Variation of Condition 3 on 99/56387/9 and 07/56837/15

South Africa Lodge, Stakes Hill Road, Waterlooville

Supporting Statement

Mr A C Partridge
BSc(Hons) DIP UP MRTPI

HAVANT BOROUGH COUNCIL
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1.0 INTRODUCTION

1.1 Dr Sargent has instructed Southern Planning Practice Ltd to resubmit the applications for the variation of Condition 3 on planning permissions 99/56387/9 and 07/56837/15, to allow persons aged 18 or above. The current conditions restrict residents to persons aged 50 or above, so as.

1.2 The following plans and documents form part of the applications:-

Site Location Plan H/216/001
Block Plan H/216/002
Green Travel Plan
Planning Permission 07/56387/015
Planning Permission 99/56387/9
Letter from Dr Paul Courtney

1.3 As this is an application for a removal of the condition, a design and access statement is not required under article 4 of the General Development Permitted Order 1995, as amended. This statement is therefore a supporting statement to accompany the proposal.

1.4 It should be made clear at the outset that there is *no intention* to vary the legal agreement which prevents admission of any person suffering from mental illness who is being detained in hospital under the Mental Health Act of 1983. In other words the Nursing Home will continue to provide for care for persons suffering from, or displaying, the symptoms of dementia but the proposed variation of the condition will also allow persons below the age of 50, but above the age of 18, to be cared for.

1.5 The applicant will continue to apply the Admission Protocol, which helps prevent disturbance to the neighbouring residents, and is agreeable if considered appropriate to enter into a legal agreement to this effect.

2.0 SITE DESCRIPTION

2.1 The site lies about ½ km to the south east of the centre of Waterlooville at the northern end, and on the north east side, of Stakes Hill Road. It lies in a predominately residential area and is bounded by housing. The site is accessed from Stakes Hill Road by a private drive, which runs alongside Somerville Court. The site is occupied by the original home, which has previously been extended and is undergoing a further extension, and a bungalow. These are set in grounds of about 1ha. The grounds slope gently to the east, and steeply to the north (towards the north east part of the site), while the southern area is relatively flat. The grounds, which have well established mature trees, are landscaped for residents, staff and visitors to enjoy.

3.0 RELEVANT PLANNING HISTORY

3.1 The original planning permission allowing for an extension to South Africa Lodge and ancillary facilities for the care of the mentally frail was granted under 99/56387/9. Condition 3 states that:-

" At all times following implementation of this Permission, the accommodation on the site (i.e.inclusive of both Phase I and II buildings as detailed on approved drawings 98:739:L(--) 040A and 98:739:L(--) 041B) shall be occupied only be persons aged 50 years of age or above."

The reason given for the condition was in the interest of the amenities of the area.

3.2 A similar condition was applied to the permission for the recent extension under 07/56387/015.

3.3 The reason given for that condition was same as the earlier one but in addition it also referred to policy D1 of the Havant Borough District Wide Local Plan 1996-2011.

3.4 Two similar applications to this proposal were submitted in 2009 under 09/56387/022 and 09/56387/023 but were withdrawn at the applicant's request.

4.0 PROPOSAL

4.1 The proposal seeks only to vary these conditions so as to allow persons 18 years or above to use the care home. Based on a similar Nursing Home in Winchester District the likely breakdown of the age of residents will be in the order of:-

63% under the age of 65 years
29% under 50 years
8% under 40 years

5.0 BACK GROUND TO THE CASE

5.1 South Africa Lodge is a family run Nursing Home which has established an excellent reputation for caring for people with long term physical nursing needs. In particular the Nursing Home specialises for caring for people with Down's Syndrome and dementia.

5.2 When the original planning application was made the applicants had to apply separately to the Health Authority for a registration certificate. Unlike other health authorities, the Local Health Authority had a policy of separating pre-senile dementia patients, (such as those with an advanced stage of MS or Down's patients who often get dementia at an earlier age than most people) from senile dementia patients. Accordingly, the applicant in line with this policy applied for a registration certificate for dementia residents of 50 years or upwards and agreed to be bound by a planning condition to that effect. In so doing, however, the applicant also made clear that this was open to review if the Local Health Authority's policy changed.

5.3 The Local Health Authority has since relaxed its policy and allows for such groups of patients to be jointly accommodated.

5.4 As a result of this change, the applicant often receives referrals for younger residents but has to turn them away because of the age restriction. As a consequence of these changed circumstances, the applicant now seeks permission to relax the age restriction.

6.0 PLANNING POLICY

6.1 The Development Plan comprises:

- The South East Spatial Plan (May 2009) (Spatial Plan)
- Havant Borough District Wide Local Plan 2005 (Local Plan)

6.2 National Planning Policy Statements (PPS), and other Government Policy Statements are also relevant. In particular:-

- PPS1: Delivering Sustainable Development
- PPS3: Housing
- National Dementia Policy

6.3 Turning first to Government Planning Policy, the main guidance is contained in:

PPS1 - Delivering Sustainable Development (2005).	
Four aims of sustainable development, including social progress, which recognises the needs of *everyone*. These aims should be pursued in an integrated way that delivers a just society that promotes social inclusions, sustainable communities and personal well being,	Paragraph 4
Planning should make suitable land available for development in line with economic, social and environmental objectives *to improve people's quality of life*; and ensure that development *supports mixed communities*	Paragraph 5
The Government is committed to promoting community cohesion in urban areas. This means meeting the diverse needs all people, promoting personal well-being, social cohesion and inclusion and creating equal opportunity for all citizens	Paragraph 14
Plan policies should address accessibility to housing and community facilities and take account of the needs of all the community including particular requirements of disability	Paragraph 16
Improve the well being of communities and improve facilities.	Paragraph 27(ii)

PPS3 - Housing (2006).	
Provide everyone with a decent home, which they can afford in a community where they want to live	Paragraph 9
Local Planning Authorities should plan for a good mix of housing, having particular regard to disabled people	Paragraph 21
In determining planning applications local planning authorities should have regard to ensuring developments reflect the accommodation requirements of specific groups and the need and demand for housing	Paragraph 69

6.4 In addition, the National Dementia Strategy 2009 aims to raise the awareness of dementia and to help dementia sufferers by inter alia delivering and improving health and social care services to people with dementia and their families.

Regional Policy

6.5 The Regional Spatial Strategy was published in 2009. Policy CC1 v gives priority to achieving safe, secure and socially inclusive communities across the region ensuring that the most deprived people have an equal opportunity to benefit from and contribute to a better quality of life. Policy H4 requires local planning authorities to identify the full range of existing and future housing needs, including groups with particular housing needs. Policy S2 seeks to promote sustainable health services to meet primary care and capacity needs of local communities.

Local Policy

6.6 For the purposes of this application the Havant District Wide Local Plan 2005 has been superseded by the Havant Borough Core Strategy.

6.7 Details of the policies relating to transport are set out in the Green Travel Plan which accompanies the planning application and it is not the intention to repeat these here and therefore the reader is referred to this Plan.

6.8 Policy CS1 promotes the health and well-being of the community. As part of this strategy it also aims to protect and contribute to the availability of community facilities. Indeed the "priority is to use what we have better."

6.9 Complimenting Policy CS1 is CS7 which aims to provide services for older people and other vulnerable groups.

6.10 Policy CS16 encourages a high quality design, and protection of neighbours' amenities. It also encourages inclusive development by considering the needs of all.

6.11 Policy DM7 permits elderly and specialist care facilities where there is sufficient amenity, the setting is in keeping with the area, there is sufficient space for servicing, and the services are located where they do not generate undue noise and there is not an over concentration of services.

7.0 EVALUATION

Introduction

7.1 Section 36(6) requires development to be approved in accordance with the development plan, unless material considerations indicate otherwise.

Policy Considerations

7.2 The main themes of policy are to:

- Promote sustainable development including social progress which recognises the needs of everyone.
- Deliver a just society that promotes social inclusion and community cohesion which includes meeting the diverse needs of the community
- Provide better access to facilities and to give priority to making better use of facilities
- Provide everyone with a decent home
- Provide a mix of accommodation

7.3 The current age restriction conflicts with these themes. While the Nursing Home provides for specialist accommodation helping to balance the mix and housing needs of the community, the age restriction effectively excludes a large section of the adult population from using the care facility. Consequently, by limiting access to the care facility in this way it does not deliver the right mix and balance of housing/care facilities at the point where the need arises. The proposal would remedy this position.

The need for the development

7.4 Currently 600,000 people suffer dementia in England and the Department of Health expects this figure to double over the next thirty years. As mentioned previously owing to the change in health policy the Nursing Home often receives referrals for residents who are suffering from pre-senile dementia. At present, there are only two homes within a 10 mile radius of the site that provide for such residents, both of which lie outside of the district and

one of which is run by the applicant. It is clear from this that not only is there is a demand but there is also a paucity of facilities within the area,

7.5 The demand for the facility is emphasised by the letter of support from Dr Courtney which stresses that he receives a substantial number of referrals under the age of 50 years, that these patients need to be cared for in a protective nursing environment and that there is an unmet demand for residential facilities providing this type of care.

Effects of the age restriction

7.6 Not only is the condition discriminatory against younger adults, but as a result they are forced to accept care which may be far away from relatives and friends, or less than the optimal service for the needs of the client.

7.7 This is best exemplified in the case of a referral in July 1999. This involved a patient with motor neurone disease, which was well advanced, who was below the age of 50. The client and family were very keen that his last days should be a pleasant setting that was close for family and friends to visit. An application was made to vary the condition. Unfortunately, it dragged on for such a long time that the client died before a decision was reached so the application was withdrawn. The client was stuck in hospital for the last months of his life which was not what the family or client wanted and was very expensive for the NHS.

Effect of varying the condition

7.8 The reason given for the condition was to protect the amenities of the area. These would be unaffected by the proposal. There would be no change to the service provided. There is no intention of removing the legal agreement controlling the type of occupant, which is any event controlled by other legislation and regulations. The facility will still be a Nursing Home, not a mental home as has been suggested by objectors to the earlier applications. The doors will still be locked for the protection of the patients (nobody can take unescorted leave from the building) but the home is not a "secure unit." It is (and will be) registered like any normal Nursing Home with the Care Quality Commission. The only difference between this proposal and a standard old people's Nursing Home is that the applicant looks after

people with more complicated nursing needs who, as a result, tend to have their fees paid by the NHS instead of Social Services (or private money). Consequently, there would be no threat to safety; nor would there be increased noise as was put forward by objectors on the earlier application; in any event, such matters are not age related. Furthermore, there would be no material change to the character of the facility either through increased traffic or noise from comings and goings. Indeed the implementation of the Green Travel Plan (in accordance with transport policies referred to therein) should mitigate the impact of traffic, being an improvement on the existing situation by reducing traffic, lessening the effect of traffic noise, increasing parking availability and improving highway safety.

7.9 Objectors to the earlier application also referred to matters which go to the principle of the development on the site, rather than to the age of the occupier such as loss of privacy, over development, effect on wildlife. Therefore it is submitted that such concerns while reasonable in their context are not relevant considerations here. For these reasons as the principle of development has been long established and re-confirmed by approval of subsequent extensions, there would be no conflict with policy DM7 of the Core Strategy.

7.10 Neither for the reasons above would the proposal conflict with Policy CS16 of the Core Strategy.

7.11 Policy CS1 of the Core Strategy promotes community facilities, giving priority to make better use of such facilities, while Policy CS7 looks to improve services for vulnerable groups and Policy S2 of the Spatial Plan seeks to promote sustainable health services. Also, PPS3 emphasises the importance of delivering a flexible supply of housing, including specialist forms of accommodation for all ages. Furthermore, the National Dementia Strategy promotes better facilities and better access to facilities. Allied to these policies are policies which promote inclusive development. PPS1 promotes inclusive and cohesive communities. Policy CS16 of the Core Strategy encourages inclusive development. Similarly, Policy CC1 of the Spatial Plan promotes inclusive development with the aim of ensuring that the most deprived people also have an equal opportunity to benefit from and contribute to a better quality life. All of these objectives would be met by the proposal. The proposal would plug a gap in the delivery of health care. It would provide better and fairer access to health facilities, which are not accessible at present, make better use of an existing facility and a better mix of housing accommodation. It would also provide much

needed accommodation, which is under-resourced, to less fortunate and disadvantaged people, allowing for a more inclusive community. Accordingly, the proposal would comply with policy, national, regional and local policy.