

Response to the consultation on the future of Applethwaite Green Care Home from Peter Lord, Windermere

17 August 2026

I believe Applethwaite Green should be kept open and that the council should delay making any decision until the effects of the budget, due on 26th October, can be considered.

In summary. The reasons are

1. **Government policy is changing.** The council should change its policy to show real commitment to the Integrated Care System. This is important because "The King's Fund health think tank released an analysis of official NHS England data on 7 July, showing that the financial cost of delayed discharges rose to nearly £2.7bn in 2025-26, up 7.5% from just under £2.5bn the previous year".
2. **Those of us who are concerned about the future of care in Windermere** have been promised information, which has not been forthcoming, and the opportunity develop a modified refurbishment proposal. We need the information; then we need the time to do it.
3. **The council has not given full consideration to the importance of the location of AG**
 - i. There are 338 care rooms in Kendal, that is one for every 25 person over 64 years old. In Windermere there are 34, that is 1 for every 110 over 64.
 - ii. If AG is closed there will be only 1 per 536 at most.
 - iii. The consultation document states that Adult Social Care is where people live in a place they call home' with the people and things they love, in communities where they look out for one another, doing the things that matter to them. This must apply equally to both home care and Care Homes.

In detail, the reasons are

1. **The integrated care system** was developed to link The NHS and Social Care. The need for this is exemplified by the problem of delayed discharge from hospital. Lack of availability of care home beds is the largest contributory factor causing delay.

- a. Delayed discharge: *Information from Nuffield Trust*

*Since May 2024, reasons for delay have been reclassified into five categories: **hospital process** (i.e. internal hospital actions or procedures required before a patient can be referred onwards), **wellbeing concerns** (i.e. unresolved concerns about a patient's readiness or safety to be discharged), **care transfer hub process** (i.e. confirming care needs, making referrals, or checking funding eligibility), **interface process** (i.e. brokering and arranging the patient's post-discharge care package with external partners), and **capacity** (i.e. where the discharge plan is agreed but the required service, placement, or provision is not yet available).*

<https://www.nuffieldtrust.org.uk/resource/delayed-discharges-from-hospital>

	Weekly average of delayed discharge in England, 2025		Weekly average of delayed discharge UHMBT in June 2026	
Delay causes	Count	% of total	Count	% of total
Capacity	3698	32%	57	53%
Interface Process	3275	28%	13	12%
Hospital process	2550	22%	23	21%
Care transfer hub process	1575	13%	10	9%
Well being concerns	618	5%	5	5%
Total	11716		108	

N.B. Delay due to Capacity deficit is 53% for University Hospitals Morecambe Bay Trust (UHMNT) compared with National average of 32% suggesting this is a significant problem in this region. See also **Appendix**

- b. *Care Home availability*

<https://www.nuffieldtrust.org.uk/resource/care-home-bed-availability>

Beds available per 100 people over 75 England

<i>Nuffield Trust figures</i>	<i>2012</i>	<i>2025</i>	<i>% change</i>
<i>care home beds total</i>	<i>11.3</i>	<i>8.3</i>	<i>-27%</i>
<i>care home beds residential and nursing</i>	<i>5.2</i>	<i>4</i>	<i>-23%</i>
<i>care home beds residential only</i>	<i>6.1</i>	<i>4.3</i>	<i>-30%</i>

From these figures it can be seen that Capacity is a major factor in delayed discharge and that Care Home bed availability has a decreasing trend. W&F will exacerbate this problem if it closes AG.

- c. *Cost: The annual cost of delayed discharges scaled up to nearly £2.7 billion in the 2025/26 period. <https://doi.org/10.1136/bmj-2026-100217>*
- d. *When i asked what the council's involvement with this part of the Integrated Care System I was told they provided care for 6 weeks after hospital discharge and that was paid for by the NHS. The council's contribution appears minimal.*
- e. *In respect of intermediate care a council officer told me that W&F provide 6 weeks care paid for by the NHS.*
- f. *The government is reported to be developing a new policy for Social Care.*

To summarise, the cost of delayed hospital discharge is so great and the lack of availability of residential care beds such a large factor in its cause that any reduction in their numbers is to be avoided.

2. The future of Applethwaite Green. Peter McNamara and I would like the council to support us in developing plans for a modified refurbishment. We will call this Option1.5.

The consultation document includes a number of objections to keeping Applethwaite Green going.

- a. *Falling demand. Response to two FOI requests show that the council has no evidence for falling demand. Estimates of dementia cases:*

A. Population aged 65 years and over Below are figures indicating the expected number of people 65 and over needing Care Home beds in local populations.

<i>Electoral ward</i>	<i>Total population</i>	<i>Estimated population aged 65+</i>
<i>Windermere and Ambleside</i>	<i>10,184</i>	<i>~2,675</i>
<i>Bowness and Lyth</i>	<i>3,836</i>	<i>~1,084</i>

These figures are derived from Census 2021 data and subsequent population estimates.

B. Estimated number of people aged 65+ with dementia

Using the commonly used UK prevalence of approximately 7% of people aged 65 and over:

<i>Ward</i>	<i>Population 65+</i>	<i>Estimated dementia cases</i>
<i>Windermere and Ambleside</i>	<i>2,675</i>	<i>~190</i>
<i>Bowness and Lyth</i>	<i>1,084</i>	<i>~77</i>
<i>Combined</i>	<i>3,759</i>	<i>~267</i>

These are broad estimates; because these wards have relatively old populations, the true figure may be somewhat higher.

- b. *There is alternative bed availability. This probably not true because:*

- i. *Demand outstrips availability in both the public and private sectors.*
 - ii. *There has been a steady decline in bed availability over the past 15 years.*
- c. *AG not of adequate space or quality to match present standards. This does not mean AG is inoperable or unsafe:*
 - i. *Care Quality Commission rated it "Good".*
 - ii. *Carers have been able to keep the resident safe and well care for.*
 - iii. *The ideal of en-suite bathrooms is not rated above the importance of location near family or above the provision of a proper bath with hoist as on each floor in AG.*
 - iv. *The alternatives listed by the council include Riverside House in Kendal It is of similar design and includes similar shortcomings.*
- d. *AG building cannot be maintained in usable condition,*
 - i. *An informed opinion is that it could last another 5 years.*
- e. *The cost of refurbishment is £2.5 to £3 million.*
 - i. *This cost was an estimate.*
 - ii. *No attempt has been made by the council to cost a limited refurbishment.*
- f. *Insufficient availability of staff and Agency fees.*
 - i. *Windermere lacks affordable housing and so this problem is common to a variety of employers. Some have dealt with it by providing accommodation on site. AG has space for bespoke housing units, and the cost could be recouped over a period from rental charges.*
 - ii. *In part, this is a management problem. The council should review the reasons why they have recently lost staff from AG.*
- g. *AG is significantly more expensive than other care homes. There is doubt about this because:*
 - i. *The officer was unable to answer a number of reasonable questions*
 - ii. *There are no comparable recent figures for AG since the Ambleside wing was closed.*
 - iii. *The council has not considered all available options to attract and keep staff.*

3. Location.

- i. *Physical and mental wellbeing of the residents is maintained by frequent contact with relatives and friends.*
- ii. *There is a council home in Kendal which could be closed before AG.*
- iii. *The AG residents rate location above other considerations.*

4. Care Home Beds in relation to population.

As noted above, there are 338 care rooms in Kendal, that is one for every 25 persons over 64 years old. In Windermere there are 34, that is 1 for every 110 over 64.

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Summary.

An independent opinion from Westmorland Homecare is that all the rooms in AG could be filled

The preferred option is not offered in the consultation. It is to keep AG open, with alterations to make all rooms at least 12 sqm in size and refurbishing it in stages.

We call this Option 1.5

If the council fails to obtain additional funding for care homes, then it should choose one in Kendal where there is a possibility of alternative beds close to home for the residents.

Appendix

Figures for UHMBT obtained by request from Nuffield Trust are a one-month snapshot. To get figures for a longer period it would be necessary to ask NHS England.