

**PROOF OF EVIDENCE OF
GURDEV SINGH
CAMBRIDGESHIRE COUNTY COUNCIL**

**APPEAL BY CASSEL HOTELS (CAMBRIDGE) LTD
Appeal Ref. APP/W0530/W/22/3307903**

**FORMER HOTEL FELIX, WHITEHOUSE LANE,
GIRTON**

JANUARY 2023

1.0 Introduction

- 1.1 I am Gurdev Singh, a Head of Service within Cambridgeshire County Council's Adult Social Care Commissioning Directorate. I have worked within the care sector for over 15 years. My remit as a Head of Service is to support the commissioners to design and implement plans which ensure there are care and support services available to people within the county. These services are available for older people and adults with disabilities who have eligible care and support needs or to promote independence and prevent the development of these needs, and includes services delivered in people's homes and in the community.
- 1.2 The County Council's role in relation to Adult Social Care derives from its responsibilities to provide care and support for adults in its area under Part 1 of the Care Act 2014, including the need to ensure that sufficient services are available for meeting the needs for care and support of adults in its area (Care Act 2014, Part 1, s.5). The County Council is under a duty to meet the needs for care and support of eligible adults, and it has a power to do so in certain circumstances (ss.18-19). Two examples of the ways in which needs can be met is through offering care, support, and accommodation in a care home (or in premises of some other type), or through care and support at home or in the community (s.8). The County Council's responsibilities also include the requirement to take steps, including providing and arranging for services which are intended to prevent, reduce or delay needs for care and support for all people in its area (s.2). That is one aspect of the objective of the Care Act to improve people's independence and wellbeing.
- 1.3 Another part of the County Council's role is to provide comprehensive information and advice about care and support services in its area, including what type and what range of care and support services are available for people to access in order for people to be able to make informed decisions.
- 1.4 The performance of these responsibilities under the Care Act involves an understanding of what facilities already exist in the County Council's area and an understanding of existing and future needs.
- 1.5 Against that background, the County Council assists South Cambridgeshire District Council in assessing housing needs for specific groups in its District for the purposes of its Local Plan. The County Council is also consulted on individual planning applications for care homes, such as the scheme which is the subject of this appeal.

- 1.6 I first became involved in this application at the appeal stage, after the District Council's decision to refuse planning permission. Although I was not involved in the consultation response to the application made by the County Council (see below), I am familiar with the consultation process for planning applications.
- 1.7 My evidence relates to the need part of Reason for Refusal 3 of the Decision Notice of 22 July 2022. RFR3 states that the applicant has failed to provide very special circumstances, including the need for specialist housing, to demonstrate how the harm to the Green Belt and other harm is clearly outweighed by the appeal scheme.
- 1.8 Although I have referred to some parts of the planning policy context which are relevant to need, I understand that planning policy matters are covered by Elisabeth Glover (Principal Planning Officer at SCDC), and I defer to her expertise on such matters.
- 1.9 The evidence which I have prepared and provide in this proof of evidence is true and I confirm that the opinions expressed are my true and professional opinions.

2.0 The application scheme and County Council's consultation response

- 2.1 The appeal relates to a full planning application regarding the former Hotel Felix, Whitehouse Lane, Girton:
'Demolition of existing buildings and erection of a care home (Use Class C2) with external amenity space, access, parking, landscaping and other associated works.'
- 2.2 The site is in the Green Belt within South Cambridgeshire, close to the border with Cambridge City. It is also outside the village of Girton. The Appellant proposes to demolish the existing buildings and replace them with an 80-bed purpose-built care home. I understand that half of the beds (40, on the first floor) will be devoted to specialist dementia care.
- 2.3 As referred to above, the County Council was consulted on the application. My colleague Lynne O'Brien (Commissioning Manager (Adults)) provided a non-statutory consultation response by email on 22 December 2021 16:14 [GS4]. This was incorporated into the Officer Report (para. 6.3). The County Council's consultation response referred to the fact that the planning application had been discussed by its

Accommodation Board¹ and commented on the question of the need for care beds in the area.

2.4 The planning application was considered by SCDC's Planning Committee in July 2022. The Officer Report recommended approval of the scheme, but this recommendation was unanimously overturned by the Planning Committee on the basis of 3 Reasons for Refusal, the last of which refers to the need for specialist housing referred to above. Although I was not at the Committee meeting, I understand that members of the Planning Committee were concerned about the extent to which a need for the proposal had been demonstrated by the applicant, and considered the comments made by the County Council.

2.5 The applicant has subsequently lodged an appeal against the decision, and this is scheduled for a public inquiry in January 2023.

3.0 Structure of this proof

3.1 I have familiarised myself with parts of the application documentation which are relevant to the question of need. In particular, I have considered:

- Carterwood Report – December 2020: Planning need assessment;
- Care Homes for Older People UK Market Report (31ed, 2021) Laing Buisson **[GS1, Chapter 1 Fig 1.19 page 49, pages 49-53, and Fig 1.12 page 54]**;
- Development of accommodation based care: Market Engagement Event (16 March 2021) **[GS2]**;
- The GL Hearn report; Housing Needs of Specific Groups, Cambridgeshire and West Suffolk (October 2021) **[GS3, Chapter 8 paras 8.63-8.65 and paras 8.43-8.45]**;
- County Council's consultation response email of 22 December 2021 **[GS4]**;
- Applicant's response email of 17 January 2022 16:55 (Mike Derbyshire) **[GS5]**;
- Carterwood Report – 17 January 2022: Headline planning need statement
- Cambridgeshire County Council's District Demand Profiles for Older Persons Accommodation 2021-2036 (March 2022) **[GS6]**;
- Alzheimer's Society Factsheet 400LP (August 2021) **[GS7]**
- ONS National Population Projections **[GS8]**

¹ A County Council monthly meeting that oversees the development of strategic commissioning intentions for older people's accommodation.

- Cambridgeshire County Council's 2020-Based Population Forecasts by District **[GS9]**;
- CQC Registered Bed Numbers **[GS10]**; and
- Officer Report (13 July 2022).

3.2 In what follows, I have commented on the Carterwood Report – December 2020. The Carterwood Report – January 2022 is a ‘Headline’ planning need statement, which seeks to update the figures for quantitative need, but does not provide the background materials and analysis of the December 2020 report. In any event, the figures for the net need in this Headline statement are broadly similar to those in the December 2020 report (Balance of provision Table T6 of the 2022 Report compared with Table T3 of the 2020 Report). I expect that the assessed need will be updated further by the Appellant for the appeal. I therefore continue to make my comments based on the December 2020 report and will update the inquiry if and when that assessment is updated.

3.3 The remainder of this proof is set out in the following order:

(4.0) The County Council’s joint accommodation needs assessment

- Joint accommodation needs assessment with Peterborough City Council
- Demand forecast projection basis
- Demand profiles
- Commissioning vision and plans

(5.0) GL Hearn Report (October 2021): Housing needs of specific groups

(6.0) Comments on the Carterwood Report (December 2020)

- Definition of care beds
- Population growth does not correlate to demand growth
- Demand forecast
- Factors affecting future demand

(7.0) Summary and Conclusions.

4.0 The County Council’s joint accommodation needs assessment

4.1 The statutory responsibilities on the County Council in relation to care and support are set out in the Introduction to this proof. In summary, the Care Act places the County Council under duties to facilitate a diverse, sustainable high-quality market for their whole local population, including those who pay for their own care, as well as to

promote efficient and effective operation of the adult care and support market as a whole.

Joint accommodation needs assessment with Peterborough City Council

- 4.2 In 2020 the County Council, together with Peterborough City Council², conducted a joint accommodation needs assessment of Older People and people with Physical Disabilities.
- 4.3 The Care Quality Commission is the independent regulator of health and adult social care in England. Published data from the CQC for registered care home beds for over 65 year olds across Cambridgeshire County Council and Peterborough City Council was used to provide a Market Overview of 5,419 beds (4188 in Cambridgeshire and 1231 in Peterborough).
- 4.4 The joint accommodation needs assessment also included:
- a forecast which showed the number of Older People and those with Physical Disabilities aged 18+ requiring bed-based accommodation;
 - a forecast which showed an adjusted number of Older People and those with Physical Disabilities aged 18+ requiring bed-based accommodation taking account of commissioning strategies that point to other types of care; and
 - consideration of projects which were underway to reduce and delay demand as well as the development of different types of care to meet the needs of our target group.

Demand forecast projection basis

- 4.5 The resulting forecast was underpinned by population projections. This was then adjusted to take account of market intelligence information received from industry specialist Laing-Buisson [**GS1**], experience of the local care and support market, together with consultation of care and support providers. Laing Buisson are a nationally recognised consultancy which works closely with the Government. The Laing-Buisson research noted that UK wide, care home capacity has remained largely flat over the past 10 years, even though the numbers of older people has increased significantly

² The County Council share an Adult Social Care commissioning team with Peterborough City Council.

and that, during the same period, there has been substantial growth in housing with care options [GS1, Fig 1.12 page 54]. Laing-Buisson’s projections suggested that care home growth would be between 4-23% above the existing provision UK wide [GS1, Fig 1.10 page 49].

4.6 Drawing on that research, and the County Council’s own experience of the local care and support market in Cambridgeshire and Peterborough, the mid-point of that projection (13.5%) was used to project the additional CQC registered beds likely to be needed across Cambridgeshire and Peterborough, providing a forecast need for 2601 new beds or equivalent through to 2036, of which 731 new CQC registered beds would be needed by 2036. The mid-point of the Laing-Buisson UK wide projection was chosen taking account of factors including lower occupancy volumes as a result of Covid-19, market diversification (for example, a Provider may decide to limit or change the Service User group it serves) fewer developments coming forward, and new models of care such as Independent Living Services.

4.7 The table below summarises our findings which indicates the need for 2,601 new CQC registered beds or equivalent by 2036.

Overall market requirement over the next 15 years (from 2021 for Peterborough City Council / County Council)		Indication of how the requirements could be met		
			Beds or equivalent	Percentage of growth
Using population growth, LA research and external research information	2,601 beds	Residential/Nursing setting (market led)	731	28%
		Housing-with-Care (County Council ideas for joint leadership)	1,200	46%
		Dom care and other community solutions (County Council ideas for joint leadership)	670	26%
		Total	2,601	100%

- 4.8 The resulting study findings were presented to care and support providers, developers, and investors at an open engagement event in March 2021. The findings were contained in a powerpoint presentation ‘Development of accommodation based care’ 16 March 2021 **[GS2, pp.8 and 10]**.
- 4.9 Over 30 organisations attended. The primary purpose of the event was to gauge views on our findings on demand projection. I was present at this event along with other officers from the County Council and Peterborough City Council. During the discussion, we explained the factors supporting our projection and explained that the projections from Laing-Buisson did not establish a firm trajectory, in part because of the uncertainties associated with Covid-19. During the discussion, and subsequent follow-up meetings, none of the attendees offered a more evidence-based suggestion to demand projection. In fact, they were supportive of a mid-point approach. Even in follow up 1:1 sessions no attendees disputed or offered an alternative view on the demand forecast projection.
- 4.10 Through the above demand forecast projections, the need for registered care beds was carefully considered and tested with a range of providers from the care sector. The forecasts took account of the County Council’s strategy to use alternative services to reduce the demand for registered care beds.
- 4.11 The data from the County Council’s joint accommodation needs assessment was used in the consultation response to the planning application (Email dated 22 December 2021 **[GS4]**).

District Demand Profiles

- 4.12 During 2021 the joint accommodation needs assessment work was taken forward by the County Council’s Commissioners through the development of a set of District Demand Profiles for Older People’s Accommodation across Cambridgeshire and Peterborough. The Demand Profiles were published in March 2022 **[GS6]**.
- 4.13 The Demand Profiles present a shared view of forecasted demand for Older People’s accommodation and domiciliary care in each of the five Cambridgeshire Districts and Peterborough City. The aim of the documents is to explain what accommodation is needed, from a care perspective, including how much, when and where. They cover the whole market.

- 4.14 The purpose of the Demand Profiles is contained within the Introduction (p.2):

'To inform the development of commissioning strategies at County level and Local Plan / housing development at District level.

They are to be shared with the market to stimulate development of new Older People's Accommodation at District level.'

- 4.15 The Demand Profiles set out our assessment of the current demand and model the future demand for specialist accommodation in the form of residential care homes, nursing care homes, independent living services, and extra care services.

- 4.16 Having set out the Market Overview (2020-2021) (p.5) consistent with the data taken from the CQC, the Commissioning Strategy is set out (p.7, as relevant):

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

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

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

- 4.17 The Demand Profile for South Cambridgeshire is on pp.16-17. It acknowledges that there is expected to be a significant growth in older people populations with lower levels of need and those with complex needs. With regard to CQC registered care bed homes, the Demand Profile for South Cambridgeshire shows that there are 928 such beds in the District (See Market Overview, p.5 Table, taken from the CQC Care Directory 1/4/2020). Using the mid-point of 13.5%, the Demand Profile forecasts that total registrations will rise to 1052 beds between 2021 - 2036. This would mean a total of 124 beds in the District over this 15 year period. In fact, updated figures from CQC,

published in April 2022, show that there are now 1030 Registered care home beds in South Cambridgeshire for Older People **[GS10]**.

4.18 The above need figures in the Demand Profile for South Cambridgeshire, were the same as those quoted in the County Council's consultation response of 22 December 2021 **[GS4]**.

4.19 The Demand Profile for South Cambridgeshire states that the forecast rise from 928 to 1052 beds is lower than the rate of growth in population, due to some of the expected demand being met by other care types. Some of the demand will be delivered through increases in domiciliary care provision for people over the age of 60. The remainder of the increased demand will be met through greater uptake of housing with care services. It continues:

'This will see the Introduction of Independent Living Services³ tailored for people with high dependencies and dementia...'

4.20 At a national level, the Planning Practice Guidance states that the need to provide housing for older people is critical (ID: 63-001). I acknowledge that as a statement of national policy. At a local level, SCDC's Local Plan 2018 states that the population of the District is ageing and that older people are often looking to downsize (para. 7.38). In the same way, the County Council's Demand Profile for South Cambridgeshire also acknowledges the expected significant growth in older populations. SCDC's Local Plan goes on to state that there are a range of models that can play a part in providing specialist accommodation for older people (para. 7.39). That is reflected in the County Council's Commissioning Strategy and Demand Profile for South Cambridgeshire. It provides a realistic forecast for growth in this area, to be addressed by a mixed market approach with a range of housing options (including new models) which will also deliver choice.

4.21 I also acknowledge the fact that there is a significant growing incidence of dementia in older people. In this context, the Officer Report referred to the Cambridgeshire and Peterborough Adult Social Care Market Position Statement 2018/9. One of the key challenges identified in the MPS was the lack of capacity to deliver nursing and nursing

³ Independent Living Services is a home for life, it operates as a tenancy-based model applied to self-contained suites each with its own front door. Each tenant has access to the 24-hour care and support including nursing care. This is delivered by the onsite registered care provider or by one chosen by the tenant. Over time, as needs change services adapt. This means the tenant can remain living in their ILS suite at all times

dementia care for older people in some areas of Cambridgeshire (p.2). However, as is stated in the Foreword, the development of that document represented the start of a dialogue between the Councils and providers of care and support for adults, to ensure we are offering a choice of the best services for local residents (p.1). In the 3 years since that MPS was published, the County Council has undertaken further work on needs and has an updated strategy as to how those needs will be met.

- 4.22 Whilst the number of older people being diagnosed with dementia is growing, that does not directly equate to an increase in the need for registered beds. Individuals living with Dementia have greatly varying symptoms and needs **[GS7]**. The County Council's mixed market approach reflects this, and one of its purposes is to reduce dependence on any one type of solution to meet need. The mixed market approach seeks to assist in the development of a range of housing options including new models. One such model is the introduction of Independent Living Services for people with high dependencies and dementia referenced in the Demand Profile for South Cambridgeshire. The result of increasing choice within the market is reduced demand for care homes.
- 4.23 Whilst the Demand Profiles are a formal statement of the County Council's joint accommodation needs assessment and its approach to addressing that need, it is not the final strategy. The Introduction acknowledges that the data in the Demand Profiles represents a snapshot in time and will require regular updating, particularly when the 2021 census data becomes available (p.2). The first results from the Census 2021 were released in June 2022. The aim of the ONS is to release all the main results within 2 years of the census. In addition, soon after the publication of the Demand Profiles, at the end of April 2022, the Health and Care Act 2022 was given Royal Assent which changes some of the responsibilities on local authorities regarding adult social care. In the light of these events, and subsequent changes to implementation dates of the Health and Care Act 2022, the County Council is working to publish its Adult Social Care accommodation assessment strategy by March 2024.
- 4.24 The County Council's ongoing work on housing needs for specific groups and its strategy will support future work on the emerging Local Plan for SCDC.
- 4.25 As a result, whilst I would accept that there is a need for additional CQC registered beds in South Cambridgeshire, and a need for specialist dementia care facilities, it is

at a much lower level than the “critical need” / “critical shortfall of available spaces” referred to by the Appellant.

Commissioning Strategy

- 4.26 The Commissioning Strategy published with the Demand Profiles is referred to above. In summary, the County Council’s commissioning vision is to support more older people to remain in their own homes, or in tenanted services, where their level of independence and autonomy is far greater than in a care home. This means an older person has more choice over services when a care need arises. Greater reliance on other care types, and the introduction of Independent Living Services for people with high dependencies and dementia, are one of the options by which the needs are to be met across Cambridgeshire.

5.0 GL Hearn Report (October 2021): Housing needs of specific groups

- 5.1 As part of its work for the emerging Local Plan, SCDC commissioned a report from GL Hearn on Housing needs for specific groups.

- 5.2 The housing needs of Older and Disabled Person is covered in Chapter 8 of the Report and paras. 8.63-8.65 deal with the need for residential care bed-spaces. The analysis uses demographic projections and the Housing LIN SHOP@toolkit to forecast requirements. For South Cambridgeshire, the older persons care bed-space requirements are stated to be a “current” shortfall of 642 beds. I would make the following comments in relation to these figures:

- (1) The current supply (2020) for South Cambridgeshire is stated to be 742. However, according to the CQC Care Directory, in April 2020 there were 928 care beds in South Cambridgeshire, and in April 2022 there were 1030 care beds in South Cambridgeshire.
- (2) The current shortfall figure refers to the start of the period covered by the GL Hearn Report, namely 2020. The shortfall of 1613 beds forecast for the end of that period is at 2040.
- (3) Within the report GL Hearn, Chapter 8 and paras. 8.43-8.45 state that the Housing LIN SHOP@toolkit used should be considered alongside the County Council’s strategy for delivering specialist housing for older people. The degree for instance which the Council want to provide for extra care housing as an alternative to residential care provision would influence the balance of need. The report states

that the ultimate level of provision the Councils seek to support will be influenced by broader local strategies developed at the County Council level for older persons housing and care, which at the current time (when the GL Hearn report was produced) were being developed.

- 5.3 Importantly, the report expressly acknowledges that the need figures should be considered as a maximum, reflecting the fact that there is a potential for some of this need to be met through the provision of extra care housing for example. In fact, the County Council's strategy is to use a mixed market approach involving increases in extra care, domiciliary care provision, and the introduction of Independent Living Services, resulting in a reduced demand for registered beds.
- 5.4 The above points may explain the variation between the figures in the GL Hearn report and the County Council's joint accommodation needs assessment.
- 5.5 As explained above, the County Council's joint accommodation needs assessment, and its strategy to meet that need, will be used to inform the emerging Local Plan, together with the GL Hearn Report.

6.0 Comments on the Carterwood Report (December 2020)

- 6.1 In this section of my proof, I provide comments on the Carterwood Report (December 2020) to explain why it arrives at different conclusions, and why I disagree with those conclusions. As explained above, I expect the Appellant's assessment of bed demand to be updated for the inquiry, and so will limit myself to some key points based on the December 2020 report. Apart from as identified below, I confirm that I do not take issue with the methodology adopted by Carterwood. It is more that the assessment is made based on certain assumptions and judgments which I take issue with.

Definition of care beds

- 6.2 A key point of difference between the Carterwood Report and the County Council's assessment is the definition of care bed which is used. The Carterwood Report uses a different definition to the rest of the care sector, which results in higher levels of demand to those assessed by the County Council.
- 6.3 Table T19 Need Analysis summary (2023) indicates that, as at 2023, there are 812 beds with en-suites of which 546 are beds with wetrooms in South Cambridgeshire.

The table does not show the number of beds without en-suites and the assessment of need is not based upon them.

6.4 The Carterwood Report uses a definition of 'market standard' bedrooms (T2), which only takes account of bedrooms with an en-suite or a wetroom.

6.5 In Appendix B: Methodology for assessing need and definition of market standard beds, in the section *Definition of 'market standard' beds*, it is acknowledged that the shortfall is not assessed based upon the total registered capacity. It is also accepted that a care home's total registered capacity is often greater, as it includes the maximum number of bed spaces that are registered by the care sector's regulator CQC. Having set out what the registered provision will include, the report continues:

"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..."

6.6 The Care Quality Commission is the independent regulator of health and social care in England, and it is a statutory body. One of its functions is to ensure a level of high-quality care, and it monitors, inspects and regulates services. It has powers to take action where poor standards of care are found. As a result, the County Council would work with providers who have been registered by the CQC and use their information about acceptable bed volumes when assessing need. My understanding is that this is the approach adopted by most if not all local authorities.

6.7 Appendix B continues:

'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'.

6.8 I do not accept that, because there may be rising dependency levels in those referred into residential care, accommodation needs assessments should only be assessed by reference to en-suite / wetroom care beds. As explained in the County Council's

approach above, there are other ways of meeting older peoples' needs which will help to reduce the demand for CQC registered beds. This reduces the risk referred to in Appendix B. It is acknowledged in the Carterwood Report that an increase in alternative forms of care would lead to a reduction in prevalence rates, and that the actual balance between increases in need due to demographic pressures, and reduction due to alternatives to residential care, is impossible to predict (paras. 16.5-16.6). It seems Carterwood project bed growth based on a mid-point between no additional capacity needed in the market and the maximum additional capacity needed in the market as set out in para 16.7 and T18.

- 6.9 In my opinion, the Carterwood's market standard bed is an arbitrary construct. It leads to an understatement of existing care sector bed capacity. Discounting all current bedspaces that are not en-suite / wetrooms has the effect of increasing the demand.

Population growth does not correlate to demand growth

- 6.10 Section 6 of the Carterwood Report is entitled 'UK elderly population trends & market size'. The Table at para. 6.1 sets out the increase in numbers of older people in the UK expected over a 20-year period. Specific emphasis is placed on the increases for +85-year-old people and +75-year-old people (para. 6.2). Whilst these cohorts of people are of course important, the County Council seek to cater for all +65-year-old people.
- 6.11 As to the figures given for the percentage growth of the elderly UK population in para. 6.2, these should be considered in context. From my analysis, when assessing the population growth, the Office for National Statistics predicts from the 2021 Census data that the number of people over the age of 65 nationally will grow by 45% in the period between 2018 and 2043 **[GS8]**. That national figure can be compared with the County Council modelling, which was carried out before the release of the 2021 Census data and shows that over 65s in the county will grow by 50% between 2021 and 2036 **[GS9]**.
- 6.12 I would also note that, when considering the delivery of high quality of homes, the Local Plan (2018) refers to the ageing population of the District with growth forecast between 2001 to 2021 of 95% for the 60-74 age group and 108% for those 75+ (p.133, Key Facts). This was broadly consistent with the County Council's own expectations.
- 6.13 The point made in para. 6.1 of the Carterwood Report, is that 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. The same point is made by reference to the County Council's commissioning strategy. The Carterwood Report sets out the County Council's social care strategy at para. 22.1. In response, it is stated (para. 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...'

- 6.14 In my view, it does not follow that elderly population growth would necessarily correlate to an increase in the need for CQC registered care home beds. That depends on a range of factors, including the approach to balancing the need. As explained above, research by Laing-Buisson forecasts a much lower rate of growth of bed-based care across the UK, somewhere between 4-23%. The remaining demand in South Cambridgeshire will be met through a mixed market approach, including the growth of housing with care, as outlined in the County Council's Commissioning Strategy.

Recent permissions

- 6.15 As explained above, the existing supply in the County Council's Demand Profile for South Cambridgeshire is based on data taken from the CQC Care Directory. In April 2020 there were 928 care beds in South Cambridgeshire. On the basis of the County Council's demand forecasting, by 2036 a total of 1052 care beds will be required in South Cambridgeshire, with an additional 124 beds required in South Cambridgeshire over that period.
- 6.16 Since April 2020, planning permission has been granted for three new care homes in South Cambridgeshire, with a total of 210 beds shown in the table below. All care homes have to be registered with CQC. There is nothing to suggest that these schemes will not be delivered.

Location	No of beds	Planning ref	Approval date
Station Road, Great Shelford	63	S/3809/19/FL	09/04/2020
New Road, Melbourn	75	20/04723/S74B	30/11/2020
Fulbourn, land at Social Club	72	20/05143/S73	06/07/2021

- 6.17 Whilst the Carterwood Report includes figures for planned supply, which are explained in Appendix B as applications submitted over the past 3 years, it is not clear which schemes have been included in their figures.
- 6.18 The CQC's figure of an existing 928 registered care beds for older people in the District with or without en-suites in April 2020 is in fact very similar to the information supplied in the Carterwood Report at para. 14.2, which states that within the District's area, there are 964 beds. Using the 964 CQC registered care beds referred to in the Carterwood Report and adding the supply of 210 beds from the grant of planning permissions, the existing and forthcoming supply would be 1174 care beds.

Application of prevalence rates to each age band to determine 'total need' for care beds for the elderly

- 6.19 The methodology for quantitative care home need in the Carterwood Report is set out in Section 11 (Fig. 6). The flowchart shows how the need part of the assessment is calculated, stating that the total market need is calculated by applying Laing Buisson prevalence rates to each age band to determine the 'total need' for care home beds for the elderly. It is clear from paras. 13.3 -13.4 that the total need is calculated using Laing Buisson's Age Standardised Demand tool, which predicts the risk of an elderly person being in a residential setting at a given age.
- 6.20 Whilst I would accept that the Carterwood Report adopts a recognised approach in assessing prevalence rates, such an approach takes no account of the strategies the County Council is applying to focus on an older person's independence as set out above, nor does it sufficiently take account of the counter-drive factors described by Laing-Buisson **[GS1 pages 49-53]** despite commenting on these factors in para 16.5 – 16.6. It is not clear if the Carterwood Headline planning need statement 2022 accounts for these any differently to the Carterwood 2020 report.
- 6.21 As a further illustration of this, para. 4.1 of the Carterwood Report includes the Elderly care spectrum at Table T6, which seeks to place the proposed scheme within the usual care and support solutions offered to older people. That spectrum does not reflect the County Council's strategy to support alternative options to meet the need, such as its Independent Living Service offer and the domiciliary care offer.

Factors affecting future demand

- 6.22 Section 8 of the Carterwood Report sets out 'Key issues for the sector'. The issues include recruitment, Brexit, and Covid-19. This would imply care home owners face pressure to keep operating. This is addressed further in Carterwood's assessment of the impact of Covid-19 on the market (Section 18). The key outputs of Carterwood's modelling to forecast the market impact over a 5 year period include:
- *Occupancy low point reached of 79.5% in June 2020*
 - *By 2023, occupancy to exceed 90%, based upon forecast growth rates and recovery on the basis a vaccine is readily available in spring 2021.*
- 6.23 The County Council's anecdotal experience shows these factors have reduced the use of care homes during 2020 and 2021. The County Council's internal management information was compiled from close working with providers on a day-to-day basis when the County Council would phone providers and discuss matters such as Covid-19 outbreak management, staff vacancies, placements, and infection control management. Only now are we seeing signs of some recovery from the Covid period when occupancy rates were significantly lower than pre-Covid.
- 6.24 Given the huge impact of the Covid 19 pandemic on the care sector, I believe that it is only when a number of factors are addressed that the recovery will accelerate:
- (1) families become more confident with the reputation of a care home (often from talking to other families);
 - (2) the care home's ability to recruit and retain the right levels of staff; and
 - (3) care homes are able to alleviate Covid-19 fears by demonstrating the highest infection control standards and no restrictions on visiting loved ones.
- 6.25 I remain doubtful whether occupancy rates will exceed 90% by 2023. In the meantime, greater use of domiciliary care will continue.
- 6.26 In paras. 19.13 – 19.19 of the Carterwood Report, the use of domiciliary care as an alternative to the subject scheme, and extra care/independent living as an alternative to the subject scheme are discussed. The County Council's own strategy to support older people does include these options. Whilst ultimately these are matters of judgment, in my opinion, the Carterwood Report underestimates the importance of these alternative services to meet at least a significant proportion of the demand.

7.0 Summary and Conclusions

- 7.1 I am Gurdev Singh, a Head of Service within Cambridgeshire County Council's Adult Social Care Commissioning Directorate. I have worked within the care sector for over 15 years. My remit as a Head of Service is to support the commissioners to design and implement plans which ensure there are care and support services available to people within the County in line with the Care Act 2014.
- 7.2 The County Council provides comprehensive information and advice about care and support services in its area, including what type and what range of services are available. This includes assisting District Councils in assessing housing needs for specific groups in its District and consulting on individual planning applications for care homes, such as the scheme which is the subject of this appeal.
- 7.3 The scheme in question is detailed in paragraph 2.2 of my Proof. I first became involved in this application at the appeal stage. Although I was not involved in the consultation response to the application made by the County Council, I am familiar with the consultation process for planning applications.
- 7.4 My evidence relates to the need part of Reason for Refusal 3. My evidence considers a range of information which I set out in paragraph 3.1 of my Proof. The evidence which I have prepared and provide in this proof of evidence is true and I confirm that the opinions expressed are my true and professional opinions.

The County Council's joint accommodation needs assessment

- 7.9 In this section of my proof, I comment on how the County Council developed its demand projections and published them in the form of District Demand Profiles.
- 7.10 In 2020 the County Council, together with Peterborough City Council, conducted a joint accommodation needs assessment of Older People and people with Physical Disabilities.
- 7.11 The joint accommodation needs assessment also included:
- a forecast showing the number of Older People and those with Physical Disabilities aged 18+ requiring bed-based accommodation before and after

taking account of commissioning strategies that point to other types of care;
and

- consideration of projects which were underway to reduce and delay demand as well as the development of different types of care to meet the needs of our target group.

7.12 This was then adjusted to take account of market intelligence information received from industry specialist Laing-Buisson, our experience of the local care and support market, together with consultation of care and support providers. We projected the additional CQC registered care beds likely to be needed across Cambridgeshire and Peterborough, providing a forecast need for 2601 new beds or equivalent by 2036, of which 731 new care beds would be needed.

7.13 The study findings were presented to care and support providers, developers, and investors at an open engagement event in March 2021 where over 30 organisations attended. I also attended. During the discussion, and subsequent follow-up meetings, none of the attendees offered a more evidence-based suggestion to demand projection. In fact, they were supportive of a mid-point approach.

7.14 During 2021 the joint accommodation needs assessment work was taken forward by the County Council's Commissioners through the development of a set of District Demand Profiles for Older People's Accommodation across Cambridgeshire and Peterborough. The Demand Profiles were published in March 2022.

7.15 The Demand Profiles present a shared view of forecasted demand for Older People's accommodation and domiciliary care in each of the five Cambridgeshire Districts and Peterborough City at a point in time. Paragraphs 4.13 - 4.17 in my Proof describes this further.

7.16 According to the CQC website there are 928 registered beds in the District. Using the Demand Profile forecasts that total registrations will rise to 1052 beds between 2021 – 2036 i.e., 124 additional beds in the District over this period. This level of growth is lower than the rate of growth in population, due to some of the expected demand being met by other care types. Some of the demand will be delivered through increases in domiciliary care provision for older people. The remainder of the increased demand will be met through greater uptake of housing with care services.

- 7.17 Nationally, the Planning Practice Guidance states that the need for provide housing for older people is critical. At a local level, SCDC's Local Plan 2018 states that the population of the District is ageing. It goes on to state that there are a range of models that can play part in providing specialist accommodation for older people. That is reflected in the County Council's Commissioning Strategy (detailed further in paragraphs 4.26 of my Proof), and Demand Profile for South Cambridgeshire.
- 7.18 I acknowledge the fact that there is a significant growing incidence of dementia in older people. In this context, the Officer Report referred to the Cambridgeshire and Peterborough Adult Social Care Market Position Statement 2018/9. In the 3 years since the Market Position Statement was published, the County Council has undertaken further analysis of needs and is developing an updated strategy as to how those needs will be met.
- 7.19 Whilst the number of older people being diagnosed with dementia is growing, that does not directly equate to an increase in the need for care beds. The County Council's mixed market approach reflects this, and one of its purposes is to reduce dependence on any one solution to meet need whilst enhancing choice for individuals. The result of increasing choice within the market is reduced demand for care home beds.
- 7.20 Whilst the Demand Profiles are a formal statement of the County Council's joint accommodation needs assessment and its approach to addressing that need, it is not the final strategy. The County Council is working to publish its Adult Social Care Accommodation Strategy by March 2024. The County Council's ongoing work on housing needs for specific groups and its strategy will support future work on the emerging Local Plan for SCDC.
- 7.21 Accordingly, whilst I accept that there is a need for some additional CQC registered care beds in South Cambridgeshire, and a need for specialist dementia care facilities, it is at a much lower level than the "critical need" / "critical shortfall of available spaces" referred to by the Appellant.

GL Hearn Report (October 2021): Housing needs of specific groups

- 7.22 As part of its work for the emerging Local Plan, SCDC commissioned a report from GL Hearn on Housing needs for specific groups. Paragraph 5.2 of my Proof details some comments I have in relation to the figures and why there is a variation between the

figures in the GL Hearn report and the County Council's joint accommodation needs assessment.

- 7.23 Importantly, the report expressly acknowledges that the demand figures should be considered as a maximum, reflecting the fact that there is a potential for some of this need to be met through the provision of extra care housing. The County Council's mixed market approach involves increases in extra care, domiciliary care provision, and the introduction of Independent Living Services, resulting in a reduced demand for CQC registered care beds.

Comments on the Carterwood Report (December 2020)

- 7.24 I comment on the Carterwood Report (December 2020) to explain why it arrives at different conclusions, and why I disagree with those conclusions. I confirm that I do not take issue with the methodology adopted by Carterwood. It is more that the assessment is made based on certain assumptions and judgments which I disagree.
- 7.25 A key point of difference between the Carterwood Report and the County Council's assessment is the definition of "care bed". Unlike the rest of the care sector the Carterwood Report uses a definition of 'market standard' bedrooms which I have covered in my Proof in paragraphs 6.4 – 6.7.
- 7.26 The County Council work with providers who have been registered by the CQC and use their CQC information about acceptable bed volumes when assessing need. My understanding is that this is the approach adopted by most if not all local authorities.
- 7.27 In my opinion, the Carterwood's market standard bed is an arbitrary construct. It leads to an understatement of existing care sector bed capacity. Discounting all current bedspaces that are not en-suite / wetrooms has the effect of increasing the demand.

Population growth does not correlate to demand growth

- 7.28 The table in Section 6 of the Carterwood Report para. 6.1 sets out the increase in numbers of older people in the UK expected over a 20-year period. Specific emphasis is placed on the increases for +85-year-old people and +75-year-old people (para. 6.2). Whilst these cohorts of people are important, the County Council seek to cater for all +65-year-old people.

- 7.29 The point made in para. 6.1 of the Carterwood Report, is that 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 registered care home beds for the reasons explained above.
- 7.30 It does not follow that elderly population growth would necessarily correlate to an increase in the need for CQC registered care home beds.

Recent permissions

- 7.31 Since April 2020, planning permission has been granted for three new care homes in South Cambridgeshire, with a total of 210 beds. There is nothing to suggest that these schemes will not be delivered.
- 7.32 Using the existing 964 CQC registered care beds referred to in the Carterwood Report and adding the supply of 210 beds from the granted planning permissions, the current and forthcoming supply would be 1174 care beds.

Application of prevalence rates to each age band to determine 'total need' for care beds for the elderly

- 7.33 Whilst I accept that the Carterwood Report adopts a recognised approach in assessing prevalence rates, such an approach takes no account of the strategies the County Council holds regarding the development of alternative services to meet need.
- 7.34 As a further illustration of this, para. 4.1 of the Carterwood Report includes the Elderly care spectrum at Table T6, places the proposed scheme within the usual care and support solutions offered to older people. That spectrum does not reflect the County Council's strategy to develop a mixed market including its independent living offer or the extension of accommodation styles of apartments for people with nursing requirements.

Factors affecting future demand

- 7.35 Section 8 of the Carterwood Report sets out 'Key issues for the sector'. These include recruitment, Brexit, and Covid-19. This reflects the fact that care homes face significant operational pressure.

- 7.36 The County Council’s anecdotal experience shows these factors have reduced the use of care homes during 2020 and 2021. Only now are we seeing signs of some recovery from the Covid period when occupancy rates were significantly lower than pre-Covid.
- 7.37 I remain doubtful whether occupancy rates will exceed 90% by 2023.
- 7.38 In the meantime, greater use of domiciliary care will continue as an alternative service. This is noted in paras. 19.13 – 19.19 of the Carterwood Report, and in the County Council’s own strategy to support older people. Whilst ultimately these are matters of judgment, in my opinion, the Carterwood Report underestimates the importance of these alternative services to meet at least a significant proportion of the demand.

Conclusion

- 7.39 There are key points of differences between the Appellant’s findings of accommodation need and those of the County Council. In my opinion, the Carterwood’s market standard bed is an arbitrary construct and underpins the differences. Whilst I accept that there is a need for some additional CQC registered care beds in South Cambridgeshire and a need for specialist dementia care facilities, it is at a much lower level than the “critical need” / “critical shortfall of available spaces” referred to by the Appellant.
- 7.40 Further, the accommodation needs figures produced by the Appellant and cited in the Carterwood Report fail to take account of:
- the national picture, notably the counter-drivers suppressing accommodation demand, as described by Laing-Buisson;
 - the County Council commissioning strategy to develop a mixed care market; and
 - the vulnerability of the care market which has not yet returned to pre-Covid-19 levels.