Summary

- Supply and demand analysis has been carried out at ward level using latest population statistics from the 2011 census
- Services included in the analysis are: care homes (without nursing), care homes (with nursing) and extra care housing
- Formulas for 2013 and projected demand for 2020 have been established from national toolkits, with consideration given to local factors
- Based on these formulas, key issues identified at City-wide level are:
  - 2013 care home (without nursing) bed supply is in excess of projected demand—there are currently 1335 beds more than required across Leeds. By 2020 there will be 1792 beds more than required due to declining demand for this type of care
  - 2013 extra care supply falls below demand levels—there is a need for a further 649 extra care places across Leeds, rising to 778 by 2020
  - 2013 care home (with nursing) bed supply also falls below projected demand levels—there is a need for a further 108 beds across Leeds, rising to 434 by 2020
- Analysis shows the necessity to re-define the market and steer providers towards providing the most needed type of provision in the wards with greatest level of un-met demand
- A managed transition will be required from provision of care home beds (without nursing) to extra care to ensure services are not removed before alternatives are developed

Introduction

Working alongside the Housing and Care Futures project, the Better Lives programme has looked to develop and adapt existing methodologies in order to get an accurate, up-to-date picture of current provision and projected requirements for bed spaces in Care Homes (without nursing), care homes (with nursing) and extra care housing for older people. Data is provided at ward level to allow a targeted calculation of demand.

Methodologies used to calculate and forecast demand include national work on provision of older peoples housing and care from the More Choice Greater Voice toolkit, which was developed by the Housing LIN and published by the Department of Health in February 2008. It was prepared specifically to accompany the government's new National Housing Strategy for an Ageing Society to offer guidance to commissioners and providers to enable them to forecast demand and produce accommodation and care strategies for older people.

Alongside this national methodology, local initiatives have been incorporated and brought up to date with 2011 census data, which was released on 30 January 2013. These include the work carried out for Leeds City Council in 2009 by Cordis Bright and their associates Planning4Care. The latter organisation, affiliated to Oxford University, produced the ‘Planning4Care analysis
toolkit’ to help project demand for services in the future. The toolkit has been used across a number of Local authorities including Kirklees, Wigan and Cumbria to assist with their strategies for older peoples housing, including what type of accommodation and care to provide and to what level. This re-evaluates and re-defines the care home (without nursing) demand figures proposed by the More Choice Greater Voice methodology by considering the impact of additional factors such as preventative services and alternative accommodation to meet older peoples care needs.

2013 Population Statistics

The population over 75 figure has been taken from 2011 Census data, which was released in January 2013 and is the most up-to-date source of verified figures available. Ward level data has recently been released from the 2011 census and the table has been updated to reflect this information.

Calculating 2013 Demand

In terms of applying a methodology for calculating demand for older peoples housing, the base used is the 2009 work carried out by Cordis Bright and Planning4Care, who were commissioned by Leeds City Council to carry out a needs analysis of current and future demography utilising recognised predictive modelling tools and techniques.

The Planning4Care calculations used in that report have been adjusted and applied with more recent data to identify the 2013 care beds required. This relates to non-nursing care beds.

Care homes (with nursing) could be considered to be part of the supply to meet non-nursing demand. This is because of changes brought about by the introduction of the Health and Social Care Act (2008) which established a new regulatory body – the Care Quality Commission. As part of the changes, registration criteria for homes changed, with the activity being regulated, which meant that providers could undertake a wide range of different activities at different locations. This saw a proliferation of homes offering both nursing and non-nursing beds in the same setting. However for reasons of clarity homes registered to provide care with nursing have been considered separately, though some may still provide non-nursing places.

The Planning4Care work projects the current decline in demand for residential beds up to 2029. These projections see demand for publicly funded (those who are supported in paying) residential places decrease to around 5 places per 1,000 for those aged over 75 as compared with just fewer than 24 in 2007/08. However, the report adopts a conservative approach, stating that it is likely that there will be a continuing need for a core residential provision for the most vulnerable older people, setting a higher threshold of 10 publicly funded places per 1,000 for those aged 75 and over.

Since the Planning4Care work was carried out, it is estimated that there has been a decrease to a demand level of 20 residential beds per 1000. This will continue to decrease to the 10 per 1000 figure identified by Planning4Care by 2020.

While More Choice Greater Voice figures indicate a suggested ‘norm’ of 65 residential beds per 1000 aged over 75, the report explains that the ‘norm’ is based on national averages of actual provision and is set at 2001 population levels. It states that work is required at a local level and that future institutional and specialised housing provision should decline, in line with national government targets to support an increasing proportion of older people in their existing homes.

The Planning4Care methodology incorporates awareness of local factors and future developments to reduce this figure considerably, with both the decline for traditional care home places and the emergence of alternatives such as reablement, intermediate care, independent
supported living and assistive technology key factors in the reduced demand projections (see graph below for projected decline).

**Projected Population and Demand**

The overall projected population over 75 for Leeds is 63,800 for the year 2020. This is taken from the most recent data source, the Office for National Statistics (ONS) subnational population projections (2008) as evidenced at [http://www.poppi.org.uk](http://www.poppi.org.uk) (Projecting Older People Population Information System).

Data for population projections up to 2020 is not available at ward level from either the ONS or the census. To calculate projections at ward level, the city wide projected increase from 53,143 to 63,800 has been split across each ward. For example, Armley currently represents 2.91% of the over 75 population of Leeds. It is assumed that Armley will represent 2.91% of the projected over 75 population in 2020. Therefore the projection for Armley is 1,857 (which is 2.91% of 63,800). This projection does not take into account any possible movement of older people into different wards (e.g. retiring to a different area of the city) though there is no indication that this is currently the case.

The care beds without nursing required 2020 calculation is based on 10 beds per 1000 as it is expected that demand for this type of care will decline from the current 20 per 1000 calculation due to the intervention of other services such as domiciliary care, intermediate care, assistive technology and extra care housing. The graph below (Cordis Bright, 2009) identifies the expected decline in demand for care home places in Leeds up until 2029.

![Graph showing projected decline in care home places](image)

**Figure 2**  *Projected provision of Leeds supported long-stay care home places to 2029*

**Extra Care Housing (ECH)**

As a key component of future service delivery, extra care Housing (ECH) projections have also been calculated. The 2013 extra care housing units required and extra care housing units
required 2020 figures are based on 25 units per 1000 population over 75, as defined by the suggested ‘norm’ (More Choice, Greater Voice, 2008).

As a key component of future service delivery, extra care housing projections have also been calculated. The extra care units required 2020 figures are based on 25 units per 1000 population over 75, as defined by the suggested ‘norm’ (More Choice, Greater Voice, 2008). It is anticipated that extra care will be a viable alternative to care homes (without nursing).

**Nursing beds**
Flexible registration now employed by the Care Quality Commission has blurred this distinction between care homes and care homes with nursing. However, our work suggests that the success of community interventions will continue to reduce the need for low dependency care home beds (without nursing) facilities while the need for specialist, nursing and end of life care will continue.

As with the Care Home (without nursing) calculations, care homes with nursing bed requirements are based on the over 75 population. 2020 population over 75 is taken from Office for National Statistics (ONS) subnational population projections (2008) as referenced by POPPI. The formula for calculating the current nursing care beds required is based on the More Choice Greater Voice estimate of the requirement for 45 nursing beds per 1000 of population aged over 75.

Current existing independent sector nursing care beds includes all independent sector homes with registration criteria of Care Home with Nursing. While some care homes with nursing may also have non-nursing residential beds, the CQC website used to identify current supply does not show the split between bed types. Therefore, for the purpose of the supply calculations all care homes with nursing are assumed to provide only nursing beds.

**Dementia Considerations**
Dementia provision was considered in the calculations for More Choice Greater Voice and incorporated into the overall bed numbers required for care home, nursing and extra care. However, with the number of people over 65 and living in Leeds with dementia projected to rise from 8,400 now to 11,900 by 2027 there may be requirement to monitor the situation to ensure demand is met (figures taken from ‘Living Well with Dementia in Leeds- Our Local Strategy, 2012-2015’). This is why the proposals put forward by the Better Lives Programme investigate the opportunities around provision of specialist dementia sites, with the potential to develop services in partnership.

**Conclusion**
There is a need to guide the market towards areas of demand both in terms of services and wards. A transition is required from the provision of care home beds (without nursing), of which there is shown to be a City-wide supply in excess of calculated demand, towards extra care housing, which has a shortfall of supply compared with demand. This will require market engagement to ensure that future developments tackle identified need.

**Areas of largest shortfall- Care Home (without nursing) and Extra Care.**

The table below indicates the wards which are showing a shortfall of more than 40 (combined across both care homes and extra care). However, further consideration must be given to the provision in adjacent wards, as the wider area may have sufficient services to compensate for the shortfall. Other factors also need to be considered, such as health and income statistics in each ward, which may see an increase or decrease in demand separate to the calculations derived from the demand formulas.
Other wards have an oversupply of care home beds (without nursing), but a shortfall in provision of extra care housing. In the medium to long term, it is anticipated that the wards with an excess of care home (without nursing) provision which balances out the shortfall of extra care will undergo a period of transition towards development of extra care housing rather than care homes (without nursing). This will include recommending that any future developments are extra care housing, rather than care home (without nursing). Close engagement with providers is essential to ensure they understand the ethos of extra care housing provision, rather than just recreating the environment of care homes (without nursing).

**Areas of highest demand- Nursing**

Alongside the shift from traditional care homes (without nursing) towards forms of independent living including extra care housing, there will be a requirement to provide care at the high dependency end of the care spectrum. This will continue to be provided in the form of care homes registered to provide nursing care. More Choice Greater Voice suggests that nursing care will continue to be in demand, with 45 beds per 1000 required for the population aged 75 and over.

The table below identifies the wards with a shortfall in current nursing provision greater than 40 beds and future projected demand for those wards. Again, other factors such as the health and income statistics in each ward should be considered in planning developments:
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<tr>
<th>Location</th>
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<tr>
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