

# Appendices

**Nigel Newton Taylor**

Addressing the Matter of Care Home Need and Supply

Site: Land to the North of Bradmore Way, The Brookmans  
Estate, Brookmans Park, Hertfordshire AL9 7QR

Planning Inspectorate: APP/C1950/W/22/3307844

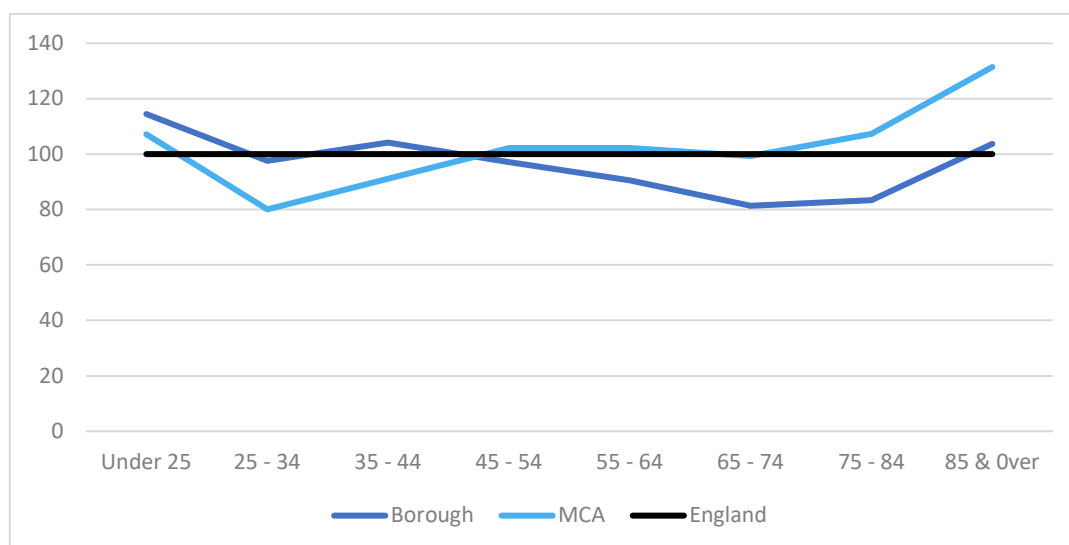
Local Planning Authority Reference: 6/2022/1097/OUTLINE

## Appendix I Population Profile

AI.1 The estimated 2023 population across the Borough is 120,698.<sup>4</sup>

AI.2 The estimated 2023 population across the MCA is 20,520.<sup>4</sup>

AI.3 The graph below represents the Index value in order to indicate over or under representation of population band within both the Borough and MCA in comparison to national data.



(Source: Experian)

Both geographies host a higher than average proportion of persons falling within the most elderly age band. The proportion of persons over the age of 85 within the MCA is 31% higher than the national profile.

AI.4 The following table details the projected population change in individuals over the age of 85 between 2023 and 2035. The population in this highest age band is forecast to increase by 28% across both the MCA and Borough in little over a decade. <sup>4</sup>

	2023	2025	2030	2035
Market Catchment Area	679	686	740	869
Borough	3,152	3,172	3,372	4,019

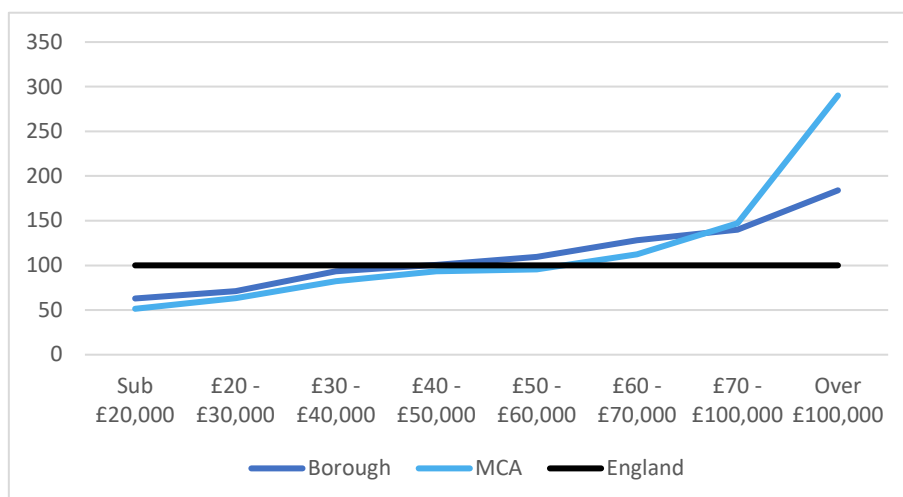
AI.5 In summary, the MCA and wider Borough host a proportionately high elderly population which is forecast to grow rapidly over forthcoming years.

References:

<sup>4</sup> Experian Population Data (Online Subscription Service)

## Household Income

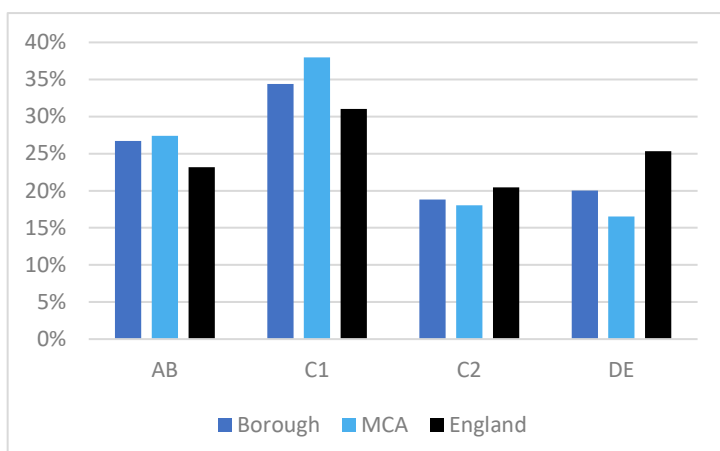
AI.6 The graph below represents the Index value in order to indicate over or under representation of household income band within both the Borough and MCA in comparison to national data.<sup>4</sup>



Whilst the Borough profile indicates relatively high household income, the MCA profile accentuates further, with the proportion of households in the highest income bracket almost triple that seen nationally.

## Social Grade

AI.7 Very much supporting the pre-stated household income analysis, there exists a strong social class bias towards the managerial/professional workforce and away from the low grade workforce and unemployed.<sup>4</sup>



### Social Grade

AB Higher & Intermediate manage/admin/prof

C1 Supervisory, cleric, junior, manage/admin/prof

C2 Skilled manual workers

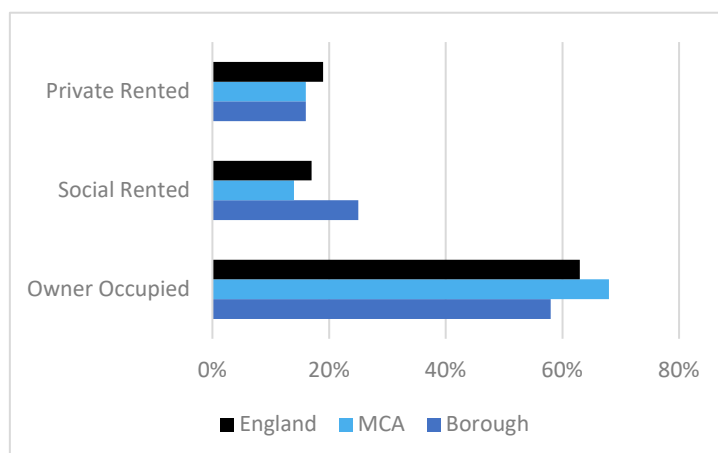
DE Semi-skilled and unskilled manual workers; On state benefit, unemployed, lowest grade workers

#### References:

<sup>4</sup> Experian Population Data (Online Subscription Service)

### Tenure of Occupation

AI.8 The MCA housing tenure profile shows a high proportion of home ownership in comparison to both Borough and national data.<sup>4</sup>



### Average Dwelling Price

AI.9 Whilst a Borough wide breakdown is unavailable, the following Land Registry data identifies average dwelling prices achieved (across varying types of housing) for both the AL9 postal district and country as a whole (2021).

	Postal District	England
Flats	£386,028	£314,415
Terraced House	£485,177	£303,199
Semi-Det. Houses	£629,517	£315,547
Detached Houses	£1,076,531	£509,482
<b>All Dwellings</b>	<b>£734,272</b>	<b>£364,568</b>

AI.10 The preceding data points towards the Brookmans Park locality hosting a population comfortably higher (on average) in both age and affluence than not only the national picture but also the Borough wide population.

References:

<sup>4</sup> Experian Population Data (Online Subscription Service)

## Appendix II

# Market Catchment Area Care Home Provision

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

Name	Nursing / Residential	Registered beds	Ensuite Bedrooms	Bath / Wetroom	Distance (Miles)
St Christophers	Nursing	163	13	No Wetrooms	1.9

All.2 Explanatory comments relating to the schedule comprise:

- The home, care category and registered bed number is drawn from the Care Quality Commission schedule dated 3<sup>rd</sup> January 2023
- Ensuite bedroom numbers are drawn from the online directory [www.carehome.co.uk](http://www.carehome.co.uk)
- The presence of bathroom / wetroom within the ensuite numbers (as opposed to WC/WHB) has been sourced through direct enquiry by HPC
- Distance is straight line (rather than road)
- Although retaining CQC registration, Willows care home (Potters Bar) has been excluded. Site visit on 30<sup>th</sup> October 2022 confirmed the home to be vacant and closed.

All.3 It is agreed (Para. 8.31) within the Statement of Common Ground that St. Christophers comprises the sole operational care home for the elderly within the MCA.

All.4 I have further sought ongoing and recent planning activity across the MCA. 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.

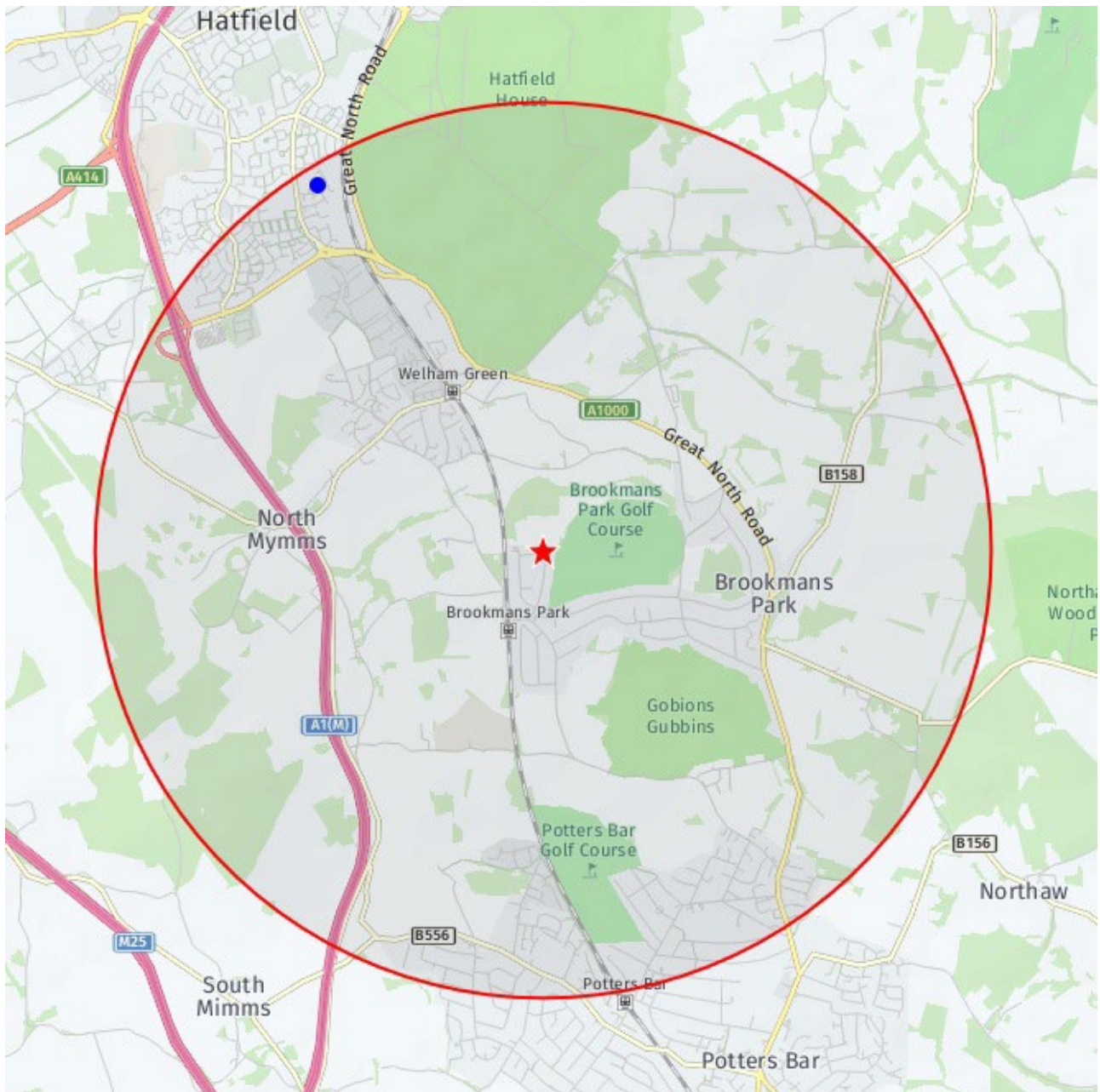
All.5 The search has been based upon:

- The local authority planning portal – with word searches for ‘care home’, ‘nursing home’ and ‘residential home’.
- Welwyn Hatfield Borough Council Annual Monitoring Report 2020/21
- The Barbour ABI planning directory

All.6 My search revealed no activity meeting the above criteria.

## Appendix II Market Catchment Area Care Home Provision

All.7 The following map identifies the previously detailed home as a blue circle. The Site is represented by a red star.



## Appendix III Borough Care Home Provision

AIII.1 This Appendix considers market dynamics across the Borough of Welwyn Hatfield.

### Existing Supply

AIII.2 The following table provides an overview of care home provision for the elderly within the Borough.

- The homes, care category and registered bed numbers are drawn from the Care Quality Commission schedule dated 3<sup>rd</sup> January 2023
- Ensuite bedroom numbers are drawn from the online directory [www.carehome.co.uk](http://www.carehome.co.uk)

Nature of Care	Number of Homes	Registered Beds	Ensuite Bedrooms (WC minimum)
Residential	8	308	273
Nursing	6	553	399
<b>Total</b>	<b>14</b>	<b>861</b>	<b>672</b>

AIII.3 Of the 14 care homes, only four have been purpose designed and built since the turn of the millennium (Acacia Mews, Hatfield Nursing Home, Anson Court and Oakview Lodge).

### Planning Activity

AIII.4 I have further sought ongoing and recent planning activity across the Borough. 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.

AIII.5 The search has been based upon:

- The local authority planning portal – with word searches for ‘care home’, ‘nursing home’ and ‘residential home’.
- Welwyn Hatfield Borough Council Annual Monitoring Report 2020/21
- The Barbour ABI planning directory

AIII.6 The Statement of Common Ground (Para. 8.32) confirms there to be a total of four extant planning consents for C2 care homes across the Borough and these are scheduled overleaf.

## Appendix III Borough Care Home Provision

AIII.7

Address	Reference	Applicant	Overview
Plot 6000 Hatfield Avenue Hatfield Business Park Hatfield AL10 9UA	6/2017/0550/MAJ  Application 3 <sup>rd</sup> April 2017	Mr Atkar	75 Bed Care Home  Approved 16 <sup>th</sup> February 2018  Development ongoing

Address	Reference	Applicant	Overview
45 Broadwater Road Welwyn Garden City AL7 3AX	6/2018/3292/MAJ  Application 17 <sup>th</sup> January 2019	Marbrook Care	91 Bed Care Home & 13 Care Suites  Approved 17 <sup>th</sup> February 2020  Development ongoing

Address	Reference	Applicant	Overview
St Andrews Great North Road Welwyn Garden City AL8 7SR	6/2020/1249/FULL  Application 4 <sup>th</sup> June 2020	B & M Care	12 Bed Extension  Approved 30 <sup>th</sup> July 2020  No ongoing activity

Address	Reference	Applicant	Overview
Oakview Lodge Princes Avenue Welwyn Garden City AL7 4DT	6/2020/0826/FULL  Application 9 <sup>th</sup> April 2020	Country Court Care	6 Bed Extension  Approved 23 <sup>rd</sup> June 2020  Status Unknown

AIII.8 The Annual Monitoring Report 2020/21 also details the consented mixed use scheme replacing the former Shredded Wheat Factory, Broadwater Road, Welwyn Garden City AL8 6UN (6/2018/0171/MAJ). The C2 element of the application comprises 'Extra Care' rather than a care home and is not directly comparable. The proposed scheme has been amended and is now subject to ongoing consideration (6/2021/0181/MAJ). The 250 unit C2 element in the revised scheme will be developed as a Mayfield Village by Audley Care. Once again, this would not incorporate a care home.



## Appendix III Borough Care Home Provision

### Market Movement

AIII.9 My research into Borough wide provision has also encompassed the level of new care home development and care home closure over the last decade. The outcome is scheduled below.

Attrition		Development	
Hyde Valley House (2018)	46	Anson Court (2017)	75
Elizabeth House (2021)	60	Oakview Lodge (2018)	64
<b>2 Homes</b>	<b>106</b>	<b>2 Homes</b>	<b>139</b>

AIII.10 The development of two new facilities in recent years has been offset to a significant degree by the closures of Hyde Valley House and Elizabeth House.

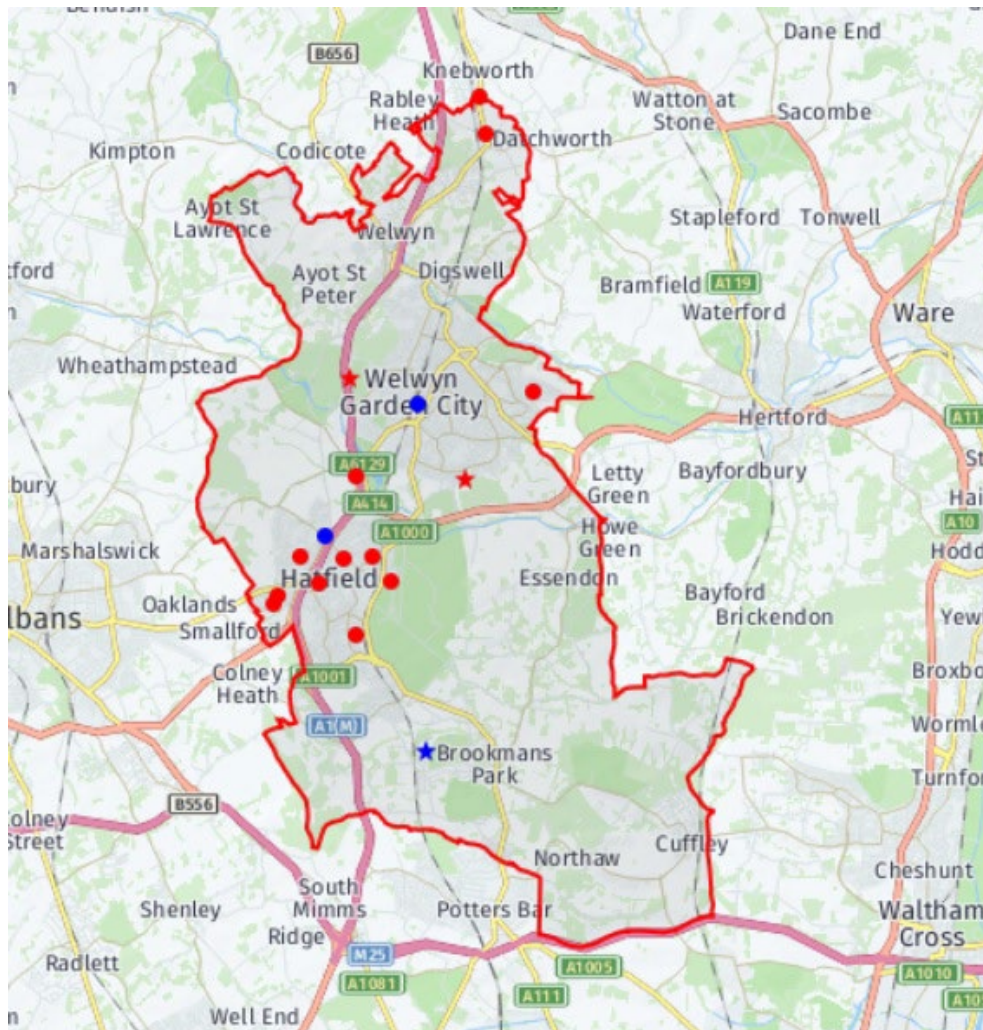
AIII.11 The above level of care home development and attrition over the past decade is agreed within the Statement of Common Ground (Para. 8.33).

AIII.12 The net increase in Borough care home provision over the past decade (at a time of rapidly rising elderly population) stands at 33 registered beds (3 beds per annum).

## Appendix III Borough Care Home Provision

### Mapping

AIII.13 The following map provides a visual overview of the preceding Appendix information.



AIII.14 Key:

- Blue Star: The Site
- Blue Circles: Consented new homes as detailed above in AIII.5
- Red Circles: Existing care homes for the elderly
- Red Stars: Existing care homes for the elderly with consent to extend as detailed above in AIII.5

AIII.15 The above map visually demonstrates the presence of (current and proposed) accommodation in and around Hatfield and Welwyn Garden City with the southern section of the Borough being totally devoid of provision.

## Appendix IV

### Demand Assessment Methodology

AIV.1 The methodology I have utilised is based upon UK analysis carried out by sector specialist research consultants LaingBuisson.<sup>5</sup> 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.2 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.3 Utilisation of the above occupancy prevalence rates provides the following assessment of occupancy demand when applied to current and forecast MCA population data.

	2023	2025	2030
Baseline Occupational Demand	150	154	165

#### Caution as to Methodology Use

AIV.4 The methodology should be regarded as a guide. The bed numbers 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 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 VI). 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.

References:

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

## Appendix IV Demand Assessment Methodology

### Methodology Pedigree

AIV.5 The methodology is frequently used during the planning process.

AIV.6 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 <sup>th</sup> 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 <sup>th</sup> 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)

\*Note: It is not contended that the entire circumstances of the above appeals mirror the subject appeal, rather the specific matter of demand assessment methodology was addressed.

## Appendix V Key Local Authority Documents

### Market Position Statement

- AV.1 The relevant local authority with responsibility for commissioning across Welwyn Hatfield Borough is Hertfordshire County Council. The Market Position Statement (MPS) published by Hertfordshire County Council is a 'live' document published online on the council website. <https://www.hertfordshire.gov.uk/about-the-council/freedom-of-information-and-council-data/open-data-statistics-about-hertfordshire/our-policies-and-procedures/market-position-statements/residential-and-nursing-care-service>
- AV.2 Messages within the document are, to a degree, mixed. Whilst identifying reduced referrals pre-Covid on account of a strategic move towards domiciliary care provision, the MPS confirms *'From May 2021, the numbers of placements within the sector are over and above pre COVID levels and this trend is likely to continue'*.
- AV.3 Indeed, the MPS specifically identifies the commissioning of good quality nursing/high frailty dementia care as being *'a very high priority'*, noting a *'Shortage of high frailty/nursing care, which has become critical in some areas'* (underline by author for emphasis).

### Strategic Housing Market Assessment Update 2017

- AV.4 Encompassed within the section entitled 'Older Persons Housing Need', assessment of care home need within the SHMA is contained within paragraphs 5.36 to 5.38.
- AV.5 The SHMA does not consider the Borough care home estate from a qualitative perspective.
- AV.6 The SHMA further fails to consider whether existing supply is appropriate.
- AV.7 The projected change in communal population 2013 – 2032 is identified as 339 persons (Table 5.7). The change in communal population is *'entirely due to growth in the number of older people aged 75 and over'* (Para 5.36).
- AV.8 Consideration of Need within the SHMA therefore appears to be limited and unable to fully consider provision at a level whereby the local authority can ensure compliance with the Care Act 2014 (see Appendix VI).
- AV.9 In terms of progress towards accommodating the identified SHMA increase in occupancy of 339 between 2013 and 2032, the net increase in beds at the halfway stage currently stands at circa. 33 (Appendix III Para. AIII.9).

## Appendix V Key Local Authority Documents

### Welwyn Hatfield Older Persons Housing Strategy

AV.10 This comprises an online document <https://www.welhat.gov.uk/plans-strategies/older-persons-housing-strategy>

AV.11 The Introduction addresses the importance of this Strategy in its opening sentence; *'Meeting the borough's housing need is a corporate priority'*.

AV.12 Although focussing upon traditional housing (including adapted / specialised) provision, care home need is addressed within 'Aim 1' of the document as follows:

*'We will.....deliver on the target set out in the local plan for the provision of specialist bed spaces for residential and nursing care...'*

### Planning Policies

AV.13 The relevant Report of the Corporate Director (Public Protection, Planning and Governance) is considered later in this Appendix. That document identifies three specific policies relating to care home development and I have reproduced each below.

#### Policy H9 Welwyn Hatfield District Plan 2005 'Special Needs Housing'

Identifying elderly persons as being a key driver to this policy, paragraph 9.47 of the District Plan confirms *'The needs of these groups are becoming more important with the current emphasis on care in the community, the closure of long stay units for people with disabilities and the increasing number of elderly people'*. As a result, Policy H9 confirms:

***The Council will grant permission for schemes which provide special needs accommodation particularly in town centres or in areas which are close to community facilities and services. Incorporation of special needs housing schemes in residential development in central areas will be encouraged.'***

## Appendix V Key Local Authority Documents

### Policy CLT 17 Welwyn Hatfield District Plan 2005 'Care in the Community'

Supporting text is key not only to the policy foundation but also to the question of Need in this specific appeal. Paragraph 11.34 opens with the following statement:

*'Although the precise land use implications of this policy are as yet unclear, they could be quite considerable as more local sites and premises will need to be developed or converted for residential nursing homes for the elderly, the ill and handicapped. It is the Health Authority's policy to disperse community homes within the area and avoid concentrations of such uses....'*

The positive approach to supporting care home development within localities where a lack of supply exists is underlined within the Policy:

***The Council will grant planning permission for the establishment or extension of residential homes falling within the relevant use class in existing residential areas, either by the development of vacant sites or by conversion of existing properties provided that:***

- i. The scale of the proposal will not be detrimental to the established character of the surrounding residential area, nor the amenity of adjoining occupiers;***
- ii. The proposal includes acceptable access and car parking provision, including visitor's parking;***
- iii. The proposal is located so that it is accessible to essential facilities; and***
- iv. The proposal does not result in an overload of local facilities or a change in character of the residential area in which it is located.***

### Policy SP7 Draft Local Plan 'Type and mix of Housing'

The thrust of Policy SP7 is contained within the opening sentence (of a rather lengthy policy):

***'In order to deliver a choice of homes and help create sustainable, inclusive and mixed communities, provision will be made for a range of housing to support the needs and requirements of different households....'***

## Appendix V Key Local Authority Documents

Identifying the need for a further 330 care home spaces over the Plan period (Para. 9.8) the Policy should be read alongside the 'Planning Objectives for Brookmans Park' (Para. 21.2) which emphasises type and mix once more in the following objective:

*'Improve the choice of housing with a range of types, sizes and tenures, including smaller affordable homes for younger people, smaller homes for older residents and specialist accommodation such as care home or sheltered housing.'*

Planning policy is therefore consistent across the two Plans in terms of supporting care home development in localities where Need exists – Brookmans Park being specifically identified as one such location.

### Report of the Corporate Director (Public Protection, Planning and Governance)

- AV.14 This Report was presented to the Development Management Committee of Welwyn Hatfield Borough Council on 28<sup>th</sup> July 2022 for consideration.
- AV.15 No consideration is given to the need for further care home provision from a qualitative perspective.
- AV.16 Referencing the need for around 330 additional beds detailed in the emerging Local Plan, the Report then confirms the figure to have been reduced to 201 within the 2020/21 Annual Monitoring Report. I am unable to see substantial justification for this significant drop in number.
- AV.17 Paragraph 11.16 to the Report details 151 bedrooms to have been completed since 2016/17. I believe that this is unintentionally misleading. The commentary fails to detail the 106 bedrooms lost due to closure over that period. The net uplift in registered beds is comfortably sub 50.
- AV.18 Paragraph 11.16 further identifies a 'further 265 bedrooms expected to be delivered over the next five year'. My analysis of planning activity is contained within Appendix III to this Proof and identifies the potential for a further 197 bedrooms coming on stream over the period. I believe that the Councils estimate includes a level of Extra Care.
- AV.19 The Report contains no specific assessment of care home supply / demand dynamics in the Brookmans Park locality. Had it done so it may have noted there to be just 13 ensuite bedrooms (WC & wash hand basin only) serving 4,122 persons over the age of 65 in the MCA.





## Appendix V Key Local Authority Documents

AV.20 Paragraph 11.18 of the Report confirms there to be *'no conflict'* with key planning policy.

AV.21 Paragraph 11.145 of the Report confirms *'.....It is however appreciated that care provision has not and is not due to occur in Brookmans Park and the emerging Local Plan seeks to improve the provision of care homes. Significant weight is attached to this benefit.'*

AV.22 Had full information been available to the Corporate Director in terms of local provision dynamics, I believe that not only would *'no conflict'* have been concluded but also *'substantial weight'* attached to the benefit.

AVI.1 After being introduced in May 2013, the Care Act 2014 received royal assent on 14<sup>th</sup> 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’.

AVI.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.*

AVI.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

- AVII.1 In the period to 20th December 2022 there have been 34,862 deaths involving COVID 19 across care homes in England (Source: Office for National Statistics).
- AVII.2 Of the above, 810 deaths occurred across Hertfordshire care homes – peaking at 28 per day in both April 2020 and February 2021.

### Research

- AVII.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.
- AVII.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 9<sup>th</sup> November 2020 ([www.jamanetwork.com](http://www.jamanetwork.com)). 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).
- AVII.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 29<sup>th</sup> and May 20<sup>th</sup> 2020.

### Methodology

- AVII.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.
- AVII.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

- AVII.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 20<sup>th</sup> 2020. This case fatality rate was 27.8%.
- AVII.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%).
- AVII.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

AVII.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.

AVII.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 VIII Delayed Transfers of Care

AVIII.1 Commonly referred to as “bed blocking”, delayed transfers of care occur when a patient is ready to depart from hospital care and is still occupying a bed. NHS England monitor delayed transfers, defining a patient ready for transfer as being when:

- a. A clinical decision has been made that the patient is ready for transfer and
- b. A multi-disciplinary team decision has been made that the patient is ready for transfer, and
- c. The patient is safe to discharge/transfer

AVIII.2 The trend in respect of transfer delays has varied significantly over the past decade. The prevalence rose over the early part of the decade, peaking in 2016. Attracting significant media coverage at that point, pressure rose upon relevant public bodies to reduce delays (and associated costs). As a direct result, the country as a whole has experienced a quite significant drop in transfer delay towards the latter part of the decade.

AVIII.3 Quite apart from the significant financial implications, there are also potential effects upon the patient. A longer stay in hospital is associated with increased risk of infection, low mood and reduced motivation, which can effect a patient’s health after they have been discharged and increase their odds of readmission.

AVIII.4 There are multiple reasons as to why delays can occur including funding, housing issues, family disputes and waiting for appropriate equipment to be installed in the community. However, delayed transfers are significant in that they can be indicative of bed availability throughout the surrounding care home estate. For the purposes of this report we have focused upon the key category of delay (D) involving care home provision defined by NHS England as follows:

Delay awaiting residential / nursing home placement / availability

*“This includes all patients whose assessment is complete but transfer is delayed due to awaiting nursing/residential home placement because of lack of availability of a suitable place to meet their assessed care needs. This does not include patients where local authority funding has been agreed, but they or their family are exercising their right to choose a home under the Choice of Accommodation Regulations and Guidance.’*

## Appendix VIII Delayed Transfers of Care

AVIII.5 Due to COVID 19 impact upon NHS working, levels of delayed transfer of care have not been reported in recent months. The total number of delayed transfer days across the county for the calendar year 2019 (the last full year recorded) within the above category is 12,348 (10.3 days/1,000 persons local population). The corresponding national figure was 430,967 (7.5 days/1,000 persons).

AVIII.6 The NHS England data therefore points towards Hertfordshire having a comfortably higher level of delayed transfer due to care home associated availability than would normally be expected.



## Appendix IX Development Benefit

AIX.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. It is not contended that the entire circumstances of the appeals mirror the subject appeal, rather the specific matter of development benefit was considered. All appeals were allowed.

AIX.2

Address	Appeal Ref. & Decision Date	Proposal Overview	Relevant Benefits Ascribed
Chelford House Coldharbour Lane Harpenden AL5 4UN	APP/B1930/W/20/3259161  23 <sup>rd</sup> September 2021	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 IX Development Benefit

AIX.3

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 <sup>th</sup> 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)

AIX.4

Address	Appeal Ref. & Decision Date	Proposal Overview	Relevant Benefits Ascribed
Turners Hill Road Fellbridge Crawley RH10 4HH	APP/D3830/W/21/3281350  12 <sup>th</sup> 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)

AIX.5 I understand that the planning matter of balance related to need is to be dealt with by Mr Gray in his planning Proof of Evidence.

## Appendix X 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