

OLDER PERSONS NEEDS ASSESSMENT



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Outline application for a residential development of up to 190 dwellings (including affordable homes) (Use Class C3), an extra care facility with up to up 80 beds (Use Class C2), together with the formation of vehicular access, landscaping, parking, open space, green and blue infrastructure, and all other associated development works. All matters reserved except access

Land to the south of Barrow Green Road, Oxted

Croudace Homes Ltd

December 2024

OUR REF: M24/1017.01-RPT

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Introduction

Section 1

Introduction

1.1 This report has been prepared by **Tetlow King Planning** on behalf of the Applicant **Croudace Homes Ltd** in support of emerging proposals for Land to the south of Barrow Green Road, Oxted. The full description of the proposed development is below:

“Outline application for a residential development of up to 190 dwellings (including affordable homes) (Use Class C3), an extra care facility with up to up 80 beds (Use Class C2), together with the formation of vehicular access, landscaping, parking, open space, green and blue infrastructure, and all other associated development works. All matters reserved except access”

1.2 This report assesses the local need for specialist care accommodation within Tandridge now and up to 2040, as well as providing a more immediate picture of need over the 5 year period up to 2027.

1.3 This Statement includes an assessment of Development Plan policies and other material considerations that are relevant to the proposed development and the provision of specialist accommodation for older people.

1.4 The ageing population prompts a housing response to meet this growing need. Whilst housing and care provision has increased significantly in the UK over the past few years, it is still not keeping up with demand from the growing ageing population.

1.5 This study sets out the findings of a care and accommodation needs assessment for older people within the local authority administrative area of Tandridge.

1.6 The report comprises 6 sections as follows:

- Section 2 – Planning Policy Context
- Section 3 – The Local Demography
- Section 4 – Existing Specialist Provision
- Section 5 – Specialist Accommodation Assessment
- Section 6 – Conclusions

1.7 The study draws on a range of national and local publications as well as information on the local provision of specialist care facilities.

Planning Policy Context

Section 2

Introduction

- 2.1 In accordance with Section 38(6) of the Planning and Compulsory Purchase Act 2004, applications should be determined in accordance with the Development Plan unless material considerations indicate otherwise.
- 2.2 The Development Plan for the area comprises Tandridge District Council Core Strategy, adopted in October 2008 and Tandridge Local Plan Part 2 – Detailed Policies, adopted July 2014.
- 2.3 Other material considerations include the emerging Tandridge Local Plan, the National Planning Policy Framework (December 2023), the Planning Practice Guidance (ongoing updates), and a number of corporate documents.

The Development Plan

Tandridge District Core Strategy (2008)

- 2.4 The Core Strategy sets out the Council's strategic policies and proposals for the development and use of land within the District.
- 2.5 Policy CSP8 sets out the council's approach to the provision of extra care housing. This policy set out a need to provide for at least 162 units of Extra Care accommodation within the District by 2016 with an updated assessment to determine the need for 2017 to 2026. The only reference to care homes is linked to the provision of extra care housing and notes that regard will be had to:

“The potential to co-locate a nursing/residential care home on the site where there is an acknowledged need.”

- 2.6 The strategy is therefore silent in regard to any detailed policy seeking to deliver new care homes within Tandridge.

Tandridge Local Plan Part 2 (2014)

- 2.7 The Part 2: Detailed Policies plan sets out the policies that will be used in the determination of all planning applications in the endeavour of working towards

achieving sustainable development. The adoption of the Part 2 plan superseded all of the remaining saved policies of the Local Plan from 2001.

2.8 The Part 2 plan contains no relevant policies relating to the provision of specialist accommodation for older people.

Material Considerations

Withdrawn Tandridge Local Plan

2.9 The Local Plan 2023 set out the strategic framework for development up to 2033. Within the draft plan it set out an updated approach to delivering specialist housing for older people through draft policy TLP14. This policy has regard to both SHMAs (the 2015 and 2018 update) as well as a Tandridge District Housing Strategy from 2018 (the updated document is discussed below).

2.10 The Local Plan 2023 was found unsound in the Planning Inspectors report, that being dated 14 February 2024, and was subsequently formally withdrawn on 18 April 2024 by the Full Council of Tandridge. Accordingly, the plan is of no relevance to this assessment, nor is any formal evidence prepared in support.

2.11 Following the withdrawal of the Local Plan 2023, it was agreed at a Full Council meeting on 18 April 2024 that TDC would start working on a new Local Plan. The published Local Development Scheme (June 2024) indicated that the new Local Plan will not be submitted for Examination until at least late 2026 or early 2027, demonstrating that it will be a number of years before a new Local Plan is adopted as part of TDC's Development Plan.

Material Considerations

National Planning Policy Framework

2.12 In December 2024 the Government published the updated NPPF. The NPPF is a material consideration in the determination of planning applications and appeals.

2.13 Paragraph 61 of the revised NPPF establishes that:

"to support the Government's objective of significantly boosting the supply of homes, it is important that a sufficient amount and variety of land can come forward where it is needed, that the needs of groups with specific housing requirements are addressed and that land with permission is developed without unnecessary delay" [my emphasis added].

2.14 The updated NPPF retains the commitment to plan for and assess the housing needs of older people. Within the context of 'delivering a sufficient supply of homes' Paragraph 63 of the revised NPPF establishes that the size, type and tenure of housing needed for different groups in the community, including older people (as defined in Annex 2) and people with disabilities, should be assessed.

2.15 There is also the new paragraph 71 which states:

"Mixed tenure sites can provide a range of benefits, including creating diverse communities and supporting timely build out rates, and local planning authorities should support their development through their policies and decisions (although this should not preclude schemes that are mainly, or entirely, for Social Rent or other affordable housing tenures from being supported). Mixed tenure sites can include a mixture of ownership and rental tenures, including Social Rent, other rented affordable housing and build to rent, as well as housing designed for specific groups such as older people's housing and student accommodation, and plots sold for custom or self-build." [my emphasis added]

2.16 The clear inference in the tone from the Government is for all authorities to meet their housing needs in full for all groups, thereby requiring authorities to accurately determine the needs for all groups as identified at paragraph 63. This is an important distinction from the previous version of the NPPF and would bring this in line with the clear guidance in the PPG as referenced above.

National Planning Practice Guidance

2.17 The Government also published the National Planning Practice Guidance (PPG) in March 2014, and it has been subsequently updated, the most recent updates being July 2019. It provides further guidance on the interpretation and application of the NPPF. The elements of the PPG of particular relevance are detailed below.

2.18 As of June 2019, the government introduced a new section of the PPG entitled 'Housing for older and disabled people.' This new section in part reinforces earlier messages within the PPG, whilst in other places it takes the guidance further. It sets out from the opening that:

"The need to provide housing for older people is critical. People are living longer lives and the proportion of older people in the population is increasing. In mid-2016 there were 1.6 million people aged 85 and over; by mid-2041 this is projected to double to 3.2 million. Offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more

connected to their communities and help reduce costs to the social care and health systems. Therefore, an understanding of how the ageing population affects housing needs is something to be considered from the early stages of plan-making through to decision-taking.” (Paragraph: 001 Reference ID: 63-001-20190626) [my emphasis added].

2.19 The guidance sets out clearly 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.” (Paragraph: 003 Reference ID: 63-003-20190626) [my emphasis added].

2.20 In order to determine the levels of need, the guidance sets out that:

“The age profile of the population can be drawn from Census data. Projections of population and households by age group can also be used. The future need for specialist accommodation for older people broken down by tenure and type (e.g., sheltered housing, extra care) may need to be assessed and can be obtained from a number of online tool kits provided by the sector, for example SHOP@ (Strategic Housing for Older People Analysis Tool), which is a tool for forecasting the housing and care needs of older people. Evidence from Joint Strategic Needs Assessments prepared by Health and Wellbeing Boards can also be useful.” (Paragraph: 004 Reference ID: 63-004-20190626).

2.21 When considering the task of addressing the specific needs within plans, the guidance states:

“Plan-making authorities should set clear policies to address the housing needs of groups with particular needs such as older and disabled people. These policies can set out how the plan-making authority will consider proposals for the different types of housing that these groups are likely to require. They could also provide indicative figures or a range for the number of units of specialist housing for older people needed across the plan area throughout the plan period.” (Paragraph: 006 Reference ID: 63-006-20190626).

2.22 The section goes on to state that:

“Plans need to provide for specialist housing for older people where a need exists. Innovative and diverse housing models will need to be considered where appropriate.

Many older people may not want or need specialist accommodation or ...

Plan-makers will therefore need to identify the role that general housing may play as part of their assessment. Plan-makers will need to consider the size, location and quality of dwellings needed in the future for older people in order to allow them to live independently and safely in their own home for as long as possible, or to move to more suitable accommodation if they so wish.” (Paragraph: 012 Reference ID: 63-012-20190626).

2.23 In respect of decision making the guidance sets out clearly that:

“Where there is an identified unmet need for specialist housing, local authorities should take a positive approach to schemes that propose to address this need” (Paragraph: 016 Reference ID: 63-016-20190626).

2.24 When considering how the delivery of such specialist housing sites in the context of overall housing requirements, the section states

“Plan-making authorities will need to count housing provided for older people against their housing requirement. For residential institutions, to establish the amount of accommodation released in the housing market, authorities should base calculations on the average number of adults living in households, using the published Census data.” (Paragraph: 016a Reference ID: 63-016a-20190626).

Local Assessment

Section 3

3.1 This section assesses the evidence base prepared for the council in terms of local housing needs assessments.

Planning guidance for accommodation with care for older people (April 2024)

3.2 This document published by Surrey County Council considered the current and future needs for specialist housing for older people. In relation to care home provision it notes:

- *"There is no single, recognised methodology for identifying future residential and nursing care need..."*
- *More granular assessments for future need on the basis of market "standard" accommodation (e.g. ensuite bathrooms) cannot prove that a new care home is absolutely necessary where the existing market is able to renovate or replace properties in response to market forces..."*
- *For residential care homes only, reduces the 2030 and 2035 need figures of Surrey's Borough and District areas as a result of the delivery of new affordable extra care housing. This is because Surrey County Council's focus will be on identifying and supporting older people who would benefit from affordable extra care through nominations processes to eliminate a need for future residential care as much as possible."*

Planning profile for accommodation with care for older people – Tandridge

3.3 In support of the accommodation strategy the County Council also provided district profiles to identify future needs. That profile noted the following for residential care as of January 2024:

- *"The Tandridge District area had a supply of 328 residential care home beds against a 75+ population of 10,500. This provides a prevalence rate of 31.24 beds per 1,000 of the 75+ population."*
- *In comparison, England had a supply of 200,720 residential care home beds against a 75+ population of 5,614,400. This provides a prevalence rate of 35.75 beds per 1,000 of the 75+ population."*

3.4 The assessment considered the implications for 2030 and 2035 as below:

Year	Tandridge 75+ population	No. of beds to reflect England ratio in 2024	Projected (oversupply) / need for additional beds in Tandridge
2030	11,300	404	34
2035	12,200	436	66

3.5 The same profile also looked at nursing care provision and noted:

- *"The Tandridge District area had a supply of 644 nursing care home beds against a 75+ population of 10,500. This provides a prevalence rate of 61.33 beds per 1,000 of the 75+ population."*
- *"In comparison, England had a supply of 209,885 nursing care home beds against a 75+ population of 5,614,400. This provides a prevalence rate of 37.38 beds per 1,000 of the 75+ population."*

3.6 The assessment considered the implications for 2030 and 2035 as below:

Year	Tandridge 75+ population	No. of beds to reflect England ratio in 2024	Projected (oversupply) / need for additional beds in Tandridge
2030	11,300	422	(22)
2035	12,200	456	(188)

***Older People's Residential and Nursing Care Market Positioning Statement:
Update March 23***

3.7 This update was produced with the main aim to:

"encourage commissioners, people who use services, carers and provider organisations to work together to explain what residential care (with or without nursing) is needed in each area and why."

3.8 The identified key objectives of the statement were to:

- *"Ensure there is the right care home provision available for the changing needs of the increasing population."*
- *"Increase the capacity for ASC-funded placements in the residential and nursing care market, including for complex mental health needs and complex physical frailty."*
- *"Secure strong relationships with care home providers and identify strategic partners to shape the social care market."*

- *Gain a comprehensive picture of what people want their residential and nursing care provision to be in the future by working with residents, carers, families, and providers.*
- *Improve our offer of support to providers to improve quality and outcomes for all residents receiving care.*
- *Ensure there are open and transparent processes and communication channels in place to enable residents to make well-informed choices about their care, understand how to manage their finances and know what to expect if their capital runs out.*
- *To identify gaps in provision and how these can be addressed through innovation and differing approaches to commissioning care.”*

3.9 The statement then considered requirements for each individual local authority, with the relevant information for Tandridge noting as follows:

Date	Actual Placements vs Forecast with Population Growth	Residential	Residential Dementia	Nursing (General and Dementia)
31-Mar-20	Actual Placements	59	61	101
31-Mar-21	Actual Placements	45	56	91
31-Mar-22	Actual Placements	41	67	93
28-Feb-23	Actual Placements	31	68	120
28-Feb-24	Forecast	23	74	126
28-Feb-25	Forecast	13	77	133
28-Feb-26	Forecast	4	79	140

Housing Strategy (2019)

3.10 The Housing Strategy was prepared by Tandridge District Council to address the period 2019 to 2023. It had been prepared in support of the withdrawn Local Plan 2023 as reflected by the text of the then draft policy HS2, stating:

“Draft Policy HS2: Specialist Housing for Older People

The loss of specialist housing may be acceptable where there is no longer an established need for this type of accommodation or adequate replacement accommodation can be provided.

The Council will support proposals for new specialist housing where it can be demonstrated that:

- I. There is an established local need for the form of specialist housing;*
- II. The standard of housing and facilities are suitable having regard to:*
 - c. The provision of appropriate amenity space, parking and servicing;*
 - d. There is a good level of accessibility to public transport, shops, services, pharmacies, open space and community facilities appropriate to the needs of the intended occupiers;*
 - e. The impact of the proposed development would not be detrimental to the amenity of the local area;*
 - f. Appropriate drop kerbs and pedestrian crossing to promote access for wheelchair users and mobility scooters; and*
 - g. Being in a well-lit and safe environment.*
- III. The development is appropriate for the end user based on the level of independence they require.”*

Surrey County Council Commission Statement (2019)

3.11 This statement relating to accommodation with care, residential and nursing care for older people was prepared by Surrey County Council for Tandridge District Council for April 2019 onwards. It sets out the needs for the next 20 years:

“for all accommodation based services we commission and provide for residents of Surrey...”

3.12 Addressing the scope of the document it is noted that it states:

“This document sets out Surrey County Council’s expectations for the market to respond to the Accommodation with Care & Support Strategy in terms of older people’s services within the Tandridge District Council area.”

3.13 When addressing the matter of extra care housing the statement states that:

“Of the specialised housing options on page 3, Extra care is regarded by Surrey County Council as being in greatest shortage. The Accommodation with Care & Support Strategy aims to address this shortage, because the increasing availability of attractive extra care options will reduce the likelihood of older people moving directly into a care home as their care needs increase. This is because extra care gives older people the opportunity to live in settings which are designed with increasing needs in mind, with shared facilities which encourage community living, and with care and support readily available should they need it.”

3.14 The statement considers the current and future requirements for care home beds within Tandridge over the plan period as reproduced below:

	Care Home	Nursing Care
1 April 2019 No. of care home beds	388	666
75+ pop. (2019)	8,800	8,800
Beds per 1,000 75+ pop. (2019)	44.09	75.68
75+ pop. (2025)	11,000	11,000
Beds per 1,000 75+ pop. (2025)	35.27	60.55
No. beds to reflect England 2019 ratio (2025)	485	507
Reduction due to rental extra care (2025)	74	
2025 indicated demand	23	-159
75+ pop. (2035)	13,500	13,500
Beds per 1,000 75+ pop. (2035)	28.74	49.33
No. beds to reflect England 2019 ratio (2035)	595	623
Reduction due to rental extra care (2035)	91	
2035 indicated demand	116	-43

3.15 The statement provides a link with the provision of more extra care housing and a corresponding reduction in the provision of care home beds due to the improved accommodation choice for residents.

Addressing the Needs of All Household Types (June 2018)

3.16 This technical paper prepared by Turley on behalf of the council formed part of the evidence base to the withdrawn Local Plan 2023 and was an update to the earlier main report from 2015.

3.17 It was the 2015 report that identified the projected need for specialist housing for older people stating at paragraph 4.9 that:

“over the plan period – from 2013 to 2033 – an additional 9,825 older residents aged 65 and over are projected to live in Tandridge in 2033, relative to 2013. This represents a 59% increase in the older population, although it is notable that the number of residents aged 85 and over will see a greater proportionate increase, growing by 136%.”

3.18 The paper then continues to show in figure 4.3 that over the plan period there is a recognised need for 146 units of extra care accommodation, together with the other acknowledged need for specialist housing accommodation.

Figure 4.3: Projected Need for Specialist Housing 2013 – 2033

	Change 2013 – 2033
Projected change in population aged 75+	5,846
Sheltered housing – 125 units per 1,000 75+	731
Enhanced sheltered housing – 20 per 1,000 75+	117
Extra care with 24/7 support – 25 per 1,000 75+	146
Total specialist housing need (units)	994
Specialist housing need per annum	50

3.19 Importantly, the paper notes that the growth for care home accommodation is expressed outside of this modelling. That future growth was set out separately at figure 4.4 reproduced below.

Figure 4.4: Modelled change in communal population 2013-2033

	2013	2033	Change	% Change
Under 74	1,351	1,351	0	0
75-84	265	433	169	64%
85+	495	933	438	89%
Total	2,111	2,717	507	29%

3.20 The paper goes on to note at paragraph 4.19 that:

“The overall increase of 607 in the communal population relates to individual persons, indicating that there will be an increased need for bedspaces in communal establishments in Tandridge over the plan period. There is no specific methodology for translating this growth into dwellings or establishments, however, and this will therefore need to be considered in the context of individual care home proposals.”

Existing Specialist Provision

Section 4

Introduction

4.1 Before considering the current supply, it is important to establish the parameters for the search criteria by focussing attention on what form of specialist accommodation is being considered. The PPG provides clear advice on the differing forms of provision as noted below:

- ***Age-restricted general market housing:*** *This type of housing is generally for people aged 55 and over and the active elderly. It may include some shared amenities such as communal gardens, but does not include support or care services.*
- ***Retirement living or sheltered housing:*** *This usually consists of 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:*** *This 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.*
- ***Residential care homes and nursing homes:*** *These have individual rooms within a residential building and provide a high level of care meeting all activities of daily living. They do not usually include support services for independent living. This type of housing can also include dementia care homes.” (Paragraph: 010 Reference ID: 63-010-20190626)*

4.2 This split of specialist provision is also shown diagrammatically in the image below provided by Associated Retirement Community Operators (ARCO)¹.

Retirement Housing	Integrated Retirement Communities	Care Homes
 <p>Retirement Housing Also known as:<ul style="list-style-type: none">• Sheltered housing• Retirement flats or communities</p>	 <p>Integrated Retirement Communities Also known as:<ul style="list-style-type: none">• Extra care• Retirement villages• Housing-with-Care• Assisted living• Independent living</p>	 <p>Care Homes Also known as:<ul style="list-style-type: none">• Nursing Homes• Residential Homes• Old People's Home</p>
 <p>Offers self-contained homes for sale, shared-ownership or rent</p>	 <p>Offers self-contained homes for sale, shared-ownership or rent</p>	 <p>Communal residential living with residents occupying individual rooms, often with an en-suite bathroom</p>
 <p>Part-time warden and emergency call systems. Typically no meals provided</p>	 <ul style="list-style-type: none">• 24-hour onsite staff• Optional care or domiciliary services available• Restaurant / Café available for meals	 <p>24-hour care and support. Meals included</p>
 <p>Typical facilities available:<ul style="list-style-type: none">• Communal lounge• Laundry facilities• Gardens• Guest room</p>	 <p>Typical facilities available:<ul style="list-style-type: none">• Restaurant and Café• Leisure Club including: gym, swimming pool, exercise class programme• Communal lounge and/or Library• Hairdressers• Gardens• Guest room• Activity (Hobby) rooms• Social event programme</p>	 <p>Typical facilities available:<ul style="list-style-type: none">• Communal lounge• Laundry facilities• Gardens• Guest room</p>
 <p>Typically 40 - 60 homes</p>	 <p>Typically 60 - 250 homes</p>	 <p>Sizes vary considerably</p>

4.3 The scheme is only focussed on the provision of care beds and therefore for the purposes of this assessment any provision of retirement housing or housing-with-care are excluded.

4.4 The difference between personal care provision and nursing provision is that a nursing home has a qualified nurse on site to provide medical care and is registered with the CQC accordingly, personal care provision does not provide that level of medical care.

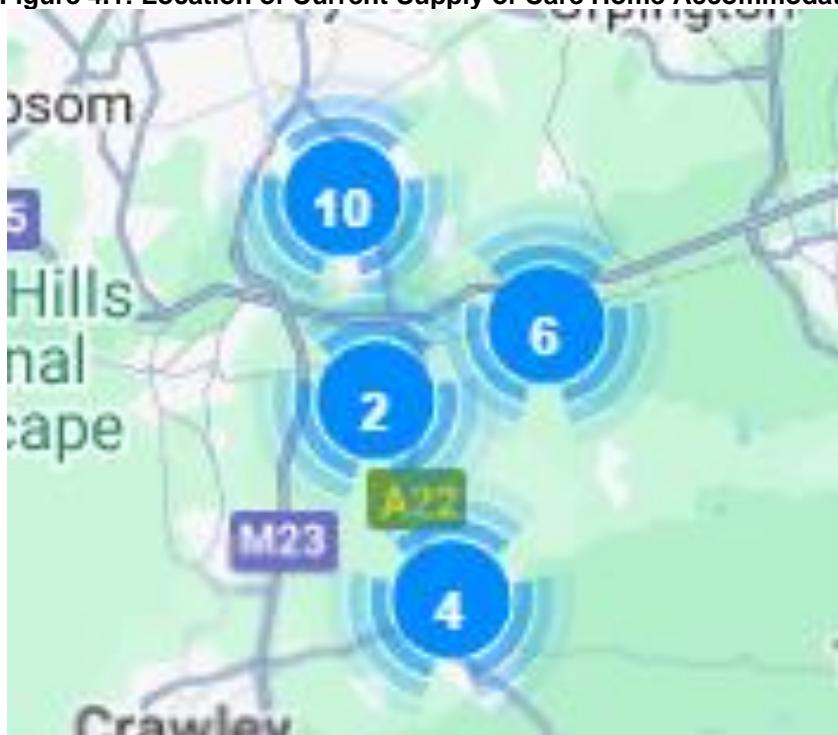
Supply of Care Home bed spaces

4.5 A search of the EAC website was also used to identify the provision of care homes within Tandridge, either with or without nursing care.

¹ <https://www.arcouk.org/>

- 4.6 For the purposes of this assessment, those registered care homes providing services to under 65s as registered with the CQC have been excluded from the identified supply due to conflict with the purposes of the assessment.
- 4.7 Across the 22 care homes there are a total of 854 care home beds. 262 are provided for personal care and 457 are provided as nursing care. A further 135 beds are provided within homes offering both personal and nursing care such that the split is not easily determine.

Figure 4.1: Location of Current Supply of Care Home Accommodation



- 4.8 The online planning search does not facilitate a search by application type to consider future pipeline supply of new care homes. We are therefore engaging directly with the planning department to determine whether accessible data can be provided in respect of any and all applications for alternative care home provision (or closures) over the last 5 year period. Should such information be provided an addendum to this assessment will be provided.
- 4.9 It is relevant to note that of the current supply several of the homes do not offer all rooms as single occupancy, or all as en-suite accommodation either. The provision of en-suite single occupancy bedrooms was set out as an industry standard in the 2003 National Minimum Standards for Care Homes for Older People published by the Department of Health, albeit that these standards are no longer in place.

4.10 It is therefore considered unacceptable to still have shared rooms within care homes, and similarly to expect residents to use communal toilet facilities in place of en-suite provision. There is therefore a qualitative assessment that needs to be factored into the approach to determining existing quantitative provision of care home beds.

Specialist Accommodation Assessment

Section 5

- 5.1 This Section of the report reviews the evidence prepared on behalf of the Local Authority in support of its withdrawn Local Plan 2023 as well as considering the up-to-date needs evidence prepared by Tetlow King Planning.
- 5.2 The needs assessment is based on the entire area of Tandridge as opposed to any defined catchment area as can sometime be referenced within assessments. The data in this section has been obtained via POPPI (Projecting Older People Population Information), which only looks at the specific needs of the over 65s age group.
- 5.3 Housing tenure data for Tandridge for those aged 65 and over provided by POPPI indicates the following:

Table 5.1: Percentage of Population Aged 65 Plus, by Tenure for Tandridge

	People Aged 65-74	People Aged 75-84	People Aged 85+
Owned	84.37%	83.22%	78.17%
Rented from Council	8.75%	11.23%	12.87%
Other Social Rented	2.25%	1.70%	2.60%
Private Rented or Living Rent Free	4.63%	3.86%	6.37%

(Source: POPPI)

- 5.4 Similarly, population projections for the over 65 age group within Tandridge are also provided by POPPI as below:

Table 5.2: Population Aged 65+ between 2023 and 2040

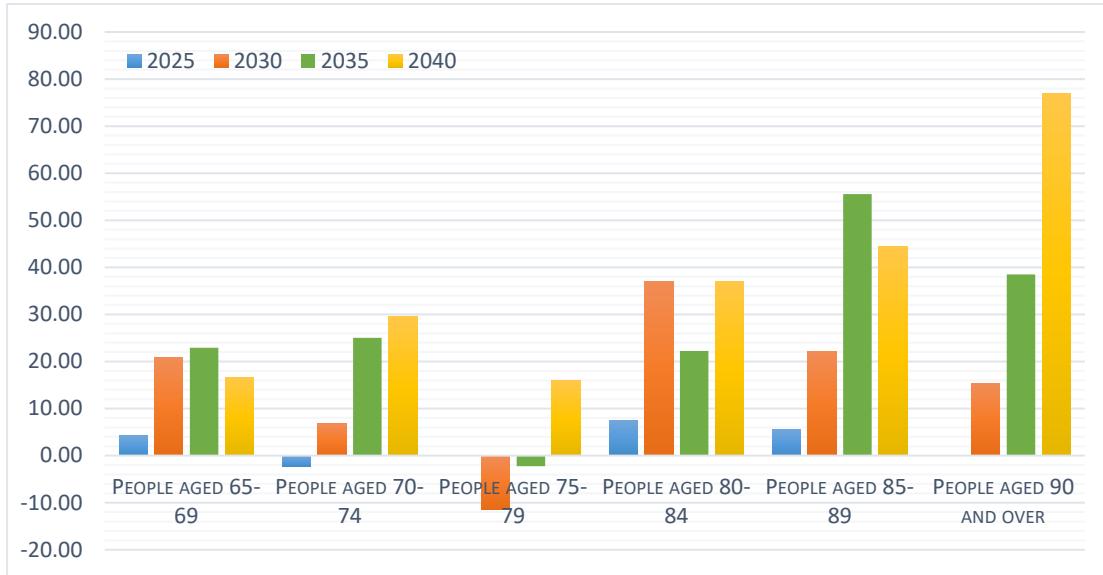
	2023	2025	2030	2035	2040
People aged 65-69	4,800	5,000	5,800	5,900	5,600
People aged 70-74	4,400	4,300	4,700	5,500	5,700
People aged 75-79	4,400	4,400	3,900	4,300	5,100
People aged 80-84	2,700	2,900	3,700	3,300	3,700
People aged 85-89	1,800	1,900	2,200	2,800	2,600
People aged 90+	1,300	1,300	1,500	1,800	2,300
Total population 65+	19,400	19,800	21,800	23,600	25,000
Total population 75+	10,200	10,500	11,300	12,200	13,700

(Source: POPPI)

- 5.5 The total population of Tandridge over 65 years of age is projected to increase by 5,600 between now and 2040. The largest increase in absolute terms between 2023 and 2040 is in the 70 to 74 age range with 1,300 additional people in each age group. The smallest increase in absolute terms being within the 85 to 89 age range with 800 additional people.

5.6 The main age group of interest for the purposes of assessing future need is the 75 and over group, which as of 2023 amounts to 10,200 but is set to increase by 3,500 through to 2040. Figure 5.1 below represents the growth in percentage terms against the 2023 baseline (the raw data is provided in Appendix 1 at table A1.1).

Figure 5.1: Population Change between 2023 and 2040



Requirement between 2023 and 2040

5.7 Table 5.3 indicates the existing supply provision across all types of specialist housing for older people within Tandridge by tenure, with the correlating provision in accordance with the Housing in Later Life assessment. The existing provision is taken from the data in tables 4.1 and 4.3 above.

Table 5.3: Indicative Levels of Care Beds for Older People, Tandridge

	Number of Units/Places	Current Provision Per 1,000 of Aged 75 Years and Over (10,200) ²	Housing in Later Life Benchmarks	Increase in Units Required to Meet Housing in Later Life Benchmarks (2023)
Personal care	341 ³	33.43	65	+322
Nursing care	513 ⁴	50.29	45	-54
Total provision	854	83.73	110	+268

(Source: <http://www.eac.org.uk> and Housing in Later Life)

5.8 Table 5.3 also includes the benchmark rates of provision set out within Housing in Later Life for each of the housing types, alongside an estimate of existing under provision. As noted in section 4, 2 of the current operating care homes provide both

² This figure is taken from table 5.2 above

³ It is to be noted that this figure includes 2 homes providing care and nursing care amounting to a total of 135 beds

⁴ It is to be noted that this figure includes 2 homes providing care and nursing care amounting to a total of 135 beds

personal and nursing care to residents such that the precise split is uncertain. In such circumstances the total provision has been calculated to identify a present requirement overall. Alternatively, if the current provision within those 2 homes were arranged as per the Housing in Later Life approach, then this would result in the provision as set out in table 5.4. this indicates a small overprovision at present of nursing care beds against a significant under provision of personal care provision.

- 5.9 Having identified the current position, it is relevant to project the need through to 2040 based upon the population projections set out above. This sets out that between 2023 and 2040 the 75+ age group was projected to increase by 3,500 to a total of 13,700 people aged 75+. Future provision would be calculated using the same benchmark figures used in table 5.3 above.
- 5.10 The total need for 2023 to 2040 therefore must include the current unmet need as of 2023, as well as factoring in the additional need between 2023 and 2040. (The raw data for the 2023 to 2040 need is included in Appendix 1 at table A1.2)

Table 5.4: Cumulative Projected Levels of Care Beds for Older People up to 2040, Tandridge

	2023 requirement	2023 to 2040 requirement	Total number required up to 2040
Personal care	+322	+228	+550
Nursing care	-54	+158	+104
Total provision	+268	+385	+653

(Source: <http://www.eac.org.uk> and *Housing in Later Life*)

- 5.11 Within the care home sector, a total of 653 additional beds are required over this period, predominantly within the personal care sector. As noted in section 4 though, this does not take into account current provision that fails to meet the single person occupancy within en-suite accommodation.
- 5.12 The operators have not all provided details on the quality of room provision but from those who have given details it indicates that 76.25% of the care home beds are single occupancy with en-suite (260 beds from 341) whilst in the nursing home sector that is 64.91% (333 beds from the present 513). If these figures were used instead to determine current provision, then it is clear that within both elements there would be significant under provision as of 2023.

Dementia provision

- 5.13 In addition to normal care home provision, the need for specialist dementia care provision also needs to be considered. 15 of the operational care homes provide single occupancy ensuite rooms and are capable of dealing with those with dementia. There

is no specific means of identifying the current level of provision however within these homes as all beds could be used for those with dementia, similarly none could be in use. It is therefore only realistic to consider what the future requirements would be above and beyond the current levels as of 2023.

5.14 Having identified the current position, it is relevant to project the need through to 2040 based upon the population projections set out above. This sets out that between 2023 and 2040 the 75+ age group was projected to increase by 3,500 to a total of 13,700 people aged 75+.

Table 5.5: Cumulative Projected Levels of Dementia Need up to 2040, Tandridge

	Housing in Later Life Benchmarks	Current Requirement to Meet Housing in Later Life Benchmarks (2023)	Increase in Units Required to Meet Housing in Later Life Benchmarks (2023-2040) ⁵	Total number required up to 2040
Dementia care	6	61	21	82

(Source: *Housing in Later Life*)

5.15 The total need for 2023 to 2040 therefore must include the current unmet need as well as the future requirement through to 2040. This is set out in table 5.5 above, indicating a need for 82 specialist dementia beds within the care home sector, in addition to those numbers identified in table 5.5 above.

Conclusion for 2023 to 2040 need

5.16 The data indicates that on a quantitative assessment by 2040 there would be a need for an additional provision of 550 personal care beds and 104 nursing beds. In addition, there would be a total requirement for 82 dementia beds.

5.17 If the qualitative assessment were used the supply of current personal care beds would be reduced by 81 beds, whilst in the nursing care sector the supply would be reduced by a further 180 beds.

Requirement between 2023 and 2027

5.18 For the purposes of a needs assessment looking to address short term needs as well as future requirements the immediate 5-year period is of great relevance. The same population figures for the period 2023 to 2027 are therefore reflected below.

Table 5.6: Population Aged 65+ between 2023 and 2027

	2023	2024	2025	2026	2027
People aged 65-69	4,800	4,900	5,000	5,100	5,300
People aged 70-74	4,400	4,300	4,300	4,400	4,500

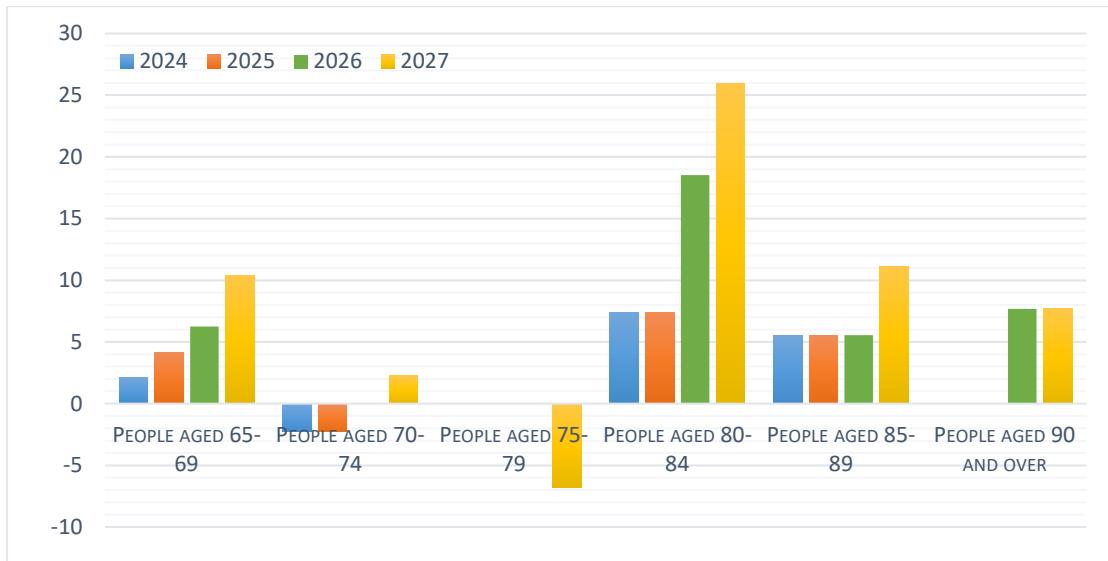
⁵ Based on the figure from table 5.2 above for those aged 75+ in 2040

People aged 75-79	4,400	4,400	4,400	4,400	4,100
People aged 80-84	2,700	2,900	2,900	3,200	3,400
People aged 85-89	1,800	1,900	1,900	1,900	2,000
People aged 90+	1,300	1,300	1,300	1,400	1,400
Total population 65+	19,400	19,700	19,800	20,400	20,700
Total population 75+	10,200	10,500	10,500	10,900	10,900

(Source: POPPI)

5.19 The growth is represented below in figure 5.2 again as a percentage against the 2023 baseline (the raw data is provided in Appendix 1 at table A1.3).

Figure 5.2: Population Change between 2023 and 2027



5.20 Having identified the current position, it is relevant to project the need through to 2027 based upon the population projections set out above. This sets out that between 2023 and 2027 the 75+ age group was projected to increase by 700 to a total of 10,900 people aged 75+. Future provision would be calculated using the same benchmark figures used in table 5.3 above.

5.21 The total need for 2023 to 2027 therefore must include the current unmet need as of 2023 and the future requirement through to 2027. This is set out in table 5.7 below demonstrating that over the 5-year period there would be a need to provide an additional 345 beds, albeit with a reduction of 23 fewer nursing care beds. (The raw data for the 2023 to 2040 need is included in Appendix 1 at table A1.4)

Table 5.7: Cumulative Projected Levels of Care Beds for Older People up to 2040, Tandridge

	2023 requirement	2023 to 2040 requirement	Total number required up to 2040
Personal care	+322	+46	+368
Nursing care	-54	+32	-23
Total Provision	+268	+77	+345

(Source: <http://www.eac.org.uk> and Housing in Later Life)

5.22 As with the consideration of need to 2040 (paragraphs 5.12 to 5.13 above) if only considering single occupancy ensuite provision, then by 2027 there would still be a significant demand for new care home bed provision.

Dementia provision

5.23 Having identified the current need (that set out in table 5.7 above), it is relevant to project the need through to 2027 based upon the population projections set out above. This sets out that between 2023 and 2027 the 75+ age group was projected to increase by 700 to a total of 10,900 people aged 75+. As set out in table 5.8 below, this results in the need for a further 4 specialist dementia beds.

Table 5.8: Cumulative Projected Levels of Dementia Need up to 2027, Tandridge

	Housing in Later Life Benchmarks	Current Requirement to Meet Housing in Later Life Benchmarks (2023)	Increase in Units Required to Meet Housing in Later Life Benchmarks (2023-2040) ⁶	Total number required up to 2040
Dementia care	6	61	6	65

5.24 The total need for 2023 to 2027 therefore must include the current requirement as set and the future requirement through to 2027. This is set out in table 5.8 above, indicating a need for 65 specialist dementia beds within the care home sector, in addition to those numbers identified in table 5.7 above.

Conclusion for 2023 to 2027 need

5.25 The data indicates that on a quantitative assessment by 2040 there would be a need for an additional provision of 368 personal care beds, whilst there would be an oversupply of 23 nursing beds. In addition, there would be a total requirement for 65 dementia beds.

5.26 If the qualitative assessment were used the supply of current personal care beds would be reduced by 81 beds, whilst in the nursing care sector the supply would be reduced by a further 180 beds.

Alternative analysis

5.27 It is also relevant to note that separate to the Housing in Later Life approach there are other methodologies to determine future demand for care homes. One such alternative is the LaingBuisson model which assumes the following demand:

⁶ Based on the figure from table 5.2 above for those aged 75+ in 2040

- 65 to 74 years: 0.57% of the population;
- 75-84 years: 3.6% of the population; and
- 85+ years: 14.7% of the population.

5.28 If the LaingBuisson approach were used instead then the assessment would be as follows based on the population figures included in table 5.2 (for 2023 and 2040) and table 5.6 for the 2027 information):

Table 5.9: Care home bed demand (LaingBuisson assessment)

	2023	2027	2040
People aged 65-74	52	56	64
People aged 75-84	256	270	317
People aged 85+	456	500	720
TOTAL	764	826	1,102

(Source: *LaingBuisson*)

5.29 These figures demonstrate a lower level of demand than using the Housing in Later Life. Moreover, it should also be noted that the Housing in Later Life excludes the figures for the 65-74 age group from its modelling making the comparative numbers even greater.

5.30 Using the lower modelling as provided by the LaingBuisson methodology, as of 2023 there is an oversupply at 90 beds against a modelled demand for 764 beds, a small oversupply still in 2027 (28 beds), but a shortfall in beds by 2040 (248). As with the above assessment using the Housing in Later Life approach, if factoring in only the provision that is single person ensuite provision the position would reflect current and future under provision in all year.

5.31 The operation of care homes is also an important consideration when assessing supply against demand given that there needs to be choice in the market, a buffer for spare capacity in the case of home closures (an issue that is more common of late), and the need for the necessary procedures to clean rooms on the death of occupants before rooms are available again. It is therefore standard practice for homes to only remain occupied at around 90% of their full capacity to handle such events.

5.32 POPPI itself also provides data on likely care home occupancy and dementia numbers over the same period considered in this assessment, namely 2023 to 2040 as well as 2023 to 2027.

5.33 In respect of care home occupancy, the relevant information for both periods are included in Appendix 1 as tables A1.5 and A1.6.

5.34 For the period through to 2040 the date indicates additional 407 residents likely to be living in a care home environment, which is a 47.88% increase. For the period through

to 2027 the same data indicates an additional 71 residents likely to be living in a care home environment, which is an 8.35% increase.

- 5.35 Similar data is also provided in respect of dementia prevalence over the same periods (that data is provided as tables A1.7 and A18 respectively).
- 5.36 For the period through to 2040 the data indicates additional 665 residents likely to be living with dementia, which is a 47.79% increase. For the period through to 2027 the same data indicates an additional 116 residents likely to be living with dementia, which is an 8.0% increase.

Conclusion

Section 6

- 6.1 The requirement to ensure delivery of a suitable supply of specialist housing for older people to meet their identified needs was set out as far back as PPS3: Housing and is presently reflected at paragraphs 60 and 62 of the NPPF.
- 6.2 It is the PPG that takes this position further noting in the June 2019 update for 'Housing for older and disabled people' that:

"The need to provide housing for older people is critical." (Paragraph: 001 Reference ID: 63-001-20190626)
- 6.3 This was also acknowledged by the announcement of a taskforce to address the improved delivery of specialist older persons housing in the Levelling Up white paper released in February 2022.
- 6.4 At present there is no statutory requirement to set out through development plan policy a figure on need, although the PPG notes that:

"Plan making authorities should set clear policies to address the housing needs of groups with particular needs such as older and disabled people. These policies can set out how the plan making authority will consider proposals for the different types of housing that these groups are likely to require. They could also provide indicative figures or a range for the number of units of specialist housing for older people needed across the plan area throughout the plan period." (Paragraph 006 Reference ID 63 006 20190626)
- 6.5 This assessment has primarily focussed on the methodology set out in Housing in Later Life as the means of projecting future needs. As set out in section 5 we have also considered the alternative approach using the LaingBuisson methodology as well as also having regard to the data hosted by POPPI as a means of projecting likely future residents within care homes over the same periods. However, the results from Housing in Later Life are preferred for the assessment as the methodology is considered to be more robust and commonly used in such assessments.
- 6.6 This assessment has indicated that there is a significant under supply at present of personal care beds, which is set to increase not only by 2027 but significantly so by

2040. In respect of nursing care beds, the current provision results in an oversupply which remains as of 2027, with a relatively small under provision by 2040.

Table 6.1: Overall demand for care home beds between 2023 and 2040 for Tandridge

	2023 requirement	2040 requirement	Total requirement (2023-2040)
Personal Care	+322	+228	+550
Nursing Care	-54	+158	+104
TOTAL	+268	+385	+653
Dementia	61	21	82

Table 6.2: Overall demand for care home beds between 2023 and 2027 for Tandridge

	2023 requirement	2027 requirement	Total requirement (2023-2027)
Personal Care	+322	+46	+368
Nursing Care	-54	+32	-23
TOTAL	+268	+77	+345
Dementia	61	6	65

6.7 However, if current provision is assessed in terms of only those beds meeting the modern requirements of single occupancy ensuite rooms, then the provision changes considerably to under supply within both sectors.

6.8 The Surrey County Council planning guidance (April 2024) set out that it may be possible to renovate or replace properties to bring them up to modern standards, however for older properties that will inevitably result in reduced capacity if renovating to bring all rooms to current standards, or significant financial investment to redevelop sites. Typically, for those less suitable sites redevelopment for alternative uses is more common hence the future need for modern, purpose built care homes to meet future needs.

Appendix 1

Relevant key data for Tandridge

Table A1.1: Population Aged 65+ between 2023 and 2040 as real growth and % change

	2025		2030		2035		2040	
	Change	%	Change	%	Change	%	Change	%
People aged 65-69	200	4.17	1,000	20.83	1,100	22.92	800	16.67
People aged 70-74	-100	-2.27	300	6.82	1,100	25.00	1,300	29.55
People aged 75-79	0	0.00	-500	-11.36	-100	-2.27	700	15.91
People aged 80-84	200	7.41	1,000	37.04	600	22.22	1,000	37.04
People aged 85-89	100	5.56	400	22.22	1,000	55.56	800	44.44
People aged 90+	0	0.00	200	15.38	500	38.46	1,000	76.92
Total pop 75+	300	2.94	1,100	10.78	2,000	19.61	3,500	34.31

(Source: POPPI)

Table A1.2: Projected Levels of Provision of Care Beds for Older People 2023-2040, Tandridge.

	Housing in Later Life Benchmarks	Increase in Units Required to Meet Housing in Later Life Benchmarks (2023-2040) ⁷
Personal care	65	+228
Nursing care	45	+158
Total provision	110	+385 ⁸

(Source: <http://www.eac.org.uk> and Housing in Later Life)**Table A1.3: Population Aged 65+ between 2023 and 2027 as real growth and % change**

	2024		2025		2026		2027	
	Change	%	Change	%	Change	%	Change	%
People aged 65-69	100	2.08	200	4.17	300	6.25	500	10.42
People aged 70-74	-100	-2.27	-100	-2.27	0	0	100	2.27
People aged 75-79	0	0	0	0	0	0	-300	-6.82
People aged 80-84	200	7.41	200	7.41	500	18.52	700	25.93
People aged 85-89	100	5.56	100	5.56	100	5.56	200	11.11
People aged 90+	0	0	0	0	100	7.69	100	7.69
Total pop 75+	300	2.94	300	2.94	700	6.86	700	6.86

(Source: POPPI)

Table A1.4: Projected Levels of Provision of Care Beds for Older People 2023-2027, Tandridge.

	Housing in Later Life Benchmarks	Increase in Units Required to Meet Housing in Later Life Benchmarks (2023-2027) ⁹
Personal care	65	+46
Nursing care	45	+32
Total Provision	110	+77

(Source: <http://www.eac.org.uk> and Housing in Later Life)**Table A1.5: Care home occupancy 2023-2040 (POPPI data)**

	2023	2025	2030	2035	2040
People aged 65-74 living in a LA care home with or without nursing	0	0	0	0	0
People aged 75-84 living in a LA care home with or without nursing	12	13	13	13	15
People aged 85 and over living in a LA care home with or without nursing	19	20	23	29	30
People aged 65-74 living in a non-LA care home with or without nursing	58	58	66	71	71

⁷ Based on the figure from table 5.2 above for those aged 75+ in 2040⁸ Sums may not add up due to rounding up of requirements⁹ Based on the figure from table 5.10 above for those aged 75+ in 2040

People aged 75-84 living in a non-LA care home with or without nursing	292	300	313	313	362
People aged 85 and over living in a non-LA care home with or without nursing	527	561	646	799	850
Total population aged 65 and over living in a care home with or without nursing	908	952	1,061	1,225	1,328
Total population aged 75 and over living in a care home with or without nursing	850	894	995	1,154	1,257

(Source: POPPI)

Table A1.6: Care home occupancy 2023-2027 (POPPI Data)

	2023	2024	2025	2026	2027
People aged 65-74 living in a LA care home with or without nursing	0	0	0	0	0
People aged 75-84 living in a LA care home with or without nursing	12	13	13	13	13
People aged 85 and over living in a LA care home with or without nursing	19	19	20	20	21
People aged 65-74 living in a non-LA care home with or without nursing	58	58	58	59	61
People aged 75-84 living in a non-LA care home with or without nursing	292	300	300	313	309
People aged 85 and over living in a non-LA care home with or without nursing	527	544	561	561	578
Total population aged 65 and over living in a care home with or without nursing	908	934	952	966	982
Total population aged 75 and over living in a care home with or without nursing	850	876	894	907	921

(Source: POPPI)

Table A1.7: Dementia prevalence 2023-2040 (POPPI Data)

	2023	2025	2030	2035	2040
People aged 65-69 predicted to have dementia	80	83	98	99	93
People aged 70-74 predicted to have dementia	134	134	143	168	171
People aged 75-79 predicted to have dementia	264	270	234	258	305
People aged 80-84 predicted to have dementia	299	333	409	365	409
People aged 85-89 predicted to have dementia	323	343	399	504	469
People aged 90+ predicted to have dementia	401	424	448	542	719
Total population aged 65 and over predicted to have dementia	1,501	1,587	1,730	1,936	2,166
Total population aged 75 and over predicted to have dementia	1,287	1,370	1,490	1,669	1,902

(Source: POPPI)

Table A1.8: Dementia prevalence 2023-2027 (POPPI data)

	2023	2024	2025	2026	2027
People aged 65-69 predicted to have dementia	80	80	83	86	89
People aged 70-74 predicted to have dementia	134	134	134	134	137
People aged 75-79 predicted to have dementia	264	264	270	258	246
People aged 80-84 predicted to have dementia	299	311	333	355	377
People aged 85-89 predicted to have dementia	323	323	343	343	343
People aged 90 + predicted to have dementia	401	424	424	424	424
Total population aged 65 and over predicted to have dementia	1,501	1,536	1,587	1,600	1,617
Total population aged 75 and over predicted to have dementia	1,287	1,322	1,370	1,380	1,390

(Source: POPPI)

Appendix 1

Relevant key data for Tandridge

POPPI Data for Tandridge

This appendix to the assessment focuses on the specific over 65 characteristics that relate to propensity for specialist accommodation for older people. The data in this section has been obtained via POPPI (Projecting Older People Population Information), which only looks at the specific needs of the over 65s age group.

As with the main assessment this information considers the impacts both in terms of the longer term (2023 to 2040) and the immediate term (2023 to 2027)

2023 to 2040

1. Care home occupancy

These figures show an expected increase of 420 additional residents (an increase of 46.3%) to be living within some form of care home accommodation by 2040 against the 2023 baseline data.

	2023	2025	2030	2035	2040
People aged 65-74 living in a LA care home with or without nursing	0	0	0	0	0
People aged 75-84 living in a LA care home with or without nursing	12	13	13	13	15
People aged 85 and over living in a LA care home with or without nursing	19	20	23	29	30
People aged 65-74 living in a non LA care home with or without nursing	58	58	66	71	71
People aged 75-84 living in a non LA care home with or without nursing	292	300	313	313	362
People aged 85 and over living in a non LA care home with or without nursing	527	561	646	799	850
Total population aged 65 and over living in a care home with or without nursing	908	952	1,061	1,225	1,328

2. Dementia

These figures show an increase of some 665 additional people expected to suffer from dementia by 2040 when measured against the current baseline, which is a 44.3% increase on current levels.

	2023	2025	2030	2035	2040
People aged 65-69 predicted to have dementia	80	83	98	99	93
People aged 70-74 predicted to have dementia	134	134	143	168	171
People aged 75-79 predicted to have dementia	264	270	234	258	305
People aged 80-84 predicted to have dementia	299	333	409	365	409

People aged 85-89 predicted to have dementia	323	343	399	504	469
People aged 90 and over predicted to have dementia	401	424	448	542	719
Total population aged 65 and over predicted to have dementia	1,501	1,587	1,730	1,936	2,166

3. Living alone

These figures show an increase of 1,372 people aged 75 and over to be living alone by 2040, otherwise expressed as a 33% increase on current levels.

	2023	2025	2030	2035	2040
Males aged 65-74 predicted to live alone	880	900	1,020	1,120	1,080
Males aged 75 and over predicted to live alone	1,305	1,392	1,479	1,624	1,827
Females aged 65-74 predicted to live alone	1,392	1,421	1,595	1,711	1,682
Females aged 75 and over predicted to live alone	2,850	3,000	3,150	3,350	3,700
Total population aged 65-74 predicted to live alone	2,272	2,321	2,615	2,831	2,762
Total population aged 75 and over predicted to live alone	4,155	4,392	4,629	4,974	5,527

4. Hospital admissions from falls

These figures show an increase of 268 people (an increase of 40.7%) likely to require hospital admission as a result of falls by 2040.

	2023	2025	2030	2035	2040
People aged 65-69 predicted numbers of hospital admissions due to falls	39	41	48	48	46
People aged 70-74 predicted numbers of hospital admissions due to falls	60	58	64	75	77
People aged 75-79 predicted numbers of hospital admissions due to falls	109	109	96	106	126
People aged 80 and over predicted numbers of hospital admissions due to falls	452	483	584	623	678
Total population aged 65 and over predicted numbers of hospital admissions due to falls	659	691	792	852	927

5. Mobility tasks

These figures show that there are likely to be a further 1,335 residents aged 65 and over unable to undertake on basic task themselves due to mobility issues by 2040, representing an increase of 35.7%. Such basis tasks (although not exhaustive) can include:

- going out of doors and walking down the road;
- getting up and down stairs;
- getting around the house on the level;
- getting to the toilet; and
- getting in and out of bed

	2023	2025	2030	2035	2040
People aged 65-69 unable to manage at least one activity on their own	409	426	502	511	477
People aged 70-74 unable to manage at least one activity on their own	578	578	620	718	734
People aged 75-79 unable to manage at least one activity on their own	744	756	657	723	855
People aged 80-84 unable to manage at least one activity on their own	651	727	886	792	886
People aged 85 and over unable to manage at least one activity on their own	1,355	1,440	1,660	2,035	2,120
Total population aged 65 and over unable to manage at least one activity on their own	3,737	3,927	4,325	4,779	5,072

6. Self-care activity

These figures show that by 2040 an additional 1,797 people aged 65 and over will need help with at least one self-care activity, representing a growth of 31.8%. Such self-care activities relate to personal care and mobility (although not exhaustive) can include:

- Having a bath or shower;
- Using the toilet;
- Getting up and down stairs;
- Getting around indoors;
- Dressing or undressing;
- Getting in and out of bed;
- Washing face and hands;
- Eating, including cutting up food; and
- Taking medicine.

	2023	2025	2030	2035	2040
Males aged 65-69 who need help with at least one self-care activity	368	384	464	464	432
Males aged 70-74 who need help with at least one self-care activity	441	441	462	567	567
Males aged 75-79 who need help with at least one self-care activity	560	588	504	560	672
Males aged 80 and over who need help with at least one self-care	875	945	1,155	1,260	1,365

activity					
Females aged 65-69 who need help with at least one self-care activity	550	572	660	682	638
Females aged 70-74 who need help with at least one self-care activity	552	552	600	672	696
Females aged 75-79 who need help with at least one self-care activity	696	696	609	667	783
Females aged 80 and over who need help with at least one self-care activity	1,617	1,764	2,058	2,156	2,303
Total population aged 65 and over who need help with at least one self-care activity	5,659	5,942	6,512	7,028	7,456

7. Domestic tasks

These figures show that by 2040 an additional 1,830 people aged 65 and over will need help with at least one domestic task, representing a growth of 31.9%. Such domestic tasks relate to activities which are fundamental to living independently and (although not exhaustive) can include:

- Doing routine housework or laundry;
- Shopping for food;
- Getting out of the house; and
- Doing paperwork or paying bills

	2023	2025	2030	2035	2040
Males aged 65-69 who need help with at least one domestic task	345	360	435	435	405
Males aged 70-74 who need help with at least one domestic task	399	399	418	513	513
Males aged 75-79 who need help with at least one domestic task	540	567	486	540	648
Males aged 80 and over who need help with at least one domestic task	825	891	1,089	1,188	1,287
Females aged 65-69 who need help with at least one domestic task	475	494	570	589	551
Females aged 70-74 who need help with at least one domestic task	529	529	575	644	667
Females aged 75-79 who need help with at least one domestic task	816	816	714	782	918
Females aged 80 and over who need help with at least one domestic task	1,815	1,980	2,310	2,420	2,585
Total population aged 65 and over who need help with at least one domestic task	5,744	6,036	6,597	7,111	7,574

8. Limiting long-term illness

These figures are split between those who will be affected to a small degree but a long-term illness, and those who will be affected a lot. There is a growth of 1,382 for those affected slightly (a 30.4% change), compared with 1,197 for those affected a lot (a 36.7% change).

	2023	2025	2030	2035	2040
People aged 65-74 whose day-to-day activities are limited a little	1,635	1,653	1,866	2,026	2,009
People aged 75-84 whose day-to-day activities are limited a little	2,088	2,146	2,235	2,235	2,588
People aged 85 and over whose day-to-day activities are limited a little	830	884	1,018	1,259	1,339
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little	4,553	4,683	5,119	5,520	5,935
People aged 65-74 whose day-to-day activities are limited a lot	787	795	898	975	966
People aged 75-84 whose day-to-day activities are limited a lot	1,346	1,384	1,441	1,441	1,669
People aged 85 and over whose day-to-day activities are limited a lot	1,134	1,207	1,389	1,719	1,828
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	3,266	3,386	3,728	4,134	4,463

2023-2027

9. Care home occupancy

These figures show an expected increase of 74 additional residents (an increase of 8.1%) to be living within some form of care home accommodation by 2027 against the 2023 baseline data.

	2023	2024	2025	2026	2027
People aged 65-74 living in a LA care home with or without nursing	0	0	0	0	0
People aged 75-84 living in a LA care home with or without nursing	12	13	13	13	13
People aged 85 and over living in a LA care home with or without nursing	19	19	20	20	21
People aged 65-74 living in a non LA care home with or without nursing	58	58	58	59	61
People aged 75-84 living in a non LA care home with or without nursing	292	300	300	313	309
People aged 85 and over living in a non LA care home with or without nursing	527	544	561	561	578
Total population aged 65 and over living in a care home with or without nursing	908	934	952	966	982

10. Dementia

These figures show an increase of some 116 additional people expected to suffer from dementia by 2027 when measured against the current baseline, which is a 7.7% increase on current levels.

	2023	2024	2025	2026	2027
People aged 65-69 predicted to have dementia	80	80	83	86	89
People aged 70-74 predicted to have dementia	134	134	134	134	137
People aged 75-79 predicted to have dementia	264	264	270	258	246
People aged 80-84 predicted to have dementia	299	311	333	355	377
People aged 85-89 predicted to have dementia	323	323	343	343	343
People aged 90 and over predicted to have dementia	401	424	424	424	424
Total population aged 65 and over predicted to have dementia	1,501	1,536	1,587	1,600	1,617

11. Living alone

These figures show an increase of 266 people aged 75 and over to be living alone by 2027, otherwise expressed as a 6.4% increase on current levels.

	2023	2024	2025	2026	2027
Males aged 65-74 predicted to live alone	880	880	900	920	960
Males aged 75 and over predicted to live alone	1,305	1,334	1,392	1,392	1,421
Females aged 65-74 predicted to live alone	1,392	1,392	1,421	1,450	1,479
Females aged 75 and over predicted to live alone	2,850	2,900	3,000	3,000	3,000
Total population aged 65-74 predicted to live alone	2,272	2,272	2,321	2,370	2,439
Total population aged 75 and over predicted to live alone	4,155	4,234	4,392	4,392	4,421

12. Hospital admissions from falls

These figures show an increase of 76 people (an increase of 11.5%) likely to require hospital admission as a result of falls by 2027.

	2023	2024	2025	2026	2027
People aged 65-69 predicted numbers of hospital admissions due to falls	39	40	41	42	44
People aged 70-74 predicted numbers of hospital admissions due to falls	60	58	58	60	61
People aged 75-79 predicted numbers of hospital admissions due to falls	109	109	109	109	101
People aged 80 and over predicted numbers of hospital admissions due to falls	452	475	483	506	530
Total population aged 65 and over predicted numbers of hospital admissions due to falls	659	682	691	716	735

13. Mobility tasks

These figures show that there are likely to be a further 297 residents aged 65 and over unable to undertake on basic task themselves due to mobility issues by 2027, representing an increase of 7.9%. Such basic tasks (although not exhaustive) can include:

- going out of doors and walking down the road;
- getting up and down stairs;
- getting around the house on the level;
- getting to the toilet; and
- getting in and out of bed

	2023	2024	2025	2026	2027
People aged 65-69 unable to manage at least one activity on their own	409	409	426	443	460
People aged 70-74 unable to manage at least one activity on their own	578	578	578	578	588
People aged 75-79 unable to manage at least one activity on their own	744	744	756	723	690
People aged 80-84 unable to manage at least one activity on their own	651	680	727	774	821
People aged 85 and over unable to manage at least one activity on their own	1,355	1,390	1,440	1,440	1,475
Total population aged 65 and over unable to manage at least one activity on their own	3,737	3,801	3,927	3,958	4,034

14. Self-care activity

These figures show that by 2027 an additional 469 people aged 65 and over will need help with at least one self-care activity, representing a growth of 8.3%. Such self-care activities relate to personal care and mobility (although not exhaustive) can include:

- Having a bath or shower;
- Using the toilet;
- Getting up and down stairs;
- Getting around indoors;
- Dressing or undressing;
- Getting in and out of bed;
- Washing face and hands;
- Eating, including cutting up food; and
- Taking medicine.

	2023	2024	2025	2026	2027
Males aged 65-69 who need help with at least one self-care activity	368	368	384	400	416
Males aged 70-74 who need help with at least one self-care activity	441	441	441	441	462
Males aged 75-79 who need help with at least one self-care activity	560	560	588	560	532
Males aged 80 and over who need help with at least one self-care activity	875	910	945	980	1,050
Females aged 65-69 who need help with at least one self-care activity	550	550	572	594	616
Females aged 70-74 who need help with at least one self-care activity	552	552	552	552	552
Females aged 75-79 who need help with at least one self-care activity	696	696	696	667	638

Females aged 80 and over who need help with at least one self-care activity	1,617	1,666	1,764	1,813	1,862
Total population aged 65 and over who need help with at least one self-care activity	5,659	5,743	5,942	6,007	6,128

15. Domestic tasks

These figures show that by 2027 an additional 466 people aged 65 and over will need help with at least one domestic task, representing a growth of 8.1%. Such domestic tasks relate to activities which are fundamental to living independently and (although not exhaustive) can include:

- Doing routine housework or laundry;
- Shopping for food;
- Getting out of the house; and
- Doing paperwork or paying bills

	2023	2024	2025	2026	2027
Males aged 65-69 who need help with at least one domestic task	345	345	360	375	390
Males aged 70-74 who need help with at least one domestic task	399	399	399	399	418
Males aged 75-79 who need help with at least one domestic task	540	540	567	540	513
Males aged 80 and over who need help with at least one domestic task	825	858	891	924	990
Females aged 65-69 who need help with at least one domestic task	475	475	494	513	532
Females aged 70-74 who need help with at least one domestic task	529	529	529	529	529
Females aged 75-79 who need help with at least one domestic task	816	816	816	782	748
Females aged 80 and over who need help with at least one domestic task	1,815	1,870	1,980	2,035	2,090
Total population aged 65 and over who need help with at least one domestic task	5,744	5,832	6,036	6,097	6,210

16. Limiting long-term illness

These figures are split between those who will be affected to a small degree but a long-term illness, and those who will be affected a lot. There is a growth of 305 for those affected slightly (a 6.7% change), compared with 237 for those affected a lot (a 7.3% change).

	2023	2024	2025	2026	2027
People aged 65-74 whose day-to-day activities are limited a little	1,635	1,635	1,653	1,689	1,742
People aged 75-84 whose day-to-day activities are limited a little	2,088	2,146	2,146	2,235	2,205

People aged 85 and over whose day-to-day activities are limited a little	830	857	884	884	911
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little	4,553	4,639	4,683	4,807	4,858
People aged 65-74 whose day-to-day activities are limited a lot	787	787	795	812	838
People aged 75-84 whose day-to-day activities are limited a lot	1,346	1,384	1,384	1,441	1,422
People aged 85 and over whose day-to-day activities are limited a lot	1,134	1,170	1,207	1,207	1,243
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	3,266	3,341	3,386	3,460	3,503