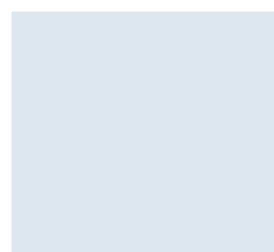
# Southampton City Council and Southampton Clinical Commissioning Group



## Market Position Statement 2015-18:

## Housing solutions for people with care and support needs

NHS
Southampton City
Clinical Commissioning Group

SOUTHAMPTON
CITY COUNCIL

# Contents

**Introduction** 1

**The Market Position Statement – what is it and who is it for?** 2

**Strategic context** 3

**The future shape of local housing solutions for people with care and support needs** 3
- Adults with health and social care needs 3
- Looked After Children and Care Leavers 4
- The opportunity 4

**Market Development Plan 2015-17** 5

**Appendix A: Local demand for accommodation-based care and support services** 6
- Demographics 6
- Level and type of need 7
- Health condition prevalence 8
- Visual/hearing impairment and mobility 9
- Mental health 10
- Learning Disabilities 10
- Continuing healthcare 11
- Looked After Children and Care Leavers 12

**Appendix B: Supply of local housing solutions - the current state and patterns of use** 13
- Residential and nursing bed access by client group 14
- Admission rates in residential and nursing care 15
- Age distribution 16
- Ethnicity and gender 17
- Geographic distribution of bed-based care placements 18
- Continuing healthcare 19
- Case Study – managing continuing health care needs using the 'discharge to assess' model 20
- Extra care and supported living 20
- Looked After Children and Care Leavers 22
- Case study – effective housing solutions for care leavers 23
- Self-funders 23
- Nursing home utilisation rates 24

**Appendix C: Distribution of investment** 25
- Adult Social Care 25
- Split between care home/ non-care home investment 26
- Case study – using extra care services to help older people maintain their independence 27
- SSC published rates for bed-based care 28
- Current actual cost of residential and nursing care 29
- Benchmarking local care costs 30
- NHS Southampton City CCG Continuing Care 31

**Appendix D: Provider Engagement** 32

# Introduction

This Market Position Statement provides information, intelligence, and analysis of benefit to current and prospective providers of accommodation-based care and support services on behalf of Southampton City Council (SCC) and Southampton City Clinical Commissioning Group (SCCCG).

The key messages to note from this report are:

- Use of adult residential care is on the decline, and we aim to accelerate this trend over the next three years by supporting the development of local tenanted care model capacity, and increasing the degree to which this model is used to meet the accommodation-based needs for all funded care groups.

- We want to work collaboratively with the market to develop new solutions for meeting the accommodation-based care needs of our service users, and we are actively encouraging providers to approach us with proposals for how together we can do things differently. In particular, commissioners will prioritise engagement with providers offering to increase the local supply and a greater degree of choice amongst the following service types:

    - Bed-based respite for people with learning disabilities

    - Supported living for people with learning disabilities

    - Nursing care for people with challenging behaviour (particularly dementia and acquired brain injuries) and bariatric need

    - A broad mix of options and tailored accommodation-based support for care leavers

    - Short-term residential placements (i.e. step-up to prevent a hospital admission, or step-down to prevent a delayed discharge, including beds that support 'discharge to assess').

# The Market Position Statement – what is it and who is it for?

The Care Act 2014 requires local authorities to promote the diversity, quality and sustainability of local care services. This duty includes a requirement to promote the efficient and effective operation of local care services, ensure that people wishing to access local care services have a variety of high quality services to choose from, and sufficient information to make informed decisions about the services available. Market Position Statements (MPS) are a key tool by which this duty is undertaken, in that they offer information to current and prospective providers of care services about the state of local supply and demand for care services, how this position is expected to change in the short to medium term, and what changes to service design and delivery the council would like to see in provider-led services to better meet the needs and preferences of its service users in the future. In Southampton, the council and CCG have agreed through the development of an Integrated Commissioning Unit and wider commitment of pooled resources as part of Better Care implementation to realise the following vision:

Working together to make best use of our resources to commission sustainable high quality services which meet the needs of local people now and in the future

To this end, this MPS acts as a statement of how both organisations are collectively seeking to shape the local health and social care market in a manner that is best suited to the needs of the local population and sustainable within the context of available resources.

This MPS does not, however, cover the whole of the care market. It is instead targeted specifically at providers of 'accommodation-based' care and support across the lifespan, inclusive of residential care, nursing homes, foster care, supported living, extra care, and respite though it will also be of significance to service users, carers and others interested in our vision for the local care market.

Last year, SCC and SCCCG jointly spent £48m on accommodation-based care – 39% of the total purchasing budget for this service area. Given the extent to which the fulfilment of both organisations' care-related duties is dependent on this service type, we are prioritising this segment of the local care market for engagement, shaping, and development in the first instance. This MPS will, however, be followed by further MPS's focusing on additional themes and service areas.

Supported housing services designed to prevent homelessness and other adverse outcomes for individuals not in receipt funded social or continuing health care are not within the scope of this position statement. Commissioning intentions for this service area will instead be set out in a forthcoming MPS covering a broader range of preventative services including housing-related support.

Finally, this MPS should be read in conjunction with the following additional reports:

- SCCCG Strategic Plan 2014-19: A healthy Southampton for all
- Southampton JSNA 2014
- Southampton City Council Strategy 2014-2017
- Joint Health and Wellbeing Strategy 2013-16
- Looked after children and care leavers: Placement Commissioning Strategy 2014-17
- Southampton Housing Strategy 2011-2015

# Strategic context

The national health and social care economy is experiencing some of the toughest operating conditions to date, and a 'perfect storm' of factors is putting the system under an unprecedented level of pressure:

1. A sustained reduction of investment in public services over the last five years - a trend that is projected to continue for the foreseeable future

2. An ageing population that is increasingly living with complex and multiple long-term conditions

3. The public's rising expectations regarding the quality of health and social care services, the range of options available for meeting individual care and support needs, and the extent to which the service user and their families are involved in deciding and planning for how those needs will be met.

Due to these factors, the status quo in Southampton's local health and social care services is unsustainable. The city council is currently projecting a budget shortfall of £90m by 2020, and the CCG is forecasting a gap of £68m over the same period. We must therefore work together to dramatically transform local care and support services in a manner that is fit for purpose for the future. Through our Better Care Plan, which commits an initial pooled fund of £60m across the council and CCG, we have set out to redesign the local care system in a manner that is more integrated, puts the individual at the heart of their own care, and makes more effective use of community-based services. The shape of local housing solutions for people with care and support needs, and the extent to which they effectively promote and facilitate independence, self-management, resiliency, and social inclusion is critical to the success of these plans.

# The future shape of local housing solutions for people with care and support needs

The commissioning intentions set out in this section have been developed using the market analysis detailed in the appendices of this position statement, and have been informed by market engagement with current and prospective care service providers.

## Adults with health and social care needs

- Demand for traditional residential care for adults with social care needs is falling and this trend is expected to continue as people increasingly prefer to maintain their independence by receiving care in their own home or within schemes modelled on tenancy-based provision of care and support.

- We want to engage with local providers of residential care who may be interested in using some of their service capacity more flexibly, including provision of respite and other short-term placement types, such step down from hospital.  Additionally, we will prioritise engagement with providers able to respond to referrals 7 days a week, including admission of clients on a Friday or over the weekend.

- We would welcome contact from local providers of residential care services for adults with learning disabilities who believe their scheme may be suitable for deregistration and conversion into supported living.

- We want to work collaboratively with service providers and housing associations to increase the local supply of tenancy-based housing solutions (i.e. supported living, extra care,) for people in receipt of adult social care or continuing health care.

- We want to engage with local providers of nursing care who are interested in increasing the extent to which their service is suitable for people presenting with challenging behaviour (i.e. dementia), or people with specialist needs (i.e. Acquired Brain Injury, bariatric care).

## Looked After Children and Care Leavers

- We expect to continue to be a relatively low user of residential placements for looked after children; meeting needs where a placement is required in most cases through directly managed or independently provided foster care. Where residential placements (including residential schools) or independent foster care is required, the South Central Frameworks will continue to be the primary mechanism used for sourcing these services.

- We need to increase the local supply and mix of appropriate affordable housing solutions for care leavers and homeless 16 & 17 year olds, and the extent to which such services effectively support care leavers to maintain their tenancies and achieve positive outcomes.

People with care and support needs increasingly express a preference to stay in their own home for as long as possible. Where this is not possible, we want to see people holding their own tenancies as a default option. This means a shift in balance from supported accommodation to independent accommodation with services geared towards helping people to access and maintain their own home, including maintaining in their homes through a crisis. This means that people who do need to access accommodation-based services in the future are likely to be people with more complex needs and people with short-term acute needs. Where people do need to be in any form of residential care we want to see this being for a short a time as possible with an emphasis on working towards a move to more ordinary accommodation.

## The opportunity

Commissioners working on behalf of the council and CCG cannot achieve the local ambition of transforming local housing solutions for people with care and support needs in isolation. We must instead work collaboratively with providers across the voluntary, small medium enterprises (SME) and specialist sectors to realise this vision, and we would encourage enquiries from any providers interested in working with us to fulfil the above described service development priorities.

Contact us at market.development@southampton.gov.uk to find out more today.

# Market Development Plan 2015-17

The market development plan below translates the intentions within this report into commissioning objectives for the next two years, working closely with providers and our strategic partners.

## Table 5.1: Market Development Plan 2015-17

| Objective | 2015/16 | | | 2016/17 | | | |
|---|---|---|---|---|---|---|---|
| | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Strategic review of published rates for bed-based care services. | | | | | | | |
| Procure and implement a housing framework for people with complex learning disabilities requiring bespoke housing solutions. | | | | | | | |
| Respond to and proactively engage with providers to co-develop viable proposals designed to achieve the aims of this MPS | | | | | | | |
| Review and redesign provider forums improving relationship and communication management between providers and commissioners. | | | | | | | |
| Undertake city-wide review of respite/ short break solutions for people with learning disabilities | | | | | | | |
| Conduct further analysis and segmentation of care group-specific demand for new housing solutions (i.e. learning disabilities >65) | | | | | | | |
| Develop and implement procurement solution for enabling greater management of the residential and nursing care market | | | | | | | |
| Develop and implement procurement solution for stimulating increased local supply of tenancy-based care and support services | | | | | | | |
| Review current Market Development Plan alongside current state and publish plan refresh. | | | | | | | |

# Appendix A: Local demand for accommodation-based care and support services

## Demographics

The overall resident population of Southampton is estimated to be approx. 237,000, with 268,000 registered with Southampton City CCG GP practices. Based on Hampshire County Council Small Area Population Forecasts (SAPF) for Southampton City (2013), it is estimated there were 33,533 residents aged 65 and over in 2014. The estimated population and % change compared to 2014 is shown in table below.

### Table A.1: Projected Southampton Local Authority Population from 2014 to 2020

| Age Range | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|
| 65-69 | 10,104 | 10,380 (3%) | 10,590 (5%) | 10,318 (2%) | 10,130 (0%) | 10,037 (-1%) | 9,947 (-2%) |
| 70-74 | 7,312 | 7,746 (6%) | 8,220 (12%) | 8,911 (22%) | 9,421 (29%) | 9,776 (34%) | 9,974 (36%) |
| 75-79 | 6,003 | 6,179 (3%) | 6,270 (4%) | 6,420 (7%) | 6,626 (10%) | 6,869 (14%) | 7,220 (20%) |
| 80-84 | 4,971 | 5,028 (1%) | 5,088 (2%) | 5,064 (2%) | 5,227 (5%) | 5,345 (8%) | 5,445 (10%) |
| 85-89 | 3,232 | 3,319 (3%) | 3,454 (7%) | 3,638 (13%) | 3,748 (16%) | 3,766 (17%) | 3,812 (18%) |
| 90+ | 1,911 | 2,042 (7%) | 2,140 (12%) | 2,242 (17%) | 2,327 (22%) | 2,450 (28%) | 2,550 (33%) |
| **65+ Total** | **33,533** | **34,694 (4%)** | **35,762 (7%)** | **36,593 (9%)** | **37,479 (12%)** | **38,948 (14%)** | **38,948 (16%)** |

*Hampshire County Council Small Area Population Forecasts for Southampton City (2013)*

By 2020, the 65+ population is expected to increase by 16% as we expect more people to age well and live longer. This in turn will stagger and impact growth within age groups 70-74 and 90+. By 2030 Southampton's 65+ population is expected to have increased by nearly one third and the over 90 population by 79% compared to 2014 rates (source: subnational population projections). Population pressures mean 93% of the over 85s year olds in Southampton will be living with at least one chronic condition and 47% will have more than four. Amongst the over 65's the equivalent figures are 85% and 30%, an increase of 29% (1,431) is expected over the same period.

The level of social housing provided by the council particularly for over 65's is a key deprivation index indicator and can be used to forecast future demand levels for health and social care. We estimate 12,465 residents were over 65 year olds and living alone in 2014. We anticipate there will be an additional 1,973 (+16%) by 2020 of which 68% will be females.

## Level and type of need

Projected levels of care and support demands in 2020 compared to 2014 is shown in the table below in percentage terms.

### Table A.2: Projected levels of care

| Gender | Unpaid Care | Domestic Tasks | Self Care |
|---|---|---|---|
| Male | +388 (18.4%) | +1,053 (23.3%) | +849 (21.8%) |
| Female | +277 (12.2%) | +1,403 (14.8%) | +1,130 (14.9%) |
| **Total** | **+664 (15.2%)** | **+2,454 (17.6%)** | **+1,980 (17.2%)** |

Given this analysis, 4,386 residents aged 65 years old and older provide unpaid care to a partner, family member or other person, of which 41% of these provide more than 50 hours. It is projected that the numbers providing unpaid care will increase by 664 (15.2%) by 2020.

From the same population cohort, we estimate 13,970 residents aged 65 years old and older are unable to manage at least one domestic task on their own. It is projected this will increase by 2,454 (17.6%) by 2020.

Approximately 11,487 residents aged 65 years old and older are unable to manage at least one self-care activity on their own. It is projected this will increase by 1,980 (17.2%) by 2020 but it should be noted that the prevalence rates maybe be higher as projections presented here are based on a survey in 2001.

## Health condition prevalence

The table below provides current and future health condition projections using POPPI data sources and 2013 SAPF population estimates:

### Table A.3: Current and future health condition projections

| Health Condition | 2014 | 2020 | Change | % Change |
|---|---|---|---|---|
| Depression | 2,901 | 3,349 | 448 | 15.4% |
| Severe Depression | 929 | 1,072 | 143 | 15.4% |
| Dementia | 2,499 | 2,991 | 492 | 19.7% |
| Heart Attack | 1,640 | 1,912 | 272 | 16.6% |
| Stroke | 772 | 908 | 136 | 17.6% |
| Bronchitis\emphysema | 562 | 657 | 95 | 16.8% |
| Falls | 9,056 | 10,605 | 1,548 | 17.1% |
| Falls – hospital admissions | 713 | 844 | 131 | 18.3% |
| Continence – bladder problem less than 1 p/w | 2,097 | 2,463 | 366 | 17.4% |
| Continence – bladder problem at least 1 p/w | 5,553 | 6,482 | 929 | 16.7% |
| Obese >30 BMI | 8,671 | 9,949 | 1,278 | 14.7% |
| Diabetes (diagnosed) | 4,151 | 4,833 | 682 | 16.4% |
| Limiting Long Term Illness | | | | |
| Day-to-day activities limited a little | 9,022 | 10,509 | 1,487 | 16.5% |
| Day-to-day activities limited a lot | 9,059 | 10,623 | 1,564 | 17.3% |

We can conclude from the above information there will be a 15% prevalence increase across all health conditions. We expect the highest prevalence increase of 20% for people living with dementia by 2020.

## Visual/hearing impairment and mobility

The table below provides current and future population demand for people estimated to be living with visual/hearing impairment and mobility needs:

| Type of Impairment | 2014 | 2020 | Change | % Change |
|---|---|---|---|---|
| Visual Impairment | | | | |
| 65-74 moderate or severe visual impairment | 975 | 1,116 | 140 | 14% |
| 75 and over moderate or severe visual impairment | 1,999 | 2,359 | 361 | 18% |
| 75 and over predicted to have registerable eye conditions | 1,031 | 1,218 | 186 | 18% |
| Hearing Impairment | | | | |
| Moderate or severe hearing impairment | 14,521 | 17,084 | 2,563 | 17.7% |
| Profound hearing impairment | 397 | 471 | 75 | 18.8% |
| Mobility | | | | |
| Unable to manage at least one mobility activity on their own | 6,365 | 7,516 | 1,151 | 18.1% |

There are 757 people registered with a moderate or severe visual impairment aged 75 or over and 851 with a moderate or severe hearing impairment as at 31st March 2014 with Southampton City Council. Whilst prevalence rates are increasing across all types of impairments, the number of people living with moderate or severe hearing impairment is expected to increase the most by 17.7% equivalent to 2563 cases by 2020.

## Mental health

At any one time, around 10-15% of the over 65s population will have depression and 25% will show symptoms of depression. The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. More severe depression is less common, affecting 3-5% of older people. Generalised Anxiety Disorder is a common mental health need in later life, with predicted prevalence rates of 2-4% among older people living in the community. The prevalence of anxiety among older people living in care homes is 6-30%. Southampton is projected to show very modest growth in the prevalence of mental health conditions over the next 5 years as shown in the table below:

#### Table A.5: Local prevalence of mental health conditions

| Mental Health | 2014 | 2020 | Change | % Change |
|---|---|---|---|---|
| People aged 18-64 predicted to have a common mental disorder | 25,943 | 26,354 | 411 | 1.6% |
| People aged 18-64 predicted to have psychotic disorder | 644 | 654 | 10 | 1.5% |
| People aged 18-64 predicted to have two or more psychiatric disorders | 11,682 | 11,892 | 210 | 1.8% |

Commissioners are currently undertaking a review of mental health services that will conclude towards the end of the year. There is further work and consultation taking place but key themes are already emerging - in line with national and local priorities, we are looking to ensure services are recovery orientated and that people have maximum choice and control of their own care and treatment. There has, and will continue to be, an emphasis on people accessing services in community settings and on employment being the norm for people with mental health conditions who are of working age. There will be opportunities within the MH review for providers to input into the process, particularly around the extent to which rehabilitation services may make greater use of community-based models to support the transition back to independent living following an acute hospital stay.

## Learning Disabilities

#### Table A.6: Estimated number of older people with learning disabilities

| Learning Disability | 2014 | 2020 | Change | % Change |
|---|---|---|---|---|
| Learning Disability | 690 | 811 | 122 | 17.7% |
| Moderate or Severe Learning Disability | 93 | 108 | 14 | 15.4% |
| Autistic Spectrum Disorder | 305 | 361 | 56 | 18.5% |

*Source: POPPI*

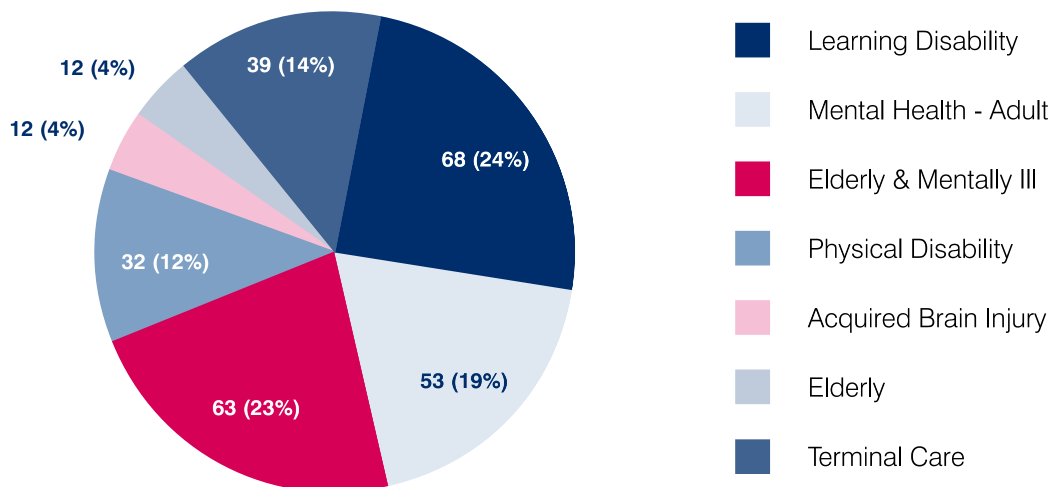
The number of older people living with a learning disability in Southampton is expected to increase by 18%. This prevalence rate is higher than the frequent minimum rate of 15% as set out in previous sections.

## Continuing healthcare

NHS Continuing Healthcare is arranged and funded by Southampton Clinical Commissioning Group for people who are not in hospital and have complex ongoing healthcare needs. Eligibility is assessed on demonstrating main or primary need for care is health related, for example having a complex medical condition that requires frequent care and support or highly specialized nursing support. Continuing healthcare can be provided in a range of settings such as at a patient homes, residential, supporting living or hospices.

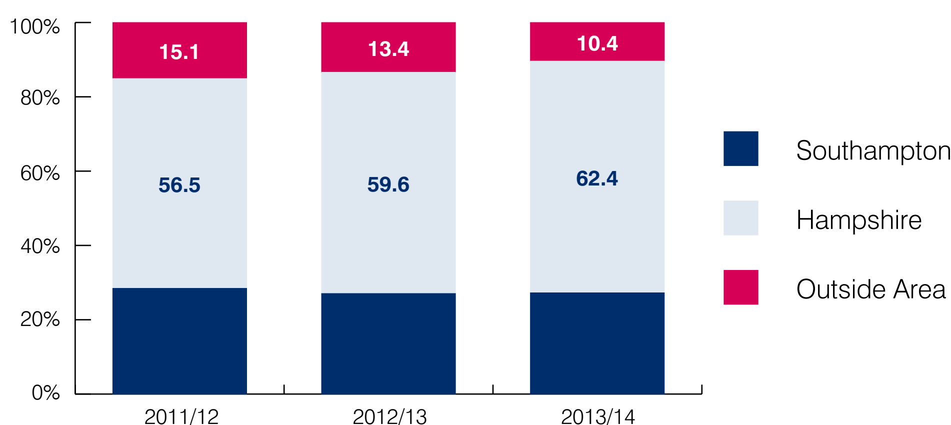
In 2013/14 there was a total of 279 Continuing Care placements. The chart below provides a breakdown of continuing healthcare placements by care group. Learning disability represents almost a quarter of all continuing health care placements, followed closely by elderly and mentally ill service users.

**Figure A.1: Continuing health care clients by care group**




In 2013/14, 26.5% are placed in Southampton City LA and 62.4% in Hampshire (26% of total in Eastleigh, 9% Winchester and 8% Test Valley) and 10.4% placed out of area. Learning disabilities (24%), elderly and mentally ill and adults with mental ill health account for 2 in 3 placements. The chart below provides a placement breakdown by Southampton, Hampshire and outside area.

**Figure A.2: Continuing health care client placements by local, region and outside area.**




Half of the clients receiving care through Continuing Care were aged 18 – 64 years old in 2013/14; the proportion by age range has remained relatively similar over the past three years.

**Table A.7: CHC clients by age**

| | Number of Clients | | | Percentage | | |
|---|---|---|---|---|---|---|
| **Age Range** | **2011/12** | **2012/13** | **2013/14** | **2011/12** | **2012/13** | **2013/14** |
| 18-65 | 167 | 146 | 140 | 48% | 46% | 50% |
| 65-74 | 55 | 49 | 43 | 16% | 16% | 15% |
| 75-84 | 69 | 62 | 55 | 20% | 20% | 20% |
| 85+ | 54 | 57 | 41 | 16% | 18% | 15% |
| **Grand Total** | **345** | **314** | **279** | **100%** | **100%** | **100%** |

## Looked After Children and Care Leavers

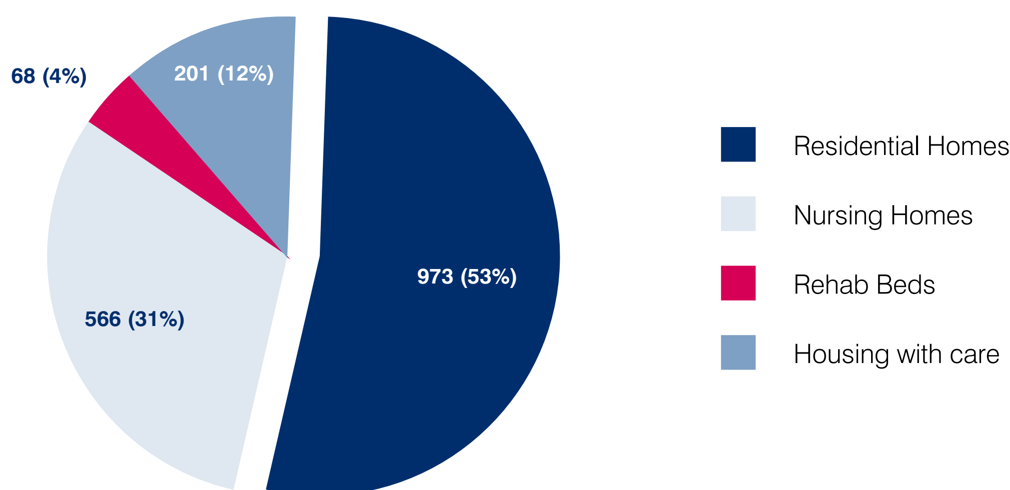
Southampton has one of the highest rates of Looked After Children (LAC) per 10,000 population capita in the country. Last year, the council spent £22m on LAC and care leavers' provision. Residential placements accounted for £2.3m (11%) and permanent care for children and carer leavers accounted for £1.8m (8%) of the total annual spend in 2014/15.

The number of Looked After Children in Southampton has grown significantly in recent years almost doubling from its low of 268 in March 2007 to 482 in March 2013 and increasing to 507 by the end of December 2013. As at the end of December 2013, of the 507 children looked after in Southampton, 81% were in foster care (excluding those placed for adoption with current foster carers) which comprises 239 with in-house mainstream carers, 68 children placed with family and friends carers and 105 placed with Independent Fostering Agencies (IFAs). At the end of December 2013 88% of the City's care leavers who were in contact with the City, were placed in suitable accommodation such as young people's hostels, and supported living and independent lodgings. With the increasing number of children being taken into care, we can expect greater numbers of care leavers to follow in coming years.

# Appendix B: Supply of local housing solutions - the current state and patterns of use

The council and CCG commission a range of options for people requiring bed based care and support. The pie chart below presents the type of provision currently available in the city, including overnight and medium/long term stay.

**Figure B.1: Housing solutions by service type**




Residential and nursing home beds currently account for more than 80% of the total number of beds available in the city, whilst housing with care schemes only account for 12%. The shape of provision is such that there is oversupply of residential capacity which is not fully utilised as new admissions rates continue falling, as more people choose to receive care at home, within the community or through housing with care schemes.

The significant undersupply of housing with care schemes means there is limited choice for people and reduces opportunities to maintain independence within the community and delay access to high level services.

## Residential and nursing bed access by client group

The table below provides a 16-week snapshot from 19.09.2014 to 02.01.2015 showing which care groups are accessing residential and nursing beds in the city.

### Table B.1: Bed based care placements by care group

| Care Group | Residential | Nursing | Total |
|---|---|---|---|
| Older People | 744 | 566 | 1,310 |
| Dementia | 665 | 465 | 1,130 |
| Mental Health | 507 | 46 | 553 |
| Physical Disabilities | 208 | 203 | 411 |
| Learning Disabilities | 137 | 0 | 137 |
| Substance Misuse | 97 | 0 | 97 |

*Note: Figures are not cumulative.*

Over 80% of those accessing residential and nursing beds fall within the older people's category. Over the same period 73% of those accessing services require specialist dementia bed-based care. Over-provision of residential care and under-supply of tenancy-based care suggests an imbalance in the local care economy, an over-reliance on high threshold care, and an insufficient range of choices available for people with care and support needs.

## Admission rates in residential and nursing care

In 2013/14 SCC supported 930 residents supported in residential and nursing homes, an increase of 43 (4.8%) compared to the previous year. This is compared to a decrease of 39 (9.5%) new admissions – this may indicate an increase in length of stay of residents during 2013/14.

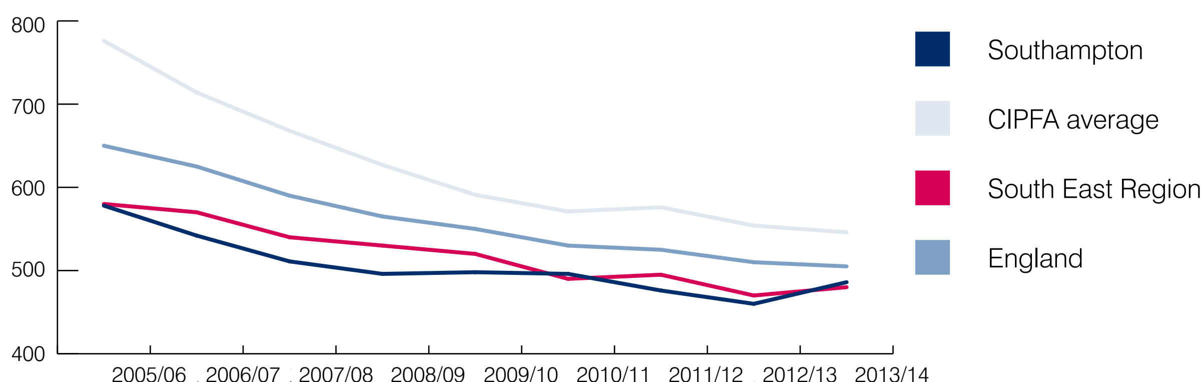
### Table B.2: Residential and nursing home first admissions

| Year | Number | | | Percentage | | |
|---|---|---|---|---|---|---|
| | LA Run Homes | Residential* | Nursing* | LA Run Homes | Residential* | Nursing* |
| First Admissions | | | | | | |
| 2011-12 | | 195 | 162 | | 55% | 45% |
| 2012-13 | | 237 | 175 | | 58% | 42% |
| 2013-14 | | 205 | 168 | | 55% | 45% |
| Snapshot as at 31 March | | | | | | |
| Mar-12 | 94 | 533 | 285 | 10% | 58% | 31% |
| Mar-13 | 94 | 492 | 301 | 11% | 55% | 34% |
| Mar-14 | 103 | 513 | 314 | 11% | 55% | 34% |

Residential care home admissions account for a higher proportion of admissions compared to nursing homes in each of the past three years but first admissions to residential care homes has decreased by 32 (13.5%) and 7 (3.0%) for nursing homes in the past year. We expect this trend to continue as more people choose to remain at home, receive support in the community and maintain their independence through supported housing schemes.

Further analysis in the chart below combines the number of residents within residential and nursing care homes as at 31 March 2014 for Southampton, Chartered Institute of Public Finance (CIPFA) average, South East region and England.

### Figure B.2: Number of Residents in Care Homes Per Capita, (March 2006 to March 2014)



We can conclude from the above chart the number of residents within a residential and nursing care home in Southampton has been steadily declining over the last decade. Southampton has lower numbers of residents in residential and nursing homes compared to England (4%) and CIPFA averages (12%). In addition to falling numbers of residential and nursing home residents, the table below provides local and national rates for local authority and independently run residential and nursing homes:

**Table B.3: Local and national rates of Local Authority and independently run nursing and residential homes**

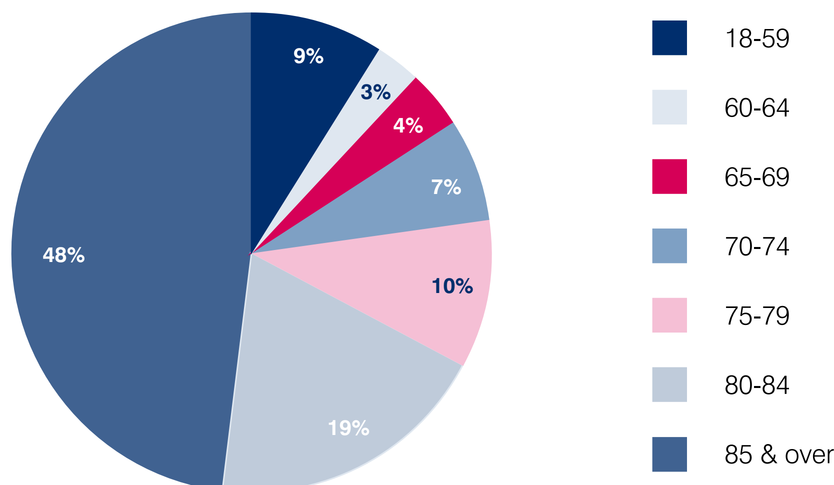
| Type | Soton Rate | CIPFA | | England | |
|---|---|---|---|---|---|
| | | Rate | Difference | Rate | Difference |
| LA Homes | 55 | 30 | 25 (83%) | 20 | 35 (175%) |
| Independent Residential | 268 | 372 | -104 (28%) | 350 | -82 (23%) |
| Independent Nursing | 164 | 145 | 19 (13%) | 135 | 29 (21%) |
| **Total** | **486** | **546** | **-60 (12%)** | **505** | **-19 (4%)** |

Southampton has less than the average number of independent residential beds, which is compensated for by a higher level of local authority owned beds. Local supply of independent nursing is greater than both the CIPFA and England averages.

## Age distribution

The chart below highlights the proportion of first admissions by age group over the past three years. In 2013/14, the average age of first admissions to residential and nursing homes was 80.6 years and 9 in 10 are aged 65 or over (compared to 75.4 and 8 in 10 at year end). Nearly 1 in 2 admissions are aged 85 or over and more than 3 in 4 admissions aged 75 and over.

**Figure B.3: Residential and nursing home first admission by age range 2011-14**



Over the past three years the average age of first admissions for nursing homes was 4.9 years higher compared to residential care homes (83.3 compared to 78.4 years) with 95.8% of nursing home admissions aged over 65 years old and 83.4% of care home admissions.

## Ethnicity and gender

Whilst the age profile for residential and nursing care homes has changed, ethnicity and gender profile in the sector remains stable. In 2013/14, 94.9% of first admissions to residential and nursing homes were White residents and 5.1% Black or Minority Ethnic (BME). This appears to be representative of Southampton's population, as 4.0% of 65+ year olds residents are BME group. The proportion of admissions for BME groups has increased in the past three years (1.1% to 3.5%). The ethnic profile is relatively similar within residential care and nursing homes. This trend is similar at year-end with 94.7% of residents White compared to 97.3% in 2011/12. In 2013/14, a higher proportion of first admissions to residential and care homes were female (62%) compared to male (38%), however the proportion that are male has increased over the past three years. This is a similar trend as at year end snapshot.

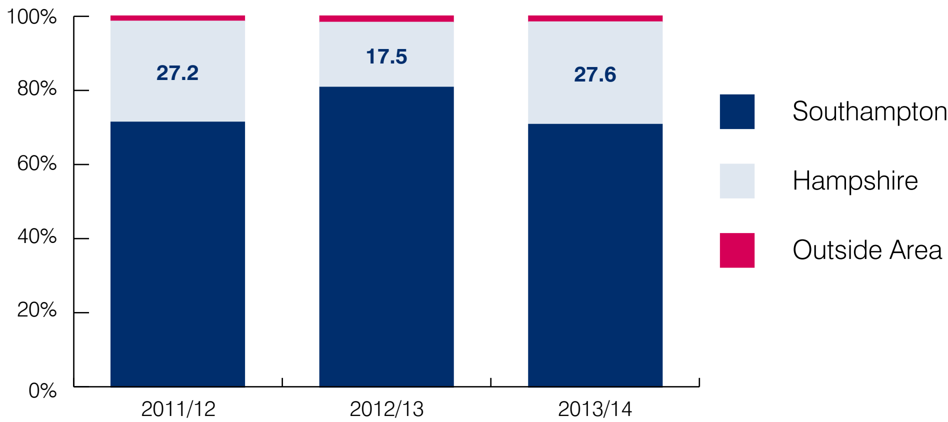
### Table B.4: First admission by gender

| Gender | 2011-12 | 2012-13 | 2013-14 |
|---|---|---|---|
| First Admissions | | | |
| Female | 67% | 62% | 62% |
| Male | 33% | 38% | 38% |
| At Year End Snapshot | | | |
| Female | 64% | 59% | 60% |
| Male | 36% | 41% | 40% |

The average age of first admission over the last three years is 7 years older for females (83.1 compared to 76.1) and 15.3 years older for males (81.6 compared to 66.3).

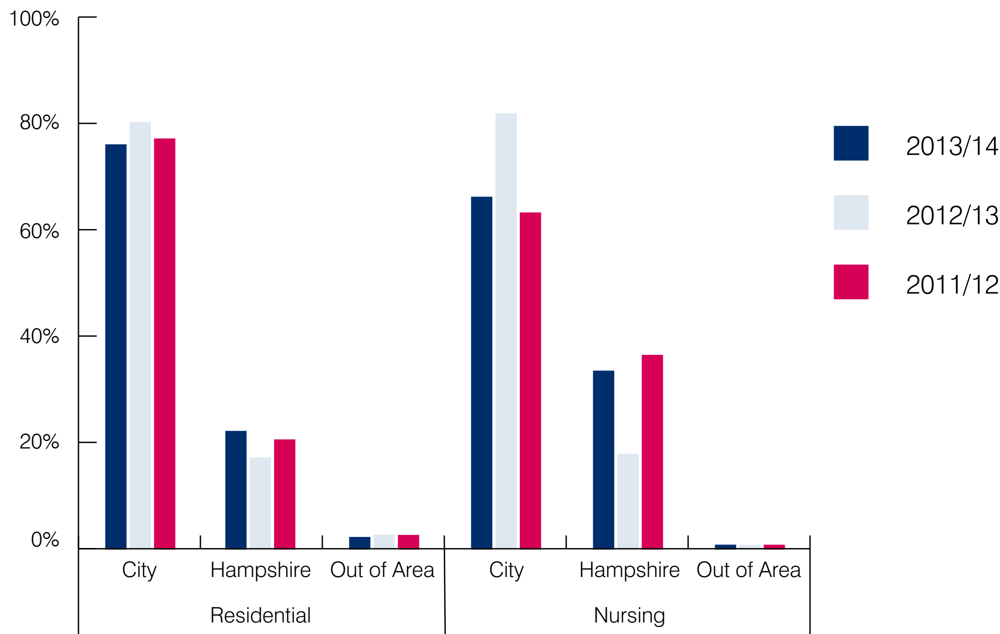
## Geographic distribution of bed-based care placements

### Figure B.4: Distribution of local, regional and out of city bed-based care




In the March 2014 year-end snapshot, 69% of all bed-based placements were within the city, 24% Hampshire and 6% out of area. In the past three years, nearly 3 in 4 of all new care home admissions were placed within the Southampton city boundary.

### Figure B.5: Local, regional and out of area breakdown of residential and nursing care placements




A higher proportion of residential care home first admissions are placed in Southampton compared to nursing homes in 2013/14 (77.1% compared to 63.1%) but a higher proportion are placed outside of Hampshire area (2.4% compared to 0.6%). The number of residential clients placed in Southampton has fallen by 39 (17%) in the past year and nursing by 37 (26%) whilst the number of nursing residents placed within Hampshire has nearly doubled from 31 to 61. A weekly snapshot on 3 February 2015 highlighted the postcode sector residents are placed in by client group:

### Table B.5: Residential and nursing placements by postcode area

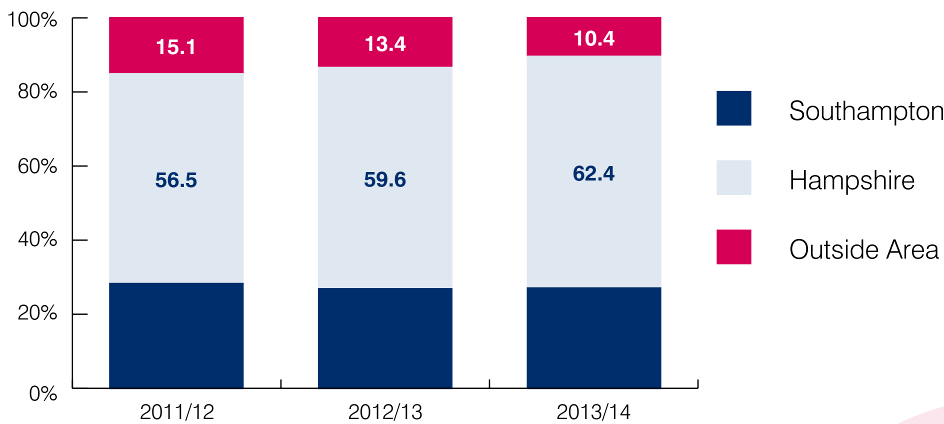
| | Number of Clients | | | % by Postcode Sector | | |
|---|---|---|---|---|---|---|
| **Client Group** | **SO14-19** | **Other SO** | **Other** | **SO14-19** | **Other SO** | **Other** |
| Nursing | 192 | 96 | 16 | 63% | 32% | 5% |
| OP Nursing | 105 | 46 | 6 | 67% | 29% | 4% |
| OP Nursing w/dementia | 64 | 35 | 7 | 60% | 33% | 7% |
| MH Nursing | 14 | 6 | 2 | 64% | 27% | 9% |
| LD Nursing | 5 | 5 | 1 | 45% | 45% | 9% |
| YPD Nursing | 4 | 4 | | 50% | 50% | 0% |
| Residential | 284 | 72 | 112 | 61% | 15% | 24% |
| OP Dementia | 90 | 18 | 4 | 80% | 16% | 4% |
| LD Residential <65 | 80 | 30 | 61 | 47% | 18% | 36% |
| OP Residential | 48 | 15 | 7 | 69% | 21% | 10% |
| MH Residential >65 | 21 | 2 | 4 | 78% | 7% | 15% |
| MH Residential <65 | 17 | 5 | 11 | 52% | 15% | 33% |
| LD Residential >65 | 12 | 1 | 16 | 41% | 3% | 55% |
| YPD Residential | 10 | 1 | 9 | 50% | 5% | 45% |
| **Total** | **470** | **168** | **128** | **61%** | **22%** | **17%** |

We can conclude from the table above there is a particular overreliance on out of area placements for people with learning disabilities. 1/3 of under 65's and half of over 65's are placed of out area.

## Continuing healthcare

In 2013/14 there was 279 Continuing Care placements in Southampton. 26.5% are placed in Southampton City LA and 62.4% in Hampshire (26% of total in Eastleigh, 9% Winchester and 8% Test Valley) and 10.4% placed out of area. Learning disabilities (24%), elderly and mentally ill and mental health account for 2 in 3 placements. The table chart below provides continuing healthcare placement by local, regional and outside of area:

**Figure B.6: Continuing health care client placements by local, region and outside area.**




## Case Study – managing continuing health care needs using the 'discharge to assess' model

Mrs H was admitted to hospital following an acute infection, deteriorating dementia and experiencing high levels of anxiety. After a short stay in hospital Mrs H was assessed as medically fit for hospital discharge. A Discharge to Assess (D2A) placement was discussed with Mrs H as a suitable short-term option to continue support in a community setting.

Hospital staff worked closely with Mrs H, her family and care home providers to source an appropriate nursing home to meet her challenging needs. Mrs H successfully transitioned into the nursing home for a settlement period prior to a full assessment for CHC eligibility.

Mrs H was assessed as eligible for CHC with supporting evidence and recommendations from the nursing home. Mrs H was able to remain at the Nursing home where she had clearly settled and developed good relationships.

The client's family found the experience of accessing CHC from referral, decision making to regular communication with healthcare staff very satisfying. The D2A program reduced Mrs H stay in hospital, allowing her to settle into a more appropriate and non-acute and flexible environment that can be adaptable to meet her on going and changing needs.

## Extra care and supported living

In addition to home adaptations and working with housing providers, Southampton offers a range of tenancy-based schemes for people with social care and health needs, promoting independence and community-based living. Extra care and supported living schemes are an alternative option to residential and nursing care. Schemes are delivered using an integrated service model joining up health, social care, housing and community partners to deliver individual tailored care and support. There are four extra care schemes in Southampton, three of which are council-owned. Supported living schemes offer a range of interventions which include:

- Household tasks
- Personal care
- Maintaining a tenancy
- Taking medication
- Money management
- Building links with friends, family and the community
- Social and leisure activities
- Making healthy lifestyle choices.

The graphs below present a weekly snapshot at 14th January 2015 on the number of residents within supported living and extra care schemes and uptake by age:

**Figure B.7: Extra care and support living schemes clients in Southampton**

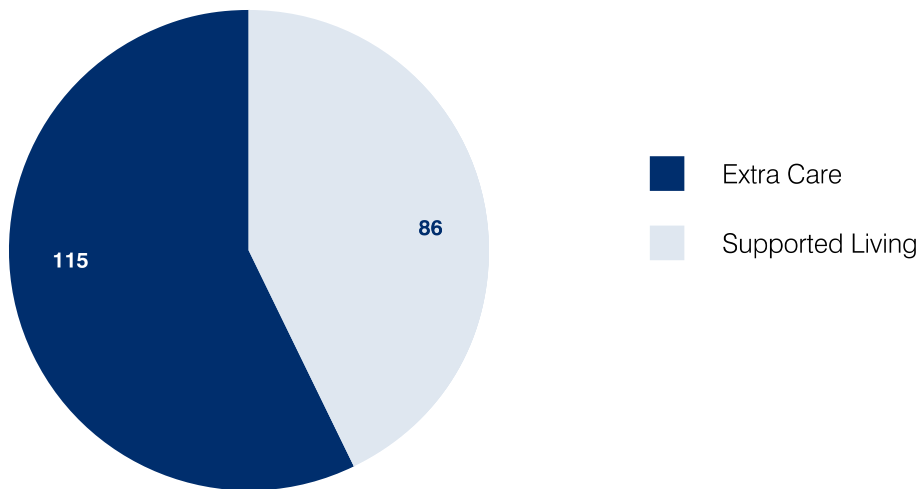
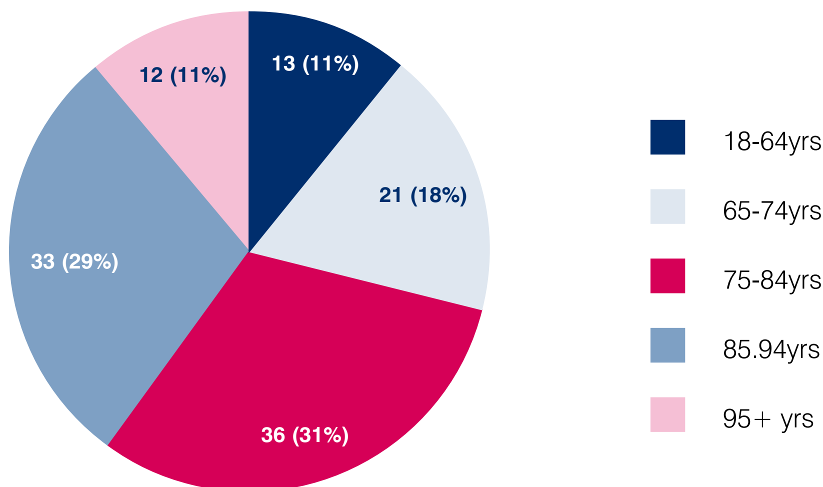



**Figure B.8: Tenancy-based care placements by age group**




More than half of extra care clients - 66% (76 of 115) primary support involves physical support such as personal care, 21% (21 out of 115) require memory & cognition support and 16% other. The number and proportion provided within Extra Care by age range is shown in the chart above.

Uptake of extra care schemes is increasingly popular with older care groups with more than 75% being aged over 65+, of which 31% are aged between 75-84 years old and 29% between 85-94 years old.

## Looked After Children and Care Leavers

Last year, Southampton Council spent £22m on looked after children and care leavers provision across the city. Residential placements accounted for £2.3m (11%) and permanent care for children and carer leavers accounted for £1.8m (8%) of the total annual spend in 2014/15. In October 2013 of there were 107 care leavers living in the city in range of accommodation settings this included:

- 24 young people in supported housing (flats, shared living)
- 28 with family and friends
- 26 in council/private rented accommodation
- 3 in custody or secure home
- 6 other e.g. Army or adult placement (e.g. shared lives)
- 6 not known (not in touch with the service)
- 13 young people who are living with their foster carers in 'Staying Put' arrangements
- 1 young person is living in a residential placement following a breakdown in a supported lodgings placement

Specific areas for fostering recruitment are being targeted in response to the presenting needs of the looked after population in Southampton. The target areas are as follows:

- Mother and baby placements (including assessment placements);
- Placements for sibling groups;
- Placements for young people aged 12+, including for those staying put 18+

Southampton's OFSTED 2014 report concluded services for looked after children and carer require improvement. A number of recommendations relate directly to supply of services in relation to the care and support interventions requiring accommodation related support:

- Expand the range and availability of suitable accommodation options for care leavers and eliminate the use of unsuitable provision such as bed and breakfast accommodation.
- Ensure that the provision of Section 20 of The Children's Act 1989 duty for local authorities to provide accommodation and the availability of looked after services are appropriately considered and discussed with homeless 16 and 17 year olds.

Commissioned services have since been reviewed and there have been negotiations with supported housing providers for young people. These negotiations have focused on capacity, quality and price and are intended to better meet the needs of care leavers and homeless 16/17 year olds in the city. The changes within the supported housing provision will provide up to 21 units of accommodation specifically for care leavers and 16 and 17 year olds. In addition, pregnant care leavers and those with children will continue to access teenage parent accommodation in the city.

## Case study – effective housing solutions for care leavers

Anna had been under local authority care since the age of 14 as result family relationship breakdown that involved domestic abuse. After a number of placements at 16 Anna was placed out of city in Bournemouth. Anna engaged well with support offered, and maintained a positive and proactive attitude to becoming independent. The Next Steps programme offered Anna support in accessing training and employment. Living independently Anna found budgeting difficult and intensive support was delivered by the programme to resolve this. The programme helped Anna access local housing association accommodation and she moved from placement into her own accommodation within 4 months.

## Self-funders

The table below presents the estimated number of self-funders for those who pay for residential and nursing placements in Southampton:

### Table B.6: Self-funders by care type

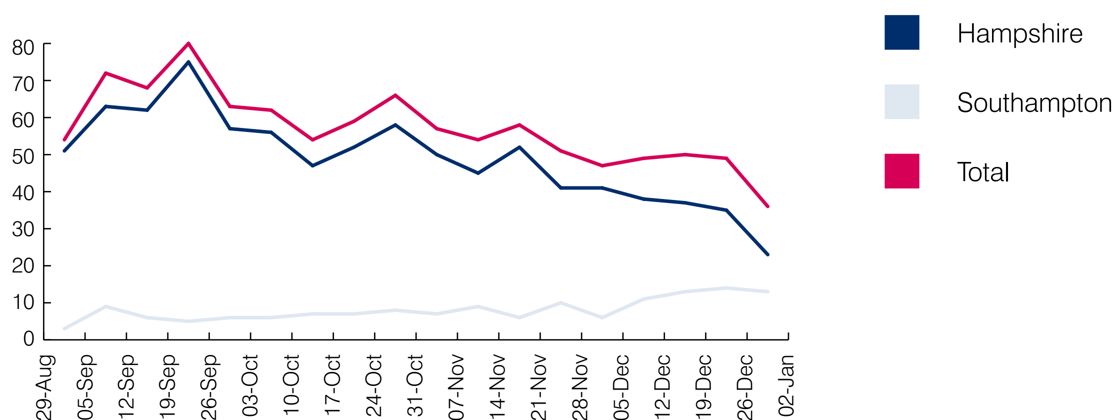
| Self-Funders | Number |
|---|---|
| Domiciliary care self-funders | 994 |
| Residential & nursing Self Funders | 432 |
| Self-funders Total | 1,426 |
| Adult social care funded users | |
| Turning 18 | 6 |
| Total domiciliary care 18-64 | 989 |
| Total domiciliary care 65+ | 1,370 |
| Total residential / nursing care 18-64 | 177 |
| Total residential / nursing care 65+ | 700 |
| Total eligible funded users | 3,242 |
| **Total Users** | **4,668** |

Using the information in the table above from PANSI and POPPI populations and surveys, we estimate self-funder utilisation of local residential and nursing beds accounts at 32% of total capacity.

## Nursing home utilisation rates

On average there are eight nursing home vacancies in Southampton and 18 in Hampshire per week. The table shows the number of vacancies per week and that this has declined over this period.

### Figure B.9: Nursing home vacancies




*Source: SCC weekly digest report 19-Sep-14 to 2-Jan-15 (16 weeks)*

For the same snapshot period the number of vacancies by care group type based on a snapshot each week over the period within the chart above can be seen in the table below:

### Table B.7: Nursing home vacancies by care group

| | Southampton | | Hampshire | | Total | |
|---|---|---|---|---|---|---|
| Care Group | No | % | No | % | No | % |
| Physical Disability (PD) | 122 | 84% | 333 | 38% | 456 | 44% |
| Learning Disability | 0 | 0% | 98 | 11% | 98 | 10% |
| Dementia | 91 | 62% | 610 | 69% | 701 | 68% |
| Older People | 84 | 58% | 654 | 74% | 738 | 72% |
| Palliative | 86 | 59% | 390 | 44% | 476 | 46% |
| Mental Health | 82 | 56% | 199 | 23% | 281 | 27% |
| Acquired Brain Injury | 56 | 38% | 161 | 18% | 217 | 21% |
| Challenging Behaviour | 11 | 8% | 283 | 32% | 294 | 29% |

*Source: SCC weekly digest report 19-Sep-14 to 2-Jan-15 (16 weeks). Note: percentages will not add up to 100% as nursing care homes will accept clients for more than one care group so there will be double counting.*

We can conclude from the tables above whilst local nursing beds in Southampton are well utilised there is an increasing dependency on Hampshire nursing homes. This is particularly evident for people with challenging behaviour, where there is a lack of supply within local homes to meet increasing specialist demand.

# Appendix C: Distribution of investment

## Adult Social Care

The total adult social care estimated spend in 2014/15 for residential and nursing care was £35,115m. A breakdown by budget is shown in the table below:

### Table C.1: Adult Social Care Spend £,000

| Budget | 2012/13 | 2013/14 | 2014/15 |
|---|---|---|---|
| Older Persons | | | |
| Nursing | 8,360 | 8,276 | 9,729 |
| Residential | 9,906 | 9,666 | 9,718 |
| Physical Disabilities | | | |
| Nursing | 746 | 593 | 455 |
| Residential | 662 | 875 | 996 |
| Learning Disabilities | | | |
| Residential & Nursing | 12,024 | 12,242 | 12,872 |
| Mental Health | | | |
| Residential & Nursing | 1,238 | 1,199 | 1,345 |
| **Total** | **32,936** | **32,851** | **35,115** |

## Split between care home/ non-care home investment

The table below provides a weekly snapshot for residential care, supported living and adult domiciliary care shows that 60% of funding is residential care and 40% non-residential.

### Table C.2: weekly care and non-residential costs

| Type of Care | Annual SCC Care Cost | % |
|---|---|---|
| Care Homes | £27m | 60% |
| Nursing | £9.7m | 22% |
| Residential | £17.3m | 38% |
| Non-Residential Care | £17.9m | 40% |
| Supported Living | £5.3m | 12% |
| Extra Care | £1m | 2% |
| Domiciliary Care | £11.6m | 26% |
| **Total** | **£44.9m** | **100%** |

We can conclude from the table above that tenancy-based care models only account for 14% of the total adult social care spend in Southampton. We intend to accelerate use of extra care and supported living schemes to meet increasing demand as the population ages and more people wish to exercise choice, remain in their homes, receive care within the community and delay access into residential and nursing care.

## Case study - using extra care services to help older people maintain their independence

Mrs D, aged 72, is frail and finding it increasingly difficult to walk unaided. She was having difficulties climbing the stairs at home, and also was going out less and less. Her mobility issues were making her depressed and increased her sense of isolation. The problems were such that a move to residential care was being considered by herself and her family.

To keep Mrs D as active as possible, and to enable her to continue to live independently, an SCC Care Manager discussed extra care as an option with Mrs D. Although Mrs D took some persuading she agreed to look at the available schemes.

Mrs D moved into an extra care scheme. She was supported with the move by both the care and housing staff. She was welcomed by other residents both as she moved in, and as she was helped to take part in the activities in the service.

Mrs D is very happy living in an extra care service. She is more active now, is taking part in a variety of activities, and has access to health workers, opticians and hairdressers, all on the one site, reducing her need to travel. She remains independent, her care hours have reduced, and being in the service with other people she now knows and is active with, has helped her to tackle her depression.

## SSC published rates for bed-based care

Southampton City Council published rates for residential and nursing care in 2014/15 are shown in the table below. The rates below are used by social care professionals to source and broker care and support which meets the needs of the individual once an assessment has been completed.

### Table C.3: SCC ASC published rates

| Code | Client Groups | Per Week |
|---|---|---|
| | Residential Care Homes | |
| 1 | Social Care Rate | £296.59 |
| 2 | Very Dependent Social Care Rate | £365.05 |
| 2A | Very Dependent Social Care with Dementia | £430.85 - See Note 2 |
| 3 | Enhanced Physical/Mental Health Needs. | See Note 1 |
| | Nursing Care Homes | |
| 4 | Social Care Rate<br>(includes 9A very dependent nursing for people with dementia) | £481.53 |
| 5 | Enhanced Nursing Care Needs<br>Existing contracts that are over the SCC maximum funding level and not covered by Codes 1, 2 or 2A will be subject to 0% uplift | See Note 4 |

1. Existing contracts that are over the SCC maximum funding level and not covered by Codes 1, 2 or 2A will be subject to 0% uplift.

2. Code 2A applies to residents, placed on or after 1 March 2004, that meet the dementia criteria.

3. The maximum funding level for Nursing Care placements, referred to as the 'social care rate' is net of the NHS payment to be determined and paid by the relevant CCG.

4. Existing contracts for residents in Nursing Homes with individually negotiated rates over the SCC maximum funding level, will be subject to a standard uplift of 0% on the gross rate. SCC will pay to the Home the new gross rate less the payment made direct by the relevant CCG, or the new Code 4 Social Care Rate, whichever is the higher.

5. The above rates apply to all Adults over the age of eighteen funded by Southampton City Council.

## Current actual cost of residential and nursing care

A snapshot of residential and nursing care costs within week ending 3rd February 2015 has been compared to Southampton City Council residential care maximum funding levels per week for 2014/15. The table below highlights the range of costs against funding levels broken into client care groups.

### Table C.4: Mean and range costs by care groups per week

| Primary Support Reason | Mean Cost | Range |
|---|---|---|
| OP Dementia | £487 | £431-495 |
| LD Residential <65 | £1,243 | £351-3530 |
| OP Residential | £441 | £365-901 |
| MH Residential >65 | £455 | £237-796 |
| MH Residential <65 | £599 | £189-1139 |
| LD Residential >65 | £1,028 | £413-1698 |
| YPD Residential | £751 | £365-1374 |
| **Total** | **£709** | **£189 - 3530** |

We can conclude from the above information that SCC is across care and age groups paying on average more for care than would be indicated through its published rates. For dementia care, SCC is paying an average of 12% more than its published rate for this care type, and the average cost of standard residential care for an older person is 1/3 greater than the expected rate. Average weekly residential care costs for other care groups are even greater, and the cost of care for people with learning disabilities continues to exert a disproportionate pressure on adult social care finances.

### Table C.5: Mean and range of costs of nursing home placements

| Primary Support Reason | Mean Cost | Range |
|---|---|---|
| OP Nursing | £592 | £482-1421 |
| OP Nursing w/dementia | £592 | £371-1421 |
| MH Support Nursing | £636 | £482-1400 |
| LD Support Nursing | £771 | £563-1258 |
| YPD Nursing | £746 | £482-1300 |
| **Total** | **£605** | **£371-1421** |

A similar picture is shown in the table above, where for standard nursing care the council is paying on average 19% more than the published rate for nursing care, and with even greater average increases shown for other care group-specific nursing home placements.

## Benchmarking local care costs

Unit costs provided by the Health & Social Care Information Centre for 2013-14 for personal social care services shows that Southampton costs are marginally lower for than England and CIPFA average with exception for mental health care groups. A selected range of unit costs services are highlighted in the table below:

### Table C.6: SCC ASC comparative weekly costs

| Average gross weekly expenditure per person on supporting: | Southampton | CIPFA Avg | England |
|---|---|---|---|
| Adults and older people in residential and nursing care (including full cost paying and preserved rights residents) and providing intensive home care | £614 | £645 | £597 |
| Older people in residential and nursing care (including full cost paying and preserved rights residents) | £551 | £543 | £537 |
| Older people in nursing care | £511 | £537 | £534 |
| Adults with a Learning disability in residential and nursing care (including full cost paying and preserved rights residents) | £1,296 | £1,453 | £1,336 |
| Adults aged 18-64 with a Learning disability in residential care (including full cost paying and preserved rights residents) | £1,296 | £1,433 | £1,340 |
| Adults with mental illness in residential and nursing care (including full cost paying and preserved rights residents) | £537 | £727 | £753 |
| Adults with a Physical disability in residential and nursing care (including full cost paying and preserved rights residents) | £802 | £895 | £850 |

The analysis of current actual weekly costs and national benchmarking suggest the need to review the extent to which current published adult social care rates for bed-based care are fit for purpose.

## NHS Southampton City CCG Continuing Care

NHS Southampton City CCG total spend on Continuing Health Care placements in 2013/14 was £10,869m. The average weekly cost has been estimated based on the total cost and unit cost. The table below shows the average unit costs per week for each care group in 2013/14.

### Table C.7: CHC weekly costs by care group

| Care group | Average weekly cost |
|---|---|
| Acquired Brain Injury | £1,577 |
| Mental Health – Adult | £1,482 |
| Learning Disability | £1,420 |
| Physical Disability | £1,036 |
| Elderly & Mentally Ill | £976 |
| Elderly | £872 |
| Terminal Care | £842 |
| **Average total** | **£1,249** |

Acquired Brain Injury (ABI) care packages are the most costly package type, almost twice as costly as terminal care packages and 20% greater than the average CHC package cost.

# Appendix D: Provider Engagement

We recognise effective and meaningful engagement with providers is essential to proactively listen, develop collaborative trusting relationships and co-produce solutions that will contribute to achieving our ambitions for the health and social care marketplace.

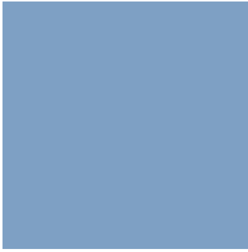
Over 50 local and new providers of residential, nursing, housing schemes and community based care across the private, public and voluntary sector, were invited to attend one of three market engagement workshops held in April 2015.

The workshops provided information on changing population demographics, supply and demand trends and proposed a number of tailored principles, setting out future commissioning intentions and development opportunities for providers.

The workshops encouraged providers through group discussions and one to one follow-up sessions to share concerns, explore solutions and identify appropriate commissioning support required to realise our commissioning objectives. Key provider feedback is summarised in the diagram below.

**Figure D.1: Summary of provider engagement feedback**

There is a healthy level of both interest and appetite amongst providers to develop solutions to the proposed principles. More than two thirds of workshop delegates felt the provider engagement events were useful, informative and meaningful. Since the events, a number of providers have come forward to express an interest to work with the council, and proposals are currently being produced to develop short-term solutions to address some of the immediate challenges within the current service landscape.



NHS
Southampton City
Clinical Commissioning Group

SOUTHAMPTON
CITY COUNCIL