

**PLANNING STATEMENT
(CARE NEEDS ASSESSMENT)**

PREPARED BY



ON BEHALF OF



**DEMOLITION OF ALL EXISTING
BUILDINGS AND THE ERECTION OF A
CARE HOME (CLASS C2)**

**FORMER FIRE STATION, HURST ROAD,
HORSHAM, RH12 2DN**

JULY 2025

CONTENTS

<u>No.</u>	<u>Section</u>	<u>Page</u>
1	Introduction	3
2	Quantitative Needs	6
3	Qualitative Needs	15
4	Conclusions	24

APPENDICES

<u>Ref.</u>	<u>Appendix</u>	
A	Site Location Plan	26
B	Schedule of Care Home Supply	27
C	Map of Catchment & Care Home Supply	29

1. Introduction

- 1.1 This Care Needs Assessment has been prepared in support of the planning application for the construction of a 75-bed care home at the former Fire Station site on Hurst Road, Horsham. The Assessment demonstrates the clear and pressing need for high-quality care accommodation within the local area and establishes the planning justification for this essential development.
- 1.2 The Government has confirmed that boosting the supply of new homes, including accommodation for older people¹, is a key policy objective, underpinned by a significant increase in elderly people across the country. The elderly population (75 years plus) is projected to grow substantially from 5,575,110 in 2025 to 8,277,204 in 2045, representing a 48.5% increase over 20 years. This demographic change creates substantial demand for specialised accommodation and care services for older people, requiring new development to address local needs.
- 1.3 This objective is maintained within the latest National Planning Policy Framework (amended February 2025) and further supported by the National Planning Practice Guidance for 'Housing for Older and Disabled People' for Councils (June 2019), which emphasises the need to meet the range of older people's needs (including through the provision of residential care and nursing homes). The national guidance specifically recognises that the need to provide housing for older people is critical given the projected change in population demographics, that plan making authorities should assess and plan for the current and future need for housing for older people, and that the health and social care system is under increasing pressure due to demographic changes.
- 1.4 Horsham District Council (HDC) as the Local Planning Authority recognise this *"continuing need"* and acknowledge that a rising older population *"will result in a continuing need to provide a range of appropriate retirement accommodation"* (Paragraph 6.10, Horsham District Planning Framework). The Council's

¹ Paragraph 63 of the NPPF is explicit when confirming policies should make provision for *"older people (including those who require retirement housing, housing-with-care and care homes)"* (our emphasis).

recognition of this need is particularly significant given the local demographic projections and the current state of care home provision within the district.

Site History and Context

- 1.5 The Former Fire Station site on Hurst Road (as shown on the Site Location Plan at Appendix A) has a well-established history of civic use, having served as Horsham's primary fire station for several decades before the service was relocated to Platinum House at Highwood. The relocation was part of West Sussex Fire and Rescue Service's modernisation programme, designed to enhance operational efficiency and response times across the broader catchment area.
- 1.6 The site benefits from excellent accessibility and connectivity within Horsham's urban framework. Located on Hurst Road, it enjoys convenient access to the town centre, local shopping facilities, healthcare services, and public transport connections. The town is closely related to the Crawley-Gatwick urban area with good road links to the wider region, while local bus services connect to surrounding villages and neighbouring towns. This connectivity is particularly important for care homes, enabling family visits and access to specialist healthcare services, while also supporting staff recruitment from across the wider catchment area.

Development Proposal Overview

- 1.7 The proposed development comprises a purpose-built 75-bed care home designed to meet the highest standards of contemporary care provision. The facility will provide residential and nursing care accommodation, with specialist provision for dementia care reflecting the growing prevalence of these conditions within the aging population. All bedrooms will feature ensuite facilities with wetroom provision, ensuring independence, and hygiene standards that exceed baseline regulatory requirements.
- 1.8 The design incorporates extensive communal areas including dining rooms, lounges, activities spaces, and therapy rooms designed to promote social interaction and wellbeing among residents. Landscaped gardens and secure

outdoor spaces will provide therapeutic environments and opportunities for outdoor activities, while dedicated parking and access arrangements ensure appropriate provision for staff, visitors, and service vehicles. The facility will be designed to achieve Care Quality Commission (CQC) registration standards and target Good or Outstanding ratings through high-quality design, staffing, and operational procedures.

Housing and Care Context

- 1.9 Horsham District Council's Housing Delivery Test results² and five-year housing land supply position³ demonstrate the broader housing pressures facing the district, with particular challenges in delivering specialist accommodation for older people. The 2019 Strategic Housing Market Assessment (SHMA) identified substantial unmet need for care home provision, with demographic projections indicating this need will intensify significantly over the plan period. The Council's acknowledgment of these pressures in policy documents reflects the urgent need for additional provision to meet both current shortfalls and projected future demand.
- 1.10 The local housing market characteristics, including relatively high property values and limited suitable accommodation options for older people, create additional pressures for care home provision. Many older residents occupy larger family homes that could benefit younger families if appropriate alternative accommodation were available. The provision of high-quality care home accommodation can therefore support broader housing market function by enabling rightsizing and releasing family accommodation while ensuring older residents can remain within their local community.

² 62% in the HDT published 12th December 2024.

³ 1 years' supply identified within the 2023/2024 Authority Monitoring Report.

2. Quantitative Needs

- 2.1 This section establishes the quantitative case for care home provision within the Horsham area through comprehensive analysis of demographic trends, population projections, and supply-demand calculations. The assessment adopts a methodical approach beginning with national and regional context, before focusing on localised catchment area analysis and detailed demand calculations. The quantitative analysis provides the foundation for understanding care home requirements, using prevalence rates and demographic data to generate robust projections of need through to 2028 and 2033.

National Population Trends

- 2.2 National population projections demonstrate the scale of demographic change facing the UK over the coming decades. The Office for National Statistics projects that the population aged 75 and over will increase by 12.2% between 2025 and 2030 alone, representing approximately 680,000 additional people in this age cohort. The rate of increase is expected to gather pace substantially through to 2045, with the 75+ population potentially reaching nearly 8.3 million people, compared to 5.6 million in 2025. This represents a fundamental shift in the UK's demographic structure, with profound implications for housing, healthcare, and social care provision.
- 2.3 These national trends are not uniform and differ across different regions and localities. Areas with existing concentrations of older people, attractive retirement destinations, and regions with good healthcare and transport infrastructure are experiencing rapid growth in their elderly populations. West Sussex, including Horsham District, falls into this category due to its combination of attractive rural and urban environments, proximity to London for family connections, excellent transport links, and established healthcare infrastructure.
- 2.4 The implications of these demographic trends extend beyond simple population numbers. Increasing longevity means that care home residency periods are

extending, with residents living longer but often with more complex care needs including dementia, mobility limitations, and multiple health conditions. This creates demand not just for additional bed spaces, but for higher standards of accommodation and care that can adapt to evolving needs over time.

Strategic Housing Market Assessment Findings

- 2.5 The 2019 Strategic Housing Market Assessment undertaken for Horsham District Council identified substantial shortfalls in care home provision across the district. The Assessment examined demographic projections, existing supply, and prevalence rates to establish baseline need calculations. The study found that existing provision was insufficient to meet even current demand, with particular gaps in high-quality accommodation meeting modern standards and expectations.
- 2.6 The SHMA established a prevalence rate of 9.1% for care home accommodation among the over-75 population, based on analysis of national trends, local demand patterns, and benchmarking against comparable areas. This rate reflects the proportion of older people who require residential or nursing care accommodation due to health conditions, care needs, or family circumstances that cannot be adequately met through community-based support. The 9.1% rate is considered conservative compared to some national benchmarks, reflecting the relatively affluent character of the district and higher levels of family support, but nonetheless indicates substantial absolute numbers requiring care home provision.
- 2.7 The Assessment also identified qualitative deficiencies within existing provision, with many facilities failing to meet contemporary standards for ensuite accommodation, infection control, and specialist care provision. These findings have informed subsequent planning policy and created a framework for assessing future care home proposals within the district.

Localised Catchment Analysis

- 2.8 While district-wide assessments provide important strategic context, care home provision operates within more localised catchment areas that reflect travel

patterns, family connections, and service networks. This assessment adopts a sustainable catchment approach focused on Horsham and its immediate surrounding area, respecting the draw of existing settlements such as Crawley.

- 2.9 The identified catchment primarily includes the built-up area of Horsham, as well as Broadbridge Heath to the west, and Warnham to the northwest, given their proximity. This catchment, shown at Appendix C, encompasses areas where residents and families would realistically consider Horsham-based care home provision as accessible and appropriate.
- 2.10 Health and service networks also influence appropriate catchment definition. The site's location provides access to Horsham's healthcare facilities including the hospital, GP practices, and specialist consultants that care home residents frequently require. The defined catchment therefore reflects realistic patterns of care home utilisation and family choice.

Population Projections and Demographics

- 2.11 Based on analysis of ONS Lower Layer Super Output Areas (LSOAs) the defined catchment area currently contains approximately 6,311 people aged 75 or over⁴. National-level projections indicate that the 75+ population will grow significantly by 2028 and beyond, reflecting both aging of existing residents and continued in-migration of older people to attractive areas like West Sussex.
- 2.12 Applying these growth rates to the catchment baseline produces a projected over-75 population of 7,409 by 2028⁵, growing further to 8,243 by 2033⁶. However, these projections may underestimate actual growth due to continued in-migration patterns, with Horsham's attractiveness as a retirement location potentially drawing additional residents beyond those captured in typical projection methodologies.

4 With a 0.5 multiplier applied to those LSOAs bisected by the catchment.

5 Comprised of 2,541 aged 75-79, 2,250 aged 80-84, and 2,618 aged 85+.

6 Comprised of 2,655 aged 75-79, 2,200 aged 80-84, and 3,388 aged 85+.

- 2.13 The growth rates also do not account for additional population as a result of anticipated and ongoing major developments within the catchment area. Notably, a review of the Horsham Housing Delivery Update (December 2023) and the underlying planning applications and permissions have identified additional population not captured in LSOAs or population forecasts. Thus, as this is not picked up in LSOAs or projections until the next Census in 2031, a methodology has been applied to account for this growth by 2028 and 2033 respectively.
- 2.14 In particular, the strategic development at Land North of Horsham for up to 2,750 dwellings and various other facilities was granted permission in March 2018⁷, while permission was granted for the erection of up to 300 dwellings and employment space at the former Novartis Site on Parsonage Road in February 2020⁸. Whilst the former was identified at Policy 2 of the 2015 Horsham District Planning Framework for *“at least 2,500 dwellings”* the latter was previously identified *“for employments, education and specialist housing at the equivalent of around 200 units”*.
- 2.15 The 2018 planning application at the former Novartis Site confirms the intention is for traditional (Use Class C3) dwellings to be developed on the site, and it is therefore considered appropriate to incorporate both developments into the population of the catchment area.
- 2.16 Based on the applicant’s proposed phasing strategy at Land North of Horsham (controlled by condition 3 imposed on DC/16/1677), and the Council’s Housing Delivery Update, it is anticipated that 2,000 of the 2,750 homes will be delivered by 2028, and the remaining 750 by 2030 (thereby contributing to population calculations for 2033). The redevelopment of the former Novartis site is also anticipated to deliver its 300 dwellings by 2028.
- 2.17 Based on an average household size of 2.2 people in Horsham, and assuming the age profile of residents of these developments would remain consistent with

7 Ref: DC/16/1677.

8 Ref: DC/18/2687.

the wider identified catchment area, an additional 5,060 residents are anticipated by 2028. This would then grow by a further 1,650 by 2033. With 12% of the population anticipated to be over 75, this results in an increase of 607 over 75s by 2028, and a further 198 by 2033. Thus, a projected over-75 population of 8,016 is anticipated by 2028, growing to 9,048 by 2033.

- 2.18 These calculations are considered to remain conservative. For example, two live applications⁹ are seeking to split the land at the former Novartis Site into two parcels to develop a combined 548 dwellings. Were these applications to be approved, this would provide an additional 28 dwellings over the previously approved scheme. Thus, whilst these potential additional dwellings have not been incorporated into population calculations, it is considered that the needs case would only be further strengthened were these applications to be approved, owing to a larger demand base.
- 2.19 The demographic analysis also considers the changing characteristics of the aging population, including higher levels of education, financial resources, and expectations for quality of life than previous generations. These factors influence demand for care home accommodation, with preferences for private ensuite facilities, choice in dining and activities, and maintenance of independence and dignity. Modern care home provision must therefore meet higher standards than historical facilities to attract and retain residents in an increasingly competitive market.

Gross Demand Calculation

- 2.20 Despite the 2019 SHMA identifying a prevalence rate of 9.1%, a 10% rate has instead been applied. This is based on the existing prevalence rate within the catchment area, with 621 bedspaces serving an estimated population of 6,488 over 75s. When applied to the projected 2028 over-75 population of 8,016, this produces a base gross demand of 802 care bedspaces within the defined catchment area. A base gross demand of 905 bedspaces is then identified by 2033. These calculations represent the theoretical number of care home beds

⁹ Refs: DC/25/0151 & DC/25/0415.

required to meet the residential and nursing care needs of the projected older population, based on established patterns of care need.

- 2.21 A nominal 10% inflow rate has been applied to the base demand calculation, reflecting the highly localised catchment area and limited supply of care bed spaces in surrounding small villages and settlements. This produces an adjusted gross demand of 882 care bedspaces in 2028, and 996 in 2033.
- 2.22 The gross demand calculations are also conservative due to not incorporating an assessment of changing care patterns and family structures that may influence future utilisation rates. Smaller family sizes and geographic dispersion of families may increase reliance on formal care provision rather than family support. Changes in housing patterns, with more older people living in smaller accommodation, may accelerate transitions to care homes when needs increase. Economic factors, including house price inflation providing resources for private care funding, may enable more families to choose care home provision. These factors suggest that historical prevalence rates may underestimate future demand patterns.

Existing Supply Assessment

- 2.23 Comprehensive analysis of existing care home provision within the defined catchment area identifies 12 operational facilities providing a total of 621 bedspaces (see Appendix B for full schedule and Appendix C for geographical distribution). These facilities range from small residential homes with fewer than 20 beds to larger nursing homes with over 80 beds, representing a variety of care models and quality standards developed over several decades.
- 2.24 The existing supply analysis reveals significant variations in quality, standards, and suitability for modern care provision. Facilities opened before 2000 typically feature shared facilities or small en-suites that do not meet contemporary expectations for privacy and dignity. Many older facilities also tend to lack adequate communal space for activities and social interaction.

- 2.25 More recent developments, particularly those opened since 2010, generally provide higher standards of accommodation including ensuite facilities, larger bedrooms, and purpose-designed communal spaces. However, even some recent facilities have design limitations or have chosen to provide basic rather than ensuite or wetroom provision to control costs. Section 3 therefore distinguishes between facilities that meet contemporary standards and those that may face modernisation challenges or market positioning difficulties.

Care Quality Commission Ratings

- 2.26 Analysis of CQC inspection ratings provides insight into the quality and suitability of existing provision for meeting current and future demand. Of the 12 facilities within the catchment, 11 are currently rated Good, and 1 Requires Improvement. While most facilities achieve acceptable quality standards, the facility requiring improvement represent a notable proportion of total bed spaces and indicate quality concerns affecting resident experience and family confidence.
- 2.27 The facility requiring improvement faces ongoing regulatory scrutiny and potential enforcement action if standards do not improve. Historical patterns suggest that care homes struggling to meet CQC standards may face closure or change of use, particularly smaller facilities that lack resources for significant investment in improvements. This creates potential for bed loss within the catchment area, increasing pressure on remaining provision and highlighting the importance of additional high-quality development.
- 2.28 CQC ratings also influence family choice and market dynamics, with families increasingly reluctant to consider facilities with poor ratings except in emergency circumstances. This effectively reduces available capacity for planned admissions and increases pressure on higher-rated facilities. The concentration of demand on good and outstanding facilities creates waiting lists and limits choice for families seeking care home placement within acceptable travel distances.

- 2.29 The proposed development, designed to meet current regulatory standards and target good or outstanding ratings, would increase the proportion of high-quality provision within the catchment area. This would provide additional choice for families while creating competitive pressure that may encourage existing facilities to improve standards or face market share erosion.

Planned Supply and Commitments

- 2.30 Assessment of planned care home development within the catchment area identifies limited committed provision that will address projected need growth. Only one development has been identified, Kingsmead Care Home, providing 80 beds with specialist dementia care and all ensuite wetrooms, anticipated to open in 2028. This development represents a notable addition to local supply but will only partially address identified shortfalls in modern provision.
- 2.31 The limited planned supply creates a significant gap between projected demand growth and additional provision. Even including the 80-bed Kingsmead care home¹⁰, the total future supply of 701 bedspaces falls short of projected gross demand of 996 bedspaces by 2028, resulting in a quantitative shortfall of 181 bedspaces. Assuming no additional care homes open by 2033, there would be a shortfall of 295 bedspaces. These calculations assume no closures or downsizing of existing facilities, which may prove optimistic given the age and condition of some current provision.
- 2.32 The analysis also considers the timescales for additional development beyond 2028. Care home development typically requires 3-5 years from initial planning through to operational opening, meaning that developments not yet in the planning system are unlikely to contribute to supply before 2028, with those potentially contributing by 2033 currently unknown. Given projected continued growth in demand, early action to secure additional provision is essential to avoid supply shortfalls and ensure adequate choice and quality for residents and families.

¹⁰ Whilst this replaces an existing 56-bed facility (thus serving as a net increase of 24 beds), all 80 beds are considered to be planned supply given the facility's previous closure.

Net Quantitative Need

- 2.33 The quantitative analysis establishes a base net need of 181 bedspaces by 2028, growing to 295 bedspaces by 2033, calculated as gross demand of 882 and 996 bedspaces respectively minus total supply including commitments of 701 bedspaces. This calculation takes a conservative approach by including full credit for all existing provision regardless of quality, assuming no facility closures or capacity reductions, applying conservative existing prevalence rates, and limiting inflow assumptions.
- 2.34 The 181-bedspace shortfall represents a notable supply gap before considering qualitative factors. This quantitative need provides the foundation for the case supporting additional care home development, which is further strengthened once qualitative factors are considered, demonstrating that demand growth exceeds planned supply increases within a realistic catchment area.
- 2.35 The quantitative analysis also understates the true scale of need by treating all existing provision as equivalent regardless of quality, age, or suitability for modern care standards. A qualitative assessment of care bed supply is also supported by local planning policy, with Policy 18 of the Horsham District Planning Framework confirming that schemes will be supported “*where they can be justified in terms of meeting identified need*”.
- 2.36 The following qualitative assessment then demonstrates that when quality factors are incorporated, the identified need increases substantially, providing a more realistic assessment of requirements for high-quality care home provision within the local area. These findings are comparable to those in the ‘Market Snapshot’ prepared in support of application DC/24/0622 for a 70-bed care home at The Copse, Worthing Road which was approved in March 2025. This identified an unmet need of 399 bedspaces in 2028 when accounting for qualitative deficiencies, growing to 551 by 2028, with the Committee Report acknowledging the Council’s identified shortfall of 1,517 bedspaces by 2039¹¹.

11 Set out within the 2019 Strategic Housing Market Assessment.

3. Qualitative Needs

- 3.1 The quantitative analysis establishes a numerical need based on demographic projections and existing supply, but this approach treats all care home provision as equivalent regardless of quality, standards, or suitability for modern care delivery. This section examines the qualitative dimensions of care home provision, assessing existing facilities against contemporary standards and resident expectations to establish a more realistic picture of effective supply and unmet need. The analysis reveals that while overall bed numbers may appear near-adequate, substantial gaps exist in provision that meets current quality expectations and regulatory requirements.

Modern Care Standards and Expectations

- 3.2 Contemporary care home provision operates in a significantly different environment from historical facilities, with enhanced regulatory requirements, evolved care practices, and greater resident and family expectations that combine to create qualitative standards that many existing facilities struggle to meet. CQC requirements have also become increasingly stringent, with particular emphasis on infection prevention and control and safeguarding procedures. These requirements favour newer facilities designed with appropriate space standards, clinical areas, and infection control measures, while creating compliance challenges for older facilities that were built to different standards. The COVID-19 pandemic has further highlighted the importance of modern design features including adequate isolation facilities, ventilation systems, and space standards that enable safe care delivery.
- 3.3 Modern care home residents and their families frequently expect private ensuite accommodation as standard, choice in dining arrangements and daily activities, maintenance of independence and dignity, therapeutic and social environments that promote wellbeing, and care approaches that reflect individual preferences. Facilities that cannot provide these features face increasing difficulty in attracting and retaining residents, particularly those funding their own care.

- 3.4 The care sector has also seen significant developments in clinical practice and care models, with increased emphasis on rehabilitation, specialist dementia care environments and approaches and integrated healthcare delivery. These developments require facilities with appropriate space, equipment, and design features that many older care homes cannot provide without substantial redevelopment.

Existing Supply Quality Analysis

- 3.5 Detailed examination of the 12 existing care homes within the catchment area reveals substantial variations in quality and suitability for meeting contemporary care standards and expectations (see Appendix B for further information). Multiple factors have been considered including accommodation standards, care capabilities, and regulatory performance to assess the proportion of existing supply that effectively meets current and projected demand.
- 3.6 Accommodation standards represent a fundamental quality factor, with ensuite provision increasingly regarded as essential for dignity, independence, and infection control. Of the 621 existing bedspaces and 80 planned bedspaces, only 411 (66%) provide ensuite facilities, leaving 210 residents (34%) dependent on non-ensuite bathroom facilities.
- 3.7 The distribution of ensuite and wetroom provision is uneven across facilities, with some newer developments providing ensuite accommodation for all residents while older facilities may have no ensuite rooms or limited provision concentrated in premium accommodation. This creates a market where families seeking ensuite provision face limited choice and potentially extended waiting times, while facilities without ensuite provision struggle to attract residents.

Facility Age and Modernisation

- 3.8 The age profile of the existing care home stock within the catchment area indicates substantial challenges in meeting contemporary standards and future regulatory requirements. Analysis of facility opening dates reveals that only 4 facilities (33% of total) have opened within the past decade, while a further 4 facilities are over 20 years old, and several date from the 1960s-1980s when

care home design standards were fundamentally different from current expectations.

- 3.9 Facilities opened before 2000 typically exhibit design limitations that cannot be easily remedied through refurbishment including shared accommodation or very small ensuite facilities, narrow corridors that restrict wheelchair access and emergency evacuation, limited communal space relative to current standards, inadequate provision for specialist dementia care, and parking and access arrangements that do not meet current accessibility standards. While some older facilities have undergone partial modernisation, fundamental design constraints often remain, limiting their ability to compete with purpose-built modern developments.
- 3.10 The maintenance and modernisation of older facilities also requires substantial ongoing investment that may not be economically viable for smaller operators or facilities with limited occupancy levels. Care home operators face increasing cost pressures from staffing, utilities, insurance, and regulatory compliance, limiting resources available for capital improvements. This can create a cycle where facilities become less competitive over time, leading to reduced occupancy, lower revenues, and further constraints on modernisation investment.
- 3.11 While some facilities within the catchment area have undergone recent refurbishments, the majority of older facilities show limited evidence of major improvements, suggesting that much of the existing stock may become increasingly uncompetitive as new facilities open and regulatory standards continue to evolve.

Care Quality Commission Performance

- 3.12 While 11 of the 12 existing facilities currently achieve Good CQC ratings, indicating acceptable regulatory compliance, the facility requiring improvement represent 52 bedspaces (8% of total supply) where quality concerns affect resident experience and family confidence. Previous CQC inspection reports

reveal themes including staffing challenges affecting care delivery as well as concerns over the efficacy of previous monitoring audits.

- 3.13 The facility requiring improvement faces ongoing regulatory oversight and potential enforcement action if standards do not improve within specified timescales. CQC enforcement powers include restrictions on new admissions, requirements for increased management oversight, and ultimately potential closure or change of use for facilities that cannot demonstrate sustained improvement. This creates uncertainty about the medium-term availability of these bedspaces and highlights the importance of additional quality provision to ensure adequate capacity.
- 3.14 Even facilities achieving 'Good' ratings may face challenges in maintaining standards as regulatory requirements continue to evolve and resident expectations increase. CQC inspection frequencies have intensified, with particular focus on areas including safeguarding, person-centred care, infection control, and clinical governance that require ongoing investment in training, systems, and facilities. Smaller facilities and those operated by providers with limited resources may struggle to maintain the investment levels required for sustained good performance.
- 3.15 The proposed development, designed from inception to meet the latest regulatory standards, would contribute to raising overall quality standards within the local market while providing additional capacity rated as Good or Outstanding. This would increase family choice and confidence while creating competitive pressures that may encourage existing facilities to improve standards or consider alternative uses.

Specialist Provision Gaps

- 3.16 Analysis of existing care home provision reveals significant gaps in specialist accommodation and care services that reflect the evolution of care needs and clinical practice over recent decades. Dementia care represents a particular area of need, with prevalence rates indicating that up to 70% of care home

residents have some form of dementia¹², yet many existing facilities lack purpose-designed environments and specialist care approaches that optimise outcomes for these residents.

- 3.17 Existing dementia provision within the catchment area is generally limited to designated areas within general care homes or facilities that accept residents with dementia but lack specialist design features and care approaches. Purpose-designed dementia environments typically include secure outdoor areas, circular walking routes, reminiscence areas, and sensory gardens that support wellbeing and reduce anxiety and confusion. Some existing facilities within the catchment area provide these features, but gaps remain in appropriate provision for families seeking specialist dementia care.

Accommodation Standards Assessment

- 3.18 Detailed analysis of accommodation standards across existing provision reveals substantial variations that affect resident experience, family satisfaction, and operational efficiency. The 290 bedspaces (47% of total) without ensuite provision create several challenges including compromised privacy and dignity for residents requiring personal care assistance, increased infection control risks from shared facilities, operational inefficiencies from staff time spent assisting residents to shared bathrooms, and family concerns about standards and appropriateness of accommodation.
- 3.19 Within the 331 bedspaces providing ensuite accommodation, quality and suitability vary significantly. Some facilities provide full wetroom facilities with level access, appropriate grab rails, and space for care assistant support, while others offer basic shower facilities that may not be suitable for residents with mobility limitations or high care needs. The distinction is particularly important given that care home residents typically have multiple health conditions and mobility challenges that require accessible bathroom facilities.

12 Alzheimer's Society (2025.) - <https://www.alzheimers.org.uk/about-us/news-and-media/facts-media>.

- 3.20 The 284 bedspaces providing wetroom facilities represent the highest standard of current provision, but still constitute only 46% of existing supply within the catchment area. Wetroom provision is increasingly regarded as essential for safe personal care delivery, infection control, and resident dignity, yet 54% of existing bedspaces cannot provide this standard. This creates a substantial gap between supply and modern expectations that affects market dynamics and family choice.
- 3.21 Bedroom size represents another significant quality factor, with many older facilities providing accommodation below current space standards. Small bedrooms restrict mobility for residents using wheelchairs or walking frames, and create institutional environments that compromise wellbeing and quality of life. Modern care home design standards recognise the importance of adequate space for personal items, clinical equipment, and comfortable seating areas that enable residents to maintain independence and receive visitors in appropriate settings.

Quality-Adjusted Supply Assessment

- 3.22 When existing supply is adjusted to reflect modern quality standards and family expectations, available capacity reduces substantially below the 621 bedspaces identified in quantitative analysis. Excluding the 52 bedspaces in facilities requiring improvement eliminates provision where quality concerns affect resident experience and family confidence, reducing available supply to 569 bedspaces.
- 3.23 Further adjustment for accommodation standards creates more dramatic reductions in effective supply. Limiting analysis to ensuite provision in CQC rated 'Good' facilities reduces available supply to 317 bedspaces, while focusing on wetroom provision (representing the highest current standard) reduces supply to 270 bedspaces. These adjustments reflect the reality that families increasingly regard ensuite provision as essential and wetroom facilities as highly desirable when selecting care home accommodation.

- 3.24 These quality-adjusted supply calculations demonstrate the scale of effective unmet need within the catchment area. Using the ensuite standard as the minimum benchmark for modern provision, gross demand of 882 bedspaces in 2028 exceeds quality-adjusted supply of 317 bedspaces by 565 bedspaces before considering planned provision. Including the planned Kingsmead development (80 wetroom bedspaces) produces a total net quality-adjusted supply of 397 bedspaces, still leaving unmet need of 485 bedspaces based on ensuite provision in 2028, rising to 599 in 2033.
- 3.25 These calculations assume no facility closures or downsizing, which may prove optimistic given the challenges facing older facilities in meeting evolving standards and market expectations.

Market Dynamics and Choice

- 3.26 The concentration of quality provision within a limited number of facilities creates market dynamics that restrict family choice and influence care home utilisation patterns. Facilities providing ensuite accommodation and achieving good CQC ratings face sustained demand that often results in waiting lists, limiting family choice and potentially requiring urgent placements in less preferred accommodation. This pattern is particularly pronounced for specialist provision including dementia care, end-of-life care, and rehabilitation services where supply constraints limit options.
- 3.27 Conversely, facilities without ensuite provision or those requiring improvement face declining demand as families exercise choice in care home selection. This can create operational challenges including reduced occupancy levels, financial pressures affecting investment in improvements, and potential spiral effects where declining standards further reduce demand. Whilst market dynamics may ultimately improve overall quality through closure or modernisation of poor provision, it creates short/medium-term supply constraints and uncertainty for families requiring care home placement.
- 3.28 The limited competition in high-quality provision also affects pricing dynamics and service development. Facilities with waiting lists and sustained high

occupancy may have limited incentives to enhance services or control price increases, while the scarcity of alternatives reduces residents' choice. Additional high-quality provision would enhance competition and choice while creating incentives for existing facilities to maintain and improve standards.

Future Attrition Risk

- 3.29 This qualitative analysis has assumed that all existing facilities will continue operating throughout the assessment period, but several factors suggest significant attrition risk that could reduce available supply and increase pressure on remaining provision. Economic factors represent a closure risk, with smaller facilities and those with declining occupancy facing viability challenges from rising operational costs, regulatory compliance issues, and maintenance requirements.
- 3.30 CQC assessments create additional closure risk, particularly for facilities requiring improvement that fail to demonstrate sustained compliance with regulatory standards. Historic patterns indicate that care homes facing repeated enforcement action may ultimately close or change use rather than invest in compliance improvements, particularly where facilities have fundamental design limitations that constrain improvement options. Market pressures also create closure risk for facilities that cannot compete effectively with modern provision. As new facilities open and family expectations continue to evolve, older facilities without ensuite provision or modern amenities may face declining demand that threatens economic viability.
- 3.31 Property values and alternative use potential create additional pressures, particularly for care homes occupying valuable sites where residential or commercial development might generate higher returns than continued care home operation. While planning policies typically protect care home uses, economic pressures and operational challenges may ultimately result in closures and redevelopment proposals that reduce overall bed capacity within the catchment area.

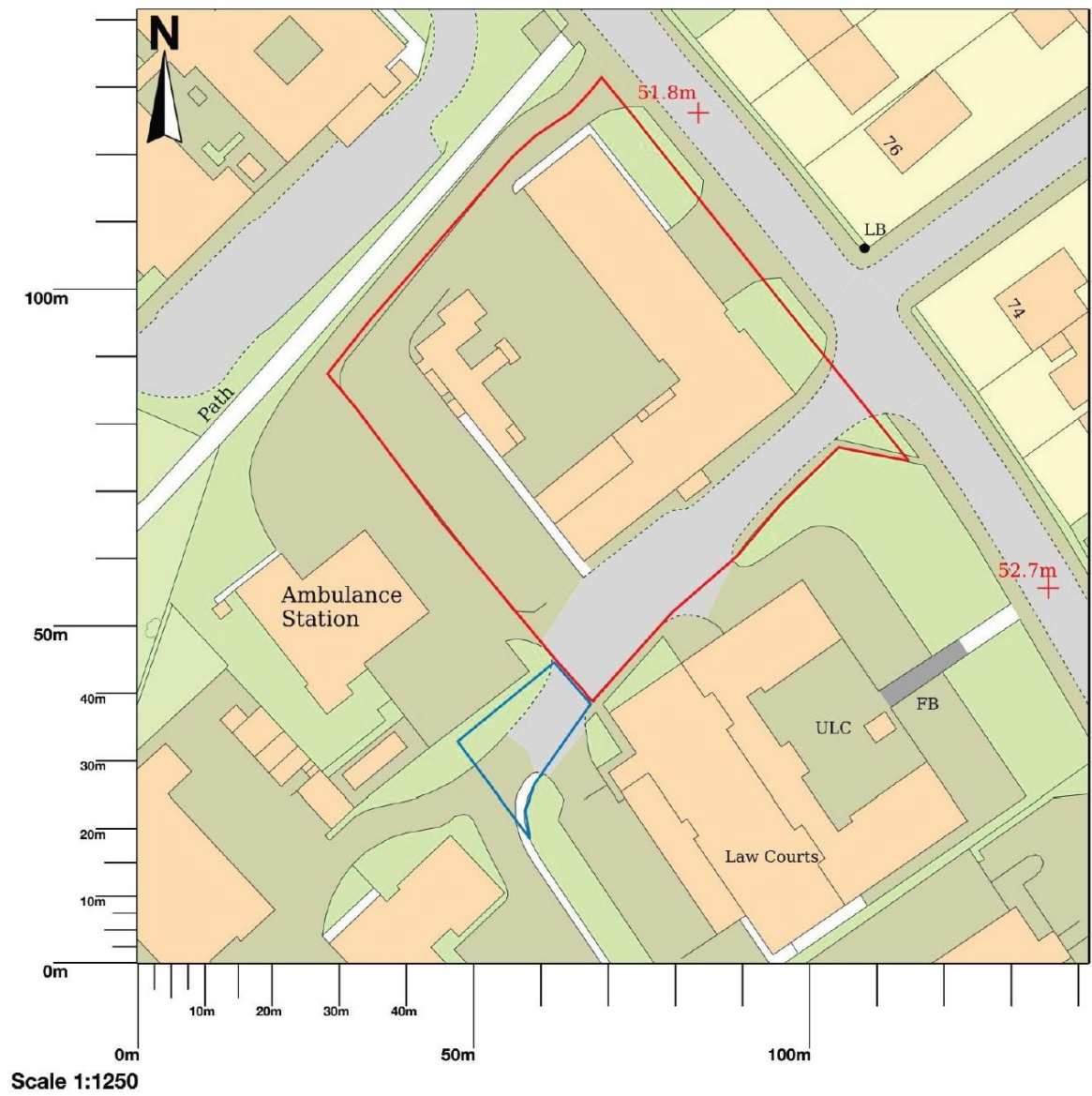
- 3.32 The possibility of facility closures reinforces the importance of additional provision to maintain adequate supply and choice for residents and families. Even modest attrition affecting 50-100 bedspaces would create substantial supply constraints given the limited planned provision and continued growth in demand, highlighting the strategic importance of high-quality new development to ensure market stability and choice.

4. Conclusions

- 4.1 This comprehensive care needs assessment demonstrates clear and substantial need for additional high-quality care provision within the identified catchment area. The analysis reveals that while quantitative need appears modest when measured against total existing bed numbers, the reality of modern care provision creates substantially greater requirements when quality standards and family expectations are properly considered.
- 4.2 The quantitative assessment establishes a notable baseline bedspace need by 2028 (growing further by 2033) calculated based on existing prevalence rates, realistic catchment definitions, and demographic projections. This analysis takes a conservative approach, including all existing provision regardless of quality or suitability, assumption of no facility closures or capacity reductions, limited inflow assumptions despite likely higher demand for quality provision, and prevalence rates consistent with existing population statistics and care bed supply. Even with these conservative assumptions, a shortfall emerges that supports the case for additional provision.
- 4.3 The qualitative analysis reveals substantially greater need when modern care standards and family expectations are considered. A third of existing and planned bedspaces do not provide ensuite facilities. Limited specialist provision also exists for dementia care, rehabilitation, and end-of-life care that reflect evolving clinical practice and family expectations. Many facilities face age-related design limitations that cannot be easily remedied through refurbishment and may ultimately threaten viability as standards continue to evolve.
- 4.4 When supply is adjusted for quality factors, effective unmet need increases dramatically. Focusing on ensuite provision creates need for 485 additional bedspaces in 2028, and 599 in 2033. This incorporates various conservative assumptions (e.g., there being no future attrition for existing facilities), suggesting that actual need may exceed these already substantial figures.

- 4.5 This Care Needs Assessment aligns with established policy recognition at national and local levels. National Planning Policy Framework objectives emphasise meeting accommodation needs of aging populations through high-quality provision that supports independence and wellbeing. Horsham District Council acknowledges a continuing need for retirement accommodation and supports development that enhances choice and quality for older residents. The proposed development contributes to these policy objectives while addressing identified gaps in current provision.
- 4.6 The proposed 75-bed care home would make a substantial contribution to addressing identified needs and provide significant additional choice for families seeking modern accommodation standards. Specialist dementia care facilities would address gaps in current provision while serving growing numbers of residents with these conditions. The facility would target Good or Outstanding CQC ratings, contributing to overall quality improvement within the local market.

Site Location Plan



Schedule of Care Home Supply**Table 1: Existing Supply**

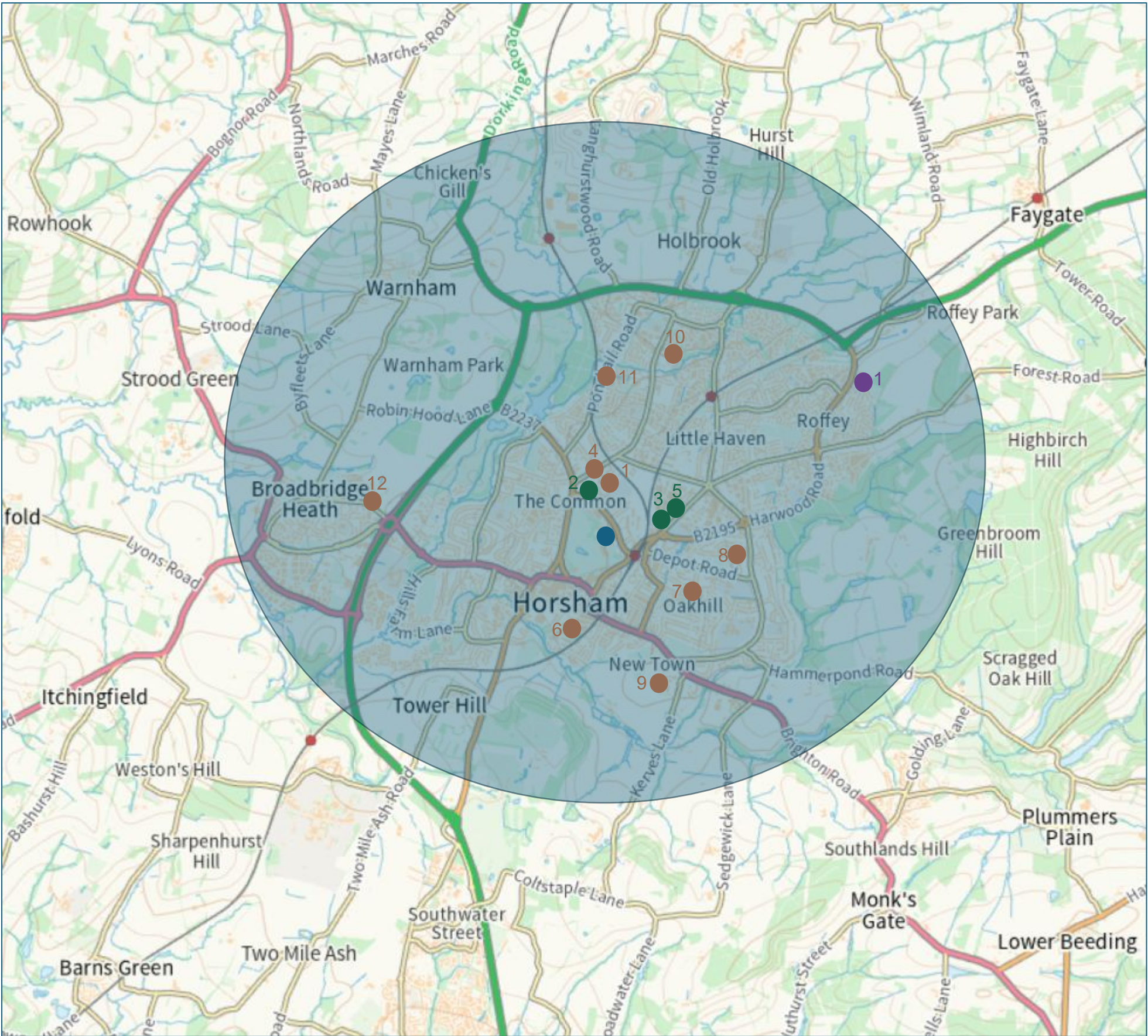
	Name	Provider	Type of Facility	Miles	First Registered/Last Refurbished	Beds	CQC Rating
1	Ashton Grange	Ashtonleigh Homes Ltd	Nursing Home	0.3	2011	31 (7 ensuite wet room)	Good
2	Heathfield	Heathfield (Horsham) Limited	Residential Care Home	0.3	2009	36 (13 ensuite)	Good
3	Kings Court	King's Court Care Ltd	Residential & Dementia Care Home	0.3	2005	38	Good
4	Ashtonleigh	Ashtonleigh Homes Ltd	Nursing & Dementia Care Home	0.4	1997	54 (27 ensuite wet room)	Good
5	Rosedale Care Home	Rosedale Care Ltd	Residential & Dementia Care Home	0.4	1998	18 (8 ensuite wet room)	Good
6	Mill River Lodge	Shaw Healthcare Limited	Nursing Home	0.6	2007	70 (all ensuite wet room)	Good
7	Oakhill House Care Home	HC-One No.1 Limited	Nursing & Dementia Care Home	0.7	Unknown	49 (34 ensuite)	Good
8	Aspen Place	Aspen Place Ltd	Nursing & Dementia Care Home	0.8	2018	52 (14 ensuite wet room)	Requires Improvement
9	Glen Arun Care Home	Lifestyle Care UK Ltd	Nursing Home	0.9	1960	57	Good
10	Skylark House	Care UK Care Services Limited	Nursing & Dementia Care Home	1	2016	82 (all ensuite wet room)	Good

11	Westlake	Barchester Healthcare Homes Limited	Nursing Home	1.2	2017	63 (5 ensuite wet room)	Good
12	Broadbridge Park	Caring Homes (Broadbridge) Limited	Nursing & Dementia Care Home	1.5	2019	71 (all ensuite wet room)	Good
Total	12					621	

Table 2: Planned Supply

	Name	Provider	Miles	Application Reference	Determined	Beds	Estimated Year of Opening
1	Kingsmead Care Centre	Splendid Projects Limited	2.2	DC/24/1010	08/04/2025	80 (specialist dementia, ensuite wet room)	2028
Total	1					80	

Map of Catchment & Care Home Supply



ADDRESS:

The Bloomsbury Building, 10
New Oxford Street, London,
WC1A 2SL

EMAIL/PHONE NUMBER:

tomstrachan@westbournes.uk
07590 666901

DATE:

8th July 2025

PROJECT:

Former Fire Station, Hurst Road,
Horsham

CLIENT:

Zephyr X Developments Ltd

DRAWING:

Catchment Care Home Supply

DRAWN BY:

TS

NOTE:

DO NOT SCALE

Key:

- Site
- Existing Residential Care Home
- Existing Nursing Home
- Planned Care Home
- Identified Catchment



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