



Oxfordshire Market Position Statement 2019 - 2022



Foreword

Thank you for taking the time to read this Market Position Statement for care services in Oxfordshire. It is aimed at existing and potential providers of care homes, home support, mental health services, Extra Care Housing, Supported Living, employment and daytime opportunities, and any other care services.

This document has been co-produced with care providers and people that use services and is being jointly published by Oxfordshire County Council and Oxfordshire Clinical Commissioning Group. We recognise that Oxfordshire's care market is essential for providing both health and social care. We intend to engage with our care providers across all services to ensure Oxfordshire's population has access to a wide range of good value, high quality and innovative services.

We strongly believe that the challenge presented by Oxfordshire's ageing population coupled with reductions in the availability of public funding, will be best met by further collaborative working between local authorities, NHS, providers of health and social care services, people who access services, and their families. Together we can tackle the challenges we face to enable better outcomes for everyone.

We hope you find the information contained here useful and look forward to developing a successful working relationship that supports the people of Oxfordshire.



A handwritten signature in black ink, appearing to read 'Ian Hudspeth', with a long horizontal flourish underneath.

Councillor Ian Hudspeth

Leader – Oxfordshire County Council

Chair – Oxfordshire Health & Wellbeing Board



A handwritten signature in black ink, appearing to read 'K. Collison', with a long horizontal flourish underneath.

Dr Kiren Collison

Clinical Chair – Oxfordshire Clinical Commissioning Group

Vice Chair – Oxfordshire Health & Wellbeing Board

Table of contents

	Foreword	2
1	Introduction	4
1.1.	Why have we published a Market Position Statement?	4
1.2.	Key features	4
1.3.	Who is this Market Position Statement for?	5
2	Our Vision for Oxfordshire: What we are trying to achieve	6
2.1.	Oxfordshire Health & Wellbeing Board Vision.....	6
2.2.	Adult Social Care Vision	6
2.3.	Key Challenges	7
3	Feedback	8
4	Key Contacts	9
5	Homecare	10
5.1.	Current Service Provision	10
5.2.	Future Service Provision	11
5.3.	Key Messages.....	12
6	Extra Care Housing	14
6.1.	Current Service Provision	15
6.2.	Future Service Provision	16
6.3.	Key Messages.....	17
7	Care Homes	19
7.1.	Current Service Provision	19
7.2.	Future Service Provision	22
7.3.	Key Messages.....	22
8	Supported Living for People with Learning Disabilities	23
8.1.	Current Service Provision	23
8.2.	Future Service Provision	25
8.3.	Key Messages.....	26
9	Mental Health Services	27
9.1.	Current Service Provision	27
9.2.	Future Service Provision	28
10	High-Level Oxfordshire Needs Analysis	29
10.1.	Context; sources and further information	29
10.2.	Older People	29
10.3.	Adults of Working Age	32
10.4.	Direct Payments.....	37

1. Introduction

This document sets out our commissioning intentions for care and support, and accommodation-based services. It also identifies what we see as our key pressures in adult social care and how we aim to address some of these issues.

Published in the summer of 2019 to cover the period 2019-22, this document will be reviewed periodically to ensure the information contained in it is relevant and up to date. It will, for example, be updated upon publication of the Adults with Care & Support Needs Strategy which is currently under development.

This document is set out in service specific sections which describe the current demand and capacity alongside our future requirements and commissioning intentions.

Included as an annex is a high-level needs analysis which provides key countywide statistics about our population, as well as links to other key sources of information.

We welcome your feedback on this market position statement. Please see the feedback section at the end of this document.

1.1 Why have we published a Market Position Statement?

Under the Care Act 2014, the Council has a statutory duty to provide care and support for people with eligible needs. The Act also places a duty on the Council to maintain an efficient and effective care market for the population of Oxfordshire, including people funding their own care.

The aim of a Market Position Statement is to bring together information and analysis about the local market so that current and prospective providers understand the local context, what is likely to change and where opportunities might arise in the future.

It is designed to help providers shape their business plans to support the Council's vision for the future of local public health, social care and specialist housing provision. It also helps providers to identify opportunities they may tender for and how they might best develop services to meet local need and demand.

1.2 Key features

This Market Position Statement:

- Presents a picture of demand and supply now, what that might look like in the future and how local health and social care commissioners will support and intervene in the market to deliver this vision
- Supports this analysis with statistics from various sources
- Presents data that informs the market and helps providers with their business planning
- Covers all current and potential future users of services, whether they receive funding through the local authority or self-fund their care

1.3 Who is this Market Position Statement for?

The statement can be read by anyone but is specifically aimed at:

- Existing providers of health and social care services in Oxfordshire
- Service providers and organisations not currently delivering services in Oxfordshire
- Personal Assistants and micro-providers
- Community-based enterprises
- Voluntary and community organisations as well as people interested in local business development and social enterprises
- Oxfordshire residents who are interested in working with us to co-produce services



2. Our vision for Oxfordshire: What are we trying to achieve?

2.1 Oxfordshire Health & Wellbeing Board Vision

“To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire”

The vision for health and social care services in Oxfordshire is described in the Oxfordshire Joint Health & Wellbeing Strategy. It explains how the NHS, Local Government and Healthwatch will work together to improve the health and wellbeing of the people of Oxfordshire.

Overall health in Oxfordshire can be considered to be good when compared nationally. Residents tend to live longer than elsewhere in the UK and remain healthy into older age for longer. We have some of the leading health services and academic organisations in the country on our doorstep, and many services are highly rated by the Care Quality Commission. These positive factors give us a solid foundation on which to build local services.

Yet we face challenging times. The Oxfordshire population is growing and ageing. The number of people with chronic complex diseases is growing. Demand for all our services is increasing. House prices locally are high, over 10 times the average annual income, and this exacerbates staffing shortages. Budgets are constrained, and it is a challenge to meet all of our national targets.

Our major asset is our willingness to work together and to work with providers and people who use services to find new solutions to old problems.

We have recently reviewed our challenges and identified the following priorities:

- Agree a coordinated approach to prevention and “healthy place-shaping”, which means ensuring the physical environment, housing and social networks can nurture and encourage health and wellbeing
- Improve the resident’s journey through the health and social care system
- Work with the public to re-shape and transform services locality by locality
- Agree plans to tackle critical workforce shortages.

2.2 Adult Social Care Vision

Our vision for Adult Social Care in Oxfordshire is to deliver sustainable, good quality services which in turn lead to sustained and improved experiences for the people who access them. This will be delivered by working with the NHS, private and voluntary sector providers by using the experience of our customers and other key stakeholders to design, procure and evaluate services.

The four ambitions of Adult Social Care are to:

1. Improve the satisfaction of people who use services
2. Increase the number of people supported at home
3. Improve the quality and sustainability of care providers in Oxfordshire
4. Involve more local people and organisations in the development of services

The integration of adult social care and health is well-established in Oxfordshire and reflected in shared resources, pooled budgets and joint commissioning of services. We aim to integrate housing too, recognising that housing with care and support is essential to the safety, wellbeing and health of many older and disabled people in the county. We want to work with providers to deliver Extra Care Housing and supported housing in a way that promotes health and wellbeing and maximises independence.

2.3 Key Challenges

Demographic projections: Significant increases and an ageing population

Between 2015 and 2030, the number of people in Oxfordshire aged 85 and over is expected to increase by 95%. Over the same period there is also expected to be a 26% increase in the number of people with a learning disability. We are also experiencing a higher demand for services than you would expect from the demography.

Workforce

The health and social care system in Oxfordshire is particularly challenged by the issue of workforce (retention and recruitment) with one of the lowest levels of unemployment in the country (0.6% of people claim Job Seekers Allowance). The low level of unemployment means that there is strong competition from within the health & social care system as well as from other markets such as the retail sector.

This is particularly acute in the domiciliary care market where, despite Oxfordshire being one of the highest paying in the UK for care (av. £23.15 per hour), providers still have difficulty meeting the ongoing workforce challenge. The ongoing increase in demand in statutory services is matched by an equivalent rise in the private market (more than half of Oxfordshire residents are self-funders).

Fragile provider market

There is an increasing view that Oxfordshire's homecare market is fragile and lacking in stability. This is evidenced by the number of providers who have exited the market, with six agencies exiting the market between November 2016 and July 2018. Homecare providers have told us that recruitment challenges in particular are limiting their ability to grow and sustain their businesses.

3. Feedback

We hope you find this market position statement helpful and welcome your feedback to help inform future iterations. Please contact us at ASCstrategyteam@oxfordshire.gov.uk if you wish to submit feedback.



4. Key Contacts

The following are the leads for each service area contained within this document. If you would any further information regarding the commissioning of these services, they can be contacted at strategic.commissioning@oxfordshire.gov.uk

- **Homecare** – *Helen Wake*
- **Extra Care Housing** – *Gillian Douglas*
- **Care Homes** – *Simon Brown*
- **Supported Living for People with Learning Disabilities** – *Chris Walking*
- **Mental Health Services** – *Sarah Roberts*



5. Homecare

Good quality Homecare is a vital component of the Oxfordshire Health and Wellbeing Strategy, with the ultimate aim of enabling people to live and age well. It has a key role in ensuring people are supported to live as independently as possible for as long as possible in their own homes. It can delay the need for residential care or hospital admission by providing the right support at the right time to keep people independent for longer.

The Council and Oxfordshire Clinical Commissioning Group's ambition is to increase the take-up of services and community resources which help people to live well at home thus supporting a decrease in the number of people going into residential care when home-based options are still available.

Homecare involves providing personal care services in a person's home, it includes help to carry out day to day tasks such as washing, dressing and preparing meals. These services range from basic support through to live-in care for those people with the most complex needs.

As of July 2019, there were 108 homecare agencies registered with the Care Quality Commission in Oxfordshire.

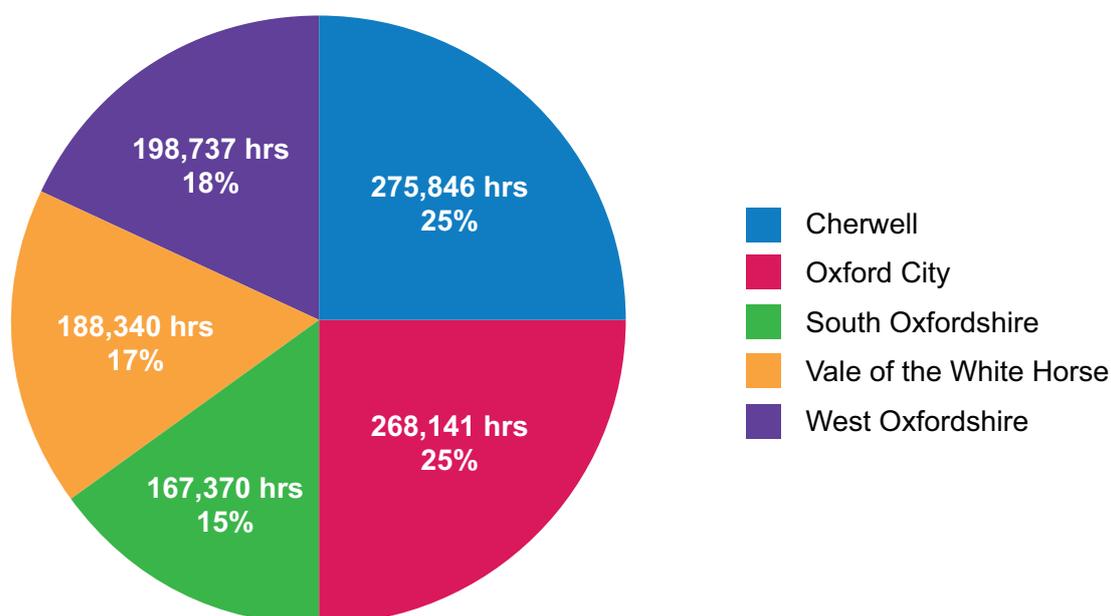
Services in Oxfordshire are good and generally rank favourably nationally:

95% of homecare providers are rated good or outstanding by the Care Quality Commission compared to 87% nationally.

5.1 Current Service Provision

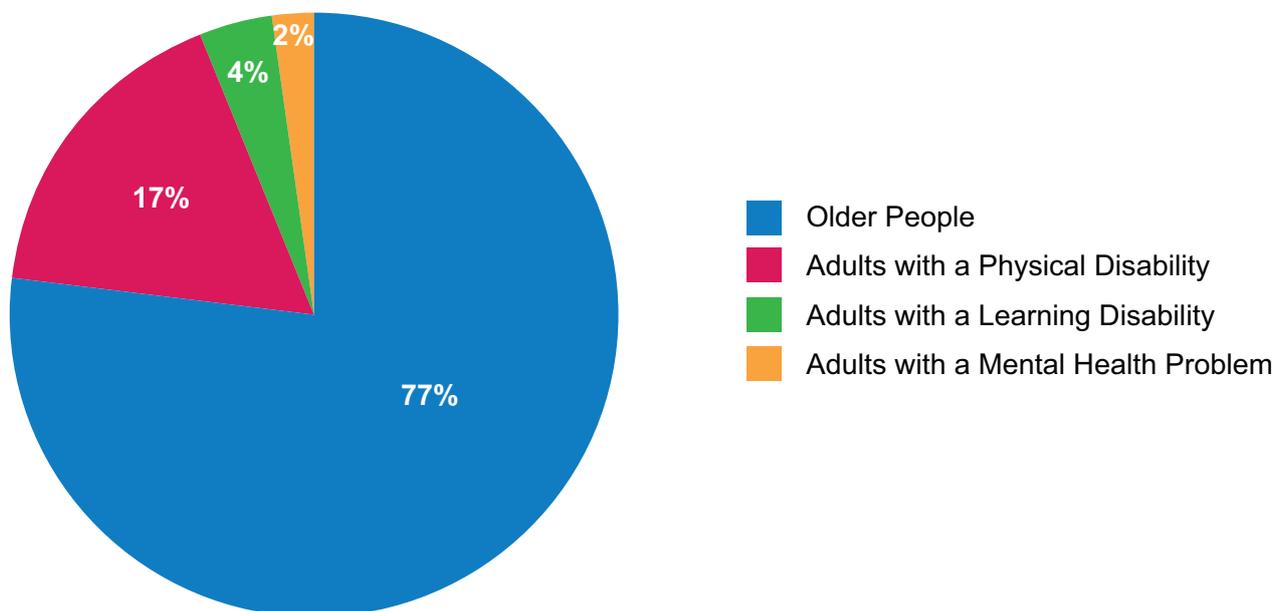
In 2018/19 the Council commissioned over one million hours of homecare. Over three quarters of this care was delivered to people over the age of 65. The chart below shows how these hours were split across the five district areas of the county.

HOURS OF HOMECARE PER YEAR



The majority of people who currently receive homecare are over the age of 65, as shown in the chart below.

PEOPLE WHO RECEIVE HOMECARE



Capacity of current market

The Council purchases homecare for adults from the independent market, buying in the region of 22,000 hours per week for approximately 2,000 people, at a cost in the region of £20m per annum.

It is estimated that the Council purchases less than 50% of the total amount of homecare services provided in Oxfordshire. The remainder is purchased by approximately 3,000 self-funders, estimated at 31,000 hours per week.

There has been a significant increase in the average number of days it takes to find and allocate a care package from 29 days in 2017 to 46 days in 2019. This means that in certain parts of the county people have to wait longer for their care to start.

The increase in the length of time to source care packages indicates a reduction in the care market's ability to be responsive, which is affecting both urban and rural areas.

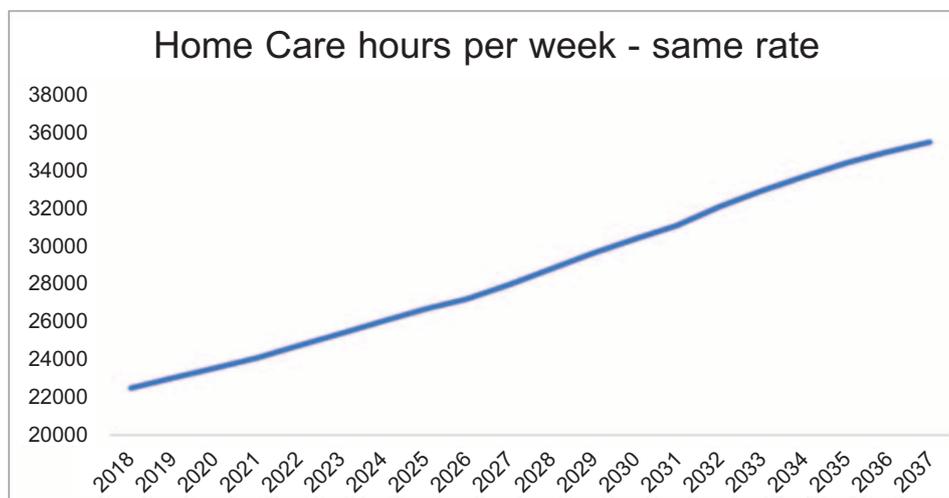
Current Contracting arrangements

We have a Help to Live at Home Framework under which seven main providers deliver 39.8% of the care we purchase. The remaining care is delivered by 74 providers who are registered on our Dynamic Approved Providers List.

Additional homecare capacity is provided in the form of short-term reablement, which is commissioned through a contract with Oxford University Hospitals NHS Foundation Trust's Home Assessment and Reablement Team. In 2017/18 the reablement service supported 1,960 people.

5.2 Future Service Provision

Given the forecasted increase in the number of people aged over 65, if we were to provide the same proportion of homecare as now – the amount of homecare would need to increase by 55% by 2037.



We also know that more people are likely to need care in the future. Recent trend analysis show that the amount of care people need in the last year of their life has doubled in the last 20 years. People are living longer, but the amount of unhealthy years is increasing.

Homecare Review

The Council is currently undertaking a review of the Homecare market, with the aim of developing a new commissioning model for homecare, which will be in place by October 2020.

We are working with providers to develop alternative models of homecare that utilise wider community assets, use strength-based approaches, employ assistive technology and provide alternatives to traditional homecare interventions. We want to develop a new business offer that:

- Delivers a stronger partnership approach with providers
- Utilises system wide capacity effectively and improves flow across health and social care
- Has a stronger focus on outcomes for people who receive care
- Delivers value for money, is financially sustainable and provides opportunities for the workforce
- Has co-production with key stakeholders at its heart

5.3 Key Messages

- We are committed to using prevention to enable people to stay healthy, independent and manage their own care
- We believe that Homecare is a vital component of the care continuum, the right care at the right time can keep people healthy and independent for longer which in turn can delay the need for residential care

- We need experienced staff to support people who are living longer, often with more complex needs
- We want to work with people who receive care, their families/carers, providers and other key stakeholders to co-produce a new model of homecare that meets people's needs, is sustainable and provides market growth



6. Extra Care Housing

- We need to work with providers to develop a range of initiatives to support and encourage people to enter and more importantly stay working in the sector.
- We need to increase the speed of package sourcing and wider capacity to meet the needs of people wherever they live in the county.
- We need to focus on ensuring people leave hospital at the right time with the appropriate level of support to enable them to live at home.

Extra Care Housing consists of self-contained housing, primarily for older people, which offers care and support on site. It is based on an ethos of promoting independence and offering flexibility as a person's care needs change over time.

In most schemes the housing and care functions are supplied by different providers but in some cases by the same provider. The care delivered is very similar to that provided to people living in their own homes, generally referred to as homecare or domiciliary care.

There are also a number of private retirement villages in the county which offer older people an option to buy a property in an area well connected to local amenities. We encourage the development of private retirement villages as we recognise that these will suit the needs of many Oxfordshire residents. These are not however included in our definition of Extra Care Housing.

In the continuum of housing for older people we recognise that we need a range of options to meet diversity of need and give people choice. Keeping people in their own home remains our priority but where an older person has care and support needs that could be better met through specialist housing we will promote Extra Care Housing. Where care and medical needs cannot be met through Extra Care Housing then a care or nursing home is likely to be the most appropriate setting. For planning purposes Extra Care Housing equates to a Use-Class 3 Dwelling House.

We see Extra Care Housing as an essential housing option for older people with care and support needs and want to increase this provision to meet current and future needs. Our vision for Extra Care Housing is:

“A county where older people have access to high quality, affordable Extra Care Housing that is safe, inclusive, geographically spread, well-connected and integrated with local communities and where older people can access the care and support they need to thrive.”

The case for delivery of Extra Care Housing is based on achieving better health and wellbeing outcomes for older people. But there are also economic benefits with Extra Care Housing reducing the number of delayed discharges from hospital and reducing permanent admissions to care homes. If we are to make best use of the health, social care and housing system, then Extra Care Housing is an important and necessary part of the landscape.

6.1 Current Service Provision

We currently have 17 schemes that are open and advertised on our website.¹ They comprise a mixture of tenures i.e. homes for rent, shared ownership and private ownership. These schemes and the tenure mix are listed in the table below:

Scheme name	Location	Housing Provider	Care provider	Number of Units ²	Rental	Shared Ownership	Private Ownership
Orchard Meadows	Banbury	Bedfordshire Pilgrims Housing Association (BPHA)	The Orders of St. John Care Trust	40	20	20	0
Stanbridge House	Banbury	Housing 21	Housing 21	70	60	10	0
Park Gardens	Banbury	Bromford Housing Group	Radis Community Care	78	16	17	45
Centurion House	Bicester	Bedfordshire Pilgrims Housing Association (BPHA)	The Orders of St. John Care Trust	20	10	10	0
Moorside Place	Kidlington	Bedfordshire Pilgrims Housing Association (BPHA)	The Orders of St. John Care Trust	54	39	15	0
Erdington House	Yarnton	Housing 21	The Orders of St. John Care Trust	50	35	15	0
Isis Court	Oxford	Bedfordshire Pilgrims Housing Association (BPHA)	The Orders of St. John Care Trust	20	20	0	0
Greater Leys	Oxford	Cottsway Housing Association & Greensquare Group	1st HomeCare (Oxford)	156	156	0	0
Shotover View	Oxford	Bedfordshire Pilgrims Housing Association (BPHA)	The Orders of St. John Care Trust	55	37	18	0
Towse Court	Goring	South Oxfordshire Housing Association (SOHA)	The Orders of St. John Care Trust	40	31	9	0
Windmill Place	Thame	South Oxfordshire Housing Association (SOHA)	The Orders of St. John Care Trust	40	30	10	0
Millcroft	Wallingford	One Housing	One Housing Group	40	30	10	0
Nicholson House	Abingdon	Sovereign Housing Association	Optalis	60	60	0	0
Mayott House	Abingdon	Bedfordshire Pilgrims Housing Association (BPHA)	The Orders of St. John Care Trust	40	36	4	0
Petypher House	Kingston Bagpuize	South Oxfordshire Housing Association (SOHA)	The Orders of St. John Care Trust	45	16	29	0
Fernleigh	Witney	Greensquare Group	The Orders of St. John Care Trust	80	32	10	38
Paddocks Wychwood	Milton-u-Wychwood	Greensquare Group	The Orders of St. John Care Trust	44	33	11	0
Total Units				932			

¹ <https://www.oxfordshire.gov.uk/residents/social-and-health-care/adult-social-care/housing-options-and-care-homes/extra-care-housing>.

² The term unit is used to mean a flat of one or two bedrooms throughout the Extra Care Housing section of this document.

6.2 Future Service Provision

Demand

In addition to the 932 units currently open and listed above, we anticipate a further 522 units to be open by 2026 and additional 838 to follow by 2031.

We intend to develop a supply of Extra Care Housing to be available in part as an alternative to care home accommodation. We envisage a model which includes provision for people with moderate dementia as well as those with significant care needs. Care home provision will primarily be commissioned for people with nursing needs which cannot be met at home and/or significant dementia needs.

We have used population forecasts from the Office of National Statistics and the Housing Learning and Improvement Network (LIN) assessment of need for Extra Care Housing³ to estimate our future requirements⁴. This can only be a guide and not a definite prediction.

We have based our calculation on the estimated number of people aged 75, although most schemes accept people aged 55 and over, 75 is widely accepted as the 'threshold age' for entry into Extra Care Housing. The number of people aged over 75 is expected to rise considerably in Oxfordshire over the next decade.

We estimate that we need 25 'extra care units' for every 1,000 people aged 75 and over. Within this estimation we have made a small allowance for people with learning disabilities who are likely to be younger.

The table below sets out the current number of units and the additional units needed to meet estimated demand:

Date	Approximate 75+ population	Current or expected number of units	Units needed based on population	Additional Units needed above those expected
2019	60,693	932	1,518	586
2026	77,464	(+522) 1,454	1,937	483
2031	85,502	(+838) 2,292	2,138	*

* Figure dependant on achieving target set for 2026

People with Learning Disabilities and/or physical disabilities

We recognise that Extra Care Housing may well be suited to some of our Oxfordshire residents who have a learning disability, including the significant number of people who are currently living with an older carer⁵.

³ Extra Care Housing – What Is It In 2015?, Factsheet, Housing LIN, November 2015

⁴ This does not include provision for more people relocating to the county as a result of additional house building as the expected number for the age group in question is very low

⁵ 216 people are living with parents or other relatives who are aged 60 or older, including 55 people living with carers who are aged 80 or older

Some providers are successfully integrating older people who have learning disabilities into their schemes. We encourage and support this and would like to see schemes welcoming people with learning disabilities before they reach age 55.

We will include Extra Care Housing providers as part of our consultation on the new Adults with Care & Support Needs strategy.

Identifying Future Sites

There is now an extensive building programme across the county and housing providers are encouraged to source sites in line with local plans. This may be on existing sites being developed by registered providers or on Section 106⁶ sites involving partnerships between private developers, registered providers and the local authority.

Extra Care Housing needs to be integrated with local communities and be well-connected to transport and other infrastructure. For this reason most schemes are located in urban areas or market towns. However smaller schemes (minimum of 40 units) are being developed in larger villages. Site locations have to meet the needs of older and disabled people and ideally should be flat, close to public transport or shops and other local amenities⁷.

Extra Care Housing is included in the requirement for affordable housing in new developments. Each District Council has a different policy requirement regarding the percentage of affordable housing. We will work with potential providers and other partners to identify suitable sites and deliver Extra Care Housing as part of the affordable housing quota and beyond.

Any provider of Extra Care Housing will be expected to explore and maximise funding from Homes England's Care and Support Specialised Housing Fund⁸ and other possible sources. The County Council holds a capital grant fund which can be allocated to deliver new schemes where the scheme is required and would otherwise not be viable. Applications for funding need to be supported by a robust business case and will have specific requirements attached.

6.3 Key Messages

We want to:

- Work with a range of housing providers to increase the supply and diversity of Extra Care Housing to meet current and future needs
- Increase the supply of affordable Extra Care Housing, including units for social rent, through partnership working with the city and district councils, registered providers and funding partners
- Achieve a geographical spread of Extra Care Housing across the county, while ensuring that residents have good access to transport, health, leisure and other key services

⁶ Section 106 is a legal agreement between an applicant seeking planning permission and the local planning authority. A significant amount of affordable housing is delivered through S106 agreements

⁷ Site specifications are available from https://www.housinglin.org.uk/_assets/Resources/Housing/Housing_advice/Design_Principles_for_Extra_Care_July_2004.pdf

⁸ Funding Prospectus : Care and Support Specialised Housing Fund, Phase 2, February 2015, Homes and Communities Agency (now Homes England). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/404757/CASSH_phase_2_prospectus_full.pdf

- Optimise the mix of residents benefiting from Extra Care Housing through inclusive designs that are suitable for a range of adults including those with physical disabilities, dementia, or learning disabilities
- Ensure that Extra Care Housing is reflected as a priority in planning policies and other appropriate documents such as Local Plans and Neighbourhood Plans



7. Care Homes

The Council and Oxfordshire Clinical Commissioning Group's ambitions are to ensure people are supported to live as independently and for as long as possible. We are developing a range of services to provide care at home, including Extra Care Housing which aims to provide an alternative to care home accommodation.

Our intention is to ensure that care homes are only used for people who can no longer safely remain in their own home, and primarily for those with nursing and/or specialist needs, for example dementia.

For adults of working age (under 65) with care and support needs we have developed a programme of Supported Living services to replace the use of care home placements. The vast majority of these people are cared for within Oxfordshire, however there are some cases where they are cared for in neighbouring areas and for people with the most complex needs this could be further away.

In July 2019, 88% of Care Homes in Oxfordshire had been assessed by the Care Quality Commission as being either Good or Outstanding compared to 82% nationally.

7.1 Current Service Provision

It is estimated that the Council and Clinical Commissioning Group purchase approximately 37% of all care home beds in Oxfordshire, which means that we are the largest single purchaser of care home beds in the county with a combined annual purchasing cost of just under £100m.

We operate two block contracts, one being a large, long term arrangement with the The Orders of St. John Trust which covers approximately 500 people and a smaller, more specialised contract with Vale House.

The Council operates a Dynamic Purchasing System which allows providers to register with the Council under standard purchasing terms and conditions; all contracts including block contracts are procured under this system. Currently there are 60 care homes who are allocated services through the Dynamic Purchasing System. They contribute 52% of the total number of beds purchased.

It is the Council's intention to only use providers who are registered on the Dynamic Purchasing System and to purchase most of its requirements through block contracts.

Occupancy

Care home occupancy levels are critical to the financial viability of care home providers. 90 of the 108 care homes where we place older people in Oxfordshire had an occupancy rate of 80% or higher. The level of occupancy across the county varies.

District Area	% Occupied
Cherwell	85%
Oxford City	87%
South Oxfordshire	91%
Vale of the White Horse	90%
West Oxfordshire	85%

On 1 March 2019, there were 2285 people registered as being funded by either the Council or the Clinical Commissioning Group's Continuing Healthcare Fund (CHC), this represents a reduction of 10.5% since September 2017.

The Clinical Commissioning Group uses Funded Nursing Care (FNC) to support a further 815 people who self-fund their care.

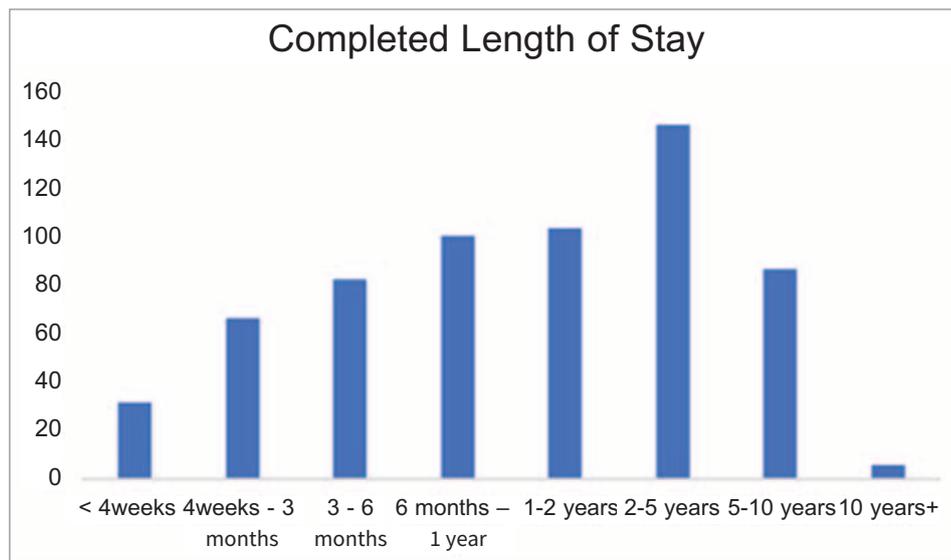
	Residential	Nursing	Total
Older People (over 65)	769	799	1,568
People with a Learning Disability (under 65)	223	24	247
People with Mental Health needs (under 65)	50	8	58
People with a Physical Disability (under 65)	30	100	130
Council Funded People	1,072	931	2,003
Health Funded: Continuing Healthcare Fund	0	282	282
Total	1,072	1,213	2,285
Health Funded: Funded Nursing Care			815

Over 85% of people were in permanent placements with the remainder in temporary placements.

Length of Stay

It is difficult to calculate the length of stay for care home residents as this is not data the Council routinely collects. Using central government's method of calculating length of stay, during 2018-19 the average length of stay for a person funded by the Council was 27 months. However, 45% of people passed away in the first 12 months of living in a care home.

The graph below shows the distribution of length of stay.



Out of County Placements

There are 430 people placed in care homes outside of Oxfordshire. 54% of these live in neighbouring council areas. 157 of these people are aged over 65 with 61% of them placed in neighbouring council areas.

Short Stay Beds

The Council and the Clinical Commissioning Group also purchase a range of short stay beds via a block contract. These are normally used for:

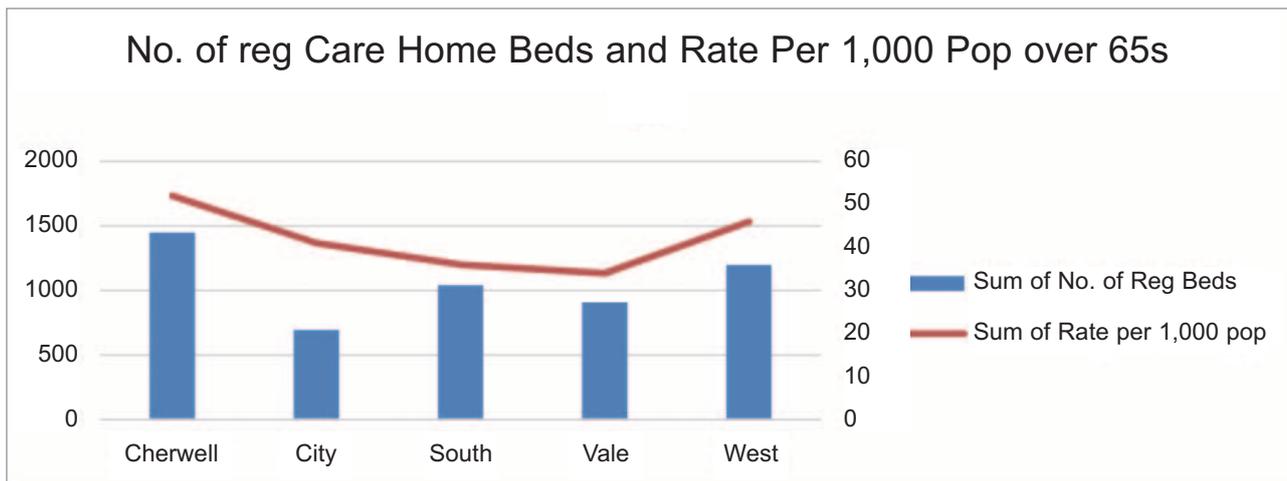
- Temporary accommodation whilst an individual's preferred placement is sourced or whilst an assessment of ongoing care needs is undertaken
- Rehabilitation to help people to recover from a stay in hospital or to avoid a hospital admission, this includes specialist therapeutic care
- Respite care

Supply of Care Homes

As of March 2019, there were 5,286 registered care home beds for older people across 116 care homes, operated by 74 companies.

In Oxfordshire there are on average 42 care beds per thousand older people, which is below the national average of 48. However our target bed rate is currently set at 41 beds per thousand older people. This is because the latest health statistics show that Oxfordshire is healthier than other parts of the country, as a result NHS funding for the area is 15% lower than the national average.

The average bed rate across Oxfordshire varies by district council area. As indicated in the graph below, Cherwell and West Oxfordshire have an oversupply, whilst there is a shortage in South Oxfordshire and the Vale of White Horse.



7.2 Future Service Provision

As highlighted previously, community services are provided and delivered with the principle of enabling people to live independently for as long as possible. The intention is that care homes will only be purchased by the Council and Clinical Commissioning Group for people who cannot live safely at home, and primarily for those with nursing and/or specialist needs, for example dementia.

The average age of people who are funded by the Council / Clinical Commissioning Group in care homes is 85.5 years, with an average length of stay of 23 months. Over the next decade it is expected that the average age will increase, and it is likely that 50% of residents aged over 85 will be living with dementia. Therefore, we can expect an increase in demand for specialist care home beds. This specialist care will require providers to develop services which can meet the increased acuity and frailty.

The self-funder population will also rise, but their current pattern of purchasing would indicate that they enter care when they are more able. It is estimated that 25% of self-funders require nursing care, compared to 46% of Council funded residents.

Additionally, an increasing number of children are moving into adulthood with complex health needs, which may add to the demand for care home places.

7.3 Key Messages

- Care Homes will predominately be used for people who can no longer live safely at home, and/or have complex nursing and specialist needs, for example dementia. As a result we will need more care home placements that can care for these people
- We intend to increase the number of block contracts with care home providers
- The Dynamic Purchasing System will be the main way of sourcing care home placements
- We will primarily use Extra Care Housing to provide care for people who can no longer live in their own home, but don't have the specialist needs that require a care home placement
- We will aim to create a bespoke Continuing Healthcare specification for care homes – with the aim of creating block contracts with care homes which are able to provide specialist care

8. Supported Living for People with Learning Disabilities

Our overall strategic approach is that people with learning disabilities should be supported to live in communities rather than in care homes, holding their own tenancies where possible. This has resulted in a large programme of Supported Living in Oxfordshire, with care homes only being used for a very small number of placements.

The national Transforming Care programme has provided the context for the Council's Supported Living developments as set out in the Oxfordshire Transforming Care Plan 2016-19. The aim of the programme has been to reduce reliance on inpatient care and to improve support to enable people to live in the community. Although there are very few Oxfordshire residents in hospital at any one time, there are many Oxfordshire people living in out-of-County care homes.

There are several specific commissioning plans for Supported Living, which include the following:

- Continuing to work with providers to reduce isolated 1, 2 and 3-person accommodation by clustering properties together or creating an increased number of properties with their own front door, whereby support can be shared
- Increasing the supply of Supported Living for adults with a learning disability, including developing the capacity and capability within the market to bring a significant number of people back to the county from out of area residential care placements
- Providing countywide coverage of purpose-built Supported Living for people with autism

8.1 Current Service Provision

We currently have a framework agreement covering Supported Living based around seven categories of need, with providers awarded framework contracts under each category. We intend to review this in 2019 to ensure it delivers:

- A range of good quality cost effective providers
- A system that is responsive to change and can take advantage of new opportunities, e.g. a new property
- Providers who are able to work in partnership with local authorities and health services to improve health and wellbeing
- Stability in the market
- Efficient procurement

The Council will continue to encourage people who can live independently with low level support, and do not require 24-hour support, to have their housing needs met through general needs accommodation e.g. a shared house or a flat.

Families can develop their own accommodation for people with low needs and we have produced a guide for families which describes a range of different options.

We currently support 776 people in Supported Living services.

Young People Transitioning to Adult Services

Previous experience and evidence from teams that support young people indicates that in Oxfordshire approximately 30 young people per year require housing at age 18.

Autism

On average 12 new people with autism require Supported Living per year, currently this level of demand means that people are placed in out-of-county residential services.

Out-of-County Placements

There are 180 people with a learning disability that are placed out-of-county, many of these placements are high cost. On average 11 people have been placed annually in 'out-of-county' placements over the past 6 years.

At present people are typically placed out-of-county due to having complex needs which cannot currently be met in Oxfordshire. These needs are predominantly related to autism, behavioural issues, personality disorder and/or mental illness.

People in Assessment & Treatment and Psychiatric Inpatient Units

On average Oxfordshire has fewer than five adults with learning disabilities in either specialist Assessment and Treatment Units or mainstream mental health hospitals. For the purposes of this Market Position Statement this cohort are typically included within the out of area or complex autism related needs groups.

People living with elderly parents

There are 216 people with learning disabilities who live with their parents or other relatives who themselves are aged 60 or older. This includes 55 people living with carers who are aged 80 or older.

Older People

Our planning assumption is that older people with learning disabilities will be supported in mainstream care such as Extra Care Housing and residential services.

Specialist Learning Disability Health Services

These services are provided by Oxford Health NHS Foundation Trust. Three Community Learning Disability Teams support people across the county to access mainstream health services, alongside provision of specialist psychiatry, psychology, nursing, occupational therapy and speech and language therapy.

People who are in crisis, including those at risk of admission to either specialist or mainstream mental health hospitals, are supported by the service's Intensive Support Team. This team works alongside the Community Teams, social care staff and care providers to carry out functional assessments and develop person centred support plans.

8.2 Future Service Provision

There are 75 existing Supported Living places which do not fit current requirements and we have an ongoing programme to recommission these services. Some of these have an NHS legal charge and we have successfully negotiated with NHS England to reinvest the proceeds of the sale of these properties.

In order to meet future need we intend to work with partners to develop new schemes, which include a combination of purpose-built Supported Living schemes, as well as conversions of existing properties. Some schemes may require self-contained annexes, to meet the needs of individuals unable to share accommodation with other people.

We want to develop placements that:

- Are clustered together so that care can be shared more efficiently
- Include self-contained flats where individuals can live independently in their own accommodation, with some shared space where appropriate
- Contain shared accommodation, where it is required, with bedrooms incorporating en-suite facilities

We have identified a cohort of approximately 75 people in out-of-county placements who have the potential to move to in-county Supported Living. We estimate that about 75% of the cohort will be able to sustain independent living. This means that at least 57 Supported Living places will need to be sourced between 19/20 and 22/23.

The table below summarises forecast future housing need for people with learning disabilities:

Cohorts	19/20	20/21	21/22	22/23
Reprovision of existing supported housing	8	14	24	22
Providing housing for people currently in residential care outside of Oxfordshire	14	15	15	13
People with complex autism related needs (who may or may not have a learning disability)	12	12	12	12
People with learning disabilities who also have significant physical disability related needs	5	7	11	11
People living with older family carers	13	13	13	13
Transforming Care Partnership cohort	2	0	0	0
TOTAL	54	61	75	71

Forecast housing need broken down by city and district council area is available upon request.

We estimate that there will need to be an increase in the number of care hours provided for people with learning disabilities over the period 2019-2023, with the most significant forecast growth area being for people with complex autism related needs.

The Council and the Clinical Commissioning Group will continue to work in partnership with people who use services, their family carers and health and social care providers to support and develop the learning disability workforce, both within Oxfordshire and across a wider geographical footprint where appropriate.

A Transforming Care workforce development plan is being implemented over the next three years. This plan aims to improve integration and joint working across health and social care and support the upskilling of support staff, particularly in the care of people with autism.

8.3 Key Messages

- We need to recommission those Supported Living schemes that do not fit current requirements
- We need to develop more purpose-built Supported Living schemes to meet the requirements of those with complex needs, including those who are transitioning from Children's services
- Our strategy is to develop purpose-built autism units across the county
- Our intention is to move away from commissioning out-of-county placements and move those people who are currently in out-of-county placements back to Oxfordshire
- We are working with people who use services, their families/carers, providers and other stakeholders to support the development of a workforce that can meet the needs of people with learning disabilities and / or autism



9. Mental Health Services

We want people who experience serious mental illness in Oxfordshire to:

- Live longer.
- Improve their level of functioning
- Receive timely access to assessment and support
- Maintain a role that is meaningful to them
- Continue to live in accommodation that is stable and is within Oxfordshire
- Experience fewer physical health problems related to their mental health

Currently the Council and the Clinical Commissioning Group commission an Outcomes Based Contract for mental health services from Oxford Health NHS Foundation Trust who then commission services that support people with mental health needs.

Currently these commissioned services include:

- In patient and community mental health services, including crisis response
- Housing and support services
- Employment and recovery services
- Social care personal budgets and individual packages
- Well being services and specialist psychology

9.1 Current Service Provision

In March 2019 there were approximately 3,500 people on the caseload of the Oxfordshire Mental Health Partnership. Demand is increasing with referrals into adult mental health services having increased from 5,196 in 2015/16 to 6,354 in 2017/18; an increase of 22%. There is an increasing need for services to support people with autism who also have a mental illness.

Housing Support & Care Beds

Within the current contract, housing support consists of up to 380 housing units ranging from low to intensive support. These include:

- 150 transitional housing
- 80 intensive supported housing
- 72 inpatient beds
- 40 longer term
- 12 residential
- 11 joint psychiatric intensive care beds

There are currently 68 people who require care home beds but who have been placed in spot placements outside of Oxfordshire. This is because there isn't enough local provision to meet their needs, which include severe and enduring mental illness, challenging behaviour or complex health needs. This is a gap in the local market which could be met either through specialist care home provision in-county or by additional intensive supported housing.

Homecare

About 100 people are receiving homecare from agencies and personal assistants. In general, suitable homecare for people with mental illness is difficult to find, and it is especially hard if they live outside Oxford city.

9.2 Future Service Provision

The Council and Clinical Commissioning Group will jointly develop this section of the Market Position Statement with key partners following the results of two significant pieces of system-wide work on mental health:

- The review of the Outcomes Based Contract
- The joint Council and Clinical Commissioning Group Strategy for Adults with Care and Support Needs

Following the completion of these pieces of work delivery plans will be produced which will inform Oxfordshire's future joint Market Position Statement for Mental Health which is expected to be available by April 2020.



10. High-level Oxfordshire Needs Analysis

10.1 Context; sources and further information

1. Each year the county council produces a *Joint Strategic Needs Assessment* (JSNA). This provides information about Oxfordshire's population and factors affecting health, wellbeing, and social care needs. The latest JSNA was published in March 2019.
2. Periodically more detailed JSNAs are produced focusing on specific groups of the population. This includes a
 - a. *2018 Older People JSNA*
 - b. *2018 Mental Health JSNA*
 - c. *2015 Working Age Adults JSNA*⁹
3. Additional helpful data can be found at the Projecting Older People Population Information (*POPPI*) and Projecting Adult Needs and Service Information (*PANSI*) websites. These are sites, developed by the Institute of Public Care (IPC) for use by local authority planners and commissioners of social care provision in England, together with providers. It is a programme designed to help explore the possible impact that demography and certain conditions may have on populations aged 18 to 64 and separately 65+.

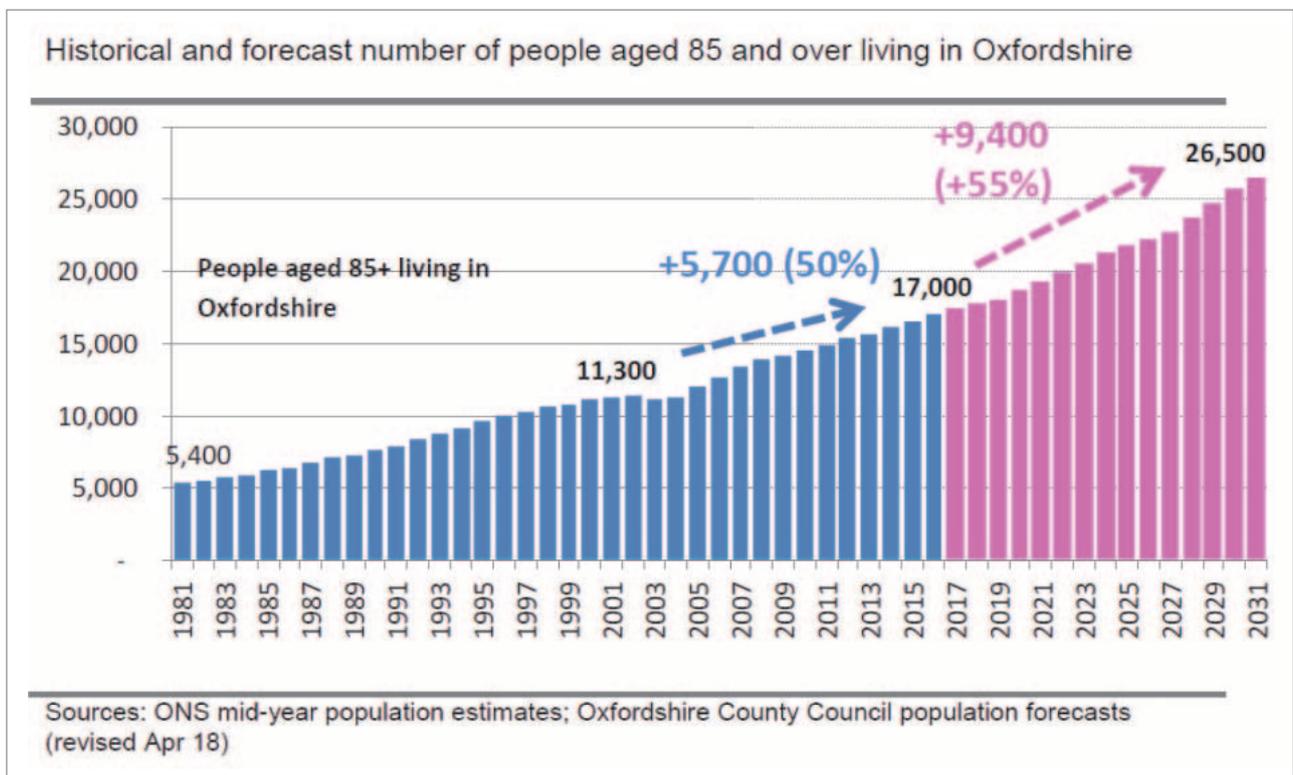
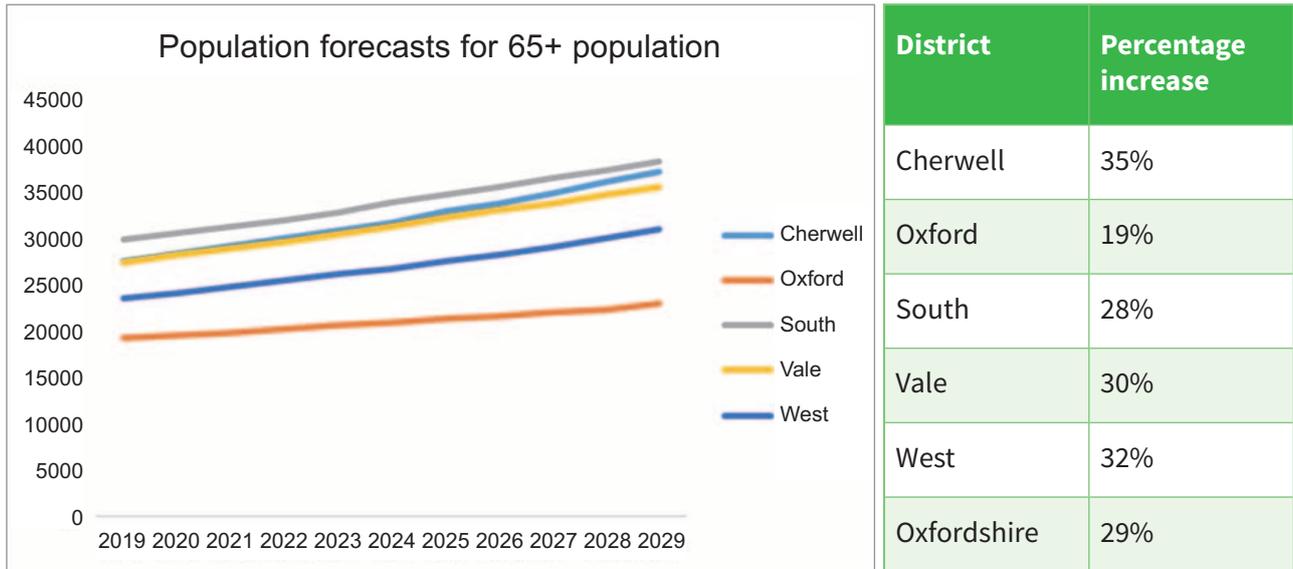
10.2 Older People

Key Figures About Older People

4. The health of people in Oxfordshire is generally good and we consistently outperform England averages on overall indicators of health and wellbeing. Unemployment is low, and the local economy is successful. However there remain challenges to local health and wellbeing, including the potential for a growing population of older people likely to be living in poor health and in pockets of deprivation.
5. There are 121,000 people over 65 living in Oxfordshire, of whom 17,100 are aged 85 years or over (2016). The number of people aged 65 and over is expected to grow to 174,400 by 2031, with a 55% increase in those aged 85 and over (an additional 9,400).

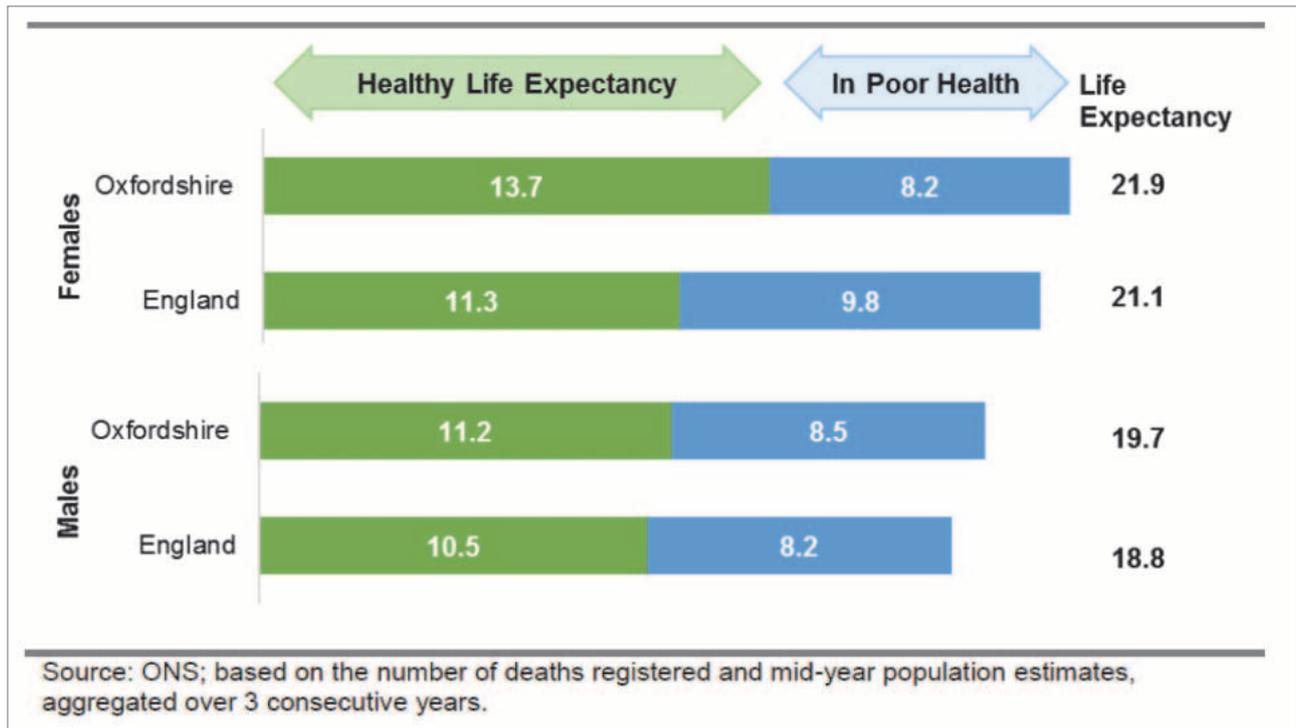
⁹ The 2015 JSNA will be updated to support the update for the Strategy for Adults with Care and Support Needs.

Projected growth by district of the number of people aged 65 and over in Oxfordshire 2019-2029:



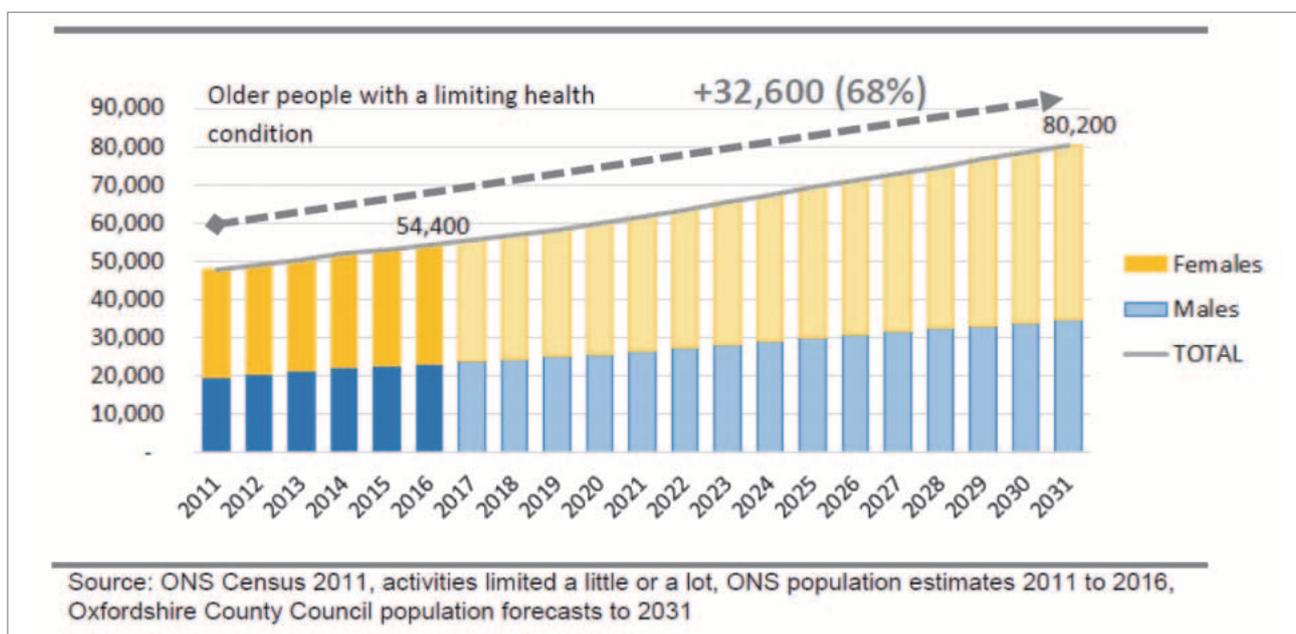
6. 6% of the population aged 65+ in Oxfordshire (2011) are from an ethnic minority background; this was below the England average of 8%. In Oxford City, 16% of the older population aged 65+ were from an ethnic minority group.
7. At age 65, females in Oxfordshire can expect almost 14 years of healthy life, followed by 8 years in poor health. Males at age 65 can expect just over 11 years of healthy life, followed by 8.5 years in poor health.

Life expectancy and healthy life expectancy at age 65, 2014 to 2016, Oxfordshire and England (yrs)



Health of Older People

- On public health measures of health and wellbeing of people over 65, Oxfordshire ranks similar to or better than the national average. Oxfordshire has a significantly better rate than England or the South East region for each of the three main causes of death (cancer, cardiovascular and respiratory disease).
- In 2011 there were an estimated 44,500 people aged 65 and over who were living with a life-limiting long-term health condition or disability. Applying the prevalence of long-term health conditions in 2011 to the actual and predicted growth in the older population suggests that by 2031 there could be 80,200 people aged 65+ living with a life-limiting long-term health condition or disability in Oxfordshire, an increase of 32,600 (+68%).



10. The chart above shows the estimated increase in number of people aged 65+ living with a life-limiting long-term health condition or disability in Oxfordshire (based on Census 2011 prevalence and forecast population growth).
11. In Oxfordshire 5,600 people are known to have dementia (2017-18), whilst a further 2,700 people are estimated to be living with undiagnosed dementia, a total of 8,300. Based on forecast population growth, this may reach 12,000 people by 2031.
12. An estimated 20,400 people in Oxfordshire experience loneliness at least some of the time, with at least 3,500 experiencing loneliness 'often or always'.

Use of Health and Social Care

13. Almost two thirds of Oxfordshire's complex patients are aged 65+ (2016-17) and 10,600 people receive long term social care (including self-funders). Many of these are aged 85 and over.
14. There was been an increase in the proportion of older social care clients supported at home, from 44% of older clients in 2012 to 59% in 2017, though this has subsequently fallen to 57%.
15. Based on the expected growth in the number of older residents, it is likely that Oxfordshire will see an increase in demand for health services and an increase in the demand for social care services for older people.

Rurality

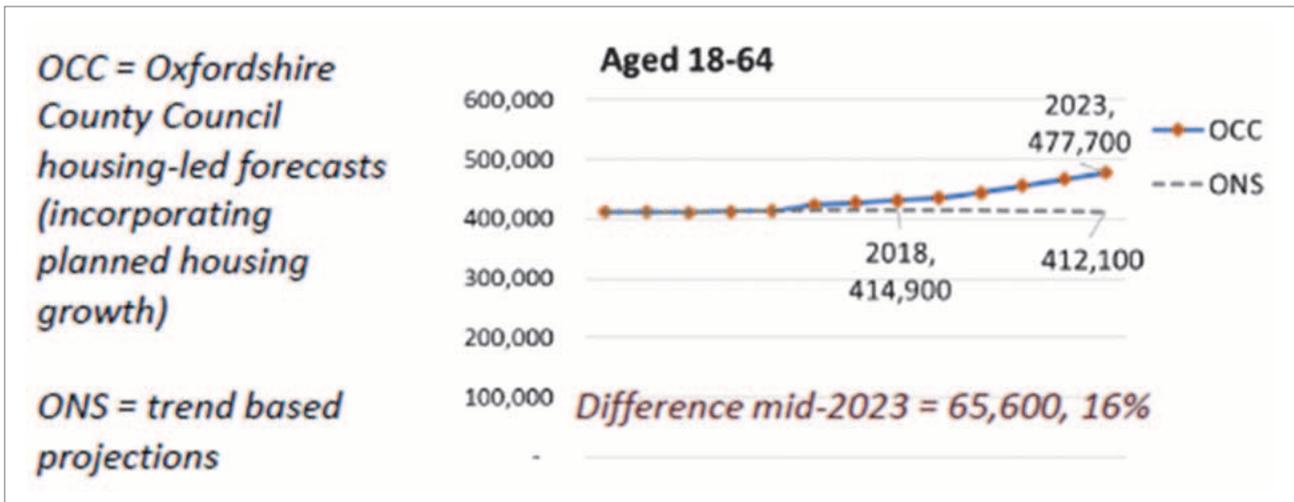
16. A higher proportion of older people live in rural areas than average. 42% of people aged 65+ (50,300) in Oxfordshire were living in rural parts of the county. 30,000 people aged 65+ are living alone (2011) of which 10,800 are living in rural Oxfordshire.

Financial security

17. In the main, Oxfordshire is a wealthy county and 60% of people receiving care services aged 65+ are estimated to be funding care themselves. However, 13,500 of people aged 65 and over are affected by income deprivation, mainly those living in urban areas. 10,750 are claiming pension credit. In addition, there are an estimated 6,500–7,500 older people who are not claiming benefits to which they are entitled.

10.3 Adults of Working Age

18. Oxfordshire's population is expected to continue to increase and housing-led forecasts give a higher population growth than the Office for National Statistics (ONS) trend-based projections. The ONS projections are based on past population trends, whereas local forecasts include known housing growth. This has a significant impact on the forecast such that:
 - a. The local housing-led forecast suggests a total population of 781,600 by 2023.
 - b. This is 84,900 people above the ONS projection – a difference of 16%.



19. The Projecting Adult Needs and Service Information (*PANSI*) website helpfully provides estimates of needs for the local population. In many cases this is based on prevalence rates taken from national studies and then applied to the latest ONS population projections. This will undercount needs if the population growth is more in line with local housing-led forecasts.
20. The table below extracts data from the *PANSI* website, but recognising the issue with the different forecasts adds a second figure for the 2023 position based on a simple 15% increase (that of the local population forecast) on the 2019 figures.

	2019	2023	Difference
ONS Population projections 18-64	414,900	412,000	-0.70%
Council Housing-led forecast 18-64	414,900	477,700	15.14%

Adults with a learning disability	2019	2023			Notes
		No	% growth ONS	Growth @15%	
People aged 18-64 predicted to have a learning disability	10,127	10,063	-0.63%	11,660	National prevalence worked out by Emerson & Hatton 20014, projected onto Oxfordshire population projection
People aged 65 predicted to have a learning disability	2,663	2,871	7.81%	n/a	
People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services	2,311	2,284	-1.17%	2,661	
People aged 65+ predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services	356	377	5.90%		
People aged 18-64 predicted to have a severe learning disability	615	613	-0.33%	708	
People aged 18-64 predicted to have a moderate or severe learning disability and be living with a parent, by age	871	876	0.57%	1,003	
People aged 18-64 predicted to have Down's syndrome	259	258	-0.39%	298	Based on rate of 6.25 per 10,000 population (Mantry et al and Clinical & Health Outcomes Knowledge base)
People aged 18-64 with a learning disability, predicted to display challenging behaviour Bottom of Form	187	185	-1.07%	215	Prevalence of 0.045% Lowe et al 2007
People aged 18-64 predicted to have autistic spectrum disorders	4,196	4,178	-0.43%	4,831	Prevalence of 1%

Adults with a learning disability	2019	2023			Notes
		No	% growth ONS	Growth @15%	
People aged 18-64 predicted to have impaired mobility	21,973	22,630	2.99%	25,299	Rates from Life Opportunities Survey Office for Disability Issues (2011)
People aged 18-64 predicted to have a moderate or serious personal care disability	21,463	21,786	1.50%	24,712	Rates from the Health Survey for England, 2001. Moderate = task can be performed with some difficulty; Severe = requires someone to help
People aged 18-64 predicted to have a serious personal care disability	5,566	5,608	0.75%	6,408	
People aged 18-64 predicted to have a longstanding health condition caused by a stroke	1,249	1,248	-0.08%	1,438	General Household Survey 2007 Bottom of Form
People aged 18-64 predicted to have either Type 1 or Type 2 diabetes	13,561	13,697	1.00%	15,614	<i>Cardiovascular Disease and Risk Factors in Adults</i> , The NHS Information Centre, 2008
Total population aged 18-64 predicted to have a serious visual impairment Bottom of Form	269	268	-0.37%	310	The prevalence of visual impairment in the UK, A review of the literature, by Tate, Smeeth, Evans, Fletcher, Owen and Rudnicka, RNIB, 2005
People aged 18-64 predicted to have some hearing loss	40,057	41,623	3.91%	46,120	Adrian Davis (Ed.), <i>Hearing in Adults</i> (1995). Threshold of 25 dBHL indicates some hearing loss; 65 dBHL indicates severe hearing loss.
People aged 18-64 predicted to have severe hearing loss	2,405	2,513	4.49%	2,769	

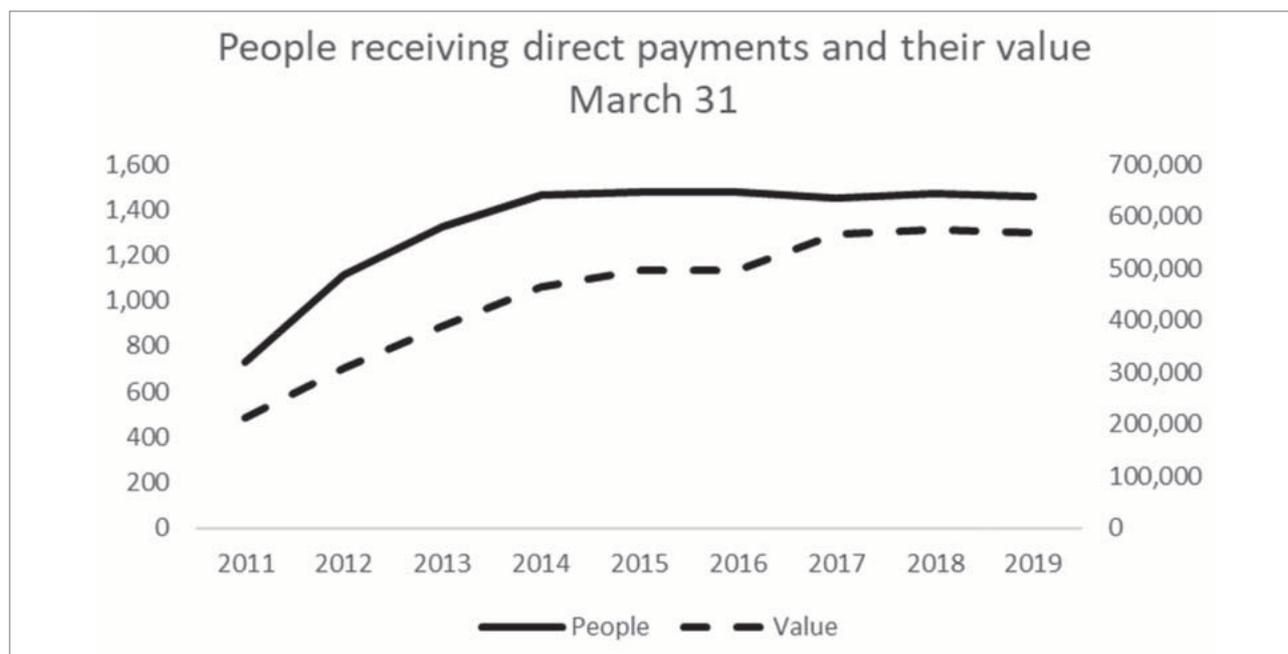
Adults with mental health problems	2019	2023			Notes
		No	% growth ONS	Growth @15%	
People aged 18-64 predicted to have a mental health problem	78,099	77,566	-0.68%	89,920	Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 (2016), NHS Digital. Bottom of Form
People aged 18-64 predicted to have a borderline personality disorder	9,919	9,852	-0.68%	11,420	
People aged 18-64 predicted to have an antisocial personality disorder	13,985	13,914	-0.51%	16,102	
People aged 18-64 predicted to have psychotic disorder	2,902	2,884	-0.62%	3,341	
People aged 18-64 predicted to have two or more psychiatric disorders	29,833	29,642	-0.64%	34,349	
Total population aged 18-64 predicted to have alcohol dependence	25,043	24,620	-1.69%	28,834	<i>Adult psychiatric morbidity in England, 2007</i>
Total population aged 18-64 predicted to be dependent on drugs	14,165	13,895	-1.91%	16,309	
Survivors of Sexual abuse	47,400	47,056	-0.73%	54,575	Cawson, P <i>et al</i> (2000)
Early on set dementia	175	183	4.57%	201	Dementia UK: Update (2014)

21. Data from the 2019 Joint Strategic Needs Assessment (JSNA), indicates that as of October 2018, 11,554 people were claiming Personal Independence Payments in Oxfordshire (aged 16 to state pension age).

10.4 Direct Payments

22. In Oxfordshire 35% of people receiving long term support at home organise their support via a Direct Payment. This is considerably higher than the national average (28.5%).

23. The number of people receiving a Direct Payment rose until March 2014 and has been stable thereafter. At the end of 2018/19 just over 1450 people received a Direct Payment at a total cost of just under £570,000 per week.



24. Due to the nature of Direct Payments we do not always know exactly what type of support the payment is used to purchase. However at £20 an hour, £570,000 would purchase 28,500 hours of care per week.

