale) and the South East (37 per cent for sale).

²

www.npi.org.uk/files/5213/7485/1289/Market_Assessment_of_Housing_Options_for_Older_People.pdf (Accessed 11/01/2017) **Market assessment of housing options for older people,** Pannell J, Aldridge H and Kenway P, May 2012, New Policy Institute.

2.3 There has been recent interest, but slow progress, in developing different housing options for older people and in integrating these within mainstream new housing developments (which could attract older people who prefer to remain in mixed-age communities). There is extensive evidence on what older people are looking for and whether they stay put or move. Two bedrooms is the minimum that most older people will consider, to have enough space for family visitors, a carer, storage, hobbies, or separate bedrooms for a couple.

2.4 Analysis of moves by older households in the last five years within the private sector (rent or owner-occupier) shows that 87 per cent move into a dwelling with two or more bedrooms. Yet much specialist housing is small (one-bedroom or sheltered bedsits). Some specialist housing is poorly located and there have been concerns about withdrawal of scheme-based staff. Depending on the method of estimation used, the projected growth in the older population requires an increase in the stock of specialist housing of between 40 per cent (200,000) and 70% (350,000) over the next 20 years.

National Planning Policy Framework, July 2021³

2.5 The Government updated the National Planning Policy Framework published in 2018 with the publication of a new Framework Document in July 2021. In relation to the needs of older people it has little directly to say, beyond including them in the list of those whose particular accommodation needs should be taken into consideration in forming local plans.

“Within this context, the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies (including, but not limited to, those who require affordable housing, families with children, **older people**⁴, students, people with disabilities, service families, travellers, people who rent their homes and people wishing to commission or build their own homes).”
(Para 62)

2.6 The volume, location and characteristics of new homes to be provided, including those intended for occupation by older people, has to be assessed, using one of the methodologies identified in guidance:

“To determine the minimum number of homes needed, strategic policies should be informed by a local housing need assessment, conducted using

3 Nation Planning Policy Framework, Ministry of Housing, Communities and Local Government, July 2021, Cm 9680

4 The Glossary to the NPPF provides the following definition for “Older People” within the Framework and Guidance:

“**Older people:** People over or approaching retirement age, including the active, newly-retired through to the very frail elderly; and whose housing needs can encompass accessible, adaptable general needs housing through to the full range of retirement and specialised housing for those with support or care needs.”

the standard method in national planning guidance – unless exceptional circumstances justify an alternative approach which also reflects current and future demographic trends and market signals. In addition to the local housing need figure, any needs that cannot be met within neighbouring areas should also be taken into account in establishing the amount of housing to be planned for.” (Para 61)

2.7 Alongside the economic and environmental objectives of the planning process the introduction to the Framework identifies a “social objective”

“b) **a social objective** – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural well-being;” (Para 8b)

Planning Practice Guidance, June 2019⁵

2.8 This guidance seeks to assist Local Planning Authorities in preparing planning policies on housing for older and disabled people. It sets out the reasoning behind drawing particular attention to the needs of older and disabled people:

“The need to provide housing for older people is critical. People are living longer lives and the proportion of older people in the population is increasing. In mid-2016 there were 1.6 million people aged 85 and over; by mid-2041 this is projected to double to 3.2 million. Offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems. Therefore, an understanding of how the ageing population affects housing needs is something to be considered from the early stages of plan-making through to decision-taking.”

2.9 The guidance recognises that this is a diverse population with a diversity of needs and aspirations which will change as they move through old age:

“The National Planning Policy Framework glossary provides definitions of older people and people with disabilities for planning purposes, which recognise the diverse range of needs that exist. The health and lifestyles of older people will differ greatly, as will their housing needs, which can range from accessible and adaptable general needs housing to specialist housing with high levels of care and support. For plan-making purposes,

⁵ <https://www.gov.uk/guidance/housing-for-older-and-disabled-people>

strategic policy-making authorities will need to determine the needs of people who will be approaching or reaching retirement over the plan period, as well as the existing population of older people.”

2.10 The Guidance suggests that population data is the starting point for estimating future needs for a range of accommodation and housing related services to meet the needs of older people. It makes reference to a range of methodologies (which includes the methodology adopted in the preparation of this report) but specifically references only the SHOP@ Tool. The SHOP@ tool, like others, requires judgement concerning the assumptions that guide its set-up. None of the methodologies are neutral as all are influenced by the policy and other assumptions used. The Guidance makes only passing reference to the need for Registered Care Homes when most Adult Social Care authorities will wish to depress the expansion of Registered Care Homes in favour of increasing capacity in housing-based models:

“The age profile of the population can be drawn from Census data. Projections of population and households by age group can also be used. The future need for specialist accommodation for older people broken down by tenure and type (e.g. sheltered housing, extra care) may need to be assessed and can be obtained from a number of online tool kits provided by the sector, for example SHOP@ (Strategic Housing for Older People Analysis Tool), which is a tool for forecasting the housing and care needs of older people. Evidence from Joint Strategic Needs Assessments prepared by Health and Wellbeing Boards can also be useful. The assessment of need can also set out the level of need for residential care homes.”

2.11 The Guidance sets out a condensed range of categories of specialised provision for older people which, in some circumstances, could be unhelpful, blurring as it does the gradations that exist in the capacity of different models to offer a robust response to increasing levels of need. The authors acknowledge the limitations of what is provided:

“There is a significant amount of variability in the types of specialist housing for older people. The list above provides an indication of the different types of housing available but is not definitive. Any single development may contain a range of different types of specialist housing.”

2.12 The Guidance makes it clear that Local Plans should respond to evidence of need by facilitating appropriate provision:

“Plans need to provide for specialist housing for older people where a need exists. Innovative and diverse housing models will need to be considered where appropriate.”

2.13 The requirement for specialised accommodation is rightly set within a context of ensuring that general housing is also sensitive to the needs of an ageing population:

“Many older people may not want or need specialist accommodation or care and may wish to stay or move to general housing that is already suitable, such as bungalows, or homes which can be adapted to meet a change in their needs. Plan-makers will therefore need to identify the role that general housing may play as part of their assessment.”

This rubric should not however be seen as an encouragement to “talk-down” the need for specialised accommodation.

2.13 Clearly the emphasis is upon ensuring that older people have choice within a range of options:

“Plan-makers will need to consider the size, location and quality of dwellings needed in the future for older people in order to allow them to live independently and safely in their own home for as long as possible, or to move to more suitable accommodation if they so wish”.

2.14 The Guidance takes a neutral stance on the issue of allocating sites for specialised housing for older people but sets out some possible criteria for site selection. The thinking behind these seems to be limited as some larger developments will be viable and attractive options for older people without the proximity to some existing local facilities the Guidance suggests:

“It is up to the plan-making body to decide whether to allocate sites for specialist housing for older people. Allocating sites can provide greater certainty for developers and encourage the provision of sites in suitable locations. This may be appropriate where there is an identified unmet need for specialist housing. The location of housing is a key consideration for older people who may be considering whether to move (including moving to more suitable forms of accommodation). Factors to consider include the proximity of sites to good public transport, local amenities, health services and town centres.”

2.15 The Guidance does offer a strong steer toward the meeting of unmet need for specialised accommodation for older people:

“Where there is an identified unmet need for specialist housing, local authorities should take a positive approach to schemes that propose to address this need.”

The Care Act, 2014⁶

2.16 The Care Act 2014 sought to set a new baseline in relation to the provision of social care for adults. It re-defines roles, responsibilities and boundaries, setting out arrangements for the new world of personal budgets.

2.17 A priority within the Act was promoting inter-agency collaboration, both between Adult Social Care and Health and with other agencies, such as housing, in statutory, commercial and third sectors. It places a strong emphasis on services that contribute to well-being and delay or divert the requirement for more intensive forms of care.

2.18 Whilst the primary responsibility for discharging duties under the Care Act lie with the Welfare Authority: Oxfordshire County Council, their satisfactory discharge in relation to specialised accommodation is almost wholly dependent upon the initiative of the Local Planning Authority.

Fixing our broken housing market. February 2017⁷

2.19 In relation to the assessing of housing requirements the White Paper asserts that the current system is complex and lacks transparency. The need for a more consistent approach and one that takes account of the needs of particular groups within each community with older people being particularly mentioned:

“The current approach to identifying housing requirements is particularly complex and lacks transparency. The National Planning Policy Framework (NPPF) sets out clear criteria but is silent on how this should be done. The lack of a standard methodology for doing this makes the process opaque for local people and may mean that the number of homes needed is not fully recognised. It has also led to lengthy debate during local plan examinations about the validity of the particular methodology used, causing unnecessary delay and wasting taxpayers’ money. The Government believes that a more standardised approach would provide a more transparent and more consistent basis for plan production, one which is more realistic about the current and future housing pressures in each place and is consistent with our modern Industrial Strategy. This would include the importance of taking account of the needs of different groups, for example older people”. (Para 1.2)

⁶ www.legislation.gov.uk/ukpga/2014/23/contents/enacted (Accessed 11/01/2017) **Care Act 2014**

⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/590464/Fixing_our_broken_housing_market_-_print_ready_version.pdf

2.20 In a subsequent section further reference is made to the need to take account of the needs of an ageing society

“Whatever the methodology for assessing overall housing requirements, we know that more people are living for longer. We propose to strengthen national policy so that local planning authorities are expected to have clear policies for addressing the housing requirements of groups with particular needs, such as older and disabled people.” (Para 1.16)

2.21 The White Paper embraces the proposition that an appropriate range of options in accommodation for older people not only supports a better quality of life for older people it also offers benefits to the health and social care systems:

“Offering older people a better choice of accommodation can help them to live independently for longer and help reduce costs to the social care and health systems. We have already put in place a framework linking planning policy and building regulations to improve delivery of accessible housing. To ensure that there is more consistent delivery of accessible housing, the Government is introducing a new statutory duty through the Neighbourhood Planning Bill on the Secretary of State to produce guidance for local planning authorities on how their local development documents should meet the housing needs of older and disabled people. Guidance produced under this duty will place clearer expectations about planning to meet the needs of older people, including supporting the development of such homes near local services. It will also set a clear expectation that all planning authorities should set policies using the Optional Building Regulations to bring forward an adequate supply of accessible housing to meet local need. In addition, we will explore ways to stimulate the market to deliver new homes for older people”. (Para 4.42)

2.22 In the following paragraph the benefit of encouraging older people to move and release under-occupied property back into the market is also recognised as a worthwhile goal:

“Helping older people to move at the right time and in the right way could also help their quality of life at the same time as freeing up more homes for other buyers. However there are many barriers to people moving out of family homes that they may have lived in for decades. There are costs, such as fees, and the moving process can be difficult. And they may have a strong emotional attachment to their home which means that where they are moving to needs to be very attractive to them and suitable for their needs over a twenty to thirty year period. There is also often a desire to be close to friends and family, so the issues are not straightforward”. (Para 4.43)

People at the Heart of Care: Adult Social Care Reform White Paper, December 2021

2.23 On December 1st, 2021, the UK Government published its vision for the future of Social Care entitled “People at the Heart of Care: Adult Social Care Reform White Paper”. Whilst much attention in the media and public debate has focused on issues around the proposed arrangements for a “cap” to the care costs an individual might meet from their own resources the White Paper covers many other issues related to the provision of care. Of particular interest is the prominence given to the interface between social care and appropriate housing; Section Four of the White Paper deals with a range of issues related to this area, including the role of specialised accommodation.

2.24 The pivotal role of accommodation is set out in an early paragraph of Section Four:

“Ensuring that people receive the right care and support all begins with where they live, and the people they live with.For older people, having a home that sustains safe, independent living can help prevent ill-health, reduce the amount of care and support they need, and delay or avoid altogether the need for residential care.” (Para 4.5)

2.25 Whilst the aspiration for the majority of those who need care to receive it in their existing home is endorsed there is recognition too that this is not always practicable:

“Wherever possible, that care and support should be in a person’s own home and personalised in line with their specific needs, although recognising that not everyone has a home of their own, and sometimes specific needs are best met in a supported living or care home setting.” (para 4.1)

2.26 The limitations to the suitability of some people’s existing accommodation to provide an appropriate context for the delivery of care is explicitly recognised:

“However, at present, there are too many people with care and support needs living in homes that are not enabling them to live well or safely. Many homes are poorly designed for accommodating changing care and support needs, or older age, and there are some people who do not have a home to call their own. People who are thinking about the future for themselves – or for their loved ones – often do not feel like they have options. A lack of suitable housing options results in too many people staying in hospital unnecessarily or moving to residential care prematurely even if that is not what they want, instead of recovering at their own home.” (Para 4.6)

2.27 The ambitions of government to improve the access of older people and others to appropriate accommodation to meet their current and potential future need for care is articulated in terms of facilitating choice:

“Our ambition is to give more people the choice to live independently and healthily in their own homes for longer. This means adults of all ages being able to access or remain in the home of their choice – whether that be their home of today or one they might move into – which forms part of a community they have chosen to call home.” (Para 4.7)

2.28 The White Paper recognises that needs are both diverse and dynamic and provision of specialised accommodation with care offers the opportunity for a flexible model that will tailor the level of care to changing needs:

“Care and support needs are dynamic, so we should not only be trying to meet a person’s needs in the here and now, but also planning for changing needs. Supporting people to plan for the future – for themselves and their loved ones – includes preventing and reducing future care needs.” (Para 4.3)

2.329 In addition to the other benefits of such accommodation it is seen to be more cost effective than traditional institutional models of care:

“For some of us, the nature of our care and support needs will mean we need a home that is specifically designed to support independent, healthy living. These homes are generally known as supported housing. There is evidence that for both working age adults and older adults, supported housing can be the best model of care to provide better health, greater independence, as well as closer connection with our friends, family and community. In addition, supported housing can be better value than institutional care (e.g. residential care) which is often more intensive, and so there is the potential to reduce costs to the health and social care system” (4.12)

2.29 The White Paper proposes direct intervention to support market shaping and by offering financial support to specialised accommodation provided in the social sector:

“We also need to actively shape the specialist housing market – to establish and consolidate local strategic leadership and create the right incentives for local areas and housing providers to invest, including in new and innovative models of provision. We will therefore invest at least £300 million for the period 2022–23 to 2025–26. This new investment will allow local authorities to deliver the vision set out in this white paper by integrating housing into local health and care strategies, with a focus on

boosting the supply of specialist housing and funding improved services for residents. This in turn will drive increased confidence in the social supported housing market, stimulating a positive cycle of further innovation and private investment.” (Para 4.9)

2.30 The White Paper notes that current provision of specialised accommodation of the kind it wishes to encourage in the United Kingdom is at a much lower level than that found in more developed markets such as the United States, New Zealand and Australia. The stated intention of Government is to increase the current supply of both grant-funded and private provision:

“The UK has a far smaller proportion of people living in these types of accommodation, compare with other countries – around 0.6% compared to around 6% in the United States, 5.5% in New Zealand and 5% in Australia. An important priority for the government in achieving our 10-year vision is therefore to grow investment in both grant-funded and private supported housing to incentivise their supply.” (Para 4.13)

2.31 The aspirations of Government in relation to increasing the provision of accommodation-based models for the delivery of are summarised toward the end of the section:

“We want to support the growth of a thriving older peoples’ housing sector, that builds enough homes to match growing need, gives certainty to developers and investors, and empowers consumers with choice from a diverse range of housing options to suit their needs. In order to achieve this vision, we need to draw on the expertise of the sector to help us find solutions and consider where the government can best intervene. That’s why we remain committed to working closely with stakeholders from across both private and social sectors to inform future cross-government action that will help stimulate a specialist housing market that delivers effectively for both consumers and providers across the country.” (Para 4.27)

2.32 Whilst a principal driver of Government policy is diverting older people from occupying beds in Registered Care Homes, which leads them to place particular emphasis on Housing with Care, their desire to lengthen the period of independent living indicates a need to increase all forms of specialised accommodation for older people.

Levelling Up White Paper February 2022

2.33 This wide ranging White Paper includes a commitment to unlocking the potential of housing for older people to address a number of the inequalities it identifies and proposes the creation of a Task Force to carry this work forward. In statement in the House of Commons in December 2022 Housing Minister Lucy

Frazer re-affirmed the commitment of Government to the work of the Task Force and that work is now getting under way.

The Mayhew Review – Future Proofing Retirement Living, easing the care and housing crises, International Longevity Centre UK, November 2022

2.34 This recent report from the International Longevity Centre has been written by Professor Les Mayhew who is Head of Global Research at the Centre. In it he sets out the reasons for recommending fundamental changes in the approach to the provision of specialist accommodation for older people.

“The UK is failing to adapt to the far-reaching changes to society caused by an ageing population. Fundamental change is needed in the way we provide care to older people and in their housing options.”

2.35 He rehearses the data on current and projected numbers of older people within the general population, pointing to the challenges this presents to the current patterns of provision of both care services and housing:

“The demographic trends are clear. The population aged 65+ is set to increase from 11.2 million today to 17.2 million by 2040. It will be much more evenly spread than at present, with older people accounting for 25-30% of the population in many areas. The vast majority will live in standard housing while as many as 6.2 million will live alone – half of them aged 80+ – piling pressure on geographically dispersed care services.”

2.36 Professor Mayhew sets the argument for an increase in provision of specialist accommodation for older people within the context of the wider housing crisis:

“Our focus is on housing. Older people are living longer and remaining in their homes for longer. Those homes are becoming increasingly under-occupied as children leave. According to current policy, the answer is to build more starter homes, but the pace of change required is beyond the reach of the building industry. If we were building enough new homes, house prices would fall – but they are not.”

“This report argues that the necessary changes require a life course approach. If everybody lived in homes that were appropriate in size for their needs, it has been estimated that 50,000 fewer homes would need to be built each year.⁶ Almost as many bedrooms are being decommissioned through under-occupation as are being replenished by new homes. In contrast, we estimate that for each bedroom added to the retirement stock, two to three are released in mainstream housing.”

2.37 He identifies the housing wealth of older homeowners as a potential driver of solutions to the wider problems in housing supply:

“Housing policy needs to focus as much on last-time buyers as on first-time buyers and to dismantle barriers to the strategic shift required. Around 80% of the 65+ population own their homes outright. The potential to redeploy that wealth is a key factor driving investment in the sector, which is supported by pension funds and other investors.”

2.38 The report reviews the current patterns of provision and the trends to be seen in relation to tenure, scale of development and geographical distribution. It goes on to examine the factors that inhibit the potential of the sector and advances a number of arguments for change, including:

- There is a chronic shortage of retirement accommodation with access to care.
- There is increasing under-occupation of the existing housing stock which constricts the supply of family homes and increases house prices.
- The potential exists to release thousands of homes each year for younger purchasers by building more retirement accommodation.
- To make them attractive, retirement homes need to be in viable communities or clusters in places where people want to live. They also need to be of good quality and to have good access to care and other amenities.

2.39 Among the recommendations that arise from the analysis set out in the report is that the supply of housing for older people should be increased dramatically: an accelerated programme of retirement housing construction with up to 50,000 new units a year. The rationale is set out clearly:

“Building more retirement housing would make more efficient use of the housing stock and bear down on house prices. Only around 7,000 retirement units are being built each year, which falls far short of what is required.”

2.40 Professor Mayhew’s report sets out compelling evidence of the benefit of increasing the supply of all forms of specialised accommodation for older people and of the beneficial impact this would have on addressing the wider agenda of housing shortages and prices.

3 The context in local policy

Oxfordshire Strategic Housing Market Assessment Final Report 2014⁸

3.1 In referring to the SHMA Guidance the Report recognises that the Guidance directs attention toward the need to provide housing for older people as part of achieving a good mix of housing and notes that “a key driver of change in the housing market over the next 20 years is expected to be the growth in the population of older persons”.

3.2 In describing the population of older people within Oxfordshire the SHMA refers to the use of data from POPPI (Projecting Older People Population Information), the source upon which this report relies in following sections.

3.3 The SHMA also draws attention to the role of appropriate specialised housing for older people in addressing the issue of under-occupation among older people:

“A key theme that is often brought out in Housing Market Assessment work is the large proportion of older person households who under-occupy their dwellings. Data from the Census allows us to investigate this using the bedroom standard. The Census data suggests that older person households are more likely to under-occupy their housing than other households in the County. In total 61% have an occupancy rating of +2 or more (meaning there are at least two more bedrooms than are technically required by the household). This compares with 35% for non-pensioner households. “ (8.16)

3.4 Reviewing the evidence on under-occupation by tenure the SHMA observes:

“Whilst the majority of older person households with an occupancy rating of +2 or more were in the owner-occupied sector, there were around 1,800 properties in the social rented sector occupied by pensioner only households with an occupancy rating of +2 or more. This may therefore present some opportunity to reduce under-occupation although to achieve this it may be necessary to provide housing in areas where households currently live and where they have social and community ties.”⁹

⁸

<https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/communityandliving/ourworkwithcommunities/oxfordshirepartnership/spatialplanninginfrastructure/Final%20SHMA%20Report.pdf>

⁹ Current author’s emphasis

We draw attention to the final sentence which hints at the need for provision for older people, regardless of tenure, to be appealing to those whom it seeks to attract from their current home.

3.5 The SHMA sets out county-wide targets for specialised accommodation for older people, arriving at these through standard industry estimating tools:

“Given the ageing population and higher levels of disability and health problems amongst older people there is likely to be an increased requirement for specialist housing options moving forward. The analysis in this section draws on data provided by the County Council and the Housing Learning and Information Network (Housing LIN) along with our demographic projections to provide an indication of the potential level of additional specialist housing that might be required for older people moving forward.” (8.23)

3.6 Their analysis shows that, even to maintain current ratios of supply to population, substantial new provision will be required:

“The analysis shows to maintain the current level of provision there would need to be a further 5,564 units provided – this figure increases to 8,958 if the level of provision were to get to the national average.” (8.27)

3.7 The projections do not carry through to setting targets for specific styles of provision for older people, and suggest that some need might be met through General Needs housing designed to Lifetime Homes standards:

“The analysis above is not specific about the types of specialist housing that might be required; we would consider that decisions about mix should be taken at a local level taking account of specific needs and the current supply of different types of units available. There may also be the opportunity moving forward for different types of provision to be developed as well as the more traditional sheltered and Extra-Care housing.” (8.30)

3.8 The SHMA notes the imbalance between tenures in current supply to which we shall draw attention in a subsequent section and suggests that “greater emphasis could be placed on market specialist provision than has been the case in the past”:

“Regarding the tenure mix; we have noted that at present there is a much higher level of supply in the affordable sector than for market housing whereas the majority of older person households are owner-occupiers. This would suggest moving forward that a greater emphasis could be placed on market specialist provision than has been the case in the past.” (8.34)

Joint Strategic Needs Assessment 2020¹⁰

3.9 The Annual Report identifies a number of key demographic factors impacting on the assessment of need:

“Oxfordshire’s population is ageing, with substantial recent and predicted growth in the number of older people.

- People aged 65+ made up 20% of Oxfordshire’s four rural districts, compared with 12% of the population of Oxford City (18% overall).
- For people aged 75+, cancer remains the leading cause of death. There has been a significant increase in deaths recorded as a result of Dementia and Alzheimer’s disease.
- Falls are the largest cause of emergency hospital admissions for older people (65+); Oxford City has a rate consistently significantly worse than England.
- Fear of falls is the top concern among older users of adult social care services.
- The rate per population of A&E attendance by Oxfordshire patients has increased fastest in the older age group (65+). (“Health and wellbeing in Oxfordshire – older people”)
- Almost two thirds of older people are estimated to be self-funding long term care in Oxfordshire.
- Wide areas of rural Oxfordshire are ranked poorly on geographical access to services according to the geographical access to services subdomain of the 2019 Indices of Multiple Deprivation.
- Close to a quarter (23%) of people aged 85+ live in areas of Oxfordshire ranked in the 10% most deprived on access to services.”

3.10 The continuing growth in the numbers of those living into advanced old age is further emphasised:

¹⁰ https://insight.oxfordshire.gov.uk/cms/system/files/documents/2020_JSNA_DRAFT.pdf

“The oldest age group, those aged 85 and over, is predicted to increase from 18,000 in mid 2019 to 21,300 by mid 2027, an increase of 3,300 people (+18%)

- The areas with the greatest growth in the number of people aged 85 and over are expected to be:
- Rural areas of Vale of White Horse district
- Part of Banbury
- Parts of Abingdon
- Part of the area around Eynsham and parts of Witney
- Rural areas of South Oxfordshire (Chalgrove, Chinnor, Cholsey)”

Oxfordshire's Joint Health & Wellbeing Strategy 2018 - 2023 Final version, March 2019¹¹

3.11 The Joint Health and Well-Being Strategy the challenges that the statutory services in Oxfordshire face:

“As of mid-2016, the estimated total population of Oxfordshire was 683,2002.

- Over the ten-year period, 2006 and 2016, there was an overall growth in the population of Oxfordshire of 52,100 people (+8.3%), similar to the increase across England (+8.4%).
- The five-year age band with the greatest increase over this period was the newly retired age group 65 to 69 (+41%). There was a decline in the population aged 35 to 44.
- By 2031, the number of people aged 85 and over is expected to have increased by 55% in Oxfordshire overall, with the highest growth predicted in South Oxfordshire (+64%) and Vale of White Horse (+66%).
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas rated as “high risk” for isolation and loneliness in Oxfordshire are mainly in urban centres.
- Oxfordshire’s comparative rates of injuries due to falls in people aged 65+ and for people aged 80+ has recently improved, from statistically worse than average to similar to the South East average
- There has been an increase in the proportion of older social care clients supported at home, from 44% of older clients in 2012 to 59% in 2017.
- Oxfordshire County Council estimates that: of the total number of older people receiving care in Oxfordshire, 40% (4,200) are being supported by the County Council or NHS funding and 60% (6,300) are self-funding their care

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<https://www.oxfordshire.gov.uk/sites/default/files/file/constitution/oxfordshirejointhwbstrategy.pdf>

- Assuming the use of health and social care services remains at current levels for the oldest age group (85+) would mean the forecast population growth in Oxfordshire leading to an increase in demand of:
 - +7,000 additional hospital inpatient spells for people aged 85+: from 12,600 in 2016-17 to 19,600 in 2031-32.
 - +1,000 additional clients supported by long term social care services aged 85+: from 1,900 in 2016-17 to 2,900 in 2031-32.”

Market Position Statement for Oxfordshire in relation to Care Provision (August 2019) and Extra Care Housing Supplement (November 2019)

3.12 The Market Position Statement deals with the need for, and provision of, various forms of care within the County of Oxfordshire. Section Six of the MPS deals with the need for Extra Care, principally to meet the needs of older people. It has been followed by a Supplement which expands Section Six of the MPS.

3.13 Whilst its primary focus is upon responding to the needs of those who might otherwise move to a Registered Care Home and seeking to substitute Extra Care provision the MPS does take a broader view of both need and provision. On the first page of the section the authors recognise the need for a diverse pattern of provision to respond to the diversity of need within the older population.

Cherwell’s Housing Strategy for Older People 2010-2015

3.14 The Strategy spells out the challenges of an ageing population:

“21.6% of our population will be over 65 by 2031. Although these changes are forecast beyond the lifetime of this strategy they provide a startling reminder of the challenge Cherwell faces in trying to develop housing and related services that enable our older population to maintain their health and independence and remain active members of our community.”
(Page 3)

3.15 In responding to those challenges the role of housing in achieving good health and well-being is recognised:

“It has been increasingly recognised in national and local policy that good housing is essential for good health and well-being. It is key to older people being able to retain independence. Without the provision of good quality housing and related support services the impact on the cost of care and health services will be unmanageable.”

3.16 The relationship between housing conditions and demand for other services, including those of the NHS, are clearly recognised:

“A good example of this is in falls prevention. In 2006/07 4,000 people aged 65 or over attended A&E in Oxfordshire because of a fall; 800 of these suffered a broken hip. Preventing falls through home risk assessments, adaptations, advice and monitoring will save the considerable cost of hospital admission and rehabilitation but more importantly will ensure an older person remains independent for longer. This strategy shows how services can be provided through good housing and housing related support.”

Cherwell Local Plan 2011-2031 Part1

3.17 Among the identified priorities is a commitment to “ensuring the changing needs of the population are properly planned for. (1.6). Overall there is a strong Focus on working age population and economic development but the Plan recognises as a key challenge responding to the needs of a growing and ageing population

3.18 The Local Plan quotes the aspirations of the Sustainable Communities Strategy which includes responses to the needs of older people:

“The community priorities of the Sustainable Community Strategy include creating safe, strong and vibrant communities, reducing inequality and addressing deprivation and adapting to an ageing population. It aims for thriving communities where everyone, regardless of their personal circumstances, feels safe in their homes and welcome in their neighbourhoods, where older people are able to live independently and where younger people have skills, opportunities and high aspirations”.
(A22)

The development proposed by Blue Cedar Homes in Sibford Ferris will help deliver those aspirations within a small rural community.

3.19 The documents spells out the Authority’s Strategic Objectives for Building Sustainable Communities

“To accommodate new development so that it maintains or enhances the local identity of Cherwell's settlements and the functions they perform.”
(SO6)

3.20 The following Strategic Objective makes specific reference to meeting the needs of older people:

“To meet the housing needs of all sections of Cherwell's communities, particularly the need to house an ageing population.” (SO7)

3.21 Whilst Strategic Objective 9 looks to: “To improve the availability of housing to newly forming households in rural areas” one of the ways in which that can be achieved is by introducing movement within the market by offering older people attractive local options to down-size.

3.22 The Local Plan deals with the need for Extra Care Housing for older people, which is welcome but as we argue in this report that needs to be within a wider range of provision that meets the diverse needs of the older population:

“The need for housing for those with care needs is also significant. ‘Extracare’ housing in particular will be important in meeting the housing needs of an older population across all tenures”. (B125)

Cherwell Local Plan Review September 2021

3.23 Among the Key Objectives identified within the Review is to: “Meet the housing needs of all sectors of Cherwell’s communities, particularly the need to provide homes for an aging population.” (KO20)

3.24 In a subsequent section the document discusses the merits of introducing a policy on accessibility standards:

“We do not currently have a policy on accessibility standards, but the Council’s Housing Strategy 2019-2024 aims to continue to support and meet the demand for adaptations for assisting older and disabled people to remain living independently in their own homes. A policy could help to support the Housing Strategy as well as improving accessibility to homes for all our residents.” (5.4.16)

“In 2015, the Government introduced a new approach to the setting of technical housing standards in England and published a new set of optional national technical standards that could be implemented through the planning system. Part M of the Building Regulations sets out accessibility related standards for new building works and adaptations.” (5.4.17)

The proposed development will incorporate accessibility standards to M4(2).

Cherwell District Council Housing Strategy 2019-2024 ‘Cherwell - A Place to Prosper’

3.25 The Housing Strategy notes the ageing of the population of Cherwell District:

“The life expectancy of people in Cherwell is higher than the national average and the district is expected to see a substantial increase in the

older person population. The age group that that will see the greatest increase is people over 85, with an increase of 142% resulting in a significant increase in the demand for accommodation that is suited to an older population and the need for associated care and support services. The majority of our residents are in good health while 14.1% have a long term limiting health problem or disability (17.6% nationally).” (Page 7)

3.26 The specific commitments of the strategy include supporting residents to have a suitable home where they can live independently and to do this, inter alia by support the delivery of new build adapted properties” (Page 12)

4 An overview of the current supply of specialist accommodation for older people in Cherwell District

4.1 The profile of the current supply of specialised accommodation for older people within the Cherwell shows interesting features. In the Social Rented Sector there is an abundance of stock across the district, most of it of considerable age and the majority made up of clusters of small bungalow properties. In many areas much of this stock would have been re-classified as “Age Exclusive” rather than “Retirement Housing”. It reflects a substantial legacy of provision which does not necessarily reflect current need and demand.

4.2 In the Market sector the provision of Retirement Housing, most of it offered for purchase on a long lease, is significantly above national average levels of provision but still far short of a level that would reflect the dominance of home ownership among older people in Cherwell District.

4.3 There is an absence of any “Enhanced” Retirement Housing in the Affordable Sector and a very small supply in the Market Sector. The number of units in each style of provision and tenure are set out in Table One¹².

4.4 The availability of Affordable Extracare units, around double the national average level of provision, reflects the vigorous promotion of this model in this sector by the Welfare Authority (Oxfordshire County Council) in partnership with Cherwell District Council. That level is not balanced by provision in the Market Sector that reflects the dominance of homeownership in the District.

4.5 Taking the various forms of sheltered and retirement housing offered either to rent or to buy there appear to be currently around 2,278 units of accommodation. To achieve comparability this supply has been expressed as a ratio to the size of the population of older people in the district.

4.6 Various thresholds have been used but that which is generally recognised as having the greatest relevance is that for the number of people 75 years of age or older. There are around 172.58 units of any type in any tenure per thousand of the population in this age category in Cherwell.

4.7 This compares with benchmark figures derived from the data base of the Elderly Accommodation Counsel, which is the source relied upon by the Department for Communities and Local Government. These provide a national average ratio of provision of 125.5 per thousand of those 75 years of age and over.

¹² Tabulated from the Elderly Accommodation Counsel Database

Table One Provision of place for older people in (Cherwell)¹³ 2020

	Number of units/ places	Per 1,000 of the population 75 years and over (13,200)
Affordable Age Exclusive Housing	0	0.00
Affordable Age Exclusive and Retirement Housing	1,280	96.97
Affordable Enhanced Retirement Housing	0	0.00
Affordable Extra Care Housing	234	17.71
Total Affordable specialised housing - all types	1,524	115.45
Market Age Exclusive Housing	51	3.86
Market Retirement Housing	613	46.44
Market Enhanced Retirement Housing	34	2.58
Market Extra Care Housing	56	4.24
Total Market Specialised Housing - all types	754	57.12
Total Specialised accommodation for older people - all types, all tenures	2,278	172.58
Registered Care places offering personal care	259	19.62
Registered Care places offering nursing care	943	71.44

(Source: Contact Consulting from EAC database – extracted 1.10.2021)

4.8 A less comfortable picture emerges when we compare the available accommodation in Affordable or Market categories with the population of older people in each main category of tenure. With just 754 units of retirement housing

¹³ In this Table “Affordable” relates to specialised housing offered on the basis of Licence (as in the case of Almshouses), Social Rent or Shared Ownership from a charitable provider, such as a housing association. “Market” relates to specialised housing offered on the basis of Market Rent or Shared Ownership by a commercial provider or on the basis of Leasehold or Freehold purchase.

of all types for sale for a population of homeowners of 75 years of age or more of approximately 11,266 the ratio of provision for retirement housing for sale per thousand is 66.9.¹⁴

4.9 The comparative figure for those 75 years of age or more who are in rented tenures the ratio per thousand is 788.0 (1,524 units for approximately 1,934 persons 75 years of age or more in tenures other than home ownership.)

4.10 It is clear from the levels of home ownership in succeeding cohorts that the level of those in old age who are homeowners will be maintained. The majority of those entering old age as homeowners will wish to maintain that tenure and there are sound economic arguments for the individual and for the public purse to support that.

4.11 To enable older people to exercise that choice, to meet the needs of older people for specialist accommodation in their tenure of choice, and to encourage older people to make a capital investment in their accommodation in old age the local authority needs to facilitate increased leasehold provision of suitable accommodation.

4.12 Places in Registered Care Homes offering personal care per thousand in Cherwell are substantially below average levels of provision for England, with 259 beds, or 19.62 per thousand of the population seventy-five years of age and over, compared with the average for England of 35.3. This reflects the deliberate and vigorous policy of the Welfare Authority to reduce dependency on Residential Care beds and to divert those who might otherwise occupy them to other option, predominantly Extra Care.

4.13 By contrast in Registered Care Homes offering nursing care the ratio of places to population is well above the average for England (71.44 per thousand 75 years of age or over compared with the national average of 38.7). This again is reflective of commissioning policy: that commissioning of registered care beds should be focused on those with the highest levels of need for care.

4.14 Table Two provides the reference ratios for England drawn from a new analysis of the Elderly Accommodation Database, the source used by the Ministry for Housing, Communities and Local Government and the Department of Health and Social Care¹⁵.

4.15 The national supply figures illustrate a number of noteworthy trends. The supply of Affordable Retirement Housing has declined over the past five years as

¹⁴ Among persons 75-84: 9,400 persons, 78.67% are home owners + persons 85+: 3,800 persons, 70.09% are home owners = 11,266 home owners 75+.

¹⁵ Contact Consulting tabulated the entries for all English local authorities using the categorisation used by EAC. As this is a self-reported database there some inconsistencies but at the macro level this tabulation provides a reliable overview of the current national supply.

older stock has been decommissioned or re-designated as “Age Exclusive” with reduced levels of on-site service.

Table Two Provision of places for older people in England 2020

	Number of units/ places	Per 1,000 of the population 75 years and over (5,122,000 ¹⁶)
Affordable Age Exclusive Housing	104,458	20.4
Affordable Retirement Housing	313,382	61.2
Affordable Enhanced Retirement Housing	7,648	1.5
Affordable Extra Care Housing	45,764	8.9
Total Affordable specialised housing - all types	471,252	92.0
Market Age Exclusive Housing	20,192	3.9
Market Retirement Housing	122,351	23.9
Market Enhanced Retirement Housing	10,895	2.1
Market Extra Care Housing	17,960	3.5
Total Market Specialised Housing - all types	171,398	33.5
Total Sheltered - all types, all tenures	642,650	125.5
Registered Care Home Personal Care Beds	180,998	35.3
Registered Care Home Nursing Beds	198,400	38.7

(Source: EAC Database, Re-formatted by Contact Consulting)

4.16 Whilst the supply of Affordable Extra Care has continued to increase the growing population of those 75 years of age or more means that, as a ratio to that population, the level of supply has decreased.

4.17 The same effect is observed in relation to Market Retirement Housing

¹⁶ ONS Estimate of 75+ age group in England in 2020, 2018 Estimates.

where supply has increased but the ratio of 75+ population has decreased.

4.18 The supply of Market Extra Care units has increased by almost 50% over the past five years but the ratio to 75+ population is still modest when compared with the supply available to those qualifying for Affordable Extra Care.

4.19 Also of note is the continuing reduction in the number of beds in Registered Care Homes registered for Personal Care. This form of provision, formerly known as Residential Care, continues to decline suggesting a need for further growth in the provision of Extra Care, which many commissioners identify as a preferred alternative.

4.20 Although the number of beds in Registered Care Homes registered for Nursing Care have increased the ratio to the 75+ population has reduced significantly.

5 The approach to examining need and setting it against current supply

5.1 National Planning Practice Guidance¹⁷ directs attention to the range of methodologies that may be adopted to estimate the current and future need for specialised accommodation for older people.

5.2 All the available approaches adopt a similar route: examining the current and projected population of older people within the local area (usually the LPA or Housing Authority area), looking next at incidence of functional incapacity and health status in that population to form a view of the scale of need within the older population. Having had regard to the guidance available in national and local policy and the evidence found in the research literature, a target for future provision will be projected.

5.3 It is at this point methodologies diverge some being more strongly influenced by current prevalence and others being more focused on the need to which specialised accommodation with associated care and support can respond.

5.4 In this report we have followed the approach set out in the publication “Housing in Later Life”¹⁸, one of the approaches commended in NPPG from 2014 onwards.

5.5 Whilst the SHOP@ Tool, referenced in the NPPG 2019 and widely used by local authorities and those advising them is capable of producing an identical answer it is often used with projected prevalence ratios more reflective of current supply than potential need. For the avoidance of doubt we point out that the SHOP@ Tool does not purport to project the need for specialised accommodation among people below 65 years of age and uses the population of those 75 years of age and over as its reference point, as is common in all accepted methodologies for estimating need in ageing populations.

5.6 It is for this reason that in July 2019 the Housing Learning and Improvement Network (Housing LIN), who provide the SHOP@ Tool, decided to restrict access to it as they felt it had been used to produce artificially low outcomes.

5.7 By adopting the ratios of provision set out in Housing in Later Life we offer a realistic set of targets for provision of specialised accommodation that will meet the needs of the current and future population of older people in the Cherwell District.

¹⁷ NPPG June 2019 but also earlier issues from 2014 onwards, as referenced in Section Nine

¹⁸ “Housing in later life – planning ahead for specialist housing for older people” (National Housing federation and the Housing LIN, December 2012)

5.8 This approach allows us to provide a view of the appropriate levels of provision across the range of specialised accommodation for older people. Methodologies have focused on the high care end of the range with, as we have suggested above, an emerging consensus around the projection of need for models such as Extra Care. There has been little debate around the appropriate means of projecting the need for Age Exclusive accommodation of the kind proposed in this application.

5.9 As a rule of thumb, if we assume that the current level of provision of Age Exclusive Accommodation and Retirement Housing in the Affordable or social rented sector is a baseline we can model the level that would be needed to achieve equitable provision in the Market sector for those who wished to take this option whilst maintaining their tenure of choice.

5.10 Among those in early and mid-old age in Cherwell District approximately 81% are homeowners with 19% in other tenures who would require an Affordable option.

6 The tenure profile of the older population

6.1 Next to demographic trends toward an ageing of society the most significant factor shaping the future of provision for older people is the shift in tenure pattern. Owner-occupation has become the tenure of the majority of older people.

6.2 Traditionally local authorities have been primarily focused on the provision of social rented housing. Although the past two decades have seen a shift away from direct provision by local authorities concerns for this sector have tended to dominate thinking and resources.

6.3 There has been an implicit assumption that older people who are homeowners can, through the deployment of the equity represented by their current home, make provision themselves for their accommodation in old age.

6.4 Table Three demonstrates the significant levels of owner occupation now to be found among older people in Cherwell. The level of home ownership in the district is around 5% above the national average owner-occupiers for all those 65 years of age and over.

6.5 The fall in ownership in the older cohorts is explained principally by the limited range of options available to homeowners in these cohorts who have needed to find specialist accommodation and care have not had opportunities available to them that allowed them to maintain their tenure.

Table Three Proportion of population by age cohort and by tenure, year 2011 (Cherwell)

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	81.13%	78.67%	70.09%
Rented from council	2.55%	3.14%	3.03%
Other social rented	10.19%	12.99%	17.33%
Private rented or living rent free	6.14%	5.21%	9.54%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2011)

6.6 Table Four gives the average levels for England. The difference is consistent across the first two age cohorts shown.

Table Four Proportion of population aged 65 and over by age and tenure, i.e., owned, rented from council, other social rented, private rented or living rent free, year 2011 – England

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	76.34%	74.84%	68.20%
Rented from council	9.54%	10.42%	11.99%
Other social rented	7.75%	8.79%	11.66%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2011)

6.7 Home-ownership is the tenure of choice of a significant proportion of the older people of Cherwell, a tenure the majority will wish to maintain in accommodation and care facilities are available to them in advanced old age.

7 The demography of the older population of Cherwell District

7.1 The preliminary release of data from the 2021 Census records the population of Cherwell District Council area who were 65 years of age or more at the time of the census as 28,034. This is strikingly close to the 2020 projection and inspires confidence that the existing projections used in this section are within the margins of statistical accuracy. We have therefore retained those projections as the basis of the evidence presented here.

7.2 There is a projected rise of around 50% for those people aged 65 years and over within the population of Cherwell District up to the year 2040. Within this overall growth there is a steeper rate of increase within the oldest cohorts, the number of those ninety years of age or more projected to increase by 136% or 1,900 persons over the period to 2040.

Table Five Population aged 65 and over, projected to 2040 (Cherwell)

	2020	2025	2030	2035	2040
People aged 65-69	7,400	8,500	10,000	10,300	9,700
People aged 70-74	7,400	6,900	8,000	9,400	9,700
People aged 75-79	5,400	6,800	6,400	7,400	8,700
People aged 80-84	4,000	4,600	5,900	5,600	6,500
People aged 85-89	2,400	2,900	3,400	4,400	4,200
People aged 90 and over	1,400	1,700	2,000	2,500	3,300
Total population 65 and over	28,000	31,400	35,700	39,600	42,100

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

7.3 In the period to 2040 the cohorts aged between 65 and 69 and between 70 and 74 will increase by the smallest margin with a combined overall increase of 4,600 over the whole period. The rate of increase is higher in each succeeding cohort to peak at 136% among those 90 years of age and over. Table Six plots the percentage increase in each age band from the 2020 base.

**Table Six Population aged 65 and over, projected to 2040
(Cherwell) % Change**

	2020	2025	2030	2035	2040
People aged 65-69	0	15%	35%	39%	31%
People aged 70-74	0	-7%	8%	27%	31%
People aged 75-79	0	26%	19%	37%	61%
People aged 80-84	0	15%	48%	40%	63%
People aged 85-89	0	21%	42%	83%	75%
People aged 90 and over	0	21%	43%	79%	136%
Total population 65 and over	0	12%	28%	41%	50%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

7.4 Table Seven shows the projected increase in the total population for the Cherwell from 151,700 in 2020 to 167,900 in 2040, set against the increase in the numbers of people who are over 65 years of age and over 85 years of age and over. These two threshold ages are used because 65 represents the general point of exit from paid employment and 85 is, as will be shown in the next section, a significant threshold for needing specialised accommodation and services.

7.5 Currently the proportion of the population 65 years of age or over in Cherwell is slightly below the national average for England but that position is reversed by 2040 when the proportion in Cherwell 65 and over will be higher than the national average. This is an elderly population overall ageing at a faster rate than the national average and it is characterised by a higher than average proportion of people in advanced old age.

Table Seven **Total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2040 (Cherwell)**

	2040	2025	2030	2035	2040
Total population	151,700	157,100	161,000	164,400	167,900
Population aged 65 and over	28,000	31,400	35,700	39,600	42,100
Population aged 85 and over	3,900	4,600	5,400	6,900	7,500
Population aged 65 and over as a proportion of the total population	18.46%	19.99%	22.17%	24.09%	25.07%
Population aged 85 and over as a proportion of the total population	2.57%	2.93%	3.35%	4.20%	4.47%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

7.6 Table Eight gives the numbers and percentages for England to provide a comparison.

Table Eight Total population, population aged 65 and over and population aged 85 and over as a number and as age of the total population, projected to 2040 – England

	2020	2025	2030	2035	2040
Total population	56,678,500	58,060,200	59,181,800	60,183,900	61,157,900
Population aged 65 and over	10,505,500	11,449,400	12,696,900	13,815,400	14,527,100
Population aged 85 and over	1,417,000	1,573,300	1,810,000	2,246,200	2,411,300
Population aged 65 and over as a proportion of the total population	18.54%	19.72%	21.45%	22.96%	23.75%
Population aged 85 and over as a proportion of the total population	2.50%	2.71%	3.06%	3.73%	3.94%

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

7.7 The significance of these threshold ages is to be found in the convergence of dependency and chronological age. At age 65 the lifetime risk of developing a need for care services to assist with personal care tasks is 65% for men and 85% for women¹⁹. The incidence of need for assistance increases substantially with age and is highest for those 85 years of age and above. As the tables in the following section modelling levels of dependency and need for service demonstrate this increase in the ageing of the population has a direct impact on the need for care and support services and appropriate accommodation.

¹⁹ David Behan, Director General for Adult Social Care, Department of Health, presentation to a King's Fund Seminar 21st July 2009

8 Indicators of need for this style of accommodation

8.1 In considering the justification for the particular form of development proposed it is necessary both to achieve clarity in the purpose of their design and of the contribution they will make within a range of responses to the spectrum of need among older people and those approaching old age.

8.2 The proposed dwellings meet the definition of the first type of specialist housing for older people in the PPG, that is to say: "Age-restricted general market housing". The PPG definition says: "this type of housing is generally for people aged 55 and over and the active elderly. It may include some shared amenities such as communal gardens, but does not include support or care services."

8.3 Dwellings of the type proposed in this appeal may not therefore appear any different to mainstream market housing - they are not built with visible adaptations, fixtures or fitting for older people as would be the case in a sheltered housing development. The only differences to market housing are not visible: they are for retired people (over 65) only and they are built to Part M4(2) so that they can be adapted. They are single storey so there is no need to fit stair lifts in the future if the circumstances of the occupiers change as they age.

8.4 They contribute to the range of provision for an old age population by offering to someone who is newly retired or approaching retirement that they can "age in place" for as long as possible, in line with the stated policy goals of both national government and the Welfare Authority (Oxfordshire County Council).

8.5 The desirability of offering such provision is clear: it responds in a positive way to the needs of those whose needs are primarily around difficulties with mobility without forcing a wholesale change in their circumstances and a move to accommodation providing care and support services, most of which they will not need. They can remain with confidence in the setting of general housing for longer. Successive survey results have shown that this is the first choice of those approaching old age and is reflected in public consultation exercises across the country.

8.6 By offering an attractive and appropriate form of accommodation for those approaching old age, or in its early years, this development encourages a pre-emptive move by those who are still fully active but seek an option that is to some extent "future-proofed" should their needs change. Too many moves to alternative accommodation in old age come as a consequence of trauma: a sudden illness or accident, bereavement, a period as a hospital in-patient, the experience of being a victim of crime. In all these circumstances there are often acute time pressures which do not make for good decision making and choices must be made against short-term availability.

8.7 The Public Benefit in this is two-fold: by offering an attractive “right-sizing” option under-occupied accommodation may be released to more appropriate use and pressure of demand on a limited supply of accommodation with care and support will be relieved. The following data illustrates how acute that pressure is, and will increasingly be in Cherwell District.

8.8 Table Nine shows the modelling of those older people who are likely to experience difficulty with at least one mobility activity. As is clearly seen the incidence of difficulty rises sharply with age and is projected to increase over time as the population of those in the highest age groups increases. Between 2020 and 2040 the number of those experiencing such difficulties is projected to increase by over 61%.

Table Nine People aged 65 and over unable to manage at least one mobility activity on their own, by age, projected to 2040 – (Cherwell)

	2020	2025	2030	2035	2040
People aged 65-69 unable to manage at least one activity on their own	630	732	851	885	826
People aged 70-74 unable to manage at least one activity on their own	984	906	1,052	1,234	1,270
People aged 75-79 unable to manage at least one activity on their own	909	1,140	1,074	1,239	1,458
People aged 80-84 unable to manage at least one activity on their own	944	1,132	1,425	1,349	1,566
People aged 85 and over unable to manage at least one activity on their own	1,710	2,015	2,355	3,000	3,220
Total population aged 65 and over unable to manage at least one activity on their own	5,177	5,925	6,757	7,707	8,340

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)
 Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

8.9 An increase in the proportion of the population living into advanced old age also impacts on the demands made upon health services. Table Ten projects an increase in the numbers of those experiencing a long-term limiting illness and is broken down into two sections; whose day to day activities are limited a lot and whose day to day activities are limited a little. The table shows a higher rate of increase in the higher age cohorts of around 97% for those experiencing the higher level of difficulty.

Table Ten People aged 65 and over with a limiting long-term illness, by age, projected to 2040 (Cherwell)

	2020	2025	2030	2035	2040
People aged 65-74 whose day-to-day activities are limited a little	2,936	3,055	3,571	3,908	3,848
People aged 75-84 whose day-to-day activities are limited a little	2,741	3,324	3,587	3,791	4,433
People aged 85 and over whose day-to-day activities are limited a little	986	1,163	1,365	1,744	1,896
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little	6,663	7,542	8,523	9,443	10,177
People aged 65-74 whose day-to-day activities are limited a lot	1,701	1,770	2,069	2,265	2,230
People aged 75-84 whose day-to-day activities are limited a lot	2,328	2,824	3,047	3,220	3,765
People aged 85 and over whose day-to-day activities are limited a lot	1,685	1,988	2,333	2,981	3,241
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	5,715	6,582	7,449	8,466	9,236

(Source: www.poppi.org.uk - Office of National Statistics Census Crown Copyright 2020)

8.10 Table Eleven illustrates the predicted increase in those people aged over 65 to have a fall in Cherwell. From the baseline of 2020 to 2040 the predicted increase is shown to be around 55%. Coping with the consequence of avoidable falls has a major impact on hospital services generally but especially upon ambulance and accident and emergency departments.

Table Eleven People aged 65 and over predicted to have a fall, by age, projected to 2040 Cherwell DC

	2020	2025	2030	2035	2040
People aged 65-69 predicted to have a fall	1,522	1,768	2,055	2,137	1,996
People aged 70-74 predicted to have a fall	1,773	1,632	1,894	2,223	2,290
People aged 75-79 predicted to have a fall	1,258	1,580	1,488	1,718	2,021
People aged 80-84 predicted to have a fall	1,275	1,535	1,928	1,829	2,123
People aged 85 and over predicted to have a fall	1,677	1,978	2,322	2,967	3,182
Total population aged 65 and over predicted to have a fall	7,505	8,493	9,687	10,874	11,612

Figures may not sum due to rounding. Crown Copyright 2018

8.11 Table Twelve suggests that those people aged 65 and over in the Cherwell District that are admitted to hospital as a result of a fall will increase by some 67% through to the period to 2040.

Table Twelve People aged 65 and over predicted to be admitted to hospital as a result of falls, by age, projected to 2040 Cherwell District

	2020	2025	2030	2035	2040
People aged 65-69 predicted numbers of hospital admissions due to falls	61	70	82	85	80
People aged 70-74 predicted numbers of hospital admissions due to falls	100	94	108	127	132
People aged 75-79 predicted numbers of hospital admissions due to falls	133	168	158	183	215
People aged 80 and over predicted numbers of hospital admissions due to falls	615	717	880	974	1,091
Total population aged 65 and over predicted numbers of hospital admissions due to falls	910	1,048	1,229	1,368	1,51

Figures may not sum due to rounding. Crown Copyright 2018

8.12 The incidence of other health status and functional capacity indicators, such as those related to the ability to manage the daily tasks of independent living and of personal care, are also higher in Cherwell than in England generally. Whilst higher levels of need are not directly addressed by accommodation of the kind proposed in this application; by helping maintain independence and functional capacity in the early years of old age the pressure of higher levels of care and support can be mitigated.

8.13 Of high significance for the benefits to be gained from well-designed accessible accommodation, such as that proposed in this application, is that it will mitigate the projected increase in the number of those experiencing the range of difficulties documented above.

9 How this style of accommodation responds to that need

9.1 The design and facilities of the dwellings accommodation proposed in this re-application are intended to meet and adapt to the needs and lifestyles of those approaching, and in old-age; supporting their independence for as long as possible in a safe and secure environment. Bearing in mind the caveats set out in the opening part of the preceding section we can recognise that by their design they will offer some of the same benefits attributed to the forms of older persons' accommodation that include care and support services and are mainly the source of the findings detailed below.

9.2 The Applicants: Blue Cedar Homes, are focused on providing high quality, retirement housing. They recognise the housing and lifestyle needs of the retirement sector, and specialise in creating homes for older people.

9.3 The properties are offered for sale, freehold to the retirement market. All are sold with an age threshold, normally 55 years of age, secured by the Section 106 Agreement. At least one partner of the household who are the permanent occupier must be over the threshold age.

9.4 All Blue Cedar retirement homes are supported by a range of core services including estate maintenance – both communal and individual – including gardening, external window cleaning, periodic building redecoration, security services and waste management.

9.5 In concept, delivery and continuing occupation a Blue Cedar home provides a form of specialised accommodation which meets a specific housing need among older people. In doing so, it gives rise to many significant planning and social benefits which in turn address national and local priorities, for example:

- An increase in retirement housing stock;
- A better choice for older people;
- A sense of community and security;
- A home that can be adapted over time to meet a changing lifestyle;
- Managed estate;
- Supports independent living with additional help and support.

9.6 Blue Cedar homes have many features which allow flexibility to meet changing needs and lifestyles whilst maintaining independence. By supporting the continued independence of the homeowner they help reduce the likelihood of needing to move into a residential home, due to frailty in later life.

9.7 In the following paragraphs we expand on the benefits and the research and survey evidence that underpins the model of provision.

Reducing the Health and Social Care Budget

9.8 The most recent review of the benefits to the health of residents of Retirement housing, and the consequent impact on the health and social care economy, is to be found in “The Value of Sheltered Housing”²⁰ which was published by the National Housing Federation in January 2017. In this the author, James Berrington, sets out summary of twelve identified benefits:

1. provide peace of mind, safety and security for vulnerable older people
2. support and maintain independence
3. better individual physical and mental health
4. maintain and develop links with the community
5. maximise incomes of older people and reduce fuel poverty#
6. facilitate downsizing to more suitable housing (freeing up larger homes)
7. delay and reduce the need for primary care and social care interventions including
8. admission to long term care settings
9. prevent hospital admissions
10. enable timely discharge from hospital and prevent re-admissions to hospital
11. enable rapid recovery from periods of ill-health or planned admissions.
12. lower care costs.

9.9 The report quotes a study undertaken by the International Longevity Centre²¹ that reported:

“ Routine GP appointments for extra care residents fell by 46% after a year.
Falls rates in extra care housing measured at 31% compared to 49% in general housing.”

²⁰ Berrington J, The Value of Sheltered Housing, National Housing Federation, 2017

²¹ Kneale, D., (2011). Establishing the Extra in Extra Care. London: International Longevity Centre.

www.ilcuk.org.uk/index.php/publications/publication_details/establishing_the_extra_in_extra_care_perspectives_from_three_extra_care_hou

9.10 Research²² into private retirement housing concluded that residents receiving inpatient care remained in hospital for under half the average amongst general population of people aged 75+. The costs of not creating these savings are substantial:

Average cost of a fall requiring A&E attendance	£2,000
Fall at home leading to hip fracture costs the state (average)	£28,665
Postponing entry to residential care by one year saves	£28,020
Average annual cost of weekly 10 hour care package	£18,408
Average cost of delayed discharge from hospital	£1,065
Average cost of non-elective hospital admission	£1,674

(Source: Buck et al²³)

9.11 Whilst these studies focus primarily on forms of provision that incorporate the provision of care a major part of the mitigation of risk and of cost they project are due to the design and facilities which are common to all forms of modern specialised accommodation for older people. By mitigating the risk of falls the design of accessible dwellings contributes directly to a reduction in hospital admissions. This form of accommodation can also reduce the risk of emergency hospital admission and delays or removes the need for transfer to a registered care home.

A sound investment that allows scope to release equity in the current home

9.12 The move to a modern development designed to meet the needs of those in or approaching old-age provides the opportunity to downsize and release equity, retaining investment in their new property but also having cash available to fund an aspirational retirement. In fulfilling personal aspirations in relation to a retirement lifestyle such a move assists movement within the housing stock and the more efficient use of existing properties as those released can be acquired by those moving into a period in which they require family-sized housing.

9.13 This style of equity release provides individuals with a much more cost-effective method than the purchase of products that release equity from their current home.

²² Wood, C., & Salter, J., (2016). Building companionship: how better design can combat loneliness in later life. London: Demos.

www.demos.co.uk/wp-content/uploads/2016/04/Building-Companionship-Report.pdf

²³ Buck, D., Simpson, M., & Ross, S., (2016). The economics of housing and health: The role of housing associations.

London: The Kings Fund & New NHS Alliance.

www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Economics_housing_and_health_Kings_Fund_Sep_2016.pdf

9.14 While the design of the properties helps maintain independence and mitigates future care needs the release of equity allows for the creation of a fund to finance future care when it does become necessary

9.15 A new build property offers enhanced energy efficiency, reduced maintenance and a comprehensive, ten-year, NHBC Buildmark warranty.

9.16 Energy efficient materials and appliances to reduce the carbon footprint and minimise utility bills, are incorporated as standard.

Supporting a chosen Lifestyle

9.17 Residents have complete discretion in how they live their lives, they can make new friends among their neighbours or not with a freedom that may be more difficult to maintain in some forms of retirement housing with their emphasis on communal facilities and activities.

9.18 In wishing to retain their car or cars those approaching older age, or in its early years will welcome off-road parking and secure garaging. Those who want to keep their pets will be able to do so without the restrictions often found, for example, in flatted retirement developments.

9.19 Residents will also enjoy the opportunity of still having a garden that is their own to maintain as they wish.

A safe and secure place to live

9.20 Concerns for personal safety and security are high on the agenda of many people approaching old age or in old age. Public consultations in connection with the development of Strategic Housing Market Assessments and the development of Local Plans repeatedly evidences this priority within local communities.

9.21 The proposed development is capable of incorporating up to date guidance and technology to heighten security and provide re-assurance to residents and their families.

Suitable for an independent resident but capable of supporting a more dependent future

9.22 Properties are built to accessibility standards with the provision of wider than standard doorways, level access and oversized shower trays as standard.

9.23 By design these dwellings can be “futureproofed” against the needs that residents may have as they pass through older age, offering an environment in which the majority will be able to “age in place”.

Evidence from Blue Cedar's existing developments

9.24 Blue Cedar Homes have carried out survey work of their completed schemes throughout the South and South-West of England and the results reveal:

- The average age of purchasers is 70-80 years of age;
- The attraction of a Blue Cedar house over any other house is the offering of a communal garden, no requirement for maintenance of grounds or property, close to amenities and the security of being certain they will have likeminded people next door to ensure peace and quiet;
- The main reasons for 'right sizing' to a Blue Cedar house includes the current house being too big, the existing gardens being too large, an illness/treatment which tells an individual/couple that they must finally get on with a move, often with additional encouragement from their children encourage them to move.
- Based on 5 completed schemes at Budleigh Salterton, Taunton, Wroughton, Long Ashton and Shaftesbury, 40% of the purchasers live within a 0-5 mile radius of each site.

10 Why do the housing requirements of older people require special consideration?

10.1 The purpose of this section is to set out the range of considerations which must be taken into account when considering planning applications for specialist housing for older people.

10.2 Older people do not constitute a homogeneous group and their accommodation requirements are wide and diverse. The NPPF Glossary defines older people as:

“People over or approaching retirement age, including the active, newly retired through to the very frail elderly; and whose housing needs can encompass accessible, adaptable general needs housing through to the full range of retirement and specialised housing for those with support or care needs.”

10.3 Taking the conventional threshold age of 65 years it is immediately apparent that those at, above and approaching this age, constitute a substantial proportion of the total population in Cherwell: 18.46% in 2020, rising to 25.07% by 2040. Those in advanced old age, that is those who are 90 years of age or over, are the fastest growing age group in the local population, projected to increase by 136% between 2020 and 2040.

10.4 The majority of those in early old age, approaching retirement, the newly retired and ‘active elderly’, will be physically fit with their capacity for independent living uncompromised by their health status or functional capacity. In contrast a high proportion of those in advanced old age will be coping with reduced mobility, with chronic health conditions and a significant minority among them will be experiencing difficulties in coping with the tasks of self-care.

10.5 There is no one pathway through this experience: some will arrive at the end of life fit and independent to their last few days, others will have spent two or three decades coping with health conditions, yet others will have been entirely independent until some traumatic event precipitates a sudden decline.

10.6 This variety of health and functional capacity status is overlaid on an equally diverse pattern of economic status, social and familial relationships, household composition, and tenure. All these factors influence not just what an individual may require in the way of accommodation and care, but also what they can, in practical and economic terms, access when and where they choose or need it.

10.7 Whilst the choices and compromises that older people make in navigating their way through the years of their old age will be influenced by their personal health, needs and circumstances, and by the practicality of what is available to

them, they are also conditioned by their perceptions of retirement and older age, and level of knowledge of the options available to them.

10.8 In the public perception, older age generally carries negative connotations of inevitable decline, to be resisted or denied for as long as possible. This leads to a reluctance to identify future or emerging housing requirements and to proactively make choices that will place individuals in accommodation, equipped with facilities which they may not require immediately but which will become appropriate as their personal needs change. At present the majority of moves into specialised accommodation among older people are triggered by some form of trauma: a disabling illness, a fall, a period as a hospital in-patient, bereavement, the anxiety or reality of being a victim of crime, and so on. In such circumstances moves may be influenced by the need for an immediate solution and what is available in a very tight timescale. The advantages of a more considered pre-emptive move are obvious and substantive.

10.9 Added to these inhibitions may be a relatively restricted knowledge among retired and older people of what is available, and especially in relation to newer and emerging models of specialist housing provision as reflected in the up-to-date June 2019 definition in the Planning Practice Guidance (ref. 63-010-20190626). For many their point of reference will be conventional Category Two Sheltered Housing provide by a local authority or a Registered Social Landlord and the role of the Sheltered Housing “Warden”, a title that is loaded with cultural implications that belong to an earlier age. For others, whilst they may not fully understand the Extra Care / Assisted Living model, the words “Care” and “Assisted” conjure up negative images of traditional residential care and nursing homes.

10.10 Limited knowledge and psychological inhibitions of the kind described, limit the value of surveying and questioning people approaching retirement and older age, or those already passing through it, about their options and preferences for accommodation in old age. The commonly reported outcome of surveys seeking to establish the needs and wishes of older people and those approaching old age, is that they want to stay where they are and living independently in their own homes for as long as possible, and accept, reluctantly, that when they can no longer do that they may need to move to more specialist forms of accommodation with care provided.

10.11 This provides no sound basis for a progressive strategic approach to ensuring that an appropriate and diverse range and choice of housing options are available to older people, so that by having the ability to live in high-quality accommodation which is suited to their individual requirements, they may have a good and dignified old age as they move through changing health and personal circumstances.

10.12 The range of housing responses through which their requirements and aspirations can be met, is inter-active: capacity or scarcity in one part of the range of provision will impact on availability and access in other areas. This is also a dynamic situation in which expectations among older people, the evolution of new housing models and options from providers and the imperatives of public policy are driving change.

10.13 For many years, the Government's housing, older people and planning policies have focused on responding to those with higher levels of need for care and support. The reasons for this are obvious, both in relieving the pressures on the individuals themselves and upon their carers, but also in the public interest of constraining the burgeoning cost to the public purse of providing residential care by conventional means. This has been a driver of the encouragement of Extra Care provision in the Affordable or Social Rented sector and the focusing of commissioning of beds in Registered Care Homes at the higher end of care. However, those adjustments: reducing the reliance on an increase in Care Home beds and increasing the capacity of Extra Care in both Affordable and Market sectors need to be set within the context of ensuring a modern, appropriate and attractive range of options beneath them in the hierarchy of need.

10.14 Providing a range of age-restricted dwellings across all tenures, built to modern and accessible standards, retirement living and Extra Care not restricted to those with immediate and significant need or care, is as much a contribution to meeting the diversity of need and achieving a balanced range of options in an authority area such as Cherwell District with an ageing population, as increasing the supply of bed spaces in residential care and nursing homes.

10.15 In the absence of both adequate quantitative and qualitative provision at the lower end of the hierarchy of specialist housing for older people, "upward transfer" occurs which puts avoidable pressure on those higher and more expensive categories of provision. For example, a person experiencing difficulties with mobility who is unable to manage and live safely and securely in their current dwelling because of its size, layout and design and unable to find a suitable housing based solution in their local area, such as the bungalows proposed in this planning application built to Part M4 (2) standards, may move directly to remote sheltered accommodation or Institutional Care when this far exceeds their current or immediate future needs. They will have surrendered a measure of independence and quality of life prematurely and someone whose needs required that place will be deprived of it.

10.16 In our experience, it is not uncommon for local planning authorities and decision makers at all levels, to fail to engage fully with this complexity and to recognise that the accommodation requirements and choices of older people which they must plan to meet, goes beyond the narrow consideration of health status and functional incapacity, to something which requires a range of housing provision that is as wide and diverse as the population it seeks to address.

10.17 As our report shows, at a District level Cherwell has a substantial and growing number of older people, some of whom will wish to make pre-emptive moves into specialist housing which will prolong their capacity for independent living if a sufficient market supply of attractive and appropriate accommodation is available to them. The benefits to those individuals and their families will be substantial, as will the public benefit, not least in mitigating the impact of this ageing population on public and private health and social care provision and hospital services.

10.19 Therefore, this planning application by a specialist provider of age-restricted developments with a proven track record will make a vital contribution to meeting the market requirements and demand for older people and we hope that the Council will understand and value the strategic benefit of early provision of the this category of age-restricted specialist housing for older people in line with the Planning Practice Guidance and recognise the full benefits it will deliver in meeting the requirements and aspirations of older homeowners in Cherwell District who wish to retain their tenure of choice when making a move to accommodation more suitable for their needs as they age within their chosen community, and consequently wanting or intending to buy a dwelling that meets their requirements.

11 Looking at the particular situation of older people in Sibford Ferris

11.1 Sibford Ferris is an attractive village located approximately 6.5 miles to the west of Banbury. This northern part of the Cherwell District Council administrative area has a rural character with a spread of small to medium sized villages. At the time of the 2011 Census its population was 476.

11.2 The village has a shop and sub-post-office which serves the needs of Sibford Ferris residents and those of neighbouring villages. Other amenities are accessed on larger villages such as Hook Norton to the south or in Banbury.

11.3 Residents rightly prize the distinctive character of their villages and feel a strong attachment to it. Those who wish to remain within their community but need to move to accommodation more suited to their requirements as they age currently have no options available to them.

11.4 The rural area of Cherwell District to the west of Banbury currently has no provision of specialised accommodation for older people comparable to that proposed in this application.

11.5 A report on the housing and support needs of older people in rural areas, published by the Commission for Rural Communities and the Housing Corporation in 2006²⁴ drew attention to the mismatch between what those in, or approaching old age in rural areas wanted and what was available to them. They concluded:

“Meeting the needs and aspirations of older people in the variety of circumstances found in different rural areas requires specific and tailored approaches which are often more difficult and costly than in urban areas. However, the starting point for addressing these needs is one of recognising the aspiration of equity and diversity in the way that policy responds to older people in rural areas.”

11.6 A Position Paper from Action with Communities in Rural England (ACRE), published in 2014²⁵, asserts the importance of offering options that allow older people we remain within rural communities:

“Older people are an integral part of vibrant rural community life. They should be assured of ease of access to support and services that enable them to live full and active lives and remain within their community.”

²⁴ The housing and support needs of older people in rural areas, Commission for Rural Communities and the Housing Corporation, 2006

²⁵ Older People are an integral part of vibrant rural community life, Position Paper, Action with Communities in Rural England (ACRE) 2014

11.7 The modest scale of this development and particular features outlined in Section 9 above offer an opportunity for the community of Sibford Ferris to retain those older members of its population who wish to “right-size” or otherwise meet their changing needs to the benefit of those individuals and the community at large.

11.8 This development will also assist the local authority in achieving a balanced overall pattern of provision for an ageing population: serving the needs of a rural area rather than requiring all older people needing such accommodation to move to an urban location, and balancing the provision of higher care options with accommodation that enhances and prolongs the capacity for independent living.

Annex One Explanation of terms used in this report

This report uses terms which are commonly understood among those working in the field of housing and care for older people but may not be so readily comprehensible by those working in other disciplines. Whilst not exhaustive this section seeks to explain the meaning and usage on this document, of some of those terms:

Age Exclusive or Age Restricted Housing is used to describe properties designed for occupation by older people but generally without resident staff and with limited or no communal facilities. Much of this stock is in the social rented sector and would formerly have been described as “Older Persons’ Dwellings” or Category One Sheltered Housing. Increasingly it is also used to describe former Category Two Sheltered Housing schemes from which designated staff services have been withdrawn. In the Market Sector the form is relatively scarce but may be used to describe accessible or adaptable dwellings for older people. Most properties of this kind in all tenures will have connection to a Community Alarm Service. The age restriction is to secure the occupation of the properties to older people in perpetuity and is most often secured by a Section 106 Planning Obligation. The most common age threshold stipulated is 55 years or above.

Sheltered housing is a form of housing intended for older people that first emerged in the 1950s and was developed in volume through the 1960s and 1970s. In this period it was developed in one of two styles: “Category Two” Sheltered Housing consisted of flats and/or bungalows with enclosed access, a communal lounge and some other limited communal facilities such as a shared laundry and a guest room. Support was provided by one or more “wardens” who were normally resident on site. “Category One” Sheltered Housing has many of the same features but might not have enclosed access, might have more limited communal facilities and would not normally have a resident warden. In current practice these models have merged and the service models for delivery of support are in flux. This provision has generally been made by Housing Associations and Local Authorities.

Retirement Housing is a term widely adopted to describe Sheltered Housing, similar in built form and service pattern to Category Two Sheltered Housing described above but offered for sale, generally on a long lease, typically ninety-nine or one hundred and twenty-five years. This provision has generally been made both by Housing Associations (often through specialist subsidiaries) and commercial organisations. Increasingly “Retirement Housing” is used to designate such accommodation regardless of tenure and that is the usage adopted in this report.

Very sheltered housing is a term now largely disappearing from use that was used first in the mid to late 1980s to describe sheltered schemes that sought to offer some access to care services and some additional social and care facilities.

Enhanced sheltered housing is the term that has largely succeeded to Very Sheltered Housing to describe sheltered housing that provides more in facilities and services than traditional sheltered housing but does not offer the full range of facilities, services and activities to be found in an Extra Care Housing Scheme.

Extra Care Housing is the term used for a complex of specialised housing for older people that provides a range of “lifestyle” facilities for social, cultural, educational and recreational activities, in addition to services that provide care in a style that can respond flexibly to increasing need whilst helping the individual to retain their place within their existing community. In most Extra Care Housing schemes people enter their unit of accommodation and the care services they receive are delivered into that unit as their needs increase. This is generally referred to as the “integrated model” of Extra Care.

Continuing Care Retirement Community is a variant of the Extra Care Housing model but one in which higher levels of care are generally delivered by transfer within the scheme from an independent living unit in which low to moderate care is delivered into a specialist unit or care home. This pattern is often referred to as the “campus” model of Extra Care.

Registered Care Home is the form of institutional provision that in the past would have been referred to as either a “Residential Care Home” or a “Nursing Home”. All are now referred to as “Registered Care Homes” and differentiated as either “Registered Care Home providing personal care” or as a “Registered Care Home providing nursing care”.

Annex Two: POPPI data sources

As indicated in Section Four projections of numbers of older people likely to be experiencing various functional or health issues that are indicative of need for specialised accommodation and care are taken from the POPPI (Projecting Older People Population Information System) database. This database is maintained by the Institute of Public Care at Oxford Brookes University and is a widely respected and authoritative source, used by statutory, commercial and third sector organisations. We set out here the sources and methodology notes provided by POPPI in relation to the tables contained in Section Four of this report.

Table 5 Mobility: People aged 65 and over unable to manage at least one mobility activity on their own, by age and gender, projected to 2040.

Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

Figures are taken from Living in Britain Survey (2001), table 29.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be unable to manage at least one of the mobility tasks listed, to 2035.

Table 6 Limiting long term illness: People aged 65 and over with a limiting long-term illness, by age, projected to 2040.

Figures are taken from Office for National Statistics (ONS) 2011 Census, Long term health problem or disability by health by sex by age, reference DC3302EW. Numbers have been calculated by applying percentages of people with a limiting long-term illness in 2011 to projected population figures.

Annex Three The authors of this report

Nigel J W Appleton MA (Cantab)

Nigel Appleton is Executive Chairman of Contact Consulting (Oxford) Ltd, a consultancy and research practice specialising in issues of health, housing and social care as they affect older people and people with particular needs. Nigel's particular area of interest and expertise is in relation to the accommodation and care needs of older people.

Nigel Appleton has a nationally established reputation in the field of estimating the requirement for particular styles of accommodation for older people, having been the author of publications supported by the Department of Communities and Local Government and the Department of Health that provide guidance in this area.²⁶

In recent years he has developed a substantial practice in the demonstration of need for older people's accommodation and the documentation of that need to form part of a planning case. His work has also been tested at Appeal where he has contributed to the applicant's case as an Expert Witness.

He contributed the section "Preparing the Evidence Base" to "Housing in later life – planning ahead for specialist housing for older people" (National Housing federation and the Housing LIN, December 2012). This updated the comparable sections of his: "More Choice: Greater Voice – a toolkit for producing a strategy for accommodation with care for older people" (February 2008 for Communities and Local Government and the Care Services Improvement Partnership). He is also the author of "Connecting Housing to the Health and Social Care Agenda – a person centred approach" (September 2007 for CSIP).

Nigel also wrote "Planning for the Needs of the Majority – the needs and aspirations of older people in general housing" and "Ready Steady, but not quite go – older homeowners and equity release", both for the Joseph Rowntree Foundation.

For the Change Agent Team at the Department of Health he wrote "An introduction to Extracare housing for commissioners" and "Achieving Success in Developing Extra Care housing" together with a number of briefing papers and studies in the area of sheltered housing and its variants.

²⁶ "More Choice, Greater Voice, a toolkit for producing a strategy for accommodation with care for older people", Nigel Appleton, CLG & CSIP, 2008 & "Housing in later life – planning ahead for specialist housing for older people", December 2012, National Housing Federation and the Housing Learning and Improvement Network.

Other publications include three Board Assurance Prompts on the deployment of Assistive Technology/ telecare in both specialised and general housing for older people; “Housing and housing support in mental health and learning disabilities – its role in QIPP”, National Mental Health Development Unit, with Steve Appleton (2011) and “The impact of Choice Based Lettings on the access of vulnerable adults to social housing” (2009) for the Housing LIN at the Department of Health.

Nigel led the team that prepared the material for the Good Practice Guidance for local authorities on delivering adaptations to housing for people with disabilities issued by the Office of the Deputy Prime Minister, Department of Health & Department for Education and Skills.

His expertise covers the full spectrum of issues in the field of housing and social care for older people. He has supported more than thirty local authorities in preparing their strategies for accommodation and care in response to the needs of an ageing population. With his team he has conducted a number of detailed reviews of existing sheltered housing schemes for both local authority and not for profit providers.

Nigel also brings expertise in relation to the various models of accommodation for older people and the operational issues that may arise in relation to staffing numbers and profile, operational viability and related matters.²⁷

He has worked with housing and adult social care officers and members in a wider range of local authorities, and with various commissioning and provider bodies within the NHS. Nigel works to support development, operation and evaluation of specialised accommodation for providers in statutory, commercial and third sectors.

Nigel served as Expert Advisor to the Social Justice and Regeneration Committee of the Welsh Assembly in its review of housing and care policies in relation to older people in Wales.

Prior to establishing his consultancy in 1995 Nigel was Director of Anchor Housing Trust. Until December 2017 he served as a Governor and Chair of the Management Committee of Westminster College, Cambridge. Nigel formerly served as Vice Chair of the Centre for Policy on Ageing and as a trustee of Help & Care, Bournemouth, and has been an honorary research fellow at the Centre for Urban and Regional Studies, Birmingham University. In the more distant past he was a member of the Governing Body of Age Concern England and a Board Member of Fold Housing Group, Northern Ireland.

²⁷ For example, for the Joseph Rowntree Foundation: “Planning for the Needs of the Majority – the needs and aspirations of older people in general housing”, and for the Change Agent Team at the Department of Health: “An introduction to Extracare housing for commissioners” and “Achieving Success in Developing Extra Care housing”

David Appleton

David Appleton is the Consultancy Support and Development Manager for Contact Consulting (Oxford) Limited. David joined the staff of Contact Consulting in 2014 after a two-year period in which he had undertaken specific assignments on a sub-contracted basis.

After securing his HND in Health, Welfare and Social Policy from Anglia Ruskin University David worked in residential care settings, initially with Cambridgeshire County Council, and subsequently with Northamptonshire County Council. During his time in Northamptonshire David was responsible for the oversight and delivery of their Physical Intervention training, and investigation. At the time of leaving Northamptonshire CC, in December 2011, David's role was that of Assistant Manager in one of the Authority's residential units.

Since joining Contact Consulting David has undertaken a variety projects and his current responsibilities within the company include research, policy and data analysis, policy and report writing. He is also involved in delivering training, in service evaluation, and supporting investigations in a number of statutory and non-statutory settings.

In addition to his HND in Health, Welfare and Social Policy David continued his professional development, undertaking NVQ3 in Children and Young People, NVQ4 in Leadership and Management, and accreditation as an instructor in Physical Intervention. Since joining Contact Consulting he has secured accreditation in Prince2 project management, and provides that input to company assignments as required.