



Proof of Evidence

Nigel Newton Taylor

Addressing the Matter of Care Home Need and Supply

Site: 2, 4, 6 & 8 Danson Road, Bexleyheath, Kent DA6 8HB

Planning Inspectorate: APP/D5120/W/22/3293225

Local Planning Authority Reference: 19/03072/FULM



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1. Introduction

General

- 1.1 My name is Nigel Newton Taylor. I am a member of the Royal Institution of Chartered Surveyors (RICS) and hold a degree in Urban Estate Surveying. I am a Director of Healthcare Property Consultants Ltd (HPC) with 34 years experience in the commercial property market, the last 22 being in healthcare.
- 1.2 HPC provides a range of advice and services solely to the social care sector. Our clients include parties in long term registered and unregistered care provision. I have expertise in a significant range of care categories including residential and nursing care for the elderly, adults with physical/learning disabilities and mental health registration. Unregistered accommodation experience includes the provision of consultancy advice to major specialist elderly housing developers. Clients comprise a mix of private care providers, charitable care providers, private developers, fellow corporate advisers and local authorities.
- 1.3 The purpose of this Proof is to provide an indication as to whether there is a need for the provision of care home accommodation for the elderly at 2 – 8 Danson Road, Bexleyheath, Kent DA6 8HB (The Site).
- 1.4 In carrying out the research I have focussed upon the needs and provision across the Borough of Bexley whilst also considering dynamics in the immediate Site locality. I have visited and made myself familiar with The Site and surrounding area in general.
- 1.5 The Site was subject to a planning application for the demolition of existing dwellings and erection of a 70 bedroom nursing home with associated access alterations, car and cycle parking, landscaping and amenity space (Ref: 19/03072/FULM). Refused on 30th November 2021, consideration was given to the aspect of 'Need' for the proposed development when drafting reasons for refusal with the Planning Committee Chairman enquiring as to whether such Need be considered a planning consideration. The view of Mr Lancaster (Head of Planning and Regulatory Services, London Borough of Bexley) was:

'.....In certain circumstances, need can be a relevant planning consideration. Typically, it is something that is, in a way, left to the market to decide. You wouldn't assume a care home (sic) would build an expensive care home for it to be left empty and, whilst everyone may have their view on whether care homes are needed or not, I would suggest you'll need pretty compelling evidence to indicate that a care home is not needed, otherwise we might find ourselves in rather sticky and costly grounds at appeal.'

(Planning Committee transcript Page 18)

1. Introduction

- 1.6 Whilst the matter of Need for nursing home development per se did not comprise a Reason for Refusal, Refusal Reason 5 stated *'The proposed development results in the loss of the four family dwelling houses which is not outweighed by the benefits of the scheme, including the provision of 70 care home beds, contrary to Policies H8 of the Local plan (2021) and policies CS01 and CS03 of the Bexley Core Strategy (2012).'*
- 1.7 This document seeks to address the matter of *need* for the provision of a 70 bedroom nursing home in order that the benefits associated with the proposed development might be properly considered.

1. Introduction

Approach

1.8 The main document text is split into the following sections:

- Care Home Overview. Outlining the nature of provision in terms of both the physical entity and operation.
- The Wider Picture. An overview of factors affecting the national and regional care home estate over recent years.
- Assessment Areas. Confirmation of the geography selected for consideration of need.
- Supply. After overviewing statutory responsibilities, the section considers the surrounding care home provision from both a qualitative and quantitative perspective.
- Demand. The Proof details the Appellants assessment of care home occupational demand based upon methodology detailed in Appendix IV.
- Conclusion. Drawing together outcomes from the preceding two sections, I conclude the need to exist for further nursing home provision.

1.9 The Appendices to this Proof:

- Address aspects of the subject matter raised by the Council, the Rule 6 Party and Objectors.
- Provide the 'background' information upon which the main text is based. For that reason, they are regularly reference throughout the Proof.

1. Introduction

Experts Declaration

- 1.10 I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.
- 1.11 I confirm that my report has drawn attention to all material facts which are relevant and have affected my professional opinion.
- 1.12 I confirm that I understand and have complied with my duty to the Inquiry as an expert witness which overrides any duty to those instructing or paying me, that I have given my evidence impartially and objectively, and that I will continue to comply with that duty as required.
- 1.13 I confirm that I am not instructed under any conditional or other success based fee arrangement.
- 1.14 I confirm that I have no conflicts of interest.
- 1.15 I confirm that I am aware of and have complied with the requirements of the rules, protocols and directions of the planning Inquiry.
- 1.16 I confirm that my report complies with the requirements of the Royal Institution of Chartered Surveyors, as set down in the RICS Practise Statement 'Surveyors acting as Expert Witnesses' 4th edition.

Nigel A R Newton Taylor BSc (Hons) MRICS

Director

Healthcare Property Consultants Limited

14th November 2022













2. Care Home Overview

2.1 A Care Home is the generic term used within the industry to describe a residential setting used for the provision of care to service users. All providers of care are required to register the property with the national regulatory body, the Care Quality Commission (CQC). Care Homes are provided for individuals of all ages although registration will restrict the age range (and care category provision) within each facility.

2.2 Within the generic 'Care Home' term, there are two distinctly different types of home, described by CQC as follows:

- i. Residential Home – *'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'*.
- ii. Nursing Home – As above with the addendum *'In addition, qualified nursing care is provided, to ensure that the full needs of the person using the service are met'*.

2.3 As identified in the ARCO (Associated Retirement Community Operators) illustration below, Care Homes differ from other forms of accommodation for older people (such as Sheltered Housing, Assisted Living, Extra Care etc). There are, typically, environmental, occupational and operational differentials.

 Retirement Housing <small>Also known as sheltered housing, retirement flats or communities</small>	 Integrated Retirement Communities <small>Also known as extra care, retirement villages, housing-with-care, assisted living or independent living</small>	 Care Homes <small>Also known as Nursing Homes, Residential Homes, Old People's Home</small>
 Offers self-contained homes for sale, shared-ownership or rent.	 Offers self-contained homes for sale, shared-ownership or rent.	 Communal residential living with residents occupying individual rooms, often with an en-suite bathroom.
 Part-time warden and emergency call systems. Typically no meals provided.	 24-hour onsite staff. Optional care or domiciliary services available. Restaurant / Cafe available for meals.	 24-hour care and support. Meals included.
Typical facilities available: <ul style="list-style-type: none"> • Communal lounge • Laundry facilities • Gardens • Guest room 	Typical facilities available: <ul style="list-style-type: none"> • Restaurant and Café • Leisure Club including: gym, swimming pool, exercise class programme • Communal lounge and/or Library • Hairdressers • Gardens • Guest room • Activity (Hobby) rooms • Social event programme 	Typical facilities available: <ul style="list-style-type: none"> • Dining room • Communal lounges • Activities • Gardens
 Typically 40 - 60 homes.	 Typically 60 - 250 homes.	 Sizes vary considerably.

2. Care Home Overview

- 2.4 In contrast to other ‘Housing with Care’ provision, care homes do not provide self-contained accommodation. Service users occupy bedrooms either on the basis of single occupancy or shared (twin) room with a second service user. Day space (lounge, dining room etc) is occupied on a communal basis.
- 2.5 A care home is permanently staffed with care qualified individuals. All meals, laundry and cleaning are included within the weekly fee agreed with each service user. The proposal is to provide this level of care and service along with qualified nursing following Site development, with the facility therefore being categorised as a Nursing Home.
- 2.6 It can therefore be seen that a clear differential exists between care homes and other C2 specialist housing for the elderly not only in terms of environment but also the level and nature of care provision.
- 2.7 As the UK population has moved towards longer life expectancy over recent decades, so the occurrence of multiple medical issues within individuals is rising along with age related frailty. The proposal is for the care home to provide nursing care, thereby meeting such needs.
- 2.8 Care needs are not restricted to being physical however. There are estimated to be over 900,000 older people within the UK with dementia – a prevalence rate among older people of circa. 7.1%. This figure is forecast to rise to 1.59m. by 2040 with associated prevalence reaching 8.8% (from the aforementioned 7.1%). 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.¹
- 2.9 What the market continues to see, therefore, is a movement away from the historic residential care provision for people aged over 65 towards more intense nursing-based care for increasingly aged service users with higher level medical needs. The majority of homes developed in future years will incorporate the provision of care to the elderly with significant nursing needs and / or dementia care needs.
- 2.10 It is not only the modus operandi of care homes that has changed over recent years but, as a consequence, environmental requirement and design. New development incorporates spatial and access considerations to accommodate decreasingly mobile clients, increased bariatric issues and the need for associated equipment. Research into environmental benefits has further enabled architects to design accommodation in order to maximise mental benefit to clients – particularly individuals with dementia.

Reference:

¹ Care Policy & Evaluation Centre, London School of Economics & Political Science; Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019 – 2040. November 2019.

2. Care Home Overview

2.11 Whilst the aforementioned health/care needs have impacted upon care home design over past years, so we are now seeing the impact of COVID-19 on environmental provision. With the need to limit virus transmission being clear, research points towards shared bedrooms and communal bathing facilities no longer being fit for purpose (Appendix X).

2.12 New developments contrast significantly with those seen just a decade ago. Just as operational requirements have changed, so have client expectations. Gone are the days when a dedicated hairdresser's room was seen as a luxury as we now live in an age when theatres, gymnasia, private dining areas and bistros become increasingly common within a care home environment.

2.13 The proposed client development has been designed for purpose with large single occupancy bedrooms throughout, each benefiting from ensuite wetroom.

3. The Wider Picture

3.1 For many years central government has been aware of the need to encourage the development of appropriate accommodation for the elderly. The severity of the situation is highlighted in the strongest of terms within planning guidance² with no other form of housing having a level of need categorised as ‘critical’:

‘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’

3.2 The reasoning behind ‘critical’ national need is varied although demographic movement plays a key role.

3.3 Life expectancy has risen dramatically over recent decades. Indeed, an English male aged 65 can reasonably expect to live for a further 18.7 years, marginally less than the female expectation of 21.1 years. This compares with the corresponding figures of 14.0 and 17.8 precisely 3 decades ago.³

3.4 Unsurprisingly, and partially resulting from the above, the number of older persons is forecast to increase dramatically over forthcoming years. To be specific, the number of persons (England) aged 65 and over is forecast to increase from the current level of 10.85m to 13.82m by 2035; a 27% increase over the next 13 years.⁴

3.5 There are, across the country, approximately 374,000 care home beds within older persons care homes registered with the Care Quality Commission.⁵

3.6 A significant proportion of care homes across the country were first registered between the mid 1980’s and mid 1990’s when the number of independent providers grew significantly, with the sector moving away from the historic reliance upon local authority run homes.

3.7 The majority of new registrations at that time comprised converted former dwellings and it was not until the millennium that new registrations were predominantly purpose built. The impact of that growth pattern within the sector remains and research points towards 45% of existing care home capacity for the elderly incorporating accommodation converted from alternative use.⁵

References:

² Ministry of Housing, Communities & Local Government; Housing for Older and Disabled People. June 2019

³ Office for National Statistics; National Life Tables; England. 23rd September 2021.

⁴ Experian Population Data (Online Subscription Service)

⁵ LaingBuisson; Care Homes for Older People UK Market Report. 32nd Edition. March 2022

3. The Wider Picture

3.8 Over the past decade HPC has carried out analysis of elderly care registration data supplied direct by CQC and relating to England as a whole. The net loss/gain has fluctuated over the period with a cumulative outcome being a quite substantial net bed loss. The table below details the level of new facilities activated and closed facilities deactivated by the regulatory body (in terms of elderly care) over the decade 2012 - 2021.

	New Activations	Deactivations
Number of Homes	842	2,138
Number of Registered Beds	51,609	61,533

3.9 Whilst market movement across regions has not been uniform over the decade, the London CQC region has mirrored the national trend:

	New Activations	Deactivations
Number of Homes	46	215
Number of Registered Beds	2,895	6,653

3.10 The wider picture can therefore be summarised as follows:

- A rapidly increasing elderly population
- An increasing level of life expectancy (with associated ailments – mental and physical)
- A significant proportion of the care home estate converted from alternative use rather than designed for purpose – thereby struggling to meet the challenges of financial viability, operational change, client aspiration and (now) virus spread
- A level of attrition outpacing development

3.11 It is therefore unsurprising that the benefits arising from care home development are so frequently considered ‘significant’ (see Appendix XI) whilst Planning Guidance (see 3.1 above) deems the need for further provision to be ‘critical’.

4. Assessment Areas

General

- 4.1 Accompanying the planning application was a Demographic Needs Analysis dated 14th May 2019 and produced by Cushman & Wakefield. With 3 years having passed, this Proof of Evidence provides the current Need evidence to be considered by the Inspector.
- 4.2 The aforementioned Demographic Needs Analysis assessed two distinct geographies: the London Borough of Bexley and a Market Catchment Area. Although amending the latter as detailed below, my evidence is based upon similar geographic bases.

London Borough of Bexley

- 4.3 I have given consideration to the Borough in its entirety and this geography comprises the focus of this Proof.

Market Catchment Area

- 4.4 Appendix III to this document incorporates an assessment of supply / demand dynamics in the Market Catchment Area (MCA) - the locality from which I would anticipate the majority of future residents being attracted.
- 4.5 The purpose of the MCA assessment is to ascertain whether any Borough wide under / oversupply is representative of the locality.
- 4.6 The radius selection in the aforementioned Demographic Needs Analysis was 5 miles. In my experience, this is excessive in such a densely populated / developed area.
- 4.7 The radius utilised in this Proof is 3 miles. The radius was selected following analysis relating to the permanent addresses of clients prior to moving into Heathfield Court, Colyers Lane, Northumberland Heath, Bexley DA8 3PB (a nursing home also operated by the applicant Carebase Ltd). The data confirms the majority of clients to have previously resided within 3 miles of the home.

Overview

- 5.1 After being introduced in May 2013, the Care Act 2014 received royal assent on 14th May 2014.
- 5.2 Section 5 of the Act 'Promoting diversity and quality in provision of services' details specific responsibilities falling upon each local authority in terms of facilitating the care market. Paragraphs 1 – 3 are reproduced in full in Appendix IX. Of specific relevance to need consideration is Paragraph 1 (b):

(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—

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

- 5.3 The key words in sub paragraph (b) are '*variety*' and '*high quality*'. Too often the need consideration is restricted to raw numbers when, in fact, the scope of consideration should be not only quantitative but, as importantly, qualitative.

Qualitative Considerations

- 5.4 Whilst the key element within a care home is undoubtedly the quality of care provision, a number of factors impact upon client wellbeing – one being the quality / nature of accommodation.
- 5.5 Quality is identified as a requirement of provision in The Care Act 2014 (Appendix IX) and it is further encouraging to see environmental quality specifically being recognised in the planning process:

‘The provision of purpose designed care accommodation to modern standards is a significant public benefit.....’

(Source: Appeal Ref. APP/K3605/W/20/3257109; Paragraph 34)

- 5.6 It is now approaching two decades since the Department of Health published the National Minimum Standards for Care Homes for Older People⁶. Although no longer in place, the standards served to set a benchmark in terms of environmental quality, detailing a requirement for newly registered facilities to restrict bedroom occupation to single occupancy and for all bedrooms to incorporate an ensuite facility.
- 5.7 Care home configuration has, over the past two years, become as important from a care perspective as from personal ‘client choice’. The COVID-19 pandemic has highlighted the need for care homes to be designed with the limitation of virus spread in mind (Appendix X).
- 5.8 With progression of time and shift in modus operandi to reflect the necessary level of care requirement, so modern design has adapted to provide a care home environment well placed to deliver care.
- 5.9 In today’s age it is inappropriate to expect elderly service users to share bedroom accommodation with persons unknown. It is also inappropriate to expect increasingly frail elderly service users to leave the bedroom and walk corridors in order to use communal toilet and bathing facilities – a matter considered recently within the planning process:

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

(Source: Appeal Ref. APP/D3830/W/21/3281350; Paragraph 50)

Reference:

⁶ Department of Health; National Minimum Standards for Care Homes for Older People. February 2003.

5. Supply

5.10 Whilst there is no public directory identifying the nature of ensuite facility within care homes, HPC has, during compilation of this document, contacted every care home for the elderly across the Borough in order to ascertain nature of ensuite offering. The findings are included within the schedule of homes (Appendix II).

5.11 Of the 20 Borough care homes, only 11 offer an ensuite bathing facility (wetroom or bathroom) throughout.

Quantitative Considerations

5.12 A breakdown of CQC registered care home accommodation for the elderly within the Borough is provided in Appendix II to this report.

5.13 The table below comprises a synopsis of Borough wide provision. The ensuite bedrooms tabularised may range anywhere between a WC/WHB through to full bathroom or wetroom:

Nature of Care	Number of Homes	Registered Beds	Ensuite Bedrooms (WC minimum)
Residential	8	564	481
Nursing	12	764	709
Total	20	1,328	1,190

6. Demand

- 6.1 The current local authority published assessment of care home need is contained within the Strategic Housing Market Assessment Update 2021⁷ (SHMA).
- 6.2 The SHMA methodology is considered in detail within Appendix IV to this document.
- 6.3 It is my opinion that the methodology used is flawed.
- 6.4 At the time of considering the planning application, the local authority published assessment of care home need was contained within the Strategic Housing Market Assessment 2020 Update. This comprised a key document upon which the Officer Report to committee was based (see Appendix VI to this Proof).
- 6.5 It is agreed between the Appellant and Local Authority within the Statement of Common Ground that the relevant SHMA 2020 assessment contains an arithmetic error and that no regard should be given to document references within the Officer Report.
- 6.6 In considering the level of need I have had regard to research carried out on a national basis by longstanding social care research consultancy LaingBuisson⁵. This methodology has been used (and considered appropriate) during other planning processes – whether during application or appeal.
- 6.7 The LaingBuisson methodology (and assessment relating to the Borough) is also detailed in Appendix IV.
- 6.8 Based upon the LaingBuisson methodology, my assessment of baseline statistical demand is:

	2022
London Borough of Bexley	1,426

- 6.9 For the reasons detailed in Appendix IV, the above figure should be considered the absolute minimum. In order to meet the requirements of the Care Act 2014, each local authority is required to facilitate a market offering a ‘*variety*’ of services to choose from. This would necessitate a level of provision in excess of the figure tabularised.

References:

⁵ LaingBuisson; Care Homes for Older People UK Market Report. 32nd Edition. March 2022

⁷ arc⁴; London Borough of Bexley Strategic Housing Market Assessment 2021. November 2021

⁸ arc⁴; London Borough of Bexley Strategic Housing Market Assessment 2020. November 2020

7. Conclusion

7.1 The Care Act 2014 requires each local authority to facilitate a care market with ‘a variety of high quality services to choose from’. (Appendix IX).

7.2 The need for appropriate provision from a qualitative perspective is not only based upon resident aspiration but also wellbeing with modern design increasingly attuned to the limitation of virus spread.

7.3 The findings of this Proof are that not only is there insufficient appropriate accommodation to offer potential residents ‘variety’ but that the ‘high quality’ required is (from an environmental perspective) inconsistent throughout the Borough care home estate:

1. 126 registered care beds are within shared bedrooms
2. Only 11 of the 20 homes offer an ensuite bathing facility throughout
3. 75 bedrooms offer no ensuite facility whatsoever

7.4 The table below overviews dynamics from a statistical perspective, identifying a quite significant shortfall in appropriate accommodation.

	Ensuite Bedrooms
Occupational Demand	1,426
Existing Supply	1,190
Outstanding Baseline Need	236

7.5 It should be noted that, in line with the Appendix IV commentary, the LaingBuisson methodology is an occupancy prevalence indicator rather than level of need. In order to ensure ‘variety’ for prospective care home residents, a level of additional provision comfortably exceeding the Outstanding Baseline Need is required.

7.6 The sole existing consented scheme within the Borough is insufficient to offset the quantitative shortfall.

7.7 Evidence of *actual* demand (rather than statistical) is contained within Appendix V and shows consistently high occupancy across the Appellants existing Bexley home coupled with a level of enquiry volume significantly exceeding bed availability.

7.8 The Borough wide shortfall of appropriate accommodation is mirrored within the locality Market Catchment Area analysis (Appendix III).

7. Conclusion

7.9 Long term planning is always to be lauded but the care sector is timing specific. This proposed development is being driven by a care operator, significantly enhancing the potential for swift delivery – a benefit in itself (Appendix XI Para AXI.5). People approaching end of life cannot wait for planned care home delivery and provision therefore needs to be ahead of the curve (Appendix XI Para AXI.3):

‘..... Elderly people requiring care home accommodation are less able to wait than those in the general population needing accommodation because their needs are immediate. Accordingly, there is an urgency in meeting this unmet need and for all these reasons, significant weight is given to these housing and people care benefits.’

(Source: Appeal Decision APP/B1930/W/20/3259161 Paragraph 34)

7.10 In June 2019 the Ministry of Housing, Communities & Local Government published planning guidance entitled ‘Housing for older and disabled people’². The opening words of the Introduction are forceful:

The need to provide housing for older people is critical. People are living longer and the proportion of older people in the population is increasing.....Offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems.’

The Borough of Bexley has a proportionately high elderly (85+) population – 6% higher than the national profile and forecast to increase rapidly over forthcoming years (Appendix I). If the national level of need is deemed critical by central government, it is not unreasonable to assess this locality in a similar manner.

7.11 Reason 5 for Refusal of consent confirms:

‘The proposed development results in the loss of the four family dwelling houses which is not outweighed by the benefits of the scheme, including the provision of 70 care home beds, contrary to Policies H8 of the London Plan (2021) and Policies CS01 and CS03 of the Bexley Core Strategy (2012).’

7.12 To put the above Reason into perspective, my enquiries point towards a quite significant level of need for good quality nursing home accommodation. The proposal would greatly assist in meeting that need by increasing the level of ensuite bedrooms Borough wide by almost 6% - with the corresponding proportionate loss in family housing standing at 0.006% (Appendix VIII).

References:

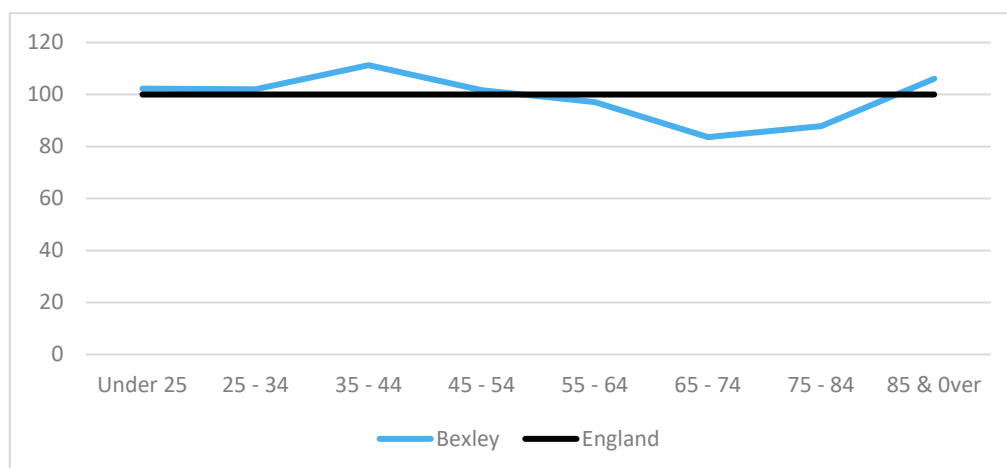
² Ministry of Housing, Communities & Local Government; Housing for Older and Disabled People. June 2019

Appendices

Appendix I Population Age Profile

AI.1 The estimated 2022 population across the Borough is 248,042.⁴

AI.2 The chart below represents the Index value in order to indicate over or under representation of population band within Bexley in comparison to national data.



(Source: Experian)

The Borough wide population age breakdown broadly mirrors the national profile, with a slightly higher proportion of younger middle aged persons and the most elderly in society. The proportion of population in the oldest age bracket is 6% higher than national expectations.

AI.3 The following table details the projected population change in individuals over the age of 85 between 2022 and 2035. The population in this highest age band is forecast to increase by 30% over the period.⁴

	2022	2025	2030	2035
Projection	6,720	7,082	7,469	8,722

AI.4 In summary, the Borough hosts a proportionately high elderly population which is forecast to grow rapidly over forthcoming years.

References:

⁴ Experian Population Data (Online Subscription Service)

Appendix II Borough Care Home Provision

All.1 The table below provides a breakdown of care homes registered for the elderly across the Borough.

Map Ref	Name	Nursing / Residential	Registered beds	Ensuite Bedrooms	Bath / Wetroom	Distance (Miles)
1	Abbotsleigh Mews	Nursing	120	120	All Wetrooms	1.8
2	Adelaide	Nursing	76	76	No Wetrooms	0.6
3	Baugh House	Nursing	60	60	All Wetrooms	2.6
4	Cedar Court	Residential	47	39	Part Wetrooms	2.5
5	Groveland Park	Residential	55	55	All Wetrooms	1.7
6	Heathfield Court	Nursing	66	66	All Wetrooms	2.2
7	Lyndhurst	Nursing	16	0	No Ensuites	1.3
8	Maples	Nursing	75	75	All Wetrooms	0.3
9	Marlborough Court	Nursing	78	78	No Wetrooms	3.6
10	Meyer House	Nursing	34	28	All Wetrooms	2.4
11	Northbourne Court	Residential	120	120	All Wetrooms	2.1
12	Parkview	Residential	69	38	Part Wetrooms	1.0
13	Riverdale Court	Residential	80	80	All Wetrooms	1.1
14	Shaftesbury Court	Residential	40	40	All Wetrooms	2.6
15	Signature at Frogna	Residential	131	91	All Wetrooms	2.8
15	Smyth Lodge	Nursing	80	80	All Wetrooms	2.8
16	St Aubyn's	Nursing	39	22	Part Wetrooms	2.3
17	St Mary's	Nursing	20	4	No Wetrooms	2.6
18	St. Margaret's	Residential	22	18	No Wetrooms	2.2
19	The Sidcup	Nursing	100	100	No Wetrooms	2.3
20		Total	1,328	1,190		

All.2 Explanatory comments relating to the schedule comprise:

- The homes, care category and registered bed numbers are drawn from the Care Quality Commission schedule dated 3rd October 2022
- Ensuite bedroom numbers are drawn from the online directory www.carehome.co.uk
- The presence of bathroom / wetroom within the ensuite numbers (as opposed to WC/WHB) has been sourced from either the care home website or direct enquiry by HPC
- Distance is straight line (rather than road)

Appendix II Borough Care Home Provision

Planning Activity

All.3 I have had regard to ongoing and recent planning activity across the Borough of Bexley. 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.

All.4 The search has been based upon:

- The local authority planning portal – with word searches for ‘care home’, ‘nursing home’ and ‘residential home’.
- The Barbour ABI planning directory

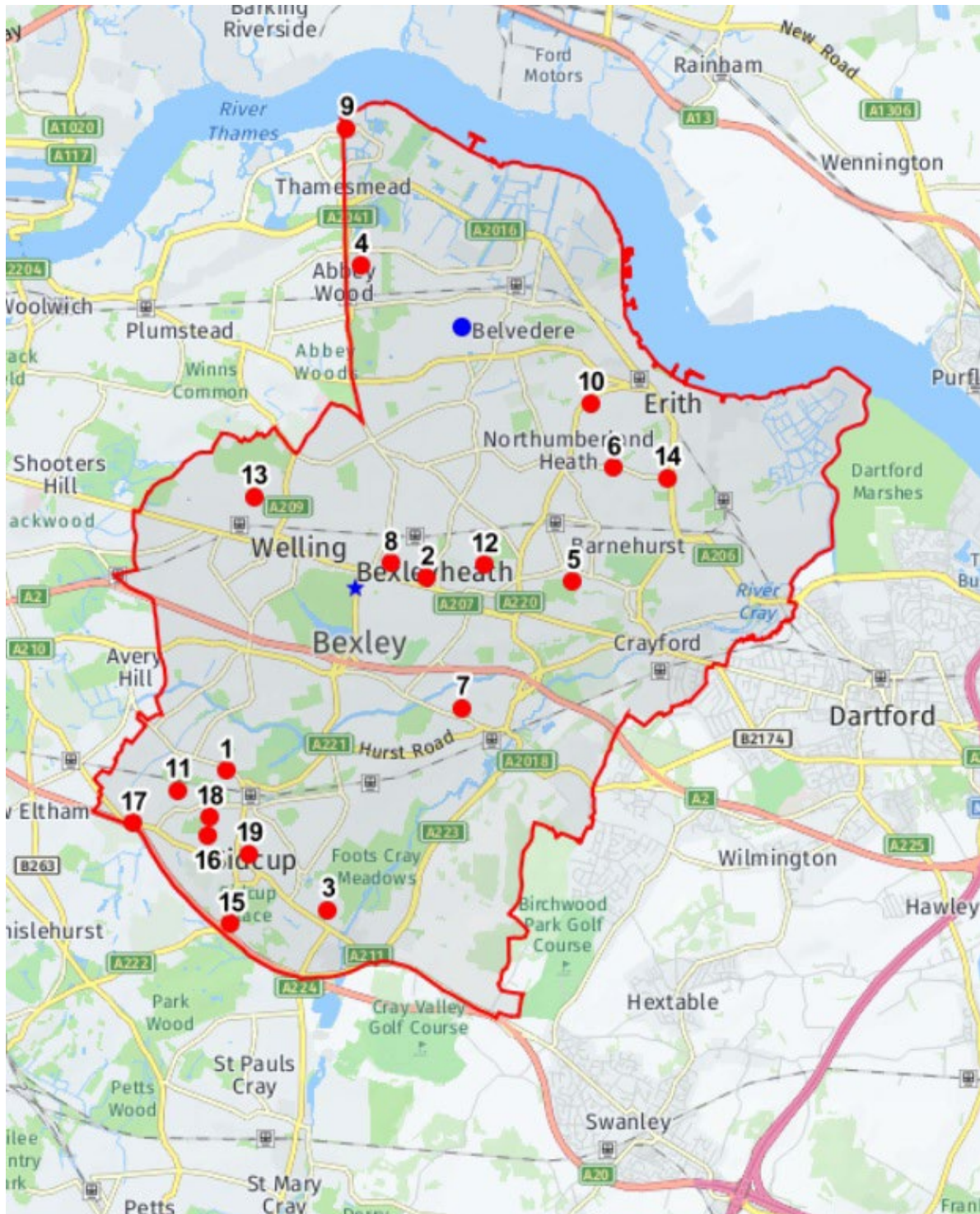
All.5 My search revealed a single piece of activity:

Address	Reference	Applicant	Overview
Former Ye Olde Leather Bottle Site 131 Heron Hill Belvedere DA17 5HJ	20/02852/FULM Application 4 th November 2020	Balmonza Ltd	70 Bed Care Home Approved 14 th September 2021

All.6 The above site, although within the Borough of Bexley, lies outside the Market Catchment Area.

Appendix II Borough Care Home Provision

All.7 The following map identifies the previously detailed homes as red circles with reference numbers relating to the corresponding homes in the table. The planning activity is shown as a blue circle and The Site is represented by a blue star.



Appendix III Locality Care Home Dynamics

AIII.1 This Appendix considers market dynamics across the Market Catchment Area (MCA) as identified in Paragraphs 4.4 to 4.7 to this Statement.

AIII.2 The MCA comprises a circular geography extending to a three mile radius from the Site – a radius based upon relevant data relating to the residents of Heathfield Court, Bexley.

Supply

AIII.3 The following table provides an overview of care home provision for the elderly within the MCA.

Nature of Care	Number of Homes	Registered Beds	Ensuite Bedrooms (WC minimum)
Residential	9	604	489
Nursing	14	913	837
Total	23	1,517	1,326

Demand

AIII.4 The following table provides an assessment of baseline occupancy demand utilising the LaingBuisson methodology outlined in Appendix IV.

	2022
Market Catchment Area	1,763

Outcome

AIII.5 Supply falls significantly short of occupational demand - extending to almost 450 ensuite bedrooms. In terms of need for further provision in the locality, this should be considered very much the baseline guide and I would refer to methodology commentary in paragraph AIV.15 of Appendix IV.

Appendix IV Demand Assessment Methodologies

Strategic Housing Market Assessment 2021

- AIV.1 The SHMA⁷ was compiled by arc⁴ on behalf of the London Borough of Bexley.
- AIV.2 Section 6 to the SHMA is entitled 'The needs of different groups' with Paragraphs 6.16 to 6.46 dedicated to 'Housing for Older People'.
- AIV.3 Paragraph 6.29 of the SHMA (Table 6.8) provides an 'Analysis of future need for specialist older person accommodation' and the relevant table is reproduced below:

Table 6.8 Analysis of future need for specialist older person accommodation				
Current provision (and planning use class)	Number of units 2018	Number aged 75 and over 2018	Number aged 75 and over 2038 (projected)	Change in need
		20,060	27,637	
		Ratio of population to provision	Ratio applied to 2038 population	
Specialist older person(C3)	2,488	0.124027916	3,428	940
Residential Care (C2)	1,186	0.059122632	1,634	448
Total	3,674		5,062	1,388

- AIV.4 In essence, the methodology used for forecasting 'future need' is a two stage process:
- I. Calculation of a ratio of current population aged 75 & over to current provision (2018 being current).
The calculated ratio is 0.059122632.
 - II. Application of the ratio to the corresponding forecast population figure for 2038.
- AIV.5 The SHMA identifies a need for a further 448 care home beds by 2038.
- AIV.6 I believe the need figure to be understated and the methodology behind the assessment contained within the SHMA to be flawed.

Reference:

⁷ arc⁴; London Borough of Bexley Strategic Housing Market Assessment 2021. November 2021

Appendix IV Demand Assessment Methodologies

Methodology

- AIV.7 The forecast in terms of future need is based upon current (2018) provision. At no point does there appear to be any analysis in terms of whether 2018 provision was adequate, with an assumption being made that it was. Should current (2018) provision be insufficient (as I believe) then the erroneous ratio continues to miscalculate need through future years.
- AIV.8 Assessment is made purely on a quantitative rather than qualitative basis. At no point in the document is the quality of the local care home estate assessed as to appropriate nature. The number of beds referenced therefore includes those in shared bedrooms and those lacking in any en-suite facility. Such accommodation is inappropriate for the 21st century.
- AIV.9 In summary, the need figure contained within the SHMA appears inappropriate with the true level of need being significantly higher.

Appendix IV Demand Assessment Methodologies

LaingBuisson

AIV.10 The methodology I have utilised is based upon UK analysis carried out by sector specialist research consultants LaingBuisson.⁵ Breaking down the findings into standard age bands, the research identifies ‘*the percentage of people aged 65 and over living in residential settings across all provider sectors including long stay NHS, March 2020 (pre COVID)*’.

AIV.11 The prevalence rates are:

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

AIV.12 Whilst, historically, forecasting of need has comprised applying the above prevalence rates to corresponding future population forecasts, recent research within the aforementioned LaingBuisson report now points towards this methodology potentially overstating future occupancy levels. This is due to a combination of factors which have suppressed, and will continue to suppress, demand. Factors include substitutes such as Housing with Care, Live-in Care and financial pressures on councils to limit long term placements.

AIV.13 Research over the period 2005 to 2020 points towards use of a ‘counter-driver’ of 1.95% per year being the adjustment necessary to bring the raw index of population ageing into alignment with the index of observed occupied beds.

AIV.14 Utilisation of the above occupancy prevalence rates (Para. AIV.11) coupled with the aforementioned annual ‘counter driver’ rate provides the following assessment of occupancy demand based upon Borough population data.

	2022
Borough of Bexley	1,426

References:

⁵ LaingBuisson; Care Homes for Older People UK Market Report. 32nd Edition. March 2022

Appendix IV

Demand Assessment Methodologies

Caution as to Methodology Use

AIV.15 The methodology should be regarded as a guide. The bed number detailed above would be considered very much a baseline as:

- 1) The rate is based upon national assessment of occupation (rather than demand). It is therefore suppressed due to areas of the country having insufficient beds to accommodate demand from potential service users.
- 2) The rate is a national average rate. Locations where service users are heavily reliant upon local authority funded care are likely to have lower occupancy due to well publicised local authority budgetary pressure. Conversely, locations with above average affluence are likely to see higher occupation.
- 3) The nature of the care home sector is such that an allowance for voids should be considered. Post client death there exists a period during which family have the opportunity to collect belongings and the provider instigates deep clean / redecoration.
- 4) The Care Act 2014 requires each local authority to ensure that care home service users have a 'variety' of facilities to choose from (Appendix IX). In order for this to happen, a level of 'headroom' is required between the estimated number of residents and the supply of appropriate accommodation across the specified geography.

Appendix IV Demand Assessment Methodologies

Methodology Pedigree

AIV.16 The methodology is frequently used during the planning process.

AIV.17 I have relied upon the methodology on numerous occasions over recent years during not only planning applications but through to appeal. Recent examples include:

Address	Appeal Ref. & Decision Date	Proposal Overview	Nature of Appeal	Local Authority
107 – 109 Manchester Road Wilmslow SK9 2JH	APP/R0660/W/20/3264480 10 th November 2021	60 Bed Care Home Use Class C2	Hearing	Cheshire East Council

“The appellant has provided forecasts of the existing and future need and demand for care home spaces in the area. These forecasts have been produced in line with widely accepted methodology and the Council does not dispute its use in this case...”

(Paragraph 24)

Address	Appeal Ref. & Decision Date	Proposal Overview	Nature of Appeal	Local Authority
Turners Hill Road Fellbridge Crawley RH10 4HH	APP/D3830/W/21/3281350 12 th April 2022	64 Bed Care Home Use Class C2	Inquiry	Mid Sussex D.C.

‘It is also agreed by the Council and Appellant that another frequently used methodology within the sector is based upon care home occupancy by age based on prevalence rates researched by sector specialists

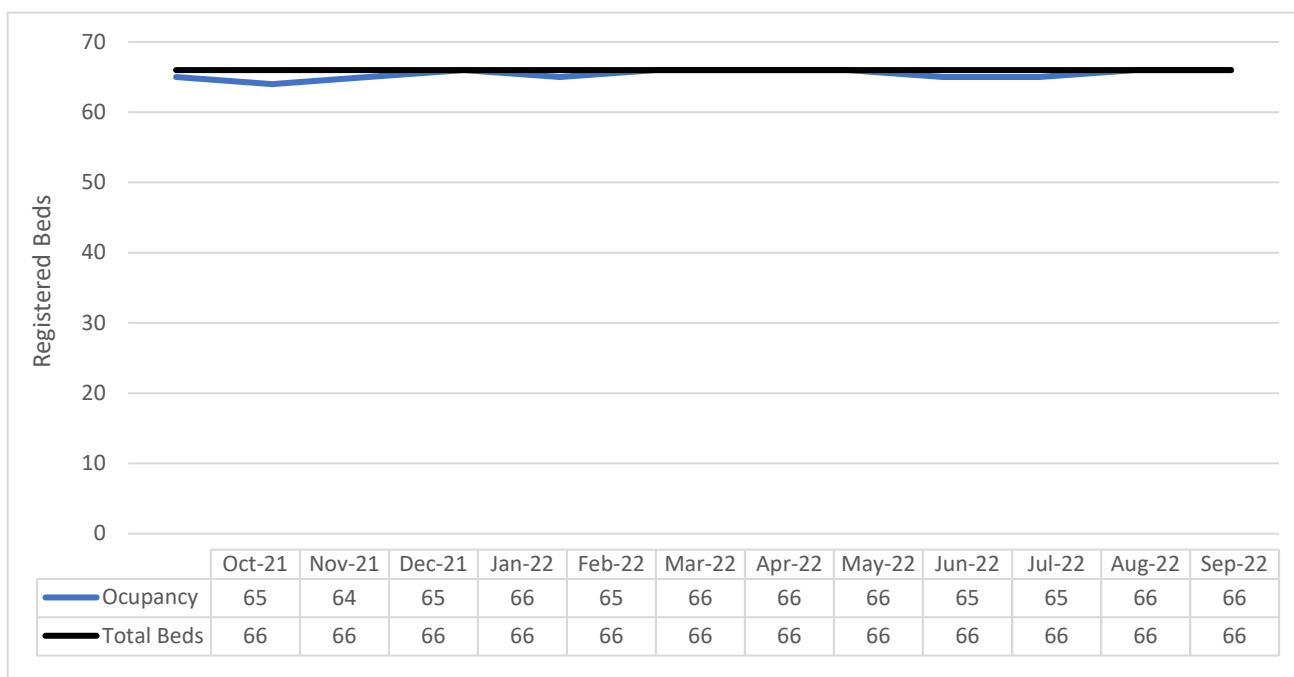
LaingBuisson.....’

(Paragraph 48)

Appendix V Occupancy Data

AV.1 The appellant (Carebase) has invested heavily in the Borough, developing Heathfield Court, 147 Colyers Lane, Erith in 2017. The home is registered with the Care Quality Commission for the provision of nursing care to 66 elderly persons, including those with Dementia. The proposed nursing home will have a similar *modus operandi*.

AV.2 We have been provided with recent occupancy data and show this graphically below.



AV.3 Occupancy is consistently high – at or around the maximum level. Indeed, average occupancy over the period was 99%. Achieving 100% occupancy over any sustained period of time is, of course, not possible due to the occurrence of temporary voids following death.

Appendix V Occupancy Data

AV.4 The following table details activity at Heathfield Court over the past 3 months:

	July	August	September
Total Bedrooms	66	66	66
Opening Occupancy	66	66	66
Number of Enquiries	27	28	24
Number of Deaths	4	0	1
Number of Other Discharges (Respite / Move)	1	0	0
Number of Admissions	5	0	1
Closing Occupancy	66	66	66

AV.5 Over the 3 month period the home had 6 bedrooms become available – contrasting with 79 enquiries as to bed availability.

AV.6 I am of the opinion that the occupancy and enquiry data above provides compelling evidence in terms of need in the Borough.

Market Position Statement

AVI.1 The most recent Market Position Statement published by the London Borough of Bexley Adult Social Care covers the period 2015 – 2018. I am unaware of a Market Position Statement currently being in force.

Strategic Housing Market Assessment 2021

AVI.2 Section 6 to the document contains a sub section dedicated purely to ‘Housing for Older People’ stretching from paragraph 6.16 to 6.46.

AVI.3 Relevant commentary in respect of Need assessment methodology is contained within Appendix IV to this document and will not be repeated below.

AVI.4 The SHMA is clear in identifying the necessity for further provision of specialist housing with background provided in Paras. 6.30 & 6.35:

- *Bexley has the third highest rate of people aged 65 and over in London....*
- *The population of Bexley is also ageing faster than the rest of London...*
- *People aged 65 and over make up the majority of the Bexley Adult Social Care client group (64% in 2015/16). A significant proportion of clients are aged 85 and over (30%)...*
- *By 2038, the number of people aged 65 and over with dementia is projected to increase by 37.6%*

AVI.5 The subject of family housing and property under occupation is a matter of consideration within the SHMA and is also relevant to this appeal (Reason for Refusal 5). Referencing a 2018 Household Survey as supporting evidence, the SHMA highlights key findings including:

- 46.8% of older households aspire to downsize in future (Para. 6.25 Table 6.6)
- Of those older person households seeking to move, 40.3% are unable to do so due to lack of suitable property (Para. 6.23 Table 6.5)

AVI.6 The above Survey findings lead the SHMA to conclude:

‘...providing a wider range of older persons’ accommodation has the potential to free-up larger family accommodation.’

(Paragraph 6.21)

Appendix VI Key Local Authority Documents

Housing Strategy 2020 - 2025

AVI.7 Comment with older person specific focus within this Strategy is relatively limited, perhaps summarised best by the following two excerpts:

'We are clear we need sustainable housing growth with new developments delivering a mix of tenures that meet housing needs of all age groups and incomes and deliver the right infrastructure in the right places to deliver successful communities.'

(Executive Summary)

'The overarching aim of our Housing Strategy for older people is to enable them to feel safe and secure in a place they consider to be home, living independently for as long as possible and connected to a local community and network of social support. Residential care should be a last resort.....'

(Introduction)

AVI.8 Acknowledging the need to ensure new development meets the needs of the elderly, there is a clear strategy to maintain independence through restricting placement into residential care. It should be noted that the proposed development is for a nursing rather than residential home – with clients having needs (whether physical or mental) requiring qualified care.

Appendix VI Key Local Authority Documents

Officer Report

AVI.9 The Officer Report prepared for Committee and relating to the application (19/03072/FULM) references – on the matter of need – several local strategic documents and consultation responses.

AVI.10 Referencing the [London Plan \(2021\)](#), officer commentary advises ‘*Whilst there is no policy directly related to care home provision, the supporting text of Policy H13 of the London Plan (2021) recognises that care home accommodation is an important element of the suite of accommodation options for older Londoners and this should be recognised by boroughs and applicants.*’

AVI.11 The [Strategic Housing Market Assessment \(SHMA\)](#) in place at the time (and referenced within the Officer Report) was the [2020 Update](#). As a key strategic document, significant weight appears to be given to the SHMA content.

AVI.12 The Analysis of future need for specialist older person accommodation is contained in Table 4.5 (Page 117) of the SHMA and, for ease of reference, I have reproduced the table below.

Table 7.5 Analysis of future need for specialist older person accommodation				
Current provision (and planning use class)	Number of units 2018	Number aged 75 and over 2018	Number aged 75 and over 2036 (projected)	Change in need
		20,000	28,100	
		Ratio of population to current provision	Ratio applied to 2036 population	
Specialist older person (C3)	2,488	0.1244	3,496	1,008
Residential Care (C2)	1,186	0.0593	1,229	43
Total	3,674		4,725	1,051

AVI.13 For the reasons previously detailed in Appendix IV Paras. AIV7 – AIV9, I believe the methodology to be flawed with the forecast based upon a starting point which has not been assessed.

AVI.14 IN ADDITION, the SHMA 2020 Table 7.5 incorporates a basic arithmetic error which is acknowledged by the local authority in the Statement of Common Ground. The assessed 2018 ratio (0.0593) is incorrectly applied to the 2036 >75 population. Correct application results in 1,666 care home residents forecast by 2036 (rather than 1,229) with associated change in need amounting to 480 (rather than 43).

Appendix VI

Key Local Authority Documents

AVI.15 The Report further references the consultation response from [NHS South East London Clinical Commissioning Group](#). I have, during Statement compilation, been provided with the consultation response in full – as signed off by the Acting Director of Integrated Commissioning.

AVI.16 The consultation response covers both the cost implications (on the NHS) of the proposed development and the level of need. Given the subject of this Proof of Evidence, my comments are restricted to the latter.

AVI.17 Whilst indicating a preference for concepts such as ‘Extra Care’ over main stream residential and nursing home provision, the response further advises:

- *‘Since we met there has clearly been a pandemic which has left many of our care homes with higher than normal vacancy rates. I would therefore question whether now is the right time for developing new care homes, although I do recognise that more modern settings are better equipped for optimal infection control.’*
- *‘... we also have a need for a supply of quality dementia care for CHC eligible patients with higher end needs...’*

AVI.18 I believe that the proposed development will fulfil the needs of the CCG. Occupancy levels continue to recover post pandemic and Appendix V provides clear evidence of such. The proposed nature of care (as confirmed in the CCG consultation response) is ‘dementia and end of life care’.

AVI.19 The consultation feedback from the [London Borough of Bexley Housing Department](#) is also flagged by the planning officer within the report as follows:

‘The Councils Housing department have reviewed this proposal and state that the Council’s Strategic Housing Market Assessment 2020 (SHMA 2020) suggests that the vast majority of people want to remain in their own home with support when needed and therefore there is low demand for residential care homes in the borough. This conclusion is based on the results of the 2018 Householder Survey.’

Appendix VI

Key Local Authority Documents

AVI.20 As previously identified, I believe the SHMA 2020 to be both methodologically and arithmetically flawed, resulting in an assessed level of future care home need falling well below reality. It is therefore unsurprising that such a conclusion was reached.

AVI.21 The [2018 Householder Survey](#) results are contained within Table 7.6 of the SHMA 2020. The Survey asks local residents over the age of 55 *'If you think it is relevant to you, which of the following older persons' housing options would you seriously consider now or in the next 5 years?'* (underline by Proof author for emphasis).

AVI.22 Given that a large proportion of the surveyed sample (aged 55 – 65) are at a time in their life when they are not only unlikely to even consider a care home but they would also be too young (from a CQQC regulatory perspective), the value of the Survey outcome is questionable at best.

AVI.23 The survey option was also identified as being a *'Residential care home'*. The proposed development is for a nursing home providing qualified nursing, dementia and end of life care. Occupancy is, unfortunately, all too often not through choice, rather through necessity.

AVI.24 I am of the opinion that, whilst the Officer Report Conclusion acknowledges *'the benefits of the scheme in providing 70 beds for dementia and end of life care'*, the benefit accruing from need for further nursing home provision would have been deemed even more significant had the erroneous SHMA 2020 evidence base been known and the misleading 2018 Housing Survey outcome not been considered.

Appendix VII

Rule 6 Party & Objector Comments

AVII.1 The Danson Neighbours Residents' Group has been given Rule 6 status for the Inquiry and I have been provided with their Statement of Case.

AVII.2 The document contends there not to be a need for the proposed development with evidence for the contention identified as the following Consultation response from LBB Housing detailed within the Planning Officer Report to Committee:

'Bexley's Strategic Housing Market Assessment 2020 suggests the vast majority of people want to remain in their own home with support when needed. The SHMA shows there is a need for affordable specialist older persons accommodation where people can live independently but there is exceptionally low demand for additional residential care homes in the Borough.'

AVII.3 Objections received during the appeal progress are numerous. However, all those suggesting a lack of Need for the proposed development utilise the above quote as evidence.

AVII.4 In line with my comments contained within Appendix VI, the SHMA 2020 contains both methodological and arithmetic flaws, resulting in significant underassessment of future care home need. The arithmetic flaw is acknowledged by the Local Authority in the Statement of Common Ground.

AVII.5 Further, the proposed development comprises a nursing home (rather than residential care home detailed in the above quote). With a focus upon nursing, dementia and end of life care, occupation is likely to result from the level of care *need* rather than where the individual *wishes* to reside.

Appendix VIII Family Housing

AVIII.1 Reason for Refusal 5 opens with the words *'The proposed development results in the loss of the four family houses which is not outweighed by the benefits of the scheme including the provision of 70 care home beds....'*

AVIII.2 I am unqualified to provide Expert opinion in respect of housing (non care related). However, due to the link between the loss of family housing and benefits of the proposed scheme (of which meeting need is one) within Reason 5, I have briefly considered the matter within this Appendix.

AVIII.3 Given my preceding comment, the remaining content of this Appendix comprises a high level factual overview and excludes personal opinion (unless specifically stated otherwise).

AVIII.4 Table 3.5B of the SHMA 2021 sets out the split of dwellings across the Borough by size and by Ward. The table content is sourced from the 2018 Household Survey. Classifying dwellings offering 3 or more bedrooms as 'family housing', I note the following:

- i. There are a total of 97,055 dwellings across the Borough of which 63.9% comprise 'family housing'. This equates to a little over 62,000 family homes.
- ii. Within the Ward of Crook Log (in which the Site is situated) 74.1% of dwellings are of a size to be considered family housing.
- iii. Of the 17 Wards across the Borough, only 3 have a higher proportion of family housing than Crook Log.

AVIII.5 Based upon the SHMA data, the loss of 4 family dwellings would reduce the Borough family housing provision by 0.006%.

AVIII.6 The development of 70 ensuite care home bedrooms would increase the Borough provision of such by 5.9%.

AVIII.7 Whilst (proportionately) the positive impact to the care home estate far exceeds the loss to family housing supply, I am of the opinion that the proposed development also has the potential to 'free up' under occupied family housing through increasing the availability and quality of specialist accommodation for older persons – a view aligning with the SHMA:

'.....This evidence suggests a need to continue to diversify the range of older persons' housing provision. Additionally, providing a wider range of older persons' accommodation has the potential to free-up larger family accommodation.'

(Strategic Housing Market Assessment 2021; Paragraph 6.21)

Appendix VIII Family Housing

AVIII.8 The Appeal Statement for the Local Authority offers mixed messages in respect of the potential for the proposed development to ‘free up’ family housing:

‘It is the Council’s contention that providing the care home will not free up much needed family housing in the borough.....’

(Paragraph 2.50)

‘.....Whilst it is recognized that the development would free up housing in some circumstances there is no guarantee that this would happen in every instance.....’

(Paragraph 2.64)

‘Providing the care home will not free up much needed family housing in the borough.....’

(Paragraph 2.65)

AVIII.9 In terms of precedent within the planning process, the concept of care home development ‘freeing up’ under occupied housing was identified as a benefit by the Inquiry Inspector in the 2020 Decision relating to the proposed development of a 66 bed care home on land east of Parsonage Road, Takeley, Essex CM22 6PU (my underline for emphasis):

‘In terms of social benefits, the provision of a care home, in light of the acute need demonstrated, and the beneficial impact that would have in terms of the release of homes, in light of the Council’s poor five year housing land supply, is a weighty consideration to which I attach more than considerable weight in favour of the appeal.’

(Appeal Ref: APP/C1570/W/19/3234532 Para. 60)

AIX.1 After being introduced in May 2013, the Care Act 2014 received royal assent on 14th May 2014. It is ‘An act to make provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes’.

AIX.2 Section 5 of the Act ‘Promoting diversity and quality in provision of services’ details specific responsibilities falling upon each local authority in terms of facilitating the care market. Paragraphs 1 – 3 are reproduced below with content of particular relevance to the appeal highlighted:

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

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

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

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

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

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

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

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

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

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

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

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

AIX.3 The relevant legislation therefore requires a local authority to ensure not only an adequate quantity but also quality of care home provision. In terms of physical environment, the planning process is one route (of several) at the disposal of the local authority that might be used in meeting these legal obligations.

Care Home Deaths

- AX.1 In the period to 21st October 2022 there have been 34,518 deaths involving COVID 19 across care homes in England (Source: Office for National Statistics).
- AX.2 Of the above, 93 deaths occurred across Bexley Borough care homes.

Research

- AX.3 Given the fact that this comprises a recent (and ongoing) pandemic, meaningful research into the impact on registered care communities is limited. Indeed, we are aware of a single piece of comprehensive work only.
- AX.4 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).
- AX.5 The research sought to ascertain whether a correlation exists between Covid-19 infection and mortality prevalence and environmental configuration within registered care facilities. The authors obtained complete information in respect of 618 of the 623 Ontario nursing homes, encompassing 78,607 residents. As a guide to sample size, this is sizeable - equating to almost 20% of UK registered beds for the elderly. The research was conducted between March 29th and May 20th 2020.

Methodology

- AX.6 A nursing home crowding index was utilised which was defined as the mean number of occupants per room and bathroom across an entire home. Weighting was attributed to each bedroom dependent upon two key factors – number of occupants and availability of private bathing facility. A single occupancy room with private bathroom was ascribed the lowest weight (1) whilst the largest bedrooms, occupying 4 persons, were ascribed a weight of 4.
- AX.7 Across the province only single, double and quadruple bedded rooms are utilised – accommodating 36.9%, 37.3% and 25.8% of residents respectively. Analysis was restricted to elderly persons only of whom 54.6% were aged 85 or over and 69.8% were dementia diagnosed.

Results

- AX.8 Unfortunately, of the 78,607 residents, 5,218 (6.6%) developed Covid-19 infection, and 1,452 (1.8%) died of Covid-19 infection as of May 20th 2020. This case fatality rate was 27.8%.
- AX.9 The research identified a clear correlation between Covid-19 incidences in high crowding index homes (9.7%) compared to low crowding index homes (4.5%).
- AX.10 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.*

Lessons to be learnt

AX.11 I am of the opinion that the key lessons to be learnt from the pandemic include the concept that the development of modern care homes, designed specifically for purpose, should be actively encouraged.

AX.12 Whilst the annual care home death rate results from a number of causes, the pandemic has illustrated the fact that a large proportion of the existing national care home estate does not incorporate appropriate design requirements for such a previously unforeseen outbreak. Moving forward, it is likely that the following will comprise key design considerations:

- i. Are the twin bedrooms contained within older and converted premises appropriate in containing virus spread?
- ii. Communal bathing facilities are a cross infection nightmare. Should bedrooms reliant upon communal bathing facilities retain registration?
- iii. In order to limit the impact upon mental wellbeing, larger bedrooms are beneficial in a lockdown scenario.
- iv. Incorporation of individual units capable of being operated in isolation with unit specific day space, dining facilities and staff group in order to limit the potential for cross infection throughout the entire home.

Appendix XI Development Benefit

AXI.1 This document has previously detailed central government perception of the need for specialist accommodation as being critical (Para. 3.1). It therefore follows that significant benefit is associated with such development and, by way of illustration, the following schedule of recent (2021 & 2022) appeal decisions emphasises the broad range. All appeals were allowed.

AXI.2

Address	Appeal Ref. & Decision Date	Proposal Overview	Relevant Benefits Ascribed
Former Hayes Bowls Club West Common Road Hayes, Bromley BR2 7BY	APP/G5180/W/20/3249202	60 Bed Care Home	Ability to offset care home need
	25 th February 2021	Use Class C2	Construction & care employment

AXI.3

Address	Appeal Ref. & Decision Date	Proposal Overview	Relevant Benefits Ascribed
Chelford House Coldharbour Lane Harpenden AL5 4UN	APP/B1930/W/20/3259161	63 Bed Care Home Use Class C2	Ability to offset care home need
			Contribute to housing supply
			Reduced loneliness through community interaction
			Reduced falls due to purpose designed environment
			Reduction in NHS costs due to drop in Delayed Transfers of Care from hospital
			Construction & care employment

‘..... Elderly people requiring care home accommodation are less able to wait than those in the general population needing accommodation because their needs are immediate. Accordingly, there is an urgency in meeting this unmet need and for all these reasons, significant weight is given to these housing and people care benefits.’

(Source: Appeal Decision Paragraph 34)

Appendix XI Development Benefit

AXI.4

Address	Appeal Ref. & Decision Date	Proposal Overview	Relevant Benefits Ascribed
Royal Cambridge Home 82-84 Hurst Road East Molesey KT8 9AH	APP/K3605/W/20/3257109 18 th October 2021	32 Bed Care Home Use Class C2 60 Extra Care Units Use Class C3	Provision of specialist accommodation Construction & care employment Provision of purpose designed care accommodation to modern standards

'The provision of purpose designed care accommodation to modern standards is a significant public benefit and would ensure the long-term retention of the facilities....'

(Source: Appeal Decision Paragraph 34)

AXI.5

Address	Appeal Ref. & Decision Date	Proposal Overview	Relevant Benefits Ascribed
Turners Hill Road Fellbridge Crawley RH10 4HH	APP/D3830/W/21/3281350 12 th April 2022	64 Bed Care Home Use Class C2	Operator association with application Ability to offset care need Construction & care employment Provision of purpose designed care accommodation to modern standards

'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 that 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 wetroom 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.'

(Source: Appeal Decision Paragraph 86)

AXI.6 I understand that the planning matter of balance related to need is to be dealt with by Mr Batchelor in his planning Proof of Evidence.

Data Source

Section 5 and Appendix II & III Registered Care Supply

In order to ensure that the schedule of competing homes is as current as possible, the majority of information was drawn from the web database of the Care Quality Commission (Schedule date 3rd October 2022). Supporting information in respect of room configuration is provided by the website www.carehome.co.uk, care home specific websites and direct enquiry.

Appendix II Planning Activity

Sourced from the London Borough of Bexley planning portal and Barbour ABI planning directory 27th October 2022.

Appendix I Population Profile

All population profiling data (bar House Price data) has been provided by Experian – a supplier approved by the Office of National Statistics (ONS) following Census release. The population figures provided are mid-year estimates at OA level.

COVID - 19

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

Appendix XIII Curriculum Vitae

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

Relevant Qualifications:

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

Healthcare Property Consultants Ltd – 2008 to Date

Director

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

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)

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