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Statement of Need For
CARE (Little Court) Ltd

LITTLE COURT, HAVERHILL ROAD, LITTLE
WRATTING, SUFFOLK, CB9 7UD

PROPOSED SPECIALIST DEMENTIA CARE VILLAGE

February 2021

The care. logo features the word "care." in a lowercase, sans-serif font. Below it, in a smaller, all-caps, sans-serif font, is the text "CENTRAL AND REGIONAL ESTATES LTD". The logo is contained within a white rectangular box.

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APPENDIX 1 - List of stakeholders with whom CARE has engaged

QUALITY ASSURANCE

This report has been prepared within the quality system operated at Rapleys LLP according to British Standard ISO 9001:2008.

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EXECUTIVE SUMMARY

Proposals for a specialist dementia care village at Little Court, Little Wrattling, near Haverhill are being advanced by CARE (Little Court) Ltd ('CARE') by way of the submission of a full planning application to West Suffolk Council.

Demonstrating the need for the care village is central to justifying the 'countryside' location of the proposed site where development of this nature would not normally be permitted.

The care village is proposed to accommodate 120 people living with severe dementia. Residents will live in groups in 6-bedroom apartments based on a model developed by Hogeweyk in Holland which has received worldwide acclaim.

The primary objective of the model is to provide an environment where the resident is safe and is therefore allowed as much personal freedom to live as natural a life as their condition allows.

At present there are no other homes or villages in the UK offering anything similar to what is proposed at Little Court.

The Haverhill area was chosen for the proposed care village for a multitude of reasons, not least that CARE is based in Haverhill and close oversight of the construction and operation of its first facility is considered essential to achieving 'proof of concept' for its care model in the UK.

The elderly UK population is set to grow dramatically over the next 10 years and beyond and the predicted rapid increase in the over 65 population is likely to continue to drive demand for all types of care. The need for additional dementia care is expected to lie between 56,000 and 70,000 beds by 2025/6.

On the assumption that just 5% of those with dementia require specialist accommodation and care of the type being proposed by CARE, more than 650 care villages (at 120 beds each) would be required across the UK over the next 20 years. In West Suffolk 13 such villages would be required over the same period.

While the data available is not specific enough to say what percentage of dementia sufferers would seek the kind of care provision proposed at Little Court multiple factors point to a level of need both nationally and locally of which only a small part would be met by the proposed care village. Indeed, it is likely that there is significant latent demand that would support the provision of many facilities like that proposed at Little Court across the UK.

1 INTRODUCTION

- 1.1 This report has been prepared to support the submission of a full planning application for a proposed specialist dementia care village at Little Court, Haverhill Road, Little Wrating, near Haverhill.
- 1.2 A planning application is to be submitted to West Suffolk Council (“The Council”) for the following:
- “Specialist dementia care village for up to 120 residents, including central amenity building (shop, restaurant, pub, communal hall, treatment/counselling rooms, offices and staff accommodation), club/hobby rooms, vehicle parking, landscaping proposals and associated works.”*
- 1.3 Little Court is designated as countryside for planning purposes. Development of the kind proposed is not normally permitted in such locations.
- 1.4 The planning application sets out the case for the proposed location noting the presumption against development. Central to this case is the need for the proposed development.
- 1.5 This report assesses the need for the proposed development and should be read in conjunction with the suite of documents forming part of the application submission.

2 PROPOSED DEMENTIA CARE VILLAGE

DESCRIPTION OF DEVELOPMENT

2.1 The care village proposals comprise the following:

- 20 x 6-bedroom apartments (providing 120 resident places in 5 separate buildings)
- Central amenity building of circa 1,500m² containing:
 - shop
 - café/restaurant
 - pub
 - communal hall
 - offices for dementia outreach
 - staff accommodation for circa 16 staff
- Club/hobby/treatment/counselling rooms (circa 200m² total)
- Vehicle parking (circa 65 spaces)

THE 'CARE' MODEL

2.2 The key concept of the CARE model is “living life as normal”. In practice this means:

- *Small group living;*
- *Meaningful occupation;*
- *Social Activities; and*
- *Freedom to roam within a safe secure environment.*

2.3 The village will be based on the model developed by Hogeweyk in Holland which has received worldwide acclaim. The Directors of CARE have been working with the Directors of Hogeweyk to develop the concept for the UK market.

2.4 The village will accommodate 120 people living with severe dementia. Residents will live in groups in 6-bedroom apartments, sharing day to day life with those who have similar backgrounds and values and socialising with others in the village who have common interests.

2.5 The primary objective of the model is to provide an environment where the resident is safe and is therefore allowed as much personal freedom to live as natural a life as their condition allows. The buildings are arranged around streets and squares which provide safe, secure spaces for the residents to use. Experienced staff are on hand to provide care and guidance as necessary.

2.6 The village will provide facilities, clubs and activities for residents including a pub, restaurant, supermarket, village hall and hobby rooms. Residents' care programmes will allow and encourage them to remain active and engaged.

2.7 The layout of the village provides small and intimate squares and streets to help residents feel at ease as large spaces breed nervousness and insecurity for dementia sufferers. However, these external spaces are crucial to allow freedom to wander for residents in a manner which both feels safe and secure and is safe and secure. The streets and squares will all contain memorabilia and sensory landscaping to provide beneficial mental stimuli and thereby contribute to the wellbeing of residents.

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- 2.8 The freedom to roam in a village setting allows residents to experience the changing weather and seasons which stimulates their memories and reactions. Further, it encourages exercise and, consequently, improves fitness and sleep.
 - 2.9 The recreation of normal life and the ability to allow residents to pursue a hobby or interest or go to the shop, pub, restaurant or café, or to watch a film in the village hall gives them back their lives in a form unimaginable in the conventionally designed care home.
 - 2.10 At present there are no other homes or villages in the UK offering anything similar to what is proposed for Little Court. Small group living is rare in conventional care homes. Most new homes are based on hotel style layouts with rooms off corridors and central dining and recreation. This approach has significant shortcomings for general care but particularly so for dementia care. Further issues with the conventional approach have been highlighted by the COVID-19 pandemic.

3 LOCATION

WHY HAVERHILL?

3.1 As is explained in section 2 above, CARE is a new company formed for the specific purpose of bringing the Hogeweyk model of Dementia care to the UK and establishing it as part of the UK's dementia care offer. The Little Court site, near Haverhill, is the first available and suitable site that CARE has identified.

3.2 The Haverhill area was chosen because:

- CARE is based in Haverhill. Whilst acknowledging that other locations will subsequently be identified for delivery of the CARE model, the company believes that the first village should be located close to where it is based so as to ensure that the construction and operation of its first facility can be closely managed and monitored. This is essential for achieving 'proof of concept' in the UK.
- Organisations such as The Haverhill Dementia Action Alliance, who are a small group of people raising awareness of dementia locally and working towards a dementia friendly town are very active and are widely supported, not least by the local authority, local community and the local MP, Matthew Hancock. There is a good level of awareness of dementia locally and a desire to respond to the demand that the disease places on the local area. Locating the care village at Little Court will support and build upon these local initiatives and will enable the village to benefit from them.
- CARE has engaged extensively with various stakeholders over the past 18 months (see Appendix 1). These stakeholders included local dementia groups and charities, care managers and workers, local doctors, NHS staff, clinical commissioning groups, local doctors, local councillors, Suffolk County Council and the Secretary of State for Health. All responses have been positive and supportive of the chosen location (as well as the proposals more generally).
- Haverhill has a large labour force which includes the skilled and managerial labour which the care village will need.
- Recent and continuing housing growth in Haverhill has provided a good choice of homes which will be a clear benefit for staff and their families. In addition, property prices are lower in Haverhill than in some other parts of Suffolk and Cambridgeshire, meaning local housing will be relatively accessible and affordable for staff.
- Haverhill is well served by services and facilities - another advantage for staff and, to a lesser extent, residents of the care village. Various initiatives are afoot to grow and improve these as the town grows.
- Haverhill has good road links with the rest of Suffolk and into Essex and Cambridgeshire.

WHY LITTLE COURT?

3.3 Having centred their search on Haverhill CARE trawled for sites in and around the town. The sites identified were assessed for their availability and suitability. Applying the broad principles of the sequential approach to site selection¹ (noting that care homes and villages

¹ National Planning Policy Framework, paragraph 86

are not 'main town centre uses' per the 'Annex 2: Glossary' definition in the National Planning Policy Framework) CARE first considered sites closest to Haverhill town centre, discounting those that were not available or suitable, and worked outwards until a suitable site was found. The first available and suitable site to be identified using this sequential approach was Little Court.

- 3.4 This process is documented in the sequential assessment which also forms part of the planning application, and which this report supports. The assessment demonstrates that Little Court is the most appropriate site for the proposed development notwithstanding the site's countryside location.

4 DEMOGRAPHICS

THE NATIONAL PICTURE

- 4.1 The UK population over the age of 85 is projected to multiply more than five times, from 1.7 million in 2019 (2.4 per cent of the population) to c. 8.5 million in 2111 (10.0 per cent of the population), while the 75 to 84 year old segment of the population will rise from 4.2 million in 2020 (6.3 per cent of the population) to 7.9 million in 2111 (9.3 per cent of the population)².

THE LOCAL PICTURE

Study area

- 4.2 The projected population growth for the period 2018 - 2028 is set out in the tables below. The first shows the projections for the area which is within 20 minutes driving distance of Little Court. The second shows the projections for the area within a 10 mile radius of Little Court.

Catchment: Drivetime, 20 Minutes, CB 9 7UD Base: GB

Population	2018 Population	% for Area	% for Base	Index (GB=100)	2028 Population	% Change in Population
Population Aged 65 - 74	48,625	10.7	10.0	106	52,873	8.7
Population Aged 75 - 84	28,299	6.2	5.8	107	42,881	51.5
Population Aged 85+	14,074	3.1	2.5	126	21,071	49.7
Total Population Aged 65+	90,998	19.9	18.3	109	116,825	28.4

Catchment: Distance Ring, 10 miles, CB 9 7UD Base: GB

Population	2018 Population	% for Area	% for Base	Index (GB=100)	2028 Population	% Change in Population
Population Aged 65 - 74	10,891	12.0	10.0	119	11,929	9.5
Population Aged 75 - 84	5,536	6.1	5.8	105	9,142	65.1
Population Aged 85+	2,150	2.4	2.5	96	3,712	72.7
Total Population Aged 65+	18,577	20.4	18.3	112	24,783	33.4

- 4.3 It is clear from these tables that sector of the local population aged 65 and above is set to grow by approximately 30% over the 10 year period (i.e. by 2028). This equates to approximately 26,000 extra people over the age of 65. Of particular note however is that the section of the local population aged over 75 will increase disproportionately over the same period. Within a 10 mile radius this part of the population will increase by almost 70%. The local area therefore possesses a rapidly aging population.

² LaingBuisson's Care Homes for Older People UK Market Report (30th edition)

Haverhill

- 4.4 The Place Based Needs Assessment for Haverhill³ indicates that Haverhill has a population of 41,475, of which the adult components are:

Population	%
Population Aged 65 - 84	17.6
Population Aged 85+	2.5
Total Population Aged 65+	20.1

- 4.5 The assessment explains that these components of the Haverhill population are projected to increase by 2028 and that this will have a significant impact on health and social care needs. It is predicted that between 2017 and 2028 there will be a rise of 17.5% (1444 residents) in the 65-84 age range and a rise of 43.8% in the 85+ age range (+730 residents).
- 4.6 The Place Based Needs Assessment also indicates that there is a higher population of some black, Asian and minority ethnic (BAME) groups in Haverhill when compared to the rest of Suffolk. However, this is not reflected in the anecdotal evidence from healthcare providers about the range of people accessing their services. BAME groups are often called hard to reach groups for this reason; they seem to engage less with health and social services. This is thought to be because there is a tradition within these groups of caring for loved ones within the family. It suggests that the need for elderly and dementia care may be slightly higher, particularly in the Haverhill area, than the figures in this report suggest. The national drive to address health inequalities, the more onerous nature of dementia care and the erosion of traditional values may result in an increased demand for dementia care in the Haverhill area from these groups over time.

³ A Place Based Needs Assessment - Version 2, Haverhill Integrated Neighbourhood Team, 2020

5 GENERAL CARE NEED

THE NATIONAL PICTURE

- 5.1 The elderly UK population is set to grow dramatically over the next 10 years and beyond and the predicted rapid increase in 65 to 84 year olds is likely to continue to drive demand for all types of care.

THE LOCAL PICTURE

Suffolk

- 5.2 The Haverhill Place-Based Needs Assessment⁴ explains that the number of older people in Suffolk will continue to increase over the coming decades. In 2016, one in five Suffolk residents were aged 65 or over; this will rise to one in three by 2041. The number of people aged 85 or over will more than double in the same time period.

Study area

- 5.3 The number of people expected to require care over the period 2018 - 2028 is set out in the tables below. The first shows the estimates for the area which is within 20 minutes driving distance of Little Court. The second shows the estimates for the area within a 10 mile radius of Little Court.

Catchment: Drivetime, 20 Minutes, CB 9 7UD Base: GB

Elderly People Estimated to Require Care in Catchment

Year	Expected Beds *
2018	3,445
2023	4,312
2028	5,060

Source: A-Z Care Homes Data
Experian May 2018 Demographic Data

* People expected to require a care bed

Catchment: Distance Ring, 10 miles, CB 9 7UD Base: GB

Elderly People Estimated to Require Care in Catchment

Year	Expected Beds *
2018	593
2023	791
2028	967

⁴ A Place Based Needs Assessment - Version 2, Haverhill Integrated Neighbourhood Team, 2020

Source: A-Z Care Homes Data
Experian May 2018 Demographic Data

* People expected
to require a care
bed

- 5.4 The tables show that the number of people within a 20 minute drive of Little Court who are expected to require care will rise by 1615 over the 10 year period. Within 10 miles of Little Court the number of people requiring care is expected to rise by 374.

6 DEMENTIA CARE NEED

6.1 The term “dementia” describes a set of symptoms that include loss of memory, mood changes and problems with communication and reasoning. There are many types of dementia, the most common being Alzheimer’s disease and vascular dementia. Dementia is progressive, which means the symptoms gradually get worse⁵.

6.2 Care for moderate to severe dementia sufferers takes two main forms, personal care and residential care homes. Whilst the preference is always to try to maintain an individual’s independence at home, this is not always possible given the nature of the condition.

6.3 There are a large number of mixed-registration homes nationally that care for both ‘elderly frail’ and dementia sufferers. This is acknowledged to be operationally challenging as most homes lack the specialist design and layout to meet the complex needs of dementia sufferers.

NATIONAL DEMENTIA CARE NEED

6.4 The Alzheimer’s Society website details the following:

- There are currently 850,000 people with dementia in the UK, with numbers set to rise to over 1 million by 2025;
- One in six people over the age of 80 have dementia;
- 70 per cent of people living in elderly care homes have a form of dementia;
- Two thirds of people with dementia live in the community while one third live in care homes;
- Only 40 per cent of those with dementia receive a diagnosis; and
- Dementia is one of the main causes of disability later in life, ahead of cancer, cardiovascular disease and stroke.

6.5 It is therefore the case that more than one percent of the population (1.27%) currently has dementia and this and the number of sufferers is only expected to grow (to circa to 1.45% by 2025). This growth will in part be driven by the burgeoning populations of the upper age brackets of our society (a result of increasing life expectancy) among which dementia is more prevalent. The Care Policy and Evaluation Centre’s November 2019 report, ‘National Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019-2040’ (‘CPEC report’), notes that:

“The risk of developing dementia increases exponentially with age. As population ageing continues to accelerate in the UK and worldwide, the number of people living with dementia is set to rise sharply in the decades to come (Livingston et al. 2017). To plan effectively for their care and support, it is important to understand the level of care likely to be required to meet future care needs and the associated care costs.”

6.6 The CPEC report corroborates the Alzheimer’s Societies findings set out at paragraph 6.4 above and goes further. It states:

⁵ Alzheimer’s Society website

“We project that the number of older people with dementia in the UK will increase by 80%, from almost 885,000 in 2019 to around 1.6 million in 2040. It will reach one million in the year 2024. The prevalence rate of dementia in the UK is projected to reach 8.8% in 2040.”

- 6.7 The Alzheimer’s Society’s report, ‘*Low expectations: Attitudes on choice, care and community for people with dementia in care homes*, February 2013’ (‘Low expectations report’), sets out quantitative and qualitative research on dementia provision in the UK, which recognises that for people with moderate and severe dementia needs an elderly care home placement may be the safest and most sustainable care option available. Their report states that:

‘While there has been significant focus on delivering care to people in the community in recent years, care homes remain often the most appropriate place of care for many people with dementia, especially those with more advanced dementia’.

- 6.8 It is clear that the already significant and rising population of dementia sufferers in the UK will result in a significant and rising need for dementia care provision. This is set against a backdrop of existing under-provision. The Parliamentary Review of 10 March 2019 stated that:

“With only about 25 per cent of existing care home beds being dedicated to dementia care, there is a big gap in provision, both now and in the future. It is estimated that more than 80 per cent of residents living in care homes have significant memory problems or dementia and that 56,000 more dedicated dementia beds will be needed within seven years.”

- 6.9 A study by The Lancet predicts an even greater need of more than 70,000 care home places by 2025.

- 6.10 The 10 March 2019 edition of The Parliamentary Review continues:

“While more dementia beds are coming on stream via new developments, beds are also being lost through closures. About 85 per cent of care homes are over 50 years old; many lack en-suite or wetroom provision and so are unlikely to meet the requirements of discerning customers, particularly those funding their own care.”

- 6.11 While dementia specific care needs data is hard to come by it is evident that a growing need for dementia care provision coupled with existing under-provision *and* the need for renewal or replacement of existing stock means that there will remain a significant need for the foreseeable future.

LOCAL DEMENTIA CARE NEED

Suffolk

- 6.12 There were 7,674 people with a dementia diagnosis registered to a GP practice in Suffolk in 2018/19 but the total number of people living with dementia in the county is estimated to be

12,800⁶. By 2035, this number is expected to rise to 25,000⁷ due to population aging and elderly in-migration.

West Suffolk

- 6.13 West Suffolk’s population is expected to increase by 10% by 2039 as compared with 11% across England as a whole. However, the growth in the population of over 75s is expected to be higher than for England as a whole. Growth of 84% is expected with resident numbers rising from 16,600 to 30,600 whereas the growth of this age group across England is expected to be 76%⁸.
- 6.14 Currently there are 4,557 specialist housing places for older people in West Suffolk which include 1,663 sheltered, extra care and age exclusive housing places. There are currently 1,316 residential care home places and 1,578 supported and specialist places for older people⁹.
- 6.15 There is no current acknowledgement or data in the West Suffolk Housing Strategy of the need for dementia care provision. However, there would appear to be a substantial shortfall in the provision of elderly care generally within West Suffolk, and dementia care in particular.
- 6.16 The current number of older people’s housing and care spaces in West Suffolk only accounts for 2.5% of the current population of people over 65 years of age. The national picture for Dementia alone is that 7.1% of people over the age of 65 are living with the condition.
- 6.17 The number of people over the age of 65 in West Suffolk in 2019 was 179,039¹⁰. This suggests that that there are likely to be over 12,000 people (7.1% of the population over 65) currently living with dementia in West Suffolk.
- 6.18 If the proportion of the population of West Suffolk which is over the age of 75 is predicted to increase by a further 30,600 by 2039 there are likely to be a further 2,172 people in West Suffolk with dementia by 2039.
- 6.19 In the tables below this same metric is applied to the local population data presented at section 4 above.

Catchment: Drivetime, 20 Minutes, CB 9 7UD **Base:** GB

Population	2018 Population	Estimated dementia sufferers (at 7.1% of 65+ population)	2028 Population	Estimated dementia sufferers (at 7.1% of 65+ population)
Population Aged 65+	90,998	6,480	116,825	8,295

⁶ This reflects the fact that dementia diagnosis rates in West Suffolk are lower than the England average, meaning that there are likely to be more people living with dementia in West Suffolk who are yet to be identified. This is a position acknowledged by the West Suffolk Clinical Commissioning Group.

⁷ www.healthysuffolk.org.uk

⁸ Source: West Suffolk Housing Strategy 2018 - 2023

⁹ West Suffolk Housing Strategy 2018 - 2023

¹⁰ ONS 2019

Catchment: Distance Ring, 10 miles, CB 9 7UD

Base: GB

Population	2018 Population	Estimated dementia sufferers (at 7.1% of 65+ population)	2028 Population	Estimated dementia sufferers (at 7.1% of 65+ population)
Population Aged 65+	18,577	1,319	24,783	1,760

The crude estimates presented in the tables suggest that there will be over 8,000 dementia sufferers living within 20 minutes of the site by 2028 and 1,760 living within 10 miles of the site by the same date.

Cambridgeshire

- 6.20 Over the period 2010 to 2030 the number of people with dementia in Cambridgeshire is expected to double from 7,000 to more than 14,000¹¹.

¹¹ Cambridgeshire County Council

7 SPECIALIST DEMENTIA CARE NEED (PER THE CARE MODEL)

- 7.1 The Hogeweyk care model, on which the proposed development is based, provides care and end of life care for severe dementia sufferers.
- 7.2 The CPEC report estimates that of the 885,000 people with dementia in the UK, 127,000 have mild dementia, 246,000 have moderate dementia and 511,000 have severe dementia. This means that 58% of the UK's dementia cases are severe and that 0.76% of the UK population has severe dementia.
- 7.3 Further, the CPEC report estimates that that number of people with severe dementia in England will increase by 109% over the period 2019 - 2040 (from 510,600 people to 1,066,000 people).
- 7.4 Care for dementia sufferers is more demanding than general elderly frail care. The needs of dementia sufferers are more varied and more nuanced. This is particularly so with severe dementia cases. The Low expectations report explains that:

“There is significant evidence that the environment that people with dementia live in can have profound implications for their quality of life. Dementia can make it difficult for people to negotiate environments, potentially increasing the risk of accidents. Furthermore, many people with dementia are prone to walking about, and need environments which can enable this while remaining safe and secure.”

and

“The focus on new-build care homes should be on how environments can support good quality of life for residents, and existing good practice design guidance should be considered early on in building processes.”

- 7.5 This is backed up by The National Housing Federation who have recommended that new care developments should allow people with dementia to live independently in their own property in the grounds of a care home with some communal facilities.
- 7.6 There is therefore a move towards the provision of dementia care facilities for which the focus is on maximising the quality of life residents by carefully designing environments to provide as normal a life as possible.
- 7.7 While there appears to be an acknowledgement that all dementia care needs to become more specialised, no data relating to the size of the need for specialist dementia care has been found in the preparation of this report. Neither has any information on what would comprise ‘specialist dementia care’.
- 7.8 However, if it were to be assumed that just 5% of those with dementia require specialist accommodation and care of the type being proposed by CARE, more than 650 care villages (at 120 beds each) would be required across the UK over the next 20 years. In West Suffolk 13 specialist dementia care villages would be required over the same period.

8 CARE HOME SUPPLY

GENERAL ELDERLY FRAIL CARE HOME SUPPLY

- 8.1 Existing care home provision in the local area is set out in the below tables. The first details provision for the area which is within 20 minutes driving distance of Little Court. The second shows the estimates for the area which is within a 10 mile radius of Little Court.

Catchment: Drivetime, 20 Minutes, CB 9 7UD

Base: GB

Supply of Elderly Care Homes in Catchment

	Publicly Funded*	Independent Provision	Total
Number of Elderly Care Homes	10	60	70
Total Elderly Care Beds	484	3,103	3,587

* Publicly Funded = Local Authority/Voluntary/NHS owned

Size of Home	Homes	Beds	Avg. Beds per Home	% Single Beds	% Rooms Ensuite
0-19 Beds	7	72	10	100	41
20-39 Beds	16	533	33	89	68
40-59 Beds	18	905	50	96	80
60-79 Beds	22	1,459	66	98	85
80 or More Beds	7	618	88	98	99
Total	70	3,587	51	96	84

Note: Single & En-suite facilities data is not available for all homes

Catchment: Distance Ring, 10 miles, CB 9 7UD

Base: GB

Supply of Elderly Care Homes in Catchment

	Publicly Funded*	Independent Provision	Total
Number of Elderly Care Homes	1	7	8
Total Elderly Care Beds	69	295	364

* Publicly Funded = Local Authority/Voluntary/NHS owned

Size of Home	Homes	Beds	Avg. Beds per Home	% Single Beds	% Rooms Ensuite
0-19 Beds	2	26	13	100	6
20-39 Beds	1	37	37	89	57
40-59 Beds	3	172	57	97	81
60-79 Beds	2	129	65	100	100
80 or More Beds	0	0	0	0	0

Total	8	364	46	97	82
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Note: Single & En-suite facilities data is not available for all homes

8.2 The below tables show the above existing local care provision figures in the context of the local general care need figures set out in section 5 above.

Catchment: Drivetime, 20 Minutes, CB 9 7UD Base: GB

Elderly People Estimated to Require Care in Catchment

Year	Expected Beds *	Beds **	Difference	Index	Bedrooms Single Occupancy **	Difference
2018	3,445	3,587	142	142	3,518	73
2023	4,312	3,587	-725	-725	3,518	-794
2028	5,060	3,587	-1,473	-1,473	3,518	-1,542

Source: A-Z Care Homes Data
Experian May 2018 Demographic Data

* People expected to require a care bed
** Assumes constant bed numbers

Catchment: Distance Ring, 10 miles, CB 9 7UD Base: GB

Elderly People Estimated to Require Care in Catchment

Year	Expected Beds *	Beds **	Difference	Index	Bedrooms Single Occupancy **	Difference
2018	593	364	-229	-229	359	-234
2023	791	364	-427	-427	359	-432
2028	967	364	-603	-603	359	-608

Source: A-Z Care Homes Data
Experian May 2018 Demographic Data

* People expected to require a care bed
** Assumes constant bed numbers

8.3 The data shows a shortfall of nearly 1,500 care beds within 20 minutes of Little Court by 2028 (assuming a hypothetical scenario where no additional supply is delivered). This means that existing provision needs to be increased by 47% over 8 years if demand is to be met. Given delivery constraints and historic trends this level of growth in provision is highly unlikely to occur.

8.4 Even more locally the supply position is worse. There is already a shortfall of 229 care beds and this will rise to a shortfall of 603 beds over the next 8 years if no new provision is made.

DEMENTIA SPECIFIC CARE HOME SUPPLY

- 8.5 As set out in section 6 above there are likely to be over 12,000 people currently living with dementia in West Suffolk and this number is set to rise by 2,172 over the next 20 years.
- 8.6 Further, the more localised estimates presented at section 6 suggest that there will be over 8,000 dementia sufferers living within 20 minutes of the site by 2028 and 1,760 living within 10 miles of the site by the same date.
- 8.7 850,000 people are estimated to be living with dementia in the UK currently¹² with 311,730 of these dementia sufferers living in care homes¹³. This suggests that 37% of people with dementia require residential care. General elderly frail care may be sufficient for some of these sufferers but others will require dementia specific care.
- 8.8 The tables below set out the number of dementia care beds that would be required if 10% of the estimated numbers of sufferers required dementia specific care.

Catchment: Drivetime, 20 Minutes, CB 9 7UD Base: GB

Population	2018 Population	Estimated dementia sufferers (at 7.1% of 65+ population)	10% of estimated number of dementia sufferers	2028 Population	Estimated dementia sufferers (at 7.1% of 65+ population)	10% of estimated number of dementia sufferers
Population Aged 65+	90,998	6,480	648	116,825	8,295	830

Catchment: Distance Ring, 10 miles, CB 9 7UD Base: GB

Population	2018 Population	Estimated dementia sufferers (at 7.1% of 65+ population)	10% of estimated number of dementia sufferers	2028 Population	Estimated dementia sufferers (at 7.1% of 65+ population)	10% of estimated number of dementia sufferers
Population Aged 65+	18,577	1,319	132	24,783	1,760	176

- 8.9 In view of the fact that 37% of dementia sufferers require residential care and 58% of the UK's dementia cases are severe it is likely that the assumption that 10% of dementia sufferers will require dementia specific care is a significant underestimate. However, even at this level there is likely to be a need for 132 dementia specific care beds within 10 miles of the site at present and a need for 176 by 2028.
- 8.10 The nearest care home catering specifically for dementia is Brookwood Manor at Little Waldingfield near Sudbury. Brookwood Manor is 18 miles from Little Court (37 minutes' drive)

¹² Prince, M et al. (2014) Dementia UK: Update Second Edition report produced by King's College London and the London School of Economics for the Alzheimer's Society

¹³ Prince, M et al. (2014) Dementia UK: Update Second Edition report produced by King's College London and the London School of Economics for the Alzheimer's Society

and provides 28 beds. Accordingly, dementia specific care needs within 10 miles of Little Court are completely unmet and will remain so unless provision is made.

9 IMPACT OF PROPOSED DEMENTIA CARE VILLAGE ON NEED

- 9.1 The proposed dementia care village will provide 120 care beds. The care provided will not just be dementia only but will be specialised care catering for severe and end of life dementia patients.
- 9.2 Working on the basis of the conservative estimate of need for dementia care within 10 miles of the site set out in section 8 above, the proposed care village would meet 91% of the current need and 68% of the spaces which will be needed by 2028. However, this picture is likely to significantly underplay the need for care in the vicinity of Little Court because more than 10% of dementia sufferers are likely to require dementia care *and* because the catchment of a dementia care village at Little Court is likely to be larger than 10 miles. Using the 20 minute drivetime metric to determine the catchment area instead of a 10 mile radius means that the proposed care village would meet only 19% of the current dementia need and 14% of the need in 2028, noting that the need figures are still likely to be an underestimate.
- 9.3 There is therefore a clear and current need for the proposed care village and, taking into account the conservative basis on which this need has been calculated, it is likely that the care village will only go part of the way to meeting it. Further, the number of dementia sufferers requiring dementia specific care is projected to increase with time which will only increase the need for the proposed village.
- 9.4 In addition to a general need for dementia care there is also likely to be a need for care which directly addresses the particular and complex demands of severe dementia to maintain normal life as far as possible and to maximise the health, quality of life and wellbeing of sufferers in all other respects. Indeed, there is a strong argument to say that this should be the basis for all dementia care.
- 9.5 If, as at paragraph 7.8 above, it is assumed that just 5% of those with dementia require care of this nature (as is being proposed by CARE) more than 650 care villages (at 120 beds each) would be required across the UK over the next 20 years. In West Suffolk 13 specialist dementia care villages would be required over the same period.
- 9.6 At the moment there is no such provision in the UK. This is therefore likely to be significant demand for this kind of care and the catchment of facilities offering it is likely to be far greater than 10 miles and could even be nationwide. A larger catchment means higher demand which points even more clearly to the existence of a significant demand for such a facility at Little Court.
- 9.7 While the data isn't specific enough to say what percentage of dementia sufferers would seek this kind of care the success that the model has enjoyed abroad (in an equivalent market and socio-economic context), the tailored and positive approach it adopts and the complete lack of provision in the UK all point to a level of need both nationally and locally of which only a small part would be met by the proposed care village. Indeed, it is likely that there is significant latent demand that would support the provision of many facilities like that proposed at Little Court across the UK.

10 CONCLUSIONS

GENERAL CARE NEED - NATIONAL

- 10.1 The elderly UK population is set to grow dramatically over the next 10 years and beyond and the predicted rapid increase in the over 65 population is likely to continue to drive demand for all types of care.

GENERAL CARE NEED - LOCAL

- 10.2 The number of people within a 20 minute drive of Little Court who are expected to require care will rise by 1,615 to 5,060 by 2028. Within 10 miles of Little Court the number of people requiring care is expected to rise by 374 to 967.

DEMENTIA CARE NEED - NATIONAL

- 10.3 Estimates of need for additional dementia specific care beds by 2025/6 vary between 56,000 and 70,000.

DEMENTIA CARE NEED - LOCAL

- 10.4 Our estimates suggest that there will be over 8,000 dementia sufferers living within 20 minutes of the site by 2028 and 1,760 living within 10 miles of the site by the same date. The data does not exist to say what proportion of these sufferers require dementia specific care.

SPECIALIST DEMENTIA CARE NEED (PER THE 'CARE' MODEL)

- 10.5 On the assumption that just 5% of those with dementia require specialist accommodation and care of the type being proposed by CARE, more than 650 care villages (at 120 beds each) would be required across the UK over the next 20 years. In West Suffolk 13 such villages would be required over the same period.

CARE HOME SUPPLY - GENERAL ELDERLY FRAIL

- 10.6 There is currently an undersupply of 229 care beds within 10 miles of Little Court and this will increase to a shortfall of 603 beds over the next 8 years, or nearly 1,500 beds within 20 minutes of Little Court, if no new provision is made.

CARE HOME SUPPLY - DEMENTIA SPECIFIC

- 10.7 The nearest care home catering specifically for dementia is Brookwood Manor at Little Waldingfield near Sudbury. Brookwood Manor is 18 miles from Little Court (37 minutes' drive) and provides 28 beds. Accordingly, dementia specific care needs within both 10 miles and 20 minutes' drive of Little Court are completely unmet and will remain so unless new provision is made.

IMPACT OF PROPOSED DEMENTIA CARE VILLAGE ON NEED

- 10.8 While the data available is not specific enough to say what percentage of dementia sufferers would seek the kind of care provision proposed at Little Court multiple factors point to a level of need both nationally and locally of which only a small part would be met by the proposed care village. Indeed, it is likely that there is significant latent demand that would support the provision of many facilities like that proposed at Little Court across the UK.

APPENDIX 1 - List of stakeholders with whom CARE has engaged

# Name	Title	Service	Involvement
1 Julie Stokes	CEO	Activlives	Attended early stakeholder engagement event
2 Christine Horn	Befriending and Dementia Team Leader	Age Concern Colchester	Attended early stakeholder engagement event
3 Jane Diplock	Colchester & North East Essex Operations Manager	Age Concern Colchester	Attended early stakeholder engagement event
4 Jilly Vince	Chilton Day Centre Lead	Age UK	Attended early stakeholder engagement event
5 Karen Howman	Volunteer Recruitment and Reward Officer	Age UK	Attended early stakeholder engagement event
6 Sue Vincent	Volunteer and Leader of Suffolk Campaign Group	Alzheimer's Society	Attended early stakeholder engagement event
7 Rosemary Brotchie	Regional Public Affairs and Campaigns Manager	Alzheimer's Society	Attended early stakeholder engagement event
8 Rosalva Johnston	Essex Dementia Friendly Communities Coordinator	Alzheimer's Society	Attended early stakeholder engagement event
9 Daniel Schaffer	Services Manager	Alzheimer's Society Norfolk & Suffolk	Attended early stakeholder engagement event
10 Mark Neville	Essex Dementia Friendly Communities Coordinator	Alzheimer's Society North East Essex	Attended early stakeholder engagement event
11 Jan Osborne	Councillor, Babergh Cabinet Member for Housing	Babergh Mid Suffolk / Babergh District Council	Attended early stakeholder engagement event
12 Liz Waddy	General Practitioner	Bridge Surgery, Burton on Trent, Staffordshire	Attended early stakeholder engagement event
13 Dr Ros Tandy	Deputy Lead GP	Christmas Maltings Surgery	Directly engaged - enthusiastic and supportive
14 Flavia Regan		Community 360 North East Essex	Attended early stakeholder engagement event
15 Louise Willsher	Head or Projects	Community 360 North East Essex	Attended early stakeholder engagement event
16 Lynden Jackson	Director	Debenham Project (Dementia Friendly Community)	Extremely supportive
17 Alice Rowe	Matron	Dementia Intensive Support Team (East Suffolk)	Attended early stakeholder engagement event
18 Heather Ruff	Nurse	Dementia Speech and Language Therapy	Extremely supportive
19 Alana Page	Community Services Operations Manager	Dementia Together / Sue Ryder	Directly engaged - enthusiastic and supportive
20 Jan Gregory	Navigator	Dementia Together / Sue Ryder	Attended early stakeholder engagement event - very enthusiastic and supportive
21 Judith Goldsmith	Navigator	Dementia Together / Sue Ryder	Attended early stakeholder engagement event - very enthusiastic and supportive
22 Sharon Harkin	Dementia Champion and Community Engagement Manager	East of England Cooperative	Attended early stakeholder engagement event
23 Maria Blanche	Dementia Lead / Commissioner	Essex County Council	Attended early stakeholder engagement event
24 Jill Mason	Activities Facilitator	Hadleigh Dementia Action Alliance	Attended early stakeholder engagement event
25 Jim Fyfe	Carer	Halesworth Dementia Carers	Attended early stakeholder engagement event
26 Teresa Fyfe	Carer	Halesworth Dementia Carers	Attended early stakeholder engagement event
27 Dr Neville Selby	General Practitioner	Haverhill Family Practice	Directly engaged - enthusiastic and supportive
28 Dr Firas Watfeh	General Practitioner	Haverhill Family Practice	Directly engaged - enthusiastic and supportive
29 Julie Williams-Wilson	Business Manager	Haverhill Family Practice	Directly engaged - enthusiastic and supportive
30 Andy Yacoub	Chief Executive Officer	Healthwatch	Very enthusiastic and supportive
31 Brenda Crichton	Public Engagement Officer (West) and Research Officer	Healthwatch	Attended early stakeholder engagement event
32 Wendy Chard	Head of Community Engagement	Home In Stead	Attended early stakeholder engagement event
33 Irene MacDonald	Patient & Public Involvement Lay Member	Ipswich and East Suffolk Clinical Commissioning Group	Attended early stakeholder engagement event
34 Michele Eaton	Care Home Support Manager	Ipswich and East Suffolk Clinical Commissioning Group	Attended early stakeholder engagement event
35 Louise Hickey	Health and Wellbeing Project Manager	Ipswich Borough Council	Attended early stakeholder engagement event
36 Roger Fern	Carer / former councillor	Ipswich Borough Council	Attended early stakeholder engagement event
37 Sharon Cuthbert	Project Manager	Leiston Dementia Project	Attended early stakeholder engagement event
38 Nicola Bradford	Carer / Manager	Lime Skills / Age UK Board	Attended early stakeholder engagement event
39 Nikki Sawkins	Nurse Consultancy in Cancer and End Of Life Care	NHS England	Attended early stakeholder engagement event
40 Elaine Bower		Norfolk and Suffolk NHS Foundation Trust	Attended early stakeholder engagement event
41 Elizabeth Ellis	Team Manager	Norfolk and Suffolk NHS Foundation Trust	Attended early stakeholder engagement event
42 Kate Woollard		Norfolk and Suffolk NHS Foundation Trust	Attended early stakeholder engagement event
43 Kris Panvalkar	Complex Case Coordinator at Ipswich and East Suffolk Clinical Commissioning Group	Norfolk and Suffolk NHS Foundation Trust	Attended early stakeholder engagement event
44 Liz Stephens		Norfolk and Suffolk NHS Foundation Trust	Attended early stakeholder engagement event
45 Ruth Mills	Consultant clinical psychologist	Norfolk and Suffolk NHS Foundation Trust	Attended early stakeholder engagement event
46 Anna Seiffer	Clinical Psychologist	Norfolk and Suffolk NHS Foundation Trust	Attended early stakeholder engagement event

# Name	Title	Service	Involvement
47 Tracey Rowe	Older People's Team Manager and Social Care Lead	Norfolk and Suffolk NHS Foundation Trust	Attended early stakeholder engagement event
48 Timothy Cotter	Dementia Liaison Clinical Nurse Specialist Bury North IDT	Norfolk and Suffolk NHS Foundation Trust	Attended early stakeholder engagement event
49 Helen Gray	Service Lead	Norfolk and Suffolk NHS Foundation Trust - Dementia Intensive Support Team	Attended early stakeholder engagement event
50 Donna Nunn	Team Lead	Norfolk and Suffolk NHS Foundation Trust - Integrated Delivery Team	Attended early stakeholder engagement event
51 Gail Collyer	Team Lead	Norfolk and Suffolk NHS Foundation Trust - Integrated Delivery Team	Attended early stakeholder engagement event
52 Ruth Chipperfield	Consultant Psychiatrist	Norfolk and Suffolk NHS Foundation Trust - Memory Assessment Therapy Service (West)	Attended early stakeholder engagement event
53 Manuel Regueira	ECP Manager - Suffolk Mental Health Partnership	Norfolk and Suffolk NHS Foundation Trust - Memory Assessment Therapy Service (West)	Attended early stakeholder engagement event
54 Vanessa Price	Manger - Integrated Delivery Team (IDT) Bury North	Norfolk and Suffolk NHS Foundation Trust - Memory Assessment Therapy Service (West)	Attended early stakeholder engagement event
55 Sarah Sherred	Clinical Lead - Community Memory Assessment Service (East Suffolk)	Norfolk and Suffolk NHS Foundation Trust (NSFT)	Attended early stakeholder engagement event
56 Felicity Tate	Commissioner	Norfolk and Waveney Clinical Commissioning Group	Attended early stakeholder engagement event
57 Mark Payne	Commissioner	Norfolk and Waveney Clinical Commissioning Group	Attended early stakeholder engagement event
58 Maria Wilby	Director	Refugee Action Colchester	Attended early stakeholder engagement event
59 Claire Percy	Managing Director	Right At Home	Attended early stakeholder engagement event
60 Gemma Bloomfield	Director of Care	Seckford Foundation	Attended early stakeholder engagement event
61 Cathy O'Brien	Deputy Head of Care	Seckford Foundation	Attended early stakeholder engagement event
62 Sue Hughes	Independent Chair	SNEE Dementia Forum / Health Watch	Attended early stakeholder engagement event
63 Fiona Palmer	Chair	Stowmarket Dementia Action Alliance	Attended early stakeholder engagement event
64 Jo Marshall	The Chantry Director	Sue Ryder	Attended early stakeholder engagement event - very enthusiastic and supportive
65 Simon Brown	Founder	Suffolk Carers Matter	Attended early stakeholder engagement event
66 Sophie Gower	Head of Carers Support	Suffolk Carers Matter	Attended early stakeholder engagement event
67 Marilyn Harvey	Adult Lead	Suffolk Community Healthcare	Attended early stakeholder engagement event
68 Dumitru Puscasu	Team Manager - Adult and Community Service Suffolk	Suffolk County Council	Attended early stakeholder engagement event
69 Julia Parish	Lead Social Worker (East Suffolk)	Suffolk County Council	Attended early stakeholder engagement event
70 Mark Tattum-Smith	Digital Technical Lead	Suffolk County Council	Attended early stakeholder engagement event
71 Rachael Coombes	Commissioner	Suffolk County Council	Directly engaged - very enthusiastic and supportive
72 Michala Carney	?	Suffolk County Council	Discussions via Team of housing need
73 Shirley Mutumburi	Head of Service Development and Contracts - Housing Homecare and Placements, Strategic Planning and Resourcing Team & Adult and Community Services	Suffolk County Council	Discussions via Team of housing need
74 Gillian Leathers	Team Manager - Haverhill Adult and Community Services	Suffolk County Council	Discussions via Team of housing need
75 Ed Abbott	Housing Officer?	Suffolk County Council	Discussions via Team of housing need - supportive
76 Jeptepkeny Ronoh	Consultant in Public Health Medicine (Lead for Care Homes)	Suffolk County Council	Attended early stakeholder engagement event
77 Helen Clarke	Care Home Lead / Commissioner	Suffolk County Council	Attended early stakeholder engagement event
78 Gareth Moir	Community Lead	Suffolk County Council / Public Health	Attended early stakeholder engagement event
79 Sarah Potter	Mental Health and Wellbeing Service Manager	Suffolk Family Carers	Attended early stakeholder engagement event
80 Dawn Williams	Assistant to Leadership Team	Suffolk MIND	Attended early stakeholder engagement event
81 Dr Paddy Fielder	Trustee	The Debenham Project	Attended early stakeholder engagement event
82 Peter Berry	Individual living with Early Onset Alzheimer's Disease	via Young Dementia UK	Very enthusiastic and supportive
83 Cardy Gail	Senior Transformation Project Manager	West Suffolk Clinical Commissioning Group	Directly engaged - enthusiastic and supportive
84 Lois Wreathall	Head of West Suffolk CCG	West Suffolk Clinical Commissioning Group	Directly engaged - very enthusiastic and supportive
85 Amanda Webb-Heath	Alliance Locality Coordinator for Haverhill	West Suffolk Clinical Commissioning Group	Attended early stakeholder engagement event
86 Simon Phelan	Head of Housing	West Suffolk Council	Directly engaged - supportive
87 David Roach	Councillor, Portfolio Holder for Local Plan Development and Delivery	West Suffolk Council	Directly engaged - enthusiastic and supportive
88 John Burns	Councillor	West Suffolk Council	Directly engaged - enthusiastic and supportive

# Name	Title	Service	Involvement
89 Aaron Luccarini	Councillor	West Suffolk Council	Directly engaged - enthusiastic and supportive
90 Susan Glossop	Councillor, Portfolio Holder for Growth	West Suffolk Council	Directly engaged - enthusiastic and supportive
91 David Osbourne	Housing Coordinator - Haverhill	West Suffolk Council	Directly engaged - very enthusiastic and supportive
92 Julie Fountain	Dementia Lead Nurse	West Suffolk NHS Foundation Trust	Attended early stakeholder engagement event - expressed enthusiasm and support
93 Maggie Woodhouse	Dementia Lead Nurse	West Suffolk NHS Foundation Trust	Attended early stakeholder engagement event - expressed enthusiasm and support
94 Gareth Blisset	Occupational Therapist	West Suffolk NHS Foundation Trust	Attended early stakeholder engagement event
95 Caroline Manning	Carer		Attended early stakeholder engagement event
96 Paul Wise	Carer		Attended early stakeholder engagement event
97 Phil Wells	Carer		Attended early stakeholder engagement event
98 Teresa Berry	Carer		Wife of Peter Berry (early onset dementia sufferer and fundraiser) - extremely supportive
99 Matt Hancock MP			Directly engaged - enthusiastic and supportive