

**Planning need assessment**  
Elderly care home

# Land at Haden Way, Willingham, Cambridge CB24 5HB

Prepared for:  
CSL Strategic Ltd

Carterwood Report – July 2024

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- Innovation

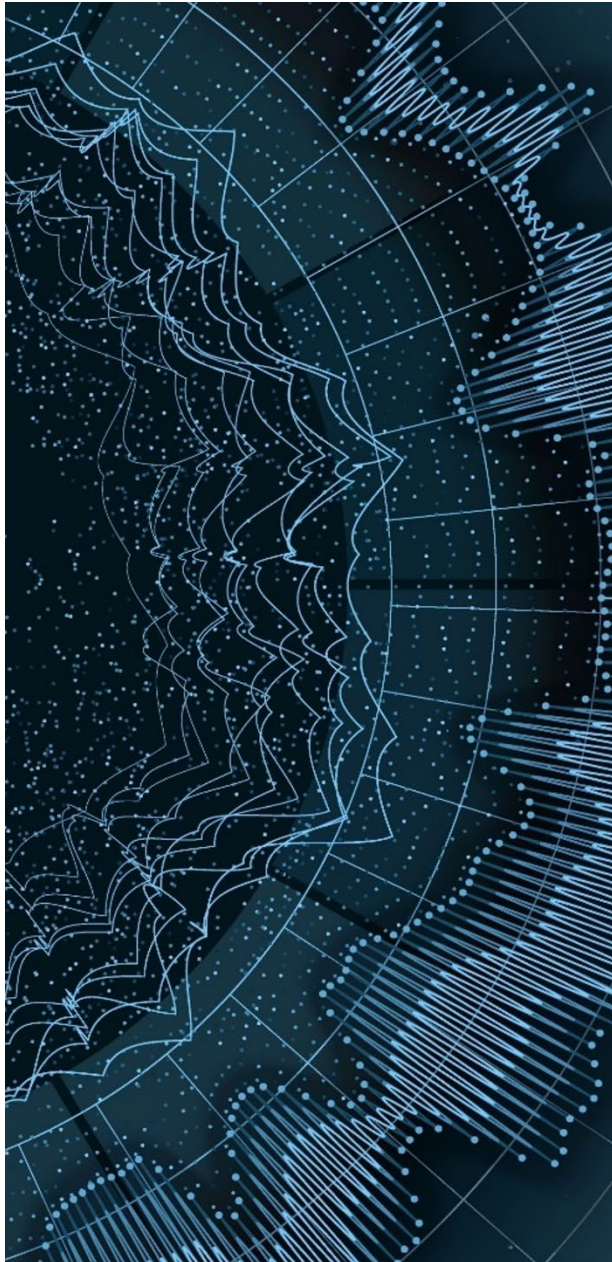
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## Executive summary

Background and the proposal

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T1 Planning need assessment summary	
Site	Land at Haden Way, Willingham, Cambridge, CB24 5HB
Proposed scheme	65-bed purpose-built care home to meet the needs of all aspects of elderly care provision, including nursing, personal and dementia care.
Notes	<ul style="list-style-type: none"> <li>The subject scheme is not included in our 'planned supply' figures</li> <li>Need assessment based on a circa 5-mile market catchment and the South Cambridgeshire District Council local authority area.</li> </ul>

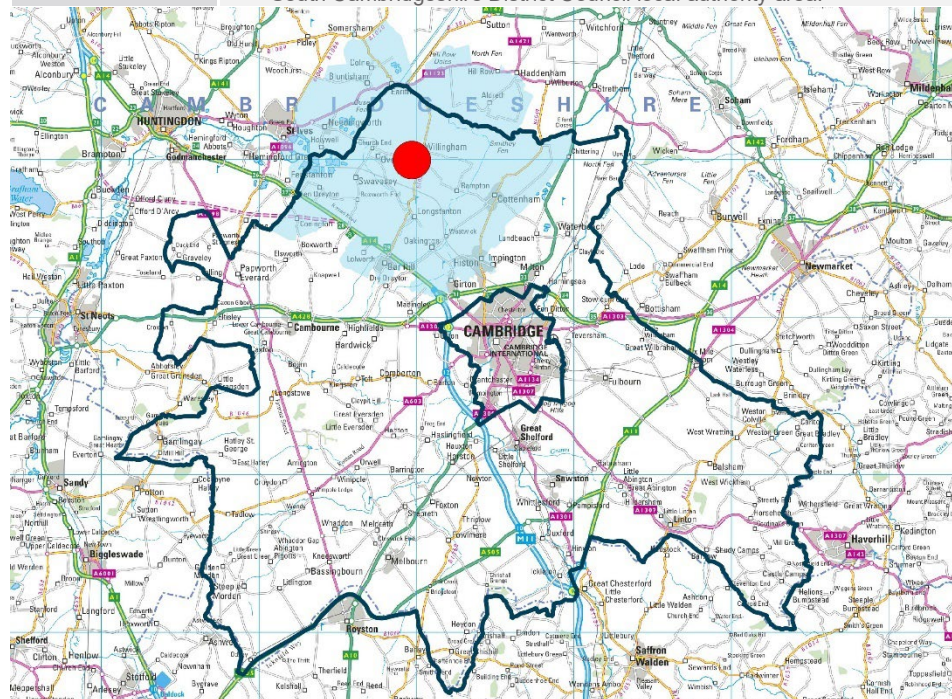


Figure 1: Location of the proposed care home and its catchment areas

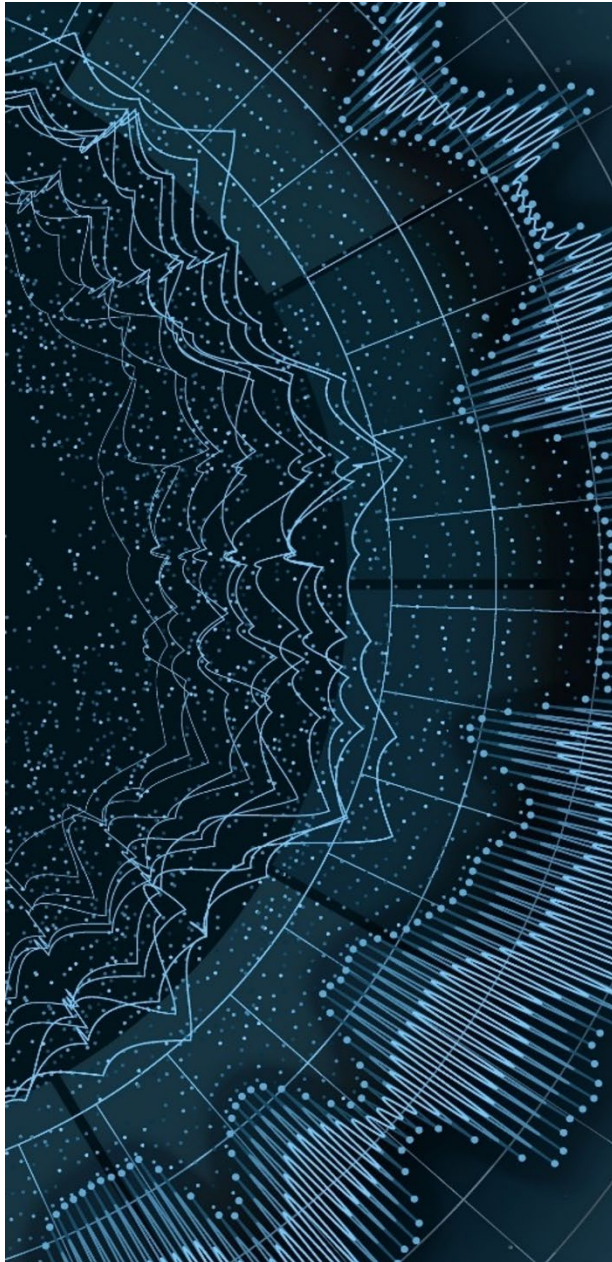
The proposed scheme is shown by the red dot, with the market catchment area shaded light blue and the South Cambridgeshire District Council area outlined in dark blue

T2 Assessment of need	
We assess need on two bases – minimum and full market standard bedrooms; we define a <u>minimum market standard bedroom</u> as providing an en-suite with a minimum of a WC and wash-hand basin (although do not stipulate minimum size, accessibility or suitability for purpose).	
In line with rising market expectations we also assess need on the basis of <u>full market standard bedrooms</u> which incorporate an en-suite with a level access shower (wetroom) to enable bathing and personal care to take place within a resident's own room. All new care homes provide spacious en-suite bedrooms, the vast majority having full en-suite wetrooms.	

T3 Need analysis summary (2027)				
Basis of assessment	All beds		Dedicated dementia	
	Market	LA	Market	LA
Type of care				
Gross need				
All bed/specialist dementia need	339	1,097	148	478
Occupancy capacity allowance	28	92	12	40
Total need	367	1,189	160	518
Supply				
Existing elderly en-suite	322	935	70	189
Existing elderly wetroom	72	528	25	137
Planned beds (to 2027)	0	163	0	81
Total supply (en-suite)	322	1,098	70	270
Total supply (wetrooms)	72	691	25	218
Net need				
En-suite bedrooms (minimum market standard)	45	91	90	248
Full wetroom en-suite bedrooms (full market standard)	295	498	135	300

For full assumptions, see Table T21 on page 22.

T4 Conclusions and recommendations	
<ul style="list-style-type: none"> <li>Our assessment based on 2027, the earliest the proposed care home could be available, indicates a net need for 45 minimum market standard bedrooms (including 90 dedicated dementia beds) in the market catchment and 91 in the South Cambridgeshire District local authority area (including 248 dedicated dementia beds).</li> <li>Our analysis of need for care home beds providing full en-suite wetrooms, which we consider a more relevant measure, indicates a net need for 295 beds in the market catchment and 498 in the local authority area (including 135 and 300 dedicated dementia beds, respectively).</li> <li>With no planned new care beds in the market catchment and 358 in the local authority area, the shortfalls are expected to increase to 169 and 284 minimum market standard beds in the two catchments, respectively, by 2037, assuming existing supply and prevalence remains constant, reflecting the sustained and escalating nature of need. The projected shortfalls of full market standard care bedrooms similar to those in the subject scheme are significantly greater.</li> <li>Cambridgeshire County Council commissioning identifies key demand drivers for new care home beds, particularly for step down care to prevent delayed discharge from NHS hospitals, nursing and dementia care, given the significant expected growth in the elderly demographic within the South Cambridgeshire District Council area.</li> <li>A good proportion of those requiring care are likely to be self-funded, with their choice of care home being based on location, quality of care and accommodation, and proximity to friends and family, rather than funding alone. The proposed 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, infection control-compliant care accommodation to enable care to be administered most effectively.</li> </ul>	



Executive summary

## **Background and the proposal**

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The proposed scheme – position on the care spectrum

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## 1. Introduction

- 1.1 Carterwood has been commissioned to prepare a need assessment on behalf of CSL Strategic Ltd in relation to the development of a new 65-bed purpose-built care home at Haden Way, Willingham, Cambridge, CB24 5HB.
- 1.2 The proposed development will provide a modern care home capable of flexibly adapting to meet the needs of all aspects of elderly care provision, including both nursing and personal care. It will incorporate physical adaptations and an environment suited to the provision of specialist dementia care, to meet a growing need in this area.
- 1.3 In this report, we have considered the national context, together with a detailed study of the market catchment and local authority area.

### Limitations to advice

- 1.4 The trading environment of the care sector in Great Britain, which impacts upon market conditions, remains in a volatile state. Contributing factors include political and economic pressures resulting from some ongoing limitations of post-Brexit trading conditions, operating with the legacy and future risks of COVID-19 and the effect of the conflict in Ukraine.
- 1.5 Our reports are prepared using high-quality data and expert analysis from our experienced team. Any recommendations made are based upon the market and financial climate as at the date of the report, but do not take into account future economic or market fluctuations caused by the events outlined above or other unforeseen events.
- 1.6 This report contains data relating to the 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.

### T5 Instruction summary

Purpose of advice	Planning need assessment
Research date	08 July 2024
Prepared by	Daisy Harris BSc (Hons) MSc
Reviewed by	Jessamy Venables BSc (Hons) MSc MRICS
Report date	24 July 2024

## 2. Carterwood

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



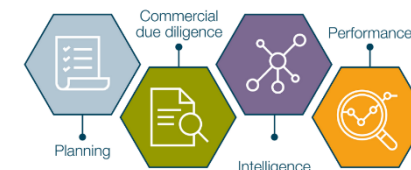
### T6 Elderly care home



### T7 Retirement living



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



### 3. Description of proposal



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

#### Location and scheme description

- 3.1 The site is situated south of Willingham Road to the south west of Willingham. There is a plant nursery to the north of the site, and residential housing opposite, to the east. Willingham is a village c. 8 miles north west of the centre of Cambridge.
- 3.2 The proposed care home will provide high-quality care accommodation, with 65 single occupancy bedrooms, each equipped with a full en-suite wetroom.
- 3.3 The care home is designed to be flexible in terms of the layout of accommodation and to offer a range of spacious communal areas, each of which will be finished to the highest standard. These will include, inter alia, lounges, dining rooms, activities room, cinema room and hair salon.

- 3.4 It is anticipated that as a result of this development, a number of permanent jobs will be created within the care home across a range of job types, from higher grade management positions to care workers and ancillary staff.
- 3.5 Further detail in respect of the application proposal can be found in the planning statement accompanying the application.

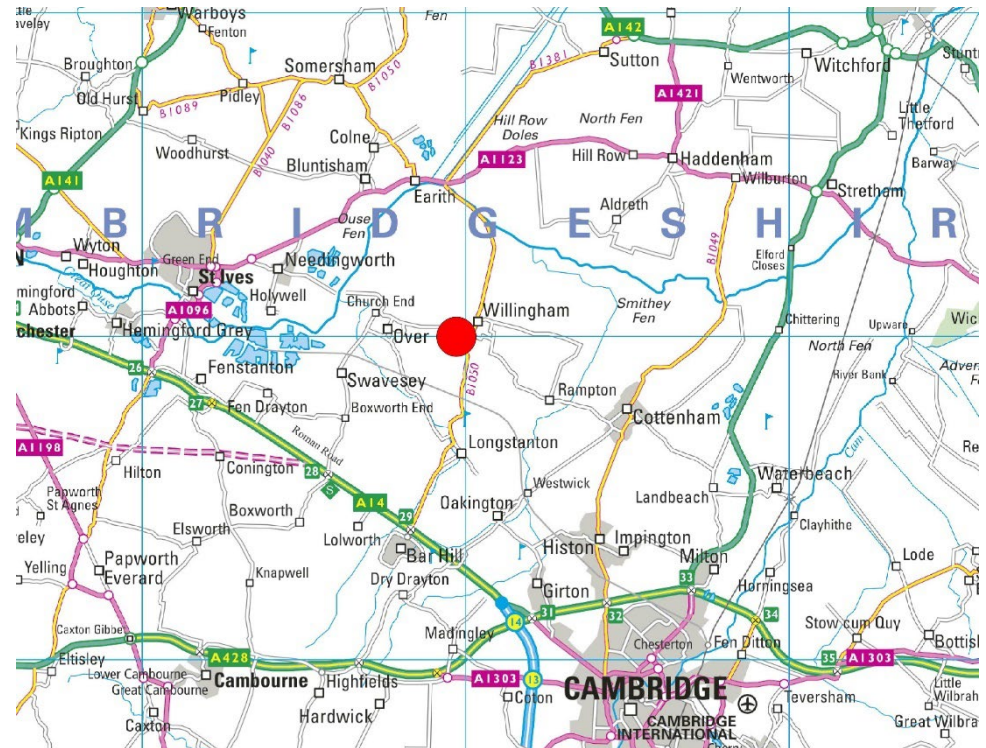


Figure 3: Location map of the subject site

## 4. The proposed scheme – position on the care spectrum

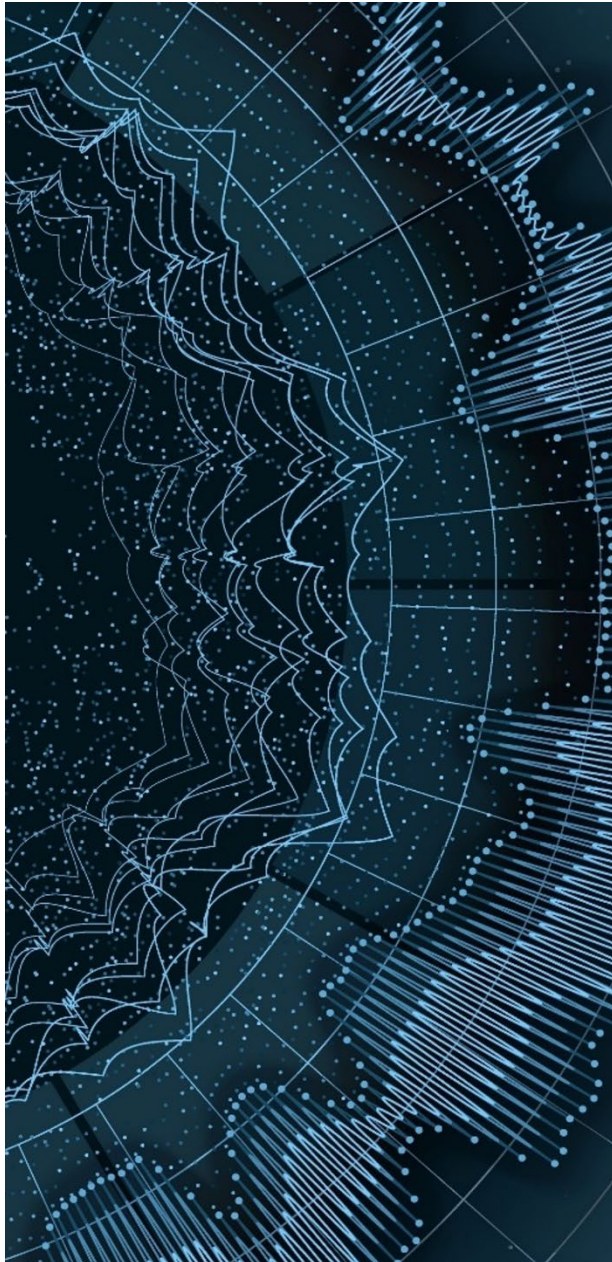
- 4.1 We have compared the subject care home against other forms of accommodation in respect of care provided, cost of care, accommodation type and regulation. Table T8, below, shows the range of options available within this ‘spectrum of care’.
- 4.2 Delayed discharge legislation, which imposes fines upon local authorities for ‘blocked beds’, is resulting in hospital stays becoming increasingly shorter. A temporary move to a care home is often considered as a short-term measure for those who require rehabilitation prior to returning home, with the decision or need to move permanently into a care home usually considered at a late stage in life. For those with high dependency care needs or dementia, 24-hour care within a care home may be the only suitable long-term option.
- 4.3 A substantial variant to the provision elements of the care spectrum below is informal/family care. An estimated 8.8 million or more unpaid carers provide significant support to elderly relatives, neighbours and friends (Age UK 2019). This allows many thousands of people to remain in their own homes, particularly when the support is alongside home care and/or day care. Thus, a range of care requirements and a range of services co-exist, sometimes with considerable overlap.
- 4.4 The proposed care home will be capable of providing care for residents of all dependency levels, including those who require residential or dementia care within

a specialist unit specifically designed to cater to higher dependency needs. It will also be flexible in terms of layout, to enable the provision of nursing care and to provide areas where residents can be isolated, should this be necessary. Without this capability a number of very high-dependency care home residents would otherwise experience an enforced hospital stay.

### Key findings – the subject scheme and the care proposed

- The proposed, specifically designed, care home will provide 65 single bedrooms, all with en-suite wetrooms, together with a variety of spacious, well-appointed communal areas.
- As hospital stays become increasingly shorter due to delayed discharge legislation, rehabilitation within a care home is often considered as a short-term measure. For those with high dependency nursing needs or dementia, 24-hour care within a care home setting may be the only suitable long-term option.
- The proposed care home will be capable of caring for residents of all dependency levels, including those who require specialist dementia care, by providing flexible, COVID-19-compliant care accommodation to enable care to be administered most effectively and efficiently.

T8 Elderly care spectrum						
Accommodation	Standard housing	Sheltered housing	Extra care / assisted living	Care homes	Care homes with nursing	Hospitals
Care provided	Domiciliary care			Personal care	Nursing and medical care	
Cost of care	Low to medium and highly variable			Medium to high	High	Very high
Accommodation types	Standard housing	Age-restricted, age-exclusive or sheltered housing	Extra care, assisted living, very sheltered housing	Residential setting		Acute hospital
Accommodation style	House, cottage, flat, bungalow, suite, apartment			Bedroom, suite		Bedroom
CQC regulation	Regulated only if care provided			Highly regulated – all care and accommodation		
Proposed care home				Requirements met in the proposed care home		



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## **National context and key definitions**

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## 5. Definition of a care home and care categories

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

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

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

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

- (1) Care homes/personal care homes/residential care homes – provide personal care (not nursing care) to the elderly. They provide both short-term and long-term accommodation and offer help with personal hygiene, continence management, food and diet management, counselling and support, simple treatments, personal assistance with dressing, mechanical or manual aids, and assistance with going to bed.
- (2) Care homes with nursing – offer the same services as personal care homes, with registered nurses also being available to provide nursing care 24 hours per day, to care for residents with complex health issues that can only be administered by nursing staff.

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

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

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

## 6. GB elderly population trends and market size

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

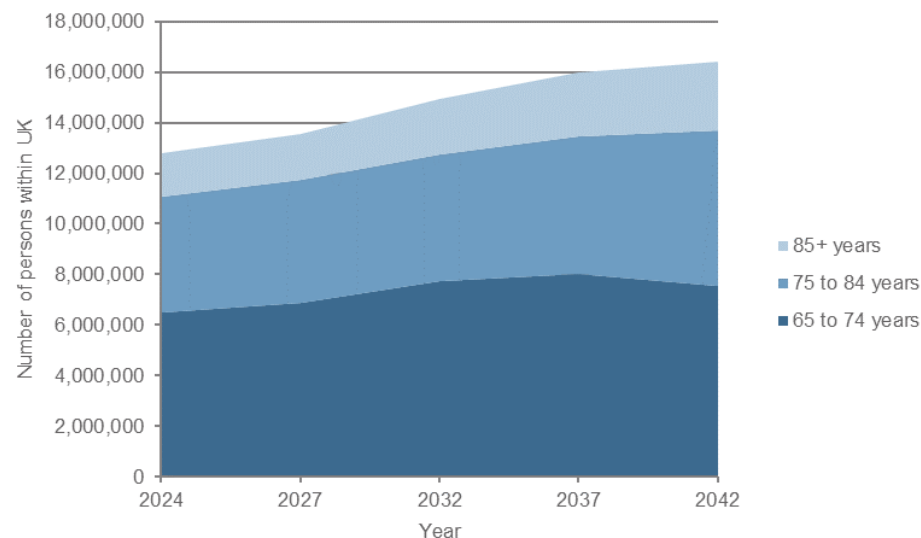


Figure 4: GB 65+ population growth 2024 to 2042 by age band

Source: 2021 Census, ONS population projections.

6.2 LaingBuisson's Care Homes for Older People UK Market Report (33rd edition) states that the percentage of the UK population over the age of 85 is projected to multiply more than four times, from c. 1.68 million in 2020 (2.4 per cent of the population) to c. 7.09 million in 2111 (8.7 per cent of the population), while the 75- to 84-year-old segment will rise from c. 4.17 million in 2020 (6.3 per cent of the population) to c. 7.69 million in 2111 (9.4 per cent of the population).

## 7. National provision of care homes

- 7.1 There are currently approximately 10,000 care homes providing over 441,000 registered care beds for older people in Great Britain.
- 7.2 T9 analyses the supply by year of first registration and identifies the significant proportion of homes registered both prior to and during the 1990s. As a broad generalisation, care homes registered from 1990 are likely to include en-suite bedrooms and those registered from 2010, full en-suite wetrooms.

T9 Existing elderly care bed supply by year of first registration (GB)			
Year	Care homes	Total registered beds	% of total beds by age banding
2020s (2020–)	426	27,099	6.1
2010s (2015–2019)	546	32,853	7.4
2010s (2010–2014)	603	35,256	8.0
2000s	949	53,780	12.2
1990s	3,464	156,833	35.5
Pre 1990s/unknown	4,004	135,525	30.7
<b>Total</b>	<b>9,992</b>	<b>441,346</b>	<b>100</b>

Source: subscribed data sources, Carterwood – updated May 2024

- 7.3 T10 provides the current supply of registered bedrooms by en-suite (our definition of ‘market standard’) and those that provide full en-suite wetrooms. Across Great Britain, an average of 78.4 per cent of care home bedrooms include an en-suite and 32.5 per cent include a full wetroom en-suite.

T10 Market segmentation (GB)				
Care category	No of care homes	Total registered beds	% en-suite bedrooms	% wetroom bedrooms
Total market – all homes and care categories				
Personal care	5,797	209,623	73.8	27.7
Nursing care	4,195	231,723	82.5	36.8
<b>Overall</b>	<b>9,992</b>	<b>441,346</b>	<b>78.4</b>	<b>32.5</b>
Specialist dementia provision only				
Dementia homes	846	33,915	74.2	24.5
Dementia units	2,372	62,792	87.0	46.9
<b>Overall</b>	<b>3,218</b>	<b>96,707</b>	<b>82.5</b>	<b>39.0</b>

- 7.4 The GB averages are slightly higher for dedicated dementia care homes and those that incorporate a specialist dementia unit, with 82.5 per cent of bedrooms having an en-suite and 39.0 per cent of bedrooms having a full en-suite wetroom.

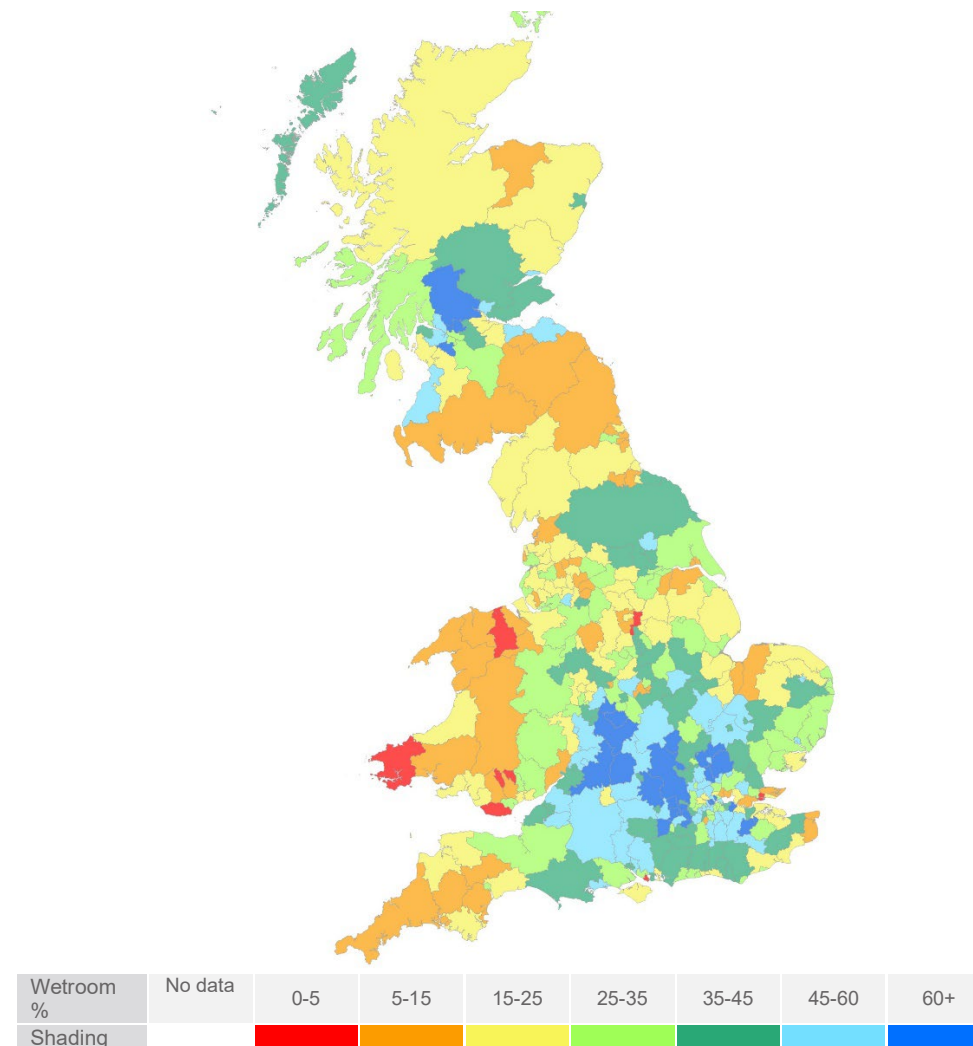


Figure 5: Percentage of elderly beds with en-suite wetroom by GB local authority (Jan 2024)

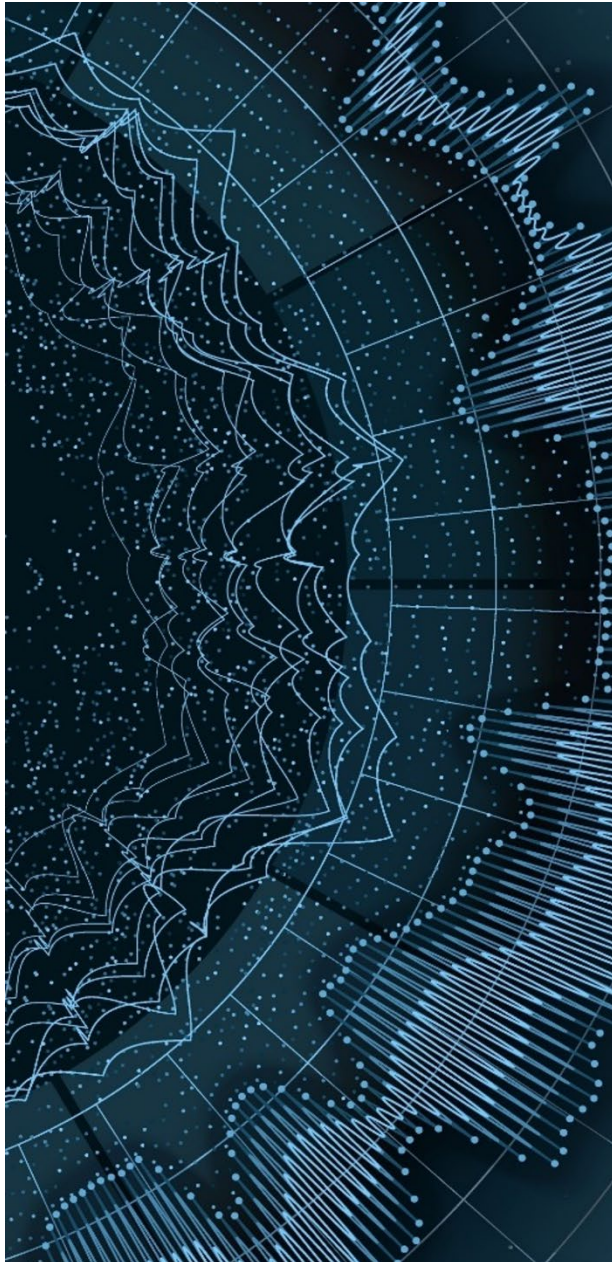
## 8. Key issues for the sector

- 8.1 In December 2023, the Department for Levelling Up, Housing and Communities revised the National Planning Policy Framework (NPPF) and as part of these updates, expanded upon the previous assessment of housing needed for different groups in the community, including older people (by 'size, type and tenure'), by breaking down the established need between three specific types of housing: 'retirement housing, housing-with-care and care homes' (para 63). These changes should assist in ensuring that new provision is brought forward for each form of housing for older people.
- 8.2 Planning Policy Guidance (PPG) advises that the need for housing for older people is 'critical', the only planning need addressed in such urgent terms. This is because people are living longer lives and the proportion of older people in the population is increasing: 'In mid-2016 there were 1.6 million people aged 85 and over; by mid-2041 this is projected to double to 3.2 million'. It states that 'there are different types of specialist housing designed to meet the diverse needs of older people' describing the form of accommodation proposed at the subject scheme as:
- 'Residential care homes and nursing homes: These have individual rooms within a residential building and provide a high level of care meeting all activities of daily living'*
- 8.3 It is the provision of a choice of options that is important, enabling older people to meet their changing care needs in accommodation that is best suited for them, while also reducing costs to social care and health systems. The national requirement for the development of new elderly care home beds is growing. Older people who are in need of care cannot afford to wait until appropriate levels of provision become available and both the quality and quantity of existing supply is a significant factor when it comes to identifying existing and projected need for new beds.
- 8.4 The Covid-19 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 care needs. Timely accessibility to appropriate 24 hour intermediate, nursing and/or dementia care and support is required to reduce reliance on the NHS, and prevent both hospital admissions and delayed discharges (bed blocking).
- 8.5 Key issues for the sector include the:
- increasing dependency levels, meaning care home accommodation must be both suitable and flexible to enable care to be provided effectively and safely;
  - significant and growing incidence of dementia in older people;
  - continued use of care homes in converted buildings that are potentially unsuitable for continued use in their current configuration;
  - sustainability of those care homes less able to benefit from economies of scale;

- increasing expectations from the market and regulators in terms of spacious, well-appointed accommodation suitable for caring for those with high-level care needs in privacy and with dignity, particularly following the pandemic;
  - impact on the NHS from increasing numbers of older people with growing levels of dependency;
  - impact on, and responsibility for funding, social care over the coming decades;
  - Impact of Brexit and the National Living Wage with implications on staff retention and recruitment;
  - impact of COVID-19 in the short, medium and longer-term (see Section 18).
- 8.6 In the November 2022 Autumn Statement the Chancellor announced an increase in funding for the social care sector of up to £2.8 billion in 2023 and £4.7bn in 2024. paid for through delaying the implementation of proposed social care reform (the Dilnot reforms) for another 2 years (to 2025), increasing direct central government funding by £1 billion in 2023 and £1.7 billion in 2024 as well as through increased council tax. The extra funding includes £1 billion to directly support discharges from hospital into the community, to assist the NHS in 2024/25.

### Key findings – national context

- The elderly population in Great Britain is set to grow dramatically over the coming years, and the predicted increase will continue to drive demand for housing for older people. Planning policy sets out that there is a 'critical' need for all forms of housing for older people, including care home beds.
- The increasing dependency levels of those who require care in a care home mean that accommodation must be fit for purpose and flexible, to enable personal, dementia and nursing care to be provided effectively and safely.
- There are a number of issues for the sector to address to enable it to keep pace with the projected demand for high dependency care beds. Increasing market expectations, social care funding and staff recruitment are all pertinent, and more recently, COVID-19 has had a significant impact.



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## 9. Commissioning review

9.1 The subject site is situated within the South Cambridge District Council area with Cambridgeshire County Council being the Adult Social Care Commissioning Authority. We have therefore conducted a review of the following documentation:

- *Cambridgeshire Older People Strategy* (website). Cambridgeshire County Council;
- *District Demand Profiles for Older People's Accommodation 2021 – 2036*. Cambridgeshire County Council
- *Housing Needs of Specific Groups*. Cambridgeshire and West Suffolk, October 2021

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

9.3 We would be happy to discuss the proposed care home with Cambridgeshire County Council's Adult Social Care team as part of the planning application process, if and when required.

### Cambridgeshire and Peterborough Adult Social Care Market Position Statement 2018/19

9.4 *'This MPS identifies what we see as our "key pressures" in adult social care and highlights our commissioning intentions and "direction of travel" for how we will address these issues. This information is live and will be updated as and when there is new information that you need to know'* (page 2).

9.5 *'Key challenges:*

- *An underfunded system which means we need to continue to meet increased demand within a reducing budget*
- *Care workforce shortage due to the impact of recruitment and retention challenges experienced across the sector*
- *Challenges in managing increased admissions and associated delayed hospital discharges*
- *Lack of capacity to deliver care in rural areas and Cambridge City*
- *Lack of capacity to deliver nursing and nursing dementia care for older people in some areas of Cambridgeshire'* (page 3).

9.6 *'Key pressures for district - South Cambridgeshire and Cambridge City:*

- *Shortage of Residential Dementia, Nursing and Nursing Dementia provision*
- *Homecare capacity*
- *Care Workforce recruitment – high cost of living*
- *Shortage of Personal Assistants'* (page 4).

9.7 *'Our population of older people is increasing at a much higher rate than that of the general population. These increases will mean a much higher demand on our services for older people'* (page 5).

**By 2026 the population is projected to increase by <sup>1</sup>**



(Cambridge Research Group)

9.8 *'The comparably high cost of care home beds means that the income/capital levels of self-funders reduce quickly and the burden of costs fall quickly to the Local Authority (threshold funding) to meet. The Local Authority cannot continue to pay for care at the same level as self-funders. We are currently developing a Self-funder Strategy, which will guide how we enable self-funders to access preventative provision which maximises their independence wherever possible but also supports them to navigate the market and make informed choices where long term care requirements are identified'* (page 11).

9.9 *'In Cambridgeshire the cost of living as well as the high cost of land means there are currently a comparably low number of care homes able to manage the residential, nursing and dementia needs of service users in Cambridgeshire. This is impacting on the level of choice available to individuals and the financial cost of placements to the Council'* (page 14).

9.10 *'At present, across Cambridgeshire, we have some specific areas where there is a significant gap in provision: Nursing Dementia beds in East Cambs, South Cambs and Huntingdonshire'* (page 14).

### District Demand Profiles for Older People's Accommodation 2021 – 2036

9.11 *'The documents aim to explain what accommodation is needed, from a care perspective, including how much, when and where; they cover the whole market'* (Page 2)

9.12 *'Projections are based on forecasts which demonstrate an increasing population of Older People, but consideration has also been given to the different choices that people are making about their care. The data used in these Demand Profiles represents a snapshot in time and will require regular updating, particularly when the 2021 census data becomes available. Much of the data comprises headline figures, but further detail is available and can be shared during in depth discussions with potential providers and investors.'* (Page 2)

9.13 '5,419 CQC registered care home beds across Cambridgeshire and Peterborough.

- Cambridgeshire: 4,188 beds
- Peterborough: 1,231 beds

CCC & PCC commission 1,734 beds (32%). The remainder are commissioned by the CCG or are privately funded. CCC & PCC commissions 24/7 care for 990 units in 23 Extra Care schemes.' (Page 5)

9.14 'Cambridgeshire and Peterborough 2021-2036.

The 65+ population will increase by 48% from 163,190 to 241,060 people. The 85+ population is estimated to increase by 110% from 22,980 to 48,200. There are predicted increases for:

- People living with dementia
- People experiencing a fall
- People with complex conditions
- People with multiple co-morbidities'. (Page 6)

9.15 'The increasing population and care needs in Cambridgeshire and Peterborough should be seen within the context of the growing number of options for care, and the different choices that people are making about their care and support.' (Page 7)

9.16 'CCC and PCC prioritise the importance of supporting people to remain in their own homes. Where this is not possible, we strive to help people to remain independent through "Housing with Care" solutions. Whilst recognising the part which traditional Care Homes will play, we wish to explore alternative housing options which may offer better outcomes for people.' (Page 7)

9.17 'Both authorities see the development of a mixed care market, with different delivery models, as offering maximum choice to people when making decisions about their current and future care needs. We wish to develop a diverse and sustainable care market which embraces innovation and supports the advancement in technology to allow a more personalised approach to care. This will include specialist housing options as well as age-friendly housing within the mainstream market.' (Page 7)

9.18 'Both authorities strive to continue to integrate services across social care, health, district councils and the voluntary sector to ensure a fluid and flexible provision of care and services.' (Page 7)

9.19 'For South Cambridgeshire, based on CCCRG future population estimates (which consider local growth plans in their methodology so are assumed to be more accurate), it is predicted that between 2017-2035 there will be a 65.4 % increase in those experiencing a fall, and a 93.4% increase in those living with a diagnosis of Dementia' (page 16)

9.20 'The growth of additional bed volume should focus mainly on the northeast and south of the district. The most significant growth is expected in Extra Care driven by the growth in private renters and retirement living services driven by the growth in owner's moving into age restricted community settings. In 2021 there are four new Care Home and Retirement Village developments in progress contributing to future and replacement demand.' (page 17)

9.21 'We expect to see a significant growth in older people populations with lower levels of need and those with complex needs'(page 17)

9.22 'There are 928 CQC registered care home beds in the district, of which CCC commission approx. 30% and the CCG a further 20%. We forecast total registrations will rise to 1,052 beds with CCC retaining its proportion of commissions. This is lower than the rate of growth in population, due to some of the expected demand being met by other care types.' (page 17)

9.23 'Some of the demand will be delivered through increases in domiciliary care provision for people over the age of 60. We anticipate that there will be a growth in domiciliary care from 3,927 hours per week to 7,363 hours per week (excluding CCG).' (page 17)

9.24 'The remainder of the increased demand will be met through greater uptake of housing with care services. This will see the introduction of Independent Living Services tailored for people with high dependencies and dementia. We estimate this will see the need for 97 units. It will also see a rise in the total number of Extra Care units to 464 units. Presently there are 175 units of Extra Care provision across 4 schemes with CCC commissioning the 24/7 care.' (page 17)

9.25 'The table is a summary of the demand in each of the respective districts and shows indicative units numbers at various points to 2036' (page 20)

	total market demand in 2021	total market demand in 2026	total market demand in 2031	total market demand in 2036
Cambridge City	687	722	756	791
East Cambs	556	581	606	631
Fenland	930	972	1013	1055
Hunts	1077	1125	1174	1222
Peterborough	1231	1287	1343	1399
South Cambs	928	969	1011	1052
Total	5409	5656	5903	6150

Figure 6 Demand progress points residential and nursing homes 2021 - 2036

## Housing Needs of Specific Groups, Cambridgeshire and West Suffolk, October 2021

- 9.26 'The analysis below provides outputs (again drawing on the Housing LIN) for the estimated need for care home bed-spaces. These are typically provided as Use Class C2. The analysis draws on that above, including making adjustments for the relative health of the population of the local authorities compared to the national average. It should be noted that the rows in tables are for bed-spaces and do not have an associated tenure.' (Page 203)
- 9.27 'The table below shows the prevalence rates used and the need associated with these. The analysis shows a current shortfall and notable projected future need. Overall, it is estimated that there is a need for around 7,700 additional care and nursing home bed-spaces to 2040.' (Page 203)

Local Authority	Housing demand per 1,000 75+	Current supply	2020 demand	Current shortfall/surplus	Additional demand to 2040	Shortfall/surplus by 2040
Cambridge	105	1,170	855	315	494	-179
East Cambs	102	379	854	-475	670	-1,145
Fenland	113	838	1,228	-390	809	-1,199
Hunts	97	956	1,411	-455	1,347	-1,802
South Cambs	95	742	1,384	-642	971	-1,613
West Suffolk	102	1,347	1,832	-485	1,276	-1,761
<b>HMA</b>	<b>102</b>	<b>5,432</b>	<b>7,566</b>	<b>-2,134</b>	<b>5,567</b>	<b>-7,701</b>

Source: Derived from demographic projections and housing LIN/HOPSR/EAC

Figure 7 Older persons' care bed-space requirements (shortfall denoted by negative number), 2020 to 2040

- 9.28 'GL Hearn considers that this figure should be considered as a maximum level, as there is a potential for some of this need to be met through the provision of extra care housing. This will relate to the needs arising for residential rather than nursing care.' (Page 204)

### Carterwood review

- 9.29 The above documentation demonstrates trends in local policy decisions influenced by cost saving measures where local authorities are seeking to manage significantly increased demand at a time of unprecedented financial austerity by following new models for adult care provision by effectively maintaining the cost of providing residential or nursing care through reducing or limiting the numbers of, and costs for, those who require such services.
- 9.30 The *Market Position Statement* identifies a shortage of residential dementia, nursing and nursing dementia provision as key issues for South Cambridgeshire. It also notes that the demand for local care and intermediate services is so high it is increasing pressures in the NHS and social care due to delayed transfers of care from hospital. The County Council is reacting to these key pressures by working with providers to build capacity within communities. There is increased reliance on the private sector to provide new developments and innovation in the sector.
- 9.31 The *District Demand Profiles for Older People's Accommodation 2021 – 2036* project that the population of those aged 65+ will increase by 48% between 2021 and 2036, with predicted increases in the number of people with more complex needs, including dementia and co-morbidities. The report, however, only projects that total market demand will increase to 1052 care bedrooms by 2036, however this is heavily reliant on the development of extra care schemes to provide an alternative option over this timeframe. While there is an emphasis on increasing the available options for care, such as Extra Care, it is recognised that high quality care home provision is essential to for those with the highest level of care needs.
- 9.32 A recent appeal decision in Cambridge<sup>1</sup> reviewed the County Council's methodology which relies on significantly increasing the provision of alternatives to care homes which were not, at that time, forthcoming. In his decision, the Inspector stated that *'I consider the Appellant to be correct in identifying certain flaws within the methodology relied on by the County Council. This is likely to have significantly under-estimated the need for additional care beds. Taking the evidence in the round, I consider there is an existing and pressing increasing need for additional care beds. The PPG gives a clear injunction to Local Planning Authorities to respond positively to proposals for specialist housing for older people to meet the critical need for it. I consider the timely development of new supply is necessary to meet not only the existing shortfall, but also to address the increasing need based on the substantial growth in the elderly population in South Cambridgeshire.'*
- 9.33 The *Housing Needs of Specific Groups* report projects that by 2040, there will be a shortfall of 1,613 older persons bedspaces in South Cambridgeshire based on the level of existing supply in 2021. While the report recognises that some of this

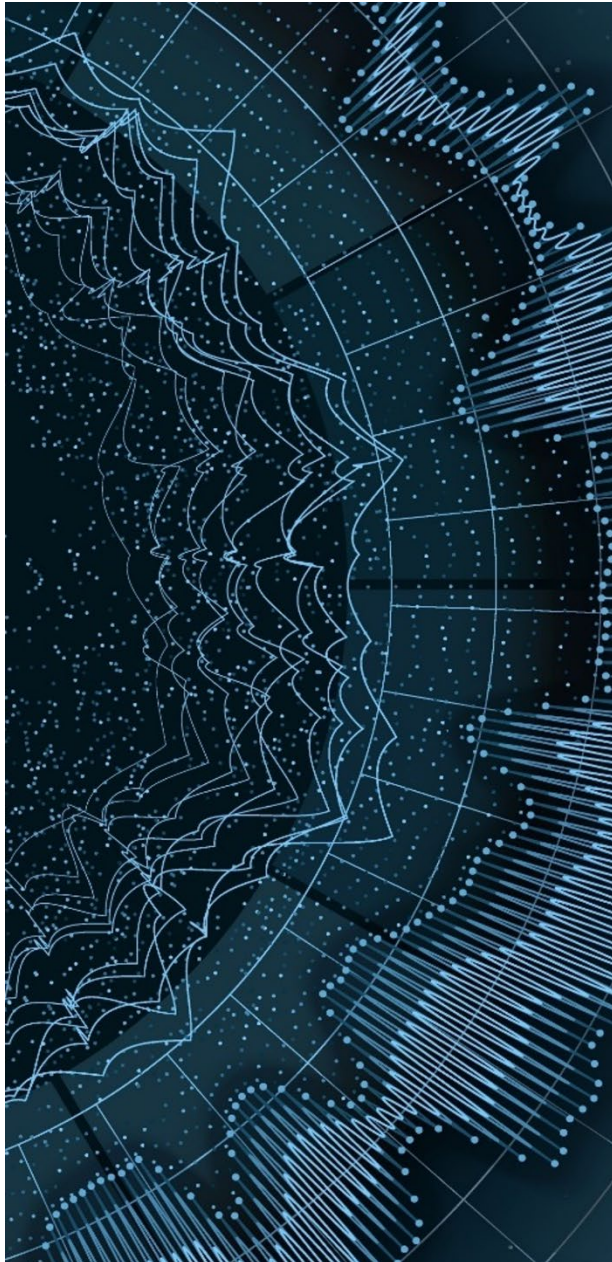
demand could be met through the provision of extra care housing, the figure shows a substantial need across the local authority area for an increase in care beds.

- 9.34 Cambridgeshire County Council only fund a percentage (around a third) of those living within care homes in the county, with NHS continuing health care, other local authorities and self-funders occupying the majority of care bedrooms. Therefore, the strategic comments with regard to funded beds relate to that proportion of the available beds. A significant number of those who will occupy care home beds will be self-funded and make their own decision as to the right time to move into such a setting. These numbers will continue to grow. The quality of care and accommodation, along with its location and proximity to family and friends, will therefore be the major drivers in their decision making process.
- 9.35 The strategy above identifies how the demographic pressures of an ageing population will become manifest over the coming decade, with many older adults wishing to downsize their accommodation or to locate to a property in which they can receive assistance, if needed. Those who move into care homes in the future are increasingly likely to have high-level needs or require step-down care. Such needs require well specified, spacious, infection control-compliant, flexible care accommodation to enable care to be administered most effectively.

#### Key findings – commissioning review

- Cambridgeshire County Council's social care strategy seeks to reduce the number of care home beds it commissions in favour of enabling older people to live in their own homes and maintain their independence for as long as possible.
- There is a significant difference between the projected need for additional care home beds identified by Adult Social Care and that set out in the Cambridgeshire Housing Needs Assessment, with the former suggesting a gross need for 1,052 by 2036 and the latter, 2,355 by 2040. While the Housing Needs Assessment recognises that some of this demand could be met through the provision of extra care housing, the demand identified by Adult Social Care was considered to under-estimate the level of need for additional care beds in a recent planning appeal.
- It is expected that need for high dependency nursing, intermediate care and dementia care provision in care homes will, however, continue to rise in line with the growing elderly demographic.
- Sufficient care home bedrooms, suitable for those with higher level nursing and dementia care needs, should be made available older people who require well specified, specifically designed care home accommodation that enables care to be administered most effectively and efficiently.

<sup>1</sup> Appeal Ref: APP/W0530/W/22/3307903. Former Hotel Felix, Whitehouse Lane, Girton, Cambridge CB3 0LX



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## 10. Need vs Demand

- 10.1 The Department for Communities and Local Government ‘Estimating Housing Need’ paper (2010) differentiates between ‘need’ and ‘demand’:
- 10.2 *‘These discussions also generally distinguish “need” – shortfalls from certain normative standards of adequate accommodation – from “demand” – the quantity and quality of housing which households will choose to occupy given their preferences and ability to pay (at given prices)’* (page 25).
- 10.3 Whilst the above refers explicitly to housing, the key themes relate to need being *‘shortfalls from certain normative standards of adequate accommodation’*. In our assessment of existing supply, we have assumed that normative standards of adequate accommodation exclude care home bedrooms that do not have the benefit of their own WC and wash-hand basin as a minimum.
- 10.4 Although the regulator (CQC) currently makes no restriction on care home bedrooms that do not provide an en-suite, we consider that those that do not provide adequate en-suite facilities will fast become obsolete. It is very hard to think of any other form of communal establishment that does not provide en-suite bedrooms meeting minimum acceptable standards, and other uses, such as hotels, do not care for the oldest and frailest members of society.
- 10.5 We have also provided a separate measure of need based upon ‘full market standard’ beds. It is arguable that this relates more to ‘demand’ rather than ‘need’. However, on a qualitative basis it is difficult to argue against allowing the oldest and frailest members of society the dignity of being able to shower in privacy, particularly in the current COVID-19 environment, where the benefits of self-isolation and infection control within self-contained bedrooms are obvious.

## 11. Methodology for quantitative care home need

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

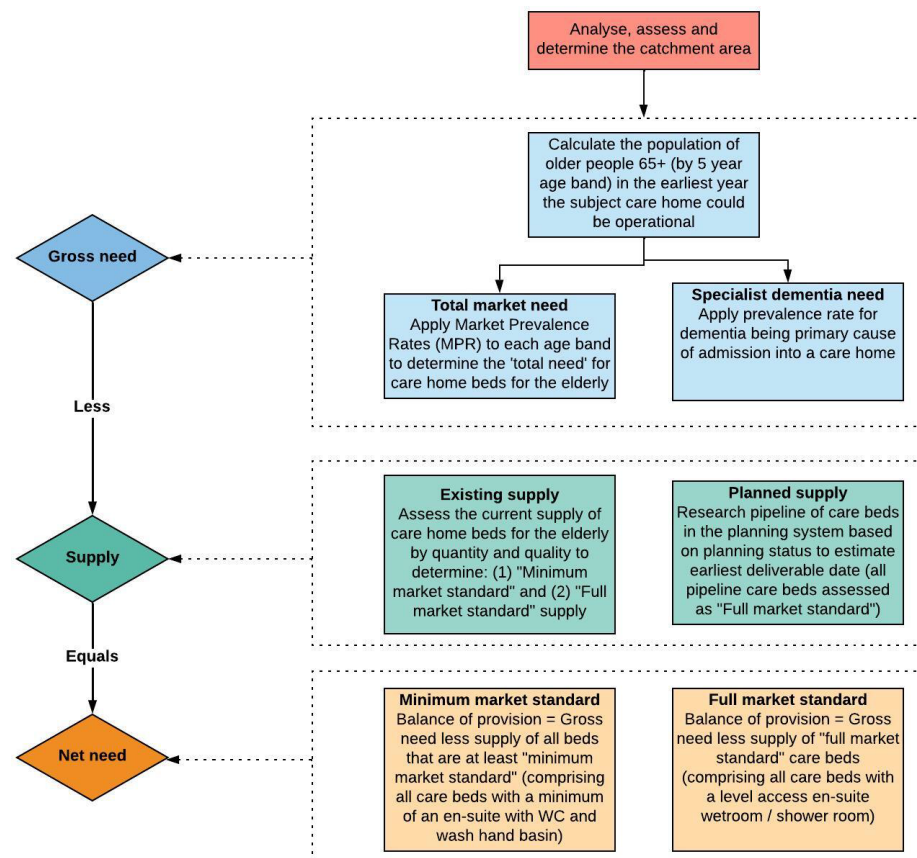


Figure 8: Need assessment methodology

## 12. Catchment area assessment

- 12.1 We have undertaken our quantitative assessment of need for the proposed care home on two bases: firstly, a market catchment area, and secondly, the area covered by South Cambridgeshire District Council, as shown on the map opposite.
- 12.2 We have previously analysed resident data provided by a number of private operators of high-quality operational care homes, akin to that proposed. From this information, we have calculated the mean distance travelled by each resident into their respective care home. The headline results are provided below.

T11 Average distance travelled to a care home	
Comparable location	Average distance travelled by resident (miles)
Location 1: Rural location	5.7
Location 2: Rural location with good A-road links	5.4
Location 3: Urban location	4.3
Overall average	5.1

Source: Carterwood

- 12.3 The subject site is located to the south west of Willingham. It accords most closely with Location 2 above and we have therefore adopted a circa-5-mile market catchment, as shown opposite shaded light blue.
- 12.4 The exact perimeter of the catchment is explained by the use of the Census 2021-defined 'output areas' for our analysis of the catchment population. There are approximately 189,000 'output areas' across England and Wales, which form the base unit for all census data and enable a granular level of analysis. They vary considerably in size and shape, covering small areas in urban districts and much larger areas in rural communities due to the fact that all have to include circa 300 people of similar housing types/tenures. The catchment will therefore always be based on a nearest match to the output area data and it is not possible to use a perfect radius around a site or specific catchment, as no data fits perfectly.
- 12.5 All care homes will also inevitably draw service users in some instances from substantially further than a typical catchment. If the family is the key decision maker in the placement decision then sometimes the service user may move significant distances, which can distort catchment area analysis. Conversely, if the local authority is the key decision maker then the service user's choice can be highly constrained to vacant beds in affordable homes.

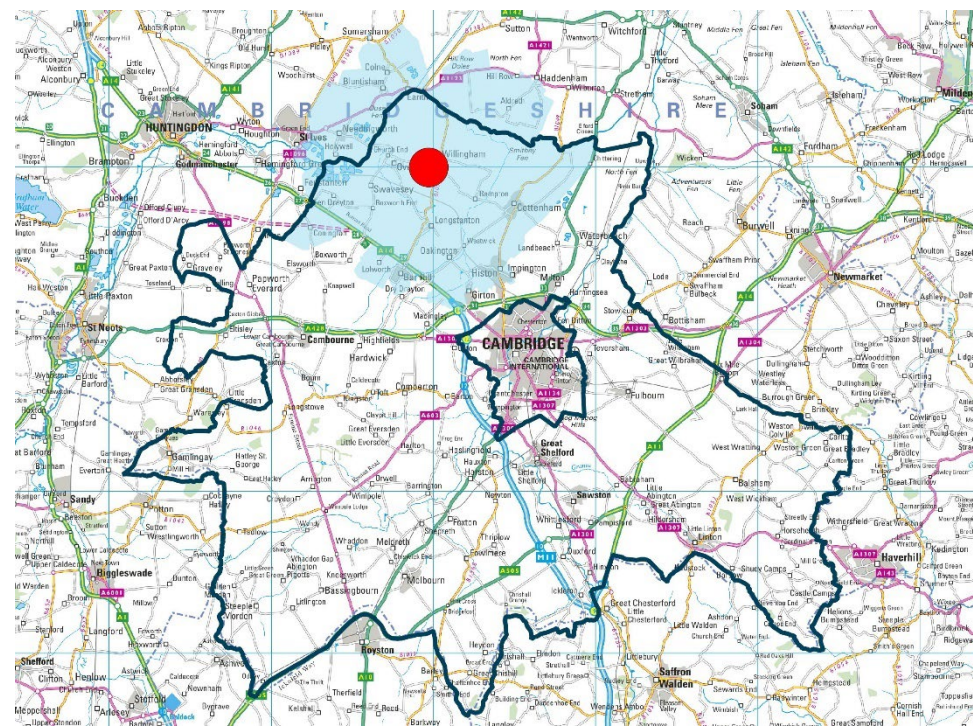


Figure 9: Basis of assessment

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

## 13. Gross need

### Population profile

- 13.1 We have summarised the profile of the elderly population in T12, opposite. The market catchment is characterised by a higher-than-average elderly population profile compared to Great Britain as a whole. The South Cambridgeshire District Council catchment is also characterised by an older than average population profile than GB as a whole.

### Projected increase in gross need

- 13.2 We have utilised '2018-based' ONS projected population figures for older people aged 65+ to show the projected increase in gross need based on the growth of the target elderly demographic aged over 65 (in 5 year age bands) between 2024 and 2043 (the current extent of ONS projections). The gross need in both the market catchment and the local authority area is above the average for GB in all years analysed, up to 2043.

- 13.3 On this basis, between 2024 and 2043 the gross need is expected to rise by c. 60 per cent in the market catchment and c. 58 per cent in the South Cambridgeshire District Council area, assuming all other things remain equal, indicating an increased requirement for additional care home bedspaces.

### Gross need – total market

- 13.4 We have adopted Market Prevalence Rates (MPR), a tool to predict the risk of an elderly person being in a care home at a given age (See Appendix B). Table T14 shows the number of people aged 65+ that are at risk of requiring care in a residential setting as at 2027, the earliest the proposed care home could be made available. Our assessment of gross need for is therefore 339 and 1,097 care home bedspaces within the market catchment and South Cambridgeshire District Council local authority area, respectively.

### Gross need – specialist dementia

- 13.5 Our need analysis is based upon LaingBuisson's 2020 adjustment to the 2012 Centre for Policy for Ageing survey regarding risk of admission with dementia, which indicates that 41.3 per cent of residents were admitted to a care home with dementia as the prevailing cause on a national basis. (See Appendix B).
- 13.6 Utilising this prevalence rate, adjusted for regional prevalence, we have calculated the gross need in the market catchment and local authority area from residents with dementia as a primary cause of admission, as shown opposite in Table T15. Best practice states that people living with dementia should be cared for within a specialist, dedicated dementia environment. The number of people that are at risk of requiring dedicated dementia care as at 2027 is 148 within the market catchment and 478 within the South Cambridgeshire District Council local authority area.

T12 Elderly population profile (2027)						
Age profile	Market catchment		Local authority		Differential to GB %	
	Number	%	Number	%	Market	LA
All population	48,516	-	164,786	-	-	-
Age 65+	11,123	22.9	35,039	21.3	+2.6	+1.0
Age 75+	5,628	11.6	18,489	11.2	+1.6	+1.2
Age 85+	1,521	3.1	5,044	3.1	+0.5	+0.4

T13 Projected increase in gross need for care beds based on population (65+) growth					
Increase in gross need based on 65+ population growth by 5 year age band (%)	Year	Market catchment	Comparison to GB average	Local authority	Comparison to GB average
	2027 (from 2024)	8.8	+1.6	8.6	+1.4
	2032	25.3	+3.4	24.8	+2.9
	2037	45.6	+6.2	44.0	+4.5
	2042	58.0	+5.4	55.7	+3.1
	2043	60.1	+5.0	57.9	+2.8

T14 Gross need (2027) – total market		
Age range	Market catchment	Local authority
65–74 years	40	121
75–84 years	99	327
85 years +	200	649
Need – total market	339	1,097

T15 Gross need (2027) – specialist dementia		
Age range	Market catchment	Local authority
65–74 years	17	53
75–84 years	43	142
85 years +	87	283
Need – specialist dementia	148	478

## 14. Supply

### Existing supply

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

14.2 Within the market catchment, there are 6 care homes, which provide 357 registered bedspaces, 90 per cent of which are equipped with an en-suite, meeting the criteria of 'minimum market standard'. Within the local authority area, there are 19 care homes, which provide 1,057 registered bedspaces, 88 per cent of which are equipped with an en-suite, meeting the criteria of 'minimum market standard'. These should be compared with a current GB average of 78.4 per cent.

14.3 In terms of bedrooms providing en-suite wetrooms, meeting the criteria of 'full market standard', only 20 per cent of bedrooms in the market catchment and 50 per cent in the local authority area provide full en-suite wetrooms, which may be of the same size and specification as those proposed at the subject scheme. This compares with a GB average of 32.5 per cent.

14.4 The location of existing care home supply is included in Figure 12 on page 36.

### Planned supply

14.5 We have made enquiries with our planning databases and cross-checked planning applications for new elderly care home beds against the relevant local planning authority's online register for applications either submitted, granted, or where a planning decision has been appealed within the last 3 years. Our research was carried out on 8 July 2024.

14.6 While we endeavour to include all extant planning permissions beyond the 3 year timeframe, we check whether any applications older than 3 years have either been implemented (and are therefore included in current supply), for further activity on the planning register (i.e. a reserved matters or Lawful Development Certificate application) or for evidence of development on site.

14.7 We have identified no planning applications for additional care home beds or beds providing specialist dedicated provision in the market catchment and six in the local authority area. Full details of any planned supply are included in T27 on page 33.

14.8 Our analysis assumes that all the planned bedspaces (both those that have planning permission and those pending a decision) will be developed at our estimated timeframe and it therefore potentially overestimates future supply given that a number of the proposed schemes in the planning system may never be developed.

T16 Existing supply (market catchment)						
Care category	No of homes	Total reg. beds	Total en-suite	Total wetroom beds	% en-suite beds	% wetroom beds
Total market provision						
Overall	6	357	322	72	90	20
Specialist dementia provision						
Dedicated dementia homes	0	0	0	0	-	-
Dedicated dementia units	3	80	70	25	88	31
Overall	3	80	70	25	88	31

T17 Existing supply (local authority catchment)						
Care category	No of homes	Total reg. beds	Total en-suite	Total wetroom beds	% en-suite beds	% wetroom beds
Total market provision						
Overall	19	1,057	935	528	88	50
Specialist dementia provision						
Dedicated dementia homes	0	0	0	0	-	-
Dedicated dementia units	10	233	189	137	81	59
Overall	10	233	189	137	81	59

T18 Planned supply to year of estimated completion					
Supply	2024	2025	2026	2027	2028+
Market catchment	0	0	0	0	0
Local authority	63	20	80	0	195

T19 Planned supply for need assessment calculations (2027)		
Basis of assessment	Market catchment	Local authority
Total market planned beds	0	163
Specialist dementia planned beds	0	81

## 15. Balance of provision

- 15.1 We have calculated the gross need for care home beds as at 2027, the earliest the proposed care home could be available, on the following catchments:
- market – a c 5-mile radius from the subject site;
  - local authority – the South Cambridgeshire District Council area.
- 15.2 Need is assessed for two forms of elderly care:
- all beds – all categories or ‘total market’ need
  - specialist dementia.
- 15.3 The specialist dementia care need assessment is a subset of the total market need for the provision of living environments that accord with best practice in caring for people with such needs.
- 15.4 We have assessed the existing supply element on two bases in order to illustrate the impact of stock quality and obsolescence:
- minimum market standard – only en-suite bedrooms;
  - full market standard – only bedrooms with full wetroom en-suites.
- 15.5 Our analysis, based on 2027, indicates a net need for 45 ‘all bed’ minimum market standard beds in the market catchment (including 90 dedicated dementia beds) and 91 in the local authority area (including 248 dedicated dementia beds). As the shortfalls of dedicated dementia are greater than the overall need it indicates a particular dearth of such provision.
- 15.6 Our assessment of net need in 2027 on the basis that all care bedrooms provide full wetroom en-suites, similar those proposed at the subject scheme indicates a significant net need for 295 ‘all bed’ full market standard bedrooms in the market catchment (including 498 dedicated dementia beds) and 135 in the local authority area (including 300 dedicated dementia beds).

T20 Primary year for need analysis				
Primary year of assessment	2027		The earliest the subject scheme could be developed and operational	
T21 Need analysis summary (2027)				
Type of care	All beds		Specialist dementia only	
Basis of assessment	Market catchment	Local authority	Market catchment	Local authority
Gross need				
All bed/specialist dementia need	339	1,097	148	478
Occupancy capacity allowance	28	92	12	40
<b>Total gross need</b>	<b>367</b>	<b>1,189</b>	<b>160</b>	<b>518</b>
Supply				
Current elderly en-suites	322	935	70	189
Current elderly wetrooms	72	528	25	137
Planned beds (to 2027)	0	163	0	81
<b>Total supply (en-suite)</b>	<b>322</b>	<b>1,098</b>	<b>70</b>	<b>270</b>
<b>Total supply (wetroom)</b>	<b>72</b>	<b>691</b>	<b>25</b>	<b>218</b>
Net need				
En-suite bedrooms (minimum market standard)	45	91	90	248
<b>Full wetroom en-suite bedrooms (full market standard)</b>	<b>295</b>	<b>498</b>	<b>135</b>	<b>300</b>
Assumptions				
<ul style="list-style-type: none"> <li>• Total market need based on ONS Census (2021) data projected to 2027 and Market Prevalence Rates (MPR).</li> <li>• Occupancy capacity allowance adjustment, being a function of occupancy and not registered capacity. We have adopted an ‘effective full capacity’ level of 92.3 per cent.</li> <li>• Planned supply based upon individual analysis of each scheme and assessment of likely potential development completion.</li> <li>• The need analysis excludes the subject scheme.</li> <li>• See Appendix B for full details of our need analysis above.</li> </ul>				

## 16. Need growth

16.1 As well as considering need based upon the earliest year the subject care home could be operational, we also assess the need growth over the decade from the year of assessment and beyond, having regard to potential regulatory and other requirements.

### Care bed need growth

16.2 Evidenced by reducing market prevalence rates for care home beds during the past few years, as the demand for alternative forms of care (i.e. domiciliary care, live-in care and extra care) increases, together with its availability and use, and the impact of the pandemic, there may be a further reduction in gross need. However, this ‘absorption’ into alternative forms of accommodation and care should be balanced against the rapidly increasing elderly population and potential loss of existing, operational care homes which fall behind market expectations or fail for a variety of possible reasons. It is also dependent upon a host of national and regional variables, as well as site-specific factors, and it is, therefore, impossible to predict with absolute certainty

16.3 T22 and T23 illustrate our analysis of the net need for minimum market standard (en-suite) care beds and full market standard (wetroom) care beds, respectively, over the 10 years from our base year of assessment, and assume that existing care bedroom provision remains constant and that all currently planned care beds are developed.

16.4 Similarly, in T24 and T25 we have provided our analysis of net need for dedicated dementia care bedrooms on the basis of minimum market standard and full market standard care (forming subsets of the net need for all beds). Again, this assumes existing provision remains constant and that all currently planned beds that we expect to be registered for dedicated dementia care are developed and operational, over the 10-year period from our base year of assessment.

16.5 In each case, therefore, we overestimate the potential supply, given that we make no allowance for the potential closure of existing, operational minimum market standard care home bedspaces and because planned schemes may not progress over the timescales we have assumed, or be developed at all.

16.6 The chart opposite projects the net need for new ‘all bed’ care home bedrooms (at minimum market standard (en-suite) and full market standard (en-suite wetroom) level) in the market catchment from 2027 to 2043 on the same basis.

16.7 The shortfall of care bedrooms within the market catchment and local authority area is clear, and is likely to remain, given the scale of the demographic change over the coming decade. An increase in planning and construction activity would be needed in order to reduce the shortfall of provision.

T22 Net need - minimum market standard (en-suite) bedrooms to 2037			
Supply	2027	2032	2037
Market catchment	45	101	169
Local authority	91	73	284

T23 Net need - full market standard (en-suite wetroom) bedrooms to 2037			
Supply	2027	2032	2037
Market catchment	295	351	419
Local authority	498	480	691

T24 Net need - dedicated dementia minimum (en-suite) bedrooms to 2037			
Supply	2027	2032	2037
Market catchment	90	114	143
Local authority	248	260	352

T25 Net need - dedicated dementia full market standard (en-suite wetroom) beds to 2037			
Supply	2027	2032	2037
Market catchment	135	159	188
Local authority	300	312	404

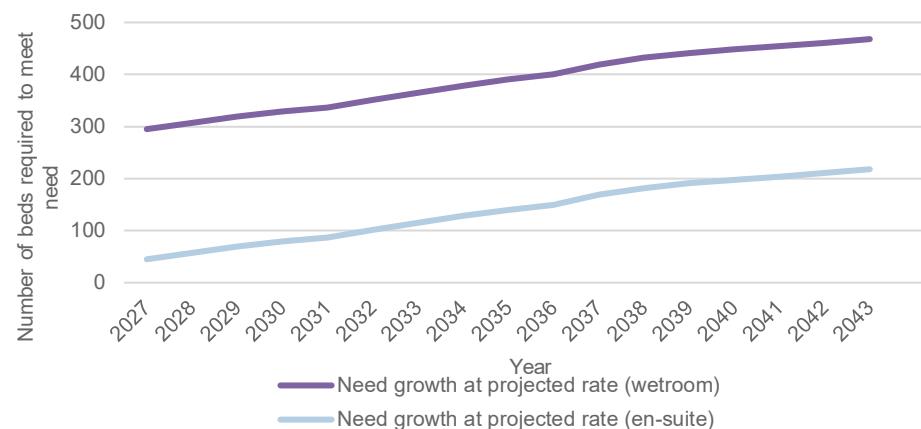
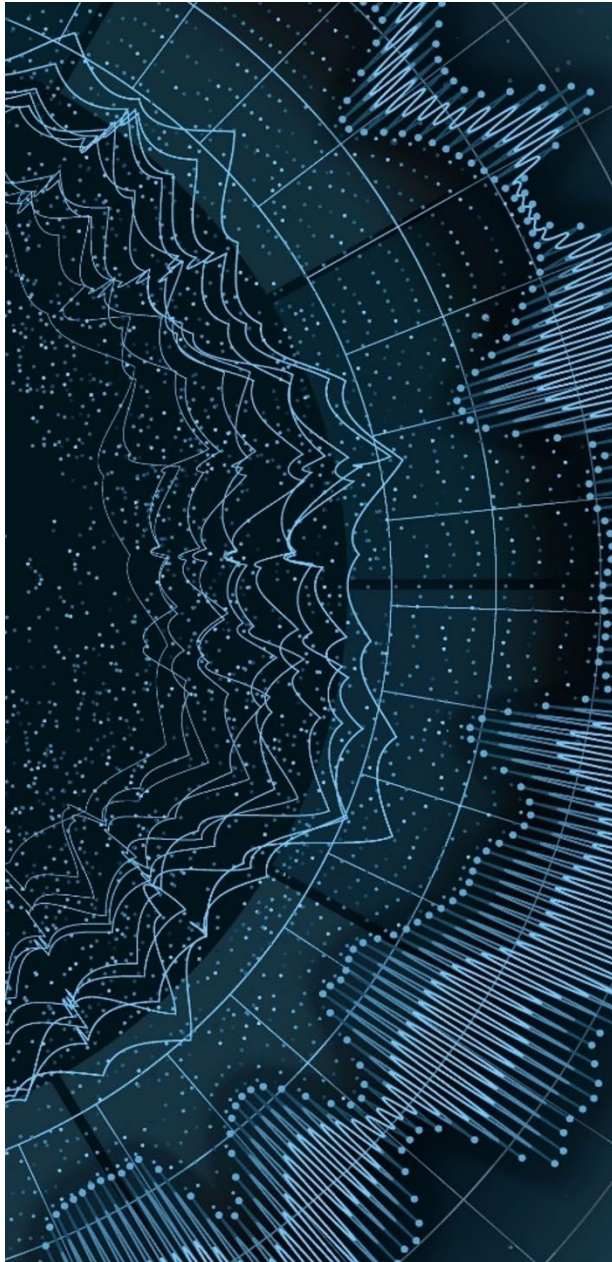


Figure 10: Projected shortfall of en-suite and en-suite wetroom bedrooms - market catchment



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## **Need assessment – local market qualitative assessment**

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## 17. Additional demand from the NHS

### Delayed discharges- Cambridgeshire and Peterborough NHS Trust Integrated Care Board (ICB)

- 17.1 Another indicator of need for elderly care home beds is derived from assessing NHS data for people who remain in hospital who ‘no longer meet the criteria to reside’, which provides some insight into the availability of options for those who are ready to be discharge.
- 17.2 Transferring appropriate placements from the NHS to social care is critical due to cost savings – NHS beds cost significantly more to provide than care home beds – and effective utilisation of NHS beds is paramount for critical illnesses where care cannot be delivered elsewhere.
- 17.3 Pre-pandemic NHS discharge data provided a breakdown of the care and accommodation awaited and enabled calculation of delayed days specifically due to patients awaiting care in a care home. Research by the King’s Fund<sup>2</sup> confirms the pandemic has had a significant impact on the availability and use of hospital beds. Incentives to moderate demand often struggle to succeed, with progress dependent upon sufficient capacity being available outside hospital to provide appropriate care.
- 17.4 Post pandemic NHS data includes all those awaiting discharge from hospital rather than those specifically awaiting a care home bed.. Nevertheless, as shown in Figure 11, this still highlights a failing of the health and social care system in Cambridgeshire and Peterborough. If the system were functioning with zero bed blocking through more effective use of care home beds, this would reduce reliance on the NHS.

17.5 Greater clarity is needed from the NHS in terms of future expectations for health and care bed capacity.

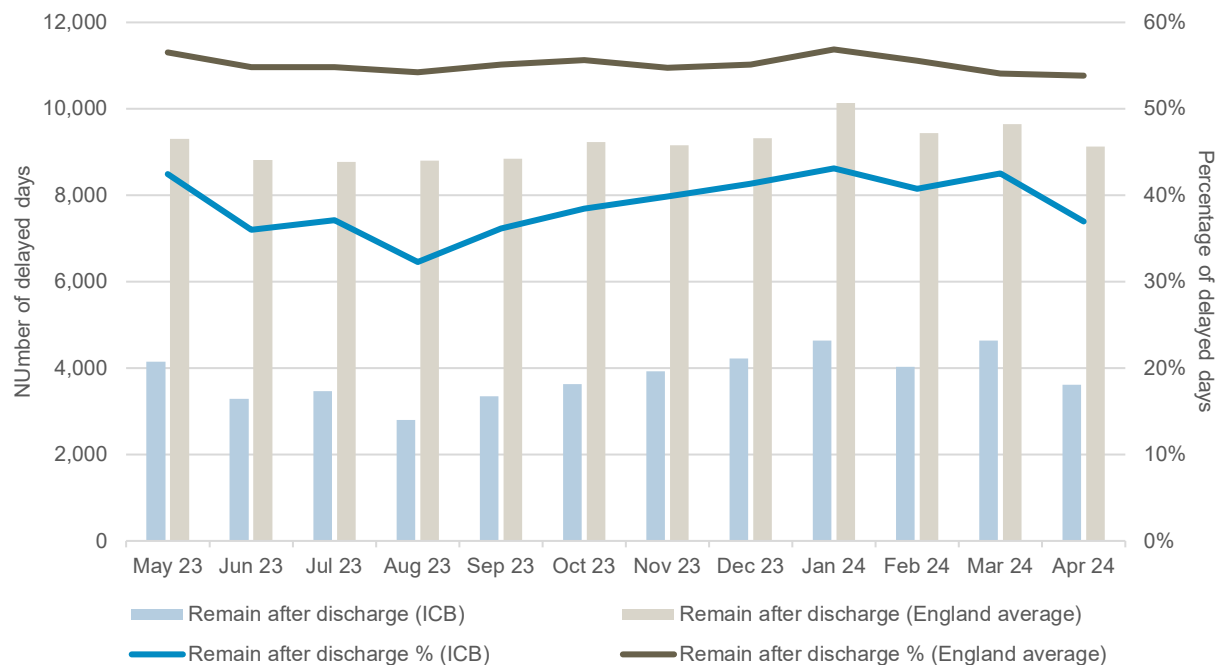


Figure 11: Delayed discharge days awaiting non-acute NHS care - NHS Cambridgeshire and Peterborough ICB

<sup>2</sup> Ward, D et al (2017 – updated 2021) *NHS Hospital bed numbers*

## 18. Impact of the proposed development – commonly raised questions

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

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

### Issue – the Covid-19 pandemic has reduced the need for care home beds

18.3 The COVID-19 pandemic had a significant impact on the social care sector and raised questions as to how to best support older adults when experiencing a transmittable illness themselves, or living in a community where there is an outbreak of a life-altering transmittable illness.

18.4 The pandemic caused a short-term shift in need for residential care for older people with uncertainty in respect of potential changes to admission patterns, acute care discharge rates, death rates and other structural/social impacts on the sector. Carterwood tracked the impact of the pandemic on the care home sector, as follows:

- Occupancy low point of 78.8 per cent, reached in June 2020.
- The total excess elderly care home deaths during the COVID-19 pandemic (compared to the 5-year historic average) was approximately 39,000.
- As the pandemic progressed, weekly deaths within care homes fell below the 5-year average and by early 2023 this had offset the total number of excess deaths by around 13,000, resulting in a net excess of around 26,000 deaths over the three years from the start of 2020.
- Based upon forecast elderly population growth rates, recovery now all older people have been offered the vaccine, together with the loss of care beds most affected, average occupancy levels have already increased and continue to do so and we anticipate will have returned to pre-COVID levels during 2024.

18.5 Our need analysis is based upon 2027, the earliest the proposed care home could be operational and utilises Market Prevalence Rates (MPR) based on January 2024, at which time the occupancy recovery was assessed as being close to complete. Our assessment of the effect of the pandemic on the care home sector assumes that occupancy will have returned to pre-pandemic levels by our year of analysis, with no material impact upon the market size estimate.

18.6 The short-term impact of COVID-19 has and continues to result in the closure of care homes that do not offer the quality of accommodation now sought by the

market, those with poor CQC ratings or those most adversely impacted by the pandemic (in terms of occupancy and/or staffing). This is likely to reduce poorer quality supply and create additional need for new care home provision, to cater to a still rapidly rising elderly demographic.

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

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

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

18.9 Further, demand is not created, it is catered to, and the pressure on GPs will not be a direct result of the proposed development, which will provide a much-required care facility for existing older local residents and will help battle the rising demographic pressure and resultant increase in care needs in the area.

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

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

18.11 There is no doubt that a number of care home residents will move into a local authority area when a new home is developed; however, when new care homes open in neighbouring boroughs or districts these will have the same effect and draw potential residents away from their existing local authority area. In effect, there are likely to be as many people leaving as there are migrating into a council area, and these two factors effectively cancel each other out.

18.12 We are aware of the challenge faced by commissioning authorities in funding long-term care for those elderly people who do not meet current saving thresholds. A further issue relates to prospective self-funding service users who subsequently deplete their savings and are obliged to seek local authority support for their ongoing care costs.

- 18.13 In enquiries we have conducted with commissioning authorities, we have ascertained that this funding requirement generally tends to amount to a very small proportion of the total social services budget for older people and we would be happy to assist the council in analysing this information if required.
- 18.14 Also, in our experience, the incidence of this scenario developing is low compared to the number of self-funding service users, who continue to fund their care throughout their stay. To further guard against this potential issue, care operators may allocate a budget within their financial modelling for this reason, to ensure that residents' requirements can continue to be met and the home is genuinely a 'home for life', if required. Also, their admission process and eligibility criteria ensure that any self-funding residents have proof of funds to continue to support themselves financially, normally for a minimum period of 2 years.
- 18.15 Notwithstanding all of the above, it is inappropriate for financial considerations and viability to be confused as part of the consideration of a planning application. We set out below an extract from an appeal decision from Cheshire East planning authority (reference: APP/R0660/A/12/2188195) in respect of a care village scheme in Handforth. Paragraph 62 of the appeal decision (for which planning permission was allowed) is as follows:
- 18.16 *'The Council has suggested that, due to a lack of need, new residents from outside Cheshire East could have to enter the home to ensure its viability. They would then represent a risk that the Council could be responsible for their future care. The financial concerns of the Council are however not material considerations in this case, as has been found on many other occasions including in the Health and Safety Executive v Wolverhampton City Council & Victoria Hall Ltd [2012] UKSC 34 case. This is the situation notwithstanding an annual increase in those needing Council support in care homes and the Council's 2011/12 expenditure of some £2.2m of support to those unable to afford fees previously met privately.'*
- 18.17 The above makes it clear that such considerations should not be material in the planning decision-making process and should therefore be disregarded.

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

- 18.18 Adult Social Care teams are seeking to enable older people to remain in their own homes for longer, with care provided by a domiciliary care agency. This has two specific advantages: firstly, a potentially positive outcome for the resident, who can remain in their own home and receive care; and, secondly, reduced expenditure on local authority-supported care, as, on average, the cost of domiciliary care is usually less than the weekly fee for a placement in a care home.
- 18.19 However, while care at home should be supported as an objective where this is possible, it is not economically viable for the provision of 24-hour 'home care', and

the costs of personal or nursing care support at this level will typically necessitate a residential environment.

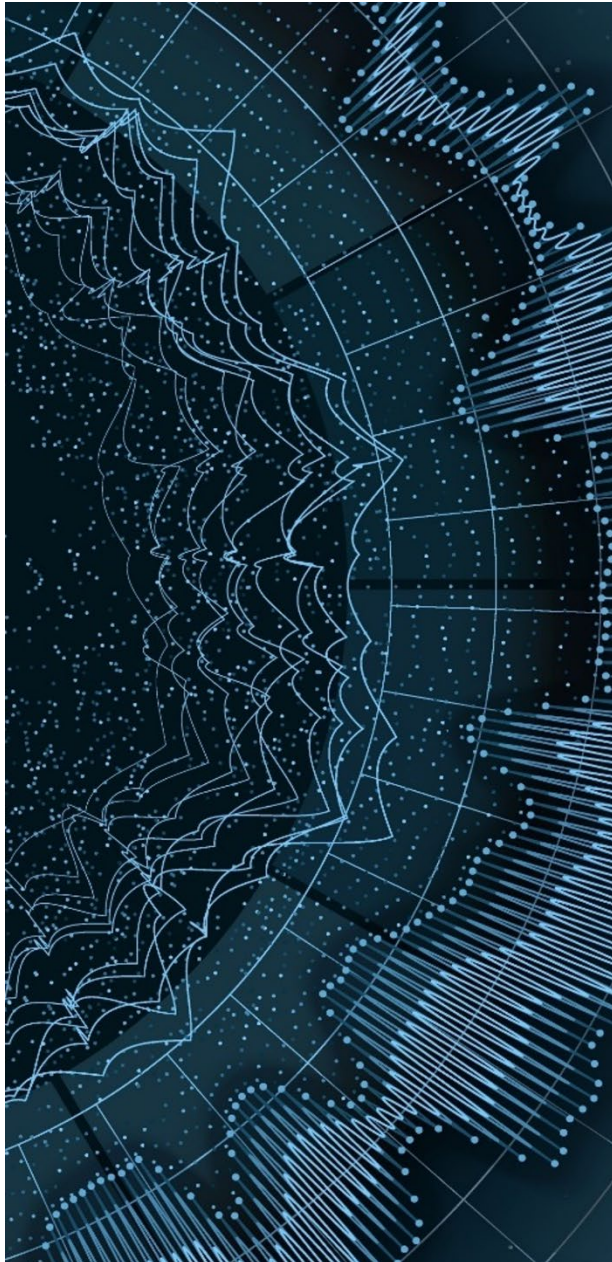
- 18.20 For dementia sufferers, specialist accommodation is also required to cater to this service user group's specialist needs. Where informal care by family or friends is not on hand, or where the demands of the individual become too great, moderate and severe dementia sufferers, more often than not,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

#### Issue – housing-with-care/extra care as an alternative to the subject scheme

- 18.21 Many local authorities are seeking to support the development of extra care facilities that provide residents with 'their own front door' while providing 24-hour on-site security, care and support. The concept is also being viewed more positively by the private sector, with the development of a range of older people's housing-with-care alternatives.
- 18.22 We agree that the supply of extra care accommodation should be expanded to enable many elderly people to continue to live rewarding and independent lives for longer. This is not in dispute.
- 18.23 However, simply increasing extra care provision is not a panacea for the accommodation and care needs of all elderly people and there is increasing recognition of its shortcomings and limitations for high-dependency residents. Evidence from the Associated Retirement Community Operators (ARCO) suggests that 8.7% of residents still need to move into a care home after living in an Integrated Retirement Community.
- 18.24 Given the forecast demographic change, which will increase the cohort of very elderly people, and the prevalence rates of dementia, it is clear that a large number of elderly people will not be able to continue to live rewarding and independent lives in housing-with-care and will go on to need 24-hour care home accommodation for the same reasons as identified above.
- 18.25 In addition, most new extra care schemes in the private sector are aimed at the lower end of the acuity spectrum, as it is difficult, if not impossible, for private purchasers to go through the sale of their own home at the point at which they are frail enough to be considered for entry into a long-term care establishment.
- 18.26 The subject care home is proposing to meet the highest level of acuity for older people, where 'choice' is replaced with a 'needs-based' decision for themselves or their family/friends/key decision maker.

### Key findings – other qualitative factors

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



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## 19. Quantitative need assessment for care home beds

19.1 We have calculated the need for care home beds as at 2027, the earliest the proposed care home could be available, on the following catchment areas:

- market – a c 5-mile radius from the subject site;
- local authority – the South Cambridgeshire District Council area.

19.2 Need is assessed for two forms of elderly care:

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

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

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

19.4 T26 provides our analysis of net need in 2027 on the basis that all care bedrooms provide full wetroom en-suites, all planned beds are developed and available at our anticipated timeframe, and there is no change to existing supply. Our assessment indicates total market shortfalls of 295 and 498 en-suite wetroom bedrooms and shortfalls of 135 and 300 dedicated dementia en-suite wetroom beds in the market and local authority catchments, respectively.

19.5 Our analysis at more basic, minimum market standard level in T26 indicates there is a net need for 45 ‘all bed’ bedrooms in the market catchment and 91 beds in the local authority area (with a net need for 90 and 248 dedicated dementia bedrooms), again assuming all planned beds are developed.

19.6 Net need on the basis of minimum market standard beds is expected to increase to 169 market standard beds in the market catchment and 284 in the local authority area by 2037, which reflects the sustained and escalating nature of need and the requirement for new provision.

19.7 Projected net need on the basis of full market standard bedrooms, akin to those proposed in the subject care home, is expected to increase to 419 in the market catchment and 691 in the local authority area by 2037 (including 188 and 404 dedicated dementia care beds in the two assessed areas, respectively), which reflects the requirement for the provision of care home bedrooms that meet fully with current market expectations.

T26 Need analysis summary (2027)				
Type of care	All beds		Specialist dementia only	
Basis of assessment	Market catchment	Local authority	Market catchment	Local authority
<b>Gross need</b>				
All bed/specialist dementia need	339	1,097	148	478
Occupancy capacity allowance	28	92	12	40
<b>Total need</b>	<b>367</b>	<b>1,189</b>	<b>160</b>	<b>518</b>
<b>Supply</b>				
Current elderly en-suites	322	935	70	189
Current elderly wetrooms	72	528	25	137
Planned beds (to 2027)	0	163	0	81
<b>Total supply (en-suite)</b>	<b>322</b>	<b>1,098</b>	<b>70</b>	<b>270</b>
<b>Total supply (wetroom)</b>	<b>72</b>	<b>691</b>	<b>25</b>	<b>218</b>
<b>Net need</b>				
En-suite bedrooms (minimum market standard)	45	91	90	248
<b>Full wetroom en-suite bedrooms (full market standard)</b>	<b>295</b>	<b>498</b>	<b>135</b>	<b>300</b>
<b>Assumptions</b>				
<ul style="list-style-type: none"> <li>• Total market need based on ONS data projected to 2027 and Market Prevalence Rates (MPR).</li> <li>• Occupancy capacity allowance adjustment adopted at ‘effective full capacity’ level of 92.3 per cent.</li> <li>• Planned supply based upon individual analysis of each scheme and assessment of likely potential development completion. All pending beds have been individually assessed based upon the likelihood of imminent development.</li> <li>• The need analysis excludes the subject scheme.</li> <li>• See Appendix B for full details of our need analysis above.</li> </ul>				

## 20. National context and the proposal

- 20.1 The proposed, specifically designed, care home will provide 65 single bedrooms, all with en-suite wetrooms, together with a variety of spacious, well-appointed communal areas.
- 20.2 As hospital stays become increasingly shorter due to delayed discharge legislation, rehabilitation within a care home is often considered as a short-term measure. For those with high dependency nursing needs or dementia, 24-hour care within a care home setting may be the only suitable long-term option.
- 20.3 The proposed care home will be capable of caring for residents of all dependency levels, including those who require specialist dementia care, by providing flexible, COVID-19-compliant care accommodation to enable care to be administered most effectively and efficiently.
- 20.4 The elderly population in Great Britain is set to grow dramatically over the coming years, and the predicted increase will continue to drive demand for housing for older people. Planning policy sets out that there is a 'critical' need for all forms of housing for older people, including care home beds.
- 20.5 The increasing dependency levels of those who require care in a care home mean that accommodation must be fit for purpose and flexible, to enable personal, dementia and nursing care to be provided effectively and safely.
- 20.6 There are a number of issues for the sector to address to enable it to keep pace with the projected demand for high dependency care beds. Increasing market expectations, social care funding and staff recruitment are all pertinent, and more recently, COVID-19 has had a significant impact.

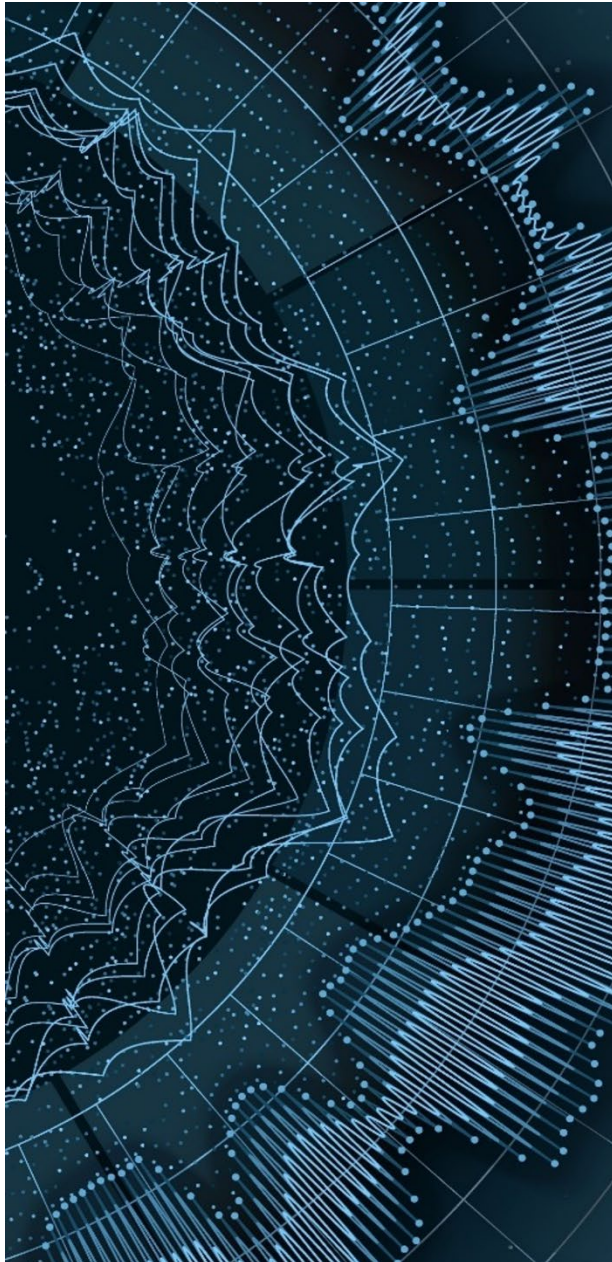
## 21. Commissioning enquiries

- 21.1 Cambridgeshire County Council's social care strategy seeks to reduce the number of care home beds it commissions in favour of enabling older people to live in their own homes and maintain their independence for as long as possible.
- 21.2 There is a significant difference between the projected need for additional care home beds identified by Adult Social Care and that set out in the Cambridgeshire Housing Needs Assessment, with the former suggesting a gross need for 1,052 by 2036 and the latter, 2,355 by 2040. While the Housing Needs Assessment recognises that some of this demand could be met through the provision of extra care housing, the demand identified by Adult Social Care was considered to underestimate the level of need for additional care beds in a recent planning appeal.

- 21.3 It is expected that need for high dependency nursing, intermediate care and dementia care provision in care homes will, however, continue to rise in line with the growing elderly demographic.
- 21.4 Sufficient care home bedrooms, suitable for those with higher level nursing and dementia care needs, should be made available older people who require well specified, specifically designed care home accommodation that enables care to be administered most effectively and efficiently.

## 22. Qualitative need assessment for care home beds

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



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## 23. Planned supply

T27 Summary of planned provision											
Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
Granted											
A	Local Authority only	Waterbeach Barracks and Airfield Site, Waterbeach, Cambridge, CB25 9QZ	Defence Infrastructure Organisation	Outline Planning Application for up to 6500 dwellings (including up to 600 residential institutional units) business retail community leisure and sports uses a hotel new primary and secondary schools green open spaces including parks ecological areas and woodlands principal new accesses from the A10 and other points of access associated infrastructure groundworks and demolition with all matters reserved except for the first primary junction from the A10 and construction access from Denny End Road.	60	20	No	2028	5.7	S/0559/17/OL - 27/09/2019	This application includes plans for up to 600 C2 use residential units that will be "a care home or similar". Given the outline nature of this application and the extreme scale of the C2 element, we have assumed a 60-bed care home/80-units of extra care for the purpose of our analysis. This application forms part of a major development which includes application S/2075/18/OL.
B	Local Authority only	Former Hotel Felix, Whitehouse Lane, Cambridge, Cambridgeshire, CB3 0LX	Cassel Hotels (Cambridge) Ltd	Demolition of existing buildings and erection of a care home (Use Class C2) with external amenity space, access, parking, landscaping and other associated works.	80	40	No	2026	6.2	21/00953/FUL - 02/06/2023	-

T27 Summary of planned provision											
Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
C	Local Authority only	Huntingdon Road Development, Huntingdon Road, Cambridge, CB3 0LG	University of Cambridge	Proposed development comprising up to 3,000 dwellings; Up to 2,000 student bedspaces; 100,000 sq.m. employment floorspace, of which: up to 40,000 sq.m. commercial floorspace (Class B1(b) and sui generis research uses) and at least 60,000 sq.m. academic floorspace (Class D1); up to 5,300 sq.m. gross retail floorspace (Use Classes A1 to A5) (of which the supermarket is 2,000 sq.m. net floorspace); Senior Living, up to 6,500sq.m. (Class C2); Community Centre; Indoor Sports Provision; Police; Primary Health Care; Primary School; Nurseries (Class D1); Hotel (130 rooms); Energy Centre; and associated infrastructure including roads (including adaptations to Madingley Rd and Huntingdon Rd), pedestrian, cycle and vehicle routes, parking, drainage, open spaces and earthworks.	75	25	No	2028	6.3	11/1114/OUT - 13/08/2012	The development website suggests this will be a care home as opposed to extra care. Development of the wider scheme is underway however there is no evidence to suggest construction has begun on the care home.
D	Local Authority only	2 Station Road, Great Shelford, Cambridgeshire, CB22 5LR	Porthaven Properties Limited No.3	Demolition of existing buildings and structures and the construction of a 63-bed care home (use class C2).	63	21	Yes	2024	11.9	S/3809/19/FL - 04/09/2020	This home will be called Barley Manor Care Home and will be operated by Porthaven Care Homes. It is expected to open imminently.

T27 Summary of planned provision											
Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
E	Local Authority only	73 High Street, Meldreth, Royston, SG8 6LB	Samved Holdings Limited	Two storey bedroom extension with new dayrooms, kitchen, access, and landscaping associated works following demolition.	20	20	No	2025	14.8	S/0912/13/FL - 26/07/2013	This development will result in a 45 bed care home, with phase one already complete and available in supply. Phase two will re-develop the second part of the existing home, which is currently closed, and result in an additional 20 beds.
Pending											
F	Local Authority only	Land Adjacent to Waterbeach Barracks and Airfield Site, Waterbeach, Cambridge, Cambridgeshire, CB25 9LY	RLW Estates Ltd	Outline planning permission (with all matters reserved) for development of up to 4500 dwellings business retail community leisure and sports uses new primary and secondary schools and sixth form centre public open spaces including parks and ecological areas points of access associated drainage and other infrastructure groundworks landscaping and highways works.	60	20	No	2028+	6.8	S/2075/18/OL	This scheme will include 'up to 450 units within use Class C2'. Given the outline nature of this application and the extreme scale of the C2 element, we have assumed a 60-bed care home/80-units of extra care for the purpose of our analysis. This application forms part of a major development which includes application S/0559/17/OL, above.
Total in market catchment					0	0					
Total in local authority area					358	146					
Total in market catchment by year of assessment (2027)					0	0					
Total in local authority area by year of assessment (2027)					163	81					

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

## 24. Map of existing and planned supply

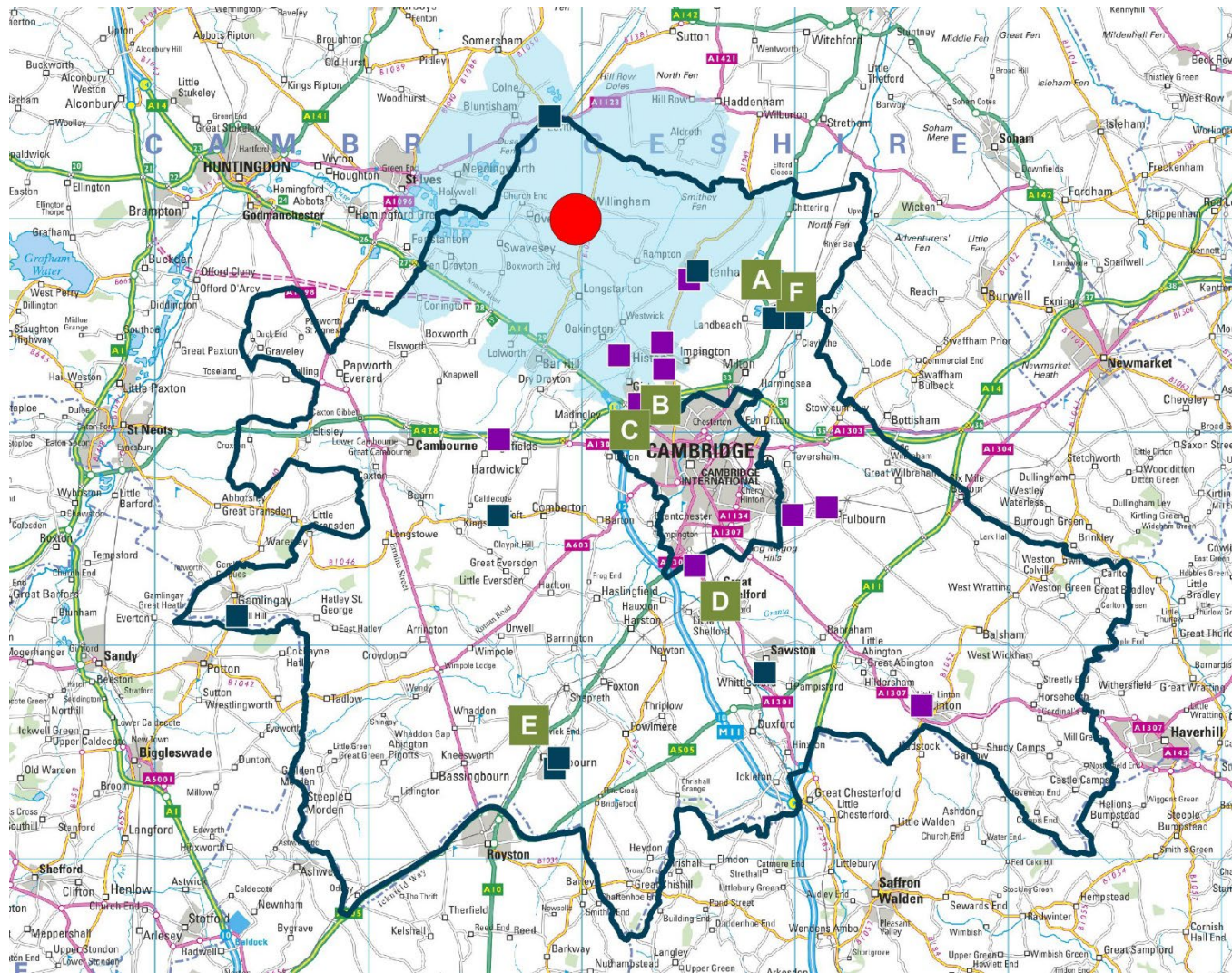


Figure 12: Map of all existing homes and planned supply

Key:

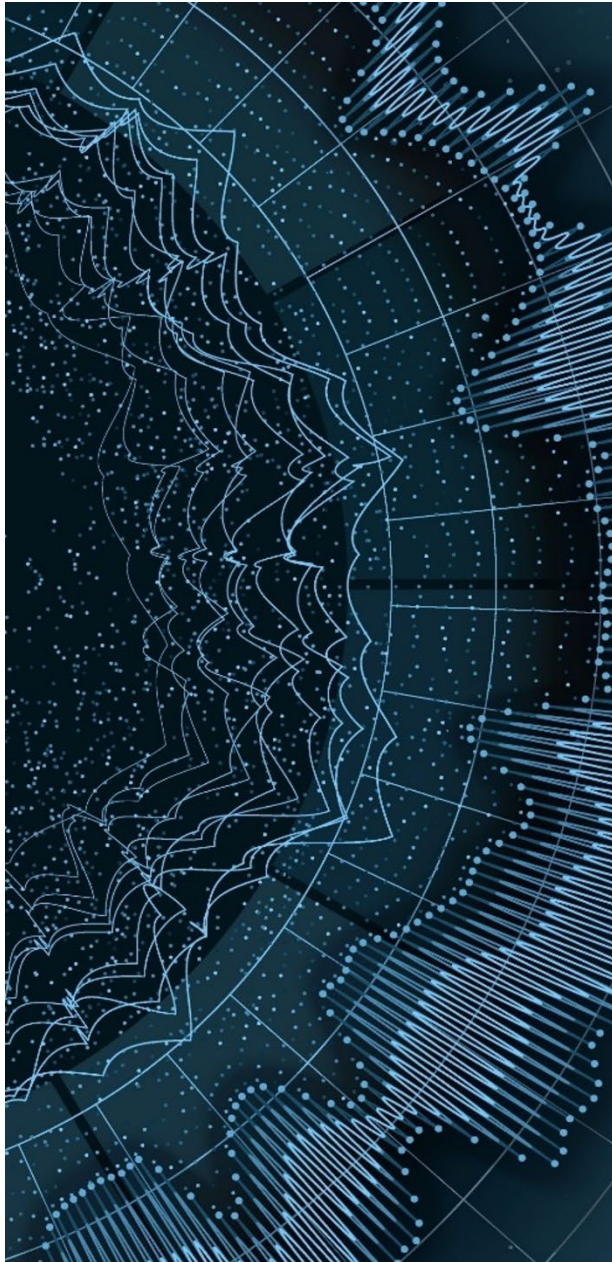
- Subject site
- Personal care
- Nursing
- Planned provision

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

*Dark blue line shows South Cambridgeshire District Council area (which excludes Cambridge City Council). Light blue shading shows the market catchment.*



Figure 13: Map of Great Britain



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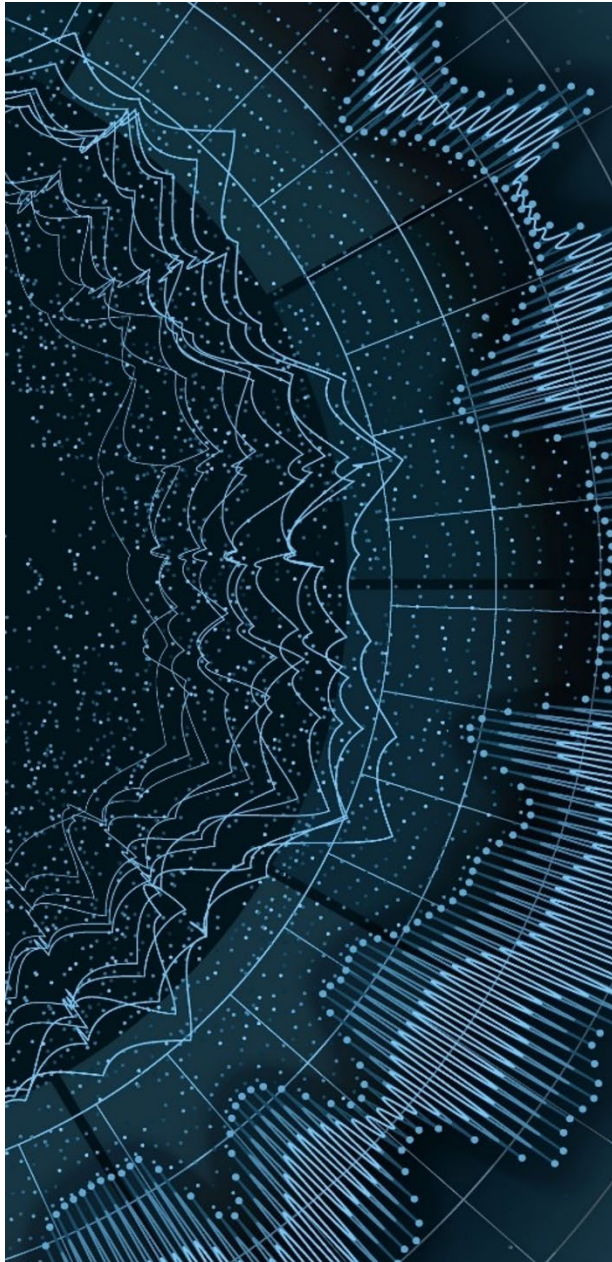
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## Appendix

### A: Sources of information

## Sources of information

We have utilised the following sources of information:

- Census 2021 population statistics;
- ONS 2018-based population projections;
- Carterwood database;
- NHS England;
- A–Z Care Homes Guide;
- www.housingcare.org;
- www.cqc.org.uk;
- Contains Ordnance Survey data © Crown copyright and database right (since 2018);
- Contains LPS Intellectual Property © Crown copyright and database right (since 2016);
- Relevant planning departments;
- Glenigan;
- Planning Pipe;
- LaingBuisson Care Homes for Older People UK Market Report (33rd edition);
- Centre for Policy on Ageing: *A profile of residents in Bupa care homes: results from the 2012 Bupa Census*;
- Alzheimer's Society: *Low expectations: Attitudes on choice, care and community for people with dementia in care homes*, February 2013;
- 'Estimating Housing Need'. Department for Communities and Local Government (2010);
- South Cambridgeshire District Council.
- Cambridgeshire County Council.

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

- Background information provided by the client;
- Documentation submitted with planning application (if applicable).

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

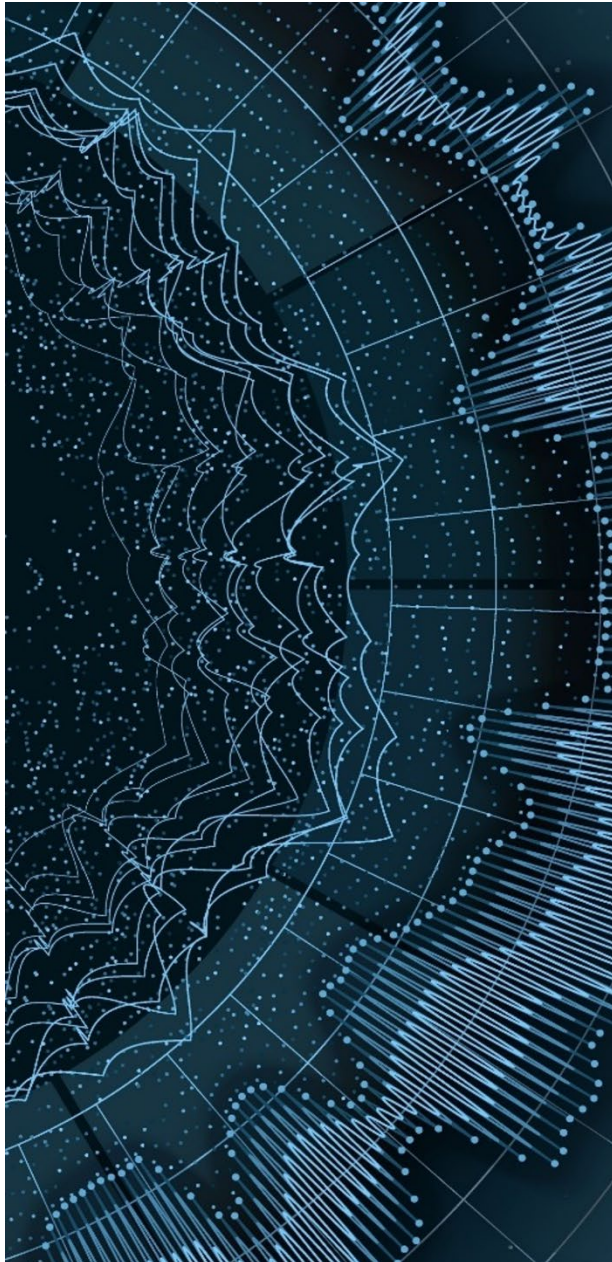
## Confidentiality

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

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

## Conflict of interest

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



## Appendix

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

## Methodology for assessing net need for ‘total market’ and ‘specialist dementia’ care beds

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

Current and future net need for elderly care home supply is influenced by a host of factors including the balance between gross need and supply in any given area, together with social, political, regulatory and financial issues.

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

### Gross need (total market)

We assess gross need for care home bedrooms for older people using Census 2021 population data and ONS 2018-based population growth rates. Updated ONS sub-national population growth rates are not expected to be available until 2025.

We apply Carterwood Market Prevalence Rates (MPR) to the Census data, a tool used to predict the risk of an elderly person being in a residential setting at a given age. The methodology applies standard GB regional patterns of care home admission (based upon ONS studies estimating the number of residents in care homes in England and Wales, produced in 2023, adjusted annually using up-to-date Carterwood *Collab* data to reflect changes in occupancy and supply) to population statistics by 5-year age band (from 65 years). Relative occupancy changes by region are updated on an annual basis and the MPR currently applied date from January 2024.

It should be understood that MPR are, therefore, a function of population; not a direct measure of demand for care services, being only an indicator of them. MPR utilise an industry-recognised approach to determining gross need for care in a residential setting.

### Gross need (specialist dementia)

Our measure is based upon LaingBuisson's 2020 adjustment to the 2012 Centre for Policy for Ageing survey regarding risk of admission to a care home which indicates that, on a national basis, 41.3 per cent of residents are admitted with dementia as the primary cause.

We have then applied local Integrated Care System dementia prevalence statistics to provide regional estimates of demand for dementia care relative to the national rate. Regional rates are not

available for Wales and Scotland and we therefore apply the national rate.

We have calculated gross need within each catchment area from residents with dementia as a primary cause of admission. Best practice states that people living with dementia should be cared for within a specialist, dedicated dementia environment. It should be noted, however, that there may be other physical frailty in addition and conversely, there will also be a pool of dementia sufferers who were admitted due to a physical frailty or disability, but who now also suffer from some form of dementia.

### Occupancy allowance

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

### Current supply

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

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

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

### Planned supply

We assess planned supply within the catchment by conducting a review of all applications for new care home beds within the planning system (both new-build and extensions) that have been granted, refused, withdrawn or are pending decision. This is cross-referenced against the online planning website for the relevant local authority.

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

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

A proportion of planned care home beds are never implemented; however, for completeness, we include all planned schemes regardless of their deliverability.

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

### Balance of provision/net need

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

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

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

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

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

We provide an indication of need growth between the years 2027 and 2043 in Section 16. This estimate assumes that all other factors remain equal, with the only variances being the increased gross need for care based upon the rise in the number of elderly persons and the anticipated year of completion of all schemes currently in the planning system.

## Definition of ‘minimum market standard’ beds

In calculating the current supply of care home beds, we assess the total provision of minimum market standard bedrooms which we define as the total number of bedrooms operated by each care home that provide en-suite facilities. An en-suite includes a WC and wash-hand basin (as a minimum) and does not necessarily provide a level access shower/bathing facilities.

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

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

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

However, this argument fails to take account of the rising dependency levels of those individuals who now require care in a care home. The profile of care home occupants has changed markedly over the past 15 years with care homes catering to

those with high dependency residential, nursing and dementia care needs as alternative forms of housing and care have increased which are suitable for those with lower dependency levels.

A failure to address the shortcomings in the existing standard of care home supply will mean inadequate accommodation for those who require the most care over the coming years, as the well-publicised increase in the elderly population starts to take effect.

In our opinion, it is the local planning authority and the commissioning authority, not the government’s regulator, that holds the ability to influence developments and drive spatial and environmental quality forward. In this respect, Carterwood has been involved in a considerable number of successful planning applications since 2008 and has submitted planning need assessments using a prevalence rate methodology similar to that prepared as part of this submission, where the need case has been accepted by the relevant local authority during the application process. We are pleased to provide some more recent examples of such below which evidence both the geographical and temporal nature of these planning permissions:

- Prince Of Wales High Street Solihull Lodge Solihull B90 1JW (planning ref: PL/2022/01784/PPFL). Demolition of the former Prince of Wales public house and the erection of a 72 bedroom care home facility with frontage parking together with the change of use of former agricultural land at the rear to ancillary amenity space for residents including the provision of Green Care Farming with landscaping, and associated works (Cross boundary application - Solihull and Bromsgrove).
- Former Hotel Felix Whitehouse Lane Cambridge Cambridgeshire CB3 0LX (planning ref: 21/00953/FUL and appeal ref: APP/W0530/W/22/3307903). Demolition of existing buildings and erection of a care home (Use Class C2) with external amenity space, access, parking, landscaping and other associated works
- The Mount Nursing Home, School Hill, Wargrave, Wokingham RG10 8DY (planning ref: 222456). Full application for the proposed erection of a new part two storey and part three storey care home building with associated communal spaces, back of house, and service areas, substation, parking and landscaping following demolition of the existing care home and associated ancillary buildings and a change of use of land at the eastern end of the site
- Moorhill, Moorhill Road, West End, Southampton, SO30 3AY (planning ref: F/22/94034). Proposed 70-bed care home (Use Class C2); associated access, parking,

landscaping, sustainable drainage, electricity sub-station, other structures and works; following demolition and clearance of the existing site.

- Proposed Care Home and Landscaped Gateway for Alton, Winchester Road, Chawton, Alton, Southampton. (planning ref: 59484, granted May 2023). Development to provide 67 bed purpose built care home (Use Class C2) and 28 no. apartments (Use Class C3) providing 100% Affordable, age restricted, sheltered accommodation.
- Trb Ltd, Trb Drive, St Asaph Business Park, St Asaph, Denbighshire, LL17 0JB (planning ref: 40/2021/0309) Erection of a 198 bed Registered Care Home (Use Class C2), landscaping, parking facilities and associated works.
- The Springbrook, Stockport Road, Grappenhall and Thelwall, Warrington WA4 2WA (planning ref: 2021/38631) Full Planning (Major) – Proposed demolition of existing public house and erection of a three-storey building comprising of a 70-bed care facility (Use Class C2) with associated car parking and landscaping.
- Chelford House, Coldharbour Lane, Harpenden AL5 4UN (planning ref: 5/19/1642) – the redevelopment including the demolition of the former Chelford House to a 63-bed care home (C2 Use Class), with amendments to access, parking, amenity space and associated infrastructure. Allowed at appeal APP/B1930/W/20/3259161.
- Langley Court, South Eden Park Road, Beckenham, BR3 3BJ (planning reference: 18/00443/FULL1) – redevelopment of the site to provide 280 residential units (Use Class C3), a Use Class C2 care home for the frail elderly, retention of the sports pavilion, retention of the spine road, provision of open space and associated works.
- Harpwood, Seven Mile Lane, Wrotham Heath, Sevenoaks, TN15 7RY (planning reference: 18/02137/FL) – demolition of existing care home building (use class C2) and erection of a replacement care home (use class C2) with associated car parking, refuse and external landscaping.
- Marie Foster Centre, Wood Street, Barnet, EN5 4BS (planning reference: 18/5926/FUL) – demolition of existing buildings and construction of a part two-, part three-storey building with accommodation in the roofspace and at lower ground floor level, to provide a 100-room care home with associated communal areas, amenity space, buggy store, refuse/recycling store, cycle store and sub-station. Provision of 43 off-street parking spaces.
- Land north east of Ex-Servicemen’s Club, Scotland Road, Carnforth, Lancashire, LA5 9JY (planning reference: 18/01183/FUL) – erection of a care home building comprising of 118 bedrooms and communal, staff and services areas, with associated internal road layout, car

parking and landscaping, creation of a new access and construction of a new retaining wall.

- 11 Elmfield Avenue, Stoneygate, Leicester LE2 1RB (planning reference: 20171457) – demolition of single dwelling and construction of a three-storey 72-bed care home (class C2), access, parking, landscaping, trees and other associated works (amended plans).
- Carpenders Park Farm, South Oxhey, Watford, Hertfordshire, WD19 5RJ (planning reference: 17/1010/FUL) – demolition of existing buildings and provision of 76-bed care home, with landscaping improvements, the upgrading of an existing access, provision of car parking, and associated infrastructure.

While the total registered capacity was greater than the number of minimum market standard bedspaces, the quality, design and type of bedspace could not be ignored, and the premise of assessing bedspaces on a minimum market standard basis was accepted by each respective council.

We have therefore assessed the net need for care home bedrooms by adopting minimum market standard beds as the basis of our analysis, due to the rising expectations of quality required by service users as well as previous regulatory requirements to provide en-suite facilities, and best practice. We consider that, going forward, homes that do not provide adequate en-suite facilities will fast become obsolete.

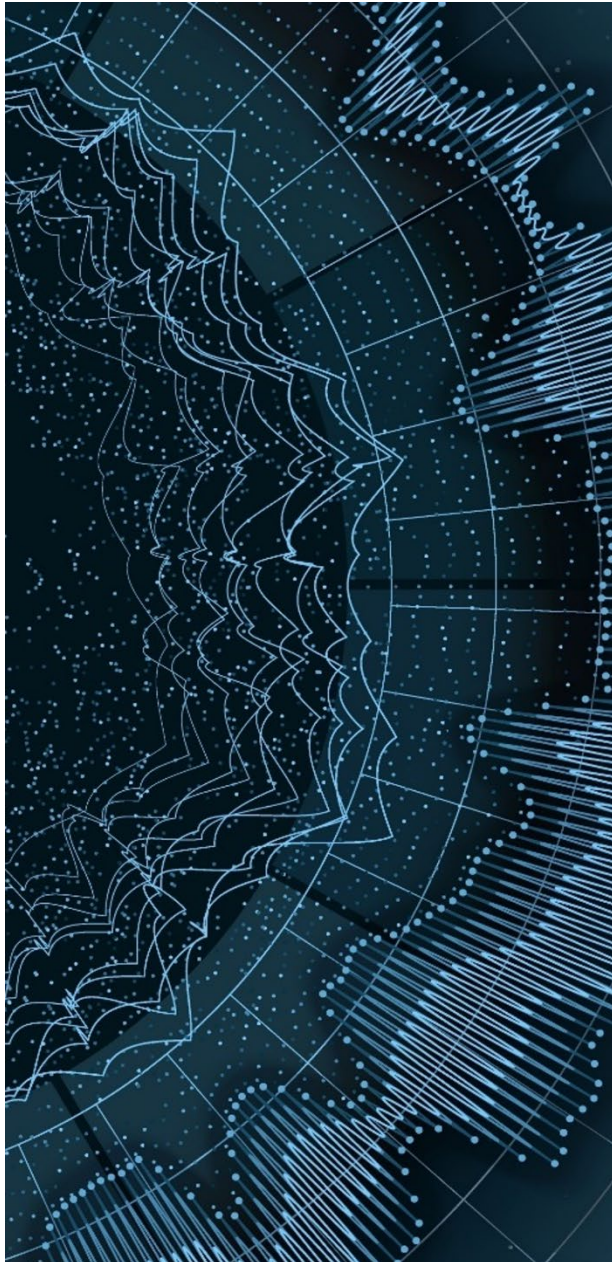
This method of assessing supply, utilising minimum market standard beds, is accepted market practice by all operators we currently undertake feasibility work for, when considering the development of new facilities. We have prepared over 4,000 site feasibility/need assessments since 2008, all of which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

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

All new care homes are developed with en-suite facilities, usually providing larger bedrooms with en-suite wetroom/shower rooms to enable the service user to be bathed without the necessity for larger communal bathrooms; therefore, all new bedrooms are classified as 'full market standard'. We also provide a planning need assessment on this increased bedroom quality level for the purposes of comparison with minimum market standard level.

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

analyse the elderly care home provision currently available upon which to assess existing and projected need.



## Appendix

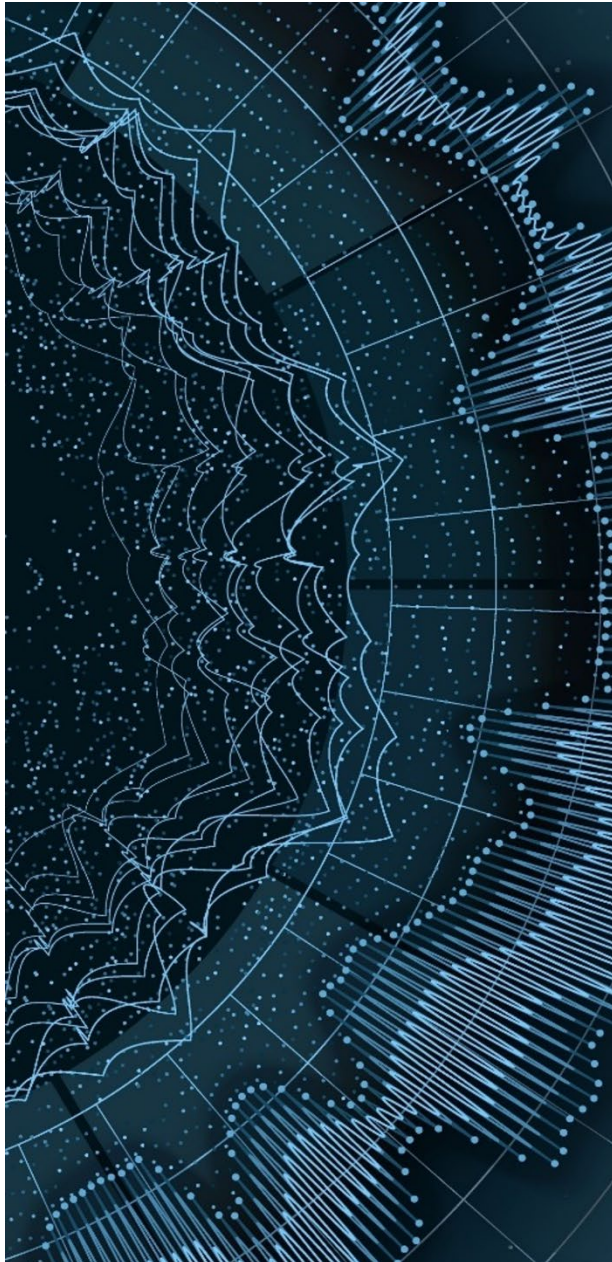
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## Appendix

### D: Definitions and reservations

### Timing of advice

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

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

### Data analysis and sources of information

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

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

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

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

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

Where we have adapted and combined different data sources to provide additional analysis and insight, this has been undertaken with reasonable care and skill. The tools used and analysis undertaken are subject to both internal and external data-checking, proof reading and quality assurance. However, when undertaking complex statistical analysis it is understood that the

degree of accuracy is never absolute and there is inevitably variance in any findings, which must be carefully weighed up with all other aspects of the decision-making process.

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

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

### Purpose and use

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

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### Extraordinary market factors

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

### Census 2021

This report contains data 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.

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