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Planning need assessment
Elderly care home

Woodlands Hotel, Coupals Road, Haverhill, Suffolk, CB9 7UW

Prepared for:

Linx Construction (UK) Limited

Carterwood Report – February 2023

Prepared by:

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- Sector specialists
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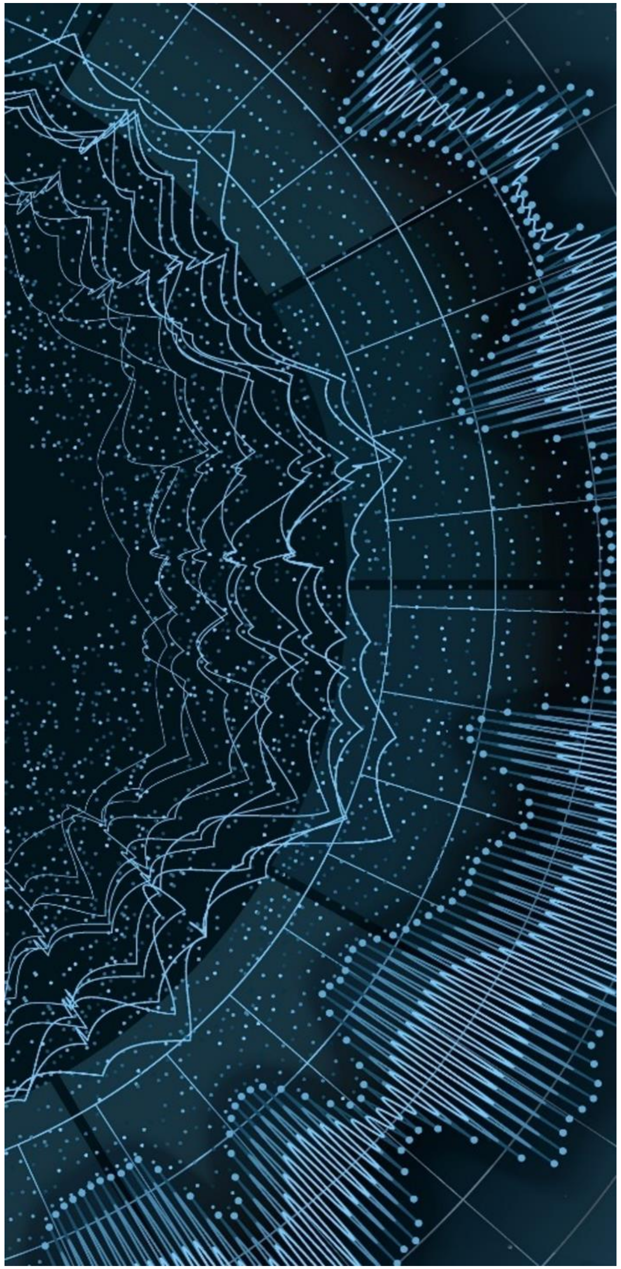


Executive summary

T1 Planning need assessment summary

Site	Woodlands Hotel, Coupals Road, Haverhill, Suffolk, CB9 7UW
Proposed scheme	64-bed purpose-built care home to meet the needs of all aspects of elderly care provision, including nursing, personal and dementia care.
Notes	• The subject scheme is not included in our 'planned supply' figures • Need assessment based on a circa 6-mile market catchment and the Braintree District Council local authority area.

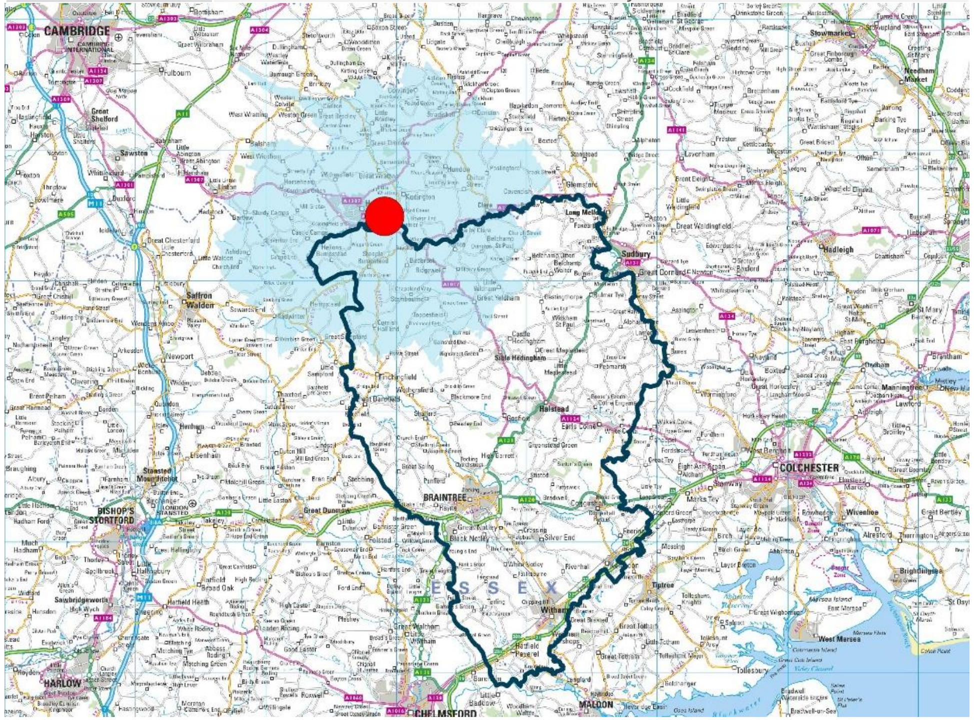


Figure 1: Location of the proposed care home and its catchment areas

The proposed scheme is shown by the red dot, with the market catchment area shaded light blue and the Braintree District Council area outlined in dark blue

T2 Definition of 'minimum market standard' bedrooms

We define a 'minimum market standard' bedroom as providing a minimum of an en-suite with WC and wash-hand basin although do not stipulate minimum size, accessibility or suitability for purpose. All new care homes provide spacious en-suite bedrooms, the vast majority being 'full market standard bedrooms' with larger en-suite wetrooms that also include a level-access shower to enable bathing and personal care to take place within a resident's own room.

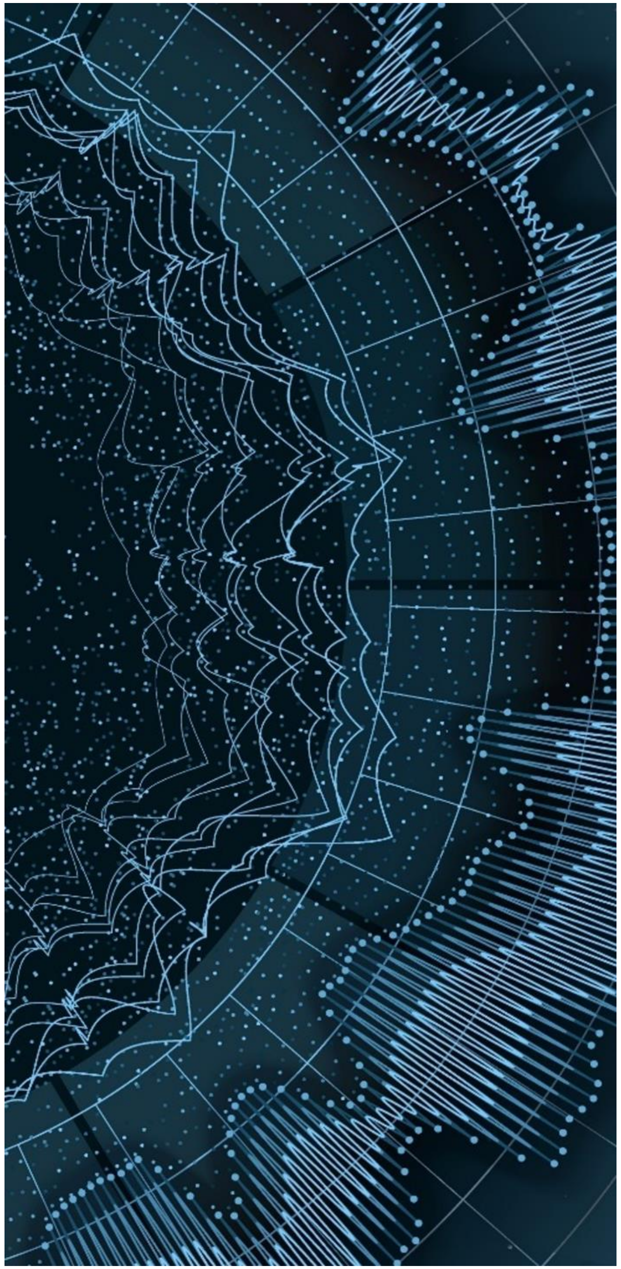
T3 Need analysis summary (2025)

Basis of assessment	All beds		Dedicated dementia	
Type of care	Market	LA	Market	LA
Need				
All bed/specialist dementia need	322	1,056	133	436
Occupancy capacity allowance	27	88	11	36
Total need	349	1,144	144	472
Supply				
Existing elderly en-suite	143	1,148	71	190
Existing elderly wetroom	60	413	30	66
Planned beds (to 2025)	120	265	120	124
Total supply (en-suite)	263	1,413	191	314
Total supply (wetrooms)	180	678	150	190
Net need				
Elderly en-suite	86	-269	-47	158
Elderly wetroom	169	466	-6	282

For full assumptions, see Table T20 on page 21.

T4 Conclusions and recommendations

- Our assessment based on 2025, the earliest the proposed care home could be available, indicates a net need for 169 and 466 full market standard wetroom care home beds in the market catchment and local authority, respectively.
- We have also assessed the balance of provision for dedicated dementia beds in 2025, which indicates a net need for 282 full wetroom care home beds in the local authority, with the market catchment at equilibrium on this basis.
- The full wetroom beds shortfalls are expected to increase to over 273 and 613 such beds by 2035. This assumes that all planned beds are developed and that existing supply and prevalence rates remain constant, reflecting the sustained and escalating nature of need.
- Based on minimum market standard bedspaces in the market catchment, there is a shortfall of 86 care beds, with an oversupply in the local authority area. There is, however, a significant undersupply of 158 dedicated dementia beds within the local authority area, based on 2025.
- Essex County Council commissioning identifies key demand drivers for new care home beds, given the expected growth in the elderly demographic, and recognises existing and increasing demand for nursing care placements in the county.
- A good proportion of those requiring care are likely to be self-funded, and their choice of care home will therefore be based on location, quality of care and accommodation, and proximity to friends and family, rather than funding alone.
- The proposed care home would assist in meeting the existing and increasing shortfall of care beds in the market catchment, and will also provide dedicated dementia care provision, where there is currently a substantial under provision in the Braintree District Council area.
- The proposed care home will be capable of caring for elderly residents, including those who require dementia care within a specialist unit, with well-specified, flexible, COVID-19-compliant care accommodation to enable care to be administered most effectively.



1. Introduction

1.1 Carterwood has been commissioned to prepare a need assessment on behalf of Linx Construction (UK) Limited in relation to the development of a new 64-bed purpose-built care home on land at the now closed Woodlands Hotel, Coupals Road, Haverhill, Suffolk, CB9 7UW.

1.2 The proposed development will provide a modern care home capable of flexibly adapting to meet the needs of all aspects of elderly care provision, including both nursing and personal care. It will incorporate physical adaptations and an environment suited to the provision of specialist dementia care, to meet a growing need in this area.

1.3 In this report, we have considered the national context, together with a detailed study of the market catchment and local authority area.

Limitations to advice

1.4 The trading environment of the care sector in the UK, which impacts upon market conditions, remains in a volatile state. Contributing factors include political and economic pressures resulting from some ongoing limitations of post-Brexit trading conditions, operating with the legacy and future risks of COVID-19 and the effect of the conflict in Ukraine.

1.5 Our reports are prepared using high-quality data and expert analysis from our experienced team. Any recommendations made are based upon the market and financial climate as at the date of the report, but do not take into account future economic or market fluctuations caused by the events outlined above or other unforeseen events.

1.6 This report contains data relating to the 2011 census. The England and Wales 2021 census took place on 21 March 2021; the first release of this data was published on 28 June 2022, with the final release of all data outputs for England and Wales due by spring 2023. The Scottish census was delayed, with the collection phase taking place between 28 February and 1 June 2022. We will monitor the census data release schedule, reviewing new data as it is released and ensuring the data is embedded into our analysis as quickly as possible.

T5	Instruction summary
Purpose of advice	Planning need assessment
Prepared by	Jessica Stainthorp BSc (Hons)
Internal reviewer	Jessamy Venables BSc (Hons) MSc MRICS
Research date	17 January 2023
Terms agreed	16 January 2023
Report date	16 February 2023

2. Carterwood

2.1 Carterwood is a multi-award-winning property adviser dedicated to social care. We provide market analysis services and software to investors, developers and operators within the elderly care home and retirement living sectors. We combine sector-specialism with unparalleled data quality and a commitment to innovation, to help our clients make better decisions. Carterwood acts for 85 per cent of the top 20 care home group operators, and our commercially-focused team is one of the largest dedicated to health and social care.

LaingBuisson Awards 2021 Property Consultant WINNER

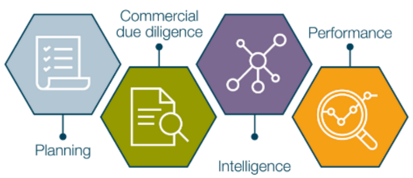
HealthInvestor Power Fifty 2021 WINNER Leading Sector Specialist

2.2 We work with the leading operators, investors and developers in our markets.

T6 Elderly care home

T7 Retirement living

2.3 Carterwood's client base represents many operators currently seeking to develop new care homes and extra care schemes. Accordingly, we are in an almost unique position in the sector, having assessed over 4,000 sites since 2008, for a range of providers across a range of scheme types and care categories.



3. Description of proposal

Figure 2: Aerial photograph of the subject site for identification purposes only

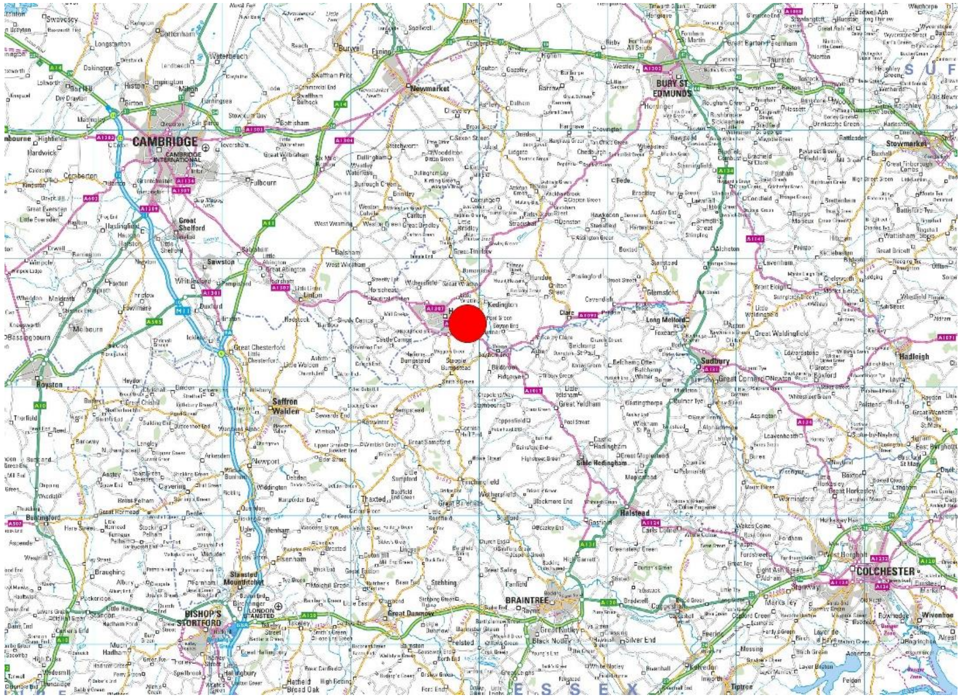


Figure 3: Location map of the subject site

Location and scheme description

3.1 The site comprises land at the now closed Woodlands Hotel, to the north of Coupals Road, Haverhill, Suffolk, CB9 7UW. The site is on the eastern edge of Haverhill and falls just within the Braintree local authority area.

3.2 The proposed care home will provide high-quality care accommodation, with 64 single occupancy bedrooms, each equipped with a full en-suite wetroom, over four storeys.

3.3 The care home is designed to be flexible in terms of the layout of accommodation and to offer a range of spacious communal areas, each of which will be finished to the highest standard. These will include, inter alia, a café, lounges, dining rooms and activities room.

3.4 It is anticipated that as a result of this development, a number of additional permanent jobs will be created within the care home across a range of job types, from higher grade management positions to care workers and ancillary staff.

3.5 Further detail in respect of the application proposal can be found in the planning statement accompanying the application.

4. The proposed scheme – position on the care spectrum

4.1 We have compared the subject care home against other forms of accommodation in respect of care provided, cost of care, accommodation type and regulation. Table T8, below, shows the range of options available within this 'spectrum of care'.

4.2 Delayed discharge legislation, which imposes fines upon local authorities for 'blocked beds', is resulting in hospital stays becoming increasingly shorter. A temporary move to a care home is often considered as a short-term measure for those who require rehabilitation prior to returning home, with the decision or need to move permanently into a care home usually considered at a late stage in life. For those with high dependency care needs or dementia, 24-hour care within a care home may be the only suitable long-term option.

4.3 A substantial variant to the provision elements of the care spectrum below is informal/family care. An estimated 8.8 million or more unpaid carers provide significant support to elderly relatives, neighbours and friends (Age UK 2019). This allows many thousands of people to remain in their own homes, particularly when the support is alongside home care and/or day care. Thus, a range of care requirements and a range of services co-exist, sometimes with considerable overlap.

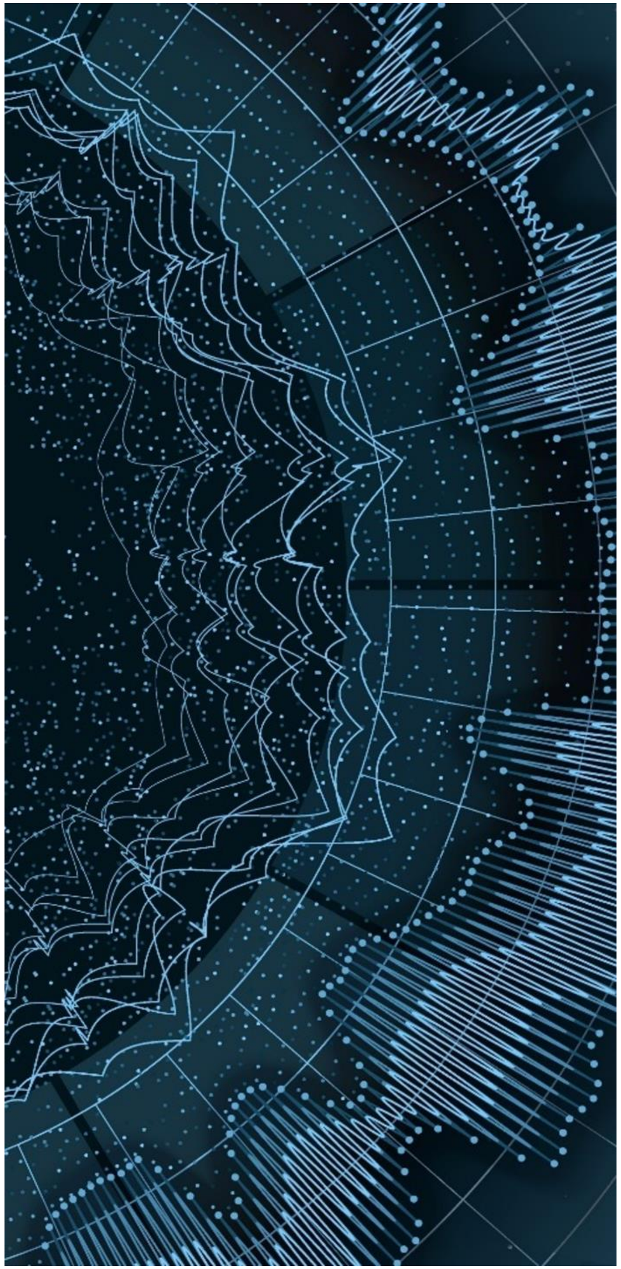
4.4 The proposed care home will be capable of providing care for residents of all dependency levels, including those who require residential or dementia care within a specialist unit specifically designed to cater to higher dependency needs. It will also be flexible in terms of layout, to enable the provision of nursing care and to provide areas where residents can be isolated, should this be necessary. Without this capability a number of very high-dependency care home residents would otherwise experience an enforced hospital stay.

Key findings – the subject scheme and the care proposed

- The proposed, specifically designed, care home will provide 64 single bedrooms, all with en-suite wetrooms, together with a variety of spacious, well-appointed communal areas.
- As hospital stays become increasingly shorter due to delayed discharge legislation, rehabilitation within a care home is often considered as a short-term measure. For those with high dependency nursing needs or dementia, 24-hour care within a care home setting may be the only suitable long-term option.
- The proposed care home will be capable of caring for residents of all dependency levels, including those who require specialist dementia care, by providing flexible, COVID-19-compliant care accommodation to enable care to be administered most effectively and efficiently.

T8 Elderly care spectrum

Accommodation	Standard housing	Sheltered housing	Extra care / assisted living	Care homes	Care homes with nursing	Hospitals
Care provided	Domiciliary care			Personal care	Nursing and medical care	
Cost of care	Low to medium and highly variable			Medium to high	High	Very high
Accommodation types	Standard housing	Age-restricted, age-exclusive or sheltered housing	Extra care, assisted living, very sheltered housing	Residential setting		Acute hospital
Accommodation style	House, cottage, flat, bungalow, suite, apartment			Bedroom, suite		Bedroom
CQC regulation	Regulated only if care provided			Highly regulated – all care and accommodation		
Proposed care home				Requirements met in the proposed care home		



5. Definition of a care home and care categories

5.1 Care homes for the elderly fall within Class C2 ('residential institution') of The Town and Country Planning (Use Classes) Order 1987 and any applicable amendments.

5.2 The sector regulator, the Care Quality Commission (CQC), defines a care home as:

'a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Both the care that people receive, and the premises are regulated'.

5.3 The CQC is responsible for registering and monitoring care homes across all care sectors as well as other forms of care provision, such as domiciliary care agencies. The regulation of health and adult social care is governed by the Health and Social Care Act 2008. There are two types of registration categories for homes:

(1) Care homes/personal care homes/residential care homes – provide personal care (not nursing care) to the elderly. They provide both short-term and long-term accommodation and offer help with personal hygiene, continence management, food and diet management, counselling and support, simple treatments, personal assistance with dressing, mechanical or manual aids, and assistance with going to bed.

(2) Care homes with nursing – offer the same services as personal care homes, with registered nurses also being available to provide nursing care 24 hours per day, to care for residents with complex health issues that can only be administered by nursing staff.

5.4 In addition to the above home-level registration, care homes can choose to specialise in the type of care they provide, such as elderly frail or caring for those with dementia and/or other specialist forms of care. In our assessment, we have considered need for two care categories:

5.5 Total market – all beds and all registration categories for elderly care, including both care homes with and without nursing; as there is no industry-recognised method of differentiating between the exact need for nursing and the exact need for personal care beds, we therefore consider the 'total market'.

5.6 Specialist dementia – a subset of 'total market' beds (as described above) to assess the supply of specialist dementia beds vs the gross need for specialist dementia beds.

6. UK elderly population trends and market size

6.1 The elderly UK population is set to grow dramatically over the coming years (see Figure 4 below), and the predicted rapid increase in the elderly population is likely to continue to drive demand for both non-residential care, such as extra care schemes and other accommodation options, as well as care home beds.

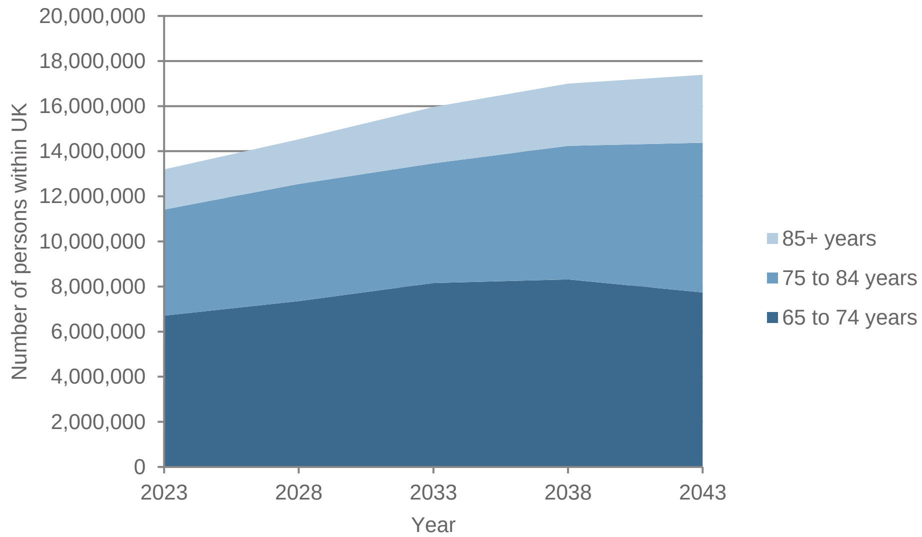


Figure 4: UK 65+ population growth 2023 to 2043 by age band

Source: 2011 Census, government population projections.

6.2 LaingBuisson's Care Homes for Older People UK Market Report (31st edition) states that the percentage of the UK population over the age of 85 is projected to multiply more than four times, from c. 1.68 million in 2020 (2.4 per cent of the population) to c. 7.09 million in 2111 (8.7 per cent of the population), while the 75- to 84-year-old segment will rise from c. 4.17 million in 2020 (6.3 per cent of the population) to c. 7.69 million in 2111 (9.4 per cent of the population).

7. National provision of care homes

7.1 There are currently approximately 11,000 care homes providing just under 460,000 registered care beds for older people in the UK.

7.2 T9 analyses the supply by year of first registration and identifies the significant proportion of homes registered both prior to and during the 1990s. As a broad generalisation, care homes registered from 1990 are likely to include en-suite bedrooms and those registered from 2010, full en-suite wetrooms.

T9 Existing elderly care bed supply by year of first registration (UK)

Year	Care homes	Total registered beds	% of total beds by age banding
2020s (2020–)	244	15,153	3.3
2010s (2015–2019)	567	33,182	7.2
2010s (2010–2014)	654	37,361	8.1
2000s	1,063	58,528	12.7
1990s	3,902	174,548	38.0
Pre-1980s/unknown	4,241	141,095	30.7
Total	10,671	459,867	100

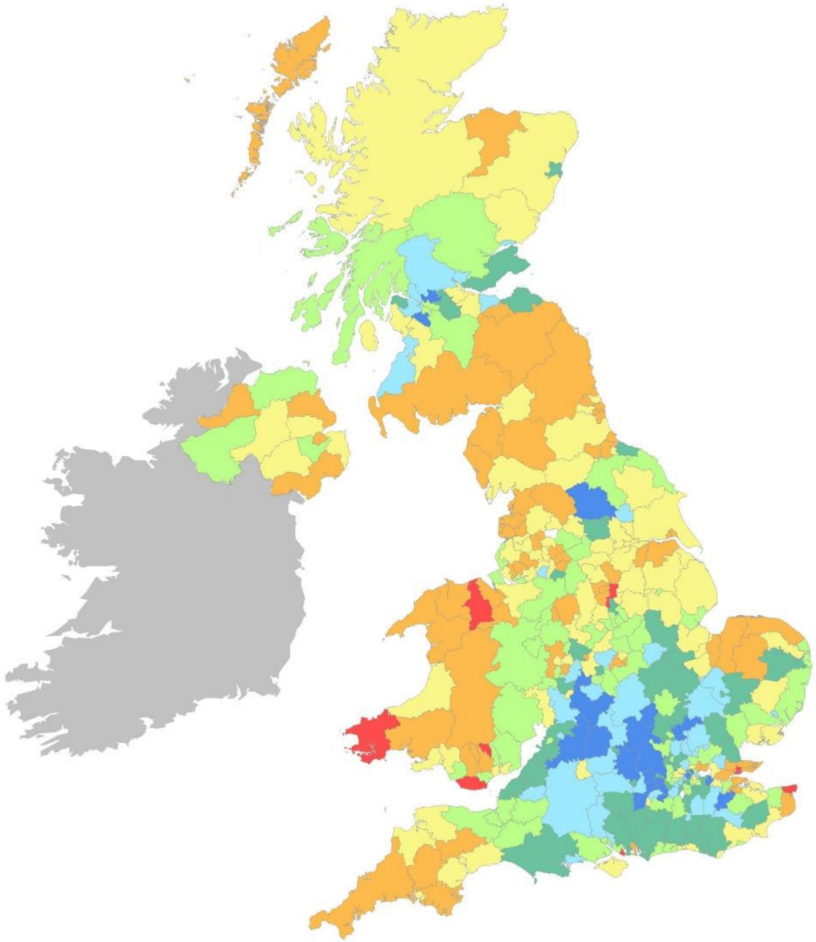
Source: subscribed data sources, Carterwood – updated November 2022

7.3 T10 provides the current supply of registered bedrooms by en-suite (our definition of ‘market standard’) and those that provide en-suite wetrooms. Across the UK, an average of 74.3 per cent of care home bedrooms include an en-suite and 29.4 per cent include a full wetroom en-suite.

T10 Market segmentation (UK)

Care category	No of care homes	Total registered beds	% en-suite bedrooms	% wetroom bedrooms
Total market – all homes and care categories				
Personal care	6,104	212,414	69.6	24.1
Nursing care	4,567	247,453	78.3	34.0
Overall	10,671	459,867	74.3	29.4
Specialist dementia provision only				
Dementia homes	979	38,336	69.4	23.3
Dementia units	2,484	65,768	85.2	44.7
Overall	3,463	104,104	79.4	36.8

7.4 The UK average is slightly higher for dedicated dementia care homes and those that incorporate a specialist dementia unit, with an average of 79.4 per cent having en-suite bedrooms and 36.8 per cent, en-suite wetroom bedrooms.



Wetroom %	No data	0-5	5-15	15-25	25-35	35-45	45-60	60+
Shading								

Figure 5: Elderly bedspaces with wetroom by local authority district (UK) – July 2022 (%)

8. Key issues for the sector

8.1 The national requirement for the development of new elderly care home beds is growing. Key issues for the sector include the:

- significant and growing incidence of dementia in older people;
- increasing dependency levels of service users, meaning that care home accommodation must be both suitable and flexible to enable care to be provided effectively and safely;
- increasing expectations from the market and regulators in terms of spacious, well-appointed accommodation suitable for caring for those with high-level care needs in privacy and with dignity;
- continued use of care homes in converted buildings that are potentially unsuitable for continued use in their current configuration without physical adaptations to the property;
- impact on the NHS and wider health care policy from increasing numbers of older people with growing levels of dependency;
- impact on, and responsibility for funding, social care over the coming decades;
- additional requirement for extra care and other forms of housing with care as an alternative to care homes providing personal care, when considered to be suitable;
- Care Act 2014;
- National Living Wage and its implications on staff retention and recruitment;
- sustainability of those care homes less able to benefit from economies of scale;
- impact of Brexit;
- impact of COVID-19 in the short, medium and longer-term (this is considered in more detail in Section 18 of this report).

8.2 In September 2021, the then-prime minister announced a new £36 billion investment for health and social care, as part of the government's 'reform of the NHS and Social Care', to be funded by a new health and social care levy on working adults. Although initially intended to tackle NHS backlogs resulting from measures introduced due to COVID-19 and to cut waiting times, it was also intended to address the catastrophic costs of social care for people nationwide from 2023 (the Dilnot reforms), making the system fairer for all and including extra investment to improve training and support. The announcement was welcomed by the care sector and local authorities as an important first step toward changing the way social care is funded.

8.3 In September 2022, however, the government cancelled the Health and Social Care Levy that had taken effect in April 2022, introduced via a temporary rise in National Insurance contributions (NICs) of 1.25 percentage points. It also confirmed that the Health and Social Care Levy would not come into force as a separate tax from 6 April 2023, as previously planned.

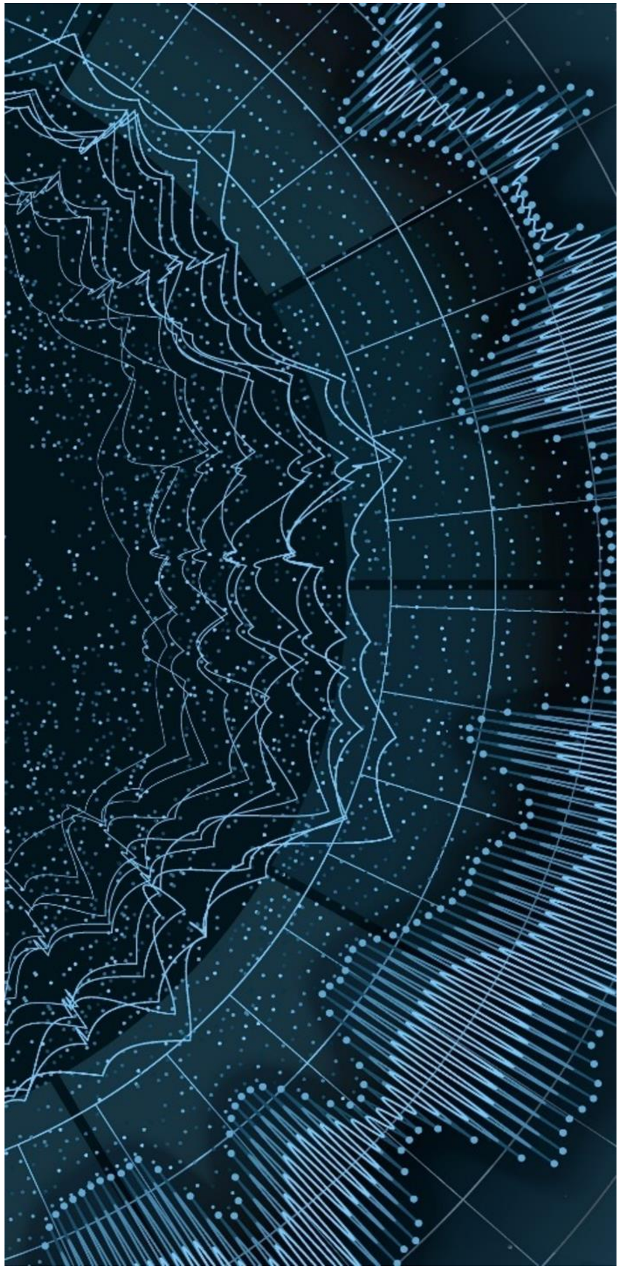
8.4 'Our Plan for Patients' published by the Department for Health and Social Care the day before the government's U-turn regarding the Health and Social Care Levy, announced the provision of a £15m 'Adult Social Care Discharge Fund' intended to 'help get people out of hospitals and into social care support' to free up NHS beds for patients who need them and help improve pathways for people to leave hospital when they are ready.

8.5 During the Autumn Statement in November 2022 the Chancellor announced an increase in funding for the social care sector of up to £2.8 billion in 2023 and £4.7bn in 2024. This will be paid for through delaying the implementation of social care reform (the Dilnot reforms) announced in 2021 for another 2 years, and increasing direct central government funding by £1 billion in 2023 and £1.7 billion in 2024 as well as through increased council tax. The extra funding includes £1 billion to directly support discharges from hospital into the community, to assist the NHS in 2024/25.

8.6 In response to changing demographics, market-based and regulatory factors, the subject scheme will provide modern, spacious, COVID-19-compliant care accommodation suitable for the care needs of the local elderly population.

Key findings – national context

- The UK's elderly population is set to grow dramatically over the coming years, and the predicted rapid increase is likely to continue to drive demand for both non-residential care, such as extra care schemes and other accommodation options, as well as care home beds.
- The increasing dependency levels of those who require care in a care home mean that accommodation must be fit for purpose and flexible, to enable personal and nursing care to be provided effectively and safely.
- There are a number of issues for the sector to address to enable it to keep pace with the projected demand for high dependency care beds. Increasing market expectations, social care funding and staff recruitment are all pertinent, and more recently, COVID-19 has had a significant impact.



9. Commissioning review

9.1 The subject site is situated within the Braintree District Council area of Essex. We have therefore conducted a review of the following documentation:

- *Care Market Strategy November 2017–2021 (2017), Essex County Council.*
- *Essex Joint Health and Wellbeing Strategy 2022–2026.*
- *Care Provider Information Hub, online, available at https://www.livingwellessex.org (officially Essex County Council's 'Market Position Statement' from August 2018).*

9.2 We have provided, verbatim, relevant extracts of the above documents in relation to elderly care below, together with our review

9.3 We would be happy to discuss the proposed care home scheme with Essex County Council's adult social care team as part of the planning application process, if and when required.

Care Market Strategy 2017–2021

1.1. '*We wish to work with existing and new providers to stimulate a different type of care market in Essex. Building on the existing commitment, expertise and knowledge of providers, we aim to create a care market that is focused more on prevention and personalisation, and enables people to live independently for as long as possible*' (page 4).

1.2. '*At the moment we largely act as a purchaser of care and support services from a large number of providers. In the future we will need to become 'the shaper' of a health and care market where individuals purchase care and support themselves. This means we need to enable the "market" to respond to the changing requirements of adults and carers which will involve sharing better quality market intelligence with providers; stimulating new types of providers and solutions; and ensuring the market overall remains viable and sustainable to meet the needs of all citizens, including self-funders. In the future, we see ourselves purchasing fewer services directly from providers*' (page 4).

1.3. '*Demographic change will significantly increase demand for care and support, especially among frail elderly people and working age adults with learning disabilities over the coming years, but will not be matched by increases in public funding*' (page 8).

1.4. '*We will increasingly be focusing our work on prevention, early intervention, recovery and enablement looking to develop service models and invest in areas such as independent living, supported living, technology and preventive services*' (page 8).

1.5. '*We will be working with partners to ensure there are responsive and flexible models of support that prevent hospital admission and/or support timely and effective discharges*' (page 8).

1.6. '*There is rising demand for health and social care services from a growing and ageing population and we know that rising demand is closely correlated to low income, areas of high deprivation and to the effectiveness of primary care. Demand is not spread evenly across the county*' (page 15).

1.7. '*In Essex, by 2025 we expect the number of people aged over 65 to increase by 14% and the number aged 85 and above to increase by 30%. Also, as people live longer there is an increase in the number of people who are developing more complex needs, particularly in later life. There are around 302,600 people aged over 65 in Essex – about 20% of the Essex population, which is higher than the national average. Despite this Essex already has the second lowest rates of admissions to residential care per 100,000 population at 475 per 100,000. The England average is 628.2 per 100,000*' (page 15).

1.8. '*Population growth among older populations is high but variable over the next 20 years:*

- *'The largest growth in the next three years is among those aged 75–79 (+14.7%) and those aged over 90 (+11.9%)*
- *The population aged 65–69 is actually set to fall by 5% over the next three years but then grow by 10% in the years from 2020–25*
- *The largest growth over the next 20 years is among those aged 85–89 (+100%) and those aged over 90 (+130%)*
- *The highest growth for the over 85 population is forecast to be in Maldon (156%), Uttlesford (146%), Braintree (138%) and Castle Point (137%) over the next 20 years'* (page 15).

1.9. '*We are also seeing a significant rise in older people with dementia. The number of people over the age of 65 estimated to have some form of dementia is expected to increase by 5,800 (+28%) over the next few years to 2025, and by 15,900 people (+75.1%) in 20 years to 2035*' (page 15).

1.10. '*We believe there will be a continuing national focus on reducing growth in emergency admissions to hospitals and reducing delayed transfers of care, both of which will have a direct impact on providers*' (page 16).

1.11. '*We have seen growing requests for Direct Payments (DPs) and they are starting to become the normal way of doing business as the County Council seeks to enhance the level of information and advice that helps promote informed decision making.*

Moving forward, commissioning intentions and procurement approaches will now recognise and/or enable service users to occupy one of 3 categories:

- *'Self-funding their care*
- *Eligible for a personal budget, taken as a Direct Payment which the individual manages and spends themselves; and*
- *Eligible for a personal budget, set up as a Managed Service administered on the individual's behalf by the County Council'* (page 22).

1.12. '*We are committed to promoting independence and wherever possible and we will encourage solutions that will help people to remain independent for as long as possible. This starts with working on community wide solutions to promote the health and wellbeing of all citizens and trying to encourage people to make healthy lifestyle choices to remain fit and well for as long as possible*' (page 25).

1.13. '*Where people do require support, it will be designed on the presumption that they can recover, and will build upon their strengths and assets, i.e. what they can do and the resources that are around them to help them recover and regain independence. However, there is an understanding that some people will require ongoing care and support*' (page 25).

1.14. '*We are committed to developing a joint approach with clinical commissioning groups for developing 'intermediate' care services that can:*

- *'Ensure crisis situations are avoided or responded to quickly*
- *Avoid unnecessary hospital admissions*
- *Ensure that where hospital admissions are unavoidable, people only stay for as long as needed*
- *Reduce delays in transfers of care*
- *Support people being assessed for their long term care needs at their optimal point and not at the point of crisis; and*
- *Help people to develop resilient support networks to enable any ongoing care need to be minimised or prevented wherever possible'* (page 25).

1.15. '*The "intermediate care" offer is based upon the principles of "Discharge to Assess" and the "Good Lives Approach" and as a result we will not assess for people's long term care needs whilst they are in hospital or until their crisis situation has been resolved*' (page 25).

Essex Joint Health and Wellbeing Strategy 2022–2026

9.4 *'Essex, like most areas, has an ageing population with the number of over 65-year-olds set to grow by 28% in the next decade whilst the number of over 85s is set to grow even further by 55%. Long term conditions are associated with an ageing population and include avoidable morbidity through stroke and other vascular conditions, including vascular dementia. Identified and well-managed diabetes, blood pressure, cholesterol and atrial fibrillation are important in this area'* (page 14).

Essex Market Position Statement (web based)

Essex Demographics

9.5 *'According to Office of National Statistics the population of Essex people aged 65+ was 311,300 in 2020 this equals to 21% of total Essex population, and the estimates indicate this group will increase by additional 27% by 2035 to approximately 395,000 people. Essex population of people aged 65+ is slightly higher than England average which is 18.6%, and across the nation 11% of adults 65+ are still in employment.'*

9.6 *'Our 85+ population will grow by an additional 24,700 adults in the next 15 years, and we know from previous research that this group of people tend to require more care with much more complex needs. The level of growth will present challenges in respect of expanding public service infrastructure to support a larger population. Importantly for Adult Social Care the key challenge will be in meeting the care needs of an older population that is expected to grow at a faster rate than the working age group and placing greater demand on care and support services.'*

Older People Residential Care Services

9.7 *'The COVID pandemic has resulted in an increased level of unoccupied care home beds across Essex. There has been an increase in the number of providers and homes joining the Integrated Residential and Nursing (IRN) Framework, assisting ECC to secure placements in good or outstanding CQC rated homes.'*

Nursing Care Services

9.8 *'The current overall Market Quality is moderate. There is a need to increase the number of nursing care homes across Essex, including increasing the capacity of the nursing workforce within care homes. Covid has impacted the speed of which we can develop and shape this market.'*

9.9 *'Nursing placements are and have always been relatively hard to source within Essex. There is an expected increase in demand for nursing placements in alignment with our strategic direction to keep adults at home with their families in their community for as long as possible. Adults that do require a nursing care home placement are likely to have more complex needs, including dementia care, and require a shorter term placement. There is a potential this could rise due to COVID and NHS placements in the future.'*

9.10 *'There is no specific evidence to show that nursing placements have been impacted like our residential market, however it is expected that they have the same carer workforce pressures to the residential providers. There is already a concern over the number of nurses, and it is assumed this could get worse if Wave 3 impacts our carer workforce.'*

Carterwood review

9.11 The above documentation is in line with the majority of councils' commissioning strategies across the country and demonstrates trends in local policy decisions for those whose care is funded by the local authority, influenced by cost-saving measures. Our key conclusions from this review are below.

9.12 Local authorities are seeking to manage significantly increased demand for accommodation and care at a time of unprecedented financial austerity by following a new model for adult care provision that effectively maintains the cost of providing residential or nursing care by reducing or limiting the numbers of, and costs for, those who require such services.

9.13 The *Care Market Strategy* sets out how adult social care commissioning in Essex aims to become the 'shaper' of the health and care market to ensure it remains viable and sustainable to meet the needs of all Essex citizens, 'including self-funders'. It confirms the rising demand for social care services from a growing and ageing population.

9.14 The strategy expects 138 per cent growth in the over-85 population in Braintree over the 20 years to 2035 It also projects a significant rise in older people with dementia, with an increase of over 75 per cent over the same timeframe. It expects a continued national focus on reducing delayed transfers of care from hospitals. Although support is expected to be on the presumption that individuals can recover, '*there is an understanding that some people will require ongoing care and support'*. The *Joint Health and Wellbeing Strategy* confirms the ageing population in the county, with an expected 55 per cent growth in the 85+ population in Essex.

9.15 The *Market Position Statement* states that the 85+ population in Essex will grow by '*24,700 adults in the next 15 years* 'and recognises that '*this group of people tend to require more care with much more complex needs*.' It goes on to identify that '*there is a need to increase the number of nursing care homes across Essex'.*

9.16 The *Market Position Statement* confirms that it is the council's '*strategic direction to keep adults at home with their families in their community for as long as possible'*; however, it recognises that in alignment with this, '*there is an expected increase in demand for nursing placements'*.

9.17 The COVID-19 pandemic has clearly highlighted the need for appropriately specified, flexible care home accommodation that enables those residents requiring the highest levels of care to be looked after in a safe environment where they can be effectively isolated from other residents, should this be necessary. The provision of an en-suite is, we consider, a minimum requirement for the provision of such care and the reason that we base our assessment on 'market standard' bedrooms, as a minimum method of assessment.

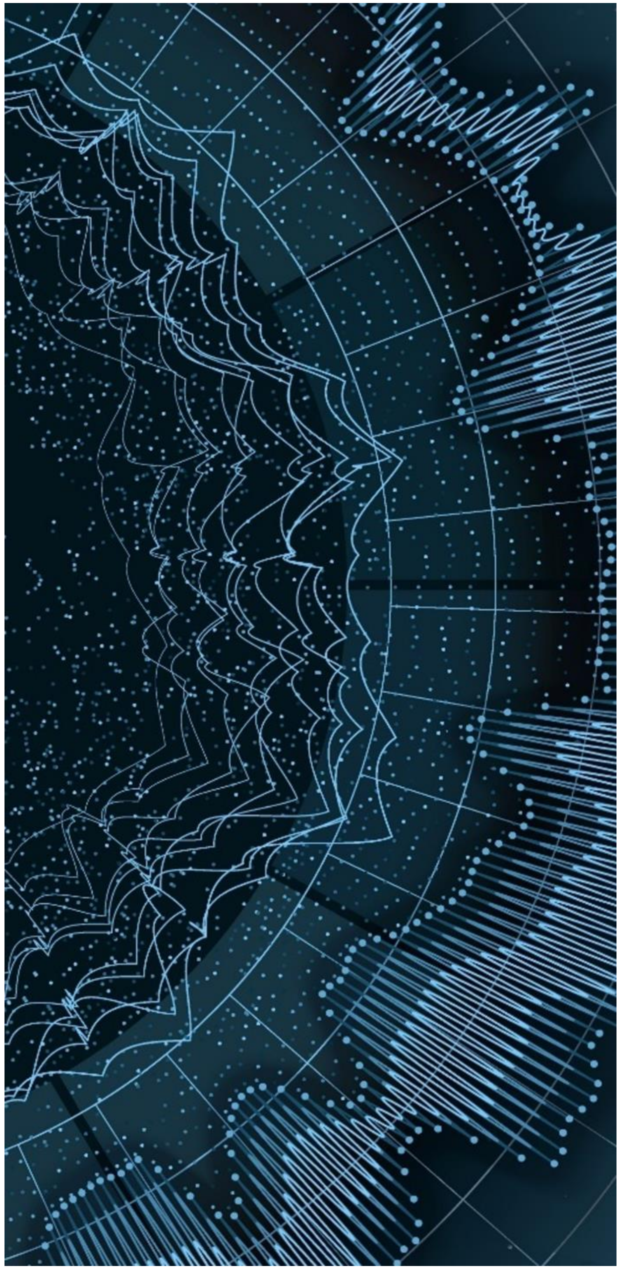
9.18 It should be remembered that Essex County Council is only funding a proportion of those living within care homes that provide nursing and dementia care, and therefore the strategic comments with regard to local authority-funded beds made within the commissioning documentation relate to that proportion of the local population only.

9.19 A significant number of those who would occupy the proposed nursing home would be self-funded and would make their own decision (sometimes with input or by proxy by their family) as to when to enter a care home setting. These numbers will continue to grow. The quality of care and accommodation, along with its location and proximity to family and friends in the local community will therefore be the major drivers of this decision-making process, rather than the commissioning intentions of the local authority.

9.20 The documentation set out above identifies how the demographic pressures of an ageing population will become manifest over the coming decade, with many older adults wishing to downsize their accommodation or to locate to a property in which they can receive assistance, if needed. Those who move into care homes in the future are increasingly likely to have high-level needs or require step-down care. Such needs require well specified, spacious, COVID-19-compliant, flexible care accommodation to enable care to be administered most effectively. The proposed high-quality care scheme has been designed specifically for this purpose and would offer much-needed high dependency care.

Key findings – commissioning review

- Essex County Council's social care strategy is in line with the majority of commissioning councils across the country in that it is seeking to support people to live independently in the community wherever possible, while ensuring that those needing more intensive support can access appropriate services, including care within a registered care home, in a timely fashion.
- Demand for high-dependency nursing and dementia care provision in care homes will, however, continue to rise in line with the growing elderly demographic. Essex's Market Position Statement confirms a current and rising demand for nursing care beds.
- Many of those who would occupy the proposed care home will be self-funded and the quality of care and accommodation together with proximity to family and friends, will be major drivers in the decision-making process, rather than the commissioning intentions of the local authority.
- Sufficient care home bedspaces, suitable for those with higher level nursing and dementia care needs, should be made available for both funded and self-funded older people who require well-specified, specifically designed care home accommodation that enables care to be administered most effectively and efficiently.



10. Need vs Demand

10.1 The Department for Communities and Local Government 'Estimating Housing Need' paper (2010) differentiates between 'need' and 'demand':

10.2 *'These discussions also generally distinguish "need" – shortfalls from certain normative standards of adequate accommodation – from "demand" – the quantity and quality of housing which households will choose to occupy given their preferences and ability to pay (at given prices)'* (page 25).

10.3 Whilst the above refers explicitly to housing, the key themes relate to need being '*shortfalls from certain normative standards of adequate accommodation*'. In our assessment of existing supply, we have assumed that normative standards of adequate accommodation exclude care home bedrooms that do not have the benefit of their own WC and wash-hand basin as a minimum.

10.4 Although the regulator (CQC) currently makes no restriction on care home bedrooms that do not provide an en-suite, we consider that those that do not provide adequate en-suite facilities will fast become obsolete. It is very hard to think of any other form of communal establishment that does not provide en-suite bedrooms meeting minimum acceptable standards, and other uses, such as hotels, do not care for the oldest and frailest members of society.

10.5 We have also provided a separate measure of need based upon 'full market standard' beds. It is arguable that this relates more to 'demand' rather than 'need'. However, on a qualitative basis it is difficult to argue against allowing the oldest and frailest members of society the dignity of being able to shower in privacy, particularly in the current COVID-19 environment, where the benefits of self-isolation and infection control within self-contained bedrooms are obvious.

11. Methodology for quantitative care home need

11.1 We set out below the methodology we have used to assess the quantitative need for care home beds in the assessed catchment areas. Full details regarding our methodology and the use of 'market standard' beds are set out in Appendix B.

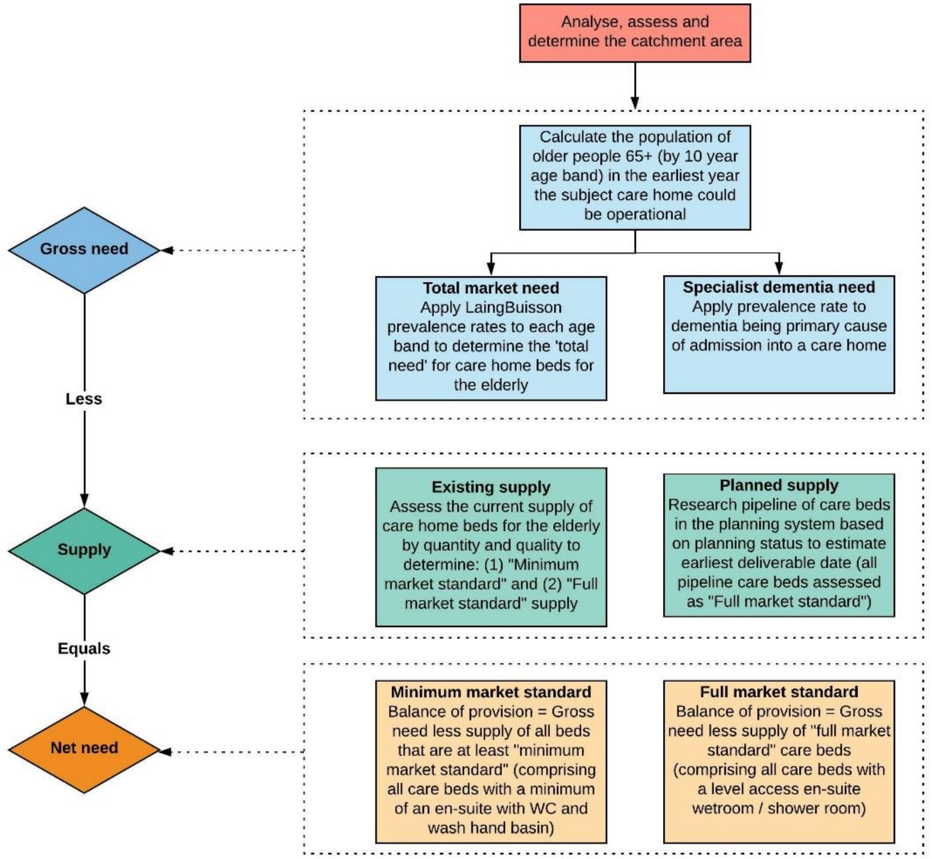


Figure 6: Need assessment methodology

12. Catchment area assessment

12.1 We have undertaken our quantitative assessment of need for the proposed care home on two bases: firstly, a market catchment area, and secondly, the area covered by Braintree District Council, as shown on the map opposite.

12.2 We have previously analysed resident data provided by a number of private operators of high-quality operational care homes, akin to that proposed. From this information, we have calculated the mean distance travelled by each resident into their respective care home. The headline results are provided below.

T11 Average distance travelled to a care home

Comparable location	Average distance travelled by resident (miles)
Location 1: Rural location	5.7
Location 2: Rural location with good A-road links	5.4
Location 3: Urban location	4.3
Overall average	5.1

Source: Carterwood

12.3 The subject site is located to the east of Haverhill. Given the rural nature of the surroundings and the distance of the site from any large conurbations, we have adopted a circa-6-mile market catchment, as shown opposite shaded light blue. Given the site's position on the northern boundary of Braintree District Council area, we consider the market catchment to be a more accurate representation of where residents are likely to travel from.

12.4 The exact perimeter of the catchment is explained by the use of the Census 2011-defined 'output areas' for our analysis of the catchment population. There are approximately 180,000 'output areas' across England and Wales, which form the base unit for all census data and enable a granular level of analysis. They vary considerably in size and shape, covering small areas in urban districts and much larger areas in rural communities due to the fact that all have to include circa 300 people of similar housing types/tenures. The catchment will therefore always be based on a nearest match to the output area data and it is not possible to use a perfect radius around a site or specific catchment, as no data fits perfectly.

12.5 All care homes will also inevitably draw service users in some instances from substantially further than a typical catchment. If the family is the key decision maker in the placement decision then sometimes the service user may move significant distances, which can distort catchment area analysis. Conversely, if the local authority is the key decision maker then the service user's choice can be highly constrained to vacant beds in affordable homes.

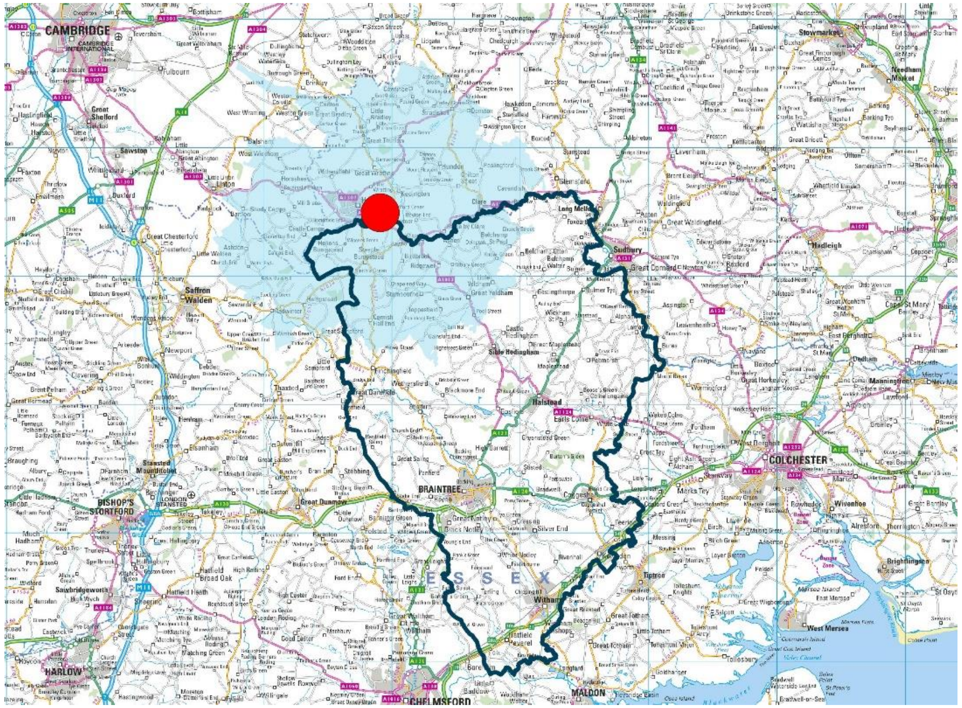


Figure 7: Basis of assessment

The red spot shows the approximate location of the site. The blue shaded area illustrates the market catchment and the dark blue line illustrates the boundary of the Braintree District Council area

13. Need

Population profile

13.1 We have summarised the profile of the elderly population in T12, opposite. With the exception of the 85+ age cohort (which is very close to average), the market catchment is characterised by a higher-than-average population profile compared to the UK as a whole.

13.2 The Braintree District Council catchment is characterised by an older than average population profile when compared to either the market catchment or the UK as a whole.

Gross need – total market

13.3 We have adopted LaingBuisson's measure of Age Standardised Demand (ASD), a tool to predict the risk of an elderly person being in a residential setting at a given age (See Appendix B)

13.4 Table T13 shows the number of people aged 65+ that are at risk of requiring care in a residential setting as at 2025, the earliest the proposed care home could be made available. Our assessment of gross need for residential care is therefore 322 and 1,056 bedspaces within the market and Braintree Borough Council catchments, respectively.

13.5 The gross need for care home beds is expected to rise between 2023 and 2043 by c. 53 and 60 per cent for the market catchment and Braintree District Council area, respectively, assuming all other things remain equal, further indicating an increased need for additional market standard bedspaces.

Gross need – specialist dementia

13.6 Our need analysis is based upon LaingBuisson's 2020 adjustment to the 2012 Centre for Policy for Ageing survey regarding risk of admission with dementia, which indicates that 41.3 per cent of residents were admitted to a care home with dementia as the prevailing cause (See Appendix B).

13.7 Utilising this prevalence rate, we have calculated the gross need in the market catchment area and local authority area from residents with dementia as a primary cause of admission, as shown opposite in Table T14.

13.8 Best practice states that people living with dementia should be cared for within a specialist, dedicated dementia environment. The number of people that are at risk of requiring dedicated dementia care as at 2025 is 133 within the market catchment area and 436 within the Braintree District Council local authority area.

T12 Population profile (2025)

Age profile	Market catchment		Local authority		Differential to UK %	
	Number	%	Number	%	Market	LA
All population	53,584	-	154,464	-	-	-
Age 65+	10,989	20.5	34,421	22.3	1.1	2.9
Age 75+	5,450	10.2	17,743	11.5	0.7	2.0
Age 85+	1,358	2.5	4,557	3.0	-0.1	0.3

T13 Gross need (2025) – total market

Age range	Market catchment	Local authority
65–74 years	28	84
75–84 years	124	401
85 years +	170	571
Need – total market	322	1,056

T14 Gross need (2025) – specialist dementia

Age range	Market catchment	Local authority
65–74 years	11	35
75–84 years	51	166
85 years +	70	236
Need – specialist dementia	133	436

14. Supply

Existing supply

14.1 We have assessed supply based upon minimum market standard bedspaces, which we define as any registered bedroom providing a minimum of en-suite WC and wash-hand basin (See Appendix B).

14.2 Within the market catchment, there are 4 care homes, which provide 190 registered bedspaces, 75 per cent of which are equipped with an en-suite, meeting the criteria of 'minimum market standard', which is slightly above the UK average of 74.3 per cent.

14.3 Within the local authority, there are 25 care homes, which provide 1,356 registered bedspaces, 85 per cent of which are equipped with an en-suite, meeting the criteria of 'minimum market standard', which is above the UK average of 74.3 per cent.

14.4 Only 32 per cent of bedspaces in the market catchment, and 30 per cent of bedspaces in the local authority per cent provide full en-suite wetrooms, some of which may be of the same size and specification as those proposed by the subject scheme.

14.5 The location of the existing care home supply is included in Figure 11 on page 38.

Planned supply

14.6 We have made enquiries with our planning databases and cross-checked planning applications for new elderly care home beds against the relevant planning departments' online planning registers for applications submitted within the last 3 years.

14.7 We have taken the view that any applications older than 3 years would have been developed and included in the current supply or are unlikely to be implemented. This research was carried out on 17 January 2023.

14.8 We have identified 11 planning applications for additional care home beds in Braintree District Council, seven of which have permission granted and four are currently pending decision. All of the applications in Braintree District local authority area are in excess of 11 miles distant from the subject. In addition to this, there is one planning application pending decision for care home bedspaces in the market catchment, which is outside of the Braintree Distict Council local authority area.

14.9 Our analysis assumes that all the planned bedspaces (both those that have planning permission and those pending a decision) will be developed and it therefore potentially overestimates future supply given that a number of the planned schemes may never be developed.

14.10 Full details of any planned supply are included in T24 on page 33.

T15 Existing supply (market catchment)

Care category	No of homes	Total reg. beds	Total en-suite	Total wetroom beds	% en-suite beds	% wetroom beds
Total market provision						
Overall	4	190	143	60	75	32
Specialist dementia provision						
Dedicated dementia homes	0	0	0	0	-	-
Dedicated dementia units	3	79	71	30	90	38
Overall	3	79	71	30	90	38

T16 Existing supply (local authority catchment)

Care category	No of homes	Total reg. beds	Total en-suite	Total wetroom beds	% en-suite beds	% wetroom beds
Total market provision						
Overall	25	1,356	1,148	413	85	30
Specialist dementia provision						
Dedicated dementia homes	0	0	0	0	-	-
Dedicated dementia units	8	206	190	66	92	32
Overall	8	206	190	66	92	32

T17 Planned supply to year of estimated completion

Supply	2023	2024	2025	2026	2027
Market catchment	0	0	120	0	0
Local authority	135	25	105	180	70

T18 Planned supply for need assessment calculations (2025)

Basis of assessment	Market catchment	Local authority
Total market planned beds	120	265
Specialist dementia planned beds	120	124

15. Balance of provision

15.1 We have calculated the gross need for care home beds as at 2025, the earliest the proposed care home could be available, on the following catchment:

- market –based upon a c 6-mile radius from the subject site;
- local authority – the Braintree District Council area.

15.2 Need is assessed for two forms of elderly care:

- all beds – all categories or 'total market' need
- specialist dementia.

15.3 The specialist dementia care need assessment is a subset of the total market need for the provision of living environments that accord with best practice in caring for people with such needs.

15.4 We have assessed the existing supply element on two bases in order to illustrate the impact of stock quality and obsolescence:

- minimum market standard – only en-suite bedrooms;
- full market standard – only bedrooms with full wetroom en-suites.

15.5 T20 provides our analysis of net need in 2025 on the basis that all care bedrooms provide full wetroom en-suites, all planned beds are developed and available at our anticipated timeframe, and there is no change to existing supply. Our assessment indicates total market shortfalls of 169 and 466 en-suite wetroom bedrooms and a shortfall of 282 dedicated dementia en-suite wetroom beds in the local authority, with an equilibrium of dedicated dementia en-suite wetroom beds in the market catchment.

15.6 We have also provided our analysis of net need in 2025 on the basis of minimum market standard bedspaces. There is a net need for 86 'all bed' minimum market standard bedrooms in the market catchment with an oversupply of beds in the local authority area, again assuming all planned beds are developed.

15.7 In terms of 'specialist dementia' care bed need based on 2025, our analysis concludes that there is a net need for 158 minimum market standard beds in the Braintree District Council catchment, assuming all planned beds are developed in our anticipated timeframe, with a potential oversupply of minimum market standard beds in the market catchment.

T19	Primary year for need analysis	
Primary year of assessment	2025	The earliest the subject scheme could be developed and operational

T20 Need analysis summary (2025)

Type of care	All beds		Specialist dementia only	
Basis of assessment	Market catchment	Local authority	Market catchment	Local authority
Gross need				
All bed/specialist dementia need	322	1,056	133	436
Occupancy capacity allowance	27	88	11	36
Total gross need	349	1,144	144	472
Supply				
Current elderly en-suites	143	1,148	71	190
Current elderly wetrooms	60	413	30	66
Planned beds (to 2025)	120	265	120	124
Total supply (en-suite)	263	1,413	191	314
Total supply (wetroom)	180	678	150	190
Net need				
Elderly en-suite	86	-269	-47	158
Elderly wetroom	169	466	-6	282

Assumptions

- Total market need based on ONS data projected to 2025 and Age Standardised Demand (ASD) rates.
- Occupancy capacity allowance adjustment, being a function of occupancy and not registered capacity. We have adopted an 'effective full capacity' level of 92.3 per cent.
- Based upon our COVID-19 forecasting model, we predict historic occupancy levels will have returned by 2025, with no material impact on need.
- Planned supply based upon individual analysis of each scheme and assessment of likely potential development completion.
- The need analysis excludes the subject scheme.
- See Appendix B for full details of our need analysis above.

16. Need growth

16.1 As well as considering need based upon the earliest date at which the home could be operational, we have also considered in this section the need growth over the coming decades.

16.2 The biggest challenge in predicting future need is trying to map the changing market and future patterns of need, regulatory and other requirements.

Population growth

16.3 We have utilised the latest, '2018-based', ONS projected population figures for older people aged 65+. The population growth measure considers the rate of growth of the target elderly demographic between 2022 and 2043 and shows the total growth rate over this period.

16.4 The market growth rates in the market catchment are a little above those in the UK as a whole to 2040, between 2040 and 2043 market catchment growth rates fall behind the UK average. Growth rates in the local authority area are above the UK as a whole for the whole time period analysed. Over the years 2023 to 2043 the total elderly population is projected to have grown by circa 53 and 60 per cent in the market catchment and local authority, respectively.

Need growth

16.5 Evidenced by the reducing prevalence rates for care home beds during the past few years, as alternative forms of care, for example improved home-care, extra care, etc. increase in availability and quality, there may be a further reduction in gross need. However, this 'absorption' into alternative forms of accommodation needs to be weighed against the rapidly rising elderly population.

16.6 The actual balance between the increase in need due to demographic pressures, and reduction due to alternatives to residential care, will be dependent upon a host of national variables, as well as site-specific factors, and is, therefore, impossible to predict with absolute certainty.

16.7 Our analysis in T22 illustrates the full wetroom en-suite need over the period from our base year of analysis to 2035, assuming that existing provision remains equal and that all the planned units are developed. The analysis therefore overestimates the supply, given that planned schemes may not progress over the timescales we have assumed, or be developed at all.

16.8 The chart opposite shows the projected need for new full market standard care home beds from 2025 to 2043 in the market catchment on the assumption that prevalence rates for those requiring care home beds remain constant over time and all currently planned beds (granted and pending a decision) are developed. It makes no allowance for the potential closure of existing, operational care homes.

16.9 The level of undersupply on this basis within the market catchment is clear, and the shortfall is likely to remain, given the scale of the changes to demography over the coming decades and beyond.

16.10 A increase in planning and construction activity would be needed in order to reduce the shortfall of provision.

T21 Elderly population (age 65+) need growth for care home beds

	Year	Market catchment	Comparison to UK average	Local authority	Comparison to UK average
Population growth showing demand for care home beds (%)	2025 (from 2023)	5.1	0.6	5.3	0.8
	2030	18.1	1.6	20.8	4.2
	2035	36.3	1.6	41.7	7.0
	2040	46.6	0.0	52.6	6.0
	2043	53.2	-1.3	60.2	5.7

T22 Indicative need for full market standard wetroom bedspaces to 2035

Supply	2025	2030	2035
Market catchment	169	212	273
Local authority	466	384	613

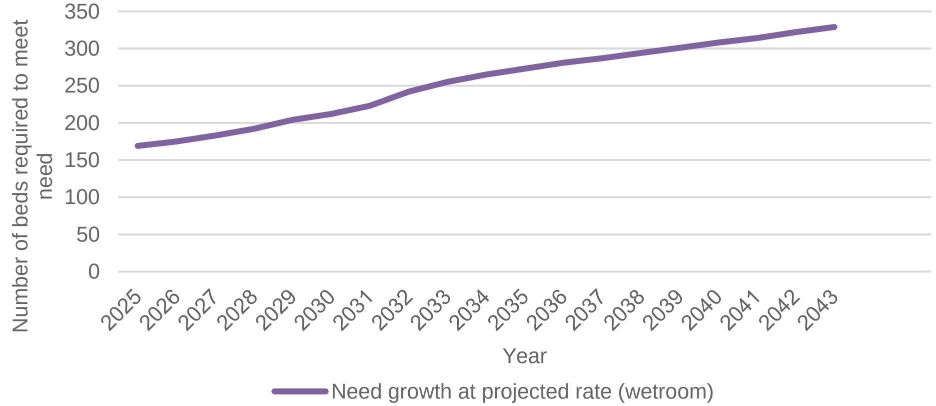
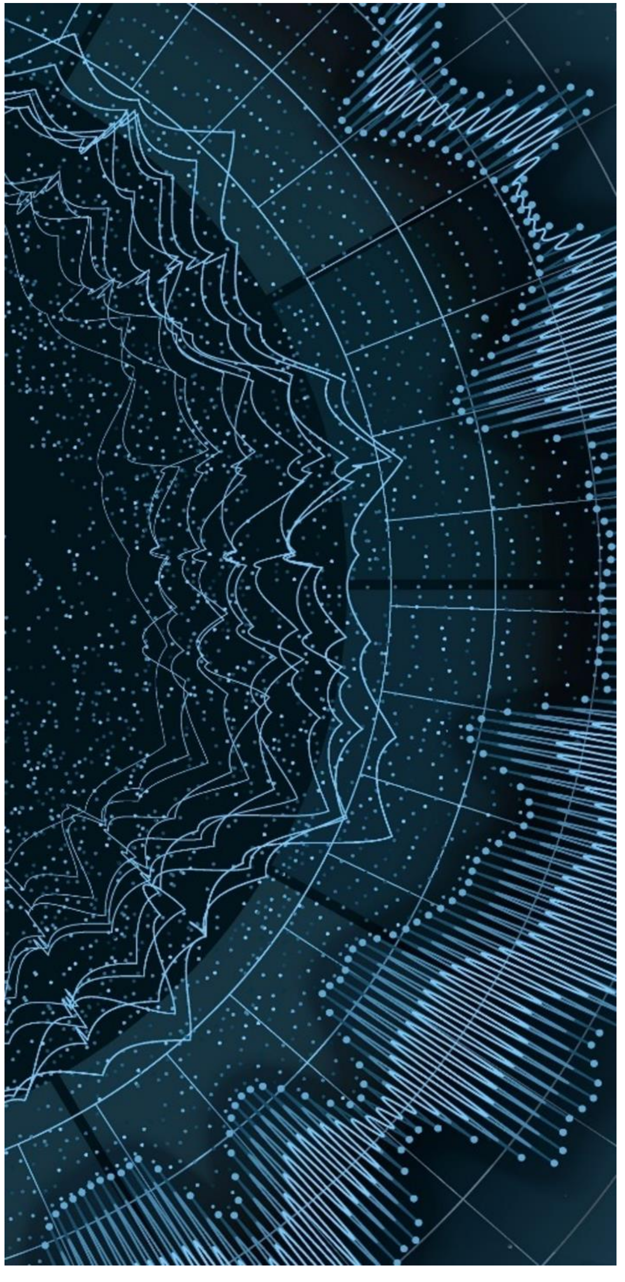


Figure 8: Projected net need for full wetroom market standard beds in market catchment over time



Need assessment – local market qualitative assessment

17. Additional demand from the NHS

Delayed discharges (Essex)

17.1 Another indicator of need for elderly care home beds is derived from assessing NHS hospital discharge data for people aged 65+, which provides an insight into the performance of NHS services and highlights issues in the hospital discharge process.

17.2 Transferring appropriate placements from the NHS to social care is critical due to financial cost savings – NHS beds cost significantly more to provide than care home beds – and effective utilisation of NHS beds for critical illnesses that cannot be delivered elsewhere.

17.3 We have assessed the available (pre-pandemic) hospital discharge data for Essex caused by a wait for non-acute NHS care, including rehabilitation services. Above the average for England at that time, the level of 'bed blocking' (as it is commonly known), shown in Figure 9, highlights a failing of the health and social care system. If the system were functioning with zero bed blocking through more effective use of care home beds, this would reduce reliance on the NHS.

17.4 Recently updated research (King's Fund[1]) confirms the pandemic has had a significant impact on the availability and use of hospital beds. Incentives to moderate demand often struggle to succeed, with progress dependent upon sufficient capacity being available outside hospital to provide appropriate care.

17.5 Even before the pandemic, Essex had a considerable number of delayed days, particularly for personal care. The pandemic is likely to have exacerbated the situation and greater clarity is needed from the NHS in terms of future expectations for health and care bed capacity.

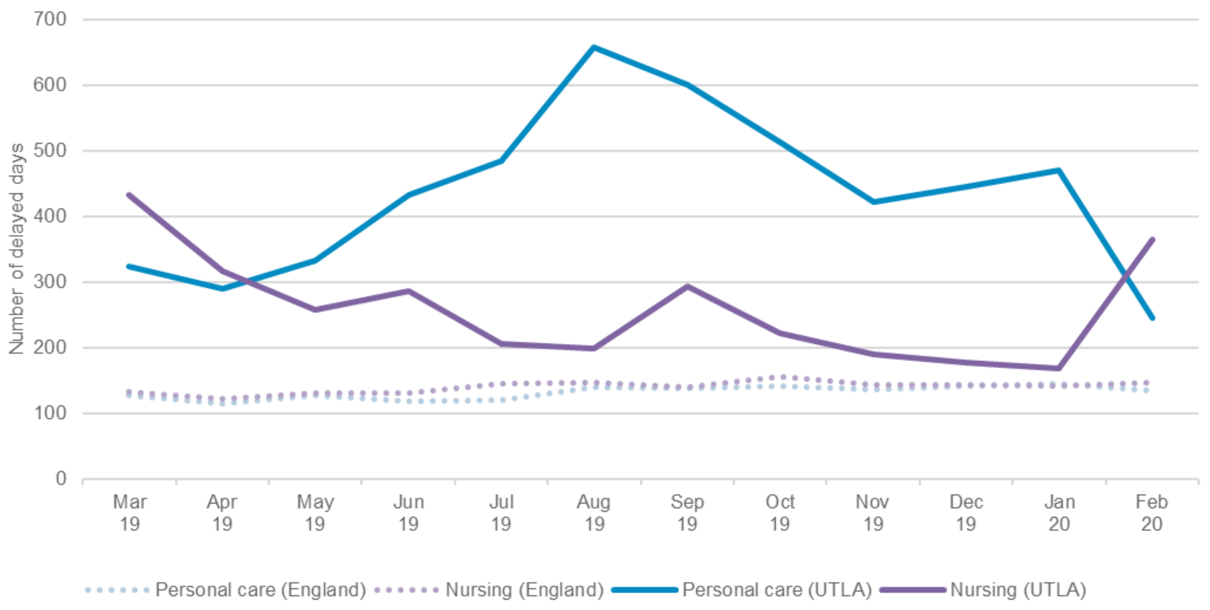


Figure 9: Delayed discharge days awaiting non-acute NHS care in Essex

[1] Ward, D et al (2017 – updated 2021) *NHS Hospital bed numbers*

18. COVID-19 market impact

18.1 COVID-19 has made a significant impact on the social care sector and wider national and international markets and raised questions as to how to best support older adults when experiencing a transmittable illness themselves, or living in a community where there is an outbreak of a life-altering transmittable illness.

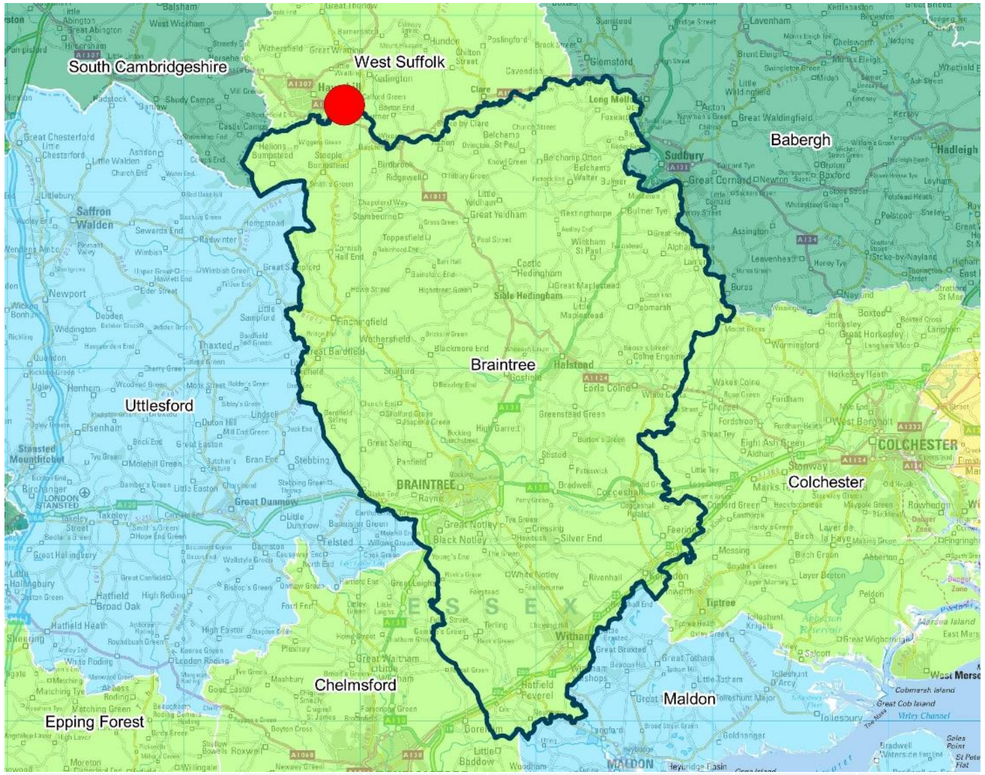
18.2 The pandemic has caused a short-term shift in need for residential care for older people and there remain uncertainties in respect of changes to admission patterns, acute care discharge rates, death rates and other structural/social impacts on the sector. Carterwood have been tracking the market impact of the pandemic and have regularly updated the following key outputs:

- Occupancy low point of 78.8 per cent, reached in June 2020.
- Excess elderly care home deaths during the COVID-19 pandemic compared to the 5-year historic average total 39,086.
- As the pandemic has progressed, weekly deaths within care homes have fallen below the 5-year average, indicating the ongoing recovery of the market. This has offset the total number of excess deaths by 12,704, resulting in a net excess of 26,682 deaths since the start of 2020.
- Based upon forecast elderly population growth rates, recovery now that hat the vaccine programme has been fully implemented, with boosters available, together with the potential loss of care beds most affected, we would expect average occupancy to have returned to pre-COVID levels by 2025.

18.3 Figure 10 shows the number of COVID-19-related care home deaths for Braintree District Council and the adjacent authorities.

18.4 Our need analysis is based upon 2025, the earliest the proposed care home could be operational. Our current analysis of the effect of the pandemic on the care home sector, above, suggests that occupancy will have returned to pre-COVID-19 levels by this time, with no material impact upon the market size estimate.

18.5 We consider that the short-term impact of COVID-19 will potentially result in the closure of care homes that do not offer the quality of accommodation now sought by the market, those with poor CQC ratings or those most adversely impacted by COVID-19 (in terms of occupancy and/or staffing). This is likely to reduce supply and create additional need to cater for a still rapidly rising elderly demographic.



Range	<20	20–41	41–60	61–80	81–100	101–200	201+
Shading							

Figure 10: COVID-19-related care home deaths by local authority (December 2022)

19. Impact of the proposed development – commonly raised questions

19.1 Carterwood is a market leader in the provision of need and demographic analyses in the social care sector. As a result of this expertise, we have been involved in a large number of need assessments submitted to support planning applications, and we are therefore aware of the consistent themes that are raised by adult social care teams and commissioning departments in respect of new care developments and their potential impact upon the local area.

19.2 We have, therefore, summarised below a number of commonly raised queries and issues to pre-empt areas where there may be perceived uncertainty or ambiguity in the need case:

Issue – the proposed care home may impact upon existing health and social care services, and GPs in particular, who are already over-stretched

19.3 An area of the new care home will be made available for a visiting GP to hold an in-house surgery for residents, if required. This may reduce the number of visits to GP surgeries and allow a visiting GP to combine multiple consultations into one visit. The presence of on-site care staff potentially reduces the number of unnecessary trips to GPs, thereby alleviating rather than increasing waiting lists.

19.4 The concentration of individuals within the care home should also assist in reducing the requirement for community nurses, and there are advantages of having residents within one location.

19.5 Further, demand is not created, it is catered to, and the pressure on GPs will not be a direct result of the proposed development, which will provide a much-required care facility to help battle the rising demographic pressure in the area.

Issue – the proposed care home may impact upon already stretched local authority budgets

19.6 Having conducted a plethora of studies across the UK and spoken with a host of social care commissioning teams, our general observation is that local authority placements both into and out of a particular local authority area tend to be broadly neutral.

19.7 There is no doubt that a number of care home residents will move into an area when a new home is developed; however, when there are new schemes in neighbouring boroughs these will have the same effect and draw residents away. Placements by social services to and from neighbouring and surrounding local authorities compensate for each other. In effect, there are just as likely to be as many people leaving the area as there are migrating into the council area, and these two factors effectively cancel each other out.

19.8 We are also aware of the challenge faced by local authorities in funding long-term care for those elderly people who do not meet current saving thresholds. A further potential issue relates to prospective self-funding service users who exhaust their funds and are therefore obliged to seek local authority support for the cost of ongoing care.

19.9 In enquiries we have conducted with other county councils and social services departments, we have ascertained that this type of funding requirement generally tends to amount to less than 1 per cent of the total social services budget for older people (while we have not been able to confirm the exact proportion for Essex County Council in the timescales required for this advice, we would be happy to assist the council in analysing this information if required).

19.10 Also, in our experience, the incidence of this scenario developing is very low compared to the vast majority of self-funding service users, who continue to fund their care throughout their stay. To further guard against this potential issue, care operators often allocate a budget within their own financial modelling for this very reason, to ensure that residents' requirements can be met and the home is genuinely a 'home for life', if required. Also, their admission process and eligibility criteria ensure that any self-funding residents have proof of funds to support themselves financially, normally for a minimum period of 2 years.

19.11 Notwithstanding all of the above, it is inappropriate for financial considerations and viability to be confused during consideration of a planning application. We set out below an extract from an appeal decision from Cheshire East planning authority (reference: APP/R0660/A/12/2188195) in respect of a care village scheme in Handforth. Paragraph 62 of the appeal decision (for which planning permission was granted) is as follows:

19.12 *'The Council has suggested that, due to a lack of need, new residents from outside Cheshire East could have to enter the home to ensure its viability. They would then represent a risk that the Council could be responsible for their future care. The financial concerns of the Council are however not material considerations in this case, as has been found on many other occasions including in the Health and Safety Executive v Wolverhampton City Council & Victoria Hall Ltd [2012] UKSC 34 case. This is the situation notwithstanding an annual increase in those needing Council support in care homes and the Council's 2011/12 expenditure of some £2.2m of support to those unable to afford fees previously met privately.'*

19.13 The above makes it clear that these types of issues are not considerations that should be material in the planning decision-making process and should therefore be disregarded.

Issue – utilisation of domiciliary care as an alternative to the subject scheme

19.14 National policy is seeking for people to remain in their own homes for longer, with any care to be provided by an external domiciliary care company. This outcome has two specific advantages: firstly, a positive outcome for the resident, who can remain in their own home and receive care; and, secondly, reduced spending for any local authority-supported placements, as, on average, costs for domiciliary care are less than for residential care.

19.15 However, while care at home as a policy should be supported as an objective wherever possible, it is economically unviable for the provision of 24-hour 'home care', where the costs of nursing support typically necessitate a residential environment.

19.16 For dementia sufferers, specialist accommodation is also required to cater to this service user group's specialist needs. Where informal care by family or friends is not on hand, or where the demands of the individual become too great, moderate and severe dementia sufferers, more often than not, require care in a residential setting, where 24-hour care and support is on hand in a safe and secure environment.

Issue – extra care/independent living as an alternative to the subject scheme

19.17 Many local authorities are seeking to support the development of extra care facilities that provide residents with 'their own front door' while providing 24-hour on-site security and support. The concept is also being viewed more positively by the private sector, with the development of a range of older people's housing and care alternatives.

19.18 The supply of extra care accommodation should be expanded to enable many elderly people to continue to live rewarding and independent lives for longer. This is not in dispute.

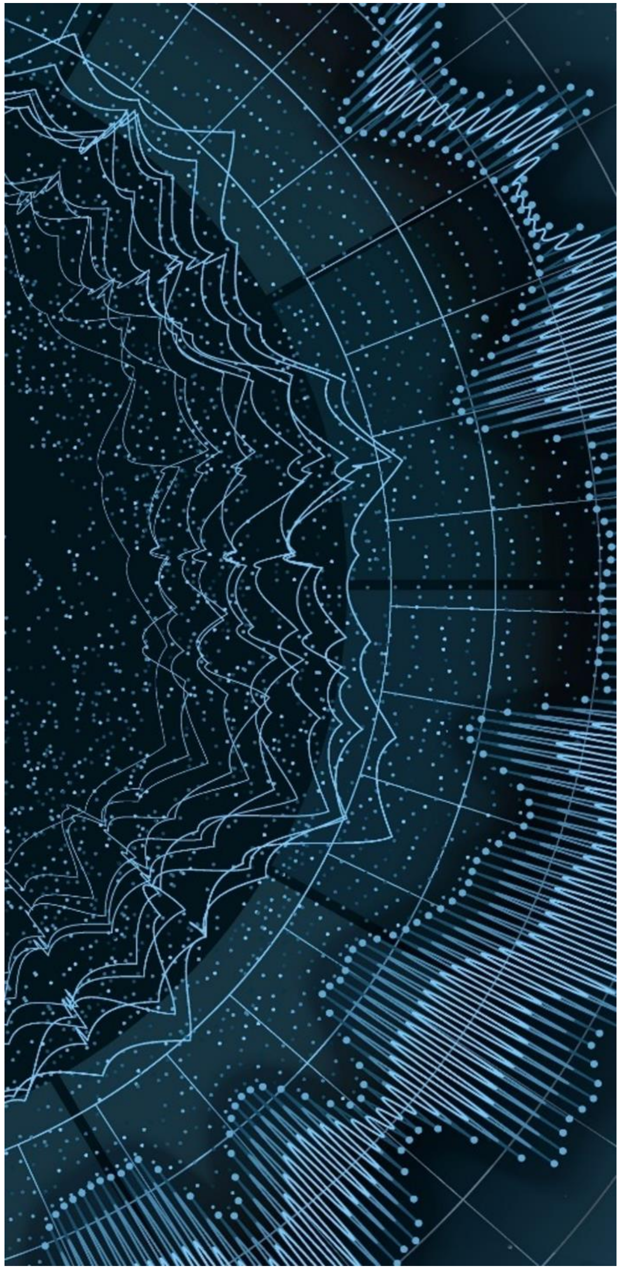
19.19 However, simply increasing extra care provision is not a panacea for the accommodation and care needs of all elderly people and there is increasing recognition of its shortcomings and limitations for high-dependency residents. Given the forecast demographic change, which will increase the cohort of very elderly people, and the prevalence rates of dementia, it is clear that a large number of elderly people will not be able to live rewarding and independent lives in extra care housing and will need 24-hour care home accommodation for the same reasons as identified above.

19.20 In addition, most new extra care schemes in the private sector are aimed at the lower end of the acuity spectrum, as it is difficult, if not impossible, for private purchasers to go through the sale of their own home at the point at which they are frail enough to be considered for entry into a long-term care establishment.

19.21 Dependency levels and lengths of stay continue to rise and fall, respectively, within the residential care sector. The subject development is proposing to meet the highest level of acuity for older people, where 'choice' is replaced with a 'needs-based' decision for themselves or their family/friends/key decision maker.

Key findings – other qualitative factors

- Delayed discharges (or bed blocking) continue to be a nationwide issue, resulting in elderly people remaining in NHS acute settings for longer than necessary, when more cost-effective care home accommodation can be made available to enable step down, rehabilitation or long term care.
- The COVID-19 pandemic has highlighted shortcomings in the social care sector and has reduced occupancy in the short term. This is likely to reduce supply and create additional need to cater for a still rapidly rising elderly demographic.
- The availability of well appointed, COVID-19-compliant, minimum or full market standard bedspaces in care homes that can care for those with high dependency needs is key and will enable NHS acute beds to function more cost effectively and remain available to those who need them.
- A wide range of care and accommodation options will be necessary in the coming years, to provide for the needs of those who require support. Such options will serve to mitigate the impact on social services budgets and provide choice to those who fund their own care. There remain, however, an increasing number of elderly people who are the most frail and those with dementia, who require full-time support within a specifically designed care home that provides high-dependency care, suitable for such needs.



20. Quantitative need assessment for care home beds

20.1 We have calculated the need for care home beds as at 2025, the earliest the proposed care home could be available, on the following catchment areas:

- market – based upon a c 6-mile radius from the subject site;
- local authority – the Braintree District Council area.

20.2 Need is assessed for two forms of elderly care:

- all beds – all categories, 'total market' need;
- specialist dementia.

20.3 We have assessed the existing supply element on two bases in order to illustrate the impact of stock quality and obsolescence:

- minimum market standard – only en-suite bedrooms;
- full market standard – only bedrooms with full wetroom en-suites.

20.4 T23 provides our analysis of net need in 2025 on the basis that all care bedrooms provide full wetroom en-suites, all planned beds are developed and available at our anticipated timeframe, and there is no change to existing supply. Our assessment indicates total market shortfalls of 169 and 466 en-suite wetroom bedrooms and a shortfall of 282 dedicated dementia en-suite wetroom beds in the local authority, with the market catchment at equilibrium in terms of dedicated dementia en-suite wetroom beds.

20.5 Net need on the basis of full market standard wetroom beds is expected to increase to 273 market standard beds in the market catchment and 613 in the local authority area by 2035, which reflects the sustained and escalating nature of need and the requirement for new provision.

20.6 Our analysis at minimum market standard level in T23 indicates there is a net need for 86 'all bed' minimum market standard bedrooms in the market catchment with an oversupply of beds in the local authority area, again assuming all planned beds are developed.

20.7 In terms of 'specialist dementia' care bed need based on 2025, our analysis concludes that there is a net need for 158 minimum market standard beds in the Braintree District Council catchment, with a potential oversupply of minimum market standard beds in the market catchment.

T23 Need analysis summary (2025)

Type of care	All beds		Specialist dementia only	
Basis of assessment	Market catchment	Local authority	Market catchment	Local authority
Gross need				
All bed/specialist dementia need	322	1,056	133	436
Occupancy capacity allowance	27	88	11	36
Total need	349	1,144	144	472
Supply				
Current elderly en-suites	143	1,148	71	190
Current elderly wetrooms	60	413	30	66
Planned beds (to 2025)	120	265	120	124
Total supply (en-suite)	263	1,413	191	314
Total supply (wetroom)	180	678	150	190
Net need				
Elderly en-suite	86	-269	-47	158
Elderly wetroom	169	466	-6	282

Assumptions
- Total market need based on ONS data projected to 2025 and Age Standardised Demand (ASD) rates.
- Occupancy capacity allowance adjustment adopted at 'effective full capacity' level of 92.3 per cent.
- Our COVID-19 forecasting model assumes historic occupancy levels will have returned by 2025 with no material impact on need.
- Planned supply based upon individual analysis of each scheme and assessment of likely potential development completion. All pending beds have been individually assessed based upon the likelihood of imminent development.
- The need analysis excludes the subject scheme.
- See Appendix B for full details of our need analysis above.

21. National context and the proposal

21.1 The proposed, specifically designed, care home will provide 64 single bedrooms, all with en-suite wetrooms, together with a variety of spacious, well-appointed communal areas.

21.2 As hospital stays become increasingly shorter due to delayed discharge legislation, rehabilitation within a care home is often considered as a short-term measure. For those with high dependency nursing needs or dementia, 24-hour care within a care home setting may be the only suitable long-term option.

21.3 The proposed care home will be capable of caring for residents of all dependency levels, including those who require specialist dementia care, by providing flexible, COVID-19-compliant care accommodation to enable care to be administered most effectively and efficiently.

21.4 The UK's elderly population is set to grow dramatically over the coming years, and the predicted rapid increase is likely to continue to drive demand for both non-residential care, such as extra care schemes and other accommodation options, as well as care home beds.

21.5 The increasing dependency levels of those who require care in a care home mean that accommodation must be fit for purpose and flexible, to enable personal and nursing care to be provided effectively and safely.

21.6 There are a number of issues for the sector to address to enable it to keep pace with the projected demand for high dependency care beds. Increasing market expectations, social care funding and staff recruitment are all pertinent, and more recently, COVID-19 has had a significant impact.

22. Commissioning enquiries

22.1 Essex County Council's social care strategy is in line with the majority of commissioning councils across the country in that it is seeking to support people to live independently in the community wherever possible, while ensuring that those needing more intensive support can access appropriate services, including care within a registered care home, in a timely fashion.

22.2 Demand for high-dependency nursing and dementia care provision in care homes will, however, continue to rise in line with the growing elderly demographic. Essex's Market Position Statement confirms a current and rising demand for nursing care beds.

22.3 Many of those who would occupy the proposed care home will be self-funded and the quality of care and accommodation together with proximity to family and friends, will be major drivers in the decision-making process, rather than the commissioning intentions of the local authority.

22.4 Sufficient care home bedspaces, suitable for those with higher level nursing and dementia care needs, should be made available for both funded and self-funded older people who require well-specified, specifically designed care home accommodation that enables care to be administered most effectively and efficiently.

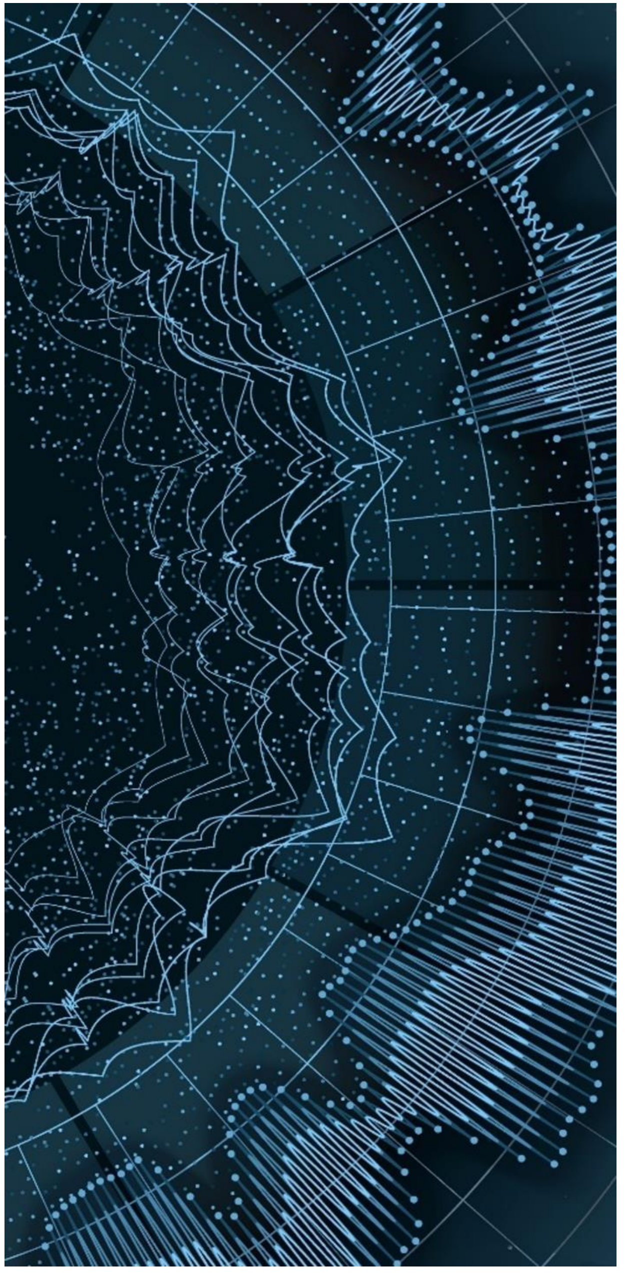
23. Qualitative need assessment for care home beds

23.1 Delayed discharges (or bed blocking) continue to be a nationwide issue, resulting in elderly people remaining in NHS acute settings for longer than necessary, when more cost-effective care home accommodation can be made available to enable step down, rehabilitation or long term care.

23.2 The COVID-19 pandemic has highlighted shortcomings in the social care sector and has reduced occupancy in the short term. This is likely to reduce supply and create additional need to cater for a still rapidly rising elderly demographic.

23.3 The availability of well appointed, COVID-19-compliant, minimum or full market standard bedspaces in care homes that can care for those with high dependency needs is key and will enable NHS acute beds to function more cost effectively and remain available to those who need them.

23.4 A wide range of care and accommodation options will be necessary in the coming years, to provide for the needs of those who require support. Such options will serve to mitigate the impact on social services budgets and provide choice to those who fund their own care. There remain, however, an increasing number of elderly people who are the most frail and those with dementia, who require full-time support within a specifically designed care home that provides high-dependency care, suitable for such needs.



24. Planned supply

T24 Summary of planned provision

Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
Granted											
A	Local authority only	Halstead Hall, Braintree Road, Halstead, Essex, CO9 1SL	Stowlangtoft Healthcare	Demolition outbuildings, extend and refurbish existing redundant building to form 25 bedroom dementia unit and construction of bin and cycle stores, construction of 30 bungalows and layout associated car parking, including sustainable urban drainage system and landscaping.	25	25	No	2024	11.7	21/02449/FUL - 09/06/2022	This application proposes the conversion and extension of a redundant building on site at Halstead Hall to create a 25-bed dementia unit. This extension will be funded by the development of 30 bungalows, aimed at people aged 55 and over. 4 of these 30 bungalows will be of affordable rent.
B	Local authority only	Land west of Panfield Lane, North Springwood Drive, Braintree, Essex, CM7 5RN	Hills Building Group (Colchester) Ltd	Hybrid planning application for a mixed use development including 600 residential units includes 30% affordable housing units, with part submitted in outline and part submitted in detail, where: the outline component of the application seeks approval for: 392 residential units, land for business use, land for the provision of a neighbourhood centre with possible uses including retail, commercial, residential care, health, veterinary and creche uses land for a primary school; land for community sports facilities, the detailed component of the application seeks approval for: 208 residential units	100	25	No	2026	13.3	15/01319/OUT - 02/03/2020	This scheme could include a residential care home of up 100 beds.

T24 Summary of planned provision

Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
C	Local authority only	Land At Braintree College, Church Lane, Braintree, Essex, CM7 5SN	M Scott Properties LLP	Demolition of existing college buildings, structures and facilities and the construction of a 75 bedroom care home and 20 age restricted lifelong homes for those 55 years of age and over (and/or those living with, or supporting someone with a disability), alteration to access, supporting site infrastructure including sub-station, visitor parking, hard and soft landscaping, fences, boundary screening and suds, new public access to an established open space, widening of public footpath along church lane to improve pedestrian access, including sustainable urban drainage system.	75	26	Yes	2023	13.5	19/01743/FUL - 15/10/2020	This site is due to complete Spring 2023 and will be called Braintree Mews Care Home.
D	Local authority only	Braintree Nursing Home, Building 1, 11 Coggeshall Rd, Braintree, Essex, CM7 9DB	Avidcrave Ltd	Erection of three-storey accommodation building.	10	5	No	2025	14.1	19/01860/FUL - 06/12/2019	This 12-bed extension will cause the loss of two existing en-suite bedrooms so a net gain of 10 en-suite beds. We are currently unable to verify if this application has been implemented from a desktop basis, or if it has expired, and have included for completeness.

T24 Summary of planned provision

Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
E	Local authority only	Abbeyfield House, The Chase, Kelvedon, Colchester, Essex, CO5 9AB	Glenavon Care Ltd	Demolition of existing care home and redevelopment of the site to provide a 28-bedroom nursing home (use class C2) together with associated access, car parking and landscaping, including sustainable urban drainage system. This project also includes associated infrastructure works and access roads.	28	14	No	2025	19.5	21/00461/FUL - 07/11/2022	
F	Local authority only	Woodend Farm, Hatfield Road, Witham, Essex, CM8 1EH	Countryside Properties	Application for outline planning permission with all matters reserved - up to 450 residential units including 30% (135) affordable units, commercial floor space, residential care home and day nursery with all associated access, servicing, parking, drainage infrastructure, landscaping, open space and utilities infrastructure.	80	20	No	2026	21.0	19/01896/OUT - 21/07/2022	The applicant clearly stated that it is unlikely that they will build the full capacity of 80 beds.
G	Local authority only	Willowmead Nursing Home, Wickham, Bishops Road, Hatfield Peverel, Chelmsford, Essex, CM3 2JL	Gold Care Homes	Construction of 60-bedroom care home development and associated car parking and landscape gardens plus the demolition of care home.	60	32	Yes	2023	22.1	15/01186/FUL - 26/05/2016	Willowmead Nursing Home currently provides 62 beds across two buildings, although under one registration. This new 60-bed building will replace one of the existing buildings. Completion is expected in 2023.

T24 Summary of planned provision

Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
Pending											
H	Market catchment only	Little Court, Haverhill Road, Little Wratting, Haverhill, Suffolk, CB9 7UD	CARE (Little Court) Ltd	Planning application - specialist dementia care village for up to 120 residents, including 20 six bedroom apartments provided within five buildings, central amenity building containing shop, restaurant, pub, communal hall, offices and staff accommodation, club/hobby rooms, treatment/counselling rooms, vehicle and cycle parking, landscaping proposals and associated works including SUDS.	120	120	Pending decision	2025	1.4	DC/21/0315/FUL	We have been informed that this application has been granted; however, the local authority website has yet to be updated with a decision.
I	Local authority only	Halstead Hall, Braintree Road, Essex, CO9 1SL	Stow Healthcare Group	Extension and refurbishment of existing redundant building to form 37-bed dementia unit.	12	12	Pending decision	2025	11.7	22/02211/FUL	This application proposes a 12-bed extension to Halstead Hall. It is in addition to the 25 beds proposed in granted planned scheme A, 21/02449/FUL, and the two applications combined will result in an increase of 37 market standard beds to the home.
J	Local authority only	Colne House, Station Road, Earls Colne, Essex, CO6 2LT	Kingsley Healthcare Ltd	Proposed internal and external alterations to Colne House, demolition of existing 5-bed annex building, construction of two-storey extension with underground link to provide net 27 additional specialist care bedrooms with associated car parking.	34	0	Pending decision	2025	14.0	22/01686/FUL	This extension will result in a net increase of 34 market standard bedrooms.

T24	Summary of planned provision										
Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
K	Local authority only	St Dominics Residential Home, London Road, Kelvedon, Colchester, Essex, CO5 9AP	St Dominics Residential Home	Construction of a two-storey 21-bedroom care home together with 9 x two-bedroom close care bungalows, with visitor parking spaces, amenity areas and access road.	21	10	Pending decision	2025	19.5	21/02241/FUL	We have been informed that this application has been granted, however, the local authority website has yet to be updated with a decision.
L	Local authority only	Gershwin Park, Land North East of Reid Road, Witham, Essex, CM8 1XU	Church Manor Estates Company Plc	Redevelopment of the site to include construction of single storey building to provide 3 neighbourhood retail units (class e), a three-storey building to provide a care home (class C2) and 44 residential units (class C3) comprising of 21 three-bedroom and 4 two-bedroom market houses and a three-storey building to provide 19 flats (consists of 6 market flats, 9 social, affordable or intermediate flats and 4 affordable flats), alongside access, parking, landscaping and other associated works.	70	27	Pending decision	2027	21.2	21/03618/FUL	-
Total in market catchment					120	120					
Total in local authority area					390	146					

Sources: subscribed data sources and relevant planning departments, Carterwood.

25. Map of existing and planned supply

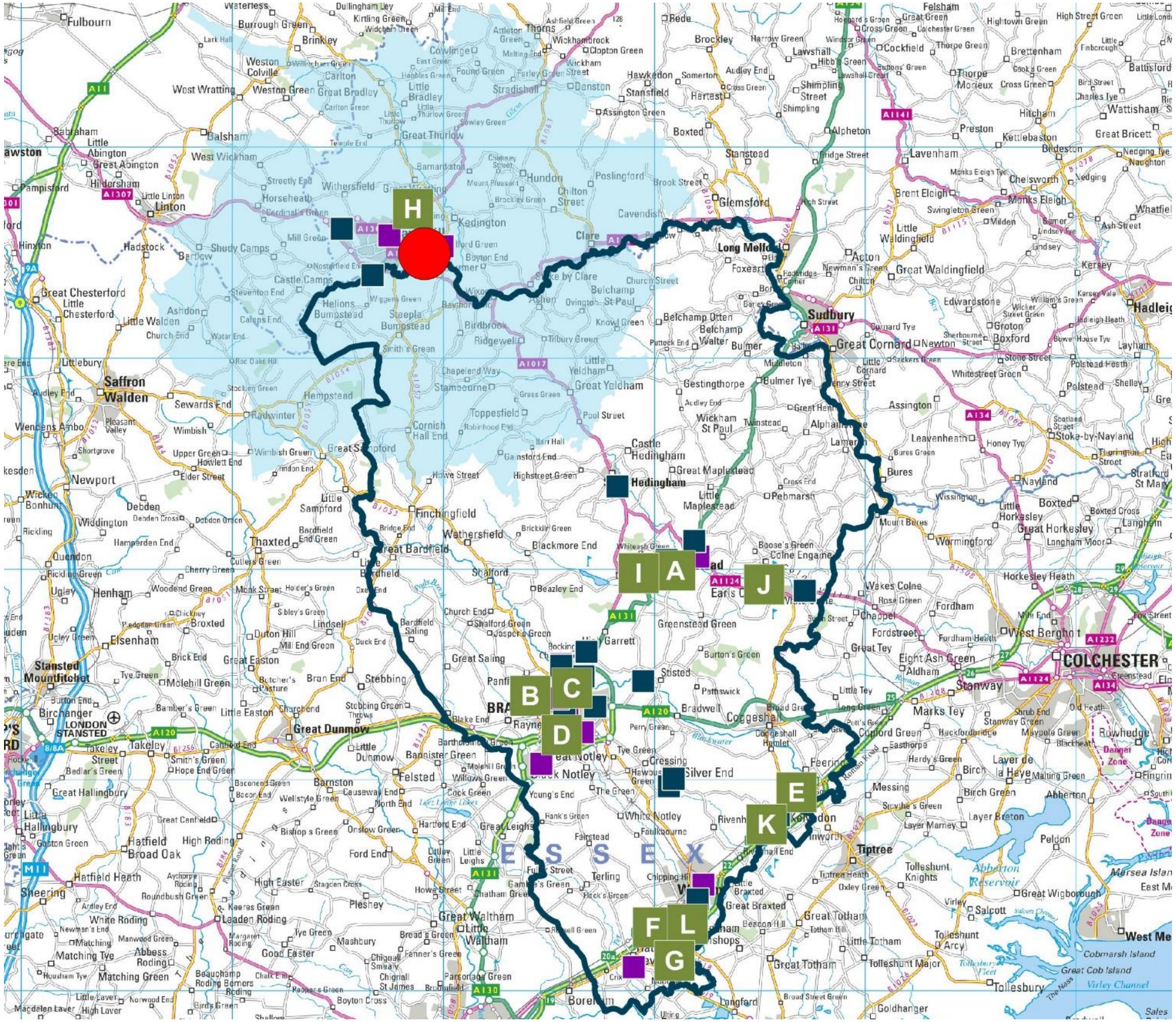


Figure 11: Map of all existing homes and planned supply

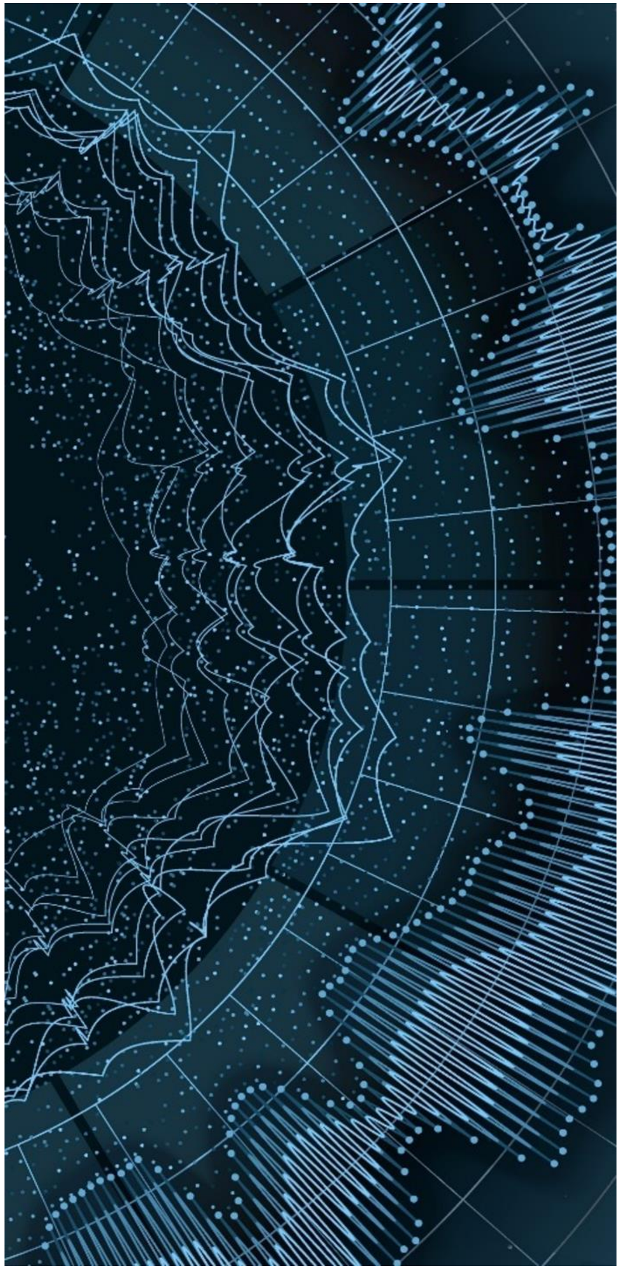
Key:

- Subject site
- Personal care
- Nursing
- Planned provision

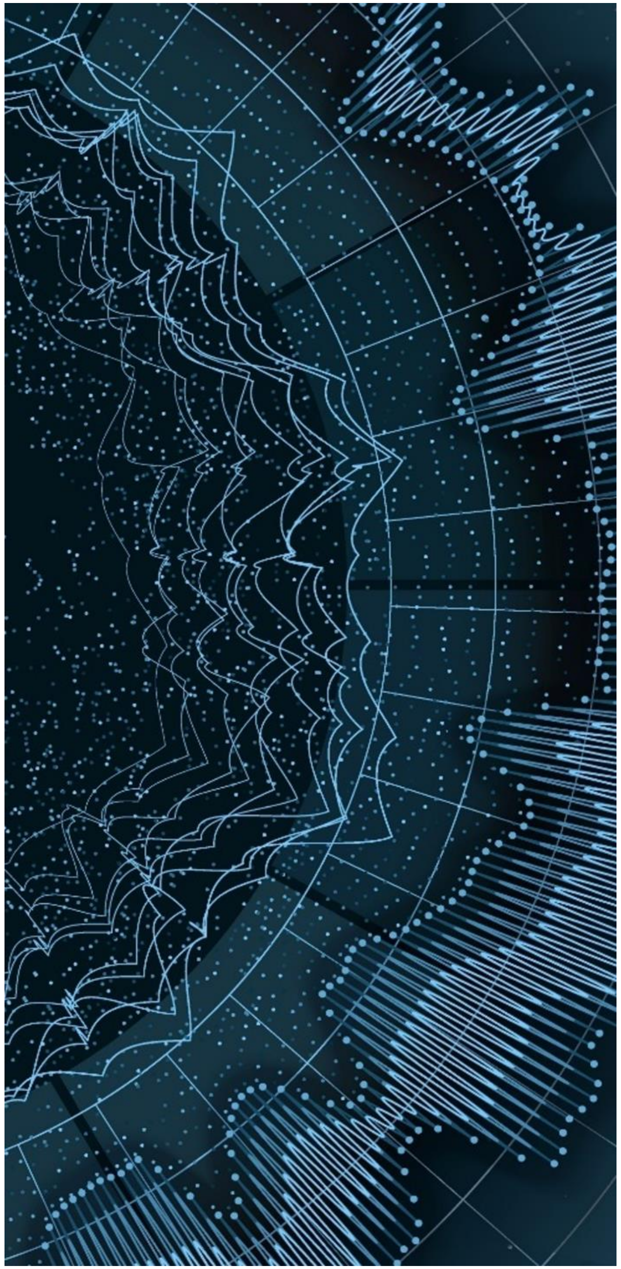
Please note that the locations of all existing and planned schemes are approximate.

Dark blue line shows Braintree District Council area
Light blue shading shows the market catchment.

Figure 12: National map



Appendices



Appendix

A: Sources of information

Sources of information

We have utilised the following sources of information:

- Census 2011 population statistics;
- ONS 2018-based population projections;
- LaingBuisson Care Homes for Older People UK Market Report (32nd edition);
- Carterwood database;
- NHS England;
- A–Z Care Homes Guide;
- www.housingcare.org;
- www.cqc.org.uk;
- Contains Ordnance Survey data © Crown copyright and database right (since 2018);
- Contains LPS Intellectual Property © Crown copyright and database right (since 2016);
- Relevant planning departments;
- Glenigan;
- Planning Pipe;
- Centre for Policy on Ageing: *A profile of residents in Bupa care homes: results from the 2012 Bupa Census*;
- Alzheimer's Society: *Low expectations: Attitudes on choice, care and community for people with dementia in care homes*, February 2013;
- '*Estimating Housing Need'*. Department for Communities and Local Government (2010);
- Essex County Council.

In preparing our advice, we have also relied upon the following:

- Background information provided by the client;
- Documentation submitted with planning application.

In accordance with our definitions and reservations (attached in Appendix D), we have assumed that the information above is accurate and should it be proven through further investigations to be incorrect, then this could affect our advice.

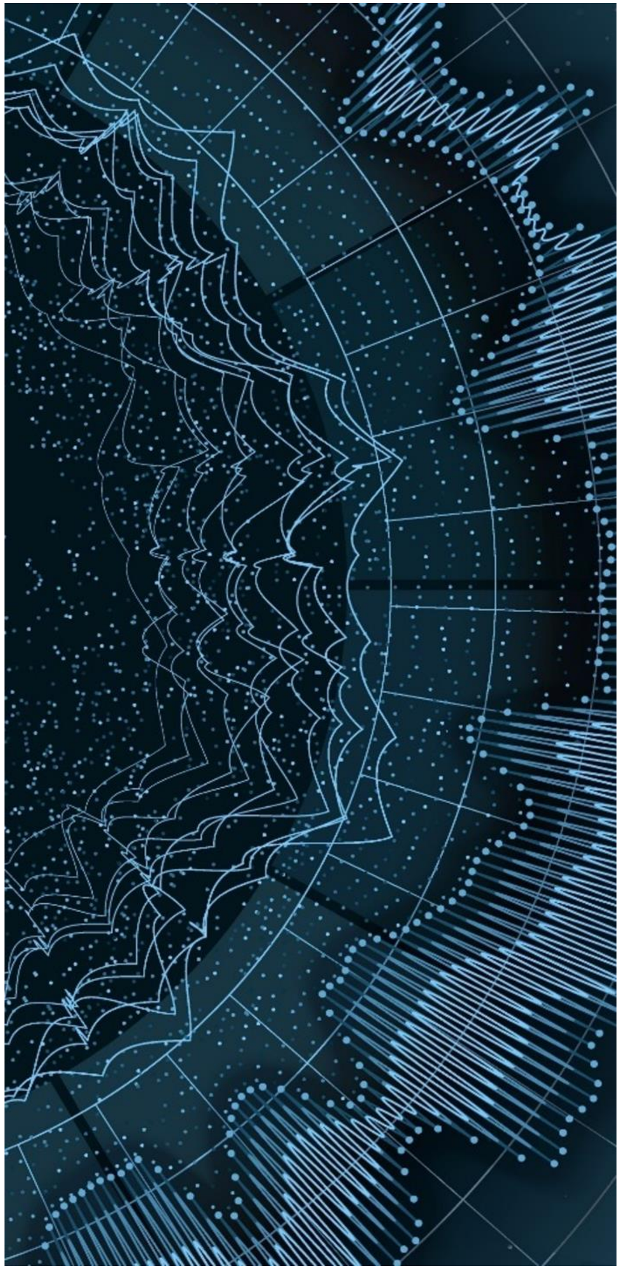
Confidentiality

This report is for the stated purposes only and for the sole exclusive use of the client, to whom it is addressed.

Neither the whole, nor any part of this report or any reference to it, may be included now or at any time in the future, in any published document, circulation or statement, nor referred to or used in any way, without our written approval and context to which it may appear.

Conflict of interest

There are no conflicts of interest that we are aware of that would prevent us from providing our advice.



Appendix

B: Methodology for assessing need and definition of minimum market standard beds

Methodology for assessing net need for 'total market' and 'specialist dementia' care beds

Our need methodology for the catchment area is provided below, with the analysis and results in relation to the proposed care home contained within Sections 10–16 of this report.

Current and future net need for elderly care is influenced by a host of factors. These include the balance between gross need and supply in any given area, and can also be influenced by social, political, regulatory and financial issues.

In our opinion, taking all factors into account, the most appropriate means of assessing whether a particular area has sufficient net need to warrant additional care beds seeks to measure the difference between gross need for elderly care home beds and the current and future supply; we provide below a fuller explanation of the process used.

Gross need (total market)

We assess gross need based upon Census 2011 population statistics and have applied elderly population growth rates to determine the current and future need for beds.

We adopt LaingBuisson's measure of 'Age Standardised Demand' (ASD). ASD is a tool used to predict the risk of an elderly person being in a residential setting at a given age.

The methodology involves taking population statistics by age (65–74, 75–84 and 85+ years) and applying standard UK patterns of care home admission. It should be understood that ASD is, therefore, a function of population; not a direct measure of demand for care services being only an indicator of them. It is, however, the industry-recognised approach to determining gross need for care in a residential setting.

Gross need (specialist dementia)

Our measure is based upon LaingBuisson's 2020 adjustment to the 2012 Centre for Policy for Ageing survey regarding risk of admission to a care home with dementia being the prevailing cause. This indicates that 41.3 per cent of residents within the surveyed care homes were admitted with dementia as the primary cause. Therefore, utilising this prevalence rate, we have calculated gross need within each catchment area from residents with dementia as a primary cause of admission. Best practice states that people living with dementia should be cared for within a specialist, dedicated dementia environment.

This measure, by definition, assumes that the principal reason for admission to a care home is based upon the dementia condition. It should be noted, however, that there may be other physical frailty in addition to this measure. Conversely, there will also be a pool of dementia sufferers who would have been admitted due to a physical frailty/disability, but who now also suffer from some form of dementia.

Occupancy allowance

In both calculations of gross need, above, we have applied an occupancy capacity allowance adjustment, as a function of occupancy (and not capacity of market standards beds). Care homes cannot operate sustainably at 100 per cent occupancy and we adopt an 'effective full' average level of 92.3 per cent, to ensure that every home has sufficient capacity to cater for excessive winter death rates, other seasonal variations, local demand spikes, vacancies between admissions, infection control, etc.

Current supply

We provide a detailed analysis of the existing care home provision for older people, which analyses the quality of accommodation and total number of bedspaces.

In the event of any anomaly in our subscribed data source, *A–Z Care Homes Guide*, we cross-reference against the CQC website and, where necessary, we review the home's/operator's website or contact the home directly to confirm the query.

In our assessment, we include care homes registered for either personal or nursing care and those that provide both forms of care. There is, as yet, no industry-recognised measure of assessing the need for solely nursing or solely personal care.

Planned supply

We assess planned supply within the catchment by conducting a review of all applications for new care home beds within the planning system (both new-build and extensions) that have been granted, refused, withdrawn or are pending decision. This is cross-referenced against the online planning website for the relevant local authority and, where an anomaly exists, we contact the planning officer, if required, to determine the number of planned beds, either with planning permission or under construction.

Additional bedspaces are of key importance as they are likely to be of a high standard and provide significant competition to the proposed care home, once completed and trading. In our analysis we assume all planned bedrooms will provide full en-suite wetrooms (unless the plans indicate otherwise).

We search for planning applications submitted over the past 3 years. Where an application has been refused or withdrawn, we enter the postcode into the local authority online planning facility to identify if a subsequent application or appeal application has been submitted. We would note that the planning registers to which we subscribe are not definitive and may exclude some applications as they rely upon each local authority for provision of the information.

A proportion of planned care home beds are never implemented; however, for completeness, we include all planned schemes regardless of their deliverability. Beds granted permission, but not yet under construction, have potential for alternative residential C3 schemes to take their place.

We differentiate the planned schemes by estimating the earliest potential timescale for deliverability, depending on their planning status, the likelihood of imminent development or whether there is any evidence that construction has commenced.

Balance of provision/net need

We combine the results of our gross need analysis with our assessment of existing supply and planned provision to provide a measure of the balance of provision within the catchment, or net need.

The measure utilises a 'maximum planned supply' scenario, based on the earliest year the subject scheme could be made available, assuming those planned beds considered deliverable by the same year are developed and operational. This is likely to overstate the number of beds that will actually come forward from the planning system.

We consider this methodology is a logical, industry-recognised means of establishing if there is a net need for additional elderly care home beds in any given area.

Going forward, it is harder to predict future industry trends and there are other factors that may influence the longer-term need for care services, which include:

- political and regulatory change;
- funding constraints;
- increase in adaptive technology and 'telecare', prolonging the ability for people to remain in their own homes;
- medical advancement;
- COVID-19or other pandemic/outbreak of life altering transmittable illness.

We provide an indication of need growth between the years 2023 and 2043 in Section 16. This estimate assumes that all other factors remain equal, with the only variances being the increased gross need for care based upon the rise in the number of elderly persons and the anticipated year of completion of all schemes currently in the planning system.

Definition of ‘minimum market standard’ beds

In calculating the current supply of beds, we assess the total provision of minimum market standard beds. We define minimum market standard beds as the total number of bedrooms operated by each home that provide en-suite facilities. An en-suite is defined as providing a WC and wash-hand basin and does not necessarily provide shower/bathing facilities.

We do not assess the shortfall of bedspaces based upon the total registered capacity. A care home’s total registered capacity is often greater, as it includes the maximum number of bedspaces that the care home is registered to provide by the sector’s regulator, the Care Quality Commission (CQC), for England, the Care Inspectorate Wales (CIW) or the Scottish Care Inspectorate. This registered provision will therefore include:

- minimum market standard bedrooms;
- under-sized bedrooms;
- homes with internal or external stepped access – which therefore require a level of physical acuity and may limit the resident from being able to access and occupy the room;
- bedrooms accessed via narrow corridors – making them unsuitable for persons confined to a wheelchair;
- bedrooms above or below ground floor level that are accessed without a shaft lift – a significant challenge in the provision of any care, but particularly when providing high dependency nursing care;
- bedrooms of an inappropriate size and shape – preventing two care assistants from being able to assist a person into and out of their own bed;
- historic shared occupancy rooms – now only ‘marketable’ as single occupancy bedrooms, as market expectations and commissioning standards rise;
- bedrooms that lack en-suite facilities – en-suites have been actively encouraged for the last 20+ years, wherever possible in new developments, both by the government’s regulator as well as by the market. Both are trying to drive increased quality and meet basic expectations that current referrals and their next of kin see as mandatory.

We are aware of some local authorities previously suggesting that, as the CQC continues to register existing care homes that do not comply with the definition of minimum market standard, the total registered capacity should be the appropriate basis of assessment of market supply.

However, this argument fails to take account of the rising dependency levels of those referrals into residential care. The profile of care home occupants has changed markedly over the past 10 years or so, and failure to address the shortcomings in the existing standard of care home supply will mean inadequate accommodation for those who require the most care over the coming years, as the well-publicised rapidly ageing population starts to take effect.

In our opinion, it is the local authority and not the government’s regulator that holds the ability to influence developments and drive spatial and environmental quality forward. In this respect, Carterwood has been involved in a considerable number of successful planning applications and has submitted need assessments using an identical methodology to that prepared as part of this submission, where the need case has been accepted by the relevant local authority during the application process. We are pleased to provide examples of such below which evidence both the geographical and temporal nature of these planning permissions:

- Trb Ltd, Trb Drive, St Asaph Business Park, St Asaph, Denbighshire, LL17 0JB (planning ref: 40/2021/0309) Erection of a 198 bed Registered Care Home (Use Class C2), landscaping, parking facilities and associated works.
- The Springbrook, Stockport Road, Grappenhall and Thelwall, Warrington WA4 2WA (planning ref: 2021/38631) Full Planning (Major) – Proposed demolition of existing public house and erection of a three-storey building comprising of a 70-bed care facility (Use Class C2) with associated car parking and landscaping.
- Chelford House, Coldharbour Lane, Harpenden AL5 4UN (planning ref: 5/19/1642) – the redevelopment including the demolition of the former Chelford House to a 63-bed care home (C2 Use Class), with amendments to access, parking, amenity space and associated infrastructure. Allowed at appeal APP/B1930/W/20/3259161.
- Langley Court, South Eden Park Road, Beckenham, BR3 3BJ (planning reference: 18/00443/FULL1) – redevelopment of the site to provide 280 residential units (Use Class C3), a Use Class C2 care home for the frail elderly, retention of the sports pavilion, retention of the spine road, provision of open space and associated works.
- Harpwood, Seven Mile Lane, Wrotham Heath, Sevenoaks, TN15 7RY (planning reference: 18/02137/FL) – demolition of existing care home building (use class C2) and erection of a replacement care home (use class C2) with associated car parking, refuse and external landscaping.
- Marie Foster Centre, Wood Street, Barnet, EN5 4BS (planning reference: 18/5926/FUL) – demolition of existing buildings and construction of a part two-, part three-storey building with accommodation in the roofspace and at lower ground floor level, to provide a 100-room care home with associated communal areas, amenity space, buggy store, refuse/recycling store, cycle store and sub-station. Provision of 43 off-street parking spaces.
- Land north east of Ex-Servicemen’s Club, Scotland Road, Carnforth, Lancashire, LA5 9JY (planning reference: 18/01183/FUL) – erection of a care home building comprising of 118 bedrooms and communal, staff and services areas, with associated internal road layout, car parking and landscaping, creation of a new access and construction of a new retaining wall.
- 11 Elmfield Avenue, Stoneygate, Leicester LE2 1RB (planning reference: 20171457) – demolition of single dwelling and construction of a three-storey 72-bed care home (class C2), access, parking, landscaping, trees and other associated works (amended plans).
- Carpenders Park Farm, South Oxhey, Watford, Hertfordshire, WD19 5RJ (planning reference: 17/1010/FUL) – demolition of existing buildings and provision of 76-bed care home, with landscaping improvements, the upgrading of an existing access, provision of car parking, and associated infrastructure.
- Rayleigh Close, Rayleigh Road, Hutton, Essex, CM13 1AR (planning reference: 17/01527/OUT) – outline application for the construction of a 55-bed assisted living and a 77-bed care home development together with associated communal facilities, access, basement car, cycle and mobility scooter parking, refuse storage area, landscaped grounds and associated works following demolition of existing buildings. (Landscaping reserved matters).
- Farthings, Randalls Road, Leatherhead, KT22 0AA (planning reference: MO/2016/0594): The erection of 62-bed care home, 35 assisted living units, 26 family houses and 17 affordable dwellings, together with access, parking, public open space including a Locally Equipped Area of Play (LEAP)
- Brethrens Meeting Room, West Street, Farnham, GU9 7AP (planning reference: WA/2015/0641) – erection of a care home with nursing (Class C2) with related access, servicing, parking and landscaping following demolition of existing place of worship (as amended by plans and documents received 02/07/2015 and 16/07/2015 and as amplified by additional information received 08/05/2015).
- Grays Farm Production Village, Grays Farm Road, Orpington, BR5 3AD (planning reference: 14/00809/FULL1) – demolition of the existing buildings and redevelopment to provide a 75-bed care home with landscaping and associated car parking.
- Land west of Banbury Road, Adderbury, Oxfordshire, OX17 3PL (planning reference: 13/01672/HYBRID) – Phase 1: Construction of a 60-bed elderly nursing home.

Phase 2: Construction of extra care facility of up to 3,450 sq. m (GIA).

- Old Silhillians Association Ltd, Warwick Road, Knowle, Solihull, B93 9LW (planning reference: 2013/867) – development of a 60-bedroom care home with car parking/servicing area and landscaped grounds.
- 50–54 West Street, Reigate, RH2 9DB (planning reference: 13/01592/F) – development of a registered residential care home for the frail elderly, following demolition of three existing dwellings.

In each instance, the adult social care team accepted that, while the total registered capacity was greater than the number of minimum market standard bedspaces, the quality, design and type of bedspace could not be ignored, and the premise of assessing bedspaces on a minimum market standard basis was accepted by each respective council.

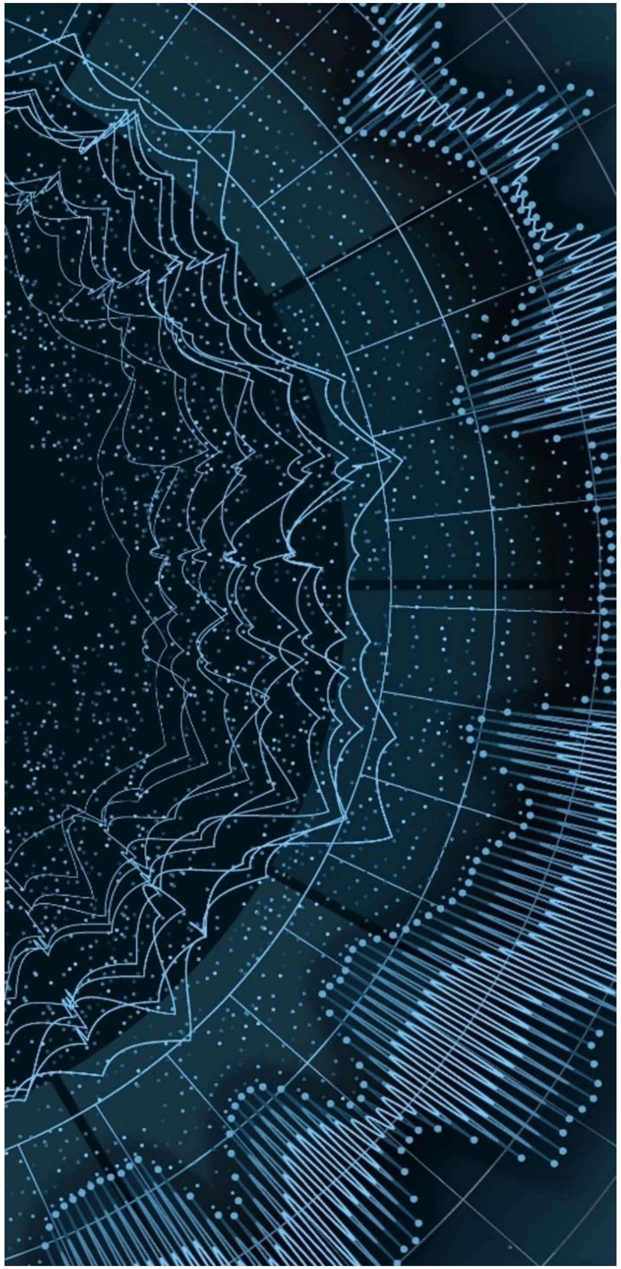
We have adopted minimum market standard beds due to the rising expectations of quality required by service users as well as previous regulatory requirements to provide en-suite facilities, and best practice. We consider that, going forward, homes that do not provide adequate en-suite facilities will fast become obsolete.

This method of assessing supply, utilising minimum market standard beds, is accepted market practice by all operators we currently undertake feasibility work for, when considering the development of new facilities. We have prepared over 4,000 site feasibility/need assessments since 2008, all of which adopt the minimum market standard bed approach.

All new care homes provide en-suite facilities, and most now provide larger bedrooms with en-suite wet/shower rooms to enable the service user to be bathed without the necessity for larger communal bathrooms; therefore, all new beds are classified as ‘full market standard’.

It should be noted that the quality of en-suite provision in existing homes may vary significantly, from large wetroom facilities to small, converted cupboards with a WC and wash-hand basin.

Other factors also influence what determines a minimum market standard bedroom, including room size, layout and configuration, as well as a host of factors not related to the physical environment, most importantly the quality of care being provided to service users. However, with the information available, and without making qualitative judgements as to the calibre of any home, we consider it the most appropriate measure of elderly care home provision available upon which to assess need.

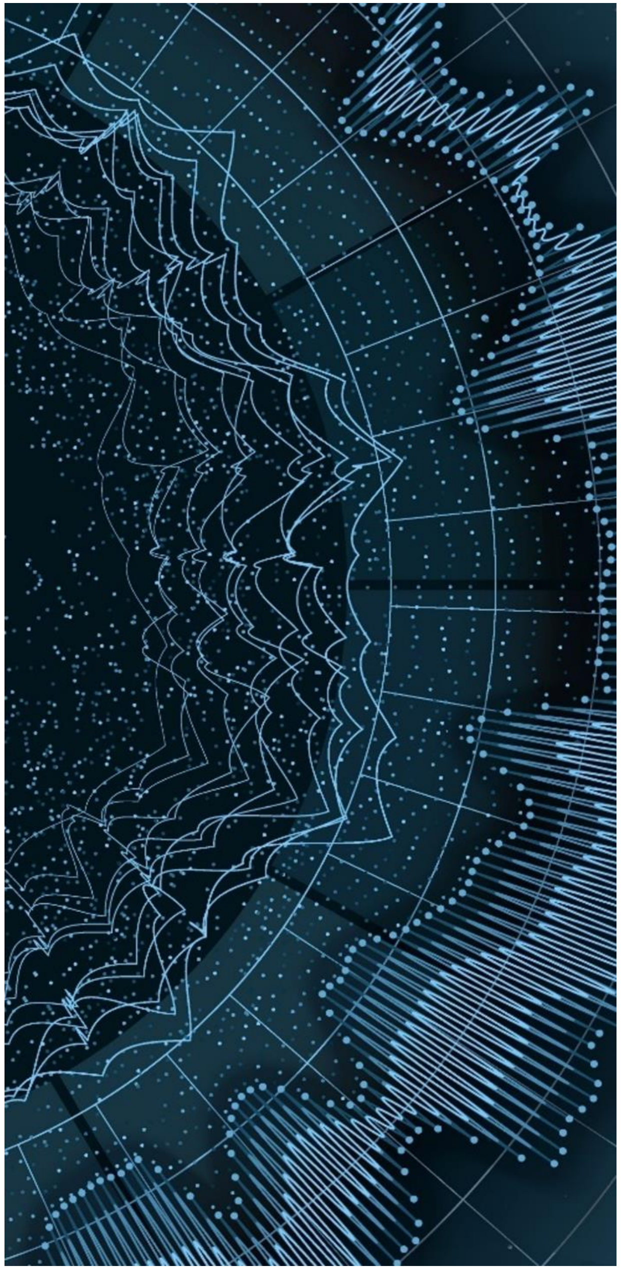


Appendix

C: List of tables and figures

Tables

Figures



Appendix

D: Definitions and reservations

Timing of advice

Our work commenced on the date of instruction and the collection and compilation of data and other research contained within our work was undertaken at varying times during the period prior to completion of this report.

The report, information and advice provided during our work were prepared and given to address the specific circumstances as at the time the report was prepared and the scope and requirements set out in the engagement letter. Carterwood has no obligation to update any such information or conclusions after that time unless it has agreed to do so in writing and subject to additional cost.

Data analysis and sources of information

Details of our principal information sources are set out in the appendices and we have satisfied ourselves, so far as possible, that the information presented in our report is consistent with other information such as made available to us in the course of our work in accordance with the terms of our engagement letter. We have not, however, sought to establish the reliability of these information sources by reference to other evidence.

The report includes data and information provided by third parties of which Carterwood is not able to control or verify the accuracy.

We must emphasise that the realisation of any prospective financial information or market or statistical estimates set out within our report is dependent on the continuing validity of the assumptions on which it is based and may be subject to other variables and factors outside the scope of our report. Any assumptions stated in the report will need to be reviewed and revised to reflect market conditions. We accept no responsibility for the realisation of the prospective financial or market information. Actual results may be different from those shown in our analysis because events and circumstances frequently do not occur as expected, and the differences may be material.

Measuring and predicting demand is not an exact science, and it should be appreciated that there are likely to be statistical and market related factors that could cause deviations in predicted outcomes to actual ones.

We have undertaken certain analytical activities on the underlying data provided by third parties to arrive at the information presented. We cannot and do not accept responsibility for the completeness or accuracy of this underlying data.

Where we have adapted and combined different data sources to provide additional analysis and insight, this has been undertaken with reasonable care and skill. The tools used and analysis undertaken are subject to both internal and external data-checking, proof reading and quality assurance. However, when undertaking complex statistical analysis it is understood that the degree of accuracy is never absolute and there is inevitably variance in any findings, which must be carefully weighed up with all other aspects of the decision-making process.

The estimates and conclusions contained in this report have been conscientiously prepared in the light of our experience in the property market and information that we were able to collect, but their accuracy is in no way guaranteed.

All advice has been prepared on a ‘desktop’ basis and where we have prepared advice on a ‘headline basis’, we have conducted a higher level and less detailed review of the market. If commissioning a Headline Market Analysis report it we recommend commissioning a comprehensive market analysis report before finalising the decision-making process. Where we have provided ‘comprehensive’ advice, we have used reasonable skill and endeavours in our analysis of primary and secondary (for example, Census, Land Registry, etc.) data sources, but we remain reliant upon the quality of information from third parties, and all references above to accuracy, statistics and market analytics remain valid.

Purpose and use

The report has been prepared for the sole use of the client and any other persons specifically named in our engagement letter and solely for the purposes stated in the report. The report should not be relied upon by any other person or for any other purposes. The report is given in confidence to the client and any other persons specifically named in our engagement letter and should not be quoted, referred to or shown to any other parties without our prior consent.

The data, information and any conclusions in the report should not be used as the sole basis for any business decision, and Carterwood shall not be liable for any decisions taken on the basis of the same. The client should independently verify any data or information in the report which may be relevant to taking a business decision.

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Extraordinary market factors

The trading environment of the care sector in the UK, which impacts upon market conditions, remains in a volatile state. Contributing factors include some ongoing uncertainty around the post-Brexit trading conditions, operating with the legacy and future risks of COVID-19 and the effect of the conflict in Ukraine and the resulting inflationary pressures. Our reports are prepared using high quality data and expert analysis from our experienced team. Any recommendations made are based upon the market and financial climate as at the date of the report, but do not take into account future economic or market fluctuations caused by the events outlined above or other unforeseen events. With this in mind, it may be prudent to review a commissioned report periodically in light of any significant developments that may affect the care sector.

Census 2021

This report contains data in relation to the 2011 census. The England and Wales 2021 census took place on 21 March 2021 and at present there is no confirmation of when the data will become available due to the Scottish census being delayed until 2022. We are monitoring the current situation, but we anticipate that data will not be available until 2022 at the earliest.

Intellectual Property

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