

Planning need assessment
Elderly care home

Former Hotel Felix, Whitehouse Lane, Huntingdon Road, Cambridge CB3 0LX

Prepared for:
Cassel Hotels (Cambridge) Limited

Carterwood Report – December 2020



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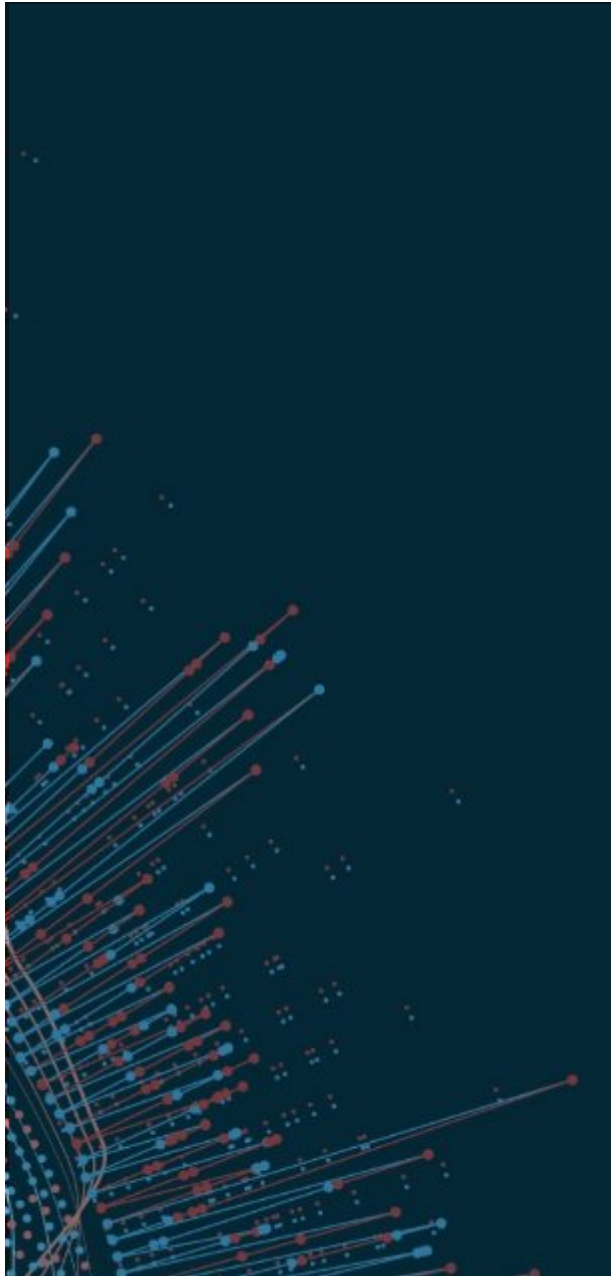
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T1 Planning need assessment summary

Site	Former Hotel Felix, Whitehouse Lane, Huntingdon Road, Cambridge, CB3 0LX
Proposed scheme	80-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"> The subject scheme is not included in our 'planned supply' figures Need assessment based on South Cambridgeshire District Council area.

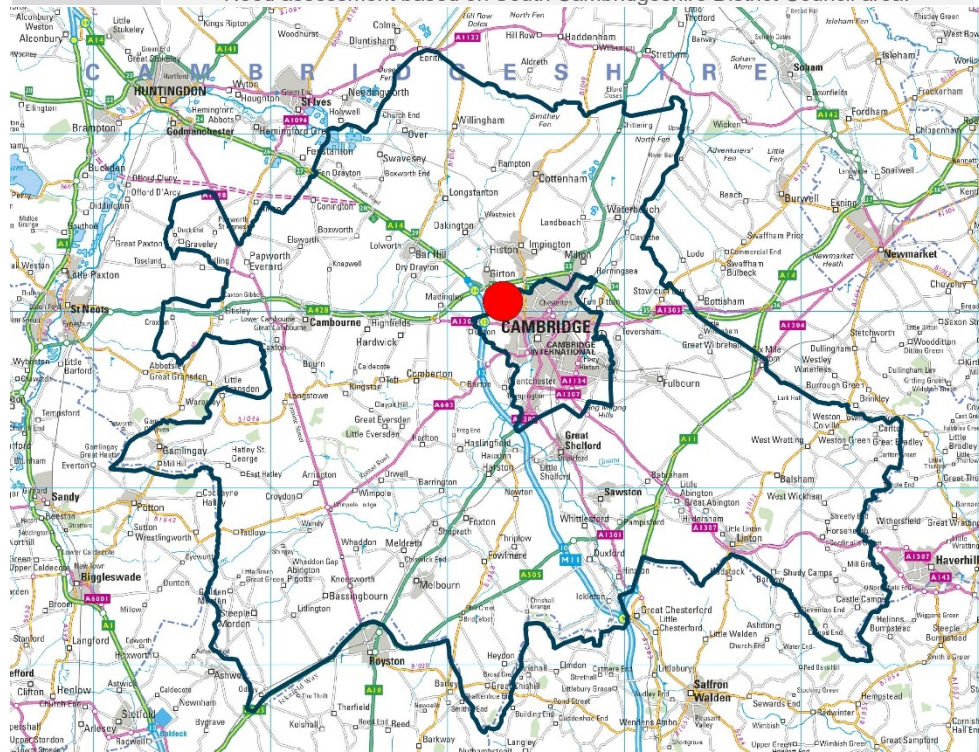


Figure 1: Location of the proposed care home and its market catchment area

Proposed scheme shown by red dot. South Cambridgeshire District Council area is edged dark blue on both the outer and inner boundary.

T2 Definition of 'market standard' bedrooms

A 'market standard' bedroom is defined as providing an en-suite (WC and wash hand basin) with no minimum size or suitability for purpose stipulation. All new care homes provide en-suite bedrooms, most with larger en-suite wetrooms to enable bathing in the resident's own bedroom.

T3 Need analysis summary (2023)

Basis of assessment	South Cambridgeshire District Council	
Type of care	All beds	Specialist dementia only
Need		
All bed/specialist dementia need	1,071	488
Occupancy capacity allowance	90	41
Total need	1,161	529
Supply		
Existing elderly en-suite	812	179
Existing elderly wetroom	546	168
Planned beds (to 2023)	250	110
Total supply (en-suite)	1,062	289
Total supply (wetrooms)	796	278
Balance of provision		
Need (en-suite)	99	240
Need (wetroom)	365	251

For full assumptions, see Table 19 on page 30.

T4 Conclusions and recommendations

- Our assessment for South Cambridgeshire District Council area in 2023, the earliest the proposed care home could be available, indicates a need for 99 market standard care home beds.
- We have also assessed the balance of provision for dedicated dementia beds in South Cambridgeshire in 2023, which indicates a need for 240 market standard care home beds.
- For the purposes of comparison, we have analysed the need for care home bedrooms providing full en-suite wetrooms. On this basis there is a need for a further 365 elderly beds including 251 dedicated dementia beds.
- The shortfall is expected to increase to 237 market standard beds by 2033, assuming existing supply and prevalence rates remain constant and that all planned supply is developed and available (including those schemes currently pending a decision), reflecting the sustained and escalating nature of need.
- 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.
- Based on the local authority area, a good proportion of those requiring care are likely to be self-funded, and their choice of care home will therefore be based on location, quality of care and accommodation, and proximity to friends and family, rather than funding alone.
- We consider there to be a significant and increasing unmet need for additional market standard elderly care home beds within the South Cambridgeshire District Council area.
- 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, COVID-19-compliant care accommodation to enable care to be administered most effectively.



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1. Introduction

- 1.1. Carterwood has been commissioned to prepare a need assessment on behalf of Cassel Hotels (Cambridge) Limited in relation to the development of a new 80-bed purpose-built care home on the site of the former Hotel Felix, Whitehouse Lane, Huntingdon Road, Cambridge CV3 0LX.
- 1.2. The proposed development will provide a modern care home that is 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 local authority catchment.

Limitations to advice

- 1.4. With the ongoing presence of COVID-19 and the exit of the UK from the European Union (Brexit), we are in a highly volatile market. 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 activity. While the UK and the European Union have agreed a trade deal, it may be prudent to review a commissioned report once the impact has fully emerged, especially given the ongoing economic impact of the COVID-19 pandemic.

T5 Instruction summary

Purpose of advice	Planning need assessment
Terms of engagement	17 November 2020
Planning research	7 December 2020
Report date	21 December 2020
Prepared by	Jessamy Venables BSc (Hons) MSc MRICS and reviewed by Alex Taylor BSc (Hons) MA MRICS.

2. Carterwood

- 2.1. Carterwood provides advice across the care sector to a range of operators, developers and other stakeholders.
- 2.2. Examples of private sector clients who regularly commission need assessments or site feasibility studies include:
 - Porthaven Care Homes
 - Gracewell Healthcare
 - Hallmark Healthcare
 - Care UK
 - Caring Homes
 - Signature Senior Lifestyle
 - Barchester Healthcare
 - Octopus Healthcare
 - Retirement Villages
 - LNT Care Developments
 - Richmond Villages
 - Audley Court Limited
- 2.3. Similarly, examples of Carterwood clients in the not-for-profit sector include:
 - Anchor Hanover
 - The Royal British Legion
 - The ExtraCare Charitable Trust
 - Leonard Cheshire Disability
 - Sanctuary Care
 - Brendoncare
 - Care South
 - Healthcare Management Trust
 - Greensleeves Homes Trust
 - The Orders of St John Care Trust
- 2.4. 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 2,000 sites since 2008, for a range of providers across a range of scheme types and care categories.

3. Description of proposal



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

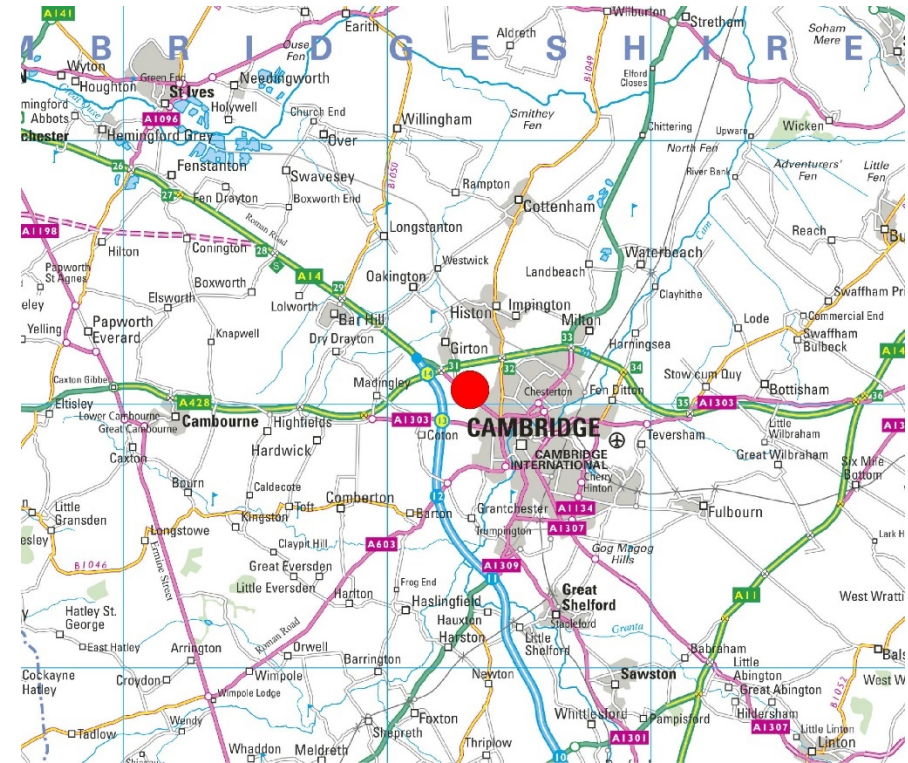


Figure 3: Location map of the subject site

Location and scheme description

- 3.1. The subject care home is proposed to be developed on the site of the former Hotel Felix, Whitestone Lane, Huntingdon Road, Cambridge CB3 0LX.
- 3.2. It is intended that the care home will provide 80 high quality, spacious single bedrooms with full en-suite wetrooms, over three floors. Designed to be flexible in terms of the layout of accommodation, it will enable those with nursing or dementia care needs to be cared for in specific units, where required, and also includes a dedicated dementia floor.
- 3.3. The home will offer a range of communal areas, each of which will be finished to the highest standard, to include, inter alia, a variety of lounges and dining rooms, a café/event room with bar and private dining room for families, hair and nail salon, together with a central activities hub.

- 3.4. Externally, the gardens will be landscaped and provide seating and dining areas for residents to enjoy with their families.
- 3.5. It is anticipated that as a result of this development, a number of permanent and part time 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.
- 3.6. Further detail in respect of the proposals can be found in the planning statement accompanying the application.

4. The proposed scheme – position on the care spectrum

- 4.1. We have compared the subject care home against other forms of accommodation in respect of care provided, cost of care, accommodation type and regulation. Table T6, 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 overlapping.
- 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 – proposed scheme – viability and position in the care spectrum

- The proposed, specifically designed, care home will provide 80 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.

T6 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 community				Requirements met in the proposed care home		



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5. Definition of a care home & 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) define 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 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:
- **Total market** – all beds and all registration categories for elderly care including both care homes and care homes with nursing; as there is no industry recognised method of differentiating between the exact need for nursing and the exact need for personal care beds, we therefore consider the "total market".
 - **Specialist dementia** – a sub-set of 'total market' beds above to assess the need for specialist dementia beds vs the supply of specialist dementia beds.

6. UK elderly population trends & market size

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

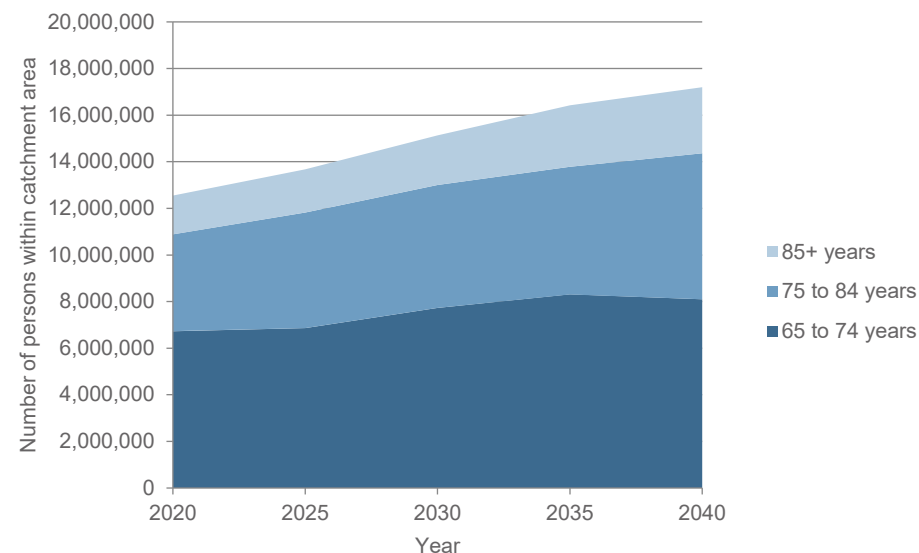


Figure 4: UK population growth 2020 to 2040

Source: 2011 Census, government population projections.

- 6.2. LaingBuisson's *Care Homes for Older People UK Market Report (30th edition)* states that the percentage of the UK population over the age of 85 is projected to multiply more than five times, from 1.68 million in 2020 (2.4 per cent of the population) to c.8.49 million in 2111 (10.0 per cent of the population), while the 75- to 84-year-old segment will rise from 4.167 million in 2020 (6.3 per cent of the population) to 7.9 million in 2111 (9.3 per cent of the population).

7. National provision of care homes

- 7.1. There are currently approximately 11,000 care homes, providing just under 459,000 registered care beds for older people in the UK.
- 7.2. T7 analyses supply by year of first registration and identifies the significant proportion 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.

T7 Existing elderly care bed supply by year of first registration (UK)

Year	Care homes	Total registered beds	% (beds)
2016+	558	31,522	6.9
2010–2015	749	42,410	9.2
2000s	1,106	59,432	13.0
1990s	4,101	180,120	39.3
1980s	3,507	114,427	24.9
Pre-1980s/unknown	934	30,727	6.7
Total	10,955	458,638	100

Source: subscribed data sources, Carterwood – updated October 2020.

- 7.3. T8 analyses the current supply of registered bedrooms by en-suite (our definition of ‘market standard’) and those that provide en-suite wetrooms. Across the UK, an average of 72.1 per cent of care home bedrooms include an en-suite and 26.5 per cent include a full wetroom en-suite.

T8 Market segmentation (UK)

Care category	Number of care homes	Total registered beds	% en-suite bedrooms	% wetroom bedrooms
Total market – all homes and care categories				
Personal care	6,397	214,175	67.0	20.9
Nursing care	4,558	244,463	76.5	31.4
Overall	10,955	458,638	72.1	26.5
Specialist dementia provision only				
Dementia homes	1,015	40,144	68.7	23.6
Dementia units	2,453	65,329	84.1	42.9
Overall	3,468	105,473	78.2	35.6

- 7.4. The UK average is slightly higher for dedicated dementia care homes and those that incorporate a specialist dementia unit, with an average of 78.2 per cent having en-suite bedrooms and 35.6 per cent, en-suite wetroom bedrooms.

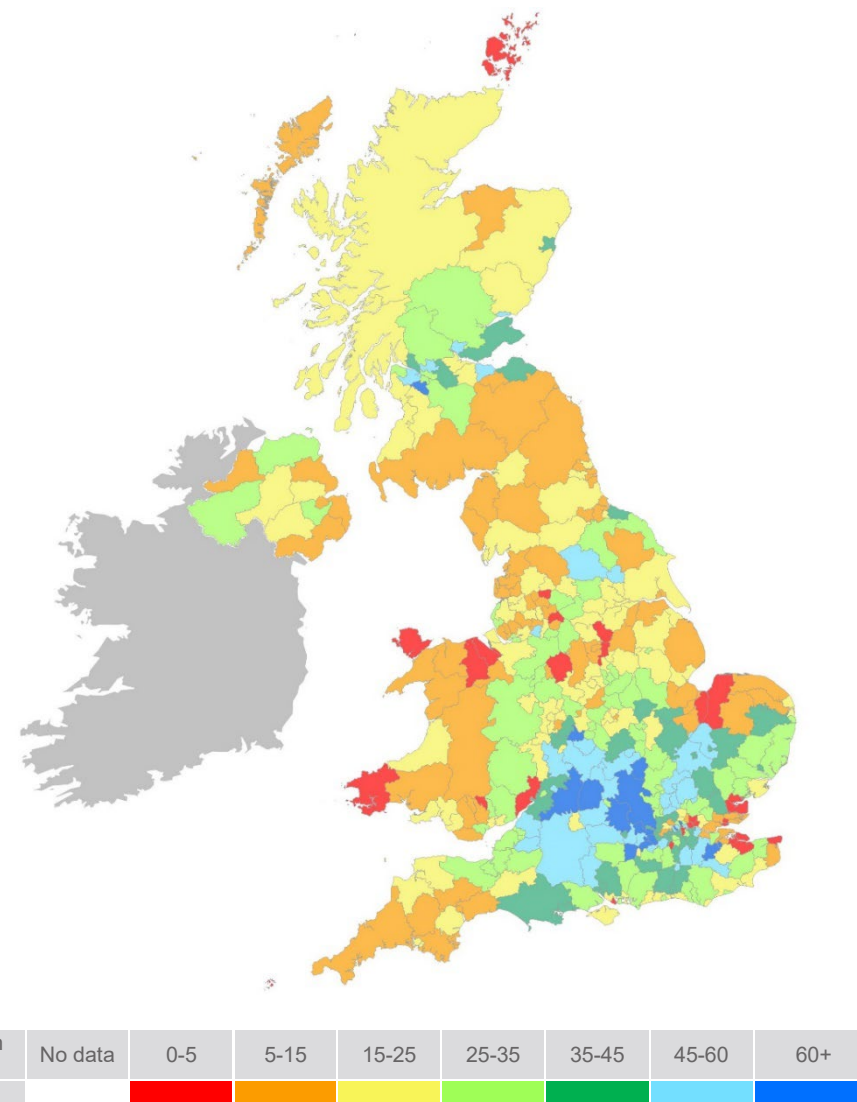


Figure 5: Percentage of elderly bedspaces with a wetroom by local authority district (UK)

8. Key issues for the sector

- 8.1. The national requirement for the development of new elderly care home beds is growing. Key issues for the sector include the:
- Significant and growing incidence of dementia in older people;
 - Increasing dependency levels of service users, which means that care home accommodation must be both suitable and flexible to enable care to be provided effectively and safely;
 - Increasing expectations from the market and regulators in terms of spacious, well-appointed accommodation suitable for caring for those with high level care needs in privacy and with dignity;
 - Continued use of care homes in converted buildings that are potentially unsuitable for continued use in their current configuration without physical adaptations to the property;
 - Impact of increased numbers of older people on the NHS and wider health care policy as levels of dependency grow;
 - Impact on and responsibility for funding social care over the coming decades;
 - Additional requirement for extra care and other forms of housing with care as an alternative to care homes providing personal care, when considered to be suitable;
 - Care Act 2014;
 - National Living Wage and its implications on staff retention and recruitment;
 - Sustainability of certain care homes less able to benefit from economies of scale;
 - Impact of Brexit;
 - Impact of COVID-19 in the short, medium and longer-term (this is considered in more detail in Section 19 of this report).
- 8.2. In response to changing demographics, market-based and regulatory factors, the subject scheme will provide modern, spacious, COVID-19-compliant care accommodation suitable for the care needs of the local elderly population.

Key findings – national context

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



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9. Commissioning review

9.1. We have undertaken a review of the relevant strategic documentation for Cambridgeshire County Council to provide an overview of their current position with regard to care home provision.

- Centre for Regional Economic and Social Research (CRESR) Sheffield Hallam University and University of Sheffield – Older People’s housing, care and support needs in Greater Cambridge 2017–2036, November 2017;
- Cambridgeshire Older People Strategy (website), Cambridgeshire County Council;
- Cambridgeshire and Peterborough Adult Social Care Market Position Statement 2018/2019;
- Cambridgeshire Older People’s Accommodation Strategy (2016), Cambridgeshire County Council.

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

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

Older people’s housing, care and support needs in Greater Cambridge 2017–2036

9.4. *‘Greater Cambridge is set to experience a rapidly ageing local population, with the number of people aged 75 and over set to nearly double between 2016 and 2036. As the population ages, the prevalence of long-term health conditions is likely to increase, creating complex geographies of need and demand on various services’ (page ii).*

9.5. *‘The number of older people in Cambridgeshire living with dementia, for instance, is expected to rise from 6,600 in 2006 to 10,200 by 2021, placing significant pressure on housing, support and care provision. Incidences of trips and falls already constitute a large percentage of emergency hospital admissions, raising questions about the role that suitable housing can play in mitigating these’ (page ii).*

9.6. *‘Specialist housing plays a critical function in helping those unable to remain in general needs housing. With a large sheltered housing stock – much of it retained by the local authorities – and with recent increases in the number of extra care schemes, such supply is performing an important function, though the provision of private sector housing for older people remains at a low level. Added to this, Cambridgeshire County currently has the lowest level of care home provision per capita in the region’ (page ii).*

9.7. *‘The CRESR model recommends that by 2035, the supply of specialist housing will need to be 80 per cent higher than present, at 6,163 units. This equates to an annualised rate of development of 142 new units through that period, before any additional units are required to account for reductions in the stock. Similar increases are recommended for age-exclusive housing and care beds, as we suggest that both forms of accommodation need to increase by 80 per cent by 2035’ (page iv).*

Cambridgeshire Older People Strategy

An ageing population

9.8. *‘In Cambridgeshire, we expect to see the number of people over 65 grow by around a third over the next ten years, with a clear expectation that this will put pressure on services. The number of older people will grow faster than the population as a whole’ (page 4).*

Increasing levels of need:

9.9. *‘Most older people in Cambridgeshire are in good health, but over a lifetime can expect to spend longer in poor health and with disability than previous generations. As the population ages, it is expected that more people will need more intensive support for longer. We will see a significant increase in the numbers of people aged over 85; older people tend to be at more risk of becoming frail or developing conditions such as dementia. This increases, and is often linked to, vulnerability to crises like financial hardship, a fall, or bereavement’ (page 4).*

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

9.10. *‘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).*

9.11. *‘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).*

9.12. '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).

9.13. '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 ¹



(Cambridge Research Group)

9.14. '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).

9.15. '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).

9.16. '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).

9.17. Cambridgeshire County Council is undertaking a competitive dialogue process to secure a strategic partner to build and run a number of care homes on council owned land. This process will be completed by March 2020 and will seek to address key areas of shortfall' (page 14).

Cambridgeshire Older People's Accommodation Strategy

9.18. 'In Cambridgeshire, there is a rapidly expanding older population, a tightening of public sector funding and a system of specialist and care accommodation for older people that seems to be at capacity. These factors have created a situation where key services are in short supply, restricting choice and contributing to pressures in NHS and Social Care Services. A particular area of concern is hospital discharge, where the availability of residential and nursing home placements is one of the major causes of delay. The level of demand for local care services is so high that it is driving up prices, putting more pressure on public sector budgets that are dependent on private sector provision in order to make sure that older people are safe and well' (page 3).

9.19. 'Over the next 25 years, the population of Cambridgeshire will grow to approximately 801,100 in 2036. The population of people who are over 65 is expected to grow rapidly over that period too. By 2036, there are expected to be 195,200 people over 65 living in Cambridgeshire, approximately twice the 100,300 that were living here in the 2011 census. This continues a pattern of growth that has been obvious since the 2001 census. The 2011 census showed that Cambridgeshire was the fastest-growing shire county in the country over the past 10 years. Over the whole 35 year period between 2001 and 2036, the overall population is expected to grow by 45%. However, the growth in the over 85s is the most startling comparing 2001 to 2036. Over that period, the population of over 85s is expected to grow by 317%, from 10,303 in 2001 to 43,000 in 2036. This is particularly challenging for the health and social care system because people over 85 need a lot more support than younger people' (page 7).

9.20. 'The population growth is not evenly spread around the county. During the period 2001–2011, Huntingdonshire and South Cambridgeshire saw much more growth in the number of over 65s than the rest of the county. It is currently projected that between 2011–2036 Huntingdonshire, South Cambridgeshire and East Cambridgeshire will experience a 106%, 100% and 97% increase in the over 65s respectively compared to Fenland 78% increase and Cambridge City at 80%' (pages 8 and 9).

9.21. 'Measuring the number of people who experience "delayed transfers of care" (DTOC) from hospital is one of the most obvious ways to establish whether the system is working effectively or whether there are problems. In 2015–16, in Cambridgeshire, an average of 2,442 bed days per month were lost as a result of someone being fit to leave hospital but unable to. Someone might be unable to leave hospital either because there is not a suitable service for them to be discharged to (either in their own home or in institutional care) or because the processes of the health and social care system have not been completed in time. We know that the Cambridgeshire Health and Social Care system has a higher rate of delayed transfers than the English average, and we also know that a significant proportion of people are delayed in hospital in Cambridgeshire because of capacity issues – in residential, nursing and home care services' (page 12).

9.22. *'Delays because a suitable nursing or residential home is not available suggest more capacity is needed in permanent places for people with high needs to live, an issue which is obviously about accommodation and care. But where people are delayed needing a care package at home, or if further non-acute healthcare treatment is needed, this could also be about accommodation – if their home is not suitable for them to live because they are not as mobile as they were, or if there is not the bed capacity in a community hospital for a course of rehabilitation, for example' (page 13).*

9.23. *'Based on Census 2011 data we can estimate that approximately 3,000 people over 65 live in communal establishments in Cambridgeshire. Although very few people live in communal establishments, the percentage of the population living in communal establishments quite significantly increases in the population who are over 85 in comparison to those aged 65-84' (page 15).*

T9 Care home beds in Cambridgeshire suitable for older people			
District	Capacity	From 2013 population forecast	
		District over 65 population	Rate per 1,000 over 65s
Cambridge and South Cambridgeshire	1,495	42,400	35.26
East Cambridgeshire	488	15,600	31.28
Fenland	818	20,700	39.52
Huntingdonshire	1,072	30,300	35.38
Grand total	3,873	109,000	35.53

9.24. *This table shows that East Cambridgeshire, Huntingdonshire and Cambridge and South Cambridgeshire have a lower rate of care home beds per 1,000 people than the county average. People who live in these care homes could pay for their own care there (known as "self-funders"), or they could have their care arranged by the Council (some will be in this situation and pay for their own care – known as "full-costers"). People could also be placed in these care homes and funded by Continuing Health Care (CHC)' (page 17).*

9.25. *'The rapidly expanding older population, reduction in funding and a system that seems to be at capacity [in Cambridgeshire] mean that it is very unlikely that a traditional state-planned approach will help to relieve this problem on its own. The pressure created by an increasing and ageing population cannot be eased by continuing to meet needs in the same way: we cannot build facilities at a fast enough rate and even if we were able to, providing services from them would be unaffordable. Managing our budgets therefore partly depends on reducing the frequency and/or severity of people's needs' (page 22).*

9.26. *'Our strategy is based on the idea that given a good set of options to choose from, people will naturally choose the option that enables them to live healthily and well, which will limit their need for health and social care as they get older. To achieve this, the Older People Accommodation Board will adopt three priorities:*

- Address current issues to help manage demand in the health, social care and housing systems in the short term;
- Increase choice and affordability for those requiring specialist care in the medium and long term;
- Influence and develop a choice of good accommodation options for older people (general needs and specialist supported) in the medium and long term' (page 23).

9.27. *'We recognise that although our aim is for people to maintain their independence, there will always be a need for some residential and nursing care for people with high needs. We are aware that currently Cambridgeshire has the lowest level of care home provision per capita in the Eastern region. This inevitably has an impact on availability and choice. We have seen particular challenges in relation to specialist resources such as nursing home dementia care. The existence of delays in people leaving hospital to appropriate provision shows that the system is probably very nearly at maximum capacity, and work to estimate the usage of care home beds suggests that there is likely to be only a very small amount of spare capacity in the system, suggesting that small variations in demand from week to week could "gridlock" the system. In addition, there is a significant national and local challenge in relation to the cost of providing residential and nursing care' (page 24).*

9.28. *'The County Council purchases around 1,800 permanent residential and nursing care beds at any given time. In total, around a third of all available beds in the county are occupied by Council placements. The remaining capacity is taken up by other local authority placements, NHS continuing health care provision and people who fund their own care. To date the County Council has used a variety of mechanisms to hold down cost pressures and to maximise the availability of affordable care. The approach includes working to challenging benchmarks, block purchasing from preferred providers and the development of the Cambridgeshire Brokerage. It is recognised that lack of supply means that, while these actions have been beneficial, they are no longer adequate to ensure the sufficient supply of affordable care provision' (page 24).*

Carterwood review

- 9.1. The above documentation is in line with many councils' commissioning strategies across the country and demonstrates trends in local policy decisions influenced by cost saving measures. Our key conclusions from our review are as follows:
- 9.2. Cambridgeshire County Council, like other local authorities, is seeking to manage significantly increased demand within a time of unprecedented financial austerity by following new models for adult care provision that effectively maintain the cost of providing residential or nursing care through reducing or limiting the numbers of, and costs for, those who require such services.
- 9.3. A key pressure for South Cambridgeshire is the shortage of residential dementia, nursing and nursing dementia provision. It is also noted 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 its 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.
- 9.4. The CRESR report suggests need for care home bed supply is expected to increase by 80 per cent by 2035.
- 9.5. Despite the nature of local authority funded provision, it must be remembered that Cambridgeshire County Council only fund a percentage (suggested to be 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. Therefore, the strategic comments with regard to Cambridgeshire's funded beds relate to that proportion of the available beds.
- 9.6. 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 of their decision making process.
- 9.7. A further point to consider is that those who move into care home beds in the future will have high level requirements or require step down care. Such requirements necessitate well specified, spacious and flexible care accommodation to enable care to be administered most effectively. The proposed high quality care home is designed specifically for this purpose and would offer much needed high dependency care.

Key findings – commissioning review

- Cambridgeshire County Council's social care strategy is in line with the majority of commissioning councils across the country in that it is seeking to reduce the amount of personal care in residential care homes it commissions in favour of enabling older people to live in their own homes and maintain their independence for as long as possible.
- 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.
- Many of those who would occupy the proposed care home will be self-funded, and the quality of care and accommodation, together with proximity to family and friends, will be major drivers in the decision-making process, rather than the commissioning intentions of the local authority.
- Sufficient care home bedspaces, suitable for those with higher level nursing and dementia care needs, should be made available for both funded and self-funded older people who require well specified, specifically designed care home accommodation that enables care to be administered most effectively and efficiently.



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10. Need vs Demand

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

'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).

10.2. 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.

10.3. 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 meeting minimum acceptable standards where it does not provide en-suite bedrooms, and other uses, such as hotels, etc. do not care for the oldest and frailest members of society.

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

11. Methodology for quantitative care home need

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

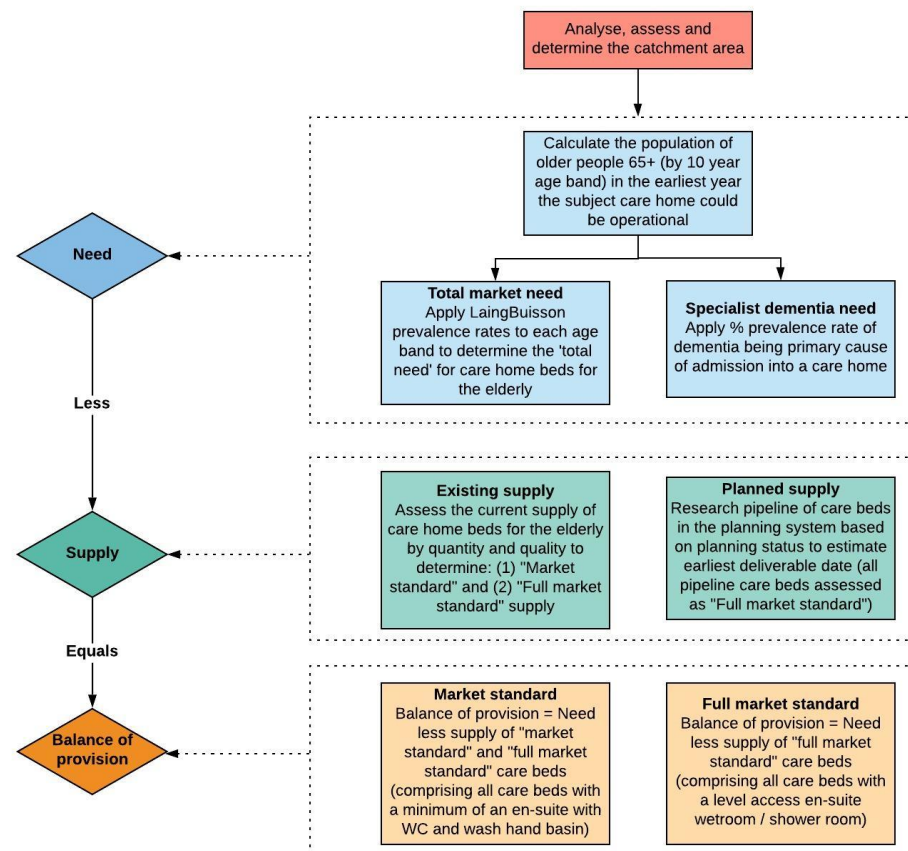


Figure 6: Need assessment methodology

12. Catchment area assessment

12.1. We have based our quantitative assessment of need for the proposed care home on the area covered by South Cambridgeshire District Council as shown on the map opposite.

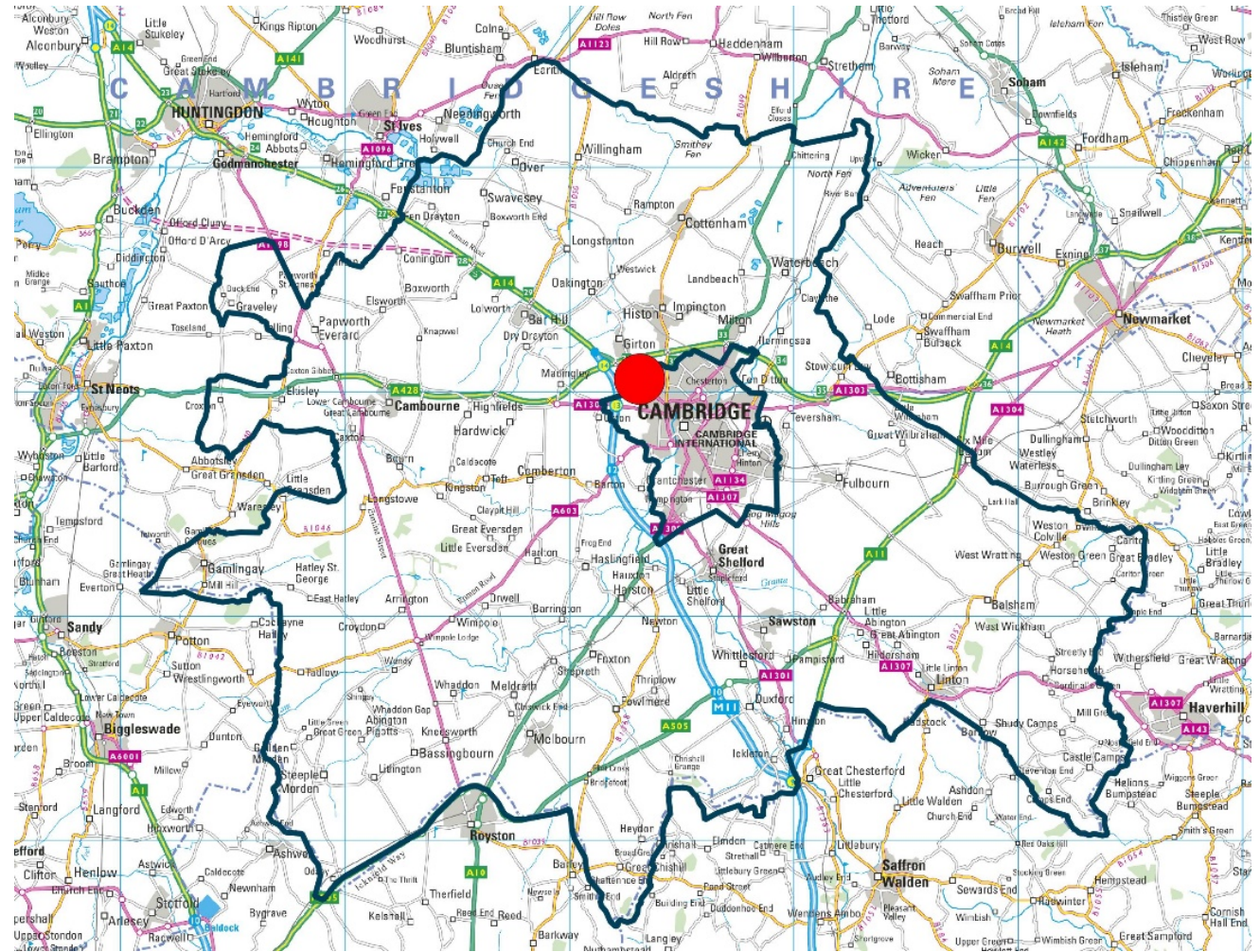


Figure 7: Basis of assessment

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

13. Need

Population profile

13.1. We have summarised the profile of the elderly population in T10, opposite. For all age cohorts, the South Cambridgeshire District Council area is characterised as having a higher than average population age profile, when compared to the UK.

Need – total market

13.2. We adopt LaingBuisson’s measure of Age Standardised Demand (ASD), a tool to predict the risk of an elderly person being in a residential setting at a given age (See Appendix B)

13.3. Table T11 shows the number of people aged 65+ that are at risk of requiring care in a residential setting as at 2023, the earliest the proposed care home could be made available. Our assessment of need for residential care is therefore 1,071 bedspaces within the South Cambridgeshire District Council area.

13.4. The need for care home beds is expected to rise between 2020 and 2043 by c 68 per cent for the South Cambridgeshire District Council area, assuming all other things remain equal, further indicating an increased need for additional market standard bedspaces.

Need – specialist dementia

13.5. Our need analysis is based upon research carried out within Bupa elderly nursing homes in 2011, which indicates that 45.6 per cent of residents within the elderly nursing homes surveyed were admitted with dementia as a primary cause (See Appendix B).

13.6. Utilising this prevalence rate, we have calculated the need in the South Cambridgeshire District Council area from residents with dementia as a primary cause of admission, as shown in Table T12 opposite.

13.7. 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 2023 is 488 within the South Cambridgeshire District Council area.

T10 Population profile (2023)

Age profile	Local authority		Differential to UK
	No	%	% LA
All population	161,192	-	-
Age 65+	33,119	20.5	1.9
Age 75+	17,039	10.6	1.9
Age 85+	4,801	3.0	0.5

T11 Need (2023) – total market

Age range	Local authority
65–74 years	81
75–84 years	379
85 years +	611
Need – total market	1,071

T12 Need (2023) – specialist dementia

Age range	Local authority
65–74 years	37
75–84 years	173
85 years +	278
Need – specialist dementia	488

14. Supply

Existing supply

- 14.1. We have assessed supply based upon market standard bedspaces within the South Cambridgeshire District Council area; we define a market standard bedspace as any registered bedroom that provides a minimum of en-suite WC and wash hand basin (See Appendix B).
- 14.2. Within the local authority area, there are 18 care homes, providing 964 registered bedspaces, 84 per cent of which are equipped with an en-suite, meeting the criteria of 'market standard', which is above the UK average of 72.1 per cent.
- 14.3. Although 84 per cent of bedspaces are equipped with an en-suite, only 57 per cent provide full en-suite wetrooms, which may be of the same size and specification as those proposed by the subject scheme.
- 14.4. The location of existing care home supply is included at Appendix C.

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 planning department's online planning registers for applications submitted within the last 3 years.
- 14.6. We have taken the view that any older than 3 years would have been developed and included in the current supply or are unlikely to be implemented. This research was carried out on 7 December 2020.
- 14.7. We have identified 8 planning applications for additional care home beds or beds providing specialist dedicated provision in the South Cambridgeshire District Council area, 6 applications have been granted consent and 2 are pending a decision.
- 14.8. Table T14 provides our estimate of the earliest date the planned schemes within the local authority area could be made available.
- 14.9. Full details of any planned supply are included at Appendix C.

T13 Existing supply (South Cambridgeshire District Council catchment)						
Care category	Number of homes	Total reg. beds	Total en-suites	Total wetrooms	% en-suites	% wetrooms
Total market provision						
Overall	18	964	812	546	84	57
Specialist dementia provision						
Dedicated dementia homes	1	21	21	21	100	100
Dedicated dementia units	9	202	158	147	78	73
Overall	10	223	179	168	80	75

T14 Planned supply by year of estimated completion					
Supply	2020	2021	2022	2023	2024+
Local authority catchment	0	0	40	210	230

T15 Planned supply for need assessment calculations (2023)	
Basis of assessment	Local authority
Total market planned beds	250
Specialist dementia planned beds	110

15. Balance of provision

15.1. We have calculated the need for care home beds as at 2023, the earliest the proposed care home could be available, in the following catchment:

- Local authority – the South Cambridgeshire District Council area.

15.2. Need is assessed for two forms of elderly care:

- All beds - all categories: 'total market' need
- Specialist dementia

15.3. The specialist dementia care need assessment is a sub-set of the total market demand 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:

- Market standard – only en-suite bedrooms
- Full market standard – only bedrooms with full wetroom en-suites

15.5. Our analysis indicates there is an unmet need for 99 'all bed' market standard bedrooms in the South Cambridgeshire District Council area.

15.6. In terms of 'specialist dementia' care bed need, our analysis concludes there is need for 240 market standard beds in the South Cambridgeshire District Council area.

15.7. We have also provided our analysis of need in 2023 on the basis that all care bedrooms provide full wetroom en-suites, for the purposes of comparison. This indicates a need for a further 365 market standard beds with 251 being for specialist dementia care.

T16 Primary year for need analysis		
Primary year of assessment	2023	The earliest the subject scheme could be developed and operational
T17 Need analysis summary (2023)		
Basis of assessment	South Cambridgeshire District Council	
Type of care	All beds	Specialist dementia only
Need		
All bed/specialist dementia need	1,071	488
Occupancy capacity allowance	90	41
Total demand	1,161	529
Supply		
Current elderly en-suites	812	179
Current elderly wetrooms	546	168
Planned beds (to 2023)	250	110
Total supply (en-suite)	1,062	289
Total supply (wetrooms)	796	278
Balance of provision		
Need (en-suite)	99	240
Need (wetrooms)	365	251
Assumptions		
<ul style="list-style-type: none"> • Total market need based on ONS data projected to 2023 and Age Standardised Demand (ASD) rates. • Occupancy capacity allowance adjustment, which is a function of occupancy and not registered capacity. We have adopted an 'effective full capacity' level of 92.3 per cent. • Based upon our COVID-19 forecasting model, we predict historic occupancy levels will have returned by 2023, with no material impact on need. • Planned supply based upon individual analysis of each scheme and assessment of likely potential development completion. • Assumed zero closures of obsolete stock as no known closures imminent. • The need analysis excludes the subject scheme. • See Appendix B for full details of our need analysis above. 		

16. Need growth

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

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

Population growth

16.3. We have utilised the latest, '2018-based', ONS projected population figures for older people aged 65+. The population growth measure considers the rate of growth of the target elderly demographic between 2023 and 2043 and shows the total growth rate over this 20-year period.

16.4. The market growth rate in the local authority catchment is significantly in excess of that of the UK. Over the 20 years 2023 to 2043 the total elderly population is projected to have grown by circa 68.5 per cent.

Need growth

16.5. As alternative forms of care, for example improved home-care, extra care, etc. increase in availability and quality, the prevalence rates in the future are likely to fall. However, this 'absorption' into alternative forms of accommodation needs to be weighed against the rapidly rising elderly population.

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

16.7. The chart opposite shows the projected need for new care home beds in the South Cambridgeshire District Council area on two trajectories. The first being based on the somewhat unrealistic assumption that the need for care home beds will remain constant over time, with the second on the basis that 50 per cent of future need is 'absorbed' by alternatives to traditional residential care, for example home care, extra care, etc.

16.8. Our analysis in T18 illustrates the need over the 10 year period from our base year of analysis to 2033, assuming that existing provision remains equal and that all the planned units are developed. The analysis therefore overestimates the supply, given that planned schemes (particularly those that are pending a decision) do not always progress.

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

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

T18 Indicative need for market standard bedspaces to 2033			
Catchment	2023	2028	2033
Local authority area	99	7	237

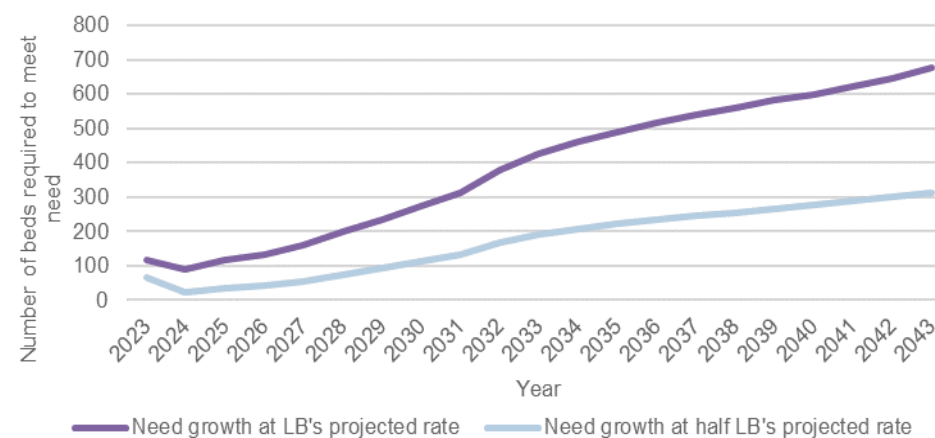


Figure 8: Potential unmet need for market standard beds in the local authority catchment over time



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17. Additional demand from the NHS

Delayed discharges (Cambridgeshire)

- 17.1. Other indicators of the level of demand for elderly care home beds can come from assessing hospital discharge data for people aged 65+.
- 17.2. This data is provided by the NHS through their NHS Digital platform. Although not a direct measure of demand, this data gives an insight into the performance of NHS services and helps highlight issues in the discharge to care home process.
- 17.3. We have assessed hospital discharge data in Cambridgeshire caused by a wait for non-acute NHS care, which includes rehabilitation services.
- 17.4. The level of 'bed blocking' (as it is commonly referred to), summarised in Figure 9, is in addition to the quantitative need assessed in the previous sections. It highlights a failing of the Health & Social Care system and additional need over and above our quantitative assessment on the basis that if the system were functioning with zero bed blocking then there would be higher occupancy levels in care homes rather than the NHS.
- 17.5. Transferring appropriate placements from the NHS to social care is critical for the following reasons: 1) financial cost savings - as the NHS beds cost far more to run than care home beds; 2) effective utilisation of NHS beds for critical illnesses that cannot be delivered anywhere else.
- 17.6. We have analysed the data for Cambridgeshire for the 12-month period from March 2019 to February 2020, which shows a trend for bed blocking for both personal and nursing care at significantly higher than average levels for England.

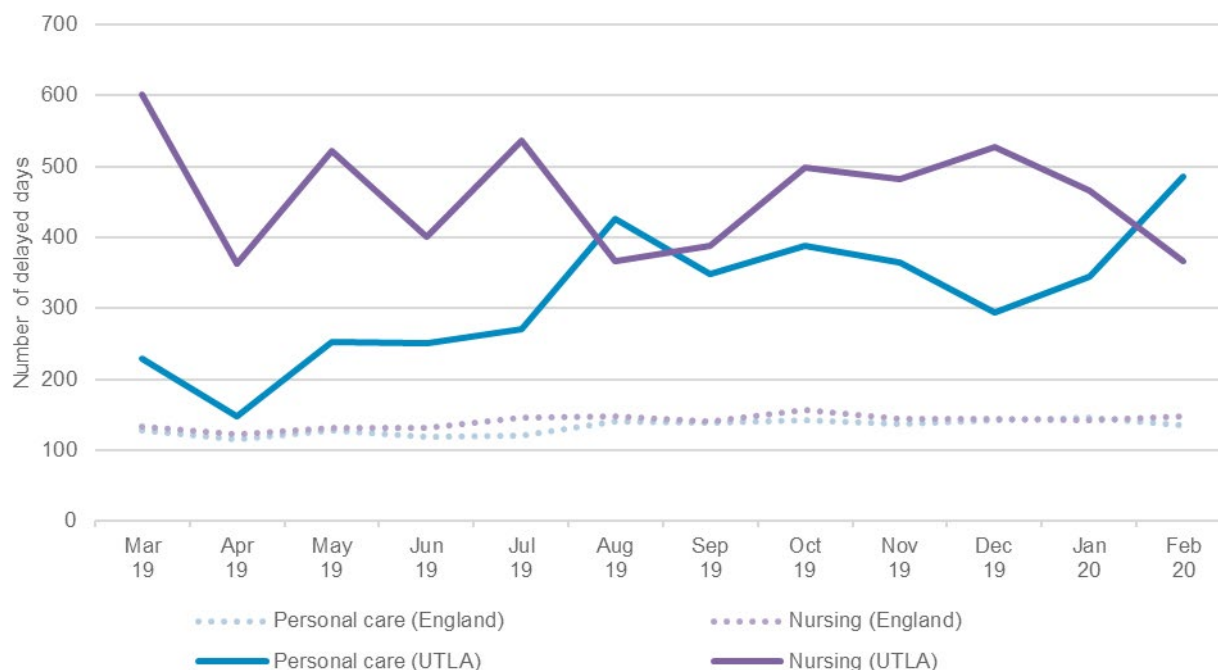


Figure 9: Bed blocking – no. of delayed discharge days awaiting non-acute NHS Care in Cambridgeshire

18. COVID-19 market impact

18.1. The COVID-19 coronavirus has had a significant impact on the social care sector and wider national and international markets. At this early stage, it is impossible to predict the long-term impact and outcome on the care home sector.

18.2. Any local market assessment will need to be based upon a detailed local level investigation into the specific care homes in the area to ascertain the true impact on the local market. It is a binary equation and homes will either be affected or not and therefore any impact will be localised to the individual care home level. It is totally inappropriate to contact local schemes to assess such an impact at this time of national need.

18.3. The COVID-19 pandemic has caused a short-term shift in the need for residential care for older people. There remain many uncertainties in respect of changes to death and discharge rates, admission patterns and other structural/ social impacts on the sector. Carterwood have been tracking the impact of COVID-19 and have formulated a model, which is being updated regularly to forecast market impact over a 5-year period. The key outputs are:

- Occupancy low point reached of 79.5% in June 2020.
- Forecasted excess total elderly care home deaths during the COVID-19 outbreaks compared to 5-year historic average, is 27,982.
- By 2023, occupancy to exceed 90%, based upon forecast growth rates and recovery on the basis a vaccine is readily available in spring 2021

18.4. Care homes have been adversely affected (and unfairly portrayed by the press), given they cater for the frailest 3 per cent of elderly people in the country and those most susceptible to respiratory issues caused by COVID-19.

18.5. Figure 10 shows the number of COVID-19 related care home deaths for South Cambridgeshire District Council and the adjacent authorities. Fortunately, the local impact has been lower than some neighbouring authorities.

18.6. Our need analysis is based upon 2023, the earliest date for the home to be operational. Based upon our forecasting model, we predict that historic occupancy will have returned to normal by 2023 and there will be no material impact upon the market size estimate. If anything, we consider that the short-term impact of COVID-19 is likely to manifest in home closures of poorer quality or badly run/managed stock with poor CQC ratings or those unlucky enough to have been very adversely impacted by COVID-19. This is likely to reduce supply and create additional need to cater for a still rapidly rising elderly demographic.

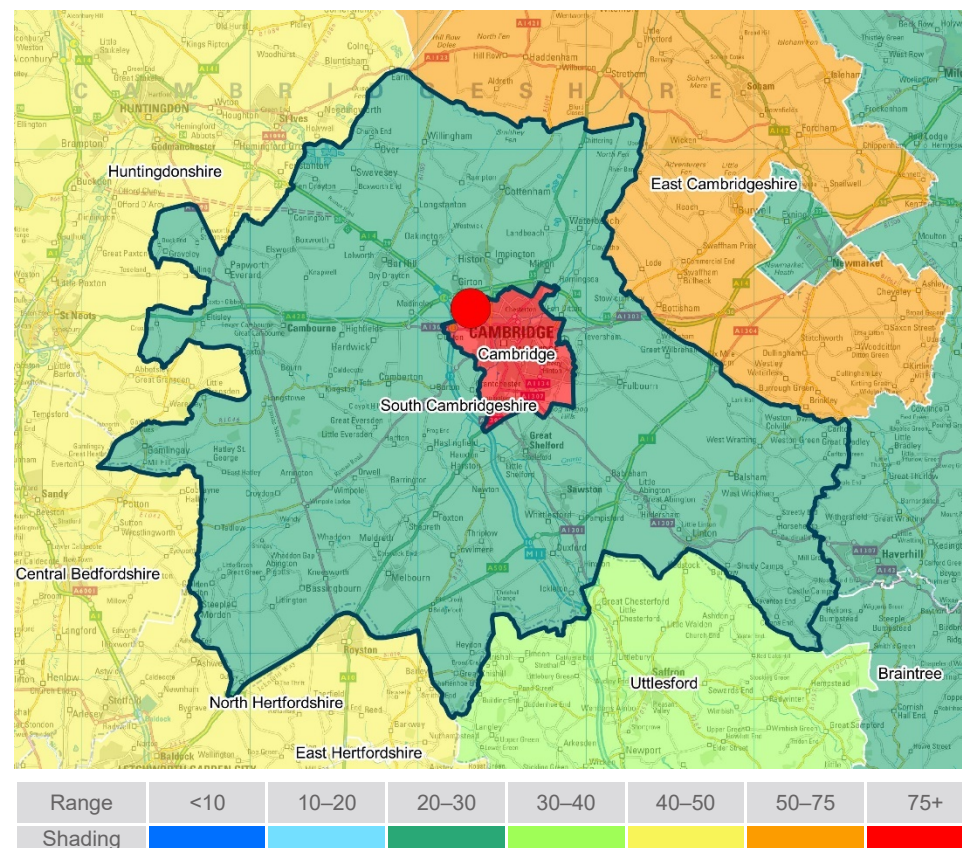


Figure 10: COVID-related care home deaths by local authority area, per 1,000 beds

19. Impact of the proposed development – commonly raised questions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 19.13. National policy is seeking for people to remain in their own homes for longer, with any care to be provided by an external domiciliary care company. This outcome has two specific advantages; firstly, a positive outcome for the resident, who can remain in their own home and receive care; secondly, reduced spending for any local authority-supported placements, as, on average, domiciliary care costs less than residential care.
- 19.14. However, whilst care at home as a policy should be supported as an objective wherever possible, it is economically unviable for the provision of 24-hour 'home care', where the costs of nursing support typically necessitate a residential environment.
- 19.15. For dementia sufferers, specialist accommodation is also required to cater to this service user group's specialist needs. Where informal care by family or friends is not on hand, or where the demands of the individual become too great, moderate and severe dementia sufferers, more often than not, require care in a residential setting, where 24-hour care and support is on hand in a safe and secure environment.

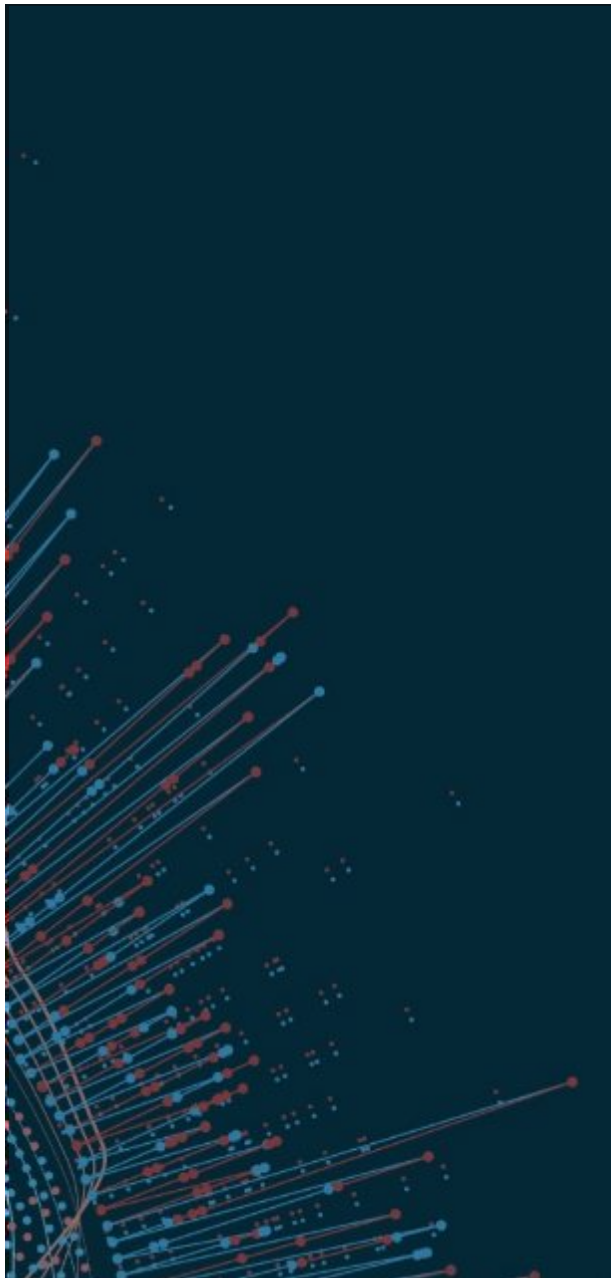
Issue – extra care/independent living as an alternative to the subject scheme

- 19.16. Many local authorities are seeking to support the development of extra care facilities that provide residents with "their own front door" whilst providing 24-hour on-site security and support. The concept is also being viewed more positively by the private sector, with the development of a range of older people's housing and care alternatives.
- 19.17. The supply of extra care accommodation should be expanded to enable many elderly people to continue to live rewarding and independent lives for longer. This is not in dispute.
- 19.18. However, simply increasing extra care provision is not a panacea for the accommodation and care needs of all elderly people and there is increasing recognition of its shortcomings and limitations for high dependency residents. Given the forecast demographic change, which will increase the cohort of very elderly people, and the prevalence rates of dementia, it is clear that a large number of elderly people will not be able to live rewarding and independent lives in extra care housing and will need 24-hour care home accommodation for the same reasons as identified above.
- 19.19. In addition, most new extra care schemes in the private sector are aimed at the lower end of the acuity spectrum, as it is difficult, if not impossible, for private purchasers to go through the sale of their own home at the point at which they are frail enough to be considered for entry into a long-term care establishment.

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

Key findings – other qualitative factors

- Delayed discharges (or bed blocking) continue to be an issue on a nationwide basis, resulting in elderly people remaining in NHS acute settings for longer than necessary, when more cost effective care home accommodation can be made available to enable step down, rehabilitation or long term care.
- The COVID-19 pandemic has highlighted shortcomings in the social care sector and has reduced occupancy in the short term. This is likely to reduce supply and create additional need to cater for a still rapidly rising elderly demographic.
- The availability of well appointed, COVID-compliant, 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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Need assessment – local market quantitative assessment

Need assessment – local market qualitative assessment

Key findings and conclusions

Quantitative need assessment for care home beds

National context and the proposal

Commissioning enquiries

Qualitative need assessment for care home beds

Appendices

20. Quantitative need assessment for care home beds

20.1. We have calculated the need for care home beds as at 2023, the earliest the proposed care home could be available, for the following catchment area:

- Local authority – the South Cambridgeshire District Council area.

20.2. Need is assessed for two forms of elderly care:

- All beds - all categories, 'total market' need;
- Specialist dementia.

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

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

20.4. Our analysis in T19 indicates there is an unmet need for 99 'all bed' market standard bedrooms in the South Cambridgeshire District Council area.

20.5. In terms of 'specialist dementia' care bed need, our analysis concludes there is a significant unmet need for 240 market standard beds in the South Cambridgeshire District Council area.

20.6. We have also provided our analysis of need in 2023 on the basis that all care bedrooms provide full wetroom en-suites, for comparison purposes.

20.7. T20 sets out the percentage growth in demand for care beds based on the rising elderly (65+) population between 2023 and 2043.

T19 Need analysis summary (2023)			
Basis of assessment		South Cambridgeshire District Council	
Type of care	All beds	Specialist dementia beds	
Need			
All bed/specialist dementia need	1,071	488	
Occupancy capacity allowance	90	41	
Total need	1,161	529	
Supply			
Current elderly en-suites	812	179	
Current elderly wetrooms	546	168	
Planned beds (to 2023)	250	110	
Total supply (en-suite)	1,062	289	
Total supply (wetrooms)	796	278	
Balance of provision			
Need (en-suite)	99	240	
Need (wetrooms)	365	251	
Assumptions			
<ul style="list-style-type: none"> • Total market need based on ONS data projected to 2023 and Age Standardised Demand (ASD) rates. • Occupancy capacity allowance adjustment adopted at 'effective full capacity' level of 92.3 per cent. • Our COVID-19 forecasting model assumes historic occupancy levels have returned by 2023 with no material impact on demand. • 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. • Assumed zero closures of obsolete stock as no known closures imminent. • The need analysis excludes the subject scheme. • See Appendix B for full details of our need analysis above. 			
T20 Elderly population (age 65+) need growth for care home beds			
Population growth showing demand for care home beds (%)	Year	Local authority	Versus UK
	2023 (from 2020)	10.0	1.7
	2028	23.2	3.3
	2033	44.9	5.6
	2038	57.4	3.7
	2043	68.5	1.2

21. National context and the proposal

- 21.1. The proposed, specifically designed, care home will provide 80 single bedrooms, all with en-suite wetrooms, together with a variety of spacious, well-appointed communal areas.
- 21.2. As hospital stays become increasingly shorter due to delayed discharge legislation, rehabilitation within a care home is often considered as a short term measure. For those with high dependency nursing needs or dementia, 24-hour care within a care home setting may be the only suitable long-term option.
- 21.3. The proposed care home will be capable of caring for residents of all dependency levels, including those who require specialist dementia care, by providing flexible, COVID-19-compliant care accommodation to enable care to be administered most effectively and efficiently..
- 21.4. The UK's elderly population is set to grow dramatically over the coming years, and the predicted rapid increase is likely to continue to drive demand for both non-residential care, such as extra care schemes and other accommodation options, as well as care home beds.
- 21.5. The increasing dependency levels of those who require care in a care home mean that accommodation must be fit for purpose and flexible, to enable personal and nursing care to be provided effectively and safely.
- 21.6. There are a number of issues for the sector to address to enable it to keep pace with the projected demand for high dependency care beds. Increasing market expectations, social care funding and staff recruitment are all pertinent, and more recently, COVID-19 has had a significant impact, although at this early stage, it is impossible to predict its eventual outcome for care home provision.

22. Commissioning enquiries

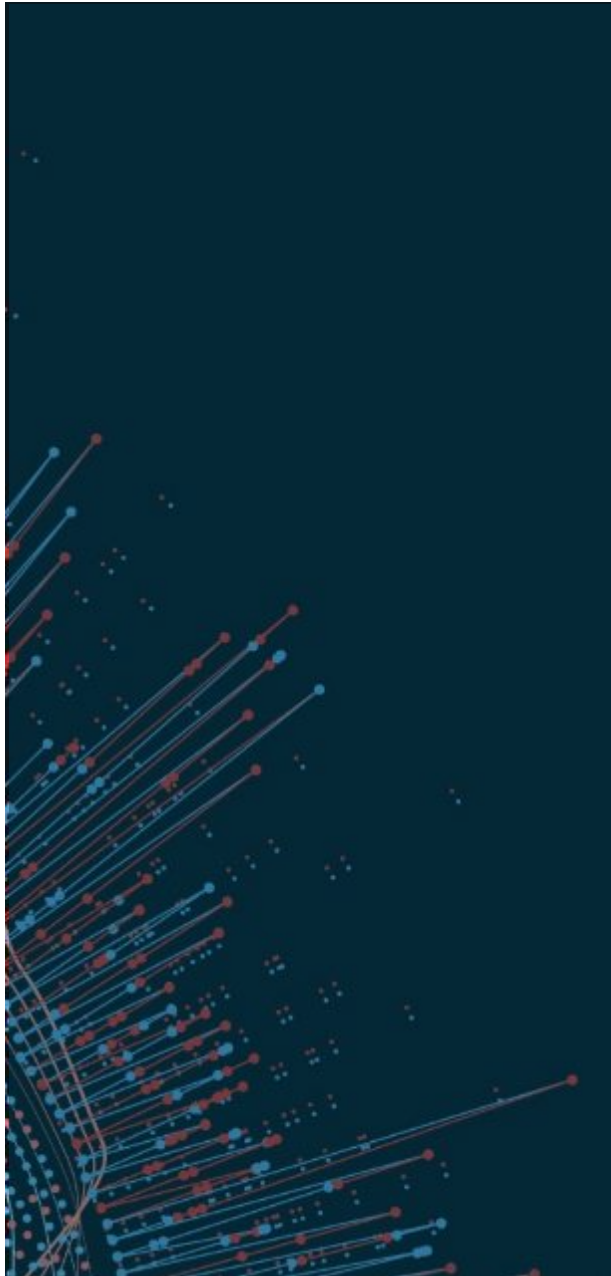
- 22.1. Cambridgeshire County Council's social care strategy is in line with the majority of commissioning councils across the country in that it is seeking to reduce the amount of personal care in residential care homes it commissions in favour of enabling older people to live in their own homes and maintain their independence for as long as possible.
- 22.2. 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.
- 22.3. Many of those who would occupy the proposed care home will be self-funded, and the quality of care and accommodation, together with proximity to family and

friends, will be major drivers in the decision-making process, rather than the commissioning intentions of the local authority.

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

23. Qualitative need assessment for care home beds

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



Executive summary

Introduction

National context and key definitions

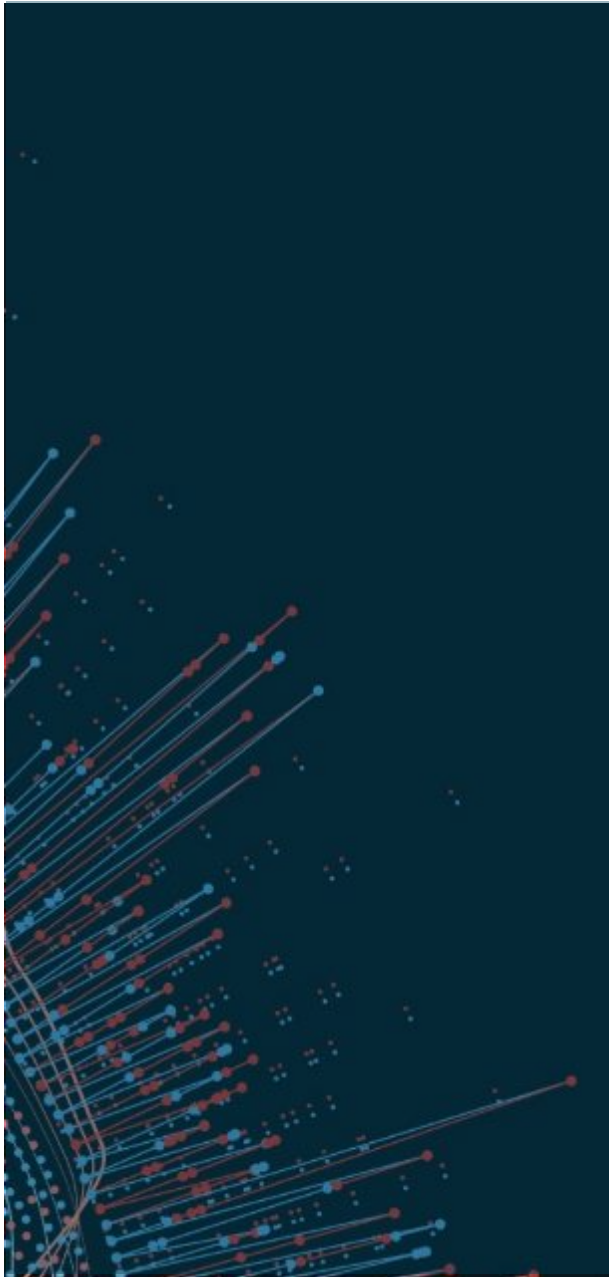
Commissioning enquiries

Need assessment – local market quantitative assessment

Need assessment – local market qualitative assessment

Key findings and conclusions

Appendices



Appendix

A: Sources of information and methodology

Sources of information

We have utilised the following sources of information:

- Census 2011 population statistics;
- ONS 2018-based population projections;
- LaingBuisson Care Homes for Older People UK Market Report (30th edition);
- Carterwood database;
- NHS England;
- A–Z Care Homes Guide;
- www.housingcare.org;
- www.cqc.org.uk;
- Contains Ordnance Survey data © Crown copyright and database right (since 2018);
- Contains LPS Intellectual Property © Crown copyright and database right (since 2016);
- Relevant planning departments;
- Glenigan;
- Planning Pipe;
- Centre for Policy on Ageing: A profile of residents in Bupa care homes: results from the 2012 Bupa Census;
- Alzheimer's Society: Low expectations: Attitudes on choice, care and community for people with dementia in care homes, February 2013;
- *'Estimating Housing Need'*. The Department for Communities and Local Government (2010);
- 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.

In accordance with our definitions and reservations (attached at Appendix E), 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.

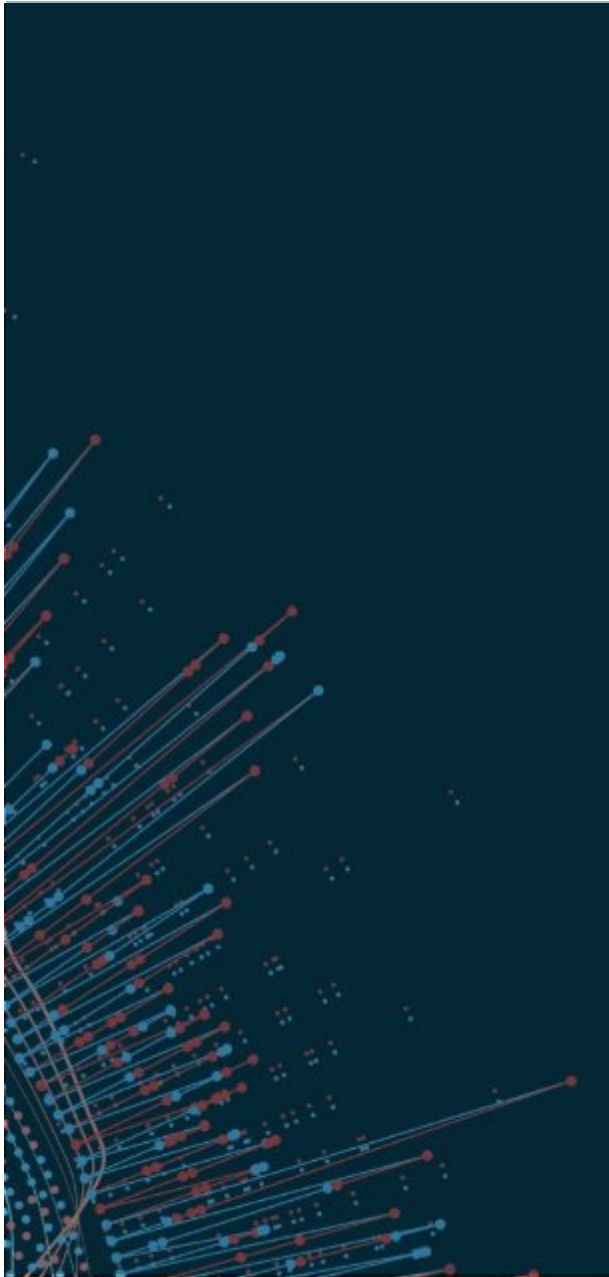
Confidentiality

This report is for the stated purposes only and for the sole exclusive use 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.

Conflicts of interests

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



Appendix

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

Methodology for assessing 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 12-18 of this report.

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

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

Need (total market)

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

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

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

Need (specialist dementia)

Our measure is based upon research carried out within Bupa care homes in 2011, which indicates that 45.6 per cent of residents within the surveyed elderly nursing homes were admitted with dementia as a primary cause. Therefore, utilising this prevalence rate, we have calculated need within each catchment area from residents with dementia as a primary cause of admission. Best practice states that people living with dementia should be cared for within a specialist, dedicated dementia environment.

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

Occupancy allowance

In both calculations of need, above, we have applied an occupancy capacity allowance adjustment as a function of occupancy (and not capacity of market standards beds). Care homes cannot operate sustainably at 100% occupancy and we adopt an “effective full” average level of 92.3%, 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 demand for solely nursing or solely personal care.

Planned supply

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

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

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

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

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

Balance of provision

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

The measure provides 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 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 demand for care services, which include:

- Political and regulatory change;
- Funding constraints;
- Increase in adaptive technology and “telecare”, prolonging the ability for people to remain in their own homes;
- Medical advancement;
- COVID-19.

We provide an indication of need growth between the years 2023 and 2043 in Section 20. This estimate assumes that all other factors remain equal, with the only variances being the increased demand 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 ‘market standard’ beds

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

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

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

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

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

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

- 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;
- Harwood, 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 43no. off-street parking spaces;
- Old Silhillians Association Ltd, Warwick Road, Knowle, Solihull, B93 9LW (planning reference: 2013/867): Development of a 60-bedroom care home with car parking/servicing area and landscaped grounds;
- 50–54 West Street, Reigate, RH2 9DB (planning reference: 13/01592/F): Development of a registered residential care home for the frail elderly, following demolition of three existing dwellings;
- The Old Bell House, Sunninghill, SL5 9JH (planning application reference: 13/01207): Development of a registered residential care home for the frail elderly, following demolition of four existing dwellings;
- Grays Farm Production Village, Grays Farm Road, Orpington, BR5 3AD (planning reference: 14/00809/FULL1): Demolition of the existing buildings and

redevelopment to provide a 75-bed care home with landscaping and associated car parking.

- Brethrens Meeting Room, West Street, Farnham, GU9 7AP (planning reference: WA/2015/0641): Erection of a care home with nursing (Class C2) with related access, servicing, parking and landscaping following demolition of existing place of worship (as amended by plans and documents received 02/07/2015 and 16/07/2015 and as amplified by additional information received 08/05/2015);
- Grove Place Village, Grove Place, Upton Lane, Nursling, Southampton, SO16 0XY (planning reference: 14/01899/FULLS): Erection of two-storey 54-bed care home to provide specialist nursing and dementia care facilities, with ancillary cycle store, servicing, amenity space and landscaping, including woodland management and tree planting, provision of 28 car parking spaces plus relocation of four existing car parking spaces; construction of access drive from Upton Lane.
- Plot B of Plot 1, Andover Business Park, Hawker Siddeley Way, Andover, SP11 8BF (planning reference: 14/01649/FULL): Erection of three-storey 66-bedroomed care home for older people, with associated car parking and landscaping, bin store, garden store/electric meter storage and cycle shelter.

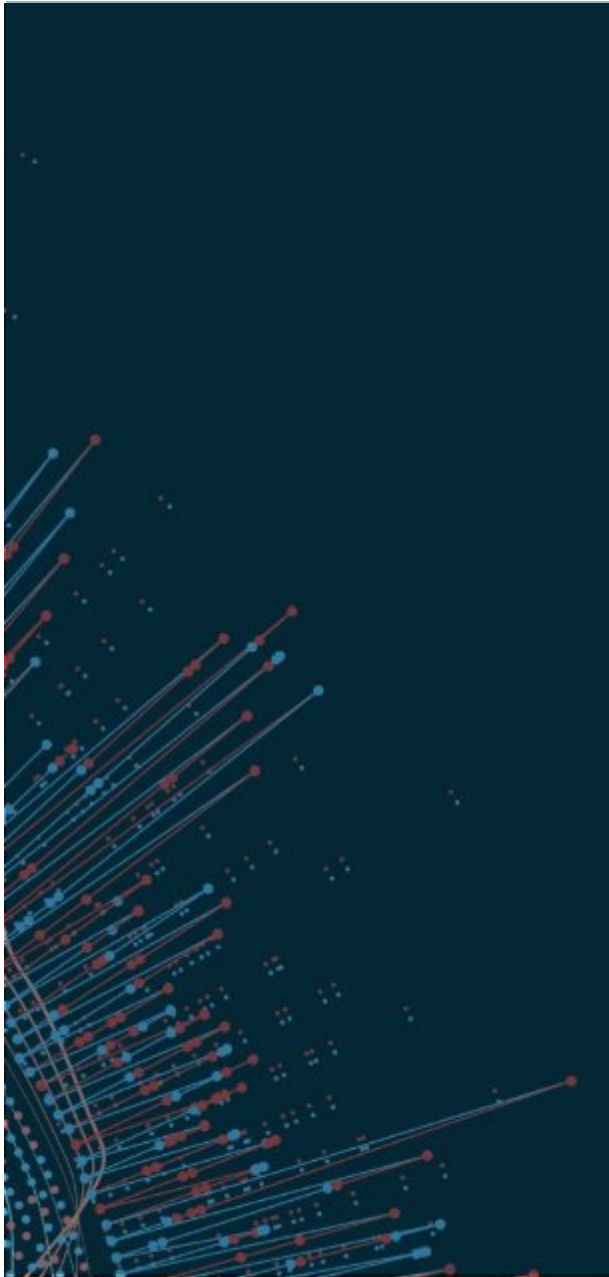
In each instance, the adult social care team accepted that, whilst the total registered capacity was greater than the number of market standard bedspaces, the issue of quality, design and type of bedspace could not be ignored, and the premise of assessing bedspaces on a market standard basis was accepted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

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

This method of assessing supply, utilising market standard beds, is accepted market practice by all of the operators we currently undertake feasibility work for, when considering the development of new facilities. We have prepared over 2,000 site feasibility/need assessments since 2008, all of which adopt the market standard bed approach.

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

It should be noted that the quality of en-suite provision in existing homes may vary significantly, from large wetroom facilities to small converted cupboards with a WC and wash hand basin. There are also other factors that influence what determines a market standard bedroom, including room size, layout and configuration, as well as a host of factors not related to the physical environment, most importantly the quality of care being provided to service users. However, with the information available, and without making qualitative judgements as to the calibre of any home, we consider it the most appropriate measure of elderly care home provision available upon which to assess need.



Appendix

C: List of planned provision and map to show existing and planned care homes

T21 Details of planned provision										
Map ref.	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Has construction commenced?	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
Granted										
A	Huntingdon Road Development, Huntingdon Road, Cambridge, CB3 0LH	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.	75	25	Low	2023	0.2	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.
B	Gracefield Nursing Home, St. Neots Road, Dry Drayton, Cambridge, Cambridgeshire, CB23 8AY	Gracefield Nursing Home	Construction of rear extension, front extension, new porch extension to form additional bedrooms to nursing home, with ancillary accommodation and new access.	15	8	Low	2022	4.4	S/1095/17/FL - 13/02/2018	-
C	Land at Fulbourn Social Club, Cambridge Road, Cambridge, CB21 5BQ	Henderson UK Property PAIF	Demolition of the existing Fulbourn social club and construction of a new 72-bedroom care home (Use Class C2) with associated car and cycle parking, landscaping and access from The Drive, Fulbourn.	72	31	Low	2023	5.0	S/3418/17/FL - 28/11/2018	-

T21 Details of planned provision										
Map ref.	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Has construction commenced?	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
D	Waterbeach Barracks and Airfield Site, Waterbeach, Cambridge, CB25 9PF	Defence Infrastructure Organisation	Construction of up to 6,500 new homes, including up to 600 care home units. Works will also include 3 primary school, sports and fitness centres, shops, offices, industrial units, community centres and places of worship, medical centre's, a lake side hotel and supporting infrastructure.	60	20	Low	2024	5.5	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". This application forms part of a major development which includes application S/2075/18/OL.
E	2 Station Road, Great Shelford, Cambridge, 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	Low	2023	5.7	S/3809/19/FL - 04/09/2020	-
F	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.	25	25	High	2022	9.5	S/0912/13/FL - 26/07/2013	We were advised by the manager that the home intends to develop 46 beds rather than the 48 stated by the application. The 21-bed building to the rear of the existing property is now open with the remaining 25-beds are due to begin imminently.
Pending										
G	Land between Haverhill Road and Hinton Way, Stapleford, Cambridge, Cambridgeshire, CB22 5BX	Axis Land Partnerships	Outline planning for the development of land for a retirement care village in use class C2 comprising housing with care, communal health, wellbeing and leisure facilities, public open space, landscaping, car parking, access and associated development and public access countryside park with all matters reserved except for access.	110	37	Low	2024	5.8	20/02929/OUT	This application is for a retirement care village consisting of a care home with up to 110 beds and up to 110 separate extra care units.
H	Land Adjacent to Waterbeach Barracks and Airfield Site, Waterbeach, Cambridge,	RLW Estates Ltd	Outline planning permission (with all matters reserved) for development of up to 4,500 residential units, business, retail,	60	20	Low	2024	6.0	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

T21 Details of planned provision

Map ref.	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Has construction commenced?	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
	Cambridgeshire, CB25		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.							application forms part of a major development which includes application S/0559/17/OL.

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

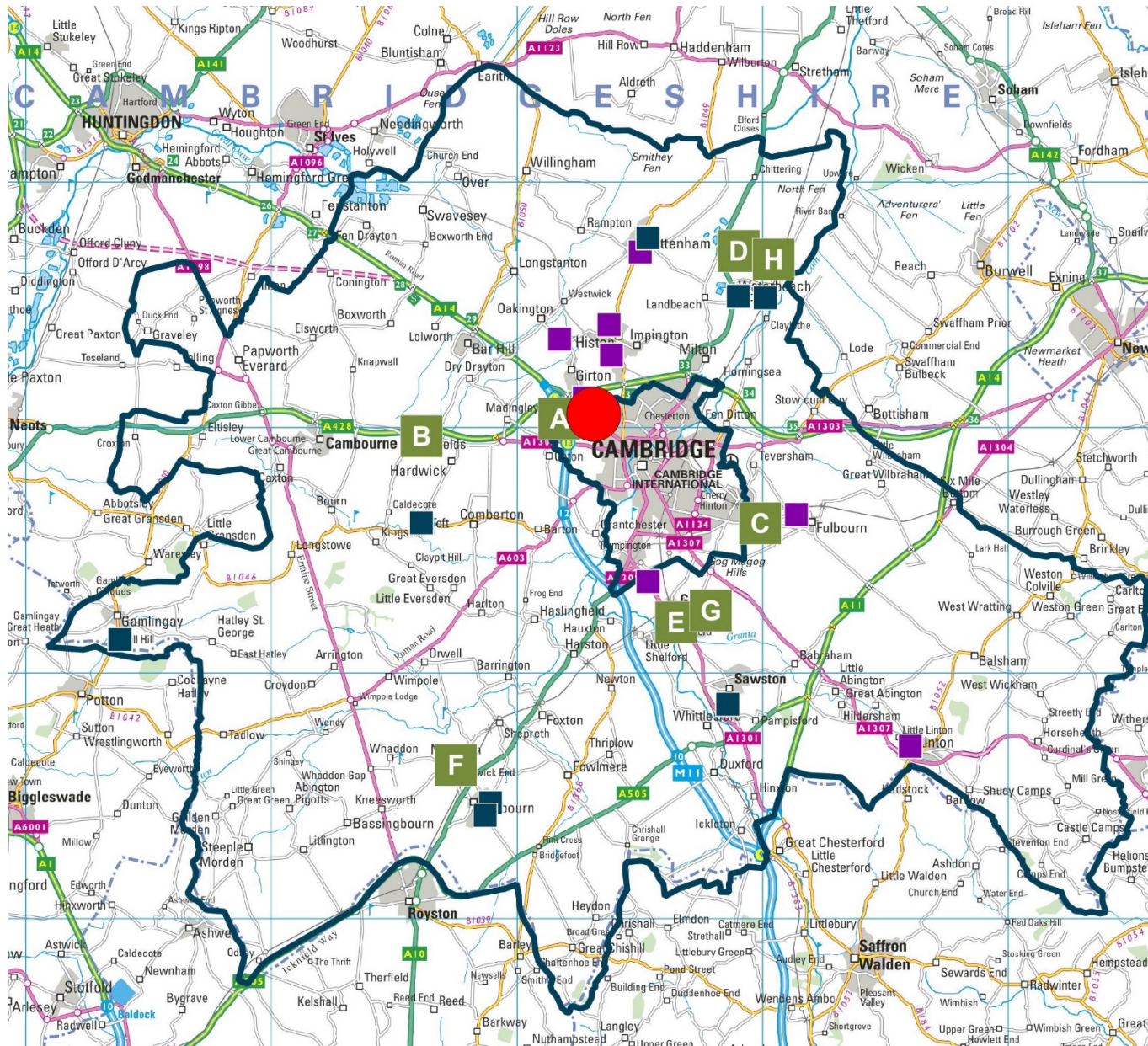


Figure 11: Map of all competing homes and planned provision

Key:

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

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

South Cambridgeshire Borough Council area edged with dark blue line

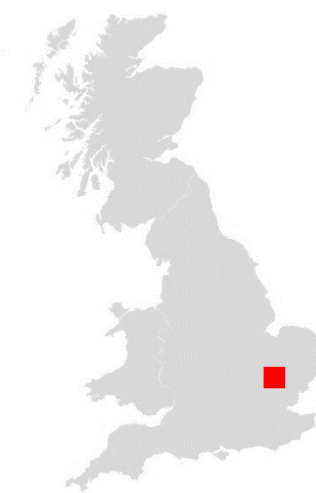
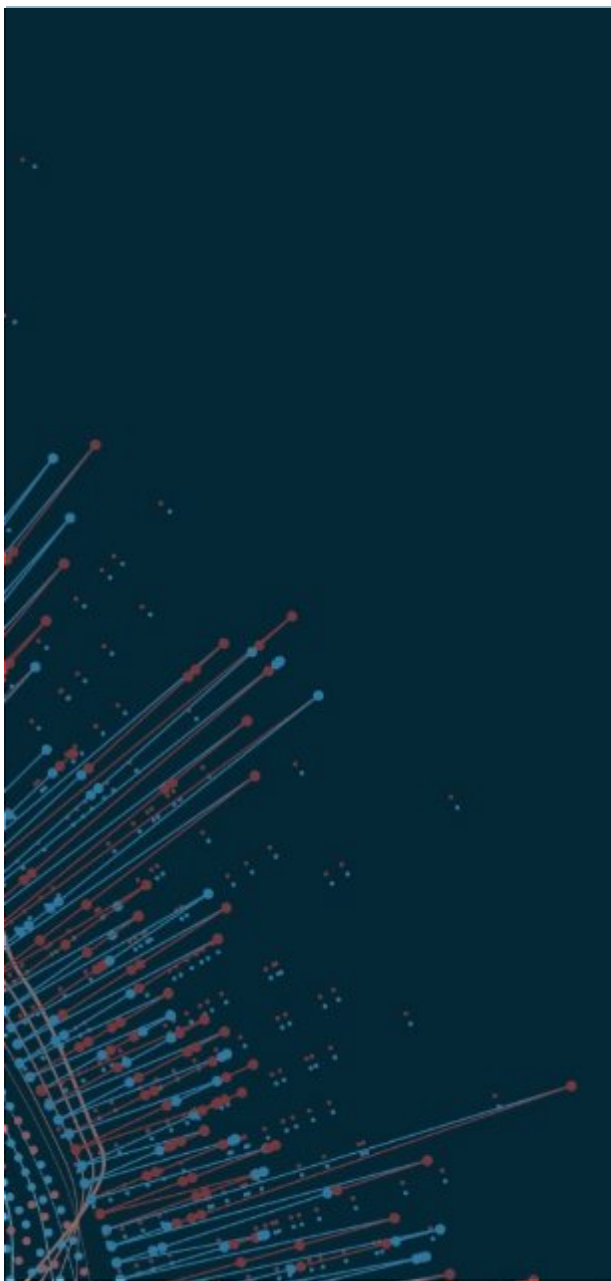


Figure 12: National map



Appendix

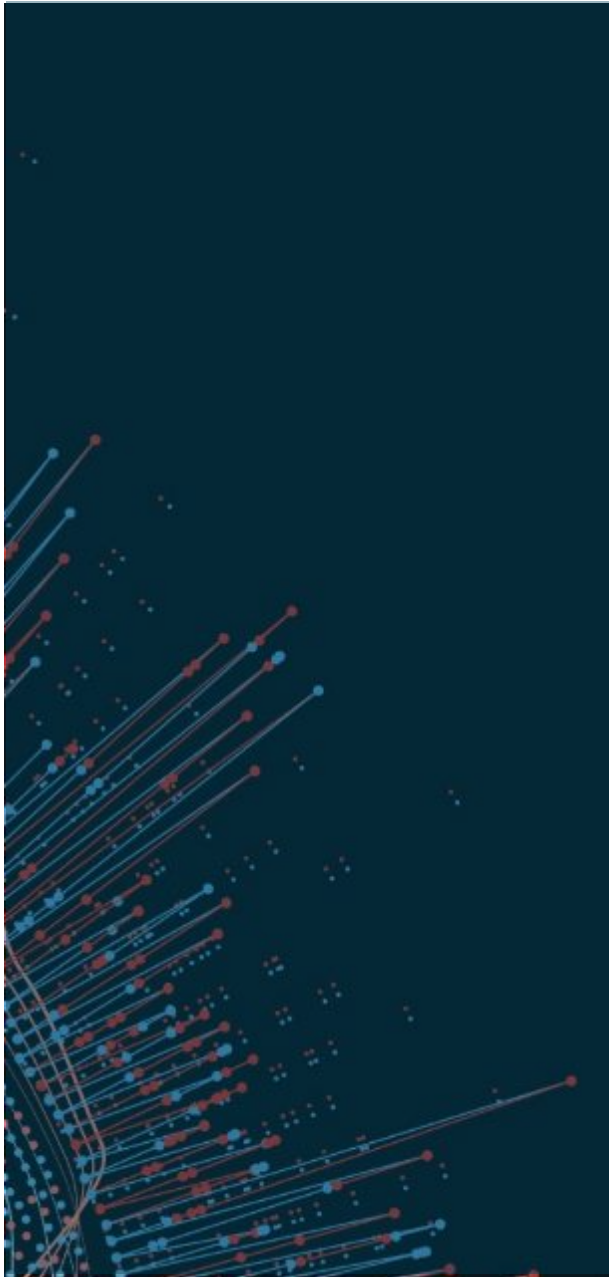
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Appendix

E: 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. The assumptions 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 to arrive at the information presented. We do not accept responsibility for the underlying data.

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

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

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

Purpose and use

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

The data, information and any conclusions in the report should not be used as the sole basis for any business decision, and Carterwood shall not be liable for any decisions taken on the basis of the same.

This report is for general informative purposes only and does not constitute a formal valuation, appraisal or recommendation. It is only for the use of the persons to whom it is addressed and no responsibility can be accepted to any third party for any reliance placed on the whole or any part of

its contents. It may not be published, reproduced or quoted in part or in whole, nor may it be used as a basis for any contract, prospectus, agreement or other document without Carterwood's prior consent, which will not be unreasonably withheld.

Extraordinary market factors

With the ongoing effects of the COVID-19 pandemic and the exit of the UK from the European Union (Brexit), we are in a highly volatile market. 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 issue of the report, but do not take into account future economic or market fluctuations which caused by the events outlined above or other unforeseen circumstances. It may be appropriate to review a commissioned report once the future economic impact of the COVID-19 pandemic has been more fully modelled and clarification of the terms of Brexit has been achieved. Unless otherwise provided for in the fees for the report, and further review would be additionally chargeable.

Intellectual property

Except where indicated, the report provided and any accompanying documentation and materials, together with all of the intellectual property rights (including copyright and trademarks) contained within it, belong to Carterwood, and ownership will not pass to you.