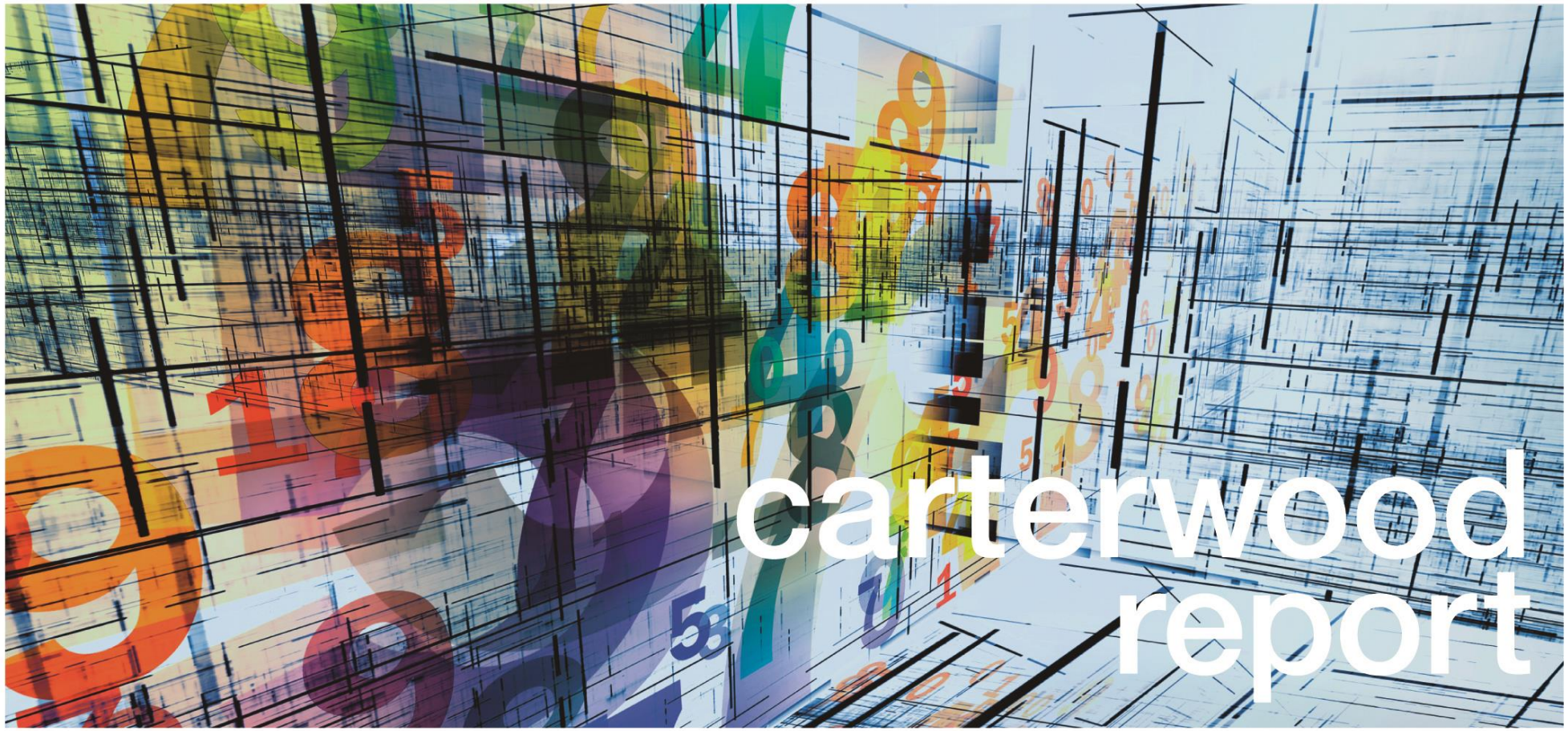


February 2020

Planning need assessment
for Axis Land Partnerships

T: 08458 690777
E: info@carterwood.co.uk
W: www.carterwood.co.uk

Gog Magog Way, Stapleford, Cambridge
CB22 5DQ

Contents

EXECUTIVE SUMMARY

T1 Background

Carterwood has been asked to prepare a need assessment on behalf of Axis Land Partnerships for a planning application to develop a purpose built retirement village (C2 Use) on land north of Gog Magog Way, Stapleford, Cambridge CB22 5DQ.

T2 Indicative need for elderly care home market standard beds (2022)

Basis of assessment	Market catchment area (c. 5.0miles)	South Cambridgeshire local authority area
Indicative need including all planned beds	301	-23
Indicative need including beds under construction	436	336

T3 Indicative need for private extra care units (2022)

Basis of assessment	Market catchment area (c. 10.0 miles)	South Cambridgeshire Local authority area
Indicative need including all planned private units	667	349
Indicative need including units under construction	1,044	584

T4 Conclusions and recommendations

- Analysis including all planned beds (whether granted or pending a decision) shows an indicative need for 301 market standard care home beds in the market catchment and a small oversupply of 23 beds in the local authority area, as at 2022. On this basis, need grows to 687 and 417 market standard beds in the two catchments, respectively, by 2032.
- Our more realistic assumption, which includes only planned care beds currently under construction, shows significantly increased levels of need in 2022, for 436 and 336 beds in the market and local authority catchments respectively. Furthermore, our indicative assessment of dedicated dementia provision in the market catchment shows a significant need for 296 beds, equating to almost 70 percent of demand.
- Analysis of private extra care provision sets out a particularly large need for 667 and 349 units in the market and local authority catchments respectively, despite including all planned developments. When only planned extra care units under construction are included, need is significantly higher at 1,044 and 584 units in the two catchments, respectively
- Elderly demographic projections indicate need grows to 1,039 and 537 extra care units in the two catchments respectively by 2032, reflecting the escalating nature of the requirement.
- Cambridgeshire County Council recognises that the supply of both extra care housing and care homes for elderly people with nursing and dementia care needs should be increased.

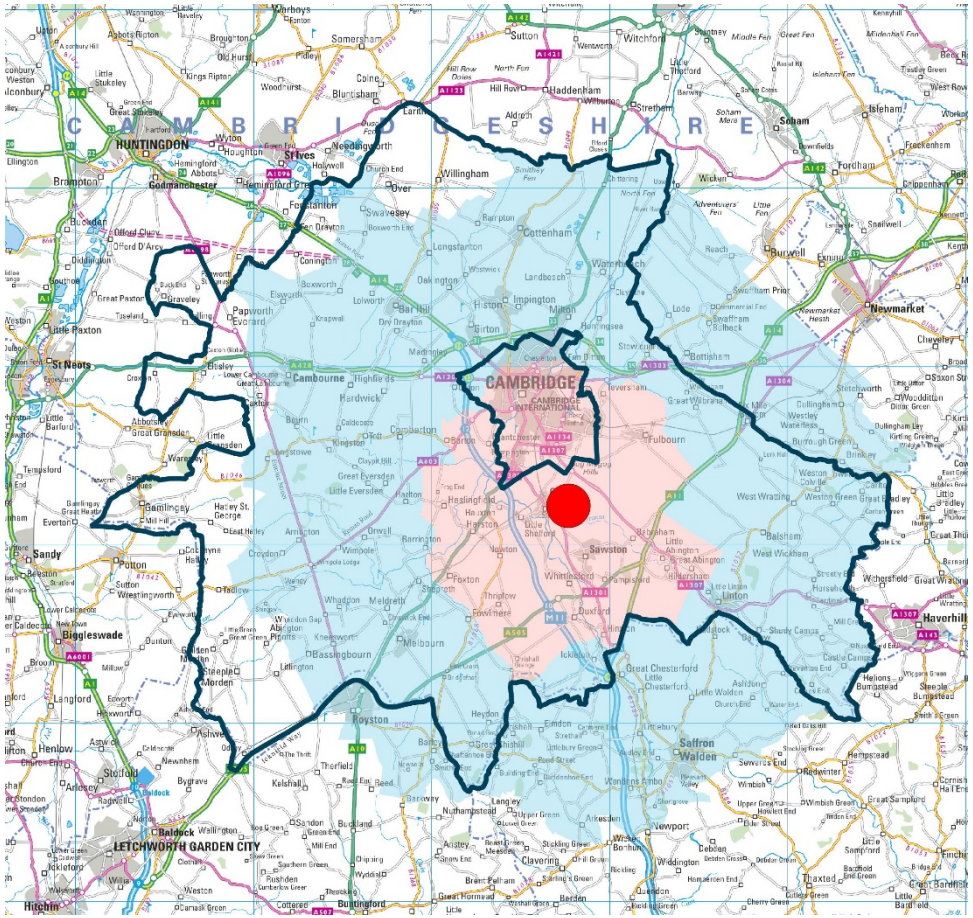


Figure 1: Location of the proposed scheme and our bases of assessment

Note: Proposed retirement village indicated by the red dot. Our assessment of care home bed need is based on a market catchment extending to circa 5 miles (shaded pink) and need for extra care is based on the larger combined area, circa 10-mile radius (shaded blue and pink). The South Cambridgeshire Council area is edged dark blue and excludes Cambridge City Council, also edged dark blue.

Full definitions for care home beds and extra care are provided in sections 5 & 6, on page 8 of the report.

INTRODUCTION

1. Introduction

1.1. Carterwood Chartered Surveyors has been commissioned to prepare a need assessment on behalf of Axis Land Partnerships Limited in relation to the development of a care village to include extra care accommodation and which could include care home beds on land north of Gog Magog Way, Stapleford, Cambridge CB22 5DQ.

1.2. Carterwood has been asked to prepare a need assessment of the subject site based on a market catchment area and the South Cambridgeshire Council area for each of the care home and extra care elements of the proposed scheme.

1.3. In this report, we have considered the national context of both the care home and extra care markets, together with a detailed study of the catchment areas of the two elements of the proposed development.

Limitations to advice

1.4. Our report does not take into account any implications or effects of the United Kingdom's exit from the European Union ("Brexit") and the terms of any negotiated agreements. All advice given is applicable as at the date of the report commissioned. It may be appropriate to review this report upon clarification of the terms of Brexit.

T5 Instruction summary	
Client	Axis Land Partnerships Limited
Site address	Land north of Gog Magog Way, Stapleford, Cambridge, CB22 5DQ
Purpose of advice	Comprehensive planning need assessment
Date of terms of engagement	23 October 2019
Date of planning research	11 November 2019 (extra care) 24 January 2020 (care home)
Date of report	4 February 2020
Prepared by	Jessamy Venables BSc (Hons) MSc MRICS and reviewed by Peter Nurse BSc (Hons) MRICS.

2. Carterwood

2.1. The company has grown from two founding directors to a team of over 25, with active agency and valuation departments, and provides advice across the care sector to a range of operators, developers and other stakeholders.

2.2. Carterwood is a chartered surveying practice dedicated to the care sector, and has become the market leader in preparing consultancy advice in relation to the feasibility of new elderly care developments for both the private and voluntary sectors.

2.3. Examples of private sector clients who have regularly commissioned need assessments or site feasibility studies include:

- Porthaven Care Homes
- Gracewell Healthcare
- Hallmark Healthcare
- Care UK
- Caring Homes
- Signature Senior Lifestyle
- Barchester Healthcare
- Octopus Healthcare
- Retirement Villages
- LNT Care Developments
- Richmond Villages
- Audley Court Limited
- Four Seasons Health Care

2.4. Similarly, examples of Carterwood clients in the not-for-profit sector include:

- Anchor
- The Royal British Legion
- The ExtraCare Charitable Trust
- Leonard Cheshire Disability
- Sanctuary Care
- Jewish Care
- Brendoncare
- Care South
- Healthcare Management Trust
- Greensleeves Homes Trust
- Milestones Trust
- The Orders of St John Care Trust

2.5. Carterwood's client base represents the majority of operators currently seeking to develop new care homes and extra care schemes in the South of England. Accordingly, we are in an almost unique position in the sector, having assessed over 2,000 sites since 2008 for a variety of providers across a range of scheme types and care categories.

3. Our approach

3.1. Our report is split into sections as follows:

National context and key definitions

3.2. We outline some key definitions and background explanatory text for the social care sector. We also consider the national overview of the demand and supply factors currently influencing the care home and extra care sectors, with an emphasis on the growing demographic pressures in relation to the United Kingdom's ageing population and the increasing prevalence of dementia.

The proposal

3.3. We provide a description of the proposed scheme, its position on the elderly social care spectrum and research findings in relation to the wider benefits of care villages.

Commissioning overview

3.4. We present a review of the relevant strategy documentation from Cambridgeshire County Council.

Care home need

3.5. We undertake a detailed demand and supply analysis of the proposed care home based on the market and local authority catchment areas. We provide a full methodology of our approach as well as the results of our analysis.

Extra care need

3.6. We assess the existing and planned supply of extra care schemes within the market and local authority catchment areas. We include our methodology and outline the difficulties in assessing the need for extra care units more generally in the private sector.

Conclusions

3.7. We present our empirical, evidence-based assessment of the need for market standard care home bedspaces and extra care units within the market and local authority catchment areas. We also provide an overview of the key qualitative and quantitative factors influencing our opinion of need for the proposed scheme.

4. Sources of information

4.1. We have utilised the following sources of information:

- Census 2011 population statistics;
- ONS 2016-based population projections;
- LaingBuisson Dementia Care Services;
- LaingBuisson's Care Homes for Older People UK Market Report (30th edition)
- A–Z Care Homes Guide;
- Carterwood database;
- www.cqc.org.uk;
- Alzheimer's Society;
- Department of Health;
- Relevant planning departments;
- Centre for Policy on Ageing: A profile of residents in Bupa care homes: results from the 2012 Bupa Census;
- Cambridgeshire County Council;
- Alzheimer's Society: Low expectations: Attitudes on choice, care and community for people with dementia in care homes, February 2013;
- Glenigan;
- Estates Gazette / The Radius Service;
- Planning Pipe;
- LaingBuisson's Extra Care Housing UK Market Report.

NATIONAL CONTEXT AND KEY DEFINITIONS

5. Definition of a care home

5.1. Elderly care homes fall within Class C2 ("residential institution") of The Town and Country Planning (Use Classes) Order 1987. Section 3 of the Care Standards Act 2000, defines an elderly care home as '*any home which provides accommodation together with nursing or personal care for any person who is or has been ill (including mental disorder), is disabled or infirm, or who has a past or present dependence on drugs or alcohol*'.

5.2. Elderly care homes operate in a highly regulated sector administered by the CQC, which is responsible for registering and monitoring elderly care homes across all sectors as well as other care providers, such as domiciliary care agencies. The regulation of health and adult social care is governed by the Health and Social Care Act 2008.

5.3. There are over 18,000 care homes in the United Kingdom, over 11,000 of which care for elderly people, according to the *A–Z Care Homes Guide (as at 1st January 2020)*.

Personal care and nursing

5.4. To assist the reader, we provide below an explanation of the difference between personal care and nursing care, both of which can be provided within registered care facilities. The subject care home will be seeking to provide both personal and nursing care together with the possibility of specialist dementia care.

5.5. Care homes providing personal care for the elderly, or residential care homes for the elderly, as they are also referred to, provide both short-term and long-term accommodation to elderly people. They also 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 getting up from or going to bed.

5.6. Nursing homes offer the same services as personal care homes, with registered nurses also 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.

6. Definition of extra care

6.1. Accommodation for older people has traditionally been limited to three options:

A. Remaining in the family home;
B. Moving into sheltered housing accommodation;
C. Moving into a residential care environment.

6.2. Extra care accommodation has evolved in recent years to respond to the growing need from older people for greater choice, quality and independence.

6.3. As the supply of extra care has expanded, so has the number of models and designs, making it difficult to define this form of accommodation. However, the Department of Health (DoH) has identified three common features. These are as follows:

A. It is first and foremost a type of residential accommodation. It is a person's own home. It is not a care home or a hospital and this is reflected in the nature of its occupancy through ownership whether it be lease or tenancy.
B. It is accommodation that has been specifically designed, built or adapted to facilitate the care and support needs of its owners or tenants.
C. Access to care and support is available 24 hours per day.

6.4. Extra care schemes, providing 24-hour on-site care and support, fall within Class C2 ("residential institution") of The Town and Country Planning (Use Classes) Order 1987. This is because they provide both accommodation and care/support on a 24-hour/day basis.

Extra care models

6.5. Extra care (often used as a generic term) is frequently referred to as a concept rather than a type of accommodation and the term covers a range of different accommodation models.

6.6. Extra care housing is referred to by a number of names, again depending upon whether the accommodation is operated by a provider/developer or social services. Current terms used include independent living, extra care, very sheltered housing, assisted living, category 2.5 accommodation and close care.

6.7. The accommodation options offered range from flats or housing to a small village model. The accommodation provided is available on a variety of tenures; shared ownership, long leasehold and rent (social and private).

6.8. Central to the philosophy of extra care is that it should provide a "home for life". The accommodation element of the scheme will not be registered by the CQC. The care required by the residents will be provided either by an in-house or external domiciliary care agency.

6.9. All of the above are common traits of all forms of extra care accommodation, but similar to current market trends, three specific forms have evolved, which are differentiated as follows:

- Extra care – a standalone development of elderly housing with on-site care not operated in conjunction with a care home;
- Close care – elderly people's accommodation linked to a registered care home;
- Care village/CCRC (continuing care retirement community) – large schemes offering an extended range of services for older people; often providing a range of accommodation types and with many including a registered care home on the site (although this is not compulsory).

6.10. The proposed scheme is the third of these models; i.e. 'care village' or 'CCRC'. We have referred to the non-care home element of this scheme as the 'extra care element' of the proposed care village.

6.11. In addition to the above, within the wider definition of "housing with care" a form of older people's housing exists called "enhanced sheltered housing". This is in response to a number of hybrid schemes that have been developed over the years that seek to provide some form of on-site facilities/amenities and/or some form of additional support packages to scheme residents but do not meet the full definition of extra care housing.

Other forms of elderly housing

6.12. There are other forms of elderly housing accommodation, which fall outside of this definition.

6.13. The vast majority of elderly housing across the UK is made up of traditional sheltered housing. This essentially comprises a flat/apartment, generally one- or sometimes two-bed units in older schemes, where there is limited care and support on site, other than a resident warden and a small communal lounge. The main providers of this accommodation are either housing associations/registered social landlords (RSL) or private developers, amongst the largest of which are McCarthy & Stone and Churchill Retirement Living. These forms of accommodation are not included within our analysis as they do not provide 24-hour on site care and are not comparable to the application scheme. McCarthy & Stone do, however, provide an assisted living type service, which is different to the aforementioned sheltered housing and is more akin to extra care as 24-hour care is available on site.

Typical extra care resident profile

6.14. There is a strong wish amongst elderly Britons to remain independent for as long as possible. Extra care units appeal to this sentiment, given the style and design of the accommodation, and the creation of a valuable legal interest – i.e. sale on a long leasehold basis.

6.15. The decision to move into retirement housing is often strongly influenced by immediate relatives. The more confused the elderly person, the more this applies. Aspects such as accessibility and convenience for visiting relatives play a major role. Elderly people generally seek to move to care facilities either close to their own homes or close to relatives' homes. Sometimes, therefore, this may involve the resident moving away from his or her own area.

6.16. In operational extra care developments of which we are aware, the residents typically range in age between 70 and 90 years, with an average resident age of around 80 years.

6.17. Typically, single females occupy 65–70 per cent of units, married couples 20–25 per cent, and single males 10 per cent of the units.

6.18. The key issues leading people to move into extra care are health and care needs, often prompted by the death of a spouse or partner.

7. Elderly population trends

7.1. The elderly UK population is set to grow dramatically over the coming years, and the predicted rapid increase in numbers of 65- to 84-year-olds 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.

7.2. LaingBuisson's Care Homes for Older People UK Market Report (30th edition) states that the percentage of the UK population over the age of 85 is projected to multiply more than five times, from 1.68 million in 2019 (2.4 per cent of the population) to c. 8.49 million in 2111 (10.0 per cent of the population), while the 75- to 84-year-old segment will rise from 4.167 million in 2020 (6.3 per cent of the population) to 7.9 million in 2111 (9.3 per cent of the population).

..

8. National provision

Care homes

8.1. LaingBuisson's *Care Homes for Older People UK Market Report (30th edition)* states that as of March 2019 there were approximately 460,032 registered nursing and personal care bedspaces for the elderly and physically disabled in the United Kingdom. There was a general reduction in capacity from the mid-1990s until approximately 2007, since when capacity has remained broadly static or marginally increased.

8.2. While capacity has reduced from the 1995 peak of 557,400, evidence now indicates that a new phase of essential expansion is underway across the country, as the number of very old people at risk of entering a care home rises significantly.

8.3. According to our care home database, approximately 330,000 of these beds have en-suite provision, meaning that over 28 per cent of current registered bedspaces do not conform to the current market standard of providing a bedroom with en-suite facilities.

Extra care

8.4. Determining the size of the extra care market is dependent on the definition of 'extra care', which we discussed in detail in Section 6 of this report. According to LaingBuisson's Extra Care Housing UK Market Report 2010, there were approximately 25,000 to 35,000 units within England. In 2009, RSLs in England owned 27,000 units within the category 'Housing for older people', many of which could be considered extra care housing. There are an additional circa 7,000 extra care units owned by local authorities, whilst in 2010, the Elderly Accommodation Counsel identified a further 44,000 dwellings in England that met its loose definition of extra care.

9. The growing need for dementia care

9.1. 'The term "dementia" describes a set of symptoms that include loss of memory, mood changes and problems with communication and reasoning. There are many types of dementia, the most common being Alzheimer's disease and vascular dementia. Dementia is progressive, which means the symptoms gradually get worse' (source: Alzheimer's Society website).

9.2. Both personal care and nursing homes can provide care to persons suffering from dementia and/or Alzheimer's disease. Whilst the preference is always to try to maintain an individual's independence at home, this is not always possible, given the nature of the condition.

9.3. Nationally, there are a large number of mixed-registration homes caring for both elderly frail and dementia sufferers; this is acknowledged to be operationally challenging, as most homes lack the specialist design and layout to meet the complex needs of the service users' requirements.

9.4. The following statistics have been sourced directly from the Alzheimer's Society website, which provides useful background on the condition and its growing importance in the UK social and health care sector:

- There are currently 850,000 people with dementia in the UK, with numbers set to rise to over 1 million by 2025;
- 225,000 people will develop dementia this year, that's one every three minutes
- One in six people over the age of 80 have dementia;
- More than 40,000 below 65 years of age and 25,000 from black, Asian and minority ethnic groups in the UK are affected;
- 60,000 deaths a year are directly attributable to dementia;
- Delaying the onset of dementia by 5 years would reduce deaths directly attributable to dementia by 30,000 a year;
- The financial cost of dementia to the UK was £23 billion in 2012
- Unpaid carers of people with dementia save the UK over £11 billion a year;
- 70 per cent of people living in elderly care homes have a form of dementia;
- Two-thirds of people with dementia live in the community while one-third live in an elderly care home; 40 per cent of those with dementia receive a diagnosis.
- Dementia is one of the main causes of disability later in life, ahead of cancer, cardiovascular disease and stroke. As a country, we spend much less on dementia than on these other conditions.

9.5. An article published in the Lancet medical journal in March 2018 supports the above statistics, saying: 'Dementia is a devastating disease that brings fear, confusion, and loneliness to the lives of patients and their families. Today, around 850 000 people in the UK are living with dementia, costing the National Health Service (NHS) and UK society more than £26 billion annually. By 2025, it is estimated that over 1 million people in the UK will be affected, with the prevalence and costs of care for these patients expected to double by 2050' (source: The Lancet March 2018).

9.6. The Alzheimer's Society's report *Low expectations: Attitudes on choice, care and community for people with dementia in care homes*, February 2013, sets out quantitative and qualitative research on dementia provision in the UK, which recognises that for people with moderate and severe dementia needs an elderly care home placement may be the safest and most sustainable option available. Their report states that:

9.7. *'While there has been significant focus on delivering care to people in the community in recent years, care homes remain often the most appropriate place of care for many people with dementia, especially those with more advanced dementia'* (page 5).

9.8. It goes on to state that:

9.9. *'There is significant evidence that the environment that people with dementia live in can have profound implications for their quality of life. Dementia can make it difficult for people to negotiate environments, potentially increasing the risk of accidents. Furthermore, many people with dementia are prone to walking about, and need environments which can enable this while remaining safe and secure'* (page 26).

9.10. *'The focus on new-build care homes should be on how environments can support good quality of life for residents, and existing good practice design guidance should be considered early on in building processes'* (page 29).

9.11. Whilst the document also considers other outcomes in a very positive light (including domiciliary care and other alternatives), the above illustrates that provision of residential care is an important part of the approach required to tackle the increasing demographic pressures and increased levels of acuity in care home placements.

10. Paying for care

10.1. According to LaingBuisson, as of March 2019, 55 per cent of care home residents were having their fees paid, in part or in full, by local authorities or the NHS/ Continuing Healthcare funding. Consequently, the resources that government makes available to local authorities to fund community care are very important to the care home sector, particularly in less affluent areas of the country.

10.2. According to LaingBuisson, as at March 2019, an estimated 45 per cent of older or physically disabled residents in care homes were self-payers, receiving no funding from the state across the whole of England. Currently if a prospective resident has assets of over £23,250 (for England and Wales), they will have to pay the full accommodation and personal care costs as a 'self-funded' service user. In many circumstances, an individual's own home is taken into account and the sale proceeds used to fund their ongoing care needs. In the more affluent counties of the South East, we have been advised by the commissioning teams that the proportion of self-funders is closer to 80 per cent.

11. Integration of health and social care (integrated care)

11.1. The combination of funding pressures, putting an emphasis on moving care out of acute (hospital) settings, and tightening social care eligibility criteria has resulted in:

- Complexity of conditions increasing and greater co-morbidities;
- Pressure on 'traditional' home care provision models and increasing barriers to entry;
- Focus on high-quality care for complex needs;
- Additional care worker support and skill-sets required.

11.2. As such, government long-term policies are steering towards a person-centred, more cost-effective, integrated health and social care environment that would see better collaboration between local authorities (adult social care) and clinical commissioning groups (health) to:

- Pre-empt and provide better care upfront to minimise the number of cases that reach hospital settings;
- Move the provision of care for service users from hospitals into the community;
- Provide intermediate care post-hospital treatment (intermediate care);
- Aid in rehabilitation to reduce the level of dependency and re-admissions.

11.3. To achieve this initiative, in the summer of 2013, ministers unveiled the Better Care Fund budget, initially of at least £3.8bn, which has subsequently risen to c. £6.4bn.

11.4. In 2015, the government created the Adult Social Care Precept, which allowed councils that provide social care to adults to increase their share of Council Tax by up to an extra 2%. In 2016, the government announced that for the 3 years from 2017/18 to 2019/20 councils would be allowed to increase this by up to 3 per cent in any given year, but no more than 6 per cent in total over those years. Cambridgeshire County Council has taken the decision to increase the Adult Social Care Precept element of Council Tax by 2 per cent in 2017/18, 2018/19 and 2019/20.

11.5. Pilot initiatives have been carried out and early signs show that areas that have well-developed, integrated services for older people have lower rates of hospital bed use.

11.6. Our current view is that it is highly doubtful, given the scale of the task and timeframe allowed, that anything close to full integration is possible, and measures are likely to be watered down to a greater or lesser degree over the coming years.

12. Key issues for the sector

12.1. The national requirement for the development of new elderly care provision is growing. This is due to a number of factors, including:

- The increasing dependency level of service users;
- Increasing expectations from regulators and the marketplace;
- Many existing elderly care homes are converted, and are unsuitable for use in their current configuration without physical adaptation of the property;
- Constantly changing population demographics leading to a much older and more dependent population;
- The significant and growing increase in the incidence of dementia in older people;
- Impact of older people on the NHS and wider health care policy as levels of dependency increase and the burden of this age group on NHS facilities increases. This is also linked to the impact of social care funding and responsibility for paying for social care over the coming decades;
- The increasing requirement for extra care and other alternative forms of housing accommodation as an alternative to care homes, where suitable for the requirements of the residents;
- The Care Act 2014;
- National Living Wage and its implications on staff retention and recruitment and sustainability of certain care homes;
- Impact of Brexit on the healthcare sector.

12.2. In response to these changing demographics, market-based and regulatory factors, the subject scheme will meet a wide variety of needs for the elderly population in the area.

.

THE PROPOSAL

13. Description of proposal

13.1. The proposed retirement village scheme will comprise a central core building providing accommodation, communal facilities and administrative uses with further cluster buildings separate to the core providing additional accommodation of up to a total of 17,825 sq m gross internal floorspace.

13.2. The retirement village will retain existing trees and hedgerows and introduce new planting and green spaces together with a central focus point. It will also include a 50 acre countryside park to the north of the proposed scheme to ensure that the proposed development links sensitively with the local community and promotes biodiversity net gains.

13.3. The proposed scheme will provide high quality accommodation designed to be suitable for the needs of older residents. Communal facilities are to include, inter alia: café, lounges, restaurant, shop, spa, beauty salon and pool.

13.4. We have provided a location map for the subject site, opposite.

13.5. It is anticipated that as a result of this development a range of job types, from higher grade management positions to care workers and ancillary staff, will be created.

13.6. Further detail in respect of the proposal can be found in the planning statement accompanying the application.

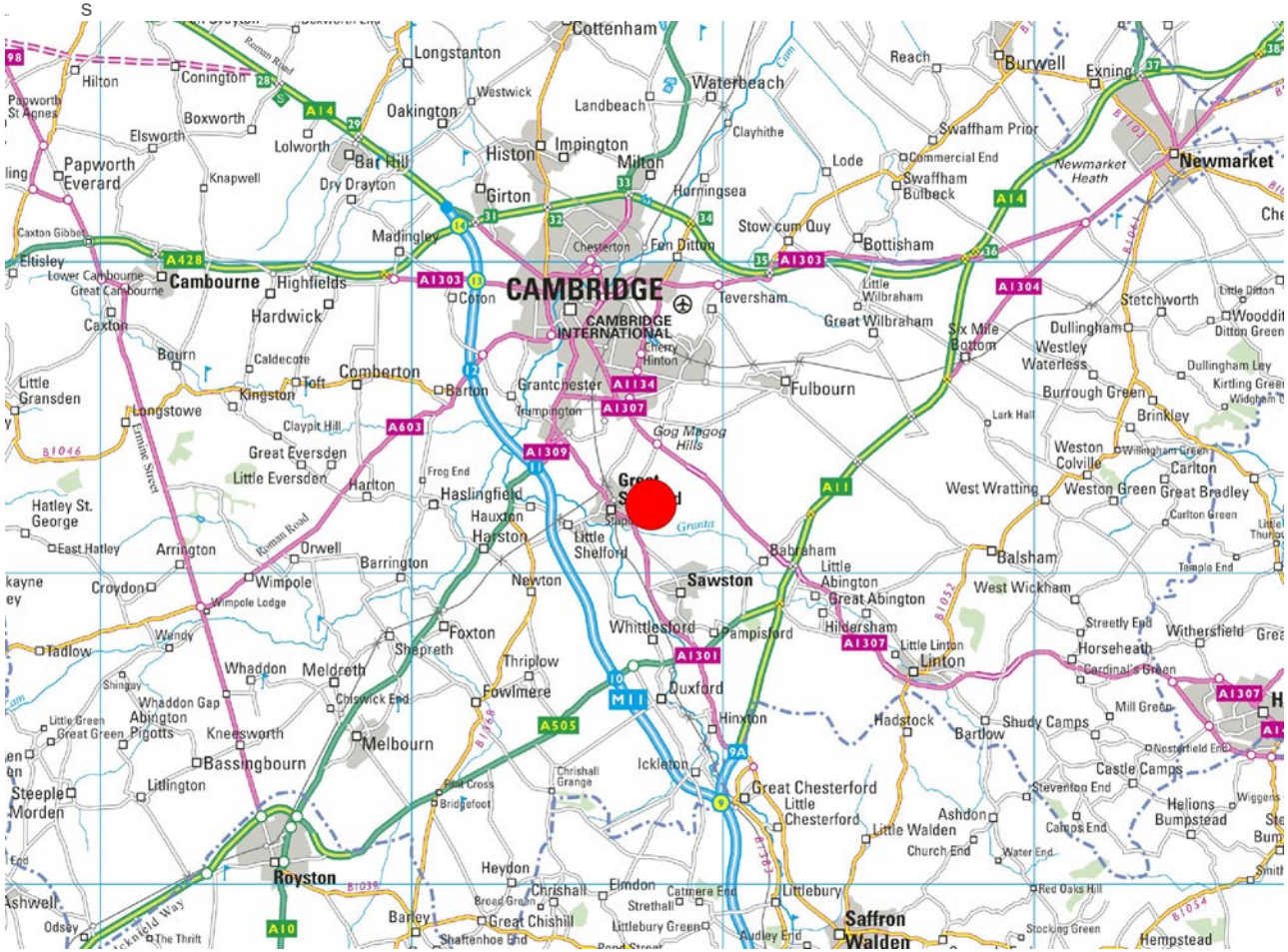


Figure 2: Location map of the subject site

14. The proposed care village – its position in the local market

Elderly care spectrum

14.1. Following our earlier review of the social care sector, to illustrate where we consider the proposed scheme lies within the various models of care provided in the UK long-term elderly-care market, we have compared the subject development against other accommodation types in respect of care provided, cost of care, accommodation type and regulation. Table T6, below, shows the range of options available within this "spectrum of care".

14.2. Increasingly, prospective service users do not make a decision to move into a care home until later in life, and sometimes the catalyst for a move is a fall or illness causing a short-term hospital stay. Due to the increasing requirements placed upon the NHS and hospital beds, as well as the introduction of delayed-discharge legislation, which imposes fines for "blocked beds" upon local authorities, hospital stays are increasingly shorter and a stay in a care home servicing this higher level of dependency may be the only short-term option.

14.3. A substantial variant to the provision elements of the care spectrum below is informal/family care. An estimated six million people provide significant support to elderly relatives, neighbours and friends. This allows many thousands of people to remain in their own homes, particularly when the support is alongside home care and/or day care. The effect of the above is to delay the older person's move into a care home, maybe even to the extent of bypassing it altogether and only moving into a care home or hospital when dependency is very high. Thus, a range of care requirements and a range of services co-exist, sometimes with considerable overlapping.

The proposed extra care units

14.4. The extra care units will cater for older people with lower dependency levels than the care home beds but with the provision of care that is flexible and adaptable as additional care is required, with support being available 24 hours a day. The units will create an environment that allows people with care needs to maintain their independence for as long as possible.

Potential care home beds

14.5. The proposed potential for care home beds within the development will be capable of caring for residents of all dependency levels, including those with higher dependency levels, who require nursing care or dementia care within a specialist unit specifically designed to cater to their requirements. Without this capability a number of very high-dependency care home residents would otherwise experience an enforced hospital stay.

T6 Elderly care spectrum

Accommodation	Standard housing	Sheltered housing	Extra care/independent living/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 type	Standard housing	Specialist elderly housing		Residential setting		
CQC regulation	Regulated only if care provided			Highly regulated – all care and accommodation		
Proposed community		Requirements met in the proposed extra care apartments		Requirements met in the proposed care home		

15. Tangible benefits for the wider community

Benefits to the housing chain

15.1. The care village concept offers a unique combination of independence and security of lifestyle within a socially active and supportive community. Here, older people are able to continue to live in their own space, supported by a comprehensive and flexible network of personal care services and activities.

15.2. People moving into a care village will release large family homes back into the community, which is key to offering more options for families living locally.

15.3. A report ("The top of the ladder", prepared in September 2013) by Demos, the leading cross-party think tank, has considered the above issue in significant detail. We have considered some of the key issues and findings raised as part of this research and reproduced below:

15.4. *'Retirement properties make up just 2 per cent of the UK housing stock, or 533,000 homes, with just over 100,000 to buy. One in four (25 per cent) over 60s would be interested in buying a retirement property – equating to 3.5 million people nationally.*

15.5. *'More than half (58 per cent) of people over 60 were interested in moving. More than half (57 per cent) of those interested in moving wanted to downsize by at least one bedroom, rising to 76 per cent among older people currently occupying three-, four- and five-bedroom homes. These figures show that 33 per cent of over 60s want to downsize, which equates to 4.6 million over 60s nationally. More than four in five (83 per cent) of the over 60s living in England (so not Scotland, Wales or Northern Ireland) own their own homes, and 64 per cent own their home without a mortgage. This equates to £1.28 trillion in housing wealth, of which £1.23 trillion is unmortgaged. This is far more than the amount of savings this group has (£769 billion). Therefore the over 60s interested in downsizing specifically are sitting on £400 billion of housing wealth.*

15.6. *'If just half of the 58 per cent of over 60s interested in moving (downsizing and otherwise) as reported in our survey were able to move, this would release around £356 billion worth of (mainly family-sized) property – with nearly half being three-bedroom and 20 per cent being four-bedroom homes.*

15.7. *'If those wanting to buy a retirement property were able to do so, this would release £307 billion worth of housing.*

15.8. *'Combining New Policy Institute (NPI) analysis of current market chain effects of older people dying and moving each year with our own analysis of ELSA, we can estimate that if all those interested in buying retirement property were able to do so, 3.5 million older people would be able to move, freeing up 3.29 million properties, including nearly 2 million three-bedroom homes.*

15.9. *'If just half of those interested in downsizing more generally were able to do so, 4 million older people would be able to move, freeing up 3.5 million homes.'*

15.10. The report goes on to suggest a number of national policy recommendations to assist in overcoming these problems:

15.11. *'Giving retirement housing special planning status akin to affordable housing, given its clear and demonstrable social value.*

15.12. *'Tackling S106 and community infrastructure levy (CIL) planning charges, which make many developments untenable and affect them disproportionately compared with general needs housing developments.*

15.13. *'Quotas and incentives for reserving land for retirement housing, and linking this to joint strategic needs assessment and health and wellbeing strategies for local areas.'*

15.14. Whilst, to our knowledge, the above have yet to be implemented through any national or other local government policy, they serve to illustrate some of the hurdles faced by developers of retirement housing across the UK. The report's key conclusions are summed up in the following statement:

15.15. *'We conclude by reflecting on the fact that the housing needs of our rapidly ageing population (the number of over 85s will double by 2030) is the next big challenge this government faces. And yet the costs associated with overcoming this are far lower than those related to the effects of the ageing population on health or social care. The money is there already – locked up in over a trillion pounds' worth of assets across the country. Hundreds of millions of pounds could be released to stimulate the housing market if (low-cost) steps were taken to unlock the supply to meet the demand already there – let alone if demand were further stimulated. While there must always be a place for social housing and affordable tenancy for older people, the vast majority of older people can be helped into more appropriate owner-occupied housing without any direct delivery costs incurred by government or local authorities.'*

A social hub for older people

15.16. At a time when financial constraints are forcing some day care facilities to close, the central core or 'hub' will fulfil an increasing need for a welcoming community where older people living locally, who may well be lonely or bored, can enjoy a variety of pursuits and experience activity, friendship and a sense of belonging.

15.17. These facilities will be available for use by healthcare professionals delivering post-operative, rehabilitation and respite care to anyone within the local community needing such services, enabling local healthcare professionals, both NHS and private, to prescribe or advise attendance at falls prevention, stroke rehabilitation, assessment clinics, physiotherapy, long-term conditions management and the promotion of self-care, including expert patients' programmes, cognitive stimulation and pulmonary and cardiac rehabilitation programmes. GPs and other healthcare professionals will use the treatment room to provide surgeries and consultations both for residents and those living in the wider community.

A new concept in care

15.18. Government and local policy is driving the provision of care and support firmly away from traditional residential care home settings towards new alternatives where the individual can remain in their own home unless their care needs progress to very high levels of dependency. The vast majority of the proposed scheme is the provision of extra care accommodation that is fully in line with this strategy, providing care and support within an individual's own home.

15.19. However, the proposed retirement village concept goes further and allows highly trained staff to offer unparalleled support to those with even the highest dependency needs in small friendly family groups, so that residents, secure in an environment where family involvement is actively promoted, feel encouraged to engage, participate and be independent where possible, and to benefit from quality care that directly responds to their needs when necessary.

15.20. Provision of domiciliary care and support to occupants of the extra care units can be provided in much smaller time segments than is possible to achieve in someone's own home in a traditional way. Often visits in traditional home care within a person's own home are limited to a minimum of 30 minutes or even an hour, which is very impractical to meet the needs of the person concerned if they require a more bespoke service. In the subject scheme, escorting duties and home visits can be offered in time intervals of as little as 15 minutes, to offer a tailored approach to care provision and fully meet the social as well as care-driven needs of the residents across the care dependency spectrum.

The transport service

15.21. Residents will benefit from on-site transportation, and an on-site activities coordinator will also arrange trips to galleries, historic houses, exhibitions and places of interest.

16. Empirical research into benefits of a retirement village for its residents

16.1. The primary purpose of the recent literature on care villages has been to evaluate the success of existing schemes. In addition, while the volume of literature has gradually increased, to date there remain only a handful of papers that document and evaluate primary research from UK schemes. We have extracted the text below verbatim from a report prepared by Tetlow King, published in 2011, which summarises the empirical evidence available in respect of the benefits of care villages to the individuals who are cared for within the developments. We have also reviewed a report prepared by CASS Business School, entitled 'Does Living In A Retirement Village Extend Life Expectancy?'.

Planning and Delivering Continuing Care Retirement Communities (Tetlow King 2011)

16.2. *'There are two recent large scale longitudinal studies of CCRCs, one by Bernard et al. (2004) of Berryhill Village operated by the ExtraCare Charitable Trust and the other by Croucher et al. (2003) of Hartrigg Oaks, operated by the Joseph Rowntree Housing Trust.*

16.3. *'Both of these studies offer in depth accounts of living in retirement communities. More recently an evaluation of the first 10 years of Hartrigg Oaks has been produced by the residents and staff (JRF 2009). The other UK based studies cover smaller time frames (e.g. Evans and Means 2007) and so adopt different methods and sample sizes, ranging from around 15 participants to over 100. Another approach by Biggs et al. (2001) adopts a comparative analysis, comparing those within a CCRC to a sample from the wider community. This produces an effective analysis of life within a retirement community as it enables direct comparisons to be drawn. Across these evaluations a number of key themes can be identified.*

'Safety and Security

16.4. *'A number of sources refer to the sense of safety and security experienced by residents (e.g. Phillips et al. 2001, Baker 2002, Biggs et al. 2001). This is most often related to knowing that care staff are available on site day and night, and knowing that help is available across a range of domains, including home maintenance (Croucher 2006). It is also acknowledged that being in such a community reduces the risk of being a victim of crime or harassment.*

'Health

16.5. *'Within a CCRC, the onsite care provision ensures that all residents are fully cared for and supported. Hayes (2006) acknowledges that this provides residents with peace of mind from knowing that they can stay at home even if their care needs change. Throughout their comparative studies both Croucher (2006) and Biggs et al. (2001) found that the self-reported health status of residents within the village tended to remain much higher than those living outside.'*

'Impacts on the wider community

16.6. *'There are also wider community benefits of such provision. These include much faster discharges from hospital as well as lower admission rates (Idle 2003). Some literature sources describe a negative impact on local GP surgeries with the influx of older people; however in evaluating such evidence, Croucher (2006) expresses that such concerns may be overstated. The benefits to families are also important in terms of relieving them of the pressure to provide care and in particular freeing up for the younger generation larger units of family housing (Phillips et al. 2001; JRF 2009).*

'Social Inclusion

16.7. *'The issue of social inclusion is commonly cited as an important reason for moving into such a community. Social inclusion is a key theme throughout government policy and it is widely recognised that older age groups with reduced mobility increasingly suffer from social exclusion (Battersby 2007; OCSI 2009). It is well documented that CCRCs offer opportunities for companionship and social interaction. This occurs both formally within organised clubs or activities and informally within communal areas (see for example Bernard et al. 2007; Croucher 2006; JRF 2009; Evans and Means 2007 and Phillips et al. 2001). Some authors report instances of conflict or marginalisation of those who don't fit in with the norm (Croucher et al. 2006; Phillips et al. 2001). In general however this is heavily outweighed by the volume of evidence documenting the mutual support that exists between residents, creating a true sense of place and community spirit.'*

Does living in a retirement village extend life expectancy? The case of Whiteley Village

16.8. '*The increasing number of people we expect will require residential care at some point in their lives provides a new impetus to examine how retirement village communities can cater for the needs of their residents. This report is particularly commendable because it examines the records of residents of Whiteley Village, covering 100 years of its existence including their longevity experience*.'

16.9. '*It finds that Villagers, particularly females, live longer than the average for England & Wales and this advantage was especially pronounced when pensioner poverty was higher than it is today. This is particularly remarkable since eligibility to become a resident of Whiteley, usually at around normal retirement age, is based on having limited financial means, i.e. people who would be expected to die sooner on average*.'

16.10. '*This advantage continues today if one compares the longevity of Whiteley Villagers with the poorest 20% of pensioners in England & Wales. The key message therefore is that as well as increasing quality of life, housing with care communities such as Whiteley Village can also extend life expectancy*.'

16.11. '*As the residential care sector continues to respond to the needs of our rapidly ageing society, I hope that policymakers and the social care sector can take heart in knowing that, whilst socio-economic inequalities in life expectancy sadly still exist, the right housing with care community might just be able to ameliorate the effects of deprivation and address those inequalities in later life*' (page 4).

'Executive summary

16.12. '*The benefits or otherwise of communal living in later life are of considerable interest in the context of a growing and increasingly elderly population because of the continuously rising cost pressures on health and social care and the need to provide more suitable accommodation. Such establishments have the capacity to provide in one location all the needs of residents whilst providing a stimulating and high quality living environment which insulates residents from the day-to-day problems of growing old. Whiteley Village, currently celebrating its 100th anniversary, is one of the main forerunners of this kind of retirement living anywhere in the world. The aim of this study is to investigate the possible benefits of retirement village life with respect to life expectancy, i.e. whether Villagers live longer on average than the general population. Our results show that there is strong statistical evidence that female residents, in particular, receive a substantial boost to their longevity when compared to the wider population – at one point in time reaching close to five years. Whiteley's longevity advantage is even greater once we take account of the fact that the resident population is drawn from the poorest pensioners, who would be expected to experience higher mortality rates. Although we were unable to find sufficient statistical evidence that the male residents of Whiteley outlive their counterparts in the wider population, there was certainly evidence that the majority lived at least as long on average (i.e. the effects of living at Whiteley appears to combat the inequalities caused by social deprivation)*' (page 5).

16.13. The research document concludes that there are significant benefits of living at Whiteley that help to combat the inequalities caused by social deprivation. The report concludes that as well as increasing quality of life, housing with care communities such as Whiteley Village can also extend life expectancy.

The Joseph Rowntree Foundation

16.14. In addition to the above commentary, we have considered the Joseph Rowntree Foundation paper, published in April 2006, called "*Making the Case for Care Villages*". Drawing on previously published studies and data from an on-going comparative evaluation of seven different housing with care schemes for older people, they found that evidence shows very clearly that older people see Care Villages as a positive choice.

16.15. We have extracted a few examples of the research that underpins the key observations made on the benefits.

16.16. *'Care Villages also play an important role in promoting health and well-being. Increased opportunities for social interaction and engagement can reduce the experience of social isolation, with consequent benefits to health, well-being, and quality of life…'*

16.17. *'...Living in a purpose-built, barrier-free, efficiently heated environment removes many of the difficulties and dangers of living in inappropriate accommodation, in particular the risk of falls. Resident groups can be effectively targeted for health promotion initiatives... On-site catering services can promote healthy eating, and cater for particular dietary requirements and ensure that everyone has the opportunity to have a hot, nutritious meal every day.'*

COMMISSIONING ENQUIRIES

17. Commissioning and local authority overview

Extra care provision

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

17.2. We have provided, verbatim, relevant extracts of the documents in relation to elderly care below to include the following:

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

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

Population changes:

17.3. '*Greater Cambridge is set to experience a rapidly ageing local population, with the number of people aged 75 and over set to nearly double between 2016 and 2036. As the population ages, the prevalence of long-term health conditions is likely to increase, creating complex geographies of need and demand on various services. The number of older people in Cambridgeshire living with dementia, for instance, is expected to rise from 6,600 in 2006 to 10,200 by 2021, placing significant pressure on housing, support and care provision. Incidences of trips and falls already constitute a large percentage of emergency hospital admissions, raising questions about the role that suitable housing can play in mitigating these. There are signs that general needs housing may present problems for older people, with 37 per cent of private sector stock (across Cambridgeshire) failing to meet Decent Homes Standards and containing hazards which increase the chance of trips and falls*' (page II).

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

17.5. '*The CRESR model recommends that by 2035, the supply of specialist housing will need to be 80 per cent higher than present, at 6,163 units. This equates to an annualised rate of development of 142 new units through that period, before any additional units are required to account for reductions in the stock. This bears similarities with SHOP@ which recommends aggregate supply of specialist housing in Cambridge and SCDC of 6,632 by 2035. Similar increases are recommended for age-exclusive housing and care beds, as we suggest that both forms of accommodation need to increase by 80 per cent by 2035*' (page IV).

Cambridgeshire Older People Strategy

An ageing population

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

Increasing levels of need:

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

17.8. *'Crises are inevitable and when they occur we will work to ensure that a coordinated response from all agencies is put in place quickly. Our aim is to prevent older people being admitted to hospital when it is not necessary, and wherever possible once the crisis is over, supporting individuals and their carers to enable them to remain in homes that are appropriate to their needs and in their communities as long as possible, rather than moving into long term social care services. We will try to avoid asking older people to make long term decisions in a crisis'* (page 8).

17.9. *'The Cambridgeshire and Peterborough Clinical Commissioning Group's Older People Procurement exercise is an ambitious programme to align the local health and social care system and completely re-structure how it operates. Through a new contracting approach which will pay by outcomes, it will create an incentive for the lead provider to transform service delivery and work with other organisations to coordinate services and reduce demand for more long-term services'* (page 12).

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

17.10. *'Due to an ageing population and significant financial constraint, we are facing unprecedented challenges across the system. As a result of this, we are in a position where we need to work differently with providers and build capacity in our communities using a neighbourhood based approach to meet the needs of our citizens'* (page 1).

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

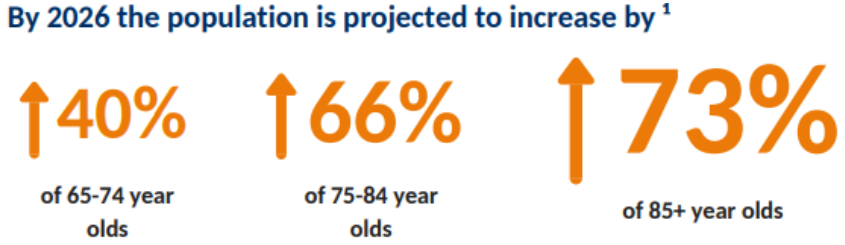
17.12. *'Key challenges:*

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

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

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

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



(Cambridge Research Group)

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

17.16. *'Hospital admissions have increased between 2016/17 and 2017/18 by 4.4% for the over 80 year old age group. In 2018/19, we will develop effective step-down services and accommodation for the reablement of people being discharged from a hospital settings back into the community'* (page 12).

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

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

17.19. *'Cambridgeshire County Council is undertaking a competitive dialogue process to secure a strategic partner to build and run a number of care homes on council*

owned land. This process will be completed by March 2020 and will seek to address key areas of shortfall' (page 14).

Cambridgeshire Older People's Accommodation Strategy

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

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

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

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

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

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

T7 Care home beds in Cambridgeshire suitable for older people

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

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

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

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

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

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

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

17.31. *'Furthermore, to ensure that we are encouraging the development of the right accommodation we must also engage with the older population to gain an understanding of what type of accommodation people will want to live in the future. Research suggests older people are interested in moving into different property. A survey of 1,500 over 60s in 2013 suggests that more than half of people over 60 are interested in moving, 33% of whom want to downsize and 25% of the over 60s (increasing to 41% of 76-81 year olds and 34% of the over 81s) said they would be interested in buying a purpose built retirement property (Wood, 2013)*' (page 25).

17.32. *'To meet this challenge we will work to increase the supply and type of affordable care homes in Cambridgeshire. To achieve this, we will quantify the level of provision required, specify the type of service required and use our land assets to work in partnership with independent providers to increase the number of affordable care beds in Cambridgeshire. The work will need to consider workforce requirements along with the built environment'* (page 25).

17.33. '*Although there is some evidence that older people are interested in moving if the right option is out there, it is important to remember that property has been the most lucrative form of long term investment and this has encouraged people to stay put, often under occupying multi-bedroom houses that do not meet their needs very well. Therefore, in addition to encouraging the development of various accommodation options we will provide the information needed and promote the positives of making informed choices early on in or before retirement regarding accommodation. It is essential that all health, housing and social care commissioners and providers support and guide people, especially those not currently at crisis point, to make informed choices about their accommodation status to avoid reliance on health and social care service or potentially requiring a move to accommodation that limits their independence*' (page 26).

17.34. '*If we get this right and ensure good quality design and choice for older population then it is more likely that people will be happy to trade homes and gardens that*

have become a burden and are no longer suited to their needs when they see something which they prefer. There may also be the additional benefit to the wider housing needs of the local population, specifically the lack of larger family homes for young families as currently half of the homes that are under occupied (some 37% of households in the UK) are in the 50–69 age group. Providing older people with greater choice and supporting them with the right information to help make a choice that benefits their overall health and wellbeing, will not only prevent them accessing the health and social care system but may also benefit the wider population housing needs as more family homes become available in the market' (page 26).

Conclusions

17.1. The above documentation is in line with many councils' commissioning strategies across the country and demonstrates trends in local policy decisions influenced by cost saving measures. Our key conclusions from our review are as follows:

17.2. Cambridgeshire County Council, like other local authorities, is seeking to manage significantly increased demand within a time of unprecedented financial austerity by following new models for adult care provision that effectively maintain the cost of providing residential or nursing care through reducing or limiting the numbers of, and costs for, those who require such services.

17.3. Whilst the strategy for the future development of extra care housing is under review across Cambridgeshire and Peterborough, the current commissioning documents indicate that Cambridgeshire County Council recognise that the supply of extra care housing should be increased to meet the increasing population in the over-65s.

17.4. In addition, the provision of private sector housing for older people remains at a low level, as is the case with the majority of local authorities throughout England; there is a preference for further housing options for older people, including extra care, where older people can be cared for within their own homes. The proposed scheme will seek to address this requirement.

17.5. Despite the nature of local authority funded provision, it must be remembered that Cambridgeshire County Council only fund a percentage (suggested to be around a third) of those living within care homes in the county, with NHS continuing health care, other local authorities and self-funders occupying the majority. Therefore, the strategic comments with regard to Cambridgeshire's funded beds relate to that proportion of the available beds.

17.6. A key pressure for South Cambridgeshire is the shortage of residential dementia, nursing and nursing dementia provision. It is also noted that the demand for local care services is so high it is increasing pressures in the NHS and social care due to delayed transfers of care from hospital. The county council is reacting to its key pressures by working with providers to build capacity within communities. There is increased reliance on the private sector to provide new developments and innovation in the sector.

17.7. In terms of care home beds, a significant number of those who will occupy them will be self-funded and make their own decision as to the right time to move into such a setting. These numbers will continue to grow. The quality of care and accommodation, along with its location and proximity to family and friends, will therefore be the major drivers of their decision making process, rather than solely the commissioning intentions of the local authority.

17.8. A further point to consider is that those who move into care home beds in the future will have high level requirements or require step down care. Such requirements necessitate well specified, spacious and flexible care accommodation to enable care to be administered most effectively. The proposed high quality care home, which will sit within a wider care village setting, has been designed specifically for this purpose and would offer much needed high dependency care.

17.9. The documentation set out above clearly identifies a number of key demand drivers for the proposed retirement village together with additional care home beds, as the demographic pressures of an ageing population become manifest in South Cambridgeshire over the coming decade.

NEED ASSESSMENT FOR PROPOSED CARE HOME

18. Methodology for assessing need for general elderly care

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

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

Demand

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

18.4. We have adopted LaingBuisson's measure of "Age Standardised Demand" (ASD). ASD is a tool used to predict the risk of an elderly person being in a residential setting at a given age.

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

Current supply

18.6. We provide a detailed analysis of the existing competing care provision, which analyses the quality of accommodation, total number of bedspaces and market distribution between private operators, groups, local authority and voluntary operators.

18.7. 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 telephone the home directly to confirm the query.

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

Planned supply

18.9. We assess planned supply within the catchment area by conducting a review of all applications for new care home beds within the planning system. From our data sources, we review all planning applications for new care home beds (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.

18.10. We undertake enquiries with the relevant local authority and utilise our own data information sources and market knowledge to determine the number of planned beds, either with planning permission or under construction. Additional bedspaces in the area are of key importance as they are likely to be of a high standard and provide significant competition to the proposed community once completed and trading.

18.11. 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 that we subscribe to are not definitive and may exclude some applications as they rely upon each local authority for provision of the information.

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

18.13. We then differentiate the planned schemes depending on whether construction has commenced.

Estimating the balance of provision for elderly care home beds

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

18.15. The measure provides a 'maximum planned supply" scenario assuming all planned beds are developed and operational, regardless of the construction status or long-term deliverability, and is likely to overstate the number of beds that will actually come forward from the planning system.

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

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

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

18.18. We provide an indicative balance of provision between the years 2022 and 2032 in Section 34; these estimates assume that all other factors remain equal, with the only variance being the increased demand for care based upon the rise in the number of elderly persons.

19. Market standard beds

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

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

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

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

19.4. However, this argument fails to take account of the rising levels of acuity and dependency levels of referrals into residential care. The profile of care home occupants has changed markedly over the past 5 to 10 years, and failure to address the shortcomings in the existing standard of care home supply will mean

inadequate accommodation for those who require the most care over the coming years, as the well-publicised rapidly ageing population starts to take effect.

19.5. In our opinion, it is the local authority, and not the government's regulator, that holds the ability to influence developments and drive 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 these submissions, where the need case has been accepted by the relevant local authority during the application process. We are pleased to provide examples of such below:

- 11 Elmfield Avenue, Stoneygate, Leicester LE2 1RB (planning reference: 20171457): Demolition of single dwelling and construction of a three storey 72 bed care home (class C2), access, parking, landscaping, trees and other associated works (amended plans);
- Carpenders Park Farm, South Oxhey, Watford, Hertfordshire, WD19 5RJ (planning reference: 17/1010/FUL): Demolition of existing buildings and provision of 76-bed care home, with landscaping improvements, the upgrading of an existing access, provision of car parking, and associated infrastructure;
- 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);
- 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 43no. 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.
- Land at Parklands, Bittams Lane, Chertsey, Surrey, KT16 9RG (planning reference: RU.14/0085): Development to provide a two-and-a-half-storey building for use as a 70-bed care home and a three-and-a-half-storey building for use as 50 extra care apartments (revised description 22/01/14);
- 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);
- Princess Alexandra House, Stanmore, HA7 3JE (planning application reference: P/4071/14): Development of a new retirement community to replace an existing care home not meeting market standards.
- 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);
- 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) and landscaping following the demolition of Farthings.
- Former Preston Cross Hotel, Rectory Lane, Little Bookham, Surrey, KT23 4DY (planning reference: MO/2014/0918): Erection of a 70-bedroom elderly nursing home including three close care units, with the erection of a new single-storey outbuilding to provide a further close care unit, with creation of associated access, circulation, parking and landscape, including new footpath and boundary treatment, following the demolition of all buildings with the exception of the façade, retention of the original house on three sides, and flint outbuilding for conversion to an additional close care unit.

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

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

19.8. Assessing supply by utilising market standard beds, is accepted market practice by all of the operators we currently undertake feasibility work for when considering the development of new facilities. We have prepared over 800 site feasibility/need assessments over the past 3 years, all of which adopt the market standard bed approach.

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

19.10. The type of en-suite within the proposed community will be market leading in both its quality and size, with each unit equipped with a very large wetroom, and superior to the vast majority of existing and planned en-suites.

20. Care home basis of assessment

20.1. We have undertaken our detailed assessment of the demand and supply position for the proposed care home by adopting a market catchment area, shaded blue in the map opposite.

20.2. We have previously analysed resident data provided by a number of care home operators for modern purpose-built operational homes akin to that of the proposed care home. From this information, we have calculated the mean distance travelled by each resident into the respective home. The headline results of our research are provided below:

T8 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	5.2

Source: Carterwood.

20.3. The location accords most closely to Location 2 in the table above; however, it extends from 3.2 to 6.5 miles and is broadly based upon an average 5-mile radius although this varies given the constraints of the available data.

20.4. All care homes will 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 a small number of local more affordable homes.

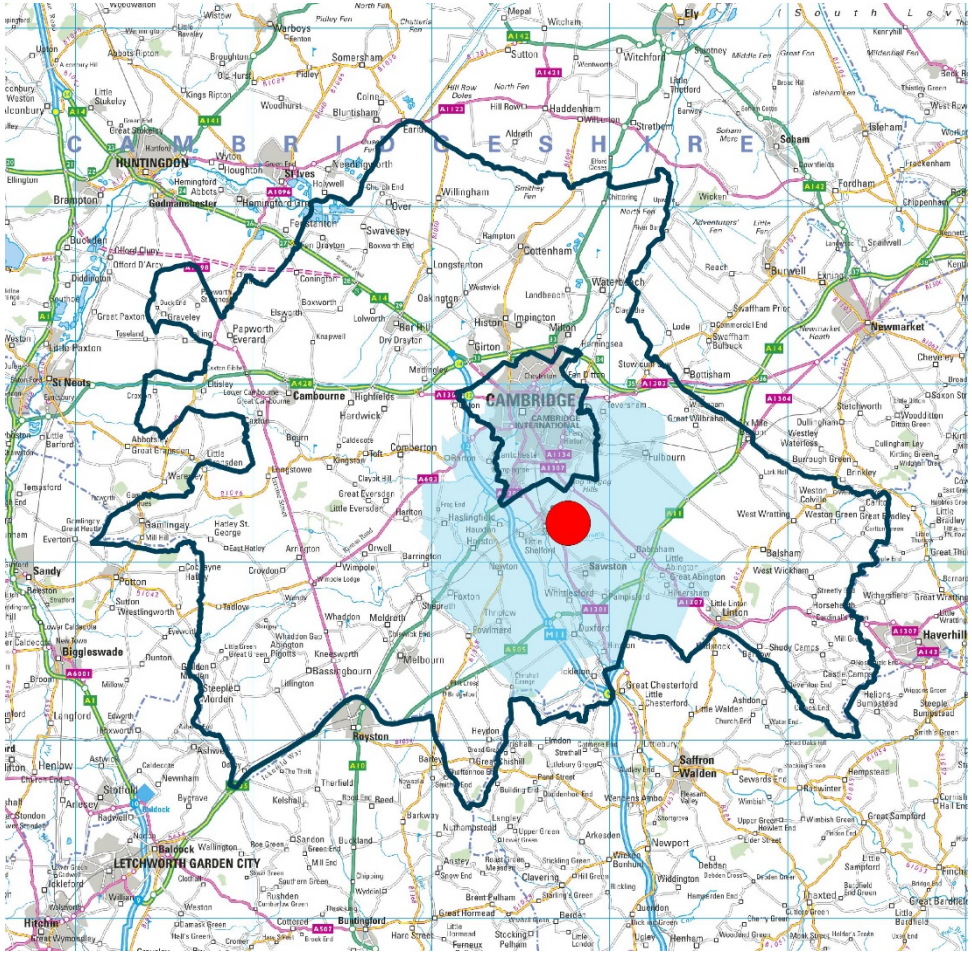


Figure 3: Catchment areas

The red spot shows the approximate location of the subject site. The area shaded blue comprises our market catchment area. The 'ring' outlined in dark blue delineates the South Cambridgeshire Council area, which excludes the Cambridge City Council area (at the centre)(

21. Demographics

21.1. We have assessed demand based upon ONS based 2016 population statistics and extrapolated expected elderly population growth rates for the market catchment and the South Cambridgeshire Council local authority area to determine current and future demand for care home beds.

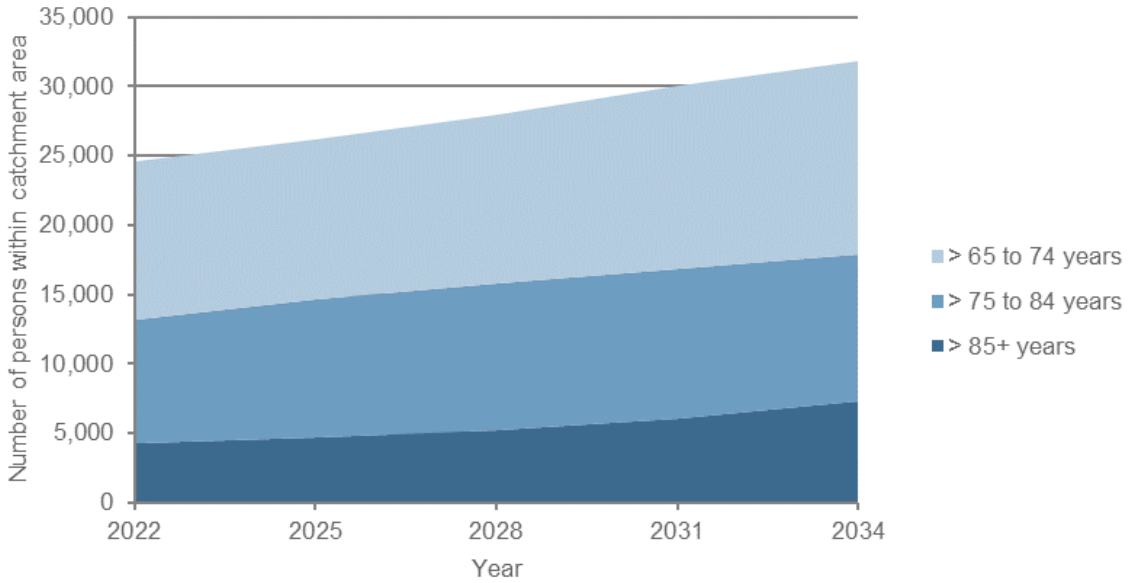
21.2. The total projected population for the market catchment area as at 2022 is 149,761, whilst that for the local authority area is 162,900.

21.3. The graph opposite shows the growth of the population aged over 65 years during the 12 years from 2022 to 2034 in the market catchment.

21.4. Table 9 shows the number of people at risk of requiring care in a residential setting by year. Our assessment of demand for residential care, as at 2022, is therefore 939 within the market catchment and 1,118 within the South Cambridgeshire Council local authority area.

21.5. The demand for care home beds is expected to rise between 2022 and 2034 by c. 51.0 and 48.4 per cent for the market and local authority catchments, respectively, assuming all other things remain equal, further indicating an increased demand for additional market standard bedspaces.

21.6. This calculation is based upon LaingBuisson's Age Standardised Demand rates for determining the risk of entering a residential care home.



21.7.

Figure 4: Population of older people by age band within the market catchment area

T9 Key demographic indicators (2022)		
People	Market catchment area	Local authority area
Population indicators		
Total population	149,761	162,900
Total population aged 75 and above	13,165	16,500
Percentage of people aged 75 years and above (%)	8.8	10.1
Demand		
Indicative demand for residential care beds	939	1,118

Source: Census 2011, ONS Population Projections.

22. Supply of existing care homes

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

22.2. Within the market catchment area, there are ten care homes, providing 599 registered bedspaces, 439 of which are equipped with an en-suite. This equates to 73 per cent of registered bedspaces meeting the criteria of 'market standard', which is just above the national average of 71 per cent.

22.3. The quality of existing provision is similar within the South Cambridgeshire Council catchment area, with 78 per cent equipped with an en-suite, which is, again, above the national average.

22.4. Although a large majority of bedspaces are equipped with an en-suite within both catchment areas, for both personal care and nursing care, many are likely to be WC and wash hand basin only, with few, if any, offering bedrooms with en-suite wetrooms of the same size and specification as that proposed by the subject scheme.

22.5. Figure 5: shows the competition in the market catchment by geographical distance to the subject site. There is limited supply within 2.0 miles of the subject site.

T10 Nursing and personal care provision

Care category	Number of homes	Registered beds	Market standard beds	Percentage of market standard beds (%)
Market catchment area				
Personal care	4	140	76	54
Nursing care	6	459	363	79
Overall	10	599	439	73
Council boundary area				
Personal care	8	297	193	65
Nursing care	9	580	489	84
Overall	17	877	682	78

Source: A-Z Care Homes Guide, CQC, Carterwood.

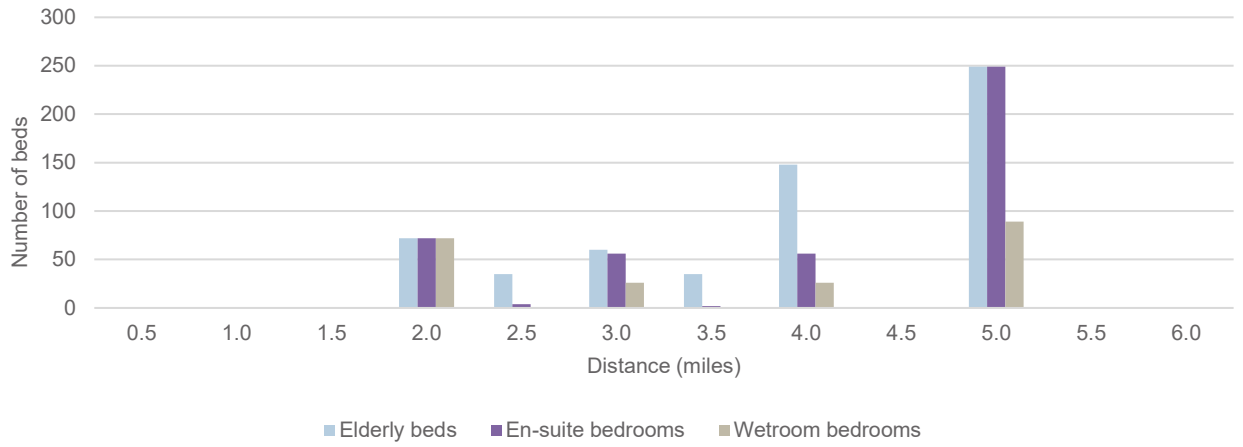


Figure 5: Existing registered capacity by distance from the subject site (market catchment)

23. Planned supply

23.1. We have reviewed all planning applications submitted for new care home beds, with the relevant local authority planning departments' online planning registers. We have looked at all planning applications submitted within the last 3 years. This research was carried out on the 24 January 2020.

23.2. We have identified 11 planning applications for additional care home beds, nine of which have been granted permission. One scheme is located in the market catchment only, two schemes are in both the market and local authority catchments and the other eight schemes are situated in the local authority area only. The locations of these sites are shown in the competition map in Section 25 below and listed in T11.

23.3. We have provided our opinion of the construction status based upon publicly available documentation and our own knowledge of the schemes. We have graded a scheme as having a 'yes' for construction commenced if there is some indication, either through an operator's or developer's website, that the scheme is progressing or, naturally, if construction has commenced on site. Schemes with a 'no' may still be developed, but there is no indication that construction is due to commence in the near future.

23.4. To our knowledge schemes A, D and E are currently under development. Scheme E, a new-build care home to be called Melbourn Springs (Barchester) in Royston, is expected to open in early 2020 and Scheme A, the former Hinton Grange redevelopment (Care UK) in Cambridge, is expected to be available in 2021. Scheme D comprises the phased replacement of an existing care home in Royston, and we understand the first phase has now been completed.

23.5. Scheme C forms a part of a major mixed use scheme at Huntingdon Road, Cambridge, and has outline planning permission. Although development of the wider scheme is underway, there is no evidence to suggest that the proposed care home element has commenced or is likely to do so for some time.

23.6. Schemes I and K form part of a major application for the proposed Waterbeach New Town, a very large scale, mixed use scheme that includes over 11,000 new homes, business, retail, community and leisure facilities. The two schemes include up to 650 and 450 units for C2 use, respectively. For the purposes of our assessment for C2 care homes for the elderly, we have assumed they would comprise two 60-bedroom care homes. The outline application for Scheme K is pending a decision and, if granted permission, due to the size and nature of the proposed development, we consider the C2 portion of the scheme is likely to be several years away from being available.

23.7. We have been unable to confirm definitively if the applications detailed below are the only current applications in the area for a C2 elderly care use.

T11 Details of planned provision

Map ref.	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Has construction commenced?	Distance from subject site (miles)	Planning reference	Notes
Granted										
A	Market only	Hinton Grange Nursing Home, 55 Bullen Close, Cambridge, Cambridgeshire, CB1 8YU	Care UK Community Partnership	Demolition of the buildings and redevelopment of the site to provide a replacement care home (use class C2) arranged over three storeys.	64	28	Yes	2.5	17/2196/FUL - 07/06/2018	The application seeks to redevelop Hinton Grange care home, which is now closed for the redevelopment.
B	Market and Local authority	Land at Fulbourn Social Club, Cambridge	Henderson UK Property PAIF	Demolition of the existing Fulbourn social club and construction of a new 72-	72	31	No	2.8	S/3418/17/FL - 28/11/2018	-

T11 Details of planned provision

Map ref.	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Has construction commenced?	Distance from subject site (miles)	Planning reference	Notes
		Road, Fulbourn, Cambridge, Cambridgeshire, CB21 5BQ		bedroom care home (Use Class C2).						
C	Local authority only	Huntingdon Road Development, Huntingdon Road, Cambridge, CB3 0LH	University of Cambridge	Proposed development comprising up to 3,000 dwellings; up to 2,000 student bedspaces; 100,000 sq. m employment floorspace, of which: up to 40,000 sq. m commercial floorspace (Class B1(b) and sui generis research uses) and at least 60,000 sq. m academic floorspace (Class D1); up to 5,300 sq. m gross retail floorspace (Use Classes A1 to A5) (of which the supermarket is 2,000 sq. m net floorspace); senior living, up to 6,500 sq. m (Class C2); community centre; indoor sports provision; police; primary health care; primary school; nurseries (Class D1); hotel (130 rooms); energy centre.	75	25	No	5.9	11/1114/OUT - 13/08/2012	The development website suggests this will be a care home as opposed to extra care. Development of the wider scheme is underway; however, there is no evidence to suggest construction has begun on the care home.
D	Local authority only	73 High Street, Meldreth, Royston, SG8 6LB	Samved Holdings Ltd	Replacement of existing care home.	25	25	Yes	7.3	S/0912/13/FL - 26/07/2013	We understand it is intended to develop 46 beds in total rather than the 48 stated in the application. 21 beds have been completed and are included within the current supply figures, with the remaining 25 beds to be developed once the existing home has been demolished.
E	Local authority only	The east of New Road, Melbourn, Royston, SG8 6BX	Octopus Healthcare	75-bedroom care home with associated access, landscaping and parking.	75	32	Yes	7.5	S/3448/17/RM - 21/02/2018	This scheme is due to open in early 2020 and will be operated by Barchester. It will be named Melbourn Springs Care Home and will offer residential and dementia care.

T11 Details of planned provision

Map ref.	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Has construction commenced?	Distance from subject site (miles)	Planning reference	Notes
F	Local authority only	Etheldred House, Clay Street, Histon, Cambridge, Cambridgeshire, CB24 9EY	Mr. Sam Manning	Use as a care facility (C2) association with the existing care facility.	9	0	No	7.8	S/1157/19/FL - 01/11/2019	-
G	Local authority only	Etheldred House, Clay Street, Histon, Cambridge, Cambridgeshire, CB24 9EY	Excelcare Investments Ltd	Extension of the north wing adding four extra bedrooms.	4	2	No	7.8	S/0170/18/FL - 02/03/2018	-
H	Local authority only	Gracefield Nursing Home, St. Neots Road, Dry Drayton, Cambridge, Cambridgeshire, CB23 8AY	Gracefield Nursing Home	Construction of rear extension, front extension, new porch extension to form additional bedrooms to nursing home.	16	8	No	8.5	S/1095/17/FL - 13/02/2018	-
I	Local authority only	Waterbeach Barracks, Waterbeach, Cambridge, CB25 9PA	Defence Infrastructure Organisation (The)	Construction of up to 6,500 new homes, including up to 600 care home units. Works will also include three primary schools, sports and fitness centres, shops, offices, industrial units, community centres and places of worship, medical centres, a lakeside hotel and supporting infrastructure.	60	20	No	9.4	S/0559/17/OL - 27/09/2019	This application includes plans for up to 600 C2 use residential units that will be "a care home or similar". This application forms part of a major development that includes application S/2075/18/OL.
Pending										
J	Market and local authority	2 Station Road, Great Shelford, Cambridge, Cambridgeshire, CB22 5LR	Porthaven Properties Limited No.3	Demolition of existing buildings and structures and the construction of a 63-bed care home (use class C2).	63	21	No	0.7	S/3809/19/FL	-

T11 Details of planned provision

Map ref.	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Has construction commenced?	Distance from subject site (miles)	Planning reference	Notes
K	Local authority only	Land adjacent to Waterbeach Barracks and Airfield, Waterbeach, Cambridge, Cambridgeshire, CB25 9LT	RLW Estates Ltd	Outline planning permission (with all matters reserved) for development of up to 4,500 residential units, business, retail, community, leisure and sports uses, new primary and secondary schools and sixth form centre, public open spaces including parks and ecological areas, points of access, associated drainage and other infrastructure.	60	20	No	9.3	S/2075/18/OL	This scheme will include 'up to 450 units within use Class C2'. Given the outline nature of this application and the extreme scale of the C2 element, we have assumed a 60-bed care home/80 units of extra care for the purpose of our analysis. This application forms part of a major development which includes application S/0559/17/OL.

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

24. Dementia

Methodology

24.1. Estimating the prevalence of dementia within a given population is difficult, due to the constraints of the available data, the nature of the condition and the range of acuity levels of sufferers. Much of the current research focuses upon existing prevalence rates based upon sample studies. We have assessed demand and supply for dementia by comparing the following:

- The number of persons requiring an elderly nursing home bed with dementia as the primary cause of admission;
- The number of market standard bedspaces providing dedicated dementia care, either within a dedicated dementia elderly nursing home or a dedicated dementia unit within a mixed-registration home, available within the catchment area.

Demand

24.2. Our measure is based upon research carried out within Bupa elderly nursing homes in 2011, which indicates that 45.6 per cent of residents within the surveyed elderly nursing homes were admitted with dementia as a primary cause. Therefore, utilising this prevalence rate, we have calculated the demand within each catchment area from residents with dementia as a primary cause of admission in Table 13, opposite. Best practice states that people living with dementia should be cared for within a specialist, dedicated dementia environment.

24.3. This measure, by definition, assumes that a principal reason for admission to care in a residential setting was based upon the dementia condition. However, it should be noted that there may be other physical frailty in addition to this measure. Conversely, there will also be a larger 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.

Supply

24.4. We have provided the total number of market standard bedspaces within dedicated dementia elderly nursing homes, or units within mixed registration homes, in Table T12. This analysis does not take account of the supply within mixed-registration homes, where residents with dementia are mixed with those without dementia and there are no dedicated units. However, whilst such services are capable of accommodating service users with dementia, it is considered best practice to care for residents living with dementia within a specialist, dedicated dementia environment

24.5. Normally, where it is stated by a planning application that a care home is to provide dementia care, we include the planned beds within our assessment. However, in this instance this information is only available for Scheme D (a dementia home), which is not unusual as the categories of care within a new care home may not be finalised until shortly before opening.

24.6. For the purposes of the additional planned supply, we have assumed that schemes A, B, C, E, I, J and K will each provide one floor of dedicated dementia care (28, 31, 25, 32, 20, 21 and 20 beds, respectively). Schemes F, G and H are smaller extensions where some beds are assumed to be for dementia care. All the planned beds, regardless of the likelihood of development, are included within our analysis.

Demand vs. Supply

24.7. Our analysis shows significant undersupplies of 296 and 166 market standard, dedicated dementia beds within the market and council catchments respectively. Therefore, 69 and 32 per cent of people living with dementia as a primary cause of admission to a care home are unable to be cared for within a specialist, dedicated dementia home or unit within the market and council catchments respectively. Even if all the planned beds are developed and provide dedicated dementia care, which is highly unlikely, there are still substantial shortfalls within both catchments.

T12 Indicative need for dedicated dementia bedspaces (2022)

Bases of assessment	Market catchment	Council area
Total demand for care home beds	939	1,118
Demand for dedicated dementia beds based upon Bupa survey	428	510
Supply of market standard dedicated dementia beds	52	160
Planned supply of market standard dedicated dementia beds	80	184
Indicative need for market standard dedicated dementia beds	296	166
Indicative need as a percentage of demand	69	32

Sources: A-Z Care Homes Guide, Centre for Policy on Ageing: A profile of residents in Bupa care homes: results from the 2012 Bupa Census, Census 2011, Population Projections, LaingBuisson Care Homes for Older People UK Market report 30th edition.

24.8. While this measure is an indicative assessment and should not be used as a definitive measure due to the limitations of assessing demand and supply of dementia provision in isolation of total capacity for all older people's services, it provides an empirical indication of the catchment's need for specialist dementia beds.

25. Care home competition map

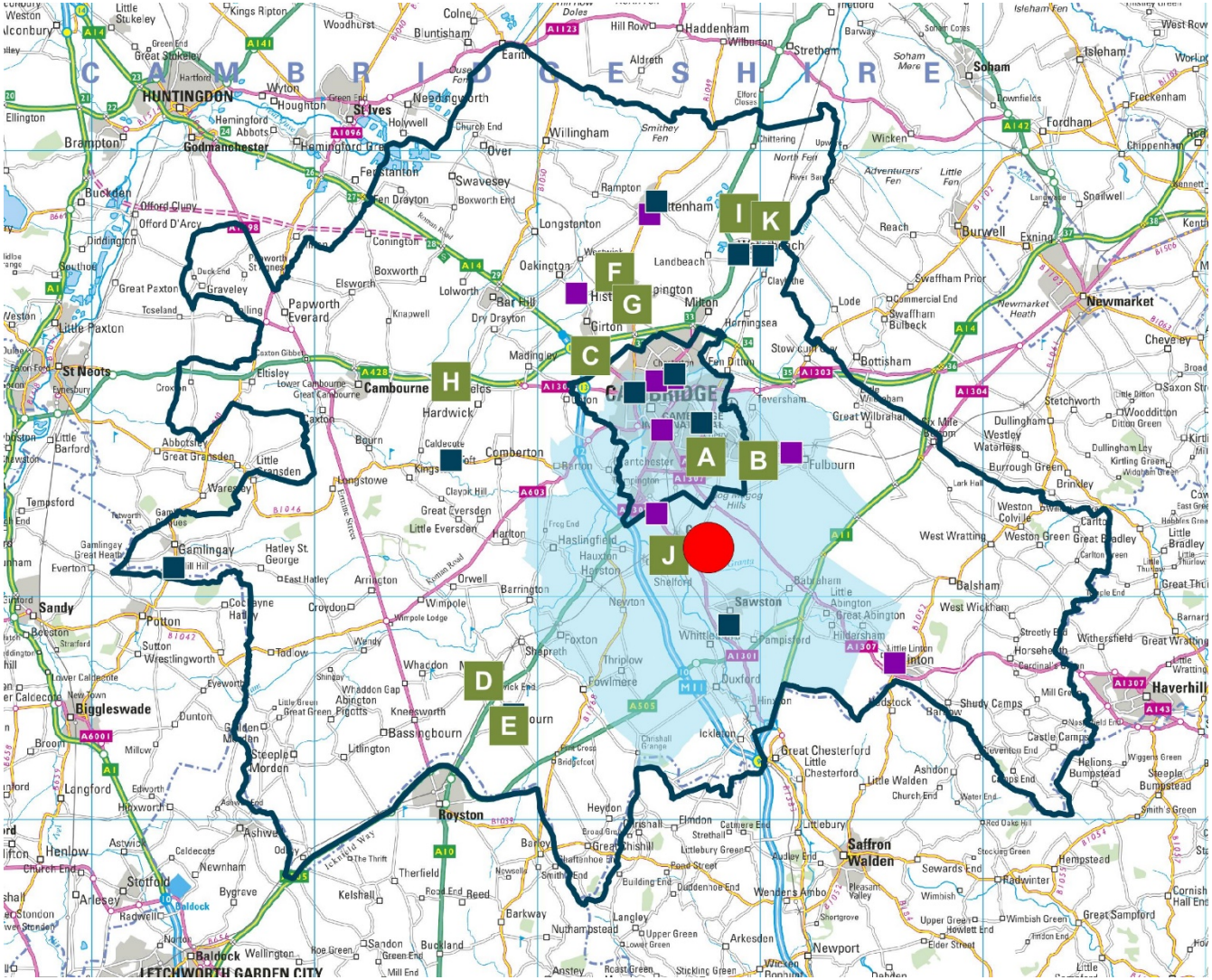


Figure 6: Existing care homes and planned schemes within the catchment area.

Key:

- The proposed care village
- Nursing homes
- Personal care homes
- Planned care home beds

The map references relate to the planned schemes in Table T12 above.

Please note that the locations of all plotted care homes and planned schemes are approximate only.

NEED ASSESSMENT FOR PROPOSED EXTRA CARE

26. Assessing demand for extra care

26.1. Extra care housing in its current form is a relatively new concept and there is a lack of a suitable measure, equivalent to LaingBuisson's Age Standardised Demand model, of estimating demand for care home beds.

26.2. LaingBuisson's own Extra Care Housing UK Market Report does not provide a tool for assessing demand, but instead refers to a number of demographic factors that are likely to influence demand, as follows:

- an expansion of the older population;
- a reduction in the pool of young adults available for training as nurses or care assistants to work in the community or care homes;
- an increase in the number of middle-aged people looking after children and a parent;
- an increase in the proportion of older people with a living child;
- changes in the health and dependency levels of older people;
- changes in the patterns of immigration by potential care workers and emigration by trained care staff.

26.3. In our methodology, following, we utilise a number of key assumptions to identify a potential market size for prospective purchasers of a private leasehold extra care unit.

27. Methodology to determine shortfall of extra care

27.1. In assessing demand for extra care we have, in our assessment of need for extra care units, utilised a toolkit for producing accommodation strategies for older people which is detailed below.

Need

27.2. In 2011, the Housing Learning and Improvement Network (LIN) first published the Strategic Housing for Older People Resource Pack (SHOP). The SHOP analysis tool is a method used to forecast the demand for specialist housing for older people in England and Wales. It is endorsed by the Department of Health and Care Services and the Welsh Government and provides data on the likely requirement for specialist housing for older people and care home bedspaces. It is used by local authorities' planning and social care teams in order to understand their existing supply and enable informed decisions to be made with regard to current and future need for appropriate care and housing provision for older people.

27.3. The approach used in SHOP seeks to balance the conventional estimates of need against the direction of policy (for example, in relation to enhanced sheltered and extra care forms of accommodation) and need in the market (in relation to ownership options) in all forms of specialised provision for older people. The key factors include: the substantial increase in the elderly population demographic, the high proportion of those aged over 65 living in property that they own (although this is not always suitable) and the rapidly increasing cost of caring for the elderly population.

27.4. It also considers that understanding the pace and scale of growth of the elderly demographic in a particular locality is not the same as predicting future demand for particular types of accommodation and/or care. Although residential care homes and nursing homes were traditionally seen as the main option for those with increasing care needs, demand for residential care beds has started to decline due to local funding policies and the availability of new forms of accommodation and care.

27.5. Until recently, new forms of provision such as 'housing and care' were not widely recognised as providing an alternative to residential care. Such accommodation is becoming more sought after; maintaining an individual's independence within their own, specifically designed property, the provision of a range of services and, most importantly, where increasing levels of care can be bought in as needs change. The report considers the factors involved in this change including: longevity, drugs and treatments, accessibility/availability, wealth, attitude to risk and information about services.

27.6. SHOP asks, 'What accommodation do people want?' The report provides a breakdown of people's preferences, should they need care. The highest percentage (62 per cent) chose to stay in their own home with care and support from friends and family. However, it questions whether this decision may have been heavily influenced by limited choice rather than real preference. Furthermore, it cites that an individual's choice is influenced by their care professionals and family and friends, and the choice comes down to what is actually available in the local community, with a decision often taken following an event (a fall, crisis or illness, etc.), when need is greatest.

27.7. SHOP suggests indicative levels of provision of various forms of accommodation for older people, including private extra care available for sale. According to this approach, the toolkit indicates the ratio of required units per 1,000 of the population aged 75 years and above for private extra care is 30 units. Essentially this suggests that a total of 3 per cent of the elderly population will require an extra care housing unit in any given area. It also suggests that a further 10 units per 1,000 of the population over 75 years of enhanced sheltered housing for sale are required (defined as provision with some care needs or provision of on-site amenities/facilities for residents), which we have included within our analysis.

27.8. Projections of demand for the various forms of care and accommodation are therefore not easy and depend on a number of factors in each locality. The estimates of demand for sheltered housing, enhanced sheltered housing and extra care per thousand of the relevant 75+ population used in SHOP were based on evidence of elderly people's preferences in 2011.

27.9. Since 2011 there has been considerable change with regard to the availability of funding, and local authorities are seeking alternative, more cost effective means of providing care and accommodation. There has also been a significant increase in the development of extra care housing and the wider recognition of the many benefits of this form of accommodation and care by the elderly population.

27.10. The Housing LIN recently announced that they are in the process of updating their SHOP analysis resource pack as a result of the Government's Social Care White Paper 'Caring for our future'. The paper is committed to providing support to help local authorities develop their market capacity to provide greater choice for users and drive up quality in care standards. Since the first edition of the SHOP toolkit, we consider that the increasing availability and knowledge of new forms of accommodation and care is likely to have increased demand for these schemes set against a decline in demand for residential care.

27.11. There are many reasons for promoting the development of a wide range of care and accommodation for older people, and its availability can reduce the demand for community care and support. Research from Aston University has shown that the NHS saved more than £1,000 per year on each resident living in the Extra Care Charitable Trust's schemes between 2012 and 2015. It also frees up family housing at the time when the level of under-utilisation is often at its greatest and can enable older people to retain their housing equity whilst benefitting from the improvements in design, economy and security that such schemes can offer.

27.12. Given the national and local agendas to support people in the community within their own homes or extra care accommodation, it is expected that the future requirement for extra care provision will increase due to the increasing awareness of the benefits of extra care. We await a response from the Housing LIN with regard to timescales for their review of the SHOP toolkit, which we understand will include future prevalence rate projections that reflect market aspirations and commissioning intent and will also take into account varying leasehold percentages depending upon the relative affluence of the locality.

27.13. Please refer to the Strategic Housing for Older People (SHOP) Resource Pack on the Housing LIN website for full details of the methodology.

27.14. Carterwood has been involved in numerous successful planning applications and has submitted needs assessments using an identical methodology to that prepared as part of these submissions, where the need case has been accepted by the relevant local authority during the application process. Recent examples are:

- Land at Parklands, Bittams Lane, Chertsey, Surrey, KT16 9RG (planning reference: RU.14/0085): Development to provide a two-and-a-half-storey building for use as a 70-bed care home and a three-and-a-half-storey building for use as 50 extra care apartments (revised description 22/01/14);
- Former Redwood Lodge Hotel, Beggar Bush Lane, Failand, Bristol, BS8 3TG (planning reference: 15/P/0574/F): Demolition of existing Hotel (Use Class C1) and erection of a retirement care community (Use Class C2 - Residential Institutions) consisting of 124 apartments with associated communal facilities, including restaurant, spa and library. Alterations to landscaping including a significant reduction in the hard landscaping for the car parking area;
- Land adjacent to Harper Fields, 724 Kenilworth Road, Balsall Common, Coventry, CV7 7HD (planning reference: PL/2014/00602/FULM): Erection of 39 extra care units comprising of four one-bedroom and 19 two-bedroom apartments along with 12 two-bedroom and four three-bedroom bungalows, with associated access parking and landscaping;
- Land adjacent to Penarth House, Otterbourne Hill, Otterbourne, Winchester, SO21 2HJ (planning reference: F/15/77022): Erection of dementia care centre comprising 64 care beds and 20 one- and two-bed extra care apartments with

associated access off Otterbourne Hill, car parking, amenity space, boundary treatments and landscaping;

27.15. In each instance the SHOP toolkit was accepted by each respective council. However, this method of assessing demand is a relative rather than absolute measure of demand and therefore cannot be considered as a definitive assessment of demand. This notwithstanding, we consider this method provides as good a basis of assessment as any other indication of the current balance between the potential demand for extra care units and current supply, and have therefore conducted our analysis on this basis. We consider this method to provide the minimum demand within the adopted catchment area.

Existing supply

27.16. We have reviewed the Elderly Accommodation Counsel's (EAC) website www.housingcare.org to determine the current supply of extra care accommodation within the market catchment.

27.17. We have researched all schemes classified as follows:

- Extra care/assisted living;
- Close care;
- Retirement village;
- Enhanced sheltered housing (for sale only).

27.18. We have conducted some additional research to ensure that each scheme conforms to the recognised definition of extra care, namely that 24-hour on-site care is provided or that it meets the definitions of enhanced sheltered housing as per the housingcare.org.uk website. We have not included any registered social landlord schemes and have only included schemes catering to the private market.

27.19. We have specifically not considered any traditional sheltered housing or other similar schemes in our analysis of current supply.

27.20. We have provided some analysis in respect of tenure, age, unit size and distance from the subject site in our analysis of current provision overleaf.

Planned supply

27.21. We assess planned supply by conducting a review of schemes in the planning system with an application submitted for additional extra care schemes.

27.22. From our data sources, we have reviewed all the planning applications that have been granted, refused, withdrawn or are pending decision. This has been cross-referenced against the online planning website for the relevant local authority and where an anomaly exists we have contacted the planning officer if required.

27.23. We have made enquiries with the relevant local authority and used our own data information sources and market knowledge to determine the number of planned units, either in the planning process or under construction. Additional units in the area are of key importance, as they are likely to be of a high standard and provide significant competition to the proposed development once completed and trading. We have searched for planning applications submitted over the past 3 years.

27.24. Where an application has been refused or withdrawn, we have entered the postcode into the local authority online planning facility to identify if a subsequent application or appeal application has been submitted. The results of this are included within the report.

27.25. Where a planning application has been granted, we have cross-referenced the postcode against our existing supply to ascertain if the scheme is operational. If it is, we have included it within the operational provision and not within the planning table.

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

27.27. We have excluded any sheltered housing, category II sheltered housing schemes or affordable extra care schemes from our analysis.

28. Extra care bases of assessment

28.1. In collaboration with the Associated Retirement Community Operators (ARCO) and its members we conducted a national research project to calculate the distance travelled by extra care housing residents from their last place of residence. The research concluded that circa 69 per cent of residents travelled within 10 miles.

28.2. We have based our detailed assessment of the demand and supply position of the proposed private extra care units on a market catchment area, shaded blue in the map opposite, extending to a radius of circa 10 miles from the subject site, having regard to the proximity to the M11 and characteristics of the surrounding area.

28.3. The decision to enter an extra care scheme is choice rather than care driven. Hence people are willing to travel much further to find an extra care scheme (particularly a larger care village) that meets their care requirements than they are to find an appropriate care home.

28.4. We have also prepared an analysis based upon the South Cambridgeshire District Council area, as edged dark blue (which excludes the Cambridge City Council area).

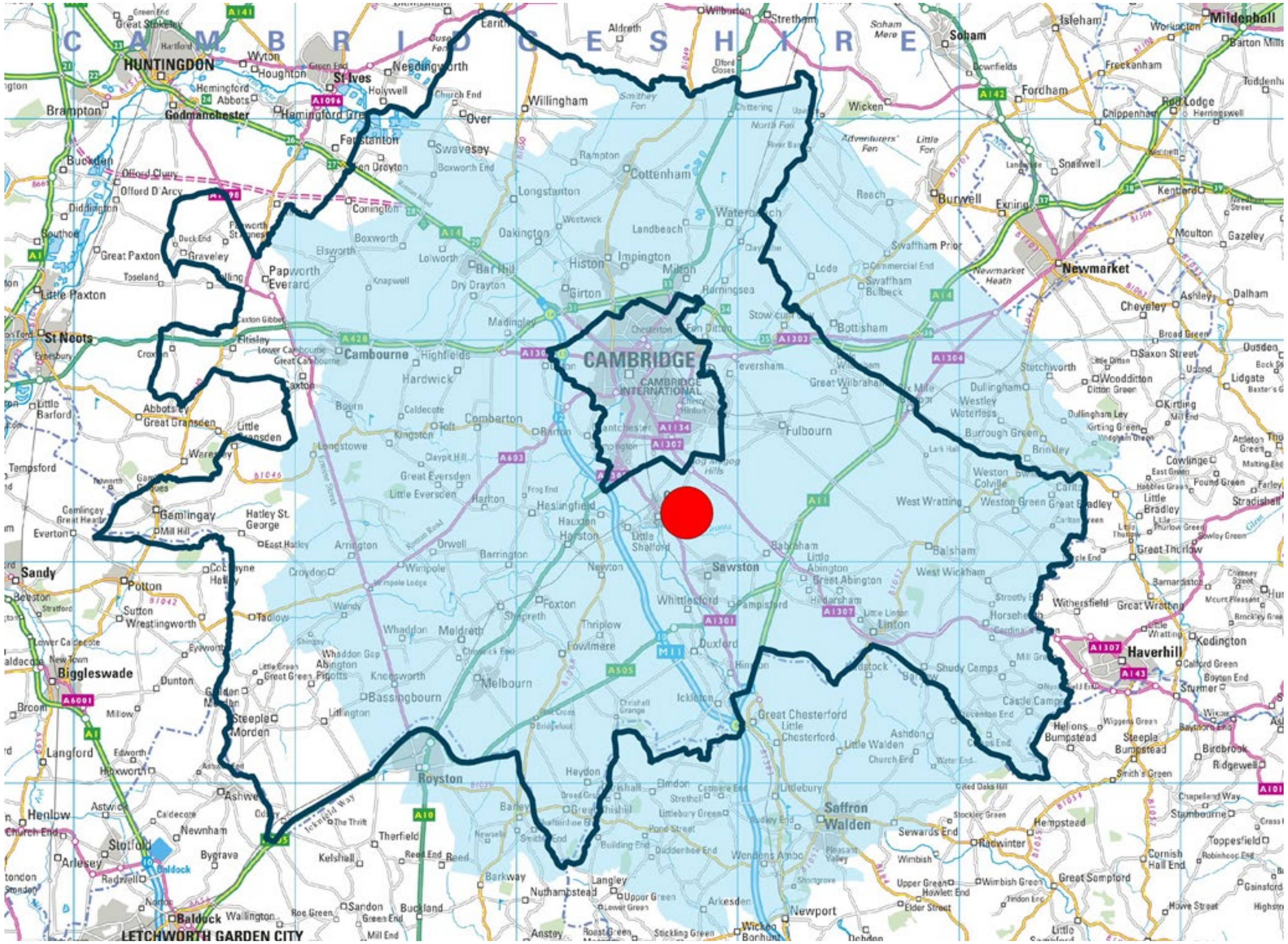


Figure 7: Extra care bases of assessment

The red spot shows the subject site. The light blue shaded area illustrates the market catchment area, whilst the South Cambridgeshire District Council area is edged dark blue and excludes the Cambridge City Council area.

29. Existing private extra care schemes

29.1. We have analysed current supply using the EAC Housing Option website, www.housingcare.org.uk. We have included within our analysis any scheme in the catchment that seeks to provide 24-hour on-site care and support (where the accommodation is not intended to be registered as a care home with CQC) and seeking to dispose of the units on a private basis at market rates.

29.2. The EAC website breaks down the type of accommodation into three main sub-groups, within the criteria of close care, extra care, and care villages.

29.3. There are three existing private schemes in the market catchment area, with only one of these schemes also being located within the South Cambridgeshire District Council local authority area.

29.4. All three schemes have been developed during the past 10 years and provide extra care housing.

T13 Summary of competing schemes

Map ref	Catchment	Scheme	Manager / operator	Total units (no.)	Private units (no.)	Distance to subject site (miles)	Year of construction	Scheme type	Extra care unit tenure
1	Market and local authority	Abbeyfield Girton Green, Wellbrook Way, Girton, Cambridge, CB3 0GQ	Abbeyfield	76	76	6.3	6.3	2012	Extra care housing
2	Market only	Cornell Court, Radwinter Road, Saffron Walden, Essex, CB11 3HY	L&Q Living	73	13	9.6	9.6	2018	Extra care housing
3	Market only	Goodes Court, Baldock Road, Royston, Hertfordshire, SG8 5FF	YourLife Management Services	52	52	10.5	10.5	2012	Extra care housing

Source: EAC Housing Options, Operator websites.

30. Planned private extra care supply

30.1. We have made enquiries with our planning databases and cross-checked planning applications for new extra care units against the relevant planning departments' online planning registers for applications submitted within the last 3 years. This research was carried out on 11 November 2019.

30.2. We have identified seven applications for additional extra care units, four of which have been granted consent. All the schemes are located within the market catchment area, with Schemes A, B, C and F also located in the local authority area.

30.3. We have provided our opinion of whether development has commenced based upon publicly available documentation and our own knowledge of the schemes. We have graded a scheme as having a 'yes' development commenced if there is some indication, either through an operator's or developer's website that the scheme is progressing or, naturally, if construction has commenced on site. Schemes with a 'no' may still be developed, but there is no indication that development has commenced.

30.4. We understand that Scheme D is currently under development and it is due to be completed by March 2020. There is no indication of development at any of the other schemes.

30.5. The extra care element forms a small part of Schemes B and F, which are both major developments to include up to 6,500 and 4,500 new homes respectively, together with a wide variety of other community facilities, offices and industrial uses. They are both outline applications (Scheme B is granted and Scheme F is pending), which include up to 600 and 450 C2 planning use residential units for 'care home or similar' use, respectively. For the purposes of our analysis we have assumed that both Scheme B and Scheme F would each provide 80 units for private extra care.

30.6. Schemes C and E (granted with outline planning permission) both form part of major developments, of up to 200 and 1,200 houses, respectively. We have assumed that all of the proposed extra care apartments in each application (70 and 90) will be private, although in both cases the number of affordable units appears yet to be agreed.

T14 Summary of planned provision

Map ref	Catchment	Site address	Applicant	Scheme	Net private extra care units	Construction commenced	Distance from subject scheme (miles)	Planning ref /date granted
A	Market and local authority	73 High Street, Meldreth, Royston, Hertfordshire, SG8 6LB	Samved Holdings Ltd	Alterations and refurbishment of the homestead, including demolition of previous extension, together with new vehicle access from high street and restoration and rebuilding of front boundary wall.	5	No	7.3	SG8 6LB - 09/02/2016
The building currently forms part of Maycroft care home; however, the application proposes 'The Homestead' will become independent of the care home for use as semi-independent living accommodation.								
B	Market and local authority	Waterbeach Barracks, Waterbeach, Cambridge, CB25 9PA	Defence Infrastructure Organisation	Construction of up to 6,500 new homes, including up to 600 care home units. Works will also include three primary schools, sports and fitness centres, shops, offices, industrial units, community centres and places of worship, medical centres, a lake-side hotel and supporting infrastructure.	80	No	9.4	S/0559/17/OL - 27/09/2019
This application includes plans for up to 600 C2 use residential units that will be "a care home or similar". It forms part of a major development that includes application S/2075/18/OL. For the purposes of our assessment we have assumed there would be 80 private extra care units.								

T14 Summary of planned provision

Map ref	Catchment	Site address	Applicant	Scheme	Net private extra care units	Construction commenced	Distance from subject scheme (miles)	Planning ref /date granted
C	Market and local authority	Land off Rampton Road, Cottenham, Cambridge, Cambridgeshire, CB24 8TJ	Gladman Developments Ltd	Outline application - construction of up to 200 houses (including up to 40 per cent affordable housing) and up to 70 apartments with care (C2) includes SUDS, demolition of no.117 Rampton Road, introduction of structural planting and landscaping, informal public open space and children's play area, surface water flood mitigation and attenuation, vehicular access points from Rampton Road and associated ancillary works.	70	No	9.7	S/2413/17/OL - 09/08/2017
The documents do not specify the number of affordable houses so for the purpose of this research we have assumed all 70 are private. Reserved matters, which included the reduction in units to 57, was refused in October 2019.								
D	Market catchment only	Land at Bury Water Lane, Newport, Saffron Walden, Essex, CB11 3UA	Retirement Villages Development Ltd	Outline planning application for the redevelopment of land to the rear of Bury Water Lane with some matters reserved. The outline element to consist of the development of a residential care home facility (up to 50 beds) together with an extra care development (up to 90 units comprising of apartments and cottages) all within use class C2.	74	Yes	11.3	UTT/17/1561/ DFO - 10/11/2017
Reserved matters have reduced the scheme size to 40 care home beds and 81 extra care units. There are currently 7 cottages available for this development with the remainder due for completion in March 2020								
Pending decision								
E	Market only	Land North of Cherry Hinton Road, Cambridge, Cambridgeshire, CB1 7AA	Marshall Group Properties	Outline planning application (all matters reserved except means of access in respect of junction arrangements onto Coldhams Lane, Cherry Hinton Road and Airport Way) for a maximum of 1,200 residential units (including retirement living facility (within use class C2/C3)), a local centre comprising uses within use class A1/A2/A3/A4/A5/B1a/D1/D2, primary and secondary schools, community facilities, open spaces, allotments, landscaping and associated infrastructure.	90	No	2.9	S/1231/18/OL
The Planning Statement implies the developers have not yet decided the number of affordable houses, so for the purposes of this research we have assumed they will all be private. Similarly, the developers have not yet decided whether the units will be class C2 or C3, so for the purpose of this research we have assumed they will be C2.								
F	Market and local authority	Land adjacent to Waterbeach Barracks and Airfield, Waterbeach,	RLW Estates Ltd	Outline planning permission (with all matters reserved) for development of up to 4,500 residential units, business, retail, community, leisure and sports uses, new primary and secondary schools and sixth-form centre, public open spaces including parks	80	No	9.3	S/2075/18/OL

T14 Summary of planned provision

Map ref	Catchment	Site address	Applicant	Scheme	Net private extra care units	Construction commenced	Distance from subject scheme (miles)	Planning ref /date granted
		Cambridge, Cambridgeshire, CB25		and ecological areas, points of access, associated drainage and other infrastructure, groundworks, landscaping, and highways works.				
This scheme will include 'up to 450 units within use Class C2'. Given the outline nature of this application and the extreme scale of the C2 element, we have assumed a 60-bed care home/80 units of extra care for the purpose of our analysis. This application forms part of a major development that includes application S/0559/17/OL.								
G	Market catchment only	Land South of Radwinter Road, Ashdon, Saffron Walden, Essex, CB10 2ET	Manor Oak Homes	Outline application, with all matters reserved except for access, for extra care housing (use class C2) comprising of up to 30 extra care one-bedroom apartments and up to 57 extra care two-bedroom apartments (all use class C2) will be provided together with associated infrastructure including road, drainage and access with sustainable drainage system.	52	No	9.4	UTT/17/3426/ OP
According to the officer's report, planning permission will only be granted if 40 per cent of the housing units are affordable. The total development consists of 87 extra care units, for the purpose of this research we have only included the 52 private units.								

Source: subscribed data sources and relevant planning departments.

31. Extra care competition map

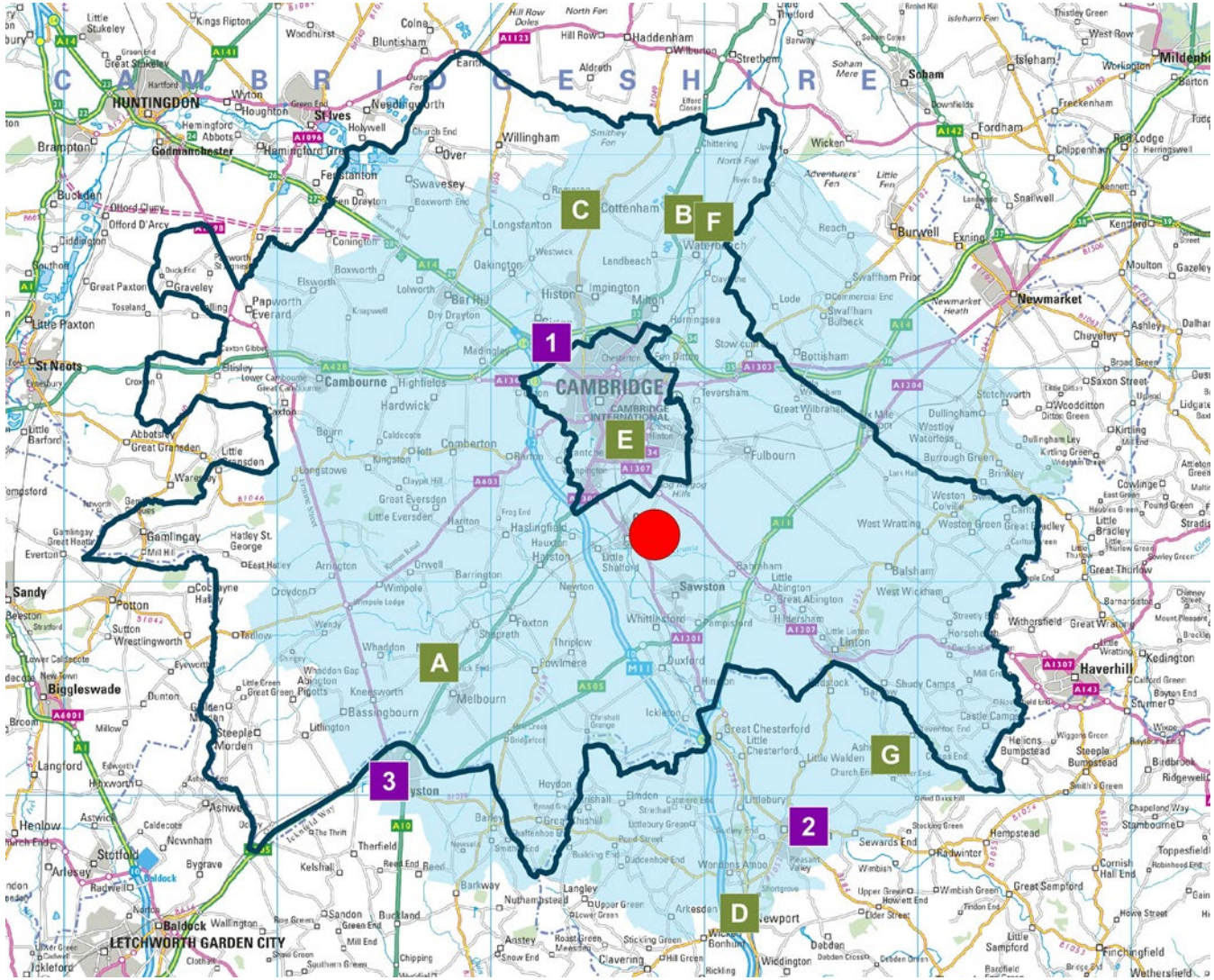


Figure 8: Existing private extra care and planned schemes within the catchment area.

Key:

- The proposed care village
- Existing private extra care schemes
- Planned private extra care schemes

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

CONCLUSIONS

32. Indicative need for elderly care home beds

32.1. Our assessment of need in 2022 within the market catchment area, assuming all planned beds (either granted planning permission or pending a decision) are developed and operational, indicates a need for 301 market standard bedspaces.

32.2. However, given that not all of the planned beds are under construction, our more realistic assessment of need within the market catchment indicates an increased need for 436 market standard bedspaces.

32.3. We have also assessed need in the South Cambridgeshire Council catchment. On the basis that all planned beds are developed and operational, the balance of demand and supply is close to equilibrium with a small oversupply of 23 market standard beds.

32.4. As less than a quarter of planned beds are under construction, our more realistic assessment of need within the market catchment indicates a significantly increased need for 336 market standard beds.

32.5. Furthermore, many of the planned beds are unlikely to be developed. Based upon our experience, only between 25 and 50 per cent of care home beds that obtain planning permission are ever developed. This is due to a number of factors, including inappropriateness of the site or its design, deliverability, change of planning use on a follow-up application, amongst others.

32.6. People living with dementia are not well catered for, with only around a third of existing care homes in the catchment having dedicated specialist dementia units offering living environments that accord with best practice in caring for people with such needs. Our analysis indicates there is a significant unmet need for dedicated dementia provision in the catchment

T15 Indicative need for additional elderly care home beds (2022)

Demand	Market catchment area	Local authority catchment
Estimated need for elderly care home beds	939	1,118
Supply		
Current supply of elderly market standard bedrooms	439	682
Beds pending decision	63	123
Beds granted permission but not under construction	72	236
Beds granted permission and under construction	64	100
Total planned and existing market standard beds	638	1,141
Indicative need		
Indicative need including all planned beds	301	-23
Indicative need only including beds under construction	436	336

Source: 2011 Census, A-Z Care Homes Guide.

33. Indicative need for extra care units

33.1. By applying our demand methodology to the catchment areas, we have calculated the potential pool of demand for private extra care units from people aged 75 years and above as at 2022, this being the very earliest the proposed scheme could be made available.

33.2. Our analysis, assuming all planned units have been developed and are operational, indicates that there is a significant need for 667 private extra care units within the market catchment area. On the same basis, there is a strong need for 349 private extra care units in the local authority catchment.

33.3. However, given that not all of the planned beds are under construction, our more realistic assessment of the balance of provision indicates an increased need for 1,044 and 584 private extra care units respectively, in the market and local authority catchments.

33.4. We therefore consider that there is an evident need for private extra care accommodation within the assessed areas.

T16 Indicative need for extra care units (2022)

Basis of assessment	Market catchment area	South Cambridgeshire Local authority area
Need		
Population aged 75 years and above	31,473	16,500
Need – based upon ratio of 40 people per 1,000 population aged 75 years and above	1.259	660
Supply		
Current provision of private extra care units	141	76
Units pending decision	222	80
Units granted permission but construction not started	155	155
Units granted permission and under construction	74	0
Total supply of private extra care units	592	311
Indicative need		
Indicative need including all planned private units	667	349
Indicative need including units under construction	1,044	584

Source: Census 2011, Government population projections, Housing LIN.

34. Need growth

Care home

34.1. Need growth in the future is based on the 2016-based ONS projected population figures for older people until 2032. This assumes that the demand for care home beds, which is based upon LaingBuisson's ASD rates, will remain at the same rate in the future. This is unlikely to happen given the historic trend of ASD as alternatives to residential care are developed and expanded upon, but nevertheless it indicates the significant weight of the future demographic trends over the coming years on potential demand.

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

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

34.4. Our analysis below illustrates the need assuming the existing provision remains equal and that all the planned units are developed. The analysis therefore overestimates the supply, given that a number of the planned schemes are unlikely to be developed.

T17 Indicative need for market standard bedspaces

Catchment	2022	2027	2032
Market catchment area	301	444	687
South Cambridgeshire Council area	-23	143	417

Source: 2011 Census, A-Z Care Homes Guide

34.5. This need is expected to increase to 687 market standard beds within the market catchment and 417 beds within the local authority catchment by 2032 (assuming demand prevalence rates remain constant), reflecting the sustained and escalating nature of need in the future.

Extra care

34.6. Shortfall growth in the future is determined using 2016-based ONS projected population figures for older people until 2032 and assumes that the demand for extra care units, which is based upon the Housing LIN SHOP tool, will remain at the same rate in the future.

34.7. Our analysis below illustrates the shortfall assuming the existing provision remains equal and that all the planned units are developed.

T18 Indicative need for private leasehold units

Catchment	2022	2027	2032
Market catchment area	667	875	1,039
South Cambridgeshire Council area	349	457	537

Sources: Housing LIN, Census 2011, government population projections, EAC Housing Options

34.8. Our analysis estimates that the indicative need will rise to 1,039 and 537 private extra care units in 2032 for the market and local authority catchments respectively, given the demographic profile and growth rates of the area.

34.9. The need for private extra care units will therefore continue to grow and create a sustained level of unmet need in the catchment area.

34.10. Overall, this analysis assumes that prevalence rates remain the same and as alternatives to traditional residential care are developed then we would expect these prevalence rates to **rise** in line with historic norms – it is however impossible to tell how future supply/commissioning / other changes will materialise over such a long timeframe. Nevertheless the figures reported above are likely to **underestimate** the potential need for extra care units.

35. Impact of the proposed development – commonly raised questions

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

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

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

35.3. The care village will not impact directly upon existing health and social services and we anticipate GPs may hold periodic surgeries in-house. This serves to reduce the number of GP visits as the need for input is assisted by qualified care staff understanding the clinical requirements for each service user.

35.4. The visiting GP can also combine multiple visits into one trip. The presence of on-site care staff also reduces the number of unnecessary trips to GPs, thereby reducing waiting lists rather than increasing them.

35.5. The concentration of individuals within one place should also assist in reducing the requirement for community nurses and there are obvious advantages of having residents within one geographic location.

35.6. Further the pressure on GPs will not be a direct result of the proposed development – demand is not created it is catered for and the new scheme will provide much required facilities to help battle the rising demographics pressure across the area.

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

35.7. Having conducted a plethora of studies across the UK and spoken with a host of social services teams, our general observation is that local authority placements both into and out of any local authority tend to be broadly neutral.

35.8. There is no doubt that a number of referrals will move into an area when a new home is developed. Placements by social services to and from neighbouring and surrounding local authorities compensate for each other. In effect, there are just as likely to be as many people leaving the area as there are migrating into the area, and these two factors effectively cancel each other out.

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

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

35.11. Also, in our experience, the incidence of this scenario developing is very low compared to the vast majority of self-funding service users, who continue to fund their care throughout the duration of their stay. To guard against this potential issue further, operators often allocate a budget within their own financial modelling for this very issue to ensure that residents' needs 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 two years.

36. Key conclusions

Need for the proposed care home beds

36.1. We consider there to be sufficient demand within the market catchment area of the subject scheme to support the proposed care home.

36.2. Our analysis indicates that demand in the market catchment will increase significantly during the 10 years, from the earliest the proposed care home could be available, to 2032, with the unmet need for care home beds rising to over 440 beds in the next 5 years and to over 680 by 2032.

36.3. Furthermore, despite a willingness and appetite to reduce residential care reliance, the demographic pressures will make this highly problematic and some additional provision of the quality expected by the current purchasers of care will need to be factored into any global social care decision-making process.

36.4. The provision of a care home within the proposed care village scheme would enable potential residents of the extra care units to rest assured that should their care needs increase to a position where 24-hour care is required, they can remain on site by moving into the care home. This is also particularly important for a couple, who may choose to move to the care village when one partner requires specialist dementia care with the other able to live within an extra care unit close by.

Need for the proposed extra care scheme

36.5. Our market catchment analysis indicates that there is a very substantial unmet need for private extra care units in the area, with more than sufficient demand to support the proposed extra care units.

36.6. We consider the site to be ideally suited to the development of extra care units and that it will fill a major shortfall of need for such accommodation in the area.

36.7. Furthermore, our analysis indicates a strong increase in demand over the coming years.

Qualitative aspects

36.8. In addition to the quantitative need identified within our report, the proposed scheme brings qualitative benefits, as follows:

- State-of-the-art facilities;
- Use of a suitable and sustainable site;
- A substantial scheme offering a variety of accommodation types;
- The ability to care for people with all levels of need, covering the full spectrum of care;
- Transforming the paradigm under which health and social care professionals currently work;
- Community facilities that meet local needs, promote social integration and raise awareness about dementia.

36.9. The proposed scheme provides a major element of its accommodation within extra care housing, which has been identified by the local authority as meeting its future commissioning strategy and requirements – as highlighted in our own review of the commissioning documentation.

36.10. We therefore conclude that there is both a compelling quantitative and qualitative need for the proposed development in providing a unique care environment, which is supported by the commissioning strategy of Cambridgeshire County Council. In our view, significant weight should be given to this need in the assessment of the planning application by the local authority.

APPENDICES

A: LIST OF TABLES AND FIGURES

Tables

Figures

B: DEFINITIONS AND RESERVATIONS

Timing of advice
Our work commenced on the date of instruction and our research 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 specific needs of the instructing party at that time. 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 the sources by reference to other evidence.

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

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

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

We have undertaken certain analytical activities on the underlying data to arrive at the information presented. We do not accept responsibility for the underlying data.

Where we have adapted and combined different data sources to provide additional analysis and insight, this has been undertaken with reasonable care and skill. The tools used and analysis undertaken are subject to both internal and external data-checking, proof reading and quality assurance. However, when undertaking complex statistical analysis it is understood that the degree of accuracy is never finite 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.

Where we have prepared advice on a ‘desktop’ or ‘headline’ basis, we have conducted a higher level and less detailed review of the market. All our headline advice is subject to the results of comprehensive analysis before finalising the decision-making process. Where we have provided ‘comprehensive’ advice, we have used reasonable skill and endeavours in our analysis of primary (for example, site inspections, mystery shopping exercise, etc.) 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 signatories of this letter and solely for the purposes stated in the report and should not be relied upon for any other purposes. The report is given in confidence to signatories of the engagement letter and should not be quoted, referred to or shown to any other parties without our prior consent.

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

This report is for general informative purposes only and does not constitute a formal valuation, appraisal or recommendation. It is only for the use of the persons to whom it is addressed and no responsibility can be accepted to any third party for the whole or any part of its contents. It may not be published, reproduced or quoted in part or in whole, nor may it be used as a basis for any contract, prospectus, agreement or other document without prior consent, which will not be unreasonably withheld.

Validity
As is customary with market studies, our findings should be regarded as valid as at the date of the report and should be subject to examination at regular intervals.

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