

# HPC CARE HOME NEED ASSESSMENT

## On behalf of Muller Property Group

Pendle Mill
Pendle Road
Clitheroe
Lancashire
BB7 1JQ

March 2022

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# Preface

The purpose of this document is to ascertain the level of need for a proposed care home development at Pendle Mill, Pendle Road, Clitheroe, Lancashire BB7 1JQ. It is hoped that the outcome of this document will enable the reader to ascertain the level of potential benefit arising from the proposed provision.

Whilst this document has been prepared for use in association with the planning process, the care-based overlap is significant. After being introduced in May 2013, the Care Act 2014 received royal assent on 14th May 2014. The Act sets out in one place a local authority's duties in relation to addressing peoples needs and their eligibility for publicly funded care and support. It is:

*'An act to make provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes'.*
*(Care Act 2014)*

Part 1, Section 5 to The Act is entitled 'Promoting Diversity and Quality in Provision of Services'. It is this section that is of particular relevance to need assessment and we reproduce below the first three paragraphs:

(1) A local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market—

(a) has a variety of providers to choose from who (taken together) provide a variety of services;

(b) has a variety of high quality services to choose from;

(c) has sufficient information to make an informed decision about how to meet the needs in question.

(2) In performing that duty, a local authority must have regard to the following matters in particular—

(a) the need to ensure that the authority has, and makes available, information about the providers of services for meeting care and support needs and the types of services they provide;

(b) the need to ensure that it is aware of current and likely future demand for such services and to consider how providers might meet that demand;

(c) the importance of enabling adults with needs for care and support, and carers with needs for support, who wish to do so to participate in work, education or training;

(d) the importance of ensuring the sustainability of the market (in circumstances where it is operating effectively as well as in circumstances where it is not);

(e) the importance of fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided and of encouraging innovation in their provision;

(f) the importance of fostering a workforce whose members are able to ensure the delivery of high quality services (because, for example, they have relevant skills and appropriate working conditions)

(3) In having regard to the matters mentioned in subsection (2)(b), a local authority must also have regard to the need to ensure that sufficient services are available for meeting the needs for care and support of adults in its area and the needs for support of carers in its area.

The relevant legislation therefore requires a local authority to ensure not only an adequate quantity but also quality of care home provision. The planning process is one route (of several) at the disposal of the local authority that might be used in meeting these legal obligations.

# Contents

**Instruction**

This report has been carried out on behalf of Muller Property Group (The Client). Instruction was confirmed by way of email correspondence from Mr S Bourne, Technical Director, Muller Property Group dated 25th February 2022.

**Background**

The purpose of this report is to provide an indication as to the need for the provision of registered care accommodation for the elderly in the area around Pendle Mill, Pendle Road, Clitheroe, Lancashire BB7 1JQ (The Site).

The proposed development, extending to circa. 70 ensuite bedrooms, will be registered with the Care Quality Commission (CQC) and fall within Use Class C2.

**Geography**

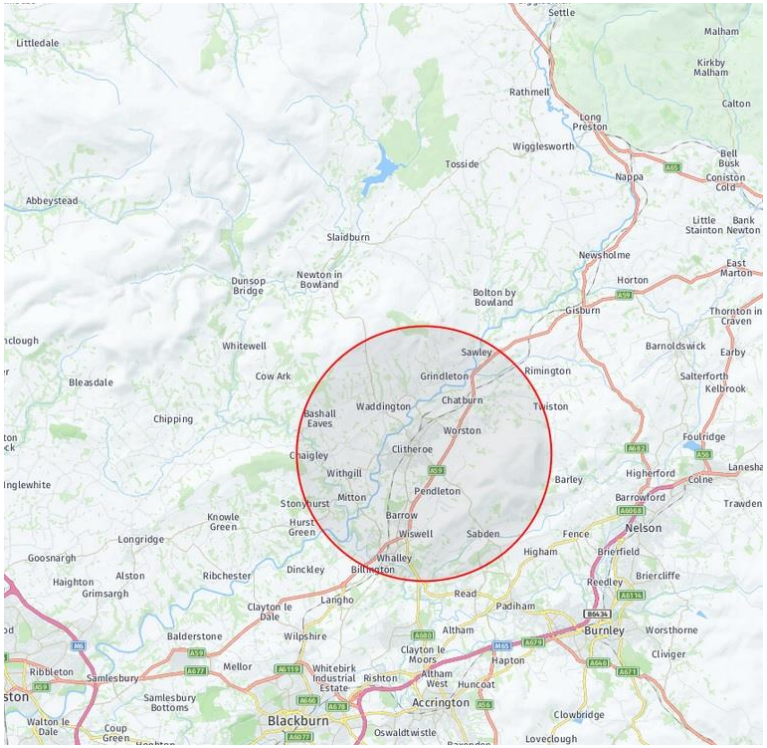
In carrying out our research we have focused upon an area within a radius of 4 miles from The Site (hereafter referred to as the 'Target Area'). The radius was selected in order to incorporate the town of Clitheroe in its entirety with surrounding rural areas (and villages) yet falling short of the potentially separate markets of Blackburn, Accrington, Burnley and Nelson. We believe that this comprises the geography from which the proposed development is most likely to attract service users. Unless specifically detailed, comment and data within this document refers to the Target Area. The geography is identified alongside.

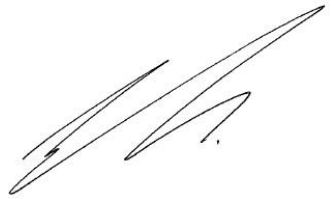
**Content**

This report has been designed so as to provide a firm base on which the dynamics of the area can be considered. The format has been selected to provide a clear indication of care need without being verbally exhaustive. The Site has not been inspected in relation to this report and comment is based upon data from a number of sources, each of which are detailed within Appendix V to this report.

The report focusses upon current supply levels (in terms of registered care beds) before estimating statistical demand and considering the supply / demand dynamics for the Target Area. As a point of reference we have further provided a Borough wide overview of the Ribble Valley within Appendix II to the report.

This report has been prepared by Nigel Newton Taylor, a Director of HPC and Chartered Surveyor with 35 years experience providing commercial property advice in both the public and private sectors. Specialising in care based property for the past 19 years, he has provided a mix of consultancy, valuation and transactional advice to a wide range of clients including Local Authorities, Lending Institutions, Not for Profit Organisations and Corporate Healthcare Operators.



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# Executive Summary

# Conclusion

On 26th June 2019 the Ministry of Housing, Communities & Local Government published planning guidance entitled 'Housing for Older and Disabled People'. The document included the provision of registered care home accommodation and the opening words set the tone:

*'The need to provide housing for older people is critical. People are living longer lives and the proportion of older people in the population is increasing.'*

The Target Area population is comparatively old. Indeed, the proportion of persons over the age of 85 is 52% higher than the national profile and set to increase in number by 50% by 2035. If central government deems the need to provide appropriate accommodation for older people as critical nationwide, the argument exists that it is more than critical in this particular instance.

However it is not merely numeric need that falls to be considered but also qualitative need. Appendix III to this document details the nature of accommodation expected by the Department of Health almost two decades ago. Although the standards are no longer in place, they served to set a benchmark in terms of environmental quality, detailing a requirement for newly registered facilities to restrict bedroom occupation to single occupancy and for all bedrooms to incorporate an en-suite facility. In our experience a single occupancy en-suite bedroom is now considered the appropriate standard throughout the country by providers and commissioners alike.

Whilst it is always appropriate to provide suitable accommodation for the elderly, the ongoing COVID-19 pandemic has highlighted the importance of environmental configuration – a subject explored in Section 8 to this report. There have (to date) been 782 fatalities within Lancashire care homes where death has been attributed to COVID-19. Converted and dated homes not only lack the ability to lockdown 'mini units' but can facilitate cross infection through use of communal bathing facilities. As lessons are being learned, so architects now have the opportunity to limit viral risk through the improved design of new purpose built homes.

The North West, as a region, has attracted limited sector investment over recent years and this lack of private investment in the care home estate has necessitated Lancashire County Council (LCC) to continue as both provider and commissioner. In 2019 LCC published its 'Market Position Statement for Adult Social Care'. Whilst detailing a desire to maintain the independence of the elderly, the document also highlights the need for care beds – even within the opening 'Welcome' authored by the Executive Director for Adult Services and Health and Wellbeing:

*'We will.....explore how we can incentivise more providers to build homes with the right facilities for the changing needs of an ageing population, including the need to minimise disruption in the continuous supply of care home capacity.'*

The Target Area care home estate incorporates a relatively restricted mix of environment. Of the nine homes, seven incorporate accommodation converted from alternative use. The two remaining homes pre-date the millennium. There, is, therefore, no modern accommodation fully designed for purpose to meet the needs of the Clitheroe population. As the populations nursing needs have increased through extended old age, so the design and footprint of facilities has grown in importance.

The locality is currently served by nine registered care homes for the elderly. Whilst offering a mix of residential and nursing care (including care to clients with dementia), provision is disproportionately skewed away from nursing care provision. There are currently 323 registered beds in the Target Area serving the elderly population in total although this accommodation includes just 170 en suite bedrooms. As identified in the table alongside, a significant statistical shortfall in terms of appropriate accommodation for the elderly currently exists and is set to rise over forthcoming years.

This statistical shortfall is mirrored across the wider Borough (Appendix II). HPC data analysis points towards a considerable shortfall exceeding 200 beds. With further home closures likely, development of new facilities is now essential.

# The Benefits

It is anticipated that the proposed development will:

1) Assist in offsetting the significant existing statistical undersupply of appropriate accommodation across the Borough.
2) Assist in offsetting the growing statistical shortfall across the Target Area resulting from a rapidly rising elderly population.
3) Offset the recent (and further anticipated) attrition across the Ribble Valley care home estate.
4) Help meet the care home supply aspirations of Lancashire County Council.
5) Improve the overall environmental quality of the care home estate through development of modern accommodation designed for purpose.
6) Reduce the impact risks of future pandemics through provision of environment specifically designed for purpose.
7) Assist the local authority in meeting its obligations under the Care Act 2014.

# Supply / Demand Dynamics

| | Current | 2025 |
|---|---|---|
| Statistical Demand (elderly care beds) | 284 | 305 |
| Current supply of Ensuite Bedrooms | 170 | 170 |
| Under Supply | 114 | 135 |

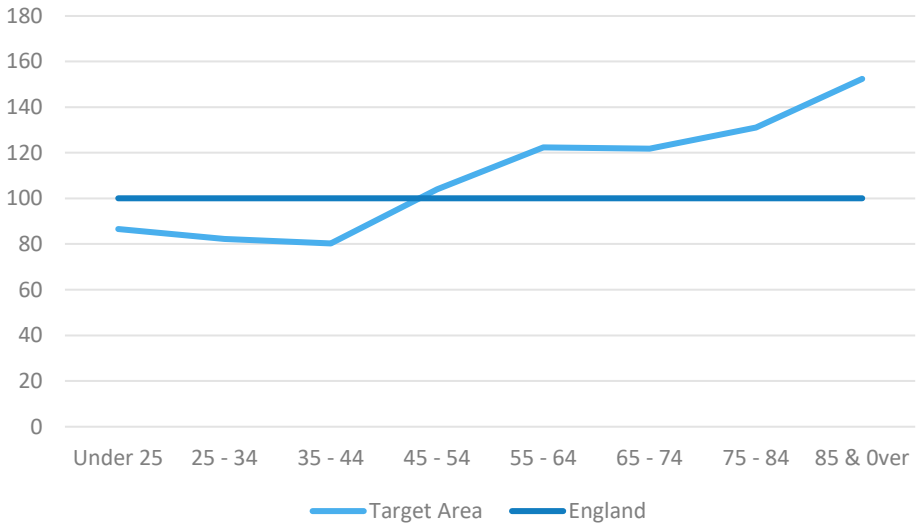
# Age Profile

The raw data might best be considered graphically. The chart below represents the Index value in order to indicate over or under representation of population band within the Target Area in comparison to national data.

By way of illustration, an index of 100 indicates that the age band has the same representation locally as nationally whilst an index of 120 would show that it has a representation 20% higher than the corresponding national figure.

As clearly identified, there is a strong bias towards people in the middle age to elderly age bracket. The prevalence of people in the most elderly age band (85+) is 52% higher than the national profile.

| Age Band | Target Area |
|---|---|
| Under 25 | 8,333 |
| 25-34 | 3,568 |
| 35-44 | 3,396 |
| 45-54 | 4,322 |
| 55-64 | 5,062 |
| 65-74 | 3,865 |
| 75-84 | 2,819 |
| 85 & Over | 1,271 |

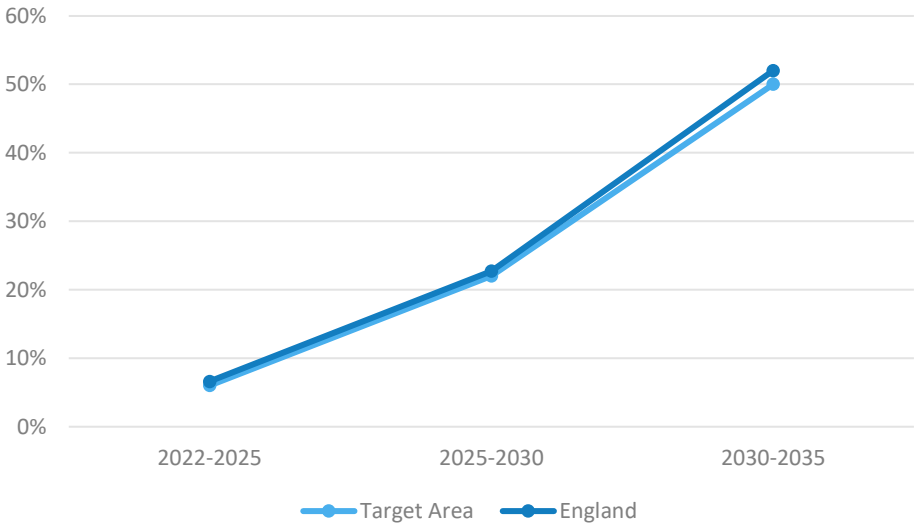



The following table details the projected population change in individuals over the age of 85 between 2022 and 2035:

| | 2022 | 2025 | 2030 | 2035 |
|---|---|---|---|---|
| Projection | 1,271 | 1,348 | 1,547 | 1,905 |

In terms of 5 yearly growth, the following chart identifies projected growth within the Target Area, plotted against the national projections. The identified growth rate is cumulative over the period, measured against the base year of 2022.

The number of people across the Target Area over the age of 85 is forecast to rise by 50% by 2035 – broadly in line with national expectations.



# Supply

## 4.1 Existing Care Home Overview

| | Homes | Registered Beds | Dementia Beds | Total Rooms | Ensuite Rooms |
|---|---|---|---|---|---|
| Residential Care | 8 | 273 | 216 | 267 | 131 |
| Nursing Care | 1 | 50 | 50 | 48 | 39 |
| **Total** | **9** | **323** | **266** | **315** | **170** |

A more detailed schedule of existing homes is provided within Appendix I to this report, along with a map of the Target Area identifying the individual locations.

Existing homes predominantly comprise converted buildings originally constructed as private residences. Indeed, only two facilities are purpose built in their entirety – both predating the millennium.

| | Target Area | UK |
|---|---|---|
| Single Rooms as a % of all bed spaces | 95% | 95% |
| % of all bed spaces with en suite wc | 54% | 72% |
| Average size of Nursing Home | 50 | 53 |
| Average size of Residential Home | 34 | 31 |

## 4.2 Planning Activity

We have, in researching for this report, had regard to ongoing and recent planning activity in the Target Area. This has been carried out through utilisation of both the Barbour ABI and EGi planning directories. The search has encompassed planning applications relating to registered care home provision for the elderly lodged over the past 3 years where the outcome has been positive or, alternatively, a decision remains pending.

| | Net New Ens. Beds |
|---|---|
| Consented New Homes | 50 |
| New Home Applications Pending Decision | 0 |
| Extensions to Existing Homes | 11 |
| **Total Proposed Net Beds** | **61** |

Planning activity meeting the above criteria appears to be restricted to the following applications:

- 3/2021/0373 Ribble Valley B.C. Reserved matters granted in respect of outline planning consent for a proposed Continuing Care Retirement Community at Elker Lane, Billington, Clitheroe BB7 9HZ (Ref. 3/2016/0927). The proposed development is to include a 50 bed care home and further Assisted Living units.
- 3/2018/0155, 3/2018/0562 and 3/2019/0921 Ribble Valley B.C. Detailed planning consent granted for conversion of the house adj. High Brake House, Chatburn Road, Clitheroe BB7 2BD to C2 use, link to existing care home and extension. With potential overlap between proposals, it is difficult to ascertain with certainty the net consented increase in registered care beds – estimated at 11.

# Statistical Demand

## 5.1 Total Elderly Care Demand

In considering the potential demand for elderly care throughout the Target Area we analyse below the bed provision for key age groups based upon LaingBuisson research. This confirms the following proportions of UK population living in a care home or long stay hospital setting as at 2020 pre COVID levels:

- 65 – 74 years: 0.54%
- 75 – 84 years: 3.3%
- 85 and over: 13.4%

Future forecasts have been calculated having regard to population movement forecasts (across relevant age bands) coupled with the above breakdown of care home occupancy across the elderly population. There is, of course, a level of uncertainty attached to such forecasting. In a drive to retain an individual's independence, the Assisted Living concept has become a popular alternative to the provision of low need residential care to the frail elderly. The potential for this occurrence is likely to increase. Conversely, as the incidence of dementia rises across the elderly population, so total independence may become inappropriate for many of our population and the need for a care home environment will be the natural choice.

This methodology confirms a total requirement for 284 elderly care beds. This level of demand rises to 305 by 2025 and 340 by 2030.

CAVEAT:
This methodology is based upon occupancy levels across the country at a point in time. It does not fully reflect the level of accommodation required for the following reasons:

1. National occupancy is restricted in certain localities due to lack of appropriate accommodation
2. The nature of the service provision is such that occupancy turnover is high. At each turnover a bedroom is temporarily lost in order to facilitate removal of belongings.
3. The Care Act 2014 requires local authorities to provide a choice of accommodation across their market

For the above reasons, the figures resulting from this methodology should be considered an absolute minimum.

## 5.2 Dementia Specific Care Demand

With over 900,000 elderly people in the UK with dementia it is essential that the demand for dementia care is recognised with appropriate provision within the Social Care sector. In November 2019 the Alzheimer's Society funded a study carried out by the Care Policy and Evaluation Centre (CPEC) at the London School of Economics. Entitled 'Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019-2040', the report seeks to assess the medium term impact of dementia upon society in terms of both cost and care requirements.

The projections were produced using an updated version of a model developed by the CPEC for the Modelling Outcome and Cost Impacts of Interventions for Dementia (MODEM) study. The model produces projections of dementia care in England using the best available current data on dementia prevalence. Utilising population forecasts published by the ONS, assumptions include (crucially) the fact that a disease modifying treatment for dementia will not become available over the projection period.

With a base year of 2019, researchers estimated 885,000 older people within the UK to have dementia – a prevalence rate among older people of circa 7.1%. In terms of severity, the figure is further split as follows:

- Mild dementia 127,000
- Moderate dementia 246,000
- Severe dementia 511,000

The projected number of older people with dementia is forecast to increase by 80% to 1.59 million by 2040 although it is the specific breakdown of dementia growth that is of particular interest to care home provision. The projected increase in the number of people with severe dementia (2019-2040) is 109% in comparison to the projected increase in those with mild and moderate diagnosis (55% and 33% respectively).

The prevalence rate of dementia in the UK is projected to reach 8.8% (from the current 7.1%) by 2040. This increase in prevalence (and the number of people with dementia) is driven by continued population ageing in the UK, characterised by a rising proportion of people in advanced old age. Indeed, according to the ONS population projections, while the number of older people age 65 to 74 in the UK will increase by 20% between 2019 and 2040, the number of older people aged 85 and over will more than double. Concluding comment from the research document is clear in terms of impact upon future demand for dementia care provision:

*'…the proportion of older people who have severe dementia is projected to rise in the next decades…the likelihood of living in a care home increases with severity of dementia, which means that in future a higher proportion of people with dementia will live in care homes rather than receive care in the community.'*


# Supply / Demand Dynamics

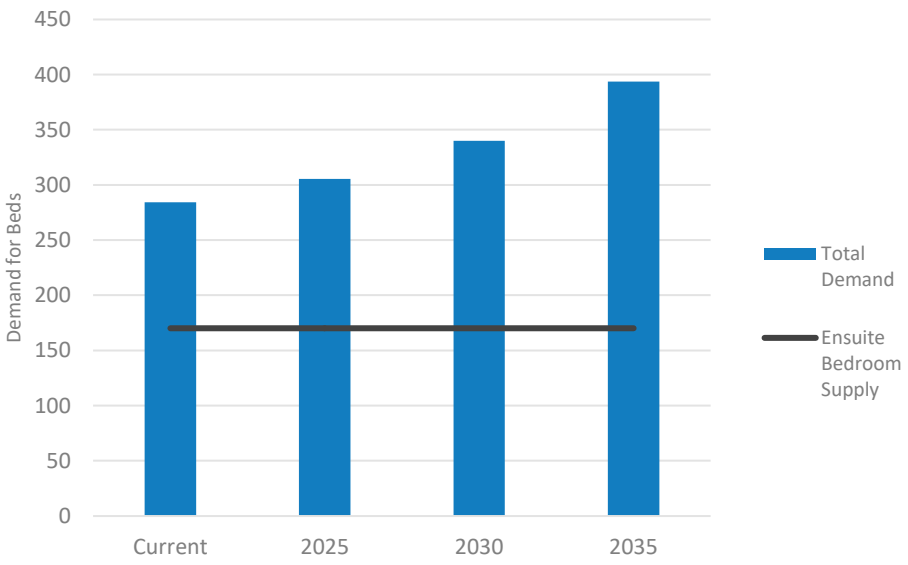
## 6.1 Total Elderly Care Dynamics

The chart details the total statistical bed requirement (current and forecast) within the Target Area as calculated in Section 5. In terms of supply, there are currently 170 en suite bedrooms in the Target Area (Section 4). This level is detailed in the chart below by the horizontal black line.

As identified on the chart, a significant statistical shortfall in appropriate accommodation exists – an undersupply set to increase in the absence of further development.

In considering the future dynamics we have made a number of assumptions. Key assumptions which may impact if incorrect include:

1. Potential attrition is not reflected
2. The potential for further schemes coming on line is not reflected



## 6.2 Supply / Demand Dynamic Overview

| Demand | Current Total Elderly | 2025 Total Elderly |
|---|---|---|
| Statistical demand (incl. forecasts) | 284 | 305 |
| **Supply** | | |
| Current supply of registered bed spaces | 323 | 323 |
| Current supply of en suite bedrooms | 170 | 170 |
| **Dynamics** | | |
| Under or (over) supply in terms of registered beds | (39) | (18) |
| Under supply in terms of en suite bedrooms | 114 | 135 |
| **Potential Supply Pipeline** | | |
| Undeveloped consented ensuite beds (net) | 61 | 61 |
| Undeveloped ensuite beds (net) awaiting decision | 0 | 0 |

Attrition across existing bedstock in the short and medium term cannot be predicted with certainty. For this reason, we have assumed nil attrition. A key factor in respect of attrition potential includes environmental nature/configuration within existing facilities. The local care home estate comnprises entirely converted and dated purpose build. For this reason, we would anyticipate a higher than average level of attrition in the short / medium term.

A significant statistical shortfall exists in terms of appropriate accommodation. With a current undersupply comfortably exceeding 100 ensuite bedrooms, the shortfall is set to rise further in line with elderly population increase.

Detailed at the base of the table is the potential impact of further beds already in development or in the planning process at the time of reporting. The potential supply pipeline falls comfortably short of offsetting the shortfall in appropriate accommodation. What we are unable to predict is the potential level of further development yet to enter the planning process.

## 6.3 Delayed Transfers of Care

Commonly referred to as "bed blocking", delayed transfers of care occur when a patient is ready to depart from hospital care and is still occupying a bed. NHS England monitor delayed transfers, defining a patient ready for transfer as being when:

a) A clinical decision has been made that the patient is ready for transfer and
b) A multi-disciplinary team decision has been made that the patient is ready for transfer, and
c) The patient is safe to discharge/transfer

The trend in respect of transfer delays has varied significantly over the past decade. The prevalence rose over the early part of the decade, peaking in 2016. Attracting significant media coverage at that point, pressure rose upon relevant public bodies to reduce delays (and associated costs). As a direct result, the country as a whole has experienced a quite significant drop in transfer delay towards the latter part of the decade.

Quite apart from the significant financial implications, there are also potential effects upon the patient. A longer stay in hospital is associated with increased risk of infection, low mood and reduced motivation, which can effect a patient's health after they have been discharged and increase their odds of readmission.

There are multiple reasons as to why delays can occur including funding, housing issues, family disputes and waiting for appropriate equipment to be installed in the community. However, delayed transfers are significant in that they can be indicative of bed availability throughout the surrounding care home estate. For the purposes of this report we have focused upon the key category of delay (D) involving care home provision defined by NHS England as follows:

Delay awaiting residential / nursing home placement / availability

*''This includes all patients whose assessment is complete but transfer is delayed due to awaiting nursing/residential home placement because of lack of availability of a suitable place to meet their assessed care needs. This does not include patients where local authority funding has been agreed, but they or their family are exercising their right to choose a home under the Choice of Accommodation Regulations and Guidance.'*

The graph below illustrates the national pattern in respect of delayed transfer days attributable to category D over recent years. Levels are represented on a month by month basis.


One of the side effects of the recent pandemic has been that NHS England has ceased publication of data relating to delayed transfers of care – resources being deployed elsewhere. The most recent full calendar year data available therefore relates to 2019.

The total number of delayed transfer days across the county for the calendar year 2019 within the above category is 8,710 (7.0 days/1,000 persons local population). The corresponding national figure was 430,967 (7.5 days/1,000 persons).

The NHS England data therefore points towards Lancashire (as a whole) having a slightly lower level of delayed transfer due to care home associated availability than would normally be expected.

# The Local Authority Perspective

During compilation of the Need Assessment we have had regard to relevant strategic documentation relating to elderly care provision. Lancashire County Council (LCC) published the current Market Position Statement for Adult Social Care in 2019. The local authority continues to be both a commissioner and provider of care home accommodation for the elderly across the County.

The MPS advises as follows:

1. The county population is less likely to experience good health as they age, especially for those living with preventable conditions closely linked to lifestyle and income.
2. Adults are living for longer with poor health and disability leading to an increase in the number of people with complex needs.
3. Highlighting their own challenging financial position, LCC is clearly keen to implement cost control across social care.
4. In order to do so the document details a focus upon overcoming the existing reliance upon residential care.
5. There exists a lack of availability in terms of dementia care home beds (both residential and nursing).
6. The lack of suitable accommodation is particularly acute in the North and central areas of the county.

# COVID-19 Implications

# 8.1 Relevant Research

Given the fact that this comprises a recent (and ongoing) pandemic, meaningful research into the impact on registered care communities is limited. Indeed, we are aware of a single piece of comprehensive work only.

The Association between Nursing Home Crowding and Covid-19 Infection and Mortality in Ontario, Canada comprises a substantial piece of research published online by the Journal of the American Medical Association on 9th November 2020. The research is authored by Kevin Brown PhD, Aaron Jones MSc, Nick Daneman MD, MSc et al. Author affiliations include Public Health Ontario, the Dalla Lana School of Public Health (University of Toronto), the Department of Health Research Methods, Evidence, and Impact (McMaster University, Hamilton), Sunnybrook Research Institute (Division of Infectious Diseases, Toronto) and the Department of Medicine (University of Toronto).

The research sought to ascertain whether a correlation exists between Covid-19 infection and mortality prevalence and environmental configuration within registered care facilities. The authors obtained complete information in respect of 618 of the 623 Ontario nursing homes, encompassing 78,607 residents. As a guide to sample size, this is sizeable - equating to almost 20% of UK registered beds for the elderly. The research was conducted between March 29th and May 20th 2020.

## Methodology

A nursing home crowding index was utilised which was defined as the mean number of occupants per room and bathroom across an entire home. Weighting was attributed to each bedroom dependent upon two key factors – number of occupants and availability of private bathing facility. A single occupancy room with private bathroom was ascribed the lowest weight (1) whilst the largest bedrooms, occupying 4 persons, were ascribed a weight of 4.

Across the province only single, double and quadruple bedded rooms are utilised – accommodating 36.9%, 37.3% and 25.8% of residents respectively. Analysis was restricted to elderly persons only of whom 54.6% were aged 85 or over and 69.8% were dementia diagnosed. All homes were then split into two categories as follows:

- High Crowding Index Homes: an average weighting of 2 or greater (the median)
- Low Crowding Index Homes: an average weighting below 2

## Results

Unfortunately, of the 78,607 residents, 5,218 (6.6%) developed Covid-19 infection, and 1,452 (1.8%) died of Covid-19 infection as of May 20th 2020. This case fatality rate was 27.8%.

The research identified a clear correlation between Covid-19 incidences in high crowding index homes (9.7%) compared to low crowding index homes (4.5%). A key part of the research was to investigate the outcome impact had all homes been restricted to single occupancy rather than there being a level of shared accommodation. The following comprises a direct quote from the research:

*'In the simulation in which all multiple-occupancy rooms were converted to single-occupancy rooms, we estimated that 1,641 infections (31.4%) and 437 deaths (30.1%) may have been prevented. In this scenario, an additional 29 871 new single-occupancy rooms would have been required, assuming current 4-bed and 2-bed rooms had been capped at single occupancy.'*

Key Points (quoted verbatim and in full from the research) comprise:

- **Question** – What is the association of crowding in nursing homes, defined as the mean number of residents per bedroom and bathroom, with nursing home coronavirus disease 2019 (COVID-19) mortality?
- **Findings** - In this cohort study that included more than 78, 000 residents of 618 nursing homes in Ontario, Canada, COVID-19 mortality in homes with low crowding was less than half (578 of 46, 028 residents [1.3%]) than that of homes with high crowding (874 of 32, 579 residents [2.7%]).
- **Meaning** - Shared bedrooms and bathrooms in nursing homes are associated with larger and deadlier COVID-19 outbreaks.

## 8.2 Pandemic Preparedness

Central government publish online a Policy Paper entitled 'UK Pandemic Preparedness' (www.gov.uk/government/publications/uk-pandemic-preparedness). The opening Overview (5th November 2020 update) sets out the government understanding of pandemic:

*"Pandemics are a natural phenomenon; they are the result of a new pathogen emerging and spreading around the world and have occurred at infrequent and unpredictable intervals throughout human history. New and emerging diseases can affect humans anywhere and at any time, with zoonotic diseases (diseases that can spread from animals to humans), such as COVID-19, HIV, Ebola and avian influenza, a major cause of epidemics and pandemics. The acceleration of global mobility (for example, due to conflict or instability), population growth, urbanisation and poor sanitation, the ecological implications of climate change, and changes in food and agricultural systems (including intensification, biodiversity loss, trade in wildlife and livestock) all contribute to the risk of emergence of infectious diseases, and of antimicrobial resistance."*

Recent years have seen a further need in the UK to manage a series of high consequence infectious diseases (HCIDs) including Lassa fever, Ebola, MERS and monkeypox. Although HCIDs typically have a high fatality rate and few, or no, treatment options, they are regularly monitored and less likely to cause a pandemic.

Despite questions raised over the governments initial handling of the COVID-19 outbreak, the policy paper confirms large-scale cross-government preparedness exercise to be conducted at regular intervals in order to test the UK's response.

The common sense argument exists, however, that we should not rely solely upon effective central government based response but ensure that every preventative measure has been considered pre-outbreak. Within the context of social care this would include improving the environmental configuration of the care home estate in order to maximise the number of facilities deemed fit for purpose. This responsibility falls not only on the Care Quality Commission but also local authorities (Adult Social Care and Planning) and care home developer/operators.

## 8.3 Impact upon Design

Whilst the annual care home death rate results from a number of causes, the pandemic has illustrated the fact that a large proportion of the existing national care home estate does not incorporate appropriate design requirements for such a previously unforeseen outbreak. Moving forward, it is likely that the following will comprise key design considerations:

1. Converted facilities and those purpose built but pre dating the millennium frequently incorporate shared bedrooms. The experience of COVID-19 is likely to result in a long overdue re-consideration as to whether twin bedrooms are appropriate not only for privacy reasons but also, now, viral control.
2. Converted facilities and those purpose built but pre dating the millennium rarely incorporate full ensuite bathing facilities, necessitating communal bathrooms & shower rooms. This is a cross-infection nightmare. Conversely, it is extremely rare for new developments to lack ensuite wetrooms. The experience of COVID-19 is likely to result in a long overdue re-consideration as to whether bedrooms reliant upon communal bathing facilities should retain registration.
3. Care home operators have also been highlighting the impact of bedroom size upon mental wellbeing as residents have been in lockdown. Whilst the aforementioned National Minimum Standards brought in a minimum new registrable bedroom size of 12m², many rooms pre-dating the regulations fall (well) below this level. COVID-19 experience, with residents self-isolating in bedrooms, has highlighted the need for a larger bedroom footprint.
4. The COVID-19 experience has further highlighted to the sector the importance of incorporating, within design, the ability to isolate sections of a home. Future design of care homes is likely to incorporate individual units capable of being operated in isolation with unit specific day space, dining facilities and staff group in order to limit the potential for cross infection throughout the entire home.

# 8.4 Impact upon Population

The entire planet has been impacted by COVID 19 in one way or another and the Ribble Valley has not been left unaffected. The following comprises a summary of relevant data:

## Population in General

- By 9th March 2022 there had been 4,040 deaths across Lancashire (192 being within Ribble Valley) in which the death certificate had identified COVID 19 as being a cause.
- In the same timeframe 376,707 county inhabitants tested positive to COVID 19 (19,194 being within Ribble Valley).

## Care Home Population

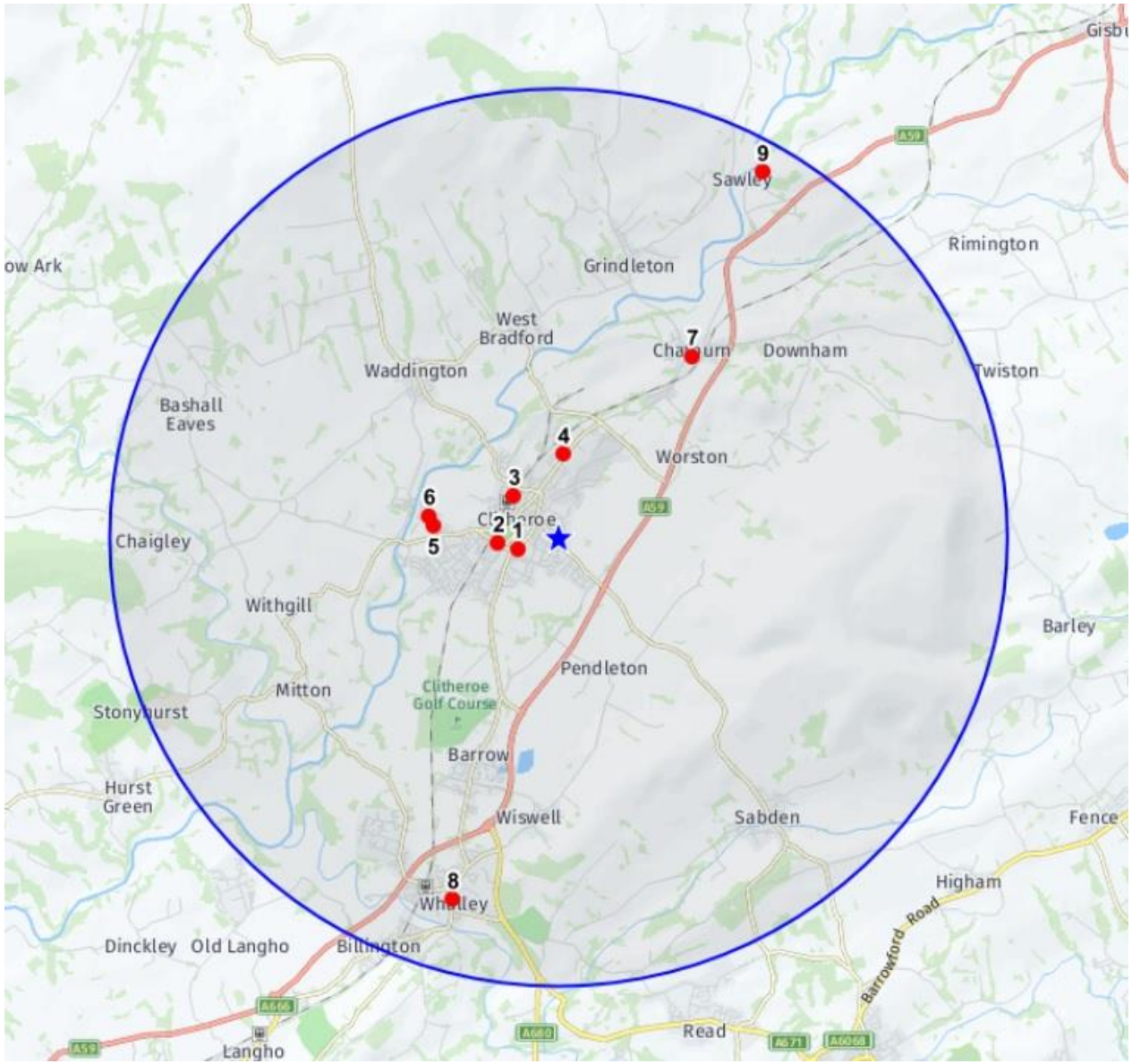
- Between 10th April 2020 and 4th March 2022 there were a massive 782 deaths in Lancashire care homes involving COVID 19.
- The number of COVID 19 related deaths throughout England care homes over the same period was 32,273.

# Appendices

# Appendix I – Target Area Supply in Detail

| Map Ref | Nursing / Residential | Name | Registration | Dementia | Provider | Distance (miles) |
|---|---|---|---|---|---|---|
| 1 | Residential | The Castleford | 47 | 47 | Lancashire County Council | 0.4 |
| 2 | Residential | The Clitheroe | 28 | 28 | 365 Care Homes Limited | 0.5 |
| 3 | Residential | Lowfield House | 24 | 0 | Lowfield House Limited | 0.5 |
| 4 | Residential | High Brake House | 35 | 35 | Brierley Care Ltd | 0.7 |
| 5 | Residential | Beech Grove | 33 | 0 | Roseberry Care Centres GB Limited | 1.1 |
| 6 | Residential | Abbeyfield | 40 | 40 | Abbeyfield Lancashire Extra Care Society Limited | 1.2 |
| 7 | Nursing | The Manor House | 50 | 50 | Manor House Care Limited | 2.0 |
| 8 | Residential | The Croft | 26 | 26 | Farrington Care Homes Limited | 3.4 |
| 9 | Residential | Ribble Valley Care Home | 40 | 40 | Townfield Ribble Valley Limited | 3.7 |
| **9** | | **Total** | **323** | **170** | | |

# Appendix I – Target Area Supply in Detail




The map alongside shows the Site and existing homes – the former appearing centrally and the latter detailed as red circles.

# Appendix II The Bigger Picture

We have given additional consideration to the dynamics across the Borough of Ribble Valley in terms of registered care provision for the elderly. Tabulated below is a breakdown of existing registered care for the elderly within a residential / nursing environment. The nature (and extent) of registration has been derived directly from CQC with bed breakdown sourced from the sector directory www.carehome.co.uk.

| | Homes | Registered Beds | Dementia Beds | Total Rooms | Ensuite Rooms |
|---|---|---|---|---|---|
| Residential Care | 11 | 410 | 336 | 401 | 229 |
| Nursing Care | 2 | 100 | 100 | 97 | 88 |
| **Total** | **13** | **510** | **436** | **498** | **317** |

| | Ribble Valley | UK |
|---|---|---|
| Single Rooms as a % of all bed spaces | 95% | 95% |
| % of all bed spaces with en suite wc | 64% | 72% |
| Average size of Nursing Home | 50 | 53 |
| Average size of Residential Home | 37 | 31 |

Utilising the same methodology as in Section 5, applying to the District wide population, we have calculated the statistical level of demand across the Ribble Valley. The table below compares the demand level with aforementioned supply. A significant shortfall in appropriate accommodation exists – predicted to reach 250 ensuite bedrooms by 2025 in the absence of further development.

| Demand | Current Total Elderly | 2025 Total Elderly |
|---|---|---|
| Statistical demand (incl. forecasts) | 518 | 568 |
| **Supply** | | |
| Current supply of registered bed spaces | 510 | 510 |
| Current supply of en suite bedrooms | 317 | 317 |
| **Dynamics** | | |
| Under or (over) supply in terms of registered beds | 8 | 58 |
| Under supply in terms of en suite bedrooms | 201 | 251 |

# Appendix II The Bigger Picture

Whilst the Care Quality Commission data alongside provides a snapshot in time, it is also useful to look at the pattern of provision over recent years in terms of new facilities and closures. The two tables below identify such activity across the Borough over the five year period between January 2017 and December 2021.

| Home Closures | |
|---|---|
| Showley Brook (2018) | 15 |
| Longworth House (2018) | 28 |
| **Total Registered Beds** | **43** |

| New Developments | |
|---|---|
| - | - |
| **Total Registered Beds** | **0** |

It would appear that, over the five year period, there have been two Borough home closures with no replacement facilities having been developed. Given the environmental nature of the existing care home estate (predominantly converted), we would anticipate continued attrition over forthcoming years. A level of development is therefore required to not only accommodate the increasing elderly population but to offset accommodation lost through closure.

# Appendix III The Care Home Environment

## National Minimum Standards for Care Homes for Older People

In line with the Care Standards Act 2000, national minimum standards were published by the Department of Health in 2002. The minimum standards were to be used by the National Care Standards Commission inspectors when carrying out inspections of care homes.

Included within the standards were environmental requirements including:

- A minimum communal space provision of 4.1m² per resident
- An ensuite facility for each bedroom (WC and wash hand basin as a minimum)
- Single occupancy room provision only
- Each bedroom to measure, as a minimum, 12m² (net of ensuite facility)

Private providers argued that the cost of meeting such standards would force many to close and, after widespread opposition, the original document was redrafted and published in February 2003. The redrafted document limited the impact of the aforementioned environmental requirements to new accommodation developed post 2002.

Whilst the original requirements were watered down and the standards are no longer in use, their publication served as a huge statement by the Department of Health. It is fair to say that, since that point in time, the market has seen the provision of ensuite single bedroom accommodation with increased footprint as the appropriate market offering.

# Appendix IV Industry Comment

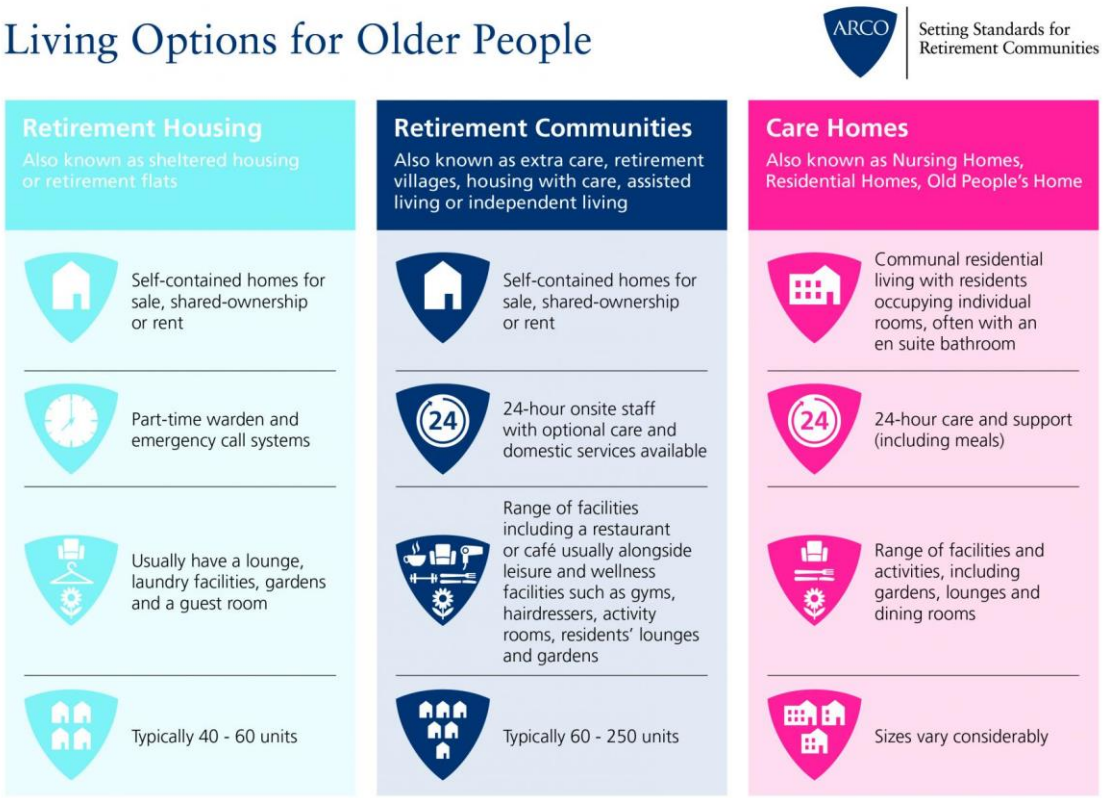
## What is a Care Home?

Retirement accommodation has a long history in the UK. Almshouses, for example, were established from the 10th century to provide a place of residence for poor, old or distressed people, the earliest form of social housing. The modern equivalent caters mainly for elderly people, but the scope of retirement living today is much more broadly based and the commercial alternatives are a bigger part of the mix.

Until the last century, there was little choice in respect of accommodation for the elderly. However, during the 1950's local authorities became increasingly involved in the development of older peoples homes (Care Homes) and sheltered housing. Development of the latter increased dramatically in the hands of local authorities throughout the 1980's whilst, simultaneously, the private sector became increasingly involved in care home provision.

For elderly people with minimal need sheltered housing has, historically, been a popular option. It tends to be purpose built for the elderly and over seen by a warden or scheme manager. Schemes frequently have communal facilities such as lounge, laundry, guest flat and garden although meals are seldom provided. The warden frequently lives off site and 24 hour emergency assistance is limited to an alarm scheme. There is no 24 hour on-site care provision for sheltered housing developments.

By way of contrast, care home clients enjoy no security of tenure, paying a weekly fee for accommodation. Accommodation is not self-contained but comprises a bedroom and communal day space. Care homes are a regulated business and require registration –for either the provision of residential care or nursing care. The original registration process was overseen by the relevant local authorities in which care homes were located. In an effort to create a level of regulatory uniformity, the Royal Commission on Long Term Care recommended, in 1999, a national regulatory body. As a direct result, following a series of national bodies, the Care Quality Commission took responsibility in March 2009. CQC remain responsible for the registration and regulation of care homes for the elderly. Whilst CQC is responsible for care home registration across England, the corresponding bodies in Wales and Scotland are known as Care Inspectorates.



# Appendix IV Industry Comment

## Profiling the Care Home Estate

There are currently approximately 480,000 beds in registered care homes across the UK registered for elderly care provision with ownership shared between private operators, Not for Profit providers and, to decreasing extent, public bodies (local authority and NHS). With an increasing number of older people now living longer and, as a direct result, often attracting more significant care need, the profile of this sector has never been higher.

The pattern of growth within the care industry has left the sector with a potentially massive dilemma as we move forward. The vast majority of current facilities were either converted from former dwellings or comprise the first generation of purpose built bed-stock constructed during the 1960's and 1970's. Those homes were built (and properties converted) at a time when environmental expectations fell significantly below those of modern society. It is no longer acceptable for service users to share bedroom accommodation and it is a reasonable expectation that an en-suite facility should be made available. There is a strong likelihood that, over the next decade, the UK will see significant attrition across the care home estate as properties are deemed unfit for the future. This will coincide with the huge population growth in the elderly age bracket. Without significant development of appropriate care facilities there is a distinct risk of forthcoming bed shortages.

## Nature of Care

For more than a decade now we have seen both central and local government spokespersons extolling the virtue of keeping individuals in their home environment for the maximum period. This has been extremely popular with the general public but is only practical to a degree. Whilst there is an undoubted case for frail elderly individuals of sound mind and with limited (if any) nursing need to maintain a non institutional lifestyle, there will always be the need for the care home environment as the level of need increases. What the market therefore continues to see is a movement away from the historic residential care provision for people aged over 65 towards more intense nursing based care for increasingly aged service users with higher level (and multiple) medical needs. Such needs are not only physical but, increasingly, mental with dementia care being in high demand.

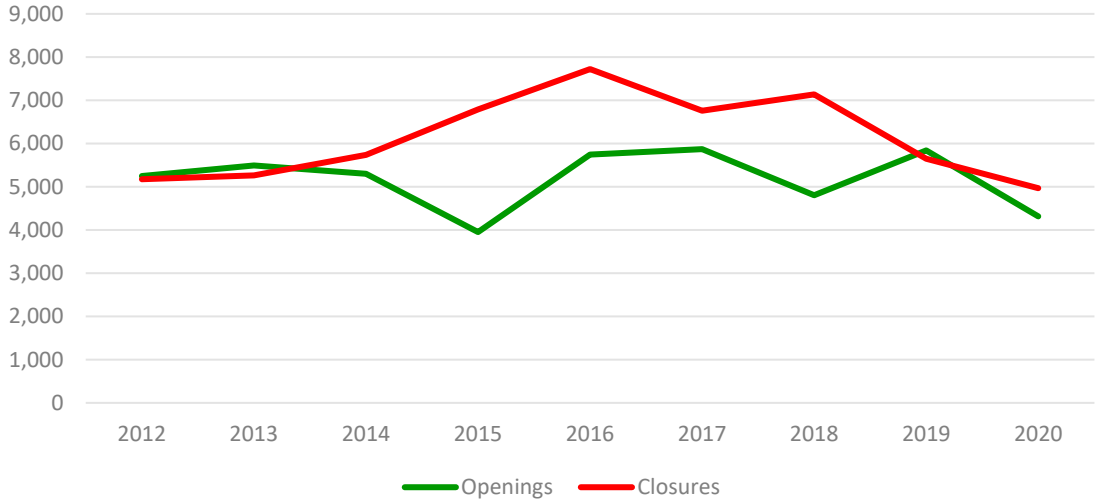
## Dementia Specialism

Care home operators seeking to provide dementia care require appropriate registration with the relevant regulatory body (CQC or Care Inspectorate). For some time now operators have identified the increasing need for dementia care provision and, more often than not, care homes registered to provide care to the elderly now also incorporate dementia care registration. New developments over the past decade also have increasingly incorporated environmental design criteria based upon ongoing research. Although frequently advertising specialist dementia care, it remains comparatively rare within the UK for care homes to have absolute specialisation and sole focus on dementia clients. It is usually the case that a care home will accept both frail elderly service users and individuals in need of dementia care –frequently the latter in a separate unit. Other European countries appear somewhat more advanced in the provision of dementia care. The Netherlands is a prime example of this point, hosting concepts such as the revolutionary De Hogeweyk Dementia Village and Martha Flora specialist boutique care homes.

# Appendix IV Industry Comment

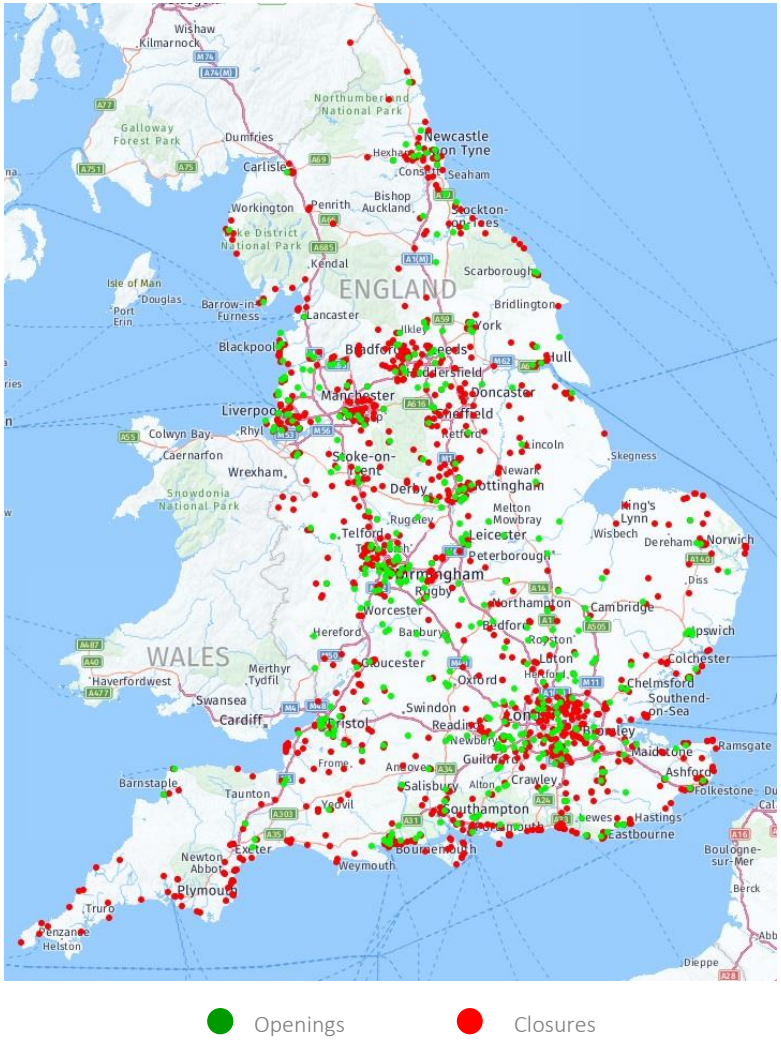
## Market Movement - The National Picture

Over the past nine years HPC has carried out analysis of elderly care registration data supplied direct by the Care Quality Commission. The net loss/gain has fluctuated over the period with the cumulative outcome being a quite substantial net bed loss (exceeding. 8,500 beds). The data below reflects opening / closures and excludes extensions and registration reductions.




In terms of home (rather than bed) numbers, the annual number of newly opened homes is marginally below 100 with the corresponding closure figures exceeding 200. The average size of a new care home development over the past nine year period is 61 – contrasting with a mere 29 registered beds within homes closing.

The map alongside identifies market activity over the most recent 5 full calendar years. With the exception of the extreme South West and North West, the geographic spread of homes opening is relatively even throughout the country. With viability a key issue, we have seen a high proportion of closures in more rural areas and also coastal localities. In contrast, the focus of new development has tended towards the more sizeable urban areas or affluent smaller towns.



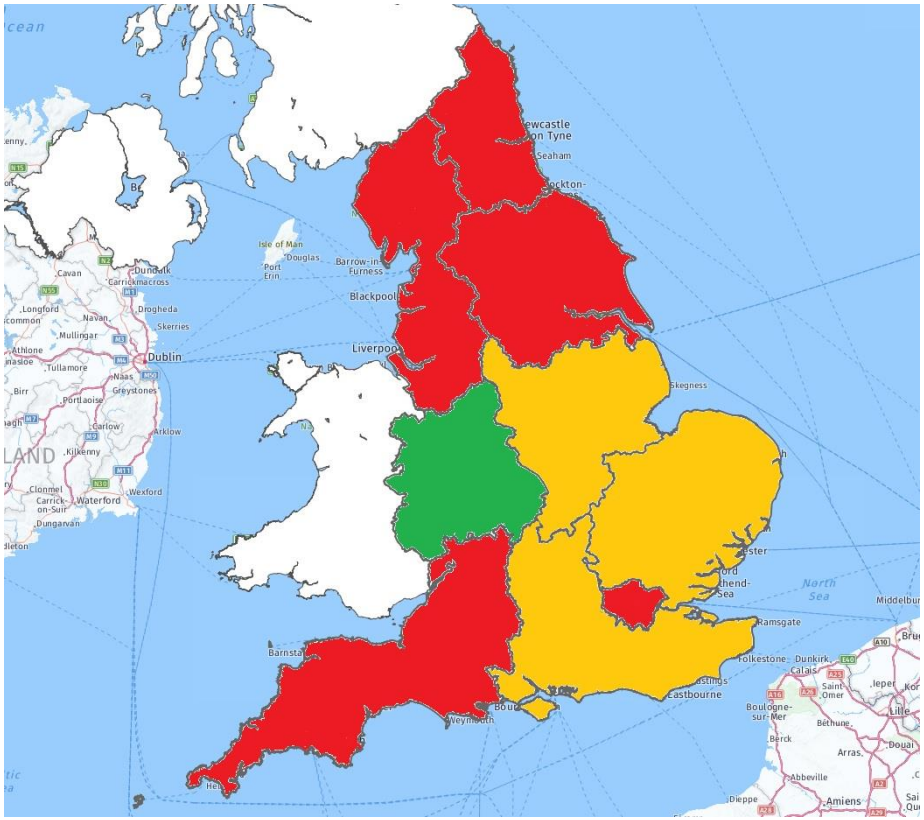
# Appendix IV Industry Comment

## Market Movement - The Regional View

The map alongside identifies the net results (in terms of bed numbers) from care home development and closure on a regional basis over the 5 year period ending December 2020. Regions shown red have been subject to net bed loss, those in green a net bed gain with those identified as amber maintaining virtual parity.

Analysis of the data basis indicates a North/South divide, although this is no longer as clear cut as the early part of the 2010/20 decade. During 2010 to 2015 we saw significant geographic focus on the more affluent regions with the South East development comfortably exceeding attrition. This has changed over the more recent years and the West Midlands now comprises the sole region in which development comfortably exceeds closure.

In terms of level of development / closure disparity, the South West and Yorkshire/Humber regions continue to experience the most significant differential in market shift.



# Appendix V Data Source, Assumptions & Reservations

### 3 Age Group Distribution and Growth
All population age profiling data has been provided by Experian – one of only six suppliers approved by the Office of National Statistics (ONS) following Census release. The population figures provided are 2022 mid-year estimates OA level.

### 4 & Appendices I & II Supply
In order to ensure that the schedule of competing homes is as current as possible, the majority of information is drawn from the live web database of the Care Quality Commission. Supporting information in respect of room configuration is provided by the website www.carehome.co.uk and relevant websites of operating care homes.

### 4 Planning Activity
The suppliers of historic planning data from which we have extracted the enclosed information are both Barbour ABI and EGi. Enquiries have been limited to activity over the 3 year period pre-ceding the date of this report (unless otherwise stated). Should development of the Site be considered further, formal enquiries of the local authority should be undertaken.

### 5 Statistical Demand—Total Elderly Care
We have relied upon LaingBuisson's Care of Older People UK Market Report (31st Edition) in providing figures for bed requirements among the elderly in total.

### 5 Statistical Demand—Dementia Specific Care
Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019 – 2040; Care Policy & Evaluation Centre, The London School of Economics and Political Science, November 2019

### 6 Supply / Demand Dynamics - Delayed Transfers of Care
Data supplied monthly on line by NHS England.

### 7 The Local Authority Perspective
Provided direct by the relevant Local Authority to HPC or publicly available on the internet

### 8 COVID 19 Implications
All information in respect of UK cases and deaths has been sourced during report compilation from the following websites:

www.ons.gov.uk

www.coronavirus.data.gov.uk

Data on the sites was originally sourced from the Care Quality Commission and Office for National Statistics.

The research detailed was published online on 9th November 2020 by the Journal of the American Medical Association:

www.jamanetwork.com

### Tenure and Reports on Title
Unless otherwise stated, HPC have not inspected the title deeds, leases and related legal documents and, unless otherwise disclosed to us, we have assumed that there are no onerous or restrictive covenants in the titles or leases likely to impact upon our findings.

### Condition and Repair
HPC have not carried out a building survey in respect of The Site nor any competing facility referred to in this report. Indeed, we have not inspected woodwork or any other part of the structure whether covered or exposed, accessible or inaccessible. We are therefore unable to confirm whether any facilities are defect free. None of the services, drainage or service installations were tested and we are, therefore, unable to report upon their condition.

### Environmental
HPC have not carried out soil, geological or any other tests or surveys in order to ascertain site conditions or environmental condition of The Site (or competing facilities). The report assumes that there are no unusual ground conditions, contamination etc. which would impact detrimentally on the operation of a development.

### Local Authorities, Statutory Undertakings and Legal Searches
HPC have not made any formal searches or enquiries in respect of The Site and are therefore unable to accept any responsibility in this connection. We have assumed that all necessary consents, licences and permissions enabling The Site to be put to the proposed use will be obtained with no outstanding works or conditions required by statutory, local or other competent authorities.

We would specifically confirm that HPC have not contacted the Care Quality Commission in respect of the proposed development.

### Business Performance
In instances where reliance has been placed on information supplied to us by the client, HPC accept no liability should such information subsequently prove to be inaccurate or unreliable.

### Third Party Data Provision
As previously stated throughout this report, HPC have relied upon information sourced from third party data providers. HPC have made every effort to ensure the reliability of each provider but take no responsibility for omissions or erroneous data sourced.

### Time Limitation
The potential of The Site is impacted by market movement outside of the control of HPC. For this reason, it is necessary to limit the period of time for which this report remains valid to four months from report date.

### Instructing Party
The instructing source is detailed within Section 1 to this report. Reports have been provided for the use of the party to whom they are addressed. Whilst they may be disclosed to other professional advisors as part of the process, no responsibility is accepted to any third party for either the whole or any part of the content.

### Liability Cap
HPC confirm that the extent of our liability in respect of this report is limited to a maximum sum of £5,000,000.

# Appendix VI Author Overview

Nigel Newton Taylor is a Chartered Surveyor with over 30 years experience providing commercial property advice in both the public and private sectors. Specialising in care, he has provided a mix of consultancy, valuation and transactional advice to a wide range of clients including local authorities, lending institutions, not for profit organisations and corporate healthcare operators.

**Relevant Qualifications:**

- 1988 Bachelor of Science (with Honours) in Urban Estate Surveying
- 1990 Professional Associate of Royal Institution of Chartered Surveyors

**Healthcare Property Consultants Ltd – 2008 to Date**
**Director**

- Co-founder of business specialising solely in healthcare agency, valuation, consultancy and research
- Provision of consultancy advice in respect of development site selection to regional and national corporate operators
- Provision of consultancy advice alongside EY and PwC during 'Fair Price for Care' exercises
- Sale of registered care homes and independent hospitals on behalf of national corporate operators
- Feasibility provision to charitable organisations in respect of estate restructuring (YMCA, CLS Care Services)
- Expert Witness advice to legal and planning processes
- Rent review negotiations on behalf of UK's former largest corporate care home operator (Southern Cross)
- Consultancy advice provided to private operators and corporate providers including Care UK, BUPA, Maria Mallaband Care Group, Healthcare Homes, Avery Health and Bondcare.

**GLP Taylors – 2005 to 2008**
**Director**

- Managing Director of healthcare department
- Provision of consultancy advice and agency services to local authorities throughout care home externalisation processes (Essex County Council, London Borough of Havering)
- Provision of consultancy advice alongside PwC during 'Fair Price for Care' exercises across seven local authority areas

**Christie & Co – 1997 to 2005**
**Director**

- Manager of Leeds office
- Valuation and agency experience, specialising in healthcare, based (at various times) in Nottingham, Manchester and Leeds

**Valuation Office Agency – 1988 to 1994**
**Senior Valuer**

- Miscellaneous commercial, residential and agricultural valuation experience
- Training and supervision of graduate colleagues through RICS qualification

**Nigel Newton Taylor** *BSc (Hons) MRICS*
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