

Planning need assessment
Elderly care home

The Oaks, Clacton Road, Weeley Heath, Clacton-on-Sea CO16 9EF

Prepared for:
LNT Group

Carterwood Report – July 2023

Prepared by:

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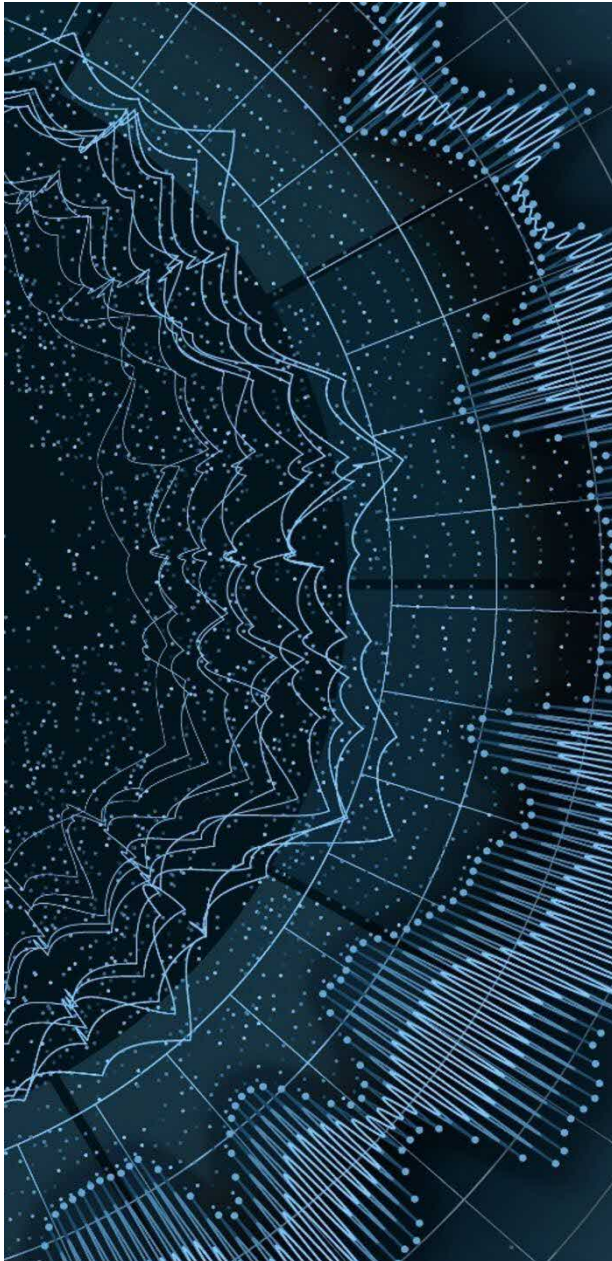
- Sector specialists
- Data quality
- Innovation



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T1 Planning need assessment summary	
Site	The Oaks, Clacton Road, Weeley Heath, Clacton-on-Sea CO16 9EF
Proposed scheme	66-bed purpose-built care home to meet the needs of all aspects of elderly care provision, including personal and dementia care.
Notes	The subject scheme is not included in our 'planned supply' figures Need assessment based on a circa 5-mile market catchment, a 3-mile sensitivity catchment and the Tendring District Council area.

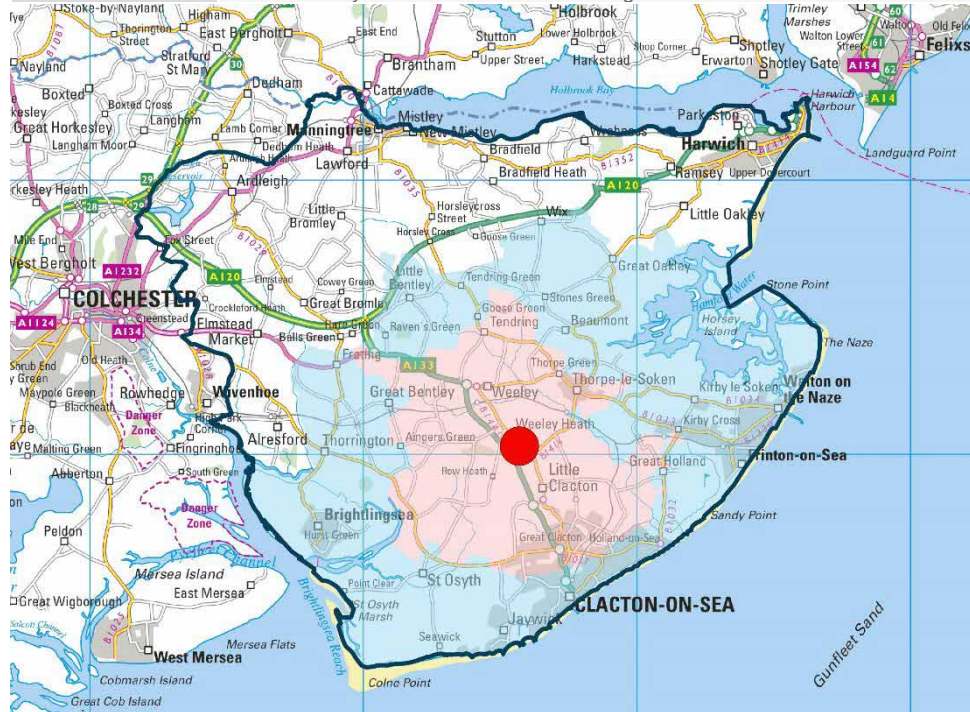


Figure 1: Location of the proposed care home and its catchment areas

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

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

T3 Need analysis summary (2026)						
Basis of assessment	All beds			Dedicated dementia		
	Market	3-mile	LA	Market	3-mile	LA
Type of care						
Need						
All bed/specialist dementia need	1,051	252	1,321	434	104	546
Occupancy capacity allowance	88	21	111	36	9	46
Total need	1,139	273	1,432	470	113	592
Supply						
Existing elderly en-suite	1,012	30	1,232	94	0	134
Existing elderly wetroom	224	0	308	28	0	48
Planned beds (to 2026)	426	90	426	193	32	193
Total supply (en-suite)	1,438	120	1,658	287	32	327
Total supply (wetrooms)	650	90	734	221	32	241
Net need						
En-suite bedrooms	-299	153	-226	183	81	265
En-suite wetroom bedrooms	489	183	698	249	81	351

For full assumptions, see Table T16 on page 23.

T4 Conclusions and recommendations	
<p>Our assessment based on 2026, the earliest the proposed care home could be available, indicates a net need for 489, 183 and 698 full market standard wetroom care home beds in the market catchment sensitivity catchment and local authority, respectively. We have also assessed the balance of provision for dedicated dementia beds in 2026, which indicates a net need for 249, 81 and 351 full market standard wetroom care home beds in the market catchment sensitivity catchment and local authority, respectively. Our analysis of net need on the basis of minimum market standard care home bedrooms only, shows a potential excess of beds in the market catchment and local authority area, assuming all planned schemes progress and there is no loss of existing supply. There is, however, considerable need for 153 care beds in the 3-mile sensitivity catchment and significant need for additional dedicated dementia bedspaces; 183, 81 and 265 minimum market standard bedspaces in the market catchment, sensitivity catchment and local authority, respectively. The shortfalls are expected to increase to 839 and 1,133 full market standard wetroom beds by 2036 in the market catchment and local authority, respectively. This assumes that all planned schemes are developed, and that existing supply and prevalence rates remain constant, reflecting the sustained and escalating nature of need. Essex County Council commissioning identifies key demand drivers for new care home beds, particularly for dementia care, given expected growth in the elderly demographic. Based on the market catchment, a good proportion of those requiring care are likely to be self-funded, and their choice of care home will therefore be based on location, quality of care and accommodation, and proximity to friends and family, rather than funding alone. We consider there to be a significant and increasing unmet net need for additional full market standard wetroom elderly care home beds within the market catchment. The proposed care home will be capable of caring for residents of all dependency levels, including those who require dementia care within a specialist unit, with well-specified, flexible, COVID-19-compliant care accommodation to enable care to be administered most effectively.</p>	



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1. Introduction

- 1.1 Carterwood has been commissioned to prepare a need assessment on behalf of LNT Group in relation to the development of a new 66-bed purpose-built care home at The Oaks, Clacton Road, Weeley Heath, Clacton-on-Sea CO16 9EF.
- 1.2 The proposed development will provide a modern care home capable of flexibly adapting to meet the needs of all aspects of elderly care provision. It will incorporate physical adaptations and an environment suited to the provision of specialist dementia care, to meet a growing need in this area.
- 1.3 In this report, we have considered the national context, together with a detailed study of the market catchment and local authority area.

Limitations to advice

- 1.4 The trading environment of the care sector in the UK, which impacts upon market conditions, remains in a volatile state. Contributing factors include political and economic pressures resulting from some ongoing limitations of post-Brexit trading conditions, operating with the legacy and future risks of COVID-19 and the effect of the conflict in Ukraine.
- 1.5 Our reports are prepared using high-quality data and expert analysis from our experienced team. Any recommendations made are based upon the market and financial climate as at the date of the report, but do not take into account future economic or market fluctuations caused by the events outlined above or other unforeseen events.
- 1.6 This report contains data relating to the 2011 census. The England and Wales 2021 census took place on 21 March 2021; the first release of this data was published on 28 June 2022, with additional releases following in spring/summer 2023, and with the final release of all data outputs for England and Wales provisionally expected by November 2023. The Scottish census was delayed, with the first outputs expected in autumn 2023 with additional releases to follow and with all data expected to be available during 2025. We will monitor the census data release schedule, reviewing new data as it is released and ensuring the data is embedded into our analysis as quickly as possible.

T1 Instruction summary

Purpose of advice	Planning need assessment
Research date	18 July 2023
Prepared by	Jessica Stainthorp BSc (Hons)
Reviewed by	Jessamy Venables BSc (Hons) MSc MRICS
Report date	31 July 2023

2. Carterwood

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



T2 Elderly care home



T3 Retirement living



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



3. Description of proposal



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

Location and scheme description

- 3.1 The site comprises The Oaks, Clacton Road, Weeley Heath, Clacton-on-Sea CO16 9EF. The site is situated in Weeley Heath, on the south western side of the B1441 Clacton Road, approximately 4.5 miles to the north of Clacton-on-Sea.
- 3.2 The proposed care home will provide high-quality care accommodation, with 66 single occupancy bedrooms, each equipped with a full en-suite wetroom.
- 3.3 The care home is designed to be flexible in terms of the layout of accommodation and to offer a range of spacious communal areas, each of which will be finished to the highest standard.

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



Figure 3: Location map of the subject site

4. The proposed scheme – position on the care spectrum

- 4.1 We have compared the subject care home against other forms of accommodation in respect of care provided, cost of care, accommodation type and regulation. Table T4, below, shows the range of options available within this ‘spectrum of care’.
- 4.2 Delayed discharge legislation, which imposes fines upon local authorities for ‘blocked beds’, is resulting in hospital stays becoming increasingly shorter. A temporary move to a care home is often considered as a short-term measure for those who require rehabilitation prior to returning home, with the decision or need to move permanently into a care home usually considered at a late stage in life. For those with high dependency care needs or dementia, 24-hour care within a care home may be the only suitable long-term option.
- 4.3 A substantial variant to the provision elements of the care spectrum below is informal/family care. An estimated 8.8 million or more unpaid carers provide significant support to elderly relatives, neighbours and friends (Age UK 2019). This allows many thousands of people to remain in their own homes, particularly when the support is alongside home care and/or day care. Thus, a range of care requirements and a range of services co-exist, sometimes with considerable overlap.
- 4.4 The proposed care home will be capable of providing care for residents of all dependency levels, including those who require residential or dementia care within

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

Key findings – the subject scheme and the care proposed

The proposed, specifically designed, care home will provide 66 single bedrooms, all with en-suite wetrooms, together with a variety of spacious, well-appointed communal areas.

As hospital stays become increasingly shorter due to delayed discharge legislation, rehabilitation within a care home is often considered as a short-term measure. For those with high dependency needs or dementia, 24-hour care within a care home setting may be the only suitable long-term option.

The proposed care home will be capable of caring for residents of all dependency levels, including those who require specialist dementia care, by providing flexible, COVID-19-compliant care accommodation to enable care to be administered most effectively and efficiently.

T4 Elderly care spectrum						
Accommodation	Standard housing	Sheltered housing	Extra care / assisted living	Care homes	Care homes with nursing	Hospitals
Care provided	Domiciliary care			Personal care	Nursing and medical care	
Cost of care	Low to medium and highly variable			Medium to high	High	Very high
Accommodation types	Standard housing	Age-restricted, age-exclusive or sheltered housing	Extra care, assisted living, very sheltered housing	Residential setting		Acute hospital
Accommodation style	House, cottage, flat, bungalow, suite, apartment			Bedroom, suite		Bedroom
CQC regulation	Regulated only if care provided			Highly regulated – all care and accommodation		
Proposed care home				Requirements met in the proposed care home		



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5. Definition of a care home and care categories

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

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

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

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

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

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

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

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

6. UK elderly population trends and market size

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

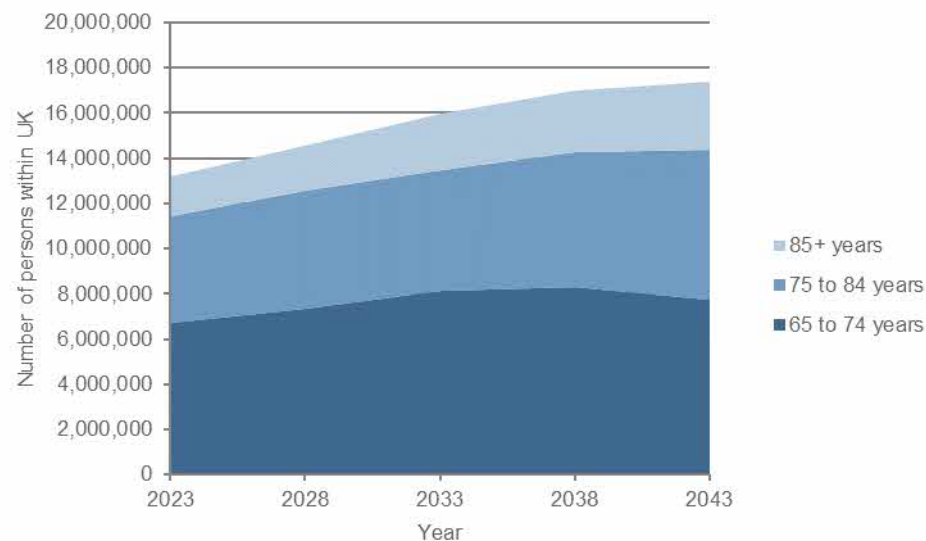


Figure 4: UK 65+ population growth 2023 to 2043 by age band

Source: 2011 Census, government population projections.

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

7. National provision of care homes

7.1 There are currently approximately 10,500 care homes providing just under 460,000 registered care beds for older people in the UK.

7.2 T5 analyses the supply by year of first registration and identifies the significant proportion of homes registered both prior to and during the 1990s. As a broad generalisation, care homes registered from 1990 are likely to include en-suite bedrooms and those registered from 2010, full en-suite wetrooms.

T5 Existing elderly care bed supply by year of first registration (UK)			
Year	Care homes	Total registered beds	% of total beds by age banding
2020s (2020–)	320	20,313	4.4
2010s (2015–2019)	557	33,118	7.2
2010s (2010–2014)	643	37,036	8.1
2000s	1,001	55,676	12.1
1990s	3,704	166,714	36.4
Pre 1990s/unknown	4,288	145,503	31.7
Total	10,513	458,360	100

Source: subscribed data sources, Carterwood – updated May 2023

7.3 T6 provides the current supply of registered bedrooms by en-suite (our definition of ‘market standard’) and those that provide full en-suite wetrooms. Across the UK, an average of 76.4 per cent of care home bedrooms include an en-suite and 30.5 per cent include a full wetroom en-suite.

T6 Market segmentation (UK)				
Care category	No of care homes	Total registered beds	% en-suite bedrooms	% wetroom bedrooms
Total market – all homes and care categories				
Personal care	6,061	215,587	72.3	25.8
Nursing care	4,452	242,773	80.1	34.7
Overall	10,513	458,360	76.4	30.5
Specialist dementia provision only				
Dementia homes	938	37,734	71.6	23.8
Dementia units	2,447	64,681	86.2	45.9
Overall	3,385	102,415	80.9	37.8

7.4 The UK average is slightly higher for dedicated dementia care homes and those that incorporate a specialist dementia unit, with an average of 80.9 per cent having en-suite bedrooms and 37.8 per cent, full en-suite wetroom bedrooms.

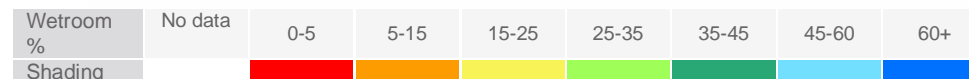
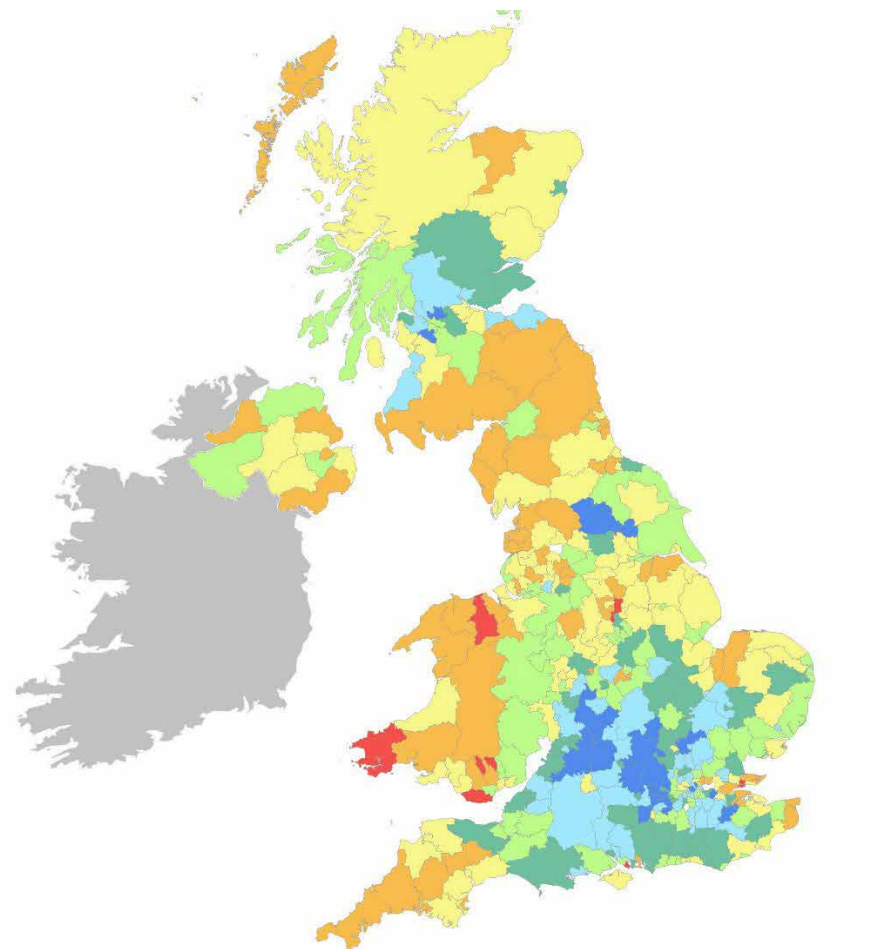


Figure 5: Percentage of elderly beds with a wetroom by local authority area (UK) – March 2023

8. Key issues for the sector

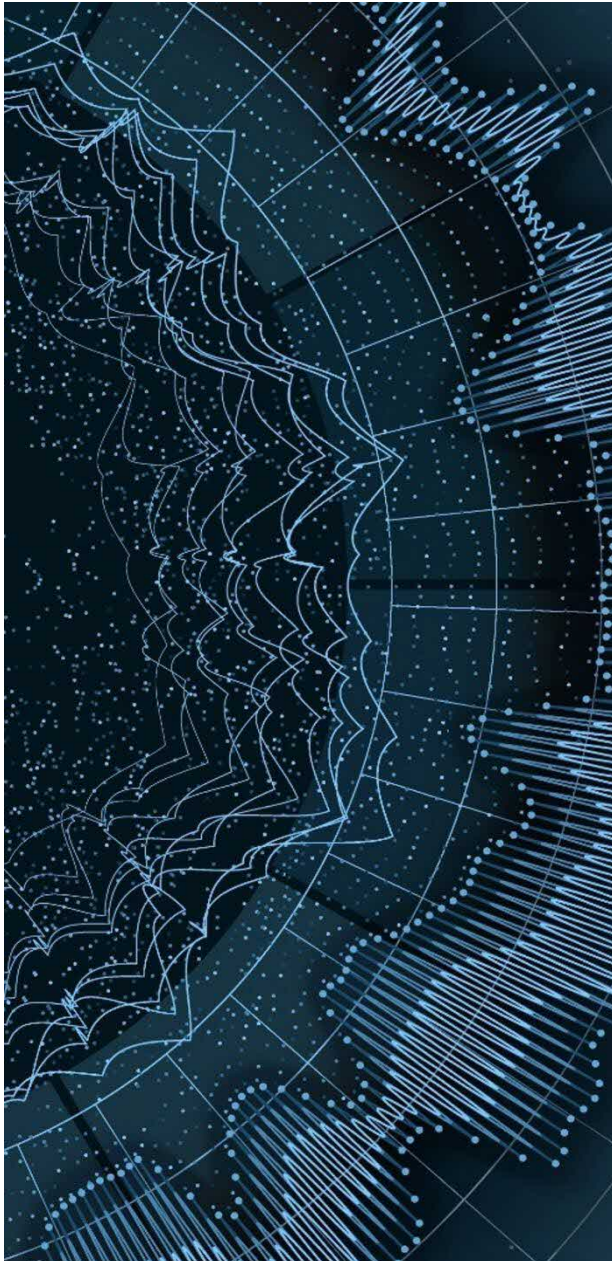
- 8.1 In December 2022, the Department for Levelling Up, Housing and Communities consulted on planning policy changes to support the department’s wider objectives. The draft amendments to the National Planning Policy Framework (NPPF) expand upon the current assessment (para 62) of housing needed for different groups in the community, including older people (by ‘*size, type and tenure*’), by breaking down the established need between three specific types of specialist housing: ‘*retirement housing, housing-with-care and care homes*’. The consultation closed in March 2023 and while no announcement has yet been made, such changes, if agreed, should assist in ensuring that sufficient new provision is brought forward for each form of housing for older people.
- 8.2 Planning Policy Guidance (PPG) advises that the need for housing for older people is ‘*critical*’, the only planning need addressed in such urgent terms. This is because people are living longer lives and the proportion of older people in the population is increasing. 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*’
- 8.3 It is the provision of a choice of options that is important, enabling older people to meet their changing needs in accommodation that is best suited for them, while also reducing costs to social care and health systems. The national requirement for the development of new elderly care home beds is growing. Older people who are in need of care cannot afford to wait until appropriate levels of provision become available and both the quality and quantity of existing supply is a significant factor when it comes to identifying existing and projected need for new beds.
- 8.4 The Covid-19 pandemic 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 care needs. Timely accessibility to appropriate 24 hour intermediate, nursing and/or dementia care and support is required to reduce reliance on the NHS, and prevent both hospital admissions and delayed discharges (bed blocking).
- 8.5 Key issues for the sector include the:
- increasing dependency levels, meaning care home accommodation must be both suitable and flexible to enable care to be provided effectively and safely;
 - significant and growing incidence of dementia in older people;
 - continued use of care homes in converted buildings that are potentially unsuitable for continued use in their current configuration;
 - sustainability of those care homes less able to benefit from economies of scale;
 - increasing expectations from the market and regulators in terms of spacious, well-appointed accommodation suitable for caring for those with high-level care needs in privacy and with dignity, particularly following the pandemic;
 - impact on the NHS from increasing numbers of older people with growing levels of dependency;
 - impact on, and responsibility for funding, social care over the coming decades;
 - Impact of Brexit and the National Living Wage with implications on staff retention and recruitment;
 - impact of COVID-19 in the short, medium and longer-term (see Section **Error! Reference source not found.**).
- 8.6 In September 2021, the government announced a £36 billion investment to reform the NHS and Social Care, funded by a new health and social care levy on working adults. Intended to tackle NHS backlogs, it also sought to address the catastrophic costs of social care from 2023 (the Dilnot reforms), making the system fairer for all and including extra investment to improve training and support. The announcement was welcomed by the care sector and local authorities as an important first step toward changing the way social care is funded. In September 2022, however, the government cancelled the Health and Social Care Levy which commenced in April 2022, introduced via a temporary rise in National Insurance contributions.
- 8.7 In the November 2022 Autumn Statement the Chancellor announced an increase in funding for the social care sector of up to £2.8 billion in 2023 and £4.7bn in 2024. paid for through delaying the implementation of social care reform for another 2 years, increasing direct central government funding by £1 billion in 2023 and £1.7 billion in 2024 as well as through increased council tax. The extra funding includes £1 billion to directly support discharges from hospital into the community, to assist the NHS in 2024/25.

Key findings – national context

The UK's elderly population is set to grow dramatically over the coming years, and the predicted increase will continue to drive demand for housing for older people. Planning policy sets out that there is a '*critical*' need for all forms of housing for older people, including care beds.

The increasing dependency levels of those who require care in a care home mean that accommodation must be fit for purpose and flexible, to enable personal, dementia and nursing care to be provided effectively and safely.

There are a number of issues for the sector to address to enable it to keep pace with the projected demand for high dependency care beds. Increasing market expectations, social care funding and staff recruitment are all pertinent, and more recently, COVID-19 has had a significant impact.



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9. Commissioning review

9.1 The subject site is situated within the Tendring District Council area of Essex. We have therefore conducted a review of the following documentation:

Adult Social Care Market Shaping Strategy 2023–2030. Essex County Council (online – last updated 28.3.23).

Essex Joint Health and Wellbeing Strategy 2022–2026. Essex County Council in collaboration with partners across Essex.

Market Position Statement. Essex County Council (online – last updated 27.5.2022).

Adult Social Care Local Account 2021–2022. Essex County Council.

Housing Strategy 2021-2025. Essex County Council.

Strategic Housing Market Assessment Update (2015). HDH Planning and Development. Braintree District Council, Colchester City Council, Chelmsford City Council and Tendring District Council.

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

9.3 We would be happy to discuss the proposed care home scheme with Essex County Council's adult social care team as part of the planning application process, if and when required.

Adult Social Care Market Shaping Strategy 2023–2030 (Online)

9.4 'Essex County Council (ECC) has a market shaping duty to:

'Understand the local market of care provision.

Stimulate a diverse range of care and support services to meet needs and ensure that people, and their carers are able to achieve things that matter to them.

Ensure that the care market as a whole is sustainable and fostering continuous improvement.

Prepare for any provider failure to ensure that people continue to receive the care and support they need in the event that a care provider ceases to be able to provide services.'

9.5 'In Essex there is a wide range of care providers and voluntary & community organisations that supports and provides care to frail older people, adults with learning disabilities or autism, those with mental health support needs, and those living with physical and sensory impairments.'

9.6 'This strategy sets out ECC's approach to shaping and supporting the care market in meeting the needs of our residents.'

9.7 'This strategy is aimed at our social care providers to indicate our strategic intent over the next 7 years and enable providers to make informed business decisions on our planned direction.'

9.8 'Essex County Council spends almost £600m each year on adult social care, supporting almost 17,000 people over the age of 18 at any one time. The vast majority of spend is currently on long-term support, rather than short-term support. Spending on residential care and on support to people in their own home is pretty equally matched at present.'

9.9 'We spend in total £496 Million on long term support, and the split by age is:

'£207 Million spend on people over 65 years old (41.7%)

£289 Million spend on working age adults 18-64 (58.3%).'

'More care & support in own home'

9.10 'We want to see fewer people admitted into long-term residential care. This has implications for a market sector, where there is already an over supply of care home beds. It also has implications for supported living and domiciliary care, where we want to see greater choice and capacity.'

'Complex residential and nursing care need'

9.11 'There will always be some people whose care needs are so complex that they require greater levels of support, often in a residential care setting. It is important that we can meet such complex needs in Essex, rather than people have to seek support out-of-county.'

9.12 'Essex County Council are looking to shape the market to provide more community-based services, and more short-term and early help. This will see residential care become a smaller, but still critical, part of the Essex care market by 2030.'

9.13 'Essex County Council would like to:

'Reduce [the] over-supply of residential beds and ensure adults are able to stay at home with their family and community network for as long as possible.

Slightly increase nursing provision or placements for Adults with complex needs or behaviours.

Increase and evolve our community-led services like Domiciliary Care and other services, as well as supporting carers, and utilising technology and equipment that support the adult to remain independent at home.

Increase Supported Living services to keep adults in the community, providing support and keeping adults safe.

Increase the use of Personal Assistants, Micro-enterprises, Individual service funds and direct payments to optimise the Adults' opportunity for choice and control.

Improve our short term and early help service offer to prevent and avoid hospital admissions, and reduce Adults requiring long term provision whilst reducing their needs for longer term services.

Promote local community networks and provision for Adults and Carers that incorporates our voluntary sector, community provision and local services for Adults requiring services.' (Online – update 28.3.23)

Joint Health and Wellbeing Strategy 2022–2026

- 9.14 *'Residents of all ages experience a variety of different long-term conditions that without timely and appropriate support can have a detrimental impact on their quality of life and lead to the development of additional health and care needs in the longer term and the needs of residents and their carers is considered through this priority' (page 14).*

Market Position Statement (last updated 27 May 2022)

- 9.15 *'Our Market Position Statement (MPS) reflects a summary of Essex County Council's (ECC) current Social Care Market for 2021/22. The content of the MPS provides an overview of Adult Social Care's current commissioning intentions, market pressures and ambition that support existing strategic objectives for Essex County Council.'*
- 9.16 *'The information shared within the Market Position Statement is our baseline of insight to support the delivery of our Market Shaping Strategy for 2022–2027.'*
- 9.17 *'ASC needs to move to a more community-based model that is more local, more preventative, and more integrated with partners – helping to ensure that people can get the right support at the right time to maintain their independence and quality of life.'*
- 9.18 *'This plan sets out our ambitions; our areas of focus; and our response to these local and national strategic challenges.'*

'Putting communities at the heart of Adult Social Care: enabling people to live their lives to the fullest'

- 9.19 *'ASC needs to move to a more community-based model that is more local, more preventative, and more integrated with partners – helping to ensure that people can get the right support at the right time to maintain their independence and quality of life.'*
- 9.20 *'The outcomes we want people to enjoy: [inter alia]*
Independence and wellbeing is maximised
Choice and control over health care

Access to a place to call home

Positive experience of health and social care system

Kept safe.'

Adult Social Care Local Account 2021–2022

- 9.21 *'About Essex: some key facts*

'1 in 5 adults are 65+. This is a higher proportion than the UK average Our older population is growing nearly twice as fast as our working age population Adults 65+ 0.8% growth. Adults 18-64 0.4% growth' (page 8).
- 9.22 *'Challenges facing adult social care in Essex:*

'An ageing population and more people living with long term conditions 20% of our population are currently over 65, which increases to 25% by 2040' (page 10).
- 9.23 *'Adult Social Care in numbers* In 2021-22 we received 42,054 new requests for support. (72,431 in 2020-21).** (*A change in reporting methodologies for 2020-21 shows increased numbers. This makes it difficult to compare year on year numbers and should be considered in any analysis.** Since the 2020-21 rise in contacts, 2021-22 shows a significant drop. This is a data interpretation/capture issue rather than a "real" drop in contacts and should be considered in any analysis)' (page 12).*
- 9.24 *'3,344 people went on to receive a long-term service. (4,094 in 2020-21). Of that, 2,570 received community care. (3,265 in 2020-21) 774 went on to nursing or residential care. (829 in 2020-21)' (page 12).*
- 9.25 *'69% of all adults who receive an ongoing service are supported in their own home Slightly up from 68% last year. Just under 38% of [these] older adults (65+) receive residential or nursing care. Slightly less than last year' (page 13).*
- 9.26 *'In 2021-22 we supported 19,494 Adults with long-term support needs during the year (20,377 in 2020-21). 5,998 people in nursing/ residential care. (6,454 in 2020-21)' (page 14).*

Essex County Council Housing Strategy 2021–2025

- 9.27 *'Housing, health and social care are intrinsically linked. The population of Essex is ageing. The percentage of the Essex population over 65 is forecast to increase from 21 percent in 2020 to 25 percent in 2040 and the percentage of over 85s increasing from three to five percent over the same period' (page 22).*
- 9.28 *'Most people want to stay in their homes as they age. Adapting homes helps people to live at home as they become less independent. ECC work closely with local housing authorities to ensure the effective administration of Disabled Facilities Grants for home adaptations - £10.5m in grant funding was awarded in 2019-20- to*

improve residents' quality of life and promote independence. Technology plays an increasingly important role in helping people to live meaningful independent lives. We are working with our partners to develop practical technologies to support people and integrate these into our care model' (page 25).

- 9.29 *'The fastest growing population in Essex is people aged over 85. We are committed to enabling older people to live independently. We want good quality housing with care for people who need it, for example some adults with disabilities or autism, people with mental health support needs, physical and sensory impairments, people with dementia, care leavers and young adults with special educational needs and disabilities. As a social care authority ECC has lead responsibility in this area' (page 26).*

Strategic Housing Market Assessment Update (2015)

- 9.30 *'As well as the need for specialist housing for older people there will also be an additional requirement for Registered Care. According to the Strategic Housing for Older People tool there are around 5,882 spaces in nursing and residential care homes in the HMA currently. Presuming the current occupation rate by age across the area is continued forward, the Strategic Housing for Older People tool indicates there will be a requirement for 12,483 spaces in the HMA in 2037, suggesting an additional 6,601 spaces will be required over the next 23 years' (page 70).*
- 9.31 *'This additional accommodation is required to meet the future institutional population and therefore does not form part of the new housing to meet the Objectively Assessed Need. (On a practical point it would not be appropriate to increase the housing requirement to meet this need (as it is not housing) – although it may be appropriate to plan for the provision of this need separately)' (page 70).*

Carterwood review

- 9.32 The above documentation is in line with the majority of councils' commissioning strategies across the country and demonstrates trends in local policy decisions for those whose care is funded by the local authority, influenced by cost-saving measures. Our key conclusions from this review are below.
- 9.33 Local authorities are seeking to manage significantly increased demand for accommodation and care at a time of unprecedented financial austerity by following a new model for adult care provision that effectively maintains the cost of providing residential or nursing care by reducing or limiting the numbers of, and costs for, those who require such services.
- 9.34 *Essex County Council Housing Strategy* is clear that the population of Essex is ageing, with the percentage of the population over 65 forecast to increase from 21 per cent in 2020 to 25 percent in 2040 and the percentage of over 85s increasing from 3 to 5 percent over the same period.
- 9.35 The *Adult Social Care Market Shaping Strategy* sets out how it is Essex County Council's role to 'stimulate a diverse range of care and support services to meet needs' and to ensure that 'the care market as a whole is sustainable and fostering continuous improvement'.
- 9.36 While the Council's aim is to see fewer older people admitted to residential care, it advises that it still forms a 'critical' part of the Essex care market as there will always be some people whose care needs are so complex that they require greater levels of support, often in a residential care setting.
- 9.37 Essex County Council is seeking to reduce any oversupply of residential care beds but 'slightly increase nursing provision or placements for Adults with complex needs or behaviours'.
- 9.38 In 2021-22 the Council supported 19,494 adults with long-term support needs during the year, 5,998 people in nursing/ residential care.
- 9.39 The COVID-19 pandemic has clearly highlighted the need for appropriately specified, flexible care home accommodation that enables those residents requiring the highest levels of care to be looked after in a safe environment where they can be effectively isolated from other residents, should this be necessary. The provision of an en-suite is, we consider, a minimum requirement for the provision of such care and the reason that we base our minimum assessment on 'market standard' bedrooms only.
- 9.40 It should be remembered that Essex County Council is only funding a proportion of those living within care homes that provide nursing and dementia care, and therefore the strategic comments with regard to local authority-funded beds made within the commissioning documentation relate to that proportion of the local population only.
- 9.41 A significant number of those who would occupy the proposed care home would be self-funded and would make their own decision (sometimes with input or by proxy by their family) as to when to enter a care home setting. These numbers will continue to grow. The quality of care and accommodation, along with its location and proximity to family and friends in the local community will therefore be the major drivers of this decision-making process, rather than the commissioning intentions of the local authority.
- 9.42 The documentation set out above identifies how the demographic pressures of an ageing population will become manifest over the coming decade, with many older adults wishing to downsize their accommodation or to locate to a property in which they can receive assistance, if needed.
- 9.43 Those who move into care homes in the future are increasingly likely to have high-level needs or require step-down care from acute settings. Such needs require well specified, spacious, infection-control-compliant, flexible care accommodation to enable care to be administered most effectively. The proposed high-quality care scheme has been designed specifically for this purpose and would offer much-needed high dependency care.

Key findings – commissioning review

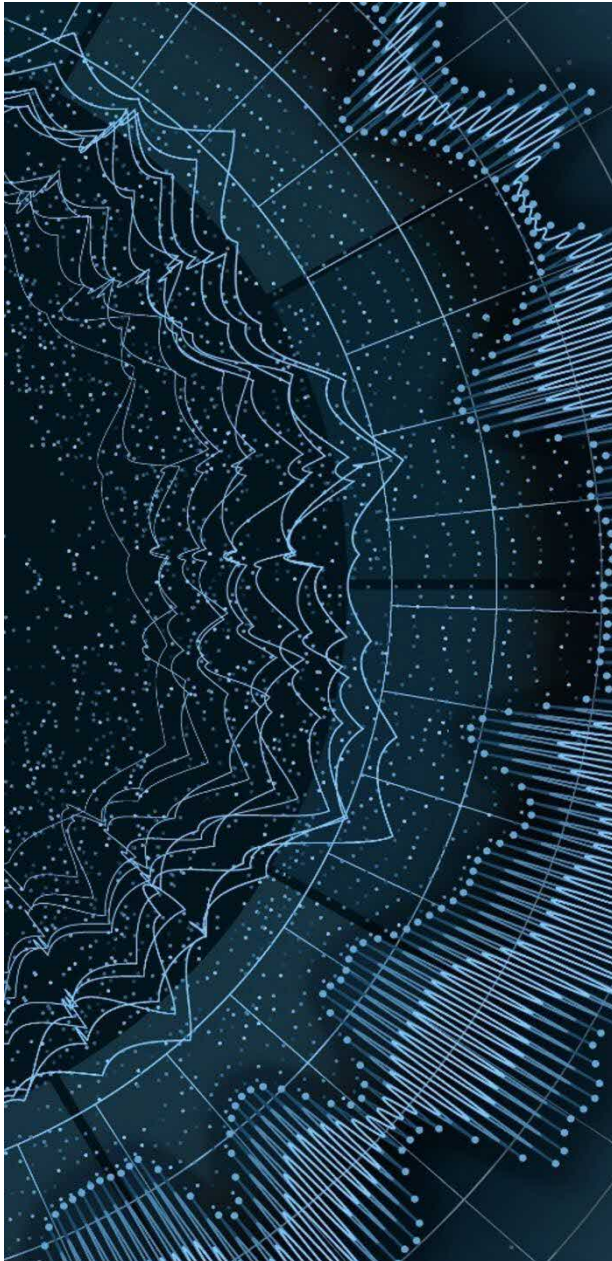
Essex Council's social care strategy is in line with the majority of commissioning councils across the country in that it is seeking to support people to live independently in the community wherever possible, while ensuring that those needing more intensive support can access appropriate services, including care within a registered care home, in a timely fashion.

Demand for high-dependency nursing and dementia care provision in care homes will, however, continue to rise in line with the growing elderly demographic.

Essex County Council is seeking to increase the provision of beds suitable for adults with complex care needs. The Council's target is to ensure the care market is sustainable, whilst fostering continuous improvement.

Many of those who would occupy the proposed care home will be self-funded and the quality of care and accommodation together with proximity to family and friends, will be major drivers in the decision-making process, rather than the commissioning intentions of the local authority.

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



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10. Need vs Demand

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

11. Methodology for quantitative care home need

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

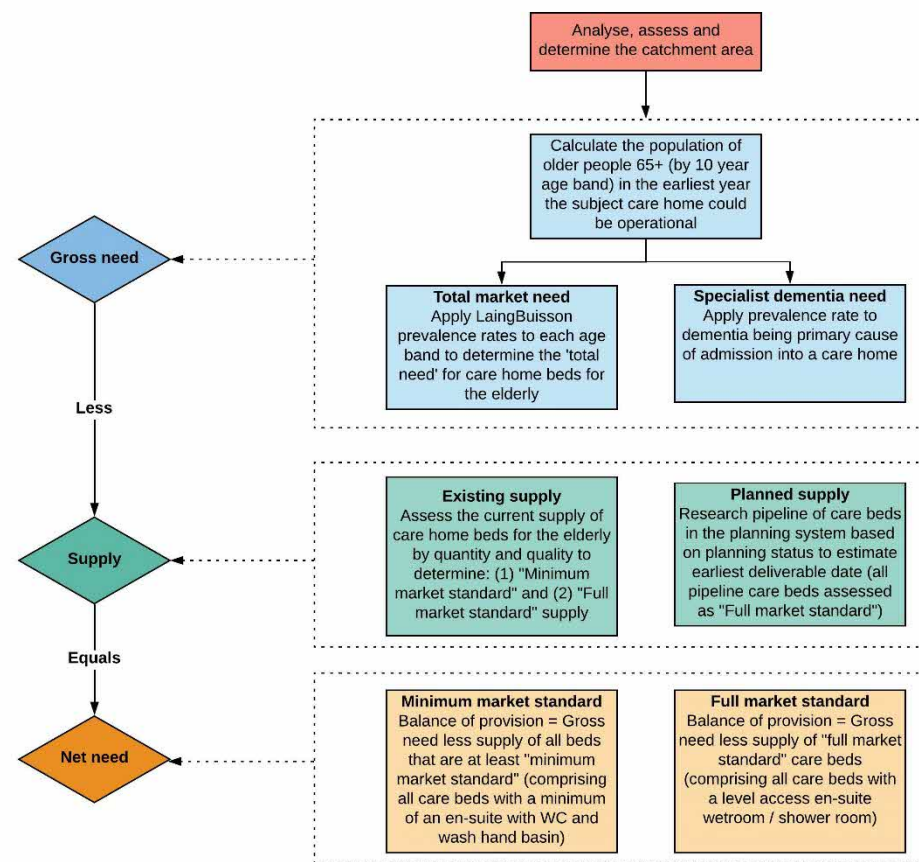


Figure 6: Need assessment methodology

12. Catchment area assessment

12.1 We have undertaken our quantitative assessment of need for the proposed care home on two main bases: firstly, a market catchment area, and secondly, the area covered by Tendring District Council. We have also completed an assessment on a smaller, market sensitivity area extending to a radius of approximately 3-miles from the site to determine the specific need from the local area. These are shown in the map, opposite.

12.2 We have previously analysed resident data provided by a number of private operators of high-quality operational care homes, akin to that proposed. From this information, we have calculated the mean distance travelled by each resident into their respective care home. The headline results are provided below.

T7 Average distance travelled to a care home	
Comparable location	Average distance travelled by resident (miles)
Location 1: Rural location	5.7
Location 2: Rural location with good A-road links	5.4
Location 3: Urban location	4.3
Overall average	5.1

Source: Carterwood

12.3 The subject site is located to the north of Clacton-on-Sea. It accords most closely with Location 2 above and we have therefore adopted a circa-5-mile market catchment, as shown opposite shaded light blue.

12.4 The exact perimeter of the catchment is explained by the use of the Census 2011-defined 'output areas' for our analysis of the catchment population. There are approximately 180,000 'output areas' across England and Wales, which form the base unit for all census data and enable a granular level of analysis. They vary considerably in size and shape, covering small areas in urban districts and much larger areas in rural communities due to the fact that all have to include circa 300 people of similar housing types/tenures. The catchment will therefore always be based on a nearest match to the output area data and it is not possible to use a perfect radius around a site or specific catchment, as no data fits perfectly.

12.5 All care homes will also inevitably draw service users in some instances from substantially further than a typical catchment. If the family is the key decision maker in the placement decision then sometimes the service user may move significant distances, which can distort catchment area analysis. Conversely, if the local authority is the key decision maker then the service user's choice can be highly constrained to vacant beds in affordable homes.

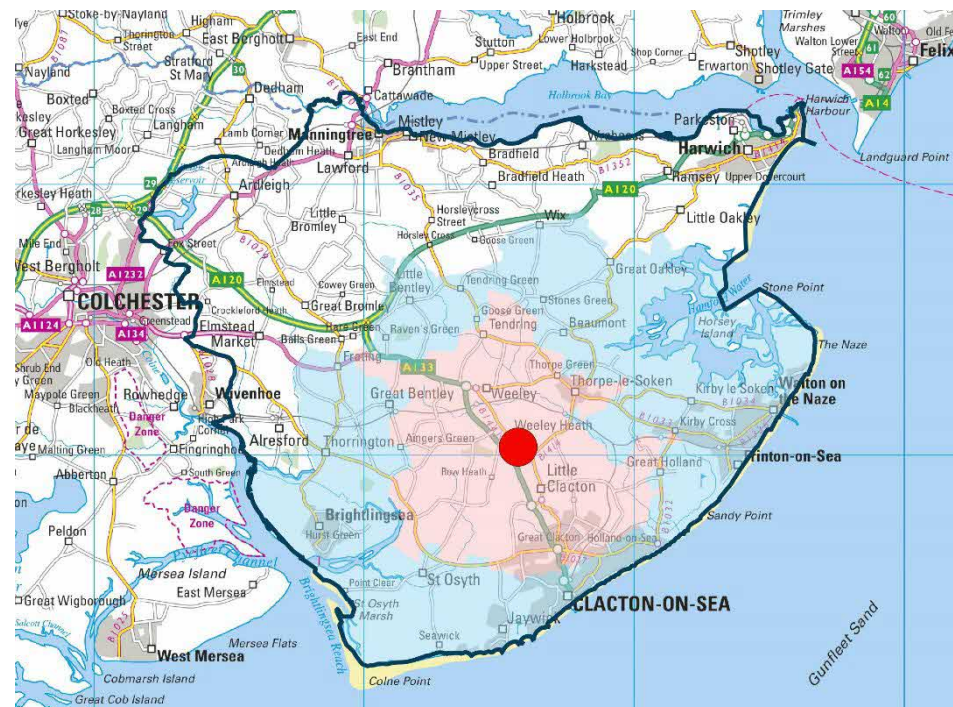


Figure 7: Basis of assessment

The red spot shows the approximate location of the site. The blue shaded area illustrates the market catchment, the pink shaded area illustrates the sensitivity catchment and the dark blue line illustrates the boundary of the Tendring District Council area

13. Need

Population profile

13.1 We have summarised the profile of the elderly population in T8, opposite. The market catchment and local authority area are both characterised by an older-than-average population profile compared to the UK as a whole.

Gross need – total market

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

13.3 Table T9 shows the number of people aged 65+ that are at risk of requiring care in a residential setting as at 2026, the earliest the proposed care home could be made available. Our assessment of gross need for residential care is therefore 1,051 and 1,321 bedspaces within the market and Tendring District Council catchments, respectively.

13.4 The gross need for care home beds is expected to rise between 2023 and 2043 by c. 53.7 and 53.3 per cent for the market catchment and Tendring District Council area, respectively, assuming all other things remain equal, further indicating an increased need for additional market standard bedspaces.

Gross need – specialist dementia

13.5 Our need analysis is based upon LaingBuisson's 2020 adjustment to the 2012 Centre for Policy for Ageing survey regarding risk of admission with dementia, which indicates that 41.3 per cent of residents were admitted to a care home with dementia as the prevailing cause (See Appendix B).

13.6 Utilising this prevalence rate, we have calculated the gross need in the market catchment area and local authority area from residents with dementia as a primary cause of admission, as shown opposite in Table T10.

13.7 Best practice states that people living with dementia should be cared for within a specialist, dedicated dementia environment. The number of people that are at risk of requiring dedicated dementia care as at 2026 is 434 within the market catchment area and 546 within the Tendring District Council local authority area.

T8 Population profile (2026)						
Age profile	Market catchment		Local authority		Differential to UK %	
	Number	%	Number	%	Market	LA
All population	112,625	-	156,575	-	-	-
Age 65+	37,972	33.7	48,681	31.1	14.4	11.7
Age 75+	20,096	17.8	25,417	16.2	8.3	6.7
Age 85+	5,203	4.6	6,446	4.1	2.0	1.5

T9 Gross need (2026) – total market		
Age range	Market catchment	Local authority
65–74 years	86	112
75–84 years	381	486
85 years +	584	723
Need – total market	1,051	1,321

T10 Gross need (2026) – specialist dementia		
Age range	Market catchment	Local authority
65–74 years	35	46
75–84 years	158	201
85 years +	241	299
Need – specialist dementia	434	546

14. Supply

Existing supply

- 14.1 We have assessed supply based upon minimum market standard bedspaces, which we define as any registered bedroom providing a minimum of en-suite WC and wash-hand basin (See Appendix B).
- 14.2 Within the market catchment, there are 38 care homes, which provide 1,280 registered bedspaces, 79 per cent of which are equipped with an en-suite, meeting the criteria of 'minimum market standard', which is above the UK average of 76.4 per cent.
- 14.3 Within the local authority, there are 44 care homes, which provide 1,535 registered bedspaces, 80 per cent of which are equipped with an en-suite, meeting the criteria of 'minimum market standard', which is above the UK average of 76.4 per cent.
- 14.4 Only 18 per cent of bedspaces in the market catchment and 20 per cent in the local authority per cent provide full en-suite wetrooms, some of which may be of the same size and specification as those proposed by the subject scheme. This compares with a UK average of 30.5 per cent.
- 14.5 The location of the existing care home supply is included in Figure 10 on page 37.

Planned supply

- 14.6 We have made enquiries with our planning databases and cross-checked planning applications for new elderly care home beds against the relevant planning departments' online planning registers for applications submitted within the last 3 years.
- 14.7 We have taken the view that any applications older than 3 years would have been developed and included in the current supply or are unlikely to be implemented. This research was carried out on 18 July 2023.
- 14.8 We have identified eight planning applications for additional care home beds in the market catchment and local authority, five of which have permission granted, and three are currently pending a decision.
- 14.9 Our analysis assumes that all the planned bedspaces (both those that have planning permission and those pending a decision) will be developed and it therefore potentially overestimates future supply given that a number of the planned schemes may never be developed.
- 14.10 Full details of any planned supply are included in T21 on page 34.

T11 Existing supply (market catchment)						
Care category	No of homes	Total reg. beds	Total en-suite	Total wetroom beds	% en-suite beds	% wetroom beds
Total market provision						
Overall	38	1,280	1,012	224	79	18
Specialist dementia provision						
Dedicated dementia homes	2	75	50	0	67	0
Dedicated dementia units	4	71	44	28	62	39
Overall	6	146	94	28	64	19

T12 Existing supply (local authority catchment)						
Care category	No of homes	Total reg. beds	Total en-suite	Total wetroom beds	% en-suite beds	% wetroom beds
Total market provision						
Overall	44	1,535	1,232	308	80	20
Specialist dementia provision						
Dedicated dementia homes	2	75	50	0	67	0
Dedicated dementia units	7	144	84	48	58	33
Overall	9	219	134	48	61	22

T13 Planned supply to year of estimated completion					
Supply	2023	2024	2025	2026	2027
Market catchment	0	114	104	208	0
Local authority	0	114	104	208	0

T14 Planned supply for need assessment calculations (2026)		
Basis of assessment	Market catchment	Local authority
Total market planned beds	426	426
Specialist dementia planned beds	193	193

15. Balance of provision

15.1 We have calculated the gross need for care home beds as at 2026, the earliest the proposed care home could be available, on the following catchment:

market – c 5-mile radius from subject site;
sensitivity – c 3-mile radius from subject site;
local authority – Tendring DC area.

15.2 Need is assessed for two forms of elderly care:

all beds – all categories or ‘total market’ need
specialist dementia.

15.3 The specialist dementia care need assessment is a subset of the total market need for the provision of living environments that accord with best practice in caring for people with such needs.

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

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

15.5 Our analysis indicates there is a significant net need for 489, 183 and 698 full en-suite wetroom bedrooms, with a need for 249, 81 and 351 dedicated dementia wetroom bedspaces, in the market catchment, sensitivity catchment and local authority, respectively. This assumes all planning provision (both with planning permission and pending a decision) is developed and makes no allowance for the closure of existing homes.

15.6 Based on ‘all bed’ minimum market standard, there is a possible excess in the market catchment and local authority. There is, however, considerable need for 153 minimum market bedspaces in the localised 3-mile sensitivity.

15.7 In terms of ‘specialist dementia’ care bed need, our analysis concludes there is a significant net need for 183 and 265 minimum market standard specialist dementia beds in the market catchment and local authority, respectively.

T15 Primary year for need analysis						
Primary year of assessment	2026			The earliest the subject scheme could be developed and operational		
T16 Need analysis summary (2026)						
Type of care	All beds			Specialist dementia only		
Basis of assessment	Market catchment	Sensitivity catchment	Local authority	Market catchment	Sensitivity catchment	Local authority
Gross need						
All bed/specialist dementia need	1,051	252	1,321	434	104	546
Occupancy capacity allowance	88	21	111	36	9	46
Total gross need	1,139	273	1,432	470	113	592
Supply						
Current elderly en-suites	1,012	30	1,232	94	0	134
Current elderly wetrooms	224	0	308	28	0	48
Planned beds (to 2026)	426	90	426	193	32	193
Total supply (en-suite)	1,438	120	1,658	287	32	327
Total supply (wetroom)	650	90	734	221	32	241
Net need						
Elderly en-suite	-299	153	-226	183	81	265
Elderly wetroom	489	183	698	249	81	351
Assumptions						
Total market need based on ONS data projected to 2026 and Age Specific Demand (ASD) rates. Occupancy capacity allowance adjustment, being a function of occupancy and not registered capacity. We have adopted an ‘effective full capacity’ level of 92.3 per cent. Based upon our COVID-19 forecasting model, we predict historic occupancy levels will have returned by the year of our assessment with no material impact on need. Planned supply based upon individual analysis of each scheme and assessment of likely potential development completion. The need analysis excludes the subject scheme. See Appendix B for full details of our need analysis above.						

16. Need growth

16.1 As well as considering need based upon the earliest date at which the subject care home could be operational, we have also assessed the need growth over the coming decades, having regard to the potential regulatory and other requirements.

Population growth

16.2 We have utilised '2018-based' ONS projected population figures for older people aged 65+ to show the total growth rate of the target elderly demographic between 2023 and 2043. The growth rates in both assessed catchments are a little behind the UK average to 2043. Between the years 2023 to 2043 the total elderly population is projected to have grown by circa 53 per cent in the two assessed catchments.

16.3 As some Census data from 2021 is now available (for the local authority area), we have applied the 2018-based population growth rates to provide a comparison, as set out in T18 and T19. This indicates a slight change to need for new bedspaces.

Care bed need growth

16.4 Evidenced by reducing ASD prevalence rates for care home beds during the past few years, as alternative forms of care (i.e. domiciliary care, live-in care and extra care) increase in availability and use, there may be a further reduction in gross need. However, this 'absorption' into alternative forms of accommodation and care needs to be weighed against the rapidly rising elderly population.

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

16.6 Our analysis in T18 and T19 illustrates our analysis of the net need for minimum market standard (en-suite) care beds and full market standard (wetroom) care beds, respectively, over the 10-year period from our base year of assessment, assuming that existing provision remains constant and that all the currently planned care beds are developed. It therefore overestimates the supply, given that it makes no allowance for the potential closure of existing, operational care homes and because planned schemes may not progress over the timescales we have assumed, or be developed at all.

16.7 The chart opposite projects the net need for new care home beds in the market catchment from 2026 to 2043 on the same basis.

16.8 The shortfall of wetroom care beds within the local authority area and the market catchment is clear, and the shortfall is likely to remain, given the scale of the demographic change over the coming decades. A significant increase in planning and construction activity would be needed in order to reduce the shortfall of provision.

T17 Elderly population (age 65+) need growth for care home beds					
Population growth showing demand for care home beds (%)	Year	Market catchment	Comparison to UK average	Local authority	Comparison to UK average
	2026 (from 2023)	5.2	-0.7	5.2	-0.7
	2031	19.4	-0.2	19.2	-0.3
	2036	37.5	0.0	37.2	-0.3
	2041	48.0	-1.1	47.7	-1.4
	2043	53.7	-0.9	53.3	-1.3

T18 Indicative need for minimum market standard (en-suite) bedspaces to 2036			
Supply	2026	2031	2036
Market catchment	-299	-145	51
Local authority (2018-based ONS projection)	-226	-35	209
<i>Local authority (2021 Census)</i>	-236	-43	199

T19 Indicative need for full market standard (en-suite wetroom) bedspaces to 2036			
Supply	2026	2031	2036
Market catchment	489	643	839
Local authority (2018-based ONS projection)	698	889	1,133
<i>Local authority (2021 Census)</i>	688	881	1,123

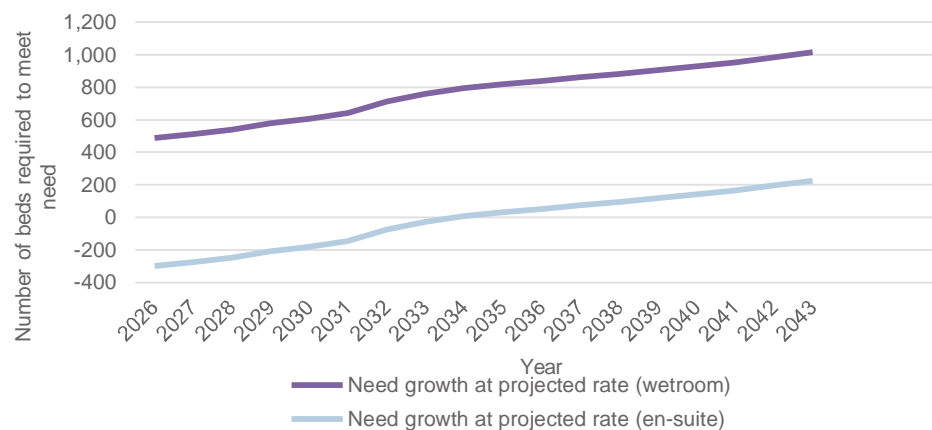
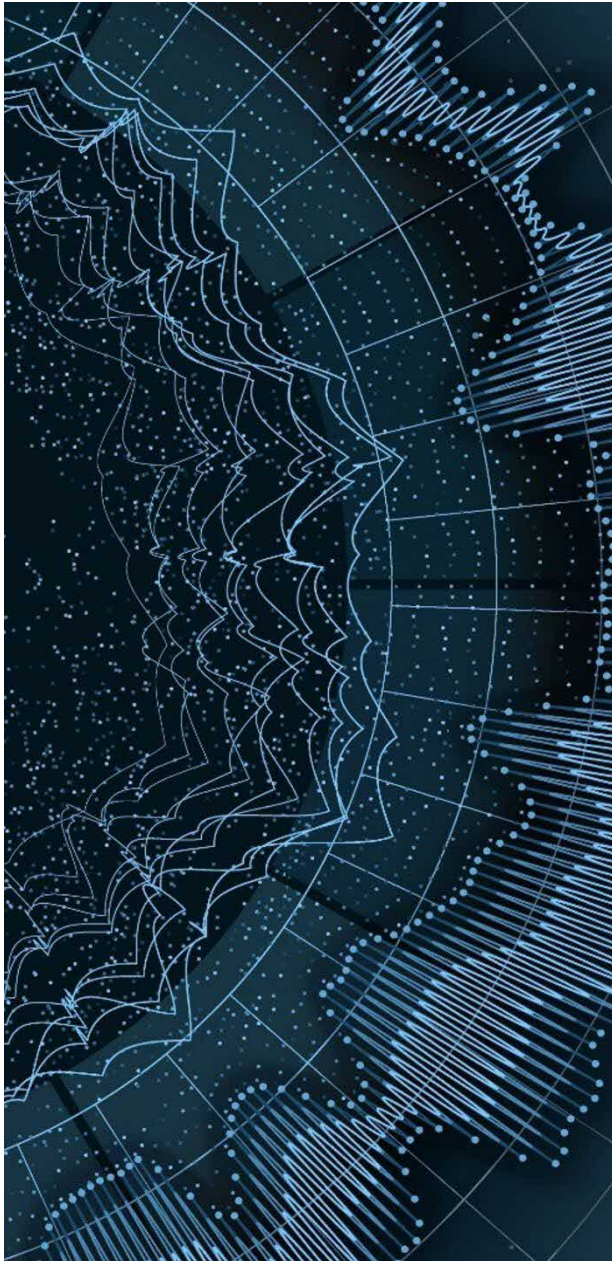


Figure 8: Projected potential unmet need for minimum market standard (en-suite) and full market standard (en-suite wetroom) beds in the market catchment



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17. Additional demand from the NHS

Delayed discharges (NHS Suffolk And North East Essex Integrated Care Board)

- 17.1 Another indicator of need for elderly care home beds is derived from assessing NHS data for people who remain in hospital who ‘no longer meet the criteria to reside’, which provides some insight into the availability of options for those who are ready to be discharged.
- 17.2 Transferring appropriate placements from the NHS to social care is critical due to cost savings – NHS beds cost significantly more to provide than care home beds – and effective utilisation of NHS beds is paramount for critical illnesses where care cannot be delivered elsewhere.
- 17.3 NHS discharge data prior to the pandemic provided a breakdown of the care and accommodation awaited and enabled calculation of delayed days specifically due to patients awaiting care in a care home. King’s Fund¹ research confirms the significant impact of the pandemic on the availability and use of hospital beds. Incentives to moderate demand often struggle to succeed, with progress dependent upon sufficient capacity being available outside hospital to provide appropriate care.
- 17.4 Post pandemic NHS data includes all those awaiting discharge from hospital rather than those specifically awaiting a care home bed. Nevertheless, **Error! Reference source not found.** highlights a failing of the health and social care system in the Suffolk and North East Essex ICB, with between 40 and 50 per cent of patients awaiting discharge being delayed over the period from June 2022 and May 2023. If the system were functioning with zero bed blocking through more

effective use of care home beds, this would reduce reliance on the NHS.

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

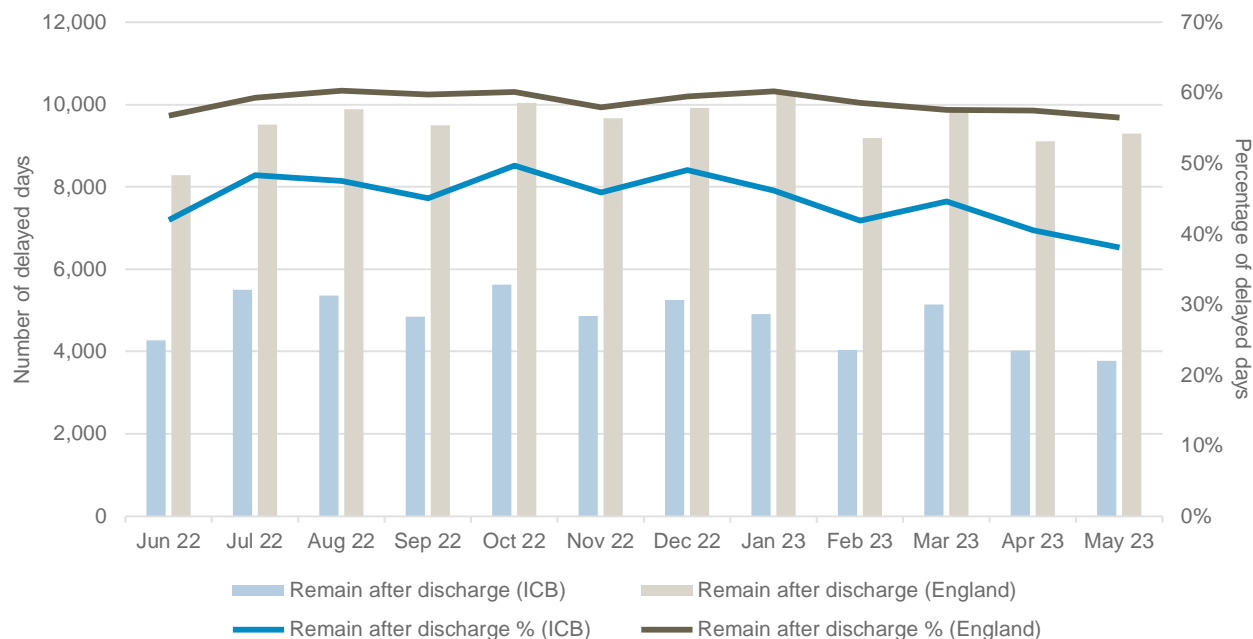


Figure 9: Bed blocking - number of delayed discharge days awaiting non-acute NHS care in Suffolk and North East Essex ICB

¹ Ward, D et al (2017 – updated 2021) *NHS Hospital bed numbers*

18. Impact of the proposed development – commonly raised questions

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

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

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

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

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

Occupancy low point of 78.8 per cent, reached in June 2020.

The total excess elderly care home deaths during the COVID-19 pandemic (compared to the 5-year historic average) was approximately 39,000.

As the pandemic progressed, weekly deaths within care homes fell below the 5-year average, indicating the ongoing recovery of the care home market. By early 2023 this had offset the total number of excess deaths by around 13,000, resulting in a net excess of around 26,000 deaths since the start of 2020.

Based upon forecast elderly population growth rates, recovery now all older people have been offered the vaccine, together with the loss of care beds most affected, we anticipate average occupancy to have returned to pre-COVID during 2023/24.

18.5 Our need analysis is based upon 2026, the earliest the proposed care home could be operational and utilises Age Specific Demand (ASD) rates based on December 2022, at which time the Covid recovery was assessed as still being in progress. Our assessment of the effect of the pandemic on the care home sector, above, suggests that occupancy will have returned to pre-COVID-19 levels by our year of analysis, with no material impact upon the market size estimate.

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

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

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

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

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

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

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

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

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

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

- 18.7 In enquiries we have conducted with commissioning authorities, we have ascertained that this funding requirement generally tends to amount to less than 1 per cent of the total social services budget for older people (while we have not been able to confirm the exact proportion for Essex County Council in the timescales required for this advice, we would be happy to assist the council in analysing this information if required).
- 18.8 Also, in our experience, the incidence of this scenario developing is low compared to the number of self-funding service users, who continue to fund their care throughout their stay. To further guard against this potential issue, care operators often allocate a budget within their financial modelling for this reason, to ensure that residents' requirements can be met and the home is genuinely a 'home for life', if required. Also, their admission process and eligibility criteria ensure that any self-funding residents have proof of funds to support themselves financially, normally for a minimum period of 2 years.
- 18.9 Notwithstanding all of the above, it is inappropriate for financial considerations and viability to be confused as part of the consideration of a planning application. We set out below an extract from an appeal decision from Cheshire East planning authority (reference: APP/R0660/A/12/2188195) in respect of a care village scheme in Handforth. Paragraph 62 of the appeal decision (for which planning permission was allowed) is as follows:
- 18.10 *'The Council has suggested that, due to a lack of need, new residents from outside Cheshire East could have to enter the home to ensure its viability. They would then represent a risk that the Council could be responsible for their future care. The financial concerns of the Council are however not material considerations in this case, as has been found on many other occasions including in the Health and Safety Executive v Wolverhampton City Council & Victoria Hall Ltd [2012] UKSC 34 case. This is the situation notwithstanding an annual increase in those needing Council support in care homes and the Council's 2011/12 expenditure of some £2.2m of support to those unable to afford fees previously met privately.'*
- 18.11 The above makes it clear that such considerations should not be material in the planning decision-making process and should therefore be disregarded.

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

- 18.12 Adult Social Care teams are seeking to enable older people to remain in their own homes for longer, with care provided by a domiciliary care agency. This has two specific advantages: firstly, a potentially positive outcome for the resident, who can remain in their own home and receive care; and, secondly, reduced expenditure on local authority-supported placements, as, on average, the cost of domiciliary care is usually less than residential care.

- 18.13 However, while care at home should be supported as an objective where this is possible, it is not economically viable for the provision of 24-hour 'home care', and the costs of personal or nursing care support at this level will typically necessitate a residential environment.
- 18.14 For dementia sufferers, specialist accommodation is also required to cater to this service user group's specialist needs. Where informal care by family or friends is not on hand, or where the demands of the individual become too great, moderate and severe dementia sufferers, more often than not, require care in a residential setting, where 24-hour care and support is on hand in a safe and secure environment.

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

- 18.15 Many local authorities are seeking to support the development of extra care facilities that provide residents with 'their own front door' while providing 24-hour on-site security and support. The concept is also being viewed more positively by the private sector, with the development of a range of older people's housing and care alternatives.
- 18.16 The supply of extra care accommodation should be expanded to enable many elderly people to continue to live rewarding and independent lives for longer. This is not in dispute.
- 18.17 However, simply increasing extra care provision is not a panacea for the accommodation and care needs of all elderly people and there is increasing recognition of its shortcomings and limitations for high-dependency residents. Given the forecast demographic change, which will increase the cohort of very elderly people, and the prevalence rates of dementia, it is clear that a large number of elderly people will not be able to live rewarding and independent lives in extra care housing and will need 24-hour care home accommodation for the same reasons as identified above.
- 18.18 In addition, most new extra care schemes in the private sector are aimed at the lower end of the acuity spectrum, as it is difficult, if not impossible, for private purchasers to go through the sale of their own home at the point at which they are frail enough to be considered for entry into a long-term care establishment.
- 18.19 Dependency levels and lengths of stay continue to rise and fall, respectively, within the residential care sector. The subject development is proposing to meet the highest level of acuity for older people, where 'choice' is replaced with a 'needs-based' decision for themselves or their family/friends/key decision maker.

Key findings – other qualitative factors

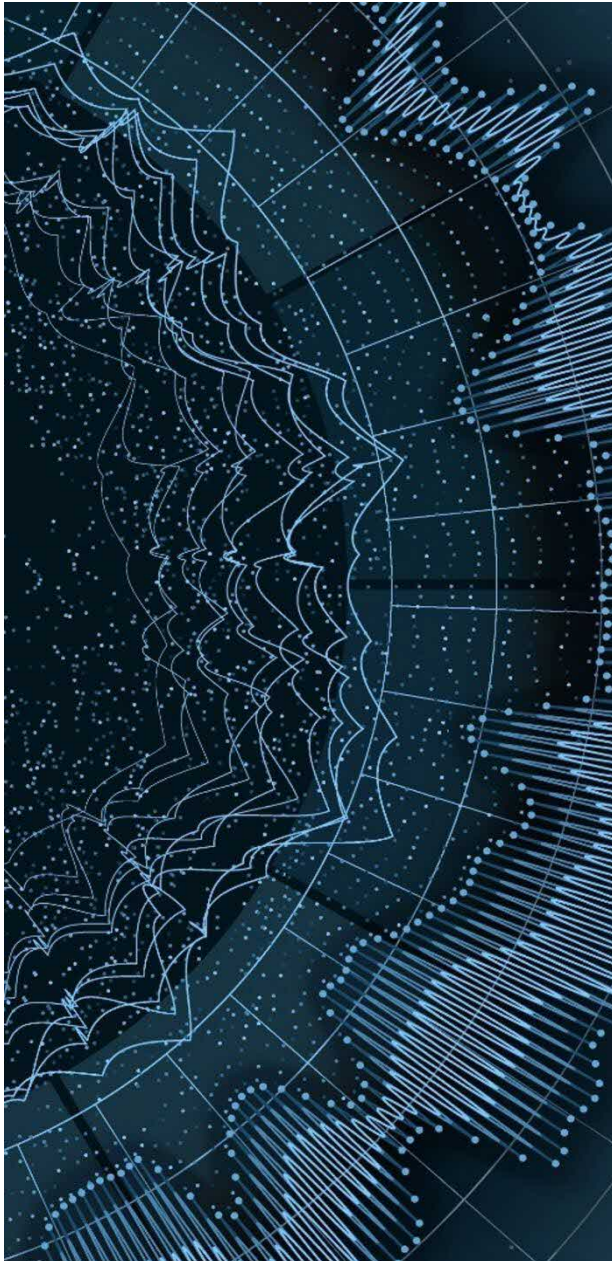
Delayed discharges (or bed blocking) continue to be a nationwide issue, resulting in elderly people remaining in NHS acute settings for longer than necessary, when more cost-effective care home accommodation can be made available to enable step down, rehabilitation or long-term care.

The COVID-19 pandemic has highlighted shortcomings in the social care sector and reduced occupancy in the short term. This has resulted in a reduction of poorer quality supply and created additional need for new, provision to cater for a still rapidly rising elderly demographic.

The availability of well appointed, infection control-compliant, minimum or full market standard bedspaces in care homes that can care for those with high dependency needs is key and will enable NHS acute beds to function more cost effectively and remain available to those who need them.

A wide range of care and accommodation options will be necessary in the coming years, to provide for the needs of those who require support. Such options will serve to mitigate the impact on social services budgets and provide choice to those who fund their own care.

There remain, however, an increasing number of elderly people who are the most frail and those with dementia, who require full-time support within a specifically designed care home that provides high-dependency care, suitable for such needs.



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19. Quantitative need assessment for care home beds

19.1 We have calculated the need for care home beds as at 2026, the earliest the proposed care home could be available, on the following catchment areas:

market –c 5-mile radius from subject site;
sensitivity –c 3-mile radius from subject site;
local authority – the Tendring DC area.

19.2 Need is assessed for two forms of elderly care:

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

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

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

19.4 T20 provides our analysis of net need in 2026 on the basis that all care bedrooms provide full wetroom en-suites, all planned beds are developed and available at our anticipated timeframe, and there is no change to existing supply. Our assessment indicates total market shortfalls of 489, 183 and 698 en-suite wetroom bedrooms and shortfalls of 249, 81 and 351 dedicated dementia en-suite wetroom beds in the market, local sensitivity and local authority catchments, respectively.

19.5 Our analysis at basic minimum market standard level in T20 indicates there could be an excess of beds in the market catchment and local authority area, again assuming all planned beds are developed. There is however a significant shortfall of 153 minimum market standard beds in the localised sensitivity catchment.

19.6 Net need on the basis of minimum market standard beds only is expected to increase to 51 market standard beds in the market catchment and 209 in the local authority area by 2036, which reflects the escalating nature of need and the requirement for new provision.

19.7 In terms of ‘specialist dementia’ care bed need based on 2026, our analysis concludes that there a net need for 183 minimum market standard beds in the market catchment, 81 in the local sensitivity catchment and 265 minimum market standard beds in the Tendring District Council catchment.

T20 Need analysis summary (2026)						
Type of care	All beds			Specialist dementia only		
Basis of assessment	Market catchment	Sensitivity catchment	Local authority	Market catchment	Sensitivity catchment	Local authority
Gross need						
All bed/specialist dementia need	1,051	252	1,321	434	104	546
Occupancy capacity allowance	88	21	111	36	9	46
Total need	1,139	273	1,432	470	113	592
Supply						
Current elderly en-suites	1,012	30	1,232	94	0	134
Current elderly wetrooms	224	0	308	28	0	48
Planned beds (to 2026)	426	90	426	193	32	193
Total supply (en-suite)	1,438	120	1,658	287	32	327
Total supply (wetroom)	650	90	734	221	32	241
Net need						
Elderly en-suite	-299	153	-226	183	81	265
Elderly wetroom	489	183	698	249	81	351
Assumptions						
Total market need based on ONS data projected to 2026 and Age Specific Demand (ASD) rates.						
Occupancy capacity allowance adjustment adopted at ‘effective full capacity’ level of 92.3 per cent.						
Our COVID-19 forecasting model assumes historic occupancy levels will have returned by the year of our assessment with no material impact on need.						
Planned supply based upon individual analysis of each scheme and assessment of likely potential development completion. All pending beds have been individually assessed based upon the likelihood of imminent development.						
The need analysis excludes the subject scheme.						
See Appendix B for full details of our need analysis above.						

20. National context and the proposal

- 20.1 The proposed, specifically designed, care home will provide 66 single bedrooms, all with en-suite wetrooms, together with a variety of spacious, well-appointed communal areas.
- 20.2 As hospital stays become increasingly shorter due to delayed discharge legislation, rehabilitation within a care home is often considered as a short-term measure. For those with high dependency needs or dementia, 24-hour care within a care home setting may be the only suitable long-term option.
- 20.3 The proposed care home will be capable of caring for residents of all dependency levels, including those who require specialist dementia care, by providing flexible, COVID-19-compliant care accommodation to enable care to be administered most effectively and efficiently.
- 20.4 The UK's elderly population is set to grow dramatically over the coming years, and the predicted increase will continue to drive demand for housing for older people. Planning policy sets out that there is a 'critical' need for all forms of housing for older people, including care beds.
- 20.5 The increasing dependency levels of those who require care in a care home mean that accommodation must be fit for purpose and flexible, to enable personal, dementia and nursing care to be provided effectively and safely.
- 20.6 There are a number of issues for the sector to address to enable it to keep pace with the projected demand for high dependency care beds. Increasing market expectations, social care funding and staff recruitment are all pertinent, and more recently, COVID-19 has had a significant impact.

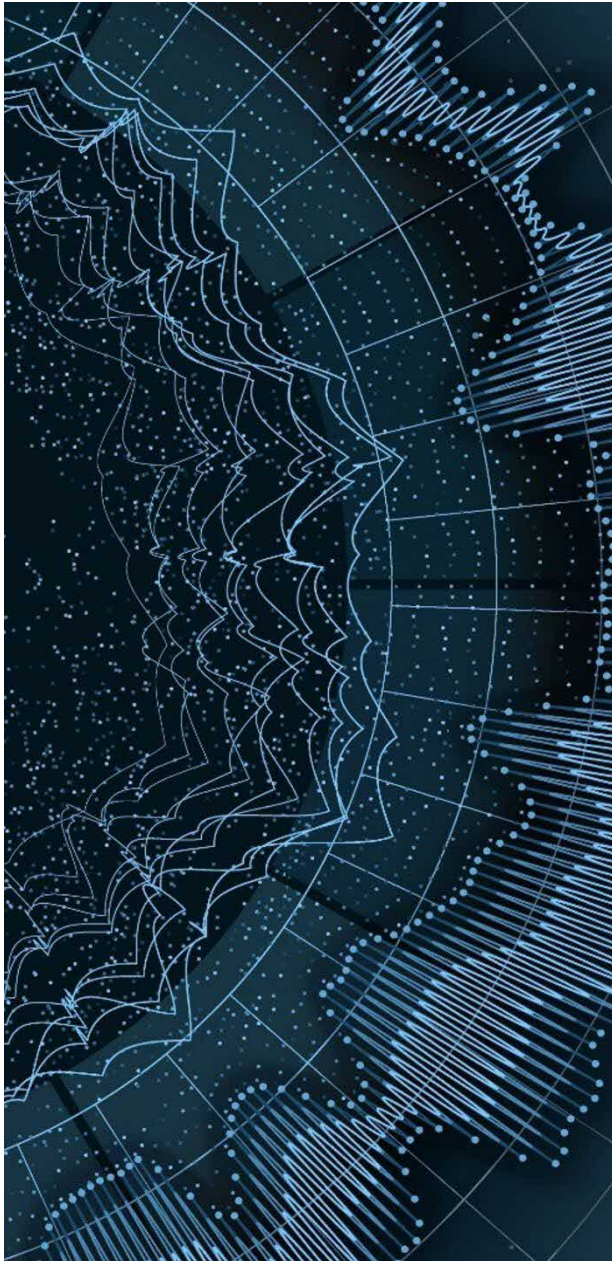
21. Commissioning enquiries

- 21.1 Essex Council's social care strategy is in line with the majority of commissioning councils across the country in that it is seeking to support people to live independently in the community wherever possible, while ensuring that those needing more intensive support can access appropriate services, including care within a registered care home, in a timely fashion.
- 21.2 Demand for high-dependency nursing and dementia care provision in care homes will, however, continue to rise in line with the growing elderly demographic.
- 21.3 Essex County Council is seeking to increase the provision of beds suitable for adults with complex care needs. The Council's target is to ensure the care market is sustainable, whilst fostering continuous improvement.

- 21.4 Many of those who would occupy the proposed care home will be self-funded and the quality of care and accommodation together with proximity to family and friends, will be major drivers in the decision-making process, rather than the commissioning intentions of the local authority.
- 21.5 Sufficient care home bedspaces, suitable for those with dementia care needs, should be made available for both funded and self-funded older people who require well-specified, specifically designed care home accommodation that enables care to be administered most effectively and efficiently.

22. Qualitative need assessment for care home beds

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



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23. Planned supply

T21 Summary of planned provision											
Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
Granted											
A	Market catchment and local authority area	The Oaks, 14 St Marys Road, Great Bentley, Colchester, Essex, CO7 8NN	Florence Care Ltd	Proposed extension to disused garden area to provide a new single-storey wing which will accommodate 12 new rooms, including en-suites and external patio areas. Demolition of existing front gable wing and reconfiguration of car park.	10	0	No	2024	2.4	22/01732/FUL - 15/03/2023	Application 22/01732/FUL proposes a 12 wetroom extension to The Oaks Care Home. The result of the extension will cause a loss of 2 existing market standard rooms, and therefore will receive a net gain of 10 market standard bedrooms.
B	Market catchment and local authority area	Land to the rear of Jaywick Lane, Clacton-On-Sea, Essex, CO16 8BB	Willow Park Development Ltd	Proposed 100-bedroom residential care home.	100	48	Yes	2024	3.0	18/01331/FUL - 21/10/2019	The home will be called Blue House Manor.
C	Market catchment and local authority area	Land east of Halstead Road, Kirby Cross, Frinton-On-Sea, Essex, CO13 0LR	Welbeck Strategic Land	Erection of up to 240 dwellings with a community hub including either a 40-bed space care home (Class C2) or a healthcare facility (Class D1) together with access from Halstead Road, Woburn Avenue and Buckfast Avenue; a parking area for up to 30 vehicles; green infrastructure provision including children's play area, kick-about area, footpaths, structural landscaping and biodiversity enhancements; a sustainable drainage system including detention basin and swales and other related infrastructure and services provision.	40	20	No	2025	4.0	15/01234/OUT - 06/09/2016	This application is for a large mixed-use scheme that will include either a 40-bed care home or a medical centre. Reserved matters for phase 1, 2 and 3 have been submitted which all cover the residential element of this application.

T21 Summary of planned provision											
Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
D	Market catchment and local authority area	Oakland Residential Home, 34A Church Road, Brightlingsea, Colchester, Essex, CO7 0JF	Mr Jeeva Kukanesen Primos Care	Proposed single-storey extension to rear existing wing to create an additional 3 bedrooms, 4 en-suite bathrooms and a larger conservatory.	4	0	No	2024	4.9	22/00674/FUL - 03/08/2022	This application proposes an extension to the care home of four wetroom beds, which would result in the loss of one non market standard bed. This will bring the total number of bedrooms to 11.
E	Market catchment and local authority area	Well House, Chestnut Way, Brightlingsea, Colchester, Essex, CO7 0UH	Mr. Kannada	Proposed demolition of redundant care home and erection of 2-storey residential care home and associated external works (all matters reserved).	64	36	No	2025	5.0	22/00141/OUT - 28/07/2022	-
Pending											
F	Market catchment and local authority area	Land East of Thorpe Road and South of Holland Road, Clacton on Sea, Essex, CO15 4RL	M Scott Properties Ltd	Hybrid Planning Application consisting of Full Planning Permission for the erection of age-restricted dwellings, care home, allotments, community building, public open space and associated works. Outline planning permission for erection of up to 710 no. dwellings, 2FE primary school, early years and childcare facility, local centre, open space and associated works (all matters reserved).	80	32	Pending decision	2026	2.2	22/00537/OUT	The care home element of this scheme will be operated by Avery Healthcare.
G	Market catchment and local authority area	132–136 Connaught Avenue, Frinton-On-Sea, Essex, CO13 9AD	Harding Homes Limited	Construction of 64-bedroom care home (Use Class C2) with associated parking and garden following demolition of existing garage and large areas of hardstanding. Relocation of vehicular access.	64	25	Pending decision	2026	5.0	23/00801/FUL	-

T21 Summary of planned provision											
Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
H	Market catchment and local authority area	Elm Tree Residential Home, Elm Tree Close, Frinton on Sea, Essex, CO13 0AX	Frontier Estates Ltd	Proposed erection of a care home (within use Class C2), with parking, access, landscaping and other associated works.	64	32	Pending decision	2026	5.1	23/00373/FUL	-
Total in market catchment					426	193					
Total in local authority area					426	193					

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

24. Map of existing and planned supply



Figure 10: Map of all existing homes and planned supply

Key:

- Subject site
- Personal care
- Nursing
- Planned provision

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

Dark blue line shows Tending District Council area
 Light blue shading shows the market catchment and pink shading shows the sensitivity catchment.

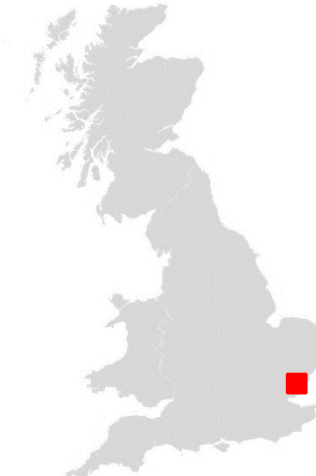
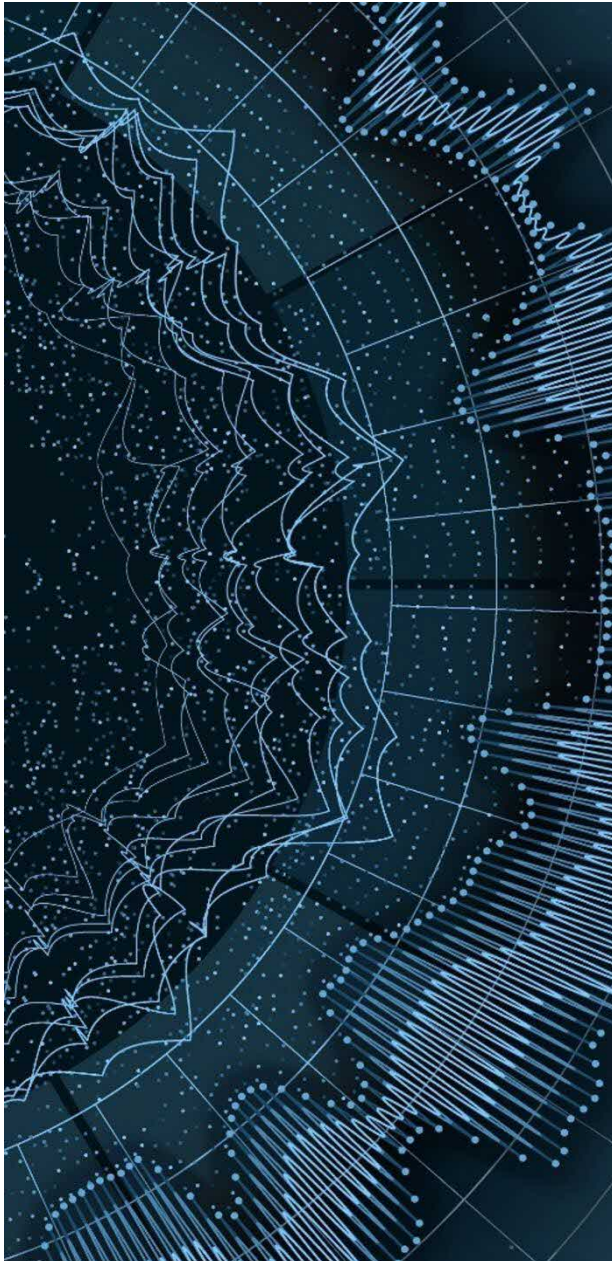


Figure 11: National map



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A: Sources of information

Sources of information

We have utilised the following sources of information:

Census 2011 population statistics;
 Census 2021 population statistics (where available);
 ONS 2018-based population projections;
 LaingBuisson Care Homes for Older People UK Market Report (33rd edition);
 Carterwood database;
 NHS England;
 A–Z Care Homes Guide;
 www.housingcare.org;
 www.cqc.org.uk;
 Contains Ordnance Survey data © Crown copyright and database right (since 2018);
 Contains LPS Intellectual Property © Crown copyright and database right (since 2016);
 Relevant planning departments;
 Glenigan;
 Planning Pipe;
 Centre for Policy on Ageing: *A profile of residents in Bupa care homes: results from the 2012 Bupa Census*;
 Alzheimer’s Society: *Low expectations: Attitudes on choice, care and community for people with dementia in care homes*, February 2013;
 ‘*Estimating Housing Need*’. Department for Communities and Local Government (2010);
 Essex County Council.

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

Background information provided by the client;
 Documentation submitted with planning application.

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

Confidentiality

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

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

Conflict of interest

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



Appendix

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

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

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

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

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

Gross need (total market)

We assess gross need based upon Census 2011 population statistics (also 2021 population statistics for the local authority area) and have applied elderly population growth rates to determine the current and future need for beds.

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

The methodology involves taking population statistics by age (65–74, 75–84 and 85+ years) and applying standard UK regional patterns of care home admission (currently based on December 2022). It should be understood that ASD is, therefore, a function of population; not a direct measure of demand for care services being only an indicator of them. It is, however, the industry-recognised approach to determining gross need for care in a residential setting.

Gross need (specialist dementia)

Our measure is based upon LaingBuisson’s 2020 adjustment to the 2012 Centre for Policy for Ageing survey regarding risk of admission to a care home with dementia being the prevailing cause. This indicates that 41.3 per cent of residents within the surveyed care homes were admitted with dementia as the primary cause. Therefore, utilising this prevalence rate, we have calculated gross need within each catchment area from residents with dementia as a primary cause of admission. Best practice states that people living with dementia should be cared for within a specialist, dedicated dementia environment.

This measure, by definition, assumes that the principal reason for admission to a care home is based upon the dementia condition. It should be noted, however, that there may be other physical frailty in addition to this measure. Conversely, there will also be a

pool of dementia sufferers who would have been admitted due to a physical frailty/disability, but who now also suffer from some form of dementia.

Occupancy allowance

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

Current supply

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

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

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

Planned supply

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

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

We search for planning applications submitted over the past 3 years. Where an application has been refused or withdrawn, we enter the postcode into the local authority online planning facility to identify if a subsequent application or appeal application has

been submitted. We would note that the planning registers to which we subscribe are not definitive and may exclude some applications as they rely upon each local authority for provision of the information.

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

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

Balance of provision/net need

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

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

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

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

- political and regulatory change;
- funding constraints;
- increase in adaptive technology and ‘telecare’, prolonging the ability for people to remain in their own homes;
- medical advancement;
- COVID-19 or other pandemic/outbreak of life altering transmittable illness.

We provide an indication of need growth between the years 2026 and 2043 in Section 16. This estimate assumes that all other factors remain equal, with the only variances being the increased gross need for care based upon the rise in the number of elderly persons and the anticipated year of completion of all schemes currently in the planning system.

Definition of ‘minimum market standard’ beds

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

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

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

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

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

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

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

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

Proposed Care Home and Landscaped Gateway for Alton, Winchester Road, Chawton, Alton, Southampton. (planning ref: 59484, granted May 2023). Development to provide 67 bed purpose built care home (Use Class C2) and 28 no. apartments (Use Class C3) providing 100% Affordable, age restricted, sheltered accommodation.

Trb Ltd, Trb Drive, St Asaph Business Park, St Asaph, Denbighshire, LL17 0JB (planning ref: 40/2021/0309) Erection of a 198 bed Registered Care Home (Use Class C2), landscaping, parking facilities and associated works.

The Springbrook, Stockport Road, Grappenhall and Thelwall, Warrington WA4 2WA (planning ref: 2021/38631) Full Planning (Major) – Proposed demolition of existing public house and erection of a three-storey building comprising of a 70-bed care facility (Use Class C2) with associated car parking and landscaping.

Chelford House, Coldharbour Lane, Harpenden AL5 4UN (planning ref: 5/19/1642) – the redevelopment including the demolition of the former Chelford House to a 63-bed care home (C2 Use Class), with amendments to access, parking, amenity space and associated infrastructure. Allowed at appeal APP/B1930/W/20/3259161.

Langley Court, South Eden Park Road, Beckenham, BR3 3BJ (planning reference: 18/00443/FULL1) – redevelopment of the site to provide 280 residential units (Use Class C3), a Use Class C2 care home for the frail elderly, retention of the sports pavilion, retention of the spine road, provision of open space and associated works.

Harpwood, Seven Mile Lane, Wrotham Heath, Sevenoaks, TN15 7RY (planning reference: 18/02137/FL) – demolition of existing care home building (use class C2) and erection of a replacement care home (use class C2) with associated car parking, refuse and external landscaping.

Marie Foster Centre, Wood Street, Barnet, EN5 4BS (planning reference: 18/5926/FUL) – demolition of existing buildings and construction of a part two-, part three-storey building with accommodation in the roofspace and at lower ground floor level, to provide a 100-room care home with associated communal areas, amenity space, buggy store, refuse/recycling store, cycle store and sub-station. Provision of 43 off-street parking spaces.

Land north east of Ex-Servicemen’s Club, Scotland Road, Carnforth, Lancashire, LA5 9JY (planning reference: 18/01183/FUL) – erection of a care home building comprising of 118 bedrooms and communal, staff and services areas, with associated internal road layout, car parking and landscaping, creation of a new access and construction of a new retaining wall.

11 Elmfield Avenue, Stoneygate, Leicester LE2 1RB (planning reference: 20171457) – demolition of single dwelling and construction of a three-storey 72-bed care home (class C2), access, parking, landscaping, trees and other associated works (amended plans).

Carpenders Park Farm, South Oxhey, Watford, Hertfordshire, WD19 5RJ (planning reference: 17/1010/FUL) – demolition of existing buildings and provision of 76-bed care home, with landscaping improvements, the upgrading of an existing access, provision of car parking, and associated infrastructure.

Rayleigh Close, Rayleigh Road, Hutton, Essex, CM13 1AR (planning reference: 17/01527/OUT) – outline application for the construction of a 55-bed assisted living and a 77-bed care home development together with associated communal facilities, access, basement car, cycle and mobility scooter parking, refuse storage area, landscaped grounds and associated works following demolition of existing buildings. (Landscaping reserved matters).

Farthings, Randalls Road, Leatherhead, KT22 0AA (planning reference: MO/2016/0594): The erection of 62-bed care home, 35 assisted living units, 26 family houses and 17 affordable dwellings, together with access, parking, public open space including a Locally Equipped Area of Play (LEAP)

Brethrens Meeting Room, West Street, Farnham, GU9 7AP (planning reference: WA/2015/0641) – erection of a care home with nursing (Class C2) with related access, servicing, parking and landscaping following demolition of

existing place of worship (as amended by plans and documents received 02/07/2015 and 16/07/2015 and as amplified by additional information received 08/05/2015). Grays Farm Production Village, Grays Farm Road, Orpington, BR5 3AD (planning reference: 14/00809/FULL1) – demolition of the existing buildings and redevelopment to provide a 75-bed care home with landscaping and associated car parking.

Land west of Banbury Road, Adderbury, Oxfordshire, OX17 3PL (planning reference: 13/01672/HYBRID) – Phase 1: Construction of a 60-bed elderly nursing home. Phase 2: Construction of extra care facility of up to 3,450 sq. m (GIA).

Old Silhillians Association Ltd, Warwick Road, Knowle, Solihull, B93 9LW (planning reference: 2013/867) – development of a 60-bedroom care home with car parking/servicing area and landscaped grounds.

50–54 West Street, Reigate, RH2 9DB (planning reference: 13/01592/F) – development of a registered residential care home for the frail elderly, following demolition of three existing dwellings.

need assessment on this increased bedroom quality level for the purposes of comparison with minimum market standard level.

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

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

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

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

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

All new care homes are developed with en-suite facilities, usually providing larger bedrooms with en-suite wetroom/shower rooms to enable the service user to be bathed without the necessity for larger communal bathrooms; therefore, all new bedrooms are classified as 'full market standard'. We also provide a planning



Appendix

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Appendix

D: Definitions and reservations

Timing of advice

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

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

Data analysis and sources of information

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

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

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

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

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

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

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

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

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

Purpose and use

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

The data, information and any conclusions in the report should not be used as the sole basis for any business decision, and Carterwood shall not be liable for any decisions taken on the basis of the same. The client should independently verify any data or information in the report which may be relevant to taking a business decision.

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Extraordinary market factors

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

Census 2021

This report contains data relating to the 2011 census. The England and Wales 2021 census took place on 21 March 2021; the first release of this data was published on 28 June 2022, with additional releases following in spring/summer 2023, and with the final release of all data outputs for England and Wales provisionally expected by November 2023. The Scottish census was delayed, with the collection phase taking place between 28 February and 1 June 2022. We will monitor the census data release schedule, reviewing new data as it is released and ensuring the data is embedded into our analysis as quickly as possible.

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