

# **Commissioning Statement**

**Accommodation with care, residential & nursing care for older people**

**Epsom & Ewell Borough**  
**April 2019 onwards**



**SURREY**  
COUNTY COUNCIL

## Introduction

Surrey County Council's Accommodation with Care & Support Strategy<sup>1</sup> sets out the overarching approach for all accommodation based services we commission and provide for residents of Surrey, for the next 20 years.

It is an ambitious programme for a more diverse range of accommodation with care options for people with a range of disabilities and needs, with the aim to maximise independence, choice and control. It will allow people, regardless of their financial circumstances, to access settings where the built environment and on-site support can address their current and future needs, and this will reduce the risk of having to access more restrictive environments as a result of crisis.

## Scope of this document

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 Epsom & Ewell Borough Council area.

The diagram overleaf shows the range of accommodation options that may be available for older people<sup>2</sup>, and the following areas are covered by this commissioning statement:

- Extra care settings across all tenures
- Close care settings (which are mixed sites comprised of an extra care setting next to a care home)
- Care homes, whether residential or nursing and including specialisms

In order to provide guidance to existing providers of care and support, prospective developers and the planning authority in the Epsom & Ewell Borough Council area, extra care as an accommodation with care model will be defined, while future demand calculations for it and care home settings will be set out.

Finally, developers should note that, in demonstrating a need for additional developments with reference to the information in this document and through presenting their own assessments, this will not in itself evidence "very special circumstances" to justify altering Green Belt boundaries.

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<sup>1</sup> [https://www.surreycc.gov.uk/\\_data/assets/pdf\\_file/0006/84768/Accommodation-with-Care-and-Support-Strategy-.pdf](https://www.surreycc.gov.uk/_data/assets/pdf_file/0006/84768/Accommodation-with-Care-and-Support-Strategy-.pdf)

<sup>2</sup> <https://dwell.group.shef.ac.uk/wp-content/uploads/2016/11/DWELL-ECH-Brief-dev-July-2015.pdf>, page 2

The range of accommodation options for older people

**MAINSTREAM HOUSING**

Individual homes to buy or rent – not designated for any specific user group (though Lifetime Homes includes age-friendly features and wheelchair housing is specially designed). Personal care, support, other services and amenities available within the community.

**SPECIALISED HOUSING**

Groups of homes (usually flats) to buy or rent – designated for older people (typically 55+). Flexible personal care and support usually arranged or provided within the development together with shared facilities and activities. Common facilities may also be shared with the wider community.

**CARE HOMES**

Care homes are a residential settings where a number of older residents live, usually in single rooms. Full-time personal care and support is typically available within the development together with shared facilities, activities and catering.



**Planning use class C3 (dwelling house).**

**Planning use class C2 / C3 (depending on scheme)**

**Planning use class C2 (residential institution)**

## Extra care

“Extra care” is an umbrella term – while it is commonly used as a description for rental settings focusing on supporting people receiving publicly funded housing and support, “assisted living”, “retirement village” and “continuing care retirement community” are regularly used as terms, alongside others, by operators of settings whose residents are privately funded.

Regardless of the name used to describe a setting, there are common elements to developments which lead them to be defined as “extra care”. The Housing Learning and Improvement Network (Housing LIN) has stated the following as a broad definition of extra care:

Extra care housing is housing with care primarily for older people where occupants have specific tenure rights to occupy self-contained dwellings and where they have agreements that cover the provision of care, support, domestic, social, community or other services. Unlike people living in residential care homes, extra care residents are not obliged as a rule to obtain their care services from a specific provider, though other services (such as some domestic services, costs for communal areas including a catering kitchen, and in some cases some meals) might be built into the charges residents pay<sup>3</sup>

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.

## Extra care and planning use classes

The Housing LIN has made the following observation regarding extra care:

A fundamental feature of housing with care is that it is a housing model. Whilst on-site services may – and indeed should be – co-ordinated effectively, legally, the housing is a separate entity from the care – if it were otherwise, schemes would be liable to registration as care homes. Occupants have security of tenure and housing rights afforded by their occupancy agreements and cannot be required to move, unless in breach of the occupancy agreement.<sup>4</sup>

On face value this suggests that extra care development proposals should be treated as C3 (“dwelling houses”) rather than as C2 (“residential institutions”). However, some recent planning decisions have been along these lines have been reviewed by inspectors on appeal with an alternative outcome, so it is clear that a more nuanced approach is needed.

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[https://www.housinglin.org.uk/assets/Resources/Housing/Housing\\_advice/Extra\\_Care\\_Housing\\_What\\_is\\_it.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Housing_advice/Extra_Care_Housing_What_is_it.pdf), page 3.

<sup>4</sup> As above, page 4.

Ultimately, C2 development proposals should show how the built environment is designed in a manner which is substantially different to that seen for C3, with a clear focus on care and support as a key driver for the proposal alongside the provision of accommodation. The Royal Town Planning Institute has provided useful guidance on this matter within its Good Practice Note No. 8<sup>5</sup>. It observes that extra care proposals will need to offer a range of facilities which are deemed to be far beyond those normally expected of standard housing settings. They will also need to evidence that, alongside the built environment, a planned model of personal care and support will in place which will allow residents to avoid having to access more restrictive settings should their needs increase.

Given the range of proposals which may be presented, planners should therefore consider the following before deciding on whether individual proposals should be considered as C2 or C3:

- Regarding facilities
  - Does the proposed scheme have facilities not normally associated with retirement or sheltered housing such as bar/ lounge, kitchen/dining room, laundry, crafts room, IT suite, shop, gym etc?<sup>6</sup>
  - Will 24 hour care services be available to all residents according to their needs?
  - Can residents receive/ purchase care from an on-site, CQC registered home based (domiciliary) care team which operates in partnership with the future landlord?
  
- Regarding the planned delivery of care and support on site:
  - Does the scheme offer an opportunity for elderly owner-occupiers to purchase their own property in a scheme where an increasing level of care can be provided?
  - Does the scheme anticipate a range of need levels on site, which could include support to people living with dementia?
  - Will the scheme help older people stay independent and remain active in old age?
  - Can the developer evidence how residents may be able to avoid admission into residential care as their needs increase?
  
- The background of the developer may also be of interest in planning discussions, and, where the developer has opened similar schemes in other parts of the country, the following questions should also be asked:
  - What is the average age on entry to existing schemes?
  - How much care per week was purchased during the first year of operation?

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<sup>5</sup> [https://www.housinglin.org.uk/assets/Resources/Housing/Support\\_materials/Reports/GPN8.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Reports/GPN8.pdf)

<sup>6</sup> Further details of the kinds of the kinds of facilities that could be available with extra care settings can be found in <https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/Extra-care-Housing-Brief-development.pdf> page 8

## Close Care settings & Retirement Villages

“Close care settings” present mixed provision (mainstream, adapted or extra care housing alongside individual care homes) on sites and are generally larger developments than those seen for individual extra care settings or care homes.

“Retirement Villages” tend to be larger still, and may demonstrate a mix of accommodation options which are universally age-restricted.

These settings should not be treated as C2 as a whole just because a clear C2 development (such as a care home) forms an element of the site. Instead, each element of the proposed development should be examined on their own merit to determine their treatment according to planning policy, to identify whether the element should be treated as C2 or C3, and to establish their relevance against the relevant demand calculations set out in this Commissioning Statement.

## The accessibility and location of extra care settings

As stated by the DWELL research project “The preventative agenda often associated with extra-care housing requires a focus on ‘HAPPI’ design quality principles (attractive, accessible, good daylighting + thermal comfort) and links to local infrastructure (facilities, services + social opportunities)”<sup>7</sup>.

### Accessibility

Development proposals for extra care should clearly demonstrate how HAPPI quality principles have been used in the design of buildings and their environments. Alongside this, given the range of care and support needs that need to be accommodated on extra care sites, proposals should also be clearly accessible to wheelchair users, meeting the Building Regulations Part M, category 3 accessibility standard.

The level of accessibility should be evident throughout the extra care setting – both with regard to internal and external areas on the site. In addition, as any extra care setting should meet a variety of needs it should evidence how people living at the extra care setting will:

- Be able to access local facilities through a choice of accessible transport options
- Not face any barriers to leaving the setting or returning to it (e.g. settings located on a hill or other gradients which automatically present challenges for people who have difficulties walking or who use wheelchairs)

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<sup>7</sup> <http://dwell.group.shef.ac.uk/wp-content/uploads/2016/11/DWELL-ECH-Brief-dev-July-2015.pdf> page 5

## **Proximity to local facilities**

The recently updated guidance on Housing for Older and Disabled People from the Ministry of Housing Communities & Local Government stresses that the location of specialist housing is very important for older people when downsizing or moving into more supportive environments, and extra care is no exception to this rule:

The location of housing is a key consideration for older people who may be considering whether to move (including moving to more suitable forms of accommodation). Factors to consider include the proximity of sites to good public transport, local amenities, health services and town centres.<sup>8</sup>

Within any extra care planning application it should therefore be evident that the setting will not only enable people to create a new community with their new neighbours on-site, but that the setting is sympathetic and supportive of people maintaining their links with the wider community.

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<sup>8</sup> <https://www.gov.uk/guidance/housing-for-older-and-disabled-people#specialist-housing-for-older-people>

## Defining the demand for extra care in Epsom & Ewell Borough Council area

Future extra care demand for the Epsom & Ewell Borough Council area has been calculated with regard to the nationally recognised methodology of the Housing LIN, which states that:

...demand for extra care is likely to be required at 25 units per 1,000 population aged 75 plus [...].  
The desired tenure mix will vary according to local and market factors.

Based on information available as at 1 April 2019<sup>9</sup>, future demand for extra care (as defined earlier in this document) is set out below for 2025 and 2035:

Area	2025				2035			
	75+ population projection	Total demand	Rental unit demand	Leasehold unit demand	75+ population projection	Total demand	Rental unit demand	Leasehold unit demand
Epsom & Ewell	8,400	210	57	153	9,900	248	67	181

These future figures reflect the fact that, as at 1 April 2019, there were no extra care facilities operating within the Borough Council area<sup>10</sup>.

Surrey County Council's Accommodation with Care Strategy is highly ambitious in shifting away from residential and nursing care being the default models of care beyond mainstream housing and so, in these calculations, the rental figures should be regarded as **minimal** targets to be achieved. While Surrey County Council will be actively engaging with providers to achieve these targets, it would welcome any approach by developers interested in contributing to the rental target in their site tenure mixes.

<sup>9</sup> Current estimates of the 75+ population can be accessed via [www.poppi.org.uk](http://www.poppi.org.uk)

<sup>10</sup> Excluded from these figures is the Abbeyfield Nonsuch development as it is due to be opened in early 2020. Once opened it will be expected to provide 24 rental extra care units and 36 leasehold units.

## Residential and nursing care

While the residential and nursing care market is arguably as diverse as the one for extra care, defining these settings is made simpler by the fact that they are regulated as institutions by the Care Quality Commission (CQC) and their planning classification is C2.

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.

The key difference between residential care homes and nursing care homes is the provision of nursing staff on site in the latter settings - residential care homes are therefore referenced by CQC as “care homes without nursing” while nursing care homes are called “care homes with nursing” in their list of service types.

## Defining the demand for residential and nursing care in Epsom & Ewell Borough Council area

Presenting clear demand figures for residential and nursing care in any area is problematic:

- There is no single, recognised methodology for identifying future residential and nursing care need
- Local demand figures need to take into account Surrey County Council’s strategic direction to maximise the impact of preventative services, provide additional support to carers and to diversify the range of community support on offer, so that people are able to live in their own homes for longer.

These measures (including the implementation of its Accommodation with Care and Support Strategy) mean that a link between demographics and residential and nursing care provision should not be assumed.

- 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
- There is a concern amongst local Health partners that, should nearby areas have relatively low levels of residential and nursing care, the building of more residential and nursing care homes in an area may lead to an “influx” of new patients from those nearby areas and create additional strain on the local health system.

On reflection of the above points, Surrey County Council presents a methodology which:

- Calculates the current provision of residential and nursing care in the Epsom & Ewell Borough Council area on the basis of CQC lists of regulated services as at 1 April 2019, filtered for the provision of care to older people and people with dementia<sup>11</sup>
- Compares the ratio of residential and nursing care capacity (per 1,000 of the 75+ population<sup>12</sup>) in the Epsom & Ewell Borough Council area to the England equivalent and to Epsom & Ewell Borough Council's neighbouring authorities
- Forecasts demand based on achieving England's current ratio of care home beds in 2025 and 2035
- For residential care in particular

The resulting demand figures are presented on pages 11 and 12.

Please note that, while these figures give an estimate regarding appropriate future levels of residential and nursing care home provision in Epsom & Ewell Borough Council, they should not be seen as a "requirement" by planning authorities. Equally, any alternative figures presented within supporting documents in planning applications (such as Planning Needs Assessments) should not state care home capacity levels as amounting to a "requirement" for planning authorities to respond to.

## **The effect of care home closures and developments on "demand" figures**

Where an ongoing demand for residential or nursing care is identified, it should be assumed that released sites from any care home closures will be redeveloped with appropriate replacement care provision or with an alternative that clearly supports the strategic objectives of Surrey County Council's Accommodation with Care Strategy.

Planners should also, in overseeing the levels of specialist housing and care home provision in their authority areas, monitor any changes in their local care home and specialist housing provision with Surrey County Council and re-evaluate the demand figures to respond to future planning applications.

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<sup>11</sup> This was produced from monthly data in "CQC care directory – with filters" from <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>

<sup>12</sup> Current estimates of the 75+ population can be accessed via [www.poppi.org.uk](http://www.poppi.org.uk)

**Demand for residential care up to 2035 in Epsom & Ewell Borough Council area**

Planning authority area	2019			2025					2035				
	1 April 2019 No. of care home beds	75+ pop.	Beds per 1,000 75+ pop.	75+ pop.	Beds per 1,000 75+ pop.	No. beds to reflect England 2019 ratio	Reduction due to rental extra care	2025 indicated demand	75+ pop.	Beds per 1,000 75+ pop.	No. beds to reflect England 2019 ratio	Reduction due to rental extra care	2035 indicated demand
<b>Epsom &amp; Ewell</b>	<b>213</b>	<b>7,000</b>	<b>30.43</b>	<b>8,400</b>	<b>25.36</b>	<b>370</b>	<b>57</b>	<b>100</b>	<b>9,900</b>	<b>21.52</b>	<b>436</b>	<b>67</b>	<b>156</b>
Mole Valley	328	10,200	32.16	12,400	26.45	546	84	218	14,600	22.47	643	99	216
Reigate & Banstead	886	13,300	66.62	16,400	54.02	723	58	-221	20,300	43.65	894	77	-69
Spelthorne	243	9,300	26.13	10,700	22.71	471	0	228	12,800	18.98	564	0	321
Woking	433	8,500	50.94	10,100	42.87	445	10	2	12,500	34.64	551	26	92
<b>Surrey</b>	<b>4,909</b>	<b>111,700</b>	<b>43.95</b>	<b>134,600</b>	<b>36.47</b>	<b>5,930</b>	<b>546</b>	<b>475</b>	<b>161,800</b>	<b>30.34</b>	<b>7,129</b>	<b>697</b>	<b>1,523</b>
Kingston	317	11,300	28.05	14,000	22.64	617	-	300	17,600	18.01	775	-	458
Sutton	363	14,900	24.36	17,700	20.51	780	-	417	21,700	16.73	956	-	593
<b>England</b>	<b>210,669</b>	<b>4,781,800</b>	<b>44.06</b>	<b>5,836,500</b>	<b>36.10</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,138,800</b>	<b>29.51</b>	<b>-</b>	<b>-</b>	<b>-</b>

## Demand for nursing care up to 2035 in Epsom &amp; Ewell Borough Council area

Area	2019			2025				2035			
	1 April 2019 No. of care home beds	75+ population	Ratio of beds per 1,000 75+	75+ population	Beds per 1,000 75+	No. beds needed to reflect England 2019 ratio	2025 indicated demand	75+ population	Ratio of beds per 1,000 75+	No. beds needed to reflect England 2019 ratio	2035 indicated demand
Epsom & Ewell	206	7,000	29.43	8,400	24.52	387	181	9,900	20.81	457	251
Mole Valley	605	10,200	59.31	12,400	48.79	572	-33	14,600	41.44	673	68
Reigate & Banstead	1,124	13,300	84.51	16,400	68.54	756	-368	20,300	55.37	936	-188
Surrey	6,877	111,700	61.57	134,600	51.09	6,208	-669	161,800	42.50	7,462	585
Sutton	849	14,900	56.98	17,700	47.97	780	-69	21,700	39.12	956	107
Kingston	792	11,300	70.09	14,000	56.57	617	-175	17,600	45.00	775	-17
England	220,524	4,781,800	46.12	5,836,500	37.78	-	-	7,138,800	30.89	-	-

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