

Land at Parkfield House, Manchester Old Road, Middleton

Care Needs Assessment

January 2023



HPC CARE HOME NEED ASSESSMENT

On behalf of Muller Property Group

Parkfield House
Manchester Old Road
Middleton
Greater Manchester
M24 4DY

January 2023

Preface

The purpose of this document is to ascertain the level of need for a proposed care home development at Parkfield House, Manchester Old Road, Middleton, Greater Manchester M24 4DY. It has been prepared to support a full planning application comprising the provision of a care home along with 20no. dwellings.

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

Part 1, Section 5 to The Act is entitled 'Promoting Diversity and Quality in Provision of Services'. It is this section that is of particular relevance to need assessment and we reproduce below the first three paragraphs:

(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.

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

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Instruction

This report has been carried out on behalf of Muller Property Group (The Client). Instruction was confirmed by way of email correspondence from Mr M Buckle, Technical Manager, Muller Property Group dated 18th November 2022.

Background

The purpose of this report is to provide an assessment of the need for the provision of registered care accommodation for the elderly in the area around Parkfield House, Manchester Old Road, Middleton, Greater Manchester, M24 4DY (The Site).

The proposed development will be registered with the Care Quality Commission (CQC) for the provision of care to the elderly.

Geography

In carrying out our research we have focused upon the Borough of Rochdale – reflecting the geography of the relevant planning authority. Unless specifically detailed, comment and data within this document refers to the Borough. The geography (and Site location) is identified alongside.

Content

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

The report focusses upon current supply levels (in terms of registered care beds) before estimating statistical demand and considering the supply / demand dynamics for the Borough. As a point of reference we have further provided a locality overview within Appendix II to the report based upon a 2 mile radius of The Site.

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



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Executive Summary

Conclusion

On 26th June 2019 the Ministry of Housing, Communities & Local Government published planning guidance entitled 'Housing for Older and Disabled People'. The document included the provision of registered care home accommodation and the opening words set the tone:

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

Across the Rochdale Borough the number of persons over the age of 65 exceeds 37,000. Indeed, the most elderly band of population (85 +) is forecast to increase in number between 2023 and 2035 by a staggering 45%. If central government deems the need to provide appropriate accommodation for older people as critical nationwide, the argument exists that it is similarly crucial in this instance.

However it is not merely numeric need that falls to be considered but also qualitative need. Appendix III to this document details the nature of accommodation expected by the Department of Health almost two decades ago. Although the standards are no longer in place, they 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 en-suite facility. In our experience a single occupancy en-suite bedroom is now considered the appropriate standard throughout the country by providers and commissioners alike.

Whilst it is always appropriate to provide suitable accommodation for the elderly, the ongoing COVID-19 pandemic has highlighted the importance of environmental configuration – a subject explored in Section 8 to this report. There have (to date) been comfortably in excess of 100 fatalities within Rochdale care homes where death has been attributed to COVID-19. Converted and dated homes not only lack the ability to lockdown 'mini units' but facilitate cross infection through use of communal bathing facilities. As lessons are being learned, so architects now have the opportunity to limit viral risk through the improved design of new purpose built homes.

The Borough care home estate incorporates a variety of environment including converted former dwellings and purpose built facilities. Crucially, however, development in recent years has been sparse. Modern design benefits are therefore limited whether that be increased room sizes, ensuite wetrooms or even incorporation of stretcher lifts as the age (and care needs) of clients continues to increase. Conversely, attrition across the Borough's dated bedstock has continued apace to the point where beds lost through care home closure has comfortably exceeded new home provision over recent years.

Rochdale Borough is currently served by 44 registered care homes for the elderly – offering a mix of residential and nursing care (including care to clients with dementia). There are currently 1,537 registered beds serving the elderly population in total although this accommodation includes just 695 en suite bedrooms. As identified in the table alongside, the result is a quite substantial shortfall across the Borough – a scenario mirrored in the immediate locality (Appendix II).

The Client is seeking to develop a new care home for the elderly designed for purpose and incorporating good quality accommodation. Statistical dynamics point towards such a proposal being of significant benefit to both the locality and wider Borough – meeting the increasing needs (whether physical or mental) identified by Rochdale Borough Council Adult Social Care in strategic documentation (Section 7).

The Benefits

It is anticipated that the proposed development will:

- 1) Assist in offsetting the significant existing statistical undersupply of appropriate accommodation across the Borough.
- 2) Assist in offsetting the significant existing statistical undersupply of appropriate accommodation across the immediate locality.
- 3) Create additional capacity purpose designed to facilitate nursing and / or dementia specific care - in line with Rochdale Adult Social Care strategy.
- 4) Improve the overall environmental quality of the care home estate through development of modern accommodation designed for purpose.
- 5) Help offset future care home closures as dated premises become either unviable or unfit for purpose in the face of changing/increased care needs
- 6) Reduce the impact risks of future pandemics and virus transmission through provision of environment specifically designed for purpose.

Supply / Demand Dynamics

	Current	2025
Statistical Demand (elderly care beds)	1,086	1,131
Current supply of Ensuite Bedrooms	695	695
Baseline Need	391	436



Age Profile

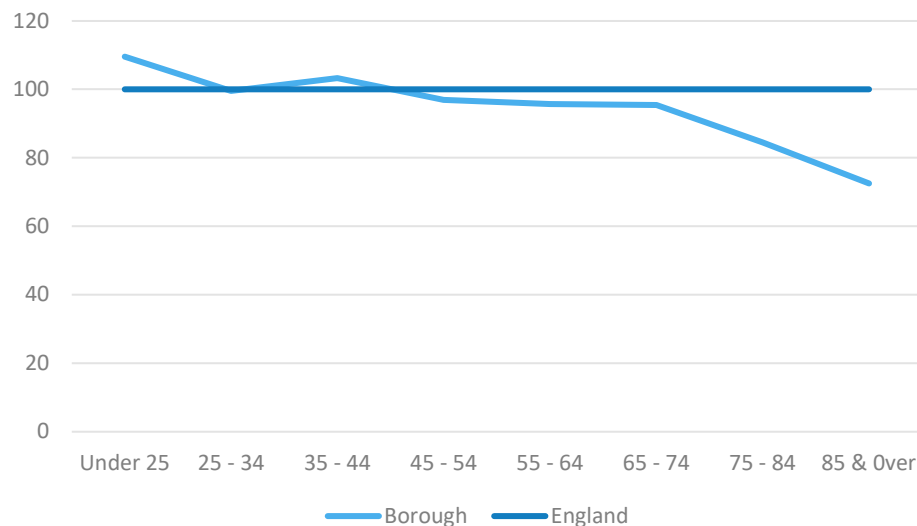
3.1 Breakdown and Growth

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

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

Whilst disproportionately low (in comparison to the national profile) the Borough wide elderly population remains numerically significant with over 37,000 persons over the age of 65.

Age Band	Borough
Under 25	71,530
25-34	29,942
35-44	30,895
45-54	27,878
55-64	27,625
65-74	20,719
75-84	12,816
85 & Over	4,114

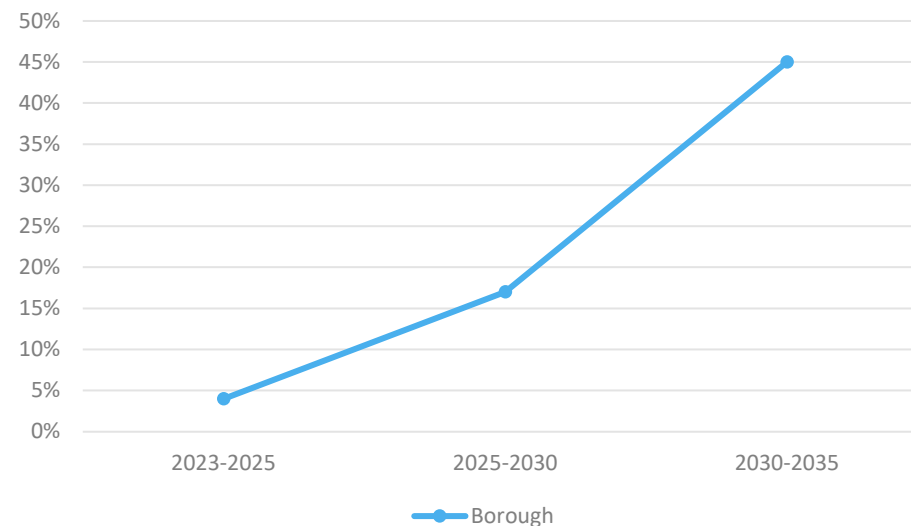


The following table details the projected population change in individuals over the age of 85 between 2023 and 2035:

	2023	2025	2030	2035
Projection	4,114	4,270	4,807	5,960

In terms of 5 yearly growth, the following chart identifies forecast growth across the Borough. The identified growth rate is cumulative over the period, measured against the base year of 2023.

The number of people across the Borough over the age of 85 is forecast to rise by 45% by 2035.





Supply

4.1 Existing Care Home Overview

	Homes	Registered Beds	Dementia Beds	Total Rooms	Ensuite Rooms
Residential Care	32	982	651	943	385
Nursing Care	12	555	442	542	310
Total	44	1,537	1,093	1,485	695

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

Existing homes are diverse in nature in terms of accommodation. Whilst the Rochdale care home estate does include a number of homes purpose built over recent decades, the majority of facilities incorporate a degree of accommodation converted from alternative use (predominantly private residence). This characteristic is reflected in the configuration broken down in the table below.

	Borough	UK
Single Rooms as a % of all bed spaces	93%	95%
% of all bed spaces with en suite wc	47%	72%
Average size of Nursing Home	46	54
Average size of Residential Home	31	33

4.2 Planning Activity

We have, in researching for this report, had regard to ongoing and recent planning activity in the Borough. This has been carried out through utilisation of both the Barbour ABI and EGi planning directories. 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.

	Net New Ens. Beds
Consented New Homes	0
New Home Applications Pending Decision	0
Extensions to Existing Homes	44
Total Proposed Net Beds	44

Planning activity meeting the above criteria appears to be restricted to the following two applications – both relating to extension of existing facilities:

1. Highfield Manor, 70 Manchester Road, Heywood OL10 2AN. Detailed planning application validated 10th August 2017 consented 17th February 2021 for the one and two storey replacement of existing extension to provide 40 ensuite bedrooms. Ref: 17/00886/FUL.
2. Braeside, 8 Royal Street, Rochdale OL16 2PU. Detailed planning application validated 3rd August 2022 consented 15th December 2022 for a 4 bedroom extension. Ref: 22/00803/FUL.

4.3 Market Movement

Whilst the previously detailed Care Quality Commission data provides a snapshot in time, it is also useful to look at the pattern of provision over recent years in terms of new facilities and closures. The two tables below identify such activity across the Borough over the eight year period between January 2015 and December 2022.

Home Closures		New Developments	
Parklands House	57	Smithy Bridge Court	51
Tudor Court	19	-	-
Briarmede	32	Total Registered Beds	
Rosemary	24	51	
Total Registered Beds	132		

It would appear that, over the eight year period, the impact of new care home development has been more than offset by attrition. Indeed, care home closures have resulted in a net bed loss of 81 registered beds despite continued growth in the elderly population.

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

In order to secure economy of scale, the average size of newly registered care home across the country is 63 beds. This contrasts with the average size of care home closing – 30 beds. Of concern is the fact that, across the Borough, 26 of the 44 homes have a registration of 30 or fewer beds.

In terms of environmental provision deemed fit for the future, an ensuite bedroom would be considered by most clients a reasonable expectation. Unfortunately, the directories point towards 26 of the 44 homes across the Borough each having fewer than 10 en suite bedrooms.

We would anticipate continued attrition across the Borough over the short/medium term with the level of development therefore required not only to accommodate the increasing elderly population but to offset accommodation lost through closure.



Statistical Demand

5.1 Total Elderly Care Demand

In considering the potential demand for elderly care throughout the Borough we analyse below the bed provision for key age groups based upon LaingBuisson research. This confirms the following proportions of UK population living in a care home or long stay hospital setting as at 2020 pre COVID levels:

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

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

This methodology confirms a total requirement for 1,086 elderly care beds. This level of demand rises to 1,131 by 2025 and 1,248 by 2030.

CAVEAT:

This methodology is based upon occupancy levels across the country at a point in time. It does not fully reflect the level of accommodation required for the following reasons:

1. National occupancy is restricted in certain localities due to lack of appropriate accommodation
2. The nature of the service provision is such that occupancy turnover is high. At each turnover a bedroom is temporarily lost in order to facilitate removal of belongings.
3. The Care Act 2014 requires local authorities to provide a choice of accommodation across their market

For the above reasons, the figures resulting from this methodology should be considered an absolute minimum.

5.2 Dementia Specific Care Demand

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

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

With a base year of 2019, researchers estimated 885,000 older people within the UK to have dementia – a prevalence rate among older people of circa 7.1%. In terms of severity, the figure is further split as follows:

- Mild dementia 127,000
- Moderate dementia 246,000
- Severe dementia 511,000

The projected number of older people with dementia is forecast to increase by 80% to 1.59 million by 2040 although it is the specific breakdown of dementia growth that is of particular interest to care home provision. The projected increase in the number of people with severe dementia (2019-2040) is 109% in comparison to the projected increase in those with mild and moderate diagnosis (55% and 33% respectively).

The prevalence rate of dementia in the UK is projected to reach 8.8% (from the current 7.1%) by 2040. This increase in prevalence (and the number of people with dementia) is driven by continued population ageing in the UK, characterised by a rising proportion of people in advanced old age. Indeed, according to the ONS population projections, while the number of older people age 65 to 74 in the UK will increase by 20% between 2019 and 2040, the number of older people aged 85 and over will more than double. Concluding comment from the research document is clear in terms of impact upon future demand for dementia care provision:

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



Supply / Demand Dynamics

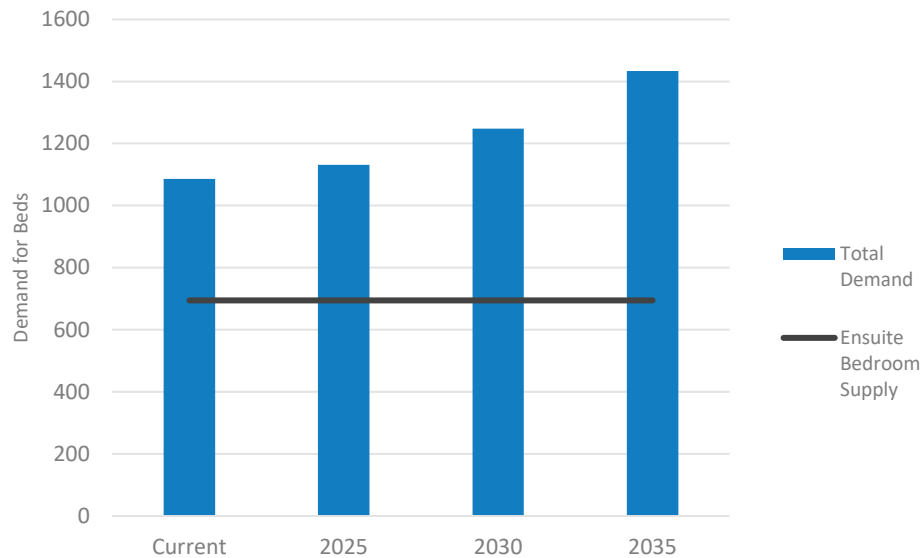
6.1 Total Elderly Care Dynamics

The chart details the total statistical bed requirement (current and forecast) within the Borough as calculated in Section 5. In terms of supply, there are currently 695 en suite bedrooms in the Borough (Section 4). This level is detailed in the chart below by the horizontal black line.

As identified on the chart, a significant shortfall in appropriate accommodation exists and is likely to increase rapidly (without further development) due to the increasing elderly population.

In considering the future dynamics we have made a number of assumptions. Key assumptions which may impact if incorrect include:

1. Potential attrition is not reflected
2. The potential for further schemes coming on line is not reflected



6.2 Supply / Demand Dynamic Overview

	Current Total Elderly	2025 Total Elderly
Demand		
Statistical demand (incl. forecasts)	1,086	1,131
Supply		
Current supply of registered bed spaces	1,537	1,537
Current supply of en suite bedrooms	695	695
Dynamics		
Under or (over) supply in terms of registered beds	(451)	(406)
Under supply in terms of en suite bedrooms	391	436
Potential Supply Pipeline		
Undeveloped consented ensuite beds (net)	44	44
Undeveloped ensuite beds (net) awaiting decision	0	0

Attrition across existing bedstock in the short and medium term cannot be predicted with certainty. For this reason, we have assumed nil attrition. A key factor in respect of attrition potential includes environmental nature/configuration within existing facilities. The local care home estate configuration is comparatively poor with a high proportion of smaller homes lacking in modern facilities. For this reason the recent level of attrition is extremely likely to continue.

Whilst an adequate number of registered beds exist to meet statistical demand, the local care home estate falls well short from a qualitative perspective. Recent planning appeal decisions have underlined the reasonable expectation for an older person to occupy a single room with (as a minimum) an ensuite toilet facility. The Borough falls well short in terms of supply.

Detailed at the base of the table is the potential impact of further beds already in development or in the planning process at the time of reporting. What we are unable to predict is the potential level of further development yet to enter the planning process.



The Local Authority Perspective

7.1 Key Strategic Documentation

During compilation of the Need Assessment we have had regard to relevant strategic documentation relating to elderly care provision. Rochdale Borough Council (RBC) is both the authority responsible for Housing and also the Care commissioning authority.

In 2020 RBC published the current Adult Social Care Accommodation Strategy and Market Position Statement. This comprises the key care based strategic document for the local authority. The document acknowledges that supply / demand dynamics vary throughout the Borough and that the push for independent living is likely to limit placements funded by the Council into basic residential care. The Strategy is, however, clear in terms of the rising demand for care homes capable of providing either nursing or dementia care to the elderly:

‘There is a gap in supply for nursing care and specialist dementia support in the borough and demand is on the increase. We will work with existing and new providers to increase capacity within the market by:

- *Helping them skill up their staff to support people with dementia and other specialist nursing needs*
- *Recognising that specialist work may cost more to recruit and retain workers*
- *Gaining allocation rights on schemes currently being developed*
- *Encourage them to adapt accommodation as required’*

With perhaps the sole exception of the Page 12 comment *‘Some existing stock is also outdated and less attractive...’*, the Adult Social Care Accommodation Strategy and Market Position Statement fails to tackle the matter of accommodation quality across the Borough. Whilst acknowledging the responsibilities placed upon each local authority by the Care Act 2014, this is referenced at a very high level without significant commentary in terms of improving service quality. The document identifies an occupancy rate across the Borough of 87%. This translates to over 600 older persons being accommodated within rooms without even a basic ensuite WC facility.

The proposed development is purpose designed, capable of both nursing and dementia specific care provision and offering a single occupancy bedroom to each resident – all with full ensuite facility.



COVID-19 Implications

8.1 Relevant Research

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.

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

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

Methodology

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.

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. All homes were then split into two categories as follows:

- High Crowding Index Homes: an average weighting of 2 or greater (the median)
- Low Crowding Index Homes: an average weighting below 2

Results

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%.

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%). A key part of the research was to investigate the outcome impact had all homes been restricted to single occupancy rather than there being a level of shared accommodation. The following comprises a direct quote from the research:

‘In the simulation in which all multiple-occupancy rooms were converted to single-occupancy rooms, we estimated that 1,641 infections (31.4%) and 437 deaths (30.1%) may have been prevented. In this scenario, an additional 29 871 new single-occupancy rooms would have been required, assuming current 4-bed and 2-bed rooms had been capped at single occupancy.’

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.

8.2 Pandemic Preparedness

Central government publish online a Policy Paper entitled 'UK Pandemic Preparedness' (www.gov.uk/government/publications/uk-pandemic-preparedness). The opening Overview (5th November 2020 update) sets out the government understanding of pandemic:

"Pandemics are a natural phenomenon; they are the result of a new pathogen emerging and spreading around the world and have occurred at infrequent and unpredictable intervals throughout human history. New and emerging diseases can affect humans anywhere and at any time, with zoonotic diseases (diseases that can spread from animals to humans), such as COVID-19, HIV, Ebola and avian influenza, a major cause of epidemics and pandemics. The acceleration of global mobility (for example, due to conflict or instability), population growth, urbanisation and poor sanitation, the ecological implications of climate change, and changes in food and agricultural systems (including intensification, biodiversity loss, trade in wildlife and livestock) all contribute to the risk of emergence of infectious diseases, and of antimicrobial resistance."

Recent years have seen a further need in the UK to manage a series of high consequence infectious diseases (HCIDs) including Lassa fever, Ebola, MERS and monkeypox. Although HCIDs typically have a high fatality rate and few, or no, treatment options, they are regularly monitored and less likely to cause a pandemic.

Despite questions raised over the governments initial handling of the COVID-19 outbreak, the policy paper confirms large-scale cross-government preparedness exercise to be conducted at regular intervals in order to test the UK's response.

The common sense argument exists, however, that we should not rely solely upon effective central government based response but ensure that every preventative measure has been considered pre-outbreak. Within the context of social care this would include improving the environmental configuration of the care home estate in order to maximise the number of facilities deemed fit for purpose. This responsibility falls not only on the Care Quality Commission but also local authorities (Adult Social Care and Planning) and care home developer/operators.

8.3 Impact upon Design

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:

1. Converted facilities and those purpose built but pre dating the millennium frequently incorporate shared bedrooms. The experience of COVID-19 is likely to result in a long overdue re-consideration as to whether twin bedrooms are appropriate not only for privacy reasons but also, now, viral control.
2. Converted facilities and those purpose built but pre dating the millennium rarely incorporate full ensuite bathing facilities, necessitating communal bathrooms & shower rooms. This is a cross-infection nightmare. Conversely, it is extremely rare for new developments to lack ensuite wetrooms. The experience of COVID-19 is likely to result in a long overdue re-consideration as to whether bedrooms reliant upon communal bathing facilities should retain registration.
3. Care home operators have also been highlighting the impact of bedroom size upon mental wellbeing as residents have been in lockdown. Whilst the aforementioned National Minimum Standards brought in a minimum new registrable bedroom size of 12m², many rooms pre-dating the regulations fall (well) below this level. COVID-19 experience, with residents self-isolating in bedrooms, has highlighted the need for a larger bedroom footprint.
4. The COVID-19 experience has further highlighted to the sector the importance of incorporating, within design, the ability to isolate sections of a home. Future design of care homes is likely to incorporate 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.

8.4 Impact upon Population

The entire planet has been impacted by COVID 19 in one way or another and Rochdale has not been left unaffected. The following comprises a summary of relevant data:

Population in General

- By 5th January 2023 there had been 888 deaths across Rochdale in which the death certificate had identified COVID 19 as being a cause.

Care Home Population

- Between 10th April 2020 and 10th January 2023 there were 118 deaths in Rochdale care homes involving COVID 19.
- The number of COVID 19 related deaths throughout England care homes over the same period was 34,988.



Appendices

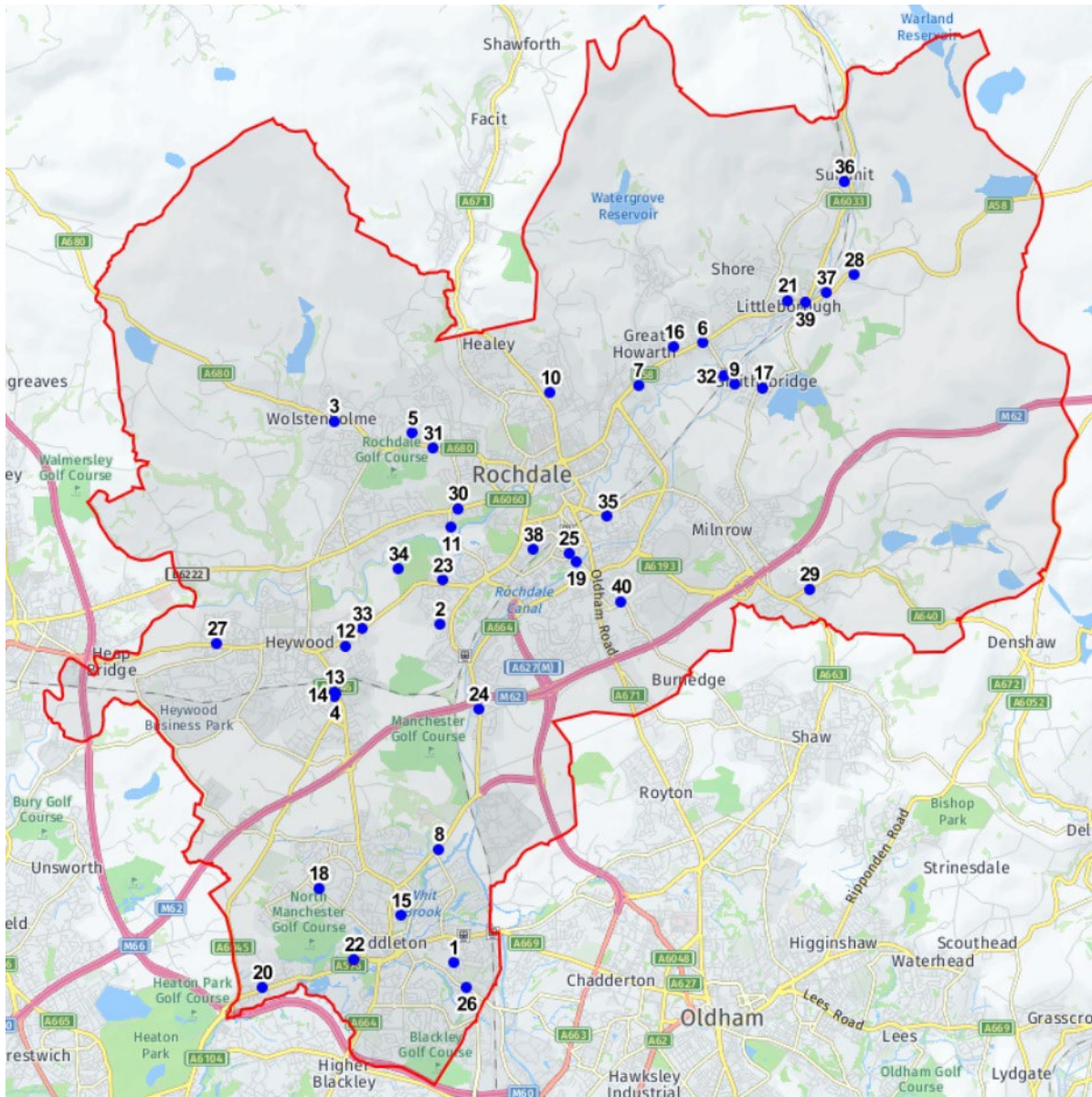
Appendix I – Borough Supply in Detail

Map Ref	Nursing / Residential	Name	Registration	Dementia	Provider
1	Residential	Archmoor	20	0	Archmoor Care Limited
2	Residential	Arkwright House	30	30	Wellington Healthcare (Arden) Ltd
3	Nursing	Ashbourne	43	0	Bamford Care Limited
4	Residential	Beech House	27	27	Prylor Properties Limited
5	Residential	Beechwood Lodge	66	66	Finbrook Limited
6	Residential	Belvoir	24	24	Belvoire Care Home Limited
7	Nursing	Braeside	38	38	East And West Healthcare Limited
2	Residential	Brookfield House	30	30	Wellington Healthcare (Arden) Ltd
8	Nursing	Clare Mount	29	29	Rose Petals Health Care Ltd
9	Residential	Cleggsworth	38	38	Cleggsworth Care Home Ltd
10	Residential	Fieldhouse	42	42	Franklin Care Group Limited
2	Residential	Garfield House	30	30	Wellington Healthcare (Arden) Ltd
11	Residential	Half Acre House	25	0	Mrs Anita Lewis
12	Residential	Heywood Court	45	45	Marton Care Homes Ltd
13	Residential	Highfield House	25	25	Highfield House Care Home (Heywood) Limited
14	Residential	Highfield Manor	38	38	Highfield Manor Care Home Limited
15	Residential	Hulton	30	30	Franklin Care Group Limited
16	Nursing	Hurstead House	30	30	Sevaline Care Homes Limited
17	Residential	Lakeside	40	40	Franklin Care Group Limited
18	Nursing	Langfield	54	54	Indigo Care Services Limited
19	Residential	Leighton House	30	0	Leighton House Retirement Home Limited
2	Nursing	Linden House	30	30	Wellington Healthcare (Arden) Ltd

Appendix I – Borough Supply in Detail

Map Ref	Nursing / Residential	Name	Registration	Dementia	Provider
20	Residential	Little Heaton	25	0	Little Heaton Care Limited
21	Residential	Littleborough	26	0	Littleborough Care Home Ltd
22	Residential	Lyndhurst	42	0	Atlantis Medicare Limited
23	Residential	Marland Court	24	0	Elizabeth House (Oldham) Limited
24	Residential	Meadowview	39	39	East And West Healthcare Limited
25	Residential	Meavy View	32	32	MTCARE Property Limited
26	Residential	Middleton Hall	29	29	Horizon Residential Homes Limited
27	Nursing	Millfield	92	92	Qualia Care Limited
28	Residential	Mona Cliffe	23	0	Dr R K Sharma
29	Residential	Newhey Manor	24	24	Lily Care Ltd
30	Residential	Oakland	40	40	HC-One Limited
31	Residential	Passmonds House	35	0	Denehurst Care Limited
2	Nursing	Rakewood House	30	30	Wellington Healthcare (Arden) Ltd
32	Nursing	Smithy Bridge Court	51	51	St Augustine Ltd
33	Residential	Springbank	20	0	Antoni & Rienzie Limited
34	Nursing	Springfield Park	70	0	Springfield Park Care Home Limited
35	Residential	Stamford House	23	0	Antonipillai Gnanabalan
36	Residential	Stansfield Hall	22	0	Rajanikanth Selvanandan
37	Residential	The Four Seasons	16	0	Zaydan Healthcare Limited
38	Nursing	The Mews	60	60	East And West Healthcare Limited
39	Nursing	The Riverside	28	28	Dentak Care and Services Limited
40	Residential	The Willows	22	22	GP CARE Services Limited
44	Total		1,537	1,093	

Appendix I – Borough Supply in Detail



The map alongside details the existing homes across the Borough. The Site is situated adjacent to reference 22.



Source: Crown Copyright Reserved.
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Appendix II The Local Picture

We have given additional consideration to the dynamics across the locality in terms of registered care provision for the elderly based upon a 2 mile straight line radius from The Site. Tabulated below is a breakdown of existing registered care for the elderly within a residential / nursing environment. The nature (and extent) of registration has been derived directly from CQC with bed breakdown sourced from the sector directory www.carehome.co.uk.

	Homes	Registered Beds	Dementia Beds	Total Rooms	Ensuite Rooms
Residential Care	9	216	97	209	109
Nursing Care	4	183	143	175	129
Total	13	399	240	384	238

	Locality	UK
Single Rooms as a % of all bed spaces	92%	95%
% of all bed spaces with en suite wc	62%	72%
Average size of Nursing Home	46	53
Average size of Residential Home	24	31

Utilising the same methodology as in Section 5, applying to the local population, we have calculated the statistical level of demand across the 2 mile radius. The table below compares the demand level with aforementioned supply. As identified, there is a significant level of statistical under supply of ensuite bedrooms across the locality.

	Current Total Elderly	2025 Total Elderly
Demand		
Statistical demand (incl. forecasts)	414	430
Supply		
Current supply of registered bed spaces	399	399
Current supply of en suite bedrooms	238	238
Dynamics		
Under or (over) supply in terms of registered beds	15	31
Under supply in terms of en suite bedrooms	176	192

Appendix III The Care Home Environment

National Minimum Standards for Care Homes for Older People

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

Included within the standards were environmental requirements including:

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

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

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

Appendix IV Industry Comment

What is a Care Home?

Retirement accommodation has a long history in the UK. Almshouses, for example, were established from the 10th century to provide a place of residence for poor, old or distressed people, the earliest form of social housing. The modern equivalent caters mainly for elderly people, but the scope of retirement living today is much more broadly based and the commercial alternatives are a bigger part of the mix.

Until the last century, there was little choice in respect of accommodation for the elderly. However, during the 1950's local authorities became increasingly involved in the development of older peoples homes (Care Homes) and sheltered housing. Development of the latter increased dramatically in the hands of local authorities throughout the 1980's whilst, simultaneously, the private sector became increasingly involved in care home provision.

For elderly people with minimal need sheltered housing has, historically, been a popular option. It tends to be purpose built for the elderly and over seen by a warden or scheme manager. Schemes frequently have communal facilities such as lounge, laundry, guest flat and garden although meals are seldom provided. The warden frequently lives off site and 24 hour emergency assistance is limited to an alarm scheme. There is no 24 hour on-site care provision for sheltered housing developments.

By way of contrast, care home clients enjoy no security of tenure, paying a weekly fee for accommodation. Accommodation is not self-contained but comprises a bedroom and communal day space. Care homes are a regulated business and require registration –for either the provision of residential care or nursing care. The original registration process was overseen by the relevant local authorities in which care homes were located. In an effort to create a level of regulatory uniformity, the Royal Commission on Long Term Care recommended, in 1999, a national regulatory body. As a direct result, following a series of national bodies, the Care Quality Commission took responsibility in March 2009. CQC remain responsible for the registration and regulation of care homes for the elderly. Whilst CQC is responsible for care home registration across England, the corresponding bodies in Wales and Scotland are known as Care Inspectorates.

Retirement Housing	Integrated Retirement Communities	Care Homes
Also known as sheltered housing, retirement flats or communities	Also known as extra care, retirement villages, housing-with-care, assisted living or independent living	Also known as Nursing Homes, Residential Homes, Old People's Home
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: - Communal lounge - Gardens - Laundry facilities - Guest room	Typical facilities available: - 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: - Dining room - Communal lounges - Activities - Gardens
Typically 40 - 60 homes.	Typically 60 - 250 homes.	Sizes vary considerably.

Image Source: ARCO

Appendix IV Industry Comment

Profiling the Care Home Estate

There are currently approximately 480,000 beds in registered care homes across the UK registered for elderly care provision with ownership shared between private operators, Not for Profit providers and, to decreasing extent, public bodies (local authority and NHS). With an increasing number of older people now living longer and, as a direct result, often attracting more significant care need, the profile of this sector has never been higher.

The pattern of growth within the care industry has left the sector with a potentially massive dilemma as we move forward. The vast majority of current facilities were either converted from former dwellings or comprise the first generation of purpose built bed-stock constructed during the 1960's and 1970's. Those homes were built (and properties converted) at a time when environmental expectations fell significantly below those of modern society. It is no longer acceptable for service users to share bedroom accommodation and it is a reasonable expectation that an en-suite facility should be made available. There is a strong likelihood that, over the next decade, the UK will see significant attrition across the care home estate as properties are deemed unfit for the future. This will coincide with the huge population growth in the elderly age bracket. Without significant development of appropriate care facilities there is a distinct risk of forthcoming bed shortages.

Nature of Care

For more than a decade now we have seen both central and local government spokespersons extolling the virtue of keeping individuals in their home environment for the maximum period. This has been extremely popular with the general public but is only practical to a degree. Whilst there is an undoubted case for frail elderly individuals of sound mind and with limited (if any) nursing need to maintain a non institutional lifestyle, there will always be the need for the care home environment as the level of need increases. What the market therefore continues to see 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 (and multiple) medical needs. Such needs are not only physical but, increasingly, mental with dementia care being in high demand.

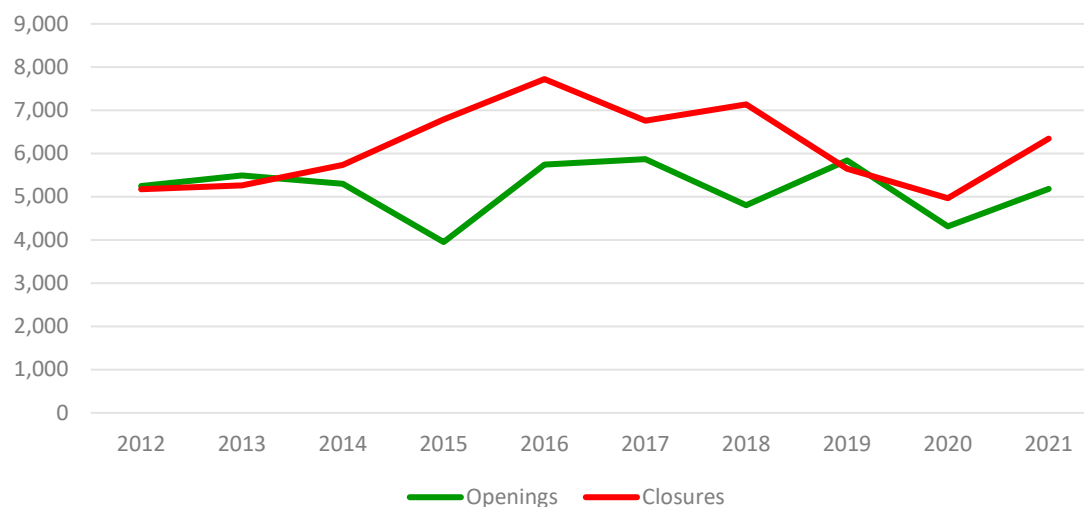
Dementia Specialism

Care home operators seeking to provide dementia care require appropriate registration with the relevant regulatory body (CQC or Care Inspectorate). For some time now operators have identified the increasing need for dementia care provision and, more often than not, care homes registered to provide care to the elderly now also incorporate dementia care registration. New developments over the past decade also have increasingly incorporated environmental design criteria based upon ongoing research. Although frequently advertising specialist dementia care, it remains comparatively rare within the UK for care homes to have absolute specialisation and sole focus on dementia clients. It is usually the case that a care home will accept both frail elderly service users and individuals in need of dementia care – frequently the latter in a separate unit. Other European countries appear somewhat more advanced in the provision of dementia care. The Netherlands is a prime example of this point, hosting concepts such as the revolutionary De Hogeweyk Dementia Village and Martha Flora specialist boutique care homes.

Appendix IV Industry Comment

Market Movement - The National Picture

Over the past decade HPC has carried out analysis of elderly care registration data supplied direct by the Care Quality Commission. The net loss/gain has fluctuated over the period with the cumulative outcome being a quite substantial net bed loss. The data below reflects annual opening / closures (in terms of registered bed numbers) and excludes extensions and registration reductions.



In terms of home (rather than bed) numbers, the annual number of newly opened homes is marginally below 100 with the corresponding closure figures exceeding 200. The average size of a new care home development over the past ten year period is 61 – contrasting with a mere 29 registered beds within homes closing.

The map alongside identifies market activity over the most recent 5 full calendar years. With the exception of East Anglia and the extreme South West and North West, the geographic spread of homes opening is relatively even throughout the country. With viability a key issue, we have seen a high proportion of closures in more rural areas and also coastal localities. In contrast, the focus of new development has tended towards the more sizeable urban areas or affluent smaller towns.



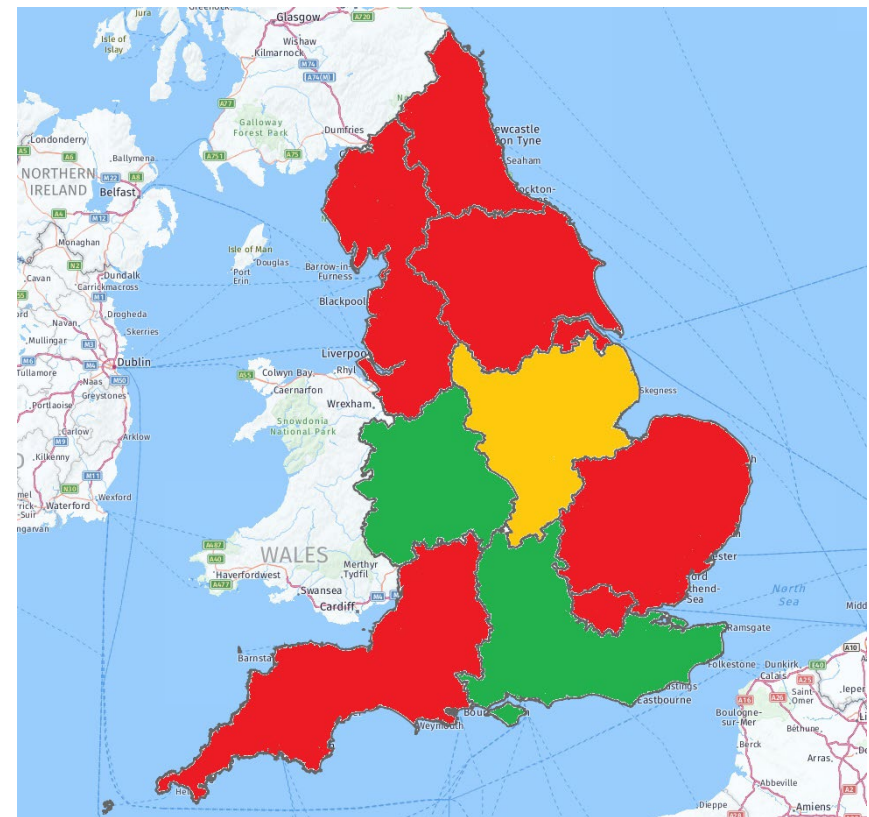
Appendix IV Industry Comment

Market Movement - The Regional View

The map alongside identifies the net results (in terms of bed numbers) from care home development and closure on a regional basis over the 5 year period ending December 2021. Regions shown red have been subject to net bed loss, those in green a net bed gain with the East Midlands maintaining virtual parity.

Analysis of the data basis indicates a North/South divide, although this is no longer as clear cut as the early part of the 2010/20 decade. During 2010 to 2015 we saw significant geographic focus on the more affluent regions with the South East development comfortably exceeding attrition. This has changed over the more recent years and the West Midlands now also benefits from a positive dynamic.

In terms of level of development / closure disparity, the capital has seen the most significant (proportionate) bed loss over recent years.



Appendix V Data Source, Assumptions & Reservations

3 Age Group Distribution and Growth

All population age profiling data has been provided by Experian – one of only six suppliers approved by the Office of National Statistics (ONS) following Census release. The population figures provided are 2023 mid-year estimates OA level.

4 & Appendices I & II Supply

In order to ensure that the schedule of competing homes is as current as possible, the majority of information is drawn from the live web database of the Care Quality Commission. Supporting information in respect of room configuration is provided by the website www.carehome.co.uk and relevant websites of operating care homes.

4 Planning Activity

The suppliers of historic planning data from which we have extracted the enclosed information are both Barbour ABI and EGİ. Enquiries have been limited to activity over the 3 year period pre-ceding the date of this report (unless otherwise stated). Should development of the Site be considered further, formal enquiries of the local authority should be undertaken.

5 Statistical Demand—Total Elderly Care

We have relied upon LaingBuisson's Care of Older People UK Market Report (32nd Edition) in providing figures for bed requirements among the elderly in total.

5 Statistical Demand—Dementia Specific Care

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

6 Supply / Demand Dynamics - Delayed Transfers of Care

Data supplied monthly on line by NHS England.

7 The Local Authority Perspective

Provided direct by the relevant Local Authority to HPC or publicly available on the internet

8 COVID 19 Implications

All information in respect of UK cases and deaths has been sourced during report compilation from the following websites:

www.ons.gov.uk

www.coronavirus.data.gov.uk

Data on the sites was originally sourced from the Care Quality Commission and Office for National Statistics.

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

www.jamanetwork.com

Tenure and Reports on Title

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

Condition and Repair

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

Environmental

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

Local Authorities, Statutory Undertakings and Legal Searches

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

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

Business Performance

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

Third Party Data Provision

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

Time Limitation

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

Instructing Party

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

Liability Cap

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

Appendix VI Author Overview

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
- Rent review negotiations on behalf of UK's former largest corporate care home operator (Southern Cross)
- Consultancy advice provided to private operators and corporate providers including Care UK, BUPA, Maria Mallaband Care Group, Healthcare Homes, Avery Health and Bondcare.

GLP Taylors – 2005 to 2008

Director

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

Christie & Co – 1997 to 2005

Director

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

Valuation Office Agency – 1988 to 1994

Senior Valuer

- Miscellaneous commercial, residential and agricultural valuation experience
- Training and supervision of graduate colleagues through RICS qualification



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