

Planning need assessment
Elderly care home and housing with care

Bushloe House, Station Road, Wigston LE18 2DR

Prepared for:
MACC Care Limited

Carterwood Report – September 2023

Prepared by:

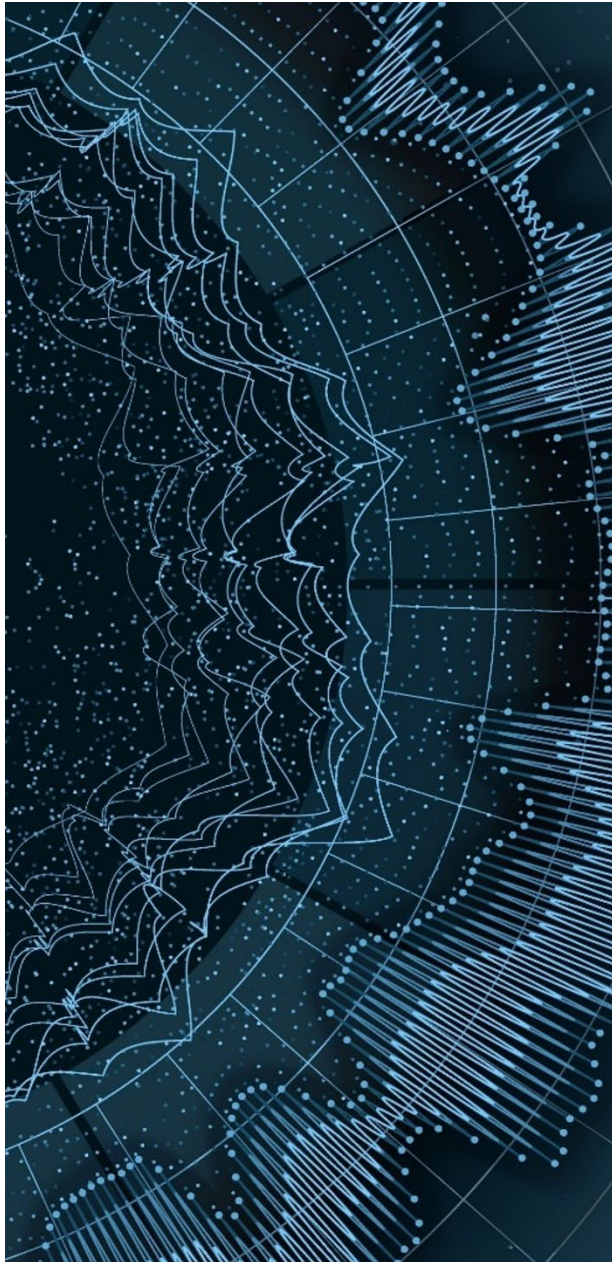
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Executive summary

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T1 Proposal	
Site	Bushloe House, Station Road, Wigston LE18 2DR
Proposed scheme	81-bed purpose-built care home together with the conversion and extension of Bushloe House to provide 21 assisted living apartments (Use Class C2)
T2 Care home and assisted living apartments assessment of need	
Assessment of need	<ul style="list-style-type: none"> 81-bed care home to meet the needs of all aspects of elderly care provision, including nursing, personal and dementia care. The subject care home beds and assisted living units (housing-with-care) are not included in our 'planned supply' figures Care home and housing-with-care need assessments based on a circa 5-mile market catchment and the Oadby and Wigston Council area.

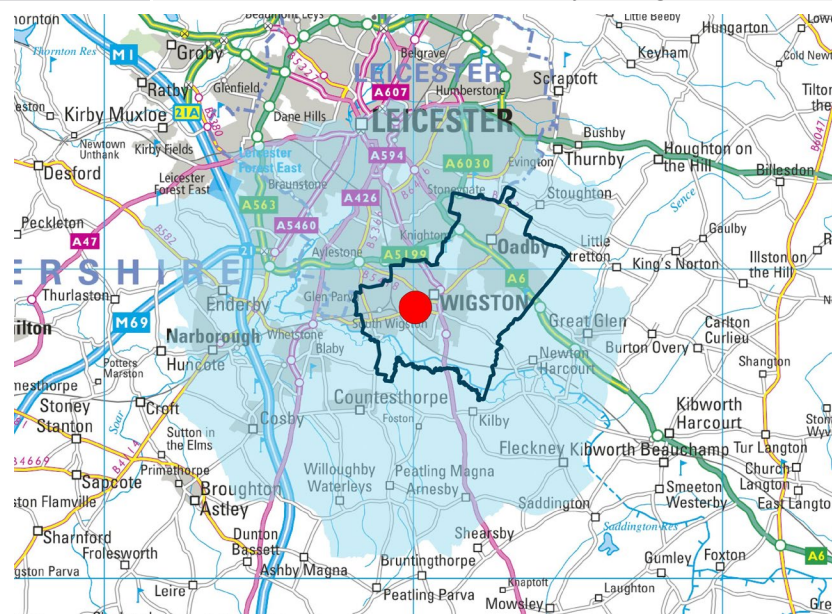


Figure 1: Location of the proposed scheme with market catchment and local authority catchments
 Proposed development shown by red dot, with the market catchment (for care home and assisted living) shaded light blue and the Oadby and Wigston Borough Council area outlined in dark blue

T1 Assessment of need	
<p>We assess need for care home beds on two bases – minimum and full market standard bedrooms; We define a minimum market standard bedroom as providing an en-suite with a minimum of a WC and wash-hand basin (although do not stipulate minimum size, accessibility or suitability for purpose). In line with rising market expectations we also assess need on the basis of full market standard bedrooms which incorporate an en-suite with a level access shower (wetroom) to enable bathing and personal care to take place within a resident's own room. All new care homes provide spacious en-suite bedrooms, the vast majority having full en-suite wetrooms.</p>	

T2 Care home need analysis summary (2026)				
Basis of assessment	All beds		Dedicated dementia	
	Market	LA	Market	LA
Type of care				
Need				
All bed/specialist dementia need	1,821	480	752	198
Occupancy capacity allowance	152	40	63	17
Total need	1,973	520	815	215
Supply				
Existing elderly en-suite	1,301	374	111	79
Existing elderly wetroom	349	58	56	29
Planned beds (to 2026)	147	73	92	55
Total supply (en-suite)	1,448	447	203	134
Total supply (wetrooms)	496	131	148	84
Net need				
En-suite bedrooms	525	73	612	81
En-suite wetroom bedrooms	1,477	389	667	131

For full assumptions, see Table T25 on page 33.

T3 Care home need summary	
<ul style="list-style-type: none"> Based on 2026, the earliest the proposed care home could be available, our assessment indicates a net need for 525 minimum market standard care home beds in the market catchment and 73 in the Oadby and Wigston Borough Council local authority area. The balance of provision for dedicated dementia beds in 2026, shows a net need for 612 and 81 minimum market standard beds in the two catchments, respectively. Our analysis of need for care home beds that provide full en-suite wetrooms, which we consider a more relevant measure, shows a net need for 1,477 elderly beds in the market catchment and 389 in the local authority area. Even at minimum market standard, the shortfalls are expected to increase to over 1,000 care beds in the market catchment and 187 in the local authority area by 2036, assuming existing supply and prevalence rates remain constant, reflecting the escalating nature of need. Leicestershire County Council commissioning identifies key demand drivers for new care home beds, particularly for those with complex needs requiring nursing and dementia care, given the expected growth in the elderly demographic. A significant proportion of those requiring care in Oadby and Wigston are likely to be self-funded, and their choice of care home will therefore be based on location, quality of care and accommodation, and proximity to friends and family, rather than funding alone. The percentage of care home beds at minimum and full market standard is below the national average in the Oadby and Wigston Borough. The proposed, operator-led care home will be capable of caring for residents of all dependency levels, with well-specified, flexible, COVID-19-compliant care accommodation to enable care to be administered most effectively. 	

T4 National and local demand drivers for private housing-with-care

- National planning practice guidance identifies that the need to provide housing for older people is 'critical', given the projected increases in the number of older person households and limited existing supply. This reduces the housing options available to older people and the opportunity for them to derive the health and wellbeing benefits linked to specialist housing.
- Significant additional specialist housing for older people is required in the UK now and in the coming years, particularly provision for private sale or market rent, where supply is lower despite high levels of home ownership.
- The elderly population (75+), considered to be the target market in the need assessment models, is projected to rise by 52 and 38 per cent in the market catchment and local authority area, respectively, between 2023 and 2043, with Leicestershire County Council Adult Social Care recognising that housing-with-care supply should be increased to meet need and enable older people to live in their own homes for as long as possible, as their care requirements change.
- Leicestershire County Council's clearly identifies a current and increasing need for housing-with-care. The *Accommodation Strategy for Older People* states that current provision of specialist housing for older people in Leicestershire is still significantly below the anticipated demand level to meet the needs of the increasing number of older people. It advises that there is a need to ensure accommodation for older people is given high priority for housing strategy decisions.
- The *Housing Report* states that there is a significantly higher proportion of affordable provision rather than market sector (76% vs. 24%) supply of older people's housing. It indicates that there is a need for 27 units per annum of specialist housing for older people in the Oadby and Wigston Borough between 2011 and 2036 (this excludes the need for additional care home beds).
- Our review of the available need methodologies shows a variation in suggested need for private housing-with-care. We believe that some methodologies use prevalence rates based on historic data, which accentuates existing patterns of older people's housing provision (sheltered and affordable). Furthermore, they generally remain silent on the need for specialist housing for those aged between 65 and 74 years, even though need is evident from this age cohort based on the number who live in existing developments.
- There is currently no existing private housing-with-care supply in Oadby and Wigston. This is contrary to government guidance, the objectives of the Adult Social Care Reform White Paper and the Older People's Housing Taskforce which seek to increase supply, improve the housing options for older people in later life and to explore ways to unblock any challenges.
- Older homeowners, comprising over 81 per cent of households in the Oadby and Wigston Borough, are unlikely to be eligible for 'affordable' housing-with-care developments. It is therefore critical that private supply is made available to meet such requirements, to promote downsizing and enable all older people to remain in their local community in an environment where they can maintain their independence for as long as possible.
- Most importantly, we should consider the health and wellbeing benefits for residents by moving to such developments: opportunities for social interaction, physical activity and tailored, consistent care all serve to improve personal health, psychological and social wellbeing. There are cost savings to the NHS in terms of reduced numbers of visits to GPs and a reduction in overnight stays in hospital. There are also key advantages to the housing chain – older people moving into the proposed development will release family homes back to the market.

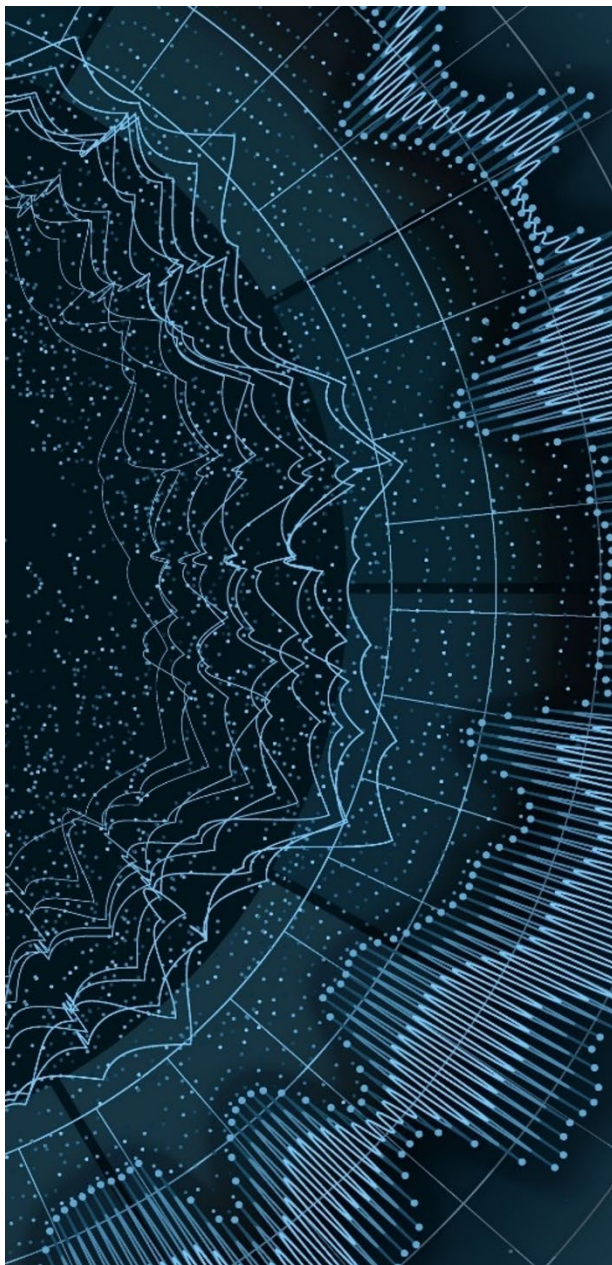
T5 Need analysis (2026) for private housing-with-care

Catchment	Market (circa 5-mile radius)	Oadby and Wigston Council
Gross need		
Total 75+ population	28,020	7,160
Estimated need for private extra care (4.0%)	1,121	286
Supply		
Current supply of private extra care	82	0
Planned supply by operational year	92	92
Total supply (units)	174	92
Net need		
Private extra care need (units)	947	194

For assumptions see T31

T6 Private housing-with-care need summary

- Our assessment of net need for private housing-with-care (assuming 4 per cent of population aged 75+) concludes that there is a shortfall of 947 private housing-with care units in the market catchment and a shortfall of 194 private housing-with-care units in the Oadby and Wigston Borough Council local authority area, as at 2026, the earliest the private assisted living units at the proposed care development could be made available.
- The undersupplies are projected to rise to 1,199 and 235 private housing-with-care units in the two assessed catchments, respectively, by 2036, even when it is assumed that all currently planned private housing-with-care units (both granted and pending) are developed and there is no loss of any existing supply.
- There is only one planned scheme (which is currently pending a planning decision) and this is situated in both the assessed catchments.
- There is currently no supply of private housing-with-care in the Oadby and Wigston Borough local authority area.
- We consider there to be a significant existing and growing identified need for private housing-with-care within the market catchment and the Oadby and Wigston Borough Council area.
- The proposed 21 assisted living units will form part of the wider accommodation and care offering at the subject site and would assist in addressing this need for housing-with-care for older people in the market catchment and the Oadby and Wigston Borough Council local authority area.



Executive summary

Background and the proposal

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Need assessment – private housing-with-care

Need assessment – local market qualitative assessment

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Data tables and map – private housing-with-care

Appendices

1. Introduction

- 1.1 Carterwood has been commissioned to prepare a need assessment on behalf of MACC Care Limited in relation to a proposed development at Bushloe House, Station Road, Wigston LE 18 2DR, to provide a new 81-bed purpose-built care home together with the conversion and extension of Bushloe House to provide 21 assisted living apartments (Use Class C2).
- 1.2 The proposed development will provide a modern care home capable of flexibly adapting to meet the needs of all aspects of elderly care provision, including nursing, dementia and personal care. It will also include 21 units of housing-with-care to provide much needed provision of a greater variety of specialist housing options for older people.
- 1.3 In this report, we have considered the national context, together with a detailed study of the market catchment and local authority area.
- Limitations to advice**
- 1.4 The trading environment of the care sector in the UK, which impacts upon market conditions, remains in a volatile state. Contributing factors include political and economic pressures resulting from some ongoing limitations of post-Brexit trading conditions, operating with the legacy and future risks of COVID-19 and the effect of the conflict in Ukraine.
- 1.5 Our reports are prepared using high-quality data and expert analysis from our experienced team. Any recommendations made are based upon the market and financial climate as at the date of the report, but do not take into account future economic or market fluctuations caused by the events outlined above or other unforeseen events.
- 1.6 This report contains data relating to the 2011 and 2021 census. The England and Wales 2021 census took place on 21 March 2021; the first release of this data was published in June 2022, with the final release of all data outputs for England and Wales provisionally expected by November 2023. We will monitor the data release schedule, reviewing it as it is released and ensuring it is embedded into our analysis as quickly as possible.

T7 Instruction summary

Purpose of advice	Planning need assessment
Research date	9 August 2023
Prepared by	Jessamy Venables BSc (Hons) MSc MRICS
Reviewed by	Sam Sefton BSc (Hons)
Report date	29 September 2023

2. Carterwood

- 2.1 Carterwood is a multi-award-winning property adviser dedicated to social care. We provide market analysis services and software to investors, developers and operators within the elderly care home and retirement living sectors. We combine sector-specialism with unparalleled data quality and a commitment to innovation, to help our clients make better decisions. Carterwood acts for 85 per cent of the top 20 care home group operators, and our commercially-focused team is one of the largest dedicated to health and social care.
- 2.2 We work with the leading operators, investors and developers in our markets.



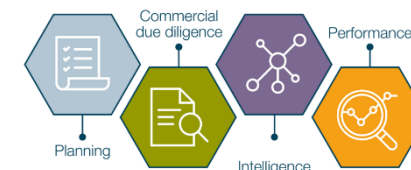
T8 Elderly care home



T9 Retirement living



- 2.3 Carterwood's client base represents many operators currently seeking to develop new care homes and extra care schemes. Accordingly, we are in an almost unique position in the sector, having assessed over 4,000 sites since 2008, for a range of providers across a range of scheme types and care categories.



3. Description of proposal



Figure 2: Aerial photograph of the subject site for identification purposes only



Figure 3: Location map of the subject site

Location and scheme description

- 3.1 The site comprises Bushloe House, situated on the northern side of the B582 Station Road in Wigston. The site is located approximately 0.5 miles to the south west of the town centre.
- 3.2 The proposed scheme comprises the erection of a 81 bedroom care home on the western side of the site together with the conversion of, and extension to Bushloe House to provide 21 assisted living units (Use Class C2).
- 3.3 The care home will provide high-quality care accommodation, with 81 single occupancy bedrooms, each equipped with a full en-suite wetroom. Designed to be flexible in terms of the layout of accommodation, it will offer a range of spacious communal areas, each of which will be finished to the highest standard. These will include, inter alia, lounges, dining rooms, activities room, cinema room and hair salon.

- 3.4 The proposed scheme will also include 21 assisted living units, together with communal areas and facilities to assist with the health and wellbeing of residents.
- 3.5 It is anticipated that as a result of this development, a number of permanent jobs will be created within the care home and to provide care and support services to residents in the assisted living units. This will cover a range of job types, from higher grade management positions to care workers and ancillary staff.
- 3.6 Further detail in respect of the application proposal can be found in the planning statement accompanying the application.

4. The proposed scheme – position on the care spectrum

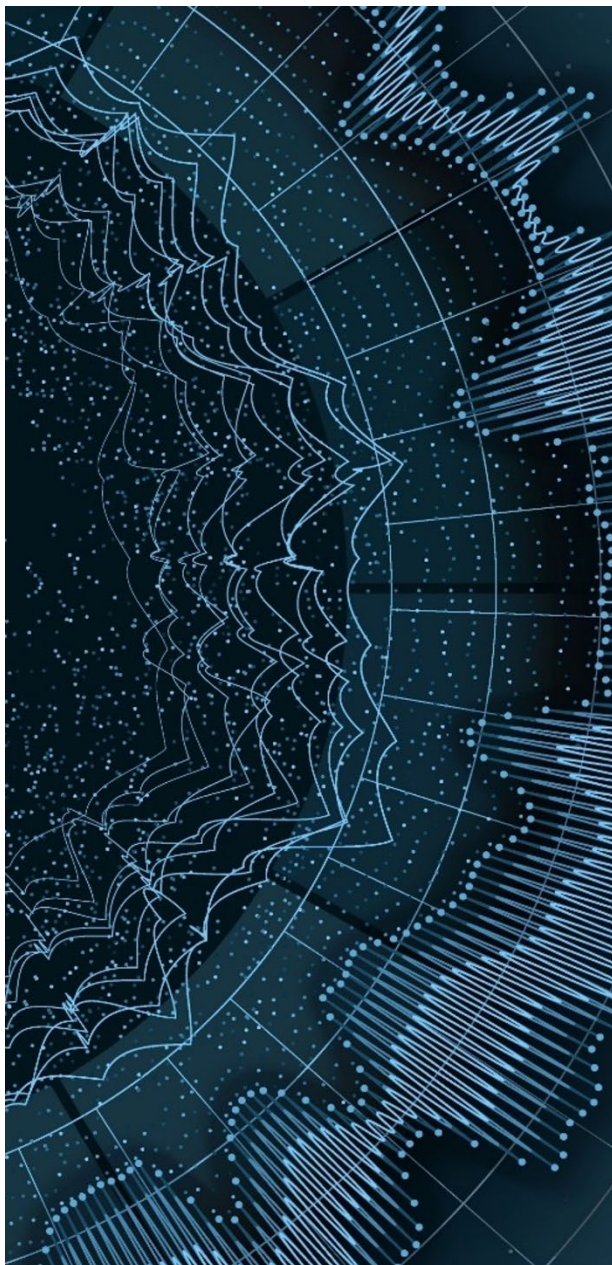
- 4.1 We have compared the proposed scheme against other forms of accommodation in respect of care provided, cost of care, accommodation type and regulation. Table T10 shows the range of options available within this 'spectrum of care'.
- 4.2 Delayed discharge legislation, which imposes fines upon local authorities for 'blocked beds', is resulting in hospital stays becoming increasingly shorter. A move to a care home is often considered as a temporary measure for those who require rehabilitation prior to returning home, with the decision or need to move permanently into a care home usually considered at a late stage in life. For those with high dependency care needs or dementia, 24-hour care within a care home may be the only suitable long-term option.
- 4.3 The proposed care home will be capable of providing care for residents of all dependency levels, including those who require residential or dementia care within a specialist unit specifically designed to cater to higher dependency needs. Without this capability a number of very high-dependency care home residents would otherwise experience an enforced hospital stay.
- 4.4 This has also presented opportunities for alternatives that fall between traditional sheltered housing and care homes. These are referred to by a number of terms, , meeting the definition of providing housing with on-site care and/or support, amenities and facilities. The proposed scheme will include 21 assisted living units. A full description of model types is provided in Section 9.
- 4.5 Improvements to general health and wellbeing realised by a timely move to housing with on-site care and support can also have associated benefits for the NHS, in terms of a reduction in GP/nurse visits and a reduced likelihood of, or

shorter length of stay should admission to hospital be required (see Section 19). The initial reduction in care needed and the proximity of residents on one site means a significant reduction in staffing requirements, particularly when compared with domiciliary care provided over a wider geographical area, where much of the time is spent travelling between appointments.

Key findings – the subject scheme

- 24 hour care will be provided within a specifically designed, care home with 81 single bedrooms, all with en-suite wetrooms, together with a variety of spacious, well-appointed communal areas. The care home will be capable of caring for residents of all dependency levels, including those who require specialist dementia care, by providing flexible, infection control-compliant accommodation to enable care to be administered most effectively and efficiently.
- The 21 assisted living units will enable residents with initially lower level care requirements to remain independent for as long as possible, with the ability to increase the amount of care they require, available on-site, 24-hours a day.
- We consider the scheme will provide an attractive option for those who would otherwise remain in their own, underoccupied family homes in the local area and those who require care in a care home,. It will enable elderly people to 'right size' to a community where they can benefit from social interaction and health and wellbeing opportunities, while remaining geographically close to family and friends.

T10 Elderly care spectrum						
Accommodation	Standard housing	Sheltered housing	Extra care / assisted living	Care homes	Care homes with nursing	Hospitals
Care provided	Domiciliary care			Personal care	Nursing and medical care	
Cost of care	Low to medium and highly variable			Medium to high	High	Very high
Accommodation types	Standard housing	Age-restricted, age-exclusive or sheltered housing	Extra care, assisted living, very sheltered housing	Residential setting		Acute hospital
Accommodation style	House, cottage, flat, bungalow, suite, apartment			Bedroom, suite		Bedroom
CQC regulation	Regulated only if care provided			Highly regulated – all care and accommodation		
Proposed scheme				Requirements met in the proposed care home and assisted living scheme		



Executive summary

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UK elderly population trends and market size

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National provision of care homes

Key issues for the care home sector

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Data tables and map – private housing-with-care

Appendices

5. UK elderly population trends and market size

5.1 The elderly UK population is set to grow dramatically over the coming years (see Figure 4 below), and the predicted rapid increase in the elderly population is likely to continue to drive demand for retirement housing, non-residential care, such as extra care housing and other accommodation options, as well as care home beds.

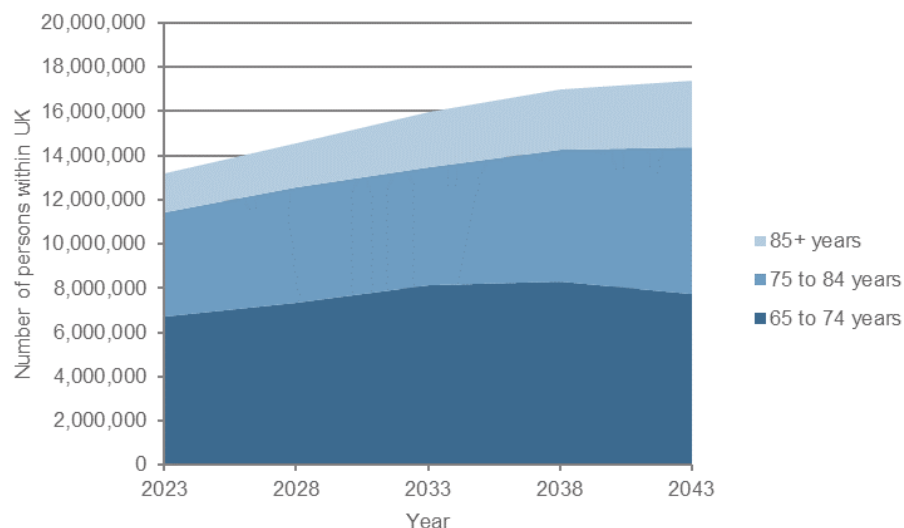


Figure 4: UK 65+ population growth 2023 to 2043 by age band

Source: 2011 Census, government population projections.

5.2 LaingBuisson’s Care Homes for Older People UK Market Report (33rd edition) states that the percentage of the UK population over the age of 85 is projected to multiply more than four times, from c. 1.68 million in 2020 (2.4 per cent of the population) to c. 7.09 million in 2111 (8.7 per cent of the population), while the 75- to 84-year-old segment will rise from c. 4.17 million in 2020 (6.3 per cent of the population) to c. 7.69 million in 2111 (9.4 per cent of the population).

5.3 It should be noted that the National Planning Policy Framework glossary refers to ‘Older People’ as:

‘People over or approaching retirement age, including the active, newly retired through to the very frail elderly; and whose housing needs can encompass accessible, adaptable general needs housing through to the full range of retirement and specialised housing for those with support or care needs.’

Home ownership

5.4 The levels of home ownership among older people are very high in England and Wales, as illustrated by the data from the 2021 Census, below.

T11 Household tenure (2021) where HRP is aged 65+ years or older		
Tenure	England and Wales	
	No.	%
Owned: Owns outright	5,102,152	71.2
Owned: Owns with a mortgage or loan	413,710	5.8
Shared ownership: Shared ownership	42,068	0.6
Social rented: Rents from council or local authority	558,262	7.8
Social rented: Other social rented	565,703	7.9
Private rented: Private landlord or letting agency	351,025	4.9
Private rented: Other private rented	118,827	1.7
Lives rent free	16,943	0.2

Source: 2021 Census.

5.5 T11 shows the household tenure percentages for England and Wales where the ‘household reference person’ (HRP) is aged 65 years and older; this sets out that a level of 71.2 per cent of owner occupied households are owned outright.

5.6 Home ownership is important in the analysis of need for housing-with-care, as those older occupiers who own their home are less likely to be able or choose to access affordable rental options and instead will need to find alternatives that are available on a private leasehold or market rental basis.

Key findings – UK market trends

- The UK’s elderly population is set to grow dramatically and will drive demand for a variety of forms of specialist housing for older people.
- Home ownership levels of older people are important in the analysis of housing-with-care, as those that own their own home are less likely to be eligible for registered social landlord (RSL) operated affordable rental options. Instead, they will need to access private leasehold sale or market rent alternatives.

6. Definition of a care home and care categories

6.1 Care homes for the elderly fall within Class C2 ('residential institution') of The Town and Country Planning (Use Classes) Order 1987 and any applicable amendments.

6.2 Planning Policy Guidance (PPG) advises that the need for housing for older people is '*critical*', the only planning need addressed in such urgent terms. This is because people are living longer lives and the proportion of older people in the population is increasing. It states that '*there are different types of specialist housing designed to meet the diverse needs of older people*' describing residential care homes and nursing homes as:

'These have individual rooms within a residential building and provide a high level of care meeting all activities of daily living.'

6.3 The sector regulator, the Care Quality Commission (CQC), defines a care home as:

'a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Both the care that people receive, and the premises are regulated'.

6.4 The CQC is responsible for registering and monitoring care homes in England across all care sectors as well as other forms of care provision, such as domiciliary care agencies. The regulation of health and adult social care is governed by the Health and Social Care Act 2008. There are two types of registration categories for homes:

- (1) Care homes/personal care homes/residential care homes – provide personal care (not nursing care) to the elderly. They provide both short-term and long-term accommodation and offer help with personal hygiene, continence management, food and diet management, counselling and support, simple treatments, personal assistance with dressing, mechanical or manual aids, and assistance with going to bed.
- (2) Care homes with nursing – offer the same services as personal care homes, with registered nurses also being available to provide nursing care 24 hours per day, to care for residents with complex health issues that can only be administered by nursing staff.

6.5 In addition to the above home-level registration, care homes can choose to specialise in the type of care they provide, such as elderly frail or caring for those with dementia and/or other specialist forms of care. In our assessment, we have considered need for two care categories:

6.6 Total market – all beds and all registration categories for elderly care, including both care homes with and without nursing; as there is no industry-recognised method of

differentiating between the exact need for nursing and the exact need for personal care beds, we therefore consider the 'total market'.

6.7 Specialist dementia – a subset of 'total market' beds (as described above) to assess the supply of specialist dementia beds vs the gross need for specialist dementia beds.

7. National provision of care homes

7.1 There are currently approximately 10,500 care homes providing just under 460,000 registered care beds for older people in the UK. T12 analyses the supply by year of first registration and identifies the significant proportion of homes registered both prior to and during the 1990s. As a broad generalisation, care homes registered from 1990 are likely to include en-suite bedrooms and those registered from 2010, full en-suite wetrooms.

T12 Existing elderly care bed supply by year of first registration (UK)			
Year	Care homes	Total registered beds	% of total beds by age banding
2020s (2020–)	320	20,313	4.4
2010s (2015–2019)	557	33,118	7.2
2010s (2010–2014)	643	37,036	8.1
2000s	1,001	55,676	12.1
1990s	3,704	166,714	36.4
Pre 1990s/unknown	4,288	145,503	31.7
Total	10,513	458,360	100

Source: subscribed data sources, Carterwood – updated May 2023

7.2 T13 provides the current supply of registered bedrooms by en-suite (our definition of ‘market standard’) and those that provide full en-suite wetrooms. Across the UK, an average of 76.4 per cent of care home bedrooms include an en-suite and 30.5 per cent include a full wetroom en-suite.

T13 Market segmentation (UK)				
Care category	No of care homes	Total registered beds	% en-suite bedrooms	% wetroom bedrooms
Total market – all homes and care categories				
Personal care	6,061	215,587	72.3	25.8
Nursing care	4,452	242,773	80.1	34.7
Overall	10,513	458,360	76.4	30.5
Specialist dementia provision only				
Dementia homes	938	37,734	71.6	23.8
Dementia units	2,447	64,681	86.2	45.9
Overall	3,385	102,415	80.9	37.8

7.3 The UK average is slightly higher for dedicated dementia care homes and those that incorporate a specialist dementia unit, with an average of 80.9 per cent having en-suite bedrooms and 37.8 per cent, full en-suite wetroom bedrooms.

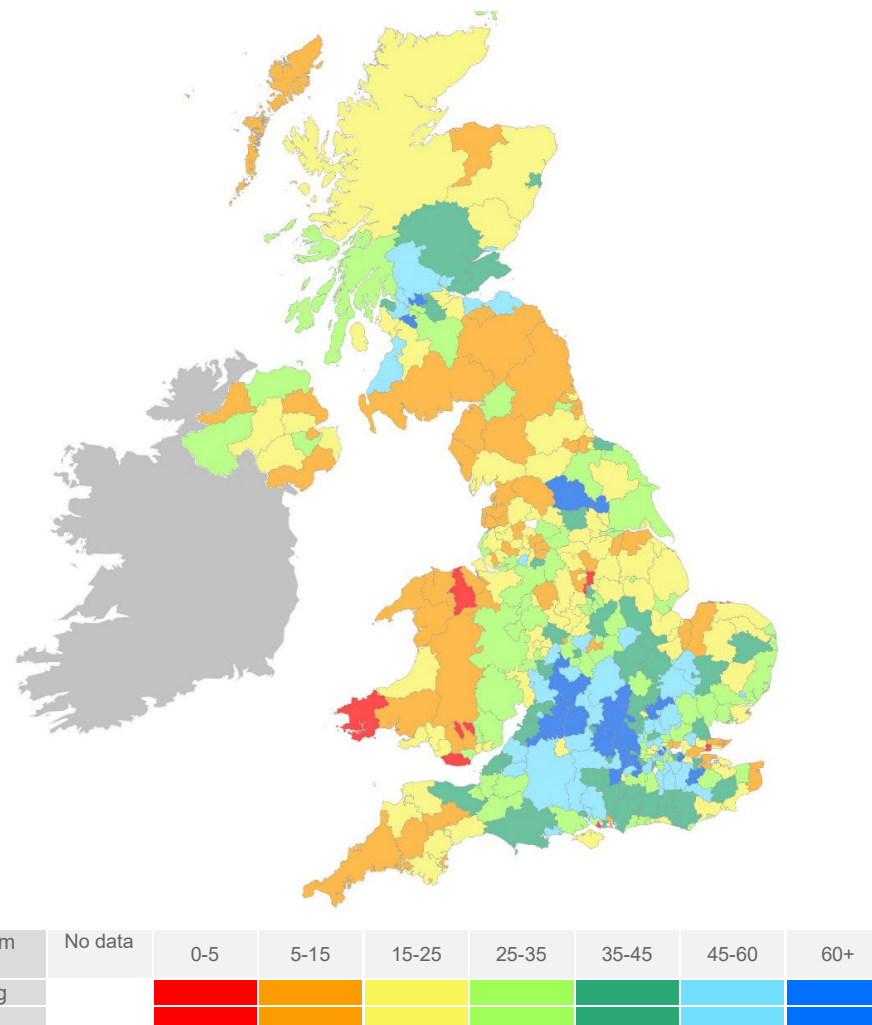


Figure 5: Percentage of elderly beds with a wetroom by local authority area (UK) – March 2023

8. Key issues for the care home sector

- 8.1 In December 2022, the Department for Levelling Up, Housing and Communities consulted on planning policy changes to support the department's wider objectives. The draft amendments to the National Planning Policy Framework (NPPF) expand upon the current assessment (para 62) of housing needed for different groups in the community, including older people (by 'size, type and tenure'), by breaking down the established need between three specific types of specialist housing: 'retirement housing, housing-with-care and care homes'.
- 8.2 The consultation closed in March 2023 and while no announcement has yet been made, such changes, if agreed, should assist in ensuring that sufficient new provision is brought forward for *each* form of housing for older people. It is the provision of a choice of options that is important, enabling older people to meet their changing needs in accommodation that is best suited for them, while also reducing costs to social care and health systems.
- 8.3 The national requirement for the development of new elderly care home beds is growing. Older people who are in need of care cannot afford to wait until appropriate levels of provision become available and both the quality and quantity of existing supply is a significant factor when it comes to identifying existing and projected need for new beds.
- 8.4 The COVID-19 pandemic has put social care in the spotlight, particularly the need for well-specified, purpose-designed bedrooms in care homes that provide a safe, infection-controlled environment suitable for those with the most complex care needs. Timely accessibility to appropriate 24 hour intermediate, nursing and/or dementia care and support is required to reduce reliance on the NHS, and prevent both hospital admissions and delayed discharges (bed blocking).
- 8.5 Key issues for the sector include the:
- increasing dependency levels, meaning accommodation must be both suitable and flexible to enable care to be provided effectively and safely;
 - significant and growing incidence of dementia in older people;
 - continued use of converted buildings that are potentially unsuitable for those who require high levels of care in their current configuration;
 - sustainability of smaller care homes unable to benefit from economies of scale;
 - increasing expectations from the market and regulator in terms of spacious, well-appointed accommodation suitable for caring for those with high-level care needs in privacy and with dignity, particularly following the pandemic;
 - impact on the NHS from increasing numbers of older people with growing levels of dependency;
 - impact on, and responsibility for, funding social care over the coming decades;
 - Impact of Brexit and the National Living Wage with implications on staff retention and recruitment;

- impact of COVID-19 in the short, medium and longer-term.

- 8.6 In September 2021, the government announced a £36 billion investment to reform the NHS and Social Care, funded by a new health and social care levy on working adults. Intended to tackle NHS backlogs, it also sought to address the catastrophic costs of social care from 2023 (the Dilnot reforms), making the system fairer for all and including extra investment to improve training and support. The announcement was welcomed by the care sector and local authorities as an important first step toward changing the way social care is funded. In September 2022, however, the government cancelled the Health and Social Care Levy which commenced in April 2022, introduced via a temporary rise in National Insurance contributions.
- 8.7 In the November 2022 Autumn Statement the Chancellor announced an increase in funding for the social care sector of up to £2.8 billion in 2023 and £4.7bn in 2024, paid for through delaying the implementation of social care reform for another 2 years, increasing direct central government funding by £1 billion in 2023 and £1.7 billion in 2024 as well as through increased council tax. The extra funding includes £1 billion to directly support discharges from hospital into the community, to assist the NHS in 2024/25.

Key findings – Care homes

- Planning policy sets out that there is a 'critical' need to ensure appropriate levels of specialist accommodation are available to meet the predicted increase, which will continue to drive demand for all forms of housing for older people, including care home beds.
- The increasing dependency levels of those who require care in a care home mean that accommodation must be fit for purpose and flexible, to enable personal, dementia and nursing care to be provided effectively and safely.
- There are a number of issues for the care home sector to address to enable it to keep pace with the projected demand for high dependency care beds. Increasing market expectations, social care funding and staff recruitment are all pertinent, and more recently, COVID-19 has had a significant impact.

9. Definition of housing-with-care

9.1 Accommodation for older people has traditionally been limited to three options:

- a) Remaining in the family home;
- b) Moving into sheltered housing accommodation;
- c) Moving into a residential care environment.

9.2 As the supply of specialist housing has increased, so have the number of models and designs. Knowledge and availability of options will enable choices to be taken at an appropriate time, with the aim of preventing an unnecessary or inappropriate move into institutional care.

9.3 Planning Practice Guidance (PPG) Housing for Older and Disabled People¹ sets out the following general types where either support or care is provided, in addition to residential care homes and nursing homes:

- **Retirement living or sheltered housing:** usually comprises purpose-built flats or bungalows with limited communal facilities such as a lounge, laundry room and guest room. It does not generally provide care services, but provides some support to enable residents to live independently. This can include 24-hour on-site assistance (alarm) and a warden or house manager.
- **Extra care housing or housing-with-care:** usually consists of purpose-built or adapted flats or bungalows with a medium to high level of care available if required, through an onsite care agency registered through the Care Quality Commission (CQC). Residents are able to live independently with 24-hour access to support services and staff, and meals are also available. There are often extensive communal areas, such as space to socialise or a wellbeing centre. In some cases, these developments are known as retirement communities or villages – the intention is for residents to benefit from varying levels of care as time progresses.

9.4 PPG² also sets out that ‘the health and lifestyles of older people will differ greatly, as will their housing needs, which can range from accessible and adaptable general needs housing to specialist housing with high levels of care and support. For plan-making purposes, strategic policy-making authorities will need to determine the needs of people who will be approaching or reaching retirement over the plan period, as well as the existing population of older people.’

9.5 The Elderly Accommodation Counsel (EAC) HousingCare³ directory provides a comprehensive listing of all forms of retirement housing together with definitions of the types of elderly specialist housing⁴ as follows:

- **Sheltered and retirement housing** usually provides a scheme manager (warden) and an emergency alarm service. There are many types of sheltered/retirement housing, both to rent and to buy. Schemes usually consist of between 15 and 60 self-contained homes, which may be bedsits (studios), flats, bungalows or luxury apartments. The minimum age for residents is usually 60, sometimes 55 and very occasionally 50. Scheme managers generally do not provide personal care for residents or carry out tasks like shopping or housework.
- **Housing with care** is housing designed with the needs of frailer older people in mind and with higher levels of care and support on-site. It is a newer form of specialist housing for older people and is still relatively uncommon in many parts of the country. Properties can be rented, owned or occasionally part owned/part rented. The services and facilities provided may vary considerably but typically they may include 24-hour staffing, some personal care, domestic help, an assisted bathroom, a restaurant or dining room and residents’ lounge.

9.6 Retirement living/sheltered housing is a more mature market, with a similar national supply as care home beds. It generally falls within Class C3 (Dwelling-house) of the Town and Country Planning (Use Classes) Order 1987.

9.7 Housing-with-care has evolved in recent years to respond to the growing need from older people for greater choice, quality and independence. It also enables friends or couples who have different care needs to continue living together. Central to the philosophy of housing-with-care is that it should provide a ‘home for life’. The accommodation element of a scheme is self-contained and is not regulated by the Care Quality Commission (CQC); instead, the care required by the residents will usually be provided by an in-house domiciliary care agency, which is registered with, and regulated by, the CQC.

9.8 There is, however, no statutory definition of housing-with-care, which often leads to ambiguity for key stakeholders, including planners, residents and social services departments. Housing-with-care schemes, providing 24-hour on-site care, support and a variety of communal facilities, typically fall within Class C2 (‘residential institution’) of The Town and Country Planning (Use Classes) Order 1987 because they provide both accommodation and care on a 24-hour/day basis.

9.9 Housing-with-care is (and has been) referred to by various names, depending upon whether it is operated by the private sector, a charitable organisation, the local council or a housing association. Other terms used include independent living, very sheltered housing, flexicare, assisted living, category 2.5 accommodation and close care.

¹ (Planning Practice Guidance, 2019) Paragraph: 010, Reference ID: 63-010-20190626

² (Planning Practice Guidance, 2019) Paragraph: 003, Reference ID: 63-003-20190626

³ (Elderly Accommodation Counsel, 2022)

⁴ (Elderly Accommodation Counsel, 2022)

9.10 Within the wider definition of 'housing with care' is a form called 'enhanced sheltered housing', which has resulted from a few hybrid schemes that seek to provide some on-site facilities/amenities and/or additional support packages to residents, but do not necessarily meet the full definition of extra care. We include this form of specialist housing within our global 'housing-with-care' definition as many schemes that meet the requirements of 'extra care' are labelled as 'enhanced sheltered' in the EAC HousingCare data we assess and vice versa.

9.11 In addition to these definitions are further sub-definitions of specialist older people's housing, also referenced in the EAC directory, as follows:

- Close care – a small group of flats and/or bungalows that can enjoy the facilities of a registered care home;
- Retirement/care village, continuing care retirement community (CCRC) or integrated retirement community (IRC) – large schemes (typically over 100 properties) offering an extended range of services for older people; often providing a variety of accommodation types and with some including a registered care home on the site (although this is not compulsory).

9.12 In 2021, the Associated Retirement Community Operators (ARCO),⁵ the main body representing the housing-with-care sector, announced the term 'integrated retirement community' (IRC). This was in response to research on the views of older people that led to calls for clearer definitions and an end to the use of outdated terms for housing-with-care such as 'old people's homes'. Its description of an IRC is that it

'combines high quality housing options for older people with tailored support services. They allow residents to rent or own a property and to maintain their privacy and independence, with the reassurance of 24-hour on-site staff, communal facilities, and optional care and support as needed'.

9.13 The accommodation options for housing-with-care range from schemes offering apartments, bungalows or housing to a full village model, available on a variety of tenures depending on the type of development, including shared ownership, long leasehold and rent (social and private/market). According to ARCO, the provision of IRCs is still limited in the UK, standing at roughly 70,000 units (cross tenure) compared to 456,000 care home beds and 444,000 retirement housing units (cross tenure).

9.14 In May 2023 ARCO⁶ proposed a new tenure form called 'leasehold plus' for housing-with-care, where the buy back and re-issue by the operator of a new lease to each new buyer would provide much better consumer protection and enable specific changes to on-going fees and the transfer of risk.

National provision of private specialist housing for older people

9.15 Determining the size of the private housing-with-care market is dependent on the definition of 'extra care', as discussed above. We have utilised our dataset, which is sourced from EAC and updated to include our own research.

9.16 In T14, below, we have analysed the total market supply of private specialist older people's housing and classed such accommodation either as 'with care/support' or 'without care/support'.

T14 Private specialist housing for older people supply (UK)			
Scheme type	Total schemes	Private units for sale or rent	% of private units
Without care/support			
Age-exclusive	1,114	23,001	12.3
Retirement living	3,568	132,637	70.9
Sub-total	4,682	155,638	83.2
With care/support			
Enhanced sheltered	275	10,851	5.8
Extra care	368	20,577	11.0
Sub-total	643	31,428	16.8
All schemes			
Total	5,325	187,066	100.0

Updated May 2023

9.17 The vast majority of existing private specialist accommodation in the UK comprises 'retirement living, with just 16.8 per cent of total stock meeting our definition of housing-with-care, where care/support is available on-site, amounting to 31,428 units. With approximately 12.5m people over the age of 65 years, and approximately 5.8m people aged over 75 years, this, however, only equates to a supply of private extra care for 0.24 per cent and 0.5 per cent of these age cohorts, respectively.

9.18 T15, overleaf, shows the percentage of private specialist older people's housing by year of development, with over a third of all supply having been completed during the 1980s. The majority of development at that time comprised age-exclusive and sheltered housing, which does not incorporate any care provision on-site.

⁵ (Associated Retirement Community Operators, 2020)

⁶ Leasehold Plus The next step for home ownership in IRCs: Improving consumer protection and customer choice. ARCO 2023

T15 Private specialist housing for older people by year of development (UK)			
Year of development	Total schemes	Private units for sale or rent	% of private units
Unknown	402	8,012	4.3
Prior to 1970	64	1,352	0.7
1970s	62	1,384	0.7
1980s	1,788	62,929	33.6
1990s	855	28,866	15.4
2000s	922	35,466	19.0
2010s	963	37,546	20.1
2020s	269	11,511	6.2
Total	5,325	187,066	100.0

Typical housing-with-care resident profile

- 9.19 There is a strong wish among older people in the UK to remain independent for as long as possible. Housing-with-care units appeal to this sentiment, given the style and design of the accommodation and, for the majority of supply, the creation of a valuable legal interest – i.e. sale on a long leasehold basis. Similarly, ‘market rent’ options are becoming an increasing available and sought-after option, as they enable potential residents to move into a scheme and experience living there before they decide whether to sell their own home.
- 9.20 The decision to move into housing-with-care is often strongly influenced by immediate relatives, and a shortfall in the supply of such accommodation may mean that older people have little alternative but to remain in their existing, often family-sized homes at a time when they may require increasing levels of support and care, particularly following a life-changing event such as the loss of a partner or a fall. Remaining in a property that is larger than required can present problems in terms of access, location of bathrooms, differing levels and property and garden maintenance, all of which can lead to anxiety, isolation and issues accessing reliable domiciliary care.
- 9.21 Extra care schemes typically provide accommodation and services for people aged between 70 and 90, with an average resident age of around 80 years. However, there will be a mix of ages outside this typical range. For example, the study, *Village Life, independence, loneliness and quality of life in retirement villages with extra care 2015* by the International Longevity Centre – UK gained feedback from residents across a number of schemes where 15 per cent were aged below 70, 75 per cent were aged between 70 and 89 and 9 per cent were 90 or over.⁷

- 9.22 Typically, single females occupy 65–70 per cent of units, married couples 20–25 per cent and single males 10 per cent of the units. The key issues leading people to move into extra care are health and care needs, often prompted by the death of a spouse or partner.

COVID-19 pandemic - market impact

- 9.23 During the pandemic, specialist retirement housing kept many older people safe. The RE-COV⁸ Study provides evidence of the response and effectiveness of 38 retirement village/extra care operators during the pandemic, which resulted in a lower proportion of residents within participating survey respondents’ schemes having died from COVID-19, when compared with older people living in the general population in England, despite their care needs being higher.
- 9.24 Our view overall is that housing-with-care developments provide the ideal compromise between traditional housing and a care home for looking after the most frail or those who require 24 hour dementia care and support.
- 9.25 Traditional housing is not preferable for lonely and/or isolated elderly people who may have little or no community support and protection. Care villages and housing-with-care developments allow residents to self-isolate effectively within their own homes, but crucially they can also have trained on-site care and support if required. This not only means residents will be looked after effectively but also that debilitating damage caused by loneliness and social isolation is mitigated.
- 9.26 With the benefit of hindsight following the pandemic, we consider that local authorities and social services teams should be re-assessing their policies and expanding any previous estimate prepared for need for these types of accommodation rather than reducing or maintaining supply at pre-pandemic levels.

⁷ (Beach, Village Life, Independence, Loneliness and Quality of Life in Retirement Villages with Extra Care. The International Longevity Centre – UK (ILC-UK), 2015)

⁸ (Dutton, 2021)

10. National requirement for housing-with-care

10.1 The national requirement for the development of new housing-with-care schemes is growing. This is due to several factors, including:

- highly publicised ageing population demographic leading to a much older and more dependent population that will require an alternative approach to the previous ‘norm’;
- national policy drive towards keeping people in their own homes for as long as possible with a move away from residential care (where practicable and in the best interest of the individual) – extra care housing allows the perfect accommodation option to meet this policy objective;
- National Planning Practice Guidance (PPG Housing for older and disabled people) identifies that the need to provide housing for older people is ‘critical’, given the projected increase in the number of households aged 65 and over accounts for over half of all households;⁹
- paragraph 62 of the National Planning Policy Framework (NPPF) advises that planning policies should assess and reflect the size, type and tenure of housing needed for different groups in the community, including older people.¹⁰

10.2 The House of Commons Communities and Local Government Committee (Commission for Long Term Care) ‘Housing for Older People Second report of Session 2017–19’ (February 2018), states:

- *‘We believe that, in the face of demand, there is a shortfall in supply of specialist homes in general and particularly for private ownership and rent and for the “middle market”. This limits the housing options available to older people and the opportunity to derive the health and wellbeing benefits linked to specialist homes.’¹¹*

10.3 The development of extra care housing schemes and the national policy support to increase this provision is based on strong evidence of the benefits to the residents but also the social benefits, reducing the pressure on health and social care services. A series of studies have proved the impact of good quality, well designed independent accommodation combined with a range of facilities and flexible and responsive on-site care and support services. Some of these studies have been commissioned by housing providers but they have worked with academic institutions that give weight to the results.

10.4 *‘Too little, too late? Housing for an ageing population’¹²* (Mayhew 2020), with the Centre for the Study of Financial Innovation, ARCO and Cass Business School, sets out the following reasons for concern about the retirement housing shortfall:

- *‘The increasing under-occupation of the housing stock caused by a rapidly ageing population has created a dysfunctional housing market;*
- *Far too few homes are being built that cater for older people. Retirement housing has only accounted for about 125,000, or 2%, of all new homes built since 2000, but each year around 700,000 people turn 65 years of age;*
- *The number of households will continue to grow at a faster rate than the population and average household size will continue its long-run decline, resulting in increasingly inefficient use of the housing stock;*
- *With care homes charging high fees to cater for people with high needs, the provision of age-appropriate housing, with flexible access to communal services and personal care, must become part of mainstream housing policy’* (page 37).

10.5 The above points to a huge market for retirement housing that would help correct these imbalances.

10.6 At present, the majority of older people’s housing-with-care provision caters for those eligible for social/affordable rent. It is heavily subsidised through the housing benefit system and charitable foundations. Some 1.2m households aged 65+ receive housing benefit, of which 80 per cent are local authority tenants or registered social landlord tenants. Most of the older home-owning population fall into the ‘middle market’ bracket and are unlikely to be eligible for social rented accommodation – for them, retirement housing needs to be attractive as well as affordable.

10.7 Surveys show downsizing is popular in theory but less so in practice. The main reasons for downsizing are that the family home has become too big for the needs of one or two people, too expensive to run or is otherwise unsuitable. One such survey commissioned by Legal & General (2014) found that 33 per cent of over-55s would consider moving but only 7 per cent actually did.¹³ Key reasons were the lack of availability of suitable properties and price. The latest edition of Legal & General’s Last Time Buyers Report posits that 26 per cent of older households are amenable to downsizing, affecting 3.1m properties. This could release 6.2m beds, assuming two spare bedrooms per property, suggesting huge potential.¹⁴

⁹ (Planning Practice Guidance, 2019)

¹⁰ (Department for Levelling Up, Housing and Communities, 2021)

¹¹ (House of Commons, Communities and Local Government Committee, 2018)

¹² (Mayhew L. , Too Little, Too Late? Housing for an Ageing Population, 2020)

¹³ (Legal and General, 2014)

¹⁴ (Legal and General, 2018)

- 10.8 In its vision for the future, ARCO, the trade body for integrated retirement communities, envisages an expansion across the sector from the current population of 75,000 living in retirement communities to 250,000 by 2030. With around two-thirds of residents living alone, this would translate into roughly 15,000 new properties a year.¹⁵
- 10.9 The think tank Demos (Demos, Unlocking the housing market) suggests that annual demand for new homes purpose-built for older people is in fact over 30,000 new homes a year.¹⁶
- 10.10 The HAPPI 2 Inquiry by the All Party Parliamentary Group on Housing and Care for Older People found that it is vital to offer older people choice and opportunity in old age, including the right housing and care solutions at the right time. The majority of older people choose to stay put, adapting their home as they grow older, but many decide to move somewhere more accessible and/or with a level of care and support provided.¹⁷ The HAPPI 3 report (2016) estimates that 8 million people over 60 years of age, occupying 7 million homes, are interested in ‘downsizing’.¹⁸
- 10.11 The long-awaited Social Care White Paper, People at the Heart of Care, was published in December 2021 and outlines the government’s 10-year vision for adult social care. It states:
- *‘For some of us, the nature of our care and support needs will mean we need a home that is specifically designed to support independent, healthy living. These homes are generally known as supported housing. There is evidence that for both working age adults and older adults, supported housing can be the best model of care to provide better health and greater independence, as well as closer connection with our friends, family and community. In addition, supported housing can be better value than institutional care (such as residential care) which is often more intensive, and so there is the potential to reduce costs to the health and social care system.’*
- 10.12 The paper asserts that, in planning to support the provision of outstanding quality care and a move towards the choice, control and independence that people want, every decision about care will be a decision about housing:
- *‘A lack of suitable housing options results in too many people staying in hospital unnecessarily or moving to residential care prematurely, even if that is not what they want, instead of recovering at their own home’.*
- 10.13 The ‘Levelling Up’ white paper¹⁹ (2022) goes one step further. Under ‘improving housing quality’, it makes reference to a proposed new government task force to specifically address the issue for older people:
- *‘A new Task Force will be launched shortly to look at ways better choice, quality and security of housing for older people can be provided, including how to address regional disparities in supply of appropriate and where necessary specialised housing.’*
- 10.14 The *Mayhew Review (2022)*²⁰, completed by Professor Les Mayhew in November 2022 provides an independent review of the retirement housing sector, intended to feed into the Older People’s Housing Task Force, incorporating views gathered from a wide range of operators, architects, investors, think-tanks and academics in the retirement sector.
- 10.15 The review advises that with the anticipated demographic changes in the population aged over 65, which is expected to increase from 11.2 million in 2022 to 17.2 million in 2040, *‘a fundamental change is needed in the way we provide care to older people and in their housing options’.*
- 10.16 The review focusses on housing and the impact increasing levels of under-occupation have on other generations as older people remain in their own homes for longer. It puts forward the case for more retirement developments with access to care and facilities that enhance wellbeing on the basis that these help older people stay healthier for longer, and round-the-clock care *‘reduces the burden on the NHS, delays transfers into care homes and frees up housing lower down the ladder. It also takes the stress out of later living’.*
- 10.17 The review suggests that if everyone lived in homes that were appropriate in size to their needs, an estimated 50,000 fewer homes would need to be built each year and that currently, as many bedrooms are being decommissioned through under-occupation as replenished by new homes. Specialist retirement housing currently only accounts for approximately 10 per cent of all older households in the UK with an average of about 7,000 retirement homes being built annually out of a total new-build of approximately 200,000. Three scenarios are evaluated with the third assuming that as much as a quarter (50,000 units) of all new housing would be specialist retirement accommodation. This would *‘provide a radical departure from present housing policy which focusses on first-time buyers’* and displace more expensive nursing and residential care as people would be healthier and supported in their own home for longer, easing the care crisis and freeing up homes.
- 10.18 A lack of consistency in the planning system is highlighted in the review, as sites designated for retirement developments attract infrastructure levies alongside anecdotal evidence that local planning authorities discourage such development; potentially due to the split responsibilities for housing and planning at district level, and for adult social care at county council level.

¹⁵ (Associated Retirement Community Operators, 2020)

¹⁶ (Wood C. V., 2017)

¹⁷ (Best & Porteus J, Housing our Ageing Population: Plan for implementation., 2012)

¹⁸ (Best & Porteus, Making Retirement Living a Positive Choice, 2016)

¹⁹ (Presented to Parliament by the Secretary of State for LevellingUp/Housing/Communities, 2022)

²⁰ (Mayhew L. , Future-proofing retirement living: Easing the care and housing crises, 2022)

10.19 The review sets out a number of recommendations, including:

- An accelerated programme of retirement housing construction with up to 50,000 new units per year;
- A significant expansion in the number of integrated retirement communities built each year and that all regions should benefit from their introduction;
- More integrated retirement living developments in town centres as part of the levelling up process and local regeneration programmes;
- Closer working between planning and social care departments;
- Financial advice is made available for last-time buyers and a review should be conducted on financial incentives to increase down-sizing;
- The Government's Older People's Housing Taskforce should be mandated to implement recommendations and report on the outcomes.

10.20 In December 2022, the Department for Levelling Up, Housing and Communities commenced a consultation to consider how new planning policy might be developed to support the department's wider objectives. The draft proposed amendments to the NPPF expands upon the current assessment of housing needed for different groups in the community, including older people (by size, type and tenure), by breaking down the 'established need' between three specific types of specialist housing: 'retirement housing, housing-with-care and care homes'. The consultation closed in March 2023 and while no announcement has yet been made, such changes, if agreed, should assist in ensuring that appropriate levels of new provision are brought forward for each form of housing for older people.

10.21 In April 2023 the Government announced that the new Older People's Housing Taskforce, intended to boost housing options for older people and work across the housing, health and care sectors, will be chaired by Professor Julienne Meyer. It is intended to run for up to 12 months and produce an independent report to the Department for Levelling Up, Housing and Communities and the Department for Health and Social Care Ministers, with interim findings available after 6 months. The panel includes 18 members with expertise from the social and private retirement sector, local government, adult social care, and from investors and developers, with the first meeting having taken place on 15 May 2023.

10.22 The proposed care community is closely aligned with the current national focus on increasing the supply and variety of specialist accommodation for older people.

UK and International comparison

10.23 The Policy Exchange's 2018 publication Building for the Baby Boomers illustrates the gulf between the UK and other countries.²¹

- 'The majority of older people in the UK live in ordinary mainstream housing with only a small percentage living in tailor-made specialist housing. Estimates

range from 1% to 7% depending on definitions and how the data is calculated. By comparison, 17% of over 60s in the USA and 13% among that age group in Australia and New Zealand are living in tailor-made retirement properties.'

- 'When it comes to provision of housing for older people, the UK is clearly lagging behind other developed countries, and there is a vast opportunity for an increase in provision to meet the growing demand and need.'

10.24 The Social Care White Paper, People at the Heart of Care also refers to the fact that the UK has a far smaller proportion of people living in supported housing than other countries (0.6 per cent of over 65-year-olds compared with between 5 and 6 per cent in the United States, New Zealand and Australia).

- 'An important priority for the government in achieving our 10-year vision is therefore to grow investment in both grant-funded and private supported housing to incentivise their supply.'

Key findings – national requirement for extra care

- Housing-with-care has evolved in recent years to respond to the growing need from older people for greater choice, quality and independence. It falls between sheltered housing/retirement living and care homes and provides older people with their own homes with a variety of facilities and amenities and importantly, care is available on a 24-hour basis provided by a CQC registered domiciliary care agency based on site.
- There is no statutory definition of housing with care, which often leads to ambiguity for key stakeholders, including planners, potential or existing residents, and social services departments.
- The majority of existing private specialist housing in the UK comprises 'retirement living', with just 16.6 per cent of total stock meeting our definition of private extra care, where care/support is available on-site, amounting to 30,685 units. With approximately 12.5m people over the age of 65 years, and approximately 5.8m people aged over 75 years, this equates to a supply of private extra care for only 0.24 per cent and 0.5 per cent of these age cohorts, respectively.
- The COVID-19 pandemic has had a significant impact on the social care sector. Research shows how housing-with-care allowed residents to self-isolate effectively within their own homes where, crucially, they could receive trained on-site care or support, respectively.
- A wealth of studies predict that significant additional specialist housing for older people is required now and in the years to come, particularly in the private market, where the provision of extra care is lower despite high elderly home ownership levels.
- The proposed care home and assisted living is closely aligned with the current national focus on increasing the supply and variety of specialist care accommodation for older people.

²¹ (Airey, 2018)

11. Need vs Demand

11.1 The Communities and Local Government's Estimating Housing Need (2010) paper differentiates between 'need' and 'demand', saying:

- *‘These discussions also generally distinguish “need” – shortfalls from certain normative standards of adequate accommodation – from “demand” – the quantity and quality of housing which households will choose to occupy given their preferences and ability to pay (at given prices). The term “housing requirements” is sometimes used in this context, to refer to the combination of need and demand, particularly where market as well as affordable housing provision is being considered (as in the planning system).*
- *It is also important to recognise the difference between statements about “need” which refer to existing or expected shortfalls (the backlog) and statements about the amount of affordable or general housing which “needs” to be provided over some time frame.’²²*

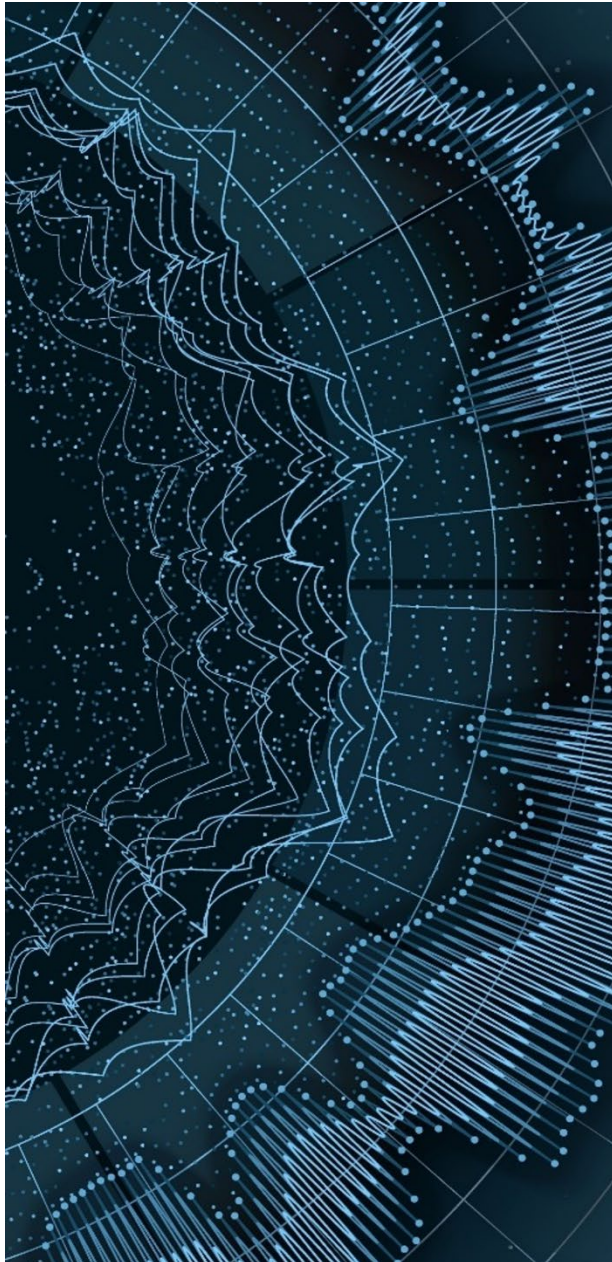
Care home

- 11.2 Whilst the above refers explicitly to housing, the key themes relate to need being ‘shortfalls from certain normative standards of adequate accommodation’. In our assessment of the existing supply of care home bedrooms, we have assumed that normative standards of adequate accommodation exclude bedrooms that do not have, as a minimum, the benefit of their own WC and wash-hand basin.
- 11.3 Although the regulator (CQC) currently makes no restriction on care home bedrooms that do not provide an en-suite, we consider that those that do not provide adequate en-suite facilities will fast become obsolete. It is very hard to think of any other form of communal establishment that does not provide en-suite bedrooms meeting minimum acceptable standards, and other uses, such as hotels, do not care for the oldest and frailest members of society.
- 11.4 We have also provided a separate measure of need based upon ‘full market standard’ beds. It is arguable that this relates more to ‘demand’ rather than ‘need’. However, on a qualitative basis it is difficult to argue against allowing the oldest and frailest members of society the dignity of being able to shower in the privacy of their own bedroom, particularly with the hindsight of the COVID-19 pandemic, where the benefits of self-isolation and infection control within self-contained bedrooms are obvious.

Housing-with-care

- 11.5 Housing-with-care for private sale or rent is a more recent concept (when compared with residential care homes and sheltered housing) and this relative market immaturity means there is a lack of a standard measure to predict the need in any given area.
- 11.6 The assessment of need in traditional housing typically takes account of critical areas such as obsolescence, which is a huge issue in the specialist housing market due to the age profile of most of the existing stock. Approximately 40 per cent of all stock of specialist housing for older people (all types and tenures) was developed pre-1990, over 30 years ago, and to spatial standards recommended at that time, which are far below current market requirements, often with studio-style flat accommodation that would not be permissible in new developments.
- 11.7 No planning need model we have reviewed adequately, if at all, considers the supply side of the equation in this respect when estimating ‘need’.
- 11.8 The models reviewed in our assessment only consider the need by population age either based upon projecting forward from current supply or by looking at potential need based upon predicted prevalence. Both approaches have strengths and weaknesses (which we have reviewed), and all have been considered either at planning appeal, referenced in the NPPF, or incorporated by social services teams or the Greater London Authority (GLA) in their strategic modelling for future housing requirements, and therefore can be considered as models of predicting population ‘need’ as opposed to ‘demand’.

²² (Bramley & et al., 2010)



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Appendices

12. Commissioning and local authority strategy

12.1 The subject site is situated within the Oadby and Wigston Borough Council local authority area and falls under Leicestershire County Council Adult Social Care Commissioning. We have therefore conducted a review of the following documentation:

- *Accommodation Strategy for Older People 2016-2026. Leicestershire Adult Social Care.*
- *Leicestershire Joint Strategic Needs Assessment (2018–2021) - Housing Report*
- *Leicestershire Joint Strategic Needs Assessment 2018-2021 - Dementia (2022).* Leicestershire County Council, NHS East Leicestershire and Rutland and NHS West Leicestershire CCGs
- *Leicestershire Joint Health and Wellbeing Strategy 2022-2032.* Leicestershire Health and Wellbeing Board.
- *Housing & Economic Development Needs Assessment Main Report: Leicester & Leicestershire Authorities and the Leicester and Leicestershire Enterprise Partnership. (January 2017)* GL Hearn

12.2 We have provided, verbatim, relevant extracts of the above documents in relation to elderly care below, together with our review.

12.3 We would be happy to discuss the proposed development with Leicestershire County Council's adult social care team as part of the planning application process, if and when required.

Accommodation Strategy for Older People 2016-2026

12.4 *'This high level strategy reflects the Adult Social Care vision to prevent need, reduce need, delay need and meet the need for health and social care services. It considers the demands of an increasingly older population; the aspirations of older people; and considers cost effective models of accommodation alternatives to support the older population over the coming years. The strategy is intended to guide, coordinate and facilitate Adult Social Care's contribution to developing different types of accommodation support for older people' (page 4).*

12.5 *'The successful delivery of this strategy will provide improved outcomes for older people by enabling more people to remain living in their home of choice, with greater levels of independence and reduced risk to their physical and emotional wellbeing, thus having an improved quality of life in their older age' (page 4).*

12.6 *'Older people want the same as everyone else from their accommodation i.e. shelter, affordability, somewhere they feel safe and autonomous, have privacy, are able to relax and be with family and friends. In general they may want to feel part of a community and have accommodation that can give them a sense of financial security, pride and status. The exact expectation or reality of what that*

accommodation looks like, where it is located and how it is financed will vary but in the main people want to reside somewhere they feel they have choice and control to say, "this is how I want to live and be treated in my own home" ' (page 5).

12.7 *'On average older people spend more time at home than other generations, making them more susceptible to the effects of poor-quality housing. According to Age UK, over-65s spend around 80 per cent of their time in their own homes, with over-80s spending 90 per cent of their time at home. Due to increasing life expectancy older people are now more likely than ever to be resident in housing that may not best meet their needs either due to the property size, design or the person's ability to maintain. It is also more likely that families do not live locally, so may be less able to provide some of the practical support their older relatives may need.'* (page 5)

12.8 *'Older people's accommodation is a complex picture because there is no fixed definition of what constitutes "old age", some older people's housing schemes have entry criteria of 55 years of age but may have people living in them over the age of 100 years. People's choice of accommodation varies significantly and can be determined by personal circumstances or attachment to a property or community, rather than purely practical decisions which considers both current and future needs such as health, accessibility, running and maintenance costs. Older people therefore sometimes find themselves having to make decisions about their accommodation at a time of crisis, rather than in a planned way' (page 5).*

12.9 *'The older person population of Leicestershire is projected to increase significantly up until 2036. The Leicestershire Joint Strategic Needs Assessment (JSNA) predicted that between 2015 and 2030 the number of people aged over 75 years is expected to increase by 39.74% (from 59,900 in 2015 to 94,400 in 2030). Pensioner households make up between 21% and 25.7% of all households in the various districts of Leicestershire' (page 8).*

12.10 *'Age is used as an indicator for modelling services; however it must be noted that age does not necessarily correlate to health and wellbeing status, the need for support or the cost to the public purse. The majority of older people are able to live healthily and independently in general purpose housing without the need for moving or specialist adaptations. However, for some people their accommodation will either positively or negatively impact on them as they experience the natural effects of ageing, long term health conditions or acute illnesses' (page 8).*

12.11 *'The majority of the current older generation in Leicestershire are owner occupiers' (page 8).*

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	85.04%	81.63%	72.11%
Rented from council	6.80%	8.65%	13.44%
Other social rented	3.47%	4.50%	7.06%
Private rented or living rent free	4.70%	5.22%	7.38%

Figure 6: Proportion of population aged 65 and over by age and tenure

- 12.12 *'There are many more sheltered housing schemes around the County than Extra Care schemes. Some districts have reviewed their sheltered housing provision and undertaken a refurbishment and/or decommissioning programme; however some schemes still provide outdated facilities that do not meet the required current space and accessibility standards and lack facilities, on-site support and have minimal social activities for meeting the needs and aspirations of current older people. Local experience indicates that current conventional sheltered housing stock is often difficult to fill.'* (page 10)
- 12.13 *'The Districts and boroughs are already working with developers to bring forward developments for extra care/ retirement housing, where it meets identified need, in line with their Core Strategy policies.'* (page 11)
- 12.14 *The roles and responsibilities for leadership, quantifying the demand for different types of housing, future investment (capital and land transfer) and attracting and agreeing development needs to be determined between the County Council and the District and Borough Councils at a senior level. The local knowledge of the districts and boroughs is essential but a county wide approach is needed so that officers can work together to shape facilities. Adult social care needs to work closely with policy officers in strategic planning and economic growth departments within the County Council to ensure this strategy influences planning policies and decisions for the benefit of our service users.'* (page 11)
- 12.15 *'Nationally residential care living is reported to account for approximately 4% of over 65 year olds. Based on the figure of there being 134,000 people over 65 years in Leicestershire and there currently being 180 Care Homes registered with the CQC in Leicestershire, totalling 4,818 beds, this equates to 3.6% if all available beds are occupied'* (page 11).
- 12.16 *'The Adult Social Care Outcomes Framework (ASCOF) shows that permanent local authority commissioned admissions to residential care has been decreasing in Leicestershire, despite the increasing older population. Residential care is an expensive resource for individuals and for the local authority. Research suggests that in many cases older people would prefer alternative options to residential care. It is therefore important to ensure alternative approaches and options are found'* (page 11).

Locality	Number of residential homes	Total number of residential beds	Number of nursing homes	Total number of nursing beds
Blaby	21	426	3	137
Charnwood	47	831	10	489
Harborough	14	354	3	246
Hinckley & Bosworth	27	615	3	159
Melton	9	276	1	61
NW Leicestershire	19	376	5	234
Oadby & Wigston	14	383	4	195
Total	151	3,297	29	1,521

Figure 7: Care homes by district in Leicestershire

- 12.17 *'A survey carried out by Leicestershire County Council in September 2015 identified that the homes were running at between 90 to 95% occupancy. This includes a mixture of self-funded places and places commissioned by health and social care.'* (page 11).
- 12.18 *'Extra care housing was a particular focus of the consultation. There was a high level of support for this type of provision and numerous examples of positive outcomes achieved for individuals. It was evident that many people did not understand the unique nature of extra care, to provide self-contained accommodation and provision of care and support that is available 24 hours per day, unless they had personal experience of it.'* (page 14)
- 12.19 *'A person-centred approach by staff developing 'health, housing and care packages' with older people in any accommodation will benefit from inclusion of activities and opportunities for social relationships to prevent social isolation and loneliness. Communal facilities, such as restaurants, activity rooms or health facilities, either in sheltered schemes, extra care schemes or care home settings, should be encouraged to be available for usage by older people from the wider community.'* (page 21)
- 12.20 *'National evidence suggests that extra care housing can help to reduce levels of social isolation and loneliness, which are known to affect people's emotional and mental wellbeing. Studies have concluded that living in extra care housing is associated with improved mental health, quality of life and social wellbeing and can therefore help to reduce the risk of older people needing greater levels of health and social care support associated with mental health decline. Extra Care is regarded as an effective alternative to residential care as a way of meeting needs of people who can no longer manage living in general purpose or sheltered/retirement housing, even with adaptations or a support package.'* (page 22)

- 12.21 *'Extra care schemes are intended to be a person's 'home for life', so schemes need to be able to support people with complex health and social care needs, with the support of the local services. This includes supporting people with long term conditions, people with acute illnesses, supporting people following discharge from hospital or when they are palliative or end of life.'* (page 22)
- 12.22 *'For people who can no longer manage living in general purpose or sheltered accommodation extra care can provide not only a more cost effective alternative to residential care but also achieve more positive outcomes in terms of optimising independence and reducing loneliness for some people. Some evidence exists that shows people with medium to high needs that have entered aged 80 years plus are most likely to provide the best financial return on investment in developing and providing this type of accommodation. We have review the local situation to ensure the current strategy is effectively delivering outcomes and providing value for money and that we maximise the opportunities extra care can offer going forward.'* (page 26)
- 12.23 *Our current provision of specialist older person's housing (including sheltered and extra care) in Leicestershire is still significantly below the anticipated demand to meet the needs of the increasing numbers of older old people based on the toolkit endorsed by the Department of Health.* (page 27)
- 12.24 *There is a need to ensure accommodation for older people is given high priority for housing strategy decisions through working with partners to review the adequacy of the current provision and identify potential locations and funding options, (including securing private investment) for improving the existing stock or increasing capacity to meet projected demands.* (page 27)

Joint strategic needs assessment (2018–2021) Housing Report Care homes

- 12.25 *"There are currently 149 registered Care Homes in Leicestershire, providing 5,030 beds. Of these, 30 also provide nursing, constituting 600 beds. The majority of care homes have contracts with Leicestershire County Council"* (page 31).
- 12.26 *'In May 2018, there were a total of 2,306 placements in Leicestershire, with an average unit cost of just over £700 per week. The majority of placements were in residential care (1,962 placements, 85% of the total) compared with nursing care (358 placements, 15%). Placements are also much more likely to be permanent; 91% were permanent compared with 9% that were temporary. Residential placements also exhibited a higher average unit cost; £710 per placement compared with £685 for nursing care. The majority of placements were for people aged 65 and over, compared with younger adults; 77% of all placements were for people aged 65 and over, compared with just 23% for adults aged 18-64.'* (page 32).
- 12.27 *'The figures included above only cover residential and nursing places commissioned by Leicestershire County Council, and as such, does not include service users who pay for their own care (self-funders). As the council has no contact with these*

service users, cost data is not readily available. A report by the Competition and Markets Authority (CMA) found that in 2016, across the UK self-funders pay on average £44,000 per year, or £846 a week. This is around 40% higher than those paid by local authorities. In the East Midlands, the average self-funder pays on average £781 per week, compared with £586 for local authorities. This is a price differential of almost £200 per week' (page 33).

Extra care and supported living

- 12.28 *'There are currently six Extra Care schemes and 253 extra care units where LCC commission care services - a small proportion of which (approximately 5%) can accommodate couples, resulting in an overall maximum occupancy of around 270 units. There is one independent sector extra care scheme in the county in Market Harborough, which is specifically badged as such – providers such as McCarthy and Stone have a similar model but refer to sites as assisted living.'* (page 23)
- 12.29 *'In March 2019 there were 100 units in Charnwood, and 82 units in Blaby. There were no units in Hinckley and Bosworth, North West Leicestershire, or Oadby and Wigston.'* (page 23)
- 12.30 *Performance data on Extra Care usage is reported by the BI Service at Leicestershire County Council. As of an 18th May 2018 snapshot date, there were 204 service users in Extra Care accommodation, of which 101 of these had commissioned homecare through Leicestershire County Council. Note that this figures are for LCC commissioned placements only, and do not include self-funders.'* (page 23)
- 12.31 *'The 2017 Strategic Housing Market Area Assessment (SHMAA) notes that at present it is estimated that there are just under 6,700 units of specialist accommodation across the HMA (Leicester and Leicestershire). This is equivalent to 92 units per 1,000 people aged 75 and over. The analysis shows a significantly higher proportion of the stock is in the affordable sector rather than the market sector (76% vs. 24%).'* (page 24)

Type of housing	Market	Affordable	Total	Supply per 1,000 aged 75+
Sheltered	1,424	4,705	6,129	85
Extra-Care	167	360	527	7
Total	1,591	5,065	6,656	92

Figure 8: Current supply of specialist housing for older people (Leicester and Leicestershire)

- 12.32 *'The SHMAA includes information on the projected specialist housing needs of older people. The table below shows the change in the population aged 75 and over and what this would mean in terms of provision at 170 units per 1,000 population for the Housing Market Area. The analysis shows a potential need for 11,800 units – 473 per annum in the 2011-36 period.'* (page 24)

	Population aged 75+ (2011)	Population aged 75+ (2036)	Change in population aged 75+	Specialist housing need (@ 170 units per 1,000)	Per annum need (2011-36)
Leicester	18,429	32,296	13,867	2,357	94
Blaby	7,800	15,118	7,318	1,244	50
Charnwood	13,045	26,017	12,972	2,205	88
Harborough	7,200	16,501	9,301	1,581	63
H&B	8,846	18,409	9,563	1,626	65
Melton	4,302	8,974	4,672	794	32
NWL	7,293	15,126	7,833	1,332	53
O&W	5,584	9,574	3,990	678	27
HMA	72,499	142,014	69,515	11,818	473

Figure 9: Projected need for Specialist Housing for Older People, 2011-36

Joint Strategic Needs Assessment – Dementia (2018-2021)

- 12.33 'The QOF prevalence of dementia (all ages) in Leicestershire is 0.8% (2020/21). This recorded prevalence provides an indication of the concentration of people within the local population who have been diagnosed and are now living with the condition.' (page 5)
- 12.34 It is estimated that, in Leicestershire, the population over 65 will increase by 43.2% between 2020 and 2040. Projected estimates indicate that the population over 65, with dementia, is set to increase by 64.5% over the same time period.' (page 5)
- 12.35 'Living well - Gaps identified included: Accommodation for those with complex needs, and quality of nursing and residential care which has declined to below the national average. The impact of COVID-19 was also highlighted, particularly the effect of lack of social contact and connectivity on those suffering with dementia, and the need to mitigate this and learn lessons..' (page 5)
- 12.36 'The evidence of local needs, both current and emerging indicates the following:
- Since 2015/16, the prevalence of recorded dementia in all ages in Leicestershire has remained in the 2nd highest quintile in England, reflecting a higher-than-average level of need for dementia services in the County. The crude recorded prevalence for dementia in those aged under 65 years in Leicestershire has remained significantly higher than the England rate since 2017.
 - As age is a major unmodifiable risk factor for dementia, so is the number of people with dementia. Overall, between 2020 and 2040 the numbers of people aged 65 and over in Leicestershire with dementia is estimated to increase to 16,785; an increase of 64.5%. While in persons aged 85 years and over, the increase will be 86.8% (from 4,387 to 8,193). The highest increase is predicted to come in males aged 85 years and over which will

increase by 109.7% from 1,234 to 2,588. This will generate a need to plan to increase the capacity of dementia services to meet this level of need in the future.' (page 59)

- 12.37 There is a need for more accommodation for those with complex needs related to dementia including 'behaviours that challenge'. The Evington centre is in place, but services are costly. A business case has been submitted to help to address this through the building of a new care home in North West Leicestershire anticipated in 2024. Continuing healthcare funding/support may help to address this issue of complex needs accommodation and care.' (page 61)

Leicestershire Joint Health and Wellbeing Strategy (2022-2032)

- 12.38 'With our ageing population we need to consider what plans that need to be put in place to manage future health and care needs and demands in the longer term, with a focus on preventable ill health, particularly in working age adults. Health needs are likely to increase with age due to the increased risk of developing multiple chronic conditions. Therefore, without significant prevention interventions, there will be more older people with complex needs who will require input from all parts of the health and social care system.' (page 7)
- 12.39 'As people age, become unwell or develop one or more Long Term Conditions (LTCs), it is important that they are supported to live as independently as possible, for as long as possible while maximising their quality of life. We know the more LTCs people have (rather than age), the greater amount of health and social care support they will need, and that this can be progressive. With a targeted population health management approach, we can focus on supporting those with disabilities and multiple LTCs (at any age), to help them live as well as possible for as long as possible and prevent or slow further decline into ill health.' (page 24)

Leicestershire Housing and Economic Development Needs (2017)

- 12.40 'Given the ageing population and higher levels of disability and health problems amongst older people there is likely to be an increased requirement for specialist housing options moving forward.' (page 137)
- 12.41 'Table 64 [the same as Fig 9, above] shows the change in the population aged 75 and over and what this would mean in terms of provision at 170 units per 1,000 population. The analysis shows a potential need for 11,800 units – 473 per annum in the 2011-36 period (365 for the 2011-31 period)' (page 137)
- 12.42 'Moving forward we would suggest that additional specialist housing should be split roughly 50:50 between the market and affordable sectors. This reflects the likely 'market' for specialist housing products as well as the current tenure profile of older person households (including the likely increase in the number of single person older households where levels of home ownership are slightly lower).' (page 139)
- 12.43 'The analysis is not specific about the types of specialist housing that might be required. GL Hearn would consider that decisions about mix should be taken at a

local level taking account of specific needs and the current supply of different types of units available (for example noting that at present the dominant type of housing is traditional sheltered accommodation). There may also be the opportunity moving forward for different types of provision to be developed as well as the more traditional sheltered and Extra-Care housing.’ (page 139)

12.44 *‘At present (according to Housing LIN) there are around 6,400 spaces in nursing and residential care homes in the HMA. As with the analysis of potential need for specialist accommodation, the analysis below considers changes to the number of people aged 75 and over who are expected to be living in some form of institutional housing. This is a direct output of the demographic modelling which indicates an increase of 4,542 people living in institutions over the 2011-36 period (182 per annum)’ (page 143)*

	Institutional population aged 75+ (2011)	Institutional population aged 75+ (2036)	Change in institutional population aged 75+	Per annum ‘need’ (2011-36)
HMA	4,584	9,126	4,542	182

Figure 10: Potential need for residential care housing

12.45 *‘Given new models of provision - including Extra-care housing as an alternative to residential care - it may be the case that an increase in this number would not be required. There will however need to be a recognition that there may be some additional need for particular groups such as those requiring specialist nursing or for people with dementia.’ (page 143)*

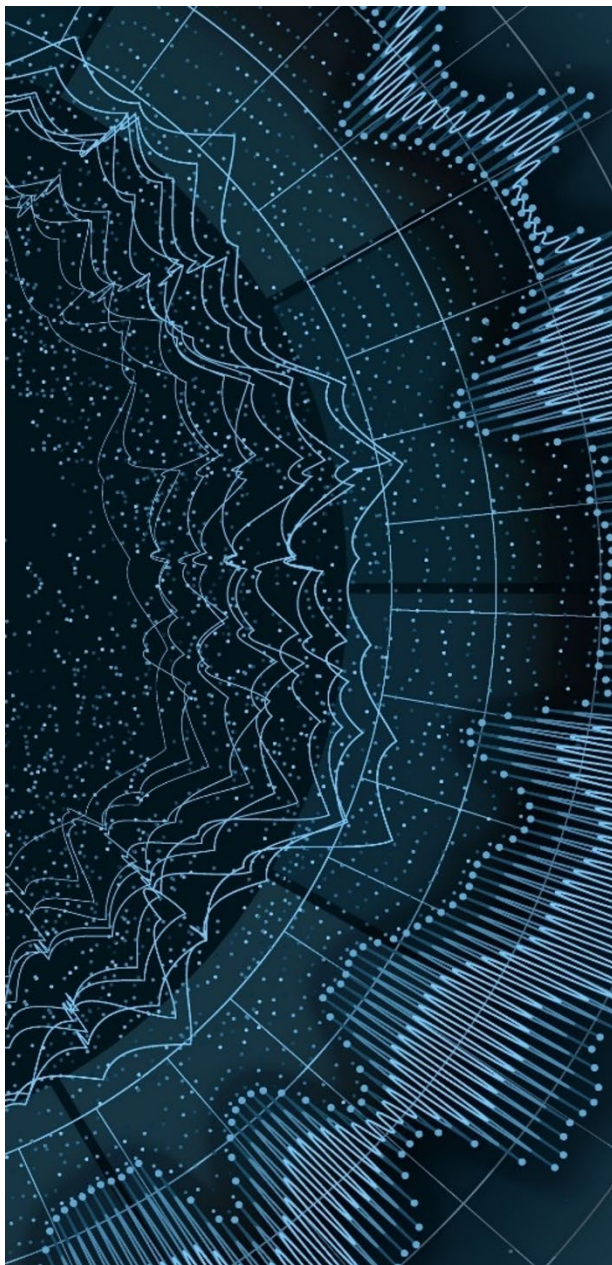
13. Carterwood review

- 13.1 The above documentation is in line with the majority of councils' commissioning strategies by seeking to manage significantly increased demand for accommodation and care at a time of unprecedented financial austerity, by following a new model that effectively maintains the cost of providing care home beds by reducing or limiting the numbers of those who require such services.
- 13.2 The *Accommodation Strategy for Older People* considers more cost effective models of accommodation for older people in Leicestershire, a county where the majority of the current elderly population are home owners. It suggests that borough councils are already working with developers to bring forward developments for extra care and retirement housing, where it meets identified need and that there is a high level of support for extra care provision and '*numerous examples of positive outcomes achieved for individuals*'.
- 13.3 The *Accommodation Strategy* states that the current provision of specialist housing for older people in Leicestershire is still significantly below the anticipated demand to meet the needs of the increasing number of older people. It advises that there is a need to ensure accommodation for older people is given high priority for housing strategy decisions.
- 13.4 The *Housing Report* provides details on the number of care home beds commissioned by Leicestershire County Council but advises that the council has no contact with self-funded service users. In terms of extra care, it advises that there is only one independent sector scheme in the county and that there is a significantly higher proportion of affordable provision rather than market sector supply of older people's housing (76% vs. 24%). It indicates that there is a need for 27 units per annum of specialist housing for older people in the Oadby and Wigston Borough between 2011 and 2036 (this excludes the need for additional care home beds)
- 13.5 The *Dementia Report* identifies a specific need for accommodation for those with complex needs related to dementia including 'behaviours that challenge'.to meet the requirements of the significant projected increase in those living with dementia in the county. The *Housing and Economic Needs Report* sets out an annual need for 182 care home beds per annum across the Leicester and Leicestershire authorities and while the increase in extra care housing may reduce care home bed need to an extent, it is recognised that there may be some additional need for particular groups such as those requiring specialist nursing or for people with dementia.'
- 13.6 The COVID-19 pandemic has clearly highlighted the need for appropriately specified, flexible care home accommodation that enables those residents requiring the highest levels of care to be looked after in a safe environment where they can be effectively isolated from other residents, should this be necessary. The provision of an en-suite is, we consider, a minimum requirement for the provision of such care and the reason that we base our minimum assessment on 'market standard' bedrooms only.

- 13.7 Leicestershire County Council is only funding a proportion of those living within care homes that provide nursing and dementia care, and therefore the strategic comments with regard to local authority-funded beds made within the commissioning documentation relate to that proportion of the local population only.
- 13.8 A significant number of those who would occupy the proposed care home would be self-funded and would make their own decision (sometimes with input or by proxy by their family) as to when to enter a care home setting. These numbers will continue to grow. The quality of care and accommodation, along with its location and proximity to family and friends in the local community will therefore be the major drivers of this decision-making process, rather than the commissioning intentions of the local authority.
- 13.9 What is evident is that there is an increasing requirement for well-designed accommodation suitable for the provision of care. The proposed care home and assisted living therefore seeks to address this requirement by providing older people within the Oadby and Wigston Borough with a specifically-designed and well-located care development, to facilitate downsizing from older people's existing homes to an environment where residents can maintain their independence and age in place for as long as possible or, if their care needs are more significant, move into a purpose-designed care home, best suited for those with more complex nursing and dementia care needs .

Key findings – commissioning review

- Leicestershire County Council's commissioning strategy is in line with other local authorities by seeking to reduce the amount of residential care it commissions in care homes and increasing community-based services and housing-with-care, where older people can be cared for in their own homes for as long as possible.
- Sufficient care home bedspaces, particularly for those with higher level nursing and dementia care needs, should be made available for both funded and self-funded older people who require well-specified, specifically designed care home accommodation that enables care to be administered most effectively and efficiently.
- Many of those who would occupy the proposed care home will be self-funded and the quality of care and accommodation together with proximity to family and friends, will be major drivers in the decision-making process, rather than the commissioning intentions of the local authority.
- There is an evident need in the Oadby and Wigston Borough for new provision of care home beds and specialist housing for older people. The proposed development seeks to address the requirement for additional nursing and dementia care home provision and to allow older people a better choice when considering a move into private housing-with-care.



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Appendices

14. Methodology for quantitative care home need

14.1 We set out below the methodology we have used to assess the quantitative need for care home beds in the assessed catchment areas. Full details regarding our methodology and the use of 'market standard' beds are set out in Appendix B.

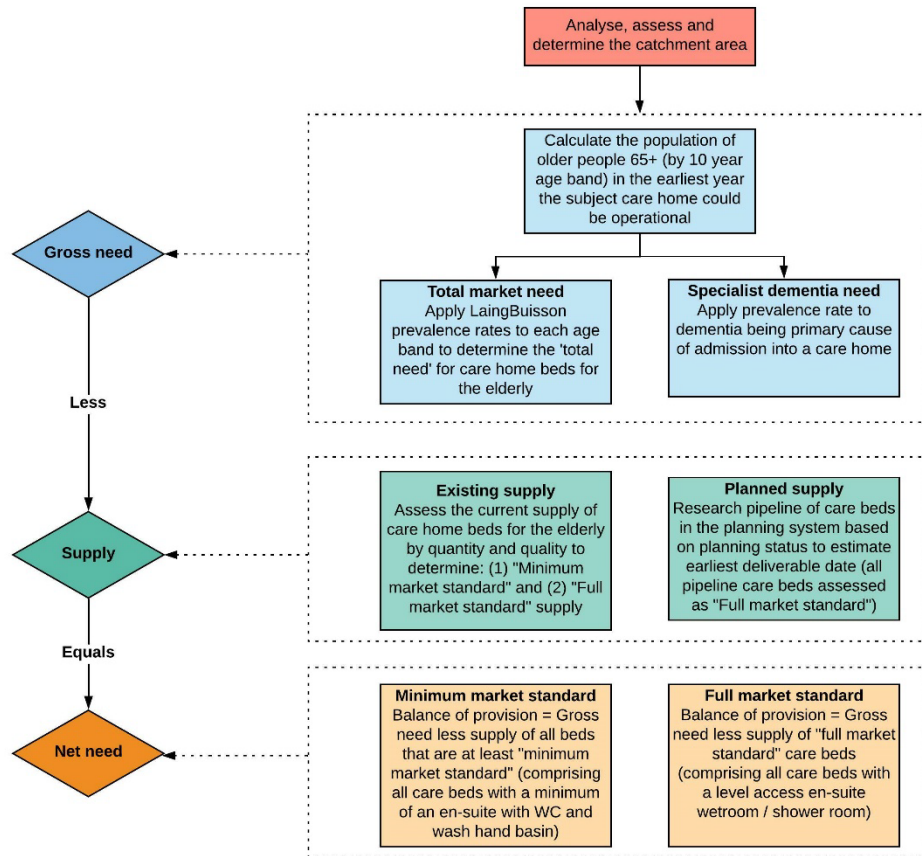


Figure 11: Need assessment methodology

15. Care home catchment area assessment

- 15.1 We have undertaken our quantitative assessment of need for the proposed care home on two bases: firstly, a market catchment area, and secondly, the area covered by Oadby and Wigston Borough Council, as shown on the map opposite.
- 15.2 We have previously analysed resident data provided by a number of private operators of high-quality operational care homes, akin to that proposed. From this information, we have calculated the mean distance travelled by each resident into their respective care home. The headline results are provided below.

T16 Average distance travelled to a care home	
Comparable location	Average distance travelled by resident (miles)
Location 1: Rural location	5.7
Location 2: Rural location with good A-road links	5.4
Location 3: Urban location	4.3
Overall average	5.1

Source: Carterwood

- 15.3 The subject site is located in Wigston. It accords most closely with Locations 2 and 3 above and we have therefore adopted a circa-5-mile market catchment, as shown opposite shaded light blue.
- 15.4 The exact perimeter of the catchment is explained by the use of the Census 2011 data defined 'output areas' for our analysis of the catchment population. These are currently in the process of being updated to the Census 2021 data. There are approximately 180,000 'output areas' across England and Wales, which form the base unit for all census data and enable a granular level of analysis. They vary considerably in size and shape, covering small areas in urban districts and much larger areas in rural communities due to the fact that all have to include circa 300 people of similar housing types/tenures. The catchment will therefore always be based on a nearest match to the output area data and it is not possible to use a perfect radius around a site or specific catchment, as no data fits perfectly.
- 15.5 All care homes will also inevitably draw service users in some instances from substantially further than a typical catchment. If the family is the key decision maker in the placement decision then sometimes the service user may move significant distances, which can distort catchment area analysis. Conversely, if the local authority is the key decision maker then the service user's choice can be highly constrained to vacant beds in affordable homes.

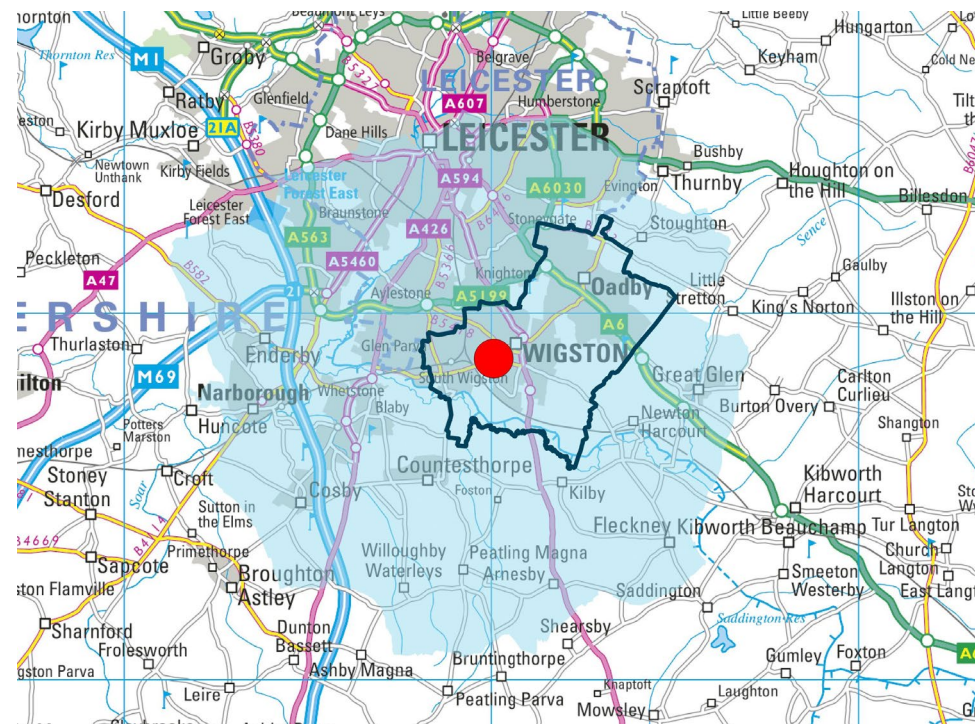


Figure 12: Care home basis of assessment

The red spot shows the approximate location of the site. The blue shaded area illustrates the market catchment for care home beds and the dark blue line illustrates the boundary of the Oadby and Wigston Borough Council area

16. Care home need

Population profile

- 16.1 We have summarised the profile of the elderly population in T17, opposite. The market catchment is characterised by a lower-than-average elderly population profile compared to the UK as a whole.
- 16.2 The Oadby and Wigston Borough Council catchment is characterised by a more significantly older than average population profile when compared to the UK as a whole.

Gross need – total market

- 16.3 We have adopted LaingBuisson's measure of Age Specific Demand (ASD), a tool to predict the risk of an elderly person being in a residential setting at a given age (See Appendix B)
- 16.4 Table T18 shows the number of people aged 65+ that are at risk of requiring care in a residential setting as at 2026, the earliest the proposed care home could be made available. Our assessment of gross need for residential care is therefore 1,821 and 480 bedspaces within the market and Oadby and Wigston Borough Council catchments, respectively.
- 16.5 The gross need for care home beds is expected to rise between 2023 and 2043 by c. 52.6 and 38.3 per cent for the market catchment and Oadby and Wigston Borough Council area, respectively, assuming all other things remain equal, further indicating an increased need for additional market standard bedspaces.

Gross need – specialist dementia

- 16.6 Our need analysis is based upon LaingBuisson's 2020 adjustment to the 2012 Centre for Policy for Ageing survey regarding risk of admission with dementia, which indicates that 41.3 per cent of residents were admitted to a care home with dementia as the prevailing cause (See Appendix B).
- 16.7 Utilising this prevalence rate, we have calculated the gross need in the market catchment area and local authority area from residents with dementia as a primary cause of admission, as shown opposite in Table T19.
- 16.8 Best practice states that people living with dementia should be cared for within a specialist, dedicated dementia environment. The number of people that are at risk of requiring dedicated dementia care as at 2026 is 752 within the market catchment area and 198 within the Oadby and Wigston Borough Council local authority area.

T17 Population profile (2026)						
Age profile	Market catchment		Local authority		Differential to UK %	
	Number	%	Number	%	Market	LA
All population	357,209	-	58,642	-	-	-
Age 65+	57,164	16.0	13,241	22.6	-3.4	3.2
Age 75+	28,020	7.8	7,160	12.2	-1.7	2.7
Age 85+	8,235	2.3	2,327	4.0	-0.3	1.4

T18 Gross need (2026) – total market		
Age range	Market catchment	Local authority
65–74 years	162	34
75–84 years	587	143
85 years +	1,071	303
Need – total market	1,821	480

T19 Gross need (2026) – specialist dementia		
Age range	Market catchment	Local authority
65–74 years	67	14
75–84 years	243	59
85 years +	442	125
Need – specialist dementia	752	198

17. Care home supply

Existing supply

- 17.1 We have assessed supply based upon minimum market standard bedspaces, which we define as any registered bedroom providing a minimum of en-suite WC and wash-hand basin (See Appendix B).
- 17.2 Within the market catchment, there are 53 care homes, which provide 1,972 registered bedspaces, 66 per cent of which are equipped with an en-suite, meeting the criteria of 'minimum market standard', which is below the UK average of 76.4 per cent.
- 17.3 Within the local authority, there are 14 care homes, which provide 551 registered bedspaces, 68 per cent of which are equipped with an en-suite, meeting the criteria of 'minimum market standard', which is also below the UK average of 76.4 per cent.
- 17.4 Although 66 and 68 per cent of bedspaces are equipped with an en-suite in the market catchment and local authority area, only 18 and 11 per cent, respectively, provide full en-suite wetrooms, which may be of the same size and specification as those proposed by the subject scheme. This compares with a significantly higher UK average of 30.5 per cent.
- 17.5 The location of the existing care home supply is included in Figure 16 on page 54.

Planned supply

- 17.6 We have made enquiries with our planning databases and cross-checked planning applications for new elderly care home beds against the relevant planning departments' online planning registers for applications submitted within the last 3 years.
- 17.7 We have taken the view that any applications older than 3 years would have been developed and included in the current supply or are unlikely to be implemented. This research was carried out on 9 August 2023.
- 17.8 We have identified four planning applications for additional care home beds. All four proposed schemes are located within the market catchment and two are also situated within the Oadby and Wigston Borough Council local authority area. Three of the schemes have planning permission and the fourth is currently awaiting a decision.
- 17.9 Our analysis assumes that all the planned bedspaces will be developed and it therefore potentially overestimates future supply given that some planned schemes may never be go ahead.
- 17.10 Full details of planned supply are included in T41 on page 52.

T20 Existing supply (market catchment)						
Care category	No of homes	Total reg. beds	Total en-suite	Total wetroom beds	% en-suite beds	% wetroom beds
Total market provision						
Overall	53	1,972	1,301	349	66	18
Specialist dementia provision						
Dedicated dementia homes	2	65	34	29	52	45
Dedicated dementia units	7	127	77	27	61	21
Overall	9	192	111	56	58	29

T21 Existing supply (local authority catchment)						
Care category	No of homes	Total reg. beds	Total en-suite	Total wetroom beds	% en-suite beds	% wetroom beds
Total market provision						
Overall	14	551	374	58	68	11
Specialist dementia provision						
Dedicated dementia homes	2	65	34	29	52	45
Dedicated dementia units	2	45	45	0	100	0
Overall	4	110	79	29	72	26

T22 Planned supply to year of estimated completion					
Supply	2023	2024	2025	2026	2027
Market catchment	8	0	139	0	0
Local authority	0	0	73	0	0

T23 Planned supply for need assessment calculations (2026)		
Basis of assessment	Market catchment	Local authority
Total market planned beds	147	73
Specialist dementia planned beds	92	55

18. Care home balance of provision

18.1 We have calculated the gross need for care home beds as at 2026, the earliest the proposed scheme could be available, on the following basis:

- market – based upon a c 5-mile radius from the subject site;
- local authority – the Oadby and Wigston Borough Council area.

18.2 Need is assessed for two forms of elderly care:

- all beds – all categories or ‘total market’ need
- specialist dementia.

18.3 The specialist dementia care need assessment is a subset of the total market need for the provision of a care environment that accords with best practice for people with such needs.

18.4 We have assessed the existing supply element on two bases in order to illustrate the impact of stock quality and obsolescence:

- minimum market standard – only en-suite bedrooms;
- full market standard – only bedrooms with full wetroom en-suites.

18.5 Our analysis on the basis of ‘minimum market standard’ care beds, indicates there is a net need for 525 care beds in the market catchment and 73 in the local authority area.

18.6 In terms of ‘specialist dementia’ care bed need, our analysis concludes there is a net need for 612 and 81 ‘minimum market standard’ bedrooms in the two catchments, respectively.

18.7 Our analysis of net need assuming that all care bedrooms provide full wetroom en-suites, indicates substantial shortfalls of 1,477 beds in the market catchment and 389 in the local authority area, including 667 and 131 dedicated dementia bedrooms in the two catchments, respectively.

T24 Primary year for need analysis		
Primary year of assessment	2026	The earliest the subject scheme could be developed and operational

T25 Need analysis summary (2026)				
Type of care	All beds		Specialist dementia only	
Basis of assessment	Market catchment	Local authority	Market catchment	Local authority
Gross need				
All bed/specialist dementia need	1,821	480	752	198
Occupancy capacity allowance	152	40	63	17
Total gross need	1,973	520	815	215
Supply				
Current elderly en-suites	1,301	374	111	79
Current elderly wetrooms	349	58	56	29
Planned beds (to 2026)	147	73	92	55
Total supply (en-suite)	1,448	447	203	134
Total supply (wetroom)	496	131	148	84
Net need				
Elderly en-suite	525	73	612	81
Elderly wetroom	1,477	389	667	131
Assumptions				
<ul style="list-style-type: none"> • Total market need based on ONS data projected to 2026 and Age Specific Demand (ASD) rates. • Occupancy capacity allowance adjustment, being a function of occupancy and not registered capacity. We have adopted an ‘effective full capacity’ level of 92.3 per cent. • Based upon our COVID-19 forecasting model, we predict historic occupancy levels will have returned by the year of our assessment with no material impact on need. • Planned supply based upon individual analysis of each scheme and assessment of likely potential development completion. • The need analysis excludes the subject scheme. • See Appendix B for full details of our need analysis above. 				

19. Additional care bed demand from the NHS

Delayed discharges (NHS Leicester, Leicestershire and Rutland Integrated Care Board)

19.1 Another indicator of need for elderly care home beds is derived from assessing NHS data for people who remain in hospital who ‘no longer meet the criteria to reside’, which provides some insight into the availability of options for those who are ready to be discharged.

19.2 Transferring appropriate placements from the NHS to social care is critical due to cost savings – NHS beds cost significantly more to provide than care home beds – and effective utilisation of NHS beds is therefore paramount for critical illnesses where care cannot be delivered elsewhere.

19.3 Pre-pandemic NHS discharge data provided a breakdown of the care and accommodation awaited and enabled calculation of delayed days specifically due to patients awaiting care in a care home. Research by the King’s Fund²³ confirms the pandemic has had a significant impact on the availability and use of hospital beds. Incentives to moderate demand often struggle to succeed, with progress dependent upon sufficient capacity being available outside hospital to provide appropriate care.

19.4 Post pandemic NHS data includes all those awaiting discharge from hospital rather than those specifically awaiting a care home bed. As shown in Figure 13, this still highlights a failing of the health and social care system although it is lower than the current average for England. If the system were functioning with zero bed blocking through more effective use of care home beds, this would reduce reliance on the NHS.

19.5 Greater clarity is needed from the NHS in terms of future expectations for health and care bed capacity.

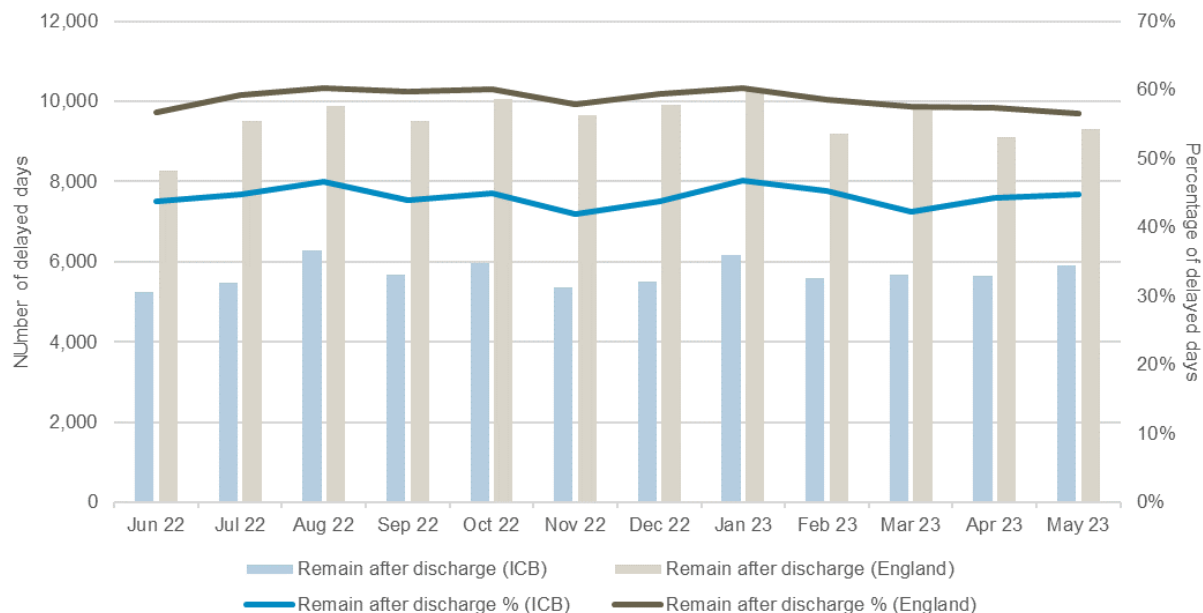


Figure 13: Bed blocking - delayed discharge days awaiting non-acute NHS care in NHS Leicester, Leicestershire And Rutland ICB

²³ Ward, D et al (2017 – updated 2021) *NHS Hospital bed numbers*

20. Care bed need growth

20.1 As well as considering need based upon the earliest date at which the subject care home could be operational, we have also assessed the need growth over the coming decades, having regard to the potential regulatory and other requirements.

Population growth

20.2 We have utilised '2018-based' ONS projected population figures for older people aged 65+ to show the total growth rate of the target elderly demographic between 2023 and 2043. The growth rates in both assessed catchments are behind the UK average, nevertheless, between the years 2023 and 2043 the total elderly population is projected to have grown by circa 53 per cent in the market catchment and 38 per cent in the Oadby and Wigston Borough.

20.3 As some census data from 2021 is now available (for the local authority), we have applied the 2018-based population growth rates (based on the 2011 census) to provide a comparison, as set out in T27 and T28. This indicates a slightly reduced need for new bedspaces.

Care bed need growth

20.4 Evidenced by reducing ASD prevalence rates for care home beds during the past few years, as alternative forms of care (i.e. domiciliary care, live-in care and extra care) increase in availability and use, there may be a further reduction in gross need. However, this 'absorption' into alternative forms of accommodation and care needs to be weighed against the rapidly rising elderly population.

20.5 The balance between the increase in need due to demographic pressures, and reduction due to alternatives to residential care, will be dependent upon a host of national and regional variables, as well as site-specific factors, and is, therefore, impossible to predict with absolute certainty.

20.6 Our analysis in T27 and T28 illustrates the net need for minimum market standard (en-suite) care beds and full market standard (en-suite wetroom) care beds, respectively, over the 10-year period from our base year of assessment, assuming that existing provision remains constant and that all the currently planned care beds are developed. It therefore overestimates the supply, given that it makes no allowance for the potential closure of existing, operational care homes and because planned schemes may not progress over the timescales we have assumed, or be developed at all.

20.7 The chart opposite projects the net need for new care home beds in the market catchment from 2026 to 2043 on the same basis. The shortfall of care beds is clear, and the undersupply likely to remain, given the demographic change over the coming decades. A significant increase in planning and construction activity would be needed in order to reduce the shortfall of provision.

T26 Elderly population (age 65+) need growth for care home beds					
Population growth showing demand for care home beds (%)	Year	Market catchment	Comparison to UK average	Local authority	Comparison to UK average
	2026 (from 2023)	4.8	-1.2	2.9	-3.0
	2031	16.5	-3.0	11.2	-8.4
	2036	34.6	-2.8	25.4	-12.1
	2041	47.4	-1.7	34.2	-15.0
	2043	52.6	-2.0	38.3	-16.3

T27 Indicative need for minimum market standard (en-suite) bedspaces to 2036			
Supply	2026	2031	2036
Market catchment	525	746	1,088
Local authority (2018-based ONS projection)	73	115	187
<i>Local authority (2021 Census)</i>	46	85	153

T28 Indicative need for full market standard (en-suite wetroom) bedspaces to 2036			
Supply	2026	2031	2036
Market catchment	1,477	1,698	2,040
Local authority (2018-based ONS projection)	389	431	503
<i>Local authority (2021 Census)</i>	362	401	469

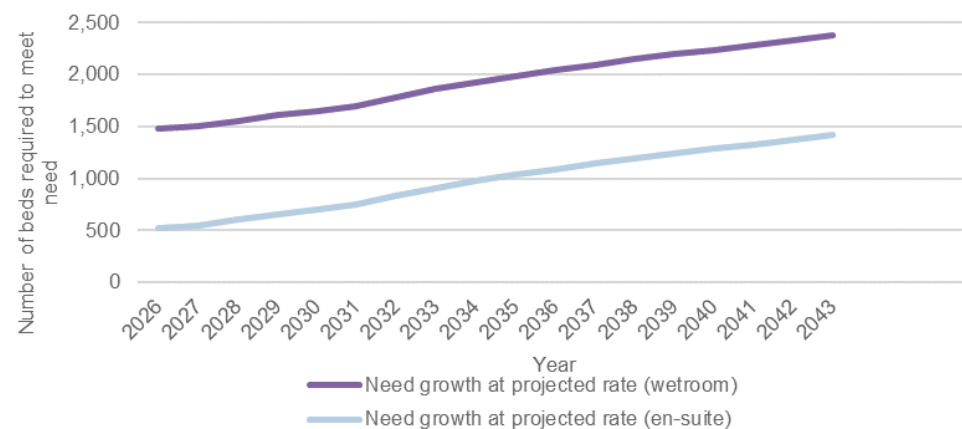
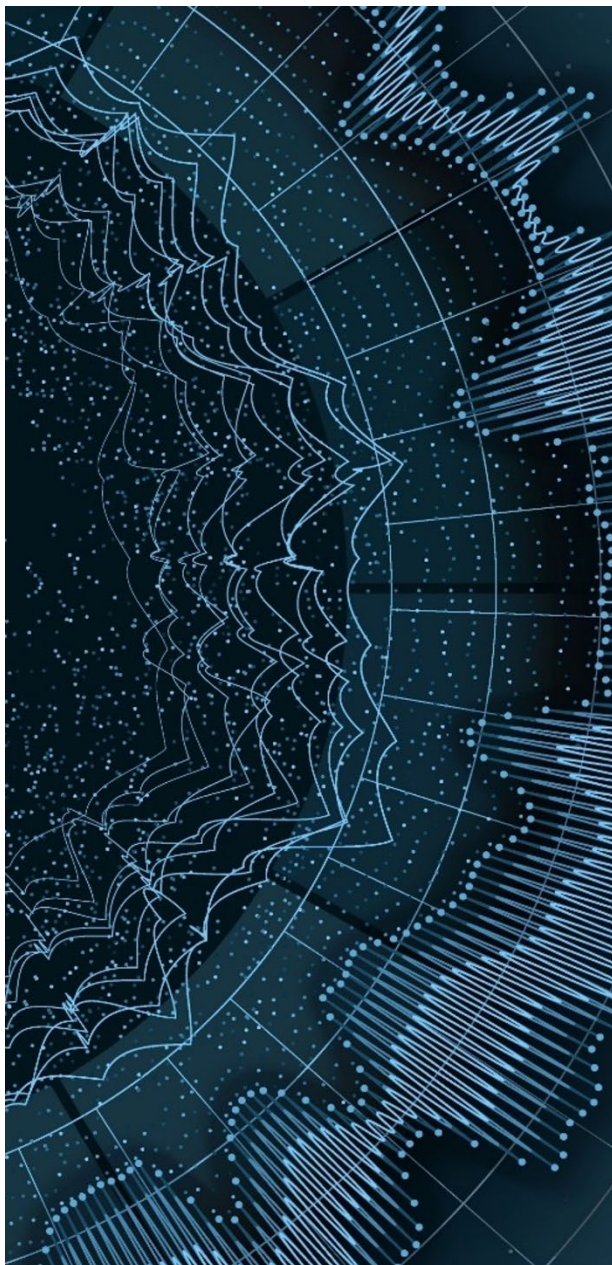


Figure 14: Projected potential unmet need for minimum market standard (en-suite) and full market standard (en-suite wetroom) beds in the market catchment



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Need assessment – private housing-with-care

Private housing-with-care area assessment

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Need assessment – local market qualitative assessment

Conclusion

Data tables and map – care home

Data tables and map – private housing-with-care

Appendices

21. Private housing-with-care catchment area assessment

- 21.1 In collaboration with ARCO, Carterwood conducted a national research project to calculate the distance travelled by extra care housing residents from their last place of residence. This showed that approximately 70 per cent of residents come from a radius of within 10 miles. Distance varies depending on the type, quality and location of the development, often influenced by the availability of existing supply, family involvement in the decision-making process and the 'pull factor' of larger, well-specified, care communities.
- 21.2 There was a correlation between the urban or rural nature of the location and travel distance, with the average to a semi-urban leasehold scheme being 7 miles, compared to 13 miles in a rural area.
- 21.3 Given the scale of the housing-with-care element of the subject scheme, our need assessment for the proposed 21 units of assisted living has been based on a market catchment area, shaded blue in the map opposite, extending to a radius of circa 5 miles from the subject site. We have also completed an assessment based on the Oadby and Wigston Borough Council local authority area.
- 21.4 The perimeter of the market catchment is explained by the use of Census 2011-defined 'output areas' which enable a granular level of analysis. Varying considerably in size and shape, they are smaller in urban districts and larger in rural communities because they include circa 300 people of similar housing types/tenures. The catchment is therefore based on the nearest match to the output area data and it is not possible to use a perfect radius around a site.

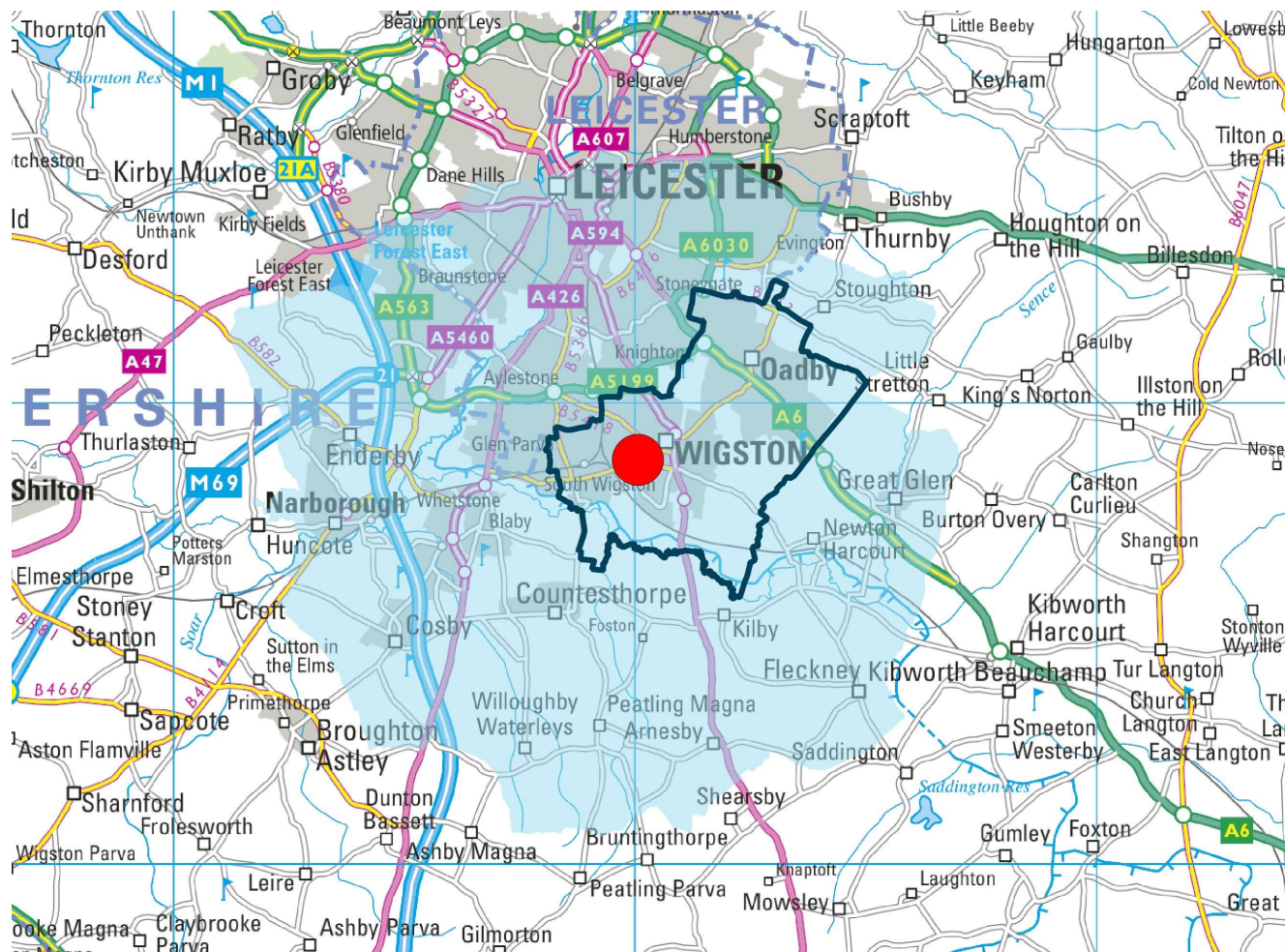


Figure 15: Housing with care bases of assessment

The red dot shows the approximate location of the proposed care development. The blue shaded area illustrates the circa 5-mile market catchment and the dark blue outline illustrates the Oadby and Wigston Borough Council area.

22. Local housing profile

Housing ownership

- 22.1 Housing tenure data at the time of the 2021 Census, summarised in Table T29, shows that 81.2 per cent of all households within the Oadby and Wigston Borough Council area where the household reference person is over 65 years of age, were owned outright. This is above the England and Wales average of (71.2 per cent).
- 22.2 Please note that the total figures across different tables may vary due to rounding and the amalgamation of different data sets and limitations of Census data.

T29 Household tenure (2021) where HRP is aged 65+ years or older		
Tenure	Oadby and Wigston Borough Council area	
	No	%
Owned: Owns outright	6,220	81.2
Owned: Owns with a mortgage or loan or shared ownership	475	6.2
Rented: Social rented	530	6.9
Rented: Private rented or lives rent free	435	5.7
All households*	7,660	100

Source: 2021 Census

23. Local market size assessment

- 23.1** We have prepared our assessment and adopted the prevalence rates that are used within both the original SHOP 2011 and Housing in Later Life (2012), which we consider most accurately takes account of the strengths and weaknesses of the other available models (as set out in Appendix B), which are overly punitive on need-based factors at the local level.
- 23.2** We consider the prevalence rate adopted more accurately accord with the requirements outlined in national literature and the Department of Health and Social Care's recently issued Adult Social Care Reform White Paper,²⁴ taking into account the increased weighting of housing with care required in future provision, as it is currently an immature market, rather than maintaining the same historic provision ratios.
- 23.3** The prevalence rates we adopt also more accurately reflects UK and local homeownership levels, which are heavily skewed towards the private market. In our view, the higher prevalence assumed for housing-with-care (when compared with other models) takes account of the circa 20 per cent of people aged between 65–74 years who occupy extra care scheme, who are arbitrarily excluded from all the other models assessed.
- 23.4** It should be noted that the use of a prevalence rate of 40 units per 1,000 older people for private housing-with-care should not be seen as a cap. The provision of additional private supply of housing with care is a growth area that is being driven by both the government and through planning policy. There is a critical need both in a national and local context.
- 23.5** To provide context for our adopted prevalence rate for housing-with-care, if applied at the UK level and actually achieved (we currently fall far short on a national basis), our prudent assumptions indicate that only 1.8 per cent of the total number of over 65-year olds in the country require private extra care/enhanced sheltered housing and is substantially lower than the equivalent figure of 5–6 per cent seen in New Zealand, Australia and the United States.
- 23.6** Given the high levels of homeownership by older people in the UK, the lack of current provision and the government policy drive towards promotion of support within an individual's own home, we consider that our assessment provides a highly robust measure with which to assess current and future need for private specialist accommodation for older people.

T30 Summary of local level need for private housing-with-care– Carterwood projections (2026)

Housing type	Combined prevalence rate for private extra care and enhanced sheltered housing – need per 1,000 population	'Need' in local population	
Model	Basis of assessment	5-mile	Oadby and Wigston Borough Council
Carterwood assessment	40.0 per 1,000 75+ population	1,121	286

²⁴ (Department of Health and Social Care , 2021)

24. Existing private housing-with-care supply

- 24.1 We subscribe to the Elderly Accommodation Counsel's (EAC) data, which offers enhanced data fields compared to the online version of www.housingcare.org. We have also updated the base EAC data with the results of our own research to assess the current supply of private housing-with-care accommodation within the market catchment and local authority area. We have recoded and classified where we have inspected a scheme and know it to be incorrectly coded within the raw data.
- 24.2 The challenges for EAC are manifold in maintaining this data set, as there is no regulatory data from which to build and maintain this database. It relies upon a small research team and operators/developers to update it themselves – this can sometimes lead to inconsistencies.
- 24.3 We have researched all schemes classified as follows:
- Extra care/assisted living;
 - Enhanced sheltered housing;
 - Close care;
 - Integrated Retirement Community/care village
- 24.4 We have conducted additional research to ensure that each scheme conforms to the recognised definition of housing-with-care, namely that on-site care is available as per the housingcare.org.uk website. We have not included any registered social landlord schemes and have only included schemes catering to the private market.
- 24.5 There are two private housing-with-care schemes within the 5-mile catchment, providing 82 units of private accommodation.
- 24.6 There is no existing private housing-with-care within the Oadby and Wigston Borough Council local authority area.
- 24.7 A full list of the individual schemes is included on page 57.

T31 Existing supply of private housing-with-care (5-mile market catchment)			
Scheme type	Schemes (No.)	Units (No.)	Private units (No.)
All schemes & all retirement villages			
With on-site care	2	82	82
Without on-site care	17	512	489
Retirement villages only			
With on-site care/support	0	0	0

T32 Existing supply of private housing-with-care (Oadby and Wigston Borough Council)			
Scheme type	Schemes (No.)	Units (No.)	Private units (No.)
All schemes & all retirement villages			
With on-site care	0	0	0
Without on-site care	7	189	189
Retirement villages only			
With on-site care/support	0	0	0

T33 Existing supply of specialist housing for older people by decade of construction						
Scheme type	Private units					
	With-on site care/support (%)		Without on-site care/support (%)		Total units (No.)	
Catchment	5-mile	LA	5-mile	LA	5-mile	LA
Pre-1980s/unknown	0	0	1	2	4	4
1980s	34	0	52	42	282	79
1990s	0	0	20	30	99	57
2000s	0	0	3	0	14	0
2010s (2010-2014)	0	0	12	26	57	49
2010s (2015+)	66	0	12	0	115	0
2020s (2020+)	0	0	0	0	0	0
Total	100	0	100	100	571	189

Source: EAC, Carterwood

25. Planned private extra care supply

- 25.1 From our data sources, we have reviewed all the planning applications that have been granted, refused, withdrawn or are pending a decision. A full list of the individual schemes is included in T43 on page 57.
- 25.2 This has been cross-referenced against the online planning website for the relevant local authority and, where an anomaly exists, we have contacted the planning officer, if required.
- 25.3 We have made enquiries with Oadby and Wigston Borough Council and the local authorities situated within the circa 5-mile market catchment area, and used our own data information sources and market knowledge to determine the number of planned units, either in the planning process or under construction. We have searched for planning applications submitted over the past 3 years. Our research was undertaken on 9 August 2023.
- 25.4 Where an application has been refused or withdrawn, we have entered the postcode into the local authority online planning facility to identify if a subsequent application or appeal application has been submitted. The results are included within the report.
- 25.5 Where a planning application has been granted, we have cross-referenced the postcode against our existing supply to ascertain if the scheme is operational. If it is, we have included it within the operational provision and not within the planning table.
- 25.6 Note that the planning registers that we subscribe to are not definitive and may exclude some applications, as they rely upon each local authority for provision of the information. We have excluded any sheltered housing and affordable housing with care schemes from our analysis.
- 25.7 We have identified one planning applications for private housing-with-care units and this is located in both the 5-mile market catchment or the Oadby and Wigston Borough Council local authority area. It is an outline application for a mixed use scheme and is currently pending a decision.

T34 Planned supply of new private extra care		
Scheme type	Market (5-mile)	Oadby and Wigston Borough Council
New-build OPH units: pending decision	92	92
New-build OPH units: granted permission	0	0
Total planned units	92	92
Total number of schemes	1	1

Source: Carterwood, Glenigan, Planning Pipe and relevant planning departments

T35 Planned supply of new private extra care by estimated year of delivery		
Planned supply pipeline by year of delivery	Market (5-mile)	Oadby and Wigston Borough Council
2023	0	0
2024	0	0
2025	0	0
2026	92	92
2027 onwards	0	0
Total	92	92
Total number of schemes	1	1
Total planned units estimated by 2026	92	92
Total number of planned schemes by 2026	92	92

Source: Carterwood

26. Five-year need analysis summary

26.1 By applying our need methodology to the market catchment and Oadby and Wigston Borough Council local authority area, we have calculated the potential pool of need for private extra care units from people aged 75 years and above (which includes an intrinsic allowance for the circa 20 per cent of residents who move to an extra care scheme who are aged between 65 and 74 years, as per our detailed methodology review).

26.2 Our analysis of the current situation, as at 2023, based upon current need projections and existing supply, shows a shortfall of 966 private housing-with-care units in the 5-mile market catchment and 274 in the Oadby and Wigston Borough Council local authority area.

26.3 Our analysis as at 2026 (the earliest year the subject scheme could be developed, given its current status) shows a shortfall of 947 private housing-with-care units in the 5-mile market catchment and 194 in the Oadby and Wigston Borough Council local authority area.

26.4 These net need figures consider demographic growth over the period and include additional pipeline supply coming forward through the planning system and assessed as being deliverable by the year of assessment. They make no allowance for any closure of obsolete stock in the market catchment and there is no existing supply in the local authority area.

T36 Primary year for private extra care need analysis		
Primary year of assessment	2026	Estimation of the earliest year the subject scheme is developed and the private housing-with-care units are available

T37 Five-year private extra care requirement (5-mile market catchment)					
Year	2023	2024	2025	2026	2027+
Need					
Total 75+ population	26,201	26,908	27,517	28,020	28,570
Estimated need - private extra care (4.0%)	1,048	1,076	1,101	1,121	1,143
Private extra care supply					
Current supply of private extra care	82	82	82	82	82
Planned units by operational year	0	0	0	92	92
Total supply (units)	82	82	82	174	174
Balance of provision					
Need (private extra care units)	966	994	1,019	947	969

Source: Carterwood, Census 2011, Government population projections, Glenigan, Planning Pipe, EAC

T38 Five-year private extra care requirement (Oadby and Wigston Borough Council)					
Year	2023	2024	2025	2026	2027+
Need					
Total 75+ population	6,838	7,006	7,086	7,160	7,211
Estimated need - private extra care (4.0%)	274	280	283	286	288
Private extra care supply					
Current supply of private extra care	0	0	0	0	0
Planned units by operational year	0	0	0	92	92
Total supply (units)	0	0	0	92	92
Balance of provision					
Need (private extra care units)	274	280	283	194	196
Assumptions to tables T37 and T38					

- Key year of analysis is based upon 2026 projections – earliest possible year of opening given current development status.
- Planned supply based upon individual assessment of each scheme and assessment of likely development completion.
- Assumed zero closures of obsolete stock as no known closures imminent.

Source: Carterwood, Census 2011, Government population projections, Glenigan, Planning Pipe, EAC.

27. Quantitative need assessment for private housing-with-care

27.1 We have calculated the potential need for private extra care units from people aged 75 years and above in our analysis. The prevalence rate we have adopted, in our opinion, most accurately accords with requirements outlined in national literature and takes account of the increased weighting of 'housing with care' required in future provision.

27.2 The prevalence rate adopted also more accurately reflects elderly home ownership levels, which are intrinsically heavily skewed towards the private market and prudently account for the circa 20 per cent of residents aged 65–74 years who occupy extra care schemes, arbitrarily excluded from all the other models.

27.3 We have analysed the potential need for private extra care to 2036 and interpreted this as at 2026 (see T39), the earliest possible year the private housing-with-care could be made available. This timescale could be longer, given the current planning status; however, for prudence, we have adopted this best-case scenario.

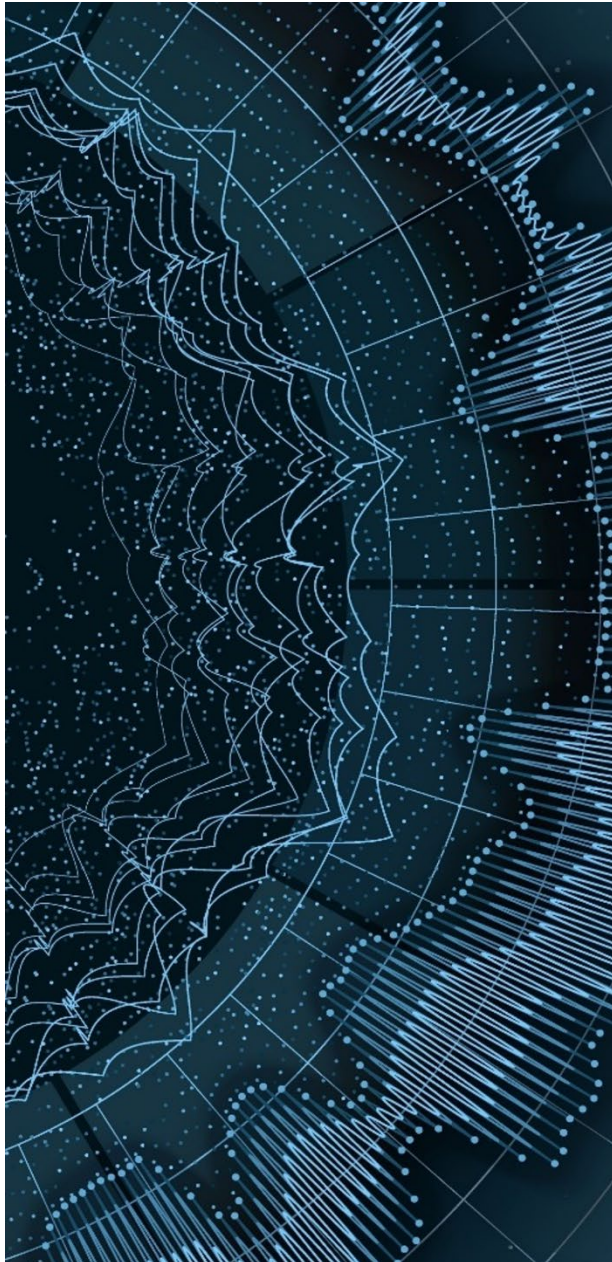
27.4 This indicates a significant shortfall of 947 private housing-with-car units in the circa 5-mile market catchment and 194 in the Oadby and Wigston Borough Council area based on 2026. This assumes that all planned schemes also progress and are developed by our year of assessment.

27.5 T40 sets out the long-term need set against the rising elderly population over a longer time horizon up to 2036 and shows a significant increase in the net need for private housing-with-care. We have also provided an indication of the change to net need based on the more recent, 2021 Census data where this is available. It shows a small reduction in net need however the underlying need remains significant.

27.6 The proposed scheme would assist in addressing this shortfall.

T39 Need analysis (2026) for private extra care (Carterwood assessment)		
Catchment area	5-mile market catchment	Oadby and Wigston Borough Council
Year of assessment	2026	2026
Need		
Total 75+ population	28,020	7,160
Estimated need private extra care (4.0%)	1,121	286
Private extra care supply		
Current supply of private extra care	82	0
Planned beds by operational year	92	92
Total supply (units)	174	92
Net need		
Private extra care units	947	194
Assumptions		
<ul style="list-style-type: none"> Estimated need for private extra care assumed at 4.0 per cent of the total 75+ population. This is based upon the original SHOP tool and Housing for Later Life studies, which we consider best reflect the underlying need characteristics of private extra care housing. Key year of analysis based upon 2026 projections – earliest possible year units within the proposed development could be available. Planned supply based upon individual assessment of each scheme and assessment of likely development completion. Zero allowance for reduction through obsolete stock – while this is an overly prudent assumption given the age and configuration of a lot of older stock, we have no detailed information at scheme-specific level to make a site-specific adjustment. 		

T40 Need for private extra care units – medium to long term				
Catchment area		5-mile market catchment	Oadby and Wigston Borough Council	
Net need for private extra care	Year	(2011 Census)	(2011 Census)	(2021 Census)
	2023	966	274	174
	2026	947	194	186
	2031	1,060	209	200
	2036	1,199	235	225



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28. Impact of the proposed development – commonly raised questions

28.1 Carterwood is a market leader in the provision of need and demographic analyses in the social care sector. As a result of this expertise, we have been involved in a large number of need assessments submitted to support planning applications, and we are therefore aware of the consistent themes that are raised by adult social care teams and commissioning departments in respect of new care developments and their potential impact upon the local area.

28.2 We have, therefore, summarised below a number of commonly raised queries and issues to pre-empt areas where there may be perceived uncertainty or ambiguity in the need case:

Issue – the Covid-19 pandemic has reduced the need for care home beds

28.3 COVID-19 has had a significant impact on the social care sector and raised questions as to how to best support older adults when experiencing a transmittable illness themselves, or living in a community where there is an outbreak of a life-altering transmittable illness.

28.4 The pandemic caused a short-term shift in need for residential care for older people with uncertainty in respect of potential changes to admission patterns, acute care discharge rates, death rates and other structural/social impacts on the sector. Carterwood tracked the impact of the pandemic, as follows:

- Occupancy low point of 78.8 per cent, reached in June 2020.
- The total excess elderly care home deaths during the COVID-19 pandemic (compared to the 5-year historic average) was approximately 39,000.
- As the pandemic progressed, weekly deaths within care homes fell below the 5-year average, indicating the ongoing recovery of the care home market. By early 2023 this had offset the total number of excess deaths by around 13,000, resulting in a net excess of around 26,000 deaths since the start of 2020.
- Based upon forecast elderly population growth rates, recovery now all older people have been offered the vaccine, together with the loss of care beds most affected, we anticipate average occupancy to have returned to pre-COVID during 2023/24.

28.5 Our need analysis is based upon 2026, the earliest the proposed care home could be operational and utilises Age Specific Demand (ASD) rates based on December 2020, immediately prior to the pandemic. Our assessment of the effect of the pandemic on the care home sector, above, suggests that occupancy will have returned to pre-COVID-19 levels by our year of analysis, with no material impact upon the market size estimate.

28.6 The short-term impact of COVID-19 has and continues to result in the closure of care homes that do not offer the quality of accommodation now sought by the

market, those with poor CQC ratings or those most adversely impacted by the pandemic (in terms of occupancy and/or staffing). This is likely to reduce poorer quality supply and create additional need for new care home provision, to cater to a still rapidly rising elderly demographic.

Issue – the proposed care home may impact upon existing health and social care services, and GPs in particular, who are already over-stretched

28.7 An area of the new care home can be made available for a visiting GP to hold an in-house surgery for residents, if required. This serves to reduce the number of visits to GP surgeries and allows a visiting GP to combine multiple consultations into one visit. The presence of on-site care staff potentially reduces the number of unnecessary GP appointments, thereby alleviating rather than increasing waiting lists.

28.8 The concentration of individuals within the care home should also assist in reducing the requirement for community nurses, and there are advantages of having residents within one location.

28.9 Further, demand is not created, it is catered to, and the pressure on GPs will not be a direct result of the proposed development, which will provide a much-required care facility to help battle the rising demographic pressure and resultant increase in care needs in the area.

Issue – the proposed care home may impact upon already stretched local authority budgets

28.10 Having conducted many studies across the UK and spoken with a host of social care commissioning teams, our general observation is that placements both into and out of a particular local authority area tend to be broadly neutral.

28.11 There is no doubt that a number of care home residents will move into a local authority area when a new home is developed; however, when new schemes open in neighbouring boroughs these will have the same effect and draw residents away.

28.12 We are aware of the challenge faced by commissioning authorities in funding long-term care for those elderly people who do not meet current saving thresholds. A further issue relates to self-funding service users who subsequently deplete their savings are obliged to seek local authority support for their ongoing care costs.

28.13 In our experience, the incidence of this scenario developing is low compared to the number of self-funding service users, who continue to fund their care throughout their stay. To further guard against this potential issue, care operators often allocate a budget within their financial modelling for this reason, to ensure that residents'

requirements can be met and the home is genuinely a 'home for life', if required. Also, their admission process and eligibility criteria ensure that any self-funding residents have proof of funds to support themselves financially, normally for a minimum period of 2 years.

28.14 Notwithstanding all of the above, it is inappropriate for financial considerations and viability to be confused as part of the consideration of a planning application. We set out below an extract from an appeal decision from Cheshire East planning authority (reference: APP/R0660/A/12/2188195) in respect of a care village scheme in Handforth. Paragraph 62 of the appeal decision (for which planning permission was allowed) is as follows:

28.15 *'The Council has suggested that, due to a lack of need, new residents from outside Cheshire East could have to enter the home to ensure its viability. They would then represent a risk that the Council could be responsible for their future care. The financial concerns of the Council are however not material considerations in this case, as has been found on many other occasions including in the Health and Safety Executive v Wolverhampton City Council & Victoria Hall Ltd [2012] UKSC 34 case. This is the situation notwithstanding an annual increase in those needing Council support in care homes and the Council's 2011/12 expenditure of some £2.2m of support to those unable to afford fees previously met privately.'*

28.16 The above makes it clear that such considerations should not be material in the planning decision-making process and should therefore be disregarded.

Issue – use of domiciliary care as an alternative to a care home

28.17 Adult Social Care teams are seeking to enable older people to remain in their own homes for longer, with care provided by a domiciliary care agency. This has two specific advantages: firstly, a potentially positive outcome for the resident, who can remain in their own home and receive care; and, secondly, reduced expenditure on local authority-supported placements, as, on average, the cost of domiciliary care is usually less than residential care.

28.18 While care at home should be supported as an objective where this is possible, (and the proposed private extra care accommodation assists in meeting this need), it is not economically viable for the provision of 24-hour 'home care' into disparate homes within the local community, and the costs of personal or nursing care support at this level will typically necessitate a residential environment.

28.19 For dementia sufferers, specialist accommodation is also required to cater to this service user group's specialist needs. Where informal care by family or friends is not on hand, or where the demands of the individual become too great, moderate and severe dementia sufferers, more often than not, require care in a residential setting, where 24-hour care and support is on hand in a safe and secure environment.

Issue – the proposal is for housing rather than care

28.20 The proposed scheme offers potential residents the option to 'right size' from their previous home into private assisted living within a purpose designed community setting to better suit their needs as they age, in the knowledge that should their care requirements change, they can remain in one place.

28.21 Importantly, it is the private assisted living, together with the availability of a range of communal facilities, that creates a care community that meets both the care and social needs of residents and enables them to live independently for as long as they are able.

28.22 To provide some clarification, the assisted living element of the scheme is not a CQC registered care home where 24-hour care is provided within a communal living environment, more often for those with complex personal, nursing or dementia care needs. A care home offers no security of tenure and occupation is based on a weekly fee based on the care needs of the resident.

28.23 Instead, private assisted living provides a person's own home, which is reflected in the nature of occupancy through ownership, whether it is long leasehold or market rent. It is accommodation that has been specifically designed to facilitate the changing care and support needs of its owners or tenants as they age. Care is provided into the assisted living units by a CQC registered domiciliary care provider, based on site. Residents' care needs may start at a low level and be increased based on their changing requirements as they age.

Key findings – other qualitative factors

- The COVID-19 pandemic highlighted shortcomings in the social care sector and has resulted in a reduction in poorer quality care home supply, creating additional need for new, fit-for-purpose provision. There are an increasing number of elderly people who are the most frail and those with dementia, who require full-time support within a specifically designed care home that provides high-dependency care, suitable for such needs.
- The availability of well appointed, infection control-compliant, full market standard bedspaces in care homes that can care for those with high dependency needs is key and will enable NHS acute beds to function more cost effectively and remain available to those who need them.
- A wide range of housing-with-care options, including assisted living will also be necessary in the coming years, to provide for the needs of those who initially require lower levels of care and support. Such options will serve to mitigate the impact on social services budgets and provide choice to those who fund their own care.

29. Tangible benefits of housing-with-care for the NHS and the wider community

Benefits to the housing chain

- 29.1 Older people moving into a private housing-with-care will release large family homes back into the community, which is key to offering more options for families living locally. A report (*The top of the ladder*, prepared in 2013) by Demos, a leading cross-party think tank, considered this in more detail²⁵ and we set out some of the key findings from this research below:
- 29.2 *'One in four (25 per cent) over 60s would be interested in buying a retirement property – equating to 3.5 million people nationally. More than half (58 per cent) were interested in moving. More than half (57 per cent) of those interested in moving wanted to downsize by at least one bedroom, rising to 76 per cent among older people currently occupying three-, four- and five-bedroom homes.'*
- 29.3 *'If just half of the 58 per cent of over 60s interested in moving (downsizing and otherwise) as reported in our survey were able to move, this would release around £356 billion worth of (mainly family-sized) property – with nearly half being three-bedroom and 20 per cent being four-bedroom homes.'*
- 29.4 *'If all those interested in buying retirement property were able to do so, 3.5 million older people would be able to move, freeing up 3.29 million properties, including nearly 2 million three-bedroom homes. If just half of those interested in downsizing more generally were able to do so, 4 million older people would be able to move, freeing up 3.5 million homes.'*
- 29.5 The development of retirement villages, housing-with-care provision and improved knowledge of such schemes among older people should encourage downsizing and reduce the need for the development of additional larger family homes by freeing up existing supply back to the market. The availability of housing options that are accessible to the growing older population can enable some older householders to downsize or 'right size' from homes that no longer meet their needs or are expensive to run, and this can improve their quality of life.
- 29.6 This point was attributed significant weight in the planning appeal decision for the former Hazeldens Nursery,²⁶ where an extra care development was proposed. In this case, the evidence indicated that *'a considerable number of older householders underoccupy their homes'* and that *'providing suitable and alternative housing for this cohort can free up houses that are underoccupied'*.
- 29.7 Another appeal decision²⁷ for a proposed extra care development on a site located in Green Belt considered that older people's existing homes, which in many cases

will have originally been bought to accommodate families, may no longer be suited to their present needs. The availability of private housing with care that has been designed specifically for those with care needs means that older people do not need to 'relinquish the security' of home ownership. Also, enabling older people to move at the right time can improve their quality of life as well as freeing up more homes for other buyers.

Employment and economic benefits

- 29.8 The subject scheme will provide full-time and part-time roles in order to fulfil its obligations to residents and cover care and support requirements.
- 29.9 The 2021 *Homes for Later Living* report²⁸ sets out how retirement properties create more local economic value and more local jobs than any other type of residential development. This includes the following points:
- A typical retirement development of 45 units could generate over £13m of additional economic activity in a local area, compared to letting a brownfield site lay undeveloped.
 - Building 30,000 retirement properties could generate £2bn of economic activity across the country every year, compared to leaving sites undeveloped.
 - A typical retirement housing development could also generate 85 additional construction jobs.
 - On average, 63 per cent of residents' annual expenditure is in local shops. This is much higher than the average local spend by 80+ year olds in the general population.
 - The residents of a typical 45-unit retirement development generate £550,000 of spending per year, £347,000 of which goes to local shops, supporting retail jobs and keeping shops open.

Health and wellbeing, and benefits to the NHS and Social Services

- 29.10 We have reviewed the House of Commons report of Housing for Older People (2nd report 2017/9), which summarises the benefits to health and wellbeing and the direct positive impact on the NHS and budgets:
- 29.11 *'There is a significant body of evidence on the health and wellbeing benefits to older people of living in specialist housing and the resultant savings to the NHS and social care. This is particularly the case for extra care housing, which has onsite care and support and communal facilities. In addition, this type of housing helps family and carers finding it challenging to provide enough care and support.'*²⁹

²⁵ (Wood C. , *The Top of the Ladder*, 2013)

²⁶ (Planning department – West Sussex)

²⁷ (Planning Department – West Malling)

²⁸ (*Homes for Later Living*, 2021)

²⁹ (House of Commons, Communities and Local Government Committee, 2018)

- 29.12 Research by the International Longevity Centre-UK found that around a quarter of people with social care needs (or who went on to develop them) who moved into extra care experienced an improvement within 5 years, were less likely to be admitted to hospital overnight and had fewer falls. In comparison to older people in the general community, extra care residents reported having a higher quality of life, an increased sense of control and lower levels of loneliness.³⁰
- 29.13 The findings of a 5-year study completed by the Centre for Ageing Research at Aston University³¹ focused on the benefits generated through living in the ExtraCare Charitable Trust's schemes as follows:
- **'Improvements to personal health** with a 75% increase in levels of exercise, a reduction in the risk of falls and delays of up to 3 years in frailty.
 - **Psychological wellbeing** with low levels of depression, a 23% reduction in anxiety and improvements in memory and cognitive skills.
 - **Social wellbeing** with loneliness at lower than national averages and over 86% of residents being "never" or "hardly ever" lonely.'
- 29.14 These advantages were assessed alongside the benefits to the NHS:
- **'Reduced reliance on the NHS**, with the presence of on-site staff serving to reduce the number of GP visits, residents being less likely to be admitted to hospital overnight and having shorter lengths of stay in hospital;
 - **No expected increase in costs to the NHS** over time, as residents age;
 - **Cost savings to the NHS** – living in extra care saves the NHS around £1,194 per person, on average, over 5 years.'
- 29.15 Research from the University of Reading showed that retirement housing can help combat social isolation and promote fitness, with over 80 per cent of owner occupiers taking part reporting feeling happier in their new home and nearly a third feeling that their health had improved.³²
- 29.16 Southampton City Council commissioned the Housing Learning and Improvement Network to complete an evidence review to identify the health care system benefits of housing with care. The study identified the financial benefit to the NHS was approximately £2,000 per annum for each resident living in housing with care schemes. These positive results were due to (i) a reduction in the number of GP visits, (ii) a reduction in the number of community health nurse visits, (iii) a reduction in the number of non-elective admissions to hospital, and (iv) a reduction in length of stay and delayed discharges from hospital.
- 29.17 Sometimes NHS Integrated Care Board (ICB) teams are concerned about the impact on local doctors' surgeries. However, evidence indicates that there is a benefit. The presence of on-site care staff reduces the number of unnecessary trips

to GPs, thereby reducing waiting lists rather than increasing them. The concentration of individuals within one place should also assist in reducing need for community nurses and there are obvious advantages of having residents within one geographic location. Any pressure on GPs will not be a direct result of the proposed development – demand is not created, it is catered for, and the new scheme will provide much-needed facilities to help battle the rising demographic pressure.

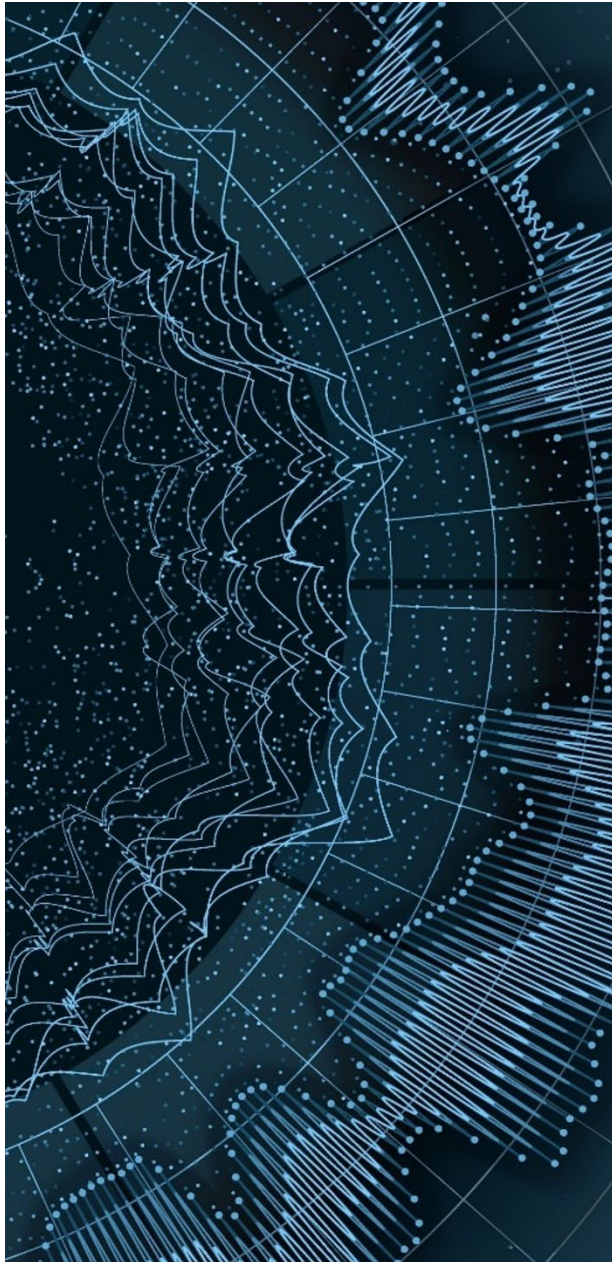
Key findings – tangible benefits for residents, the NHS & the wider community

- The proposed assisted living units are intended to provide an appealing option to enable older people to move to a community providing safety and security combined with care and support. This in turn will result in a variety of benefits:
 - To the housing chain – older people moving into the proposed development will release under-occupied larger family homes back to the market.
 - Employment and economic benefits – the subject scheme will provide a range of full-time and part-time roles, in order to fulfil its obligations to residents and provide care and support services.
 - Health and wellbeing benefits for residents – these include improvements to personal health, psychological and social wellbeing through social interaction, community facilities on-site and the provision of tailored, consistent care and support.
 - Cost savings to the NHS include fewer visits to local GPs and a reduced likelihood of overnight stays in hospital.

³⁰ (Beach, 2018)

³¹ (Holland & al, 2019)

³² (Ball, 2011)



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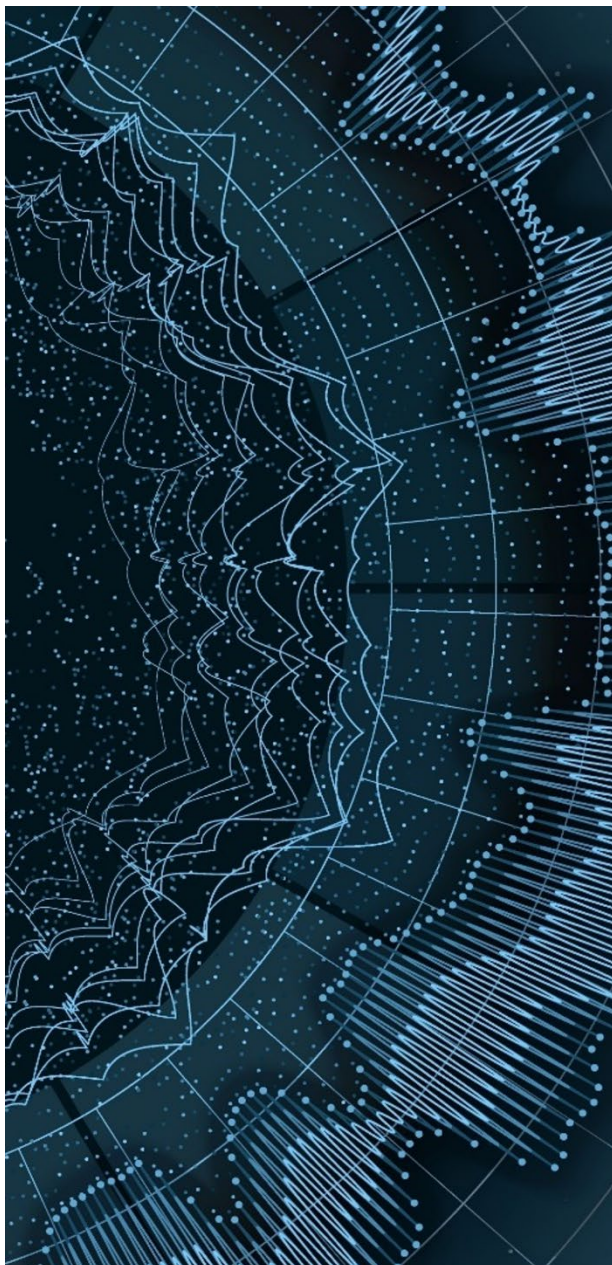
30. Planning need assessment for the proposed scheme

National context.

- 30.1 On a national basis, there is a 'critical' need for additional housing for older people given the significant growth in the elderly demographic. The pandemic has put social care, and more particularly care homes, in the spotlight, highlighting their essential role in caring for the most frail older people who can no longer live independently.
- 30.2 For those with lower level care needs, research shows how housing-with-care allows residents to self-isolate effectively within their own homes where, crucially, they can also receive trained on-site care or support, if required. This not only means they will be cared for, but also that debilitating damage caused by loneliness and social isolation is mitigated.
- 30.3 Housing-with-care has evolved in recent years to respond to the growing need from older people for greater choice, quality and independence. The vast majority of existing private specialist accommodation in the UK, however, comprises only 'sheltered housing', with just 16.8 per cent of total stock meeting our definition of private housing-with-care, where care and support is available on-site..
- 30.4 Home ownership levels of older people are very important in the analysis of private housing-with-care as those that own their own home are unlikely to be eligible for registered social landlord affordable rental options. Instead, they will need to access private leasehold sale or market rent alternatives.
- 30.5 There are an increasing number of elderly people who are the most frail and those with dementia, who require full-time support within a specifically designed care home that provides high-dependency care, suitable for such needs. With the increase in alternatives (i.e. housing-with-care) the higher dependency levels of those who now require care in a care home mean that accommodation must be fit for purpose and flexible, to enable personal, dementia and nursing care to be provided effectively and safely.
- ### Local context
- 30.6 There is currently no existing private housing-with-care supply in the Oadby and Wigston Borough. This is contrary to government guidance, the objectives of the Adult Social Care Reform White Paper and the Older People's Housing Taskforce which seek to increase supply, improve the housing options for older people in later life and to explore ways to unblock any challenges.
- 30.7 We consider the need for private housing-with-care is significant in Oadby and Wigston, particularly given the necessity for a more balanced approach to address a variety of options across all price brackets and to ensure appropriate provision is available to all. Older homeowners, comprising over 81 per cent of households in the local authority area, are unlikely to be eligible for 'affordable' housing-with-care

developments. It is therefore critical that private supply is made available to meet such requirements, to promote downsizing and enable all older people to remain in their local community in an environment where they can maintain their independence for as long as possible.

- 30.8 The proposed care development is intended to appeal to older local homeowners who may consider downsizing from their existing family homes but find that there are insufficient suitable options for them. This results in such homeowners having to stay where they are, remaining in their often-underoccupied existing homes, which may no longer be suitable for their current needs and even less so for their potential future care needs.
- 30.9 Most importantly, we should consider the health and wellbeing benefits for residents by moving to such developments: opportunities for social interaction, physical activity and tailored, consistent care all serve to improve personal health, psychological and social wellbeing. There are cost savings to the NHS in terms of reduced numbers of visits to GPs and a reduction in overnight stays in hospital. There are also key advantages to the housing chain – older people moving into the proposed development will release family homes back to the market.
- 30.10 The Leicestershire Joint Strategic Needs Assessment identifies a significant need for care home accommodation for those with complex needs and that the quality of existing nursing and residential care has declined to below the national average. This is evident in both the market and Oadby and Wigston catchments, where the percentage of care home bedrooms at minimum and full market standard is significantly below the national average. Those older people requiring nursing and dementia 24-hour care in a care home need high quality, spacious, infection-control compliant accommodation, best suited to cater to their on-going care needs.
- 30.11 From our analysis of the current situation in the Oadby and Wigston Borough Council local authority area, there is a significant existing shortfall, and increasing need for private housing-with-care and care home beds for nursing and dementia care. Older people cannot wait for supply to come on stream – planning policy guidance states the need is 'critical', the only planning need addressed in such urgent terms, and this is certainly evident in our analysis of the situation in both the market catchment and the Oadby and Wigston local authority area.
- 30.12 As an operator-led development, the proposed scheme is specifically designed for purpose, having regard to the needs of the local community and providing an attractive option for those people whose nursing and dementia care needs progress to the requirement for full-time care. It is intended to provide a well-specified, fit-for-purpose and future proof care home and housing-with-care scheme.



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31. Planned care home supply

T41 Summary of planned care home provision											
Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Earliest estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
Granted											
A	Market and local authority	23 Stoughton Drive South, Leicester, Leicestershire, LE2 2RJ	376 Estates Ltd	Demolition of all existing structures including a single dwelling and construction of a 60 bedroom residential care home (use class C2) and associated access, parking and landscaping.	60	48	Yes	2025	2.2	21/00206/FUL - 17/03/2022	We have been informed that Tanglewood Care will operate this care home.
B	Market catchment only	89 - 91 Narborough Road South, Braunstone Town, Leicester, Leicestershire, LE3 2HD	Private individual	Change of use of two houses from residential dwelling (C3) to care home (C2) including extensions and alterations.	8	4	Yes	2023	2.9	20/0367/FUL - 28/05/2020	Application 20/0367/FUL proposes the change of use of general residential units to elderly care accommodation. A separate application, 21/0443/FUL, has since been granted which proposes to use the general residential units as specialist care accommodation; however, we cannot verify which of the two applications have been implemented on a desktop basis, therefore we have included the beds as elderly beds, for prudence.

T41 Summary of planned care home provision											
Map ref	Catchment	Site address	Applicant	Scheme	Net elderly beds	Dementia beds	Evidence construction has commenced	Earliest estimated year of opening	Distance from subject site (miles)	Planning reference	Notes
C	Market catchment only	Tay Road, New Lubbethorpe, Blaby, Leicestershire, LE19 4BF	The Drummond Estate and Inverock Limited	Reserved matters application for the erection of Local Centre 1 to include commercial units (units 1-3 use class E(a), unit 4 use class E(a) or E(b) and unit 5 use class E(b)), medical centre (use class E(e), potential medical centre expansion or offices (use class E(e) or E(g(i))), 66 bed residential care home (use class C2) together with sub-station and cash point to unit 1 (details of access, appearance, landscaping, layout and scale).	66	33	Yes	2025	5.0	22/0827/RM - 04/07/2023	-
Pending											
D	Market and local authority	39 Aylestone Lane, Wigston, Leicestershire, LE18 1AB	Nightingale Nursing Home	Demolition of existing bungalow, to be replaced with and form an extension to the adjacent nursing home.	13	7	Pending decision	2025	0.3	22/00450/FUL	-
Total in market catchment					147	92					
Total in local authority area					73	55					

Sources: subscribed data sources and relevant planning departments, Carterwood.

32. Map of existing and planned care home supply

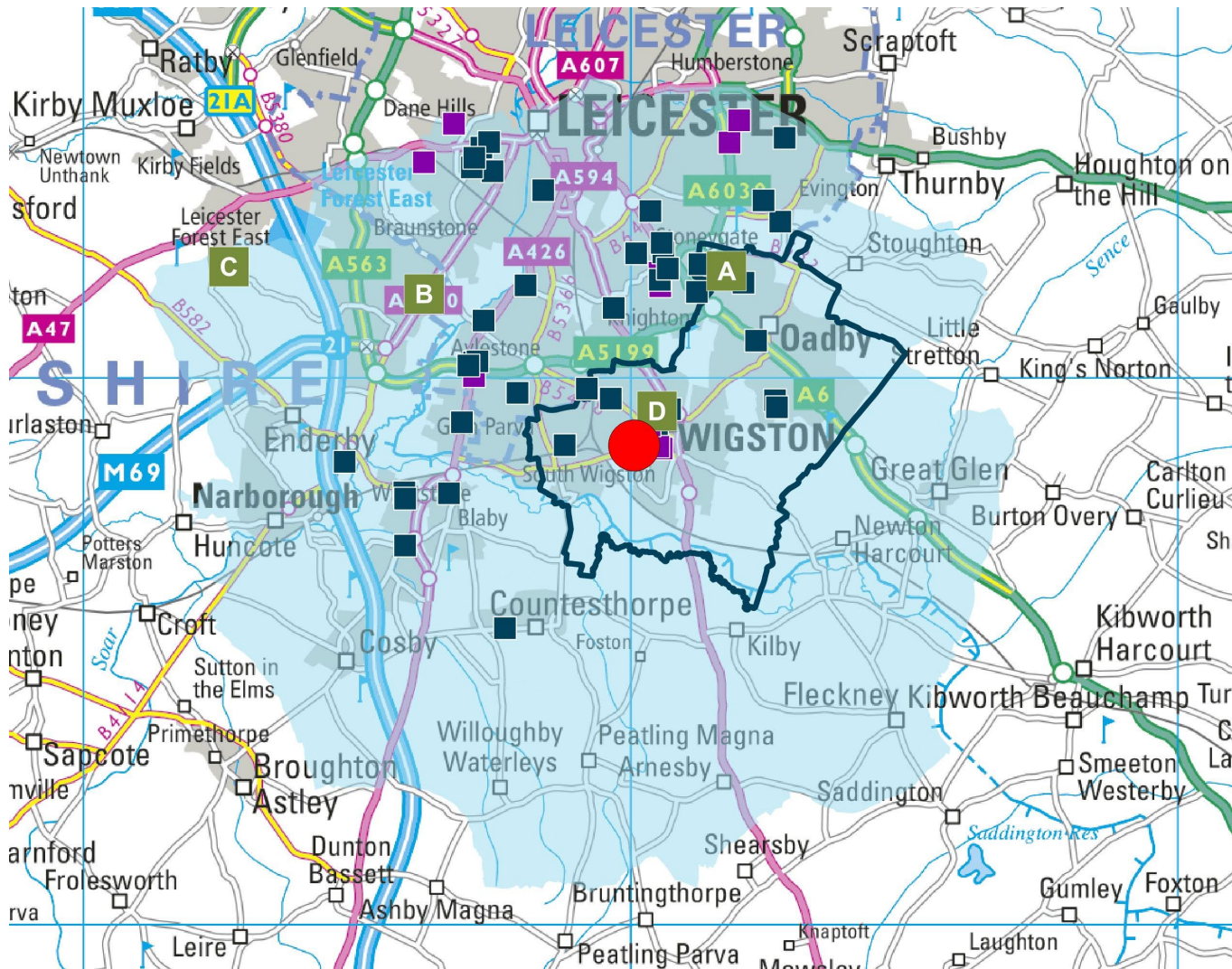


Figure 16: Map of all existing care homes and planned supply

Key:

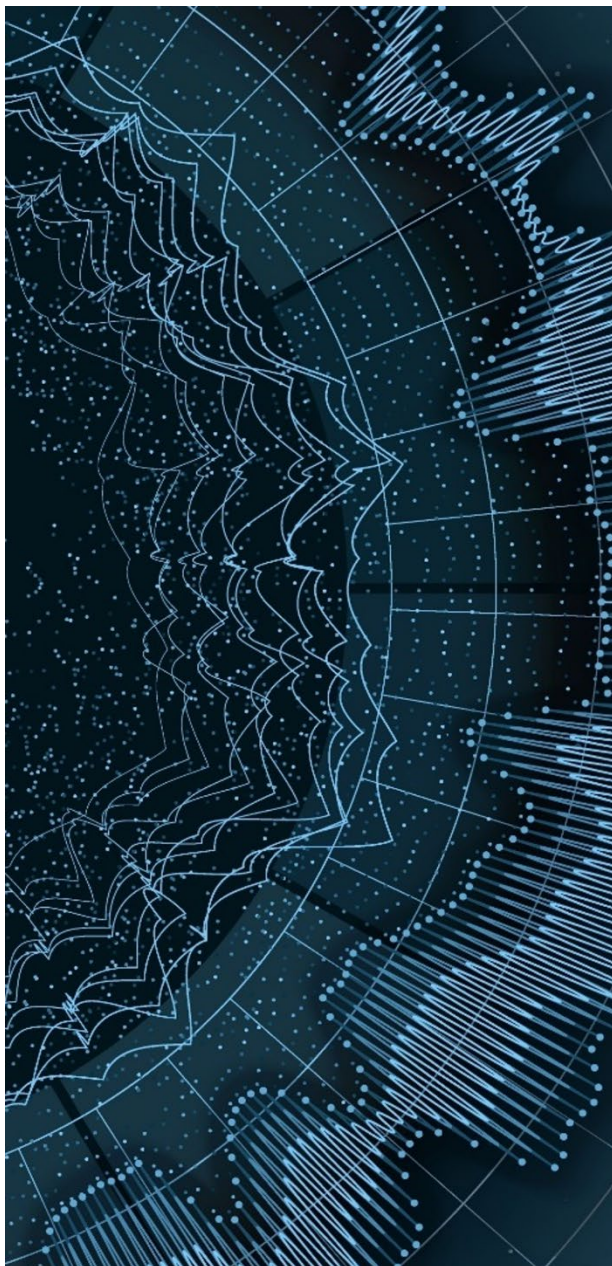
- Subject site
- Personal care
- Nursing
- Planned provision

Please note that the locations of all existing and planned schemes are approximate.

Dark blue line shows Oadby and Wigston Borough Council area
 Light blue shading shows the market catchment.



Figure 17: National map



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Summary of planned private housing-with-care
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33. Summary of existing private housing-with-care

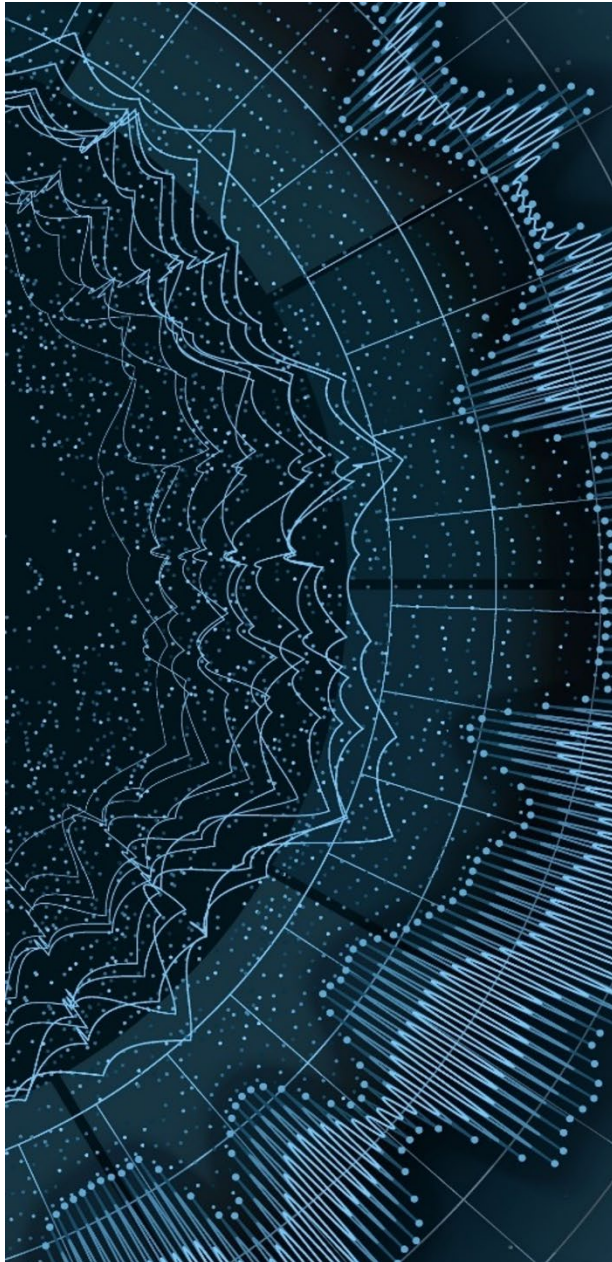
T42 Summary of existing private housing-with care schemes

Map ref	Catchment	Scheme	Manager/Operator	Distance to subject site (miles)	Total units	Private units	Scheme type	Year of construction	Notes
1	Market catchment only	Saffron Court, Southfields Drive, Leicester, Leicestershire, LE2 6QS	Adjuvo Care Ltd	1.3	28	28	Enhanced sheltered	1980	-
2	Market catchment only	Glenhills Court, Little Glen Road, Glen Parva, Leicester, LE2 9DH	YourLife Management Services	2.0	54	54	Extra care	2015	-

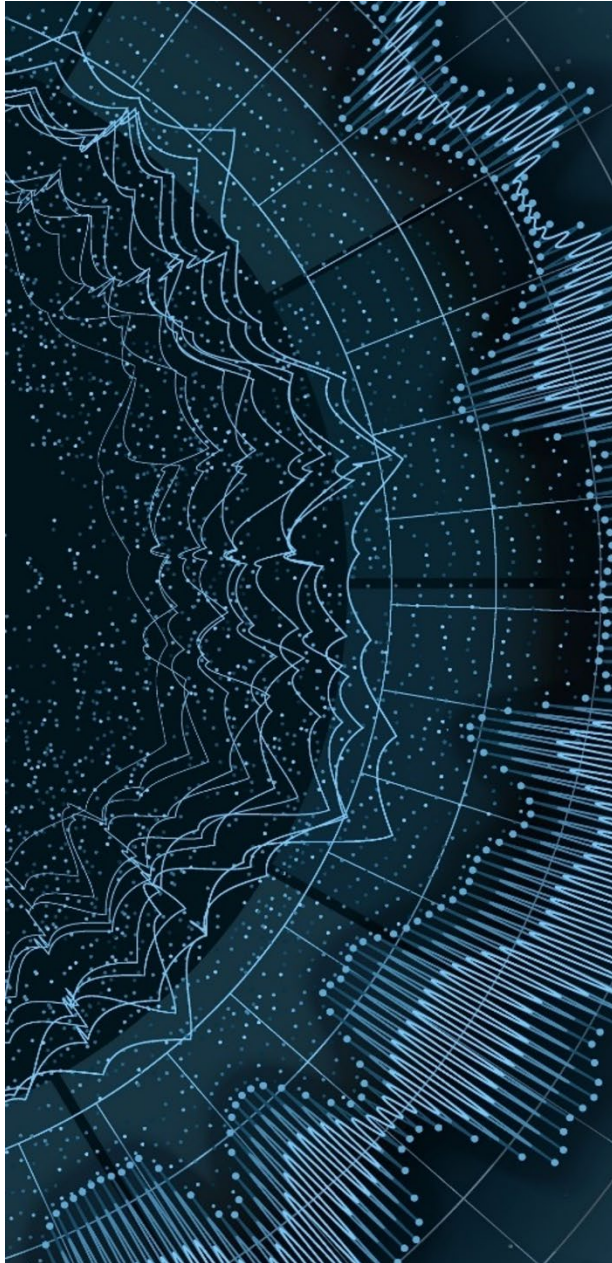
34. Summary of planned private housing-with-care

T43 Summary of planned private housing-with-care provision										
Map ref	Catchment area	Site address	Applicant	Scheme	Net extra care units	Development commenced	Earliest estimated year of delivery	Distance to subject site (miles)	Planning ref / date granted	Notes
Granted										
There are no proposed private housing-with-care schemes with planning permission										
Pending										
A	Market and local authority	Land at Oadby Grange near Devonia Road, Oadby, Leicestershire, LE2 4UJ	Mulberry Strategic Land Ltd	Up to 120no. Class C3 residential dwellings, up to 92no. residential units within use Class C2 with associated communal facilities, a community hub building (use class E/F), access, car parking, internal roads and footpaths, public open space and landscaping including a Country Park, drainage and other associated works and infrastructure.	92	No (Pending)	2026	2.6	22/00448/OUT	Outline application 22/00448/OUT proposes a residential development which will include C2 retirement living units. At the outline stage, the tenure mix has not yet been confirmed, and we have therefore coded all units as private housing for prudence.
Total planned units in the market catchment					92					
Total planned units in the local authority area					92					

Source: subscribed data sources and relevant planning departments



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Appendix

A: Sources of information

Sources of information

We have utilised the following sources of information:

- Census 2011 population statistics;
- Census 2021 population statistics (where available);
- ONS 2018-based population projections;
- LaingBuisson Care Homes for Older People UK Market Report (33rd edition);
- Carterwood database;
- NHS England;
- A–Z Care Homes Guide;
- www.housingcare.org;
- www.cqc.org.uk;
- Contains Ordnance Survey data © Crown copyright and database right (since 2018);
- Contains LPS Intellectual Property © Crown copyright and database right (since 2016);
- Relevant planning departments;
- Glenigan;
- Planning Pipe;
- Centre for Policy on Ageing: *A profile of residents in Bupa care homes: results from the 2012 Bupa Census*;
- Alzheimer's Society: *Low expectations: Attitudes on choice, care and community for people with dementia in care homes*, February 2013;
- 'Estimating Housing Need'. Department for Communities and Local Government (2010);
- Leicestershire County Council
- EAC database;
- Department of Health;
- LaingBuisson's Care Homes for Older People UK Market Report (33rd edition);
- Communities and Local Government;
- National Planning Policy Framework;
- House of Commons Commission for Long Term Care;
- Centre for the Study of Financial Innovation;
- HAPPI, HAPPI2, HAPPI3;
- Demos;
- Policy Exchanges;
- ARCO;
- FPD Savills;
- Housing LIN;
- Shefford Hallam University;
- Three Dragons/Retirement Housing Group;
- Worcester Research;
- Tetlow King;
- Joseph Rowntree Foundation;
- CASS Business School.

In preparing our advice, we have also relied upon the following:

- Background information provided by the client;
- Documentation submitted with planning application.

In accordance with our definitions and reservations (attached in Appendix D), we have assumed that the information above is accurate and should it be proven through further investigations to be incorrect, then this could affect our advice.

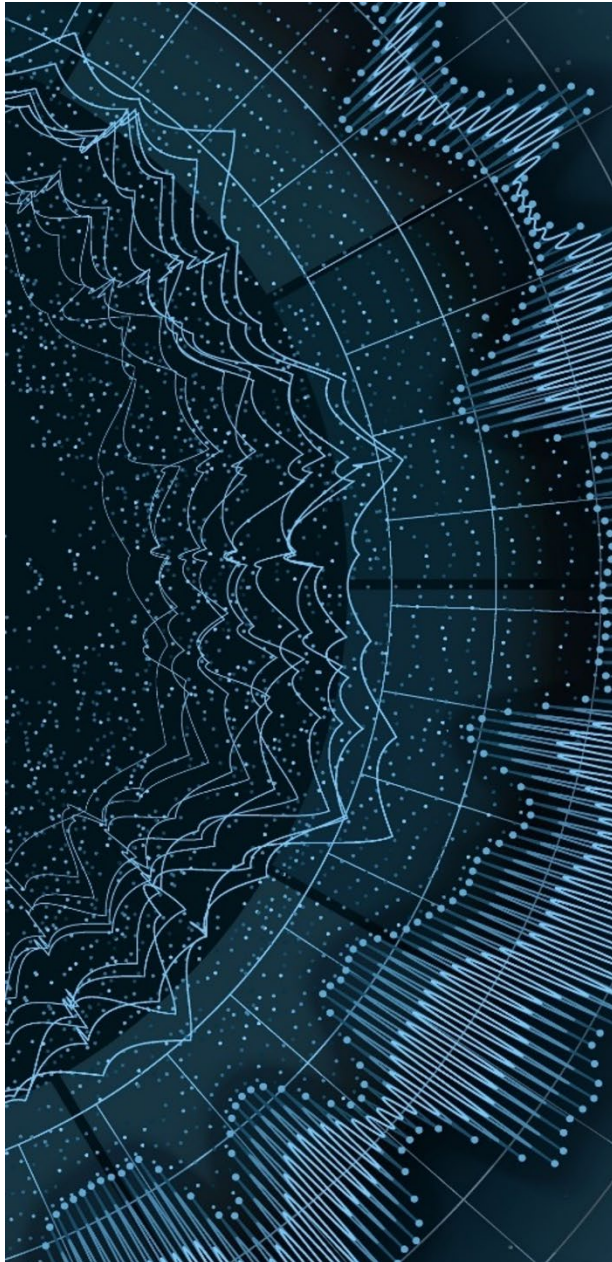
Confidentiality

This report is for the stated purposes only and for the sole exclusive use of the client, to whom it is addressed.

Neither the whole, nor any part of this report or any reference to it, may be included now or at any time in the future, in any published document, circulation or statement, nor referred to or used in any way, without our written approval and context to which it may appear.

Conflict of interest

There are no conflicts of interest that we are aware of that would prevent us from providing our advice.



Appendix

B: Care home need methodology and definition of minimum market standard beds

Methodology for assessing net need for ‘total market’ and ‘specialist dementia’ care beds

Our need methodology for the catchment area is provided below, with the analysis and results in relation to the proposed care home contained within Sections 16–20 of this report.

Current and future net need for elderly care is influenced by a host of factors. These include the balance between gross need and supply in any given area, and can also be influenced by social, political, regulatory and financial issues.

In our opinion, taking all factors into account, the most appropriate means of assessing whether a particular area has sufficient net need to warrant additional care beds seeks to measure the difference between gross need for elderly care home beds and the current and future supply; we provide below a fuller explanation of the process used.

Gross need (total market)

We assess gross need based upon Census 2011 population statistics (also 2021 population statistics for the local authority area) and have applied elderly population growth rates to determine the current and future need for beds.

We adopt LaingBuisson’s measure of ‘Age Specific Demand’ (ASD). ASD is a tool used to predict the risk of an elderly person being in a residential setting at a given age.

The methodology involves taking population statistics by age (65–74, 75–84 and 85+ years) and applying standard UK regional patterns of care home admission (based on March 2020). It should be understood that ASD is, therefore, a function of population; not a direct measure of demand for care services being only an indicator of them. It is, however, the industry-recognised approach to determining gross need for care in a residential setting.

Gross need (specialist dementia)

Our measure is based upon LaingBuisson’s 2020 adjustment to the 2012 Centre for Policy for Ageing survey regarding risk of admission to a care home with dementia being the prevailing cause. This indicates that 41.3 per cent of residents within the surveyed care homes were admitted with dementia as the primary cause. Therefore, utilising this prevalence rate, we have calculated gross need within each catchment area from residents with dementia as a primary cause of admission. Best practice states that people living with dementia should be cared for within a specialist, dedicated dementia environment.

This measure, by definition, assumes that the principal reason for admission to a care home is based upon the dementia condition. It should be noted, however, that there may be other physical frailty in addition to this measure. Conversely, there will also be a

pool of dementia sufferers who would have been admitted due to a physical frailty/disability, but who now also suffer from some form of dementia.

Occupancy allowance

In both calculations of gross need, above, we have applied an occupancy capacity allowance adjustment, as a function of occupancy (and not capacity of market standards beds). Care homes cannot operate sustainably at 100 per cent occupancy and we adopt an ‘effective full’ average level of 92.3 per cent, to ensure that every home has sufficient capacity to cater for excessive winter death rates, other seasonal variations, local demand spikes, vacancies between admissions, infection control, etc.

Current supply

We provide a detailed analysis of the existing care home provision for older people, which analyses the quality of accommodation and total number of bedspaces.

In the event of any anomaly in our subscribed data source, *A–Z Care Homes Guide*, we cross-reference against the CQC website and, where necessary, we review the home’s/operator’s website or contact the home directly to confirm the query.

In our assessment, we include care homes registered for either personal or nursing care and those that provide both forms of care. There is, as yet, no industry-recognised measure of assessing the need for solely nursing or solely personal care.

Planned supply

We assess planned supply within the catchment by conducting a review of all applications for new care home beds within the planning system (both new-build and extensions) that have been granted, refused, withdrawn or are pending decision. This is cross-referenced against the online planning website for the relevant local authority and, where an anomaly exists, we contact the planning officer, if required, to determine the number of planned beds, either with planning permission or under construction.

Additional bedspaces are of key importance as they are likely to be of a high standard and provide significant competition to the proposed care home, once completed and trading. In our analysis we assume all planned bedrooms will provide full en-suite wetrooms (unless the plans indicate otherwise).

We search for planning applications submitted over the past 3 years. Where an application has been refused or withdrawn, we enter the postcode into the local authority online planning facility to identify if a subsequent application or appeal application has

been submitted. We would note that the planning registers to which we subscribe are not definitive and may exclude some applications as they rely upon each local authority for provision of the information.

A proportion of planned care home beds are never implemented; however, for completeness, we include all planned schemes regardless of their deliverability. Beds granted permission, but not yet under construction, have potential for alternative residential C3 schemes to take their place.

We differentiate the planned schemes by estimating the earliest potential timescale for deliverability, depending on their planning status, the likelihood of imminent development or whether there is any evidence that construction has commenced.

Balance of provision/net need

We combine the results of our gross need analysis with our assessment of existing supply and planned provision to provide a measure of the balance of provision within the catchment, or net need.

The measure utilises a ‘maximum planned supply’ scenario, based on the earliest year the subject scheme could be made available, assuming those planned beds considered deliverable by the same year are developed and operational. This is likely to overstate the number of beds that will actually come forward from the planning system.

We consider this methodology is a logical, industry-recognised means of establishing if there is a net need for additional elderly care home beds in any given area.

Going forward, it is harder to predict future industry trends and there are other factors that may influence the longer-term need for care services, which include:

- political and regulatory change;
- funding constraints;
- increase in adaptive technology and ‘telecare’, prolonging the ability for people to remain in their own homes;
- medical advancement;
- COVID-19 or other pandemic/outbreak of life altering transmittable illness.

We provide an indication of need growth between the years 2026 and 2043 in Section 20. This estimate assumes that all other factors remain equal, with the only variances being the increased gross need for care based upon the rise in the number of elderly persons and the anticipated year of completion of all schemes currently in the planning system.

Definition of ‘minimum market standard’ beds

In calculating the current supply of care home beds, we assess the total provision of minimum market standard bedrooms which we define as the total number of bedrooms operated by each care home that provide en-suite facilities. An en-suite includes a WC and wash-hand basin (as a minimum) and does not necessarily provide a level access shower/bathing facilities.

We do not assess the shortfall of bedrooms based upon a care home's total registered capacity. The total registered capacity is often greater, as it includes the maximum number of bedspaces (rather than bedrooms) that the care home is registered to provide by the sector's regulator, the Care Quality Commission (CQC), for England, the Care Inspectorate Wales (CIW) or the Scottish Care Inspectorate. This registered provision will therefore include:

- minimum market standard bedrooms;
- under-sized bedrooms;
- homes with internal or external stepped access – which therefore require a level of physical acuity and may limit the resident from being able to access and occupy the room;
- bedrooms accessed via narrow corridors – making them unsuitable for persons confined to a wheelchair;
- bedrooms above or below ground floor level that are accessed without a shaft lift – a significant challenge in the provision of any care, but particularly when providing high dependency nursing care;
- bedrooms of an inappropriate size and shape – preventing two care assistants from being able to assist a person into and out of their own bed;
- historic shared occupancy bedrooms – now often only ‘marketable’ as single occupancy bedrooms, as market expectations and commissioning standards rise;
- bedrooms that lack en-suite facilities – en-suites have been actively encouraged for the last 20+ years, wherever possible in new developments, both by the government's regulator as well as by the market. Both are trying to drive increased quality and meet basic expectations that current referrals and their next of kin see as mandatory.

We are aware of some local authorities that suggest that, as the CQC continues to register existing care homes that do not comply with the definition of minimum market standard, the total registered capacity should be the appropriate basis of assessment of market supply.

However, this argument fails to take account of the rising dependency levels of those individuals who now require care in a care home. The profile of care home occupants has changed markedly over the past 15 years with care homes catering to

those with high dependency residential, nursing and dementia care needs as alternative forms of housing and care have increased which are suitable for those with lower dependency levels.

A failure to address the shortcomings in the existing standard of care home supply will mean inadequate accommodation for those who require the most care over the coming years, as the well-publicised increase in the elderly population starts to take effect.

In our opinion, it is the local planning authority and the commissioning authority, not the government's regulator, that holds the ability to influence developments and drive spatial and environmental quality forward. In this respect, Carterwood has been involved in a considerable number of successful planning applications and has submitted need assessments using an identical methodology to that prepared as part of this submission, where the need case has been accepted by the relevant local authority during the application process. We are pleased to provide examples of such below which evidence both the geographical and temporal nature of these planning permissions:

- Proposed Care Home and Landscaped Gateway for Alton, Winchester Road, Chawton, Alton, Southampton. (planning ref: 59484, granted May 2023). Development to provide 67 bed purpose built care home (Use Class C2) and 28 no. apartments (Use Class C3) providing 100% Affordable, age restricted, sheltered accommodation.
- Trb Ltd, Trb Drive, St Asaph Business Park, St Asaph, Denbighshire, LL17 0JB (planning ref: 40/2021/0309) Erection of a 198 bed Registered Care Home (Use Class C2), landscaping, parking facilities and associated works.
- The Springbrook, Stockport Road, Grappenhall and Thelwall, Warrington WA4 2WA (planning ref: 2021/38631) Full Planning (Major) – Proposed demolition of existing public house and erection of a three-storey building comprising of a 70-bed care facility (Use Class C2) with associated car parking and landscaping.
- Chelford House, Coldharbour Lane, Harpenden AL5 4UN (planning ref: 5/19/1642) – the redevelopment including the demolition of the former Chelford House to a 63-bed care home (C2 Use Class), with amendments to access, parking, amenity space and associated infrastructure. Allowed at appeal APP/B1930/W/20/3259161.
- Langley Court, South Eden Park Road, Beckenham, BR3 3BJ (planning reference: 18/00443/FULL1) – redevelopment of the site to provide 280 residential units (Use Class C3), a Use Class C2 care home for the frail elderly, retention of the sports pavilion, retention of the spine road, provision of open space and associated works.
- Harpwood, Seven Mile Lane, Wrotham Heath, Sevenoaks, TN15 7RY (planning reference: 18/02137/FL) – demolition of existing care home building (use class C2) and erection of a replacement care home (use class C2) with associated car parking, refuse and external landscaping.
- Marie Foster Centre, Wood Street, Barnet, EN5 4BS (planning reference: 18/5926/FUL) – demolition of existing buildings and construction of a part two-, part three-storey building with accommodation in the roofspace and at lower ground floor level, to provide a 100-room care home with associated communal areas, amenity space, buggy store, refuse/recycling store, cycle store and sub-station. Provision of 43 off-street parking spaces.
- Land north east of Ex-Servicemen's Club, Scotland Road, Carnforth, Lancashire, LA5 9JY (planning reference: 18/01183/FUL) – erection of a care home building comprising of 118 bedrooms and communal, staff and services areas, with associated internal road layout, car parking and landscaping, creation of a new access and construction of a new retaining wall.
- 11 Elmfield Avenue, Stoneygate, Leicester LE2 1RB (planning reference: 20171457) – demolition of single dwelling and construction of a three-storey 72-bed care home (class C2), access, parking, landscaping, trees and other associated works (amended plans).
- Carpenders Park Farm, South Oxhey, Watford, Hertfordshire, WD19 5RJ (planning reference: 17/1010/FUL) – demolition of existing buildings and provision of 76-bed care home, with landscaping improvements, the upgrading of an existing access, provision of car parking, and associated infrastructure.
- Rayleigh Close, Rayleigh Road, Hutton, XX, CM13 1AR (planning reference: 17/01527/OUT) – outline application for the construction of a 55-bed assisted living and a 77-bed care home development together with associated communal facilities, access, basement car, cycle and mobility scooter parking, refuse storage area, landscaped grounds and associated works following demolition of existing buildings. (Landscaping reserved matters).
- Farthings, Randalls Road, Leatherhead, KT22 0AA (planning reference: MO/2016/0594): The erection of 62-bed care home, 35 assisted living units, 26 family houses and 17 affordable dwellings, together with access, parking, public open space including a Locally Equipped Area of Play (LEAP)
- Brethrens Meeting Room, West Street, Farnham, GU9 7AP (planning reference: WA/2015/0641) – erection of a care home with nursing (Class C2) with related access, servicing, parking and landscaping following demolition of

existing place of worship (as amended by plans and documents received 02/07/2015 and 16/07/2015 and as amplified by additional information received 08/05/2015).

- Grays Farm Production Village, Grays Farm Road, Orpington, BR5 3AD (planning reference: 14/00809/FULL1) – demolition of the existing buildings and redevelopment to provide a 75-bed care home with landscaping and associated car parking.
- Land west of Banbury Road, Adderbury, Oxfordshire, OX17 3PL (planning reference: 13/01672/HYBRID) – Phase 1: Construction of a 60-bed elderly nursing home. Phase 2: Construction of extra care facility of up to 3,450 sq. m (GIA).
- Old Silhillians Association Ltd, Warwick Road, Knowle, Solihull, B93 9LW (planning reference: 2013/867) – development of a 60-bedroom care home with car parking/servicing area and landscaped grounds.
- 50–54 West Street, Reigate, RH2 9DB (planning reference: 13/01592/F) – development of a registered residential care home for the frail elderly, following demolition of three existing dwellings.

While the total registered capacity was greater than the number of minimum market standard bedspaces, the quality, design and type of bedspace could not be ignored, and the premise of assessing bedspaces on a minimum market standard basis was accepted by each respective council.

We have therefore assessed the net need for care home bedrooms by adopting minimum market standard beds as the basis of our analysis, due to the rising expectations of quality required by service users as well as previous regulatory requirements to provide en-suite facilities, and best practice. We consider that, going forward, homes that do not provide adequate en-suite facilities will fast become obsolete.

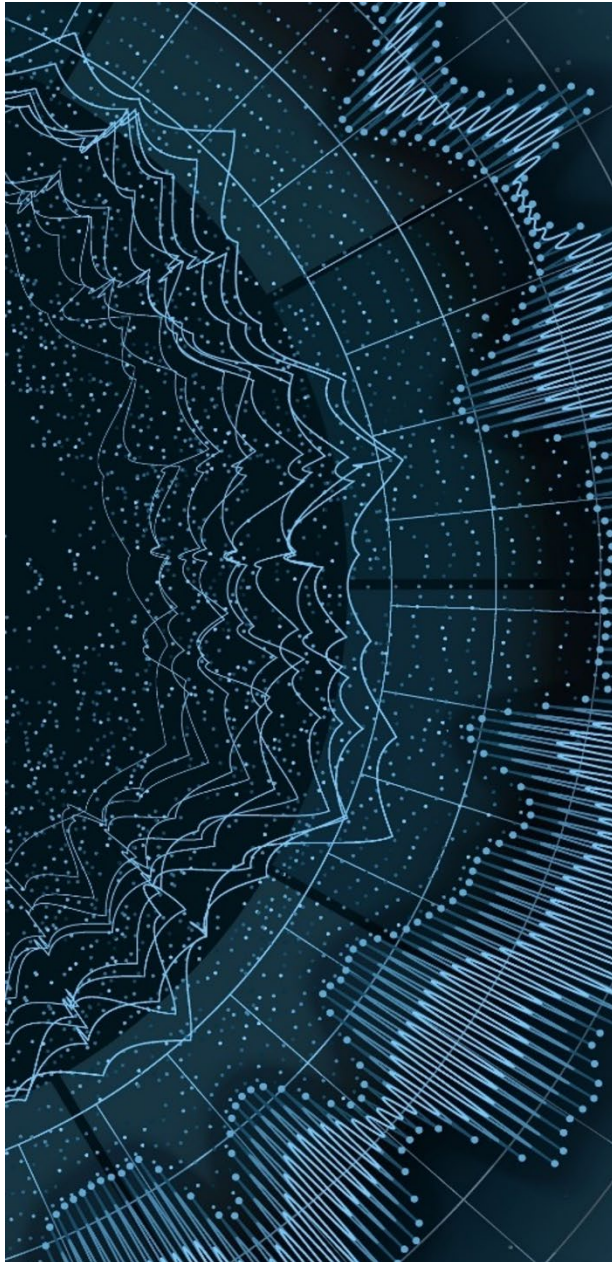
This method of assessing supply, utilising minimum market standard beds, is accepted market practice by all operators we currently undertake feasibility work for, when considering the development of new facilities. We have prepared over 4,000 site feasibility/need assessments since 2008, all of which adopt the minimum market standard bed approach.

It should be noted that the quality of en-suite provision in existing homes may vary significantly, from large wetroom facilities to small, converted cupboards with a WC and wash-hand basin.

All new care homes are developed with en-suite facilities, usually providing larger bedrooms with en-suite wetroom/shower rooms to enable the service user to be bathed without the necessity for larger communal bathrooms; therefore, all new bedrooms are classified as 'full market standard'. We also provide a planning

need assessment on this increased bedroom quality level for the purposes of comparison with minimum market standard level.

Other factors also influence what determines a minimum market standard bedroom, including room size, layout and configuration, as well as a host of factors not related to the physical environment, most importantly the quality of care being provided to service users. However, with the information available, and without making qualitative judgements as to the calibre of any care home, we consider it the most appropriate measure to analyse the elderly care home provision currently available upon which to assess existing and projected need.



Appendix

C: Methodology for assessing need for private housing-with-care

Local level need methodology review

Despite the ever-growing corpus of national research, government policy direction and market position statements produced by local authority commissioning departments setting out the benefits of housing-with-care, there are shortcomings with the currently available local level need assessment models.

It should be highlighted that there is no single recognised methodology for identifying need for housing-with-care. PPG Housing for Older and Disabled People suggests an assessment can be obtained 'from a number of online toolkits provided by the sector', although the only example cited is no longer available online.

The critical issues that we consider surround the available toolkits and their application are detailed below, not as criticisms of the models (many of which are being misused and misunderstood from their intended purpose) but as a review of their attributes and shortcomings when determining need at a site-specific level.

Use of existing supply to predict future supply levels

Existing provision of housing-with-care for those aged over 65 years is currently undersupplied at national level on every basis assessed, and by considerable numbers based upon downsizing potential, international comparisons and the government's own policy objective to keep people in their own homes for longer.

Most of the models look at the current stock of housing-with-care as the basis to decide future requirements. This has resulted in some outputs pointing to the ridiculous position where if a local authority has zero existing extra care provision in its area (due to market circumstances of an immature housing product rather than a need-related issue) then in 'n' years' time, despite a huge increase in forecast elderly population growth, the need remains at zero.

Such models assume that, if there is an existing good supply of one form of specialist housing provision (i.e. more established forms such as care home beds or sheltered housing), there must be a continued need for that form of provision at the same projected prevalence rate.

Housing-with-care provides a more recent model of specialist housing (particularly in the private sector) and there can be significant challenges to fund and source land (due to its operating model). It therefore needs encouragement and support in order to generate any meaningful increase in development. ARCO is at the forefront of generating support for Integrated Retirement Communities at the national level, through various initiatives.

Over-reliance and tool misunderstanding

The models, which were intended to provide a 'high-level' indication of need, can be subject to overreliance and misinterpretation (this is no criticism of model authors, all of whom caveat their models appropriately and recommend local, scheme-specific research is conducted on a site-by-site basis).

It is apparent that planning guidance has been the main driver of the distortion of the original vision for extra care by encouraging an emphasis on 'need', as defined by functional incapacity and declining health requiring an immediate input of care (akin to a care home bed). The attraction of achieving Use Class C2 has led to developers describing their planned developments in terms that meet the planners' generally conservative interpretation of Use Class definitions that were published prior to extra care being recognised as a form of provision.

Evidence base for prevalence rates adopted

Inevitably, there is no simple mathematical formula that links the currently available data to a prevalence rate. Given the range of variables, of which client choice is perhaps the greatest, followed by the availability and awareness of housing-with-care, the prevalence rates used in the models are based predominantly on existing supply levels at the time of publication.

From this starting point (and based on an educated estimate of the position at the time), the model authors have made a judgement on the prevalence rates' current and likely future adequacy by referring to the indicators of need in terms of functional incapacity and health status. They also take account of the trajectory of development together with future aspirations and give weight to the policy drivers.

Extra care assumed as only a replacement for residential care

The application of some models is made on the basis that a need exists for 'housing-with care' solely as a replacement for residential care, suggesting that, as one declines, the other must increase, proportionately.

All evidence indicates that there is also additional latent need from those who would otherwise have accessed housing-with-care, driven by a current shortfall of existing supply and lack of choice, which the government itself is trying to promote over and above care home provision, as housing-with-care caters to older people with different dependency levels.

Obsolescence of existing stock

Models ignore the obsolescence of much of the supply of existing stock – many schemes still provide 'studios' or small one-bed units that are completely unsuitable for modern age-appropriate housing standards and would barely be marketable as traditional housing, let alone specialist housing for older people.

Misunderstanding the private housing-with-care target market

The application of the models by adult social care commissioning teams does not adequately consider the nuances of delivering housing-with-care in the private sector. It is impossible to expect an elderly person who would otherwise be receiving residential care (and may therefore require assistance with personal care, eating, etc.) to sell their own home and go through the conveyancing process, acquire or lease a new property and move home at this level of dependency.

Housing-with-care in the private sector is a preventative solution, i.e. if that same person had acquired their private extra care unit 18 months earlier, while not needing 24-hour care and support, they are more likely to have been in a position to buy/sell their property, move into the extra care scheme and then age in place with all the support and care on-site when they need it later, not solely when they have an immediate requirement as a result of a crisis.

Failure to account for actual elderly homeownership levels to reflect private housing-with-care need

Some models suggest a reapportionment from approximately 75 per cent social rent, towards an equal split of provision for social rent and for sale, prior to increasing the proportion of units for sale towards 75 per cent of the market during the 2010s. On this basis, the level of provision of housing-with-care would be more in line with UK levels of home ownership by those aged over 65 years if this change in the proportion of supply had occurred.

The apportionment of 'need' is often made arbitrarily, at the behest of social services teams, who do not necessarily support private development in the same way as affordable provision, as their strategy and budgets are focused primarily on social need. Existing supply of extra care remains close to the original 75:25 ratio of provision for social rent and for sale, as the limited funding for social provision has slowed increasing any provision of affordable supply. Given levels of homeownership nationally, this situation should logically be reversed.

Exclusion of elderly people between 65 and 74 years of age in need calculations for extra care

Most models, for some reason, exclude households between 65 and 74 years of age in their projections, and instead concentrate 'need' from those aged 75+ years. This is despite the planning restrictions in place on specialist older people's housing schemes, which typically start from 65 years (sometimes 55 years).

This assessment is more likely to have been based on the age profile in extra care accommodation for social rent. Our own analysis of existing retirement community residents on behalf of ARCO indicates that at least 20 per cent of residents in retirement communities are aged between 65 and 74 years – therefore, most models consistently underestimate need. Even care home need models (which have higher levels of dependency as eligibility criteria than extra care) assume a percentage of the population aged 65 to 74-years will occupy a care home bed. There is no evidenced-based rationale for the exclusion of those below 75 years of age (the Three Dragons model is the only model assessed that does try to explicitly account for this in its calculation of 'need' for older people).

Barriers to use

More Choice, Greater Voice has been widely quoted, especially during the first 6 or 7 years after publication, and was reflected in a number of housing strategies for specialist accommodation for older people and commissioning documents.

Housing in Later Life was less warmly embraced by local authorities, partly because it set more demanding targets but also because it was competing with the newly published SHOP@ toolkit.

The SHOP@ toolkit, to which the NPPG refers, was withdrawn as an online toolkit in late 2019, and is no longer available for third-party use unless specifically commissioned.

The Three Dragons/RHG model is not available as a free-to-access tool on the organisation's website and must also be independently commissioned.

Carterwood approach

Given the challenges of the existing toolkits, we have undertaken our assessment of need considering all the models in turn and then applied the prevalence data at local authority and market catchment level in order to provide the most comprehensive assessment of need available – this includes both national models and local models.

We have then applied our recommended prevalence rate based upon our composite review of the strengths and weaknesses identified in our assessment.

Model need prevalence rate summary

T44 Summary of local level population need toolkit/model prevalence rates (per 1,000 population over 75 years unless stated otherwise)				
Housing type	Enhanced sheltered housing		Extra care housing	
Models reviewed	For rent	For sale	For rent	For sale
More Choice Greater Voice (2008) – ‘Ratios suggested by the norm’ page 45) (*1)	10.0	10.0	12.5	12.5
SHOP (Dec 2011) – Estimate of demand (page 36) (*2)	10.0	10.0	15.0	30.0
Housing in Later Life (2012) Indicative ratios for Bury (page 23) (*3)	10.0	10.0	15.0	30.0
SHOP@ (2013) – Projected ‘base case’ demand at 2030 (page 7) (*4) (*8)	10.0	10.0	12.5	12.5
CRESR (Nov 2017) Greater Cambridge. Extra Care Demand Assessor (ECDA) – Prevalence rate varies and is generated by the model (*5)	Calculated independently by the online model		Calculated independently by the online model	
Other national models				
Three Dragons (Nov 17) Report to GLA (*6)	15 to 20 per cent of all 75+ person <u>households</u> would want to live in specialist older people’s housing, if it was available. Need analysis based upon Greater London characteristics and therefore not applicable to East Cambridgeshire and does not separate out demand for extra care/enhanced sheltered housing by prevalence rate.			
ARCO Vision 2030 (*7)	For 250,000 people to have the opportunity to live in retirement villages by 2030. This is defined as retirement communities which we consider would fall within either the extra care or enhanced sheltered housing definitions.			

NB – the ‘for rent’ figures above relate to ‘affordable rent’. The ‘for sale’ figures relate to market rent or leasehold sale ‘private’ supply. The percentages above provide baseline rates for each toolkit which may be skewed towards ‘for rent’ or ‘for sale’ depending on the relative affluence of a particular location.

Sources:

(1) *More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people. Communities and Local Government, CSIP & Housing LIN, February 2008.*

(2) *SHOP Resource Pack, December 2011.*

(3) *Housing in Later Life: planning ahead for specialist housing for older people, Housing LIN, NHF et al, December 2012.*

(4) *SHOP@, Housing LIN & EAC, Delivering the Detail, October 2013.*

(5) *Archer, Tom (2018). Extra Care Demand Assessor (ECDA). SHU Research Data Archive (SHURDA).*

(6) *Three Dragons / RHG (November 2017) Assessing future potential demand for older person’s housing, care homes and dementia housing in London.*

(7) *ARCO vision statement.*

(8) *Gaul, D. (2016) Housing LIN and Elderly Accommodation Counsel – SHOP@ Analysis Tool Review. [Note: The estimated future need assessed utilising the SHOP@ (2013) toolkit is set at the baseline level. The toolkit states that ‘it is accepted that the percentage of leasehold will increase in the future and this change will vary on whether the market is attractive to leasehold sales i.e. areas of affluence will see a higher percentage increase in leaseholds by 2035. There are no definitive figures for 2035 but one proposed suggestion is linked to the assumptions in Housing in Later Life (2012). It is suggested that users of SHOP@ consider the options on the chart and look at the results from scenarios using different percentages. The chart provides a ratio of 50:50 for enhanced sheltered housing and 33:67 for rented (affordable) to leasehold (private) extra care in more affluent localities. The SHOP@ toolkit review (2016) updates this market split by suggesting that the tenure mix by 2035 for housing with care should be 33:67 rented to leased in affluent locations and 25:75 rented to leased in the most affluent locations. The update also provides a ‘proposed new SHOP@ prevalence rate per 1,000 people over 75 for Sheltered/retirement housing of 100.0, stating that ‘other services areas will differ slightly depending on the Housing-with-Care strategy. For example lower Housing-with-Care will support more registered care. Higher Housing-with-care may reduce sheltered housing due to service reviews converting sheltered schemes to Housing-with-care]]*

Further details on each of the assessed toolkits are set out below. There is a wide variation in need calculated across the different models and approaches.

Model review – strengths and weaknesses

T45 Summary of local prevalence rates		
Model	Strengths	Weaknesses
More Choice, Greater Voice (2008)	<ul style="list-style-type: none"> Provides full breakdown of prevalence by tenure and housing type. While age of the study is a weakness, the targets suggested for 'market' supply of all types have not been met. As a ratio of the older population, the situation has either stagnated or deteriorated. With current national direction towards increasing supply, the suggested prevalence rates should now be considered more relevant as a minimum than when the model was first published. 	<ul style="list-style-type: none"> Age of study; need based upon 'current' provision, which on every assessable measure was under-provided for based upon elderly population at the time; doesn't account for need from 65- to 74-year-old cohort.
SHOP (Dec 2011)	<ul style="list-style-type: none"> Provides full breakdown of prevalence by tenure and housing type, includes some allowance for need that is not solely based upon current supply. While age of the study is a weakness, the targets suggested for 'market' supply of all types have not been met. As a ratio of the older population, the situation has either stagnated or deteriorated. With current national direction towards increasing supply, the suggested prevalence rates should now be considered more relevant as a minimum than when the model was first published. 	<ul style="list-style-type: none"> Age of study; no longer supported by authors; doesn't account for need from 65- to 74-year-old cohort.
Housing in Later Life (2012)	<ul style="list-style-type: none"> Based upon SHOP above so same strengths. 	<ul style="list-style-type: none"> Based upon SHOP above so same weaknesses.
SHOP@ tool (2013)	<ul style="list-style-type: none"> Flexibility to reflect demand based upon tenure type, interactive online tool which was (while it was available) easy to use. 	<ul style="list-style-type: none"> No longer available online (since 2019); widely misused by social services teams who misunderstood its application; reduced the overall 'need' prevalence significantly despite national and local policy objectives to increase supply of extra care – again arbitrarily with no evidence base other than opinion of local authorities; doesn't account for need from 65- to 74-year-old cohort.
CRESR (Nov 2017) Greater Cambridge. Extra Care Demand Assessor (ECDA)	<ul style="list-style-type: none"> More recent study, online model available. 	<ul style="list-style-type: none"> Based upon existing supply of extra care, being nationally recognised as under-provided. Doesn't account for need from 65- to 74-year-old cohort; calculates the catchment area 'in reverse' and doesn't take account of potential need outside more densely populated areas.
Other models		
Three Dragons (Nov 17) / Retirement Housing Group	<ul style="list-style-type: none"> Accounts for need from 65- to 74-year-old cohort, considers national policy objectives explicitly rather than being a measure of solely existing supply. 	<ul style="list-style-type: none"> London-centric analysis makes it difficult to apply to other local authority areas, amalgamates extra care and sheltered housing into one global measure; RHG model unavailable for site-specific use unless commissioned independently.
ARCO Vision 2030	<ul style="list-style-type: none"> Considers potential need and national policy objectives explicitly rather than being a measure of solely existing supply. 	<ul style="list-style-type: none"> Not a formal model.

More Choice, Greater Voice, Housing in Later Life and Housing LIN models

i) More Choice, Greater Voice (February 2008)

From the publication of the More Choice, Greater Voice model onwards, the population of those 75 years of age and over has generally been adopted as the appropriate metric for housing with care need calculations, for no specific reason.

Ratios of provision were built on evidence in 2008, adjusted to reflect the thrust of policy toward the encouragement of extra care. At that time, it was only really beginning to establish itself in the social rented sector and was practically non-existent in the private sector.

ii) Housing in Later Life (December 2012)

The general acceptance of the methodology and approach set out in *More Choice, Greater Voice*, alongside market signals suggesting falling demand for older style sheltered housing for rent, strengthening demand for retirement housing on a leasehold basis and a widening of the appeal of all tenures of extra care, resulted in an uplift in the suggested ratios of provision in the 2012 publication: *Housing in Later Life – planning ahead for specialised housing for older people*.

The focus of this toolkit was deliberately narrow – to assist local authorities in England in planning for specialist housing for older people and referred to a range of housing options built to assist older people with their accommodation and support needs in later life.

iii) SHOP (December 2011)

The same prevalence rates set out in *Housing in Later Life* were adopted in the first iteration of the SHOP (Strategic Housing for Older People) suite of documents. This 'toolkit' was originally developed for the Housing Learning and Improvement Network (Housing LIN) and the Housing Network of the Association of Directors of Adult Social Services (ADASS) by the Institute for Public Care at Brookes University and published in December 2011.

During mid-2020 Housing LIN updated its website as follows:

'This 2011 version of the SHOP Resource Pack is now out of date and uploaded as an archived record only. However, the Housing LIN has since worked with many councils individually to further develop and apply them to help produce their local housing strategies for extra care housing and supported housing. Please consult with us on your requirements so we can best advise on the most up-to-date resources and support available from the Housing LIN that would best suit your needs.'

iv) SHOP@ 'Delivering the Detail' (October 2013)

SHOP@ was launched in March 2013 and was pre-set with the number of units required per 1,000 of the population aged over 75 years, derived from the *More Choice, Greater Voice* prevalence rates. It calculated housing and care supply and demand using local data and figures for all 350+ local authorities in England, intended to prioritise investment and maximise capital resources and revenue funding.

SHOP@ generated four summary tables using information to 2030, from nationally available data and the assumptions input by the user based on their local commissioning strategy. The resultant tables included: Current housing and care need analysis for older people; Estimated future needs for older people's housing and care; Increase in number of older people living alone; and Change in housing tenure of older people.

SHOP@ was removed as a web-based resource in late 2019, despite being cited as an example of an online toolkit in PPG. Housing LIN now solely undertake SHOP@ assessments on a commissioned consultancy basis, predominantly for public sector bodies'.

The challenges surrounding the model, which is referenced explicitly in PPG (SHOP@ by Housing LIN), were articulately expressed by Nigel Appleton in his proof of evidence for the appellants, Retirement Villages, in the Shiplake retirement village planning inquiry in Oxfordshire (August 2019):

'Available online, the SHOP@ Tool has been widely used and has been recommended in successive Planning Practice Guidance, most recently in the PPG of June 2019. Whilst other methodologies have also been mentioned the availability of the SHOP@ Tool has regularly been cited as the basis for calculations in local authority documents and in planning inquiries.

The flaw inherent in the use of the SHOP@ Tool has been identified by some is that it is presented as providing objective assessment when it does nothing of the sort. The outputs it produces are heavily influenced by the assumptions that are inputted. Used in its default settings it relies upon current prevalence of provision as an indicator of future levels of need. This can lead to ludicrous outcomes: where an area with high levels of older people within its population has little provision and the default settings are used, it will project that little will be needed in the future.

This difficulty is recognised by the Housing LIN who have expressed concern about the reputational damage they are

suffering as a consequence of the misuse of the SHOP@ Tool. They make the point that the default settings of the SHOP@ on-line tool are intended to illustrate the information that needs to be loaded rather than recommending a level of prevalence or tenure split. So concerned has the Housing LIN become by this distortion of their intention, which was that the tool should support their aspiration to be a "Market Shaper", working alongside colleagues in commissioning roles in Adult Social Care and promoting local discussion about future provision, that they have now withdrawn the SHOP@ Tool from being accessed online.

That the Housing LIN has taken this remarkable step, a month after the SHOP@ Tool was recommended in the June 2019 PPG, leads one to treat calculation based on this methodology with extreme caution.'

Relevant Appeal Decisions

We set out below the detail from more recent appeal decisions, which make reference to these toolkits:

Former Hazeldens Nursery, Albourne, West Sussex

(September 2020), an application for an extra care development of up to 84 units (comprising of apartments and cottages) all within Use Class C2, associated communal facilities, sets out:

'The SHOP@ toolkit is pre-set with the number of units required per 1,000 of the population over 75 years old at 25 or 2.5%. This I shall refer to as the 'provision rate' and it has been derived from More Choice, Greater Voice (2008), which is a document that seeks to provide a strategy for housing with care for older people. It is important to have in mind that the provision rate is an assumption and is not evidence based. The Council pointed out that a provision rate of 25 is roughly double that for extra care housing nationally. However, that reflects the critical need across the country and is not particularly helpful in the consideration of how need should be met in Mid Sussex. (Para 84)

In December 2012 Housing in later life: planning ahead for specialist housing for older people sought to update More Choice, Greater Voice. It recognises that extra care housing was becoming better known as an alternative choice for older people who do not necessarily want or need to move to a residential care home. Furthermore, it recognises a prevalence for home ownership in the elderly population and predicts that demand for extra care housing for sale [generally on the basis of a leasehold tenure] will be twice that of extra care housing for rent. It provides a toolkit for use by local authorities in their

planning for and delivery of specialist housing for older people. It seeks to improve housing choice for a growing ageing population and increases the provision rate to 45 or 4.5% per 1,000 of the population over 75 years old. Whilst a worked example is given for Bury Metropolitan Council, it seems apparent from the information provided that this provision rate is one that is generally more applicable. That said, it is important to understand that this is an aspirational figure and is also not evidence based. (Para 85)

Little Sparrows, Sonning Common, Oxfordshire RG4 9NY (Ref: APP/Q3115/W/20/3265861) (June 2021), allowed the application for 133 units of extra care (Use Class C2) within a continuing care retirement community care village:

Quantification of the need for open market extra care housing is not straightforward, in part because whether an owner-occupier moves to extra care housing is ultimately a matter of choice, in part because there is no prescribed or generally accepted methodology. The Government very clearly supports the identification and provision of extra care accommodation as a recognised form of specialist accommodation for the elderly. Moreover, it is important to bear in mind that the NPPF definition of 'older people' does not exclusively mean the very frail elderly, rather it embraces a wide range of people in that category both in terms of a very wide age range and significant variation in issues surrounding matters like mobility and general health. (para 28)

The Government plainly recognises that the need is 'critical' and the importance of 'choice' and addressing 'changing needs'. Offering greater choice means a greater range of options being offered to people in later life and that the range of options should at the very least include the categories the Government recognises in its guidance. This includes extra care. The PPG also advises what 'range of needs should be addressed'. It recognises the diverse range of needs that exists and states that:

"For plan-making purposes, strategic policy-making authorities will need to determine the needs of people who will be approaching or reaching retirement over the plan period, as well as the existing population of older people". (para 30)

The Appellant's primary evidence on need is given by Mr Appleton, the principal author of two key publications in this area: *More Choice, Greater Voice* (2008) and *Housing in Later Life* (2012). Both of these publications seek to address how best to quantify the need for specialist housing for the elderly. They advocate a method which is based on the population and other nationally available data to look at the characteristics of an LPA area. (para 34)

Mr Appleton sets out a provision rate for private extra care of 30 per 1,000 of the 75 and over population in the District based on a total provision of 45 extra care units per 1,000 (4.5%) across both the affordable and private sectors, but split on a ratio of one third for social rented and two thirds for sale. This takes into consideration the research in *More Choice, Greater Voice* and revisions in "Housing in Later Life". I note that the 45 units per 1,000 is to be divided as suggested in order to bring supply into closer alignment with tenure choice among older people. ... The Council refers to the Oxfordshire's Market Position Statement which assumes a lower need figure for extra care housing but the focus there appears to be on social rented extra care housing. The Council also suggests that the SHMA evidence is to be preferred. However, I note that it does not identify figures for extra care, nor does it relate to the present PPG. In my view, Mr Appleton's provision rate is preferred and the need for more private extra care is overwhelming. (para 38)

There is plainly a very limited supply of extra care housing for market sale (leasehold) in South Oxfordshire. Adding further concern, it is of note that from 2012 to date just 133 units have been delivered despite there being in the same period permissions for a net gain of 447 additional Care Home beds. This runs completely contrary to the policy set out in the Market Position Statement of reducing reliance on Care Home beds and increasing capacity in extra care. The case for more market extra care provision now is very clear. Furthermore, the need is set only to grow. (para 43)

The Council sought to undermine the Appellant's need case with reference to earlier data from Housing LIN and the @SHOP tool. This on-line tool is highlighted in the PPG as a basis for calculating need. But the fact is it only provides a figure based on existing prevalence and then seeks to project that forward with a proportion increase based on the increase in the 75+ age group in the District. This is not a measure of need. (para 44)

Homebase, New Zealand Avenue, Walton-on-Thames Surrey KT12 1XA (Ref: APP/K3605/W/20/3263347), (June 2021), application allowed for a development comprising 222 units of care accommodation with associated communal facilities:

The [Surrey County Council] SCC Commissioning Statement, whilst dated April 2019 onwards, is a leaping off point and one which adopts the methodology of Housing LIN. Whilst not specified, it is likely that this would have been SHOP@. It uses a prevalence rate of 25/1000 for extra care. This needs to be adjusted to include enhanced sheltered housing at 20/1000 and the split tenure of 73/27 applied. It produces a need figure of 493 units with a population aged 75+ in 2025 being 15,000. Purely based on this figure up to 2025 with a supply of 235 there is a net need of 258. I am conscious that these figures do not

pay any regard to those between 65 and 74 years of age who may generate further uncertain levels of need. Figures into the future suggest an upward trend for unmet need, but considering up to 2025 is sufficient to make the point. (para 87)

I have also considered whether the COVID 19 pandemic may influence levels of demand into the future. I have no reason to question the appellant company's assertion that Housing with Care performed well in keeping residents safe. There is some logic to this as residents have their own self-contained apartments which provide some safe space for individuals. Staff would also have been available to assist with shopping, care, obtaining medicines etc. It is likely there may be some initial reluctance to consider a move to such a development post-pandemic, but the drivers for people to move to an environment where appropriate care can be provided will still be there. Therefore, I give this factor little weight in my consideration. (para 88)

CRESR – Housing for Older People Supply Recommendations (HOPSR)

Housing for Older People Supply Recommendations (HOPSR) was created by the Centre for Regional and Economic Social Research (CRESR) at Sheffield Hallam University, in conjunction with the University of Sheffield. It is a tool to assist local authorities understand the requirements for older people's housing in their area and the associated model 'Extra Care Demand Assessor' (ECDA) (2018) is available online. It provides the output of research with South Cambridgeshire District Council, Cambridge City Council and Cambridgeshire County Council, funded by NHS England's Healthy New Towns programme.

Below are extracts summarising the model's approach:

'HOPSR uses national data from the Elderly Accommodation Counsel (EAC) about older people's housing schemes. Looking specifically at the local authorities with the highest level of current supply, it uses this as the basis to recommend a level of supply for each local authority, accounting for local demographic, health and place trends.'

'The ECDA builds on the work to provide localised assessments of demand for Extra Care housing. The model has been developed through a series of stages: The first stage assessed the level and composition of supply of age-exclusive housing, specialist housing, and care beds across the 100 English local authorities with the highest overall provision of each broad type of older person housing per 1,000 older people (aged 75 years or older).'

'This exercise does, however, reveal which authorities are supplying units at high levels given the measure of older people locally, and provides a sufficiently large sample on which to explore the factors associated with higher provision. In the 100 local authorities with the highest level of specialist housing, these provide 172.6 units per 1,000 people aged 75 years and older. This was made up of:

- 153.2 units of sheltered per 1,000 people aged 75 years and older
- 4.4 units of enhanced sheltered per 1,000 people aged 75 years and older, and
- 15.1 units of extra care per 1,000 people aged 75 years and older.'

'The second stage used statistical modelling to identify factors that are predictors of the variation in provision between the 100 local authorities with the highest overall level of supply of age-exclusive, specialist and care beds respectively. The variables included were: the percentage of persons aged 75 years and older who are in owner occupation, the percentage of persons

aged 75 years and older living with dementia, the usage of home and day care per 1,000 persons aged 65 years and older, expenditure on home and day care per 1,000 persons aged 65 years and older, the proportion of persons aged 85 years and older, the proportion of persons aged 75 years and older whose day-to-day activities were limited a lot, and whether the area is urban or rural.'

'This analysis revealed a number of relationships within local authorities, including:

- *The supply of specialist housing being positively associated with the level of people aged 75 years and older limited by a LTHCD.*
- *Sheltered housing is positively associated with the level of people aged 75 years and over limited by a LTHCD. Furthermore, the level of sheltered housing was negatively associated with supply of extra care per 1,000 people aged 75 years and over.*
- *Extra care accommodation was positively associated with the level of people aged 75 years and older limited by a LTHCD. As above, this form of provision was negatively associated with supply of sheltered housing per 1,000 people aged 75 years and over.*
- *Enhanced sheltered was not associated with any of the variables considered.'*

The CRESR model uses the above findings to recommend a level of supply at the aggregate rate for the 100 local authorities with the highest level of provision, but it adjusts this with localised data – for example, the proportion of people aged 75 years and older with a limiting LTHCD in the case of specialist housing. In addition, the model allows adjustments based on the current balance between the provision of sheltered and extra care housing. The model provides a self-critique:

'This model has a number of strengths and weaknesses. Its strengths are that it is based on the realities of supply and demand in other local authorities and it provides a distinctly grounded and realistic estimate of what supply is possible. One criticism of models based purely on future projected demand is that they can be viewed as somewhat idealistic, and therefore susceptible to challenge on this basis. One might argue that a weakness of employing quantitative estimates based on other local authority provision is that it makes the model merely reactive to what is happening in those other areas, rather than responding to underlying or changing needs. To counter this, the model should be re-run regularly to take account of changing provision which reflects changes to the determinants of demand and supply of specialist housing.'

'Our model suggests only one in 10 of the recommended supply of specialist units in Greater Cambridge are either enhanced sheltered or extra care. This reflects the fact that our modelling is premised on existing provision in authorities with a high level of overall supply, and where extra care provision may vary in scale. If it is decided that extra care can meet a greater proportion of needs that are currently met in other areas of the system (e.g. in residential care), then this could dramatically change how many units of extra care are required' (page 28).

In our opinion the weaknesses of the model pointed out within the documentation far outweigh the strengths when it comes to assessing demand for private extra care housing; there is a national recognised shortfall on what is an immature market – therefore any model that bases requirements on current provision is fundamentally flawed.

Three Dragons/Retirement Housing Group

The Retirement Housing Group's (RHG) model and approach, which is recommended in *Housing in Later Life*, forecasts demand for specialist housing in London. The model is based on the number of older person households and not on the population of older persons, although household estimates by age are based on census population data. In England, 9.5 per cent of households aged 65+ are in specialist older person's housing, equating to 533,201 households. The equivalent for London is 8.5 per cent.

RHG's model is based on the propensity to move. The assumption is that nationally 15 to 20 per cent of all person households (age 75+) would live in specialist older person's housing if it were available.

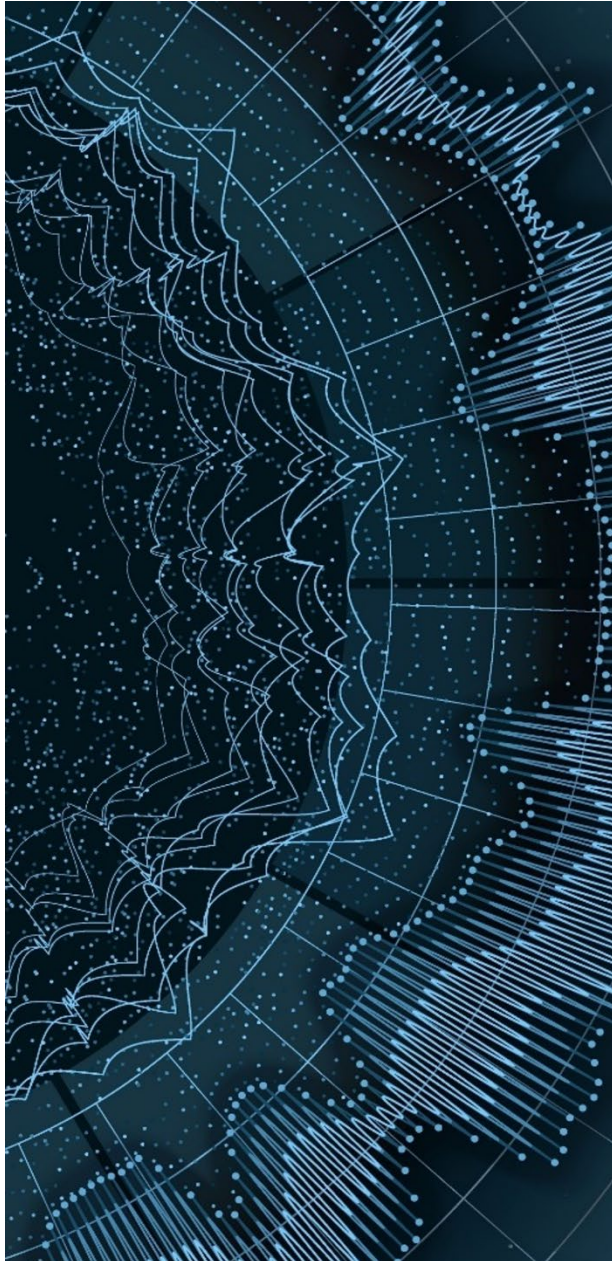
Due to the higher proportion of general needs flats in London, the study uses 15 per cent (at the lower end of the spectrum). Analysis of older person's housing for sale suggests that 18 per cent is acquired by those aged under 75 and therefore assumes that 2.5 per cent of households aged 65 to 75 would also live in specialist older person's housing if it were available:

'The Inquiry into the further amendments to the London Plan has recognised our model as robust.'

- *'There is an acute shortage of specialised retirement housing. Out of 515,666 units of sheltered and extra care accommodation in England in 2015, 75% were for social rent with only about 174,000 for owner occupation.'*
- *'Estimated supply needs to more than double by 2025. At least 11,000 need to be built every year (see Housing our Ageing Population – positive ideas HAPPI 3) (June 2016).'*

In its report to the Greater London Authority (GLA) in 2017, Three Dragons expected that around 15 per cent of older households would want retirement housing by 2029, with most demand for privately owned or shared ownership. The point was made that although there are large stocks of affordable rented sheltered housing, much is old and requires updating. Total potential demand is for 4,000 plus units a year of both extra care and sheltered housing.

In our opinion, it is challenging to adopt this model formally, despite its strengths, as there is no publicly available guidance in respect of separating the need for private extra care in a non-London market and drivers of future need are based upon existing provision to some degree.



Appendix

D: List of tables and figures

Tables

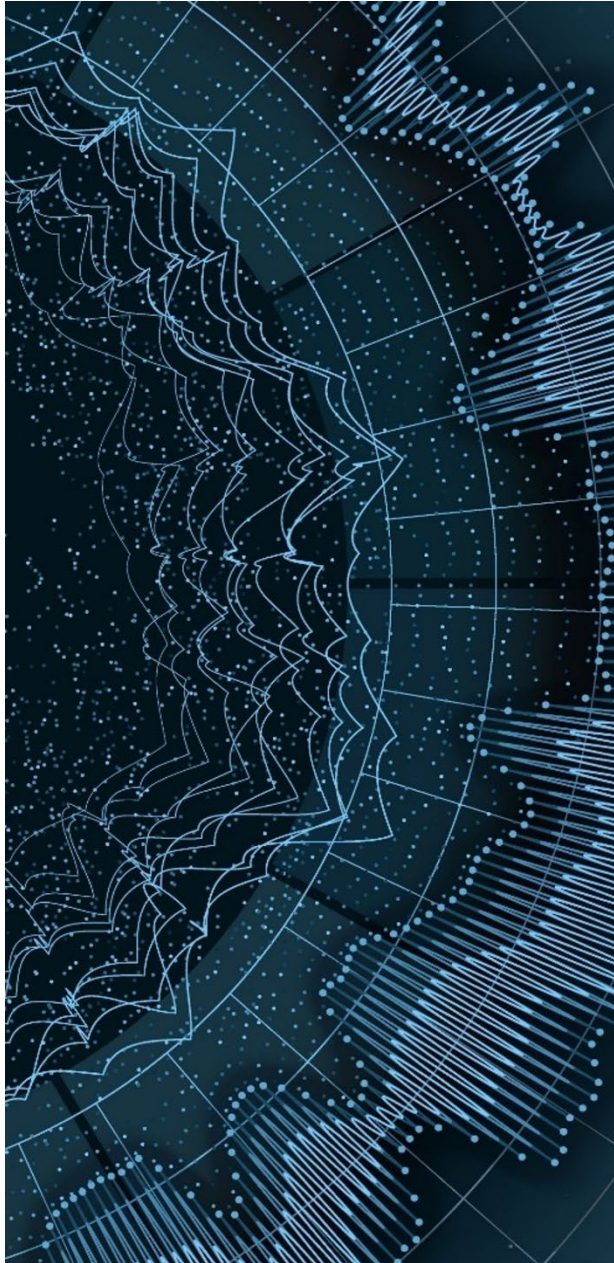
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Appendix

E: Definitions and reservations

Timing of advice

Our work commenced on the date of instruction and the collection and compilation of data and other research contained within our work was undertaken at varying times during the period prior to completion of this report.

The report, information and advice provided during our work were prepared and given to address the specific circumstances as at the time the report was prepared and the scope and requirements set out in the engagement letter. Carterwood has no obligation to update any such information or conclusions after that time unless it has agreed to do so in writing and subject to additional cost.

Data analysis and sources of information

Details of our principal information sources are set out in the appendices and we have satisfied ourselves, so far as possible, that the information presented in our report is consistent with other information such as made available to us in the course of our work in accordance with the terms of our engagement letter. We have not, however, sought to establish the reliability of these information sources by reference to other evidence.

The report includes data and information provided by third parties of which Carterwood is not able to control or verify the accuracy.

We must emphasise that the realisation of any prospective financial information or market or statistical estimates set out within our report is dependent on the continuing validity of the assumptions on which it is based and may be subject to other variables and factors outside the scope of our report. Any assumptions stated in the report will need to be reviewed and revised to reflect market conditions. We accept no responsibility for the realisation of the prospective financial or market information. Actual results may be different from those shown in our analysis because events and circumstances frequently do not occur as expected, and the differences may be material.

Measuring and predicting demand is not an exact science, and it should be appreciated that there are likely to be statistical and market related factors that could cause deviations in predicted outcomes to actual ones.

We have undertaken certain analytical activities on the underlying data provided by third parties to arrive at the information presented. We cannot and do not accept responsibility for the completeness or accuracy of this underlying data.

Where we have adapted and combined different data sources to provide additional analysis and insight, this has been undertaken with reasonable care and skill. The tools used and analysis undertaken are subject to both internal and external data-checking, proof reading and quality assurance. However, when undertaking complex statistical analysis it is understood that the

degree of accuracy is never absolute and there is inevitably variance in any findings, which must be carefully weighed up with all other aspects of the decision-making process.

The estimates and conclusions contained in this report have been conscientiously prepared in the light of our experience in the property market and information that we were able to collect, but their accuracy is in no way guaranteed.

All advice has been prepared on a 'desktop' basis and where we have prepared advice on a 'headline basis', we have conducted a higher level and less detailed review of the market. If commissioning a Headline Market Analysis report it we recommend commissioning a comprehensive market analysis report before finalising the decision-making process. Where we have provided 'comprehensive' advice, we have used reasonable skill and endeavours in our analysis of primary and secondary (for example, Census, Land Registry, etc.) data sources, but we remain reliant upon the quality of information from third parties, and all references above to accuracy, statistics and market analytics remain valid.

Purpose and use

The report has been prepared for the sole use of the client and any other persons specifically named in our engagement letter and solely for the purposes stated in the report. The report should not be relied upon by any other person or for any other purposes. The report is given in confidence to the client and any other persons specifically named in our engagement letter and should not be quoted, referred to or shown to any other parties without our prior consent.

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Extraordinary market factors

The trading environment of the care sector in the UK, which impacts upon market conditions, remains in a volatile state. Contributing factors include some ongoing uncertainty around the post-Brexit trading conditions, operating with the legacy and future risks of COVID-19 and the effect of the conflict in Ukraine and the resulting inflationary pressures. Our reports are prepared using high quality data and expert analysis from our experienced team. Any recommendations made are based upon the market and financial climate as at the date of the report, but do not take into account future economic or market fluctuations caused by the events outlined above or other unforeseen events. With this in mind, it may be prudent to review a commissioned report periodically in light of any significant developments that may affect the care sector.

Census 2021

This report contains data relating to the 2011 census. The England and Wales 2021 census took place on 21 March 2021; the first release of this data was published on 28 June 2022, with additional releases following in spring/summer 2023, and with the final release of all data outputs for England and Wales provisionally expected by November 2023. The Scottish census was delayed, with the collection phase taking place between 28 February and 1 June 2022. We will monitor the census data release schedule, reviewing new data as it is released and ensuring the data is embedded into our analysis as quickly as possible.

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