

5 March 2024

Future Space, North Gate (UWE)  
Filton Road, Stoke Gifford, Bristol, BS34 8RB

Ms C Wallis  
Senior Planner  
Braintree District Council  
Causeway House  
Bocking End  
Braintree  
CM7 9HB

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Dear Ms Wallis

**The Woodlands Hotel, 421 Coupals Road, Starmer, Haverhill CB9 7UW**  
**Planning Ref: 23/01994/FUL**

1.1. I refer to the above planning application:

*Demolition of the existing buildings on site, and the construction of a 64 bedroom care home (use class C2), together with access, car parking, landscaping and associated works.*

1.2. Carterwood prepared a planning need assessment (CPNA) in February 2023, submitted with the application, which assessed the need for care home beds for the elderly and the specific need for dedicated dementia care beds, based on the circa 6-mile market catchment and the Braintree District Council (BDC) local authority area.

1.3. I write as a follow up to the receipt of a consultation response received from Mr Matthew Barnett, Head of Strategic Commissioning and Policy at Essex County Council (ECC), dated 18 January 2023, with regard to the need for the proposed care home.

Response from Adult Social Care

1.4. The response makes reference to the ECC's recently published *Market Shaping Strategy 2023*, an online document published on 28 March 2023, after the CPNA was completed.

1.5. It also refers to ECC's *Market Position Statement*, an online document, last updated on 30 September 2023. The document (previous version) was reviewed in the CPNA.

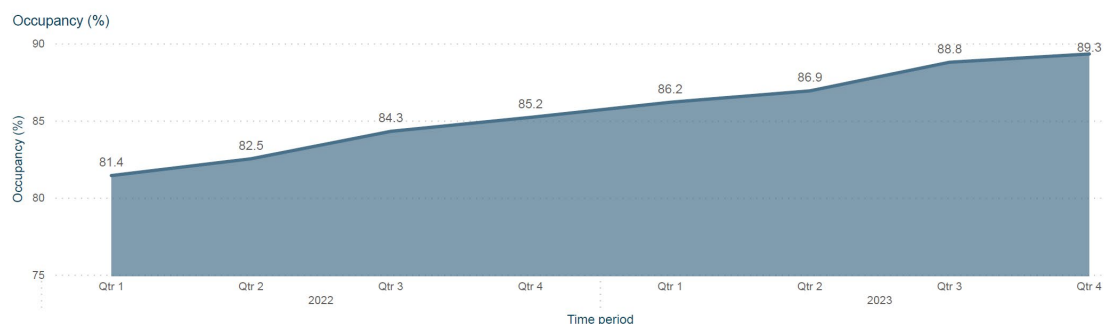
1.6. In terms of the MSS, Mr Barnett draws attention to the fact that ECC are '*placing greater emphasis on supporting people at home and increasing extra care housing for older people*'. On this basis, ECC are intending to make fewer residential care placements and those who do need a care home placement will have '*more complex needs later in life (including complex dementia and nursing care needs)*'.

1.7. It is suggested that existing provision in Braintree is '*under-used*' as it is currently at 88% (based on data from December 2023) and that to be viable in the long-term it should be operating at occupancy levels of around 95%.

1.8. Based on Carterwood Collab data<sup>1</sup> for Quarter 4, 2023, occupancy across the care home sector had continued to recover steadily, reaching 89.3%, surpassing the pre-pandemic average of 87.3% (as shown overleaf).

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<sup>1</sup> App A Trading performance pulse (March 2024) - Carterwood, Collab utilises accurate trading data, from real sector operators, including many of the top 20 operators in Great Britain



- 1.9. These figures are further substantiated in research<sup>2</sup> regarding occupancy levels in care homes since the pandemic, with average annual occupancy levels pre-pandemic being consistently between 85% and 89% and with the average level for 2022/23 having returned to circa 87%.
- 1.10. On this basis, the comment that care homes need to return to 95% occupancy to be viable is out of kilter with the national situation and is significantly above average occupancy levels even pre-pandemic. Care homes will inevitably have times when occupancy is reduced to allow for void periods between admissions, for re-decoration and refurbishment of bedrooms, infection control and any stops on referrals etc. To suggest that homes need to operate at 95% occupancy to remain viable is unrealistic.
- 1.11. Mr Barnett's response suggests that he *'does not think there is a need for additional care home provision in the area at present'*. This assumption appears to be based on the fact that occupancy is at 88%. Given that occupancy fluctuates on a daily basis and the data for Braintree used to form his assessment is for the month of December 2023 only, it seems shortsighted to simply state there is no need for the proposed care home. On the basis that the application needs to go through the planning process and, if granted permission, the proposed care home would need to be developed and registered with the Care Quality Commission (CQC), the earliest it is likely to be available to accept referrals is 2026.
- 1.12. In addition, there has been no qualitative assessment of care home supply and simply assumes that all existing bedrooms in the Braintree District Council local authority area will continue to operate whether or not they meet with current market expectations or are suitable for more complex dementia and nursing care needs of those who now require a placement in a 24-hour care.
- 1.13. In terms of existing supply of care home beds in the District, from our assessment, out of a total of 1,431 CQC registered bedspaces, only 85% are in single en-suite bedrooms, and 34% with full en-suite wetrooms. While in both cases these figures are a little in excess of the average for Great Britain, (78% and 32%, respectively), there is still room for significant improvement in the quality of supply. This is further evidenced by the details for the Braintree Care Home market provided by Strategic Commissioning, as only 69% of care homes in the District are CQC rated 'good' or 'outstanding'. While these ratings apply to more than just the quality of accommodation and also consider the operation of each home, it does show that 31% of existing care homes 'require improvement'.

<sup>2</sup> App B UK Care Homes Trading Performance Review (2023). Knight Frank.

- 1.14. As set out in the CPNA<sup>3</sup>, A significant number of those who would occupy the proposed care 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<sup>4</sup>. 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.
- 1.15. As a care home developer, and existing operator through Country Court Care, Linx Construction have undertaken due diligence as part of their proposed investment in the development of the subject scheme.

Local context

- 1.16. The CPNA<sup>5</sup> provided an overview of the strategic documents prepared by Essex County Council (ECC) in its role as the relevant local authority for the commissioning of adult social care<sup>6</sup>. In order to update the local context for the proposed scheme, I have reviewed the more recently online versions of the MSS and MPS referred to in the response from Adult Social Care
- i) Adult Social Care Market Shaping Strategy 2023–2030 (online)
- 1.17. The *Market Shaping Strategy* (MSS) refers to ECC's duty to both shape and understand the local adult social care market to stimulate a diverse range of care and support services to meet need. It states that Essex's population is 1.5 million and growing by 10,000 every year. 21% of the population is over 65 years, and by 2040 is predicted to increase to 25%. Nearly 3% of the population is over 85, and this will increase by 24% in the next 10 years.
- 1.18. ECC want to see fewer people admitted to long-term residential care, where it suggests there is an over-supply of care home beds, in favour of greater choice of, and capacity in, community-based services, supported living and domiciliary care. This, it suggests, '*will see residential care become a smaller, but still critical, part of the Essex care market by 2030*'.
- 1.19. ECC advises that:
- 'There is growing demand for complex care, particularly in nursing and dementia care – yet there are already challenges in meeting current levels of demand'*
- 'There will always be some people whose care needs are so complex that they require greater levels of support, often in a residential care setting. It is important that we can meet such complex needs in Essex, rather than people having to seek support out-of-county.'*
- ii) Market Position Statement (Online) – updated 30 September 2023)
- 1.20. The ECC *Market Position Statement* (MPS) states the following with regard to residential care services for older people:
- 'There is currently an oversupply of residential care homes in the market. There is a need to work with the market to ensure care home provision meets future demand and need, including an increase in nursing care provision. Covid has impacted the speed of which we can develop and shape this market.'*

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<sup>3</sup> Carterwood Planning Need Assessment (February 2023) page 15 and executive summary.

<sup>4</sup> App C Summary planning need statement for Braintree District Council local authority area. February 2024.

<sup>5</sup> Carterwood Planning Need Assessment (February 2023) – Section 9, page 13

<sup>6</sup> Care Act 2014 – Part 1, Section 5 – General responsibilities of local authorities.

- 1.21. The MPS confirms that the COVID pandemic resulted in an increased level of unoccupied care home beds across Essex. It makes the point, however, that since the end of the pandemic, the number of residential placements across Essex has increased. While the report suggests that 60 care homes have less than 80% occupancy, we are not provided with any detail on the date occupancy levels were measured, the size or quality of the homes or whether they were more significantly impacted by the pandemic for any particular reason.
- 1.22. The MPS also provides market data for residential and nursing care for older people for the six months between 1 April 2023 and 30 September 2023 which indicates a different picture. This cites occupancy at an average of 88% (compared with 92% pre-pandemic) across the care homes in the county and states that there have been two market exits (closures) since 1 April 2023, as set out in the table below:

Essex Market	
No. Homes	201
No. Beds	9,933
% Homes CQC rated Good or Outstanding	78%
Total Occupied Beds (including ECC funded)	8,655
Occupancy %	88%
Occupancy % for ECC funded Adults	37%
Market Entrants since 1.April 2023	0
Market Exits since 1.April 2023	2

- 1.23. In line with ECC's strategy to keep adults at home in the community for as long as possible, we are advised that there has been a *'gradual decrease in the number of placements made by ECC into residential care homes across Essex which has maintained (sic) into 2023'* The MPS continues, however, that *'there is pressure to secure additional nursing provision across Essex. Our expectation is that when adults require a residential placement it is likely the adult's needs will be more complex and for a shorter period of time'*.
- 1.24. In terms of the quality of provision, ECC make the point that, *'There is an ambition that whenever someone is placed in a care home, it is in a home that has a good or outstanding CQC rating'*.
- 1.25. MPS considers that there are a number of risks that need to be managed over the next 18 months: i) there could be an increase in homes exiting the market, ii) the NHS may increase demand for residential placements from hospital, and iii) Long Covid could bring older people into Social Care earlier (55+).
- 1.26. As at September 2023 ECC Adult Social Care's focus was to complete a review of residential homes to ascertain future requirements, and play an active role in shaping residential provision. This may include *'shaping some residential homes into nursing homes or providing intermediate care provision'*.
- 1.27. In terms of nursing care, the MPS states that there is a need to increase the number of nursing care homes across Essex as placements are, and have always been, relatively hard to source within the county. ECC expects an increase in demand for nursing placements in alignment with the Council's strategic direction to keep adults in their community for as long as possible. Adults that do require a nursing care home placement are then likely to have more complex needs, including dementia care, and require a shorter term placement.
- 1.28. The potential loss of care homes where occupancy has not returned to pre-pandemic levels is a distinct threat, in some cases where such care homes do not meet current market expectations in terms of the quality and suitability of accommodation or because they lack the economies of scale necessary to remain viable. The potential increased demand from the NHS and as a result of Covid mean that local authorities should ensure that both a suitable *quantity* and *quality* of care home provision is available to meet need.

- 1.29. It is evident that while ECC are promoting alternative, more affordable options for the support, care and accommodation of older people, particularly those who are state-funded, there remain an increasing number of older people who would need to fund their own care and whose care needs will also progress to the requirement for full time care in a care home. Those who do go on to require such care are likely to have high dependency and complex needs which will require modern, future-proof, purpose designed accommodation.

Updated need assessment

- 1.30. It is now just over a year since the CPNA was completed and I have therefore provided an update to reflect the 2021 Census. My updated need assessment is again based on the BDC local authority area and the circa 6-mile market catchment for the proposed care home. The research was updated on 15 February 2024 and incorporates any changes to existing and planned care home provision. I have provided my updated review of planned supply and earliest likely deliverability<sup>7</sup>. Planning need is now based on 2026 (previously 2025), being the earliest the subject care home could be made available, should planning permission be forthcoming. To clarify, the figures in the need assessment exclude the proposed 64 bedrooms.
- 1.31. The pandemic has been a watershed for the care home sector with care operators learning from its impact on residents and staff. This has resulted in care homes being designed to be more flexible with smaller clusters of residents and the availability of a range of dayrooms. Stringent infection control measures and the ability for residents to self-isolate in their own bedrooms with appropriately sized full wetroom en-suites are also key to providing care home accommodation that is both fit for the future and appealing to those whose needs mean that full-time care is the best or only option for them.
- 1.32. The CPNA defines a 'market standard' bedroom as providing a minimum of an en-suite with WC and wash-hand basin although it does not go so far as to stipulate a minimum size, accessibility or suitability for purpose.<sup>8</sup> All new care homes provide spacious en-suite bedrooms, the vast majority being 'full market standard bedrooms' akin to those proposed at the proposed care home, providing spacious bedrooms with en-suite wetrooms that include a level-access shower to enable bathing and personal care to take place within a resident's own room.
- 1.33. The analysis based on 2026, assuming all planned care beds expected to be delivered by the year of assessment are developed and operational (whether or not they actually proceed) and there is no loss of existing supply, indicates a net need for **150** minimum market standard dedicated dementia care beds in the BDC local authority area. Net need increases substantially to **369** bedrooms (including 274 dedicated dementia beds) if the analysis is based on 'full market standard' care bedrooms providing en-suite wetrooms, similar to those proposed in the subject scheme.
- 1.34. The figures for the market catchment indicate a shortfall of 65 care beds at minimum market standard as at 2026. At full market standard level there is an expected under-supply of 148 care beds assuming all planned schemes are delivered and there is no loss of existing supply.
- 1.35. In terms of projected need over the ten year period to 2036 from our year of assessment, based on full market standard beds this increases significantly, to a shortfall of **561** care beds (to include 258 dedicated dementia beds) in the BDC local authority area and 252 in the market catchment.

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<sup>7</sup> App C Summary planning need statement for Braintree District Council local authority area. February 2024.

<sup>8</sup> Carterwood Planning Need Assessment (February 2023) Appendix B 'Methodology', 'Definition of market standard beds' and Section 8, 'Key issues for the sector'.

- 1.36. On the basis of the projected shortfalls and the difficulties in re-configuring existing care homes to provide full market standard bedrooms, there is a need for a number of new care homes to meet anticipated need for the increase in older people and to replace existing stock which no longer meets with market expectations.
- 1.37. I consider it is important to note that ECC is currently funding approximately 32% of older people occupying care homes in the Braintree District, 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.
- 1.38. The majority of those who would occupy the proposed care home are likely to be self-funding 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.
- 1.39. The significant increase in net need for full market standard care beds over the period to 2036 in the BDC local authority area, even assuming all currently planned schemes progress, emphasises the sustained growth in the elderly demographic. The pandemic has highlighted the need for 'fit for purpose' care home accommodation suitable for those with dementia and complex care needs. It is incumbent on BDC to ensure that a variety of modern, well-equipped supply is available.

#### Qualitative Assessment of Need

- 1.40. The care home will provide a variety of communal rooms to include lounges and dining rooms, an activity room, library, cinema and private dining room. This will enable residents to spend time and interact with others, receive guests or enjoy family celebrations. A hair salon will further benefit the well-being of residents as will the fully accessible landscaped garden.
- 1.41. It is intended to meet this qualitative need for future-proof care homes that incorporate the latest technology for the safety of residents, and provide the space for staff to provide the most effective care, within a building which is specifically designed to accommodate the most frail elderly people and those living with the later stages of dementia, for whom domiciliary care and remaining within their own homes is no longer an appropriate option.
- 1.42. The availability of care beds suitable for rehabilitation or step-down care in the local area can assist in reducing the level of delayed discharge and free up much needed NHS hospital beds. The provision of a modern, well equipped care home enables residents to remain within their local community when they have more complex care or dementia care needs. This reduces staffing requirements when compared to providing higher levels of domiciliary care to dispersed homes within the local community and releases under-occupied family homes back to the housing market.

#### Summary

- 1.43. As an operator-led development, the proposed care home is specifically designed for purpose, having regard to the needs of the local community and providing an attractive option for those older people whose personal and dementia care needs progress to the requirement for full-time care. It is intended to provide a well specified, fit-for-purpose and future-proof care home. The proposal would also lead to a range of additional benefits for both residents and the local community.

- 1.44. The pandemic put social care in the spotlight, particularly the need for well- specified, purpose-designed bedrooms in care homes which provide a safe, infection-controlled environment suitable for those with the most complex needs who require 24-hour intermediate, nursing and/or dementia care. Timely accessibility to appropriate care and support is clearly required to reduce reliance on the NHS, and prevent both hospital admissions and delayed discharges (bed blocking).
- 1.45. ECC Adult Social Care Commissioning have identified risks to the supply of care beds in terms of obsolete homes exiting the market, increased demand for residential placements from hospital , and the effects of Long Covid. The authority is completing a review to ascertain future provision requirements. Importantly, it considers that there will always be people whose care needs are so complex that they require greater levels of care and support in a residential care setting.
- 1.46. It would be impractical for those older people with more advanced dementia and those with more complex care needs to continue to be supported to live independently as there may come a point where the level and cost of care required means such alternatives are no longer feasible, with a move to a care home being most the most appropriate option.
- 1.47. While there are schemes in the planning pipeline, and these are included within my analysis whether or not they progress, in the BDC local authority area there is a net need for an additional **150** dedicated dementia beds at minimum market standard level based on 2026, increasing to **369** care beds when assessed on the basis of all beds at full market standard, similar to the proposed care home, which I consider a more relevant measure. This assumes there is no further loss of existing supply.
- 1.48. The consultation response stated that Braintree had not been identified as a current area for growth in the sector, however the CPNA submitted with the application (and updated in this response) and the ECC Adult Social Care strategy advises that there is a need across the county to increase the provision of care beds for those with nursing and complex care needs.
- 1.49. It is clear that there is an existing unmet need for dedicated dementia care home beds and more specifically, an existing and increasing net need for high-quality care accommodation best suited for those with complex nursing and dementia care needs. I consider this to be an important factor in Council's consideration of the application.

Yours sincerely



**Jessamy Venables BSc(Hons) MSc MRICS**  
**Director**

## **Appendices**

- A. Trading performance pulse (June 2023) - Carterwood
- B. UK Care Homes Trading Performance Review (2023). Knight Frank
- C. Summary planning need statement for Braintree District Council local authority area. February 2024.



## Welcome to our quarterly insight into elderly care home trading performance trends and market conditions across Great Britain, analysing the newest data from Carterwood Analytics | Collab.

Collab is powered by accurate trading data, from real sector operators, including many of the top 20 operators in Great Britain.

### Key findings from Q4 2023 Collab data

Q4 2023 data for Great Britain from our contributing operators reveals:

- **Sector-wide occupancy continues to improve significantly, surpassing the pre-pandemic level of 87.3% in Q3 and Q4 2023. The latest figure stands at 89.3% for the fourth quarter of 2023.**
- **Average weekly fee across Great Britain, which includes all funding sources, reached £1,132 p/w in the final quarter of the financial year.**
- **During 2023, spend on agency staff significantly declined to £210 per bed in the fourth quarter, down from nearly £400 per bed during 2022.**
- **Agency staff costs as a share of total staff costs have dropped below 10%, bringing total staff costs as a percentage of revenue under control.**



Sector-wide occupancy stands at **89.3%** for the fourth quarter of 2023. This represents a steady recovery from early 2021's low of **78.4%**, driven by deferred demand from the pandemic peak and loosened infection control measures due to the virus's decreased prevalence.

In the second quarter of 2023 the average weekly fee (across all funding sources) received by operators in the Collab sample saw a notable increase. Fees for self-funders rose by over 10%, in response to considerable inflation in staffing, utility, and food costs during 2022.

Local authorities, following the Fair Cost of Care exercise, increased baseline fees by over 11%. It is important to note that while baseline fees increased, the actual local authority fees received by operators rose less sharply and, in many cases, remained below the actual cost of delivering care.

Since April 2023, overall average weekly fees have continued to rise at a moderate pace, with many operators now reviewing fees multiple times annually, shifting from the once customary annual review.

As of the fourth quarter of 2023, the average weekly fee across Great Britain stood at **£1,132**. Looking ahead to Q2 2024, we expect to see fee increases that are comparable to those seen in spring 2023, as operators seek to balance out the National Living Wage rise of 9.8% that comes into force from April 2024. We anticipate increases of 8-10% for self-funded fees, with more conservative increases to local authority rates.

When we look at funding-mix, a clear – if gradual – trend emerges. The proportion of self-funding residents has steadily increased, moving from approximately 35% in the first quarter of 2022 to over 40% by the fourth quarter of 2023. Larger operators are increasingly targeting the self-funded market to strengthen their financial performance.

## Occupancy

**89.3%**



## Fees

**£1,132 p/w**



## Self-funded

**40.1%**



**View this data in more detail**

[Click here to view the Carterwood Collab | Index interactive dashboard](#)

### Agency staff cost per bed

**£210**



During 2023, spend on agency staff significantly declined to **£210 per bed** in the fourth quarter, down from nearly £400 per bed during 2022. This reduction can be attributed to successful international recruitment and effective staff retention strategies. Agency staff costs as a share of total staff costs have dropped **below 10%**.

### Agency staff cost as a percentage of total staff costs

**7.7%**



That means total staff costs as a percentage of revenue have generally been brought under control throughout 2023 (down to **60%** in Q4), even as overall staff costs continue to increase across the board.

### Staff costs as a percentage of revenue

**60%**



It remains to be seen what impact proposed visa rule changes will have. Successfully leveraging international recruitment had played a key part in reducing agency use over the last 12 months, so any restrictions to this source of staff could lead to a reversal in the downward trend of agency costs.

## Want to view the data in more detail?

[Click to view the Carterwood Collab | Index interactive dashboard](#)

### Summary

The trading environment for elderly care home operators in 2024 will remain challenging. Overall staff costs are set to rise by ~10% in line with the national living wage increase in April, which will trigger pay increases across higher staff bands too. Many operators will look to implement sizeable self-funded fee increases in response, but for operators with a large exposure to the local authority market, there is clearly less scope to achieve this. At the same time, there is potential for disruption to international recruitment, which could cause agency staff costs to tick up once more.

That said, clearly there are reasons for encouragement: Occupancy and fees are up, while agency staff costs are down. For many operators, the fundamentals are looking more robust now than they have been at any point in the four years since the COVID-19 pandemic shook the sector, even if persistent disparities between self-funded fees and local authority fees means that truly sustainable trading models remain challenging to achieve.

### About this data

- The data shown here is sourced from our Carterwood Collab® dataset, constituting real trading data contributed by elderly care home operators across Great Britain
- Contributing operators are typically groups with 10+ care homes. With that in mind, our sample is strongly representative of that sector of the elderly care home market.
- Please be aware that the data provided is dynamic and subject to small change as our contributing operators evolve over time. The sample, representing between 10-20% of the Elderly Care Home market, is updated quarterly and may vary with each update as new contributors are onboarded. Historical data may also change slightly as the sample evolves.



# UK Care Homes

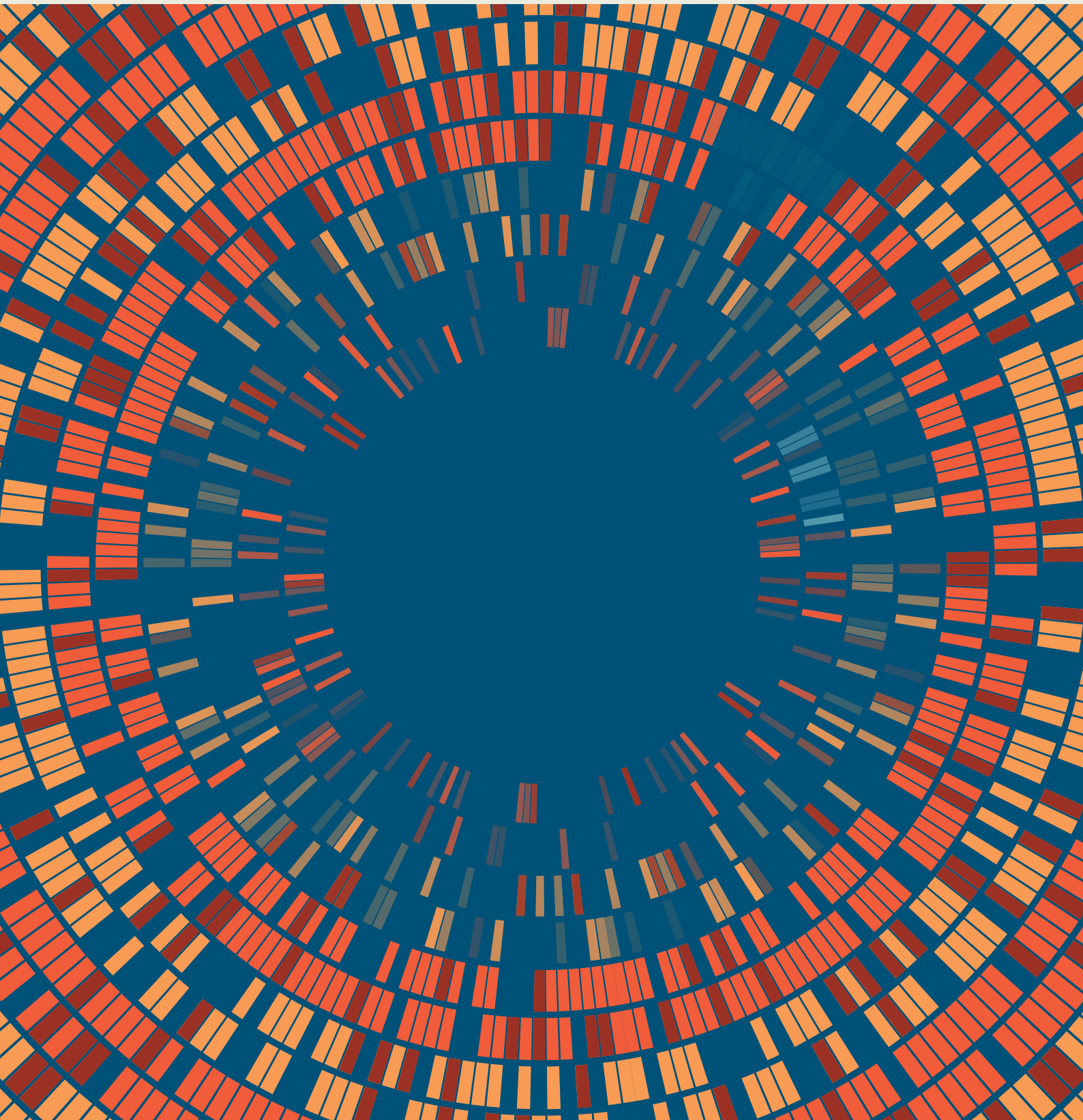
## *Trading Performance Review*



2023

A deep dive into the sector's journey towards normality.

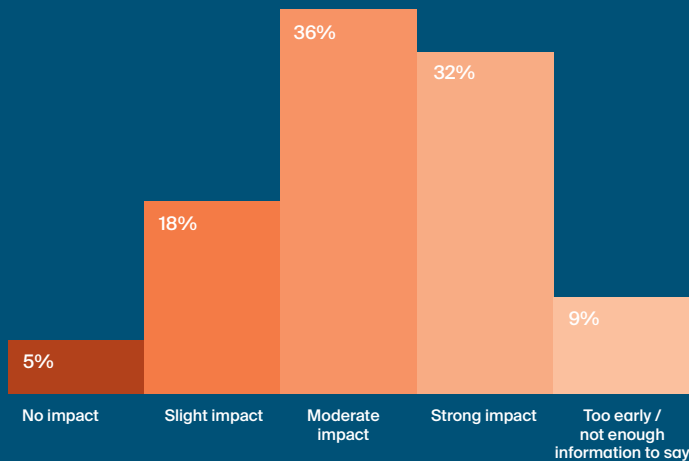
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# Operator Sentiment Survey

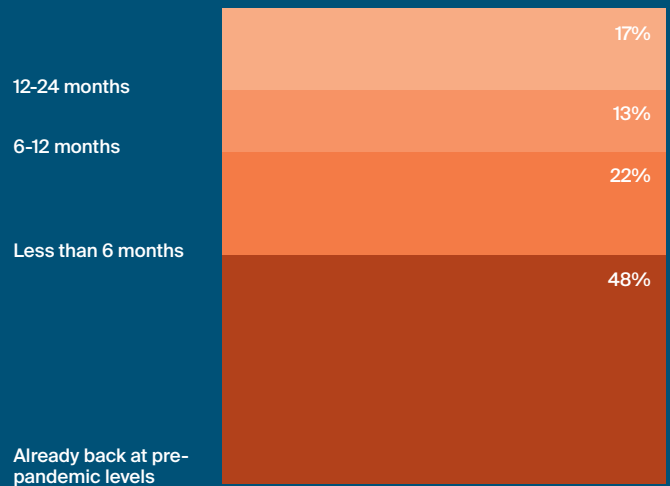
What level of impact has rising utility costs had on your homes overall profitability?

% of respondents



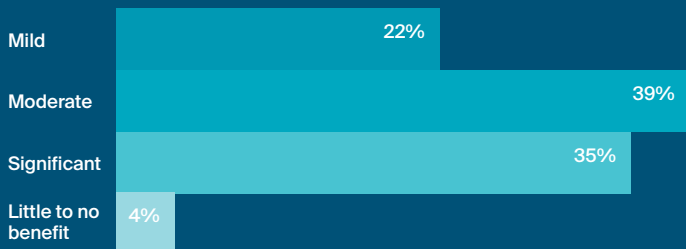
Overall how far would you suggest your homes are from a return to operating at pre-pandemic levels?

% of respondents



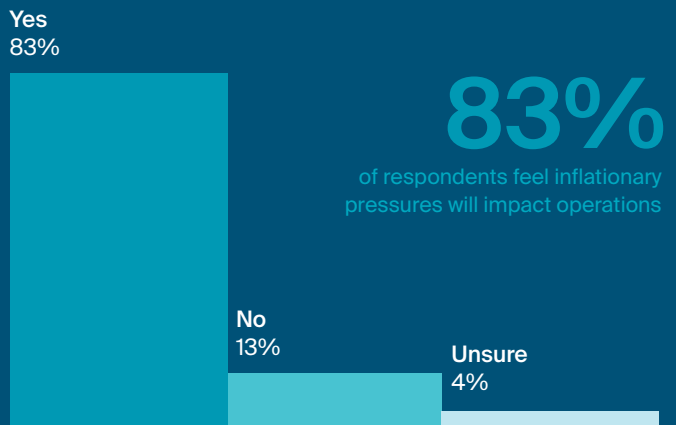
To what extent has government intervention / support aided the trading of your homes over the past 2 years?

% of respondents



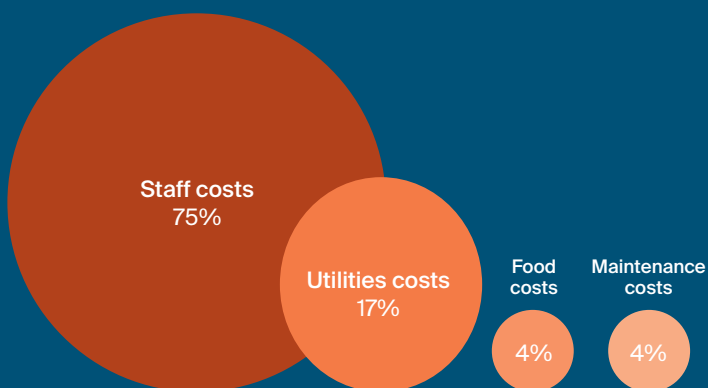
Do you believe that the current inflationary pressures will greatly impact your operations?

% of respondents



What would you suggest is the biggest inflationary pressure on the current trading of the homes in your portfolio?

% of respondents



Are there contingencies / support in place or available for the business to absorb this pressure?

% of respondents



# Occupancy

Following on from the dip experienced at the start of the pandemic and the continued move towards normalisation in the levels through to the end of 2020/21 and, in turn, 2022, the sector has somewhat maintained a close eye on trends in average occupancy.

Figure 4 presents a positive movement, stating that average occupancy levels are up to 86.4% compared to last year's 83.4%. This is a clear step towards pre-pandemic occupancy levels, and even more promising, several operators with homes across the UK are now trading well above these levels.

Figure 5 provides an insight into regional occupancy. Generally, the trend is positive across the board, with the North East showing the most significant year-on-year growth with an

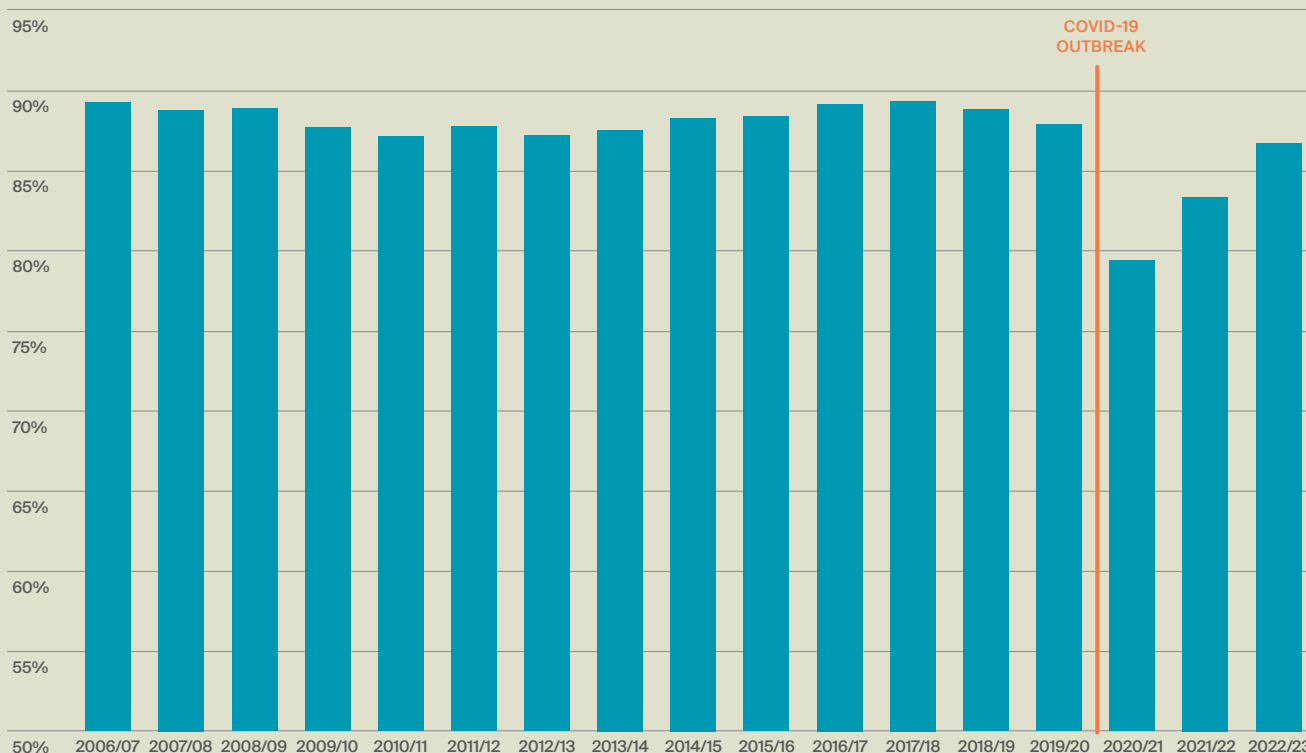
approximate change of 5.5%, closely followed by the West Midlands at 5.1%.

Figure 8 highlights the regional age split of care residents. As we can see, most residents across all sampled regions fall into the over-85 bracket. More interestingly, drilling into the funding structure of homes, we can see that the percentage share of the over 85s is far greater in private pay / self-funded settings than in local authority homes. This statistic could be attributed to a potentially

**“The North East showing the most significant year-on-year growth with an approximate change of 5.5%.”**

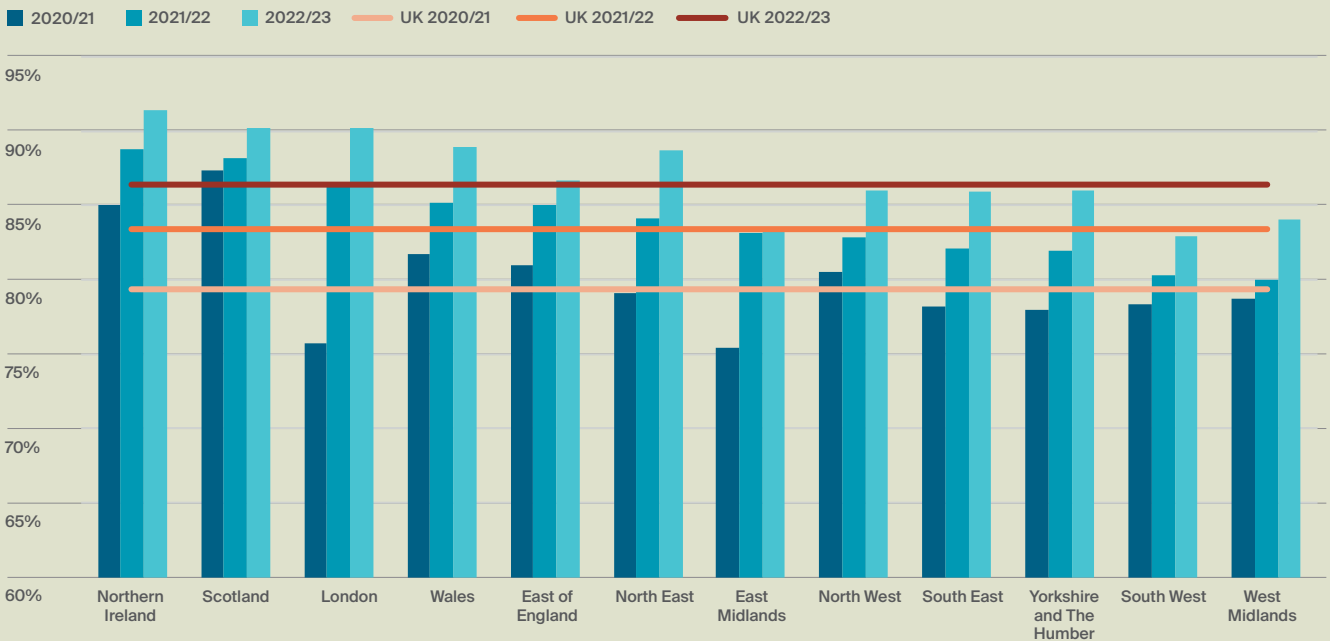
changing wealth profile amongst the aging demographic and eligibility criteria for funding.

**Figure 4: UK care home occupancy rate**



Source: Knight Frank Research

**Figure 5: Average occupancy by region, 2020-23**



Source: Knight Frank Research

Finally, considering the type of care, the age profile is, as expected, generally more varied due to acuity of care not being dependent on age and therefore seeing younger residents that require such support entering nursing care at an earlier stage rather than entering less acute settings later on in life.

Figure 9 highlights the average age of residents on a regional basis, ranging between 81 and 86 years old. Scotland is the region with the youngest average based on the homes sampled.

The average length of stay statistics are presented in Figure 10, which suggests the average length of stay is approximately 13 months.

However, a number of regions emerge from the sample that trend above this average.

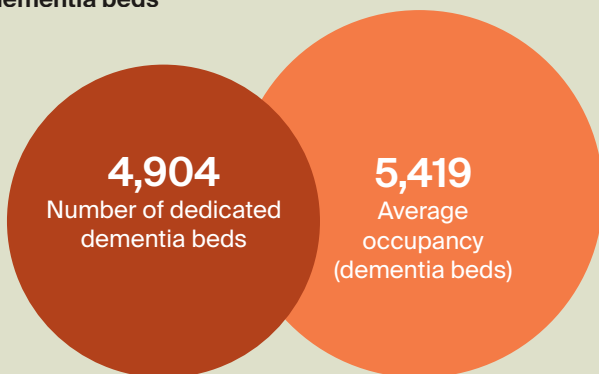
Finally, two tables highlight averages based on care, funding type, and CQC ratings. The standout statistic here is the spread between outstanding and inadequate rated homes.

Figure 7 presents the dementia penetration statistics by comparing dementia occupancy and overall

occupancy from a sample of homes in the UK across the four age bands. The penetration ranges from one to nineteen percent, appearing more prominent within the over 85 age band.

Following this, we then looked at several homes in terms of their dementia occupancy in relation to their dedicated dementia beds. Figure 6 summarises this and highlights a 10.5% undersupply in what would be considered a dedicated bed within the home. Suggesting non-dementia-specific rooms are now being utilised to service the needs of dementia residents.

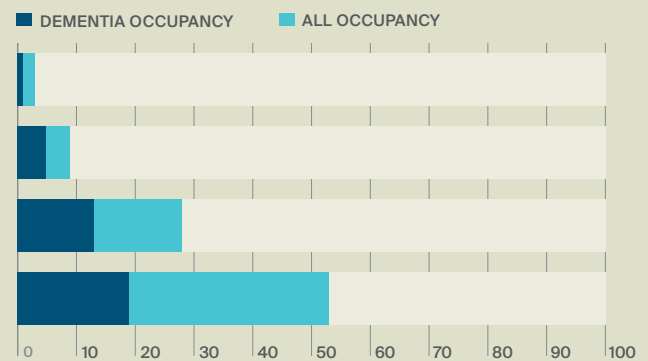
**Figure 6: Dementia occupancy vs dedicated dementia beds**



Source: Knight Frank Research

**Figure 7: Dementia penetration**

Share of available beds (%)



Source: Knight Frank Research

## Instructions

T1 Instruction summary			
Client	Linx Construction Ltd		
Site address	Woodlands Hotel, Coupals Road, Haverhill, Suffolk, CB9 7UW		
Prepared by	Daisy Harris BSc (Hons) MSc		
Reviewed by	Jessamy Venables BSc (Hons) MSc MRICS		
Research date	15 February 2024	Report date	28 February 2024
T2 Purpose of advice			
Purpose of advice	This Planning Need Statement provides an update to the Planning Need Assessment (PNA) dated February 2023, submitted with the application (and should be read in conjunction with it), and sets out the quantitative need for elderly care home beds.		
Important notice	Our sources of information and limitations to our advice are provided within Appendix A and should be read fully in conjunction with our report..		
T3 The proposal			
The development	<p>Proposed care home intended to be registered for 64 single bedrooms and provide nursing, residential and dementia care. All bedrooms will be equipped with an en-suite wetroom, and a range of communal areas will be available.</p> <p>The care home will be capable of caring for residents of all dependency levels, including those who require dementia care within a specialist unit, with well-specified, flexible accommodation incorporating infection-control measures to enable care to be administered most effectively.</p>		
T4 Need assessment			
Assessed catchments	<ul style="list-style-type: none"> <li>A circa 6-mile market catchment.</li> <li>The Braintree District Council local authority area.</li> </ul>		
Year of assessment	2026, the earliest the proposed care home could be made available.		
Assessment of need	Need is assessed on two bases – ‘minimum’ and ‘full’ market standard bedrooms; a minimum market standard bedroom provides an en-suite with a minimum of a WC and wash-hand basin (minimum size, accessibility or suitability for purpose not stipulated). In line with rising market expectations, full market standard bedrooms incorporate an en-suite with a level access shower (wetroom). All new care homes provide spacious en-suite bedrooms, the vast majority having full en-suite wetrooms.		
Qualitative assessment of existing care home beds	Market catchment	75% en-suites and 32% en-suite wetrooms	
	Local authority	85% en-suites and 34%, en-suite wetrooms	
	GB average	78.1% en-suite and 32.0% en-suite wetrooms	

## Market standard care bed need summary

T5 Market standard care bed need analysis summary (2026)				
Type of care	All beds		Dedicated dementia beds	
	Market	LA	Market	LA
Gross need	303	968	125	400
Occupancy capacity allowance	25	81	10	33
Total gross need	328	1,049	135	433
Supply				
Existing elderly en-suite	143	1,214	71	190
Existing elderly wetroom	60	488	30	66
Planned beds (to 2026)	120	192	120	93
Total supply (en-suite)	263	1,406	191	283
Total supply (wetroom)	180	680	150	159
Net need				
Elderly en-suite	65	-357	-56	150
Elderly wetroom	148	369	-15	274

Subject scheme not included in analysis above

T6 Conclusion	
<ul style="list-style-type: none"> <li>Based on 2026, the earliest the proposed care home could be available, there is an undersupply of 65 ‘minimum’ market standard care beds in the market catchment and a possible excess of 357 in the local authority area.</li> <li>On the basis of ‘full’ market standard care home beds with en-suite wetrooms similar to those proposed at the subject scheme, which we consider to be a more relevant measure, there is a shortfall of 148 care bedrooms in the market catchment and 369 (to include 274 dedicated dementia beds) in the local authority area, based on 2026.</li> <li>Our analysis in both cases above assumes that all planned care bedrooms estimated to come on stream by the year of assessment are delivered and there is no loss of any existing supply.</li> <li>The shortfalls of ‘full’ market standard bedrooms are expected to have increased to 252 and 561 in the market and local authority catchments, respectively, by 2036, even when it is assumed that all currently planned care beds are delivered and there is no loss of existing supply.</li> <li>There has been a reduction in gross need for care home bedrooms since the previous planning need assessment was completed in May 2023, resulting from updated Market Prevalence rates based on January 2024 (previously pre-Covid March 2020) and due to the use of the new 2021 Census data.</li> <li>The need for well-specified, purpose-designed bedrooms, however, in care homes that provide a safe, infection-controlled environment suitable for those with the most complex care needs has increased in importance as a result of the pandemic.</li> <li>The proposed care home would assist in meeting the shortfall of full market standard care home bedrooms in the market catchment and Braintree District Council local authority area and therefore improve the quality of supply. It will also provide additional dedicated dementia care provision, where there is currently an under-provision, even at minimum market standard level.</li> </ul>	



## Projected need analysis

T7 Projected 'minimum' market standard care bed net need					
Catchment	2026	2031	2036		
Market catchment	65	115	169		
Local authority	-357	-361	-165		
T8 Projected 'full' market standard care bed net need					
Catchment	2026	2031	2036		
Market catchment	148	198	252		
Local authority	369	365	561		
T9 Projected 'minimum' market standard dedicated dementia care bed net need					
Catchment	2026	2031	2036		
Market catchment	-56	-35	-12		
Local authority	150	178	258		
T10 Projected 'full' market standard dedicated dementia care bed net need					
Catchment	2026	2031	2036		
Market catchment	-15	6	29		
Local authority	274	302	382		
T11 Elderly population (age 65+) growth					
Population growth indicating increasing need for care home beds (%)	Year	Market catchment	vs GB	Local authority	vs GB
	2026 (from 2024)	5.1	+1.0	5.1	+0.9
	2031	21.3	+3.0	22.7	+4.5
	2036	38.4	+3.5	42.4	+7.5
	2041	53.2	+2.9	58.6	+8.3

## Assessed catchment areas

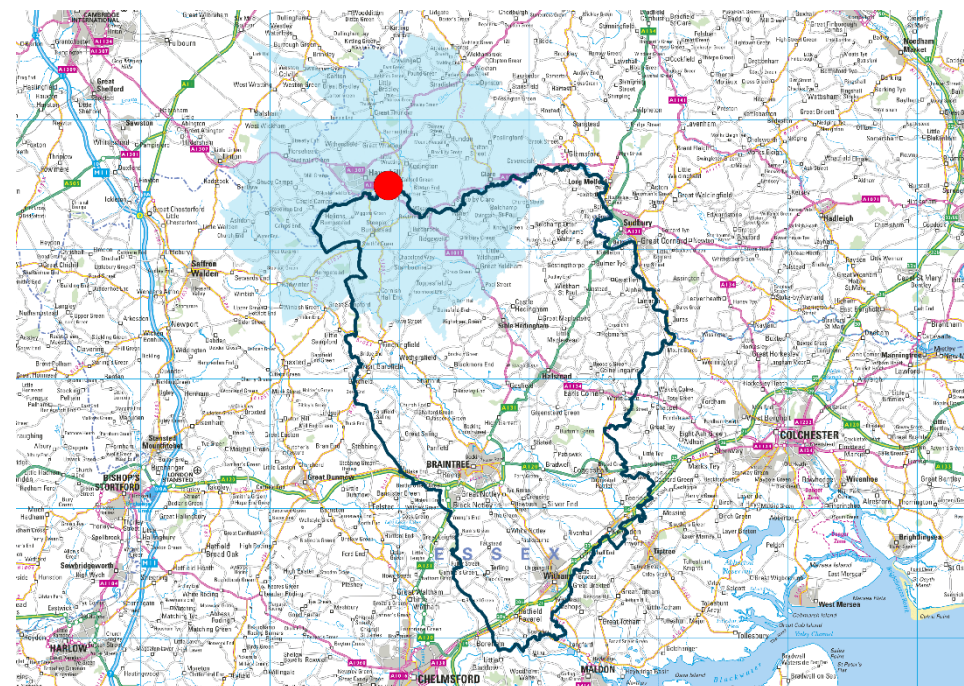


Figure 1: Catchment area map

### Notes

- **Gross need** is assessed using Market Prevalence Rates (MPR) updated in January 2024 and assumed growth at 100 per cent of elderly population increases, in line with historic trends.
- Care homes cannot operate sustainably at 100 per cent occupancy and must allow sufficient time between admissions, for infection control, refurbishment, etc. The **occupancy capacity allowance** adjustment therefore provides an 'effective' full capacity of 92.3 per cent.
- **Planned supply** is based upon individual analysis of each scheme and assessment of earliest possible year of completion (or earliest possible year, should planning permission be forthcoming for pending applications). We assume all planned beds will provide en-suite wetrooms.
- **Net need** is assessed based on 'minimum' market standard bedrooms, which we define as providing an en-suite (with a minimum of a WC and wash hand basin). Net need is also assessed on the basis of 'full' market standard bedrooms, providing a full wetroom en-suite.
- Our analysis utilises data from the **2021 Census** applying the most recent sub-national 2018-based population growth rates.

## Market catchment

T12 Gross need for elderly care beds in market catchment (2026)		
Type of care	All beds	Dedicated dementia beds
Gross need	328	135

T13 Existing supply of elderly care beds (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

T14 Planned supply in market catchment by estimated year of completion					
Supply	2024	2025	2026	2027	2028+
All beds	0	0	120	0	0

T15 Planned supply for need assessment calculations (2026)	
Basis of assessment	Market catchment
Total market planned beds by year of assessment (2026)	120
Specialist dementia planned beds by year of assessment (2026)	120

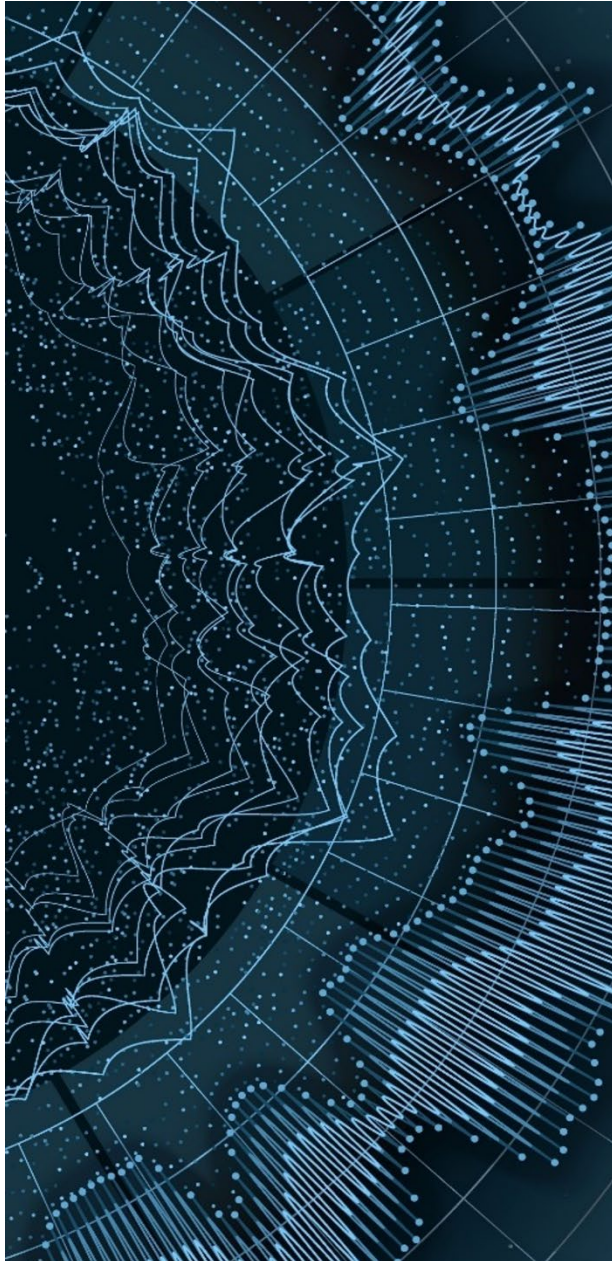
## Local authority area

T16 Gross need for elderly care beds in local authority (2026)		
Type of care	All beds	Dedicated dementia beds
Gross need	1,049	433

T17 Existing supply of elderly care beds (local authority)						
Care category	No of homes	Total reg. beds	Total en-suite	Total wetroom beds	% en-suite beds	% wetroom beds
Total market provision						
Overall	26	1,431	1,214	488	85	34
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

T18 Planned supply in LA by estimated year of completion					
Supply	2024	2025	2026	2027	2028+
Local authority catchment	60	132	0	80	100

T19 Planned supply for need assessment calculations (2026)	
Basis of assessment	Local authority
Total market planned beds by year of assessment (2026)	192
Specialist dementia planned beds by year of assessment (2026)	93



## Data tables and competition map

Planned supply

Map showing location of existing and planned supply

## Planned supply

T20 Details of planned care bedroom provision											
Map ref	Catchment	Site address	Applicant	Scheme description	Net elderly beds	Dementia beds	Has construction commenced?	Estimated earliest year of delivery	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 (comprising 7 one bedroom bungalows, 17 two bedroom bungalows, 6 three bedroom bungalows) and layout associated car parking, including sustainable urban drainage system and landscaping.	25	25	No	2025	11.7	21/02449/F UL - 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.
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. The outline component of the application seeks approval for: i. 392 residential units, ii. up to 8.73ha of land for business use; iii. up to 2.36ha of land for the provision of a neighbourhood centre with possible uses including retail, commercial, residential care, health, veterinary and creche uses; iv. up to 2ha of land for a primary school; v. up to 4ha of land for community sports facilities; and vi. all associated open space, landscaping, parking, utilities, drainage and infrastructure the detailed component of the application seeks approval for: vii. 208 residential units including parking and utilities; viii. new link road and new roundabout.	100	25	No	2028	13.3	15/01319/O UT - 02/03/2020	This scheme could include a residential care home of up to 100 beds.
C	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 story extension with underground link to provide net 27 additional specialist care bedrooms with associated car parking.	34	0	No	2025	14.0	22/01686/F UL - 27/04/2023	This new care home at Colne House is expected to start construction in Q3 2024 and will complete the following year, 2025.

T20 Details of planned care bedroom provision											
Map ref	Catchment	Site address	Applicant	Scheme description	Net elderly beds	Dementia beds	Has construction commenced?	Estimated earliest year of delivery	Distance from subject site (miles)	Planning reference	Notes
D	Local authority only	Braintree Nursing Home, Building 1, 11 Coggeshall Road, Braintree, Essex CM7 9DB	Braintree Nursing Home	Three storey extension to building 2, single storey porch and access ramp to front elevation to building 1 and creation of new vehicular access with dropped kerb.	24	12	No	2025	14.1	23/01595/F UL - 12/09/2023	-
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.	28	14	No	2025	19.5	21/00461/F UL - 07/11/2022	-
F	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, 9 x 2 bedroom close care bungalows, together with visitor parking spaces, amenity areas and access road.	21	10	Yes	2025	19.5	21/02241/F UL - 04/04/2023	-
G	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, 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	2027	21.0	19/01896/O UT - 21/07/2022	The applicant clearly stated that it is unlikely that they will build the full capacity of 80 beds.
H	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	2024	22.1	15/01186/F UL - 26/05/2016	We have been informed that this new care home will be called Peverel Green Care Home and it is expected to open imminently.

Pending											
I	Market catchment only	Little Court, Haverhill Road, Little Wrattling, 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	No	2026	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.
Recently Refused and within timeframe for appeal (figures not included in our analysis)											
J	Market catchment only	Great Mortimers Water End Road Ashdon Saffron Walden Essex CB10 2NA	Mr John Mayes	Use of property for residential care and support.	1	0	No	-	6.9	UTT/23/1552/CLP	-
K	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	No	-	11.7	22/02211/FUL	This application proposes an additional 12 beds to application A included above.
Total in market catchment					120	120					
Total in local authority area					372	138					
Total in market catchment by year of assessment (2026)					120	120					
Total in local authority area by year of assessment (2026)					192	93					

Sources in Appendix A.

Notes: Planning research was undertaken as stated in T1. Any applications added to our planning registers after this date will be excluded from our analysis. We have only researched planning applications for new-build care homes that have been granted or are pending decision. Extensions are not researched in detail as part of a headline planning need statement.

## Existing and planned care home provision

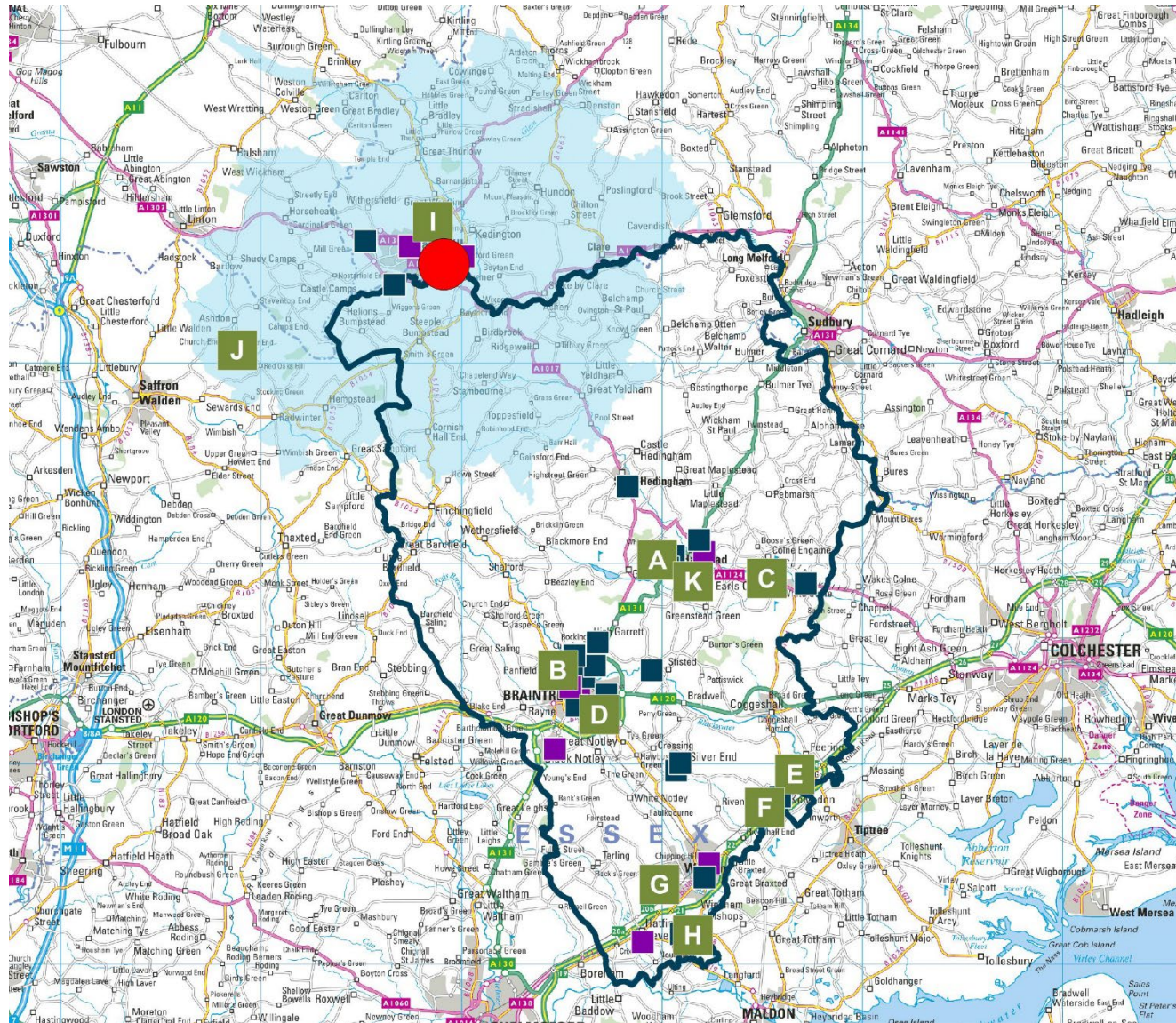


Figure 2: Map of all existing and planned provision

Key:

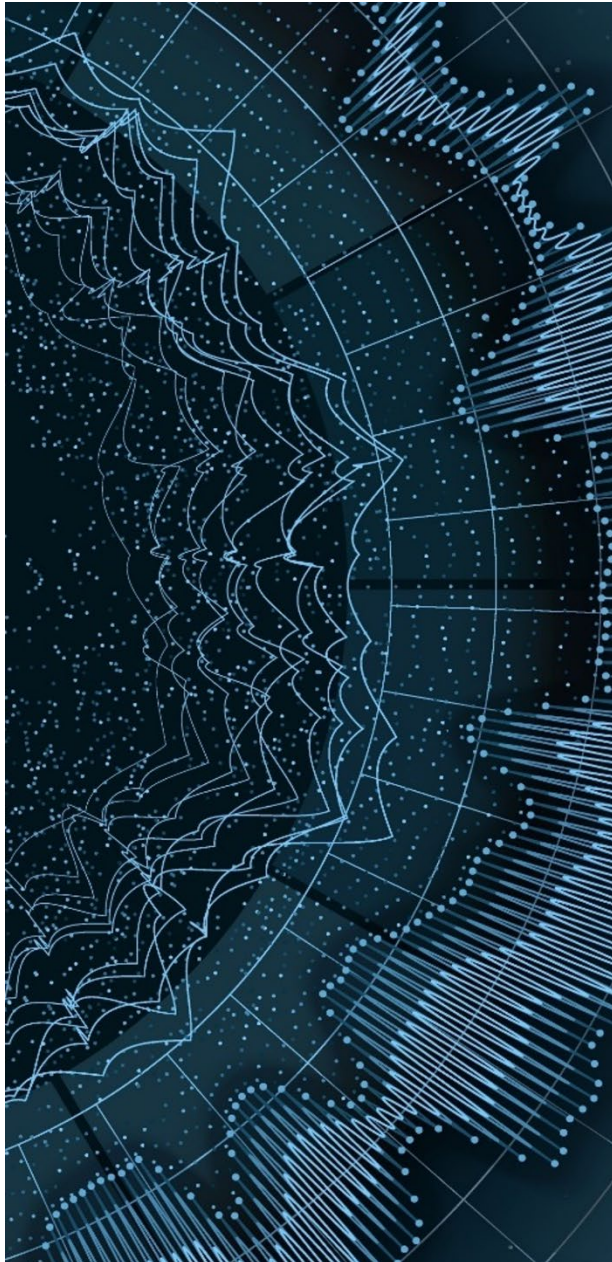
- Subject site
- Personal care homes
- Nursing homes
- Planned provision

Map references refer to schemes identified in Table T19.

The market catchment is shaded light blue and the Braintree District Council local authority area is outlined in dark blue.



Figure 3: National map



## Appendices

**Sources of data and limitations of advice**  
**Definitions and reservations**



### T21 Carterwood

Carterwood provides advice across the care sector to a range of operators, developers and other stakeholders. Our 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.

### T22 Sources of data

Census 2021 population statistics, ONS 2018-based population projections, Carterwood Market Prevalence Rates (MPR), Carterwood database, A-Z Care Homes Guide, HousingCare, CQC, relevant planning departments, Glenigan, Planning Pipe.

#### Methodology

A detailed methodology is available upon request

#### Definition of a care home

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.

The Care Quality Commission (CQC) is responsible for registering and monitoring care homes across all care sectors in England. There are two types of registration category:

*Care homes/personal care homes/residential care homes – provide personal care (not nursing care). 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.*

*Care homes with nursing – offer the same services as above, 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.*

In addition to the categories above, 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 forms:

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'.

Specialist dementia – a subset of 'total market' beds (as described above).

### T23 Limitations of advice

Data sources	<ul style="list-style-type: none"> <li>All information supplied by the client, its professional advisors, local authorities, social services, statutory bodies, investigation agencies and other stated sources is accepted as being correct and accurate. In accordance with our definitions and reservations, should such information be proven through further investigations to be incorrect, this could affect our advice.</li> <li>Map sources contain Ordnance Survey data © Crown copyright and database right (2018); Map data ©2019 Google; LPS Intellectual Property © Crown copyright and database right (since 2016).</li> </ul>
Confidentiality	<ul style="list-style-type: none"> <li>This report is for the stated purposes only and for the sole exclusive use of the named client, to whom it is addressed.</li> <li>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.</li> </ul>
Conflict of interest	<ul style="list-style-type: none"> <li>There are no conflicts of interest that we are aware of that would prevent us from providing our advice.</li> </ul>
Extraordinary market factors	<ul style="list-style-type: none"> <li>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. 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.</li> </ul>
Census 2021	<ul style="list-style-type: none"> <li>This report contains data relating to the 2021 census for England and Wales. 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.</li> </ul>