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## Examination of Shropshire Local Plan (Stage 1)

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Reference A0584 Ghenos Hencote Ltd (now Senescura)

*Matter 3 – Development Strategy (Policies SP1 – SP15) Issue Whether the Development Strategy is justified, effective and consistent with national policy.*

### *Statement*

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# Examination of Shropshire Local Plan (Stage 1)

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## 1. Introduction and Summary

- 1.1. Savills Planning is appearing on behalf of Ghenos Hencote Ltd who have, since our original representations, established Senescura a specialist company to deliver care accommodation in Shropshire in partnership with LifeCare Residences, a national and international operator of care accommodation.
- 1.2. The housing needs of a dramatically increasing elderly proportion of the population and those requiring care are a key issue nationally, and locally in Shropshire. For the reasons set out below we consider the relevant elements of the Local Plan strategy to be ineffective in addressing this issue and inconsistent with the requirements of national policy. This statement sets out how those issues should be more effectively addressed in the Shropshire Local Plan.
- 1.3. The leader of Shropshire Council mentions the needs of a rapidly ageing local population in her forward to the 2022 Shropshire Council Budget Book - "***Our population is ageing faster than the national average with needs growing ever more complex as time goes on, yet we understand our duty to provide the best that we can afford for the people of Shropshire***". "***In Shropshire the most elderly of our population is growing at a rate 30% higher than the national average, creating a huge pressure on social care services.....***"

## 2. Planning Guidance and Advice

- 2.1. The accommodation and care needs of an ageing population are flagged in Government advice, not only planning guidance but also Government housing and healthcare legislation and guidance.
- 2.2. NPPF Paragraph 60 states;  
'To support the Government's objective of significantly boosting the supply of homes, it is important that a sufficient amount and variety of land can come forward where it is needed, ***that the needs of groups with specific housing requirements are addressed*** and that land with permission is developed without unnecessary delay'.  
  
NPPF Paragraph 62 continues;  
'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, ....' (***GROUPS REFERENCED INCLUDE***) '...older people...'

- 2.3. The needs of older people and those requiring care are also addressed in the NPPG; ***Why is it important to plan for the housing needs of older 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’.
- 2.4. Census information showed 11.8 million people over 65 in the UK in 2016, projected to increase to 20.4 million by 2041. Government housing and healthcare guidance is listed later in this note.

## 3. Independent Research

- 3.1. The identification of the ageing demographic as a combined Government planning, housing and healthcare priority is matched and reinforced by various independent research. Elderly care and healthcare experts nationally are highlighting the looming crisis in the provision of care for this important and sizeable demographic. There is a substantial and growing body of independent research in this field. Professor Les Mayhew for the Centre for the Study of Financial Innovation (entitled “The last time buyer: housing and finance for an ageing society”) 2019 concluded that “If people lived in homes more suited to their needs, 50,000 fewer homes would be needed each year”. The conclusion of that research was that UK policy should focus as much on *‘last time buyers’* as it does on *‘first time buyers’*.
- 3.2. The CASS Business School in 2020 in a report on accommodation for an ageing population entitled “*Too Little Too Late*” identified that many elderly people are living in large houses which are under-occupied and not suitable for their needs. The provision of specialised, attractive and well managed elderly accommodation encourages older people to move out of under-occupied family homes, freeing up housing for younger people. If that purpose built elderly persons accommodation also provides staged access to graduated care, there is even greater benefit, as it enables those who are older and have care needs to live independently for longer, taking pressure off social services and the NHS.

## 4. The Position in Shropshire

- 4.1. This is particularly important in Shropshire which has a higher proportion of elderly people in its population than the national average, and where there is currently a care crisis. Care is consuming an increasing proportion of the local authority's annual budget (increasing from 45% 5 years ago to well over 70% in the current budget (source: 2021 and 2022 Shropshire Council budgets and dialogue with the Shropshire Council Director of Place).
- 4.2. The proposed Local Plan does not adequately, accurately or effectively address this key demographic issue. It is acknowledged as a challenge but (as with many Local Plans) is not then addressed through clear strategy or deliverable policy. It warrants greater emphasis in Shropshire Council's Introduction to their Plan and it should be flagged and fully addressed in their development strategy and policies.
- 4.3. In Shropshire, elderly persons comprise a higher percentage of the population than nationally. People aged 75+ make up 12% of the Shropshire population (over 50,000 people 75 years or older), with a higher than national average proportion of people over the age of 85 (source: Shropshire SHMA table 46).
- 4.4. Shropshire's population is also ageing faster than elsewhere, with one in three residents forecast to be over 65 by the end of the next decade (source: Shropshire SHMA table 47). Longer term, the trend continues; Shropshire's elderly population is projected to rise by almost 50% between now and 2040.
- 4.5. Specialised older persons' accommodation with care on a significant scale have been developed elsewhere in the UK, including in neighbouring Cheshire, but so far this has not occurred in Shropshire, notwithstanding the demographic profile and the identified need. The Local Plan as drafted will not assist this lack of delivery.

## 5. Elderly Persons Accommodation and Care

- 5.1. There are several broad categories of specialised accommodation across the retirement and care sectors, referred to helpfully in the NPPG as follows;

**Age-restricted general market housing:** 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.

**Retirement living or sheltered housing:** This usually consists of purpose-built flats or bungalows with limited communal facilities such as a lounge, laundry room and guest room. It does not generally provide care services, but provides some support to enable residents to live independently. This can include 24 hour on-site assistance (alarm) and a warden or house manager.

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**Extra care housing or housing-with-care:** This usually consists of purpose-built or adapted flats or bungalows with a medium to high level of care available if required, through an onsite care agency registered through the Care Quality Commission (CQC). Residents are able to live independently with 24 hour access to support services and staff, and meals are also available. There are often extensive communal areas, such as space to socialise or a wellbeing centre. In some cases, these developments are known as retirement communities or villages - the intention is for residents to benefit from varying levels of care as time progresses.

**Residential care homes and nursing homes:** These have individual rooms within a residential building and provide a high level of care meeting all activities of daily living. They do not usually include support services for independent living. This type of housing can also include dementia care homes.

- 5.2. The first two categories generally comprise C3 housing uses. The terms 'care village' or 'care community' are developments with comprehensive facilities and include the latter two NPPG categories, delivering staged levels of care for all residents and comprising C2 uses. Examples of these types of C2 comprehensive graduated care facilities have been and are being developed elsewhere, but not yet in Shropshire. Detailed assessment has shown that they are needed and in our opinion they should form part of the Local Plan strategy.
- 5.3. At present in Shropshire there are some warden assisted and sheltered housing options and a number of care homes, but no Extra Care developments. This is a major shortfall as they provide an alternative to the choice that elderly Shropshire residents currently have of having to either; (a) stay living in an unsuitable house without appropriate facilities and with limited access to stretched locally run services providing home visits, or (b) an unnecessary and premature admission to a care home in an authority where much of the care home stock does not meet current standards. In these circumstances people tend to stay where they are until it is too late to exercise a choice, then they have a fall, become ill and 'bed block' in hospital or have to be admitted to a care home.
- 5.4. Shropshire has a policy of 'Home First', encouraging older people to stay in their home and providing home support. However, this is only partially successful and does not address the issues raised above and below. It is also a costly option, utilising a rapidly increasing percentage of the Shropshire Council annual budget.
- 5.5. The third category listed earlier (Extra Care), providing staged access to graduated care, represents an effective alternative for an ageing home owner in need of care and support, but not ready for a care home, to purchase accommodation with care using equity from their house or flat sale. This appears to be new uncharted territory for Shropshire, and something they believe runs counter to their Home First approach. Its many benefits include providing the right type of property at the right time of life, taking pressure off stretched local authority social care services and reducing the regular pressure placed on the NHS by elderly persons ending up occupying a hospital bed after a fall or minor ailment, when they could go home to suitable accommodation, but cannot do so because there is no care or supervision at home and the home is unsuitable for their needs.

- 5.6. Discussion with officers has shown that there is a worry that such specialised Care Villages or Care Communities will attract people in from elsewhere, adding to the local demographic imbalance. However, evidence and experience in the care sector clearly shows that most occupiers of these types of development move to them from within the locality. Most are local people rather than incomers, moving from existing housing in the locality which is too large and no longer suitable for their needs, freeing up family sized housing onto the local housing market (another benefit delivered by this type of development). Occupiers making the move usually wish to be near to family and friends for visits and continued contact, hence they stay in the same area or some make the move specifically to be nearer to family.

## 6. The Need for Accommodation with Care in Shropshire

- 6.1. This is a major national issue, accentuated in Shropshire due to its demographics, and it should be positively addressed in Local Plan policy. For those with equity in their own home and the ability to exercise choice, private Extra Care developments are an attractive option in later life. Delivering specialised accommodation with care has an added major benefit of releasing under-occupied, often family sized homes, taking pressure off the local housing market, reducing the need for additional housing land release.
- 6.2. An independent assessment undertaken for Senescura and LCR by specialist consultants experienced in handling this issue and using the nationally accepted methodology utilised at Planning Appeals and Inquiries, has shown that there **is a projected current need for over 1,000 Extra Care units in Shropshire** based on 2020 figures, and that need **will double by 2040**.
- 6.3. The same assessment, again using a nationally accepted calculation approach, showed that whilst numerically there is a high number of care home rooms in Shropshire, **there is a shortfall of 440 care home rooms at present** and this will **rise to 890 in 2025, to 1,403 in 230 and over 2,000 in 2035**.
- 6.4. These are significant numbers and they warrant better attention in the Local Plan.
- 6.5. The assessment also revealed that many of the care home beds currently available in Shropshire are outdated or sub-standard. Many lack wet rooms, elderly residents having to be lifted into baths rather than having access to showers. A portion of the accommodation is no longer fit for purpose. They do not meet current standards and expectations (some have no en-suite facilities, many being converted older houses in which residents share bathrooms, some have shared WCs, etc) the range of characteristic that sadly contributed to lost lives during the worst stages of Covid. This is an important matter that needs to be tackled, and urgently.



- 6.6. At the time of the assessment, **in addition to the 440 unit shortfall, a further 873 care home bedrooms in Shropshire had no en-suite facilities.** Since the survey and assessment in late 2021, a number of Shropshire care homes are understood to have closed. This is happening nationally as well as locally, as many such homes comprise converted former dwellings, are not specialist, not built for modern purpose and do not meet current standards or expectations. There is a need for major re-purposing across the sector.
- 6.7. The need assessment also demonstrated a specific and significant need for dementia care in Shropshire. This is also a key national challenge currently, and a sector that is increasing more rapidly in Shropshire than elsewhere, demand exceeding supply.

## 7. Meeting the Need – A Better Solution

- 7.1. One solution that is being delivered elsewhere, including neighbouring Cheshire, but not yet in Shropshire, is purpose-built ‘care villages’ or ‘care communities’, offering graduated staged accommodation from Extra Care, through Close Care (more intensive care levels than Extra Care) through to Care Homes, with scope to also include specialist dementia care accommodation. These are privately operated facilities, enabling older people who are home owners to “*right size*” by purchasing into contemporary purpose-built accommodation which delivers an element of independence but in a managed environment and importantly providing managed staged access to on-site health care, with domiciliary assistance and wider support as needed.
- 7.2. Facilities on site usually include a small shop, restaurant, coffee lounge / bar, meeting / games rooms, pool / therapy area, fitness / wellness suite, indoor and outdoor spaces, including sensory gardens, food growing, walking routes, nature watching opportunities, societies, library, low key sports such as bowls.
- 7.3. A managed living environment of this type, with staged and flexible access to healthcare on site as and when needed, is proven to enhance physical and mental wellbeing. It provides feelings of safety, security, community and reduced loneliness, resulting in improved general health and increased life expectancy.
- 7.4. The higher than national average level of home ownership in Shropshire would enable a wide range of people to exercise the choice to purchase this type of accommodation with staged access to care, if it was available. However unlike elsewhere, such accommodation is not available in Shropshire, and residents have no choice other than to either stay where they are in an often over-sized unsuitable home with only remote access to care, or make an earlier than necessary move to a care home. The Local Plan as drafted does little to assist this situation.
- 7.5. The public cost savings that privately operated care facilities of this comprehensive type deliver, including savings to the NHS and to local authority social care budgets, make this an issue of particular importance and attraction in Shropshire today, as both social care and healthcare services are financially and operationally stretched.

## 8. National Housing and Healthcare Policy & Guidance

- 8.1. In addition to national planning guidance, there is also wider Government guidance, the recognition of this key issue stretching back over a decade including;

### *Laying the Foundations: a housing strategy for England 2011*

- 8.2. Government stated it is committed to ensuring housing and planning policies reflect the circumstances and lifestyles of older people, who occupy nearly a third of all homes. Nearly two thirds (60%) of the projected increase in the number of households from 2008-2033 will be headed by someone over 65.

### **Government funding initiative to stimulate the Provision and Modernisation of Specialist Housing for Older People 2012**

- 8.3. Flagged the benefit of freeing up family sized housing by specialist homes, enabling downsizing by older people.

### **The Care Act 2014**

- 8.4. Identified the responsibility of local authorities to provide an appropriate quantum of care based accommodation and a variety of high quality services to chose from. The advice supports the role of the private sector. The Act placed strong emphasis on delaying the need for more intensive forms of care, and legislation required local authorities to ensure an adequate choice, quantity and quality of care based accommodation.

### **Fixing our Broken Housing Market - Government White Paper 2017**

- 8.5. *'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'.*

*'Offering older people a better choice of accommodation can help them to live independently for longer and reduces costs to the social and health systems... In addition we will explore ways to stimulate the market to deliver new homes for older people'*

*'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. 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. There is also a desire to be close to friends and family so the issues are not straightforward.'*

Communities and Local Government Committee 2021 “Housing for Older People”

8.6. Following 18 months of involvement with “ARCO” the Associated Retirement Community Operators, and an open letter to the Prime Minister, MPs debated the housing with care sector. There was clear and compelling cross-party support for more delivery of accommodation and care for the rapidly expanding elderly sector of society.

## A three-year study conducted by Aston University in 2015 found:

### DEMAND ON NHS REDUCED

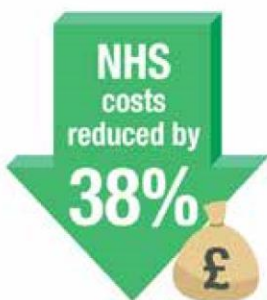
#### NON-RETIREMENT VILLAGE RESIDENT

From **8-14** days in hospital



#### RETIREMENT VILLAGE RESIDENT

to **1-2** days in hospital



**19%**  
of initially 'pre frail' residents returned to resilient within 18 months of occupation



## 9. Benefits Delivered

- 9.1. There are many benefits to be derived from the delivery of this type of accommodation with care, meeting the 3 strands of sustainable development as defined in the NPPF;

### ***Social benefits***

- 9.2. Contemporary developments providing accommodation with graduated levels of private care and managed living for the elderly sector of society, designed as an integrated community, with staged access as required to on-site healthcare provision, supported by the facilities listed earlier, provide an effective solution to the age-related challenges, taking pressure off public services, enhancing lifestyles and increasing life expectancy.
- 9.3. Occupation is usually age-restricted (at least over 65) but experience in these types of development shows that the entry age for most residents is late 70's or 80's, with the majority of residents being in their 80's or older. This type of development will take pressure off stretched NHS and Shropshire Council services at a time when they are both challenged.
- 9.4. In addition to the healthcare benefits, each new unit of specialised accommodation has the potential to release an under-occupied family home onto the housing market, helping to meet the wider housing needs of the area. Under-occupied family sized housing is one of the underlying causes of the current housing crisis, both nationally (currently 3 million under occupied homes in England) and in Shropshire.

### ***Economic benefits***

- 9.5. Care villages and Care Communities comprise £50-£100m development projects. They present the opportunity to attract significant new inward investment into the Shropshire economy, and attract new businesses into an area (consistent with the Shropshire Local Plan's stated aspirations).
- 9.6. Such developments create significant permanent jobs for local people (averaging between 100-160 jobs, depending on size), generating increased business for local suppliers and related sectors. They generate significant local wages and Council tax revenue. The construction stage will generate significant jobs and related spend over an approximate 2 year build period.
- 9.7. The cost savings to the NHS and Shropshire Council referred to above are also significant economic benefits at a time when both are financially stretched.

## ***Environmental benefits***

- 9.8. Continuing Care Communities embody strong sustainability credentials, their landscaped settings often delivering biodiversity enhancement, creating new habitats and introducing long term habitat management as part of their landscape strategy, providing open spaces on site, water bodies, water margin, orchards, significant new tree planting, shrub and low level planting for birds, insects and wildlife, sensory gardens and on-site food production.
- 9.9. Accommodation units in such developments are managed, with potential for an energy centre on site, opportunities for solar power / air source heat exchangers, and electric minibuses to transport residents and staff. They include landscape enhancement and management strategies, significant new tree planting, assisting with carbon capture. The design of modern facilities is high quality and energy efficient, making a positive contribution to Shrewsbury's special architectural diversity and heritage.
- 9.10. Such developments will release a significant number of under-occupied, often family sized homes into the local housing market, reducing housing development land pressure.

## 10. Comments on Draft LP / Suggested Changes

- 10.1. Specific comments on draft Local Plan policies are as follows;

The Plan's Vision states "***In 2038 communities will be safe and healthy as Shropshire moves positively towards a zero carbon economy; all residents will be able to access well-designed, decent and affordable homes in the right location...***"

- 10.2. Great words, but they could apply to anywhere and any Local Plan. The Plan needs to then specifically explain how those right homes in the right location will be delivered, including specialist accommodation for the elderly in need of care (of which Shropshire has a higher than national proportion) and it does not do so. Instead Policy optimistically expects such specialist accommodation to be delivered within general housing allocations; it will not, for several reasons.

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- 10.3. Firstly, house building is a relatively straightforward delivery model – you buy land, you build, you sell houses. It provides a relatively short term return on the investment. By contrast, specialised care accommodation with a range of supporting facilities is expensive to build, requires ongoing management and presents a much slower, longer term return on the investment over many years of operation. Care village sites delivering a range of facilities need space. As a result of these factors they command a lower land price than housing land. The promoters of Local Plan housing sites will be disinclined to opt for a complex, complicated specialist accommodation solution generating a lower land value when their focus is on housing delivery. Indeed the HBF has made a similar comment to ours on the current LP policy approach, stating that it is unclear, non-specific and making the same comment about requiring a different business and delivery model.
- 10.4. What is needed in response to Shropshire’s clear demographic challenges is to embrace and engage with the need for specialised accommodation with care; consider this alongside the delivery opportunity presented by Shropshire’s higher than average levels of home ownership; pay attention to the solutions being delivered elsewhere in the UK, and nearby in Cheshire; consider the wide range of benefits that these solutions deliver, how they will release more public sector funds to support those in need of publicly funded assistance, and either allocate sites for C2 care communities or establish a criteria-based policy for assessing sites that the private sector might bring forward.
- 10.5. Policy SP4 (sustainable development) is weak and focussed heavily on the environmental strand of sustainability; it should also focus on the social strand of sustainability, including the particular demographic issues facing Shropshire, where people aged 75+ make up 12% of the population (50,000 people over 75), and one in three residents will be over 65 by the end of the next decade (source; Shropshire SHMA tables 46 and 47).
- 10.6. Policy SP6 should refer to mental health and wellbeing as well as physical, as this is a key element across all demographics including the rapidly expanding elderly sector.
- 10.7. Policy SP7 Managing Housing Development should refer to the needs of the older sector of Shropshire society and their care requirements, as they comprise a key element of Shropshire’s overall need for suitable accommodation.
- 10.8. The needs of Shropshire’s higher than average older sector of its population are a key issue and this is referred to in Policy SP2. Older persons accommodation with care is as important as affordable housing; the last time buyer is as important as the first time buyer. This should be specifically acknowledged and added to paras 3 and 13 within SP2. In response to Inspectors’ question 13, the health aspects of the Plan have not been adequately addressed.
- 10.9. Due to the challenges in finding suitable sites for specialist elderly and care accommodation on land where housing can command a higher land value, the opportunities for specialised elderly accommodation with care on suitably and sustainably located sites on the edges of defined settlement boundaries should potentially be included in policy SP10, as such locations are often very suitable and appropriate.

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- 10.10. The current references to older persons accommodation in SP2 are generalist, non-specific, and will be ineffective. Indeed the HBF has raised the same concerns. The house building industry is not geared up to deliver specialist accommodation with care. Either sites for specialist accommodation with care need to be identified and allocated or a criteria based policy established to enable the structured assessment of planning applications for prospective sites.
- 10.11. For the above reasons we consider the relevant elements of the Local Plan strategy to be ineffective and inconsistent with the requirements of national policy.
- 10.12. Because of the importance of the demographic characteristics of Shropshire, and for the reasons set out above, we wish to be afforded the opportunity to address the appropriate session of the Stage 1 Examination. We will also wish to participate in the Stage 2 sessions in relation to site specific allocations and /or a criteria based approach.

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