

Planning Appeal Ref: APP/W0530/W/21/3280395

November 2021

**Land Between Haverhill Road and Hinton Way,
Stapleford, Cambridge**

**Planning need for C2 retirement care village
Proof of Evidence**

Jessamy Venables BSc(Hons) MSc MRICS

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1. Introduction

- 1.1. My name is Jessamy Venables BSc (Hons) MSc MRICS. I am a Director at Carterwood, specialist advisers dedicated to the care home, older people's housing and care village sectors.
- 1.2. As a Chartered Surveyor since 1997, I have worked within a specialist healthcare team for over 20 years. My experience includes the valuation, acquisition and sale of operational care businesses alongside the provision of bespoke consultancy as part of the planning process.
- 1.3. Carterwood act for a wide range of private and not-for-profit care sector clients who commission need assessments for care homes, housing with care (extra care) and care villages. I have been involved with a wide variety of different applications for housing with care and retirement villages as this form of specialist housing has developed and grown.

2. Scope of Evidence

- 2.1. My evidence specifically relates to Reason 4 of the Decision, regarding need for the appeal scheme.
- 2.2. I prepared the Planning Need Assessment, February 2020 (PNA) [CD 1.14] which was submitted with the planning application and provided an analysis of the existing and increasing need for private extra care and market standard care home beds within both the South Cambridgeshire District Council (SCDC) local authority area and the assessed market catchments for both forms of specialist housing.
- 2.3. It is an area of agreement between the parties that there is an identified need for specialist older people's housing in the local authority area and that the appeal scheme could make a very significant contribution towards meeting this need.
- 2.4. My Proof of Evidence therefore provides an update to the PNA, where required, to include:
 - The national context
 - Cambridgeshire Adult Social Care Commissioning
 - SCDC specialist housing need assessment
 - The benefits to residents and the local community.

3. The appeal scheme

- 3.1. The proposal is for the development of a retirement care village in Use Class C2. A care village can take a number of different forms in terms of the breakdown of specialist housing delivered within the scheme. In this instance, the exact proportions of private extra care housing, assisted care suites (which also fall under the definition of extra care) and care home bedrooms have yet to be determined, and will be dependent upon the intended operator's preferred model.
- 3.2. A care village provides a range of care options within a single development allowing potential residents the option to downsize or 'right size' from their previous home into private extra care housing within a purpose designed community setting, to better suit their needs as they age, in the knowledge that should their care and dependency needs change, their home does not.
- 3.3. The inclusion of a care home on site, whilst not always incorporated, provides further reassurance that should a resident's needs progress to require 24-hour nursing or dedicated dementia care, they would not have to move from the care village.
- 3.4. An illustrative scheme has been presented as part of the application and, subject to the operator's model, it is likely the care village will provide a central core building to house the assisted living units, together with the communal facilities, to include *inter alia*: a café, restaurant, shop, lounges and wellbeing and leisure facilities. It will also provide the base for the Care Quality Commission (CQC) registered on-site domiciliary care provision, available to the assisted living and private extra care units. The proposed care home and private extra care units would be developed in clusters surrounding the central core building.
- 3.5. Importantly, it is the provision of a variety of accommodation and care options and the availability of an array of communal facilities that creates an integrated retirement community that will meet both the care and social needs of residents and enable them to live independently for as long as they are able. Disaggregation of the various elements would reduce the scale of the core facilities, amenities and care provision on site and not create an effective care community.
- 3.6. The benefits of care villages to residents and the local community are discussed in further detail in Section 9, below.

4. National context

- 4.1. PPG Housing for Older and disabled people (2019) [CD 5.15] advises that the need to provide specialist housing for older people is ‘critical’¹ based on the projected significant increase in the elderly demographic. It provides an overview of the various forms of specialist housing² and this Proof of Evidence considers the provision of, and need for, private (leasehold and market rent) extra care housing (with Care Quality Commission (CQC) registered on-site care) and CQC registered care home beds.
- 4.2. Para 62 of the NPPF (2021) advises that local planning authorities should assess the size, type and tenure of housing needed for different groups in the community (including older people) and this should be reflected in planning policies. Local authorities are expected to consider how the ageing population affects housing need and ensure there is a variety of provision available so all older people can remain living independently for as long as they are able, with suitable options for 24-hour care, should this become necessary, within their own communities.
- 4.3. *Too little, too late? Housing for an ageing population* [App A – page 5] prepared in conjunction with the Centre for the Study of Financial Innovation, the Associated Retirement Community Operators (ARCO) and Cass Business School, sets out four key reasons for why we should be concerned about the shortfall in retirement housing:
- i) The increasing under-occupation of general housing stock caused by a rapidly ageing population has created a dysfunctional housing market;
 - ii) Far too few homes are being built that cater for older people. Retirement housing has only accounted for about 125,000, or 2%, of all new homes built since 2000, but each year around 700,000 people turn 65 years of age;
 - iii) The number of households will continue to grow at a faster rate than the population and average household size will continue its long run decline, resulting in an increasingly inefficient use of the housing stock;

¹ Paragraph: 001 Reference ID: 63-001-20190626

² Paragraph: 010 Reference ID: 63-010-20190626

iv) With care homes charging high fees to cater for people with high needs, the provision of age-appropriate housing, with flexible access to communal services and personal care, must become part of mainstream housing policy and integrated with the social care needs of an ageing population.

4.4. When an elderly person has a care need, it is not usually possible to wait for appropriate accommodation and care; if the required level of supply is not available this may mean it becomes necessary for local residents to move away from their family, friends and local community.

Private extra care

4.5. Private extra care housing enables residents to live as independently as possible within their own homes, but, crucially, with the availability of on-site care and support. It provides a person’s own home, which is reflected in the nature of its occupancy through ownership, whether it be lease or tenancy. It is accommodation that has been specifically designed, built or adapted to facilitate the care and support needs of its owners or tenants and access to care and support is available 24 hours a day.

4.6. Carterwood’s dataset is sourced from EAC HousingCare³ and updated with our own research (2021). The dataset shows that the vast majority of existing private specialist accommodation for older people in the UK comprises ‘sheltered housing’, with just 16.3 per cent of total stock meeting our definition of extra care, where care/support is available on site, amounting to 29,397 units, as shown in T1, below.

T1: Private specialist older people’s housing supply (UK)			
Scheme type	Total schemes	Private units for sale or rent	% of private units
Without care/support			
Age exclusive	963	20,273	11.3
Sheltered	3,496	130,206	72.4
Sub-total	4,459	150,479	83.7
With care/support			
Enhanced sheltered	304	13,376	7.4
Extra care	311	16,021	8.9
Sub-total	615	29,397	16.3
All schemes			
Total	5,074	179,876	100.0

³ <https://housingcare.org/>

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- 4.7. Extra care has evolved in recent years to respond to the growing need from older people for greater choice, quality and independence. With approximately 12.5m people over the age of 65 years and approximately 5.8m people over the age of 75 years in the UK, this equates to a supply of private extra care for just 0.23 per cent and 0.5 per cent of these age cohorts, respectively.
- 4.8. *Chain Reaction* [App B, page 8], written on behalf of Homes for Later Living in 2020, suggested that approximately 3 million people in the UK aged over 65 (or 25 per cent) want to downsize and that, for older people, specialist developments can be the key to a healthy and happy retirement.
- 4.9. Private extra care provision generally lags behind affordable supply and is also often out of kilter with levels of home ownership by those aged over 65. This is evident in the SCDC local authority area, where there are currently just 95 units of private extra care housing (31.5 per cent of total supply of extra care) [App C] when over 71 per cent of older person households in the SCDC local authority area are owned outright [CD 5.3, fig 27, page 183].
- 4.10. During the pandemic, specialist retirement housing has kept many older people safe when compared with those living in a community setting. The *RE-COV Study* (2021) [App D – pages 14 and 16] provides evidence of the response and effectiveness of 38 retirement village/extra care operators during the pandemic, which resulted in a lower proportion of survey participants' residents having died from COVID-19 when compared with older people living in the general population in England, despite their care needs being higher. It also provided evidence of the benefits of incorporating a care home within a retirement village, with the available expertise in terms of infection prevention and control, and the ability of those in extra care to self-isolate most effectively.

Care homes

- 4.11. There remains a significant and increasing need for care homes, particularly for those with higher dependency nursing care and dedicated dementia care needs. While the pandemic caused a short term reduction in the occupation of care home beds (due to mortality rates experienced and concerns about safety and visiting residents during lockdown), it is expected that occupancy will return to pre-pandemic levels by 2023, based on forecast growth in the elderly demographic.

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- 4.12. Carterwood researchers have tracked the impact of COVID-19 on care homes and provided the following outputs⁴ (November 2021):
- i) Occupancy low point reached of 78.8 per cent in June 2020.
 - ii) Excess elderly care home deaths during the COVID-19 pandemic compared to the 5-year historic average: total 32,171.
 - iii) As the COVID-19 pandemic has progressed, weekly deaths within care homes have fallen below the 5-year average, indicating the ongoing recovery. This has offset the total number of excess deaths by 8,962, resulting in a net excess of 23,209 deaths since the start of 2020.
 - iv) By 2023, occupancy is expected to exceed 90 per cent (in line with pre-covid average), based upon forecast growth in the elderly demographic and recovery now that all care home residents have been offered the vaccine.
- 4.13. In my view, the impact is likely to result in the closure of care homes that do not offer the quality of accommodation or economies of scale required to provide high level nursing and dementia care to those with such care needs, who now form the majority of demand. This will reduce supply and create additional need to cater for a still rapidly rising elderly demographic.
- 4.14. The Appeal decision for a proposed care home in Harpenden [App E, page 24 – paras 33 and 34] considered that elderly people requiring accommodation with care are less able to wait than those in the general population as their needs are immediate.

⁴ <https://www.carterwood.co.uk/updated-care-home-covid-19-forecasts/>

5. Need assessment for private extra care

- 5.1. I have updated the need assessment for private extra care contained in the PNA to reflect changes in existing and proposed supply, which has been re-based on 2024 (previously 2022) as the earliest the appeal scheme could be made available.
- 5.2. My analysis for private extra care is again based on the 10-mile market catchment and SCDC local authority area (which excludes the Cambridge City Council area). The circa 10-mile radius of the market catchment is explained by the use of Census defined Output Areas to provide population analysis, together with research undertaken by Carterwood and The Associated Retirement Community Operators (ARCO) in 2014, which analyses the distances travelled by those moving into a care village [App F – pages 37, 38 and 39]. This research showed that approximately 70 per cent of residents travelled 10 miles or less to move to a private extra care village, with influencing factors being family involvement, type of location, the pull-factor of care villages and the lack of existing provision.
- 5.3. There is no single recognised methodology for identifying need for housing with care. PPG for Housing for Older and Disabled People [CD 5.15] suggests an assessment can be obtained from a number of online toolkits, citing SHOP@ as an example (this was subsequently removed as an online toolkit in late 2019).
- 5.4. The PNA adopted the Housing LIN's Strategic Housing for Older People (SHOP) 2011 toolkit. SHOP suggests levels of provision of various forms of accommodation for older people, indicating a need for 30 units of private extra care per 1,000 population aged 75 years and over and a further 10 units of private enhanced sheltered housing per 1,000 population aged 75 years and over. Gross need is therefore a combined level of 40 units per 1,000 population aged 75 years and over for housing with care across any given catchment (or 4 per cent of this age group)
- 5.5. During mid-2020, the SHOP toolkit was advised as being out of date on the Housing LIN website. No further information was provided as to why this was the case. The need figures have therefore been updated based on the Housing in Later Life (2012) toolkit and prevalence rates for private housing with care, which are the same as used in the PNA at 40 units per 1,000 population aged 75 years and over. In my view, these rates more accurately accord with the current requirements outlined in national literature, the increased weighting of housing with care in future provision,

the use of the 75+ age cohort as the basis of analysis (when many extra care schemes are 65+) and the SCDC older person homeownership levels being skewed towards the private market.

- 5.6. The combined Carterwood/ARCO research [App F – page 40] provides further evidence that a proportion of those living in housing with care are between 65 and 74 years of age, which was noted in the Walton-on-Thames appeal [App G, page 55 – para 77]. The use of the Housing in Later Life toolkit was also considered to be more generally applicable in the Hazeldens appeal [App H, pages 96 and 97– paras 85, 89 and 90]. This appeal also highlighted the need to offer people a better choice of accommodation to suit their changing needs [page 95, para 82] and focussed on the need for suitable specialist housing for owner occupiers where choice is less frequently available [page 97, para 88], considering the provision of extra care units should be attributed substantial weight given the significant level of unmet need, which would increase during the plan period [page 98, para 93].
- 5.7. The gross need figures have altered from the PNA as they are now updated to ONS 2018 population based projections and re-assessed as at 2024. There have been changes to current provision since the PNA was completed [App I, page 114]:
- i) One new extra care scheme has opened (Debden Grange with 81 private extra care units), located in the market catchment (only).
 - ii) The number of private extra care units has been amended due to further information being forthcoming regarding the Abbeyfield Girton Green scheme which has 47 private units out of total of 76 (located in market catchment and local authority area).
 - iii) The number of private extra care units has increased in the Cornell Court scheme resulting from updated information on the EAC database, 13 of the 73 units provide private extra care (market catchment only).
 - iv) Cavendish Court (48 private units) has been amended from sheltered to enhanced sheltered housing in the EAC HousingCare database (located in market catchment and local authority area).
- 5.8. Planned supply has been researched and updated (4 October 2021) and a total of 8 schemes were identified: 4 located in the market catchment only, and 4 are within

both the market catchment and SCDC area [App I, page 115]. Table 2, below, sets out my updated planning need assessment for private extra care.

T2: Indicative need for private extra care units (Operational year 2024)		
Basis of assessment	Market catchment area	South Cambridgeshire Local authority area
Need		
Population aged 75 years and above	30,647	17,567
Gross need – based upon ratio of 40 people per 1,000 population aged 75 years and over	1,226	703
Supply		
Current provision of private extra care units	241	95
Units pending decision	353	80
Units granted permission but construction not started	301	155
Units granted permission and under construction	0	0
Planned units assessed as available by 2024, based on analysis of earliest likely development	147	75
Total supply of private extra care units (including all planned units)	882	330
Indicative net need		
Indicative net need by operational year - including all planned private units	331	373
Indicative net need by operational year- including planned private units under construction only	985	608
Indicative net need by operational year based on assessment of earliest likely development of each planned scheme	838	533

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

- 5.9. My analysis based on 2024, assuming all planned private units (both granted permission and pending a decision) are developed and operational, indicates a net need for 331 private extra care units within the market catchment and 373 within the SCDC area. Given that no planned units are currently under construction and many are pending a planning decision, if none of the proposed schemes are completed by 2024, there is a net need for 985 and 608 private extra care units respectively, in the market catchment and SCDC area.
- 5.10. In my opinion it is highly unlikely that all planned units will be developed in this timescale and I have provided my comments and estimation of the earliest potential year of development for each of the planned schemes [App I, page 114].
- 5.11. Table T3, below, sets out my analysis of possible delivery timescales, as some planned schemes form part of large mixed use developments or are pending a planning decision. Those assessed as 2025+ may have extended timescales, if they progress.

T3: Planned supply of new private extra care by estimated year of delivery		
Planned supply pipeline by year of delivery	Market (10-mile)	South Cambridgeshire District Council area
2021	0	0
2022	0	0
2023	5	5
2024	142	70
2025+	507	160
Total	654	235
Total by 2024	147	75

- 5.12. Based on analysis of potential timescales for completion of each planned scheme, a more realistic assessment suggests an unmet need for 838 and 533 private extra care units in the market catchment and SCDC area, respectively, by 2024.
- 5.13. In the Bath appeal [App J – page 133, paras 80 to 82] the council confirmed that the underlying methodology of the appellant (as set out above) was not disputed. The assessed unmet need for private extra care units was 515, a similar level to the unmet need of 533 units in the SCDC area (both based on existing and planned supply by operational year). The shortfall was given substantial weight when assessed against guidance in the PPG that the need to provide housing for older people is critical.
- 5.14. Table T4: below indicates the net need for private extra care over the 20 year period 2021 to 2041, assuming all planned schemes (both granted and pending) are developed (in the years specified in my analysis). It emphasises the sustained growth in the elderly demographic over the next 20 years and its impact on need for appropriate housing and care.

T4: Net need for private extra care units – medium to long term			
Catchment		10-mile market	SCDC area
Net need for private extra care	Year		
	2021	852	522
	2024	838	533
	2026	386	405
	2031	501	461
	2036	632	522
	2041	805	605

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

- 5.15. The analysis above recognises that there are planned schemes falling within both the assessed catchments; however, it makes realistic assumptions as to the new provision that may become available and has regard to the limited existing supply in each catchment. Even if all planned schemes were to come forward expeditiously, there would remain a significant net need for additional extra care housing.

6. Need assessment for care home bedrooms

- 6.1. I have updated the need assessment for care home beds for the 5-mile market catchment and SCDC local authority area, based on 2024, the earliest the appeal scheme could be made available.
- 6.2. The market catchment for the proposed care home was assessed as an approximate 5-mile radius from the site, based on Carterwood’s analysis of resident data provided by a number of care home operators of modern, purpose-built operational care homes (CD 1.14 – page 31). The Census Output Areas are utilised to determine the population figures for the assessed catchments.
- 6.3. LaingBuisson’s⁵ measure of “Age Standardised Demand” (ASD) was adopted 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 prevalence rates to each based on standard UK patterns of care home admission (the ASD rates⁶). The rates are updated by LaingBuisson on a regular basis (usually annually) and have gradually reduced in recent years to reflect the increasing popularity of extra care as an alternative to lower needs residential care in a care home. 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 need for care in a residential setting.
- 6.4. A Carterwood need assessment for care home beds based on a circa 5-mile catchment, was submitted as part of the planning application in the appeal at Handforth Road, Wilmslow [App K – page 160, para 19]. It was reviewed in detail by the Council’s Adult Social Care Contract and Commissioning team and found to be an accurate reflection of the current position in the catchment.
- 6.5. In the PNA, a ‘market standard’ bedroom is defined as providing a minimum of an en-suite with WC and wash hand basin. It does not, however, have a stipulated minimum size or suitability for purpose.

⁵ LaingBuisson provides analysis and data on market structures, policy and strategy across healthcare, social care and education and is the chosen provider of independent sector healthcare market data to the UK Government’s Office for National Statistics.

⁶ ASD rates subject to copyright by LaingBuisson

- 6.6. All new care homes provide spacious en-suite bedrooms, the vast majority with large en-suite wetrooms that include a level-access shower to enable bathing and personal care to take place within a resident’s own room.
- 6.7. The recent *Less-Covid 19* report, produced by the University of Leeds on behalf of the National Care Forum [App L – page 172] considers the lessons learned by care home operators from the pandemic and suggests the physical environment is important in terms of preventing cross infection.
- 6.8. The care needs of care home residents have increased markedly over the past 10 years or so, and a failure to address the shortcomings in the existing standard of care home supply will mean inadequate accommodation for those who require high dependency nursing and dedicated dementia care over the coming years.
- 6.9. The gross need figures have altered from the PNA as they are now updated to ONS 2018 population-based projections and re-assessed as at 2024. The updated need assessment (researched 4 October 2021) reflects a care home closure (Edward House, Cambridge, previously registered for 18 beds), a 12 bedroom extension to an existing home to increase wetroom provision, and the opening of one care home (Melbourn Springs in Royston, registered for 75 beds) [App M, page 174].

T5: Indicative need for additional elderly care home beds (Operational year 2024)		
Gross need	5- mile Market catchment area	SCDC local authority area
Estimated gross need for elderly care home beds (based on LaingBuisson ASD rates)	770	1,084
Supply		
Current supply of elderly en-suite market standard bedrooms	517	816
Existing en-suite wetroom bedrooms in current supply	277	550
Beds pending decision	0	140
Beds granted permission but not under construction	135	270
Beds granted permission and under construction	0	21
Beds available by 2024, based on analysis of earliest likely development	135	236
Total planned (by 2024) and existing market standard beds	652	1,247
Indicative net need		
Indicative net need by operational year - for en-suite market standard bedrooms, including all planned beds	118	-163
Indicative net need by operational year - for en-suite market standard bedrooms, including beds currently under construction	253	247
Indicative net need by operational year - based on analysis of earliest likely development of each planned care home	118	31
Indicative need for en-suite wetroom bedrooms including all planned beds	358	298

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

- 6.10. Table T5: shows a range of net need for care homes beds based firstly on the assumption that all planned beds (both with permission or pending a decision) are developed and operational in 2024, and secondly, on the assumption that only those bedspaces currently under construction are completed and available by 2024. This makes no allowance for the closure of any existing provision.
- 6.11. Details of planned care homes beds are set out in App M [page 175-176]. In order to provide a realistic estimate of additional supply by the date of assessment, I have analysed each planned scheme to better understand likely delivery timescales, as some form part of large mixed use developments or are pending a planning decision. The estimated earliest year of completion figures are set out in T6, below. Those assessed from 2025+ may have extended timescales, if they progress.

T6: Planned elderly care home bed supply by year of estimated completion

Supply	2021	2022	2023	2024	2025+
Market catchment	0	0	0	135	0
Local authority catchment	0	21	0	215	195

- 6.12. On this basis, there is a shortfall of 118 market standard beds in the market catchment and 31 in the SCDC area as at 2024.
- 6.13. The assessed need to 2034 in Table T7, below, assumes there is no loss of existing care beds and all planned beds are developed and available in 2024. It therefore significantly overestimates supply, given that there may be attrition of existing care beds and that some planned schemes may not proceed.

T7: Indicative need for elderly care home market standard bedspaces to 2034

Catchment	2024	2029	2034
Market catchment	118	200	342
Local authority	-163	-33	175

- 6.14. In light of the pandemic, there will be an increased need for bedrooms providing wetroom en-suites, as the importance of bathing and delivering personal care within a resident’s room has become an essential component of infection control. I have therefore also considered the need for additional care beds on the basis that all existing and proposed provision provides en-suite wetrooms. This indicates a significantly increased net need for an additional 358 and 298 wetroom en-suite bedrooms, based on 2024.

- 6.15. In my opinion, the net need figures for wetroom en-suites is the preferred target, based on the likelihood that older people requiring care in a care home in future will be those with high level nursing and dementia care needs, who can no longer be enabled to live independently within their own homes, either in a retirement care village or within the community.
- 6.16. Turning to dedicated dementia provision, the measure of gross need 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 research indicates that 41.3 per cent of residents were admitted with dementia as the primary cause. Therefore, utilising this prevalence rate, we have calculated gross need (being a proportion of gross need for elderly care beds) within each assessed catchment from residents with dementia as a primary cause of admission.
- 6.17. The updated analysis shows a significant need for 177 and 111 market standard dedicated dementia beds within the market catchment and SCDC area, respectively, on the basis that all planned units are developed and available by the date of assessment, as set out in Table T8 below.

T8: Indicative need for dedicated dementia bedspaces (Operational year 2024)

Bases of assessment	Market catchment	SCDC local authority area
Gross need for care home beds	770	1,084
Gross need for dedicated dementia beds based upon Bupa survey	318	447
Existing supply of market standard dedicated dementia beds	89	158
Total planned supply of market standard dedicated dementia beds	52	178
Planned beds assessed as available by 2024, based on analysis of earliest likely development	52	113
Indicative net need by operational year - for en-suite market standard dedicated dementia bedrooms, including all planned beds	177	111
Indicative net need by operational year - for en-suite market standard dedicated dementia bedrooms, based on assessment of earliest likely development of each planned care home	177	176

- 6.18. Table T8 also provides a more realistic figure for 2024, based on my assessment of the earliest likely availability of each of the planned schemes. This indicates an increased net need for 176 market standard care beds in the SCDC local authority area, with the market catchment remaining at 177. Although these figures are intended to form part of the net need for general elderly care beds, in this case they

are in excess of them as there is a significant shortfall in the supply of existing market standard dedicated dementia beds in the two assessed catchments. The above analysis does not take account of any potential closures of existing supply.

7. Cambridgeshire Adult Social Care and South Cambridgeshire District Council review

- 7.1. The PNA [CD 1.14 – section 17] provided an overview of Cambridgeshire County Council’s Adult Social Care strategy. The *Cambridgeshire and Peterborough Market Position Statement 2018/2019* (which remains the current version) [App N – pages 179 and 180] identifies key pressures, which include a shortage of residential dementia, nursing and nursing dementia provision in South Cambridgeshire, with the most significant shortfall being for dementia nursing beds.
- 7.2. Although dating from 2016 and no longer available on the Cambridgeshire Adult Social Care website, *The Cambridgeshire Older People Strategy*, cited in the PNA (CD 1.14 – page 23), identified: care accommodation for older people appeared to be at capacity, which restricted choice and added to pressures in the NHS (para 17.20); a lack of care home placements was contributing to delayed transfers of care from hospitals (para 17.23) and that it is ‘essential’ to have enough suitable accommodation to promote choice and independence (para 17.27). It considered that older people would be interested in moving if the right housing and care option was to be available, with homeowners continuing to under-occupy multi-bedroom houses that may no longer be suitable for their needs (para 17.33).
- 7.3. Cambridgeshire County Council’s interim update ‘*Older People’s Accommodation with Care – planning for future demand* (2021) [App O, page 182] sets out that the ‘*considerable growth forecast*’ in the elderly population will necessitate the growth and development of specialist accommodation with care. The County Council advises that they have initial demand forecasts for care beds and housing with care up to 2036 that reflect the latest market analysis by LaingBuisson and are being used to inform Local Plans.
- 7.4. The recently published *Housing Needs of Specific Groups - Cambridgeshire and West Suffolk* (October 2021) [CD 5.3] was commissioned to provide evidence, based on each local authority area, to support the preparation of Local Plans. The projected population change in the SCDC local authority area between 2020 and 2040 suggests a 50 per cent increase in the 65+ age group over this period (page 275).

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- 7.5. Projections are provided to indicate the potential level of additional specialist housing required by older people by ‘*drawing on data from the Housing Learning and Information Network (Housing LIN) Shop@ online toolkit (SHOP@ toolkit)*’ (page 191 – para 8.45). This is one of the toolkits referred to in PPG; however, it was removed as an online toolkit in late 2019.
- 7.6. It uses baseline rates of 45 units per 1,000 aged 75 and over for Housing with Care (enhanced sheltered and extra care housing) and 110 residential care bedspaces (residential and nursing care) per 1,000 aged 75 and over (page 192, para 8.49). Following adjustments to reflect the relative health of the elderly population and tenure split based on the local authority (assumed to be a ratio of 59:41 private to affordable supply), the current shortfall (based on 2020) is 239 units of leasehold housing with care based on existing supply of 94 units (no detail is provided on the location of existing supply). The shortfall is expected to increase to 473 units by 2040 on the basis that there is no additional development (table 101, page 198).
- 7.7. The need for care home bedspaces is assessed as having ‘*a current shortfall and notable projected future need*’. For South Cambridgeshire a shortfall of 642 care bedrooms is identified based on an existing supply of 742 beds in 2020. This is projected to increase to a shortfall of 1,613 care beds by 2040 assuming no change in existing supply (para 8.64 and table 103, page 199). This, the report advises, is considered to be a ‘*maximum level*’ as there is potential that some of the need for residential (personal) care beds could be met through the provision of extra care housing.
- 7.8. There are two points made within the *Housing Needs of Specific Groups* report, stated as having been identified through discussion with the Housing LIN, and which have been taken into consideration when need has been calculated:
- i) That Housing LIN consider the prevalence rates used should be assessed taking account of the authority’s strategy for delivering specialist housing for older people, and that;
 - ii) The model is influenced by existing levels of provision and what future levels of provision might be reasonable.

- 7.9. Importantly, the caveat is made that there is a degree to which the model and assumptions within it do not fully capture the growing recent private sector interest and involvement in the sector (page 191, para 8.45).
- 7.10. The *Housing Needs of Specific Groups* report also provides an update regarding the assessment of need, which was produced by the Centre of Regional Economic and Social Research (CRESR) for the Greater Cambridge area in November 2017 (for the period to 2036), which was referenced in the PNA [CD 1.14, page 21, paras 17.3 – 17.5). It states that the CRESR report arrived at similar recommendations for future provision, with a need to be 80 per cent higher than present capacity, although the *Housing Needs of Specific Groups* report provides a different balance in terms of the required tenure of new extra care provision (paras 8.46 – 8.48).

8. Need assessment evaluation and meeting identified existing need

- 8.1. PPG⁷ advises that where there is an identified unmet need for specialist housing, local authorities should take a positive approach to schemes that propose to address the need.
- 8.2. The Carterwood PNA [CD 1.14, page 3] identified significant shortfalls of 1,044 and 584 private extra care units in the market catchment and SCDC local authority area, respectively, when units under construction were included, based on 2022. My Proof of Evidence updates the need assessment and includes changes to existing supply, together with those planned schemes that have the potential to be available by the same time as the appeal scheme. On this basis, there is a revised shortfall of 838 and 533 private extra care units in the market catchment and SCDC local authority area, respectively, based on 2024.
- 8.3. The recently published *Housing Needs of Specific Groups* report [CD 5.3], prepared on behalf of SCDC confirms there is an existing need by identifying a shortfall of 239 leasehold housing with care units (private extra care) based on 2020.
- 8.4. By 2041, even assuming all planned private extra care schemes are developed and available, my update considers that the shortfall will have increased to 805 and 605 private extra care units in the market catchment and SCDC local authority area, respectively. The *Housing Needs of Specific Groups* suggests a shortfall of 473 private extra care units, based on 2040 and advises that the care need model used and the assumptions made may not fully capture the growing recent private sector interest and involvement in the sector.
- 8.5. In terms of need for market standard care home beds, the PNA (page 3) indicated shortfalls of 436 and 336 in the market catchment and SCDC local authority area, respectively, based on 2022. Since that assessment there has been a closure of one care home, the addition of en-suite wetroom bedrooms to an existing home and the opening of a new care home. My updated need assessment includes those planned schemes that have the potential to be available by the same time as the appeal scheme. On this basis, in 2024, there are indicative shortfalls of 118 and 31 market standard care home beds in the market catchment and SCDC local authority

⁷ Paragraph: 016 Reference ID: 63-016-20190626

area, respectively, increasing to 177 and 176 market standard beds if assessed on the basis of the shortfall of dedicated dementia provision only.

- 8.6. The *Housing Needs of Specific Groups* report identifies an existing shortfall of 642 care beds in the SCDC local authority area based on 2020, increasing to 1,613 by 2040. These are significantly greater shortfalls than identified in my need assessment and commentary in the report suggests that there is potential for some of the identified need for care beds to be met through the provision of extra care housing.
- 8.7. The COVID-19 pandemic has highlighted the need for fit-for-purpose, flexible care home accommodation that incorporates infection control measures and enables those older people whose needs progress to require 24-hour care to receive such care in an appropriate environment for both staff and residents. If assessed on this basis, the market catchment and SCDC local authority area have shortfalls of 358 and 298 en-suite wetroom bedrooms, respectively, based on 2024.
- 8.8. Whilst the identified shortfalls of private extra care and care home bedspaces vary due to the use of need analysis toolkits with different prevalence rates, it is clear from both analyses, that the current undersupply of specialist housing for older people needs to be urgently addressed. The shortfalls will continue to increase during the plan period.
- 8.9. In my view it is inappropriate to wait for the plan making process to deliver the current shortfall of specialist housing for older people. The Greater Cambridge Local Plan is some years away, as Mr Brown sets out in his Proof of Evidence, and there is an identified existing need for both private extra care and care home bedspaces.
- 8.10. Should any greenfield sites within the Green Belt come forward for C2 development, they would not be completed until after 2024, the year the appeal scheme could be made available, and would not therefore contribute to the immediate need. By the time such sites come forward the shortfalls will have further increased, which will continue to delay the provision of the required capacity to meet the accommodation and care needs of older people in the local authority area.

9. Benefits to residents and the local community

- 9.1. A care retirement village offers older people the unique combination of maintaining their independence for as long as possible and the potential to have a better quality of life within a socially active and supportive environment with a comprehensive level of facilities, activities and care services.
- 9.2. Provision of a care home on site brings peace of mind to residents; should it become necessary to receive 24-hour care in a care home, meaning residents would not need to move away from the retirement village, enabling couples to remain together.
- 9.3. The 'Integrated homes, care and support' report (2019) set out the findings of a five year study completed by the Centre for Ageing Research at Aston University, which focussed on the benefits generated through living in the ExtraCare Charitable Trust's schemes [App P – page 185]. Benefits for residents included:
- i) improvements to personal health, with a 75 per cent increase in walking, a reduction in the risk of falls and delays of up to 3 years in frailty;
 - ii) psychological and social well-being, with low levels of depression, a reduction in anxiety and improvements in memory and cognitive skills;
 - iii) social wellbeing, with loneliness at lower than national averages and over 86 per cent of residents 'never' or 'hardly ever' lonely.
- 9.4. These advantages were assessed alongside the benefits to the NHS, as follows:
- i) Reduced reliance on the NHS, with the presence of on-site staff serving to reduce the number of GP visits, residents being less likely to be admitted to hospital overnight and having shorter lengths of stay in hospital;
 - ii) No expected increase in costs to the NHS as residents age;
 - iii) Living in ExtraCare saves the NHS around £1,994 per person, on average, over 5 years.
- 9.5. The Harpenden planning appeal [App E, page 26, para 43] also makes the point that the provision of a care home assists in a reduction in bed-blocking, thus further

enabling the NHS to utilise beds more effectively, with the resultant benefits this has to the wider population.

- 9.6. The RE-COV study [App D – page 17] provides further detail on the physical, emotional and mental benefits of living in a care village environment during the pandemic and highlights that a high proportion of residents felt safe and supported, comforted in the knowledge that both staff and other residents were on-site.
- 9.7. Further benefits are realised for local communities, which include:
- i) Assisting families who may find it challenging to provide sufficient care and support to loved ones;
 - ii) The release of under-occupied family homes back to the housing market;
 - iii) The ability for those currently living in a community to remain within that community as they age.
- 9.8. Figure 27 (page 183) of the *Housing Needs of Specific Groups* report (CD 5.3) shows that over 71 per cent of older person households are owned outright in South Cambridgeshire, with such households being more likely to be ‘under-occupying’ property than other age groups (para 8.18), being partly due to older people not downsizing from their family homes as they get older, with South Cambridgeshire having the highest percentage of under occupation (para 8.19).
- 9.9. The report states that the development of retirement villages could encourage downsizing and reduce the need for additional larger homes (para 8.22). Furthermore, the availability of housing options that are accessible to older people will encourage ‘right sizing’ to more suitable and accessible accommodation that can improve their quality of life (para 8.61).
- 9.10. This point was given significant weight in the former Hazeldens Nursery Appeal [App H, page 98, paras 94-95], based on the under-occupation of existing homes and the benefits of providing suitable and alternative housing for older people to free up family sized homes.
- 9.11. The appeal decision in West Malling, as site located in Green Belt, [App Q, page 195, paras 41-42] considered that older people’s existing homes, which in many cases will have originally been bought to accommodate families, may no

longer be suited to their present needs. The availability of private extra care housing that has been designed specifically for those with care needs means that older people do not need to ‘relinquish the security’ of home ownership.

- 9.12. It is moving at the ‘*right time*’ that is important, so older people can take advantage of the benefits of living in a care village. If the required level of private extra care provision is not available it means that older people may leave it too late to move, not benefit from the advantages of living in a care village (if this is what they would have chosen to do), thereby not contributing to the freeing up of family homes.
- 9.13. Produced by ARCO and considering the views of cross party MPs and Peers together with leading academics the *Housing with Care Grey Paper* (2021) [App R, page 211 and highlighted points on pages 212 – 219], provides essays and policy recommendations that highlight the urgent need to provide better support to older people. It calls for urgent action from the Government to improve housing and care options for older people, which have more recently been brought into the spotlight by the pandemic.

10. Conclusion

- 10.1. In the national context, there is a ‘critical’ need for additional specialist housing for older people, based on the significant growth in the elderly demographic, with housing with care becoming an increasingly preferred option for older people to enable them to remain independent for as long as possible.
- 10.2. The appeal scheme provides a retirement care village proposed to incorporate private extra care accommodation and a care home, together with a full range of communal and wellbeing facilities. It will therefore provide an attractive option for older people looking to move to more appropriate accommodation where their support and care needs can be better met. The availability of a care home on site means that if 24-hour care becomes necessary, existing residents can remain within the care village. It also provides additional care home provision for those requiring nursing and dedicated dementia care, with an identified need in South Cambridgeshire.
- 10.3. My Proof of Evidence provides updates to Carterwood’s planning need assessment, which was submitted as part of the planning application. These updates reflect the effects of the COVID-19 pandemic, which has further highlighted the need for appropriate accommodation and care options for older people.
- 10.4. In terms of net need for additional private extra care and care home provision, the updated analysis set out above indicates that there will be a shortfall of **838** private extra care units in the market catchment and **533** in the SCDC local authority area in 2024, the earliest the appeal scheme could start to be made available and when taking into account the likely year of development of the planned supply.
- 10.5. In terms of elderly care home beds, my analysis identifies a shortfall of **118** market standard elderly care home beds in the market catchment and **31** in the SCDC local authority area in 2024. The net need increases substantially to **358** and **298** bedspaces in the two assessed catchments, respectively, if the analysis is based on care bedrooms providing full en-suite wetrooms. In my opinion, the quality of care accommodation is increasingly important to support the care of those with high level nursing and dementia care needs who now require care in a COVID-19 compliant care home environment, given the increasing preference of those with lower level care requirements to access extra care provision, where this is available.
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- 10.6. I have also considered the need for dedicated dementia care beds, for which an existing shortfall is identified in South Cambridgeshire by Adult Social Care Commissioning. My analysis indicates a net need for **177** market standard dedicated dementia beds in the market catchment and **176** in the SCDC local authority area based on 2024, the earliest the appeal scheme could start to be made available and when taking into account the likely year of development of the planned supply. This figure is in excess of the total for general beds due to the specific current shortfall of market standard dedicated dementia bedspaces.
- 10.7. Although the methodology utilised is different, the *Housing Needs of Specific Groups – Cambridgeshire and West Suffolk* report, which has just been issued (October 2021), identifies a current (2020) shortfall of **239** leasehold (private) extra care units in the SCDC area and this net need is expected to increase to 473 private extra care units by 2040.
- 10.8. In terms of care home bedrooms, the *Housing Needs of Specific Groups* report identifies a current (2020) need for **642** care beds in the SCDC area, which is expected to increase to 1,613 by 2040. The report makes the point that some of this need for care beds could also be met through the development of additional extra care provision and this in part reflects the difference between the Council's identified need and that set out in my analysis.
- 10.9. Although there are schemes in the planning system, there is very little currently under construction and several of the planned schemes are pending a decision or form part of large mixed used developments and as such, are unlikely to be forthcoming in the short term or by 2024, the date of my revised assessment, based on it being the earliest the appeal scheme could start to be made available.
- 10.10. Should any greenfield sites within the Green Belt come forward for C2 development, in my opinion, they would not be completed prior to 2025. The Local Plan process is unlikely to bring forward any further specialist housing for older people for some time and therefore the existing identified need would not be met in the short term,
- 10.11. The need for a variety of forms of accommodation and care for older people is critical and older people who are in need of care cannot afford to wait until appropriate levels of provision become available. The wealth of benefits identified for residents of care village schemes in terms of health and wellbeing, the reduced
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reliance and associated reduction in costs to the NHS together with the freeing up of family housing, require the development of appropriate and appealing specialist housing options for older people.

- 10.12. There are currently just 241 units of private extra care in the market catchment and 95 in the SCDC area. The expeditious development of additional provision is necessary to meet not only the existing substantial shortfall, but also to address the rapidly increasing requirement based on the identified 50 per cent increase in the elderly population aged over 65 years between 2020 and 2040.
- 10.13. My proof updates the planning need assessment completed in 2020 and provides additional evidence that there remains a significant current need for private extra care and market standard care home beds.
- 10.14. The Committee report attributed significant weight to the need for the appeal scheme, stating that there could be no doubt it could make a very significant contribution towards meeting local need for older people's accommodation, including the health and well-being benefits for its the future occupiers. The Council's Statement of Case also identifies the need for specialist housing and that very significant weight should be attributed to it.
- 10.15. It is common ground between the parties that there is an identified need for specialist older people's housing in the local authority area and that the appeal scheme could make a very significant contribution towards meeting this need.
- 10.16. The appeal scheme would address the current significant need and increasing future need for additional private extra care and care beds for the elderly by providing a high-quality retirement care village with associated facilities and amenities, providing an appealing option for older people along with the resultant benefits to the local community.

11. Statement of truth

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

Appendices (separate document)

- A. Mayhew, L. (2020) *Too little, too late? Housing for an ageing population*. Cass Business School, Associated Retirement Community Operators (ARCO) and the Centre for the Study of Financial Innovation (CSFI).
- B. *Chain reaction – the positive impact of specialist retirement housing on the generational divide and first time buyers* (2020). WPS Strategy and Homes for Later Living.
- C. Assessment of total supply of extra care in SCDC area split between affordable and private provision.
- D. Dutton, R (2021) Retirement Village and Extra Care Housing in England: Operators' experience during the COVID-19 Pandemic. RE-COV Study.
- E. Appeal Decision: Ref: APP/ APP/B1930/W/20/3259161. Chelford House, Coldharbour Lane, Harpenden AL5 4UN (June 2021).
- F. *Extra Care Housing – where do residents come from?* Carterwood Focus 2014.
- G. Appeal Decision: Ref: APP/K3605/W/20/3263347. Homebase, New Zealand Avenue, Walton-on-Thames Surrey KT12 1XA (June 2021).
- H. Appeal Decision: Ref APP/D3830/W/3241644. Former Hazeldens Nursery, London Road, Albourne, West Sussex (September 2020).
- I. Summary of existing and planned provision of private extra care.
- J. Appeal Decision: Ref: APP/F0114/W/21/3268794. Homebase Site, Pines Way, Westmoreland, Bath BA2 3ET (September 2021).
- K. Appeal Decision: Ref R0660/W/20/3249224. 51-53 Handforth Road, Wilmslow, Cheshire SK9 2LX (June 2020).
- L. Less COVID-19 (2020). University of Leeds, Niche Leeds and National Care Forum.
- M. Summary of existing and planned provision of care homes for the elderly.
- N. Cambridgeshire and Peterborough Market Position Statement 2018/2019.
- O. Older People's Accommodation with Care – Planning for future demand (June 2021).
- P. Holland, C et al. *Integrated homes, care and support: Measurable outcomes for healthy ageing* (2019). Aston University and Lancaster University.
- Q. Appeal decision: APP/H2265/W/18/3202040. Land to the rear of 237-259 London Road, West Malling, Kent ME19 5AD (December 2018).
- R. *The Housing with Care Grey Paper* (2021) Associated Retirement Community Operators.