

	Page
INTRODUCTION	2
SYNOPSIS	3
EXECUTIVE SUMMARY	4
CATCHMENT AREA	
General Demographic	6
Home Ownership	7
Elderly Demographic	8
Elderly Requiring Care	9
Local Provision of Care Homes and Bed Spaces	12
Local Provision of Extra Care	14
Planning Applications	15
ADMINISTRATIVE AREA	
Synopsis	17
General Demographic	18
Home Ownership	19
Elderly Demographic	20
Elderly Requiring Care	21
Local Provision of Care Homes and Bed Spaces	22
Local Provision of Extra Care	23
CONCLUSIONS	24
APPENDIX	
Types of Care - terminology	
Factors Affecting Care Provision	
Accommodation Standards	
Care Home Criteria	

Introduction

Address of Subject Property	Spring Lane, Haringey, N10 3PA
Specified Catchment Area	5.0km (3 miles)
Administrative Area	Haringey

This report seeks to assess the current and future demand for care services for the elderly, both within the specified catchment area surrounding the subject property and in the wider administrative area.

The report examines the existing provision of both residential-care establishments and extra-care housing, and estimates the mix of accommodation which will be required to meet the population's future care needs.

Measuring and predicting demand is not an exact science and it should be appreciated that the choices for care delivery are likely to change in the future as the development of assisted-living housing and specialist care homes continues. Clearly, the aged population in the UK is set to increase substantially and the way the needs, preferences and financial capacity of each community are met will be shaped through a combination of planning policy and market forces.

In doing so, the following sources of information have been relied upon.

1. The sub-national population projections information, based on 2021 mid-year estimates, produced by CACI Information Systems. CACI are a member of the Joint Industry Committee for Population Standards (JICPOPS)
2. 2021 Census information provided by ONS.
3. "Securing Good Care for Older People" – Need profiling by Sir Derek Wanless/King's Fund
4. 'Estimating the Housing Needs of Community Care Groups' - Need profiling research by Heriot-Watt University.
5. The LaingBuisson "Care of Elderly People" UK Market Survey.
6. The care home information provided herein is obtained from the CQC website.
7. Glenigans database of planning applications.
8. Elderly Accommodation Counsel (EAC)

Pinders are Chartered Surveyors and Business Appraisers, and have provided valuation and consultancy advice to the healthcare sector for more than forty years. During that time Pinders has undertaken more than 35,000 inspections of care homes. The Company holds valuation panel positions with all the UK's banks and has provided expert advice to Government departments, sector regulators and Local Authorities.

Within the specified Catchment Area

Elderly Population	2021 Census	2023	2028	2033
Over 65 years of age	75,482	79,502	90,603	103,624

Elderly Population with Higher Care Needs				
Likely to require residential care ²	2,674	2,836	3,164	3,698
Likely to require Non-residential care ³	2,610	2,729	3,178	3,556
Total Elderly with Higher Care Needs ¹	5,284	5,565	6,342	7,254

Current Local Provision				
Existing care/nursing home capacity ⁴	2,042	2,042	2,042	2,042
Existing Extra/Close care capacity	431	431	431	431

Planned new provision				
Additional care bedrooms already planned	-	-	244	244
Additional extra/close-care units planned	-	-	60	60

Shortfall/Surplus				
Required Care Home Beds	632	794	878	1,412
Required Extra-Care Units	2,179	2,298	2,687	3,065
Total Units of Care Accommodation Required	2,811	3,092	3,565	4,477

Notes:

1. The estimated proportion of the population (7%) expected to experience very high care needs (people who are unable to perform two or more core Activities of Daily Living (ADL) which would be best met within either a residential or extra-care setting). This is based upon separate studies by the Kings Fund and Heriot-Watt University.
2. This is calculated by applying the Lang & Buisson Age Standardised Demand (ASD) (based upon the proportion of the UK population resident in care/nursing homes). Currently, 3.9% of those over 65 years of age receive some form of residential care. This demand escalates with age, to the extent that 14.80% of over 85 year olds are likely to require care. Whilst this analysis is on a national basis, it is likely that similar percentages will be replicated for smaller regions and areas of the country.
3. The above assessment is based upon provision of single bedrooms with en suite facilities. There are currently a further 359 bedrooms in care homes which do not meet this standard.
4. The estimated demand for extra-care provision is derived by deducting the estimated care home need from the total higher dependency need.

Catchment Area

- Whilst residents may choose to relocate to a care home from further afield (possibly to be close to relatives), it is our experience that homes typically draw from a relatively close geographic area. Whilst it might differ between rural and urban locations, it is widely accepted that a catchment area based on an 8 km (5 mile) radius is appropriate. (*See the Appendix to this report for a more detailed explanation.*)
- Within this catchment area research suggests that currently an estimated 5,565 people over the age of 65 will have higher level care needs likely to require some form of residential care and/or extra-care accommodation.
- This demand is forecast to increase by 14.0% to 6,342 persons over the next five years and by 30.3% to 7,254 by 2033.
- Based on current prevalence rates, a total of 2,836 people are likely to require care within some form of residential/nursing home. This suggests that the balance of 2,610 could be accommodated within extra-care housing.
- The care/nursing homes within the Catchment Area currently provide total registered accommodation for 2,401 residents. Of these 2,042 (85.0%) can be accommodated in single bedrooms with en suite facilities (the Government's stated measure of best practice).
- We are aware of planning permission for the creation of a further 244 bed spaces.
- There are currently 431 units of accommodation (apartments/bungalows etc) recorded as providing some form of extra-care or close-care within the catchment area. In addition, we are aware of planning permission for a further 60 units of accommodation.

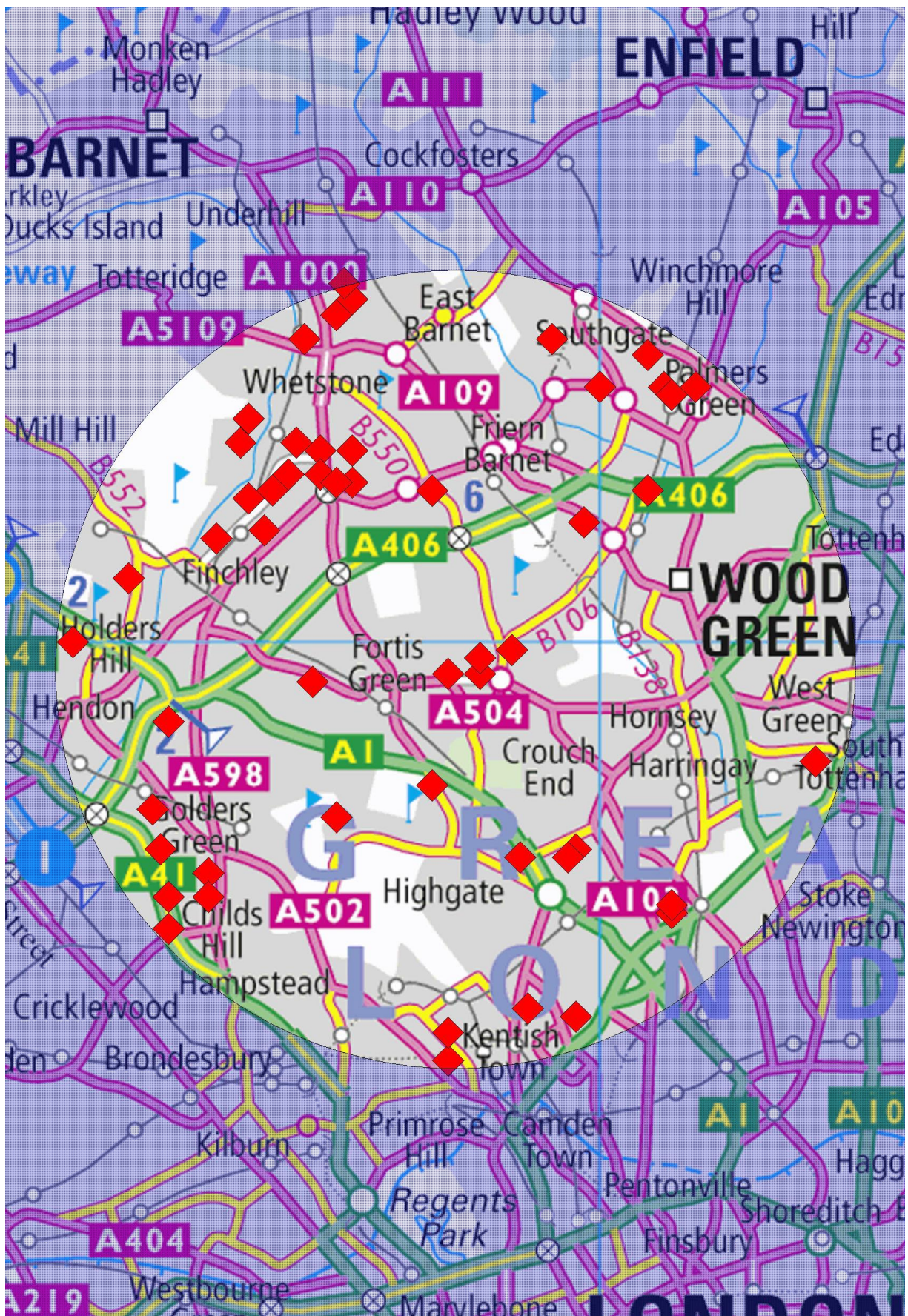
Need Assessment

- To meet the estimated demand in best-practice accommodation (single, en suite care home bedrooms or extra-care apartments) would require:-
 - an additional 3,092 units of accommodation currently;
 - 3,565 units by 2028;
 - and 4,477 by 2033.
- If the current care home capacity provided in shared bedrooms or those without en suite facilities is included:-
 - an additional 2,733 units of accommodation currently;
 - 3,206 units by 2028;
 - and 4,118 by 2033;.
- Because the most significant population growth will be in the over-85 years age group, where care needs are at their highest, the need for additional residential care beds increases at faster rate than for extra-care places. This assessment makes no allowance for the loss of care home capacity which can reasonably be expected as old-style units become unviable investments.

Administrative Area

For comparison, the same analysis has been provided for the Administrative Area in which the proposed development lies.

Units of Care Accommodation Required	2023	2028	2033
Qualitative Need (Best Practice Rooms)	1,572	1,762	2,133
Quantitative Need (All Registered Capacity)	1,548	1,738	2,109

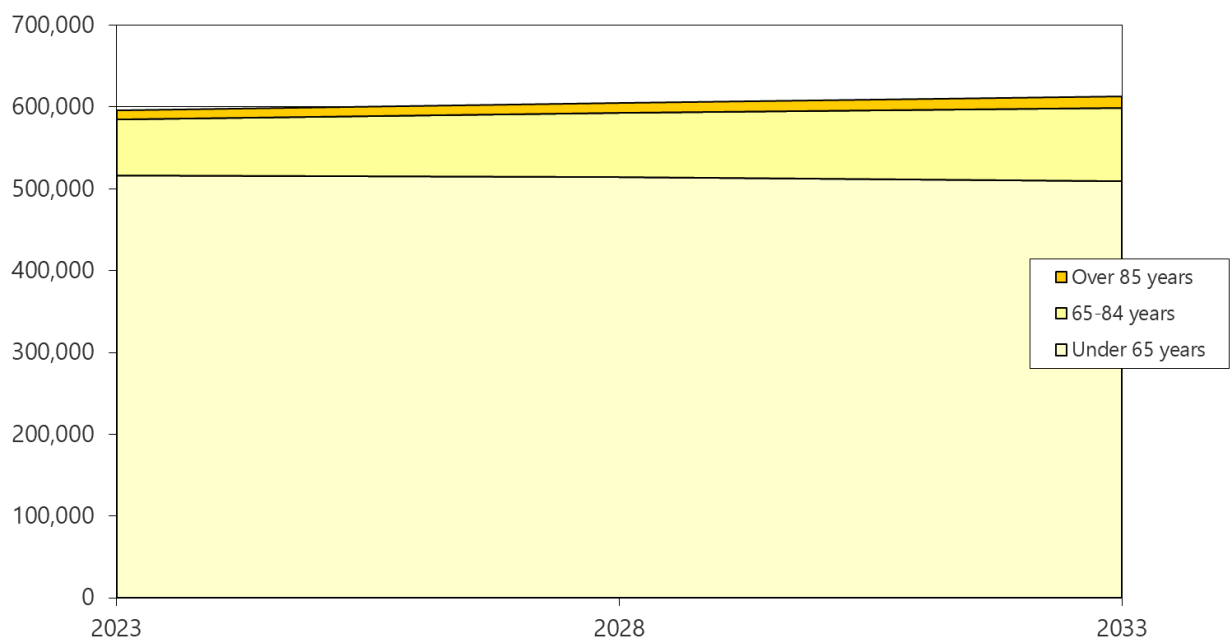


catchment area

Demographic Profile

Elderly Population	2021 Census	2023	2028	2033
Under 24 years	165,756	164,996	162,292	157,630
25 to 44 years	203,740	202,526	194,017	190,660
45 to 64 years	143,478	148,825	157,882	161,429
65 to 74 years	41,239	42,715	49,111	56,800
75 to 84 years	23,978	26,005	29,692	32,432
85 years and over	10,265	10,782	11,800	14,392

Forecast Change in Population Distribution



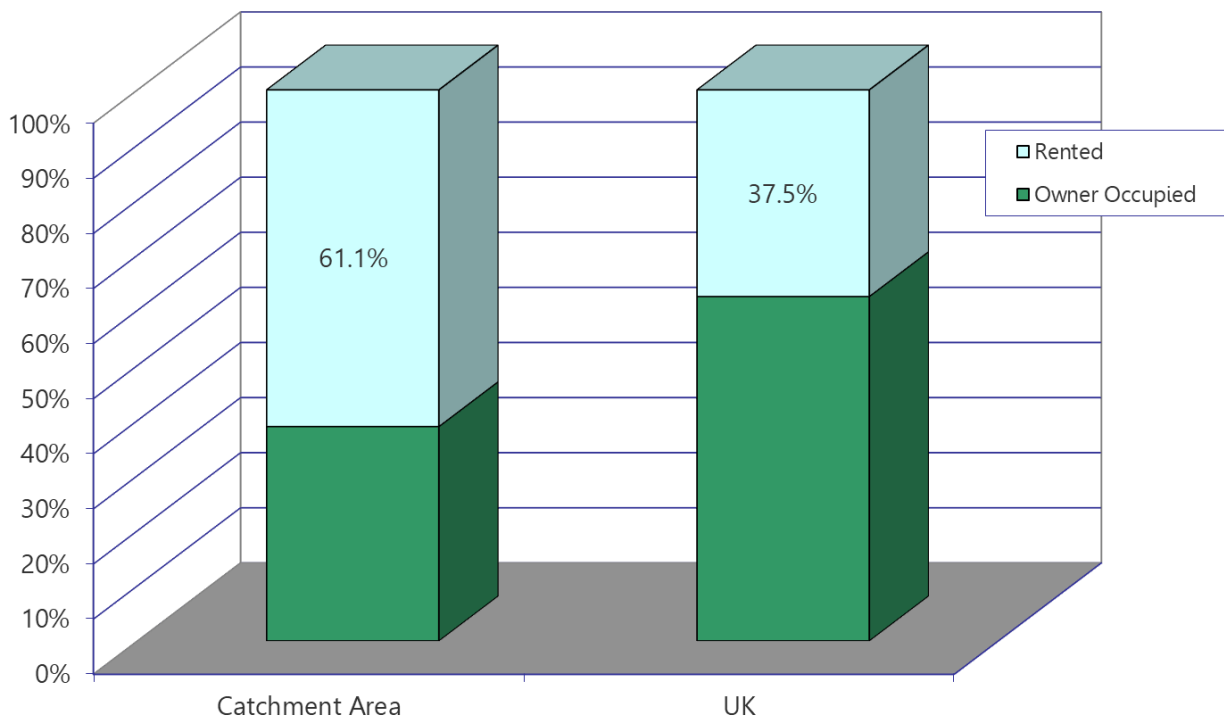
catchment area

Home Ownership

Within the Catchment Area 38.9% of the population are owner occupiers, with the remaining 61.1% being in rented accommodation.

Nationally 62.5% of the population are owner occupiers, with the remaining 37.5% being in rented accommodation.

Property Ownership Profile

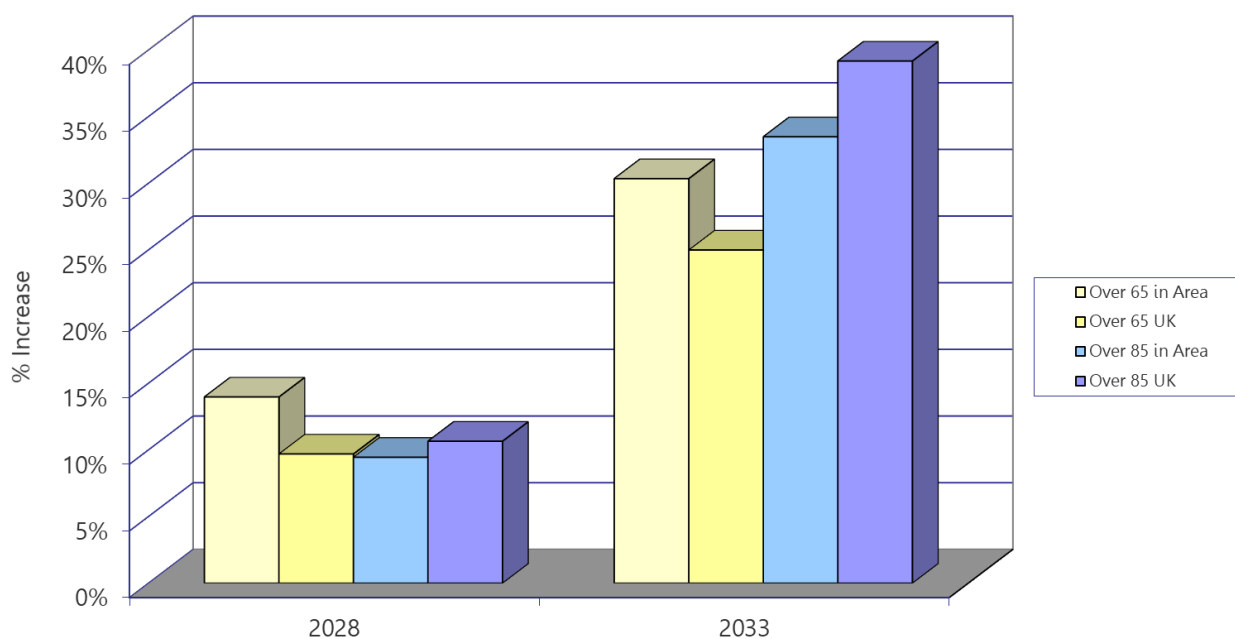


catchment area

Elderly Demographic

Elderly Population	2021 Census	2023	2028	2033
65 to 74 years	41,239	42,715	49,111	56,800
75 to 84 years	23,978	26,005	29,692	32,432
85 years and over	10,265	10,782	11,800	14,392
TOTAL	75,482	79,502	90,603	103,624

Forecast Growth in Elderly Population



The elderly population within the Catchment Area currently stands at some 79,502 persons, and this figure is set to increase to circa 90,603 over the next five years and to circa 103,624 by 2033.

Over the next five years those over 65 years, within the Catchment Area, will increase by 14.0%, and this compares with the 9.7% for the UK as a whole. By 2033 this age bracket will have increased by 30.3% locally, compared with 25% nationally.

By 2028 those over 85 years of age, within the Catchment Area, will increase by 9.4%, compared with the 10.7% for the UK as a whole. Within a decade this age bracket is forecast to have increased by 33.5% locally, compared with 39.2% nationally.

These forecasts appear to suggest that whilst the elderly population is forecast to grow faster than the overall national growth projections, whilst the rate of growth for those over 85 is forecast to be slower than the UK as a whole.

Demand Profile

Elderly Likely to Require Care

Accurately predicting the number of people who will require some form of care in their later years is clearly not an exact science and will be determined by several factors, including socio-economic and socio-political policies.

Sir Derek Wanless, in his Kings Fund report "Securing Good Care for Older People" (2006) presented a model of future care need. Within this he adopted the five dependency groups used by the PSSRU (Personal Social Services Research Unit) long-term care model (Wittenberg et al 2004) to stratify the older population by dependency.

Using data collected by the General Household Survey (2001) and the Health Survey for England (2000) the PSSRU grouped the population of England over the age of 65 years in relation to their ability to undertake Activities of Daily Living (ADLs), examples of which are as follows:

- Get in/out of bed (or chair)
- Use toilet
- Get dressed and undressed
- Feed self
- Get up and down stairs or steps
- Go out of doors and walk down the road
- Get around indoors (except steps)
- Wash face and hands
- Bath, shower, or wash all over

The first four on the list are considered to be Core ADLs. Inability to complete such ADLs may be due to physical, or cognitive impairments (or a combination of both). The following table shows the proportion of the England population over 65 years of age falling within each of these dependency groups.

Group	Dependency	% of those over 65 years
0	No dependency	70.5%
1	No core ADL difficulties but non-core difficulties eg shopping or cleaning	11.1%
2	Difficulty in performing one or more core ADLs	6.7%
3	Unable to perform (without help) one core ADL	4.7%
4	Unable to perform two or more core ADLs	7.0%

This indicates that some 18.4% of those over 65 will experience difficulty in at least one of the core Activities of Daily Living without assistance and 7% will be unable to perform two or more of these core tasks.

The Government adopted similar assessment criteria when introducing The Care Act and Support (Eligibility Criteria) Regulations 2015, which Local Authorities should apply when assessing whether an individual is eligible for publicly provided care services. A person is likely to be eligible for care and support if they cannot achieve two or more of the following outcomes as a result of a physical or mental impairment or illness:-

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of your home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community, including public transport and recreational facilities or services
- Carrying out any caring responsibilities for a child

There is, therefore, a direct correlation between this eligibility criteria and the Wanless scale, indicating that at least 7% of those over 65 years of age are likely to be assessed as eligible for public care and support. (Whilst the funding of such care is means-tested, this eligibility test is applicable to all).

catchment area

In a separate study undertaken at Heriot-Watt University, researchers examined a number of other studies undertaken in Scotland before publishing their paper “Estimating the Housing Needs of Community Care Groups” (1998). This identified different groupings of care need – low, medium and high – with those in the high group likely to represent some 6.7% of those over normal pensionable age. The paper categorised this group as being “likely to require support/personal care either in their own home, within some form of assisted living facility or in residential/nursing homes.”

Whilst these two studies used data from two different countries of the UK (England and Scotland), and categorised dependency into different bands, both concluded that similar proportions of population (7.0% and 6.7%) will have higher care needs which would require regular assistance

Whilst, there is likely to be some overlap between need categories, it is reasonable to assume that those with higher needs are most likely to enter some form of extra-care housing or residential care home. For the purposes of this study, we have therefore estimated the total need for such care as being 7% of the population over 65 years of age as shown in the table below. We have also applied this to the forecasts of population, although it should be appreciated that changes in the health and lifestyle over time may affect these estimates.

Whilst, there is likely to be some overlap between these need categories, it is reasonable to assume that those with high needs are most likely to enter some form of extra-care housing or residential care home. For the purposes of this study, we have therefore estimated the total need for such care as being 6.7% of the population over 65 years of age.

Elderly Population	2021 Census	2023	2028	2033
Over 65 years of age	75,482	79,502	90,603	103,624
Estimated Higher Care Needs (7%)	5,284	5,565	6,342	7,254

catchment area

Elderly Requiring Residential Care

Again, forecasting how many of those with higher care needs will need to enter residential/nursing homes is something of a moving feast. Historically, the choice was often limited to living in the community or moving into a care home but new choices continue to become available. In particular, the creation of assisted-living or extra-care housing has proved to be a popular 'third way', allowing people to remain in the same accommodation as their care needs increase.

The most widely used measure of residential home need is the Age Standardised Demand (ASD) model based upon occupancy recorded within care homes by statistical analysts LaingBuisson. The most recent records indicate the following care home occupation by age bands:-

- 65-74 years of age 0.59%
- 75-84 years of age 3.80%
- 85 years and above 14.8%

When applied to the total UK population, this indicates approximately 3.9% of those aged 65 year or above are in receipt of care within a residential setting.

The following table summarises the position if the suggested profile is applied to the population within the catchment area:-

Elderly Population in	2021 Census	2023	2028	2033
65 to 74 years	244	252	290	335
75 to 84 years	911	988	1,128	1,232
85 years and over	1,519	1,596	1,746	2,130
TOTAL	2,674	2,836	3,164	3,698

It should be appreciated that the prevalence levels indicated by the ASD are based on recent historic data for the UK as a whole and the rates may vary for different locations, depending on the availability of alternative care accommodation and the social care policies of each Local Authority. It should also be appreciated that the proportion of older people requiring residential care may slowly reduce if extra-care provision increases.

Elderly Requiring Extra Care

As indicated previously, how the future demand for care will be provided is impossible to predict but the estimated demand indicated above is likely to be served within a mix of extra-care and residential care settings.

Based on the estimated prevalence rates indicated above, by deducting the ASD estimate from the number expected to have higher care needs, the balancing figure is a reasonable indication of the demand for extra care or close care housing.

Elderly Population in Extra-Care	2021 Census	2023	2028	2033
Likely to Require Extra-Care Housing	2,610	2,729	3,178	3,556

catchment area

Local Provision of Care Homes & Bed Spaces

According to information in the public domain, and making reference to the CQC website, the Catchment Area over the past 5 years has seen 16 closures and 6 new registrations of care homes, resulting in a net loss of 39 bed spaces. The CQC website indicates there are 52 care homes for the elderly within the catchment area, offering 2,401 registered bed spaces.

Name of Home	Operator	Registered beds	Single Rooms	En Suites
Aarandale Manor	Abbey Healthcare	65	65	65
Abbeydale Residential Care Home	Ventry Residential Care	21	13	17
Acacia Lodge	Torrington Homes	32	16	13
Alexandra Park Home	Earlybirdcare	13	13	0
Amberley House	Waterfall House	30	28	6
Ash Court Care Centre	Forest Healthcare	62	62	62
Ashfield Residential Care Home	Ventry Residential Care	23	20	14
Athenaeum Residential Care Home	Ventry Residential Care	21	17	19
Barchester Cheverton Lodge	Barchester Healthcare	52	52	50
Barchester Magnolia Court	Barchester Healthcare	62	62	62
Barchester Southgate Beaumont	Barchester Healthcare	52	52	52
Baxendale Care Home	The Trustees of The Woodside Home	45	43	16
Brookwater House Care Home	Hamberley Care	82	82	82
Brownlow House	Ventry Residential Care	24	22	23
Camden Lodge	Owned by an Individual	24	24	24
Candlewood House	T L C Care	86	86	86
Catherine Lodge	Owned by an Individual	39	29	19
Dell Field Court	Your Choice (Barnet)	40	40	40
Eastside House	Owned by an Individual	16	16	0
Elmhurst	Owned by an Individual	30	12	4
Fernbank	Owned by an Individual	30	20	10
Grace House	Christian Care Trust - Board of Trustees	10	6	6
Hammerson House, Wohl Campus	Nightingale Hammerson	116	116	116
Heathgrove Lodge Care Home	Ventry Residential Care	33	33	33
Hilton Lodge	Hilton Lodge	13	11	1
Kenwood Care Home	New Century Care	32	32	21
Kun Mor And George Kiss Home	Jewish Care	48	48	48
Lennox House	Care UK Nursing & Residential Care	87	87	87
Maitland Park Care Home	Shaw Healthcare	60	60	60
Meadowside	Your Choice (Barnet)	68	68	68
Minchenden Lodge	Scimitar Care Hotels Plc	25	17	8
Nazareth House - East Finchley	Nazareth Care Charitable Trust	84	84	20
Oakleigh Park Care Home	Ventry Residential Care	56	56	56
Otto Schiff	Jewish Care	54	54	54
Peregrine House	Gold Care Homes	36	36	32
Roseacres Residential Care Home	Advinia Healthcare	35	35	19

catchment area

Name of Home	Operator	Registered beds	Single Rooms	En Suites
Rosetrees	Jewish Care	53	53	53
Sage Nursing Home	Service to the Aged	60	60	60
Signature At Hendon Hall	Signature Senior Lifestyle	102	102	102
Sonesta	Sonesta Nursing Home	32	20	26
Spring Lane	Springdene Nursing & Care Homes	63	63	63
St Anne's	Forest Healthcare	65	65	65
Stella & Harry Freedman House	Jewish Care	120	120	120
Sunridge Court	Jewish Care	44	44	44
The Conifers	Owned by an Individual	30	30	26
The Fer View	Owned by an Individual	6	4	0
The Highgate Care Home	BUPA Care Homes	55	55	55
The Hollies	3a Care (London)	19	17	13
The Limes	Owned by an Individual	26	18	22
The Meadow	MHA	40	40	40
Wellesley Road Care Home	Shaw Healthcare	60	60	60
Woodlands	Owned by an Individual	20	14	0
		2,401	2,282	2,042

Of the 2,401 registered bed spaces, 2,282 bed spaces are shown to be within rooms for single occupation and of these, 2,042 have the benefit of en suite facilities. This would indicate that 85.0% of residents within these care homes occupy a single bedroom and have access to en suite facilities; the remaining 15.0% have to use shared WC and bathing facilities.

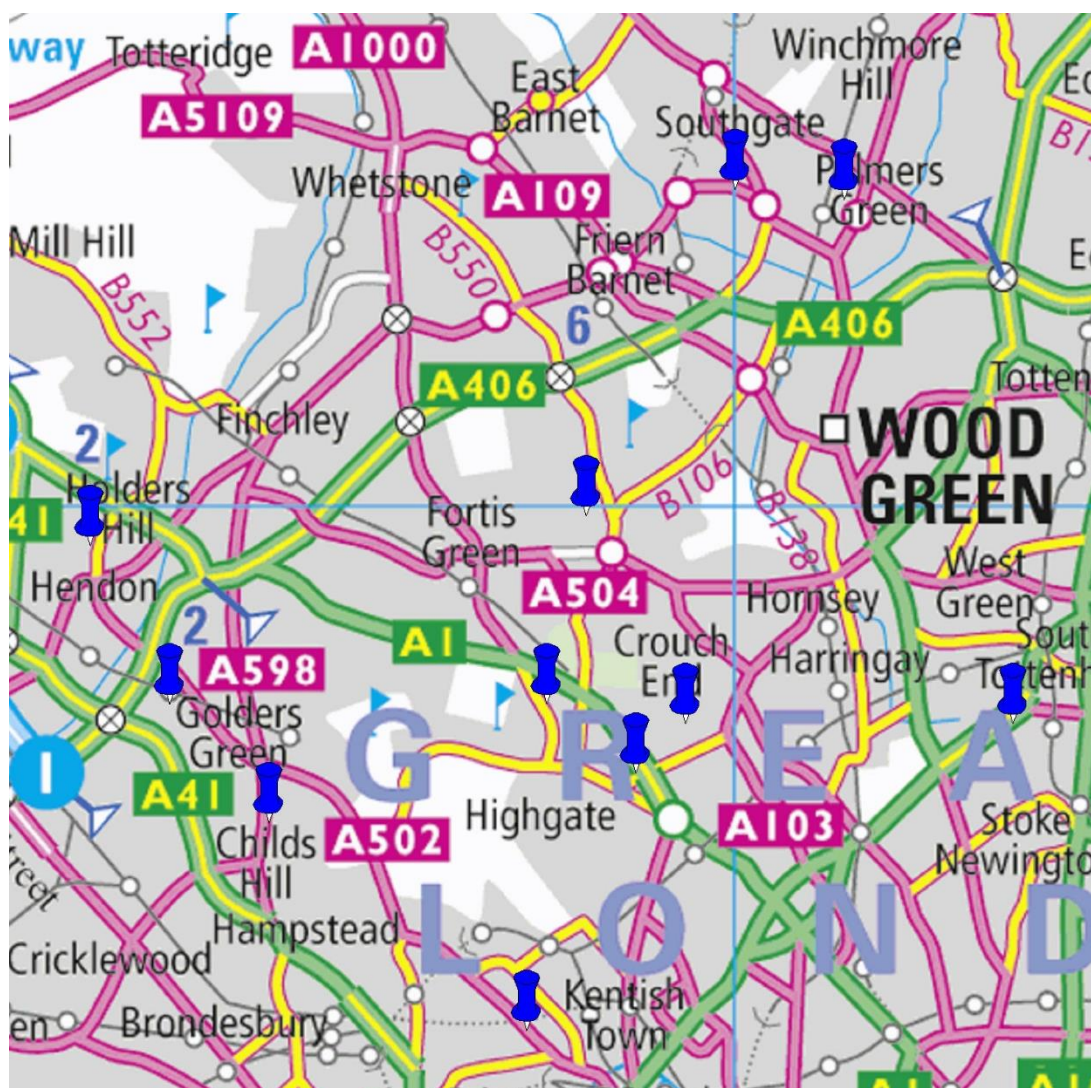
Both central and local Government regard it as best practice that residents in care homes should be offered the choice of a single bedroom with private en suite facilities.

catchment area

Local Provision of Extra Care Housing

According to the Elderly Accommodation Council's most recent records, there are 11 schemes offering any form of Housing-with-care or Extra Care, providing 431 accommodation units, these being:-

Scheme name	Provider	Units of Accommodation
Fitzwarren House	Housing 21	17
Gospel Oak Court	Shaw Healthcare	35
Newnton Close	Anchor Hanover	29
Roden Court	One Housing Care & Support	40
Selig Court	Jewish Care	45
Skinner's Court	The Skinner's Company	48
Southgate Beaumont	Barchester Healthcare	21
The Oren	Elysian Residents	46
The Paddock	Methodist Homes Housing Association	31
The Trees	Hill Homes	40
Westthorpe Gardens and Mills Grove	Metropolitan Thames Valley	79
Total for 11 schemes		431



catchment area

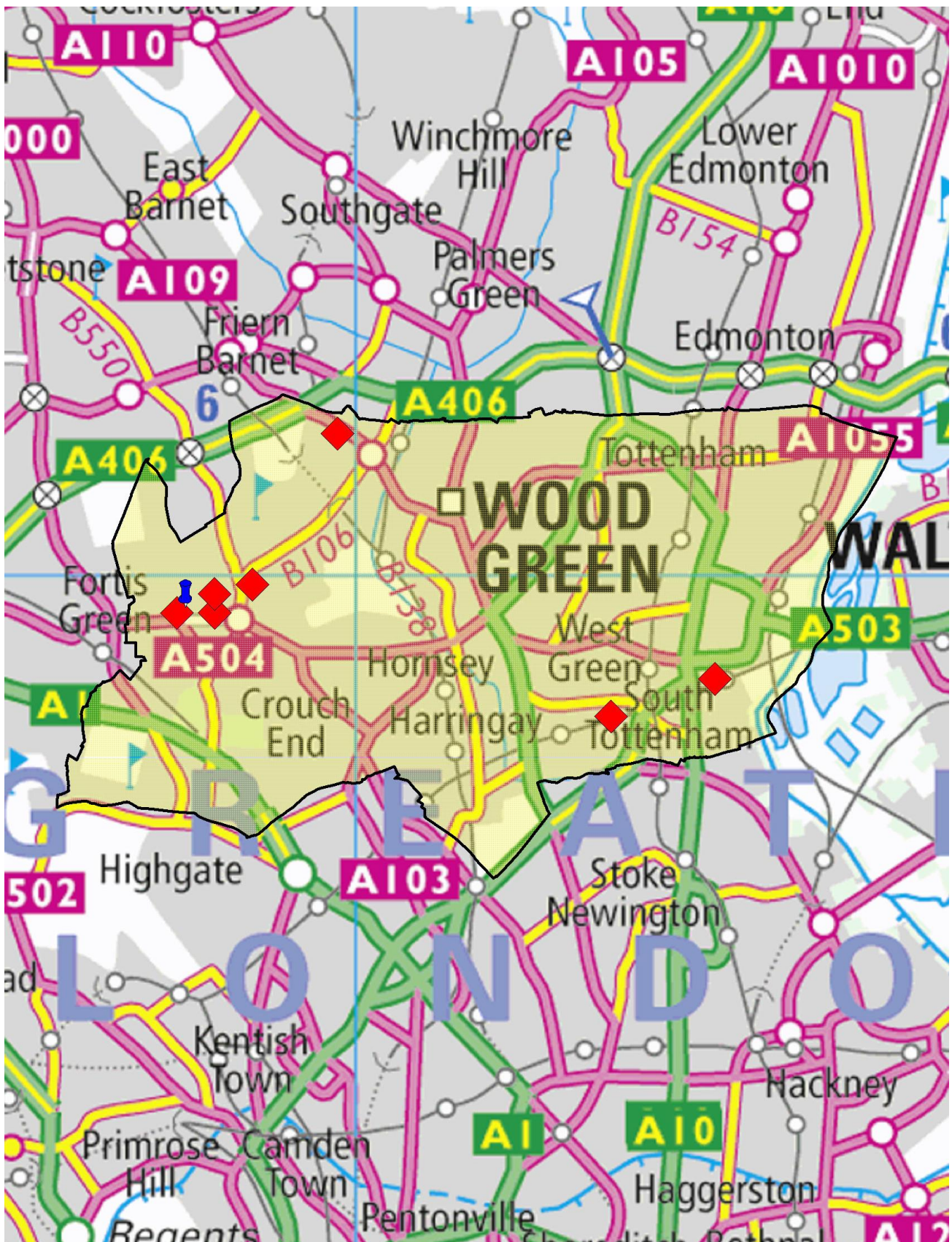
Planning Applications

The following applications are understood to be in the pipeline, which if completed would provide an additional 244 bed spaces within care homes and a further 60 units of extra care accommodation.

Application / Address	Distance	Proposal	Care Home Beds	Extra-Care Units
103-107 North Hill Haringey, N6 4DP Ref: HGY/2022/4415	1.5km	Detail planning granted for demolition of existing buildings to build a 70 bed care home	70	0
44 Hampstead Lane Haringey, N6 4LL Ref: HGY/2022/2731	2.4km	Detailed planning granted for a 66 care home	66	0
Former Holloway Prison Parkhurst Road Islington, N7 0NU Ref: P2021/3273/FUL	3.6km	Detailed plans granted for a Comprehensive development which incorporates 60 extra care units.	0	60
160-166 Great North Way Barnet, NW4 1EH Ref: 21/4153/FUL	4.6km	Detailed planing granted for demolition of existing care home and construction of a 108 bed care home	108	0

In addition, we have identified the following applications for proposed care home developments, however, these applications are awaiting a decision and as such have been excluded from our analysis.

Application / Address	Distance	Proposal
Site of Mansfield Bowling Club Croftdown Road Camden, NW5 1EP Ref: 2022/5320/P	3.5km	Detailed plans submitted for a 78 bed care home
Osborne Grove Nursing Home 16-20 Upper Tollington Park Haringey, N4 3EL Ref: Pre-planning	3.8km	Identified an application (pre-planning) for an 80 bed care home. No planning reference or other information available currently.
84 West Heath Road Barnet, NW3 7UJ Ref: 22/3958/FUL	4.2km	Detailed plans submitted for demolition of existing buildings a construction of an 80 bed Nursing Home



administrative area

Within the Administrative Area of Haringey

Elderly Population	2021 Census	2023	2028	2033
Over 65 years of age	27,712	29,422	34,079	39,390

Elderly Population with Higher Care Needs				
Likely to require residential care ⁶	892	970	1,089	1,275
Likely to require Non-residential care ⁷	1,048	1,089	1,296	1,482
Total Elderly with Higher Care Needs ⁵	1,940	2,060	2,386	2,757

Current Local Provision				
Existing care/nursing home capacity ⁸	275	275	275	275
Existing Extra/Close care capacity	213	213	213	213

Planned new provision				
Additional care bedrooms already planned	-	-	136	136
Additional extra/close-care units planned	-	-	-	-

Shortfall/Surplus				
Required Care Home Beds	617	695	678	864
Required Extra-Care Units	835	876	1,083	1,269
Total Units of Care Accommodation Required	1,452	1,572	1,762	2,133

Notes:

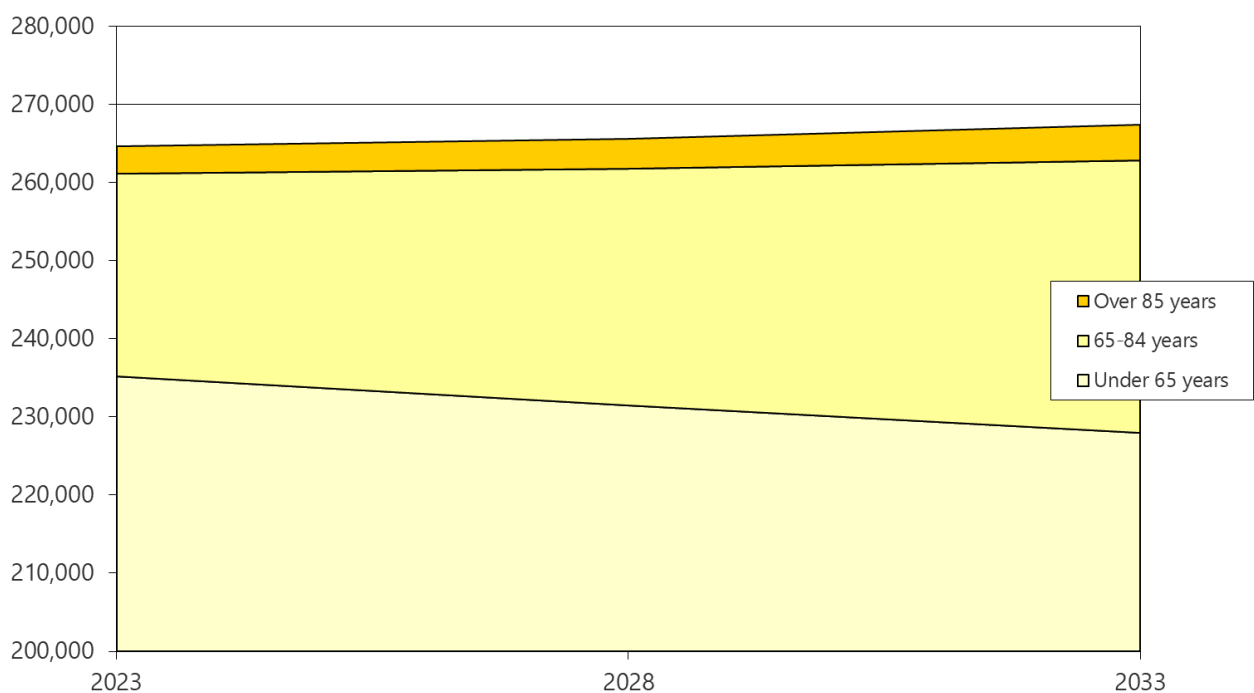
- The estimated proportion of the population (7%) expected to experience very high care needs (people who are unable to perform two or more core Activities of Daily Living (ADL) which would be best met within either a residential or extra-care setting). This is based upon separate studies by the Kings Fund and Heriot-Watt University.
- This is calculated by applying the Lang & Buisson Age Standardised Demand (ASD) (based upon the proportion of the UK population resident in care/nursing homes). Currently, 3.9% of those over 65 years of age receive some form of residential care. This demand escalates with age, to the extent that 14.80% of over 85 year olds are likely to require care. Whilst this analysis is on a national basis, it is likely that similar percentages will be replicated for smaller regions and areas of the country.
- The above assessment is based upon provision of single bedrooms with en suite facilities. There are currently a further 24 bedrooms in care homes which do not meet this standard.
- The estimated demand for extra-care provision is derived by deducting the estimated care home need from the total higher dependency need.

administrative area

Demographic Profile

Elderly Population	2021 Census	2023	2028	2033
Under 24 years	76,183	74,762	72,302	69,797
25 to 44 years	94,659	92,584	87,497	85,614
45 to 64 years	65,686	67,859	71,664	72,595
65 to 74 years	15,969	16,757	19,516	22,717
75 to 84 years	8,526	9,119	10,740	12,056
85 years and over	3,217	3,546	3,823	4,617

Forecast Change in Population Distribution

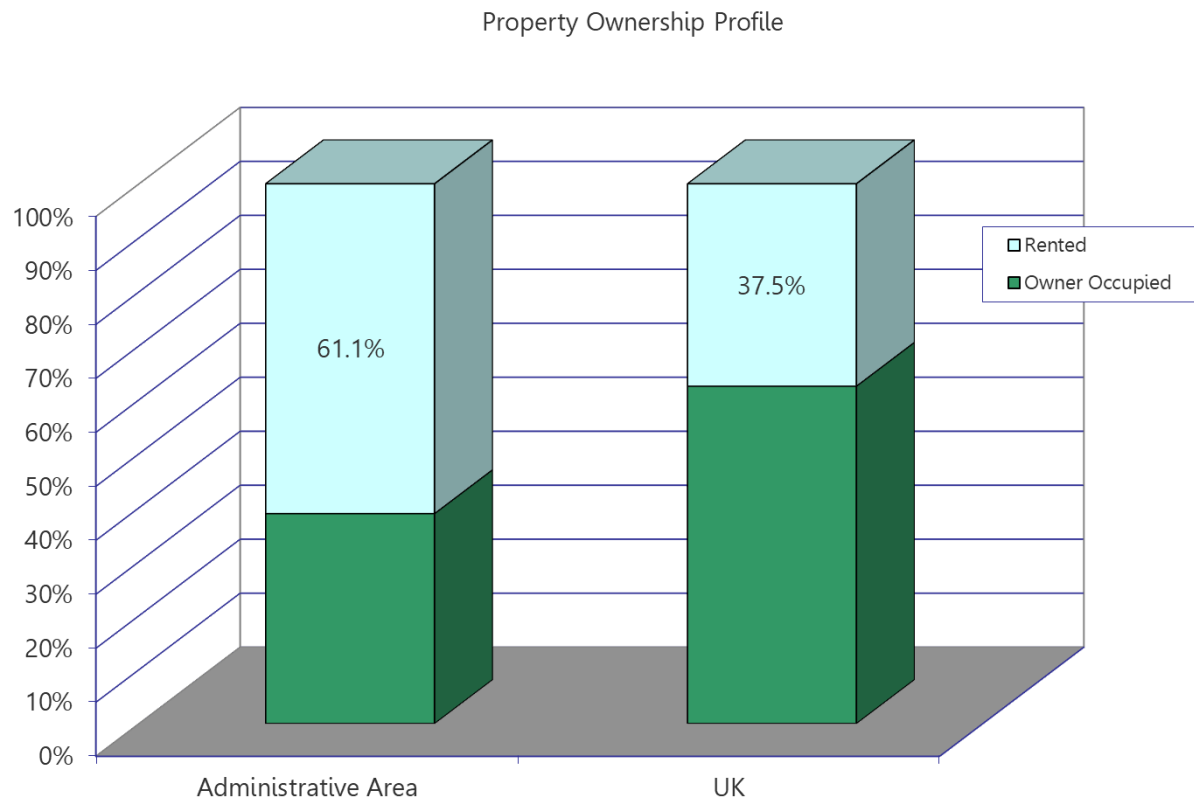


administrative area

Home Ownership

Within the Administrative Area 38.9 of the population are owner occupiers, with the remaining 61.1 being in rented accommodation.

Nationally 63.5% of the population are owner occupiers, with the remaining 36.5 being in rented accommodation.

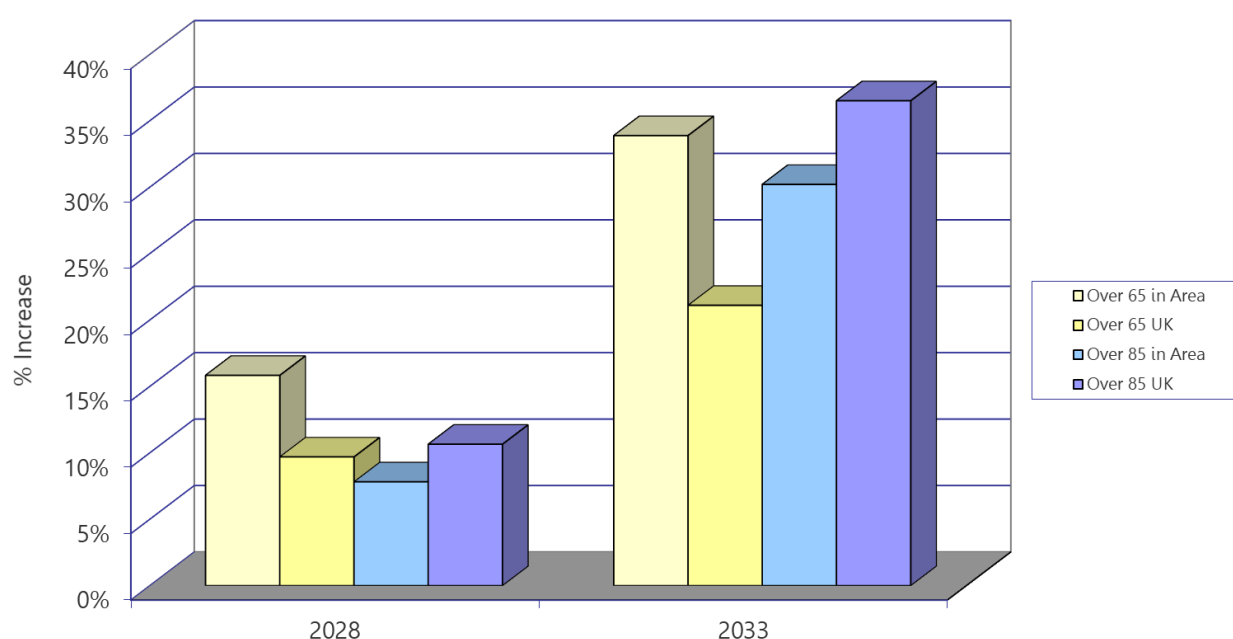


administrative area

Elderly Demographic

Elderly Population	2021 Census	2023	2028	2033
65 to 74 years	15,969	16,757	19,516	22,717
75 to 84 years	8,526	9,119	10,740	12,056
85 years and over	3,217	3,546	3,823	4,617
TOTAL	27,712	29,422	34,079	39,390

Forecast Growth in Elderly Population



The elderly population within the Administrative Area currently stands at some 29,422 persons, and this figure is set to increase to circa 34,079 over the next five years and to circa 39,390 by 2033.

By 2028 those over 65 years will increase by 15.8%, and this compares with the 9.8% for the UK as a whole. Within a decade this age bracket will have increased by 33.9% locally, compared with 21.1% nationally.

Over the next five years those over 85 years of age, within the Administrative Area, will increase by 7.8%, compared with the 9.8% for the UK as a whole. By 2033 this age bracket will have increased by 30.2% locally, compared with 36.5% nationally.

administrative area

Elderly Likely to Require Care

For a full definition of the needs categories, please see page 11 of this report.

Whilst, there is likely to be some overlap between these need categories, it is reasonable to assume that those with high needs are most likely to enter some form of extra-care housing or residential care home. For the purposes of this study, we have therefore estimated the total need for such care as being 7% of the population over 65 years of age.

Elderly Population	2021 Census	2023	2028	2033
Over 65 years of age	27,712	29,422	34,079	39,390
Estimated Higher Care Needs (7%)	1,940	2,060	2,386	2,757

Elderly Requiring Residential Care

At present, approximately 3.9% of the elderly population reside in residential homes and this study utilises that percentage to apportion the overall need estimate between residential and extra-care facilities.

The following table summarises the position if the suggested profile is applied to the population within the administrative area:-

Elderly Population in	2021 Census	2023	2028	2033
65 to 74 years	94	99	115	134
75 to 84 years	323	346	408	458
85 years and over	475	525	566	683
TOTAL	892	970	1,089	1,275

Elderly Requiring Extra Care

As indicated previously, how the future demand for care will be provided is impossible to predict but the estimated demand indicated above is likely to be served within a mix of extra-care and residential care settings.

Based on the estimated prevalence rates indicated above, this suggests the following need for extra-care housing.

Elderly Population in Extra-Care	2021 Census	2023	2028	2033
Likely to Require Extra-Care Housing	1,048	1,089	1,296	1,482

administrative area

Local Provision of Care Homes & Bed Spaces

According to information in the public domain, and making reference to the CQC website, the Administrative Area has seen 5 closures and no new registrations of care homes over the past 5 years, resulting in a net loss of 139 bed spaces. The CQC website indicates that there are 7 care homes for the elderly offering 299 registered bed spaces.

Name of Home	Operator	Registered beds	Single Rooms	En Suites
Alexandra Park Home	Earlybirdcare	13	13	0
Brownlow House	Ventry Residential Care	24	22	23
Peregrine House	Gold Care Homes	36	36	32
Priscilla Wakefield House	Magicare	117	117	117
Spring Lane	Springdene Nursing & Care Homes	63	63	63
The Fer View	Owned by an Individual	6	4	0
The Meadow	MHA	40	40	40
		299	295	275

Of the 299 registered bed spaces, 295 bed spaces are shown to be within rooms for single occupation and of these, 275 have the benefit of en suite facilities. This would indicate that 92.0% of residents within these care homes occupy a single bedroom and have access to en suite facilities; 8.0% have to use shared WC and bathing facilities.

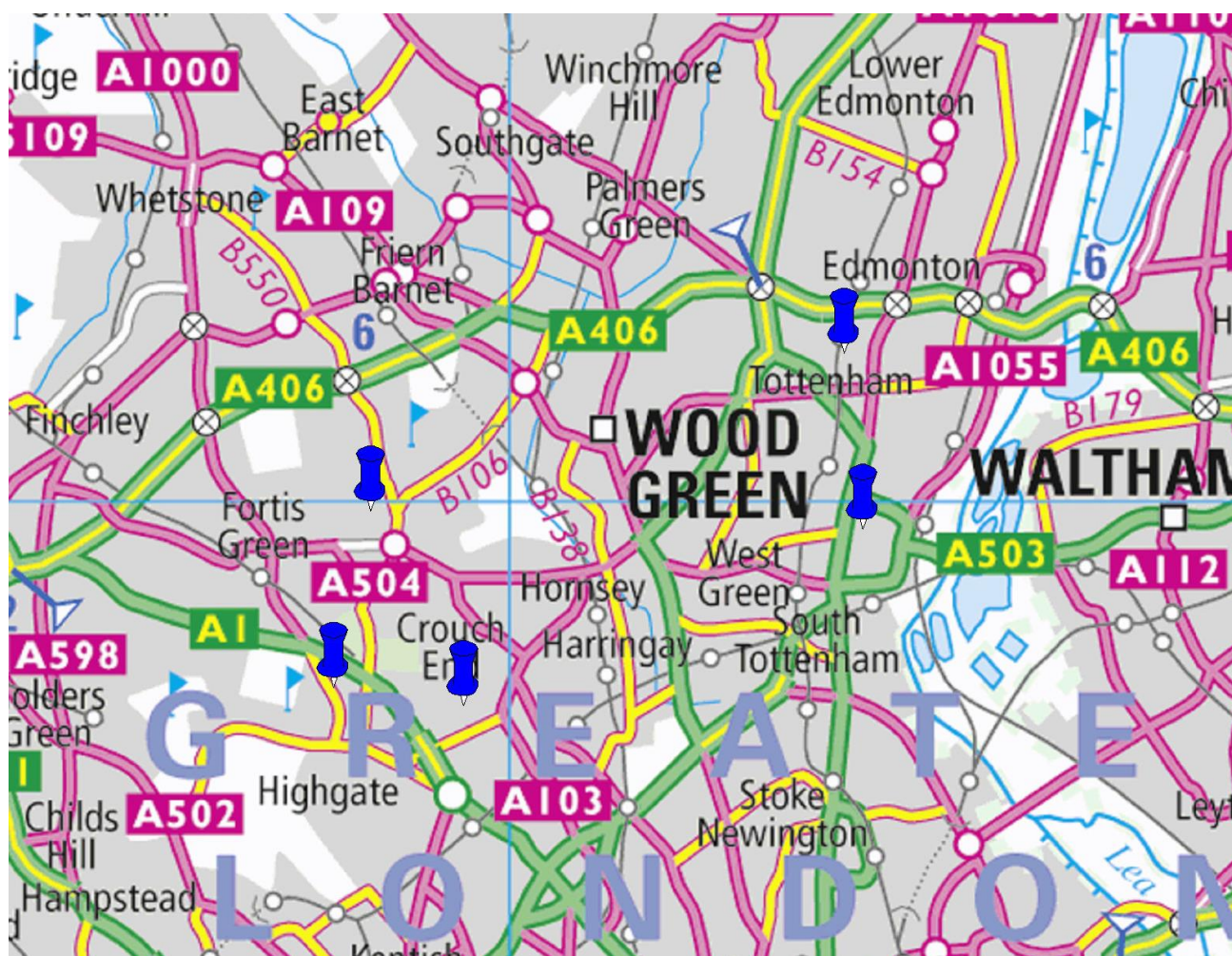
Both central and local Government regard it as best practice that residents in care homes should be offered the choice of a single bedroom with private en suite facilities.

administrative area

Local Provision of Extra Care Housing

According to the Elderly Accommodation Council's most recent records, there are some 5 schemes offering any form of Housing-with-care or Extra Care, providing 213 accommodation units, these being:-

Scheme name	Provider	Units of Accommodation
Lorenco House	One Housing Care & Support	52
Protheroe House	One Housing Care & Support	50
Roden Court	One Housing Care & Support	40
The Paddock	Methodist Homes Housing Association	31
The Trees	Hill Homes	40
Total for 5 schemes		213



conclusions

The Care Act and Support (Eligibility Criteria) Regulations 2015 sets out the levels of care need which are required to qualify for NHS and/or Local Authority support and these follow the findings of Sir Derek Wanless in his Kings Fund report "Securing Good Care for Older People".

This study concluded that 7.0% of those aged 65 years or more population are likely to be unable to perform two or more core Activities of Daily Living and thereby qualify for care in accordance with the national eligibility criteria. It is reasonable, therefore, to apply this estimate of demand to any population as a guide to the number of older people likely to require third party care on a regular basis.

Applying this estimate to the current population within the Catchment Area, indicates that some 5,565 older people are likely to have the higher care needs which would require some form of residential care or intensive assistance within their own dwelling – either within the community or in some form of extra-care housing if available. The number of older people requiring care is forecast to increase to 7,254 within the next 10 years.

There are currently 2,473 units of market standard accommodation (providing individual rooms or apartments with private toilet facilities), which includes 431 units of extra care/close care accommodation. This would suggest a shortfall in provision of 3,092 units of accommodation. There are a further 359 bedrooms within care homes which, whilst registered with the CQC, have shared toilet/bathroom amenities and are not therefore regarded as meeting market standards. If these rooms are included, the overall shortfall reduces to 2,733, but it is reasonable to anticipate further erosion of this supply in accordance with market preferences for single, en suite rooms.

Taking into account the aforementioned forecast increase in demand and approved planning applications in the pipeline, which suggest a potential additional 244 care home bed spaces and 60 extra care units, this shortfall is set to increase over the next decade to 4,477.

We would conclude, therefore, that a significant volume of additional care accommodation will be required to meet the identified shortfall, which could be met through a combination of additional care home provision and/or extra-care apartments.

PINDERS PROFESSIONAL & CONSULTANCY SERVICES LTD

10 August 2023

APPENDIX

types of care - terminology

The Care Quality Commission is responsible for the registration, regulation and inspection of care service provision in England. (Separate bodies undertake a similar role in Scotland, Wales and Northern Ireland).

Individuals or organisations providing care services must be registered with the CQC. In relation to the care of the elderly, services are broadly divided into care and care-with-nursing. The provider must demonstrate the qualifications and experience necessary to provide the services they intend to provide. The services can be provided at locations which may be specified (in the case of a care home) or non-specific (such as an individual's own dwelling).

A distinction should be made between the provision of personal care and support. The former is likely to involve assisting an individual with personal functions such as eating, washing, toileting etc. The latter is likely to be more limited, providing property maintenance and emergency assistance when necessary.

Different terminology is used to describe the many types of care provision, as follows:-

- **Care Home** – probably the most familiar type of care accommodation where elderly people have their own bedroom and share communal areas. Care is provided by registered operators but qualified nursing staff are not employed.
- **Care with nursing home** – as above but with qualified nursing staff on duty.
- **Age-Exclusive Housing** – any type of property (apartment, bungalow, house) where occupancy is restricted to those over a specified age (usually 55 or 65 years). These can be referred to as supported housing, retirement housing, warden-controlled housing or sheltered housing. They may be purchased or occupied under a tenancy or rental agreement. Such housing is provided by Local Authorities, Housing Associations and private-sector developers. Care services are not provided but some form of emergency call system will usually be included. McCarthy & Stone are the most well known providers of such housing.
- **Extra Care or Assisted Living** – similar in nature to age-exclusive housing but on-site care provision will be an integral service. The care packages received are individually tailored to meet the changing needs of individuals. Because of this, such schemes are seen as offering a more flexible long-term choice where future care needs can be accommodated.
- **Close care** – similar in nature to Extra Care but usually in close association to a residential/nursing home. A Care Village is likely to include both a residential care home and independent housing, offering ultimate choice and flexibility to meet changing needs.
- **Domiciliary care** - is the provision of care within an individual's own dwelling. This can be within the 'family' home in the community or to an apartment/bungalow within an age-exclusive housing scheme. Because of budgetary constraints and increasingly congested roads, care visits are generally quite brief, restricting the amount of care which can realistically be provided. By focusing resources on a group within an Extra-Care scheme, care can be provided more efficiently and effectively.

Some perceived advantages of extra care and close care housing include:

- The intensity of care can be adjusted easily on a daily basis according to the resident's needs;
- Residents can remain in extra care with greater degrees of frailty and ill health than they could in their own disburged homes, even with intensive home care packages;
- Moving to extra care can free up a larger unit of social housing for use by a family;
- In the private sector, extra care can release housing equity to pay privately for care;
- Enables older people to live independently as part of a community rather than being isolated;
- Encourages older people to remain more independent for longer;
- Measured levels of dependency may decrease after a period in extra care;
- offers residents a capital investment in the case of long leasehold schemes; and
- Enables couples not to be separated by one partner leaving to enter a care home.

factors affecting care provision

The main barriers to entry within the residential care and nursing home market locally reflect fairly accurately those that are experienced generally across the UK. These are:

- Lack of allocated sites;
- High construction costs;
- Care & physical environment standards; and
- Lack of suitable staff.

Care Home Viability - Typically homes with a registration of less than 20 may struggle to remain economically viable as businesses. In many instances their future viability may well depend on the home's ability to extend, or to convert the existing accommodation to single en suite bedrooms.

Adaptability of Existing Homes - non-purpose built care homes are typically within converted private houses, or within converted hotels or bed and breakfast accommodation. Such accommodation by its very nature is often difficult and costly to reconfigure. Usually, the creation of larger bedrooms and en suite facilities would reduce the registration of the home to render it less profitable and less viable. In such circumstances it is typically more beneficial for the care home owner to dispose of the property to an alternative use.

Lack of Allocated Sites - many planning authorities do not designate any sites within their Local Plan or Local Development Framework or sufficient areas for the provision of care for the elderly. This results in a lack of affordable sites in appropriate areas.

High Construction Costs – the buoyant residential house development market of the late 1990s and early 2000s led to an increased demand for house building. As with all industries, as demand increases for a product or services so its value or cost increases. Build costs in the construction industry have risen dramatically over the last decade or so. This has been exacerbated with the increased floor areas required within care homes, and increased market expectations in terms of the quality of accommodation.

Unlike traditional forms of development where income can be generated from pre-lets, pre-sales, or the costs can be spread over a longer period through phasing the development, the construction of a care home tends to be in one single phase and costs cannot be offset through pre-lets or pre-sales. In the case of a care home, the entire building has to be completed, fitted out and furnished before any income can be received. Even then it is usually not until the building is some 75% occupied that the home becomes profitable. It may well take some 6 to 12 months to reach such occupancy levels. Build costs in the construction industry have risen dramatically over the last decade or so.

Lack of Suitable Staff – the care industry is not the most glamorous industry. Recruiting and retaining staff, especially qualified nursing staff, poses the biggest challenge to operators. Frequently care operators are forced to look overseas for staff, especially qualified nursing staff.

A facility such as a new care home for the elderly would provide a range of employment opportunities from unskilled to semi-skilled through to fully qualified nursing staff. A 60 bed care home for the elderly would typically provide circa 60 full time equivalent employment opportunities.

Care & Physical Environment Standards – the industry is ever increasingly experiencing greater attention from various regulatory bodies. Increased standards have led to higher costs both from a development point of view as well as from a management/administration point of view. Increased bureaucracy involved has led to many potential entrants walking away from the sector as well as existing operators leaving it. The increased costs of development due to the increased new build standards are an obvious barrier to entry.

accommodation standards

National Care Home Standards - on 2 March 2001, The Department of Health issued new National Minimum Standards on room sizes and other facilities in respect of care homes, under the auspices of the Care Standards Act 2000.

Whilst the Care Standards Act (2000) specified standards for the physical environment within care homes, the subsequent Health & Social Care Act (2008), which came into effect on 1 October 2010, is far less prescriptive, with the suitability of the accommodation being assessed by the Care Quality Commission in relation to delivered care outcomes. Despite the absence of prescribed standards, the market continues to assess homes in relation to established benchmarks in terms of size and facilities and our comments below seek to reflect these.

Each home must produce an up-to-date Statement of Purpose, which will clearly state the aims and philosophy of the home, together with the services and facilities offered. Homes will be inspected and assessed to ensure compliance with this Statement and the Standards. It will be necessary, therefore, for homes to demonstrate that the property and facilities are suitable for the needs of the resident group accommodated.

Investors in the care home sector generally show preference for homes with accommodation meeting, or exceeding, the original minimum standards, which therefore remain as relevant benchmarks.

Aspects viewed as being of importance:-

- **Single Room Sizes** - single rooms should be at least 12m² and with en suite facilities. Older rooms which are smaller than 10.0m² are not viewed as having a viable future.
- **Twin Rooms** - rooms should only be shared where residents make a positive choice to do so. The majority of Local Authorities resist placing residents they fund into shared room accommodation.
- **Communal Space** - whilst the former National Standards requiring a minimum communal space (lounges, dining rooms etc) of 4.1m² per resident no longer exists, this is still viewed as a relevant benchmark.
- **Floor Levels and Accessibility** - all residents to have access to all private and communal areas (by means of ramps, where required). Grab rails should be available in corridors, bathrooms, toilets and communal rooms.
- **Lifts/Stairs** - all residents are to have access to all areas of the home, by means of a passenger lift, where required.
- **Wheelchair Access** – single bedrooms for wheelchair users must exceed 12m². Doorways into rooms needing wheelchair access must be sufficiently wide and exceed 800mm in new homes.

care home criteria

- **Site area** required driven by the footprint of proposed buildings.
- **Size of the building** driven by two different factors:-
 1. National Standards minimum requirements; and
 2. Market forces/ expectations.
- Despite relaxation, National Standards not only increased floor areas within bedrooms and day space, but also in other areas of the home, because of the requirements for assisted bathing facilities, sluices, storage areas, lifts, grab rails in corridors and WCs, etc. Buildings had to be designed larger to accommodate all the facilities that made that building a suitable place for the administration of care effectively to the elderly.
- **Home sizes** - Local Authority care homes tend to be designed and constructed around the “brief” of the national minimum requirements. Overall, a new care home merely complying with these requirements could have an overall floor area equivalent to circa 45 m² per registered bed space. Therefore a 60 bedded care/nursing home could have a floor area of circa 2,700 m² over two floors – therefore a ground floor footprint in the region of 1,400 m². Such a building would require a site area of a minimum of an acre (4,046 m²).
- Generally, single storey units are regarded by the industry as the ideal, but are often not practical or economical from a land use perspective.
- Private and corporate care operators, however, are not building care/nursing homes merely to comply with the minimum standards, but are looking to build bedrooms and homes of sufficient size to provide a better quality of life and attract the higher fee paying private clients, as well as future proofing themselves against any potential increase in spatial requirements or changes in legislation.
- **Bedroom sizes** - Typically bedrooms will be a good deal larger than the 12m² minimum requirement, and be circa 16m² to 20m², excluding the en suite.
- **En suite** - The minimum en suite is a WC and wash hand basin, according to the Standards. However, to attract premium fees, operators are often providing en suite WCs, wash hand basin and level access showers or baths – the latter being seldom used, but providing a valuable marketing tool to sell the room/home to the prospective resident’s family.
- **Private sector homes sizes** - With the larger room sizes and increased en suites, together with a greater number of smaller lounge areas, the corporate and private sectors are typically building homes between 50m² and 55m² per registered bed space. A 60 bed care home in this sector would be between 3,000m² and 3,300 m² and would therefore more typically occupy a site area of closer to 1¼ acres.
- **Bed spaces per home** - New build care homes for the elderly tend to have minimum registrations of circa 60 and go as high as 90, or even higher.
- Smaller care home owner/operator will typically be doing so from a converted former residential property, or old seaside hotel, registered for circa 25 residents or fewer.
- Corporate sector look to develop larger units of a minimum of 45 registered bed spaces in order to achieve the necessary economies of scale to provide the higher standards of care, accommodation and service. As the standard of accommodation and care rises, the minimum size of care home that can be viable increases.
- **Core and cluster** - Care homes are designed with “clusters” of bedrooms in multiples of 12 to 20. Wings within the homes will usually be of 12 to 20 and these will effectively form “mini communities” within the overall community of the care home. These areas will tend to be capable of being self-contained, with the exception of the kitchen and laundry facilities.
- They may contain 12 to 20 bedrooms, storage areas, a small lounge, dining area, an assisted bath, an assisted level access shower, separate WCs, sluice and nurse station. This is partly to minimise the institutional feel of the home, but also to maximise the staffing efficiency levels.