



Proof of Evidence

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



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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 solely 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 in the locality of Bradmore Way, The Brookmans Estate, Brookmans Park, Hertfordshire AL9 7QR (The Site).
- 1.4 In carrying out the research I have focussed upon the needs and provision in the locality whilst also considering dynamics across the wider Welwyn Hatfield borough.
- 1.5 The Site was subject to an outline planning application for up to 125 dwellings, a care facility for up to 60 bedrooms (Use Class C2) and a scout hut (Use Class F2) – Ref. 6/2022/1097/OUTLINE. The application was refused on 5th August 2022. Whilst the level of ‘Need’ for the care facility was not explicitly identified as a reason for refusal, Reason 1 states *‘The proposal would represent inappropriate development in the Green Belt, result in a considerable loss of Green Belt openness and represent a significant encroachment into the countryside. No very special circumstances exist to clearly outweigh the harm.....’*
- 1.6 This document seeks to address the matter of *need* for the provision of a 60 bedroom care facility (Use Class C2) in order that the benefits associated with the proposed development might be properly considered.

1. Introduction

Approach

1.7 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 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 care home provision.

1.8 The Appendices to this Proof:

- Address aspects of the subject matter raised by the Council during the application process.
- 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

- 1.9 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.
- 1.10 I confirm that my report has drawn attention to all material facts which are relevant and have affected my professional opinion.
- 1.11 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.
- 1.12 I confirm that I am not instructed under any conditional or other success based fee arrangement.
- 1.13 I confirm that I have no conflicts of interest.
- 1.14 I confirm that I am aware of and have complied with the requirements of the rules, protocols and directions of the planning Inquiry.
- 1.15 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

4th January 2023

2. Care Home Overview

- 2.1 Although the application identifies the proposed development as incorporating a ‘care facility for up to 60 bedrooms (Use Class C2)’, the accompanying Planning Statement clearly identifies the proposal as a care home rather than any other Use Class C2 Housing with Care format.
- 2.2 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.
- 2.3 Within the generic term, there are two distinctly different types of care home - described by CQC as:
- 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’.*
- 2.4 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 • Gardens • Laundry facilities • 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

- 2.5 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.
- 2.6 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 following Site development.
- 2.7 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.
- 2.8 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.
- 2.9 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
- 2.10 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.
- 2.11 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

2.12 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 VII).

2.13 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 and bistros become increasingly common within a care home environment.

2.14 Aligning with current market expectations, modern developments are designed for purpose with large single occupancy bedrooms throughout, each benefiting from ensuite wetrooms.

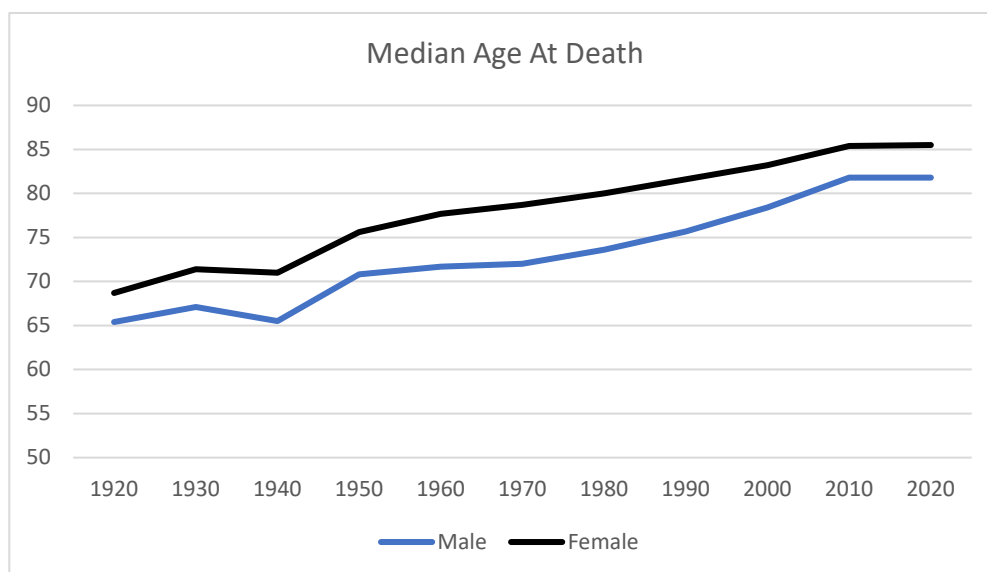
3. The National Picture

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 Improvements in health care and lifestyle have meant that life expectancy has risen dramatically over recent decades. The graph below represents median age at death for both males and females (England and Wales) over the past century³. The former has risen (by 25.1%) to 81.8 years of age in 2020 – the respective female figures being 24.5% and 85.5 years.



3.4 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 10.79m to 14.18m by 2040; a 31% increase over the next 17 years.⁴

References:
² PPG Para. 001 Reference ID: 63-001-20190626
³ Office for National Statistics; www.ons.gov.uk
⁴ Experian Population Data (Online Subscription Service)

3. The National Picture

- 3.5 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.
- 3.6 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
- 3.7 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 past decade 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

3.8 The national 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 (more recently) virus spread
- A level of attrition outpacing development

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

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

4. Assessment Areas

General

4.1 The planning application Report of the Corporate Director (Public Protection, Planning and Governance) to the Borough Council Development Management Committee (28th July 2022) considers the care home proposal against three specific planning policies:

- i. Policy H9 Welwyn Hatfield District Plan 2005
- ii. Policy CLT 17 Welwyn Hatfield District Plan 2005
- iii. Policy SP7 Draft Local Plan Proposed Submission 2016 (Emerging Local Plan)

4.2 Policies ii. and iii. reference supply and demand of care home accommodation – both focussing upon locality provision rather than Borough wide dynamics. All three Policies are reproduced in full in Appendix V.

Market Catchment Area

4.3 In order to assess the matter of care home Need against the relevant policies, I have restricted analysis to the locality, using a 2 mile radius of The Site. The radius incorporates Brookmans Park in its entirety, skimming the suburbs of Hatfield to the north and Potters Bar to the South. The geography is mapped within Appendix II to this Proof.

4.4 This Market Catchment Area (MCA) geography comprises the focus of this Proof.

Welwyn Hatfield Borough

4.5 As a point of reference I have also provided an overview of the Borough wide market as Appendix III to this Proof.

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 VI. 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 VI) 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)

*Note: It is not contended that the entire circumstances of the above appeal mirror the subject appeal, rather the specific matter of accommodation quality was addressed.

- 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 VII).
- 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)

*Note: It is not contended that the entire circumstances of the above appeal mirror the subject appeal, rather the specific matter of accommodation quality was addressed.

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 MCA in order to ascertain nature of ensuite offering. The findings are included within the schedule of homes (Appendix II).

5.11 Operational ensuite bedrooms appear to be limited to just 13 – none of which incorporate a bathing facility.

Quantitative Considerations

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

5.13 The table below comprises a synopsis of MCA provision. The ensuite bedrooms tabularised comprise a WC with wash hand basin.

Nature of Care	Number of Homes	Registered Beds	Ensuite Bedrooms (WC minimum)
Residential	0	0	0
Nursing	1	163	13
Total	1	163	13

5.14 An additional care home (The Willows, Potters Bar) continues to enjoy CQC registration. However, site visit confirmed the home to be non-operational and vacant. It has therefore been excluded from analysis.

5.15 It is agreed with the local authority within the Statement of Common Ground (Para. 8.31) that there exists just a single operational care home for the elderly within the MCA.

6. Demand

- 6.1 All local authority published assessment of care home need (numeric rather than commentary) is based upon the Borough wide geography and this has been included within Appendix III.
- 6.2 In considering the level of need across the MCA 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.
- 6.3 The LaingBuisson methodology (and assessment relating to the MCA) is detailed in Appendix IV.
- 6.4 Based upon the LaingBuisson methodology, my assessment of baseline statistical demand is:

	2023
Market Catchment Area	150

- 6.5 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. 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 VI).
- 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 the Brookmans Park locality unable to offer potential residents ‘variety’ but that the area is further devoid of ‘high quality’ accommodation.
- 7.4 The extent of the operational MCA care home estate is agreed at just a single facility within the Statement of Common Ground (Para. 8.31) and:
1. Is situated 1.9 miles distant from the Site
 2. Incorporates just 13 bedrooms with an ensuite WC
 3. Offers no bedrooms with ensuite bathing facility
- 7.5 The table below overviews dynamics from a statistical perspective, identifying a significant shortfall in appropriate accommodation.

	Ensuite Bedrooms
Occupational Demand	150
Existing Supply	13
Outstanding Baseline Need	137

- 7.6 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.
- 7.7 Whilst Borough planning policies are aligned in seeking to provide care facilities in localities where Need exists, there are no MCA schemes within the planning process (other than The Site) incorporating care home accommodation for older persons.

7. Conclusion

7.8 Long term planning is always to be lauded but the care sector is timing specific. People approaching end of life cannot wait for planned care home delivery and provision therefore needs to be ahead of the curve (Appendix IX Para AIX.2):

‘..... 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)

*Note: It is not contended that the entire circumstances of the above appeal mirror the subject appeal, rather the specific matter of timing was addressed.

The National Perspective

7.9 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 County Perspective

7.10 Hertfordshire County Council (Adult Care Services) has identified a ‘*shortage of high frailty / nursing care, which has become critical in some areas*’ (Appendix V) within their Market Position Statement.

7.11 The most recently available NHS data confirms the county to have a level of Delayed Transfer of Care (bed blocking) due to lack of care home availability comfortably in excess of the national level (Appendix VIII).

References:

² PPG Para. 001 Reference ID: 63-001-20190626

7. Conclusion

The Local Perspective

- 7.12 The Report of the Corporate Director (Public Protection, Planning and Governance) accompanying the application to Committee acknowledged the care home element of this appeal to have no conflict with relevant planning policy (Para. 11.18). It further confirmed a specific planning objective of the emerging Local Plan to be the provision of a care home in Brookmans Park (Para. 11.17).
- 7.13 Brookmans Park has a proportionately high elderly (85+) population – 31% 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.
- 7.14 Whilst the Report to Committee attributes ‘significant’ weight to the benefit of care home provision (Para. 11.145), I believe that had the full scale of both qualitative and quantitative need been available to the Officer, the weight attributable to the benefit would have been greater still.