

**Planning need assessment**  
Elderly care home

## **Site at Old Row, Barrow, Clitheroe BB7 9AZ**

Prepared for:  
LNT Construction Ltd

Carterwood Report – April 2023

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## Executive summary

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T1 Planning need assessment summary	
Site	Old Row, Barrow, Clitheroe, BB7 9AZ
Proposed scheme	66-bed purpose-built care home to meet the needs of all aspects of elderly care provision, including nursing, personal and dementia care.
Notes	<ul style="list-style-type: none"><li>The subject scheme is not included in our 'planned supply' figures</li><li>Need assessment based on a circa 6-mile market catchment and the Ribble Valley Borough Council local authority area.</li></ul>

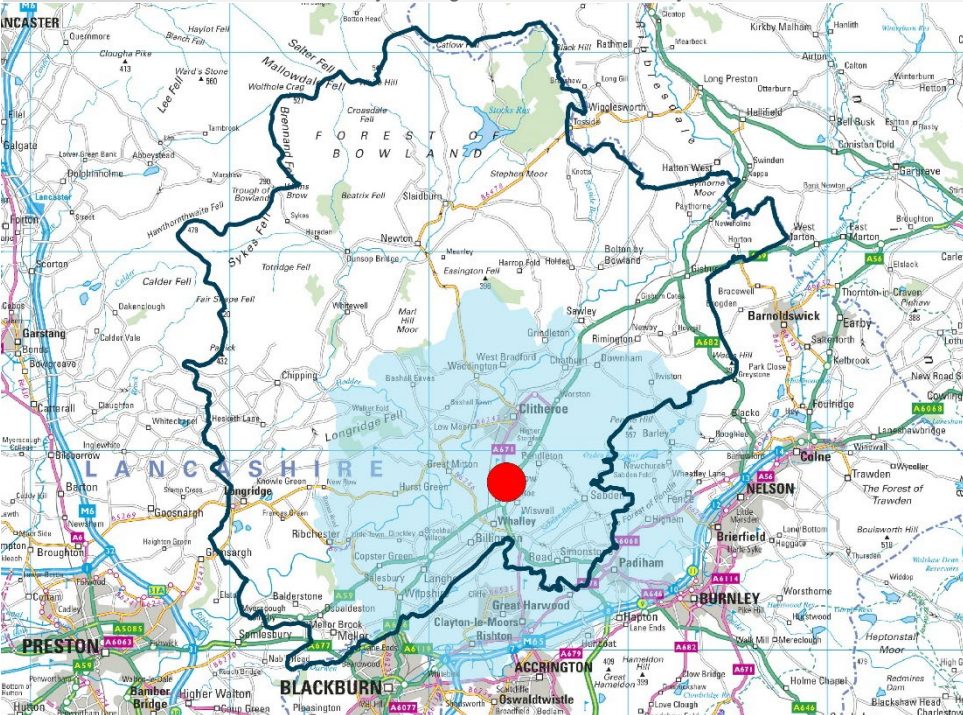


Figure 1: Location of the proposed care home and its catchment areas

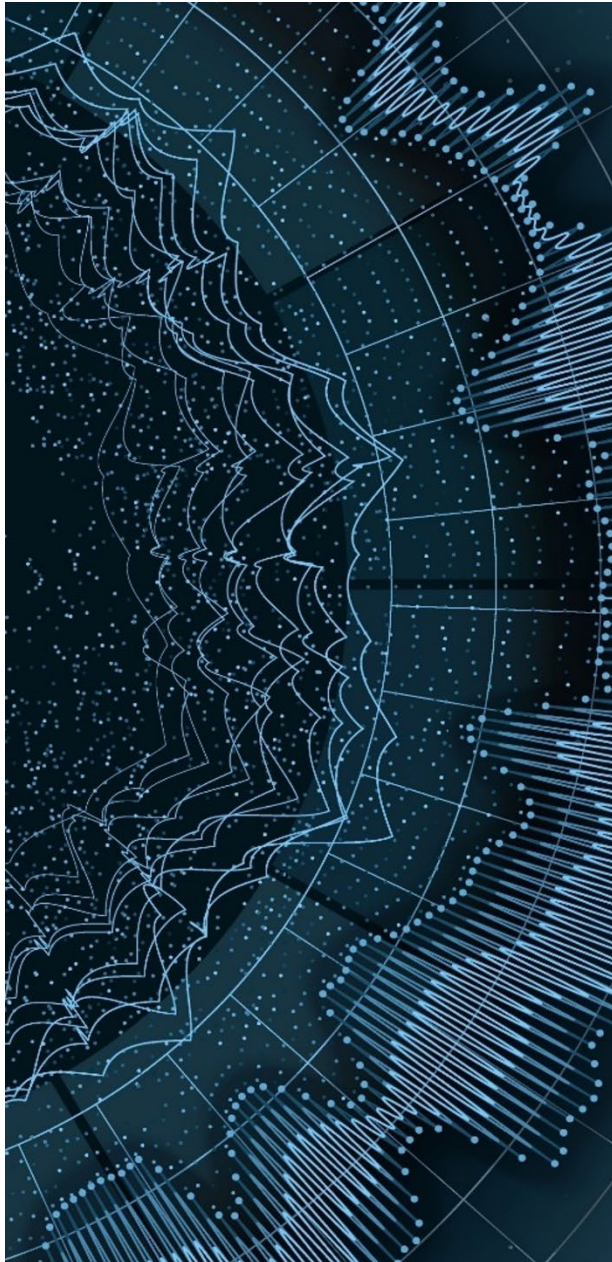
The proposed scheme is shown by the red dot, with the market catchment area shaded light blue and the Ribble Valley Borough Council area outlined in dark blue

T2 Definition of 'minimum market standard' bedrooms	
We define a 'minimum market standard' bedroom as providing a minimum of an en-suite with WC and wash-hand basin although do not stipulate minimum size, accessibility or suitability for purpose. All new care homes provide spacious en-suite bedrooms, the vast majority being 'full market standard bedrooms' with larger en-suite wetrooms that also include a level-access shower to enable bathing and personal care to take place within a resident's own room.	

T3 Need analysis summary (2025)				
Basis of assessment	All beds		Dedicated dementia	
Type of care	Market	LA	Market	LA
Need				
All bed/specialist dementia need	845	631	349	261
Occupancy capacity allowance	71	53	29	22
Total need	916	684	378	283
Supply				
Existing elderly en-suite	536	327	80	36
Existing elderly wetroom	40	100	0	30
Planned beds (to 2025)	120	123	51	51
Total supply (en-suite)	656	450	131	87
Total supply (wetrooms)	160	223	51	81
Net need				
Elderly en-suite	260	234	247	196
Elderly wetroom	756	461	327	202

For full assumptions, see Table T20 on page 20.

T4 Conclusions and recommendations	
<ul style="list-style-type: none"><li>Our assessment based on 2025, the earliest the proposed care home could be available, indicates a significant net need for 260 and 234 minimum market standard care home beds in the market catchment and local authority, respectively.</li><li>We have also assessed the balance of provision for dedicated dementia beds in 2025, which indicates a net need for 247 and 196 market standard care home beds in the market catchment and local authority, respectively.</li><li>We have provided an analysis of net need for care home bedrooms that provide full en-suite wetrooms, which we consider a more relevant measure. On this basis, there is a net need for 756 and 461 such elderly beds in the market catchment and local authority, respectively.</li><li>The shortfalls are expected to increase to 551 and 474 minimum market standard beds in the market catchment and local authority, respectively by 2035, assuming all planned beds are developed, and that existing supply and prevalence rates remain constant, reflecting the sustained and escalating nature of need.</li><li>Ribble Valley Borough Council commissioning identifies key demand drivers for new care home beds, particularly for nursing and dementia care, given expected growth in the elderly demographic.</li><li>We consider there to be a significant and increasing unmet net need for additional market standard elderly care home beds within the market catchment and local authority area.</li><li>The proposed care home will be capable of caring for residents of all dependency levels, including those who require dementia care within a specialist unit, with well-specified, flexible, COVID-19-compliant care accommodation to enable care to be administered most effectively.</li></ul>	



## Executive summary

# Background and the proposal

Introduction

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## 1. Introduction

- 1.1 Carterwood has been commissioned to prepare a need assessment on behalf of LNT Construction limited in relation to the development of a new 66-bed purpose-built care home at Old Row, Barrow, Clitheroe, BB7 9AZ.
- 1.2 The proposed development will provide a modern care home capable of flexibly adapting to meet the needs of all aspects of elderly care provision, including both nursing and personal care. It will incorporate physical adaptations and an environment suited to the provision of specialist dementia care, to meet a growing need in this area.
- 1.3 In this report, we have considered the national context, together with a detailed study of the market catchment and local authority area.

### Limitations to advice

- 1.4 The trading environment of the care sector in the UK, which impacts upon market conditions, remains in a volatile state. Contributing factors include political and economic pressures resulting from some ongoing limitations of post-Brexit trading conditions, operating with the legacy and future risks of COVID-19 and the effect of the conflict in Ukraine.
- 1.5 Our reports are prepared using high-quality data and expert analysis from our experienced team. Any recommendations made are based upon the market and financial climate as at the date of the report, but do not take into account future economic or market fluctuations caused by the events outlined above or other unforeseen events.
- 1.6 This report contains data relating to the 2011 census. The England and Wales 2021 census took place on 21 March 2021; the first release of this data was published on 28 June 2022, with additional releases following in spring/summer 2023, and with the final release of all data outputs for England and Wales provisionally expected by November 2023. The Scottish census was delayed, with the collection phase taking place between 28 February and 1 June 2022. We will monitor the census data release schedule, reviewing new data as it is released and ensuring the data is embedded into our analysis as quickly as possible.

### T5 Instruction summary

Purpose of advice	Planning need assessment
Research date	29 March 2023
Prepared by	Jessica Stainthorp BSc (Hons)
Reviewed by	Jessamy Venables BSc (Hons) MSc MRICS
Report date	25 April 2023

## 2. Carterwood

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



### T6 Elderly care home



### T7 Retirement living



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



### 3. Description of proposal



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

#### Location and scheme description

- 3.1 The site comprises land at Old Row, Barrow, Clitheroe, BB7 9AZ.
- 3.2 The proposed care home will provide high-quality care accommodation, with 66 single occupancy bedrooms, each equipped with a full en-suite wetroom over two storeys.
- 3.3 The care home is designed to be flexible in terms of the layout of accommodation and to offer a range of spacious communal areas, each of which will be finished to the highest standard. These will include, inter alia, a café, lounges, dining rooms, and cinema room.

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

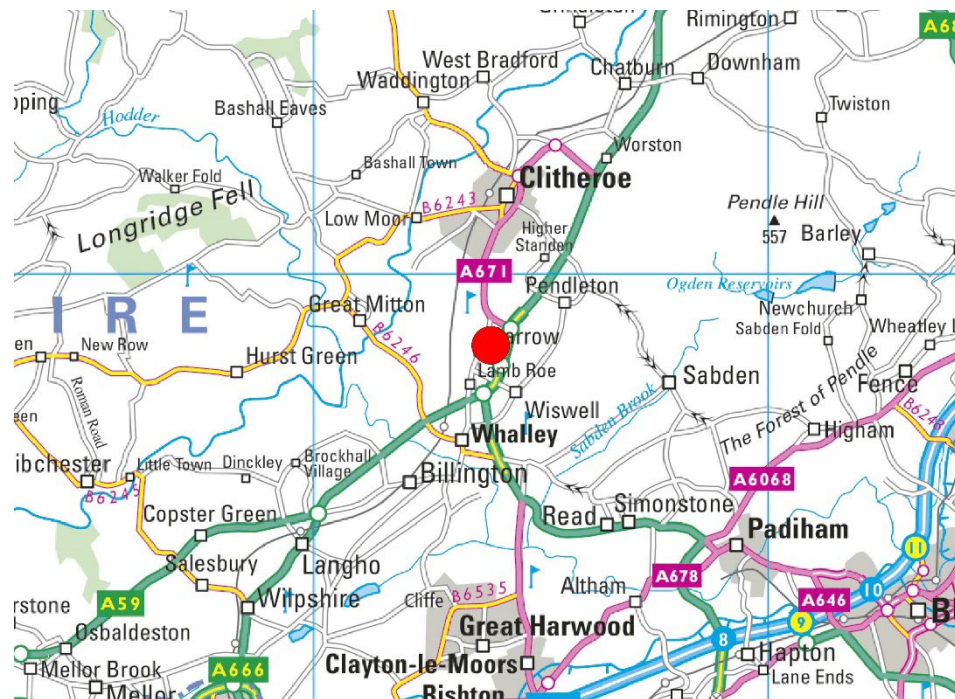


Figure 3: Location map of the subject site

## 4. The proposed scheme – position on the care spectrum

- 4.1 We have compared the subject care home against other forms of accommodation in respect of care provided, cost of care, accommodation type and regulation. Table T8, below, shows the range of options available within this ‘spectrum of care’.
- 4.2 Delayed discharge legislation, which imposes fines upon local authorities for ‘blocked beds’, is resulting in hospital stays becoming increasingly shorter. A temporary move to a care home is often considered as a short-term measure for those who require rehabilitation prior to returning home, with the decision or need to move permanently into a care home usually considered at a late stage in life. For those with high dependency care needs or dementia, 24-hour care within a care home may be the only suitable long-term option.
- 4.3 A substantial variant to the provision elements of the care spectrum below is informal/family care. An estimated 8.8 million or more unpaid carers provide significant support to elderly relatives, neighbours and friends (Age UK 2019). This allows many thousands of people to remain in their own homes, particularly when the support is alongside home care and/or day care. Thus, a range of care requirements and a range of services co-exist, sometimes with considerable overlap.
- 4.4 The proposed care home will be capable of providing care for residents of all dependency levels, including those who require residential or dementia care within

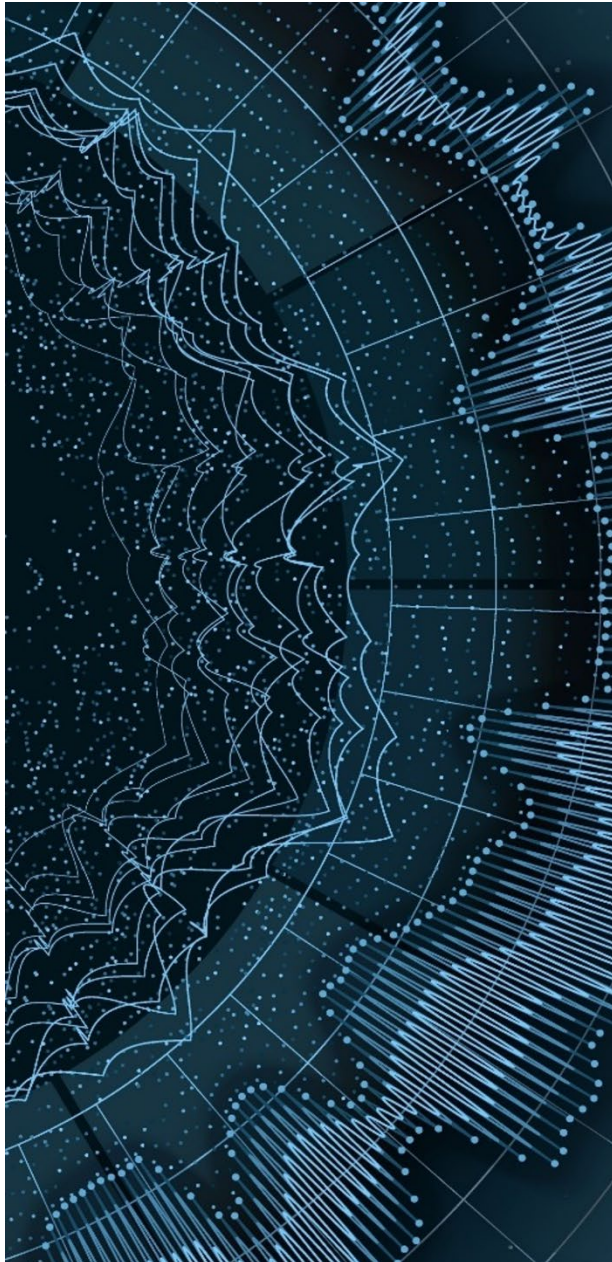
a specialist unit specifically designed to cater to higher dependency needs. It will also be flexible in terms of layout, to enable the provision of nursing care and to provide areas where residents can be isolated, should this be necessary. Without this capability a number of very high-dependency care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

### Key findings – the subject scheme and the care proposed

- The proposed, specifically designed, care home will provide 66 single bedrooms, all with en-suite wetrooms, together with a variety of spacious, well-appointed communal areas.
- As hospital stays become increasingly shorter due to delayed discharge legislation, rehabilitation within a care home is often considered as a short-term measure. For those with high dependency nursing needs or dementia, 24-hour care within a care home setting may be the only suitable long-term option.
- The proposed care home will be capable of caring for residents of all dependency levels, including those who require specialist dementia care, by providing flexible, COVID-19-compliant care accommodation to enable care to be administered most effectively and efficiently.

T8 Elderly care spectrum						
Accommodation	Standard housing	Sheltered housing	Extra care / assisted living	Care homes	Care homes with nursing	Hospitals
Care provided	Domiciliary care			Personal care	Nursing and medical care	
Cost of care	Low to medium and highly variable			Medium to high	High	Very high
Accommodation types	Standard housing	Age-restricted, age-exclusive or sheltered housing	Extra care, assisted living, very sheltered housing	Residential setting		Acute hospital
Accommodation style	House, cottage, flat, bungalow, suite, apartment			Bedroom, suite		Bedroom
CQC regulation	Regulated only if care provided			Highly regulated – all care and accommodation		
Proposed care home				Requirements met in the proposed care home		





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## 5. Definition of a care home and care categories

- 5.1 Care homes for the elderly fall within Class C2 ('residential institution') of The Town and Country Planning (Use Classes) Order 1987 and any applicable amendments.
- 5.2 The sector regulator, the Care Quality Commission (CQC), defines a care home as:
- 'a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Both the care that people receive, and the premises are regulated'.*
- 5.3 The CQC is responsible for registering and monitoring care homes across all care sectors as well as other forms of care provision, such as domiciliary care agencies. The regulation of health and adult social care is governed by the Health and Social Care Act 2008. There are two types of registration categories for homes:
- (1) Care homes/personal care homes/residential care homes – provide personal care (not nursing care) to the elderly. They provide both short-term and long-term accommodation and offer help with personal hygiene, continence management, food and diet management, counselling and support, simple treatments, personal assistance with dressing, mechanical or manual aids, and assistance with going to bed.
  - (2) Care homes with nursing – offer the same services as personal care homes, with registered nurses also being available to provide nursing care 24 hours per day, to care for residents with complex health issues that can only be administered by nursing staff.
- 5.4 In addition to the above home-level registration, care homes can choose to specialise in the type of care they provide, such as elderly frail or caring for those with dementia and/or other specialist forms of care. In our assessment, we have considered need for two care categories:
- 5.5 Total market – all beds and all registration categories for elderly care, including both care homes with and without nursing; as there is no industry-recognised method of differentiating between the exact need for nursing and the exact need for personal care beds, we therefore consider the 'total market'.
- 5.6 Specialist dementia – a subset of 'total market' beds (as described above) to assess the supply of specialist dementia beds vs the gross need for specialist dementia beds.

## 6. UK elderly population trends and market size

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

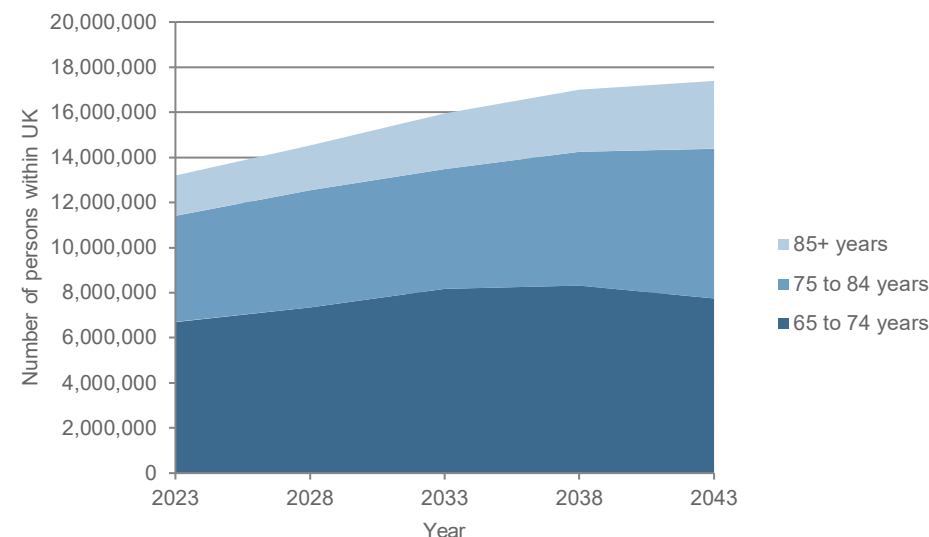


Figure 4: UK 65+ population growth 2023 to 2043 by age band

Source: 2011 Census, government population projections.

- 6.2 LaingBuisson's Care Homes for Older People UK Market Report (31st edition) states that the percentage of the UK population over the age of 85 is projected to multiply more than four times, from c. 1.68 million in 2020 (2.4 per cent of the population) to c. 7.09 million in 2111 (8.7 per cent of the population), while the 75- to 84-year-old segment will rise from c. 4.17 million in 2020 (6.3 per cent of the population) to c. 7.69 million in 2111 (9.4 per cent of the population).

## 7. National provision of care homes

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

7.2 T9 analyses the supply by year of first registration and identifies the significant proportion of homes registered both prior to and during the 1990s. As a broad generalisation, care homes registered from 1990 are likely to include en-suite bedrooms and those registered from 2010, full en-suite wetrooms.

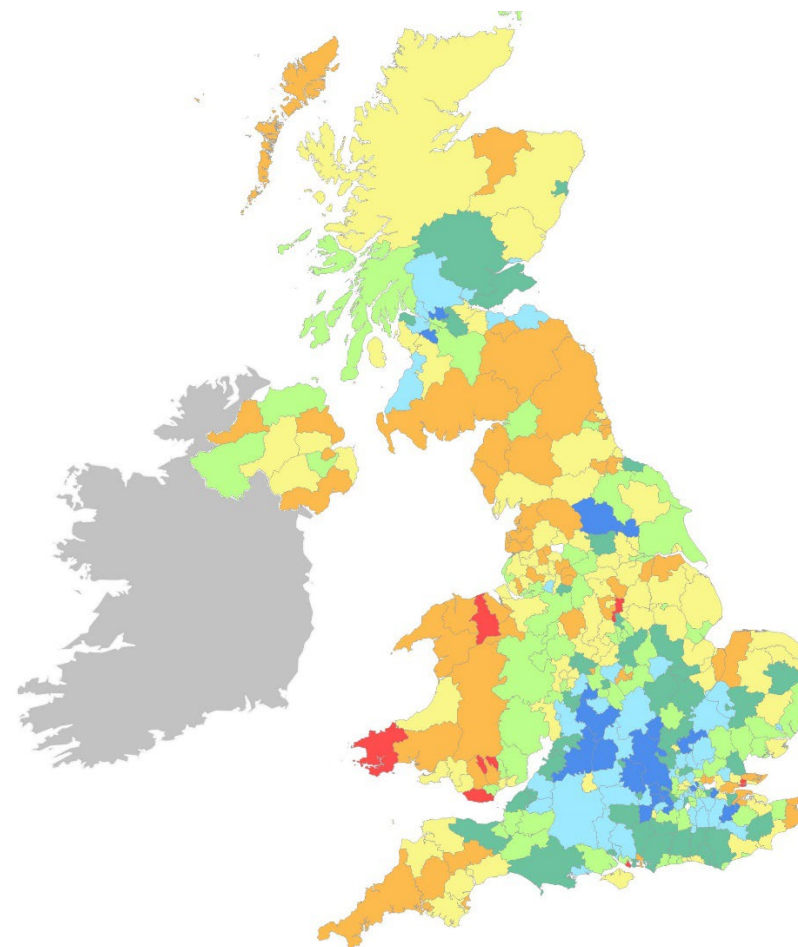
T9 Existing elderly care bed supply by year of first registration (UK)			
Year	Care homes	Total registered beds	% of total beds by age banding
2020s (2020–)	290	18,364	4.0
2010s (2015–2019)	559	33,134	7.2
2010s (2010–2014)	645	37,129	8.1
2000s	1,007	55,857	12.2
1990s	3,726	167,791	36.6
Pre 1990s/unknown	4,320	146,467	31.9
Total	10,547	458,742	100

Source: subscribed data sources, Carterwood – updated January 2023

7.3 T10 provides the current supply of registered bedrooms by en-suite (our definition of 'market standard') and those that provide full en-suite wetrooms. Across the UK, an average of 76.2 per cent of care home bedrooms include an en-suite and 30.1 per cent include a full wetroom en-suite.

T10 Market segmentation (UK)				
Care category	No of care homes	Total registered beds	% en-suite bedrooms	% wetroom bedrooms
Total market – all homes and care categories				
Personal care	6,089	215,664	72.0	25.2
Nursing care	4,458	243,078	79.8	34.4
Overall	10,547	458,742	76.2	30.1
Specialist dementia provision only				
Dementia homes	951	38,061	71.6	23.8
Dementia units	2,456	65,007	86.0	45.5
Overall	3,407	103,068	80.7	37.5

7.4 The UK average is slightly higher for dedicated dementia care homes and those that incorporate a specialist dementia unit, with an average of 80.7 per cent having en-suite bedrooms and 37.5 per cent, full en-suite wetroom bedrooms.



Wetroom %	No data	0-5	5-15	15-25	25-35	35-45	45-60	60+
Shading								

Figure 5: Elderly bedspaces with wetroom by local authority district (UK) – March 2023 (%)



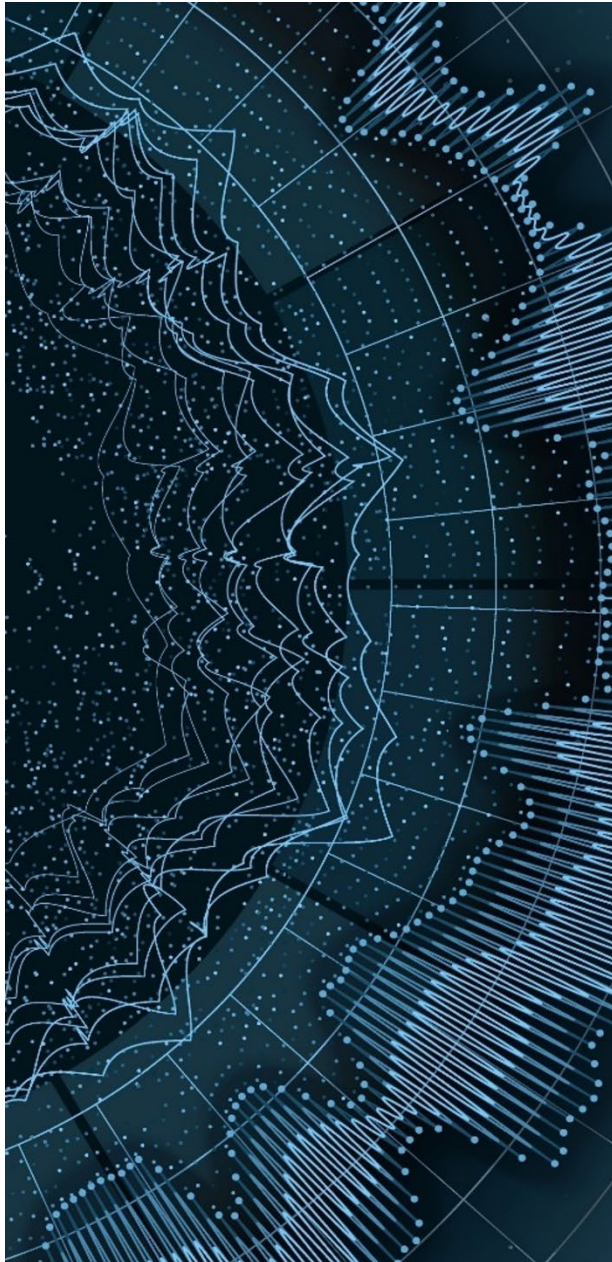
## 8. Key issues for the sector

- 8.1 The national requirement for the development of new elderly care home beds is growing. Key issues for the sector include the:
- significant and growing incidence of dementia in older people;
  - increasing dependency levels of service users, meaning that care home accommodation must be both suitable and flexible to enable care to be provided effectively and safely;
  - increasing expectations from the market and regulators in terms of spacious, well-appointed accommodation suitable for caring for those with high-level care needs in privacy and with dignity;
  - continued use of care homes in converted buildings that are potentially unsuitable for continued use in their current configuration without physical adaptations to the property;
  - impact on the NHS and wider health care policy from increasing numbers of older people with growing levels of dependency;
  - impact on, and responsibility for funding, social care over the coming decades;
  - additional requirement for extra care and other forms of housing with care as an alternative to care homes providing personal care, when considered to be suitable;
  - Care Act 2014;
  - National Living Wage and its implications on staff retention and recruitment;
  - sustainability of those care homes less able to benefit from economies of scale;
  - impact of Brexit;
  - impact of COVID-19 in the short, medium and longer-term (this is considered in more detail in Section 18 of this report).
- 8.2 In September 2021, the then-prime minister announced a new £36 billion investment for health and social care, as part of the government's 'reform of the NHS and Social Care', to be funded by a new health and social care levy on working adults. Although initially intended to tackle NHS backlogs resulting from measures introduced due to COVID-19 and to cut waiting times, it was also intended to address the catastrophic costs of social care for people nationwide from 2023 (the Dilnot reforms), making the system fairer for all and including extra investment to improve training and support. The announcement was welcomed by the care sector and local authorities as an important first step toward changing the way social care is funded.
- 8.3 In September 2022, however, the government cancelled the Health and Social Care Levy that had taken effect in April 2022, introduced via a temporary rise in National Insurance contributions (NICs) of 1.25 percentage points. It also confirmed that the Health and Social Care Levy would not come into force as a separate tax from 6 April 2023, as previously planned.

- 8.4 'Our Plan for Patients' published by the Department for Health and Social Care the day before the government's U-turn regarding the Health and Social Care Levy, announced the provision of a £15m 'Adult Social Care Discharge Fund' intended to 'help get people out of hospitals and into social care support' to free up NHS beds for patients who need them and help improve pathways for people to leave hospital when they are ready.
- 8.5 During the Autumn Statement in November 2022 the Chancellor announced an increase in funding for the social care sector of up to £2.8 billion in 2023 and £4.7bn in 2024. This will be paid for through delaying the implementation of social care reform (the Dilnot reforms) announced in 2021 for another 2 years, and increasing direct central government funding by £1 billion in 2023 and £1.7 billion in 2024 as well as through increased council tax. The extra funding includes £1 billion to directly support discharges from hospital into the community, to assist the NHS in 2024/25.
- 8.6 In response to changing demographics, market-based and regulatory factors, the subject scheme will provide modern, spacious, COVID-19-compliant care accommodation suitable for the care needs of the local elderly population.

### Key findings – national context

- The UK's elderly population is set to grow dramatically over the coming years, and the predicted rapid increase is likely to continue to drive demand for both non-residential care, such as extra care schemes and other accommodation options, as well as care home beds.
- The increasing dependency levels of those who require care in a care home mean that accommodation must be fit for purpose and flexible, to enable personal and nursing care to be provided effectively and safely.
- There are a number of issues for the sector to address to enable it to keep pace with the projected demand for high dependency care beds. Increasing market expectations, social care funding and staff recruitment are all pertinent, and more recently, COVID-19 has had a significant impact.



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## 9. Commissioning review

9.1 The subject site is situated within the Ribble Valley Borough Council area of Lancashire. We have therefore conducted a review of the following documentation:

- Lancashire Health and Wellbeing Strategy (undated).
- Lancashire's Market Position Statement for Adult Social Care (2022).

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

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

### Lancashire Health and Wellbeing Strategy

9.4 'The Lancashire JSNA Annual Commentary 2017/18 predicts a large increase in those aged over 85 years within the next 25 years, which will have implications for health and social care services' (page 3).

9.5 'People are now living longer but many spend their final years in poor health. Males in Lancashire can expect to live for 78.7 years but only 62.5 years is spent in good health. Similarly, females across the county can expect to live to 82.2 years with 63.4 years of this in good health. Therefore, this strategy will focus on improving the levels of healthy life expectancy across the county by intervening earlier with new and innovative ways to support active ageing and prevent loneliness, ill health and disability among older people' (pages 3 and 4).

9.6 'The shape of households in the county is also changing with an increasing proportion of adults and older people living alone, putting more people at risk of social isolation, particularly in later life. There is evidence that good social relationships protect against a wide range of health problems' (page 4).

9.7 'There is a need to focus the delivery of the strategy across the whole lifecourse to ensure every child is given the best start in life, to improve and protect the health and wellbeing of the local population through adulthood and to care for the elderly, promoting confidence whilst ensuring health and care services are of high quality' (page 4).

### Market Position Statement for Adult Social Care (2022)

9.8 'Population':

- 255,637 adults aged over 65.
- Lancashire has a higher proportion of older people than the England average' (page 15).

Area	18-64	65-74	75-84	85+
Lancashire-12	-2.6%	2.8%	38.4%	25.0%

Figure 6: Population change from 2016-2026 (MPS for Adult Social Care page 15)

9.9 'We fund approximately 4,700 individuals in long-term residential care which is a reduction of 17% since the publication of the last Market Position Statement. This could be due to a range of factors, including people wanting to remain at home and receive care in their own home, the impacts of Covid and a potential lack of available beds of the required type to support people e.g., EMI (Elderly Mentally Infirm) beds' (page 25).

9.10 'Our concern is that for people who self-fund their care, the cost of care is relatively high and can result in the level of available funds to reduce quickly and fall below the savings threshold resulting in the council having to meet the cost of that person's care. The council will likely not be able to meet the same level of funding, which could result in the need to move the person to an alternative service provider whose costs the council are able to meet' (page 25).

9.11 'Since the publication of the last Market Position Statement there has been a steady increase in the number of referrals being received for more specialised care, such as nursing care and EMI. There has also been a reduction of approximately 8% in referrals for standard residential care' (page 25).

9.12 'The Covid 19 pandemic has had a significant impact upon the residential care market, most significantly around staffing levels and retention of staff. The vaccination rules and the portrayal of residential care in the media have made employment in the care sector, and residential care in particular, much less attractive' (page 25).

9.13 'The pandemic has also seen an overall increase in demand for mental health placements in residential care and the challenges faced around mental health provision are well documented' (page 25).

9.14 'Financial viability of residential care is becoming an increasing problem and again the Covid pandemic has had a significant impact, resulting in a higher number of care home closures as a result. The largest proportion of closures has been amongst smaller residential homes which is a point of note given that we know (and CQC data confirms) that quality is often better in smaller settings' (page 25).

9.15 'Across Lancashire the supply of specialist dementia provision is not keeping up pace with demand, with particular hotspots in North Lancashire and rural areas of Central Lancashire' (page 26).



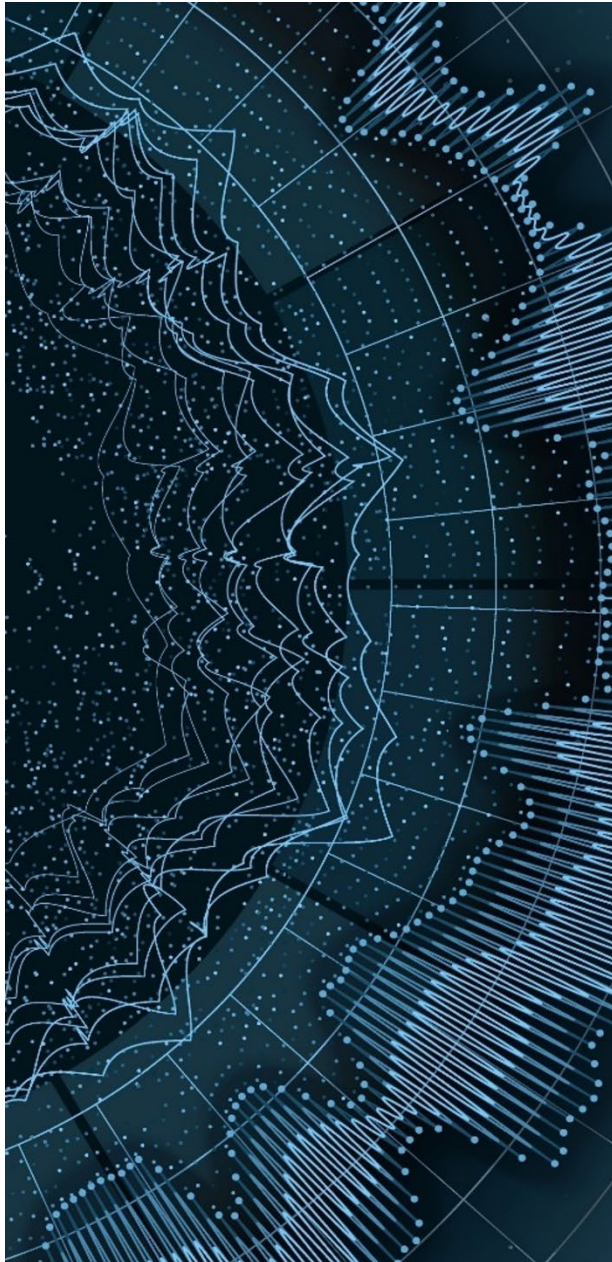
## Carterwood review

- 9.16 The above documentation is in line with the majority of councils' commissioning strategies across the country and demonstrates trends in local policy decisions for those whose care is funded by the local authority, influenced by cost-saving measures. Our key conclusions from this review are below.
- 9.17 Local authorities are seeking to manage significantly increased demand for accommodation and care at a time of unprecedented financial austerity by following a new model for adult care provision that effectively maintains the cost of providing residential or nursing care by reducing or limiting the numbers of, and costs for, those who require such services.
- 9.18 The Health and Wellbeing Strategy predicts a large increase in the over-85 population in Lancashire over the next 25 years. It also states that people are living longer with poor health and the council's focus is *'to improve and protect the health and wellbeing of the local population through adulthood and to care for the elderly, promoting confidence whilst ensuring health and care services are of high quality'*.
- 9.19 The *Market Position Statement* confirms that it is the council's intention to support people to live independently; however, it recognises that since the publication of the last market position statement the council has seen a *'steady increase in the number of referrals being received for more specialised care, such as nursing care and EMI'*. It notes that, across Lancashire, there is insufficient supply of specialist dementia care home bedspaces.
- 9.20 The current COVID-19 pandemic has clearly highlighted the need for appropriately specified, flexible care home accommodation that enables those residents requiring the highest levels of care to be looked after in a safe environment where they can be effectively isolated from other residents, should this be necessary. The provision of an en-suite is, we consider, a minimum requirement for the provision of such care and the reason that we base our assessment on 'market standard' bedrooms.
- 9.21 It should be remembered that Lancashire County Council is only funding a proportion of those living within care homes that provide nursing and dementia care, and therefore the strategic comments with regard to local authority-funded beds made within the commissioning documentation relate to that proportion of the local population only.
- 9.22 A significant number of those who would occupy the proposed nursing home would be self-funded and would make their own decision (sometimes with input or by proxy by their family ) as to when to enter a care home setting. These numbers will continue to grow. The quality of care and accommodation, along with its location and proximity to family and friends in the local community will therefore be the major drivers of this decision-making process, rather than the commissioning intentions of the local authority.

- 9.23 The documentation set out above identifies how the demographic pressures of an ageing population will become manifest over the coming decade, with many older adults wishing to downsize their accommodation or to locate to a property in which they can receive assistance, if needed. Those who move into care homes in the future are increasingly likely to have high-level needs or require step-down care. Such needs require well specified, spacious, COVID-19-compliant, flexible care accommodation to enable care to be administered most effectively. The proposed high-quality care scheme has been designed specifically for this purpose and would offer much-needed high dependency care.

## Key findings – commissioning review

- Lancashire County Council's social care strategy is in line with the majority of commissioning councils across the country in that it is seeking to support people to live independently in the community wherever possible, while ensuring that those needing more intensive support can access appropriate services, including care within a registered care home, in a timely fashion.
- Demand for high-dependency nursing and dementia care provision in care homes will, however, continue to rise in line with the growing elderly demographic. Lancashire County Council acknowledges a need for dedicated dementia provision, and has noted an increase in placements for nursing and EMI dementia care in recent years.
- Many of those who would occupy the proposed care home will be self-funded and the quality of care and accommodation together with proximity to family and friends, will be major drivers in the decision-making process, rather than the commissioning intentions of the local authority.
- Sufficient care home bedspaces, suitable for those with higher level nursing and dementia care needs, should be made available for both funded and self-funded older people who require well-specified, specifically designed care home accommodation that enables care to be administered most effectively and efficiently.



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## 10. Need vs Demand

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

## 11. Methodology for quantitative care home need

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

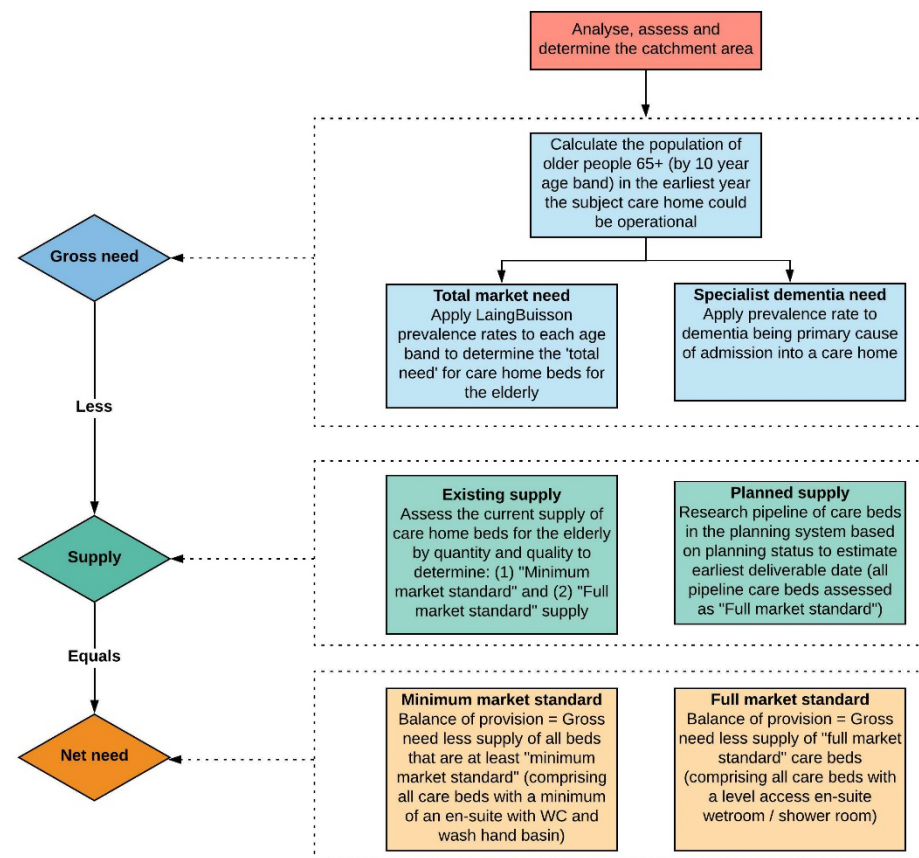


Figure 7: Need assessment methodology



## 12. Catchment area assessment

- 12.1 We have undertaken our quantitative assessment of need for the proposed care home on two bases: firstly, a market catchment area, and secondly, the area covered by Ribble Valley Borough Council, as shown on the map opposite.
- 12.2 We have previously analysed resident data provided by a number of private operators of high-quality operational care homes, akin to that proposed. From this information, we have calculated the mean distance travelled by each resident into their respective care home. The headline results are provided below.

T11 Average distance travelled to a care home	
Comparable location	Average distance travelled by resident (miles)
Location 1: Rural location	5.7
Location 2: Rural location with good A-road links	5.4
Location 3: Urban location	4.3
Overall average	5.1

Source: Carterwood

- 12.3 The subject site is located to the south of Clitheroe. It accords most closely with Location 1 above and we have therefore adopted a circa-6-mile market catchment, as shown opposite shaded light blue.
- 12.4 The exact perimeter of the catchment is explained by the use of the Census 2011-defined 'output areas' for our analysis of the catchment population. There are approximately 180,000 'output areas' across England and Wales, which form the base unit for all census data and enable a granular level of analysis. They vary considerably in size and shape, covering small areas in urban districts and much larger areas in rural communities due to the fact that all have to include circa 300 people of similar housing types/tenures. The catchment will therefore always be based on a nearest match to the output area data and it is not possible to use a perfect radius around a site or specific catchment, as no data fits perfectly.
- 12.5 All care homes will also inevitably draw service users in some instances from substantially further than a typical catchment. If the family is the key decision maker in the placement decision then sometimes the service user may move significant distances, which can distort catchment area analysis. Conversely, if the local authority is the key decision maker then the service user's choice can be highly constrained to vacant beds in affordable homes.

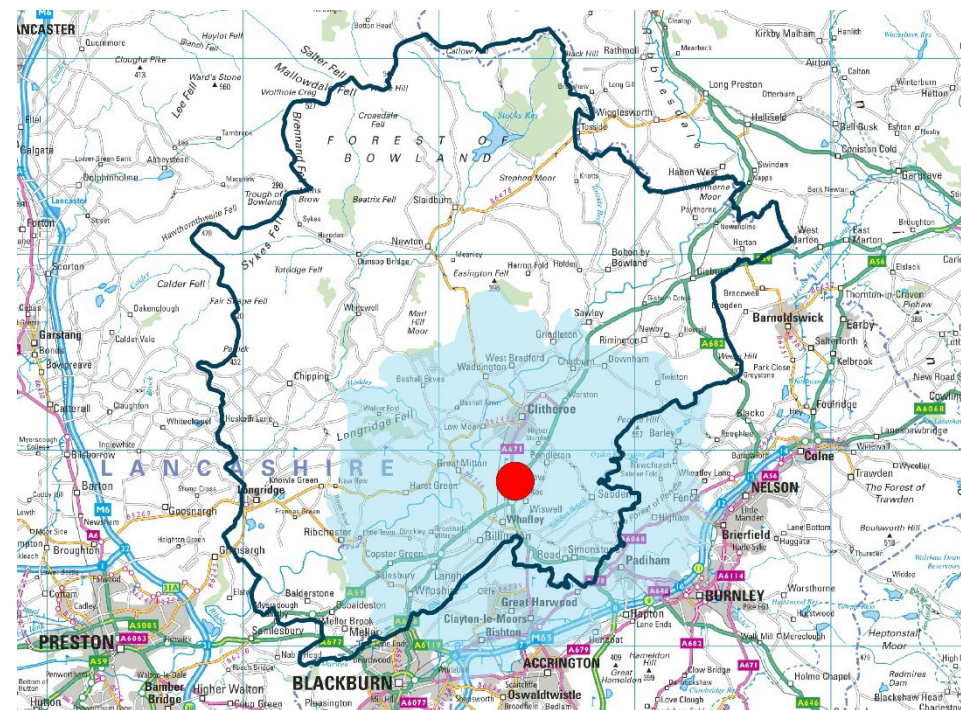


Figure 8: Basis of assessment

The red spot shows the approximate location of the site. The blue shaded area illustrates the market catchment and the dark blue line illustrates the boundary of the Ribble Valley Borough Council area

## 13. Need

### Population profile

- 13.1 We have summarised the profile of the elderly population in T12, opposite. The market catchment is characterised by a higher-than-average population profile compared to the UK as a whole.
- 13.2 The Ribble Valley Borough Council catchment is characterised by a significantly older than average population profile when compared to either the market catchment or the UK as a whole.
- Gross need – total market**
- 13.3 We have adopted LaingBuisson's measure of Age Standardised Demand (ASD), a tool to predict the risk of an elderly person being in a residential setting at a given age (See Appendix B)
- 13.4 Table T13 shows the number of people aged 65+ that are at risk of requiring care in a residential setting as at 2025, the earliest the proposed care home could be made available. Our assessment of gross need for residential care is therefore 845 and 631 bedspaces within the market and Ribble Valley Borough Council catchments, respectively.
- 13.5 The gross need for care home beds is expected to rise between 2023 and 2043 by c. 57 and 65 per cent for the market catchment and Ribble Valley Borough Council area, respectively, assuming all other things remain equal, further indicating an increased need for additional market standard bedspaces.

### Gross need – specialist dementia

- 13.6 Our need analysis is based upon LaingBuisson's 2020 adjustment to the 2012 Centre for Policy for Ageing survey regarding risk of admission with dementia, which indicates that 41.3 per cent of residents were admitted to a care home with dementia as the prevailing cause (See Appendix B).
- 13.7 Utilising this prevalence rate, we have calculated the gross need in the market catchment area and local authority area from residents with dementia as a primary cause of admission, as shown opposite in Table T14.
- 13.8 Best practice states that people living with dementia should be cared for within a specialist, dedicated dementia environment. The number of people that are at risk of requiring dedicated dementia care as at 2025 is 349 within the market catchment area and 261 within the Ribble Valley Borough Council local authority area.

T12 Population profile (2025)						
Age profile	Market catchment		Local authority		Differential to UK %	
	Number	%	Number	%	Market	LA
All population	97,659	-	63,124	-	-	-
Age 65+	22,871	23.4	16,467	26.1	4.1	6.7
Age 75+	11,577	11.9	8,517	13.5	2.3	4.0
Age 85+	3,043	3.1	2,345	3.7	0.5	1.1

T13 Gross need (2025) – total market		
Age range	Market catchment	Local authority
65–74 years	69	48
75–84 years	314	227
85 years +	462	356
Need – total market	845	631

T14 Gross need (2025) – specialist dementia		
Age range	Market catchment	Local authority
65–74 years	28	20
75–84 years	130	94
85 years +	191	147
Need – specialist dementia	349	261

## 14. Supply

### Existing supply

- 14.1** We have assessed supply based upon minimum market standard bedspaces, which we define as any registered bedroom providing a minimum of en-suite WC and wash-hand basin (See Appendix B).
- 14.2** Within the market catchment, there are 25 care homes, which provide 830 registered bedspaces, 65 per cent of which are equipped with an en-suite, meeting the criteria of 'minimum market standard', which is below the UK average of 76.2 per cent.
- 14.3** Within the local authority, there are 12 care homes, which provide 493 registered bedspaces, 66 per cent of which are equipped with an en-suite, meeting the criteria of 'minimum market standard', which is below the UK average of 76.2 per cent.
- 14.4** Only 5 per cent of bedspaces in the market catchment and 20 per cent in the local authority provide full en-suite wetrooms, some of which may be of the same size and specification as those proposed by the subject scheme.
- 14.5** The location of the existing care home supply is included in Figure 12 on page 32.

### Planned supply

- 14.6** We have made enquiries with our planning databases and cross-checked planning applications for new elderly care home beds against the relevant planning departments' online planning registers for applications submitted within the last 3 years.
- 14.7** We have taken the view that any applications older than 3 years would have been developed and included in the current supply or are unlikely to be implemented. This research was carried out on 29 March 2023.
- 14.8** We have identified three planning applications for additional care home in the local authority, two of which are also within the market catchment.
- 14.9** Our analysis assumes that all the planned bedspaces (both those that have planning permission and those pending a decision) will be developed and it therefore potentially overestimates future supply given that a number of the planned schemes may never be developed.
- 14.10** Full details of any planned supply are included in T25 on page 31.

T15 Existing supply (market catchment)						
Care category	No of homes	Total reg. beds	Total en-suite	Total wetroom beds	% en-suite beds	% wetroom beds
Total market provision						
Overall	25	830	536	40	65	5
Specialist dementia provision						
Dedicated dementia homes	1	28	14	0	50	0
Dedicated dementia units	7	108	66	0	61	0
Overall	8	136	80	0	59	0

T16 Existing supply (local authority catchment)						
Care category	No of homes	Total reg. beds	Total en-suite	Total wetroom beds	% en-suite beds	% wetroom beds
Total market provision						
Overall	12	493	327	100	66	20
Specialist dementia provision						
Dedicated dementia homes	0	0	0	0	-	-
Dedicated dementia units	3	63	36	30	57	48
Overall	3	63	36	30	57	48

T17 Planned supply to year of estimated completion					
Supply	2023	2024	2025	2026	2027
Market catchment	0	0	120	0	0
Local authority	3	0	120	0	0

T18 Planned supply for need assessment calculations (2025)		
Basis of assessment	Market catchment	Local authority
Total market planned beds	120	123
Specialist dementia planned beds	51	51



## 15. Balance of provision

15.1 We have calculated the gross need for care home beds as at 2025, the earliest the proposed care home could be available, on the following catchment:

- market – based upon a c 6-mile radius from the subject site;
- local authority – the Ribble Valley Borough Council area.

15.2 Need is assessed for two forms of elderly care:

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

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

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

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

15.5 Our analysis indicates there is a significant net need for 260 and 234 ‘all bed’ minimum market standard bedrooms in the market catchment and local authority, respectively.

15.6 In terms of ‘specialist dementia’ care bed need, our analysis concludes there is a net need for 247 and 196 minimum market standard specialist dementia beds in the market catchment and local authority, respectively.

15.7 We have also provided our analysis of net need in 2025 on the basis that all care bedrooms provide full wetroom en-suites.

T19 Primary year for need analysis				
Primary year of assessment	2025	The earliest the subject scheme could be developed and operational		

T20 Need analysis summary (2025)				
Type of care	All beds		Specialist dementia only	
Basis of assessment	Market catchment	Local authority	Market catchment	Local authority
Gross need				
All bed/specialist dementia need	845	631	349	261
Occupancy capacity allowance	71	53	29	22
Total gross need	916	684	378	283
Supply				
Current elderly en-suites	536	327	80	36
Current elderly wetrooms	40	100	0	30
Planned beds (to 2025)	120	123	51	51
Total supply (en-suite)	656	450	131	87
Total supply (wetroom)	160	223	51	81
Net need				
Elderly en-suite	260	234	247	196
Elderly wetroom	756	461	327	202
Assumptions				
<ul style="list-style-type: none"> <li>• Total market need based on ONS data projected to 2025 and Age Standardised Demand (ASD) rates.</li> <li>• Occupancy capacity allowance adjustment, being a function of occupancy and not registered capacity. We have adopted an ‘effective full capacity’ level of 92.3 per cent.</li> <li>• Based upon our COVID-19 forecasting model, we predict historic occupancy levels will have returned by 2025, with no material impact on need.</li> <li>• Planned supply based upon individual analysis of each scheme and assessment of likely potential development completion.</li> <li>• The need analysis excludes the subject scheme.</li> <li>• See Appendix B for full details of our need analysis above.</li> </ul>				

## 16. Need growth

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

### Population growth

- 16.2 We have utilised '2018-based' ONS projected population figures for older people aged 65+ to show the total growth rate of the target elderly demographic between 2023 and 2043.
- 16.3 The growth rates in the market catchment and local authority are above the UK average from 2023 to 2043. Over the years 2023 to 2043 the total elderly population is projected to have grown by circa 57 and 65 per cent in the market catchment and local authority, respectively.
- 16.4 **Care bed need growth**  
Evidenced by reducing ASD prevalence rates for care home beds during the past few years, as alternative forms of care (i.e. domiciliary care, live-in care and extra care) increase in availability and use, there may be a further reduction in gross need. However, this 'absorption' into alternative forms of accommodation and care needs to be weighed against the rapidly rising elderly population.
- 16.5 The balance between the increase in need due to demographic pressures, and reduction due to alternatives to residential care, will be dependent upon a host of national and regional variables, as well as site-specific factors, and is, therefore, impossible to predict with absolute certainty.

- 16.6 Our analysis in T22 and T23 illustrates our analysis of the net need for minimum market standard (en-suite) care beds and full market standard (wetroom) care beds, respectively, over the 10 year period from our base year of assessment, assuming that existing provision remains constant and that all the currently planned care beds are developed. It therefore overestimates the supply, given that it makes no allowance for the potential closure of existing, operational care homes and because planned schemes may not progress over the timescales we have assumed, or be developed at all.

- 16.7 The chart opposite projects the net need for new care home beds in the market catchment from 2025 to 2043 on the same basis.

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

T21 Elderly population (age 65+) need growth for care home beds					
	Year	Market catchment	Comparison to UK average	Local authority	Comparison to UK average
Population growth showing demand for care home beds (%)	2025 (from 2023)	5.0	0.6	6.0	1.6
	2030	18.4	1.9	21.4	4.9
	2035	38.5	3.8	43.3	8.6
	2040	48.9	2.3	55.6	9.0
	2043	56.9	2.4	64.8	10.3

T22 Indicative need for minimum market standard (en-suite) bedspaces to 2035			
Supply	2025	2030	2035
Market catchment	260	377	551
Local authority	234	333	474

T23 Indicative need for full market standard (en-suite wetroom) bedspaces to 2035			
Supply	2025	2030	2035
Market catchment	756	873	1,047
Local authority	461	560	701

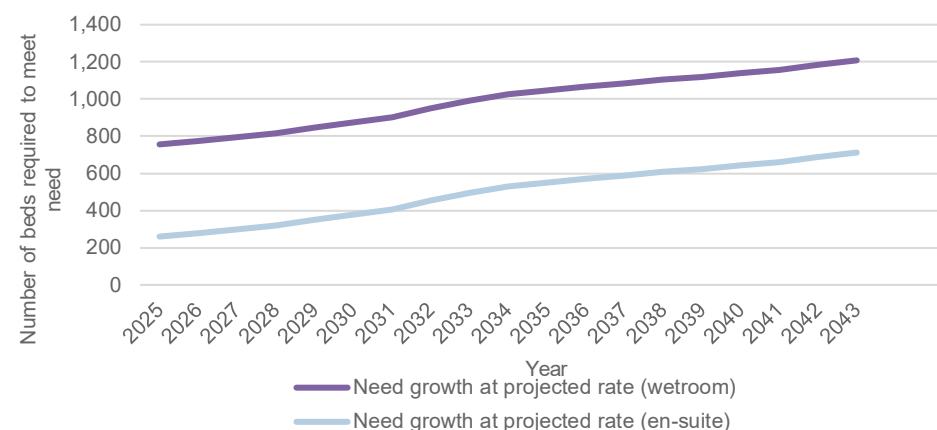
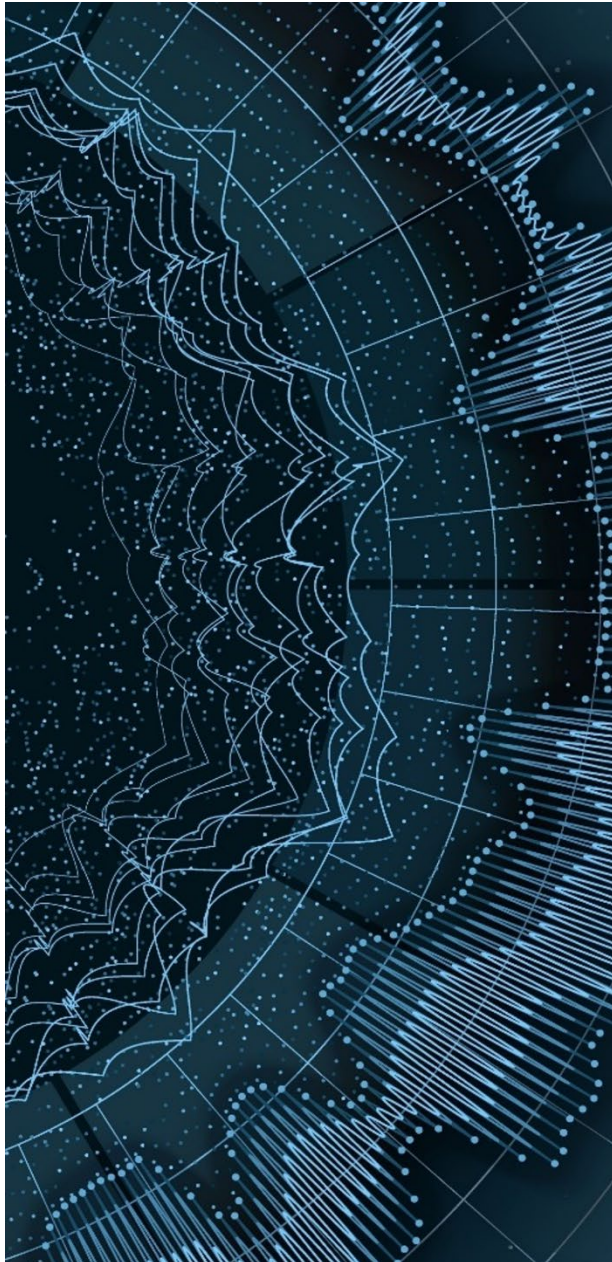


Figure 9: Projected potential unmet need for minimum market standard (en-suite) and full market standard (en-suite wetroom) beds in the market catchment



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## 17. Additional demand from the NHS

### Delayed discharges (Lancashire)

- 17.1 Another indicator of need for elderly care home beds is derived from assessing NHS hospital discharge data for people aged 65+, which provides an insight into the performance of NHS services and highlights issues in the hospital discharge process.
- 17.2 Transferring appropriate placements from the NHS to social care is critical due to financial cost savings – NHS beds cost significantly more to provide than care home beds – and effective utilisation of NHS beds for critical illnesses that cannot be delivered elsewhere.
- 17.3 We have assessed the available (pre-pandemic) hospital discharge data for Lancashire caused by a wait for non-acute NHS care, including rehabilitation services. Above the average for England at that time, the level of ‘bed blocking’ (as it is commonly known), shown in Figure 10, highlights a failing of the health and social care system. If the system were functioning with zero bed blocking through more effective use of care home beds, this would reduce reliance on the NHS.
- 17.4 Recently updated research (King’s Fund<sup>1</sup>) confirms the pandemic has had a significant impact on the availability and use of hospital beds. Incentives to moderate demand often struggle to succeed, with progress dependent upon sufficient capacity being available outside hospital to provide appropriate care.
- 17.5 Even before the pandemic, Lancashire had a considerable number of delayed days. The pandemic is likely to have exacerbated the situation and greater clarity is needed from the NHS in terms of future expectations for health and care bed capacity.

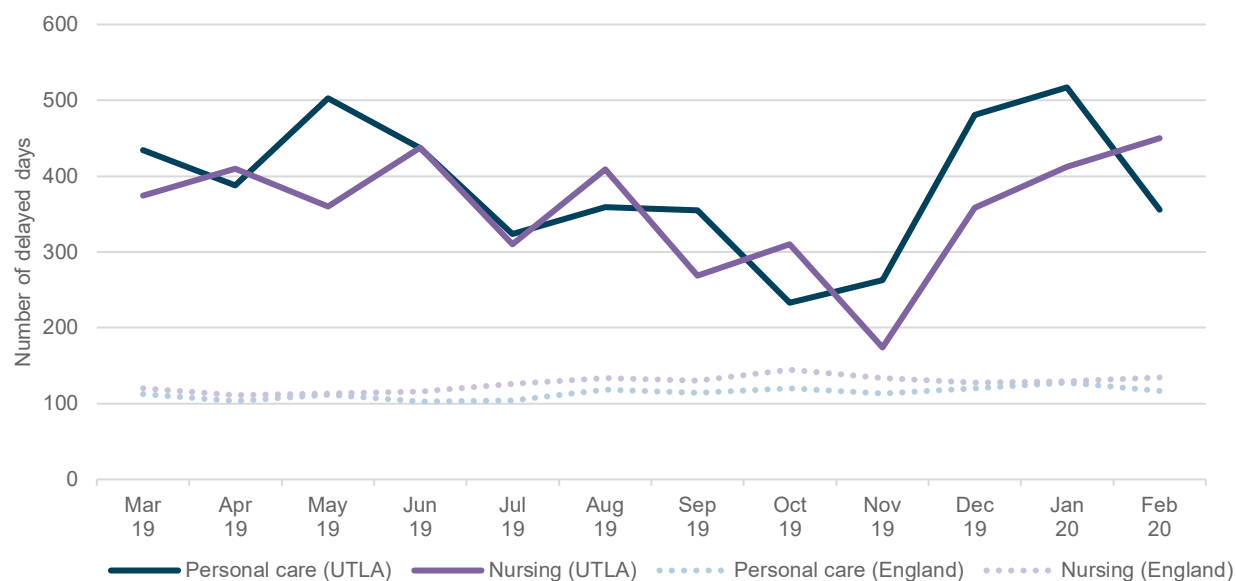


Figure 10: Delayed discharge days awaiting non-acute NHS care in Lancashire

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

## 18. COVID-19 market impact

- 18.1 COVID-19 has made a significant impact on the social care sector and wider national and international markets and raised questions as to how to best support older adults when experiencing a transmittable illness themselves, or living in a community where there is an outbreak of a life-altering transmittable illness.
- 18.2 The pandemic has caused a short-term shift in need for residential care for older people and there remain uncertainties in respect of changes to admission patterns, acute care discharge rates, death rates and other structural/social impacts on the sector. Carterwood have been tracking the market impact of the pandemic and have regularly updated the following key outputs:
- Occupancy low point of 78.8 per cent, reached in June 2020.
  - Excess elderly care home deaths during the COVID-19 pandemic compared to the 5-year historic average total 39,086.
  - As the pandemic has progressed, weekly deaths within care homes have fallen below the 5-year average, indicating the ongoing recovery of the market. This has offset the total number of excess deaths by 12,704, resulting in a net excess of 26,382 deaths since the start of 2020.
  - Based upon forecast elderly population growth rates, recovery now that all care home residents have been offered the vaccine together with the potential loss of care beds most affected, we would expect average occupancy to have returned to pre-COVID levels by 2025.
- 18.3 Figure 11 shows the number of COVID-19-related care home deaths for Ribbles Valley Borough Council and the adjacent authorities.
- 18.4 Our need analysis is based upon 2025, the earliest the proposed care home could be operational. Our current analysis of the effect of the pandemic on the care home sector, above, suggests that occupancy will have returned to pre-COVID-19 levels by this time, with no material impact upon the market size estimate.
- 18.5 We consider that the short-term impact of COVID-19 will potentially result in the closure of care homes that do not offer the quality of accommodation now sought by the market, those with poor CQC ratings or those most adversely impacted by COVID-19 (in terms of occupancy and/or staffing). This is likely to reduce supply and create additional need to cater for a still rapidly rising elderly demographic.

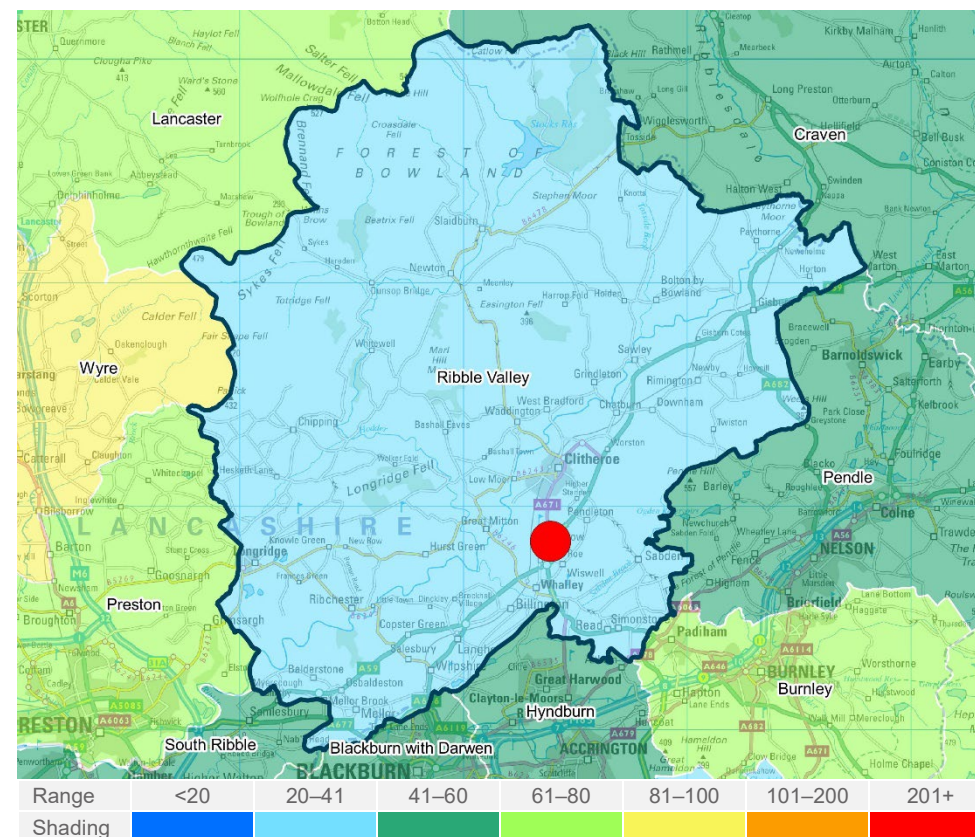


Figure 11: COVID-19-related care home deaths by local authority (April 2023)

## 19. Impact of the proposed development – commonly raised questions

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

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

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

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

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

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

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

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

19.7 There is no doubt that a number of care home residents will move into an area when a new home is developed; however, when there are new schemes in neighbouring boroughs these will have the same effect and draw residents away. 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 council area, and these two factors effectively cancel each other out.

19.8 We are also aware of the challenge faced by local authorities in funding long-term care for those elderly people 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 the cost of ongoing care.

19.9 In enquiries we have conducted with other 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 (while we have not been able to confirm the exact proportion for Lancashire County Council in the timescales required for this advice, we would be happy to assist the council in analysing this information if required).

19.10 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 their stay. To further guard against this potential issue, care operators often allocate a budget within their own financial modelling for this very reason, to ensure that residents' requirements can be met and the home is genuinely a 'home for life', if required. Also, their admission process and eligibility criteria ensure that any self-funding residents have proof of funds to support themselves financially, normally for a minimum period of 2 years.

19.11 Notwithstanding all of the above, it is inappropriate for financial considerations and viability to be confused during consideration of a planning application. We set out below an extract from an appeal decision from Cheshire East planning authority (reference: APP/R0660/A/12/2188195) in respect of a care village scheme in Handforth. Paragraph 62 of the appeal decision (for which planning permission was granted) is as follows:

19.12 *'The Council has suggested that, due to a lack of need, new residents from outside Cheshire East could have to enter the home to ensure its viability. They would then represent a risk that the Council could be responsible for their future care. The financial concerns of the Council are however not material considerations in this case, as has been found on many other occasions including in the Health and Safety Executive v Wolverhampton City Council & Victoria Hall Ltd [2012] UKSC 34 case. This is the situation notwithstanding an annual increase in those needing Council support in care homes and the Council's 2011/12 expenditure of some £2.2m of support to those unable to afford fees previously met privately.'*

19.13 The above makes it clear that these types of issues are not considerations that should be material in the planning decision-making process and should therefore be disregarded.



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

- 19.14 National policy is seeking for people to remain in their own homes for longer, with any care to be provided by an external domiciliary care company. This outcome has two specific advantages: firstly, a positive outcome for the resident, who can remain in their own home and receive care; and, secondly, reduced spending for any local authority-supported placements, as, on average, costs for domiciliary care are less than for residential care.
- 19.15 However, while care at home as a policy should be supported as an objective wherever possible, it is economically unviable for the provision of 24-hour 'home care', where the costs of nursing support typically necessitate a residential environment.
- 19.16 For dementia sufferers, specialist accommodation is also required to cater to this service user group's specialist needs. Where informal care by family or friends is not on hand, or where the demands of the individual become too great, moderate and severe dementia sufferers, more often than not, require care in a residential setting, where 24-hour care and support is on hand in a safe and secure environment.

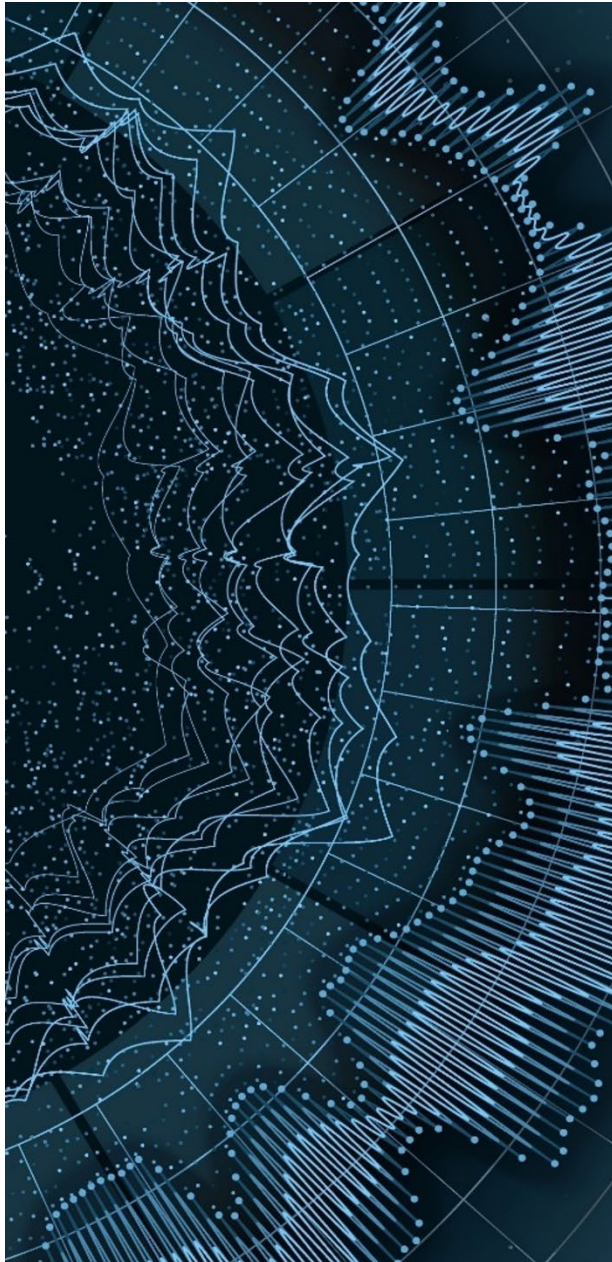
### Issue – extra care/independent living as an alternative to the subject scheme

- 19.17 Many local authorities are seeking to support the development of extra care facilities that provide residents with 'their own front door' while providing 24-hour on-site security and support. The concept is also being viewed more positively by the private sector, with the development of a range of older people's housing and care alternatives.
- 19.18 The supply of extra care accommodation should be expanded to enable many elderly people to continue to live rewarding and independent lives for longer. This is not in dispute.
- 19.19 However, simply increasing extra care provision is not a panacea for the accommodation and care needs of all elderly people and there is increasing recognition of its shortcomings and limitations for high-dependency residents. Given the forecast demographic change, which will increase the cohort of very elderly people, and the prevalence rates of dementia, it is clear that a large number of elderly people will not be able to live rewarding and independent lives in extra care housing and will need 24-hour care home accommodation for the same reasons as identified above.
- 19.20 In addition, most new extra care schemes in the private sector are aimed at the lower end of the acuity spectrum, as it is difficult, if not impossible, for private purchasers to go through the sale of their own home at the point at which they are frail enough to be considered for entry into a long-term care establishment.

- 19.21 Dependency levels and lengths of stay continue to rise and fall, respectively, within the residential care sector. The subject development is proposing to meet the highest level of acuity for older people, where 'choice' is replaced with a 'needs-based' decision for themselves or their family/friends/key decision maker.

### Key findings – other qualitative factors

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



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## 20. Quantitative need assessment for care home beds

20.1 We have calculated the need for care home beds as at 2025, the earliest the proposed care home could be available, on the following catchment areas:

- market – based upon a c 6-mile radius from the subject site;
- local authority – the Ribble Valley Borough Council area.

20.2 Need is assessed for two forms of elderly care:

- all beds – all categories, 'total market' need;
- specialist dementia.

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

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

20.4 T24 provides our analysis of net need in 2025 on the basis that all care bedrooms provide minimum market standard en-suites, all planned beds are developed and available at our anticipated timeframe, and there is no change to existing supply. Our assessment indicates total market shortfalls of 260 and 234 en-suite bedrooms and shortfalls of 247 and 196 dedicated dementia en-suite beds in the market and local authority catchments, respectively.

20.5 Our analysis at full market standard en-suite wetroom level in T24 indicates total market shortfalls of 756 and 461 en-suite wetroom bedrooms and shortfalls of 327 and 202 dedicated dementia en-suite wetroom beds in the market and local authority catchments, respectively.

20.6 Net need on the basis of minimum market standard beds is expected to increase to 551 market standard beds in the market catchment and 474 in the local authority area by 2035, which reflects the sustained and escalating nature of need and the requirement for new provision.

T24 Need analysis summary (2025)				
Type of care	All beds		Specialist dementia only	
Basis of assessment	Market catchment	Local authority	Market catchment	Local authority
Gross need				
All bed/specialist dementia need	845	631	349	261
Occupancy capacity allowance	71	53	29	22
Total need	916	684	378	283
Supply				
Current elderly en-suites	536	327	80	36
Current elderly wetrooms	40	100	0	30
Planned beds (to 2025)	120	123	51	51
Total supply (en-suite)	656	450	131	87
Total supply (wetroom)	160	223	51	81
Net need				
Elderly en-suite	260	234	247	196
Elderly wetroom	756	461	327	202
Assumptions				
<ul style="list-style-type: none"> <li>• Total market need based on ONS data projected to 2025 and Age Standardised Demand (ASD) rates.</li> <li>• Occupancy capacity allowance adjustment adopted at 'effective full capacity' level of 92.3 per cent.</li> <li>• Our COVID-19 forecasting model assumes historic occupancy levels will have returned by 2025 with no material impact on need.</li> <li>• Planned supply based upon individual analysis of each scheme and assessment of likely potential development completion. All pending beds have been individually assessed based upon the likelihood of imminent development.</li> <li>• The need analysis excludes the subject scheme.</li> <li>• See Appendix B for full details of our need analysis above.</li> </ul>				



## 21. National context and the proposal

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

## 22. Commissioning enquiries

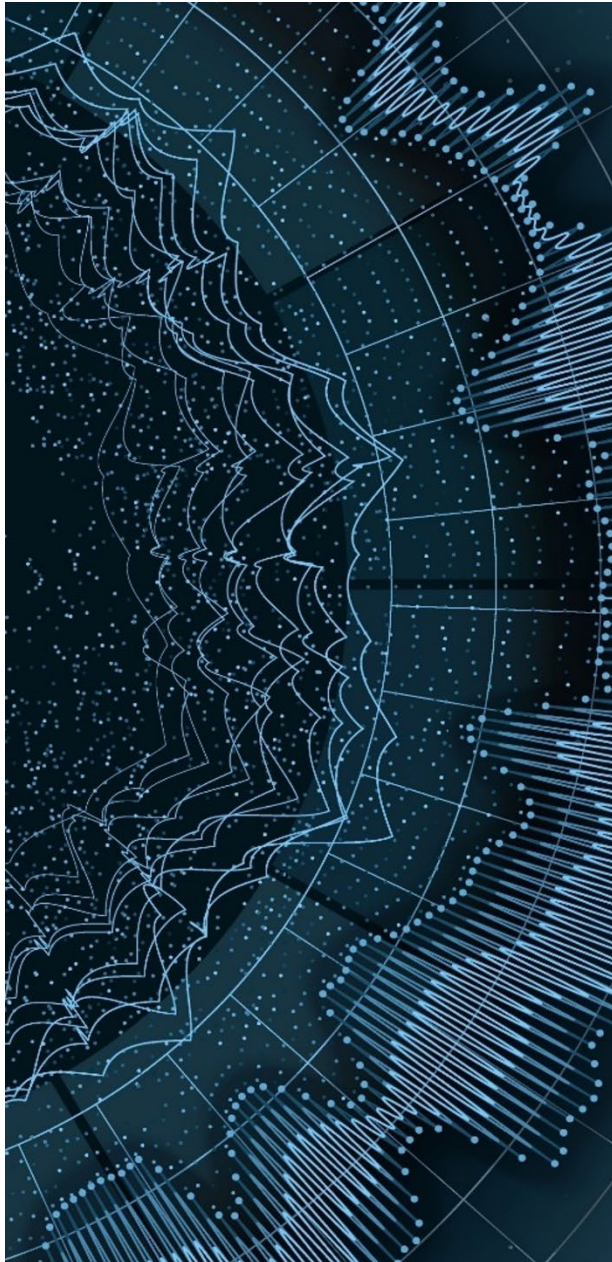
- 22.1 Lancashire County Council's social care strategy is in line with the majority of commissioning councils across the country in that it is seeking to support people to live independently in the community wherever possible, while ensuring that those needing more intensive support can access appropriate services, including care within a registered care home, in a timely fashion.
- 22.2 Demand for high-dependency nursing and dementia care provision in care homes will, however, continue to rise in line with the growing elderly demographic. Lancashire County Council acknowledges a need for dedicated dementia provision, and has noted an increase in placements for nursing and EMI in recent years.
- 22.3 Many of those who would occupy the proposed care home will be self-funded and the quality of care and accommodation together with proximity to family and friends,

will be major drivers in the decision-making process, rather than the commissioning intentions of the local authority.

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

## 23. Qualitative need assessment for care home beds

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



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Map of existing and planned supply

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## 24. Planned supply

T25 Summary of planned provision											
Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
Granted											
A	Market catchment and local authority area	Pendle Mill, Pendle Road, Clitheroe, Lancashire, BB7 1JQ	Muller Property Group	Demolition of existing buildings and construction of a care home (use class C2) of up to 70 beds. All matters reserved apart from access.	70	25	No	2025	2.0	3/2022/0632 - 17/02/2023	-
B	Market catchment and local authority area	Elker Lane Billington, Elker Lane, Billington, Clitheroe, Lancashire, BB7 9JA	Elker Developments Ltd	Reserved matters application pursuant to outline approval 3/2016/0927 for the construction of a continuing care retirement community comprising a 50-bedroom care home, 60 self-contained assisted living units, car parking, landscaping and associated works.	50	26	No	2025	2.2	3/2021/0373 - 07/10/2021	-
C	Local authority area only	Ribble Valley Care Home, Sawley, Clitheroe, Lancashire, BB7 4LF	Townfield Care	Part demolition of bedrooms to rear of building and full demolition of existing conservatory to the main entrance area and construction of walls under existing canopy at entrance door, construction of new sun room in place of demolition conservatory and construction of new single storey extension to rear of property replacing partly demolition structures and associated parking.	3	0	No	2023	5.6	3/2020/0675 - 27/04/2021	-
Pending											
No pending schemes											
Total in market catchment					120	51					
Total in local authority area					123	51					

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



25. Map of existing and planned supply

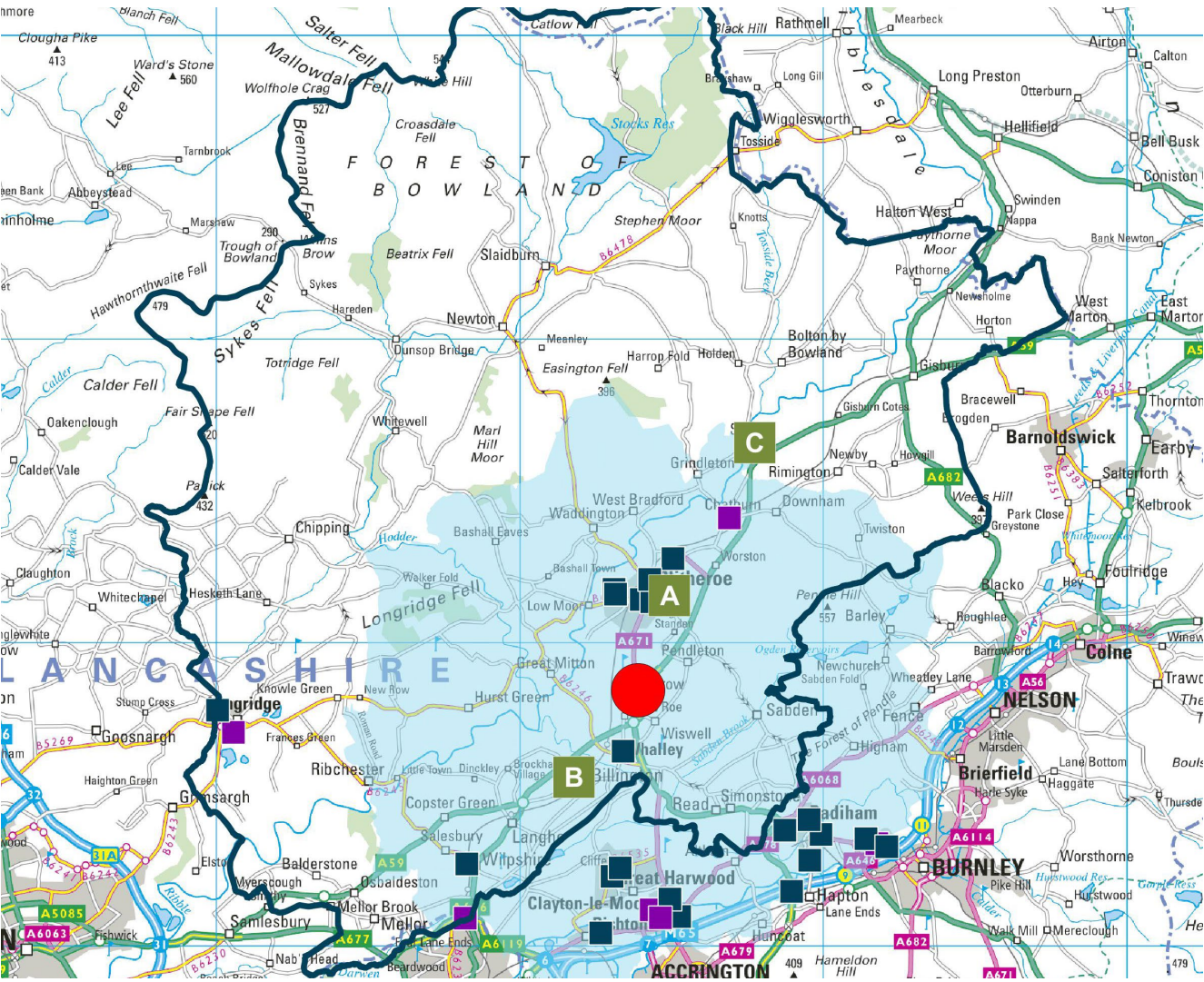


Figure 12: Map of all existing homes and planned supply

Key:

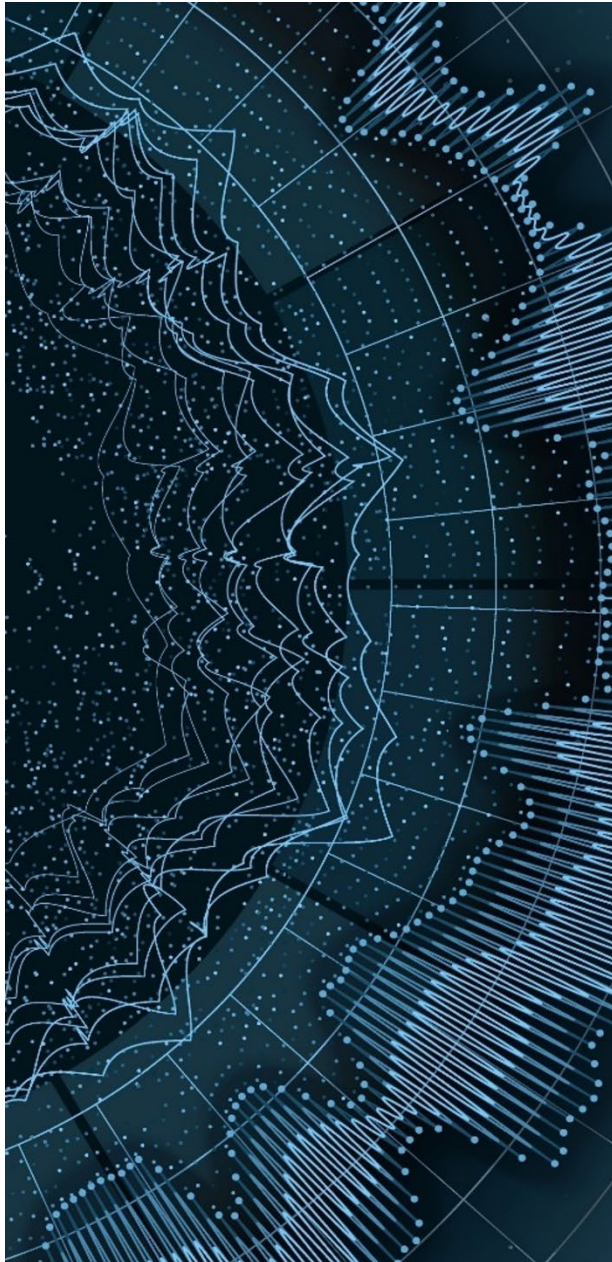
- Subject site
- Personal care
- Nursing
- Planned provision

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

Dark blue line shows Ribbles Valley Borough Council area  
Light blue shading shows the market catchment.



Figure 13: National map



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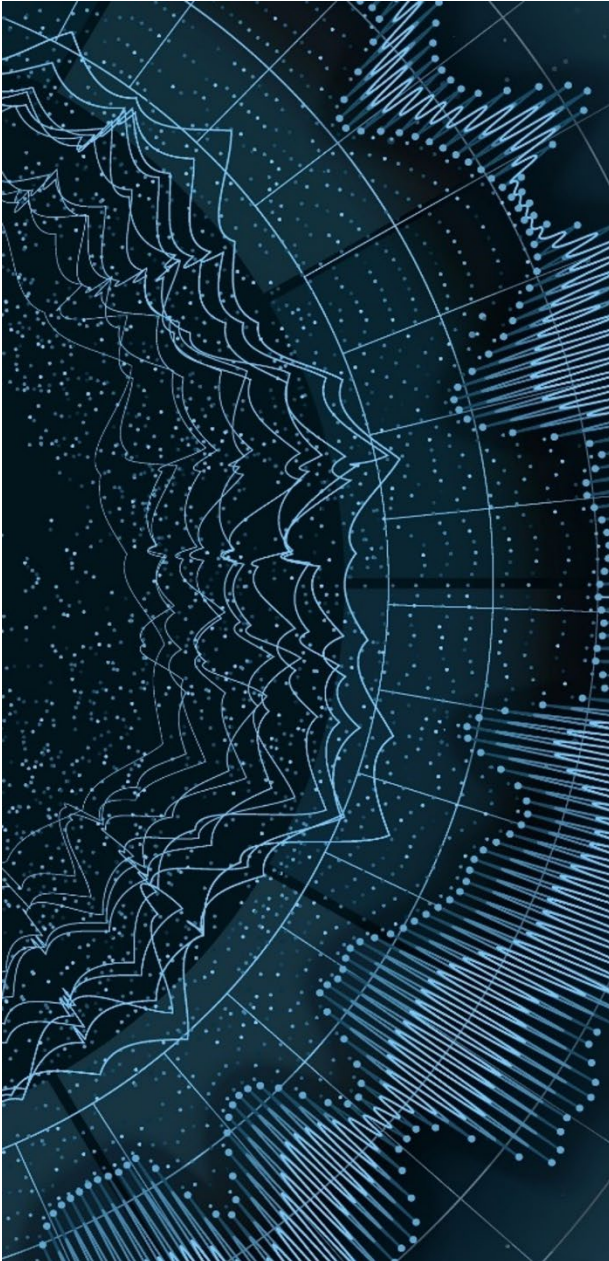
Need assessment – local market qualitative assessment

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Data tables

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## Appendix

### A: Sources of information



## Sources of information

We have utilised the following sources of information:

- Census 2011 population statistics;
- ONS 2018-based population projections;
- LaingBuisson Care Homes for Older People UK Market Report (32nd edition);
- Carterwood database;
- NHS England;
- A–Z Care Homes Guide;
- www.housingcare.org;
- www.cqc.org.uk;
- Contains Ordnance Survey data © Crown copyright and database right (since 2018);
- Contains LPS Intellectual Property © Crown copyright and database right (since 2016);
- Relevant planning departments;
- Glenigan;
- Planning Pipe;
- Centre for Policy on Ageing: *A profile of residents in Bupa care homes: results from the 2012 Bupa Census*;
- Alzheimer's Society: *Low expectations: Attitudes on choice, care and community for people with dementia in care homes*, February 2013;
- 'Estimating Housing Need'. Department for Communities and Local Government (2010);
- Lancashire County Council.

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

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

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

## Confidentiality

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

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

## Conflict of interest

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



## Appendix

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

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

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

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

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

### Gross need (total market)

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

We adopt 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.

The methodology involves taking population statistics by age (65–74, 75–84 and 85+ years) and applying standard UK regional patterns of care home admission (currently based on March 2020). It should be understood that ASD is, therefore, a function of population; not a direct measure of demand for care services being only an indicator of them. It is, however, the industry-recognised approach to determining gross need for care in a residential setting.

### Gross need (specialist dementia)

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

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

a physical frailty/disability, but who now also suffer from some form of dementia.

### Occupancy allowance

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

### Current supply

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

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

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

### Planned supply

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

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

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

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

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

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

### Balance of provision/net need

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

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

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

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

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

We provide an indication of need growth between the years 2023 and 2043 in Section 16. This estimate assumes that all other factors remain equal, with the only variances being the increased gross need for care based upon the rise in the number of elderly persons and the anticipated year of completion of all schemes currently in the planning system.



## Definition of ‘minimum market standard’ beds

In calculating the current supply of beds, we assess the total provision of minimum market standard beds. We define minimum 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.

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), for England, the Care Inspectorate Wales (CIW) or the Scottish Care Inspectorate. This registered provision will therefore include:

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

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

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

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

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

- Trb Ltd, Trb Drive, St Asaph Business Park, St Asaph, Denbighshire, LL17 0JB (planning ref: 40/2021/0309) Erection of a 198 bed Registered Care Home (Use Class C2), landscaping, parking facilities and associated works.
- The Springbrook, Stockport Road, Grappenhall and Thelwall, Warrington WA4 2WA (planning ref: 2021/38631) Full Planning (Major) – Proposed demolition of existing public house and erection of a three-storey building comprising of a 70-bed care facility (Use Class C2) with associated car parking and landscaping.
- Chelford House, Coldharbour Lane, Harpenden AL5 4UN (planning ref: 5/19/1642) – the redevelopment including the demolition of the former Chelford House to a 63-bed care home (C2 Use Class), with amendments to access, parking, amenity space and associated infrastructure. Allowed at appeal APP/B1930/W/20/3259161.
- Langley Court, South Eden Park Road, Beckenham, BR3 3BJ (planning reference: 18/00443/FULL1) – redevelopment of the site to provide 280 residential units (Use Class C3), a Use Class C2 care home for the frail elderly, retention of the sports pavilion, retention of the spine road, provision of open space and associated works.
- Harpwood, Seven Mile Lane, Wrotham Heath, Sevenoaks, TN15 7RY (planning reference: 18/02137/FL) – demolition of existing care home building (use class C2) and erection of a replacement care home (use class C2) with associated car parking, refuse and external landscaping.
- Marie Foster Centre, Wood Street, Barnet, EN5 4BS (planning reference: 18/5926/FUL) – demolition of existing buildings and construction of a part two-, part three-storey building with accommodation in the roofspace and at lower ground floor level, to provide a 100-room care home with associated communal areas, amenity space, buggy store,

refuse/recycling store, cycle store and sub-station. Provision of 43 off-street parking spaces.

- Land north east of Ex-Servicemen's Club, Scotland Road, Carnforth, Lancashire, LA5 9JY (planning reference: 18/01183/FUL) – erection of a care home building comprising of 118 bedrooms and communal, staff and services areas, with associated internal road layout, car parking and landscaping, creation of a new access and construction of a new retaining wall.
- 11 Elmfield Avenue, Stonegate, Leicester LE2 1RB (planning reference: 20171457) – demolition of single dwelling and construction of a three-storey 72-bed care home (class C2), access, parking, landscaping, trees and other associated works (amended plans).
- Carpenders Park Farm, South Oxhey, Watford, Hertfordshire, WD19 5RJ (planning reference: 17/1010/FUL) – demolition of existing buildings and provision of 76-bed care home, with landscaping improvements, the upgrading of an existing access, provision of car parking, and associated infrastructure.
- Rayleigh Close, Rayleigh Road, Hutton, Essex, CM13 1AR (planning reference: 17/01527/OUT) – outline application for the construction of a 55-bed assisted living and a 77-bed care home development together with associated communal facilities, access, basement car, cycle and mobility scooter parking, refuse storage area, landscaped grounds and associated works following demolition of existing buildings. (Landscaping reserved matters).
- Farthings, Randalls Road, Leatherhead, KT22 0AA (planning reference: MO/2016/0594): The erection of 62-bed care home, 35 assisted living units, 26 family houses and 17 affordable dwellings, together with access, parking, public open space including a Locally Equipped Area of Play (LEAP)
- Brethrens Meeting Room, West Street, Farnham, GU9 7AP (planning reference: WA/2015/0641) – erection of a care home with nursing (Class C2) with related access, servicing, parking and landscaping following demolition of existing place of worship (as amended by plans and documents received 02/07/2015 and 16/07/2015 and as amplified by additional information received 08/05/2015).
- Grays Farm Production Village, Grays Farm Road, Orpington, BR5 3AD (planning reference: 14/00809/FULL1) – demolition of the existing buildings and redevelopment to provide a 75-bed care home with landscaping and associated car parking.
- Land west of Banbury Road, Adderbury, Oxfordshire, OX17 3PL (planning reference: 13/01672/HYBRID) – Phase 1: Construction of a 60-bed elderly nursing home.

Phase 2: Construction of extra care facility of up to 3,450 sq. m (GIA).

- Old Silhillians Association Ltd, Warwick Road, Knowle, Solihull, B93 9LW (planning reference: 2013/867) – development of a 60-bedroom care home with car parking/servicing area and landscaped grounds.
- 50–54 West Street, Reigate, RH2 9DB (planning reference: 13/01592/F) – development of a registered residential care home for the frail elderly, following demolition of three existing dwellings.

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

We have adopted minimum 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.

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

All new care homes provide en-suite facilities, and most now provide larger bedrooms with en-suite wet/shower rooms to enable the service user to be bathed without the necessity for larger communal bathrooms; therefore, all new beds are classified as 'full 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.

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



## Appendix

### C: List of tables and figures

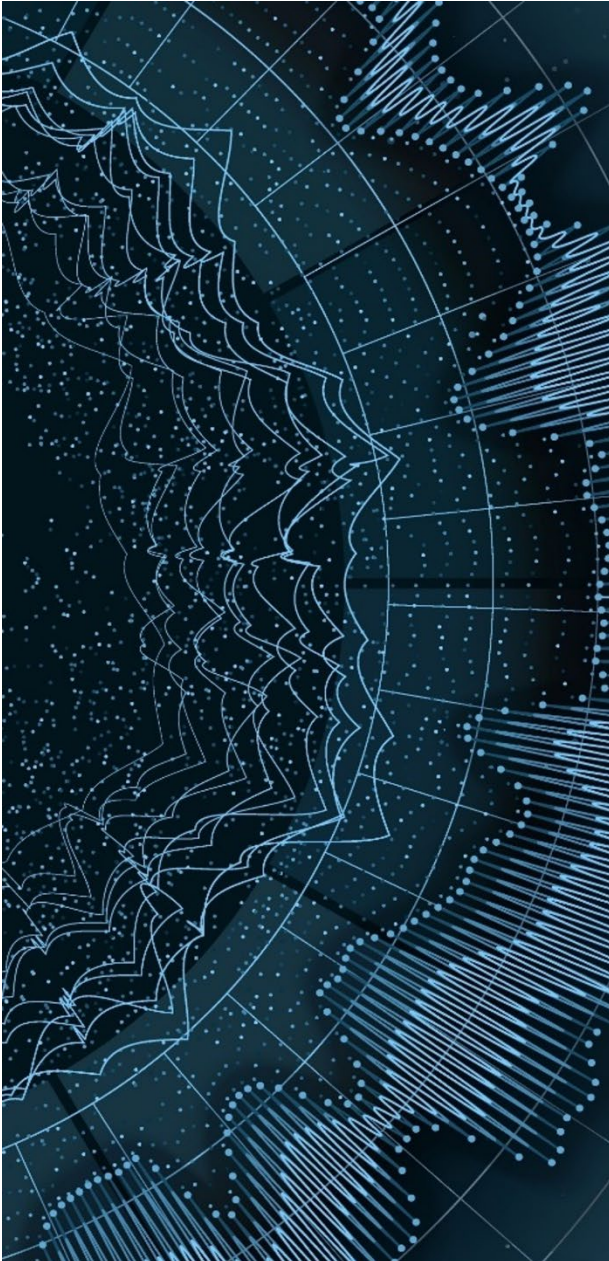


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## Appendix

### D: Definitions and reservations

### Timing of advice

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

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

### Data analysis and sources of information

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

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

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

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

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

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

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

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

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

### Purpose and use

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

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

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 any reliance placed on 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 Carterwood's prior consent, which will not be unreasonably withheld.

### Extraordinary market factors

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

### Census 2021

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

### Intellectual Property

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