

Summary Sheet

Overview Scrutiny and Management Board Report – 22 November 2017

Report Title:

Residential and Nursing Care Home Provision in Rotherham

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

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Ward(s) Affected

All

Summary

This report has been prepared in response to a request by the Overview and Scrutiny Management Board. The content focuses on the current and projected position with regard to residential and nursing care home provision in Rotherham across all client groups.

The report contains details of the current and projected population levels and the projected population of older people and people who have a learning disability, physical disability or mental ill-health who are aged 18 to 64 years.

The report sets out the position of the care home market and describes the present and future challenges as well as presenting opportunities.

Recommendation

That the report be noted.

List of Appendices Included

None

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

Residential and Nursing Care Home Provision in Rotherham

1. Introduction

- 1.1 This report has been prepared in response to a request by the Overview and Scrutiny Management Board. The content focuses on the current and projected position with regard to residential and nursing care home provision in Rotherham across all client groups.
- 1.2 The report contains details of the current and projected population levels and the projected population of older people and people who have a learning disability, physical disability or mental ill-health who are aged 18 to 64 years.
- 1.3 The report sets out the position of the care home market and describes the present and future challenges as well as presenting opportunities.

2. Demographic Background

2.1 Rotherham Population (all age):

2014-based population projections by ONS project Rotherham's population in 2016 to have been 261,400 and 262,200 in 2017. The population is expected to reach 269,100 by 2025. The projected increase reflects a combination of rising life expectancy, continued natural increase (more births than deaths) and net migration into the Borough.

Table: Rotherham Population aged 18-64, projected to 2035:

	2017	2020	2025	2030	2035
Total population - all ages	262,200	264,900	269,100	272,600	275,700
% increase on previous estimate		1.1%	1.6%	1.3%	1.2%

2.2 Rotherham population by age:

The numbers of people under the age of 65 are expected to decrease over the next 3 years and will continue to decrease over the consequent 15 years

Table: Rotherham Population aged 18-64, projected to 2035:

	2017	2020	2025	2030	2035
Total population aged 18-64	154,600	154,000	152,200	150,700	149,100
Compared with previous estimate		-600	-1,800	-1,500	-1,600

The increasing numbers of people over 65 over the same period indicates the potential for growing dependency on formal services as the population that would ordinarily offer informal support reduces. In 2020 the numbers of people aged 65 and over will stand at 53,700, which is 20.2% of the total population and by 2035 this figure will increase to 25%.

Table: Rotherham Population aged 65 and over, projected to 2035:

	2017	2020	2025	2030	2035
Total population 65 and over	51,300	53,700	58,400	64,300	69,400
Compared with previous estimate		+2,400	+4,700	+5,900	+5,100

2.3 Rotherham Population by Disability:

The number of people under the age of 65 with physical disability, learning disability and mental ill-health are not expected to increase in number in significant amounts or are predicted to decrease.

2.3.1 Physical Disability:

Table: People aged 18-64 predicted to have a moderate or serious physical disability, by age, projected to 2035 in Rotherham:

Year	2017	2020	2025	2030	2035
Total population aged 18-64 predicted to have a serious physical disability	3,765	3,809	3,813	3,710	3,523
Compared with previous estimate		+44	+4	+103	-187

2.3.2 Learning Disability:

Table: People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age in Rotherham:

Year	2017	2020	2025	2030	2035
Total population aged 18-64 predicted to have a moderate or severe learning disability	853	850	844	843	839
Compared with previous estimate		+3	-6	-1	-4

2.3.3 Mental Health:

Table: People aged 18-64 predicted to have a mental health problem, by gender, projected to 2035 in Rotherham:

Year	2017	2020	2025	2030	2035
People aged 18-64 predicted to have two or more psychiatric disorders	11,127	11,090	10,958	10,850	10,719
Compared with previous estimate		-37	-132	-108	-131

3. The Rotherham Care Home Market

3.1 The range and type of care home provision in Rotherham is currently meeting demand. The Rotherham care home market supports people who are placed by; the Council, other local authorities and older people who choose to enter into residential care independently and who self-fund their care.

3.2 There are a total of 77 registered care homes supplying a total of 2,214 beds to meet a range of customer needs. The total annual spend in 2016/17 on these cohorts was £26.5m. In year spend is projected at £23.9m after Better Care Fund contribution.

Table: The table below shows care home provision broken down by customer group:

Care Home by Client Group	Number of Locations	Number providing Nursing Care	Number of Beds
Older People	38	15	1782
Learning Disability	37	06	375
Physical Disability	01	01	27
Mental ill Health	01	01	30
Total	77	22	2,214

3.3 Older People's Care Home Capacity:

There is a total capacity of 1782 beds in Rotherham care homes which support older people (65+). There is a fluctuating vacancy factor of around 12.5%.

3.4 Occupancy figures indicate an over-supply of residential and residential Elderly Mentally Infirm (EMI) care beds and an undersupply of nursing care provision. Since December 2013 the Rotherham care home market has reported a gradual reduction of nursing bed capacity. There has been a reduction of around 25% (174 beds) as a number of providers deregistered their nursing provision with the regulator. The reason care home providers frequently gave for deregistering nursing care provision was that they were unable to employ or retain qualified nurses and were required to pay excessive agency fees to secure qualified staff and were unable to sustain the service.

3.5 Given the increasing longevity and complexity of the needs of older people the requirement for care homes that provide nursing care is expected to rise. There are around 6.5 admissions per month (including short stays) to care homes that provide standard nursing care or nursing care for the Elderly and Mentally Infirm.

Table: Showing the vacancies in older peoples care home provision as at October 2017.

Care Type	Vacancies	Sub Total
Nursing	24	44
Nursing EMI	20	
Residential	58	180
Residential EMI	122	
Total		224

3.6 Both the Council and our health partners require an adequate level of care home capacity at times of surge i.e. when there is a high activity of hospital discharges, planned or unplanned provider exit and in situations where embargoes are applied at poor quality care homes. Whilst there are no concerns in respect of residential care for older people the capacity of nursing care is causing concern. As demand rises and capacity decreases nursing care premiums will be applied by the market which is a cause for concern for our health colleagues.

3.7 Learning Disability Care Home Capacity:

There is a total capacity of 385 beds in care homes which support people under the age of 65 with learning disability (LD) and associated physical disabilities, mental ill-health and sensory impairment.

Care Type	Vacancies	Sub Total
LD Residential	19	19
Residential Nursing	04	04
Total		23

3.8 Occupancy in learning disability care homes is stable, though there have been 4 admissions of people under the age of 65 who have a learning disability during this financial year (April to October 2017).

3.9 There are no concerns around residential care and nursing care capacity for people who require specialist support as a result of a learning disability as the borough have a very high number of options.

3.10 Physical Disability and Mental ill Health Care Home Capacity:

There is a total capacity of 27 beds in specialist care homes which support people under the age of 65 with complex physical disabilities (i.e. Huntington's disease) and acquired brain injury.

3.11 Mental ill-health Care Home Capacity:

There is a total capacity of 30 care home beds which support people under the age of 65 who are experiencing mental ill-health.

4. The cohort of residents in care homes

4.1 As of October 2017 there are a total of 1062 people aged 18 and over residing in care homes in Rotherham and who are funded by the Council. Of the 1,062 people currently residing in a care home, the care home by care type is represented as:

- Residential care = 602 (56.69%)
- Residential EMI = 265 (24.95%)
- Nursing Care = 116 (10.92%)
- Nursing EMI = 79 (7.44%)

4.2 Of the 1,062 people currently residing in a care home their primary support reason is represented as:

- Physical support = 622 (58.57%)
- Learning Disability support = 165 (15.54%)
- Mental Health support = 114 (10.37%)
- Memory or cognition support = 133 (12.52%)
- Sensory support and social support = 28 (2.64%)

4.3 October 2017 figures show that there has been a reduction by 15% in the number of people living in care homes reported in the same period in 2015/16 of 1,250 people.

4.4 People living in a care home aged between 18-64 years:

Currently of the 1062 people residing in care homes, 236 (22.2%) are aged between 18-64 years. The breakdown by service type delivered to each of the 236 people is:

- Residential Care = 195 (82.63%)
- Residential EMI = 3 (1.27%)
- Nursing 36 = (15.25%)
- Nursing EMI 2 = (0.85%)

4.5 Of the 236 people residing in a care home aged between 18-64 years 26% have lived there in excess of 10 years. There are:

- 149 people with a primary support reason of learning disability of which 137 have lived in a care home for 2 years or more and 49 have lived in a care home in excess of 10 years.
- 52 people with a primary support reason of mental ill-health of which 37 have lived in a care home for 2 years or more and 7 have in a care home in excess of 10 years.
- 31 people have a primary support reason of physical disability of which 22 have lived in a care home for 2 years or more and 4 have lived in a care home in excess of 10 years.

4.6 There are relatively high numbers of people under the age of 65 living a care home with a learning disability and who live there for periods in excess of 10 years. These figures indicate a high level of dependency on residential care. Alternative models of care and support are being developed i.e. Supported Living and Shared Lives. These alternatives will offer people a greater opportunity to develop independent living skills and reach their potential which cannot be achieved in a residential care model.

4.7 Of the 826 current people residing in a residential placement and are aged over 65 the primary support reason is broken down as:

- Physical support = 591 (71.55%)
- Learning disability support = 20 (2.42%)
- Mental health support = 62 (7.5%)
- Memory or cognition support = 130 (15.74%)
- Sensory support and social support = 23 (2.78%)

4.8 Of the 853 people residing in a care home who are aged over 65 years there are:

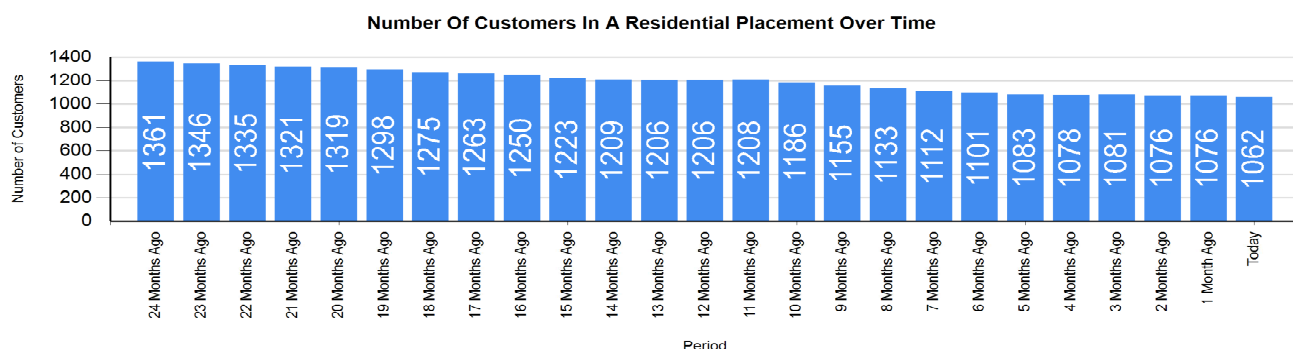
- 309 (36%) who have lived there for less than 2 years
- 206 (24%) have lived there for 2-3 years
- 308 (36.5%) who have lived there for periods of between 3 to 10 years.
- 30 (3.5%) who have lived there in excess of 10 years.

4.9 The above figures indicate that 40% of people aged 65 and over who enter residential care remain there for a long duration. This may indicate that they were admitted early in process of their deterioration and opportunities to prevent reduce or delay their dependency were missed.

5. Reduction in numbers supported to live in care homes

5.1 Over the past 2 years the number of Rotherham people supported to live care homes has reduced by 22% from 1361 to 1062 (all client groups). This reduction is attributable to the older care home population, as the under 65 care home population is relatively static. Attrition rates and a trend in the reduction in of admission into care homes since April 2016 would account for this reduction.

5.2 The Council's focus on keeping people at home has meant this has increase of 10% on the number of people receiving home care service and 15% increase in the hours delivered. There has been a 50% increase in the number of people receiving a night visiting.



6. Admission to Rotherham care homes (all age) in the current financial year (April to October 2017)

6.1 From April 2017 there have been 126 admissions into Rotherham care homes which is an average of 18 admissions per month. Of these 110 (87%) are attributable to the older population and primary support reasons are given by the Independent Living and Support service as:

- 73 (58%) = Physical disability
- 29 (23%) = Memory/cognition
- 12 (9.5%) = Physical support with access and mobility
- 4 (3%) = Mental Health
- 4 (3%) = Learning disability
- 2 (1.5%) = Social isolation
- 2 (1.5%) = Sensory support

6.2 Further detailed scrutiny of each case would assist in understanding whether alternatives to care home placements were fully considered. Where a primary support reason is recorded as 'physical support with access and mobility', 'social isolation' and 'sensory support' raises the question of whether adaptations, assistive technology and community assets to support people who are experiencing social isolation and whether these options were either considered or available.

7. Admission into Rotherham care homes as a 'short stay'

7.1 During the current financial year (April to October 2017) there were 316 people who were or have been in a 'short stay' placement in a care home. A 'short stay' is defined as a duration of 4 weeks and is implemented in situations where people are not able to benefit from rehabilitation service i.e. intermediate care, reablement at home or when a social reason prevents their remaining at home or returning to their home.

7.2 Of 316 people who had a 'short stay' placement:

- 66 (21%) people were placed by the hospital social work team to provide continuing support which could not be provided at their own home
- 218 (69%) people who ended the service had spent an average of 12.5 weeks in a care home.

Table: The table below shows the length of the 'short stay' service for customer's whose service ended during the period April to October 2017.

Length of time in 'short stay' placement	Number of people in short term placement	Percentage
0-1 Months	88	40%
1-2 Months	17	8%
2-3 Months	13	6%
4-6 Months	26	12%
7-9 Months	18	8%
10-12 Months	17	8%
13-18 Months	21	10%
18-24 Months	11	5%
2-3 Years	7	3%
Grand Total	218	

7.3 Of the 218 people who had had a 'short term' placement, 113 (51%) returned home after a short term placement. According to Bolton (March 2017)¹ The proportion of patients who return home after a short term period (no more than 6 weeks) in a residential care bed should be close to 75%.

¹ Bolton J et al, Six Steps to Managing Demand – a performance management approach. IPC

- 7.4 The customer journey for 220 people who completed a 'short stay' in a care home has been examined. Of the 220 people:
- 67 (30%) remained in long term residential care,
 - 107 (48%) had no further service,
 - 14 (6%) went on to receive home care,
 - 2 (1%) went onto receive reablement service,
 - 6 (2%) went into a nursing care placement,
 - 30 (13%) other community service.
- 7.5 The figures show that around a third (31%) of people remain in long term care following an intended 'short stay'. In a recent published report by the Institute of Public Care² it is estimated that about one third of the direct permanent admissions to residential care from acute hospital beds are avoidable. The weekly cost to the Council of customers in a 'short stay' care home placements is in the region of £60,000 per week.

8. Performance

- 8.1 Performance against targets is measured as:

The number of people in a residential or nursing placement and per 100,000 head of population

In line with the principles that lower numbers of people residing in care homes is positive. When compared to other local authorities, Rotherham was ranked 20th highest out of the 152 Local Authorities in England (2015/16) with a figure of 610.46. Rotherham performs poorly in comparison to the Yorkshire and Humber Region as a whole whose figure is 517.20 and compared with our neighbouring authorities of Barnsley (524.69), Doncaster (586.44), and Sheffield (480.29). (ref: SALT Return 15/16). Rotherham's current figure is 519.49 an improvement to the figure reported in 2015/16.

- 8.2 ASCOF 2B Measure - The proportion of people (65+) still at home 91 days after discharge into rehabilitation.
The percentage and numbers captured within the 3 month sample cohort have been historically low (less than 2%), but planned changes are expected to improve the Rotherham offer this year to closer to the stretch 2.5% target.
- 8.3 All age numbers of new permanent admissions to residential/nursing care for adult's measure:

The Council's approach is to reduce admissions across all age groups to permanent 24-hour care and focus on supporting people into living independently in the community. Rotherham is struggling to meet the target objective to keeping people in their own homes for as long as possible.

² https://ipc.brookes.ac.uk/publications/six_steps_to_managing_demand_exec_summary.html

	Target	2016-17	Q1 17-18	Q2 17-18
All age numbers of new permanent admissions to residential/nursing care for adults	315	356	76	148

- 8.4 All age total number of people supported in residential/nursing care for adults
Performance shows that this measure has been off track for the last 2 quarters (Q1 - 1,091 and Q2 - 1,101), against a target of 1,000 (lower is better).

	Target	2016-17	Q1 17-18	Q2 17-18
All age total number of people supported in residential/nursing care for adults	1000	1111	1091	1101

- 8.5 There are 2 local metrics within the improved better care fund:

The increase in number of people receiving a reablement package – performance has been poor but is expected to improve as a result of an increase in capacity in the reablement service.

Reduction in length of time awaiting for a social care assessment – although reported as no change, performance in Quarter 2 was maintained despite a 25% increase in assessments.

9. Finance

- 9.1 42% of the adult social care budget is spent on residential and nursing. Adult Care and Housing are currently forecasting a £2.6m overspend (2017/18) on care home services. The forecast overspend is after including £3.4m Improved Better Care Fund contribution and is mainly due to budget savings that have yet to be delivered plus demographic pressures including transitional placements from children's.

Table: Adult Services Budget Monitoring Report September 2017:

Service	Expenditure Annual Budget £000	Income Annual Budget £000	Net Annual Budget £000	Forecast Variation £000	Forecast Net Spend £000
Learning Disabilities					
Direct Services Residential Care	1,280	(139)	1,141	234	1,375
Independent Sector Residential & Nursing Care	8,241	(2,800)	5,441	710	6,151
Learning Disabilities Total	9,521	(2,939)	6,582	944	7,526
Mental Health					
Independent Residential & Nursing Care	1,582	(449)	1,132	1,289	2,421
Mental Health Total	1,582	(449)	1,132	1,289	2,421
Older People					
Direct Provision Residential & Nursing Care	5,186	(2,613)	2,572	(54)	2,518
Independent Sector Residential & Nursing Care	26,231	(16,543)	9,688	166	9,854
Older People Total	31,417	(19,156)	12,260	112	12,372
Physical & Sensory Disabilities					
Independent Sector Residential & Nursing Care	1,598	(313)	1,285	303	1,588
Physical & Sensory Disabilities Total	1,598	(313)	1,285	303	1,588
Net Revenue Forecast - Adult Services	44,118	(22,857)	21,259	2,648	23,907

9.2 The contracted weekly fees paid by the Council to the independent sector care home providers supporting older people are not negotiable. Fees are predetermined and revised annually to keep pace with inflation. All other care types supporting learning disability, physical disability and mental ill health are priced to meet individual need and are therefore negotiated with providers. The commissioning methodology undertaken on behalf of clients other than older people has created a wide variance in the level of fees. The average cost of a:

- Learning disability placement is £1,132 per week,
- Mental health placement is £632 per week and
- Older Person's placement is £ 463 per week.
- Physical and Sensory Disability placement is £771 per week

9.3 The average cost of a learning disability placement at £1,132 per week is 60% higher than the average weekly cost of care for an older person and 45% higher than the average cost of a mental health placement.

10. Key Points and Challenges

10.1 The data contained within this report demonstrates:

- The increasing numbers of people over 65 in residential care indicates the potential for growing dependency on formal services as the population that would ordinarily offer informal support reduces.
- There are no concerns in respect of capacity of residential type care for older people.
- The capacity of nursing care is causing concern.
- As demand rises and capacity decreases high nursing care premiums will be applied by the market which is a cause for concern for our health colleagues.
- There are no concerns around residential care and nursing care capacity for people who require specialist support as a result of a learning disability.
- October 2017 figures show that there has been a reduction by 15% in the number of people living in care homes on reported figures in 2015/16.
- There are relatively high numbers of people under 65 living a care home with a learning disability and who have lived there for periods in excess of 10 years. These figures indicate a high level of dependency on residential care for this client group.
- 40% of people aged 65 and over who enter residential care remain there for a long duration. This may indicate that they were admitted early in process of their deterioration and opportunities to prevent reduce or delay their dependency were missed.
- The Council's focus on keeping people at home has meant an increase of 10% on the number of people receiving home care service and 15% increase in the hours delivered. There has been a 50% increase in the number of people receiving a night visiting.
- Whether adaptations, assistive technology and community assets to support people to remain in the community are considered or available is questionable.
- Relatively low numbers of people return home after a 'short term' placement.
- Around a third (31%) of people remain in long term care following an intended 'short stay'.
- The average cost of a learning disability placement at £1,132 per week is 60% higher than the average weekly cost of care for an older person and 45% higher than the average cost of a mental health placement.

10.2 The Councils objective to prevent, reduce and delay admission to residential care will be facilitated by a strengths based approach utilised in the assessment and review of adults requiring support to achieve their optimum level of independence. For those who are able to remain at home in the community, alternative care and support options will need to be commissioned. This will be challenging due to the fiscal climate with some £26.5m of the Adult care budget 'locked in' to residential and nursing care home services and increased levels of complexity.

10.3 There are steps the Council can take to address the aforementioned challenges through:

- Resolving problems at the front door and the initial point of contact at every opportunity – Single Point of Access
- Managing demand from the Rotherham NHS Foundation Trust
- Timely targeted and effective reablement services
- Increase the effectiveness of intermediate care,
- Avoid over prescription of care (i.e. 'short stays')
- Understand how services are costed and challenge providers on high cost especially learning disability provision via Brokerage (newly developed service);
- Develop a workforce with clear aspirations to maximise the independence of all those who need services and ensure that all opportunities to maximise independence are promoted – strengths based and focused on the outcomes;
- Reduced the discrepancy in the support offered by Children's & Young People's Services and adult social care to improve the transitional period and ensure a greater match in meeting needs;
- Develop supported living, shared lives and extra care models to maximise independent living opportunities and alternatives to residential care;
- Develop a clear strategy for the support of people with more complex needs, including the role and nature of day care (and associated transport);
- Work with providers to ensure they are helping people to attain the skills that enable them to live more independent lives;
- Implement short-term interventions for people from the community by increasing community assets.
- Sustain and support unpaid carers
- Increase the use of Assistive Technology
- Increase rehabilitation/recovery models

10.3 Whilst the Council is committed to reducing the overall proportion of people living in residential and nursing Care; the Council will continue to support good quality residential and nursing care where this is the most appropriate option. Wherever possible we will promote reablement, rehabilitation and recovery models which support people to return or remain in the community.

11. Financial and Procurement Implications

11.1 The report details the financial implications regarding expenditure on residential and nursing care within section 9.0.

12. Legal Implications

12.1 There are no legal implications arising from the content of the report.

13. Human Resources Implications

- 13.1 There are no human resource implications for the Council arising from the content of the report.

14. Implications for Children and Young People and Vulnerable Adults

- 14.1 The report concerns people aged over 18 in receipt of care and support from the Council following an assessment. There are no direct implications for Children & Young People as the report does not specifically cover that cohort. However, the points raised in section 10.0 above acknowledge the need to embed strengths based approaches to social work assessment and to provide alternative provision to residential/nursing care to promote independence. This will impact on young people transitioning into Adult Care.

15. Equalities and Human Rights Implications

- 15.1 There no equalities or human rights implications arising from the content of the report.

16. Implications for Partners and Other Directorates

- 16.1 The primary impacts with regard to the adult cohort referenced in the report will be to the Council and the wider budget. There will be a natural interface with health colleagues regarding people residing in nursing homes and for specialist residential services for people with a learning disability or experiencing mental ill-health. The need to deliver a different model of care to increase independence and provide value for money will necessitate a whole system approach captured within the Better Care Fund and the Integrated Health and Social Care Plan. This will cover all cohorts and includes short term as well as longer term provision.

17. Risks and Mitigation

- 17.1 The extensive use of residential care is a safe option in terms of mitigating risks of care needs not being met for people in receipt of services. However, the model does not promote independence and there is evidence that historical placements may have been made too early and that the Council has previously had an over reliance on residential care. This can be mitigated through the increased use of strength based assessments and effective development of alternative models of provision such as shared lives or supported living.
- 17.2 There is a financial risk with regard to 42% of the budget being effectively spent on residential provision in terms of long term financial viability, particularly for the under 65 cohort. There are a number of initiatives proposed regarding learning disabilities and also for mental health services that will grow alternative provision to residential care and enable people to live more independently.