

Market Position Statement
for Living & Ageing Well in Surrey
2015/16



SURREY

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Introduction

Surrey County Council's strategy for Adult Social Care¹ is to "work collaboratively with... partners to ensure people have choice and control so they can maximise their wellbeing and independence in their local community and remain safe." In doing so the local authority will:

- Connect individuals with family, friends and community support networks so they can live independently and prevent or postpone the need for funded care and support services.
- Work in collaboration with health and other partners to deliver integrated community health and primary care services to improve health and social care for people.
- Provide leadership in the joint commissioning of health and social care services to ensure diversity, quality, cost effective and sustainable services.
- Offer universal advice and information services to all local people to promote their independence and wellbeing.
- Continue our commitment to personalisation, with all systems, processes, staff and services giving people choice and control over their lives.

The above outcomes depend on a diverse, local market for care, where people are offered real choice. This is regardless of whether support is from the private sector, the voluntary sector, from providers that usually work with the Council to others that do not currently work with the authority.

This Market Position Statement (MPS) is part of a broader process of working and supporting the local care market so that it can support people to live and age well. It is designed to contain information and analysis of benefit to providers of services to older people (people aged 65 and over), and will form a basis for discussions between the local authority and the local care market.

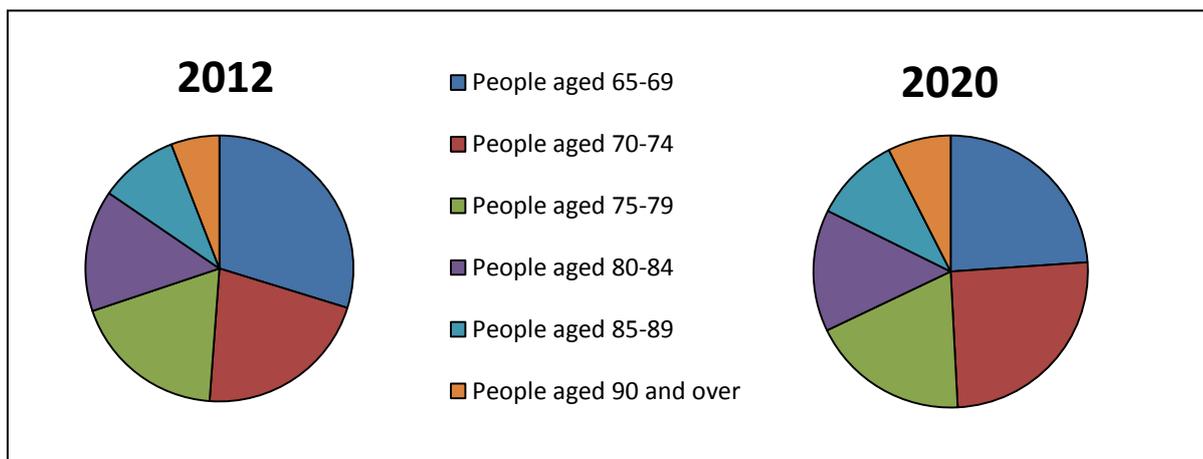
¹ Surrey County Council, *Adult Social Care Directorate Strategy 2013/14 – 2017/18*:
<http://new.surreycc.gov.uk/social-care-and-health/care-and-support-for-adults/adult-social-care-strategies,-policies-and-performance/adult-social-care-directorate-strategy-2013-14-to-2017-18>

The context

An ageing population

In line with the rest of the country, Surrey's population is ageing. Whilst the 2011 census shows that the Surrey population increased by 6.9% in the space of ten years, people aged 65 and over has represented the fastest growing age group (13%). Of this group the "oldest old" (i.e. people aged 85 or more) grew at an even faster rate, by 25.5% over the decade (see Figure 1).

Figure 1: 65+ population distribution in Surrey – a comparison between 2012 and 2020



Source: Projecting Older People Population Information (POPPI – www.poppi.org.uk), as retrieved in July 2013

This trend of an ageing population is set to accelerate in future. It is estimated that the 65+ population will grow by almost 17% and the 85+ population by over a third from 2012 to 2020, as shown in Figure 2 below:

Figure 2: 65+ population growth estimates for Surrey, 2012 to 2020

	2012	2020	% change
People aged 65-69	60,700	56,900	-6.3%
People aged 70-74	43,600	60,100	37.8%
People aged 75-79	38,000	44,500	17.1%
People aged 80-84	30,100	34,400	14.3%
People aged 85-89	19,500	24,300	24.6%
People aged 90 and over	11,900	17,700	48.7%
Total 65+ population	203,800	237,900	16.7%
Total 85+ population	31,400	42,000	33.8%

Source: www.poppi.org.uk as retrieved in July 2013

As with advancing age people are more likely to develop long term conditions, illnesses and (particularly amongst the oldest old) frailty, health and social care services are expected to subject to increases in demand as more and more people require treatment and support. Having said this, Surrey residents (with the exception of some areas of relative deprivation²) should, on average, expect to live longer, and be at less risk of developing long term conditions, than their peers living in other areas of England (see Figure 3).

Figure 3: Indicators of public health – a comparison between Surrey and England

Measurement	Surrey	England average
Average life expectancy (ONS 2010-12)	81.3 (men) 84.5 (women)	79.2 (men) 83.0 (women)
Coronary heart disease – prevalence amongst population (QOF 2011/12)	2.8%	3.4%
Diabetes –prevalence amongst population (DRSS 2010)	4.6%	5.5%
Smoking attributable mortality per 100,000 of the 35+ population (Public Health England 2011-13)	219.9	288.7
Obesity – percentage of obese people over the age of 16 (Public Health England 2012)	20.4%	24.5%

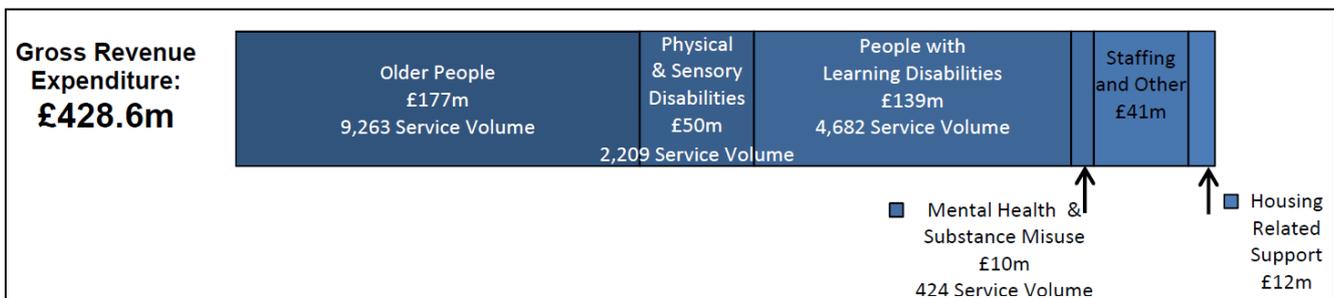
Source: Surrey-i, as retrieved in June 2015

It is therefore essential that we work closely with the market to ensure that we have in place an appropriate infrastructure for care, which gives people the right support at the right time and in the right place, and which responds to the demands of Surrey's older population.

Surrey County Council's financial future

Surrey County Council's Adult Social Care Directorate expenditure for 2015/16 is £430m. Of this, £177m is projected to be spent on Older People's Services (see Figure 4).

Figure 4: Surrey County Council's Adult Social Care expenditure budget 2015/16



Source: Surrey County Council, Medium Term Financial Plan 2015-20

² "Priority Places" have been identified by Surrey County Council and the NHS as particular areas with relative deprivation. These are Stanwell (Spelthorne), Maybury and Sheerwater (Woking), Westborough (Guildford) and Merstham (Reigate and Banstead).

The Council's Medium Term Financial Plan for 2015-20 states that the Directorate faces challenges of an unprecedented financial environment. This, together with the demographic pressures of an ageing population and the impact of changes introduced through the Care Act, means that the Directorate is to deliver efficiency savings of £37m in 2015/16 alone.

Delivering these savings, while continuing to deliver quality services that meet older people's personal outcomes, will require a radical strategic shift in the delivery of services through the local authority:

- Adoption of the principles of "values based recruitment", so that care staff deliver services with compassion, dignity, integrity, respect and responsibility
- The workforce receive the necessary training and supervision, and have the confidence, to support people and their carers
- A continued focus on supporting people to live at home for as long as possible
- A jointly commissioned approach in meeting health and social care outcomes
- The availability of both health and social care related support 7 days a week
- Continuing the personalisation agenda through giving personal budgets to everyone eligible for ongoing health and social care support, developing creative solutions and working with the market to ensure that a diverse and high quality range of services is in place
- Embrace a community-based approach, where the Council works jointly with partners to identify the needs of local communities, utilise available resources to best effect and deliver local, accessible and flexible services
- Support all carers to balance their caring roles with a life outside caring, and to help them maintain their independence and quality of life
- Reduce hospital admissions, lengths of stay and support people to live in their homes by investing in a "whole systems" preventative approach which covers both health and social care through telecare, telehealth, reablement, virtual wards etc
- Ensuring that the development and commissioning of services reflect the views of older people and their carers, and are flexible in meeting individual needs
- Develop integrated and effective health and social care pathways with NHS community partners
- Provide clear advice, information and guidance for all Surrey residents regarding social care and support services, irrespective of their ability to pay, so that they can make informed choices and lead more independent and fulfilled lives

Our overall approach to the social care market for older people

Part of the solution to supporting our changing population appropriately and well is to challenge many of the common assumptions people hold about ageing. The fact that people are living longer is a cause for celebration, and it should be noted that ageing affects individuals in different ways - some people will live long lives with few health and social care needs, whilst others will rely on long term support. The population aged 65 and over is not homogenous, with as wide a range of interests and concerns as people of other ages. Despite this, older people are frequently stereotyped as passive recipients of care and support, with fewer aspirations and more restricted lives than their younger counterparts³.

The Government responded to this disconnect between the perception and reality of how older people lead their lives through two programmes:

- The Ageing Well agenda, which supports councils and local communities to provide a better quality of life for older people through local services that are designed to meet their needs now, and in the future, whilst recognising the huge contribution that people in later life make to their local communities.
- The Prime Minister's Challenge on Dementia, which seeks to change the whole of society, through not only enabling better research into the condition and improving health and social care services but also through creating dementia friendly communities

In Surrey, two countywide schemes, Living and Ageing Well in Surrey and Dementia Friendly Surrey, encompass the Council's approach to the social care market for older people's services and support.

Living and Ageing Well in Surrey

In response to Living and Ageing Well in Surrey, we recommend that all organisations involved in delivering support to older people:

- Pick a pledge and contact the Living and Ageing Well in Surrey team to discuss how you will take action
- Challenge assumptions relating to ageing when planning future support, and involve local older people in designing it
- Consider how support can help older people to access their local communities, and reduce social isolation and loneliness
- Design services which are flexible, offer choice and can continue to assist people as their needs change

For more details regarding Living and Ageing Well in Surrey, and for details of how to contact the Ageing Well in Surrey team, please go to: <http://www.surreycc.gov.uk/?a=249052>

³ This is clearly reflected in the findings of the Commission on Dignity in Care for Older People: *Delivering Dignity* (LGA/NHS Confederation/Age UK, June 2012)

Dementia Friendly Surrey

In response to the Dementia Friendly Surrey scheme, we recommend that all organisations involved in delivering support to older people:

- Sign up as Dementia Friendly Champions, and access the training and other opportunities on offer
- Examine how their business can help people with dementia to:
 - Carry on doing the things they have always done – like going to the shops, getting on a bus, taking part in sport or other recreational activities or just sitting in the park
 - Find their way around and feel safe
 - Keep in touch with people and feel that they belong in their community

For more information on Dementia Friendly Surrey, and for further details of how your organisation can support it, please go to: www.dementiafriendlysurrey.org.uk

Working together with Health

The Care Act⁴ states that local authorities will have a universal obligation to all residents in arranging services, facilities or taking other steps to prevent, reduce or delay needs for care and support. In doing so, they are required to work collaboratively and cooperate with other public authorities, with a duty to promote integration with NHS and other services.

We recognise that the best and most cost effective way to deliver care and support, especially for people with long-term conditions, is through a system which links health and social care processes together. Surrey County Council is already working together with the Clinical Commissioning Groups and the Boroughs and District Councils as part of a Whole Systems Partnership, where almost £20m has been spent from 2011 to March 2014 on a series of measures, including ones that:

- Create and embed a countywide telecare service (see “Community based services and support” for more details), and introduce a telehealth service to help people with long-term conditions to monitor their own risk factors
- Introduce a telehealth service to help people monitor their own long term conditions, e.g. blood pressure, blood sugars
- Develop virtual ward models of care, where social care and health staff work together to arrange and plan for ongoing treatment and support for people so that hospital admissions can be avoided
- Establish Adult Social Care staff structures in each of the acute hospitals in Surrey to enable weekend and extended hours working
- Build on the capacity of local reablement teams to further support hospital discharges and, once home, deliver the necessary therapeutic support to help people to live independently and safely

⁴ More information on the Care Act can be found via <https://www.gov.uk/government/publications/the-care-bill-factsheets>

Established formally in April 2013, the Surrey Health and Wellbeing Board⁵ operates as a statutory body to improve the health and wellbeing of people living in Surrey. It has since developed a Joint Health and Wellbeing Strategy, which articulates the joint vision of Surrey County and the Clinical Commissioning Groups, and outlines the health and wellbeing priorities identified by Surrey residents. One relates directly to older people with the following desired outcomes:

- Older adults will stay healthier and independent for longer
- Older adults will have a good experience of care and support
- More older adults with dementia will have access to care and support
- Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible
- Older carers will be supported to live a fulfilling life outside caring.

The Government recognises the substantial level of resources required to implement the Care Act, and the Better Care Fund, from April 2015, provides further funding in the form of a national pool of £3.8bn. In administering this fund, Surrey County Council and the local Clinical Commissioning Groups will engage with local providers of care and support and develop a shared view of the future shape of services, an assessment of future capacity requirements and a description of what new patterns of provision are needed⁶.

We recommend that all organisations involved in delivering support to older people:

- Consider how they currently meet the outcomes identified for older people in the Joint Health and Wellbeing Strategy, and can produce evidence to support this
- Explore opportunities to support both health and social care outcomes in the delivery of care and support, e.g. assisting people to live independently, taking steps to reduce hospital admissions, helping people to return home from hospital. Some examples of how to do this are in the sections below.

⁵ For more information on the Surrey Health and Wellbeing Board, together with its membership, details of the Joint Health and Wellbeing Strategy and news of its activities, please see www.surreycc.gov.uk/social-care-and-health/surrey-health-and-wellbeing-board

⁶ This guidance is within a Local Government Association/NHS England letter of 17 October 2013: www.local.gov.uk/documents/10180/5572443/Next+steps+on+implementing+the+Integration+Transformation+Fund/

2. The Market for Older People's Services and Support

Guidance and Advice

Helping people (regardless of need and financial situation) to make informed choices on their care and support, and to navigate the care market, is vital if we are to maximise the impact of preventative services and limit future health and social care costs. Appropriate decisions and plans made, for instance, over the type of care, when and where it is delivered, and by whom, may help to reduce the likelihood of future hospital admissions and help people to live independently for longer. Information on individual rights in relation to care and on how to recognise and respond to abuse can also help to safeguard vulnerable adults from harm.

The development of universal information and advice systems is especially important in Surrey, as the majority of older people seeking care and support in the county are "self-funders" – people whose financial circumstances are above the current threshold for savings and capital and who therefore have to fund their own care and support⁷. Whilst people in receipt of Council funding are helped to work out how to meet their care needs through the assistance of a social worker, self funders have traditionally had to navigate the care market without this help, and so relied on promotional material and word of mouth. In recent years Surrey County Council has worked hard to address this gap in information and, together with partner organisations and the Borough and District Councils, it now provides advice and guidance through a wide range of channels:

- **Surrey Information Point** - www.surreyinformationpoint.org.uk

A website offering information on local services, activities and support organisations, tips on benefit entitlement, help at home, health conditions, and leisure information

- **Get WiSE** - www.getwisesurrey.org.uk

A new welfare benefits advice service designed to help people access the benefits they are entitled to

- **Community Hubs** - www.thesurreyhubs.org.uk

Local centres for information and support to help people stay independent, in which the guidance is provided by people who are themselves disabled or who are carers

- **Advocacy services** – www.sdpp.org.uk/services/advocacy.php

Assistance to help people say what they want to say, secure their rights, represent their interests and obtain the services they need

- **Wellbeing Centres** - www.surreycc.gov.uk/?a=529622

Local hubs of information and support services relating to memory loss, dementia and associated problems. Each Centre includes a telecare demonstration suite, where anyone can try out the telecare equipment and understand more about how it can support people to live independently.

⁷ Please see the Economic Overview of Surrey, as at 13 February 2013:

http://www.surreycc.gov.uk/data/assets/pdf_file/0019/527050/Economic-overview-slides.Feb-2013.pdf

- **Carer Support Workers, Dementia Navigators and Stroke Support Workers**

Specialists who are employed to help people navigate the care “system” and to access appropriate services

We estimate that at least 30,000 people were given guidance and advice in 2012 through the above channels. This figure is set to rise as these services continue to raise their profiles, and as more people respond to the new funding regime outlined in the Care Act.

Our commissioning intentions

- Continue to promote public awareness and use of the above information and advice services
- Investigate mechanisms for people to self-assess their care needs in a simple and accessible way, to encourage people to seek the right help at the right time
- Produce clear information in a range of formats for older people to understand the impact of the Care Act
- Develop an IT portal which will assist Surrey County Council staff to navigate the social care market and highlight the availability of potential care and support options for older people

Our recommendations to the market

- Ensure that the descriptions of the type of care and support being offered are easy to understand, with transparency on costs
- Make all promotional material available in a range of accessible formats
- Ensure that services are appropriately and accurately displayed on Surrey Information Point
- Register on the NHS Choices website and create a care profile for your organisation⁸

⁸ Details on how to do this are found on www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/your-pages/Pages/social-care-service-providers.aspx

Community based services and support

Whilst it is estimated that one in four people aged 65-74, and about half of all residents aged 75 and over, live alone in Surrey⁹, the latest User Experience Survey for 2012/13 revealed the following about older people who are known to Surrey County Council:

- 50% of respondents reported at least feeling moderately depressed or anxious, which was correlated to those who have little or no social contact.
- 68% of people living in the community could not leave, or had difficulty in leaving, their home and getting to all the local areas that they wanted to
- 79% of respondents felt that they had adequate social contact
- Individuals who had an informal carer living with them responded more positively on the majority of the questions

The findings of this survey are very important in outlining future areas of development for older people's services as, of the respondents, 79% were aged 65 and over and over 50% were aged 85 or over.

It is clear that, as we support increasing numbers of older residents to live independently at home for longer, we will need to see an expansion in community based services and support which can help people stay involved and active in their local neighbourhoods, and help carers to continue their caring role.

Through joint working with the Borough and District Councils and the issuing of grants and contracts to local voluntary and private sector organisations, Surrey County Council currently wholly or partly funds a range of "traditional" community-based services¹⁰:

- The delivery of meals to people's homes (Meals on Wheels)
- Community transport services (e.g. Dial-a-Ride)
- Day care
- Adult education

In addition, the Boroughs and Districts offer a variety of other types of support to older people like handymen services and home repairs through Home Improvement Agencies. We have also succeeded, through an initiative called Surrey Telecare, in establishing a countywide service where people may, either through self-referral or following a discharge from hospital, receive community alarms and other telecare equipment to help give vulnerable people peace of mind and ensure a fast response in emergencies at home¹¹.

With these services we have identified various gaps in provision and areas for improvement:

⁹ POPPI, as retrieved 21 October 2013

¹⁰ Details of community-based services offered via the Borough and District Councils, and links to funded community groups, can be found on <http://www.surreycc.gov.uk/?a=181392>

¹¹ The Surrey Telecare website is accessible via www.surreytelecare.com/

- Meals on Wheels – across the county the Borough and District services delivered over 315,000 meals to residents in 2012/13. However, the service is not yet comprehensive, with the southern parts of Mole Valley and Reigate and Banstead lacking a meals delivery service of this kind.
- Community transport services – complemented by a voluntary sector market, this needs to be reviewed within the context of the wider transport network.
- Telecare – more needs to be done to publicise the initiative and make telecare a standard offer to people who may benefit from it. In addition, opportunities to work with the Fire and Rescue Service will be explored to support people who are isolated and lack a “first responder” with a 24 hour emergency response
- Day care – whilst the capacity of day care purchased by Surrey County Council is for over 7,100 spaces per week, we have limited knowledge of the private market and of levels of best practice in the county. Having said this, it is clear that all day care establishments need to, where possible, be open at weekends and evenings as well as on weekdays, offer a range of stimulating activities and, where possible, support people to participate in group excursions. In doing so, they should keep their customers informed with regard to nutrition, hydration, safety and safeguarding issues and other health and wellbeing messages.

As part of the Living and Ageing Well and Dementia Friendly Surrey agendas, if we are to see a future society where all older people can enjoy life to the full, the boundaries of what are seen to be “community services” need to be expanded. We are keen for all local organisations and residents to do their best to support, and build on, the existing networks that older people have in their communities. Whilst family members and friends, as carers, perform a crucial role in helping older people to stay safe and to live independently, neighbours, volunteers, faith and other groups and local facilities should work together to help older, vulnerable people to be involved in and truly feel part of their neighbourhoods, less lonely and less isolated.

The Personalisation Prevention and Partnership (PPP) fund, launched in 2012, makes available £10m over five years to the Boroughs and District Councils of Surrey. The Boroughs and Districts will spend this money to help voluntary groups and community resources to expand on existing services (like befriending schemes, local interest groups)¹², encourage voluntarism to support local vulnerable people, people with dementia and carers, develop small-scale, innovative, preventative services and activities, and explore methods to join up channels of support for a comprehensive approach to increasing participation in the community.

Our commissioning intentions

- Improve the knowledge and awareness of telecare and telehealth amongst health and social care staff
- Ensure that the community meals services are available countywide
- Equity of access for older people to local preventative services which will support them to live independently for as long as possible

¹² Surrey-i has a tool which can help people to search for local community resources in Surrey:
<http://maps.surreyi.gov.uk/mysurreyi.aspx>

- Through the PPP fund, support the Borough and District Councils to:
 - Expand services which meet the needs of older people who suffer from loneliness and/or social exclusion
 - Promote small scale initiatives which can build on family, friends and community support for older people
 - Promote voluntary activity which involves and benefits local older people
- Ensure that services are flexible and responsive to the needs of older people and carers, including 24 hour response services, night-sitting services and respite
- Expand the Shared Lives scheme, which encourages families to actively involve vulnerable people in their daily lives, to support older people in need of care and support¹³

Our recommendations to the market

- Delivery services of all kinds, when visiting older customers, should recognise the signs of deteriorating home situations which may suggest increasing social care and health needs (including risks of carer breakdown). Staff should then pass appropriate information on to older people and their carers for further support. Training and materials for this to happen will be developed through the Ageing Well Steering Group.
- In areas without a local meal delivery service, local voluntary services, care homes or other environments with catering facilities for older people should examine the opportunities to meet local demand.
- Day care providers should ensure that staff and volunteers can support people with dementia appropriately and help them to participate in activities. Whilst carers should be allowed to attend activities together with the people they care for, ideally activities should be available for them too. Day care should also offer people information and guidance on how to live independently and safely at home, and present a wide range of opportunities for people to interact with their local communities, including day trips.
- Wherever possible, providers of care and support should codesign future services with local older people and carers

¹³ Further information on Surrey's Shared Lives scheme can be found via www.surreyinformatiionpoint.org.uk/kb5/surrey/sip/service.page?id=oXutx8JPYqo

Direct payments

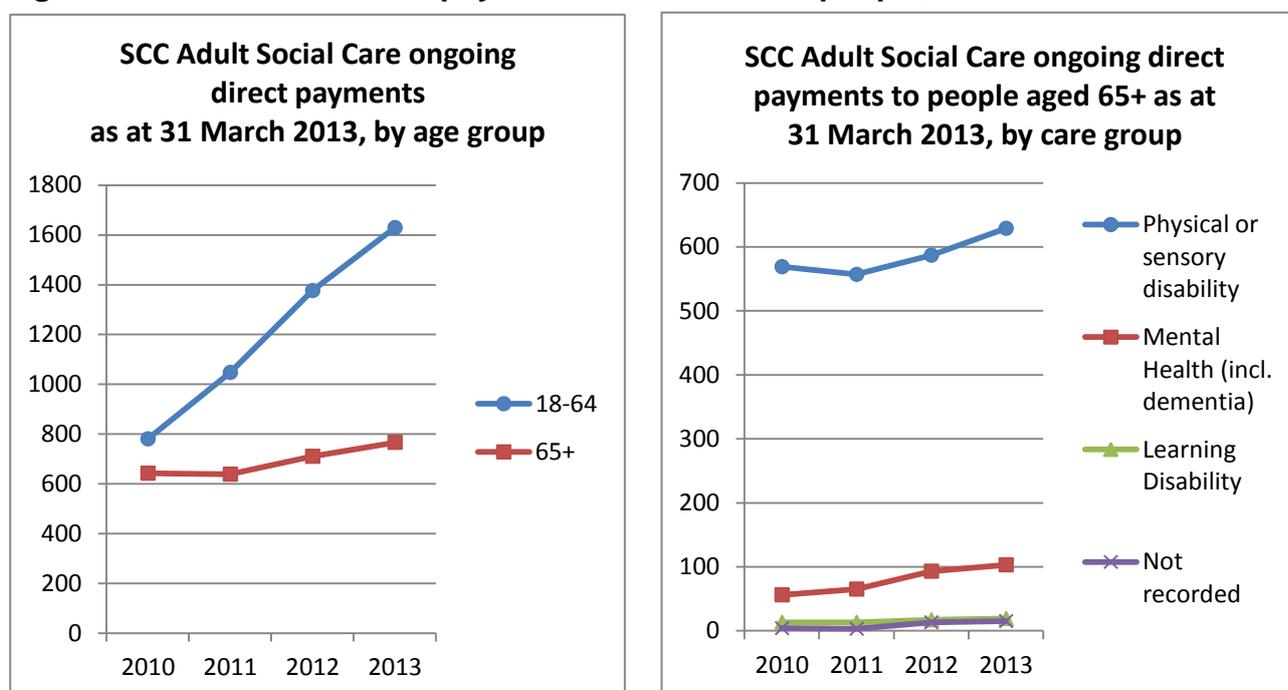
As cash payments, direct payments allow people who are eligible for social care funding to access services which are outside contracted services. As a key aspect of personalisation, they offer people choice and control in meeting their social care needs. Whilst the Care Act reinforces the Government's view of direct payments as the preferred method of paying for care and support through establishing a legal right to direct payments, the feasibility of introducing direct payments for residential and nursing care is being examined through pilot schemes in several areas of the country.

Surrey County Council currently contracts with the Surrey Independent Living Council (SILC) for an information, guidance and advice service for people in receipt of, or interested in, direct payments. This includes, where necessary, assistance for people to organise, purchase and manage the support they need, and peer support to learn from other people's experiences¹⁴.

In addition, the GP Carers' Break Scheme, in partnership with the NHS, Action for Carers Surrey and SILC, allows GPs to provide small payments of up to £500 to eligible carers so that they can receive a flexible break from their caring role¹⁵.

Whilst these services are seeing an overall increase in the take up of direct payments, challenges are faced in encouraging older people in particular to use them. The tables in Figure 5 show that, between 2010 and 2013, the number of ongoing direct payments to people aged between 18 and 64 doubled, but for older people it rose by less than 20%. The vast majority of direct payments (85%) to older people were for those with physical and/or sensory disabilities rather than for people with cognitive impairments.

Figure 5: Numbers of direct payments made to older people, as at 31 March 2010-13



¹⁴ For more details of this service please see www.surreyilc.org.uk/silc_services/

¹⁵ Further details of the GP Carers' Break Scheme are found via

www.actionforcarers.org.uk/professionals/general-practitioners/surrey-gp-carers-breaks-scheme

Source: Surrey County Council Referrals, Assessment and Packages of care (RAP) returns
As a proportion of all people in receipt of community-based services, this represented an increase from 14 to 25% amongst those aged 18 to 64, whilst for older people the equivalent proportions rose from only 6 to 8%.

In this respect Surrey County Council is similar to many other local authorities in seeing a relatively lower take up of direct payments amongst older people¹⁶, but it is clear that more needs to be done. The Social Care Institute for Excellence (SCIE)¹⁷ outlined the potential reasons why take up of direct payments amongst older people is relatively low, and recommended that local authorities improve their marketing of direct payments to older people, actively work to limit the perceived burdens that direct payments may bring and encourage older people and their carers to consider innovative ways to use direct payments beyond personal care. It echoed the Alzheimer's Society's analysis of direct payments for people with dementia and their carers¹⁸ through stressing the need for awareness raising and training for social care professionals, and an increase in the variety of services that people may access through direct payments.

Our commissioning intentions

- Continue to explore alternative methods of managing direct payments, in particular Individual Service Funds¹⁹
- Learn from the pilot schemes for direct payments in residential care, and develop a Surrey delivery model based on best practice
- Examine methods to support older people to come together and commission their own support through the pooling of direct payments
- Investigate the take up of direct payments amongst older people further and, through codesign with older people and carers, take action in removing any identified barriers and disincentives

Our recommendations to the market

- Support decision making by older people over their future support by being transparent with costs, and by minimising the administration associated with paying for support through a direct payment
- Develop flexible, responsive services that can respond to innovative uses of direct payments (including pooled direct payments)

¹⁶ A benchmarking exercise of March 2012, where Surrey's performance was compared with twenty-six similar local authorities, showed that Surrey came 17th in terms of the number of older people in receipt of direct payments.

¹⁷ SCIE, *Improving Personal Budgets for Older People: A Research Overview* (January 2013)

¹⁸ Alzheimer's Society, *Getting Personal? Making personal budgets work for people with dementia* (November 2011)

¹⁹ More information on Individual Service Funds can be found via www.supportplanning.org/IndividualSF/

Supported housing

As with other age groups, older people have a wide variety of housing preferences, and they desire housing which is well designed, well located and fully accessible. In encouraging older people to consider their future care and support needs we would like them to include housing within their calculations, as this can make a significant difference to their long-term health and wellbeing. Whilst appropriate adaptations can help people to live in their existing home, some environments may prove unsuitable due to the design of the premises, with an increased risk of falls and hospital admissions. The NHS Future Forum estimates that in one year alone, the NHS spends £600m to treat injuries sustained by people living in poor housing²⁰.

We recognise supported housing (which is a term that covers a range of housing types and support services, including sheltered housing, assisted living and extra care) as a valuable housing option, and positive choice, for people whose needs are not being met within standard accommodation. These environments may, depending on the type of facility, offer security, reassurance and support through on-site management and home based care services, and ideally assist people to live in the community for the rest of their lives.²¹ In addition, in an evaluation of nineteen extra care housing schemes between 2006 and 2008, the Personal Social Services Research Unit at the University of Kent found that the schemes were more cost-effective for people with the same characteristics who moved into residential care.²²

For people in receipt of personal budgets, Surrey County Council currently block contracts with care providers at the following extra care facilities in the county, with the capacity to support up to 218 residents (45% of the facilities' maximum occupancy):

Borough/ district	Name of extra care facility	Location	Landlord	Current care provider
Elmbridge	Huntley House	Walton-on-Thames	Whiteley Village Trust	Whiteley Homes Trust
Epsom & Ewell	John Gale Court	Ewell	Rosebury Housing Association	Cherchefelle
Guildford	Dray Court	Guildford	Guildford Borough Council	Surrey County Council
Guildford	Japonica Court	Ash	Guildford Borough Council	Surrey County Council
Guildford	St Martins Court	East Horsley	Guildford Borough Council	Ark

²⁰ NHS Future Forum, *Integration: A report from the NHS Future Forum* (January 2012), page 12.

²¹ For an examination of the various forms that extra care housing can take please see: http://www.housinglin.org.uk/library/Resources/Housing/Housing_advice/Extra_Care_Housing_-_What_is_it.pdf

²² A. Netten, R. Darton, T. Bäumker & L. Callaghan, *Improving Housing with Care Choices for Older People: an evaluation of extra care housing* (PSSRU/Housing LIN, 2011): www.housinglin.org.uk/library/Resources/Housing/Research_evaluation/PSSRUsummary.pdf

Reigate & Banstead	Anvil Court	Horley	Housing 21	Housing 21
Runnymede	Aldwyn Place	Englefield Green	Hanover Housing	Surrey County Council
Spelthorne	Beechwood Court	Sunbury-on-Thames	A2 Housing Association	Cherchefelle
Spelthorne	Mitchison Court	Sunbury-on-Thames	Notting Hill Housing Association	Notting Hill Housing Association
Spelthorne	Chestnut Court	Stanwell	A2 Dominion	A2 Dominion
Waverley	Falkner Court	Farnham	Waverley Borough Council	Surrey County Council
Waverley	Riverside Court	Farnham	Waverley Borough Council	Surrey County Council
Woking	Brockhill	Woking	Woking Borough Council	Ark

Whilst these developments are focused primarily on older people who are on Borough and District Housing Registers, supported housing of varying types, for rent or for purchase, have been developed by private operators across the county. We are aware that Borough and District planners are currently receiving new applications for supported housing facilities, in particular for extra care-type developments which, in some cases, include a nursing home on-site. This suggests that Surrey is favoured as a target area for supported housing providers, who recognise the relatively high levels of housing equity held by older people in the county. Beyond this our knowledge of how this market operates and of the care and support being delivered in each location is currently very limited.

As part of a two-tier local government we are primarily concerned with the type of care and support people receive in supported housing arrangements, rather than in establishing "housing need" as this is seen as a responsibility for the Borough and District Councils. However, we recognise that the Care Act explicitly references housing as part of our statutory duty to promote the integration of health and care. In the light of this, we wish to support Boroughs and Districts to understand the value of supported housing in helping people to age well in their communities, regardless of their presence on a Housing Register or their financial eligibility for funded care and support.

Our commissioning intentions

- For our funded extra care schemes, ensure that the model of care and support delivers person-centred care and which enables residents to exercise choice and control
- Build our market intelligence regarding supported housing in Surrey, especially with regard to facilities focused on self-funders, and recognise and share best practice in both care and support delivery and supported housing design

- Work together with Borough and District Councils in understanding the long term benefits of supported housing provision, and to maximise the utility of existing and future extra care schemes

Our recommendations to the market

- Research opportunities to deliver services and support to the wider community around supported housing premises, particularly in rural areas where there are transport challenges and where people may have difficulty in receiving home based care services
- In preparation for the change in adult social care funding as part of the Care Act, extra care providers, where an element of care is included within monthly management charges, should make it clear to their residents how much this care costs
- New developers of extra care schemes, and planning applications regarding extra care, should clearly demonstrate that the model of care and support being offered:
 - Mitigates against future care costs as older people's needs change, especially in comparison to more institutionalised care
 - Can support people in the continuum of care through to end of life
 - Reduce risks of hospital admission
 - Follows best practice in dementia design and care
- Care and support providers, regardless of the type of supported housing facility, should follow the "Home based care" recommendations below.

Home based care

Since 2008 Surrey County Council has been purchasing home based care (care delivered to people in their own homes) from providers through framework agreements – statements of terms and conditions through which services are procured. It currently contracts in this way with 29 providers, who are grouped by postcode across the county. The Council's spend on home based care, according to our finance reports, has increased each year from 2010 to 2013, as has the number of hours purchased (see Figure 6 below).

Figure 6: Home based care purchased by Surrey County Council

Financial year	2010/2011	2011/2012	2012/2013
Total expenditure (£)	36,625,843	38,132,022	43,085,698
Total no. of hours purchased	2,946,201	3,071,593	3,559,964

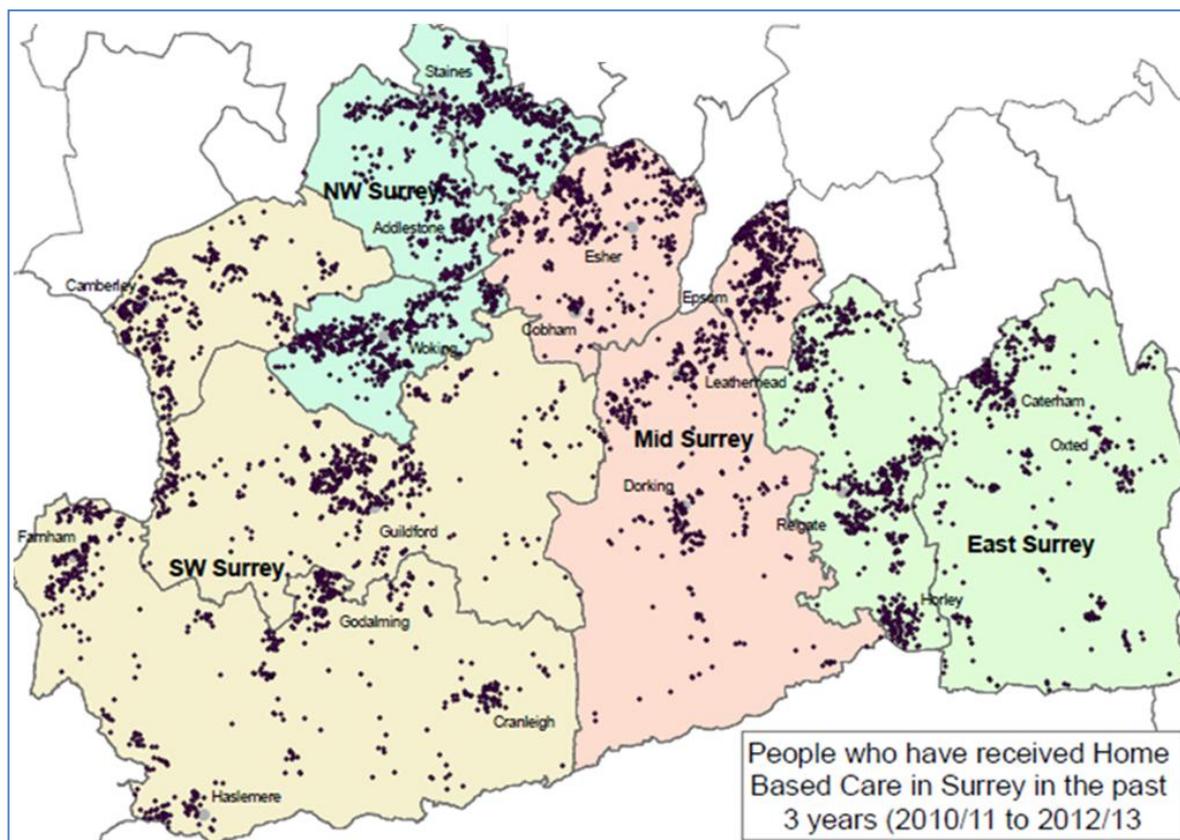
Source: Surrey County Council financial reporting, 2010-2013

This expenditure is set to increase still further, with Surrey County Council's Medium Term Financial Plan anticipating a budget of £48.5m for home based care in 2017/18.

As the current arrangements for contracting for home based care are being retendered in 2014, the Council is currently reviewing these services. The following market intelligence has been gathered through our performance and safeguarding data, quality assurance reporting, what providers are telling us about their businesses and from the experiences of home based care recipients:

- Obtaining the appropriate support in some areas has been difficult. In some cases this is due to issues in recruiting and retaining staff, whilst some locations (particularly rural areas) are less viable than others due to travel times and costs. The map below (Figure 7) shows a clear concentration of need in the urban areas of Surrey, but also that many recipients of Council-funded home based care live in rural areas with weaker transport links

Figure 7: Locations of people in receipt of Surrey County Council funded home based care, 2010/11 to 2012/13



- Staff supply is an issue affecting all providers, despite their efforts to introduce an increasing range of staff benefits. Current pay structures are not attracting people with cars due to petrol & insurance costs, and high staff turnover means that many providers spend significant amounts of time managing immediate staffing issues rather than on long term planning
- Quality standards have not been consistent, resulting in a higher number of safeguarding and quality assurance concerns
- Due to the Council's efforts to help people live independently at home for longer, the needs of home based care recipients have increased and become more complex. This has led to a higher skill level required of staff, and therefore for more training
- Few providers are willing to offer staff contracted hours, with the majority of staff working through "zero hours contracts"
- Restrictions on care workers taking Surrey County Council funded people shopping or to external events (managing money, insurance etc) are reducing the opportunities for real person centred care, and the culture of planning support based on tasks is not consistent with the personalisation agenda
- Motivation and morale in the workforce is being affected by recent negative media coverage of home based care

Our customer survey of 2012/13 has highlighted similar safeguarding and quality concerns to those aired by the national media. The survey, with older people making up 86% of the respondents, told us that people had experienced:

- Inconsistent visit times and levels of care
- Language, communication and cultural issues with care staff
- A service not tailored for people with dementia
- Missed calls – also staff not staying the allocated time, or arriving on time
- People not receiving rotas therefore unaware who is coming to provide care

However, although a reduction in satisfaction levels have been observed, 85% of respondents did feel either “very” or “quite” satisfied with the services they received, and 95% of people reported that they always or nearly always saw the same care staff. Some providers are also following best practice in setting up “training schools” in areas to reduce overheads, whilst others are embracing technology with an increased use of electronic monitoring.

In terms of services paid for by self-funders or by other organisations, providing care to people in their own homes is a big business. CQC's registration figures show that there are 7,445 private agencies providing home based care across England. Of these, 177 have their headquarters in Surrey and deliver home based care services to older people (see Figure 8 below).

Figure 8: Home based care in England and Surrey

Agency type	England		Headquartered in Surrey	
	No. of agencies	No. of host organisations	No. of agencies	No. of host organisations
Private	7,445	4,528	177	147
Local authority/ NHS	684	175	16	2
All	8,129	4,703	193	149

Source: CQC website (www.cqc.org.uk/cqcdata), as retrieved on 5 August 2013

The market for home based care is also growing: CQC have noted that sixteen per cent more home care services had registered with them in 2011/12 compared to the previous year, and six per cent growth was experienced in the first six months of 2012/13.²³

With regard to older people's services, Surrey County Council's involvement with this wider market is minimal, and we therefore do not have a full understanding of:

²³ <http://www.cqc.org.uk/public/reports-surveys-and-reviews/themed-inspections/review-home-care-services> (as retrieved on 11 July 2013)

- The number of home based care providers who deliver support in Surrey, but whose headquarters are based outside the county
- The market taken up by self-funders, their relative level of spend and their views on home based care services. Although it has been estimated that, nationally, local authorities purchase as much as 80% of private care providers' care hours²⁴, we believe that this would be an overstatement for Surrey
- The quality standards (beyond CQC reports) of home based care providers who have not been party to the Council's framework agreements

Our commissioning intentions

- Ensure that calls lasting 15 minutes continue to represent a small proportion of Council funded home based care visits²⁵, and that where they do take place they are not related to personal care (e.g. visits for safety and wellbeing checks)
- To consider the stipulation in contracts that providers should have an electronic monitoring system in place, to guarantee lengths of stay in care visits and to give assurance and alert to missed calls
- Ensure that there are a number of guaranteed providers that can respond in a timely and appropriate manner to hospital discharges, and to emergency/ crisis placement requests
- As the lead partner in the Surrey and South East Workforce Development Fund Partnership, support the sector with its staff supply issues and offer appropriate training and guidance
- Provide guidance and advice to local providers who are at risk of business failure, and ensure that Surrey County Council's Provider Closure Protocol is followed to ensure that emergency or planned closures minimise the risks to residents
- Work with providers to resolve the capacity issues relating to home based care for people living in rural areas of Surrey
- Develop a contracting model which supports the achievement of individual outcomes as a key indicator of performance
- Make dignity and respect for human rights central to our future contracting through underpinning it with the Equality and Human Rights Commission's principles of good home care²⁶

Our recommendations to the market

²⁴ UKHCA, *An Overview of the UK Domiciliary Care Sector*, p7.

²⁵ According to our monitoring data, only 6.4% of all home based care visits funded by Surrey County Council lasted 15 minutes or less in 2012/13.

²⁶ For an overview of these principles, and links to the EHRC's enquiry into home based care, please see www.equalityhumanrights.com/legal-and-policy/inquiries-and-assessments/inquiry-into-home-care-of-older-people/principles-for-good-home-care/

- Sign up to the Social Care Commitment (www.thesocialcarecommitment.org.uk), to publicly declare a commitment to improving the quality of care and support services and to treat all people receiving services with dignity and respect
- Embed reablement as a key approach to delivering care and support, so that individuals, where possible, can be helped to continue carrying out their activities of daily living and live as independently as possible
- Examine potential business opportunities in response to the personalisation agenda, such as acting as an employment support organisations for people looking to employ personal assistants, or advertising short term care services to help carers to have a break from their caring role
- Ensure that staff delivering care to older people have dementia awareness training
- Deliver high quality care and support which is person-centred. Guidance on building a person-centred team can be found via www.scie.org.uk/publications/perstool/teamresources.aspx

Residential and nursing care

As at April 2013, the residential and nursing care market for older people and for people with dementia in Surrey was as follows:

Care home type	No. of care homes	No. of beds
With nursing	119	5,961
Without nursing (i.e. residential)	116	4,156
All	235	10,117

The market is diverse, with establishments ranging from very small, family-run businesses which cater for less than ten residents, to "retirement villages" that include a residential and nursing care home with supported housing on a large site for over one hundred people.

Within this market, in May 2013 Surrey County Council operated six residential care homes, and held block contracts with the following providers to ensure a predictable supply of beds for funded clients:

- Anchor – 17 residential care homes
- Care UK – 7 residential care homes
- Shaw Healthcare – 1 nursing care home

The capacity for these arrangements amounted to 1,076 beds.

In addition, where people aged over 65 choose to access residential or nursing care elsewhere, or where they have care needs that cannot be fulfilled in the above homes, the Council purchases additional beds at a negotiated rate on an individual (i.e. spot purchase) basis. As at 27 May 2013, Surrey County Council funded 1,592 of these beds, of which 201 were based out of county.

Using these figures, Surrey County Council's "market share" of the Surrey older people and dementia residential and nursing care market on 27 May was approximately:

- 26% of the whole market
- 37% of all residential care places
- 19% of all nursing care places.

The remainder can be accounted for by:

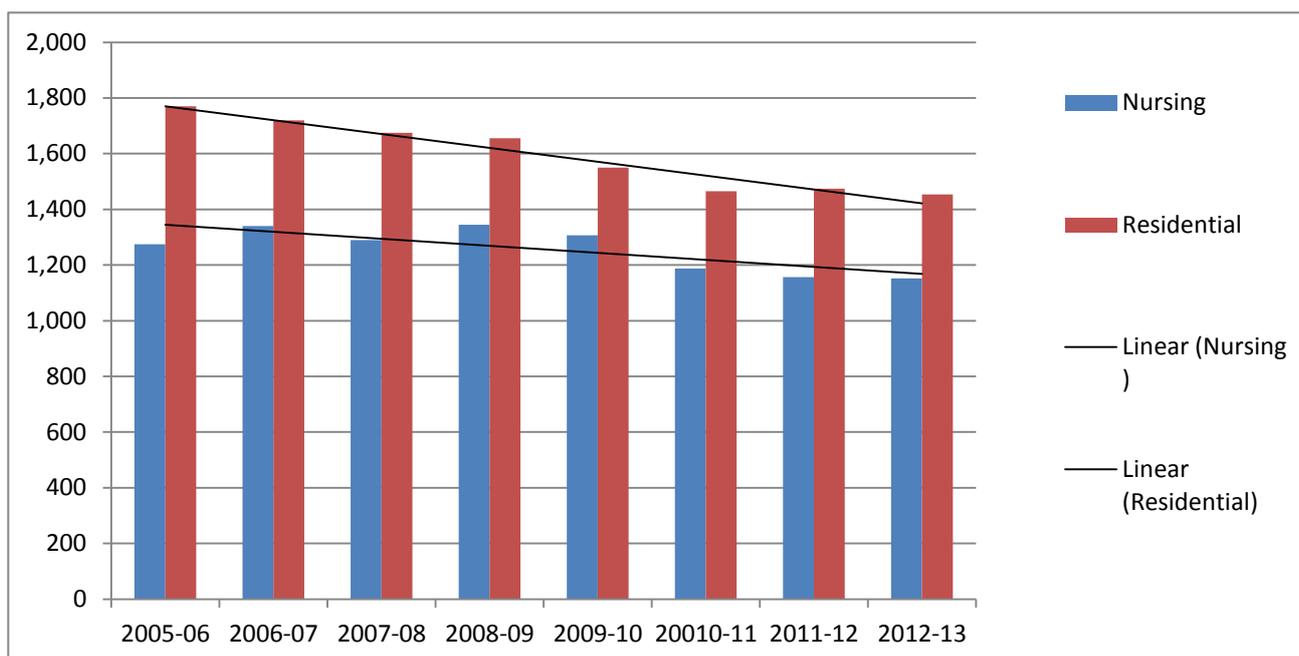
- Surrey residents (and others) who buy their services directly (self-funders)
- Surrey residents who receive Continuing Care Funding from the NHS
- Other local authorities; and
- Vacancies.

It's clear that Surrey's market for residential and nursing care supplies proportionately more places to self-funders than elsewhere in the country – national estimates on the proportion of self-funders

vary from 39.6% for residential care and 47.6% for nursing care²⁷, to 45%²⁸ or “over 50%” of the whole market²⁹.

Over time we expect the relative level of self-funders to rise even further (at least under current funding arrangements – see section 3 below). For several years the Council's strategic direction has been to maximise the impact of preventative services, to 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. Figure 9 below shows that, from year to year, the overall effect of this is a reduction in the number of Council-funded residential and nursing care placements:

Figure 9: Numbers of people in SCC funded permanent residential and nursing care, year ends 2005/06 - 2012/13



Source: Adult Social Care Combined Activity Returns (ASC-CARs) for Surrey County Council

It is unclear how long this trend may continue, and population pressures over the following years may mean that the number of funded beds will rise.

Surrey County Council is also actively helping self-funders to make informed decisions over their long term care (see the section on “Advice and guidance” above), and this may encourage people to explore other methods of receiving care and support rather than live in a care home. However, we recognise that many people may actively choose to live in a care home and that this decision may be made when they have levels of need below those of residents in receipt of Council-funded care and support.

²⁷ Institute of Public Care et al, *People who pay for care: quantitative and qualitative analysis of self-funders in the social care market* (January 2011), p4

²⁸ CQC State of Care report, p8

²⁹ Laing and Buisson, *Care of Elderly People UK Market Survey 2012/13*(2013)

In estimating future demand, Surrey County Council has therefore assumed that preventative services of all kinds will reduce the expected rise in admissions to residential and nursing care by 10% for people funded by the Council, but by 5% for self-funders (see Figure 10).

Figure 10: Estimated demand for SCC funded and non-SCC funded residential and nursing care, 2013 and 2020

Care home type	SCC funded in year		Non-SCC funded in year		Total in year	
	2013	2020	2013	2020	2013	2020
Residential	1,271	1,359	2,372	2,676	3,643	4,035
Nursing	1,007	1,076	4,332	4,888	5,339	5,964
All capacity	2,277	2,435	6,704	7,564	8,982	9,999

Source: Surrey County Council AD08 financial report as at 27 May 2013. SCC figures do not include out of county placements, and non-SCC figures assume a 90% occupancy rate in the market. The 75+ population was used as the basis for projections, using demographic data from POPPI as retrieved on 28 October 2013

Surrey County Council understands, from its day-to-day responses to quality and safeguarding issues, work with Borough and District planners and through its discussions with providers³⁰, that the current and future challenges for the county's residential and nursing care market are as follows:

- As a market dominated by self-funders, Surrey is seen as a very attractive, and potentially lucrative, area for providers looking to expand their residential or nursing care businesses. Where the local area is already well supplied with residential and/or nursing care, consideration must be made for the potential impact that a new arrival could have on other residential and nursing care providers
- A shortage in qualified nursing staff. Although a national report³¹ anticipates a future shortage, anecdotal evidence suggests that shortages in Surrey are current and expected to worsen over time
- Ongoing difficulties in arranging training for staff – ensuring appropriate cover is in place and transport to training venues
- The average level of need of people accessing residential or nursing care is rising, as more people access a variety of care and support services to stay at home for longer. This reflects the national picture, with the CQC noting that the number of nursing home registrations has increased whilst the number for residential care has decreased³²
- Under the Government's future funding proposals for social care, setting the appropriate "notional rate" for care will be crucial in managing the future demand for local authority funded residential and/or nursing care

³⁰ A discussion with providers was held through the Surrey Care Association on 18 June 2013

³¹ Centre for Workforce Intelligence, *Future Nursing Workforce Projections: Starting the Discussion* (2013)

³² <http://www.cqc.org.uk/media/cqc-launch-state-care-report-2012> (as retrieved on 11 July 2013)

- In some areas of Surrey, the Council is facing difficulties in ensuring a predictable supply, at an affordable rate, of residential and nursing care placements

Our future commissioning intentions

- Continue working with Borough and District planners to help them evaluate local planning applications in the light of strategic and local knowledge
- With providers, explore a mechanism to establish occupancy in local areas, which is not business sensitive. This will help us assess business risks in the marketplace, and respond to demand calculations in residential/nursing planning applications
- Work with CCG care home fora, specifically on appropriate training for care staff, local quality of care issues and on reducing "avoidable" hospital admissions
- Develop a better understanding of future demand for residential/nursing care within the context of the Government's future funding proposals – levels of third party top-ups, number of people funded by the NHS etc
- Through a Market Development Group with providers, calculate a "fair cost" of residential and nursing care for older people, which will operate as a revised initial negotiating position between Surrey County Council and local providers
- Provide guidance and advice to local providers who are at risk of business failure, and ensure that Surrey County Council's Provider Closure Protocol is followed to ensure that emergency or planned closures minimise the risks to residents
- Explore the development of small- to medium-sized block contracts to create an additional supply of Council- funded residential and nursing care beds
- As the lead partner in the Surrey and South East Workforce Development Fund Partnership, support the sector with its staff supply issues and offer appropriate training and guidance

Our recommendations to the market

- Develop care models which, as far as possible, can support people as their needs change through to end of life care. Attendance at local Clinical Commissioning Group care home forums (where and once they are established) will assist with this.
- Sign up to the Social Care Commitment (www.thesocialcarecommitment.org.uk), to publicly declare a commitment to improving the quality of care and support services and to treat all people receiving services with dignity and respect
- Review your care home environment(s) and establish whether it the design and decor supports people with dementia appropriately. A toolkit to help with this can be found via: www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia
- Prepare for the social care funding changes proposed by the Government by splitting the elements of weekly charges into accommodation and care costs
- New care home developments, or changes to existing ones, should demonstrate how best practice design principles to support people with dementia are being followed

- Deliver high quality care and support which is person-centred. Guidance on building a person-centred team can be found via www.scie.org.uk/publications/perstool/teamresources.aspx
- Encourage and enable care home residents, through linking care homes with outside groups and organisations, to connect with their local communities and participate in a range of stimulating, inter-generational activities.

Bibliography & further reading

Care Quality Commission, *The State of Health Care and Adult Care in England: An overview of key themes in care in 2011/12* (2012):

www.cqc.org.uk/sites/default/files/media/documents/cqc_soc_201112_final_tag.pdf

Care Quality Commission, Care Update Issue 2 (March 2013):

www.cqc.org.uk/sites/default/files/media/documents/cqc_care_update_issue_2.pdf

Care Quality Commission, *Not Just a Number: Home Care Inspection Programme, National Overview* (February 2013)

Centre for Workforce Intelligence, *Future Nursing Workforce Projections: Starting the Discussion* (2013)

Department of Health, *Factsheet 6: The Care Bill – care and support funding reform* (2013)

Institute of Public Care et al, *People who pay for care: quantitative and qualitative analysis of self-funders in the social care market* (January 2011)

Laing and Buisson, *Care of Elderly People UK Market Survey 2012/13*(2013)

LGA, NHS Confederation & Age UK, *Dignity in Care: Securing dignity in care for older people in hospitals and care homes* (June 2012)

Partnership/LGiU, *Independent Ageing 2013: Council support for care self-funders* (July 2013)

Projecting Older People Population Information (POPPI): www.poppi.org.uk

SCIE, *Improving personal budgets for older people: A research overview* (2013)

Surrey-i: www.surreyi.gov.uk

Surrey County Council, *Medium Term Financial Plan 2013/14-2017/18*: www.surreycc.gov.uk/your-council/council-tax-and-finance/medium-term-financial-plan

Surrey County Council, *Adult Social Care Directorate Strategy 2012/13 – 2016/27*:

<http://www.surreycc.gov.uk/?a=179672>

Joint Strategic Needs Assessment (JSNA) Chapter for Older People:

<http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=958>

The Social Care Commitment: www.thesocialcarecommitment.org.uk

United Kingdom Home Care Association, *An Overview of the UK Domiciliary Care Sector* (February 2013): www.ukhca.co.uk/pdfs/domiciliarycaresectoroverview.pdf