

RESIDENTIAL, NURSING AND SPECIALIST ACCOMMODATION FOR OLDER PEOPLE

To: **Adults Committee**

Meeting Date: **26 May 2015**

From: **Adrian Loades**
Executive Director: Children, Families and Adults Services

Electoral division(s): **All**

Forward Plan ref: **n/a** *Key decision:* **No**

Purpose: **In response to demographic, capacity and financial pressures, the Council is working with strategic partners to develop specialist accommodation for older people. This includes residential, nursing care and supported housing. Discussions also include specialist community health provision. The report sets out the key challenges and opportunities and seeks the views of Members on the suggested approach.**

Recommendation: **The Committee are asked to comment on the content of the report and agree the approach outlined.**

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1.0 BACKGROUND

- 1.1 Cambridgeshire has experienced a number of recent challenges in relation to residential and nursing care. These include availability, price and choice in relation to specialist care. This is in the context of demographic pressures, financial constraints and local economic factors. As a consequence, this winter we have seen a number of people whose discharge from hospital has been delayed as a result of waiting for residential and nursing care. In response, the Council has developed initiatives such as the Cambridgeshire Brokerage scheme and interim (transitional) care beds to manage the immediate issues and ensure that capacity is maximised. However, there continue to be a number of significant underlying issues that need to be addressed in the longer term.

2.0 MAIN ISSUES

2.1 Challenges

- 2.1.1 **Capacity:** Residential and nursing homes in Cambridgeshire are owned by a mixture of national and local independent providers. In total there are 3,900 beds registered with the Care Quality Commission but not all of these are utilised for older people. Approximately 55% of the available beds for older people are purchased by the County Council and the NHS. The remainder are purchased by people who pay for their own care. Although there is a relatively even distribution of provision across the County, Cambridgeshire has a lower level of provision per older population than other counties in the region. Details are set out in table 1 below. At times, there have been particular shortages of specialist care such as nursing care for people with dementia.

Table 1. Eastern Region Registered Care Homes for Older People

County	Population	% Older People	Older People Population	Care Homes registered by CQC
Norfolk	862K	23	200,310	475
Suffolk	719K	21	158,046	327
Bedford	255K	18.2	46,140	101
Essex	1,412K	19.7	279,177	1,0004
Herts.	1,107K	18.2	186,655	371
Lincs.	703K	18.9	130,000	548
Cambs	600K	17.4	109,820	220

Source: Care Quality Commission

- 2.1.2 **Demographic Growth:** There are approximately 3,200 older people living in care homes. This equates to 3% of the older population of the County. The majority of these residents are aged over 85 years. Work undertaken by the Council's Research Group suggests that the over 85 population will grow from 14,000 in 2011 to 21,000 in 2021. If the Council's approach to residential and nursing care does not change, then it is estimated that an additional 841 beds would be required to respond to demographic growth.
- 2.1.3 **Workforce:** Cambridgeshire enjoys both relatively high employment and high wages. However, in many areas the cost of living is also very high and, as a consequence, care providers have had difficulty recruiting staff at all levels. There has been a particular issue relating to the recruitment of nurses especially those with mental health qualifications, resulting in a number of providers indicating that they may withdraw from the nursing home market and instead focus on residential care. Demand figures suggest that there is more and increasing pressure for nursing home placements. In contrast there has been a general success in maintaining people in their home rather than using residential care. There are fewer alternative options when a nursing home place is required.
- 2.1.4 **Affordability:** Cambridgeshire County Council supports approximately 1,500 older people in residential and nursing care homes at an annual cost of £40 million. The Council's benchmarks for residential care range between £351p.w. in East Cambs and Fenland to £372 p.w. in Cambridge and South Cambs. The benchmarks for nursing care are £494p.w. to £549 p.w. respectively. However, a number of Cambridgeshire providers, particularly in the south of the County, do not accept the Council's benchmarks and argue that it would be uneconomic to do so. They are also able to charge higher rates because there is a buoyant self-funder market. As a consequence, in 2014/15 the Council had to pay an average weekly cost of £413 for residential care and £569 for nursing care. At the same time, the Council's spending power has been significantly constrained and this is likely to continue to be the case for some years to come. The risk is that the gap between supply and demand could widen for Council funded service users. In particular this has implications for choice, location and meeting complex needs.

2.2 Opportunities

- 2.2.1 The Council, NHS and District Councils are facing many of the same challenges in relation to both demographic growth and economic and workforce pressures. Through the Better Care Fund, Cambridgeshire Executive Partnership Board and other initiatives, statutory organisations have committed to work together on a transformation programme to maximise the independence of older and vulnerable people and to reduce the demand for institutional care. The work in relation to older people's accommodation needs to be seen in this

context. There are a number of opportunities that can support the development of cost effective bed based services and these are set out below.

- 2.2.2 **Land Holdings:** The Council and its statutory partners have significant land holdings. These have been mapped through the Making Assets Count initiative and could be utilised to incentivise providers to invest in key services.
- 2.2.3 **Direct Service Provision:** Both the Council and the NHS are examining the benefits of expanding direct service provision of bed based services. In the case of the Council, this includes the possibility of building and operating a care home possibly in partnership. This option has been discussed with the Committee and a separate report will be brought to the Committee regarding this proposal.
- 2.2.4 **Joint Commissioning:** The Council has been working closely with the Clinical Commissioning Group and other partners to support joint commissioning. Our combined purchasing power does enable us to exercise greater influence on the market on both price and quality. Recently, Cambridgeshire Brokerage has been established by the Council as a single purchasing unit for residential and nursing care, for both the Council and the NHS. Plans include extending the service to self-funders, the aim being to provide support and guidance for people funding their own care which should provide benefits to the individual and also increase efficiency, influence and market intelligence.
- 2.2.5 **Supported Housing:** The Council has been working closely with District Councils and registered social landlords on the development of Extra Care Sheltered Housing. This provides a real alternative to residential care and also provides opportunities to deliver a broader range of community services, such as intermediate care and reablement, that can both help avoid hospital admission and support timely discharge. Additionally, work is underway to examine other types of supported housing for older people such as retirement villages.
- 2.2.6 **Integrated Care:** The Council's Transforming Lives approach and the work of Uniting Care (the new NHS Community Provider) promote a model of integrated care at an operational level. The same approach is being considered for the built environment. Early discussions between partners have supported the development of integrated facilities that could provide for health, social care and housing needs on a single site. This would provide both economic benefits and improved continuity of care.
- 2.2.7 **Home Based Care:** It is essential that we continue to enable older people to live independently for as long as is possible. To support

this approach, we need to maximise the benefits of multidisciplinary working. This includes working with the voluntary and community sector and extending the benefits of reablement and the use of assistive technology.

2.3 Approach

- 2.3.1 Following system wide analysis of supply and demand data, a multiagency project board has been formed to develop a strategy and implementation plan for older people's supported accommodation. This work will consider both short and longer term requirements. It has been proposed that the project group will report to the Cambridgeshire Executive Partnership Board. This work will link closely to a number of other initiatives and will interface with the Council's approach to new communities as well as contributing to the Local Plans of District Councils.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

- 3.1.1 The following bullet points set out details of implications identified by officers:
- Adopting a joint approach with other organisations will enable the Council to achieve economies of scale.
 - Maximising the use of Council and other public service assets will increase inward investment and reduce longer term revenue requirements.
 - The planned development will have a positive impact on employment.

3.2 Helping people live healthy and independent lives

- 3.2.1 The shared vision between partners is to maximise independence to reduce the requirement for costly long term institutional care.

3.3 Supporting and protecting vulnerable people

- 3.3.1 The aim is to develop a range of services that will help support a growing number of older people and help reduce hospital admissions and support early discharge.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

- 4.1.1 The report above sets out details of significant implications in paragraph 2.

4.2 Statutory, Risk and Legal Implications

- 4.2.1 There are no significant implications within this category.

4.3 Equality and Diversity Implications

- 4.3.1 The following bullet points set out details of implications identified by officers:
- The programme outlined is focussed on increasing the range of services available to meet growing demand
 - It recognises and seeks to address service shortfalls in key areas of need including how best to meet diverse requirements.
 - It seeks to increase choice available to service users and carers.

4.4 Engagement and Consultation Implications

- 4.4.1 The following bullet points set out details of implications identified by officers:
- The report sets out a collaborative approach to developing specialist health, social care and housing provision for Older People.
 - The planned process will include extensive consultation with partners and communities.

4.5 Public Health Implications

- 4.5.1 The following bullet points set out details of implications identified by officers:
- The approach outlined is aimed at improving the health and wellbeing of older citizens and their carers and addressing health inequalities.
 - It will particularly focus on the needs of the most vulnerable by seeking to address gaps in services, both in terms of type and locality.
 - The focus on maximising independence will also support public health objectives.

4.6 Localism and Local Member Involvement

The following bullet points set out details of implications identified by officers:

- The approach described will focus on both developing a strategy and on implementing a transformation process to change the built environment.
- The work will identify both needs and opportunities in specific localities where developments are being proposed. The involvement of Members and other community representatives

will be a key aspect of this work. Some of this will be done through existing forums, such as Health and wellbeing Boards and some will be done through new mechanisms. Members views on the approach to engagement are particularly welcome.

- The programme of work will seek to address both immediate and longer term needs. It will be important to ensure that there is regular communication with Members and other stakeholders, throughout the process.

Source Documents	Location
Older People Accommodation - Tom Barden	Tom Barden Research, Evaluation and Policy Manager Children, Families and Adults Cambridgeshire County Council tom.barden@cambridgeshire.gov.uk 01223 699705
Joint Strategic Needs Assessment (Older People)	http://www.cambridgeshire.gov.uk/