



Care Home Need Assessment

On behalf of Splendid Healthcare

Horncastle Care Centre
Plawhatch Lane
Sharpthorne
East Grinstead
West Sussex RH19 4JH

March 2025

Preface

The purpose of this document is to ascertain the level of Need for the proposed care home development.

The assessment of Need (whether current or forecast) has become increasingly important to the planning process over the past decade not only due to the rate of population growth amongst the older generation but also central government direction. The latter is detailed within Appendix V and can be summarised as follows:

The **Care Act 2014** sets out in one place a local authority’s duties in relation to addressing peoples needs, requiring each local authority to ensure not only an adequate quantity but also quality of care home provision.

On 26th June 2019 the Ministry of Housing, Communities & Local Government published **Planning Practice Guidance** (PPG) entitled ‘Housing for Older and Disabled People’. The PPG included the provision of care homes and the opening words set the tone:

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

The importance attached by central government to this sector was further underlined (from a planning perspective) in December 2024 with publication of the revised **National Planning Policy Framework** (NPPF). The document makes specific reference to care homes for older people within Paragraph 63 and is reflective of central government acknowledgement that the need for such accommodation has become critical.



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Introduction

Instruction

This report has been carried out on behalf of Splendid Healthcare – a member of the Splendid Hospitality Group (The Client). Instruction was confirmed by way of email correspondence from Mr E Rimmell, Development Director, dated 11th February 2025.

Background

The purpose of this report is to provide an indication as to the need for the provision of registered care accommodation for older persons in the area around Horncastle Care Centre, Plawhatch Lane, Sharpthorne, East Grinstead, West Sussex RH19 4JH (The Site).

We understand that The Site was most recently utilized to provide care to both older persons and adults living with an Acquired Brain Injury (ABI). Registration for the care home was archived by the Care Quality Commission in 2018 and, following significant fire damage, the main building has been demolished.

Our Client now seeks to invest in Site redevelopment, through the construction of a new purpose designed care home for 80 older persons, along with the refurbishment of the existing Maple Lodge in order to provide (inter alia) a 10 bedroom ABI unit.

Content

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

This report has been prepared by Nigel Newton Taylor, a Director of HPC and Chartered Surveyor with 36 years experience providing commercial property advice in both the public and private sectors. Specialising in care based property for the past two decades, he has provided a mix of consultancy, valuation and transactional advice to a wide range of clients including Local Authorities, Lending Institutions, Not for Profit Organisations and Corporate Healthcare Operators.



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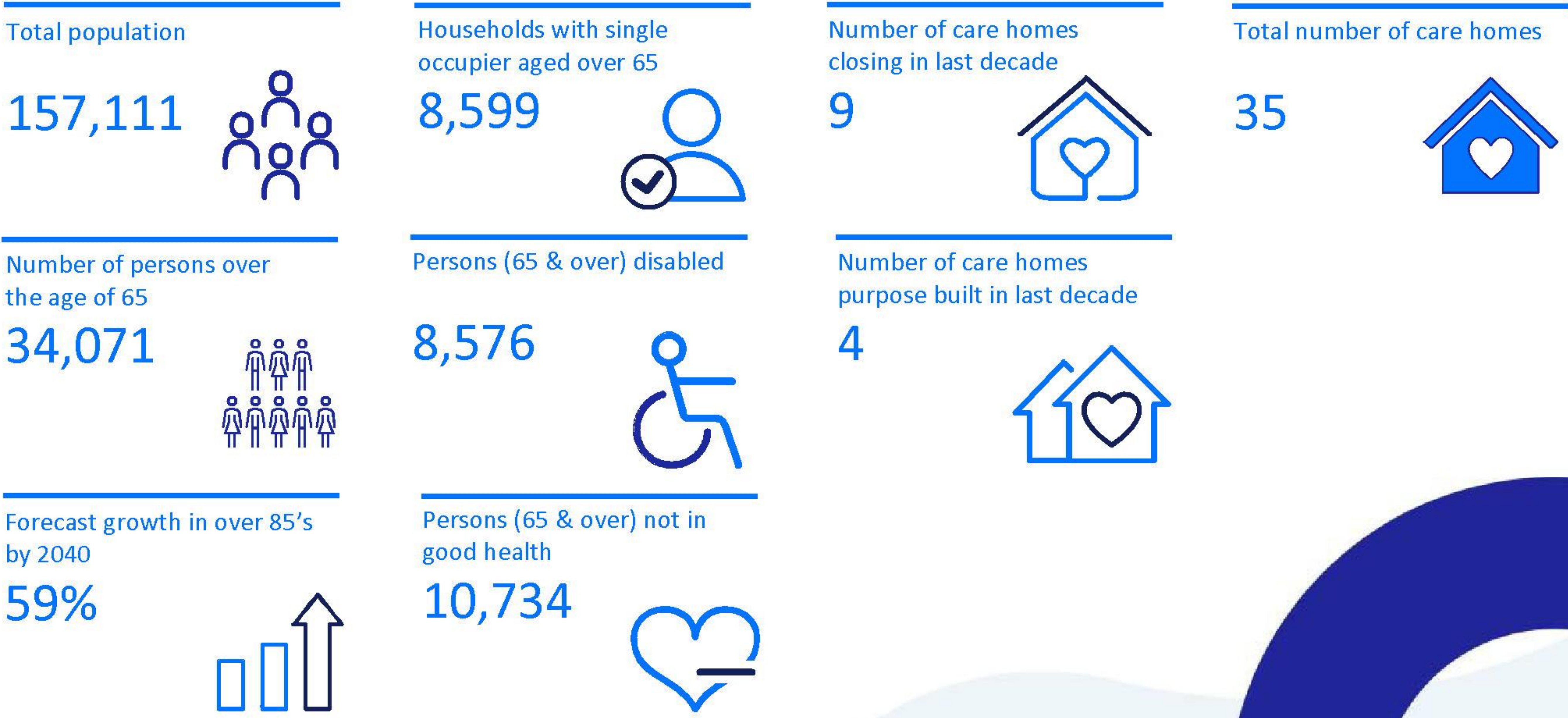
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2

Executive Summary



The District In Numbers



Conclusion

Relevant Opinion

“The population of older persons is increasing, driven by demographic changes including increasing life expectancy. This is a key driver of the need for housing which is capable of meeting the needs of older persons.”
(Mid Sussex Strategic Housing Market Assessment 2021; Para 8.3)

“.....Overall, the analysis suggests that there will be a need for both housing with support and housing with care (particularly in the market sector), as well as a modest longer-term need for additional nursing and residential care bedspaces.”
(Mid Sussex Strategic Housing Market Assessment 2021; Para 8.38)

“However, the number of available neurorehabilitation beds across the UK is inadequate, service provision is variable and, consequently, long term outcomes for ABI survivors are compromised.”
(Time For Change – All Party Parliamentary Group Report; Foreword)

“The proposed development would however contribute towards what I have found to be a significant unmet need for registered care homes in Mid Sussex, more so in relation to provision for bedrooms that have at least the minimum ensuite facilities, causing me to afford substantial weight to the benefit of adding to the local supply with the proposed care home. I have also found that the benefit is strengthened by the circumstances whereby there is an operator committed to the proposal.....”
(Appeal APP/D3830/W/21/3281350 – Crawley Down - Decision Para. 86)

Need Assessment Findings

- The PPG identifies the need to provide specialised accommodation for older people as being critical
- The 2024 updated NPPF specifically mentions assessment of care home need (Para. 63)
- The Care Act 2014 requires each local authority to ensure adequate provision of care homes in terms of both quantity and quality
- The proportion of persons aged over 85 is 24% higher than the national profile
- The number of Mid Sussex persons within the 85+ age bracket is forecast to increase by 59% by 2040
- UK hospital admissions due to Acquired Brain Injury have risen by 29% over the past two decades.
- The shortfall in appropriate ABI care unit provision is so critical in Sussex that 55% of placements are being made ‘out of county’ (Section 9.4)
- Current care home provision incorporates a complete mix of accommodation albeit with heavy reliance upon dated converted dwellings
- Mid Sussex D.C., acknowledging the need to upgrade the care home estate, has been consistently supportive of operators seeking to replace dated facilities with new care homes, designed for purpose.
- Over recent years the District bed loss through care home closure has comfortably exceeded gain through new development. A level of future development is required not only to reflect the rising elderly population but also offset care home attrition.

Outcome

The table below identifies the level of outstanding need for appropriate accommodation based upon demand levels identified within the SHMA (see Section 7.2) coupled with current supply in terms of ensuite bedrooms (as detailed in Section 5 and Appendix I to this document). Undersupply of appropriate accommodation over forthcoming years is substantial.

Appropriate Accommodation	2025	2030
Statistical Demand	1,260	1,438
Current supply	1,153	1,153
Outstanding Need	107	285

Data relating to the Site locality (Appendix II) is similarly compelling.

Significant need for the provision of further purpose designed facilities is clear from our analysis and further supported by both the Mid Sussex SHMA (see Sections 7.2 & 9.2) and past appeal activity (Section 8.3).

Over recent years the local planning authority has been instrumental in facilitating improvement across the District care home estate:

- i. Consent for the replacement of Beech Hurst (Haywards Heath) allowed the development of Martlet Manor on the site.
- ii. Consent for the development of Goldbridge (Haywards Heath) facilitated the move of residents from, and subsequent closure of, the neighbouring Downlands Park.
- iii. Consent for the replacement of Francis Court (Cophorne) will enable Care UK to re-provide within a structurally sound care home.

The proposal therefore aligns with recent activity – replacement of dated care homes on established C2 Use sites – in addition to providing the specialist Acquired Brain Injury care sought by the Sussex Integrated Care Board.

The Benefits

It is anticipated that the proposed development will:

1	Assist in offsetting the significant existing statistical undersupply of appropriate accommodation across the District.	(See page 26)
2	Assist in offsetting the significant existing statistical undersupply of appropriate accommodation across the Locality.	(See page 42)
3	Create additional capacity in terms of care home accommodation for older persons in line with the Strategic Housing Market Assessment.	(See page 23)
4	Provide a specialist Acquired Brain Injury unit in order to offset the county wide undersupply and avoid the need for placement 'out of county' by Sussex Integrated Care Board	(See page 35)
5	Improve the overall environmental quality of the care home estate through purpose designed accommodation capable of facilitating care to the elderly with complex needs, thereby meeting the aspirations of West Sussex County Council.	(See page 22)
6	Help offset future care home closures as dated premises become either unviable or unfit for purpose in the face of changing/increased care needs.	(See page 17)
7	Reduce the impact risks of future pandemics through provision of environment specifically designed for purpose.	(See page 46)
8	Enable older persons to vacate under-occupied dwellings for use as family housing.	(See page 13)

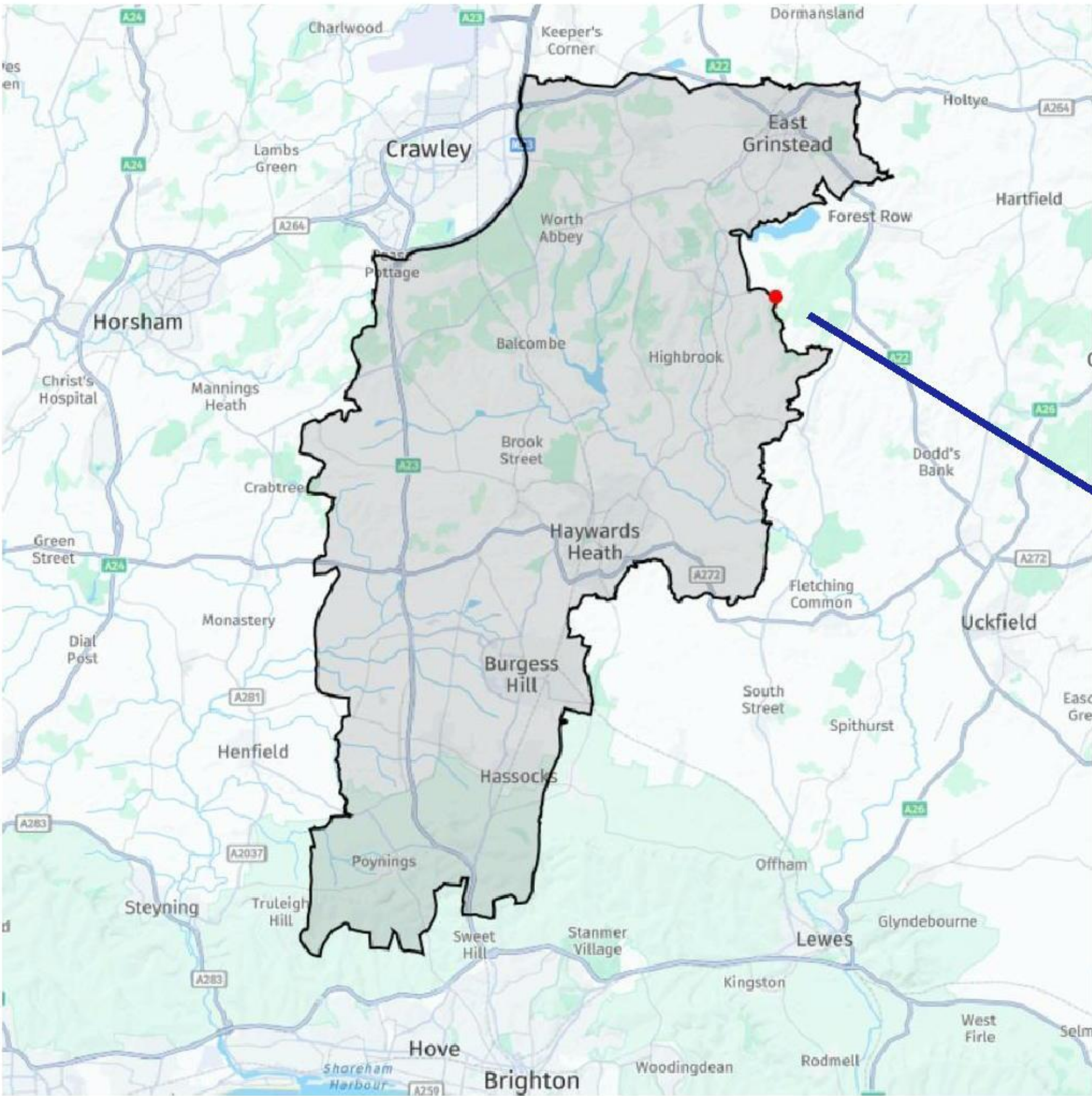


3

Assessment
Geography

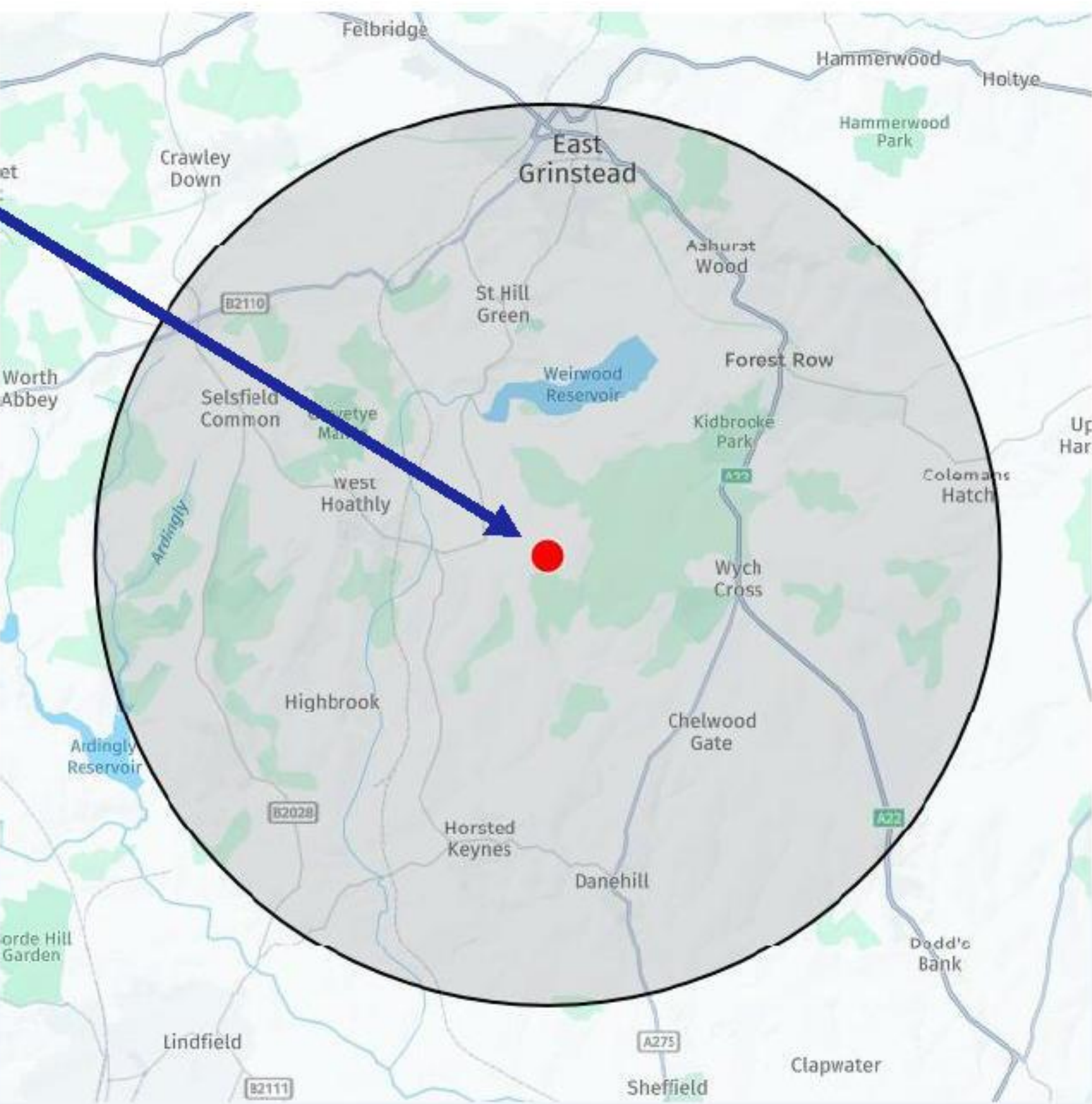


3.1 Primary Geography



In carrying out our research we have focused upon the District of Mid Sussex (the District), thereby aligning with relevant local authority strategic documentation. Unless specifically detailed, comments and data within this document refer to the District. The District and Site are identified alongside.

3.2 Secondary Geography



As a point of reference we have also (within Appendix II) considered the immediate locality, focusing upon an area within a radius of 4 miles from The Site (The Locality). Comprising the Central and South Side of East Grinstead and surrounding rural area, we believe that this comprises the geography from which the proposed development is most likely to attract service users. The Locality is mapped alongside.

4

Population Profile



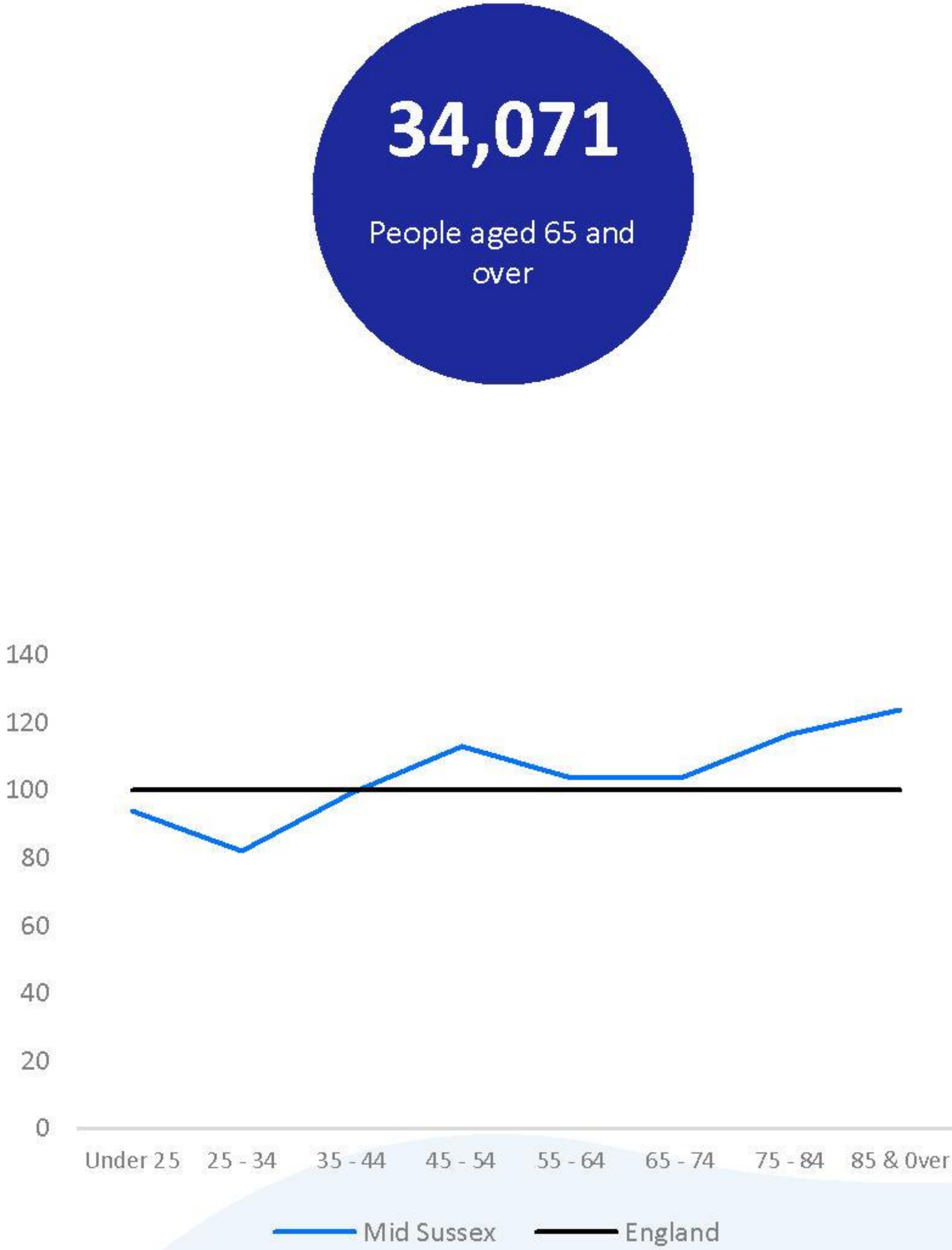
4.1 Age Breakdown

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

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

As clearly identified, there is a strong bias towards people in the elderly age brackets. The prevalence of people in the most elderly age band (85+) is 24% higher than the national profile.

Age Band	District
Under 25	42,321
25-34	16,699
35-44	20,761
45-54	22,113
55-64	21,146
65-74	15,907
75-84	13,037
85 & Over	5,127
Total	157,111



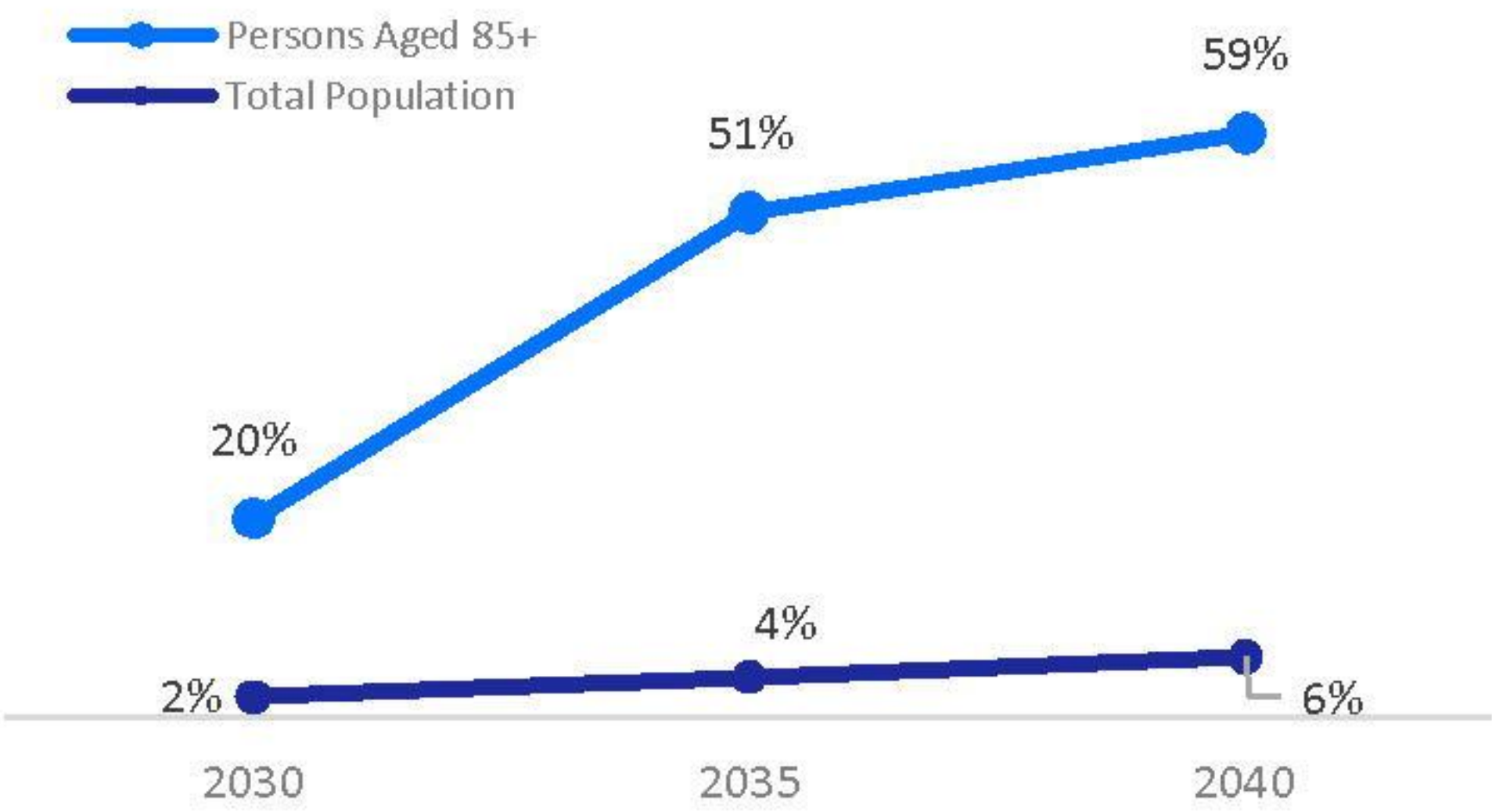
4.2 Population Movement

The following table details the projected population change in individuals over the age of 85 between 2025 and 2040.

	2025	2030	2035	2040
Projection	5,127	6,146	7,727	8,167

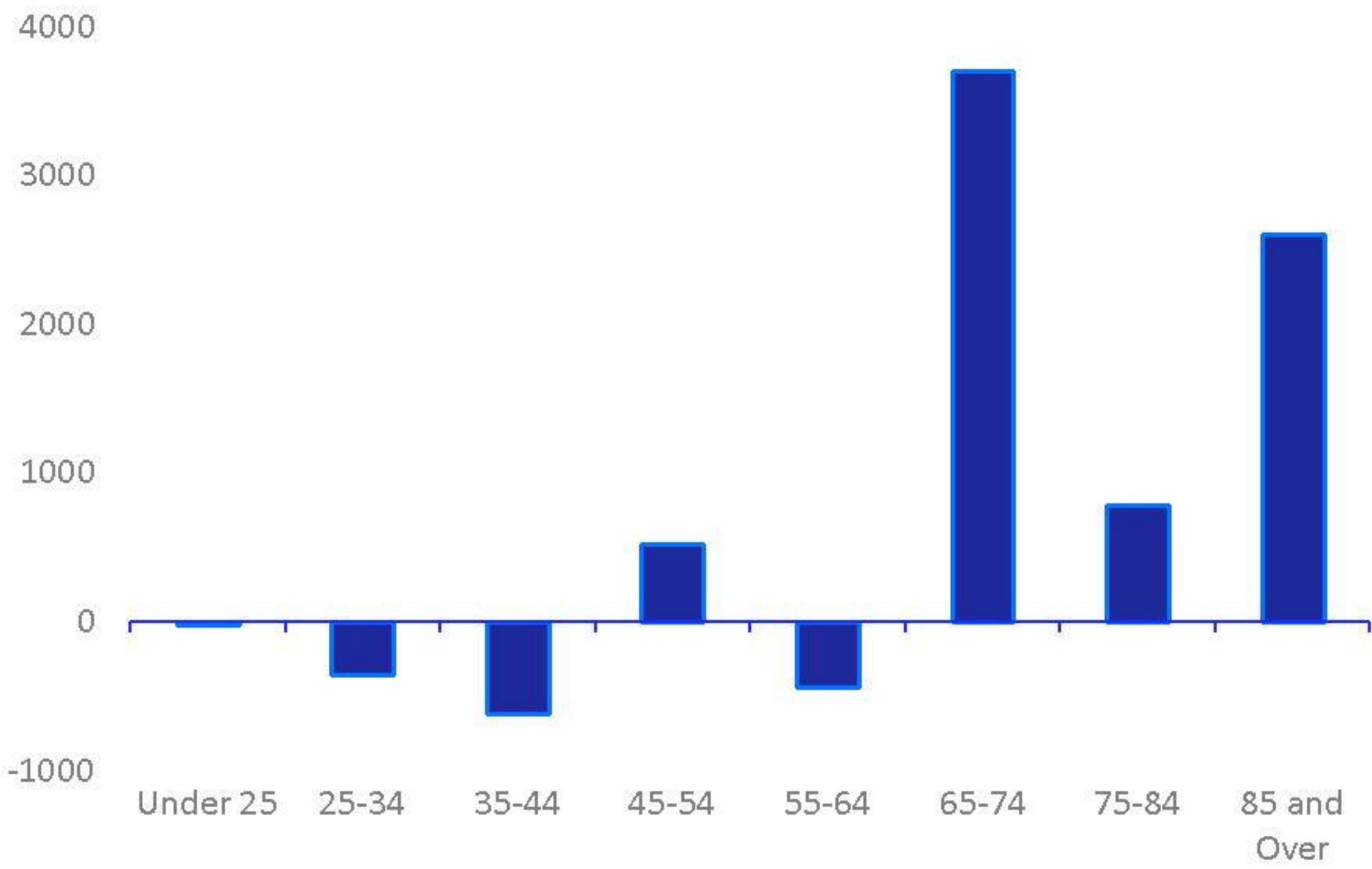
The following chart identifies projected population growth within the District on the bases of total population and persons aged 85+ in isolation. The identified growth rate is cumulative over the period, measured against the base year of 2025.

The number of people across the District over the age of 85 is forecast to rise by 59% by 2040 – a figure contrasting dramatically with the total population growth of 6%.



Source: All Experian

Over the forthcoming decade the population is forecast to rise (in total) from 157,111 to 163,268. The numeric change in age bands over that period is charted below, clearly illustrating the degree to which growth in the elderly population is outstripping younger generations.



59%

Increase in over 85's
by 2040

4.3 Health and Wellbeing

4.3.1 Dementia – The National Picture

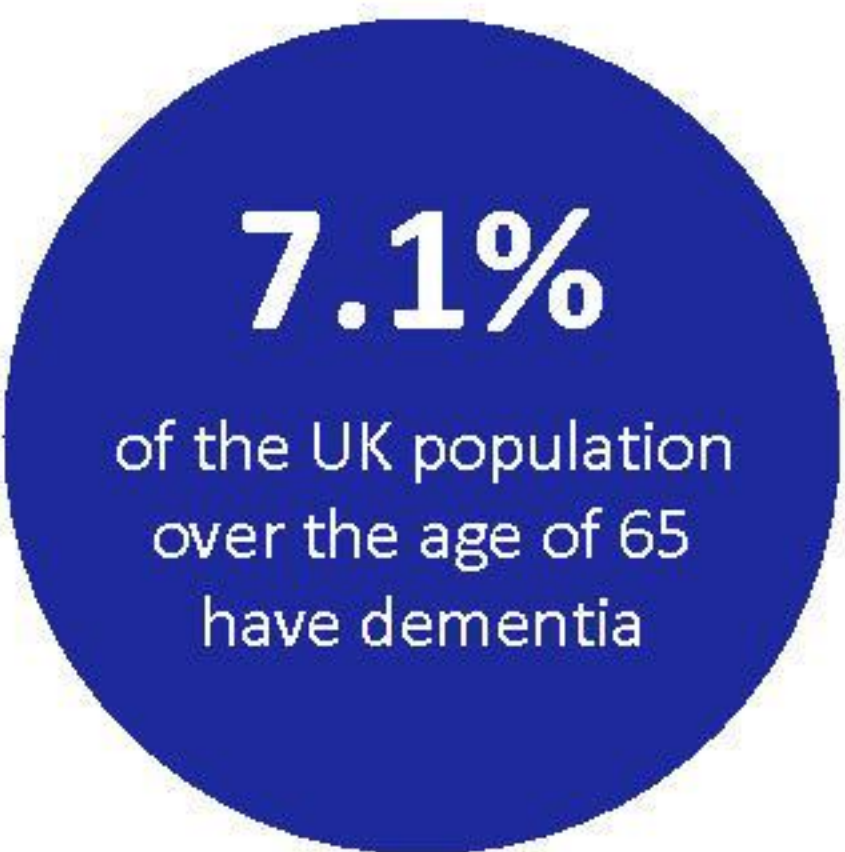
With over 900,000 elderly people in the UK with dementia it is essential that the demand for dementia care is recognised with appropriate provision within the Social Care sector. In November 2019 the Alzheimer’s Society funded a study carried out by the Care Policy and Evaluation Centre (CPEC) at the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

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

With a base year of 2019, researchers estimated 885,000 older people within the UK to have dementia – a prevalence rate among older people of circa 7.1%. The projected number of older people with dementia is forecast to increase by 80% to 1.59 million by 2040 although it is the specific breakdown of dementia growth that is of particular interest to care home provision. The projected increase in the number of people with severe dementia (2019-2040) is 109% in comparison to the projected increase in those with mild and moderate diagnosis (55% and 33% respectively).

The prevalence rate of dementia in the UK is projected to reach 8.8% (from the current 7.1%) by 2040. This increase in prevalence (and the number of people with dementia) is driven by continued population ageing in the UK, characterised by a rising proportion of people in advanced old age. Concluding comment from the research document is clear in terms of impact upon future demand for dementia care provision:

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



4.3 Health and Wellbeing

4.3.2 Mid Sussex Strategic Housing Market Assessment

The **Mid Sussex Strategic Housing Market Assessment 2021** comprises part of the Evidence Base for the District Plan 2021-2039 and provides a helpful insight into the prevalence of health and wellbeing issues within Section 8 (Older Persons Housing Needs):

“The incidence of a range of health conditions is an important component in understanding the potential need for care or support for a growing older population.

Of particular note are the large increases in the number of older people with dementia (increasing by 75.1% from 2021 to 2038) and mobility problems (61.9% increase over the same period). Changes for younger age groups are smaller, reflecting the fact that projections are expecting older age groups to see the greatest proportional increases in population. When related back to the total projected change to the population, the increase of 2,600 people aged 65+ with a mobility problem represents 8% of total projected population growth.”

(Mid Sussex SHMA 2021; Paras 8.15 & 8.17)

Table 8.4 Projected Changes to Population with Disabilities

Disability	Age Range	2021	2038	Change	% Change
Dementia	65+	1,112	1,947	835	75.1%
Mobility problems	65+	2,980	4,825	1,845	61.9%
Autistic Spectrum Disorders	18-64	362	387	25	6.8%
	65+	160	232	72	45.0%
Learning Disabilities	15-64	942	1,020	78	8.3%
	65+	351	505	154	43.9%
Challenging Behaviour	15-64	17	19	1	8.1%
Impaired Mobility	16-64	2,343	2,446	103	4.4%

Source: POPPI/PANSI and Demographic Projections

The above table has been extracted from the Mid Sussex SHMA. The content makes compelling reading, underlining the anticipated growth in older persons living with dementia and/or mobility problems.



4.3 Health and Wellbeing

4.3.3 General Health

10,734

persons aged 65 & over
not in good health

4.3.4 Disability

8,576

persons aged 65 & over
disabled under the
Equality Act with day
to day activities
limited

4.4 Dwelling Occupation

8,599

single person
households with
occupier aged over 65



Source: All Census 2021

5

Supply



5.1 Existing Care Home Overview

Category	Home	Registered Beds	Dementia Beds	Total Rooms	Ensuite Rooms
Residential	17	595	326	591	518
Nursing	18	848	644	841	635
Total	35	1,443	970	1,432	1,153

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

The District care home estate is varied, ranging from converted former dwellings through to facilities purpose designed in their entirety. The significant bias is, however, to the former with 25 of the 35 homes incorporating accommodation converted from alternative use. Purpose designed homes date from across the past six decades with only six being developed since the turn of the millennium. The most recent development comprises Furze Field Manor which was opened by Oyster Care Homes in 2024.

5.2 Appropriate Accommodation

The HPC Care Home Need Assessment is based upon the number of bedrooms across the geography offering, as a minimum, an en-suite WC and wash hand basin.

This approach is supported by the following – each of which are overviewed in Appendix IV:

- I. Care Act 2014
- II. National Minimum Standards for Care Homes for Older People 2002; Department of Health
- III. Virus control necessity

The aspect of ‘what constitutes a reasonable standard of accommodation’ has, over recent years, been the subject of consideration within the planning process with specific appeal decision reference to ensuite bedroom provision including:

‘Furthermore, they do not take account of the significant number of rooms which are not single occupancy and are without any en-suite facilities, agreed by the Council and Appellant to now be a reasonable minimum expectation for registered care bedrooms for older people....’

(APP/D3830/W/21/3281350. Decision 12th April 2022. Para 50 pt.)

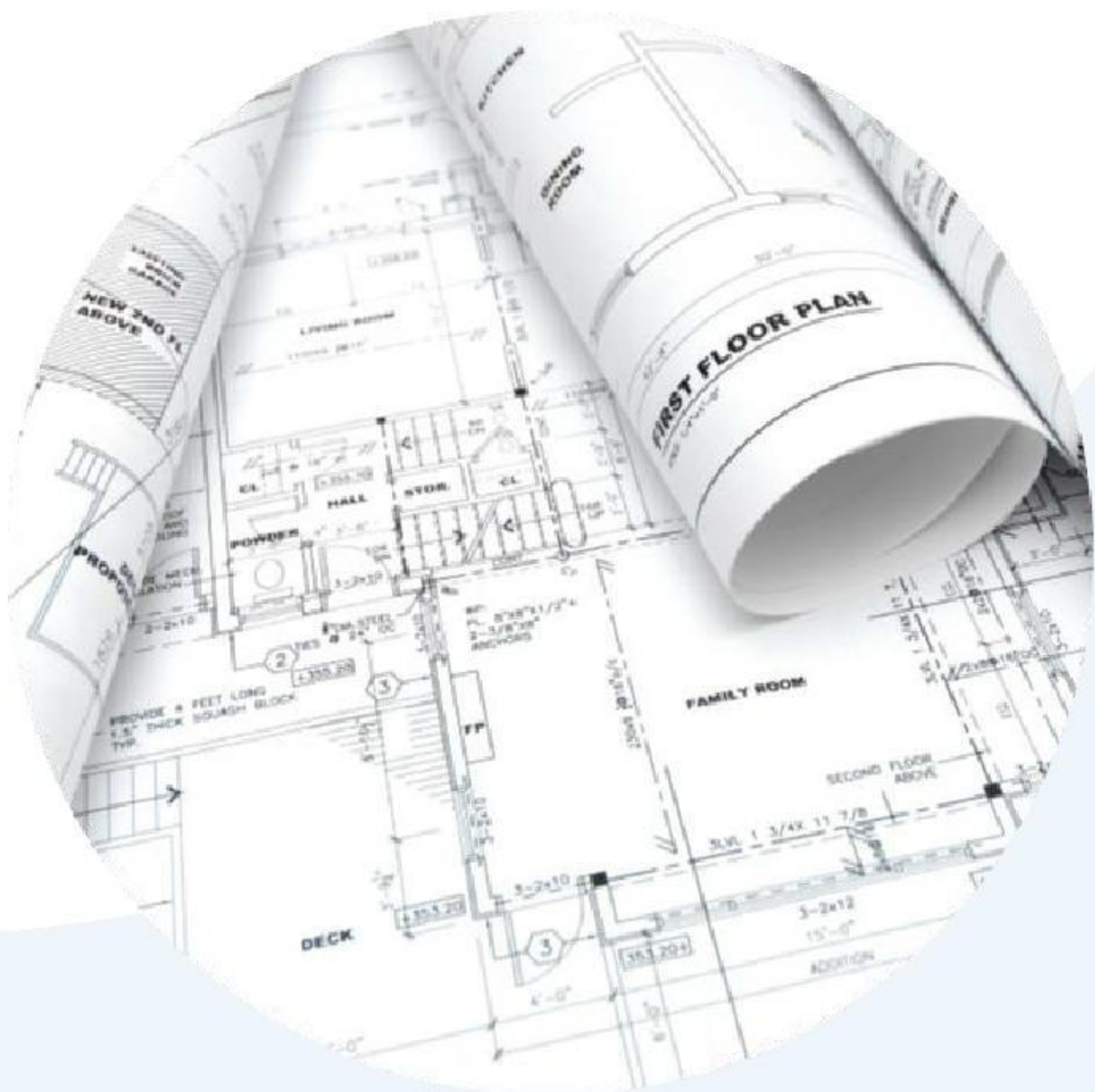
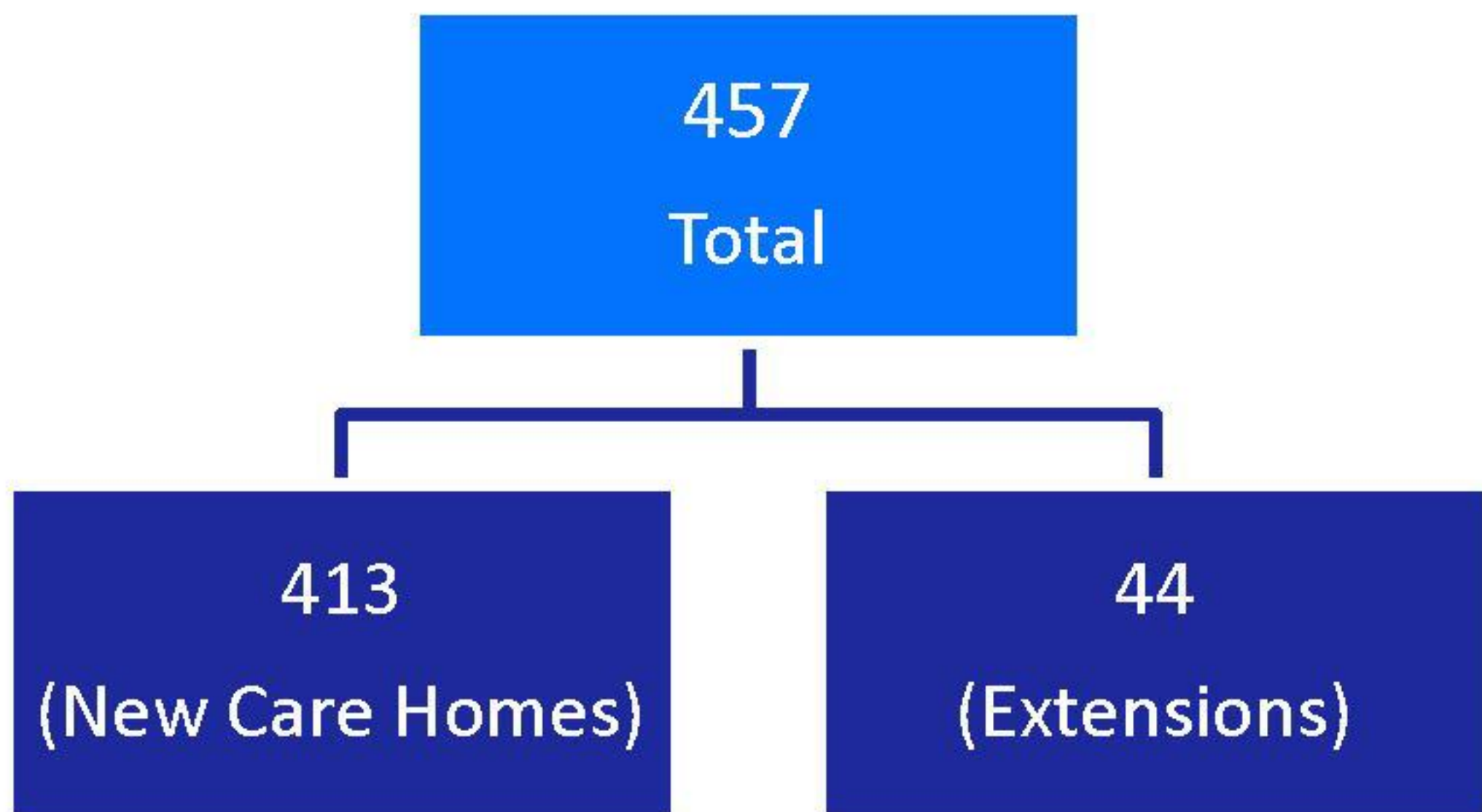
It is not in dispute between the Council and the Appellants that the existing buildings are no longer suitable for their current use: I agree. There is no level access from the street, and the buildings have a number of levels, with narrow corridors and a number of short staircases making them unsuited for those with mobility issues. Some of rooms have en-suite facilities, but others do not and are therefore not to expected modern standards....’

(APP/K3605/W/20/3257109. Decision 18th October 2021. Para 32 pt.)

Indeed, in September 2024, the Hearing Inspector considering the proposed development of a 72 bed care home in Colchester (APP/A1530/W/24/3339756) explicitly underlined the importance of quality in identifying a main issue as being *‘whether or not there is a quantitative and/or qualitative need for C2 accommodation.’*

5.3 Planning Activity

We have, in researching for this report, had regard to ongoing and recent planning activity across the District. This has been carried out through utilisation of the Barbour ABI planning directory in tandem with a key word search of the local authority planning portal. The search has encompassed planning applications relating to registered care home provision for the elderly lodged over the past 3 years where the outcome has been positive or, alternatively, a decision remains pending. Detailed findings are incorporated within Appendix I. Consented beds comprise:



5.4 Market Movement

Whilst the Care Quality Commission data in Section 5.1 provides a snapshot in time, it is also useful to look at the pattern of provision over recent years in terms of new facilities and closures. The two tables below identify such activity across the District over the decade from January 2015 to date.

Home Closures	
Royston (2016)	17
Rowfant (2016)	20
Balcombe Place (2016)	40
Downlands Park (2018)	40
Horncastle House (2018)	43
Beech Hurst (2019)	60
Francis Court (2023)	87
Ladymead (2024)	27
Firgrove (2024)	35
Total Reg. Beds	369

New Homes	
Bletchingley (2017)	56
Goldbridge (2018)	64
Martlet Manor(2021)	72
Furze Field Manor (2024)	66
Total Reg. Beds	258

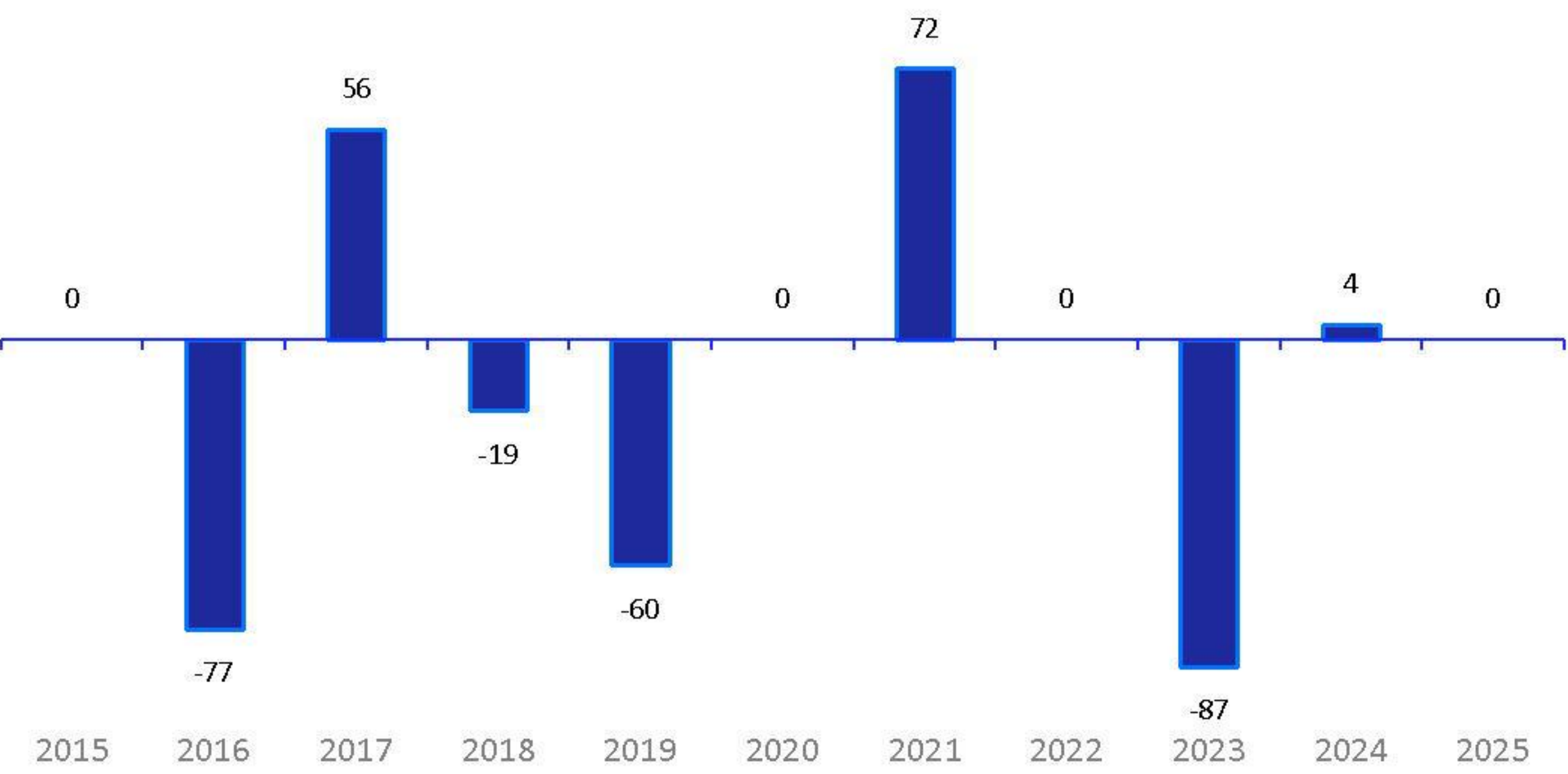
The developments of Martlet Manor and Goldbridge comprise replacement facilities for Beech Hurst and Downlands Park respectively by Care UK and BUPA.

Over the past decade, the impact of new care home development has been more than offset by attrition. Indeed, the District has seen a net LOSS of 111 registered beds – flying in the face of a rising elderly population (Section 4.2).

There is, unfortunately, a firm potential for further care home closures. As a company, HPC monitor care home closures nationwide. Amongst the key reasons behind home closures are a lack of economy of scale (limited registration) and environmental provision no longer deemed fit for purpose.

Source: Care Quality Commission

The following chart identifies the annual market movement in terms of registered beds over the past decade:



A particularly high proportion of the care home estate incorporates former dwelling house accommodation, not designed to accommodate the increasingly complex care needs of our elderly population. Indeed, 25 of the 35 homes incorporate accommodation converted from alternative use – a level of accommodation comfortably higher than seen nationally. This District wide characteristic is a key reason behind the pattern of market movement set out above.

As a result, the District will require a level of development to not only keep pace with the rising elderly population but also offset the future care home attrition as facilities are deemed unviable or unfit for purpose.

6

Statistical Demand



6.1 Demand Assessment – Strategic Housing Market Assessment

Section 7.2 to this HPC Care Home Need Assessment contains an overview of relevant content from the Mid Sussex Strategic Housing Market Assessment (SHMA) dating from 2021. Table 8.7 of the document identifies Older Persons’ Care Bedspace Requirements 2021 - 2038, detailing the level of demand in both 2021 and 2038.

Based upon the two demand extremities detailed we have assessed the level of demand for current and forthcoming years by way of straight-line interpolation.

This SHMA based assessment confirms a total requirement for 1,260 elderly care beds in 2025. This level of demand rises to 1,438 by 2030 and 1,616 by 2035.



6.2 Demand Assessment - LaingBuisson

In considering the potential demand for elderly care throughout the District we analyse below the bed provision for key age groups based upon LaingBuisson research. This confirms the following proportions of UK population living in a care home or long stay hospital setting as at December 2024:

- 65 – 74 years: 0.55%
- 75 – 84 years: 2.9%
- 85 and over: 12.9%

The above prevalence rates are occupancy based. The level of care home bed provision needed should reflect the following:

- i. The nature of the service provision is such that occupancy turnover is high. At each turnover a bedroom is temporarily lost in order to facilitate removal of belongings and redecoration/deep clean.
- ii. The Care Act 2014 requires local authorities to provide a choice of accommodation across their area.

To reflect these factors, a 10% uplift on the base occupancy assessment has been applied.

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

This methodology confirms a total requirement for 1,240 elderly care beds. This level of demand rises to 1,418 by 2030 and 1,656 by 2035.



Source: Care of Older People UK Market Report 35th Edition; LaingBuisson

7

The Local Authority Perspective



7.1 Care

The relevant care commissioning authority is West Sussex County Council (WSCC).

Strategy is currently held within the WSCC **Adult Social Care Strategy 2022-2025**. Whilst acknowledging the role that care home provision plays across the county, the Strategy is also keen to place emphasis on future Housing with Care provision and maintaining the independence of older persons. The document is wide ranging in terms of subject matter, covering all age groups. Specific commentary relating to care homes for older people is minimal and would normally be contained in greater detail within a Market Position Statement. The WSCC website (last updated 4th September 2024) confirms work to be ongoing in respect of a number of Market Position Statements, the finalised documents being restricted to Extra Care and to younger adults with lifelong disability and/or autism.

West Sussex County Council has, more recently, produced the **West Sussex Market Sustainability Plan 2023-25** which includes focus on care homes for the elderly. The Plan was developed by the Local Authority in partnership with West Sussex Partners in Care. In a not dissimilar manner to the aforementioned Strategy, the Sustainability Plan heavily highlights the rate at which the elderly population is increasing in number.

The Plan underlines the desire to meet an increasing level of need within community settings albeit with care homes continuing *‘to play a significant role in council commissioning’*. Having said that, it is anticipated that this will require a more focused approach to care through enhancing the provision of complex and dementia related care rather than frail elderly care provision.

A modern purpose designed facility for older persons (such as that proposed) would be better placed to facilitate specialist care provision than many of the converted premises offering care at present across the District.

“In 2018 there was estimated to be over 200,000 people of all ages living in West Sussex with two or more chronic conditions, the largest prevalence being in older people, affecting over 100,000 residents aged 65 years and older.

Of which, 80,000 older people had three or more chronic conditions. Conditions can be physical or mental, and include diabetes, hearing and sight loss, asthma, eating disorders, anxiety, and dementia. As the population ages, this number is predicted to increase.”
(West Sussex Adult Social Care Strategy 2022 – 2025; Building relationships and Connections)

“There are estimated to be over 200,000 people of all ages in West Sussex with two or more chronic conditions, with the largest prevalence in older people. With the benefits of longer lives comes the increased demand for care and support. For example, the increasing prevalence of dementia within the demand for WSCC support is clear. Our projections suggest that dementia related need could make up 25-40% of demand for long term local authority support by 2041. The demands upon the care sector are therefore becoming greater in number and increasingly complex.”
(West Sussex Market Sustainability Plan 2023-2025; Section 1)

“Alongside a potential over-supply of residential provision, there is an insufficient provision for more complex care that is accessible to WSCC including dementia provision with the residential sector and provision for dementia & complex needs within the nursing sector.”
(West Sussex Market Sustainability Plan 2023-2025; Current Market Gaps / Challenges)



7.2 Housing

The current **Strategic Housing Market Assessment** (SHMA) Final Report is dated October 2021 and completed by ICENI Projects Ltd on behalf of Mid Sussex District Council.

Section 8 of the SHMA is entitled ‘Older Persons Housing Needs’. Paragraphs 8.24 onwards specifically comment upon the need for specialist accommodation for older persons, a section of the SHMA which encompasses care home assessment. The assessed need for care home bed spaces across the District is contained within Table 8.7 of paragraph 8.38. With a base year of 2021, the table identifies a demand level of 1,118 bed spaces with a further 605 required by 2038 (1,723 in total). The current number of en-suite bedrooms across the District (as identified in Section 5.1 to this document) stands at 1,153. It can therefore be seen that the current provision of appropriate accommodation broadly mirrors the level of demand identified for 2021.

For ease of reference, we detail alongside a Table identifying the 2021 and 2038 levels of demand contained within the SHMA and, through straight-line interpolation, the relevant figures for 2025, 2030 and 2035.

We would further comment that, contrary to the requirements of the Care Act 2014, there would appear to be no substantive commentary within the SHMA relating to qualitative aspects of the District care home estate.

	2021	2025	2030	2035	2038
SHMA Assessed Care Home Demand	1,118	1,260	1,438	1,616	1,723

“The population of older persons is increasing, driven by demographic changes including increasing life expectancy. This is a key driver of the need for housing which is capable of meeting the needs of older persons.”

(Mid Sussex Strategic Housing Market Assessment 2021; Para 8.3)

“Given the ageing population and higher levels of disability and health problems amongst older people, there is likely to be an increased requirement for specialist housing options moving forward.....”

(Mid Sussex Strategic Housing Market Assessment 2021; Para 8.24)

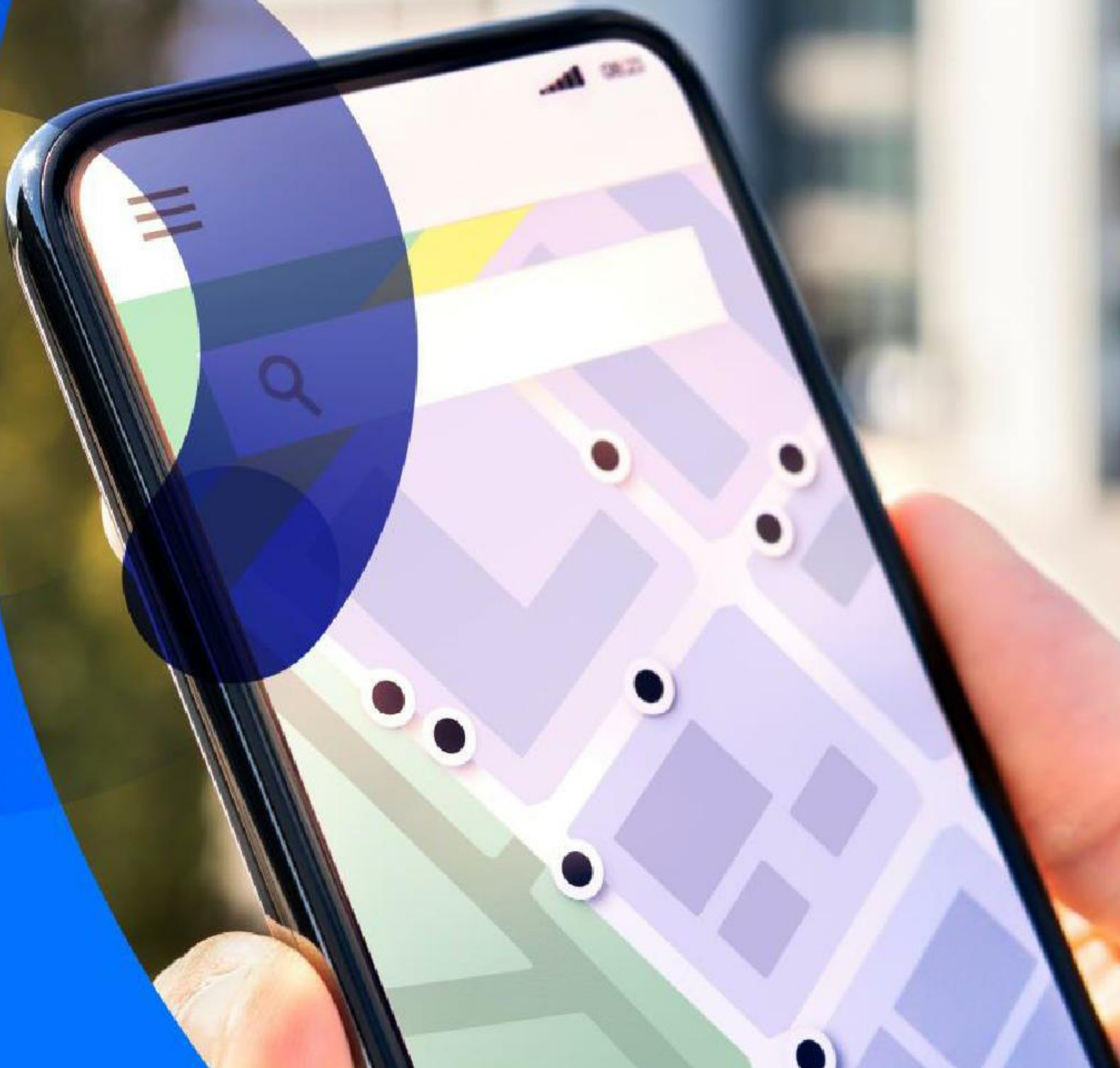
“.....Overall, the analysis suggests that there will be a need for both housing with support and housing with care (particularly in the market sector), as well as a modest longer-term need for additional nursing and residential care bedspaces.”

(Mid Sussex Strategic Housing Market Assessment 2021; Para 8.38)



8

Assessment of Need – Older Persons



8.1 Basis of Assessment

Preceding sections have focused upon both supply and occupational demand. The ultimate purpose of this document is to ascertain whether a Need exists for further care home development and, if so, the level of that Need. The HPC assessment of Need has been calculated as shown alongside.

The following government Housing Need ‘definitions’ would be considered consistent despite the decade differential in publication:

‘...Shortfalls from certain normative standards of adequate accommodation’

(Estimating Housing Need; The Department for Communities and Local Government. 2010. Para 2.9)

‘...There is no strict definition of housing need, but it can be understood as the amount of housing required for all households to live in accommodation that meets a certain standard’

(Meeting Housing Demand: First report of Session 2021/22. House of Lords Built Environment Committee. 2022. Para 22)

Aligning with the principles of the Care Act 2014 (see Appendix IV) in acknowledging the concept of Need to be both qualitative and quantitative, central government clearly identifies the expectation for accommodation to *‘meet a certain standard’*. We would therefore refer back to Section 5.2 (Appropriate Accommodation) which details further the basis of supply considered.

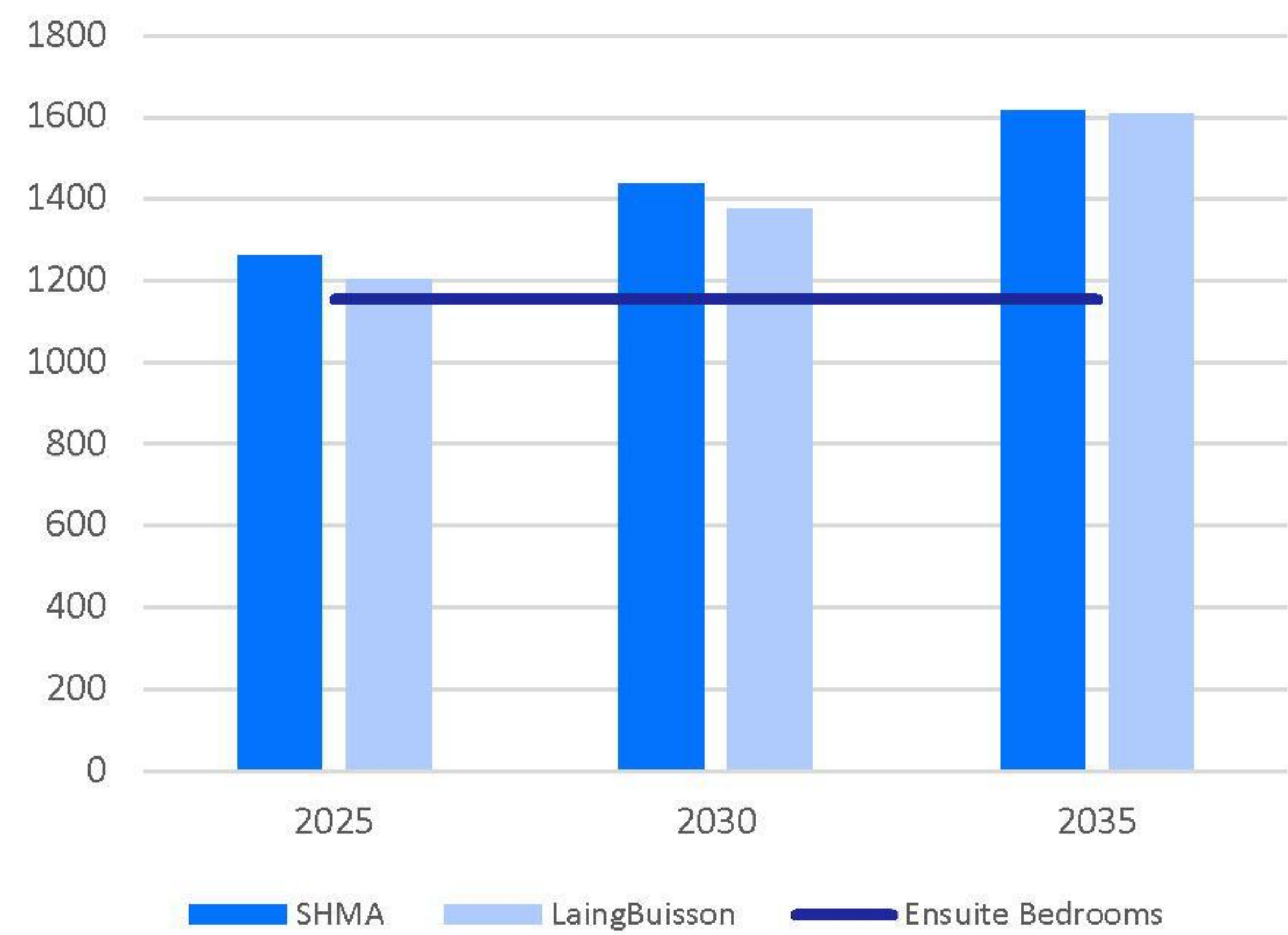


8.2 Overview

The chart details the total statistical bed requirement (current and forecast) within the District as calculated in Section 6. In terms of supply, there are currently 1,153 en suite bedrooms (Section 5). This level is detailed in the chart below by the horizontal blue line.

As identified on the chart, whichever demand assessment is used, a shortfall in appropriate accommodation exists with the undersupply forecast to grow rapidly over forthcoming years.

Future dynamics exclude both attrition and new development, the level and timing of nether being known with certainty.



	SHMA	LaingBuisson
Demand		
Statistical demand (incl. forecasts)	1,260	1,240
Supply		
Current supply of en suite bedrooms	1,153	1,153
Outstanding Need		
Under supply of Appropriate Accommodation	107	87

Current Need for additional Ensuite bedrooms

The table above identifies the level of outstanding need across the District – whichever form of demand assessment is relied upon. Indeed, based upon the local authority’s own SHMA, the level of outstanding need is approaching 300 ensuite bedrooms by 2030 without further development.

8.3 Planning Precedence

In July 2021 Mid Sussex District Council refused planning application DM/20/3081 made by Rainier Developments in connection with a proposed 64 bed care home development on land E/O Turners Hill Road, Felbridge, Crawley Down. The subsequent appeal was heard by way of Inquiry in January 2022 (APP/D3830/W/21/3281350). The planning inspector issued his decision on 12th of April 2022. A significant element of the appeal related to the need for care home provision. In allowing the appeal, the inspector noted:

“The proposed development would however contribute towards what I have found to be a significant unmet need for registered care homes in Mid Sussex, more so in relation to provision for bedrooms that have at least the minimum ensuite facilities, causing me to afford substantial weight to the benefit of adding to the local supply with the proposed care home. I have also found that the benefit is strengthened by the circumstances whereby there is an operator committed to the proposal subject to gaining planning permission, indicating a likelihood of relatively short term implementation, and given the intended provision for full wet room ensuite facilities, thereby exceeding what was agreed to be the minimum requirement. There would also be the likelihood of added local economic benefits associated with the jobs generated by the proposed development, both during its construction in the shorter term and once operational in the longer term.”

(Appeal Decision Para. 86)

Since the Decision Date, three further care homes have ceased trading with just one new facility becoming operational – a net loss of 83 registered beds.

In October 2022 Mid Sussex District Council refused planning application DM/21/1653 made by Frontier Estates in connection with a proposed 60 bed care home development at Byanda, Brighton Road, Hassocks. The subsequent appeal was listed for Hearing but later withdrawn (APP/D3830/W/23/3317103).

However, prior to withdrawal of the appeal, the local authority submitted their Statement of Case (dated June 2023) and considered the matter of need for care home development:

“There is no dispute between parties that there is an identified need for care accommodation within the District.....”
(MSDC Statement of Case Para. 55 pt.)

Since the drafting of the Councils Statement of Case, a further three care homes have lost registration with one new facility becoming operational.

Inspector and Council acceptance of outstanding Need



9

Acquired Brain Injury – Specialist Care Need



9.1 A Background

9.1.1 Definition

An acquired brain injury (ABI) is an injury to the brain which has occurred following birth. It includes traumatic brain injury (TBI) and also non traumatic brain injury related to other medical conditions.

The World Health Organisation (WHO) defines ABI as follows:

‘Damage to the brain, which occurs after birth and is not related to a congenital or degenerative disease. These impairments may be temporary or permanent and cause partial or functional disability or psychosocial maladjustment’.

9.1.2 Causes

Key causes of ABI comprise:

- | | |
|---|---|
| <ol style="list-style-type: none">1. Traumatic force to the head<ol style="list-style-type: none">1.1 Car Crash1.2 Gunshot wound1.3 Objects falling on the head1.4 Falls1.5 Assault2. Stroke<ol style="list-style-type: none">2.1 Embolism2.2 Thrombosis2.3 Aneurism3. Bleeding in the Brain<ol style="list-style-type: none">3.1 Intracranial surgery3.2 Haemorrhage3.3 Hematoma4. Lack of oxygen to the Brain<ol style="list-style-type: none">4.1 Anoxia/Hypoxia4.2 Near drowning4.3 Cardiac arrest4.4 Drug overdose | <ol style="list-style-type: none">5. Infections in the brain6. Brain Tumours7. Fluid build-up in the brain8. Toxic Exposure<ol style="list-style-type: none">8.1 Carbon monoxide poisoning8.2 Inhaling toxic chemicals8.3 Solvent sniffing8.4 Excessive and prolonged use of drugs and/or alcohol |
|---|---|



9.1 A Background

9.1.3 Impact

The consequences of ABI result from injury to specific brain areas or from damage to connections between the brain areas. Functions affected will depend upon whether the brain injury is located in the frontal, parietal, occipital or temporal lobe, cerebellum or brain stem. Indeed, dependant upon origin, impact is extremely varied but will generally comprise one or more of:

- Physical changes
- Cognitive changes
- Emotional changes
- Academic changes
- Psychosocial changes

All of the above may be temporary or permanent.

The impact forces in TBI shear nerve fibres connecting different brain areas, resulting in abnormalities in the function of neural systems, rather than damage to individual sites. An ABI in an adult affects the developed brain; while in children and young people the consequences of the injury will depend upon the developmental stage of the child at the time of the injury.

Brain injury is also associated with greater mental health problems, higher rates of depression or mood disorder and/or childhood developmental disorders including attention deficit hyperactivity disorder and disruptive behaviour difficulties.

In addition to the disabilities directly attributable to all forms of ABI, there is increasing evidence that TBI may increase the risk of late neurodegenerative diseases such as Alzheimer's disease and Parkinson's disease. Indeed, the risk of Alzheimer's following TBI may be several times higher than in the general population.

9.1.4 Treatment

It follows from the causes of ABI previously stated that nearly all patient pathways start in an acute NHS Hospital. Once the acute treatment phase is over and the patient is stabilised the options are usually to send the patient home in the care of primary or community services or to refer on to a NHS or independent sector rehabilitation unit.

Independent hospitals which provide brain injury and neurorehabilitation services focus upon post-acute treatment and faster stream rehabilitation. Length of stay may be measured in months following accidents, and in weeks for post-acute stroke treatment. CQC registered care homes focus on slower stream rehabilitation with stays measured in years.

9.2 In Numbers

9.2.1 Annual Movement

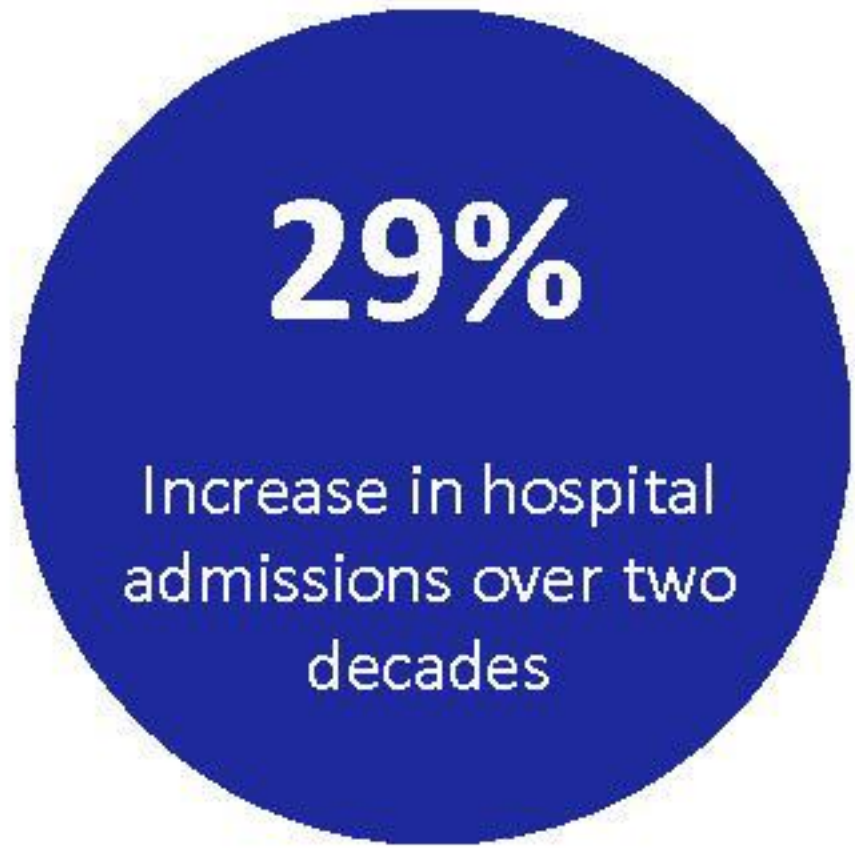
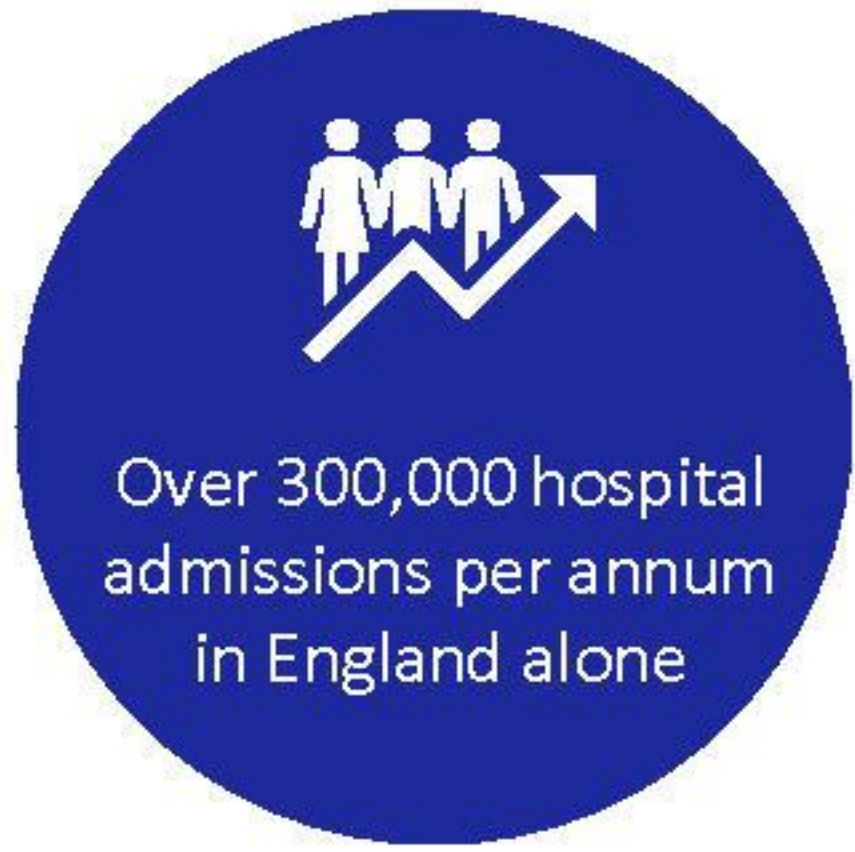
The table below looks at hospital admissions due to ABI across England from the turn of the millennium through to the financial year 2019-20. The data has been sourced through Headway. Headway (The brain injury association) is a UK wide charity that works to improve life after brain injury by providing vital support and information services.

Specific Headway comment relating to the source of the above data comprises:

- i. Admissions do not necessarily equate to individuals as one person can be admitted more than once for the same condition. Approximately 85% of all ABI admissions are individual patients.
- ii. The figures are for 'Finished admission episodes' (FAEs) by primary diagnosis. Figures are taken from the Hospital Episode Statistics system and have been obtained by request of the Public Health England Knowledge and Intelligence Team, the Health and Social Care Information Centre and NHS Digital's Data Access Request Service.

Financial Year	Hospital Admissions	Financial Year	Hospital Admissions
2000-01	238,924	2010-11	297,210
2001-02	238,889	2011-12	301,399
2002-03	238,643	2012-13	292,628
2003-04	244,785	2013-14	298,433
2004-05	255,195	2014-15	299,843
2005-06	267,949	2015-16	301,527
2006-07	270,646	2016-17	299,088
2007-08	269,825	2017-18	303,659
2008-09	275,325	2018-19	311,032
2009-10	293,290	2019-20	309,123

Source: Headway



9.2 In Numbers

9.2.2 Breakdown by Cause

The aforementioned Headway data also provides an interesting breakdown of ABI cause relating to hospitalisations and the table below identifies the nationwide data for the most recent year available (2019/20). Detailed alongside numeric hospitalisation figures attributable to each cause is the percentage breakdown of total ABI hospitalisations.

Cause	Number	% Total ABI
Head Injury	137,054	45%
Stroke	115,146	37%
Tumour	37,315	12%
Hydrocephalus	3,505	1%
Other Disorder	4,478	1%
Abscesses	852	< 1%
Anoxia	1,463	< 1%
CO Poisoning	191	< 1%
Encephalitis	3,628	1%
Meningitis	5,102	2%
All other	725	< 1%
Total	309,123	100%



Source: Headway

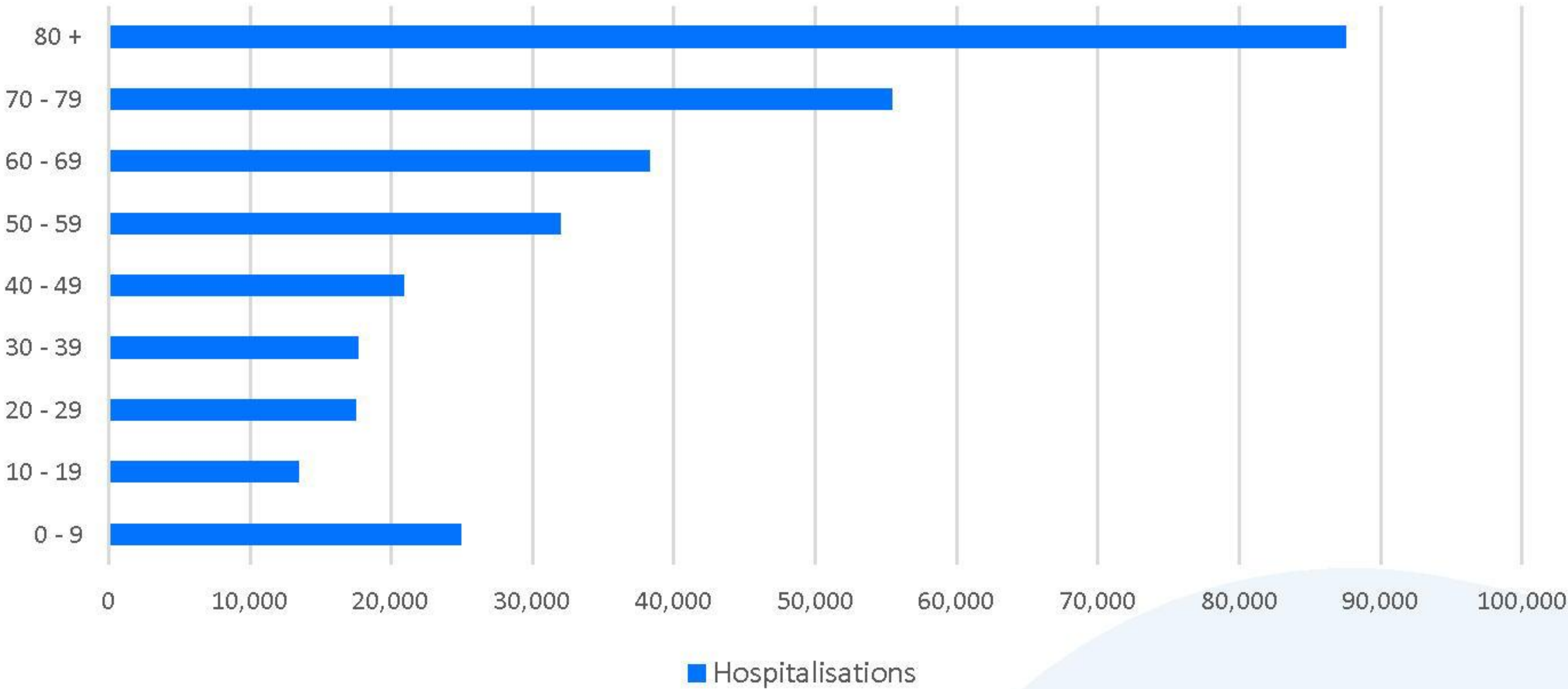
9.2 In Numbers

9.2.3 Breakdown by Age Group

The chart below breaks down the 2019/20 ABI hospitalisation figure in terms of age group. Whilst affecting all ages, it is particularly interesting to note the following from the Headway data set:

- Prevalence rate (per capita population) tends to increase with age. This is with the sole exception of the youngest in society (0 to 4 years) who are subject to a prevalence rate on a par with those at retirement.
- The prevalence rate across all age bands below the age of 40 has decreased since the turn of millennium. Conversely, the prevalence rate in respect of all age bands 40+ has increased over the same timeline.

41%
Of ABI hospital admissions are for persons aged under 60



Source: Headway

9.3 Time for Change

Co-ordinated and produced by the United Kingdom Acquired Brain Injury Forum, secretariat for the All-Party Parliamentary Group on Acquired Brain Injury, the document was published in 2018.

The report is scathing in its appraisal of specialist services for individuals with an Acquired Brain Injury. This might best be illustrated through the following direct quotations from the document:

“However, the number of available neurorehabilitation beds across the UK is inadequate, service provision is variable and, consequently, long term outcomes for ABI survivors are compromised.”

(Time For Change; Foreword)

“However, despite these proven benefits, investment in neurorehabilitation, in-patient neurorehabilitation beds and service provision are all inadequate and hugely variable across the United Kingdom.”

(Time For Change; Executive Summary)

“There should be a significant increase in neurorehabilitation beds and neurorehabilitation professionals so that every trauma centre has a consultant in rehabilitation medicine, and individuals with an Acquired Brain Injury have access to neurorehabilitation.”

(Time For Change; Summary of Key Recommendations)

“Neurorehabilitation has a key role in the management of individuals admitted to hospital with Acquired Brain Injury; many of whom have complex rehabilitation needs. The extent and nature of the neurorehabilitation will depend on the nature and severity of the brain injury, and the programme should be tailored according to the individual’s needs. It should be implemented after the individual’s immediate medical and / or surgical needs have been met in the acute setting in order to prevent complications and maximise outcomes.”

(Time For Change; Neurorehabilitation)

9.4 The Level of Need

9.4.1 National Supply

Unfortunately, ascertaining the level of care home supply with specialist care provision for ABI service users would not appear possible. Whilst the regulatory body (Care Quality Commission) allocates categories of care to each registered care home, there is no specific ABI category of care. As a direct result, specialist ABI facilities are frequently contained within ‘physical disability’, ‘mental health’ and other similar care categories.

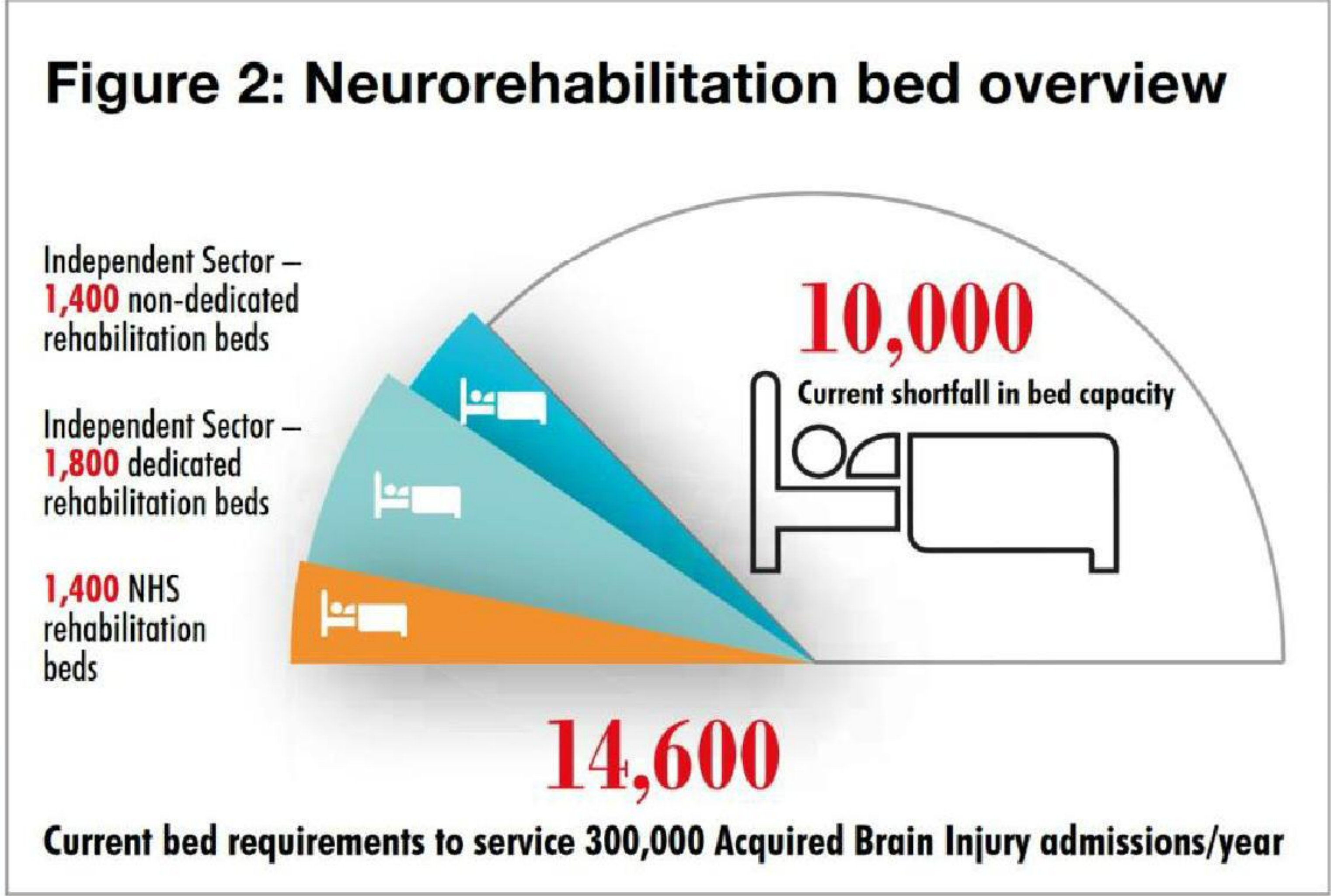
In researching this document, we have further sought to achieve supply information from established UK organisations such as the United Kingdom Acquired Brain Injury Forum (UKABIF) and the Independent Neurorehabilitation Providers Alliance (INPA). Unfortunately, in each instance, a comprehensive schedule of providers is unavailable with details limited to organisation members/affiliates only.

In short, there appears to be no publicly available schedule of specialist ABI care home supply.

9.4.1 National Demand and Shortfall

The Hospital Episodes Statistics System records finished admission episodes and is compiled by the NHS. It is this data that is referenced (via Headway) in Section 9.2 to this report. Unfortunately, whilst ABI specific hospitalisation rates are logged, the same is not so for care home referrals.

What is, however, useful is the work carried out during compilation of the ‘Time for Change’ report overviewed in Section 9.3 to this Need Assessment. We reproduce below Figure 2 from the report, identifying the requirement for 14,600 UK Neurorehabilitation beds to provide the necessary services resulting from the 300,000 annual ABI hospital admissions.



9.4 The Level of Need

9.4.3 Across the County

In order to gain an understanding of supply / demand dynamics across the area, HPC carried out a Freedom of Information (FOI) request to Sussex Integrated Care Board (ICB). ICB's are, in our experience, by far the most prevalent commissioner of ABI services.

The response from Sussex ICB is detailed alongside. For the avoidance of doubt, the data reflects new placements commissioned and not existing placements (a far higher number). A follow up query restricting the question to Mid Sussex geography was met with a response confirming that the micro level data could not be collated without significant time (and associated charge).

The ICB data confirms there to be a significant shortfall in appropriate ABI care accommodation locally, with over 50% of placements having to be made outside of the ICB geography due purely to there being a lack of local facilities.



Reference: FOI 47734 SX ICB
Subject: Complex Neurological Care Commissioning

I can confirm that we have now completed the search for the information requested, please see responses below:

QUESTION	RESPONSE		
This enquiry relates to the commissioning of care (by the CCG/ICB) for adults (aged 18 – 65) within care / nursing homes registered with the Care Quality Commission. The enquiry relates to both rehabilitative care and long term complex care - Entire Sussex ICB Geography			
1. Who is responsible for the commissioning of Acquired Brain Injury care within the ICB?	Name	NHS Sussex ABI Team	
	Email	sxicb.abi-team@nhs.net	
	Contact Telephone No.	0300 140 0069	
2. Acquired Brain Injury (including Traumatic Brain Injury)		2022/23	2023/24
	Total number of placements commissioned during the respective financial year	27	37
	Number of above placements commissioned outside of the geography covered by the CCG/ICB during the respective financial year	16	19
3. In instances where placements have been funded outside the CCG/ICB geography in the above two years, has this been due to lack of available appropriate care provision within the CCG/ICB boundary?	Yes (All occasions)	Yes (Some occasions)	No (Other reasons)
	X		





Appendices

Appendix I – Supply in Detail

Map Ref	Nursing / Residential	Name	Provider	Distance (miles)
1	Nursing	Acorn Lodge	Acorn Health Care Limited	3.0
2	Nursing	Adelaide House	Adelaide Healthcare Limited	6.2
3	Nursing	Aniska Lodge	Excel Care Homes Limited	8.8
4	Nursing	Ashton House	Ashton Care Homes Limited	7.0
5	Residential	Avon House	Avon House (Balcombe) Limited	5.2
6	Nursing	Belle Vue Country House	Newcare Homes Limited	10.1
7	Nursing	Birchwood Grove	Archmore Care Services Ltd	5.9
2	Nursing	Bletchingley	Adelaide Healthcare Limited	6.2
8	Nursing	Brendoncare Stildon	Brendoncare Foundation(The)	4.2
9	Nursing	Compton House	Lindfield Christian Care Home	5.0
10	Residential	Crossways	Crossways Healthcare Limited	5.4
11	Residential	Edward House	Nicholas James Care Homes Ltd	9.4

Map Ref	Nursing / Residential	Name	Provider	Distance (miles)
12	Residential	Forest View	Shaw Healthcare Limited	10.0
13	Residential	Furze Field Manor	Oyster Care Homes	11.7
14	Residential	Hilgay Care Home	Hillgay Ltd	9.9
15	Nursing	Knowle House	RVJ Healthcare Ltd	4.3
16	Residential	Littlefair	Littlefair Care Home Limited	3.6
17	Nursing	Maplehurst	Woodcote Care Ltd	6.0
18	Nursing	Martlet Manor	Care UK Comm. Partnerships Ltd	6.7
19	Nursing	Mill View	Care UK Comm. Partnerships Ltd	2.9
20	Nursing	Oaklodge	Dr Dhananjay Dalmond	9.6
21	Residential	Oakwood Court	Sussex Housing and Care	6.8
22	Residential	Pelham House	Cedarcare (SE) Ltd	6.9
20	Residential	Rookwood	South Coast Nursing Homes Limited	9.5

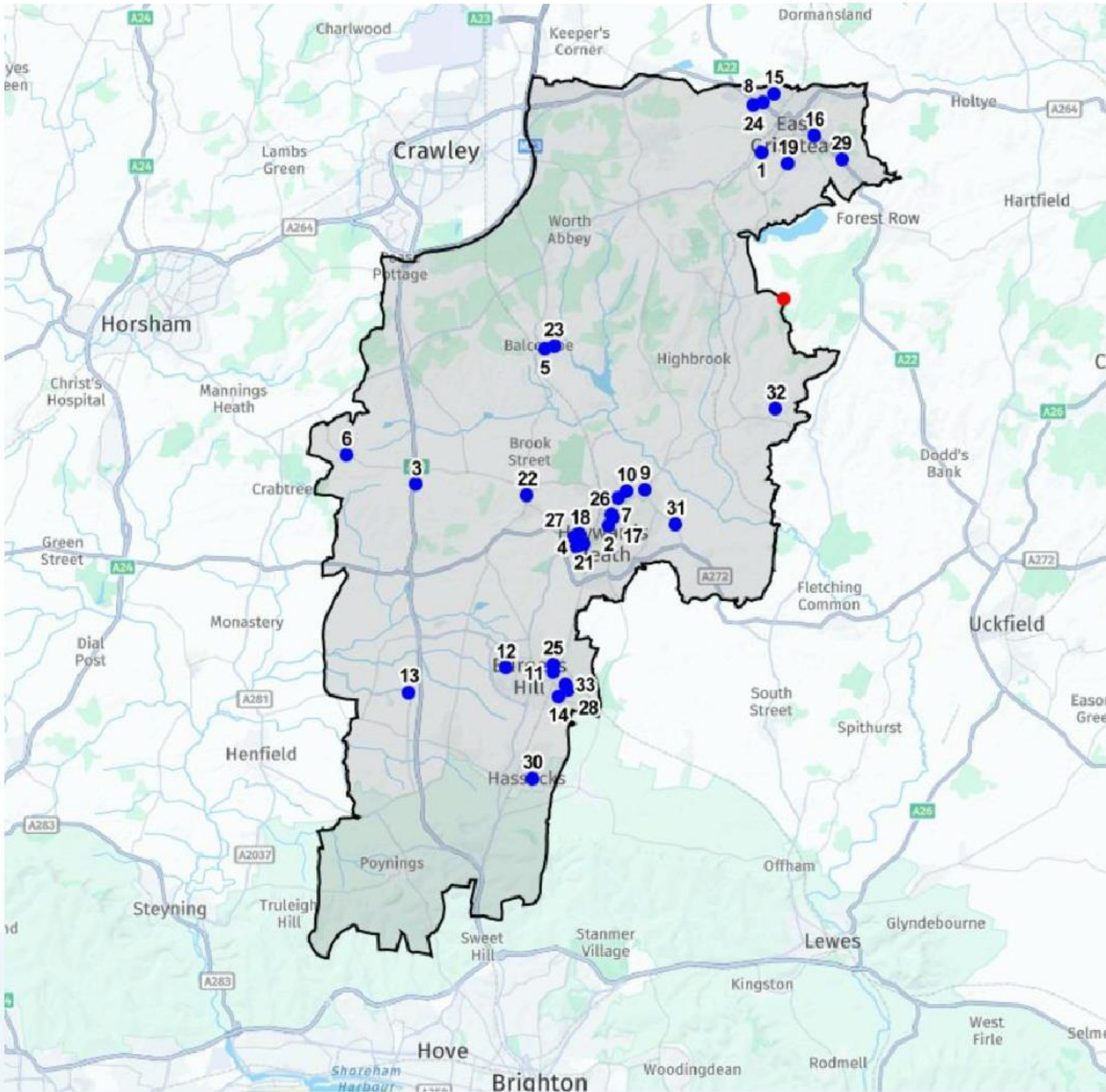
Appendix I – Supply in Detail

Map Ref	Nursing / Residential	Name	Provider	Distance (miles)
23	Nursing	Russettings	Russettings Care Limited	5.0
24	Residential	Silver Court	Anchor Hanover Group	4.2
25	Residential	St Annes	Franciscan Missionary Sisters	9.3
26	Residential	Summerlands	Summerlands Care Limited	5.6
27	Nursing	The Goldbridge	Bupa Care Homes (ANS) Limited	6.8
28	Residential	Tripletrees	Follett Care Limited	9.6
29	Nursing	Truscott Manor	Truscott Manor Care Home Ltd	3.4
30	Residential	Villa Adastra	Salvation Army Social Work Trust	11.6
31	Residential	Walstead Place	Aria Healthcare Group LTD	5.4
32	Residential	Westall House	Abbeyfield Society (The)	2.4
33	Nursing	Woodlands	Kenley Care Ltd	9.5
TOTAL		35		

The map alongside details the Site and existing homes – the former appearing in red and the latter detailed as blue circles.

Source: Care Quality Commission

Source: Crown Copyright Reserved.
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Appendix I – Supply in Detail - Planning

Granted Consents			
Address	Scheme	New Ensuite Beds	Application Type Decision Date Reference
S/O Kings Way Burgess Hill RH15 0XP	New Care Home	68	Detailed 5 th September 2022 DM/21/3385
Francis Court, Borsers Arms Road Copthorne RH10 3LQ	Replacement Care Home	78	Detailed 2 nd April 2024 DM/23/2360
Adj. Rowan, Turners Hill Road Crawley Down RH10 4HH	New Care Home	64	Detailed 12 th April 2022 (Appeal) DM/20/3081
23-25 Bolnore Road Haywards Heath RH16 4AB	New Care Home	67	Detailed 14 th December 2021 DM/20/3310
W/o Byanda, Brighton Road Hassocks BN6 9LX	New Care Home	66	Detailed 12 th September 2023 DM/23/0002
Kingsland Laines, Reeds Lane Ayers Common BN6 9JG	New Care Home	70	Reserved Matters 23 rd December 2021 DM/21/1062

Granted Consents			
Address	Scheme	New Ensuite Beds	Application Type Decision Date Reference
Russettings, Mill Lane Balcombe RH17 6NP	Extension	17	Detailed 14 th February 2024 DM/23/2559
Oakwood Court, Amberley Close Haywards Heath RH16 4BG	Extension	27	Detailed 12 th March 2021 DM/20/1503



Appendix I – Supply in Detail - Planning

Pending Applications			
Address	Scheme	Net New Ensuite Beds	Application Type Application Date Reference
Lingworth 17 Oathall Road Haywards Heath RH16 3EG	Conversion to create Care Home	29	Detailed 25 th September 2024 DM/24/2214
N/O Huntsland Turners Hill Road Crawley Down	150 Dwellings and Care Home	65	Outline 23 rd January 2025 DM/25/0017 & 0016
Highfields West Hill East Grinstead RH19 4DL	Care Home & Care Units	78	Detailed 6 th January 2025 DM/24/3051



Appendix II – The Local Picture

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

	Home	Registered Beds	Dementia Beds	Total Rooms	Ensuite Rooms
Residential Care	2	74	33	74	57
Nursing Care	4	185	117	185	149
Total	6	259	150	259	206

Utilising the same LaingBuisson methodology as in Section 6.2, applying to the immediate population, we have calculated the statistical level of demand across the Locality. The table below compares the demand level with aforementioned supply. As identified, there is a significant level of Outstanding Need across the Locality.

	Current Total Elderly	2030 Total Elderly
Demand		
Statistical demand (incl. forecasts)	284	325
Supply		
Current supply of en suite bedrooms	206	206
Outstanding Need		
Under supply in terms of en suite bedrooms	78	119

119
ensuite bedrooms
needed in the
Locality by 2030

Appendix III – The Care Home: Defined

Key care home definitions utilised by the Care Quality Commission (as regulator) comprise:

Care Home Services without Nursing:

‘A care home is a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Both the care that people receive and the premises are regulated’.

Alternative names for premises falling under the above definition are identified as (inter alia) residential home, rest home and convalescent home.

Care Home Services with Nursing:

Mirrors the above definition with the addendum *‘in addition, qualified nursing care is provided, to ensure that the full needs of the person using the service are met’.*

Alternative names for premises falling under the above definition are identified as (inter alia) nursing home and convalescent home with nursing.

In essence, a nursing home provides a level of care to service users with additional physical needs over and above those of a residential home occupant. Indeed, all persons are individual, and age is not a precise indicator of care need. For this reason, specialist accommodation for the elderly comprises a spectrum rather than single model. By way of reference, the diagram overleaf illustrates the various formats of accommodation available to older persons, providing a graduated level of care.

Care homes, from a planning perspective, are classified as Use Class C2 (Residential institutions) within the Town & Country Planning (Use Classes) Order 1987 with the definition being:

‘Use for the provision of residential accommodation and care to people in need of care (other than a use within Class C3 (dwelling houses)).

Use as a hospital or nursing home.

Use as a residential school, college or training centre.’

It is not only care homes but also various formats of Housing with Care (also known as Assisted Living, Extra Care and Enhanced Sheltered Housing) that fall into Use Class C2. There are a number of key differences between a care home and Housing with Care from operational, accommodation and regulatory perspectives. This HPC Care Home Need Assessment restricts the scope of analysis to care home need.



Appendix III – The Care Home: Defined



Appendix IV – The Need for Quality

Care Act 2014

The Care Act 2014 and implications of such upon the sector are briefly outlined within the Preface to this document. The thrust of the Act (as far as it relates to provision of care) is the requirement placed upon each local authority to ensure an appropriate provision.

A key driver of the statutory requirement is quality. For ease of reference, Part 1 Section 5 Paragraph 1b of the Care Act 2014 is reproduced once more below (underlined by author for emphasis):

‘A local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market has a variety of high quality services to choose from’.

Reading the above in conjunction with the National Minimum Standards for Care Homes for Older People published by central government over two decades ago, a single occupancy bedroom with, as a minimum, an en-suite WC and wash hand basin would appear to be a reasonable expectation.

National Minimum Standards for Care Homes for Older People

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

Included within the standards were environmental requirements including:

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

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

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

Appendix IV – The Need for Quality

Virus Spread

During the first 12 months of Covid in the UK, there were a staggering 29,275 deaths within a care home environment. Whilst the deaths can be attributed to a variety of reasons ranging from mis-management at government level through to appropriate testing in situ, the pandemic also brought the nature of accommodation under scrutiny. Whilst we are (hopefully) experiencing the tail end of Covid, the lessons learnt remain important in terms of virus spread in general.

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

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

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

Question – What is the association of crowding in nursing homes, defined as the mean number of residents per bedroom and bathroom, with nursing home coronavirus disease 2019 (COVID-19) mortality?

Findings – In this cohort study that included more than 78,000 residents of 618 nursing homes in Ontario, Canada, COVID-19 mortality in homes with low crowding was less than half (578 of 46,028 residents [1.3%]) than that of homes with high crowding (874 of 32,579 residents [2.7%]).

Meaning – Shared bedrooms and bathrooms in nursing homes are associated with larger and deadlier COVID-19 outbreaks.

More recently, in May 2023, the research document ‘Building a resilient social care system in England – What can be learnt from the first wave of Covid-19?’ was published. Authored by The Nuffield Trust and employees of The London School of Economics, the report was developed as part of the Social Care Covid Recovery and Resilience Project funded by the National Institute for Health and Care Research.

Section 5 to the report includes focus upon the care home estate with commentary scathing at times in respect of accommodation quality. The following Key Point at the commencement of the section (Page 66) is particularly relevant:

‘Those leading the response made assumptions that care home residents could be isolated but the old, converted buildings without en-suite bathrooms that make up a large proportion of the residential care estate made this very difficult’.

Indeed, the Executive Summary to this report paints a particularly gloomy picture (underlined by author for emphasis):

‘A lack of sustained investment, and instead a reliance on sporadic injections of funding, over the preceding decade resulted in the sector entering the pandemic with patchy data, limited spread of technology and innovation and a residential care estate that was not fit for purpose’.



Appendix V – Central Government – Guidance & Statute

The Planning Perspective

On 26th June 2019 the Ministry of Housing, Communities & Local Government published Planning Practice Guidance (PPG) entitled ‘Housing for Older and Disabled People’. The PPG included the provision of care homes and the opening words set the tone:

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

The need for no other form of development is identified as ‘critical’ within the PPG and the importance attached by central government to this sector was further underlined in December 2024 with publication of the revised National Planning Policy Framework (NPPF). To quote central government, the NPPF ‘...sets out government’s planning policies for England and how these are expected to be applied.’

Relevant NPPF content is contained within Section 5 ‘Delivering a Sufficient Supply of Homes’ and we reproduce below in full Paragraphs 61 and 63 (underline by author for emphasis):

‘To support the Government’s objective of significantly boosting the supply of homes, it is important that a sufficient amount and variety of land can come forward where it is needed, that the needs of groups with specific housing requirements are addressed and that land with permission is developed without unnecessary delay. The overall aim should be to meet an area’s identified housing need, including with an appropriate mix of housing types for the local community.

Within this context of establishing need, the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies. These groups should include (but are not limited to) those who require affordable housing (including Social Rent); families with children; looked after children; older people (including those who require retirement housing, housing-with-care and care homes); students; people with disabilities; service families; travellers; people who rent their homes and people wishing to commission or build their own homes.

Specific reference to care homes for older people within Paragraph 63 of the NPPF was first made in the 2023 update - reflective of ongoing central government acknowledgement that the need for such accommodation has become critical.

The Care Perspective

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

Part 1, Section 5 to The Act is entitled ‘Promoting Diversity and Quality in Provision of Services’. It is this section that is of particular relevance to need assessment and we reproduce below the most relevant commentary from the first three paragraphs (underline by author for emphasis):

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

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

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

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

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

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

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

The Care Act therefore requires a local authority to ensure not only an adequate quantity but also quality of care home provision.



Appendix VI – Assumptions and Reservations

Tenure and Reports on Title

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

Condition and Repair

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

Environmental

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

Local Authorities, Statutory Undertakings and Legal Searches

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

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

Business Performance

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

Third Party Data Provision

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

Time Limitation

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

Document Purpose

The HPC Care Home Need Assessment has been produced for the sole purpose of assisting in the consideration of a planning application. HPC accept no liability should the document content be relied upon for any other purpose.

Instructing Party

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

Liability Cap

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

Appendix VII – HPC Profile

HPC (Healthcare Property Consultants Limited)

Established in 2008 by Nigel Newton Taylor and Ian Wilkie (who remain the sole directors of the company), HPC is an award winning, independent firm offering specialist advice to those operating, developing and investing in the UK Social Care sector. Care category specialisms are varied including both residential and nursing care to the elderly, adults with physical/learning disabilities and mental health registrations including independent hospitals.

The nature of service includes transactional advice (both sales and acquisitions), consultancy and research. Based in North Yorkshire, services cover all areas of the UK.

Nigel Newton Taylor (Author)

Relevant Qualifications:

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

Healthcare Property Consultants Ltd – 2008 to Date
Director

- Co-founder of business specialising solely in healthcare agency, valuation, consultancy and research
- Provision of consultancy advice in respect of development site selection to regional and national corporate operators
- Provision of consultancy advice alongside EY and PwC during ‘Fair Price for Care’ exercises
- Feasibility provision to charitable organisations in respect of estate restructuring (YMCA, CLS Care Services)
- Expert Witness advice to legal and planning processes

GLP Taylors – 2005 to 2008
Director

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

Christie & Co – 1997 to 2005
Director

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

Valuation Office Agency – 1988 to 1994
Senior Valuer

Miscellaneous commercial, residential and agricultural valuation experience

Training and supervision of graduate colleagues through RICS qualification





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