Planning Appeal Ref: APP/W0530/W/22/3307903

Appeal by Cassel Hotels (Cambridge) Ltd
Former Hotel Felix, Whitehouse Lane, Girton, CAMBRIDGE CB3 0LX

9 January 2023

Planning need for a care home (Class C2)
Proof of Evidence

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1. Summary

1.1. My name is Jessamy Venables BSc (Hons) MSc MRICS, Director at Carterwood, specialist advisers dedicated to the older people's housing and care sector.

Scope of evidence

1.2. My evidence relates to the need for the appeal scheme, providing a further update to Carterwood's Planning Need Assessment (CPNA) dated December 2020 and planning need report dated January 2022, which both identified an existing and increasing need for elderly care home beds in the South Cambridgeshire District Council (SCDC) area.

National context

1.3. On a national basis, there is a 'critical' need for additional housing for older people given the significant growth in the elderly demographic. The pandemic has put social care, and more particularly care homes, in the spotlight, highlighting their essential role in caring for the most frail older people who can no longer live independently. Care homes are also increasingly being identified as the best way to unblock delayed discharges from hospital to alleviate the crisis in the NHS.

Local context

1.4. In the SCDC local authority area, Cambridgeshire County Council (CCC) predict a very significant growth in older people with both lower levels of need and complex needs (including those living with dementia and those with multiple co-morbidities). CCC advise this will require the significant growth and development of specialist accommodation with care for older people. It suggests that this accommodation should be focussed mainly in the northeast and south of the district, with Girton being an area identified as requiring an increase in supply.

1.5. CCC's strategy, while recognising the part which traditional care homes will play, is to develop a mixed care market to offer choice to people when making decisions about their current and future care needs. This is intended to be delivered by increasing domiciliary care provision and through the development of housing-with-care. While these forms of care provide more cost-effective options for CCC as a commissioning authority, it should be noted that approximately 50 per cent of older people in the SCDC local authority area fund their own care and will therefore decide for themselves which care options are most suitable for their specific needs.

1.6. Housing-with-care offers those older people who choose to downsize the opportunity to benefit from on-site care provision, although many older people decide to remain in their existing homes and receive domiciliary care or support from family or friends. However, there may come a point where the level and cost of care required means such options are no longer feasible, with a move to a care home being most the most appropriate option for those who can no longer live, or be supported to live, independently.

1.7. The CCC *Market Position Statement* identified a shortage of residential dementia, nursing and nursing dementia care beds in South Cambridgeshire. Existing care home capacity in the East of England is also considerably lower than the national average supply ratio.

1.8. Nevertheless, within its document *District Demand Profiles*, CCC have applied the mid-point of a range of growth rates to the existing supply of care homes in the SCDC area to provide a projection of the level of additional need in the district. While the need to increase supply is identified, it is unclear whether a robust quantitative or qualitative review of existing provision was completed to determine whether it currently meets existing need or whether it is suitable for the more complex care requirements of those elderly people who will require a care bed over the projection period.

1.9. The *Older People's Housing Care and Support Needs in Greater Cambridge* report, a bespoke review commissioned by SCDC to address the needs of a rapidly ageing population, recommended that the supply of specialist housing in Greater Cambridge would need to be 80 per cent higher by 2035. It stated that Cambridgeshire had the lowest level of care home provision per capita in the region and that it also needed to increase by 80 per cent by 2035.

1.10. The *Housing Needs of Specific Groups* report commissioned by inter alia SCDC states that there is *'a current shortfall and notable projected future need'* in the SCDC local authority area, citing a shortfall of 642 care bedrooms in 2020. The shortfall is projected to increase to a maximum of 1,613 beds by 2040 assuming no change in existing supply, on the basis that some of the need for residential care beds (as distinct from nursing beds) could be met through the provision of extra care housing.

Updated need assessment

1.11. My updated analysis uses the most up-to-date prevalence rates for the region and identifies a shortfall of 218 minimum market standard care beds in the SCDC local authority area in 2025, the earliest the appeal scheme could be made available and when taking into account when the planned supply is likely to be developed. The net need increases substantially to 500 bedspaces if the analysis is based on care bedrooms providing full en-suite wetrooms, akin to those proposed in the subject scheme.

1.12. I have also considered the specific need for dedicated dementia care beds, for which an existing shortfall is identified in South Cambridgeshire by CCC. My analysis indicates a net need for 277 minimum market standard dedicated dementia beds (288 for full market standard care bedrooms) based on 2025. This figure is in excess of the total for general beds due to the specific current shortfall of dedicated dementia bedspaces.

1.13. Given its proximity to the site and the subject local authority, I have also completed a similar assessment of need for Cambridge City on the same basis and this identifies a shortfall of 83 minimum market standard dedicated dementia care beds, with the shortfall increasing substantially over the period to 2035, even assuming there is no loss of any existing registered care home beds.

1.14. While there are schemes in the planning pipeline, and these are included within my analysis, there is only one care home currently under construction in the SCDC local authority area. Even on the basis of minimum standard care beds only, the net need for additional care beds in SCDC's area increases to 392 beds by 2035 assuming all planned care beds are developed over this timeframe and that there is no loss of any existing provision.

Qualitative need

1.15. Given the wider range of options intended by CCC to meet the needs and expectations of all older people, those now requiring care in a care home will have high dependency care needs which can only be met in appropriately specified accommodation. Care operators have learned from the pandemic and the fact that the physical and spatial environment of a care home is of the utmost importance.

1.16. As an operator-led development, the appeal scheme is specifically designed for purpose, having regard to the needs of the local community and providing an attractive option for those older people whose nursing and dementia care needs progress to the requirement for full-time care. It is intended to provide a well specified, fit-for-purpose and future-proof care home and to become a specialist centre of excellence, providing research-led care for those living with dementia.

1.17. The proposal would also lead to a range of additional benefits for both residents and the local community including: reducing reliance on, and cost to, the NHS; assisting families having difficulties meeting the care of loved ones; reducing the overall need for social care within the wider community; and freeing up a significant quantity of family-sized housing.

Conclusion

1.18. The need assessments completed by CCC, SCDC and my update to the CPNA all indicate an existing and increasing need for additional care beds and the timely development of new supply is necessary to meet not only the existing shortfall, but also to address the rapidly increasing need based on the projected substantial growth in the elderly population in South Cambridgeshire.

1.19. The Committee Report attributed significant weight to the need for the appeal scheme, stating that it '*would meet an identified need for specialist C2 housing with a focus on dementia care and provision of a Dementia Research Centre'*.

1.20. The need for a variety of forms of accommodation and care for older people is critical. Older people who are in need of care cannot afford to wait until appropriate levels of provision become available. The PPG is clear that '*where there is an identified unmet need for specialist housing, local authorities should take a positive approach to schemes that propose to address this need'*.

1.21. It is plain that there remains a significant unmet need for additional care home beds for older people and more specifically, high-quality care accommodation best suited for those with complex care needs. In my judgment, substantial weight should be attached to this need when determining this appeal.

2. Introduction

2.1. My name is Jessamy Venables BSc (Hons) MSc MRICS. I am employed as a director at Carterwood, specialist adviser dedicated to the care home, older people's housing and care village sectors.

2.2. A chartered surveyor since 1997, I have over 20 years' experience working within a specialist healthcare property team, including the valuation, acquisition and sale of operational care home businesses and the provision of bespoke consultancy advice to operators, developers and land owners as part of the planning process.

2.3. I joined Carterwood in 2014, having previously been a director in GVA Grimley's national healthcare team. I hold a BSc (Hons) in Geography from Royal Holloway, University of London, and an MSc in Land Management from the University of Reading.

2.4. Carterwood acts for a wide range of private and not-for-profit care-sector clients who commission need assessments for care homes, housing with care and care communities/villages.

2.5. I have been involved with a wide variety of planning applications for care homes, housing with care and retirement villages and have provided evidence at planning hearings and inquiries in relation to both care home and housing with care developments.

2.6. I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

3. Scope of evidence

3.1. I am instructed by the appellant to provide evidence relating to the need for the proposed care home, responding to Reason 3 of the refusal notice for the *Demolition of existing buildings and erection of a care home (Use Class C2) with external amenity space, access, parking, landscaping and other associated works* (Ref: 21/00953/FUL).

3.2. Carterwood prepared a planning need assessment (CPNA)[1] in December 2020, submitted with the application, which assessed the need for care home beds for the elderly and the specific need for dedicated dementia care beds, based on the South Cambridgeshire District Council (SCDC) local authority area.

3.3. A Planning Need Statement (HPNS)[2] was submitted as an update in January 2022.

3.4. The Planning Committee Report stated that the applicant had '*demonstrated very special circumstances exist, in particular the need for the specialist housing with dementia care and associated research centre'.*

3.5. My evidence provides a further update to the previous need assessments and also considers the current national and local context in terms of the need for additional modern, well specified care home provision best suited for those older people whose care needs necessitate a move into a Care Quality Commission (CQC) registered care home.

[1] CD17 - Carterwood Planning Need Assessment, December 2020
[2] CD54 - Carterwood Headline Planning Need Statement, January 2022

4. National context

4.1. The PPG advises that the need for housing for older people is '*critical*'[3], the only planning need addressed in such urgent terms.

4.2. It states that '*there are different types of specialist housing designed to meet the diverse needs of older people'* describing the form of accommodation proposed as:

> ***Residential care homes and nursing homes:*** *These have individual rooms within a residential building and provide a high level of care meeting all activities of daily living.*

4.3. The PPG is clear that '*where there is an identified unmet need for specialist housing, local authorities should take a positive approach to schemes that propose to address this need'*.

4.4. The pandemic has put social care in the spotlight, particularly the need for well-specified, purpose-designed bedrooms in care homes which provide a safe, infection-controlled environment suitable for those with the most complex needs who require 24 hour intermediate, nursing and/or dementia care. It also emphasised the benefits of alternative forms of specialist housing for those with lower care needs. Timely accessibility to appropriate care and support is clearly required to reduce reliance on the NHS, and prevent both hospital admissions and delayed discharges (bed blocking).

4.5. The Chancellor announced an increase in funding for the social care sector of up to £2.8 billion in 2023 and £4.7bn in 2024 in his Autumn Statement in November 2022. The extra funding includes £1 billion to directly support discharges from hospital into the community, to assist the NHS in 2024/25. As set out in the CPNA,[4] care homes clearly have a role to support the timely discharge of patients from NHS hospitals to provide intermediate care or as part of a step down 'discharge to assess' process, as a more cost-effective option and to allow NHS beds to be used for those most in need.

4.6. The recent focus on housing with care as an alternative (for those with lower level care needs) should not detract from the fact that a CQC registered care home providing 24 hour care may be the only suitable option for those with nursing, dementia or complex care needs.

[3] Paragraph: 001 Reference ID: 63-001-20190626
[4] CD17 - Carterwood Planning Need Assessment (Section 17, page 25)

5. Local context – Cambridgeshire County Council and South Cambridgeshire District Council

5.1. The CPNA[5], dated December 2020, provided an overview of the relevant strategic documents prepared by Cambridgeshire County Council (CCC) People and Communities Directorate in its role as the relevant local authority for the commissioning of adult social care[6].

5.2. In 2017 a specific review[7] of the housing, care and support needs in Greater Cambridge[8] commissioned by SCDC to address the needs of a rapidly ageing population, stated that '*Cambridgeshire County currently has the lowest level of care home provision per capita in the region'* (East of England). The report recommended that the supply of specialist housing in Greater Cambridge would need to be 80 per cent higher by 2035, with the same increase also recommended specifically for age-exclusive housing and care beds ('*both forms of accommodation need to increase by 80 per cent by 2035').*

5.3. I have reviewed the most recent CCC and SCDC need analysis below.

Cambridgeshire County Council

5.4. The application for the appeal scheme was submitted and validated on 1 March 2021. At that time the *Cambridgeshire and Peterborough Market Position Statement 2018/2019*[9] (which remains the current version) identified key pressures to be a shortage of provision of (i) residential dementia, (ii) nursing and (iii) nursing dementia care beds in South Cambridgeshire, with the most significant shortfall being for nursing dementia beds.

5.5. CCC's *Interim update*[10] was published in June 2021 and stated that '*the considerable growth forecast amongst the older population over the next 15-20 years is likely to* ***require significant growth and development of specialist accommodation with care for older people***'. It advised that initial demand forecasts for each local authority were being prepared based on complex modelling of population growth and existing service provision, together with adjustments to reflect the latest market analysis by Laing-Buisson[11] (emphasis added).

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[5] CD17 – Carterwood Planning Need Assessment (December 2020) – Section 9
[6] Care Act 2014 – Part 1, Section 5 – General responsibilities of local authorities.
[7] CD121 - *Older People's housing, care and support needs in Greater Cambridge 2017-2036.* Centre for Regional Economic and Social Research (CRESR), Sheffield Hallam university and University of Sheffield (November 2017), pages ii and iv
[8] 'Greater Cambridge' comprises the South Cambridgeshire District and the City of Cambridge.
[9] CD128 - *Cambridgeshire and Peterborough Market Position Statement 2018/2019 – pages 179 - 180*
[10] CD127 - *Older People's Accommodation with Care – planning for future demand* (2021) – 1 page.
[11] LaingBuisson provides analysis and data on market structures, policy and strategy across healthcare, social care and education and is the chosen provider of independent sector healthcare market data to the UK Government's Office for National Statistics.

5.6. CCC People and Communities[12] responded to the consultation on the appellant's planning application on 22 December 2021 and provided SCDC with some further detail regarding the LaingBuisson projection, stating that it '*suggests that care home growth would be between 4 – 23% above the existing provision'*. It continued that *'in its forecast, the county council has used the mid-point i.e. 13.5%'.* Accordingly, based on the 928 care beds in South Cambridgeshire in April 2020, the County Council's need assessment suggests that by 2036, 1,052 beds will be required in the SCDC area, equating to an additional **124** care beds.

5.7. The *District Demand Profiles for Older People's Accommodation 2021-2036*[13] have since been made available by CCC and are intended to '*explain what accommodation is needed, from a care perspective, including how much, when and where'*. The report provides a breakdown of the existing 4,188 CQC registered care beds in Cambridgeshire and 1,231 in Peterborough by district and bed-type[14], advising that 32 per cent are commissioned by CCC/Peterborough City Council (PCC), the rest being commissioned by the CCG[15] or are privately funded.

5.8. Set against the background of a 48 per cent increase in the older population aged over 65 years (from 163,190 to 241,060) between 2021 and 2036 and a 110 per cent increase in the population aged over 85 (from 22,980 to 48,200) over the same timeframe across Cambridgeshire and Peterborough, the Councils predict increases in people i) living with dementia, ii) experiencing a fall, iii) with complex conditions and iv) with multiple co-morbidities.

5.9. In terms of commissioning strategy, '*whilst recognising the part which traditional Care Homes will play',* CCC and PCC wish to explore alternative housing options which they consider may offer better outcomes for people and state that they '*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'.*

5.10. Specifically in the SCDC area, the report predicts *'that between 2017 and 2035 there will be a 65.4% increase in those experiencing a fall, and a 93.4% increase in those living with a diagnosis of Dementia'.* SCDC '*expect to see a significant growth in older people populations with lower levels of need* ***and those with complex needs'*** (emphasis added). With regard to the growth in supply of care beds, this, it suggests, should be focussed mainly in the northeast and south of the district and the maps show Girton to be one of the areas requiring a more significant increase in supply.

[12] CD83 - Consultation response from Ms Lynne O'Brien, Commissioning Manager (Adults), People and Communities, Cambridgeshire and Peterborough (22 December 2021)
[13] CD126 - District Demand Profiles for Older People's Accommodation 2021-2036. CCC and Peterborough City Council, the five District Councils within Cambridgeshire and Cambridgeshire and Peterborough CCG. Pages 5-7 (general detail), 16-17 (SCDC) and 20.
[14] CD126 - District Demand Profiles for Older People's Accommodation 2021-2036 – table on page 5
[15] NHS Clinical Commissioning Group – from July 2022 named the Integrated Care Board

5.11. The report includes a table (below) which provides a '*summary of the demand in each of the respective districts and shows indicative units numbers* (sic) *at various points to 2036'* for residential and nursing homes, projecting that total market demand in the SCDC area will rise from 928 beds in 2021 to 1,052 beds by 2036.

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

Demand and progress points – residential and nursing homes 2021-2036 (District Demand Profiles report, page 20)

5.12. CCC admits that the forecast of market demand ' *is lower than the rate of growth in population, due to some of the expected demand being met by other care types'.* It anticipates that some of the demand will be delivered through increases in domiciliary care for people over the age of 60, and through the greater uptake of housing-with-care services (including the introduction of Independent Living Services tailored for people with high dependencies and dementia).

5.13. The *District Demand Profiles* provide little detail as to how demand has been assessed. It is only in the consultation response that any explanation is provided with CCC stating that the mid-point of the percentage growth suggested by LaingBuisson has been applied to existing supply to arrive at total market demand in 2036. There is no explanation why the CCC have relied upon such a wide range of proposed growth (between 4 and 23 per cent) nor any reason given as to why the mid-point has been used. The wide range suggests it may provide an indication of potential growth on a national basis and reflects existing levels of supply in each region. It does not appear that CCC commissioned a bespoke assessment for Cambridgeshire.

5.14. It is clear, however, that the 2021 base figure of '*total market demand in 2021*' (for each of the assessed local authority areas) is not an assessment of total market demand at all, but simply the number of existing CQC registered beds in April 2020.

5.15. What is unclear is whether any review has been completed to determine whether i) the quantity of existing supply is currently sufficient, ii) all the CQC registered beds are actually available or iii) if the quality of this supply will continue to be best suited to meet the needs of those who require care in a care home over the projection period. The third point is, in my view, particularly important given that CCC's commissioning strategy is to prioritise the support of people in their own homes and to explore alternative housing options. On this basis, those who need 24-hour care will have an urgent requirement for a care bed which must be suitable for those with high level nursing, dementia or complex care needs.

5.16. I note the most recent LaingBuisson report[16] shows that existing care home capacity (for older people and dementia (65+)) in the East of England is, with the exception of Greater London, considerably lower than the national average supply ratio. On this basis it could be expected that growth in care beds in Cambridgeshire should be closer to the top of the specified growth range rather than the mid-point. If growth of 23 per cent were projected, this would increase the total market demand from 1,052 to 1,141 by 2036 and mean an additional 213 beds would be required to meet the increased need, prior to any additional beds being required to replace any loss of existing supply over this period.

5.17. The current Market Position Statement identified a shortage of residential dementia, nursing and nursing dementia care beds in South Cambridgeshire. The District Demand Profiles do not appear to have assessed whether these shortfalls have been met prior to projecting future need, based on existing supply. This does not seem to be a robust methodology to use to assess the need for accommodation and care for the most frail elderly people. I have completed a review of occupancy levels[17] in the five SCDC care homes that are closest to the appeal site and there is no strong indication that this shortfall has reduced or that there is an excess of beds, particularly given the impact of the pandemic.

5.18. The District Demand Profiles report suggests that '*some of the demand will be delivered through increases in domiciliary care provision for people over the age of 60. We anticipate that there will be a growth in domiciliary care from 3,927 hours per week to 7,363 hours per week'.* However, the Market Position Statement also identified key pressures in i) homecare capacity, ii) care workforce recruitment and iii) a shortage of personal assistants'[18]. This position is unlikely to have changed and is very likely to have exacerbated since 2018 as a consequence of Brexit and the pandemic.

[16] App A - Care Homes for Older People – 32nd Edition (March 2022) LaingBuisson, page 79, Table 1.15.
[17] App B - Occupancy levels in care homes in SCDC local authority area
[18] CD128 – Cambridgeshire and Peterborough Market Position Statement (2018/19) page 4

5.19. While some older people will choose to move to housing with care prior to their care needs becoming acute, and will therefore benefit from on-site care provision, not all will want to do so (nor is there the capacity for this to happen). Some will choose to receive domiciliary care or family support and remain within their own, existing home. A significant proportion of older people in SCDC would self-fund their care and the level and cost of care required at home may reach a point where this is no longer feasible and a move to a care home is often the most appropriate option.

South Cambridgeshire District Council

5.20. The document *Housing Needs of Specific Groups - Cambridgeshire and West Suffolk (October 2021)*[19] was commissioned to provide evidence, based on local authority areas within these counties, to support the preparation of Local Plans. The projected population change in the SCDC local authority area between 2020 and 2040 suggests a 50 per cent increase in the 65+ age group over this period.

5.21. Projections indicate the potential level of additional specialist housing required by older people by '*drawing on data from the Housing Learning and Information Network (Housing LIN) Shop@ online toolkit*' which uses a baseline rate of 110 care bedspaces[20] (combined residential and nursing care) per 1,000 people aged 75 and over. It states that there is '***a current shortfall*** *and notable projected future need'* in SCDC. (emphasis added)

5.22. A shortfall of 642 care bedrooms is identified in South Cambridgeshire based on an existing supply of 742 beds in 2020. The shortfall is projected to increase to 1,613 care beds by 2040[21] assuming no change in existing supply. This, the report advises, is considered to be a *'maximum level'* as there is the potential for some of the need for residential (personal) care beds to be met through the provision of extra care housing.

[19] CD129 - Housing Needs of Specific Groups – Cambridgeshire and West Suffolk (October 2021) – page 275, 191 (para 8.45)
[20] CD129 - Housing Needs of Specific Groups – Cambridgeshire and West Suffolk (October 2021) – page 192, (para 8.49)
[21] CD129 - Housing Needs of Specific Groups – Cambridgeshire and West Suffolk (October 2021) – para 8.64 and table 103, page 199

6. Updated need assessment

6.1. My evidence updates the CPNA and is based on 2025 (previously 2023 and 2024 in the planning need assessments submitted as part of the application), being the earliest the appeal scheme could start to be made available, should it be allowed. To clarify, the figures in the need assessment do not assume the existence of the 80 beds proposed at the appeal scheme.

6.2. As set out in the CPNA, Carterwood, and I, adopt LaingBuisson Age Standardised Demand (ASD[22]) regional prevalence rates to analyse the gross need for care home beds. The rates are based on UK regional patterns of care home admission and are updated on a regular basis (usually annually). They are applied to ONS population data by age cohort (65–74, 75–84 and 85+ years). The gross need has declined over recent years due to increases in alternative forms of specialist housing and domiciliary care. The most recent update, issued in March 2022[23], provided two sets of figures: pre-pandemic (March 2020) and as at December 2021, at which point occupancy levels, which had been impacted by the pandemic, were increasing. LaingBuisson considered that occupancy rates were likely to return to pre-pandemic figures by 2023 and I have therefore used these rates on the basis that my assessment of need for care beds is based on 2025.

6.3. Recent research[24] indicates that 82 per cent of care home operators consider that pre-pandemic occupancy levels have either already returned or will do so within the next 6-12 months (by the end of 2023).

6.4. The Carterwood report defines a 'market standard' bedroom as providing a minimum of an en-suite with WC and wash-hand basin although it does not go so far as to stipulate a minimum size, accessibility or suitability for purpose.[25]

6.5. All new care homes provide spacious en-suite bedrooms, the vast majority being '<u>full</u> market standard bedrooms' akin to those proposed at the appeal scheme, providing en-suite wetrooms that include a level-access shower to enable bathing and personal care to take place within a resident's own room.

6.6. My analysis is again based on the SCDC local authority area to provide a comparable update. The research was updated on 14 November 2022 and incorporates changes to existing and planned care home provision. I have set out my updated review of planned supply and earliest likely deliverability [26].

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[22] ASD rates for the East of England used in our assessment are 0.5%, 3% and 12.5% (approximately – given data available on a subscription basis only) for the three age cohorts assessed from the age of 65 years (32nd edition of LaingBuisson's *Care Homes for Older People UK Market Report*) March 2022.
[23] App A - Care Homes For Older People UK Market Report 32nd Edition (March 2022). LaingBuisson
[24] App C - 2022 UK Care Homes – Trading performance review (December 2022). Knight Frank, page 5
[25] CD17 - Carterwood Planning Need Assessment, Appendix B 'Methodology', 'Definition of market standard beds' and Section 8, 'Key issues for the sector'.
[26] App D – Summary of planned provision of care homes in the SCDC local authority area.

6.7. There has been one significant change to planned provision: a reserved matters application has now been submitted for the retirement care village at Stapleford, which confirms that the proposed operator is seeking to progress on the basis of all C2 extra care housing and it is not intended to include a care home.

6.8. My updated analysis includes potential delivery timescales for planned schemes within South Cambridgeshire (both those with planning permission or pending a decision) and is summarised below.

T1: Planned supply (granted or pending) of care home beds by estimated year of delivery

Planned supply pipeline by year of delivery	SCDC All care beds	SCDC Dedicated dementia care beds
2022	0	0
2023	72	31
2024	15	8
2025	63	21
2026+ *	195*	65
Total assessed as being deliverable by 2025	150	60

* These figures exclude the site at Stapleford.

6.9. Table T2, below, sets out my updated planning need assessment, based on 2025:

T2: Market standard care bed need analysis summary (2025)

Basis of assessment	South Cambridgeshire District Council	
Type of care	All beds	Dedicated dementia
Gross need		
All bed/specialist dementia need	1,107	457
Occupancy capacity allowance	93	38
Total gross need	1,200	495
Supply		
Existing elderly en-suite	832	158
Existing elderly wetroom	550	147
Planned beds (to 2025)	150	60
Total supply (en-suite)	982	218
Total supply (wetroom)	700	207
Net need		
Elderly en-suite	218	277
Elderly wetroom	500	288

6.10. The analysis based on 2025, assuming all planned care beds assessed to be deliverable by 2025 are developed and operational (whether or not they actually proceed), indicates a net need for **218** market standard care beds in the SCDC local authority area. Net need increases substantially to 500 full market standard beds (providing level access wetrooms) in SCDC if the analysis is based on care bedrooms providing full en-suite wetrooms.

6.11. In terms of dedicated dementia care beds, my analysis indicates a significant net need for **277** market standard beds and a shortfall of 288 full market standard care bedrooms, based on 2025, and when taking into account the likely year of development of planned supply. This figure is in excess of the total for general beds due to the specific current shortfall of dedicated dementia provision best suited for this form of care.

6.12. While these figures project to 2025, my analysis of the **current situation** at the end of 2022, prior to any planned supply coming on stream, is that there is an existing shortfall of **275** market standard care beds and **299** dedicated dementia market standard care beds in SCDC. This increases to 557 and 310 care beds, respectively, when assessed on the basis of full market standard en-suite wetroom care bedrooms.

6.13. T3 below indicates the increasing net need in SCDC based on minimum market standard care beds only over the ten year period from our analysis based on 2025. It assumes that all planned care beds are developed and delivered in our anticipated timeframe and makes no allowance for any potential loss of existing care beds/homes.

T3: SCDC future market standard care bed net need (minimum market standard)

Catchment	2025	2030	2035
SCDC local authority area	218	176	392

6.14. While the Cambridge City Council local authority area is separate to SCDC, I have also had regard to the fact that the boundary between the two local authorities is in close proximity to the appeal site. My analysis of need for the Cambridge City Council local authority area on the same basis as set out above indicates that there is a net need for 34 minimum market standard care beds in 2025, increasing significantly over the 10 years to 219 by 2035.

T4: Cambridge City Council future market standard care bed net need (minimum market standard)

Catchment	2025	2030	2035
Cambridge City Council LA area	34	105	219

6.15. There is a shortfall of 83 dedicated dementia market standard care beds in Cambridge City based on 2025. This figure is again higher than the shortfall of elderly care beds due to the specific need for additional dedicated dementia care provision. There is no current planned supply in Cambridge City and my assessment assumes that there will be no loss of any existing care beds over this timeframe.

6.16. The significant existing and substantial increase in net need for care beds over the period to 2035 in both the SCDC and Cambridge City local authority areas, even assuming all currently planned schemes progress, emphasises the sustained growth in the elderly demographic and the requirement to ensure that sufficient and suitable provision is made available to meet the net need.

6.17. The recent appeal decision for a proposed retirement care village in Stapleford[27] (outline application for C2 extra care housing and care home beds – proportion to be agreed at detailed stage) made reference to the need for care home beds using the same Carterwood methodology as applied to this appeal scheme. The Inspector set out the gross and net need figures based on 2024 and suggested that these may be '*underestimates'* given the Council's own analysis for its emerging local plan.

6.18. He also made the point that '*the Council's committee report accepts that there can be no doubt that the development could make a very significant contribution towards meeting local need and gives significant weight to the issue. Its statement of case upgrades that assessment to very significant weight. I have no reason to disagree.*'

6.19. While the Stapleford appeal was allowed (based on the potential provision of 110 care home beds and 110 units of extra care), it is important to note that the subsequent reserved matters application is progressing on the basis of extra care housing only (for which there is also a substantial evidenced need) and therefore the shortfall in care home beds is now highly unlikely to be addressed at Stapleford.

6.20. The pandemic has highlighted the need for 'fit for purpose' care home accommodation which is suitable for those with high level nursing, dementia and complex care needs. It is incumbent on SCDC to ensure that a variety of modern, well-equipped supply is available for those who fund their own care and command a major proportion of the market in its area.

[27] CD113 - Appeal Ref: APP/W0530/W/21/3280395 Land between Haverhill Road and Hinton Way, Stapleford, Cambridge CB22 5BX (December 2021) Paras 42 and 43

7. Need assessment evaluation

7.1. Having provided my review of CCC and SCDC's position on planning need for care home beds together with my updated need assessment for the appeal scheme above, I evaluate the various elements of need analysis below in terms of:

i) existing provision

ii) population projections and homeownership

iii) prevalence rates

iv) planned supply

v) urgency of need

i) Existing provision

7.2. The Council's Statement of Case[28] questions the definition of a 'care bed' and states that CCC's assessment is based on the *'definition applied by the CQC and used in LaingBuisson research'*.

7.3. The most recent LaingBuisson research[29] discusses the difference between 'registered beds' and 'available beds' stating that '*typically, providers tend not to seek alterations in their maximum registered capacity, preferring to retain some flexibility'*. It would therefore be necessary to understand how the 'unavailable' beds are broken down between those that are temporarily unavailable (and could potentially be brought back into service) and those which are permanently unavailable (i.e. bedrooms that have been lost/reconfigured for other uses). Temporarily unavailable beds include those in shared rooms (which are now used as singles), rooms that are mothballed, being refurbished or are being kept vacant as they are expensive to staff/for other reasons. LaingBuisson suggest only a minority of registered but unavailable beds could realistically be brought back into service. There are a variety of reasons why a care home is operated at a reduced total capacity and it would be necessary for the CQC to enforce the re-use of unavailable beds (or reduce a care home's registered capacity accordingly) in order to fully assess the actual quantity of bedspaces within a particular catchment.

7.4. In calculating the current supply of beds, the CPNA assesses the provision of 'market standard' beds, being the total number of bedrooms operated by each care home that provide en-suite facilities. An en-suite is defined as providing a WC and wash hand basin and does not necessarily provide a level-access shower. This is, I consider, the best measure of total minimum market standard supply.

[28] CD120 - LPA Statement of Case, para 5.47
[29] App A - Care Homes for Older People (32nd Edition). LaingBuisson (2022) page 71 and 72

7.5. A care home's total registered capacity is often greater, as it includes the maximum number of bedspaces a care home is registered to provide by the sector's regulator, the CQC. As well as market standard bedrooms, registered provision will also include i) under-sized bedrooms, ii) bedrooms with internal stepped access which limits accessibility to more mobile residents, iii) bedrooms accessed via narrow corridors, iv) bedrooms of an inappropriate shape for the provision of care, v) shared-occupancy bedrooms which are usually now only marketable as single rooms, and vi) bedrooms with no en-suite facilities. Further detail is included in the CPNA[30].

7.6. Within the SCDC local authority area, there are 18 care homes, which provide 984 registered bedspaces, 85 per cent of which are equipped with an en-suite, meeting the criteria of 'minimum market standard'. Although this is above the UK average of 74.3 per cent, a percentage of 85 per cent still leaves15 per cent of registered bedspaces falling short of the minimum requirements now expected by the market. Moreover, only 56 per cent provide full en-suite wetrooms of the same size and specification as those proposed at the appeal scheme. Although this is above the UK average of 29.4 per cent, it remains the case that almost half of the existing provision is without a full en-suite wetroom.

T5: Existing supply in the SCDC local authority area

Care category	No of homes	Total reg. beds	Total en-suite	Total wetroom beds	% en-suite beds	% wetroom beds
Total market provision						
Overall	18	984	832	550	85	56
Specialist dementia provision						
Dedicated dementia homes	0	0	0	0	-	-
Dedicated dementia units	9	202	158	147	78	73
Overall	9	202	158	147	78	73

ii) Population projections and homeownership

7.7. Carterwood uses the most up-to-date ONS population projections in planning need assessments and the ONS 2018-based sub-national projections were used in the assessment in January 2022 and in my updated assessment above.

7.8. In South Cambridgeshire the 2021 Census[31] indicates that there has been an increase of 28.7 per cent in people aged 65 years and over, significantly above the average increase of 20.1% in people aged 65 years and over for England as a whole.

[30] CD17 - Carterwood CPNA, Appendix B 'Definition of market standard beds'
[31] ONS Census 2021

7.9. In terms of SCDC, the District Demand Profiles advised that 70 per cent of households owned their own home (including those with a mortgage). CCC commission approximately 30 per cent and the CCG a further 20 per cent of care beds in the district. This means that a high percentage of older individuals are funding their own care in a care home (approximately 50 per cent of placements in SCDC[32]) and their choice of location and quality of care home will be their decision (or that of their family acting as proxy) rather than the decision of CCC People and Communities Commissioning.

iii) Prevalence rates

7.10. The PPG[33] sets out evidence that plan makers can consider when identifying the housing needs of older people, stating that the future need for specialist accommodation for older people broken down by tenure and type may be assessed with the assistance of a number of online toolkits provided by the sector. Although PPG cites SHOP@ as an example, it was discontinued as an online toolkit in late 2019.

7.11. Both CCC and Carterwood have used research produced by LaingBuisson to provide their assessment of need for care home beds. The assessment completed for SCDC as part of the Housing Needs of Specific Groups report is based on the SHOP@ toolkit.

7.12. SCDC make no mention of the detailed need assessment set out in the *Housing Needs of Specific Groups* report published in October 2021 and commissioned by the Cambridgeshire and West Suffolk local planning authorities to examine such needs for the period 2020 to 2040. Its purpose was to provide robust and sound evidence to support the preparation of Local Plans.

7.13. SCDC's Statement of Case[34] advises that whilst they *'acknowledge that projections show that there will be an increase in the older population and that we need to plan for this need, the information from the County Council shows that there is a* (sic) *sufficient provision and pipeline provision to meet this need'.*

[32] CD126 – District Demand Profiles (South Cambridgeshire review 2nd page)
[33] Paragraph: 004 Reference ID: 63-004-20190626
[34] CD120 - LPA Statement of Case, para 5.49 and 5.50

7.14. This suggests that CCC, in the same way as other commissioning authorities, are seeking to prioritise homecare and support to enable people to stay within their own homes and retain as much independence as possible. The provision of housing-with-care seeks to enable some individuals to downsize rather than remaining in a home which may be too large and difficult to manage. A proportion of older people will, however, still go on to require 24 hour care in a care home where nursing and care staff are available on a full time basis. The current CCC Market Position Statement[35] clearly indicates key pressures for South Cambridgeshire are a *'shortage of homecare capacity' and 'care workforce recruitment'.* These were key pressures back in 2019 and are unlikely to have improved following Brexit and the pandemic.

7.15. While the provision of homecare is a preferred option for some older people to enable them to remain in their own homes, the difficulties in recruiting and monitoring staff to provide complex care across a wide geographical area are multifold. Overseeing staff within a care home both reduces the total number of care and travel hours required by staff to attend to the needs of older people. This applies equally to the availability of domiciliary staff on one site within a retirement community, however it should be noted that research shows that an average of 8.7 per cent of residents living in a retirement community eventually need to move into a care home[36].

[35] CD128 - Cambridgeshire and Peterborough Market Position Statement, page 4
[36] App E - Putting the 'care' in Housing-with-Care (November 2021) Associated Retirement Community Operators, page 3.

iv) Planned supply

7.16. My assessment of planned supply[37] sets out my estimate of the earliest likely deliverability of all planned schemes (with planning permission) and those pending a planning decision. Those that I expect to be made available by 2025, the year of assessment for the appeal scheme, are included in my assessment of need in 2025.

7.17. The pipeline supply includes the proposed new 72 bed care home at the former Fulbourn Social Club which is currently under construction and expected to be CQC registered and open during 2023. It excludes the previously proposed care home beds at Stapleford retirement village as it is now apparent (following submission of the detailed planning application) that the proposed operator intends the scheme to provide extra care accommodation only. The proposed retirement village at Station Road, Great Shelford also comprises retirement living only, with no care home provision and is therefore excluded.

7.18. Those sites that are expected to come on stream beyond 2025 (strategic sites where outline planning permission has been granted or is pending) are included in the projected assessment of need at 2030 and 2035. I would question, however, the likely timescales for development of these sites and whether any care home accommodation is proposed during the early stages of development, as residential housing usually takes priority.

7.19. Even when these schemes are included, there remains a net shortfall of care beds.

7.20. It should also be noted that the planning need assessments do not include any contingency for the loss of existing care homes/beds. I have checked the CQC database and the most recent closure was Macfarlane House in Papworth (previously registered for 14 residents) in 2017.

v) Urgency of need

7.21. As set out in my analysis above, there is an identified shortfall of care home beds in SCDC, particularly for the provision of dedicated dementia care.

7.22. The most recent figures provided by CCC do not appear to consider whether there is an existing shortfall of beds – they only apply a percentage increase to the level of existing registered supply (without any assessment to ascertain whether this is adequate and fit for the future on either a quantitative or qualitative basis) to reach a gross need by 2036. This methodology does not appear to be robust as there is potentially already an under-provision of care beds. Furthermore, it makes no allowance for the potential closure of existing supply or the fact that CQC-registered beds may no longer be fit for purpose or available.

[37] App D Planned provision of care homes in the SCDC local authority area.

7.23. Additional new supply will take some time to come on stream. The Stapleford[38] appeal decision makes the point that '*unless sites are specifically allocated for C2 development, the developers of such schemes are unable to compete for sites in the housing land supply market with the providers of C3 general housing accommodation, and so the delivery of C2 development will be restricted'*.

7.24. Older people who need care cannot afford to wait until appropriate levels of provision become available. This was identified as an issue in the Harpenden appeal[39] which related to the development of a 63 bed care home where the inspector observed '*Elderly people requiring car* (sic) *home accommodation are less able to wait than those in the general population needing accommodation because their needs are immediate. Accordingly, there is an urgency in meeting this unmet need and for all these reasons, significant weight is given to these housing and people care benefits'*.

7.25. While the identified shortfalls of care home beds vary due to the use of need analysis toolkits with different prevalence rates, it is apparent from each of the assessments that the current undersupply needs to be addressed and that the shortfall will continue to increase during the plan period.

Need Assessment Comparison

7.26. I have attempted to provide a comparison between the four available need assessments although the year of analysis varies between 2035 and 2040. The table overleaf provides an indication of the net need based on the existing supply of en-suite bedrooms as at 15 November 2022.

7.27. The table shows the wide range of need derived from the use of a range of toolkits. It is my view that the planning need assessment contained within this proof provides the most up-to-date analysis of the current and projected position on need as the prevalence rates used reflect the changes in the proportion of care bed supply required as part of the wider spectrum of housing and care. They also provide evidence on a regional basis and have regard to the likelihood and timing of the development of planned supply..

[38] CD113 - Appeal Ref: APP/W0530/W/21/3280395 Land between Haverhill Road and Hinton Way, Stapleford, Cambridge CB22 5BX (December 2021) para 67
[39] CD130 - Appeal Ref: APP/B1930/W/20/3259161 Chelford House, Coldharbour Lane, Harpenden AL5 4UN (September 2021), para 34

T6:				
Need assessment	Gross need	Year of analysis	Net need (less supply of 832 en-suite beds in 2022)	Notes
CRESR – Greater Cambridge report (2017)	2,219	2035	1,387	Increase in care beds of circa 80% (from the CRESR recommended supply of 1,233 beds in SCDC in 2016), by 2035[40]
SCDC – Housing needs of specific groups (2021)	2,355	2040	1,523	Based on Housing LIN SHOP@ toolkit
CCC District Demand Profiles (2021)	1,052	2036	220	Based on LaingBuisson research into projected care bed growth (utilising the mid-point of 13.5 per cent). If growth of 23 per cent is assumed, this would result in gross need of 1,141 beds with a net need for 309 beds by 2036.
Updated Carterwood need analysis (2022)	1,569	2035	737	Utilising LaingBuisson East of England Prevalence rates from 2022 report.

[40] CD121 – Older People's housing, care and support needs in Greater Cambridge 2017-2036 (November 2017) pages 30 (Table 4.5) and 32 (Table 4.6)

8. Qualitative need for the appeal scheme

Qualitative Assessment of Need

8.1. The recent *Less Covid-19* report, produced by the University of Leeds on behalf of the National Care Forum[41] considers the lessons learned by care home operators from the pandemic and suggests the physical environment is important in terms of preventing cross-infection.

8.2. Given the increase in the provision of housing-with-care and domiciliary care as an alternative option for those older people with lower care needs, the care requirements of those individuals who now move into a registered care home have increased markedly over the past 15 years. A failure to address the shortcomings in the quality and suitability of existing care home supply will result in inadequate accommodation for those who require high dependency nursing and dedicated dementia care.

8.3. KYN is both the developer and intended operator of the care home which enables the company to ensure the building is purpose-designed to provide a high-quality, fit-for the-future environment for those with complex care needs.

8.4. KYN specialises in the provision of nursing and dementia care and is developing care homes which are designed to promote the well-being of residents within smaller, more family-sized units where residents receive more focussed, individual support.

8.5. The homes benefit from the latest technology to ensure that staff spend as much time as possible with residents. I also note that the building will incorporate a variety of measures for the safety of staff and residents, including a fresh air handing system, thermo-scanners on entry and anti-bacterial room sanitisation to significantly reduce any risk of cross-infection.

8.6. Bedrooms are designed to be spacious to enable staff to perform their care duties safely, and will all incorporate full wetroom en-suites to enable residents' personal care to take place with dignity. This also enables residents to self-isolate as effectively as possible should this be necessary at any point during their stay. Technology will both assist residents but also monitor them, should this be agreed and necessary, to prevent potential falls and ensure staff are rapidly alerted to any possible issues.

[41] App F – Less Covid-19 report. Page 33

8.7. I note that the wider care home will provide a variety of communal rooms to include the Great Room and bar, activity rooms, library, cinema and private dining room. This will enable residents to spend time and interact with others, receive guests or enjoy family celebrations. A hair and beauty salon and therapy rooms will further benefit the well-being of residents as will the fully accessible outdoor terraces and landscaped gardens.

8.8. Further details of the proposed operation of the care home are set out by Mr David Roe, as an appendix to Mr Mike Derbyshire's proof of evidence.

8.9. It is now more than 20 years since the 'national minimum standards' were published by the then Department of Health, forming part of the Care Standards Act 2000, intended to apply to all care homes and used as part of the inspection process by the Government's then regulator and predecessor to the CQC. The environmental requirements included the provision of single occupancy bedrooms (only) with a minimum room size of 12sq m, with all bedrooms providing an en-suite with at least a WC and wash hand basin. Due to the level of opposition from care home operators at that time, the detail was revised which meant it only applied to new developments post 2002. Since that point, new care homes have continued to improve in terms of their design and layout however there is no requirement for care homes registered prior to 2002 to make any changes to their accommodation or layout.

8.10. Over the past 20 years operators of some 'pre-existing' care homes have reconfigured or extended the buildings where this has been possible and there have also been a number of closures. What is not fully known, however, is the number of registered beds that are no longer available or are no longer fit-for-purpose. Whether registered care beds are fit-for-purpose is now an even more pressing concern given that local authorities are seeking to provide housing-with-care or domiciliary care as an alternative for those with lower dependency care needs who would previously have moved into a residential care home. Those now requiring care in a care home have high dependency care needs which can only be met in appropriate care accommodation.

8.11. The pandemic has been a watershed for the care home sector with care operators learning from its impact on residents and staff. The outstanding lesson has been that the physical and spatial environment is of paramount importance. The Less Covid-19 study provided evidence that establishing self-contained 'zones' within care homes prevented the spread of the virus. This has resulted in care homes being designed to be more flexible with smaller clusters of residents and the availability of a range of dayrooms. Stringent infection control measures and the ability for residents to self-isolate in their own bedrooms with appropriately sized full wetroom en-suites are also key to providing care home accommodation that is both fit for the future and appealing to those whose needs mean that full-time care is the best or only option for them.

8.12. KYN's proposal is intended to meet this qualitative need for future-proof care homes that incorporate the latest technology for the safety of residents, and provide the space for staff to provide the most effective care, within a building which is specifically designed to accommodate the most frail elderly people and those living with the later stages of dementia, for whom domiciliary care and remaining within their own homes is no longer an appropriate option.

8.13. Below, I expand on the wider benefits of the proposal both to residents and to the NHS wider community more generally.

Benefits to residents, the NHS and the local community

8.14. The CPNA set out a number of key issues for the care home sector [42]. Where possible, the appeal scheme seeks to address these issues, to the advantage of potential residents, the NHS and the local community. I have identified these benefits as:

8.15. Benefits to residents:

i) 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. The proposed care home will provide spacious, well-appointed care accommodation with bedrooms providing full en-suite wetrooms.

ii) Greater safety and support for residents with nursing and care staff available on a 24-hour basis. The inclusion of a dedicated dementia unit seeks to address the significant need for specifically designed accommodation best suited to meet the particular care needs of these residents.

8.16. Benefits to the NHS:

i) Reduced reliance on the NHS with residents less likely to be admitted to hospital overnight.

ii) The availability of care beds suitable for rehabilitation or step-down care to reduce the level of delayed discharge and free up much needed NHS hospital beds;

8.17. Benefits to the local community:

i) Provision of a modern, well equipped care home enables residents to remain within their local community when they have high level nursing or dementia care needs;

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ii) Help for families who may find it a challenge to provide sufficient care and support to loved ones;

iii) Reduction in staffing requirements when compared to providing higher levels of domiciliary care to dispersed homes within the local community;

iv) The release of under-occupied family homes back to the housing market.

8.18. The Harpenden planning appeal[43] makes the point that the provision of a care home assists in a reduction in bed-blocking, thus further enabling the NHS to utilise beds more effectively, with the resultant benefits this has for the wider population. It is very clear that the issue of bed-blocking in the NHS is reaching a critical point, given the impact it is having on the delivery of accident and emergency care and the extended waiting times being experienced by ambulance crews.

8.19. In his first address of 2023, the Prime Minister outlined his five top priorities which included the reduction in waiting lists for the NHS so people can get the care they need more quickly. To achieve this aim the Government is providing funding to discharge people into social care and the community, freeing up hospital beds in order to alleviate the crisis in the NHS. While it is intended that the majority of those discharged from the NHS will receive care at home, a proportion will have more complex care needs which can be dealt with better and more cost effectively within a care home.

8.20. The issue of staff recruitment and retention in adult social care as a result of the impact of the pandemic and Brexit has left a significant number of job vacancies. This can be mitigated through the concentration of older people within care homes where their care needs can be fully monitored rather than elderly people with care needs being dispersed in the local community, where it is difficult to recruit and retain care staff to provide domiciliary care.

8.21. The Council refer to the need to provide *'specialist accommodation for the elderly on a mixed-tenure basis[44]'.* This is not relevant to the provision of care home accommodation as all CQC-registered care home beds are available on the basis of a weekly or monthly fee arrangement. The appeal scheme is intended to provide a high-end care home which will appeal to those older people who need to fund their own care (currently those with assets of over £23,250). Given the levels of home-ownership in the SCDC local authority area, a significant proportion of older people will be funding their own care in a care home and they or their families will therefore decide whether i) a care home is the best option for them or whether they would prefer to rely on self-funded home care if this is available, and ii) whether they would like to move to the appeal scheme, should planning permission be granted.

[43] CD130 - Appeal Ref: APP/B1930/W/20/3259161 Chelford House, Coldharbour Lane, Harpenden AL5 4UN (September 2021), para 43
[44] CD120 - SCDC Statement of Case, paras 5.44-5.45

8.22. Prior to the Care Act 2014[45], the remit of adult social care commissioning authorities, such as CCC, was concerned only with the availability of care beds in care homes for elderly people whose care was funded by the authority. The Care Act placed a duty on commissioning authorities to ensure their local care market is healthy and diverse, to provide or arrange services to keep people well and independent and to help prevent the need for additional care and support. Importantly, commissioning authorities are now required to ensure there is adequate provision for all older people and not just those whose care needs are state-funded.

8.23. As set out in the CPNA[46], local authorities continue to substitute community-based models of care where possible, as a more cost-effective alternative to residential care. This, however, is unlikely to be sustainable in the short to medium term as there is a tipping point when the cost of providing homecare into older people's own homes becomes more expensive than 24-hour care in a care home, or individuals reach a point where their continued safety necessitates a move to a care home.

8.24. The rates currently paid by local authorities are rarely sufficient to fund the development of new care homes. Through the development of care homes intended for the self-pay market, additional care bed capacity is created and this will, in turn, free up supply that has the potential to be affordable to the local authority.

8.25. Furthermore, the specialisation in the care of those living with dementia both meets the significant need for dedicated dementia care beds in SCDC's local authority area, and also showcases best practice in the provision of specialist dementia care for the care sector generally, with Admiral Nurses specially trained in dementia nursing for residents and in supporting to their families.

[45] The Care Act (2014) Part 1, Section 5 – General responsibilities of local authorities.
[46] CD17 - Carterwood Planning Need Assessment, December 2020, Section 9, page 16

9. Conclusion

9.1. On a national basis, there is a 'critical' need for additional housing for older people given the significant growth in the elderly demographic. The pandemic has put social care, and more particularly care homes, in the spotlight, highlighting their essential role in caring for the most frail older people who can no longer live independently. Care homes are also increasingly being identified as the best way to unblock delayed discharges from hospital to alleviate the crisis in the NHS.

9.2. In the SCDC local authority area, CCC predict a very significant growth in older people with both lower levels of need and complex needs including those living with dementia and those with multiple co-morbidities. CCC advise this will require the significant growth and development of specialist accommodation with care for older people. It suggests that this accommodation should be focussed mainly in the northeast and south of the district, with Girton being an area identified as requiring an increase in supply.

9.3. CCC's strategy, while recognising the part which traditional care homes will play, is to develop a mixed care market to offer choice to people when making decisions about their current and future care needs. This is intended to be delivered by increasing domiciliary care provision and through the development of housing-with-care. While these forms of care provide more cost-effective options for CCC as a commissioning authority, it should be noted that approximately 50 per cent of older people in the SCDC local authority area fund their own care and will therefore decide which care options are most suitable for their specific needs.

9.4. Housing-with-care offers those older people who choose to downsize the opportunity to benefit from on-site care provision, although many older people decide to remain in their existing homes and receive domiciliary care or support from family or friends. However, there may come a point where the level and cost of care required means such options are no longer feasible, with a move to a care home being the most appropriate option for those who can no longer live, or be supported to live, independently.

9.5. The CCC *Market Position Statement* identified a shortage of residential dementia, nursing and nursing dementia care beds in South Cambridgeshire. Existing care home capacity in the East of England is also considerably lower than the national average supply ratio.

9.6. Nevertheless, within its document *District Demand Profiles,* CCC have applied the mid-point of a range of growth rates to the existing supply of care homes in the SCDC area to provide a projection of the level of additional need in the district. While the need to increase supply is identified, it is unclear whether a robust quantitative or qualitative review of existing provision was completed to determine whether it currently meets existing need or whether it is suitable for the more complex care requirements of those elderly people who will require a care bed over the projection period.

9.7. The *Older People's Housing Care and Support Needs in Greater Cambridge* report, a bespoke review commissioned by SCDC to address the needs of a rapidly ageing population, recommended that the supply of specialist housing in Greater Cambridge would need to be 80 per cent higher by 2035. It stated that Cambridgeshire had the lowest level of care home provision per capita in the region and that it also needed to increase by 80 per cent by 2035.

9.8. The *Housing Needs of Specific Groups* report commissioned by *inter alia* SCDC states that there is '*a current shortfall and notable projected future need'* in the SCDC local authority area, citing a shortfall of 642 care bedrooms in 2020. The shortfall is projected to increase to a maximum of 1,613 beds by 2040 assuming no change in existing supply, on the basis that some of the need for residential care beds (as distinct from nursing beds) could be met through the provision of extra care housing.

9.9. My updated analysis uses the most up-to-date prevalence rates for the region and identifies a shortfall of **218** minimum market standard care beds in the SCDC local authority area in 2025, the earliest the appeal scheme could be made available and when taking into account when the planned supply is likely to be developed. The net need increases substantially to **500** bedspaces if the analysis is based on care bedrooms providing full en-suite wetrooms, akin to those proposed in the subject scheme.

9.10. I have also considered the specific need for dedicated dementia care beds, for which an existing shortfall is identified in South Cambridgeshire by CCC. My analysis indicates a net need for **277** minimum market standard dedicated dementia beds (**288** for full market standard care bedrooms) based on 2025. This figure is in excess of the total for general beds due to the specific current shortfall of dedicated dementia bedspaces.

9.11. Given its proximity to the site and the subject local authority, I have also completed a similar assessment of need for Cambridge City on the same basis and this identifies a shortfall of 83 minimum market standard dedicated dementia care beds, with the shortfall increasing substantially over the period to 2035, even assuming there is no loss of any existing registered care home beds.

9.12. While there are schemes in the planning pipeline, and these are included within my analysis, there is only one care home currently under construction in the SCDC local authority area. Even on the basis of minimum standard care beds only, the net need for additional care beds in SCDC's area increases to **392** beds by 2035 assuming all planned care beds are developed over this timeframe and that there is no loss of any existing provision.

9.13. The need assessments completed by CCC, SCDC and my update to the CPNA all indicate an existing and increasing need for additional care beds and the timely development of new supply is necessary to meet not only the existing shortfall, but also to address the rapidly increasing need based on the projected substantial growth in the elderly population in South Cambridgeshire.

9.14. Given the wider range of options intended by CCC to meet the needs and expectations of all older people, those now requiring care in a care home will have high dependency care needs which can only be met in appropriately specified accommodation. Care operators have learned from the pandemic and the fact that the physical and spatial environment of a care home is of the utmost importance.

9.15. As an operator-led development, the appeal scheme is specifically designed for purpose, having regard to the needs of the local community and providing an attractive option for those older people whose nursing and dementia care needs progress to the requirement for full-time care. It is intended to provide a well specified, fit-for-purpose and future-proof care home and to become a specialist centre of excellence, providing research-led care for those living with dementia.

9.16. The proposal would also lead to a range of additional benefits for both residents and the local community including: reducing reliance on, and cost to, the NHS; assisting families having difficulties meeting the care of loved ones; reducing the overall need for social care within the wider community; and freeing up a significant quantity of family-sized housing.

9.17. The Committee Report attributed significant weight[47] to the need for the appeal scheme, stating that it '*would meet an identified need for specialist C2 housing with a focus on dementia care and provision of a Dementia Research Centre'*.

9.18. The need for a variety of forms of accommodation and care for older people is critical. Older people who are in need of care cannot afford to wait until appropriate levels of provision become available. The PPG is clear that '*where there is an identified unmet need for specialist housing, local authorities should take a positive approach to schemes that propose to address this need'*.

9.19. It is plain that there remains a significant unmet need for additional care home beds for older people and more specifically, high-quality care accommodation best suited for those with complex care needs. In my judgment, substantial weight should be attached to this need when determining this appeal.

[47] CD91 - Committee Report Para 10.116

Appendix

A. Care Homes for Older People – 32nd Edition (March 2022). LaingBuisson

CARE HOMES FOR OLDER PEOPLE

UK MARKET REPORT

THIRTY-SECOND EDITION

Researched and written by William Laing

Report includes
Market Definition
Residential Care Homes
Nursing Care Homes
Dementia Care
Major Providers
Investors
Market Potential
Provider Profiles

Sponsored by

CMS
law·tax·future

Chosen provider of independent sector
healthcare market data to the ONS

1.8.7 *Occupancy rates*

1.8.7.1 Pre-Covid

As noted at the beginning of Section 1.2 and Section 1.8, occupancy rate commentaries can easily by confused by the existence of two equally valid measures of care home occupancy, occupied beds divided by registered beds and occupied beds divided by available beds.

The question of definitions has been highlighted in this report since new information on occupancy has become available from CQC inspection reports in England. The great majority of reports now state the number of residents on the date of the inspection visit as well as the maximum for which the home is registered. The most important conclusion from analysis of the CQC occupancy rates, all of which have been extracted by LaingBuisson, is that they work out significantly lower than the hitherto established ‘norm’ of about 90% derived from survey data in the public domain and from most of those major care home groups that report occupancy rates.

Aggregation of occupancy data from CQC inspection reports indicates an average ‘physical’ occupancy rate of a little over 79% of registered beds at the end of 2020 for all registered independent sector care homes for older people and dementia in England. This raw number needs to be adjusted upwards, however, because CQC inspectors may not count residents who are temporarily absent on the day, including those who have been admitted to hospital as an emergency and those who are temporarily absent for other reasons. There is no visibility on temporary absences as a whole, though a briefing published in July 2019 by the Health Foundation[23] has reported that the probability of an older care home resident being admitted to a hospital as an emergency is 0.7 per resident per year. If this is combined with the duration of emergency admissions (8 days on average) it can be used to calculate that, on average, 1.5% of older care home residents will be in hospital at any one time. Allowance then has to be made for those of them who were counted by CQC inspectors. Equally, allowance has to be made for residents who were temporarily absent from their care home for other reasons, and who were not counted by CQC inspectors. Because neither of these figures is known, LaingBuisson has assumed that a net 1.5% of paid-for care home residents are not counted by CQC inspectors when they report occupancy in their reports (including bed spaces which are paid-for while being cleared following the death of a resident and a small number of paid-for spaces in block contracts where no resident exists at all).

The outcome of these calculations is summarised in Figure 1.20 which estimates that paid-for occupied bed spaces stood at 80.5% of registered beds at December 2021. This represents a partial recovery from a low point of about 77% at the height of the pandemic) in UK care homes for older people and dementia, LaingBuisson projects further recovery to the pre-Covid rate of about 85% (occupied beds divided by registered beds) by spring 2023.

Typically, providers tend not to seek alterations in their maximum registered capacity, preferring to maintain some flexibility. In order to draw a complete picture of care home demand and capacity, it is ideally necessary to know how the ‘unavailable’ beds are broken down between those that are temporarily unavailable (i.e. could potentially be brought back into service), and those that are permanently unavailable (could not realistically be brought back into service). The breakdown is not known at present, though the various components can be described:

Temporarily unavailable bed spaces include:

– Registered double rooms which have been let at singles; the ‘unused’ bed spaces in these arrangements have been classed as temporarily unavailable, even though any return to the time when shared room occupancy was common is very unlikely

23 Arne Wolters, Filipe Santos, Therese Lloyd, Creina Lilburne and Adam Steventon. Emergency admissions to hospital from care homes: how often and what for? Published by the Improvement Analytics Unit of the Health Foundation. https://www.health.org.uk/sites/default/files/upload/publications/2019/Emergency-admissions-from-care-homes-IAU-Q02.pdf

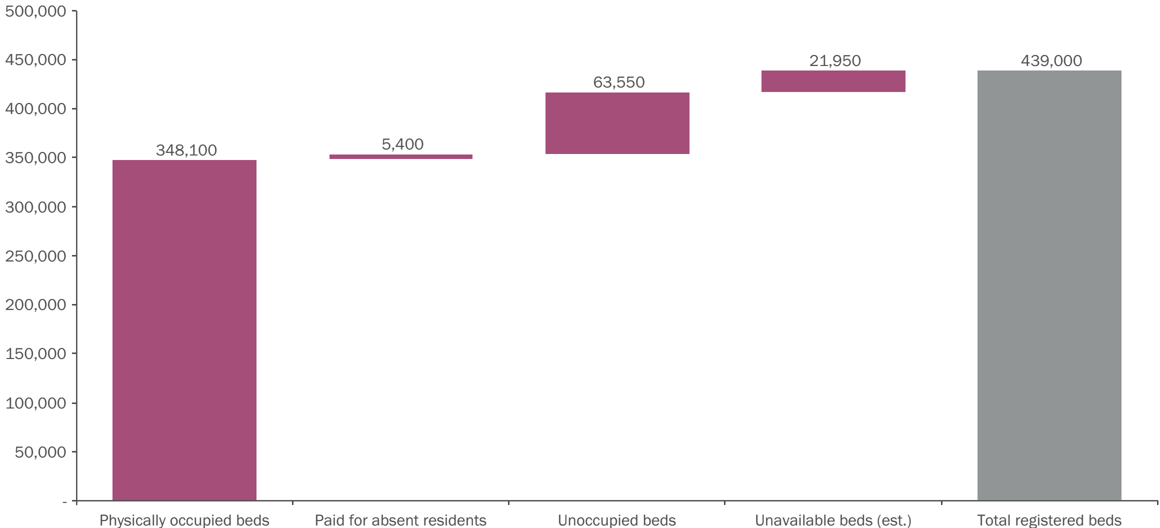
- Other temporarily unavailable registered capacity which could potentially be brought back into service, including units or rooms which:
    - o Have been mothballed
    - o Are being refurbished
    - o Are kept empty because staffing is unavailable or too expensive; or
    - o Are being deliberately kept vacant for some other reason

Permanently unavailable bed spaces include registered bed spaces which have been put to alternative use, such as staff rooms or lounges.

The probability is that only a minority of registered but unavailable beds could realistically be brought back into service, meaning that in practice the amount of spare capacity in the system at December 2021 was closer to the 15% figure (denominated on available beds) than the 20% implied by the CQC data on occupancy (denominated on registered beds).

Figure 1.20

Estimated breakdown of registered bed capacity into available (occupied + unoccupied) and unavailable registered capacity, independent sector (for-profit and not-for-profit) care homes for older people and dementia UK, December 2021



Source: Table 1.1 for registered and occupied beds and LaingBuisson estimates for unavailable bed capacity

In just one case, Four Seasons Health Care, does sufficient information exist in the public domain to make a bridge between occupancy denominated on registered beds and occupancy denominated on available beds, and these numbers are set out in Table 1.11 to demonstrate that such bridges are possible to construct with real data. Four Seasons' statutory report and accounts for 2018 report a weighted average occupancy rate of 88% of 'effective beds' (equivalent to 'available beds') across the Four Seasons and brighterkind portfolios. At the same time, it is possible to estimate occupancy at 80% of registered beds from the company's report and accounts. This compares closely with a figure of 81% of registered beds independently calculated from CQC

Table 1.15

Index of supply[1] of care home capacity for older people and dementia (65+) by standard region, 2020 all sectors, UK = 1.00

Region	Residential (personal) care			Nursing care			All sectors
	Ind sector	Local authority in-house	All resid.	Ind sector	NHS long-stay hospitals	All nursing	Total
North East	1.24	0.48	1.19	1.24	0.98	1.23	1.21
North West	1.17	1.07	1.16	1.10	0.87	1.09	1.13
Yorkshire & the Humber	1.21	0.93	1.20	0.87	0.84	0.87	1.05
East Midlands	1.26	1.03	1.24	0.89	0.61	0.88	1.08
West Midlands	1.05	0.29	0.99	0.96	0.78	0.95	0.98
East of England	1.08	0.78	1.06	0.75	0.57	0.74	0.92
Greater London	0.54	0.33	0.52	0.82	1.04	0.83	0.66
South East	1.02	0.89	1.01	1.08	0.56	1.06	1.03
South West	1.04	0.48	1.00	0.93	0.57	0.91	0.97
England	1.05	0.00	0.98	0.96	0.73	0.95	0.97
Wales	0.83	2.33	0.94	0.91	1.76	0.94	0.94
Scotland	0.58	2.74	0.73	1.37	1.93	1.39	1.02
N Ireland	0.92	2.10	1.00	1.52	5.69	1.71	1.31
United Kingdom	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Note: **1** Index of supply is the ratio of actual registered beds to the number that would be expected if UK capacity per unit age weighted population were applied to the population of the given region

Source: LaingBuisson database

Table 1.16

Capacity changes by region, independent sector (for-profit and not-for-profit) care homes for older people and dementia (65+), between March 2020 and December 2021

Region	Capacity (beds) 31 March 2020	Capacity (beds) 31 December 2021	% change in period	Index of supply (inc. public sector) UK=1.00 1
North East	22,239	22,357	0.5%	1.21
North West	53,659	54,306	1.2%	1.13
Yorkshire & the Humber	38,597	37,999	-1.5%	1.05
East Midlands	35,066	35,737	1.9%	1.08
West Midlands	39,326	39,682	0.9%	0.98
East of England	42,934	42,426	-1.2%	0.92
Greater London	26,278	26,036	-0.9%	0.66
South East	68,918	70,124	1.7%	1.03
South West	45,118	45,207	0.2%	0.97
England	372,136	373,874	0.5%	0.97
Wales	19,808	19,747	-0.3%	0.94
Scotland	32,985	32,547	-1.3%	1.02
N Ireland	13,162	12,799	-2.8%	1.31
United Kingdom	438,091	438,967	0.2%	1.00

Note: **1** Index of supply is the ratio of actual registered beds to the number that would be expected if UK capacity per unit age weighted population were applied to the population of the given region

Source: LaingBuisson database

Appendix

B. Occupancy levels in care homes in SCDC local authority area

Occupancy levels in care homes in SCDC local authority area.

1 I set out below a brief analysis of the occupancy levels as reported in the most recent CQC reports for the five closest care homes to the appeal site in the SCDC local authority area. 'Self-reported' data is provided to the local authority by care home operators, however, this is not available in the public domain.

Care home	CQC Registration date	CQC registered beds	CQC inspection date	Occupancy/ total beds	Occupancy %	Distance from appeal site/miles
Arlington Manor CB3 0FW	Nov 2018	85	Jan 2021	51/85	60%	0.8
Bramley Court CB24 9AH	2008	72	Jan 2021	72/72	100%	1.6
Midfield Lodge CB24 3BG	1996	60	Jan 2021	36/60	60%	2.1
Etheldred House CB24 9EY	1995	94	Aug 2017	75/82*	91%	2.3
Cottenham Court CB24 8SS	1996	62	Feb 2021	55/62	89%	4.3

*total beds as set out in inspection report

2 Occupancy levels will, in part, be dependent upon the timing of the CQC inspection (if following first registration), and the impact of the pandemic will have put considerable pressure on resident numbers during a period within which:

- any outbreaks of Covid-19 would have immediately necessitated a stop on any new referrals being made to the home to prevent any cross-infection,
- the ability to recruit new staff was severely restricted and use of agency staff significantly reduced, given concerns about cross-infection between care homes,
- potential residents and their families will have been concerned about visiting restrictions (during lockdowns or Covid-19 outbreaks in the home) and the decision to move a loved one into a care home may have been delayed,
- family members who were working from home or on furlough would have been in a better position to provide informal care,
- excess care home deaths during the pandemic will have caused a short term reduction in need, expected (by LaingBuisson) to have returned to projected figures by 2023.

3 Carterwood monitor the 'fill rate' of all new care homes utilising occupancy data provided in CQC inspection reports. A care home's occupancy is increased over an extended period of time following it's initial registration with the CQC, in order to:

- Prioritise the safety and care of each new resident as they settle in.
- Enable staff recruitment as resident numbers increase. With staff costs at approximately 55–65% of the operational cost, recruitment, by necessity, immediately precedes the opening of each unit within the care home.

4 A typical 60-bed care home usually takes between approximately 18 and 28 months to reach mature occupancy levels, based on average fill rates of approximately 3 residents per month in the early stages following CQC registration, reducing to a net increase of around 2 residents per month from 12 months onwards (this includes the re-filling of bedrooms, given that the average length of stay of residents is around 18 months).

5 Arlington Manor was first registered by CQC on 8 November 2018 and had therefore been operational for approximately 26 months at the date of the CQC inspection (11 January 2021). The occupancy levels reported are therefore fairly consistent with our research into new build care homes particularly given that the pandemic broke out in the UK approximately 16 months following the initial registration of the care home.

6 Occupancy at Midfield Lodge was lower than it may have been expected to be at the time of the inspection in January 2021. An article, dated July 2021, states that Midfield Lodge unfortunately recorded 17 deaths from coronavirus between April 2020 and March 2021 The covid outbreak will also have impacted on the home's ability to take any new referrals, as set out in para 2, above.

7 A further explanation is that following a review of the group, the then operator (HC-One) was progressing the refurbishment and modernisation of over 200 of its care homes to meet the growing demand for more complex care and dementia care. The announcement was delayed due to the pandemic, but in March 2021 the company advised it was to sell 52 care homes and close 4 as part of the review process. Midfield Lodge was one of the homes that was sold (it was re-registered under new ownership in October 2021). Midfield Lodge and Cottenham Court are the only two care homes in the list above which do not provide bedrooms with full wetroom en-suites.

8 The most recent inspection of Etheldred House was in 2017. Although a more recent inspection was completed at the home during December 2020, this only covered Butterfly House, a '*designated setting for the provision of care and accommodation to nine people with COVID-19*' within the grounds of the main building. It is interesting to note that the Inspection report stated that '*each person's single occupancy room had on-suite* [sic] *facilities such as a shower, toilet and sink. There were nine bedrooms in total. The communal bathrooms had been closed to reduce the risk of cross contamination'.* This, in my opinion, reflects the way in which care home accommodation has progressed in terms of the minimum standards required (single bedrooms with en-suite wetrooms) to cater to the needs of those who now require 24 hour care and to prevent any cross-infection.

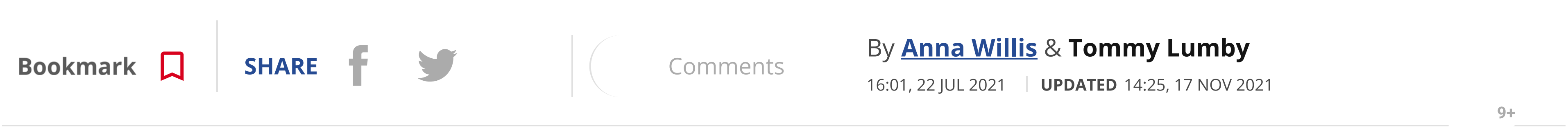
9 Occupancy across the two other care homes is particularly high given the CQC inspection dates during the covid pandemic and indicative that there is a potential shortfall of existing supply.

10 On a national basis, occupancy is returning to pre-pandemic levels (cited by LaingBuisson as being approximately 90% of available beds or 85% of registered beds). Carterwood's analysis assumes that pre-covid occupancy levels will have returned by 2025, the year of our analysis.

76659595577

New figures rank Cambs care homes by number of Covid deaths for the first time

513 deaths were recorded by care providers in Cambridgeshire during the first year of the pandemic.



By Anna Willis & Tommy Lumby
16:01, 22 JUL 2021 | UPDATED 14:25, 17 NOV 2021

Privacy

[illegible] nge in Peterborough, reported the most coronavirus deaths in Cambridgeshire (Image: Google maps)

Privacy

The data shows 513 deaths involving Covid-19 were registered by 78 care providers in Cambridgeshire from April 10, 2020, to March 31 this year.

Read more: Should proof of full vaccination be an entry requirement for nightclubs?

That includes residents whose deaths were suspected or confirmed to have resulted from Covid-19.

It also counts deaths of residents under the care of the provider that notified the death to the CQC, regardless of where the virus was contracted or where the death occurred.

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This was followed by Primrose Hill Care Home, with 20 deaths, and The Gables Care Home in Whittlesey with 19, both in the county council area.

Combat Siege

If you own a mouse, you have to try this game. No Install. Play for free.

Nutritional Science Ltd

Joint Doctor Begs Brits To “Repair” Joints With This Tip (Every Morning)

Sponsored Links by Taboola

Aria Court, Midfield Lodge, and Bramley Court, all in Cambridgeshire, recorded 17 deaths from coronavirus between April 2020 and March 2021.

Overall, 21 homes across Cambridgeshire reported at least 10 deaths each.

Across the country, nearly 7,000 care homes reported at least one death, with just over 1,200 reporting 10 or more and 152 recording at least 20.

Kate Terroni, CQC’s chief inspector of adult social care, said: “In considering this data it is important to remember that every number represents a life lost – and families, friends and those who cared for them who are having to face the sadness and consequences of their death.”

She said the figures aimed to provide a more comprehensive picture of the impact of Covid-19 on care homes, the people living in them and their families.

9+

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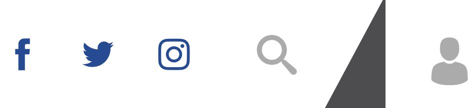

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“Our thoughts today are particularly with everyone who has been directly affected, whether as care home residents, sta… …mily or friends

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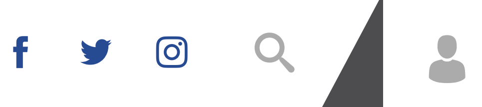

She added that the figures once again highlighted the case for reforming and refinancing social care so every older person who needs it can get high-quality support.

Care homes across England found themselves at the centre of the first wave of the pandemic last year as residents returning from hospitals were not required to be tested for the virus beforehand until mid-April.

Critics believe care homes were hit much harder as a result, as they say this allowed the virus to spread faster.

Of the deaths reported across Cambridgeshire in the last year, 41 per cent happened during the first wave - between April 10 and the end of June last year.

That compared to 47 per cent over the same period across England as a whole.

A Department of Health and Social Care spokesman said: "Every death from coronavirus is a tragedy and epest sympathies are with everyone who has lost loved ones.

"Throughout the pandemic we have done all we can to protect vulnerable people in adult social care.

"We have provided billions of pounds to support the sector including on infection and prevention control measures, free PPE, priority vaccinations and additional testing."

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Cambridgeshire Traffic and Travel

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I l C b id _

Top 10 care homes by the number of deaths reported

The following data is ordered by each car home name, the local authority and then the number of deaths

Ashlynn Grange, Peterborough, 21

Primrose Hill Care Home, Cambridgeshire, 20

The Gables Care Home in Whittlesey, Cambridgeshire, 19

Aria Court, Cambridgeshire, 17

Midfield Lodge, Cambridgeshire, 17

Bramley Court, Cambridgeshire, 17

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Eagle Wood Neurological Care Centre, Peterborough, 16

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ELATE A E R

All 98 Cambridgeshire neighbourhoods ranked by Covid infection rate
CambridgeshireLive

Struggling Cambs parents to receive nearly £100 of supermarket vouchers for children
CambridgeshireLive

Each Cambridgeshire care home was contacted for comment about the data released.

A spokesperson for Four Seasons Health Care Group, who run Midfield Lodge, said: “From the outset of the pandemic w ed immediately to protect everyone in our homes in an extremely challenging situation and it’s thanks to the tireless efforts our e availability of testing from July 2020 that the situation has continued to improve for more than a year.

Privacy

"Residents and their families become part of our extended family over the time they live with us and our thoughts and sympathies are with all families who have lost a loved one from coronavirus.

“The past 17 months have been an exceptionally difficult time for everyone working in and connected to The Gables Care Home.

“Throughout the pandemic we have worked tirelessly to protect our Residents and Colleagues.

"This includes taking steps to ensure all of our homes were following the government’s guidance at every stage, focusing on the highest standards of infection control, making sure we were using the recommended PPE, utilising all opportunities to participate in testing and supporting the vaccine rollout.

“Despite these measures, sadly our outbreak took place at a time when community transmission rates we h and before the introduction of the more regular testing programme or vaccine programme, both of which have become st defences we have. As we move forward, we continue to be exceptionally vigilant, especially as lockdown measures conti. o ease.

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UK's largest care provider HC-One puts 52 care homes up for sale and plans to close four

Last Updated: 01 Mar 2021 @ 14:53 PM

Article By: Sue Learner

HC-One which runs 328 care homes for around 14,000 residents, has revealed it is putting 52 of them up for sale and is planning to close four.

The care provider, which has care homes in England, Scotland and Wales, is currently investing in refurbishing and modernising over 200 of its care homes and is also carrying out a new build programme. This has led to HC-One opening its first care home in York, Mossdale Residence, at the start of 2021, with a further two new care homes set to open soon, one in Bingham and one in Telford.

James Tugendhat, HC-One's chief executive, said: "We are putting 52 of our homes up for sale in areas where we feel our communities would be better served by a local operator in conjunction with other local services. We are also proposing to close four homes. In both cases, we will work closely with our local partners and commissioners.

“Whilst we have chosen to make this announcement now, having determined our investment priorities, our sales and the four closures will only happen when we are convinced that we have found the right alternative operator, and when residents are able to safely move to their new care placement, ensuring continuity of care throughout the pandemic.

"We will also be providing all possible support to our colleagues to make these processes as smooth as possible for them. It will be business as usual for every home until all these processes are complete."

Mr Tugendhat added: “We strive to be the first choice for our families, our colleagues and our commissioners, and best meet the evolving care needs of the country, including the growing demand for more complex care and dementia care."

HC-One revealed that it wants to invest “where we can have the greatest impact and more effectively ready ourselves for the evolving needs of those we care for”.

A spokesman for the HC-One added: “A review of our portfolio was well underway before the pandemic started and we took the decision to put this review on hold last year as the pandemic began.

“Homes which are being sold will be sold as operational care homes and we will be working closely with prospective buyers to ensure that our colleagues’ jobs and the existing terms and conditions of their employment are protected by TUPE (Transfer of Undertakings Protection of Employment) regulations.

“For those homes which will close, we will provide all possible support to our colleagues to gain ongoing employment."

In the wake of the announcement, the union GMB has called on the government to sort out the social care crisis and put in place sustainable funding reform.

Rachel Harrison, its national officer, said: “The Government has failed to deal with the problems in the social care system over years with the covid pandemic revealing the yawning cracks in the system from years of Government neglect.

“This announcement that one of our biggest social care providers is having to sell off and transfer care homes during the biggest public health crisis in all our lifetimes, just shows how broken the current system is – maybe even on the verge of collapse.”

She added: “Government Ministers have promised reform, calling for better integration with our health and public services, but we need more than just words and a promise of bringing forward reforms in the far-off future we need the details of the plan and action now.”

Comments

Sort : Newest Comments

Etheldred Healthcare Limited

Etheldred House Care Home

Inspection report

Clay Street
Histon
Cambridgeshire
CB24 9EY

Tel: 01223236079
Website: www.excelcareholdings.com/care-home/cambridge/etheldred-house-care-centre

Date of inspection visit:
04 December 2020

Date of publication:
24 December 2020

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**

Summary of findings

Overall summary

Etheldred House Care Home is registered to provide accommodation, nursing and personal care for up to 94 people some of whom may be living with dementia. The service's main building is divided into four 'houses' over two floors. The designated setting is a separate building called Butterfly House, it will provide accommodation and personal care only to up to nine people with COVID-19.

We found the following examples of good practice.

The designated setting was a separate building within the location's grounds. On admission, people who have tested positive for COVID-19 would be admitted using the front entrance to the building to enter and exit. Staff will use a separate side entrance and exit to the building.

Each person's single occupancy room had on-suite facilities such as a shower, toilet and sink. There were nine bedrooms in total. The communal bathrooms had been closed to reduce the risk of cross contamination.

The registered manager confirmed that there would be a dedicated team of staff including care workers and housekeeping staff who would only work at the designated setting Butterfly House.

Staff had additional infection prevention and control training from the CCG (clinical commissioning group) in house around COVID-19, handwashing and how to put on and remove their PPE safely. Staff also had CCG 'response' training which trained staff to help them identify COVID-19 symptoms and to guide them on where to seek advice.

Team leaders undertook competency checks and spot checks on staff such as handwashing.

The furnishings in people's rooms within Butterfly House were wipe cleanable. Fabric canvas and artwork were to be removed and replaced with pictures that had a wipe clean front. There was separate bedding, crockery, glasses and equipment to be used in the designated setting only and not shared throughout the location. This was to reduce the risk of cross contamination.

The registered manager told us that if staff at the designated setting had to evacuate in an emergency, they would assemble in a separate area to staff working in the main building. They said they had updated their locations fire risk assessment to reflect this.

We were assured that this service met good infection prevention and control guidelines as a designated care setting.

Further information is in the detailed findings below.

Etheldred House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This was a targeted inspection looking at the infection control and prevention measures the provider has in place. As part of CQC's response to the coronavirus pandemic we are conducting a review of infection control and prevention measures in care homes.

The service had been identified for use by the Local Authority as a designated care setting in response to the Winter Plan for people discharged from hospital with a positive Covid-19 status. This inspection was to ensure that the service was compliant with infection control and prevention measures.

This inspection took place on 4 December 2020 and was announced.

Appendix

C. 2022 UK Care Homes – Trading performance review (December 2022). Knight Frank

Shaping up for a Healthy Future

Knight Frank

2022 UK Care Homes

Trading Performance Review

knightfrank.com/research

2022 Survey in Numbers

102,195 CARE BEDS

1/5 OF THE UK CARE MKT

79% OF THE CORPORATE GROUP MARKET

67 COUNTIES

842 TOWNS & CITIES

2022 Results at a Glance

Occupancy

ALL CARE		PERSONAL		NURSING	
83.4% ▲		83.6% ▲		83.3% ▲	
Private Pay ▼ 81.7%	Local Authority ▲ 85.3%	Private Pay ▲ 82.4%	Local Authority ▲ 86.3%	Private Pay ▲ 81.1%	Local Authority ▲ 84.7%

Average weekly fees

ALL CARE		PERSONAL		NURSING	
£980 ▲		£847 ▲		£1,054 ▲	
Private Pay ▲ £1,244	Local Authority ▲ £856	Private Pay ▲ £1,102	Local Authority ▼ £729	Private Pay ▲ £1,419	Local Authority ▲ £912

Staff costs (% of income)

ALL CARE		PERSONAL		NURSING	
58.9% ▼		58.1% ▼		59.3% ▼	
Private Pay ▼ 46.9%	Local Authority ▼ 65.2%	Private Pay ▲ 49.5%	Local Authority ▲ 49.5%	Private Pay ▼ 44.8%	Local Authority ▼ 65.3%

EBITDARM (% of income)

ALL CARE		PERSONAL		NURSING	
26.3% ▲		26.9% ▲		26.1% ▼	
Private Pay ▲ 36.8%	Local Authority ◀▶ 18.5%	Private Pay ▲ 35.4%	Local Authority ▼ 17.6%	Private Pay ◀▶ 37.8%	Local Authority ▲ 18.4%

TABLE 1 | **2022 Results Like for like comparison**

Average weekly fees

Occupancy

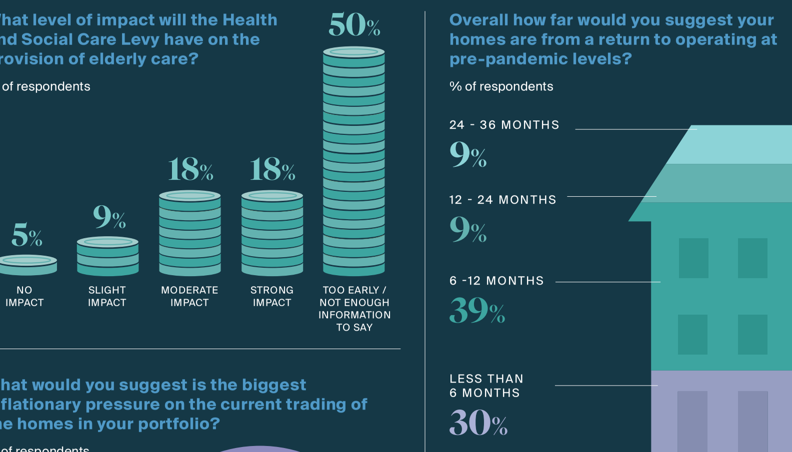
Staff costs

● 2022 ● 2022 like for like sample

Operator sentiment survey

What level of impact will the Health and Social Care Levy have on the provision of elderly care?

% of respondents



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

% of respondents

24 - 36 MONTHS 9%

12 - 24 MONTHS 9%

6 -12 MONTHS 39%

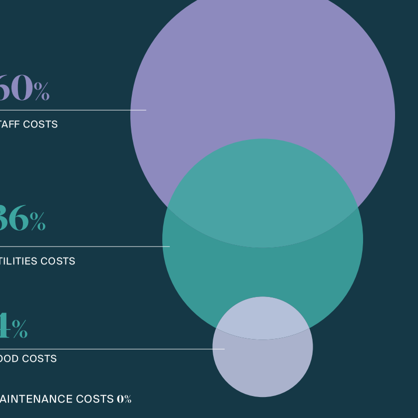
LESS THAN 6 MONTHS 30%

ALREADY BACK AT PRE-PANDEMIC LEVELS 13%

36 MONTHS+ 0%

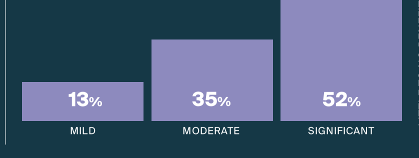
What would you suggest is the biggest inflationary pressure on the current trading of the homes in your portfolio?

% of respondents



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

% of respondents

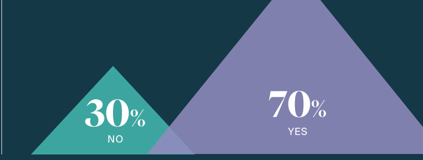


Do you believe that the current inflationary pressures will greatly impact you operations?

% of respondents

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

% of respondents



Appendix

D. Summary of planned provision of care homes for the elderly in SCDC area

Planned supply in SCDC local authority area

T19	Details of planned provision									
Map ref	Site address	Applicant	Scheme description	Net elderly beds	Dementia beds	Has construction commenced ?	Earliest estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
Granted										
A	Huntingdon Road Development, Huntingdon Road, Cambridge, CB3 0LG	University of Cambridge	Proposed development comprising up to 3,000 dwellings; up to 2,000 student bedspaces; 100,000 sq.m. employment floorspace, of which: up to 40,000 sq.m. commercial floorspace (Class B1(b) and sui generis research uses) and at least 60,000 sq.m. academic floorspace (Class D1); up to 5,300 sq.m. gross retail floorspace (Use Classes A1 to A5) (of which the supermarket is 2,000 sq.m. net floorspace); Senior Living, up to 6,500sq.m. (Class C2); Community Centre; Indoor Sports Provision; Police; Primary Health Care; Primary School; Nurseries (Class D1); Hotel (130 rooms); Energy Centre.	75	25	No	2026	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 element.
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	No	2024	4.4	S/1095/17/FL - 13/02/2018	No evidence of construction or change to the registration of the care home.
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	Yes	2023	5.0	S/3418/17/FL - 28/11/2018	The care home is being developed by Hamberley Development and will be operated by Hamberley Care Homes.

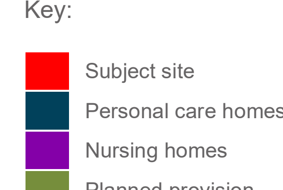
T19	Details of planned provision									
Map ref	Site address	Applicant	Scheme description	Net elderly beds	Dementia beds	Has construction commenced ?	Earliest estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
D	Waterbeach Barracks and Airfield Site, Waterbeach, Cambridge, CB25 9QZ	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	No	2026	5.3	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	No	2025	5.7	S/3809/19/ FL - 04/09/2020	Due to the site's previous use as a fuel depot, there is a condition to complete remediation works prior to the commencement of construction. A S73 application for a variation of conditions to accommodate design changes was made in November 2021 and granted in September 2022.
F	Land between Haverhill Road and Hinton Way, Stapleford, Cambridge, Cambridgeshire, CB22 5DQ	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.	0	0	No	2026	5.9	20/02929/O UT - 28/12/2021	This application is for a retirement care village and it was previously indicated that this could be for up to 110 care beds and 110 private extra care units. A reserved matters application 22/04303/REM was validated on 27 September 2022 and is currently pending.

Pending										
G	Land Adjacent to Waterbeach Barracks and Airfield Site, Waterbeach, Cambridge, Cambridgeshire, CB25 9LY	RLW Estates Ltd	Outline planning permission (with all matters reserved) for development of up to 4,500 residential units, business, retail, community, leisure and sports uses, new primary and secondary schools and sixth form centre, public open spaces including parks and ecological areas, points of access, associated drainage and other infrastructure, groundworks, landscaping, and highways works.	60	20	Pending decision	2026	5.7	S/2075/18/OL	This scheme will include 'up to 450 units within use Class C2'. Given the outline nature of this application and the extreme scale of the C2 element, we have assumed a 60-bed care home/80-units of extra care for the purpose of our analysis. This application forms part of a major development which includes application S/0559/17/OL.
			Total in SCDC by 2025	150	60					
			Total in SCDC from 2026	195	65					

Notes: Planning research was undertaken on 15 November 2022. Any applications added to our planning registers after this date will be excluded from our analysis.

Existing and planned care home provision

Figure 2: Map of all existing and planned provision



Map references refer to schemes identified in table, above.

The SCDC local authority area is outlined in dark blue.

Appendix

E. Putting the 'care' in Housing-with-Care (November 2021) Associated Retirement Community Operators

Putting the 'care' in Housing-with-Care

Integrated Retirement Communities: improving care quality and tackling the workforce crisis

1. Executive Summary

New research on the care provided by Integrated Retirement Communities shows that...

1

Integrated Retirement Communities provide high quality care

- **97%** of domiciliary care agencies run by ARCO members in Integrated Retirement Communities are rated **Good or Outstanding** by the CQC, and is even higher than the **88%** of domiciliary care agencies overall.
- Particular strengths of Integrated Retirement Communities include being:
  – Caring (**100%** Good or Outstanding)
  – Responsive (**98%** Good or Outstanding)
  – Safe (**98%** Good or Outstanding)
  – Effective (**97%** Good our Outstanding)

2

Residents greatly value high-quality, flexible care

- **88%** of Integrated Retirement Community residents say the availability of 24/7 CQC-regulated care was either a **'positive' or 'very positive'** factor behind their decision to move there.
- **93%** either 'agree' or 'strongly agree' that Integrated Retirement Communities provide a safety net for them.
- Care in Integrated Retirement Communities shows itself to be flexible over time: for residents receiving domiciliary care, the **average number of hours of care** required per week goes up from nine in the first year of a resident's stay, to **11.8** in the third year, and **14.7** from the seventh year.
- Conversely, up to **20%** of residents experience a **drop in care needs** upon moving into an Integrated Retirement Community, due to improvements in health and wellbeing.

3

Efficient care delivery frees up care workers

- Due to Integrated Retirement Communities reducing care needs for up to 20% of residents, **the number of care hours is cut by approx. 13,500 per year** for a scheme of 200 residents.
- With the Homecare Association calculating that 16% of a typical hour of domiciliary care is spent on travel time and mileage, a **further saving of approx. 10,762 hours per year** is also made, due to the **closer proximity of residents**.
- If our sector achieves its aim of 250,000 people living in Integrated Retirement Communities by 2030, these reductions in care hours mean that **20,000 fewer care staff** are needed (compared to providing domiciliary care to the same number of people in the community).

4

High-quality care helps bring widespread health and wellbeing benefits

- **Residents enjoy improved exercise, fitness and independence:** for example, residents experience a 75% increase in levels of exercise.
- **Residents benefit from increased life expectancy:** in particular, female residents enjoy a significant boost to their life expectancy when compared to the wider population, standing at close to five years at some points.
- **Residents experience lower levels of depression, loneliness, isolation and anxiety:** just 1% of residents say they often feel isolated.

5

These health and wellbeing benefits save billions for the NHS and social care

- For residents in Integrated Retirement Communities, costs like **GP, nurse and hospital visits** reduce by **38%**.
- **£5.6bn** in savings will be made for for the **health and social care system system** if the sector achieves its aim of 250,000 over-65s living in an Integrated Retirement Community by 2030.
- An average of only **8.7%** of residents need to move into a more expensive **residential care home** after living in an Integrated Retirement Community, despite residents reporting higher levels of need and lower levels of health than average upon moving in.

6

The benefits of Integrated Retirement Communities have been shown during the pandemic

- **Fewer Integrated Retirement Community residents died from Covid-19 (0.97%) than expected** between March and December 2020, when compared with people of the same age living in the wider community.
- **The majority of Integrated Retirement Community operators had no or very few confirmed and strongly suspected Covid-19 cases** during each month in 2020.
- Important reasons for this good performance have included the ability of residents to **self-isolate effectively** in independent flats, the **internal and external layout** of Integrated Retirement Communities, the correct use of **PPE**, and restrictions placed on **communal settings**.

7

High-quality Integrated Retirement Communities should be supported and expanded via:

- A **clear definition of an Integrated Retirement Community being set out by the Department of Health and Social Care** which has the provision of high-quality domiciliary care at its heart.
- DHSC expanding Integrated Retirement Communities by **using the Care Act** to put duties on local authorities, publishing a **guidance note on Integrated Retirement Communities** to all directors of adult social care, and including a specific chapter on Integrated Retirement Communities in the forthcoming **social care reform White Paper**.
- **Cross-government working between DHSC, DLUHC and other departments, to:**
  - Clearly define Integrated Retirement Communities in the planning system.
  - Strengthen consumer regulation for Integrated Retirement Communities.
  - Develop new forms of tenure suitable for Integrated Retirement Communities.
  - Find a sustainable funding settlement to grow affordable Integrated Retirement Communities for those with moderate means.

Appendix

F. Less COVID-19 (2020). University of Leeds, Niche Leeds and National Care Forum.

LESS COVID-19

Learning by Experience and Supporting the Care Home Sector during the COVID-19 pandemic: Key lessons learnt, so far, by frontline care home and NHS staff

A report supported by

Version 1; 7 October 2020

SUMMARY

The COVID-19 pandemic is having a significant impact on the social care sector, in particular, people living and working in care homes for older people. The spread and outbreak of the virus in care homes has varied greatly across the sector, sometimes with devastating impact. The full picture of incidence and death rate from COVID-19 in UK care homes is not known, as the situation is still evolving. However, until effective vaccines for the virus are available, older care home residents will remain vulnerable and at greater risk of poorer outcomes if they contract COVID-19. Capturing lessons learnt about the symptoms, progression, and management of this viral infection in the older population (aged over 65 years) in England and sharing these lessons learnt with care homes that have not yet experienced an outbreak of the virus is crucial. This is the focus for our work with care homes in England.

This research was driven by the reflective and responsible leadership within the care sector. The National Care Forum (NCF) were very keen to learn as quickly as possible from the early days of the pandemic and to share this learning to support the sector. The work presented in this report therefore represents an important partnership between researchers at the University of Leeds and the National Care Forum (NCF), working with care home colleagues, to generate findings with practical relevance. We have conducted two phases of work (June to September 2020):

1. **Interviews with frontline care home and NHS staff in June and July (n=35) to gather in-depth understanding of:**
    - the clinical presentation and illness trajectory of COVID-19 in older people (to date);
    - what worked well, or what more was needed, for care and treatment; and
    - lessons learnt for supporting infected older people to recover or die well.
2. **Consultation with senior operational and quality managers in care homes in September (n=11) to establish:**
    - the resonance and relevance of Phase 1 findings; and
    - strategies for managing COVID-19 at an organisational level within the home for the mutual benefit of residents, relatives and staff.

The findings are presented under the following themes:

1. Clinical presentation: COVID-19 does not always present as a cough and fever in older people
2. Unpredictable illness trajectory
3. Managing symptoms and providing supportive care: No ‘magic bullet’
4. Recovery and rehabilitation: Promoting physical, cognitive and emotional well-being post-virus
5. End of life care: Being prepared and supported
6. Infection prevention and control: ensuring relevance, preventing complacency and promoting confidence among care home staff and residents
7. Promoting partnership through cross sector working and support

We have summarised the main lessons learnt by staff who participated in the study, followed by suggested strategies for care home managers and staff based on the experiences and reflections of study participants and, importantly, taking into consideration the care home context, acknowledging the needs (often complex) of people living, and also working, in care homes. We have presented the lessons learnt and strategies in boxes after each theme to provide accessible summaries for our care home colleagues. It is important to highlight that the findings are located within a particular time frame and context. It is recognised (and acknowledged) that over time understanding and knowledge about the presentation, trajectory, treatment and support of older people with COVID-19 is developing, alongside evidence and guidance. However, this practical knowledge collected during the first wave has real value for the care home sector, as we move into a second wave.

The willingness of colleagues to share their time while under considerable pressure of the first wave demonstrates strong and responsible leadership in the sector. Importantly, by learning and sharing the sector demonstrated a commitment to move from 'surviving' the first wave to finding ways to better manage (or 'thrive') in subsequent waves. These findings, however, also highlight systemic issues associated with underfunding, limited integration across health and social care and a lack of wider recognition and value of the contribution of the care home sector and (importantly) its staff. This crisis should prompt government and society to address these long-standing issues.

The report concludes with a call to action. Many of these actions can be grasped by the sector; however, there are levers and actions needed that are beyond the control of the sector and need support and action from government. Finally, a call for researchers and funders to work in partnership with the sector to ensure research fully addresses the priorities of residents, their relatives, staff, and care provider organisations. The COVID-19 pandemic has highlighted the need for research with and for the care home sector.

Our intention is for the report to remain an 'active' document with opportunities to continue learning lessons and sharing strategies for the benefit of those living and working in care homes. We will disseminate this report (version 1; 7 October 2020) widely and invite care providers to comment on resonance, relevance, and any gaps via an online survey ***(https://leeds.onlinesurveys.ac.uk/less-covid-report-feedback)***. The University of Leeds will lead on updating the report (by January 2021). Finally, we plan to co-create resources from this work that are useful for the sector. This will be led by NCF, working with the University of Leeds and care providers.

Infection prevention and control: ensuring relevance, preventing complacency and promoting confidence among care home staff and residents

Participants (from both care homes and the NHS) described the importance of infection prevention and control (IPC) in care homes during the pandemic. This included strategies for minimising person-to-person contacts and cross infection, as well as effective use of personal protective equipment (PPE) and infection control policies. Phase 2 participants emphasised the impact of staff shortages and the challenges this presented fulfilling extended IPC measures and practices.

Minimising cross infection

Participants described 'cohorting' and 'zoning' approaches - many referring to the Bushproof method (Fewster, 2020) - to manage residents with suspected or confirmed COVID-19 in separate parts of the care home from those without the virus. It is important to point out that care home staff reported doing this in advance of any Government guidance and demonstrates their leadership, creativity and innovation at this difficult time. However, approaches for zoning residents dependent on their COVID status were only considered possible if the physical environment (care home layout and space) facilitated it and the staff resource was sufficient: some care home managers stated this was not possible in their environment or because of staff shortages. NHS participants highlighted solutions used in the NHS which may be applicable for the care home environment, for example Derby doors, inflatable doors to segregate areas.[5]

One example of how a 'COVID-19 zone' was created is presented. Residents who tested positive with the virus were moved into a lounge area, set up as a communal ward area. The lounge was large enough to place resident beds and manual handling equipment (e.g. hoist) while still maintaining distance between residents. Benefits were recognised through this communal set up: residents were not isolated in a single room and so were able to see other residents and staff; care workers were able to provide timely and efficient care for residents; and access to an outdoor space from the lounge area meant residents (and staff) had the freedom to walk outside with no risk to residents in the care home without the virus. It was acknowledged that this temporary move created confusion for some residents but the benefits for the majority were considered to outweigh this and staff supported residents during the process and their stay in an unfamiliar environment. It is not known how this may be perceived by relatives.

The cohorting of staff (where staff numbers permitted and regardless of the physical environment) was also important to minimise cross infection: staff exclusively cared for either COVID positive or negative residents, or where zoning was not possible care workers were isolated to specific floors/communities in the care home. This is now recognized in Government policy (Public Health England, 2020). Care home managers shared their experiences of isolating both care and cleaning staff to specific communities of residents to minimise cross infection. Care staff only mixed with staff in their cohorted area: they did not mix with staff in other parts of the care home. Other staff (e.g. catering or laundry) did not enter care environments nor come into contact with care staff: food and laundry were placed outside the entrance to the care community for collection by care staff. In addition, staff working in different cohorts were not permitted to share lunch times or breaks. Phase 2 participants emphasised that minimising cross community working was only possible with enough staff numbers and difficult (or impossible) when care homes were operating with significant staff shortages. The Adult Social Care Infection Control Fund (Department of Health and Social Care, 2020c) was introduced in May 2020 for this purpose: ***"to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience"***.

5. ***https://fabnhsstuff.net/fab-stuff/the-derby-door***