

# North Somerset Market Position Statement

## Accommodation Based Services for Adults 2013

# Foreward by Executive Member Nigel Ashton and Director of People and Communities Sheila Smith

You are likely to be aware of the financial constraints which North Somerset Council faces currently. The Public Spending Review has outlined the need for all Authorities to reduce public spending and for North Somerset this means a reduction of £20m over the next four years in social care alone.

Simultaneous to this budget challenge the population of North Somerset is increasing. Data from the Projecting Older People's Information System (<http://www.poppi.org.uk/>) indicates that North Somerset is anticipated to have the highest increase in it's over 65 population by 2020 in the South West. Since over 50% percent of the budget for adult social services is spent on older people there is likely to be a rise in demand for services in the next five years.

Quality is of utmost importance to the Authority. The council has a statutory duty to measure and assure quality for all its residents and is committed to the four quality statements (domains) in the new Adult Social Care Outcomes Framework. These are:

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from harm.

- Since 85% of our social care budget is spent on commissioning services our commissioning intentions reflect these domains and our commitment to achieving them in our provision of social care services.

In order to make the savings required by central Government and also meet the challenge of increasing demand whilst maintaining quality of provision, it is clear that there will need to be a change in the nature of what services are provided to whom and how. The increase in emphasis on personalisation will result in more demand for a wider range of high quality services, there will be market opportunities for business change and development. The Market Position Statement aims to facilitate dialogue between providers and the Authority to develop new and innovative ways of working. We will need to change the way we are working with providers to ensure that every pound spent is well spent. We will need to focus on reducing and delaying the need for complex care packages, particularly within a costly residential setting, and on investing in services which enhance and maintain people to stay independent for as long as possible.

For this reason it has been decided that this first Market Position Statement for North Somerset will focus on accommodation based social services and it is intended that subsequent versions will progressively increase in scope to cover all areas.



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# Section 1: Introduction

## Why have a Market Position Statement?

The government circular "Transforming Adult Social Care" (LA circular 1 para.16 2009) lays down a requirement that local authorities develop a clear approach towards social care markets:

"Councils will also be expected to have started, either locally or in their regions, to develop a market development and stimulation strategy, either individually or on a wider regional basis with others, with actions identified to deliver the necessary changes."

Whilst this initial MPS is focused on North Somerset, we recognise that neighbouring authorities commissioning intentions are also relevant and refreshes of the MPS will reflect dialogue across our sub region.

This approach recognises a shift in culture from one where the local authority commissions services on behalf of the population to one where the individual has control over the purchasing of their own care and support arrangement.

## Who is this document for?

This document is directed towards providers of social care services for adults but will also be of interest and informative to the general public and users of services. Provider stakeholders will be involved in the development of this document and

it is intended to be an evolving document which will be refreshed on an annual basis. Any parties wishing to contribute to future editions should refer to the contact details at the end of the document.

## What does this Market Position Statement aim to do?

The North Somerset Market Position Statement (MPS) 2013 aims to give a broad overview of the current social care market in the area and the likely direction it will take in the coming years.

This is the first MPS in North Somerset and will focus on the social care market for accommodation based services (residential services with or without nursing). This includes respite services for all adults and young people in transition to adult services. Subsequent editions will extend coverage to other adult care services, starting with community based support services in 2014. Services commissioned by People and Communities and the Clinical Commissioning Group are considered as well as the wider market.

By describing the current market position and the vision for future provision it is intended that the commissioning direction of the authority will be transparent and that providers can develop their services in a complementary way that will increase to meet any shortfall and contract where services are no longer required as well as introducing new initiatives where any gaps arise.

# Section 2: Strategic Direction

This section aims to summarise legislation and guidance provided to Local Authorities and to outline the restrictions of the current financial climate.

## National policy and guidance:

### Key Implications of Current Social Care Reforms:

#### Putting People First 2007

Confirmed the government's commitment to the 'personalisation' agenda and sought to transform adult social care by enabling service users to have more choice and control over their lives and promoting their independence. Central to this policy is the principle that care services should reflect the aspirations and needs of those who use them, and should be tailored to the needs of the individuals.

#### Government White Paper 2012

This paper proposed the extension of "personalisation", its key principle is to do everything we can-as individuals, communities and as a Government to prevent, postpone and minimize people's need for formal care and support and to promote people being in control of their own care and support.

#### Transforming Care: A National Response to Winterbourne View Hospital (2012 Department of Health report)

is the Government's response to the investigations into Winterbourne View carried out by the Care Quality Commission, Departments of Health and South Gloucestershire Council's Serious Case review. It also includes the Care Quality Commission's Internal Management Review.

#### Health and Social Care Act 2012

This Act represented an extensive reorganisation of the National Health Service. The aim was to establish a new independent NHS commissioning Board, Health and Wellbeing Boards and to develop a new economic regulator "Monitor".

The structure of the organisation has been radically changed devolving commissioning responsibilities to a local level.

### Care and Support Bill 2013:

- Unifies 13 previous acts to house all social care legislation in one document
- Emphasis of the Bill is on maintaining independence
- Calls for better information and advice to reduce demand for support
- Reiterates the need for the service user to have control over their care and support
- Gives clear guidelines for expected standards and emphasises the principle of respect
- Echoes the Health and Social Care Act 2008 which introduced "Essential Standards" for the public and private sector.

Some key recommendations made in the Dilnot Report 2011 were adopted in the Care and Support Bill 2012 and will be implemented 2016:

- Service user contribution towards cost of care capped at £72,000
- General living costs capped at £12,000
- Asset level required for full cost contributions revised to £123,000
- Government has committed to implementing a national eligibility threshold and national deferred payment scheme from 2015.

### Children and Families Bill 2013:

- Includes radical reform of SEN system
- Replaces Statements of special educational need (SEN) with joint Education, Health and Care plans
- Will extend the SEN system from birth to 25

- Introduces a duty for services for children with SEN to be jointly commissioned by the Clinical Commissioning Group (CCG) and the local authority (LA).
- Parents will now be able to opt for a personal budget
- Duty on LA to publish information for parents on the "local offer".

## Other Government direction

### Personalisation:

- Set a target that all eligible service users should be on direct payments or managed budget by April 2013
- Likely to extend the eligibility for personal health budgets to people with long term conditions
- Set up "Think Local Act Personal" - a national, cross sector leadership partnership focused implementing personalisation.

### Other concerns addressed by the Government have been:

- The avoidance of bed blocking and delayed transfers of care
- Fair access to care services - reviewing of eligibility criteria
- Addressing value for money particularly where services are provided in-house
- Quality of care – 1 year commission on residential care set up to examine position of residential care currently and in future.

## Financial Climate:

### Spending Review 2013

The June 2013 "Spending Round Speech" set out the departmental budgets for the financial year 2015 to 2016. This sets out how the programme of public service reform will continue over the remainder of the Parliament, encouraging public services in local areas to work more closely together to cut out duplication and invest in reducing demand for costly services.

As a consequence of central government's deficit reduction programme all Council services are facing unprecedented reductions in funding and whilst adult social care reductions have been mitigated by the transfer of NHS resources for the benefit of adult care services, adult social care and health sectors are facing extremely serious and significant budget pressures. As a council by 2018 we will have £1.50 less for every £3 we had to spend in 2014.

The scale and severity of the financial pressures is laid bare in an Association of Directors of Adult Social Services (ADASS) survey which shows that by April 2013 councils in England will have stripped out £2.7bn from adult social care services since 2010, equivalent to 20% of their care budgets, at the same time as demand for services continues to rise.

Councils plan to make £800m in adult social care savings over the next 12 months, and despite the transfer to local authority budgets of NHS funds, the reductions of this scale are challenging.

Councils are facing year on year rises in demographic pressures of an average 3%, with increasing demands on care services caused by an ageing population and severely disabled people living longer.

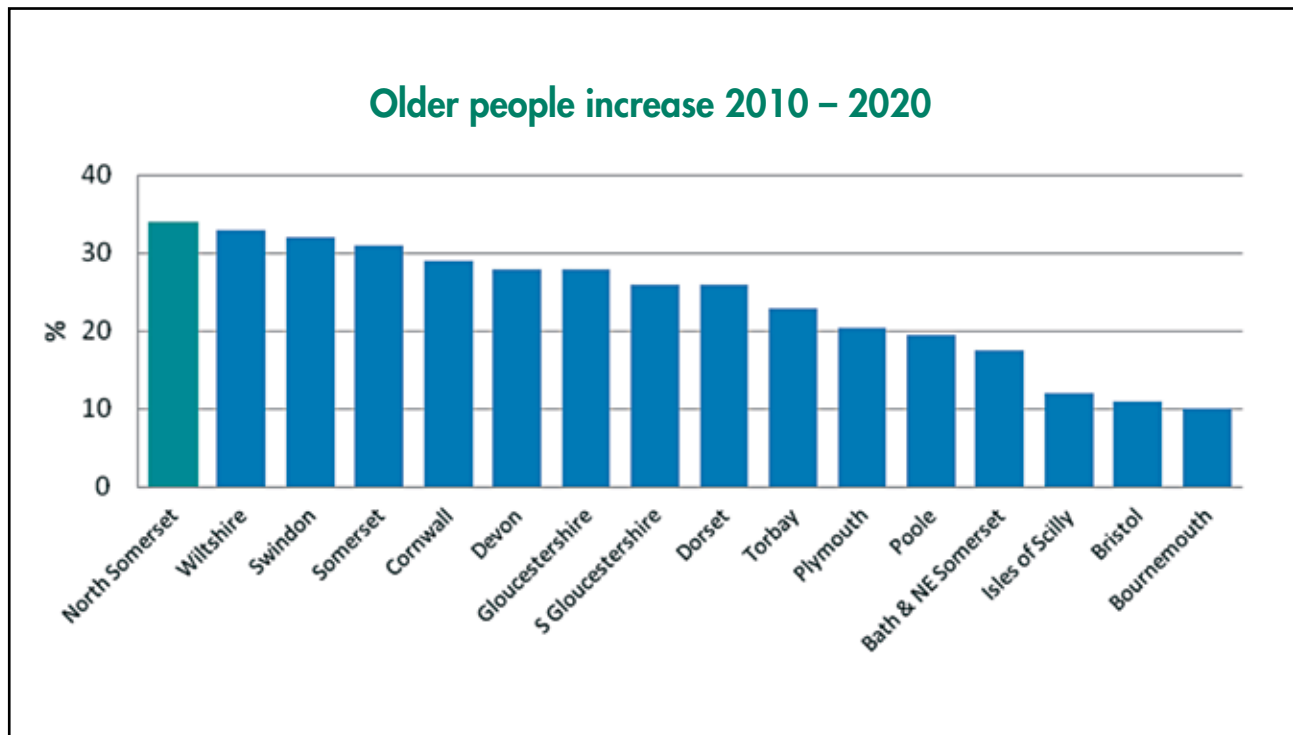
### North Somerset Adult Social Care Financial Position

In North Somerset, Adult Social Services have delivered £12.5m of savings since April 2011 which equates to 19% of its 2013/14 budget. Whilst the size of the reduction has been mitigated by the transfer of funds from the NHS North Somerset's health community have had to make savings of a similar magnitude.

Much of the savings to date have been made by making services more efficient, but the opportunity to continue to protect vulnerable people from further reductions is becoming increasingly difficult.

The gap between resources available and resources required is widening. Without the transformation of service delivery our current budget reductions will not be achieved.

Figure 1 Chart showing demographic pressure of growth of older people in the region over time <sup>1</sup>



### Commissioning of Adult Social Care Services in North Somerset

North Somerset commissions over £68 million worth of care services each year. Approximately £10m is spent on behalf of the Clinical Commissioning Group and £58m is spent from Local Authority budgets. £4.9m savings have been identified for the next year which contribute to a total of £11.4m identified savings over the next 4 years, potentially further savings of £7.6m have yet to be identified.

North Somerset faces particular financial pressure as its population of older people is set to rise significantly over the next 7 years. Figure 1 illustrates how the increase in older people in North Somerset is the highest amongst its comparator authorities.

In addition it is anticipated that the implementation of the Government’s response to the Dilnot recommendations proposed in the Care and Support Bill 2013 will increase the number of people who will look to the local authority to assess their needs and support the funding of their care.

A key element of the commissioning strategy to deliver the required financial savings is to offset the demand for high cost services through investment

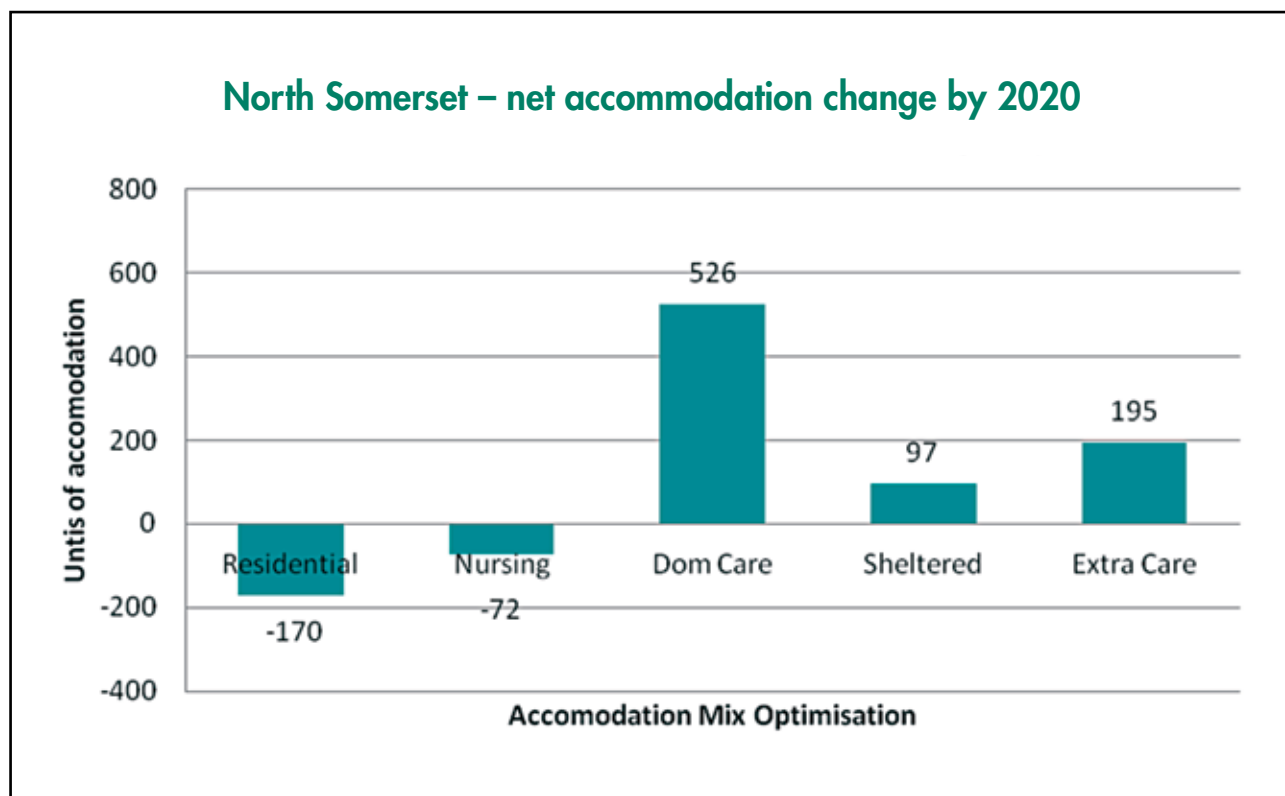
in early intervention and prevention services and to divert care packages from more costly residential and nursing provision. During 2012, North Somerset engaged in a South West ADASS initiative to mitigate the anticipated growth in demand for services. This identified a need to shift the accommodation mix utilised to offset the growth in budget required for the demographic pressures.

Projected modelling of demographic pressures from 2010 to 2020 estimated that if the Council continued to make the same proportion of residential and nursing placements as at 2010 levels, growth required would be £78m for the period. However the level of diversion planned in the accommodation mix changes would reduce the growth requirement over the ten years by £59m from an unsustainable £78m to £19m if an additional two hundred and ninety two units of Extra Care/Sheltered Housing was delivered in the sector.

It should however be noted that the increased reliance on community based alternatives will not lead to a significant reduction in the overall number of residential and nursing placements which reduce proportionately but fall in real terms by 7% in absolute terms given demographic growth.

<sup>1</sup> POPPI: Projecting Older People’s Information System 2013

Figure 2 shows the proposed diversion of resources by 2020.



## Local Vision:

### The Corporate Plan objectives

- Improve health outcomes
- Strengthen safeguarding for children and vulnerable adults
- Continue to improve contractor performance
- Improve outcomes for adults by promoting independence, choice and control over Services

### Sustainable Community Strategy

- All people to live healthy, active and independent lives
- Sufficient supply, across all tenure types, of sustainable and affordable homes

### To deliver our aspirations the following aims have been identified:

- Improve mental health promotion and treatment services for people with mental health problems
- Full access to appropriate high quality health services and facilities

- Meet the health and social needs of older people
- Ensure older people and vulnerable groups have access to a range of housing and housing related services

### From Director's statement 2013 – 14

*Our Mission is 'Working with our partners to help people improve their lives through increasing choice and access to good quality, cost effective support, care and better housing'*

Relevant key commitments:

- To deliver the budget reduction programme 2013/2014 and to begin planning for the following four years.
- Under the direction of the People and Communities Board, to work with partners especially the Clinical Commissioning Group to improve the coordination and effectiveness of commissioning.
- Improve outcomes for adults by promoting independence, choice and control over services



- To develop further integration across Health and Social Care for Adults
- Work with communities to better meet local housing need
- Strengthen safeguarding for vulnerable adults and coordination with Children and Young People's Safeguarding service.

### **Commissioning intentions as identified in strategies:**

North Somerset has a number of strategies which impact on spend on social care. Some are current and some are in the process of being "refreshed" or

reviewed as they have reached their implementation dates. Those under development or revision will be used to inform the MPS at its next point of revision as it is an iterative document which is anticipated to grow and change in response to the changing needs of the population, policy direction and local resources.

## **Commissioning Direction:**

### **Early Intervention and Prevention Strategy**

This strategy seeks to address the range of preventative approaches that will influence health, wellbeing and independence for the needs of adults

## **Current Strategies:**

### **Older People Joint Commissioning Strategy**

<http://consult.n-somerset.gov.uk/consult.ti/OPJCSOlderpeople/consultationHome>

### **Housing Strategy**

[www.n-somerset.gov.uk/Your\\_Council/Policies\\_plans\\_and\\_strategies/Documents/Housing/housing%20strategy%202010-15%20\(pdf\).pdf](http://www.n-somerset.gov.uk/Your_Council/Policies_plans_and_strategies/Documents/Housing/housing%20strategy%202010-15%20(pdf).pdf)

### **Learning Disability Joint Commissioning Strategy**

[www.ld4u.org.uk/Libraries/Local/693/Docs/Joint%20LD%20Strategy%20-%20Final%201.10/FINAL%20LD%20Joint%20Commissioning%20Strategy.17.12.09.pdf](http://www.ld4u.org.uk/Libraries/Local/693/Docs/Joint%20LD%20Strategy%20-%20Final%201.10/FINAL%20LD%20Joint%20Commissioning%20Strategy.17.12.09.pdf)

### **People and Communities Strategy**

<http://www.northsomersetpartnership.co.uk/whoweare/people+and+communities+board/index1.asp>

### **Carer's Strategy**

Carers Strategy [http://www.n-somerset.gov.uk/Social%20care/carers/Documents/carers%20strategy%202011-14%20\(pdf\).pdf](http://www.n-somerset.gov.uk/Social%20care/carers/Documents/carers%20strategy%202011-14%20(pdf).pdf)

Action Plan [http://www.n-somerset.gov.uk/Social%20care/carers/Documents/North%20Somerset%20carers%20action%20plan%202013-15%20\(pdf\).pdf](http://www.n-somerset.gov.uk/Social%20care/carers/Documents/North%20Somerset%20carers%20action%20plan%202013-15%20(pdf).pdf)

### **Early Intervention and Prevention Strategy**

[www.n-somerset.gov.uk/Your\\_Council/Policies\\_plans\\_and\\_strategies/Documents/early%20intervention%20and%20prevention%20strategy%202011-2015%20\(pdf\).pdf](http://www.n-somerset.gov.uk/Your_Council/Policies_plans_and_strategies/Documents/early%20intervention%20and%20prevention%20strategy%202011-2015%20(pdf).pdf)

### **Dementia Strategy Action Plan**

[www.northsomersetccg.nhs.uk/media/21689/dementia\\_action\\_plan\\_website\\_current\\_30\\_07\\_2013.pdf](http://www.northsomersetccg.nhs.uk/media/21689/dementia_action_plan_website_current_30_07_2013.pdf)

### **Multi Agency Transitions Protocol For Young People with Additional Complex Needs**

[http://www.ld4u.org.uk/Libraries/Local/693/Docs/WEBSITE%20DOCUMENTS%20-%2021.3.11/Transitions%20Sub%20Group/Multi%20agency%20protocol%20-%20final%20-%20March%202011%20\\_4\\_.pdf](http://www.ld4u.org.uk/Libraries/Local/693/Docs/WEBSITE%20DOCUMENTS%20-%2021.3.11/Transitions%20Sub%20Group/Multi%20agency%20protocol%20-%20final%20-%20March%202011%20_4_.pdf)

### **Alcohol Strategy**

<http://www.northsomersetpartnership.co.uk/whoweare/people+and+communities+board/pcstrategy2013finalaug13.pdf>

in North Somerset. It seeks to achieve a balance between services developed for specific and complex population needs and the development of our approach to a 'universal offer'; enabling people to be informed, proactive and responsible in maintaining their own health, wellbeing and independence. Contained within the specific services are Telecare, Carelink, and Community meals all of which have been expanded in recent times.

### **Children with a disability**

The direction of recent legislation will mean that future commissioning will place an increasing emphasis on choice and control. The use of personal budgets will open the market for the disabled children's service so that it will need to be flexible and responsive to the needs and wishes of young people and their carers in addition to meeting LA expectations.

### **Carers**

The Carers Strategy aims to support carers to sustain the caring role for as long as they are willing and able to do so. It aims to ensure that young carers under 18 are not forced into inappropriate caring roles. It does so by working with partners to identify carers at an early stage, ensuring they have access to information and advice, enabling them to fulfil their educational and employment potential, providing access to personalised support to enable them to have a family and community life, and supporting them to remain physically and mentally well. Supporting carers is a key priority for North Somerset Council. In 2014/15 the planned spend on carer support services, including services to support people with dementia and their carers, is over £1 million.

**Enablement** – Good quality enablement has been proved to result in a return home or move to a lower tariff of support in 26% of people. This success is one North Somerset will expect to build on in future as the outcome is preferable for the service user, who achieves a better level of independence and increased autonomy and for the council as it is more economic than a permanent placement.

Enablement is seen by the Council as a key provider development and it has incentivised its fees structure to reward successful enablement outcomes.

**Re-ablement** – This is another successful strategy for providing economic and effective services to maintain and improve levels of independence for people living at home.

For both re-ablement and enablement the Council is considering commissioning options to extend the service beyond the existing six weeks duration, these re-ablement and enablement plus services are future opportunities for providers.

### **Nursing beds for hospital discharge**

North Somerset purchase safe haven beds and Weston Area Health Authority rehabilitation beds and have plans to support the hospital further by purchasing beds for them in times of high demand such as winter pressures, heat wave issues and pandemic outbreaks of flu or the winter vomiting bug. These beds are generally for the medically ambulant and remain under the care of the hospital medical team. This is regular commissioned work and will remain a yearly theme, with a likelihood that the work will grow with the demands of an increasing elderly population and more complex needs of individuals.

North Somerset are also in discussion around Plaster of Paris beds and remain committed to working with their health colleagues in the hospital to look at creative ways to meet people's long term needs as well as responding to short term pressures.

**Accessible accommodation** – There is a limited amount of appropriate accommodation for disabled people which can result in people having to move or be placed out of authority to meet their needs. North Somerset is particularly concerned to see a wider choice of local accommodation for people with very complex needs. Winterbourne View highlighted some of the problems inherent in placing people away from their family home. The development of more accessible local accommodation will improve choice and ensure easier monitoring as well as offering more economic options.

**Community support** – Personalisation has resulted in more people having control of their own care packages. The development of good quality flexible and diverse services to support people in the community will extend the opportunities for

people to remain independent in their own homes and increase the market place for users of personal budgets to find individual solutions to meet need.

**Supported living** – People with a learning disability have taken up this service in North Somerset with a high level of success and it is hoped that the model can be replicated with other service user groups. The involvement of more housing providers in this area would be beneficial to the market in terms of choice and variety.

**Extra care Housing** – An analysis of projected demand for Extra care housing in North Somerset using the Strategic Housing for Older People Analysis Tool indicates that there is more demand

for this service than there are places and this is likely to rise over the coming years. It is recognised that these schemes represent a significant investment for housing providers for which there is limited resource in the current financial climate. However it is also recognised that North Somerset is not the sole commissioner of such provision and there is a proportion of affluent elderly people in North Somerset who are currently limited in their choice in this area. The Council is seeking to redevelop the Ebdon Court facilities to deliver an Extra Care facility for people with dementia and frail elderly, in partnership with Alliance Homes, the Council would welcome further Extra Care initiatives particularly in the north of the District and particularly for people with dementia.

## Section Summary

- There is an increasing policy agenda for supporting independence and personalised services.
- Integration of adult care and health services continues.
- Implementation of Dilnot recommendations will increase the numbers eligible for LA social care support
- The council needs to make significant savings from adult social services
- The demographic picture combined with the effects of policy and the reduction in funding will result in an increased gap between resources and demand

## Going forward

- A continued focus on personalisation will increase improve choice and control
- The increasing use of enablement will support people to remain in their own homes
- The increasing use of re-ablement will increase the number of people able to return to community accommodation
- The increased development of extra care housing will support more people remaining in the community
- Commissioning by the LA will have an increased imperative to show value for money
- Further reduction of LA spend on residential and nursing care
- Greater emphasis on supporting independence
- Increased closer working with Health

# Section 3: Local Picture

In 2011 the resident population of North Somerset was 202,566<sup>2</sup>. Since 1981 the population of North Somerset has grown by 24% and is expected to continue growing, reaching an estimated population of 234,000 by 2021<sup>3</sup>.

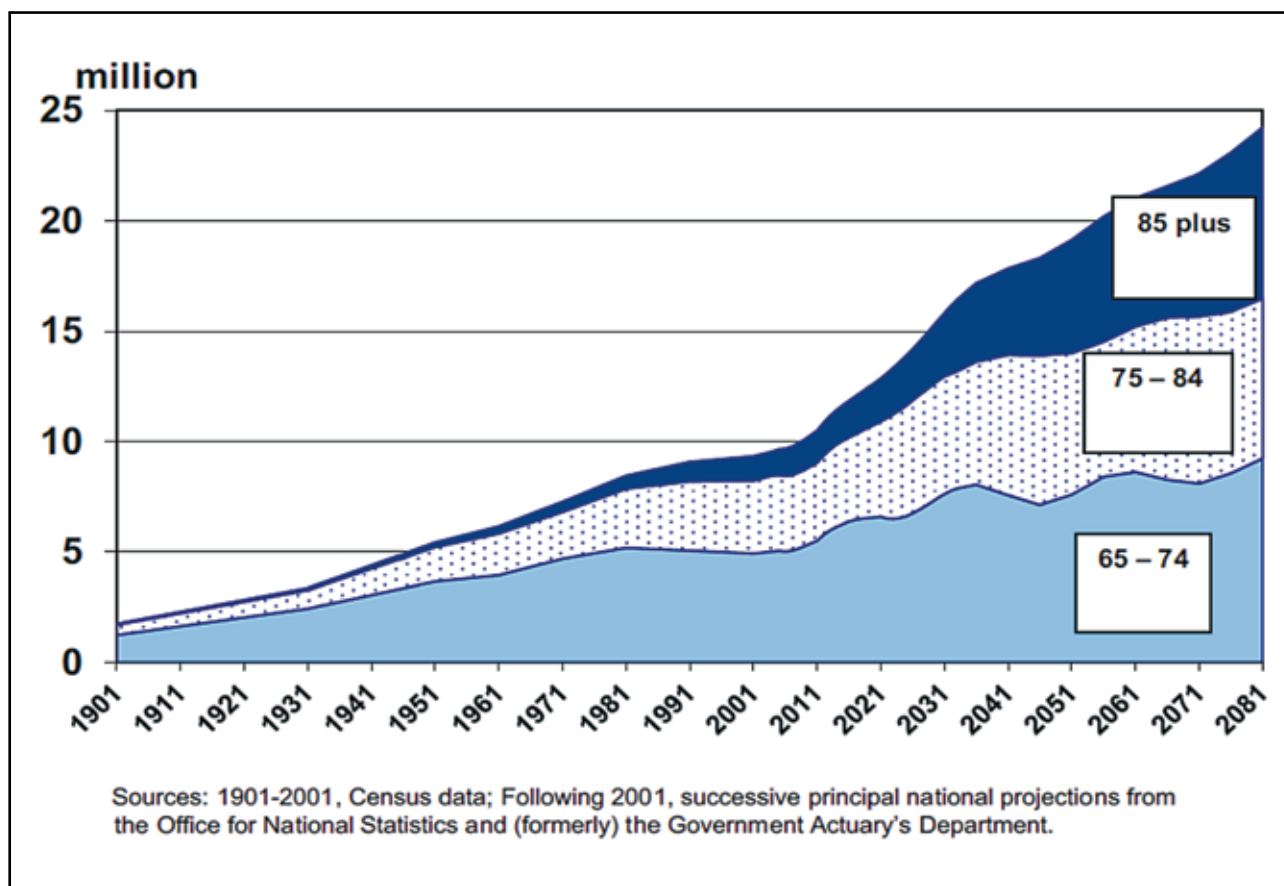
Demand for adult social care services is likely to rise in certain parts of the population in particular. This section aims to draw a profile of each relevant section of the population of North Somerset and any trends arising in specific areas and to draw from that an analysis of current and projected future need.

## Older people

Nationally the population for all age ranges plus 65 years is expected to increase significantly in the future.

Whilst the increase in those aged 54 to 74 years is significant, it is not as considerable as the increase in those aged 85 plus<sup>4</sup>.

Figure 3: Shows the 65 years plus and older population of the United Kingdom, projected from 1901 to 2081.



<sup>2</sup> Census data 2011

<sup>3</sup> JSNA Population Chapter Feb 2013

<sup>4</sup> Laing and Buisson, Market Report 2012 – 13

## North Somerset population:

This national increase in elderly populations holds true for North Somerset, more so in fact as North Somerset has a higher than average percentage of elderly households.

There are 42,633 residents aged over 65 with the local authority, 20,562 residents aged 75 and above, and 6,519 aged 85 years or older<sup>5</sup>. All of these figures are predicted to increase by 2030, with those aged over 65 years increasing by 68%.

Figure 4: Shows the 65 years plus population of North Somerset, projected from 2010 to 2030.

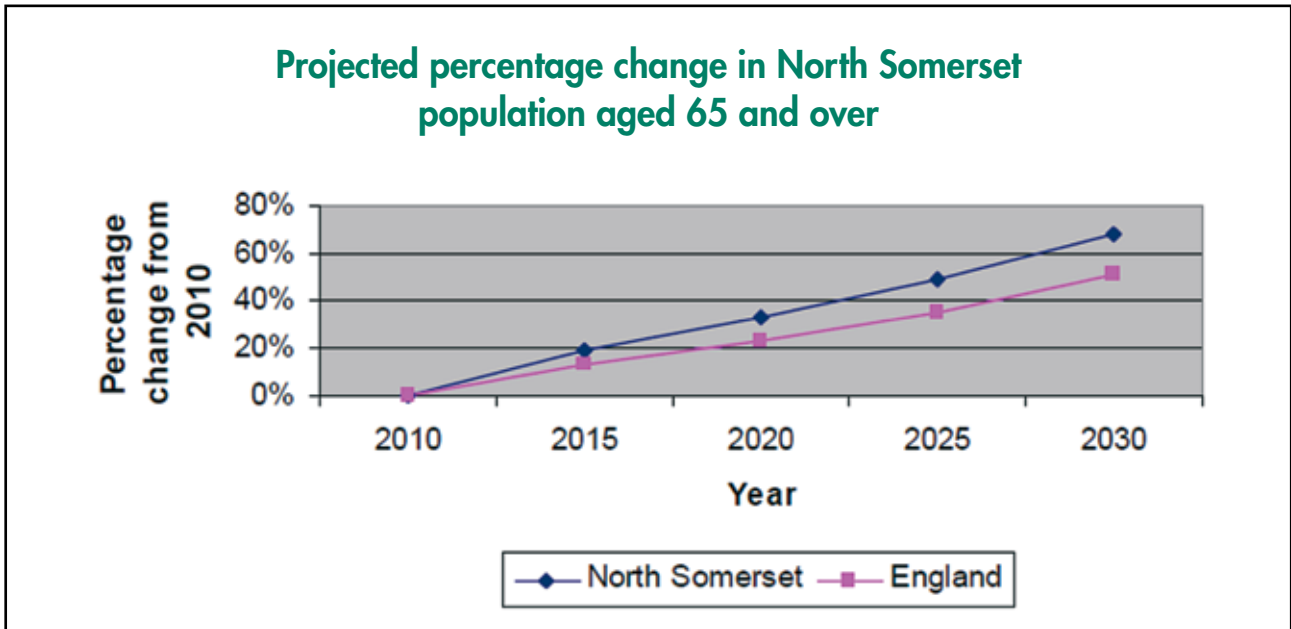
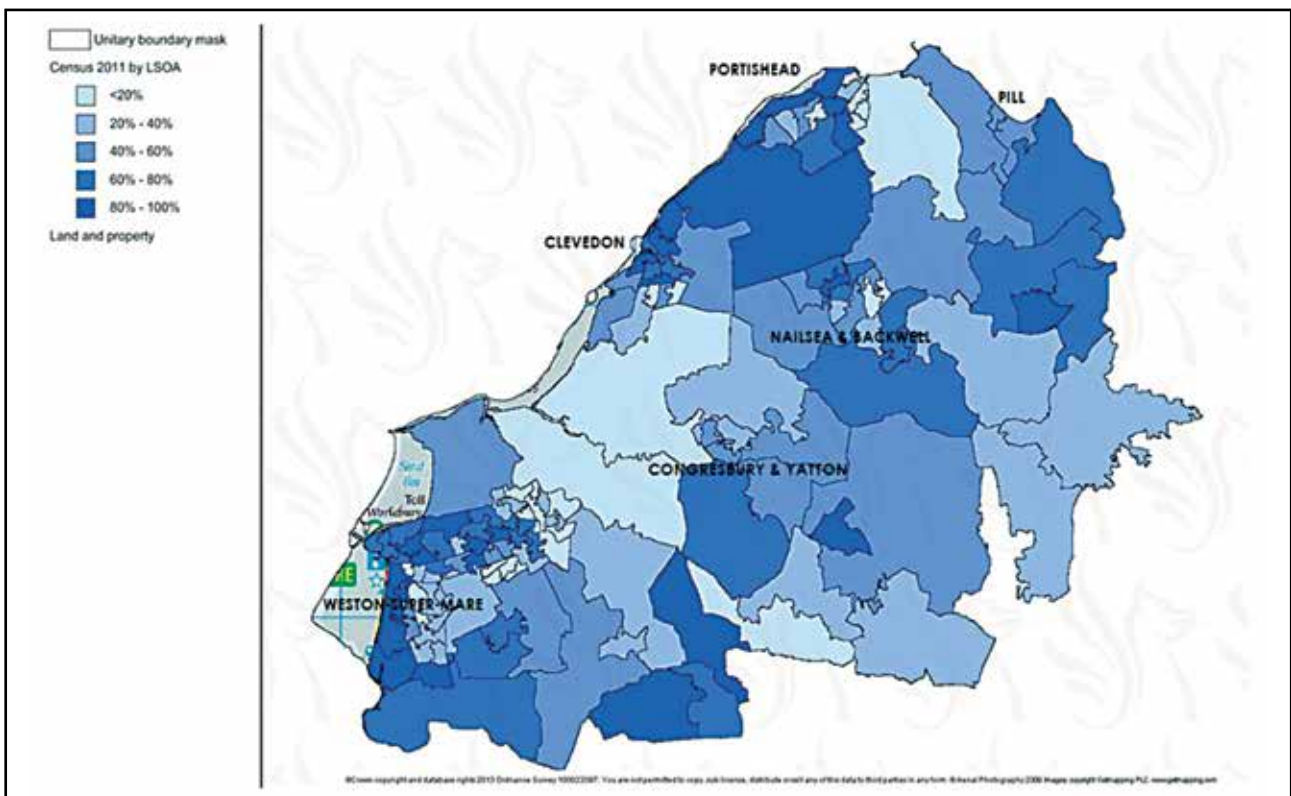


Figure 5: Map of North Somerset showing the concentration of people aged 75 and over in each area.



<sup>5</sup> JSNA Frail Older People Chapter May 2013

This map shows that older people are more prevalent in specific patches of the Weston area and in some of the rural areas. There is much variation within patches, for instance 22% of Clevedon North's population is 75 or over whereas over 75s make up less than 6% of Clevedon Yeo's population.

A closer analysis showing relative wealth of older population shows that the rural populations are generally wealthier and those people experiencing deprivation are largely in the towns, particularly in the south of the county, although there are some small pockets of deprivation in the rural areas.

Figure 6 shows the spread of older people in North Somerset who are considered affluent. These people are financially independent and are therefore are not necessarily known to or influenced by the local authority. They will have the same range of needs

and wishes as the older population that receive services but traditionally would have had little help or involvement from the authority in meeting their needs. In July 2009 The Care Navigator Service was launched in North Somerset which offers personalised support to individuals, carers and their families to obtain the right care and support. This approach ensures that individuals funding their own care have as much information and advice to support their decision making about their care as those who are supported by the authority. As a result it is expected that fewer financially independent people will decide to go into a care home placement until they need to. However, the Social Care reforms will extend the number of Local Authority placements and encourage more self funders to approach the Council for an assessment.

*Figure 6: Map of North Somerset showing concentration of older people experiencing deprivation (as defined by English Indices of Deprivation) in each area:*

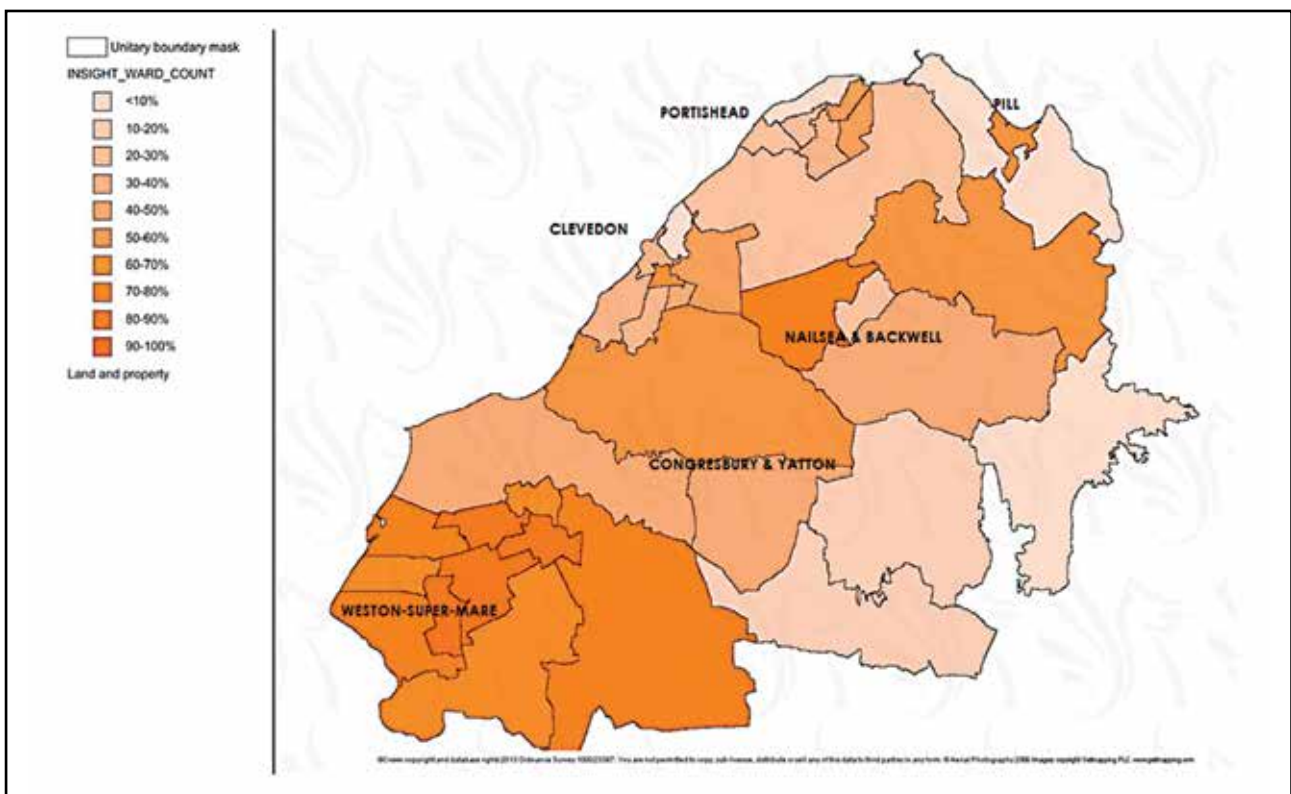
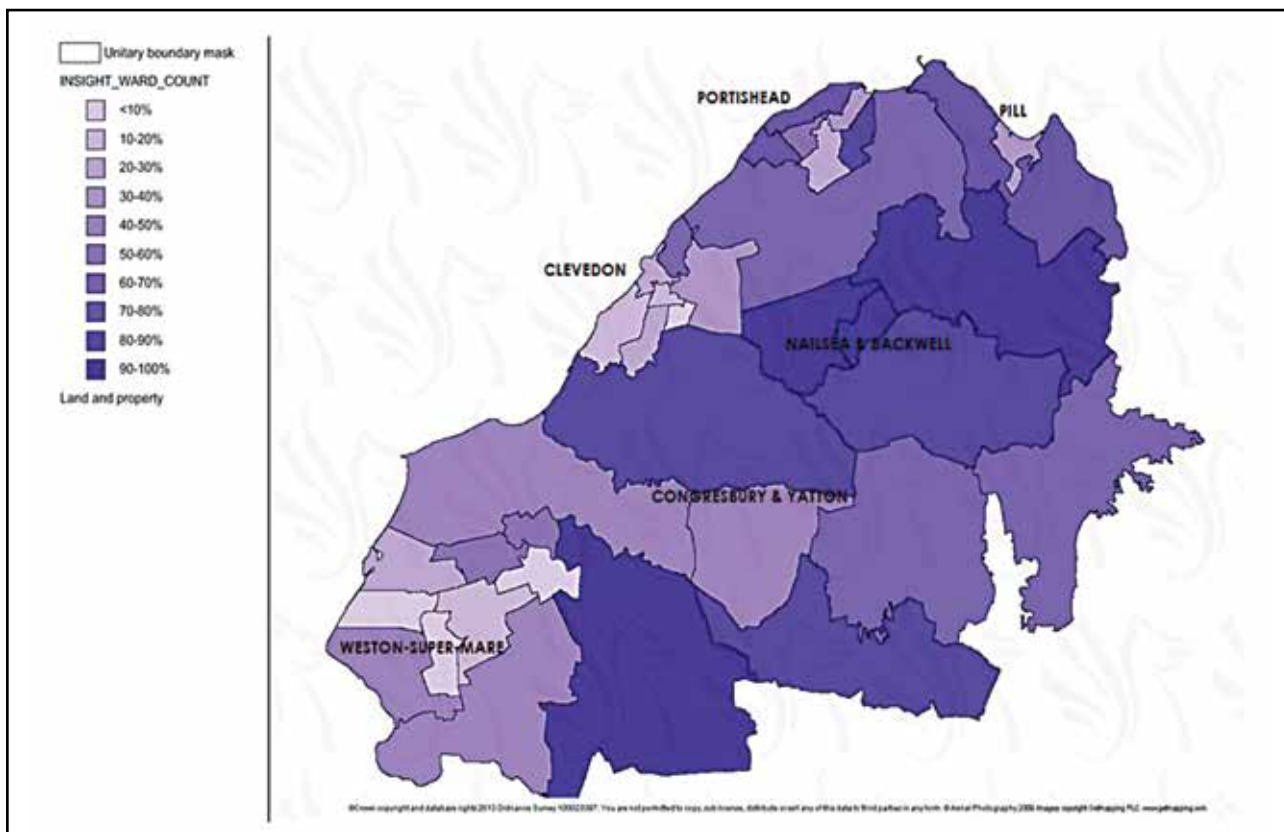


Figure 7: Map of North Somerset showing concentration of affluent elderly population.



### North Somerset spend:

North Somerset spent £23,104,529 on care home services for older people in 2012/13. The total spend on care home services in the same year was £37,440,621. 2,600 referrals were received for social care for individuals aged 65 and above, with 45% being aged 85 and over.

If the older population increases by 68% in the next 17 years as predicted and if referrals increase on the same scale (4290), with no change in commissioning patterns, the spend on services for older people would rise by £14m.

### What older people in North Somerset want:

(from Older People Strategy 2011 – 18)

- easy access to information
- improved access to transport
- increased support to and recognition of carers
- close working with other organisations to deliver services.

- services that are affordable
- quality services

### People with Dementia

There is also a projected increase in people with a diagnosis of dementia.

### North Somerset population:

There were 3321 people in North Somerset with identified dementia in 2011<sup>6</sup> Protecting Older People Population Information (POPPI) projections suggest this will rise to 6508 in 2030, an increase of 95%. The biggest rises will be seen in the very elderly population, with an increase of 165% between 2011 and 2030 in the over 90's.

### North Somerset spend:

It is difficult to establish the spend on services for people with dementia as a whole in North Somerset, as many people with the condition are receiving services for other reasons simultaneously.

<sup>6</sup> JSNA Adult Mental Health Chapter 2012

If the population of people with dementia increases by 95% in the next 17 years as predicted and the spending patterns don't change then the current spending on residential services for people with dementia is unsustainable. The aim of the department is to adjust the accommodation mix offered to people with dementia to ensure there is alternative provision to residential care to meet their needs.

**What people with dementia want, specifically from care homes:** (from National Dementia Strategy Consultation response and Analysis 2009)

- Appropriate staffing levels
- Adequate staff training
- Consistency of staff
- Meaningful engagement between staff and residents
- Good communication

## People with learning disabilities

Nationally there is evidence that the number of adults with learning disabilities is increasing. Evidence suggests that the number of people with severe learning disabilities will increase by around 1% each year for the next 15 years

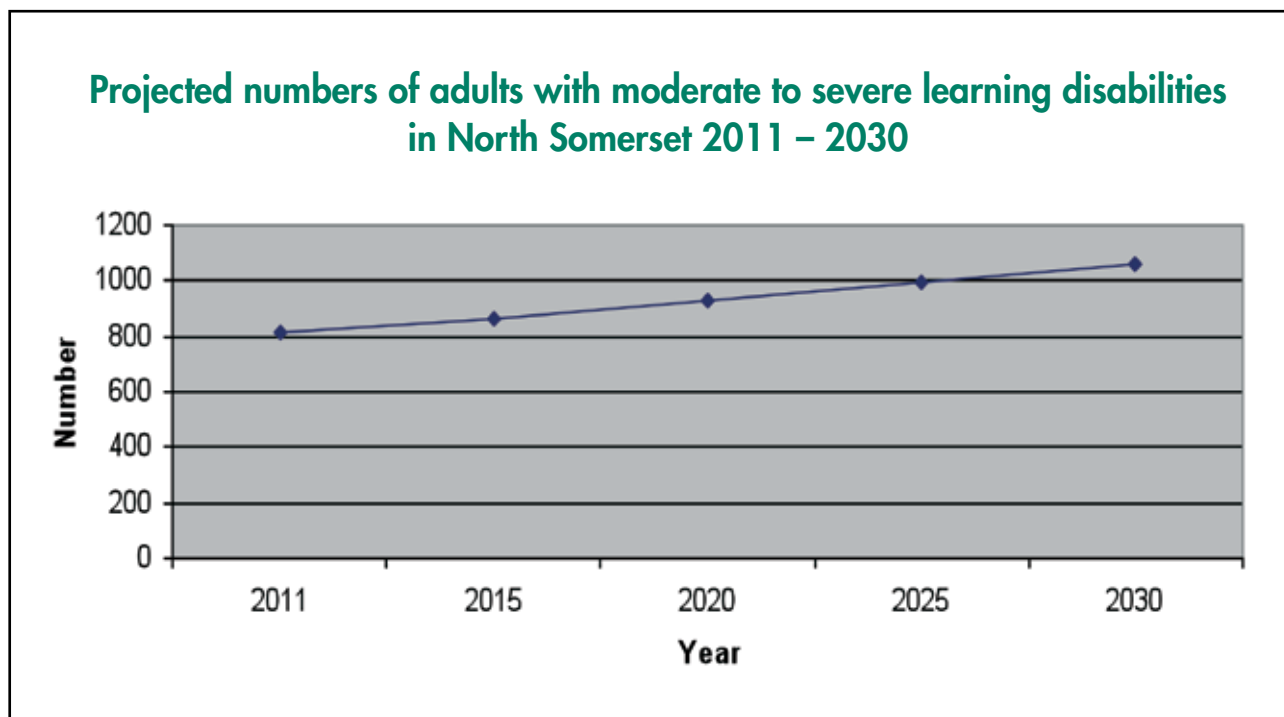
### North Somerset Population:

People with learning disabilities are estimated to make up 0.48% of the population of North Somerset<sup>7</sup>, which is higher than the national average of 0.43%. The population currently comprises 817 people with moderate to severe learning difficulties identified on GP registers in North Somerset, 512 of these are in receipt of social care services arranged by the local authority.

### North Somerset spend:

£18,404,741 was spent on services to people with a moderate to severe learning disability last year. This figure has risen over the last four years, and the increase reflects the transfer of commissioning

Figure 8 shows that there is a projected rise of 144 people with moderate to severe learning disabilities over the next 17<sup>8</sup> years. The biggest rise will be in people with learning disabilities who are aged over 65.



<sup>7</sup> JSNA Learning Disabilities Chapter Nov 2012

<sup>8</sup> Data Source: Department of Health, PANSI and POPPI accessed 5.5.12



responsibilities from health in respect of former s28 clients. This was formerly a transfer of funding, then a specific Department of Health grant, which has subsequently been transferred in LA formula funding.

If the spend on services for people with a learning disability continues to rise at this rate the spend by 2030 will be unsustainable.

### What people with a learning disability want:

Consultation for the Joint Commissioning Strategy for Learning Disability 2009-14 evidenced that there was support for the strategy objectives:

- Objective 1 A culture change programme within the network of services for people with learning disabilities in North Somerset.
- Objective 2 Earlier and Person Centred Planning (PCP) for those in transition from children's to adult services.

- Objective 3 Increased options for people to live at home that enable a planned reduction in the use of Residential and Nursing Care Homes.

## Children with disabilities – Transition

### North Somerset population:

There is a great deal of data about children with disabilities and/or special educational needs but it is not possible to give a simple overall estimate of numbers. There are many reasons for this: some needs are difficult to identify in early childhood; there is no single definition of disability; the various data sets cover different, but overlapping groups of children and young people; and some parents may be unaware or unwilling to engage with services which could identify a child's disability. Having said that, the data that is available does provide a good basis for estimating numbers, and since most children with significant needs will have had

		North Somerset <sup>3</sup>		England	
		Count	Percentage	Count	Percentage
CiN	Total	1,283	100%	378,600	100%
	With Recorded Disability	204	15.9%	52,300	13.8%
CiN with Disability <sup>2</sup>	Autism/Asperger Synd.	58	28%	15,062	29%
	Behaviour	61	30%	12,238	23%
	Communication	86	42%	12,552	24%
	Consciousness	34	17%	3,086	6%
	Hand Function	39	19%	3,033	6%
	Hearing	12	6%	3,033	6%
	Incontinence	48	24%	5,230	10%
	Learning	114	56%	24,686	47%
	Mobility	66	32%	12,134	23%
	Personal Care	75	37%	8,054	15%
	Vision	23	11%	4,707	9%
	Other Disability	22	11%	10,512	20%
	<b>Disability Types Total<sup>1</sup></b>		<b>638</b>	<b>313%</b>	<b>114,328</b>
Notes:		Data from 'SFR45/2013: Main tables' Table B2 of the CiN census at 31 March 2013 (available at <a href="http://www.gov.uk">www.gov.uk</a> )			
		<sup>1</sup> Reported disability is greater than the total number of children because a child may have more than 1 recorded disability.			
		<sup>2</sup> Count data is reconstructed from rounded percentage data which may lead to a very small differences from the actual data.			
		<sup>3</sup> North Somerset LA data is given as "high confidence" dataset within the National CiN Census for 31 March 2013.			

a detailed assessment, there is good information about the numbers with various categories of need.

According to the Children Act 1989 a child is disabled if he or she is *'blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed'*. This definition effectively defines the eligibility criteria for children's social care.

Each year, a national data collection called the children in need census (CinC) collects detailed information about children receiving social care services. As at 31 March 2013 there were 1283 children in need in North Somerset, of whom 204 had a disability. The table sets out the various types of need recorded for these disabled children.

The North Somerset Council Disabled Children's Service is in touch with a larger group of children than those included in the CinC snapshot, including many who receive targeted (as opposed to specialist) services such as play schemes or family fun days. As at June 2013 the team was providing services to a total of 473 children.

Data is also available for children and young people who claim Disability Living Allowance (DLA). It should be noted that the criteria for entitlement to DLA would include some children with health conditions which might not meet the definition of disability. The tables below show that as at August 2010 there 870 children under 16 in North

Somerset receiving DLA and a further 570 aged 16 – 24. The tables also show that these numbers have increased significantly since 2002. Similar increases have occurred nationally and regionally. It is likely that the majority of the increase is due to better benefit take up but it may also reflect an increase in identification of some conditions, especially Autistic Spectrum disorders.

The population of disabled children overlaps significantly with the group identified as having 'special educational needs', but it is important to recognise that the terms are not inter-changeable. Children with special educational needs are defined in legislation as children who have a learning difficulty which calls for special educational provision to be made for them.

'Learning difficulty' is defined broadly and includes children with social, emotional and behavioural difficulties. Many children with special educational needs (SEN) do not have a disability and some children with disabilities will not have special educational needs.

The needs of most children with special educational needs are met in mainstream schools, with additional help provided by the school. A minority of children with more significant or complex needs have Statements of Special Educational Needs. A radical overhaul of SEN legislation is currently before parliament with the changes planned to come in from September 2014 onwards.

The Department for Education publishes an annual

Disability Living Allowance Claimants			
Claimants Aged Under 16	Persons	Count	
	North Somerset	South West	England
	Unitary Authority	Region	Country
August 2010	870	26430	283700
August 2009	810	25490	274160
August 2008	800	24230	263730
August 2007	760	23340	254350
August 2006	750	22360	246710
August 2005	760	21830	242360
August 2004	750	21160	236320
August 2003	710	20310	227370
August 2002	650	19650	217740

Disability Living Allowance Claimants			
Claimants Aged 16 -24	Persons	Count	
	North Somerset	South West	England
	Unitary Authority	Region	Country
August 2010	570	16650	169970
August 2009	540	15660	159600
August 2008	510	14660	147450
August 2007	455	13520	136850
August 2006	420	12530	126100
August 2005	400	11750	118800
August 2004	370	10930	111210
August 2003	330	9980	102740
August 2002	290	8900	93550

Primary Type of Need of Pupils with SEN statements or at School Action Plus	North Somerset		ENGLAND	
	Count	Percentage	Count	Percentage
Specific Learning Difficulty	169	8.8%	70,655	10.4%
Moderate Learning Difficulty	193	10.1%	138,350	20.4%
Severe Learning Difficulty	102	5.3%	30,440	4.5%
Profound & Multiple Learning Difficulty	26	1.4%	10,525	1.6%
Behaviour, Emotional & Social Difficulties	526	27.5%	143,050	21.1%
Speech, Language and Communications Needs	447	23.4%	132,205	19.5%
Hearing Impairment	64	3.3%	16,270	2.4%
Visual Impairment	16	0.8%	9,070	1.3%
Multi-Sensory Impairment	4 <sup>1</sup>	0.1%	1,025	0.2%
Physical Disability	92	4.8%	26,685	3.9%
Autistic Spectrum Disorder	139	7.3%	70,780	10.4%
Other Difficulty/Disability	136 <sup>1</sup>	7.1%	29,020	4.3%
<b>Total<sup>1</sup></b>	<b>1914</b>	<b>100.0%</b>	<b>678,080</b>	<b>100%</b>

Data Source: Aggregated SEN2 National Survey as at January 2013 for Primary, Secondary and Special Schools

<sup>1</sup> Survey data does not disclose counts of 1 or 2 pupils. In these cases, 2 pupils are assumed when aggregating data and percentages are regenerated accordingly. The 'Total' of all children will differ by at most 3 children from the total count in the source data. The 'Multi-Sensory Impairment' category count will differ by at most 2 children from the source data and the 'Other Difficulty/Disability' category count by at most 1 child from the source data.

Notes: Data includes primary academies (including free schools), city technology colleges, university technology colleges, studio schools, all secondary academies (including free schools), maintained and non-maintained special schools and special academies (free schools). Excludes general hospital schools. Includes pupils who are sole or dual main registrations. The underlying data set notes indicate that there may be discrepancies between totals and the sum of constituent parts in the original data.

analysis of children with SEN. As at January 2013 there were 471 children with statements of special educational needs in North Somerset, and a further 5,108 children attending North Somerset schools, identified by their schools as having some special educational need but without a statement. The table below shows the categories of need of the children with Statements or at the School Action Plus level i.e. those with the more significant needs.

## Trends

It is difficult to interpret trends in CinC or SEN data because of changes in data collections, thresholds and practice. However the data does not suggest an increase in the number of children with disabilities in North Somerset. There has however been a national and local trend of increased numbers of children and young people, especially boys, with Autistic Spectrum Disorder.

## Transition:

The number of children currently at point of transition from children's to Adult services in North Somerset is 58.

Figure 9 shows the spread of needs of disabled children in transition in North Somerset and projections for the coming years<sup>9</sup>.

Financial Year		2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015	2015/ 2016	2016/ 2017	
No. of Transition Cases	New in year	21	37	33	50	53	60	254
	Cumulative	21	58	91	141	194	254	
Client Group	LD	12	23	16	17	12	16	96
	PSI	4	8	8	7	8	8	43
	MH	2	1	3	3	3	0	12
	PSI/MH	2	1	2	1	2	1	9
	PSI/LD	0	0	1	0	0	0	1
	LD/MH	0	0	0	1	0	0	1
	TBC	1	4	3	21	28	35	92
	<b>Total</b>		<b>21</b>	<b>37</b>	<b>33</b>	<b>50</b>	<b>53</b>	<b>60</b>

## North Somerset spend:

Recent years have seen a significant growth in the number of young people making the transition from Children's to Adult services. Their care packages have previously been funded by Children's services but also shared with Health and Education, and with a drop in the number of service users remaining at home on reaching maturity, these packages have had significant impact on the Council's budget. The Council has therefore focussed attention on planning for transitions at an early age and on offering a more personalised response. The options available to younger adults have expanded with the development of more choice in housing support options and Shared Lives Schemes. The Council wishes to further develop the range of transition offerings as it is anticipated the number of clients will remain significant over the new few years.

An emphasis encouraging independence, as well as less reliance on residential provision, has seen the predicted costs of these transition packages from 2011/11 to 2015/16 drop from over £20m to £12m in this period.

## People with poor mental health

### North Somerset population:

The estimation of the population with mental health problems at any one time is complex<sup>10</sup>. The national Adult Psychiatric Morbidity Survey (2007) reported that 16.2% of the adult population met the criteria for at least one common mental health condition in the week before the survey, with about half experiencing a level of severity needing treatment.

An estimated 20,600 people aged 18 – 64 were affected by common mental health conditions in North Somerset in 2011. In 2010/11 3807 adults in North Somerset accessed Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) specialist mental health services and 333 patients were admitted to hospital.

Rates of access to specialist services in North Somerset are one of the lowest in the country. In 2011/12, there were 1209 people receiving services from North Somerset Council recorded as having a category of mental health needs or dementia.

<sup>9</sup> Data from NS summary of clients and estimated cost commitment 2013

<sup>10</sup> JSNA Mental Health Chapter Nov 2012

It is difficult to accurately predict how the levels of common mental illness will change in the future as it is dependent on a wide range of risk factors. One model has estimated a rise of 19% amongst 18-64 year olds by 2030. The number of cases of depression in the over 65's group is also expected to rise by 62% by 2030. These figures should be viewed with caution due to the difficulty in accurately predicting population growth and changes in social conditions.

## People with physical and sensory impairments

### North Somerset population:

People with physical and sensory impairments are difficult to quantify as a distinct group as many people with such impairments are also represented in another group for example they are older people or have a learning disability.

The census for 2011 asks people to identify: 'are your day to day activities limited in any way'. 6670 people answered that their activities were limited a lot and 9380 answered that their activities were limited a little. This is 5.4% and 7.6% of the population respectively. Nationally the percentages are 5.8 and 7.2.

North Somerset provided a social care service to 581 people with a physical or sensory impairment in the last financial year. 42 people received a residential or nursing care service.

### North Somerset spend:

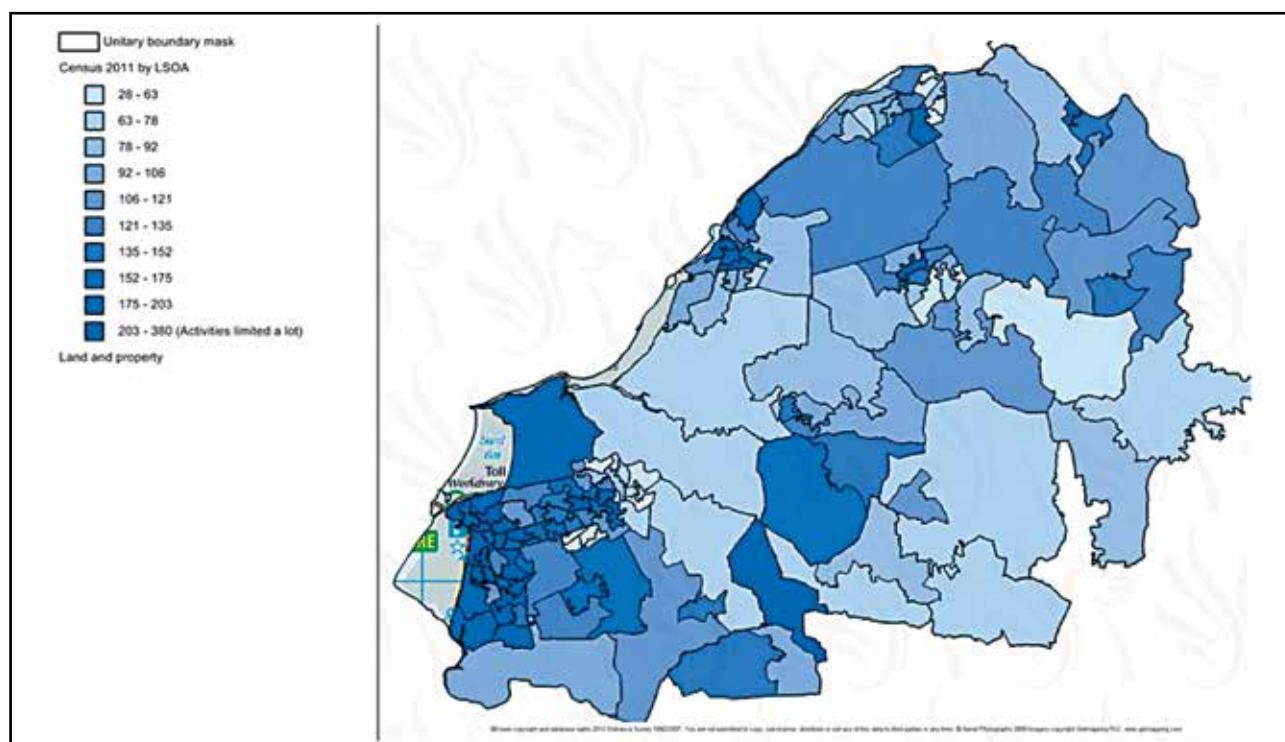
Whilst there is a percentage of spend on services for people with a physical or sensory impairment which can be quantified (see figure 4) this does not reflect the true picture as there are many people who fall into more than one spend category and therefore are not reflected in the figures. Figure 12 illustrates the spread of people with a disability in North Somerset as indicated by the census in response to the question about limitation on activity.

## Drug and alcohol users

### North Somerset Population:

Alcohol related harm is increasing nationally, costing society an estimated £21 billion per year. This cost comprises of alcohol-related health conditions, crime and antisocial behaviour, loss of productivity in the workplace, and problems for those who misuse alcohol and their families, including domestic abuse. Alcohol continues to have wide ranging impacts across North Somerset and

Figure 10: Map of those stating that their activities are "limited a lot" in North Somerset



effective partnership working is essential to minimise these harms.

Most adults in North Somerset drink at lower risk levels (i.e. within the recommended guidelines of not regularly drinking more than 3-4 units a day for men and 2-3 units a day for women). However, 27% of people are estimated to be drinking at levels which present increasing risk of harm to their health and wellbeing<sup>11</sup>.

In relation to drug use there are more statistics for use of heroin and crack but it is recognised that use of all drugs should be understood. Some of the drug use trends highlighted include; a relatively stable use of crack and benzodiazepines among the treatment population over the last 4 years (fluctuating between 27 – 30% and 16 – 19% respectively), and the main cause of drug related deaths in North Somerset is opiate overdose. In relation to the number of individuals currently injecting drugs, 2010/11 saw an increase in the proportion of new

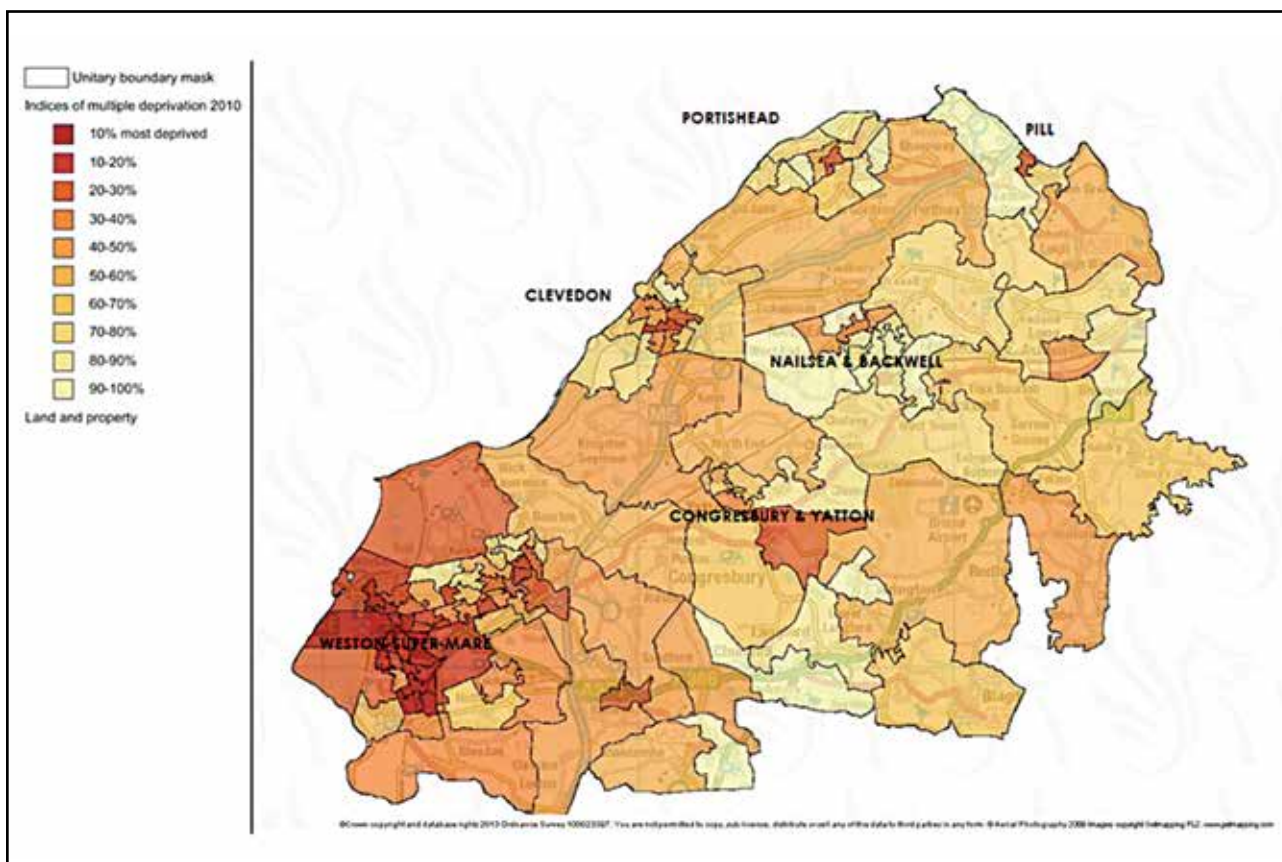
clients injecting on commencement of treatment this follows a reduction in 09/10. The 10/11 rate at 27% is largely comparable to the rate across the South West at approximately 24%<sup>12</sup>.

## Other aspects of the community profile in North Somerset

### Wealth

An analysis of the indices of deprivation in North Somerset shows that most indicators of deprivation (levels of income, employment, health, education and crime) are more prevalent in the more populated areas but that access to housing and services are more of a problem in the rural areas. There are also areas of living environment deprivation in the rural areas of Abbots Leigh and Blagdon.

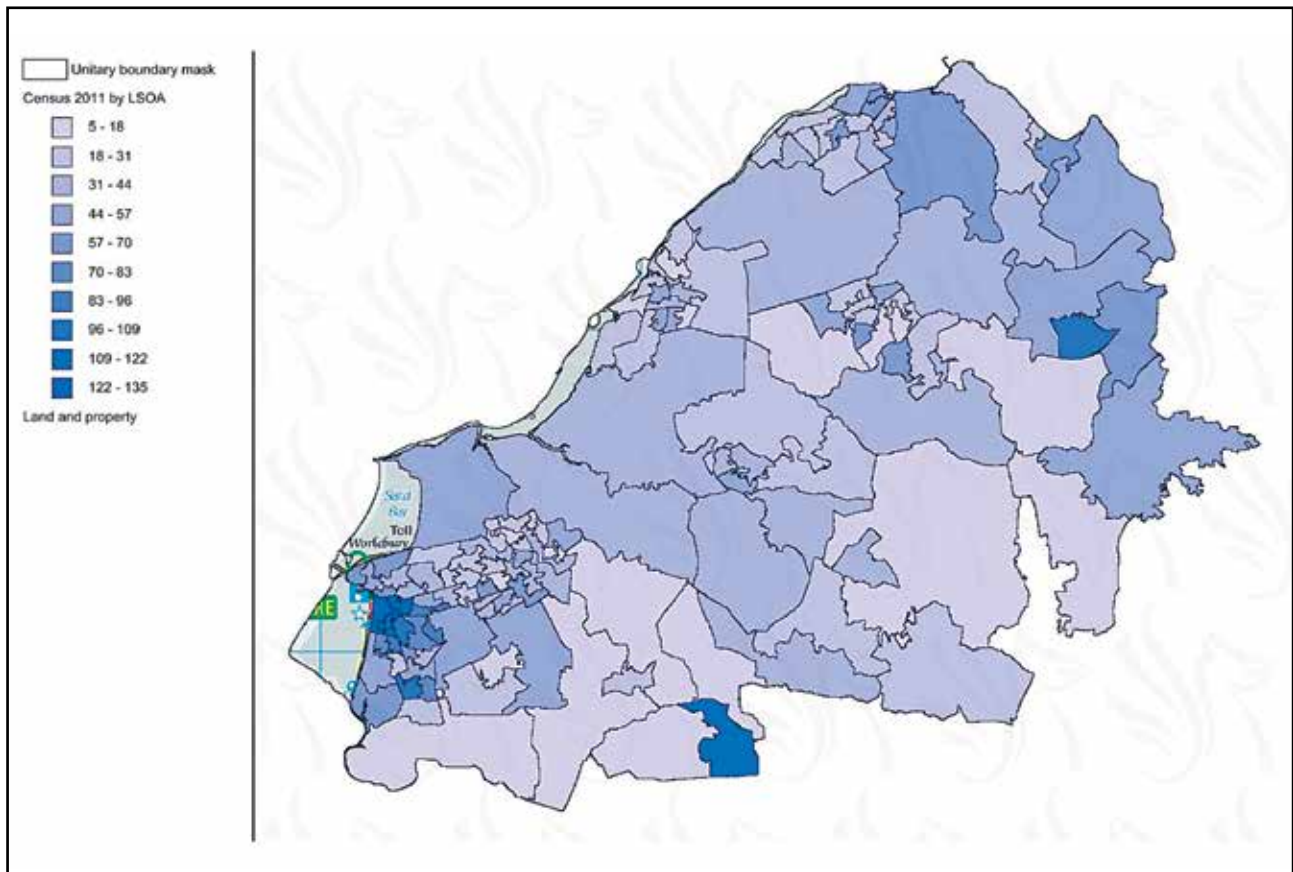
Figure 11: Map of overall deprivation in North Somerset



<sup>11</sup> North Somerset People and Communities Strategy 2013

<sup>12</sup> JSNA Adult Drug Misuse Chapter June 2012

Figure 12 Map of population density of Black and Minority Ethnic (BME) groups in North Somerset



## Race

An analysis of the population of North Somerset by race shows that North Somerset as a whole, and all wards, are significantly below the national average for ethnic minority groups. Weston-super-Mare Central shows the highest percentage of ethnic minority groups with a population of 499 BME residents in a total population of 6197.

## Single occupancy

30% of the households in North Somerset are single occupancy. In Weston Super Mare central these represent 44% of households whilst in Gordano they represent 19% of households. Of the elderly age groups those aged 75+ have the highest percentage of single occupancy households with nearly 80% of over 75's living alone.

## Rurality

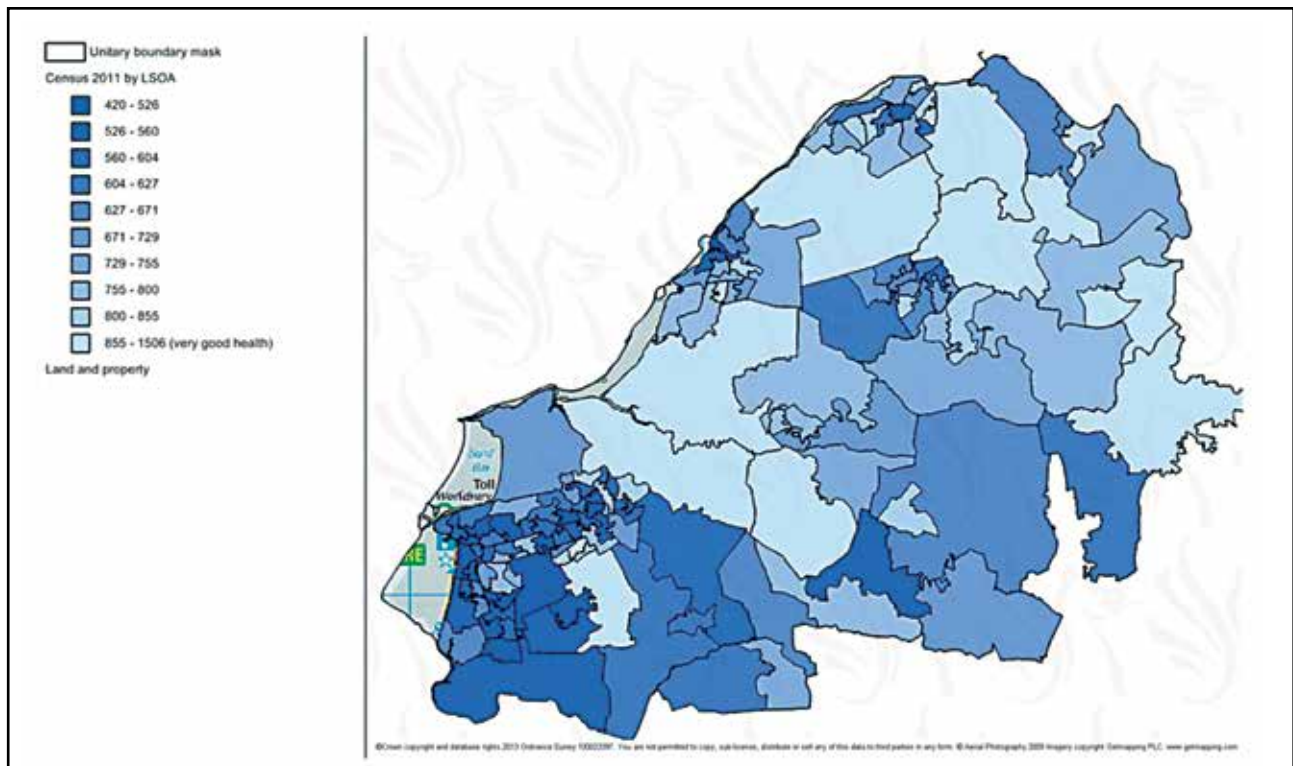
78% of all households in North Somerset are urban i.e. the household is within an area that has more than 10,000 residents (within the boundaries set). 22% of all households are rural and these split as follows:

- 9% are 'town and fringe' meaning they surround urban areas or are smaller geographies, such as Banwell, Yatton, Long Ashton.
- A further 9% are tagged as 'village'. These households are in areas such as Churchill, Tickenham and Portbury.
- Just 4% of North Somerset households live in 'hamlet and isolated dwellings'.

## Health

The 2011 census asked "Is your overall health very good, good, fair, bad or very bad". Residents in North Somerset answers on average were very close to the national average. When closer analysis is done however a number of areas in North Somerset show significantly different results. Notably, areas of Weston Super Mare Clarence and Uphill, Weston Super Mare South and Weston Super Mare West show higher numbers of those stating their health is bad, whilst a number of rural areas such as Gordano, Blagdon and Churchill show higher levels of good health.

Figure 13 Map of relative health of population in North Somerset as indicated in 2011 census.



## Section Summary

- The older population is increasing well above national trends, there are likely to be 37,000 residents aged 75 and above by 2030.
- The population of people with dementia in North Somerset is projected to rise to 6508 by 2030.
- There is a projected rise of 144 people with moderate to severe learning disabilities by 2030.
- It is likely that there will be an increase in numbers of people experiencing poor mental health over the next 17 years.
- There is limited information on the population of people with physical and sensory impairments in North Somerset.
- There is a significant spread of older people in North Somerset who are likely to be financially independent of the authority for their care initially.
- Over 80% of people over 75 live alone.
- Weston Super Mare has the greatest concentration of need in terms of health, deprivation, disability and wealth.
- North Somerset Council spend cannot continue to meet increasing demand within the same commissioning patterns.



## Moving forward

- North Somerset Council needs to make changes in commissioning patterns in order to remain within budget in the future.
- More analysis of the numbers and needs of people with physical and sensory impairments will be undertaken.
- A commissioning strategy for services for older people will developed.
- An accommodation and support strategy will be developed
- Increased diversity and choice of services will be required in future.
- Enabling people to live as independently as possible will be the focus of all future developments.

# Section 4: Mapping the Market

This section is concerned with accommodation based support, principally care homes, in North Somerset. It aims to consider the current provision: what services are available; how much capacity there is; what North Somerset uses; and what is missing from the market.

## 1. How the market is made up

### National picture:

The majority (58%) of the care home market is operated by "major providers", whilst 42% is made up of independent and small homes<sup>13</sup>.

Local Authorities still pay for 49% of all residents nationally, rising to three quarters of residents in less affluent areas.

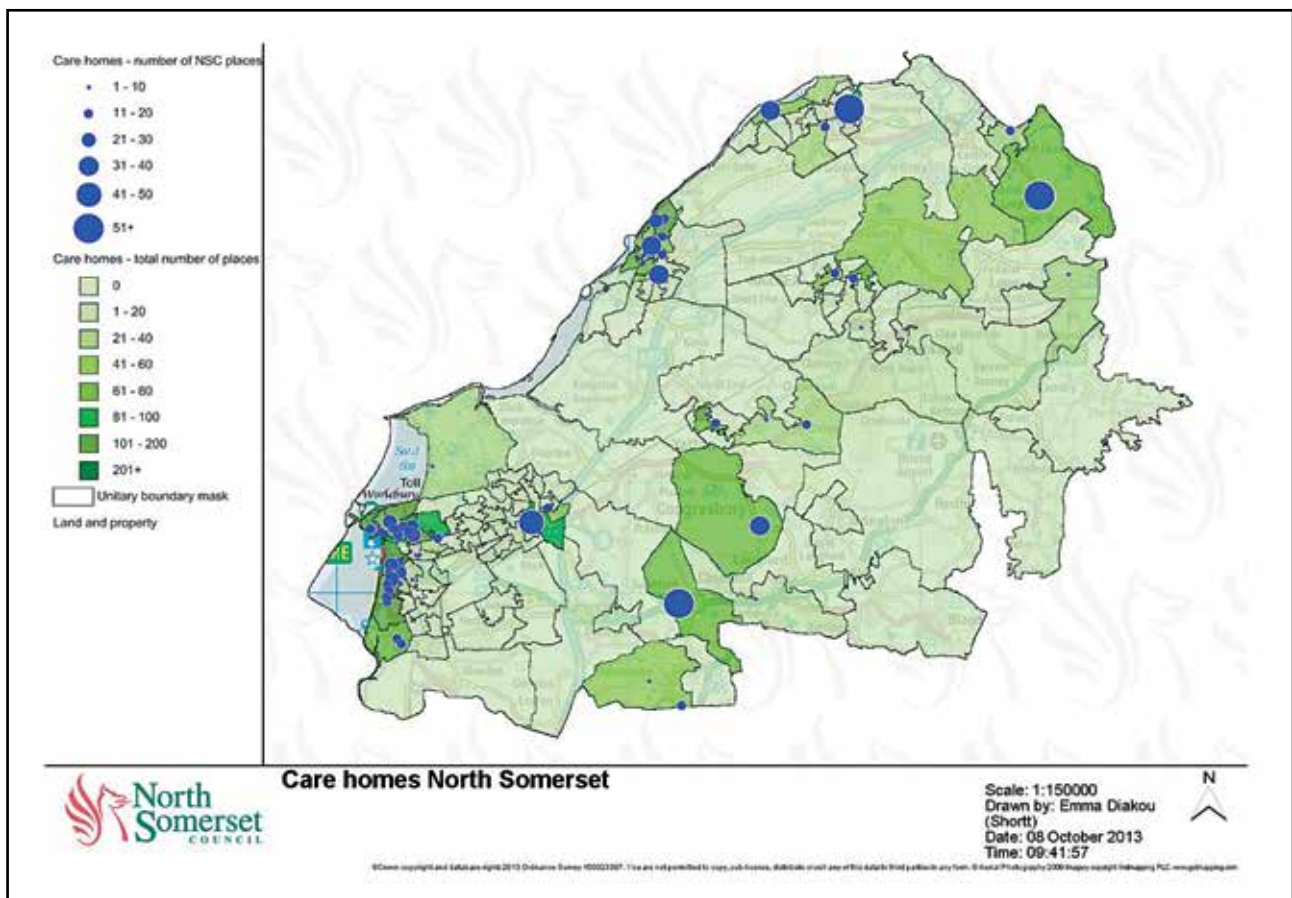
The market leader is currently Four Seasons Health Care with a 6.2% share, they replaced Southern Cross who had 10.2%. The average size of care homes is steadily rising – homes with nursing going from 24 to 50 places and homes without going from 15 to 29.

### Local picture:

There are 116 care homes in North Somerset that vary in size from 1-103 places and provide a total of 3202 places across the county. The majority of homes are small (1-20 places) and medium (20-40 places), these represent 83% of the provision and the remaining 17% are larger (over 40 places).

Several of the larger homes were purpose built in the last 5 years whereas the majority of smaller homes are older converted properties. There are

Figure 14 Map of care homes in North Somerset.



<sup>13</sup> Laing and Buisson, Market Report 2012 – 13

more care homes based in the in the South of the authority than in the North.

61% of homes are in Weston Super Mare and Uphill; 13% are in Clevedon; 5% in Nailsea and Backwell; 4% in Worle and Kewstoke; 4% in Portishead; 4% in Congresbury and Yatton; and the others are dotted around in smaller communities.

There are 31 residential homes in North Somerset which cater specifically for people with a learning disability, this is 27% of the total number of homes. However the homes provide 411 places which is only 13% of total number of places in North Somerset. These places represent a large proportion of the services provided for people with a learning difficulty in North Somerset with other accommodation based support being provided in supported living (120 places) and shared lives placements (38 places).

There are 563 places available in residential accommodation for people with Mental Health Problems in North Somerset provided by 28 homes. There are 5 projects providing accommodation with support which offer a further 64 potential places. North Somerset has placed 17 people with mental health problems in out of authority placements in 9 homes.

There are 4 Extra Care Housing (ECH) schemes in North Somerset which vary in size from 33 apartments to 107. Two schemes have mixed tenure, one offers 15 flats for sale, the other offers 91. Each scheme has a designated care provider and residents living there use that provider if they have care and support needs. There are 91 rented sheltered schemes providing a total of 1568 flats, bedsits, bungalows and houses for older population but they show a wide variation in terms of their suitability for purpose. There are also 1127 properties designed for older people which are provided as leasehold. People living in sheltered schemes who need care and support have a market choice of domiciliary care providers.

Services provided for children in transition tend to fall into the categories of residential placements or short breaks to relieve carers. It is not uncommon for these services to cease when the children reach adulthood as their needs may not meet Fair Access to Care Services (FACS) criteria thresholds but in

some instances a more focussed support at this stage could prevent or delay a deterioration of circumstances which may require a crisis response at a later date. It is apparent that these young people will need support to gain independence as they mature and a variety of community services could develop to facilitate this.

## 2. Capacity and funding

### National picture

Overall demand for residential services was previously declining but this has changed and there has been a rise over the last 2 years<sup>14</sup>. Local Authority demand is still declining slowly but private demand is rising more rapidly which accounts for the increase. Capacity increased by 0.7% in 2012-13, 1.9% in the independent sector specifically. Occupancy levels averaged 89.9% in 2012 which was a rise from 88.5% in 2011. There is a projected increase of people in care of up to 3.5 times by 2081 due to the demographic of an ageing population.

49% of residents were funded (fully or partially) by Local Authorities in 2012. LA gross expenditure on social services dropped by 5.3% in cash terms in 2011-12 and further reduction is likely in line with reduced revenue but budget cuts have affected community services more than residential. This is because, whilst fees were frozen, placement volumes have been sustained.

The NHS funded share of nursing residents was 16% in 2012 – 7% of the overall number of residents in care. This share in the market might increase as CCGs grow in confidence in commissioning low level health care services for people with long term health conditions from the private sector. There is therefore potentially a market opportunity for “sub-acute” care in the private sector as it can provide an economic alternative to hospital care.

43% of care home residents were self payers in 2012 (an increase of 2% on 2011). 49% of these are in nursing care and 39% in residential without nursing. If people who are funded by local authorities through a “top-up” are included the figure of self payers increases to 57%.

<sup>14</sup> Laing and Buisson UK Market Survey 2012 – 13

## Local picture:

Capacity of the market in North Somerset is 3202 places in care homes, approximately 1069 (33%) of these are commissioned by the local authority. The total number of beds is decreasing. There have been 7 home closures since April 2012 (135 beds), and 2 homes have opened (116 beds). There were 292 voids (9%) in August 2013 and 268 (8%) of places bought by other local authorities which means approximately 50% of places are bought privately in the area. This figure is slightly higher than the national projection offered by Laing and Buisson. Of the 3202 places 47% are nursing placements, and 53% are residential. This compares with the national average of 59% purely residential (Laing and Buisson UK Market Survey 2012-13).

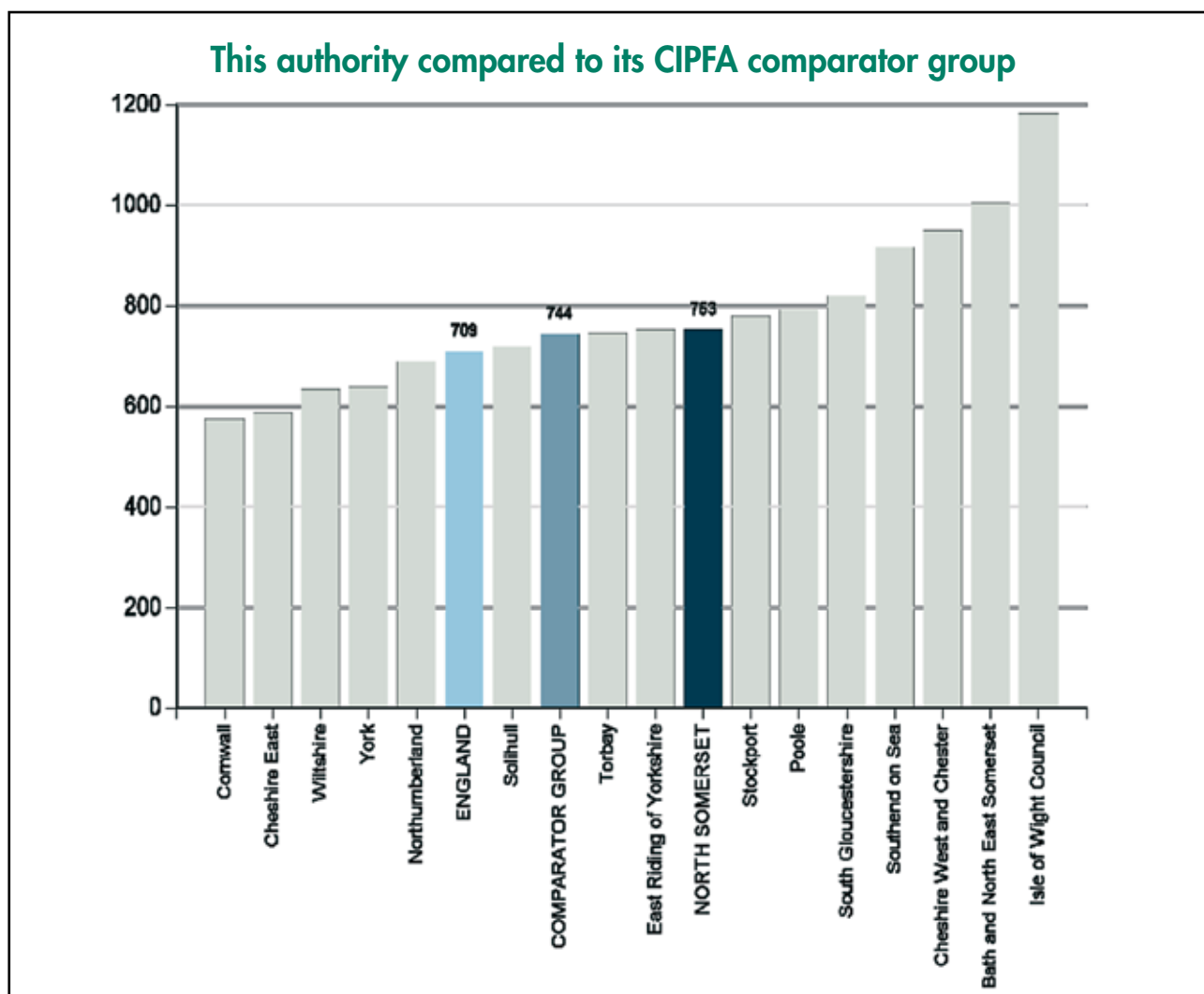
The majority of homes in North Somerset are

in Weston-Super-Mare. Some of these are older conversions and may be constrained, for instance some older buildings have listed status so meeting accessibility requirements is hampered. This means that whilst the South of the area benefits from an over provision of capacity there are some areas such as bariatric care where access can be an issue. The North of the area has significantly less homes and therefore less capacity but has less problems with age of the homes and includes several new, purpose-built large homes.

## 3. LA use of market

North Somerset has a larger number of care homes per 1000 population than average in the UK and a correspondingly higher number of care home beds per 1000 population (from national end of life care

*Figure 15 shows permanent admissions to residential and nursing care homes for older people (65 and over), per 100,000 population, 2012 – 13<sup>15</sup>.*



<sup>15</sup> ASCOF comparator report 2012 – 13

profile). The authority is above its comparator group in terms of care home placements for older people (Figure 17 from ASCOF comparator report 2012-13) and this could reflect a historic culture of using care homes. North Somerset buys 816 residential placements and 359 nursing beds from the care home sector (March 2013).

The Local Authority is not the only purchaser of care home placements in North Somerset. A recent snapshot of use of care beds across the South West taken on 31 March 2013 (figure 18) showed that North Somerset had 141 more people placed from other authorities than it had placed out of authority. This net increase of people has an impact on services here.

Figure 16: shows how the Local Authority's purchase of nursing placements has reduced in North Somerset over time.

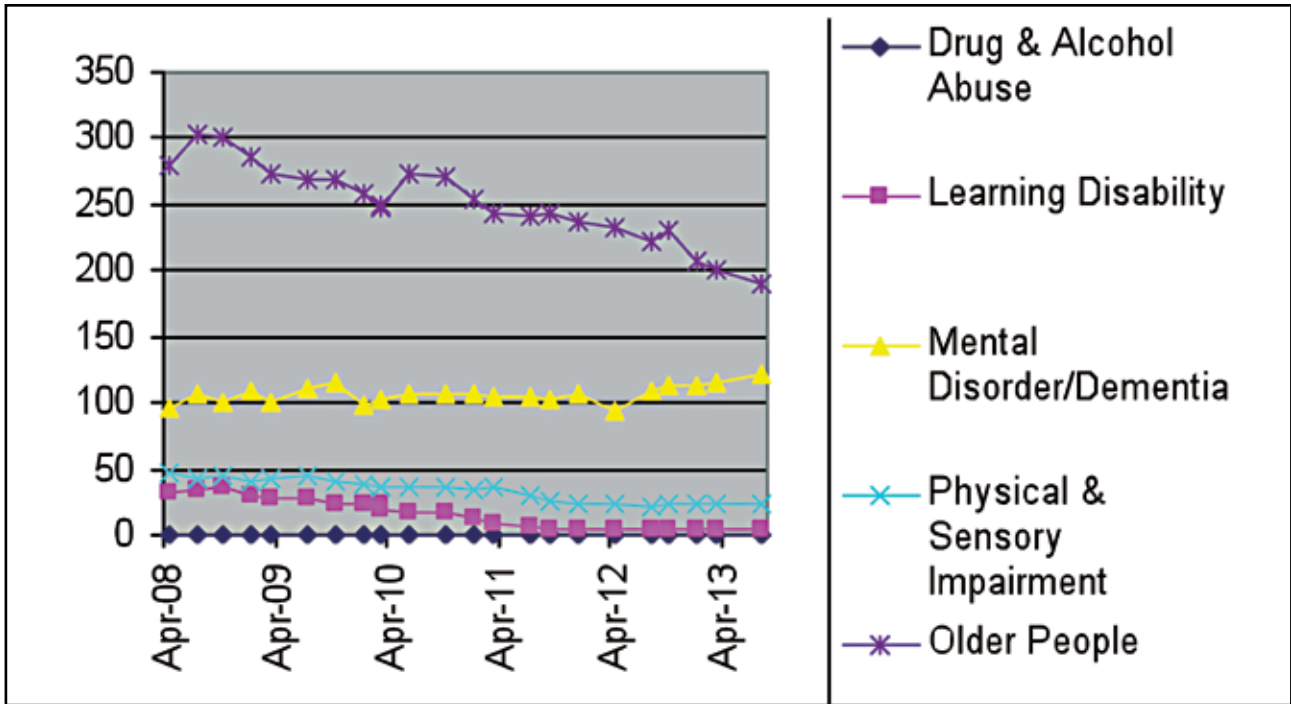


Figure 16a: shows the pattern of LA purchasing of residential care in North Somerset over time.

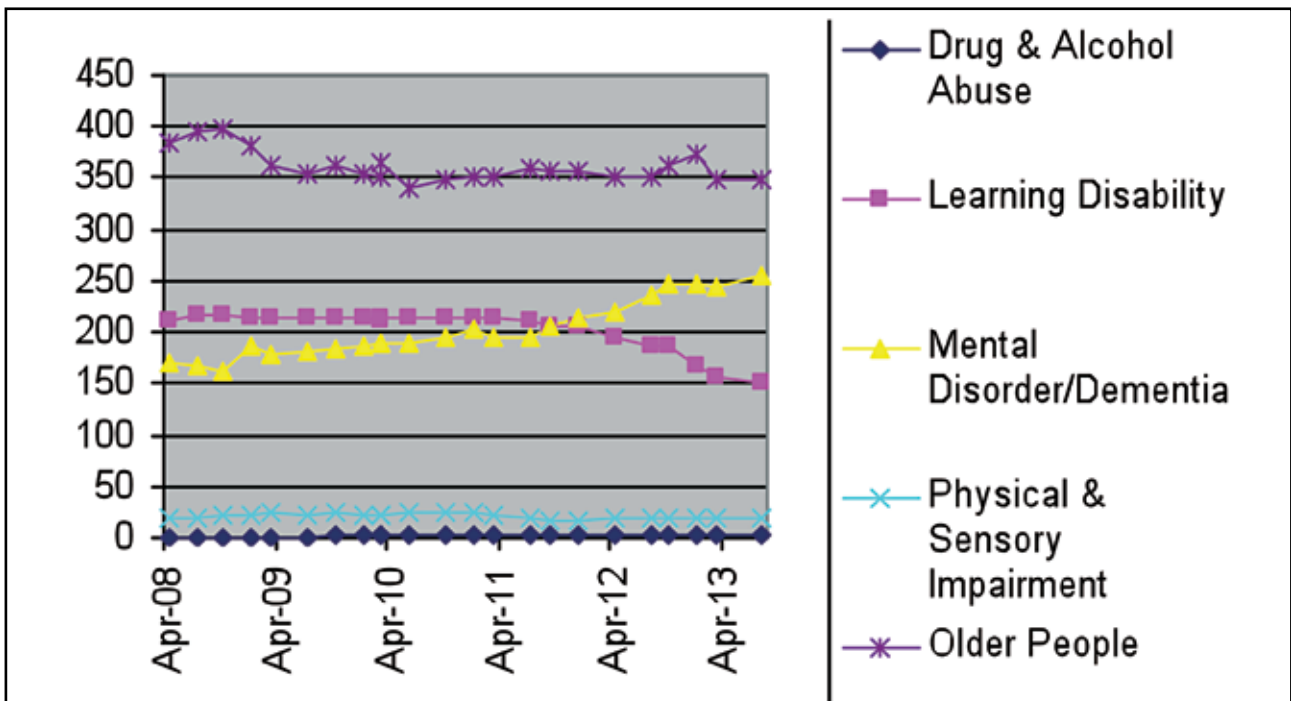
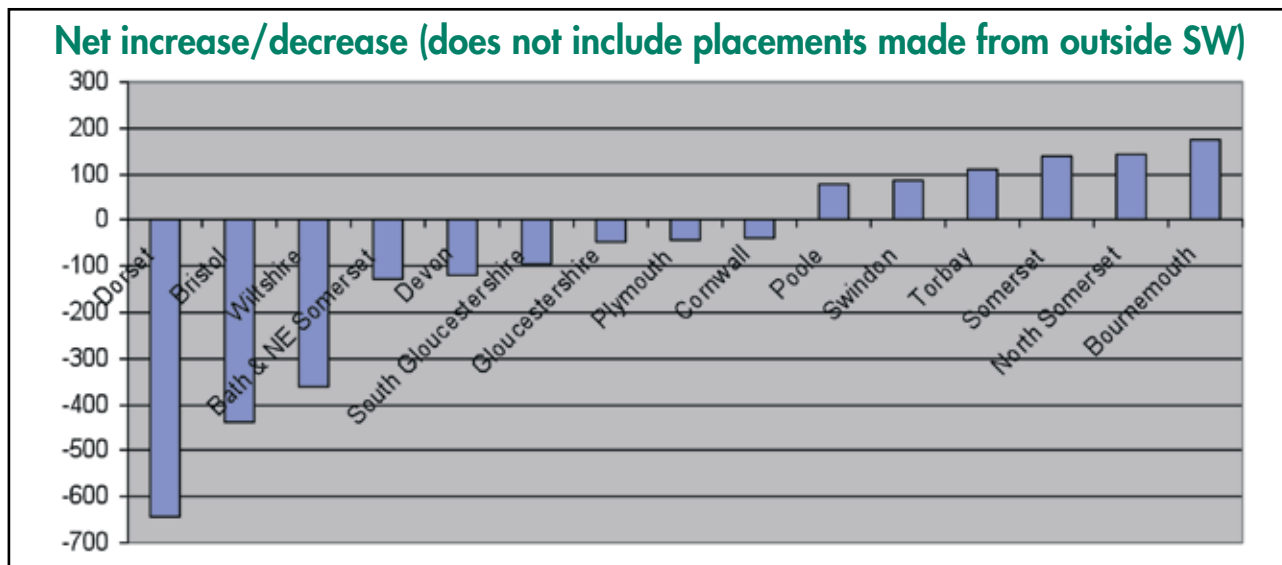


Figure 17 Study of net increase/decrease of ordinary residence in South West<sup>16</sup>.



In addition to other Local Authority usage as indicated above approximately 50% of places are purchased by private individuals. This figure may well be affected by the impact of the implementation of the recommendations of the Dilnot report which increases the asset level required for self funders

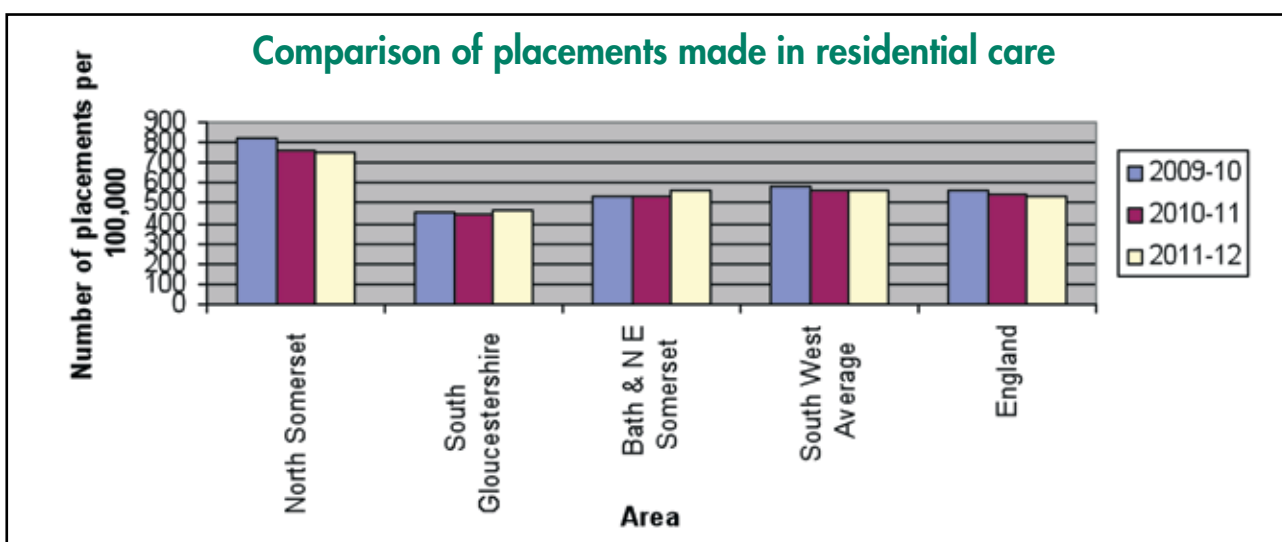
meaning that those people with savings between £23,250 (current level) and £118,000 (new level) which could have a significant impact on the number of people for whom the Local Authority will be responsible in future.

Figure 18

Total Bed Capacity	LA	Continuing Health Care	Vacant	Approx No. of Self Funders			
				Funded Nursing Care (FNC) Self Funder	Non FNC Self Funder	Self Funders	As %
3403	1171	153	367	331	1381	1712	50.31

From SW ADASS Bed Capacity

Figure 19 Permanent placement comparison



Adult Social Care Combined Activity Return, Permanent Placements in Care homes as at 31st March each year shown (per 100,000 age 65+)

<sup>16</sup> Ordinary Residence South West Survey 2013

Whilst the use of the care home market is still relatively high for older people there is an overall decrease in reliance on the provision as indicated by the following table which shows a year on year reduction in placements in North Somerset over the last three years.

In 2012 North Somerset launched a new approach to contracting Care Homes (both nursing and residential homes) in the area called "Care Home Enablement". North Somerset Council has moved away from making permanent placements in nursing and residential homes favouring instead temporary placements of no more than six weeks; enabling service users to return back home. As part of the new contracts, care home providers are incentivised to work with local therapists, care managers and service users to help them achieve their goals and enable them to remain as independent as possible for longer.

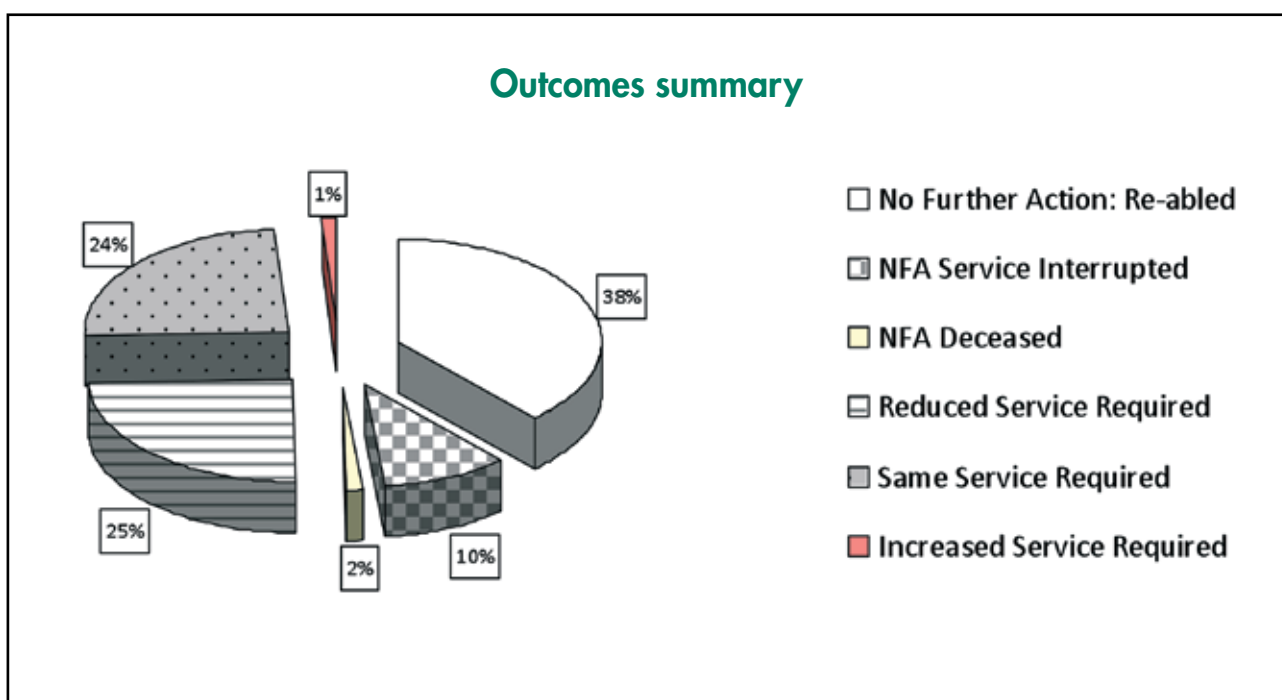
In order to achieve this North Somerset issued a new contract to all care home providers in 2011. Care home services are purchased on a "spot basis" under a framework agreement. There are currently 118 providers on the framework and they provide services for: older people; people with dementia; people with a learning disability; people

with mental health difficulties; people with physical or sensory impairments and substance misuse. The contract covers both nursing and non-nursing care and in either case it is expected that for the majority of service users the first 6 weeks will involve the provision of an enablement service to assess the service user and support them to develop or regain the skills they need to reach an enhanced level of independence with a view to returning home wherever possible.

This approach has proved successful in supporting people to regain or maintain their levels of independence: 26% of people receiving the enablement service had a positive change in the level of support they needed at the end of the enablement period. 11% moved from a nursing home to a residential home and 15% returned to their own home. It is hoped that this level of reduction in permanent places can be sustained and an increased number of people can be supported to remain independent for longer.

Care Home Enablement complements the "Reablement" approach taken in home care which aims to support people to regain and maintain independence skills at home to avoid unnecessary admission to care homes where possible.

Figure 20 Enablement Outcomes Summary 2013



Enablement Outcomes Summary 2013

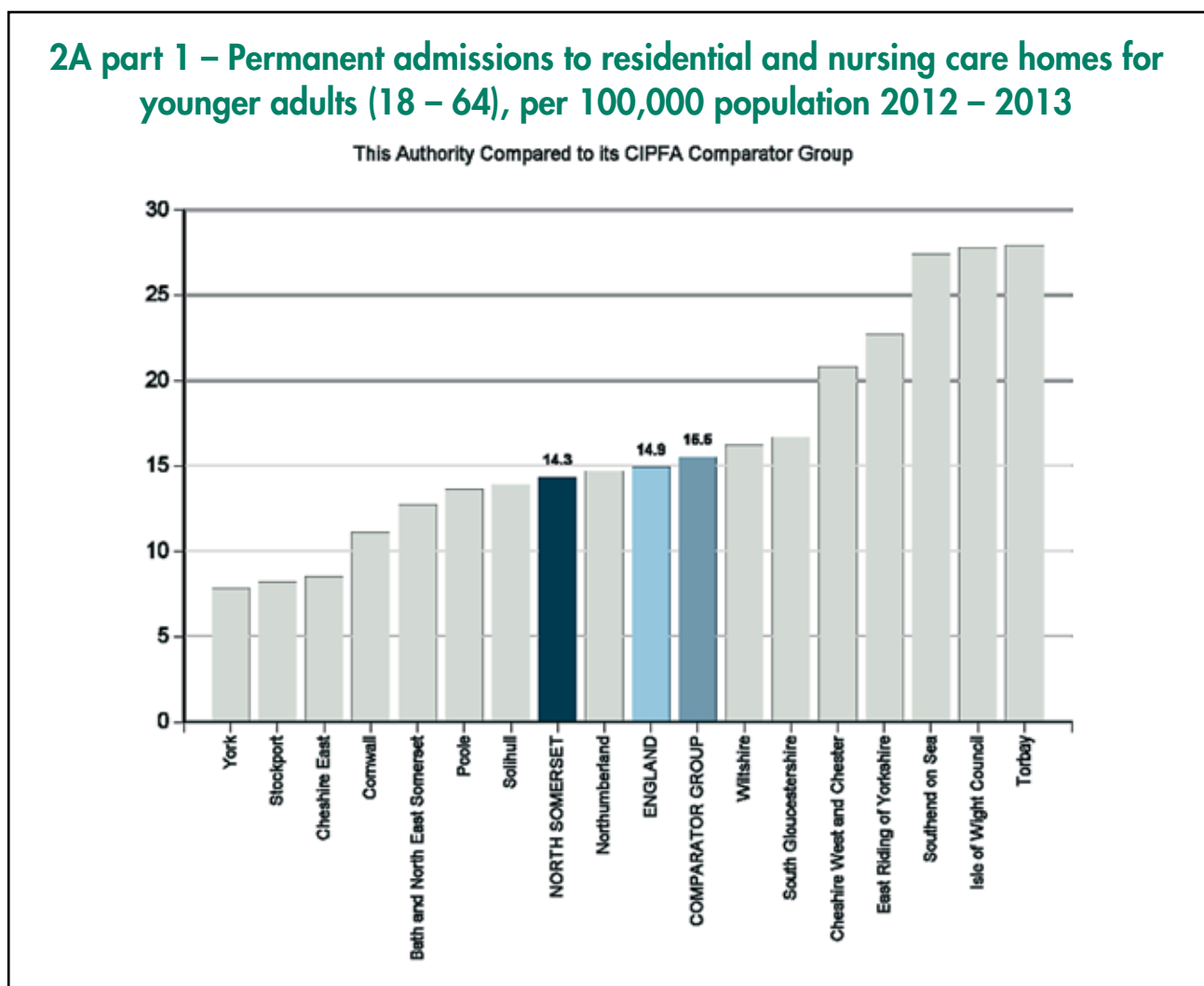
In addition to enablement and reablement the North Somerset Joint Commissioning Strategy for Learning Disability has resulted in increased alternatives for people who might otherwise have entered residential care. The impact of the strategy might account for the relatively low number of residential placements made for younger adults by the authority.

In order to reduce the number of care home admissions North Somerset has focused on increasing alternative provision to meet people’s needs. For the older population this has meant more variety and flexibility in community support

and also the provision of accommodation where support is accessible such as extra care housing. For people with a learning disability there has been a significant increase in the provision of supported living placements and a number of “Shared Lives” placements.

North Somerset’s spend over the last four years reflects the drive towards supporting people in the community rather than in residential care. Figure 21 shows a gradual decrease in spend on residential and nursing care and a gradual increase in community focussed service and supported accommodation.

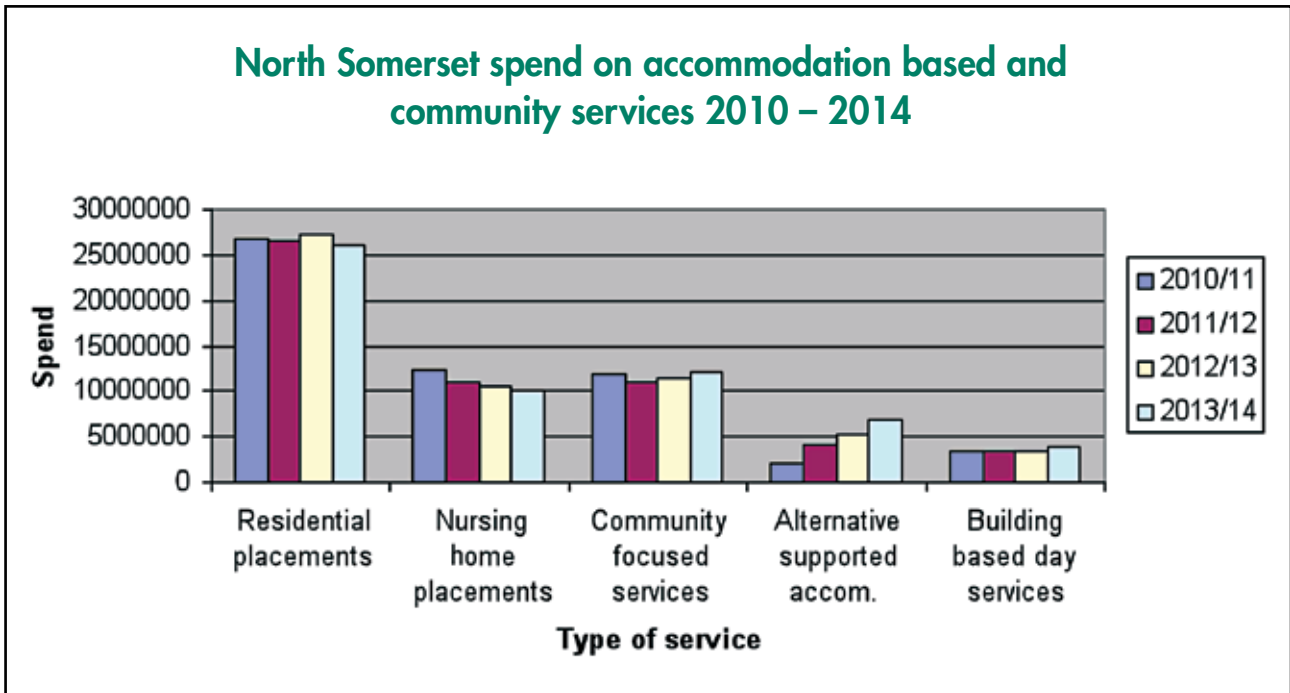
Figure 21 Comparison of permanent placements ASCOF comparator report 2012 – 13



ASCOF comparator report 2012 – 13



Figure 22 Comparison of spend levels in North Somerset

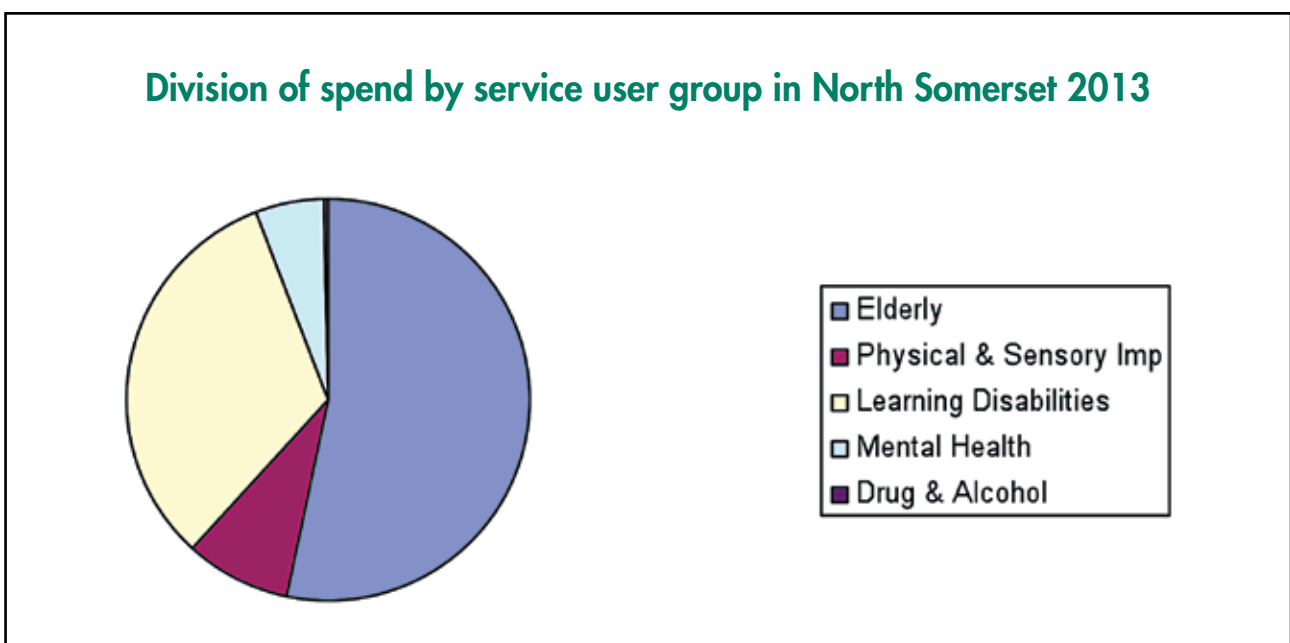


Nationally care home fees have risen over the last 5 years by 3% (without nursing) and 3.5% (with nursing). The Comprehensive Spending Review has had an impact on local authority uplifts which averaged 1.6% in 2012 – 13.

In North Somerset the fee structure reflects the enablement aspiration with incentivised payments for success. Whilst the financial situation has

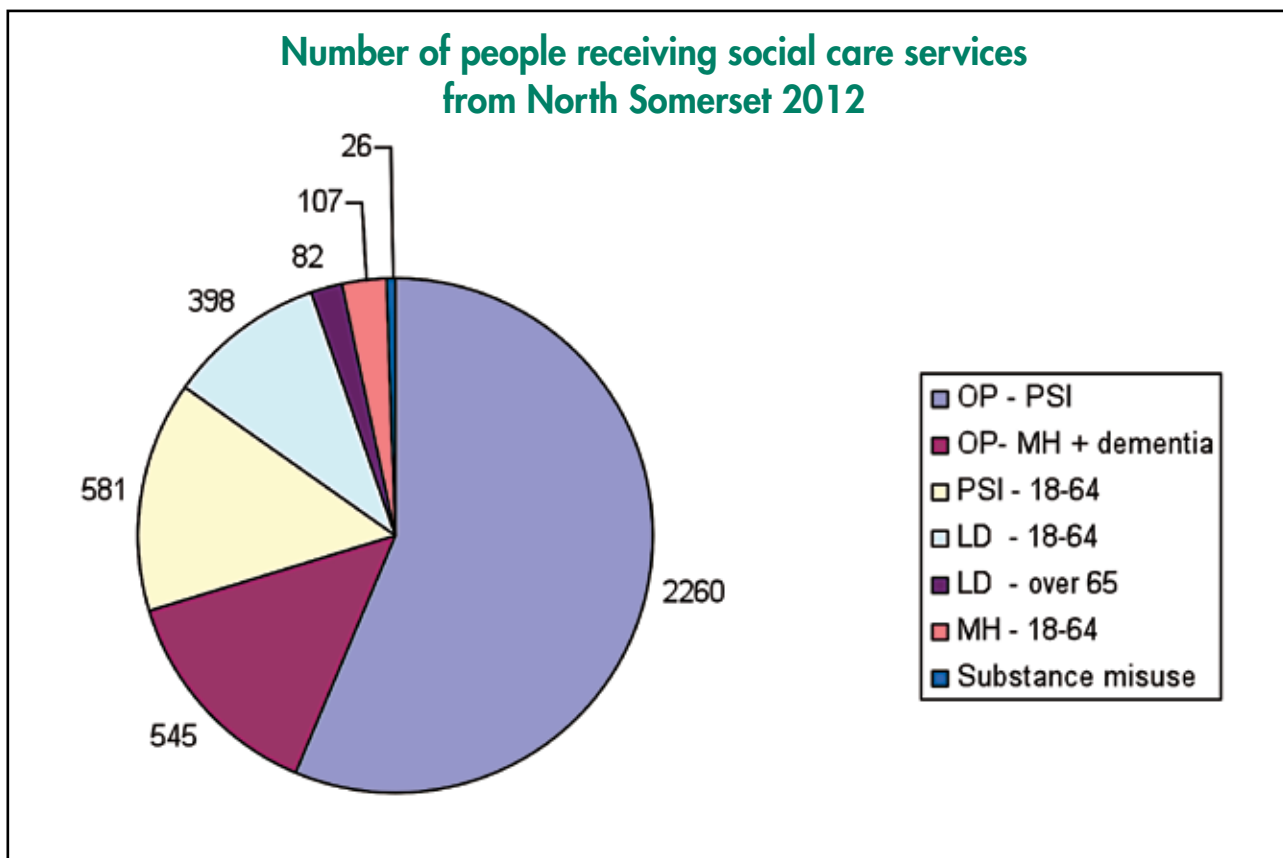
resulted in a reduction of funds for social care the authority has managed to maintain an above average fees increase of 2% and has increased enablement incentive payments by 50%. The emphasis on incentives rewarding successful enablement reflects the commitment of the authority to supporting independence and indicates the direction of travel in terms of future commissioning.

Figure 23



Data from Budget 2012 – 13

Figure 24 shows the numbers of people receiving a service in each service user group



Data taken from National Adult Social Care Intelligence Service Adult Social Care Outcomes Framework Comparator Report 2012-13

## 4. Market opportunities

General market development North Somerset Council would wish to see:

- A diverse market place offering personalised community services and support for people who want to use their personal budget to buy services to meet their individual needs.
- More variety of support options including shared lives schemes for all service user groups.
- Support services which can provide short term and/or intense intervention that will enable a wider range of people to be supported in the community avoiding the need for residential based care services.
- Development of more services in the North of the district including Domiciliary care and Care Homes
- Extra Care Housing particularly in the North of the district

Specific market development:

- Supported living for people with poor mental health and short term support services to intervene in a crisis.
- High level support for people with physical and/or sensory impairments including crisis intervention.
- Supported living type services for children in transition where independence can be encouraged when on temporary or respite breaks.
- There is a need for residential and nursing accommodation for people in receipt of bariatric care services.
- Specialist local services for people with complex Mental Health and Learning disabilities
- Specialist local services for people with Acquired Brain Injury

- Working with hospitals in North Somerset to provide alternative provision in the community to meet people's needs, ensuring less pressure on emergency services at key times.

## Section Summary

- There is a large care home market in North Somerset
- There are more care homes based in the in the South of the authority than in the North of the county
- North Somerset Council purchases a relatively high number of places in care homes.
- 50% of places in care homes are bought by private payers, this figure is higher than the national average but is likely to reduce as a result of Dilnot as more people will become the responsibility of the local authority once their capital reduces to the new threshold of £123,000.
- There are more people placed in care homes in North Somerset from other authorities than are placed out of area by North Somerset.
- Care home enablement has been successful in 26% of cases

## Going forward

- North Somerset will continue to reduce the number of people they place in care homes in favour of more economic accommodation and support options.
- There will be continued and increased use of enablement placements.
- There will be a continued and increased use of re-ablement services.
- North Somerset will seek to increase the flexibility and diversity of community provision.
- More consideration and analysis of the implications of the Dilnot recommendations will be undertaken including sharing the findings with the market.

# Section 5: Quality

This section describes the quality of the current provision in North Somerset and the procedures in place for ensuring quality in adult care services.

## 1. Quality of market in North Somerset

North Somerset Council is responsible for commissioning services on behalf of hundreds of vulnerable people in the area. Since very few social care services are provided by the council we are dependant on providers in the private and voluntary sectors to ensure that the quality of service delivered is to the standard that we would expect. In the light of the Winterbourne View inquiry and other high profile cases the necessity of ensuring good quality is ever more apparent. The council wants to ensure that the services delivered meet accepted quality standards which include: meeting individual need;

keeping people safe and well; and representing good value for the public purse.

North Somerset Council have systems in place to check the quality of care home services include working together with our partners to share intelligence across the services community and a robust contract compliance monitoring process that includes unannounced visits from our Contract and Commissioning Compliance team as well as responding to Complaints and Safeguarding alerts. The quality of services commissioned by the council can be illustrated by the outcomes of these quality monitoring procedures.

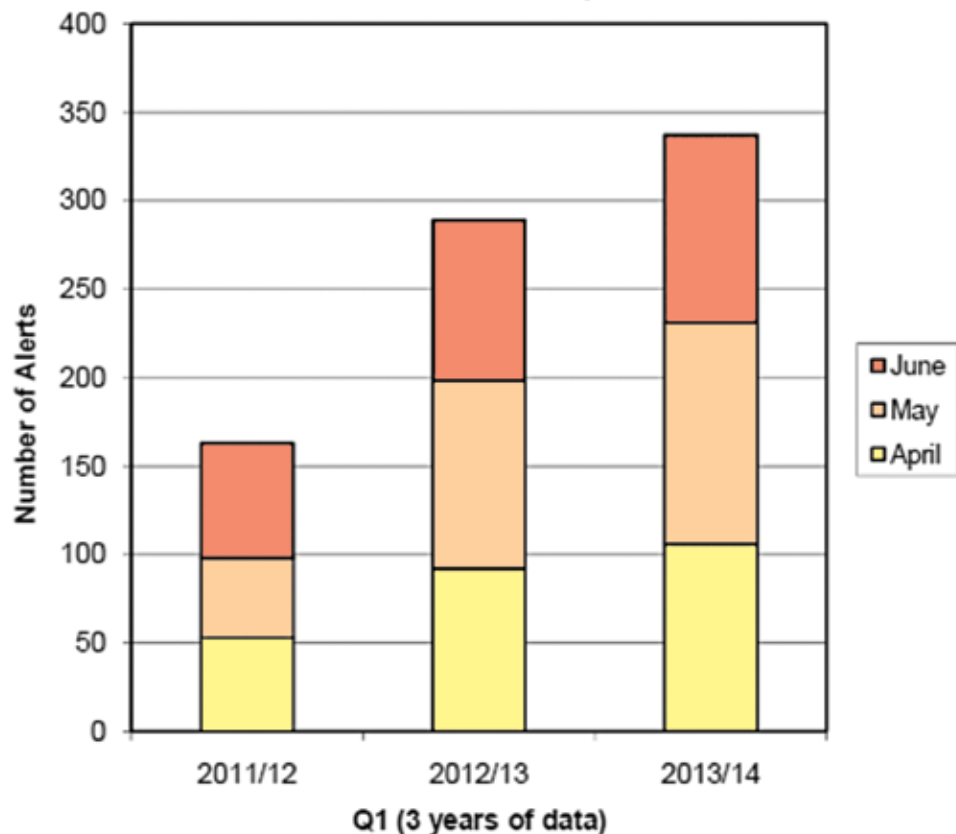
### Safeguarding:

(from Safeguarding Data Report Period Covered 01/04/2013 – 30/06/2013)

The monitoring of safeguarding in North Somerset shows a similar picture to the national one in

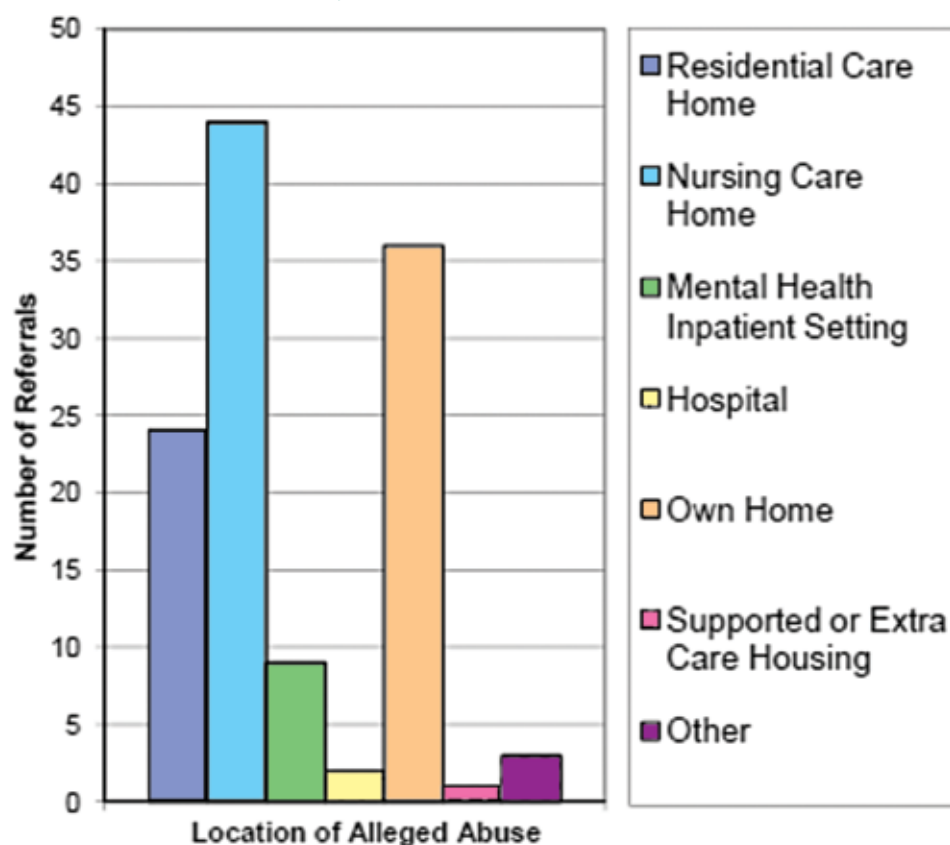
### Number of alerts received – comparison of quarter 1 over 3 years

Figure 25 shows the safeguarding alerts received in Quarter 1 over a 3 year period.



## Location of alleged abuse for Safeguarding referrals received in Q1 2013 – 2014

Figure 26  
Locations of abuse



that there has been a significant increase in safeguarding alerts over the last 3 years. In the first quarter of the year there were 337 safeguarding alerts.

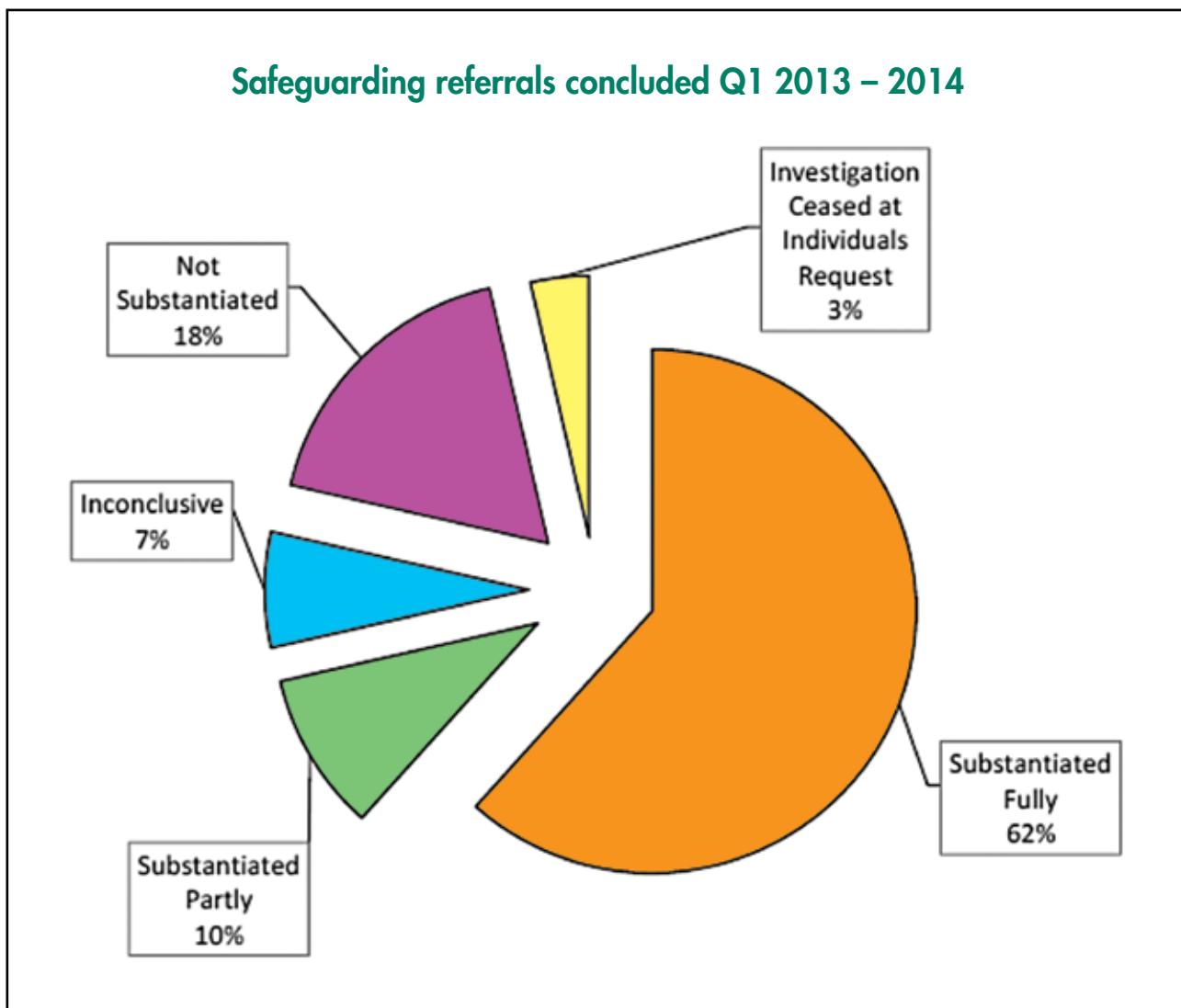
Of these 119 became referrals. The distribution of these referrals is shown in figure 23 where it can be seen that 68 were in a care home setting and 36 within the service user's home.

Safeguarding data also shows us that in care homes without nursing 35% of allegations are in relation to care staff and neglect and 50% of allegations are in relation to care staff as the alleged perpetrator. In care homes with nursing 36% of allegations are in relation to care staff and neglect and 69% of allegations are in relation to care staff as the alleged perpetrator. In comparison in a person's own home 10% of allegations are in relation to care staff and neglect and 26% of allegations are in relation to care staff as the alleged perpetrator. Of the 119 referrals investigated 62% were fully substantiated. The safeguarding report for the quarter states:

"It is noted that the percentage of referrals substantiated or partly substantiated is higher than the percentage for the whole of last year. "

This data raises concerns over the quality of care in North Somerset. It is of particular concern that so many allegations are in relation to care staff and also that so many concerns are substantiated. This could indicate a reduction in quality of provision and will be monitored closely. For instance in the first quarter of 2013/14 there were 11 alerts raised in relation to whole services in North Somerset which compares to 16 in the first 6 months of the previous year. Formal action was taken and 1 suspension on placements was made, 1 voluntary suspension on new admissions was undertaken and 2 providers were given "place with caution" status. Where there are concerns about providers there is close monitoring by the appropriate agencies including: Contracts and Commissioning; Health; Social Care Teams; Mental Health. Information on formal action is shared across the South West Region.

Figure 27 Case conclusions for referrals concluded during quarter 1 2013/14



**Care Quality Commission:**

Of the 129 homes registered with CQC 107 are compliant in all 5 areas on which they are inspected. As at June 2013 there were 10 homes which were not compliant in 1 area; there were 4 homes which were not compliant in 2 areas; 2 homes were not compliant in 3 areas and 1 home was not compliant in 4 areas. There are no enforcement notices at present.

**Complaints:**

Complaints monitoring within the council shows that complaints about care services have been reducing over the last 5 years. In fact all complaints have reduced in North Somerset over the last 5 years so it needs to be established whether this reflects an overall improvement or whether the procedure for collecting, responding to and monitoring complaints

is in need of review. In the case of complaints about providers it should be noted that service users are advised to complain to the organisation in the first instance. The number of complaints the authority is then requested to investigate further is substantially lower than the total number made and the low number may reflect on robust complaint procedures within organisations meaning that the majority of complaints are dealt with satisfactorily at provider level. It should also be noted that numerous issues that might have previously been dealt with as complaints now fall into the safeguarding procedures and are therefore captured there.

**Satisfaction:**

In the Adult Social Care Outcomes Framework (ASCOF) Comparator Report 2012-13 a higher proportion of North Somerset residents indicate satisfaction with their quality of life than the national

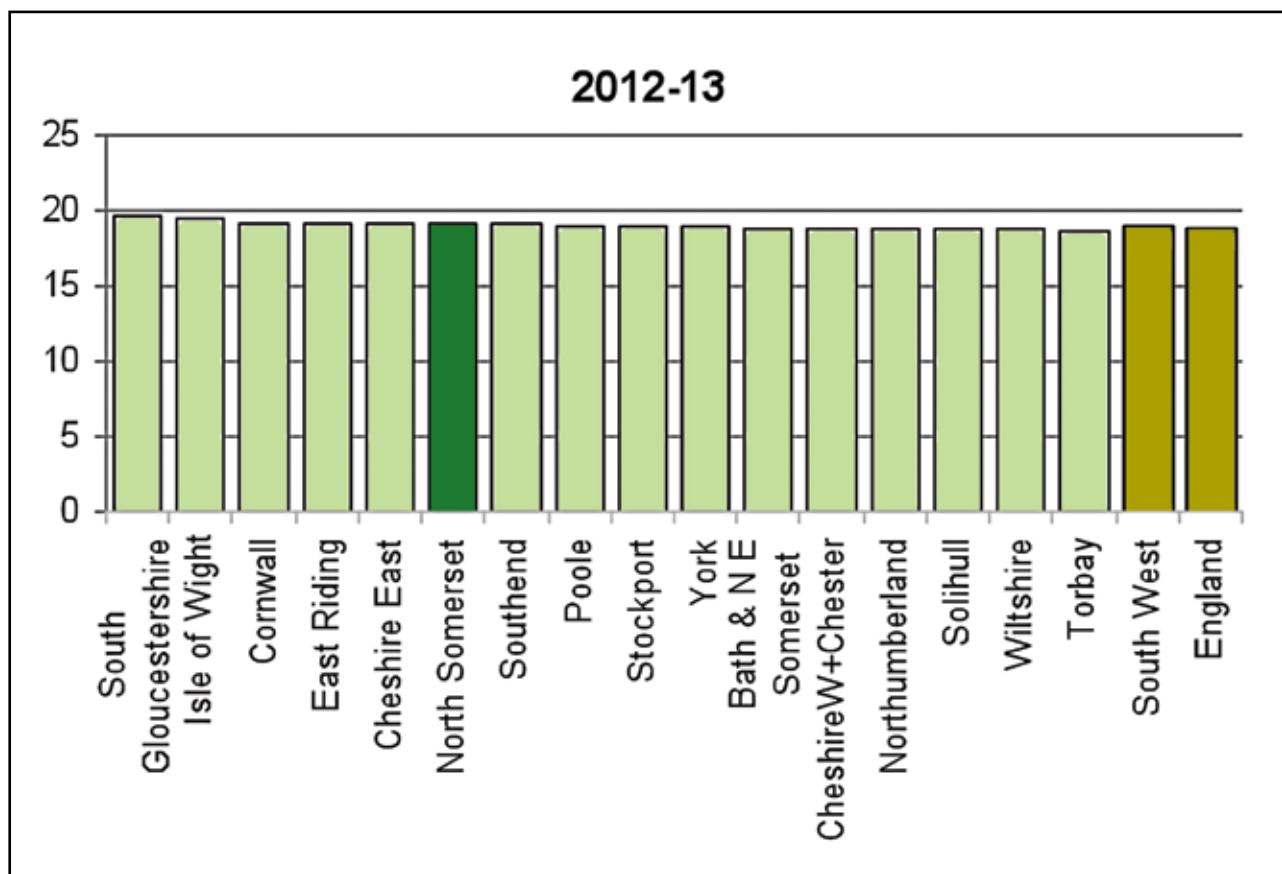
or comparator average (Figure 13). In the same survey a higher proportion of service users indicated that their services made them feel safe and secure

than the national and comparator averages. (Figure 14)

Figure 28 show the number of complaints recorded for care services over the last 5 years

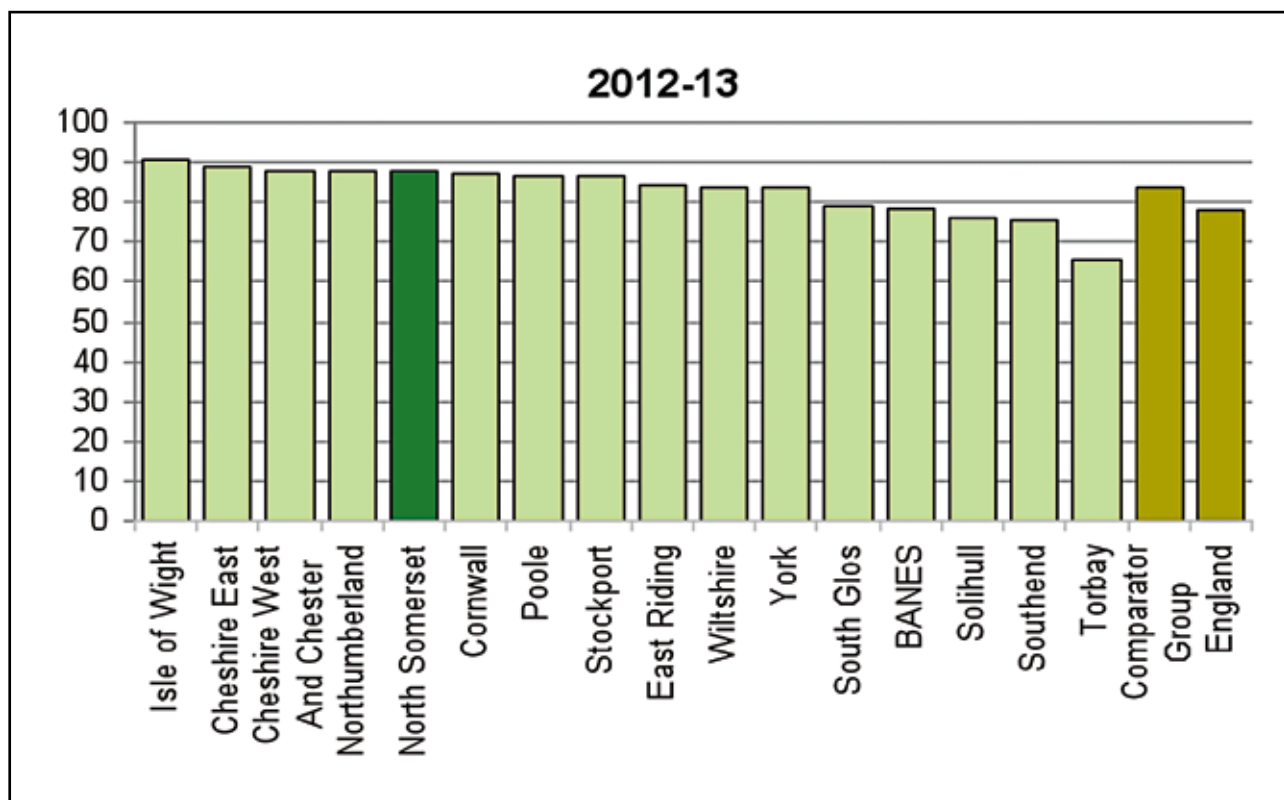
Number of complaints					
	2012-13	2011/12	2010/11	2009/10	2008/09
Residential and Nursing Homes	1	4	1	2	4
Home Care (independent sector)	1	2	4	6	14
Total	2	6	5	8	18

Figure 29 1a - Social care-related quality of life ASCOF comparator report 2012- – 13



ASCOF comparator report 2012 – 13

Figure 30 4b – Proportion of people who use services who say that those services have made them feel safe and secure



ASCOF comparator report 2012 – 13

## 2. Procedures for monitoring quality of provision

The provision of high quality services is of utmost importance to the authority as it recognises that the people receiving services are often vulnerable and might have limited skills of self advocacy. The council wishes to support and develop services which will provide autonomy and choice for customers and will place customer safety and wellbeing at the centre of their practice. For this reason the council has robust processes to ensure the quality of the services it commissions.

### Selection:

The council commissions residential services from 118 providers through a framework agreement. Providers joining the framework have a compliance visit within the first month to ensure that they are meeting the terms of the service specification.

### Placement:

People in need of services are assessed by a social worker to identify their specific needs and the best service to address each individual's circumstances is then identified. Once a specific service is identified the care brokerage team identify a provider from the framework who has the ability and capacity to meet the specified needs.

### Review:

Once placed a service user will participate in a review which will ensure that the service is meeting their needs and that they are happy and comfortable in the placement. They are then given an annual opportunity to feed back whether the service continues to be satisfactory and they or their relatives/advocates are also able to raise a complaint or concern with the provider at any time. If they are not satisfied with a provider response to their concerns then they can complain to the authority who will investigate their concerns.



## **Complaints:**

We value feedback about the services we commission and use this to monitor their effectiveness and quality as well as to inform future service delivery. Feedback can be given in different forms such as a suggestion, compliment or complaint when a service user is dissatisfied with something. There is a complaints procedure which indicates how complaints will be dealt with. The Complaints Manager and Contracts and Commissioning Team will determine how the complaint should be investigated, for instance if the issue is one of quality of the provision of the service being provided the contract monitoring team might become involved. They can also support the service user to complain directly to the provider using the providers complaints procedure and monitor the response. Any complaint relating directly to North Somerset Council will be investigated as a complaint using our procedure, all complaints will be acknowledged within 3 working days and responded to within 10 working days. When a decision is made to instigate a safeguarding investigation these issues are dealt with as such, following the Safeguarding Adult Teams procedures.

## **Safeguarding:**

Any concerns raised about the health or safety of an individual is raised as a safeguarding referral and will be investigated under set procedures. If the concern relates to more than one resident in a placement an institutional or whole provider approach will be taken. In either instance CQC will be informed and might also get involved in any action taken. Extensive work has been undertaken across North Somerset led by the Deputy Chair of the Safeguarding Adults Partnership Board to produce a comprehensive Action Plan to ensure that all the recommendations from the Serious Case Review of Winterbourne View Hospital are being implemented across the relevant Partner Agencies.

## **Contract monitoring:**

The council performs contract monitoring procedures for all commissioned services across all service user groups. For residential, nursing and domiciliary care services these take the form of an annual visit which is structured and results in a report. Reports determine whether or not contract standards have been met and if there are any omissions an action plan for the correction of these. The visit is then followed up with a further visit to ensure the action plan has been carried out. The organisation is given a rating which influences whether or not placements will continue to be made. There have been Health monies invested in contract monitoring to ensure the quality of provision for people receiving care under "continuing health care" funding.

## **Suspension:**

Services where concerns are identified either as a result of safeguarding alerts, complaints or through the contract monitoring processes can have placements suspended while improvements are made. If improvements are not achieved a termination of the contract might be considered.

## **Working with partner organisations:**

North Somerset Council works closely with the Clinical Commissioning Group, Care Quality Commission, and other local authorities to ensure that intelligence regarding any concerns is shared and that concerns are responded to appropriately by all.

## **Training and Provider forums:**

North Somerset Council holds regular forums with each provider group to ensure expectations and standards are understood by all and to share information regarding any change in commissioning or operational procedures. North Somerset Council also provides training for provider staff regarding key areas of practice such as safeguarding, health and safety and operational processes.

## Summary

- North Somerset places great importance on the quality of care services within the area.
- Safeguarding alerts in North Somerset have doubled in the last three years.
- A significant number of allegations are in relation to care staff.
- 62% of all referrals investigated were substantiated.
- North Somerset has processes for monitoring provider performance.

## Going forward

- North Somerset will consider various means to increase the quality of care provision.
- North Somerset will be developing new processes for the monitoring and review of provider performance in North Somerset, which will include a focus on the consumer voice.
- Services should aim for continual improvement.

# Section 6: Summary

## Summary of market position

- Demographics predict that several key populations who use social care services (older people, people with dementia and people with learning difficulties) will increase substantially.
- North Somerset has a larger number of care homes than other local authorities.
- There are more care homes based in the South of the authority than in the North.
- 50% of places in care homes are bought by private payers, some of whom will become the responsibility of the local authority once their capital reduces.
- There is a limited amount of Extra Care Housing in the area.

## Summary of Local Authority position

- The number of people going into care who are the responsibility of the local authority will increase as a result of Dilnot recommendations which increase the size of the capital disregard.
- The budget position in North Somerset reflects an increasing gap between demand and resources. Significant savings have to be made to remain within budget.
- Quality is a high priority for the authority and continuous improvement is expected from services.
- Integration with health will result in closer working for example over hospital discharge.
- The authority continues to focus on the personalisation agenda which will ensure improved choice and control and will support the work to keep people at home

## North Somerset priorities for action

- Improving performance on quality: there will be a review of quality assurance processes and an emphasis on engaging the customer voice as well as improving market quality.
- Local authority spend on residential care will plateau as resources are diverted to alternative accommodation which can offer a better value solution for the authority and a more personalised outcome for the service user.
- There will be increased emphasis on outcome based commissioning and managing supply issues.
- The provision of alternatives to care home placements such as extra care housing and housing support will be broadened.
- There will be investment in the early intervention and prevention services which can avoid the need for more intensive services. For example information and advice for self funders.
- There will be increased use of enablement and a market for those who successfully engage in it.
- There will be increased use of re-ablement and a market for those delivering successfully.
- There will be an increasing diversity of community provision to ensure that personalisation is achievable and that there is a market for those in receipt of direct payments whatever their needs.

## Facilitation and engagement

- Provider forums for all provider groups
- Strategy consultation
- Provider events

## Section 7: Information

This MPS has been compiled using a variety of methodologies including: secondary research in the form of a literature review; qualitative research in the form of interviews with key people from across social services in North Somerset; group discussions with providers; analysis of quality assurance processes, CQC reports; financial data analysis and benchmarking.

It is acknowledged that this MPS is the first and as such will be the beginning of an iterative process which develops over time. It is anticipated that the next MPS will be published in late 2014 and will be a consideration of the community services available in social care in North Somerset. It is expected that policy developments within the year will be reflected in that statement. Consultation will occur for any strategies developed and MPS will reflect the outcomes of any such work.

This publication is available in alternative formats such as large print, Braille and audio tape on request please contact:

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