DRAFT STRATEGY FOR CARE HOMES FOR OLDER PEOPLE

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</table>
1. INTRODUCTION

1.1 In March 2005 a strategy document produced by Dorset County Council, Social Care and Health Directorate entitled Commissioning Strategy - Older People's Services 2005 – 2008 set out the County Council's position in respect of planning services for older people over the next 3 - 5 years. It set out a vision for future service provision, and how the commissioning of services and consultation with older people and other key partners should take place.

1.2 The over-arching strategy set out a timetable for a range of chapters on specific service developments for older people. This document is the specific chapter relating to care homes.

1.3 Since the publication of the County Council’s strategy for older people, the Government has produced a Green Paper “Independence, Well-being and Choice” 2005. This paper sets out the future direction for Social Care in England and its key proposals include:

- the wider use of direct payments to allow individuals greater choice and control over their services
- greater focus on preventative services to enable people to remain independent for longer and enjoy a better quality of life
- local government to work with other agencies – particularly the National Health Service – to ensure a wide range of effective and well targeted services, which meet people’s needs
• the development of new and exciting models of service delivery, using technology to improve the provision of social care.

In formulating this strategy for care homes, it is important to take into account the contents of the Green Paper.

1.4 For services to be responsive to the changing needs of older people, account must be taken of the views and opinions of those for whom services are to be provided. The mechanism which has been put in place for formalising this process is through the Older People's Partnership, a theme group of the Dorset Strategic Partnership. This partnership is integral in helping to shape the future commissioning of services for older people.

1.5 The agenda for the Strategic Partnership is being set by the Local Area Agreement which sets out the key objectives of reducing delayed transfers of care, developing intermediate care services to help prevent people from being admitted to hospital and supporting older people’s health and well being.

1.6 This care home strategy will set out how the commissioning of care home services, will contribute to the achievement of local and national objectives for older people and seeks to:
• set the context of care homes both nationally and locally;
• describe the current service;
• analyse cost and performance;
• examine population growth;
• set out options for future service delivery; and
• make recommendations on the way forward.
2. THE NATIONAL AND LOCAL CONTEXT

2.1 The Social Care Association on giving evidence to the independent review of residential care in December 1985\(^1\) set out the following components of care as part of the definition of a Care Home:

- it is place based
- it is purpose based, and the experience should be positive
- it is an organised experience
- it is an experience of inter-dependent living
- it is influenced by staff and residents
- it may involve separation from people, places or objects to which the person is attached.

2.2 At the point at which this report was published, local authorities were seen as the providers of long term care. An Audit Commission report in 1986\(^2\) observed that the effect of the Community Care policies first developed in the 1950s had largely been to shift people and expenditure from hospitals to residential care homes. The policy from the early 1980s was that means tested supplementary benefits were available to meet the full fees of residential care homes or nursing homes for people on low income and with limited capital assets. Individuals were permitted to arrange their own placements without an assessment of need on the understanding that benefits would be available if their own resources were or became insufficient.

---

1 Residential Care a Positive Choice 1985
2 Making a Reality of Community Care 1986
2.3 Between 1981 and 1996 there was a 29% increase in the number of older people entering residential care homes. The key change arose following the introduction of the National Health Service and Community Care Act of 1990 which heralded a major shift for local authorities who would become both facilitators and gate keepers of Community Care policies. Part 3 of the Act was introduced on 1 April in 1993 and the effect of the changes was to allow enabling local authorities to work in partnership with the enterprise of the independent sector to encourage the development of more imaginative and effective Community Care services.

2.4 At this time the Government passed to local authorities the major financial responsibility for Community Care services.

2.5 The Royal Commission on Long Term Care (in respect of old age) 1999 confirmed that “the number of people aged 65 or over was projected to rise by almost 57% between 1995 and 2031. The over 85 age group would increase more rapidly by about 79% and by 2050 there will be nearly 3 times as many people over the age of 85 as there are today.”

2.6 From 1993 to the present time, all local authorities have undertaken to commission the services of care homes either by providing them directly or via contracts with the independent sector. Many authorities, Dorset included, have undertaken partnership work with not for profit organisations in procuring care home provision particularly where replacement homes have been required.

2.7 Until April 2002 care homes were described as residential homes or nursing homes. Residential homes are now known as ‘care homes without nursing care’ and nursing homes are known as ‘care homes registered to provide nursing care’. In April 2003, the NHS became responsible for paying for the care needed by an individual from a
registered nurse where that person is getting support from their council towards the costs of their nursing care. The Funded Nursing Care regulations for people funding their own care in a nursing home were changed two years earlier (April 2001) which meant that people who were “self funders” in nursing homes from that time would not have to pay for their nursing care needs.

2.8 The provision of a care home setting for older people is based on a level of priority and risk and this is especially the case for local authority funded care.

2.9 The national context in respect of current care home provision is described below:

- demand for care homes is increasing in spite of a change in government policy to shift the burden of care to people’s own homes,

- market prices have increased significantly since 2000 and are continuing to increase - there is no evidence that councils are receiving “extras” for the increase in price,

- the average number of independent care home contracts per local authority is between 200-400,

- new legislation has improved standards but the increased complexity of operating the home has pushed up costs,

- the cost of in-house care home provision is on average 46% greater than the independent sector,
• 61% of purchasing by local authorities is done on a spot purchase basis,

• occupancy averages 92% which is the highest level for 20 years.

2.10 In Dorset:

• market prices have increased on average by 6% per annum over the past 3 years. This has been the result of a strategy agreed by the County Council in 2002/03 to raise the price paid for care over and above inflation.

• the number of care homes under contract within the Dorset County Council area is 266.

• The majority of purchasing activity in the independent sector is on a spot purchasing basis. There are some block contracts in place.

• Occupancy rates in Dorset operate at an average level of 95%.

3. WHERE ARE WE NOW?

3.1 In Dorset, the provision of a Care Home service is commissioned through both in-house services as well as the independent sector. This includes not for profit organisations.
3.2 The County Council assesses people for services based on its Fair Access to Care criteria (FACS). This process consists of an assessment of a person’s personal care needs and in the case of a possible placement in a care home, their financial circumstances. The financial assessment will determine the amount that a person will contribute towards the cost of their care if it is concluded that admission to a care home is appropriate.

3.3 Many older people are ‘self funding’ and do not require the public funding support. A ‘self funder’ is the term used to describe a person who has the means to pay for their own care in a care home. The point at which the County Council becomes responsible to provide financial support for a person’s care occurs when their capital falls below £20,500. The capital limit described above is prescribed by the Government in accordance with the National Assistance (Assessment of Resources) Regulations 1992 as amended.

The number of ‘self funders’ who required County Council support over the past three years is as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>No.</th>
<th>£ Gross</th>
<th>£ Cost Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003/04</td>
<td>111</td>
<td>3.99m</td>
<td>2.89m</td>
</tr>
<tr>
<td>2004/05</td>
<td>82</td>
<td>3.23m</td>
<td>2.34m</td>
</tr>
<tr>
<td>2005/06 (projected full year)</td>
<td>90</td>
<td>3.97m</td>
<td>2.88m</td>
</tr>
</tbody>
</table>

3.4 The implications of ‘self funders’ requiring support is that:

- the County Council has no control over the number requiring help,
- the County Council can ask the independent sector to check that an individual has the means to pay for their care but cannot insist,
- people may admit themselves to a care home before the point at which they would need care as assessed by the County Council and require financial support earlier than if they had remained at home with support.
3.5 The impact of people who were self funding and subsequently require County Council support on the care home budget in a full year amounts to an average cost of £2.7m net (£3.73m gross).

3.6 Care home provision in Dorset forms a large part of care services provided within the county:

- there are 134 registered care homes within the County Council boundary,
- of these 32 are care homes registered to provide nursing care,
- there are a total of 8 care homes registered to provide specialist care for people suffering from a mental disorder,
- the homes range in size from 3 beds to 73 beds,
- the County Council has retained seven care homes, and the total number of beds available in these is 312.

3.7 The location of care homes in Dorset is set out in the chart below separated into Borough and District Council areas:
### Care Homes in local Areas

<table>
<thead>
<tr>
<th>Locality</th>
<th>Care Home With Nursing</th>
<th>Care Home for Dementia</th>
<th>Care and Nursing Home registered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Dorset</td>
<td>30</td>
<td>9</td>
<td>3</td>
<td>42</td>
</tr>
<tr>
<td>Weymouth and Portland</td>
<td>22</td>
<td>4</td>
<td>3</td>
<td>29</td>
</tr>
<tr>
<td>North Dorset</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Purbeck</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>East Dorset</td>
<td>16</td>
<td>8</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>Christchurch</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>94</strong></td>
<td><strong>32</strong></td>
<td><strong>8</strong></td>
<td><strong>134</strong></td>
</tr>
</tbody>
</table>

3.8 In addition to providing a home for frail older people, care homes can offer other services including respite care and intermediate care.

3.8.1 **Respite Care**

Integral to the support of carers is respite care. This is a short period usually of one/two weeks in a care home which provides much needed relief to carers. It helps carers to have a break and in some instances it may help a future resident with the transition to a care home where this cannot be avoided. It also supports the carer in helping to keep a relative at home for a longer period. Most respite care is supplied through the in-house service. Supply in the independent sector is problematic because of the understandable and reasonable desire to offer homes to permanent residents. The County Council can block purchase a bed for respite care in the independent sector but from experience there are often periods when the bed is
vacant and voids emerge resulting in poor value for money. Respite care will continue to be an important feature of care home provision whilst it offers such a valuable resource to carers.

3.8.2 Intermediate Care

Intermediate care is the term used to describe integrated services across the NHS and the County Council which promote faster recovery from illness, prevent unnecessary admission to hospital, support timely discharge from hospital and maximise independent living.

3.8.3 The County Council and NHS partners have developed schemes of intermediate care which are integrated with care home provision. There are two specific schemes currently operating in West Dorset and a third is planned in East Dorset. The nature of these projects is to designate specific parts of a care home where rehabilitation and enablement work is undertaken with older people who have had a recent stay in hospital and need support in returning home or are admitted directly from home for help and support but do not require hospital admission. The intermediate care facility offers occupational and physiotherapy as well as care staff input and a care plan is developed which usually lasts for a maximum period of six weeks. The success rate of helping people to return home following their rehabilitation is very high and in evaluations of the schemes it has been above 90%.

3.8.4 The current schemes are:

Buxton House Weymouth which has 32 beds.
Maiden Castle Dorchester – 3 beds planned to increase to 10 in 2006/07.
Avon View Christchurch – planned to provide a 10 bed unit 2006/07.
3.9 Current strategy for in-house provision

3.9.1 The County Council transferred 18 of its elderly people’s homes in 1991 to a not-for-profit organisation, The Dorset Trust (now entitled Care South), which was established for this purpose. The homes were transferred on a 25 year lease. The County Council retained 7 homes, one in each major market town, with a view to further externalisation subject to evaluation of the first tranche of the transfer. Following Local Government Re-organisation in 1997, initial plans were made to complete the transfer of the remainder of the homes, but a number of changes in the residential care sector led the County Council in June 2004 to reconsider these proposals.

3.9.2 The main issues were as follows:

- significant changes in the welfare benefits payable to residents of independent sector residential and nursing homes, which eliminated the price differential between independent sector and local authority residents;

- the reduction in competitiveness of independent sector homes in comparison with local authority provision, caused by the introduction of National Minimum Standards;

- the difficulties in securing independent sector care provision at affordable prices for the County Council;

- the cost implications of any transfer of local authority homes to the independent sector arising from the new Code of Conduct in relation to the
Transfer of Undertaking (Protection of Employment) (TUPE) Regulations 1981;

- the growing need to develop high dependency residential care alongside nursing care in order to respond to operational pressures arising from delayed transfers of care from hospital.

3.9.3 In order to maintain its influence in the market place and ensure capacity for people who require local authority financial support for their care, the County Council decided to retain its remaining care homes at Streets Meadow, Wimborne; Sidney Gale House, Bridport; The Hayes, Sherborne; Avon View, Christchurch; Anglebury Court, Wareham; The Lawns, Weymouth; and Castleman House, Blandford.

3.9.4 In order to ensure an adequate provision of nursing care within the County, the County Council also started negotiations with the South and East Dorset PCT and the Royal Bournemouth and Christchurch Hospitals NHS Trust in relation to the professional support required for the County Council to include the provision of nursing care within the proposed new home in Christchurch. This new 80-bed home is a replacement for the existing Avon View home, and will be owned and managed by the County Council. It will also include provision for palliative care, in conjunction with the Macmillan Cancer Trust. This scheme is being run as a pilot and, if successful, will be replicated in other areas of the County.

3.9.5 In addition, in order to fulfil its lease obligations with Care South, the Council has entered into long term lease and block purchasing arrangements to secure the re-builds of three of the Care South homes that were originally transferred, i.e. Fairlawn in Ferndown, Buxton House in Weymouth and Maiden Castle House in Dorchester. Fairlawn and Maiden Castle House include specialist dementia care provision and
Buxton House has a comprehensive intermediate care facility. The leases of the remaining 4 transferred homes are due to expire in 11 years time (2016) and it is necessary to consider their future as part of this strategy. The options set out in Section 11 for the future of care home provision include consideration of the Care South homes as well as the retained homes and the County Council’s overall purchasing ability.

3.9.6 As far as the County Council’s retained homes are concerned, as mentioned above, Streets Meadow in Wimborne and Avon View in Christchurch are currently being rebuilt in order to create additional capacity to provide care for people with high dependency needs. Anglebury Court in Wareham, Castleman House in Blandford and The Hayes in Sherborne do not require any capital development but The Lawns in Weymouth and Sidney Gale House in Bridport would require major capital upgrade development by 2010 in order to provide high dependency care in the future.

4. Independent Sector Purchasing

4.1 Individual care home placements are procured from the independent sector through, in the main, spot purchase arrangements which are “called off” from main contracts agreed with providers. Within the current contractual arrangement, the County Council sets its standard contract fee for different levels of care, which is then uplifted on an annual basis to reflect inflationary increases in costs.

4.2 Work has been undertaken at both a national and local level to ensure fees more accurately reflect the costs of care services and since 2003 the County Council has been factoring in growth of 4% above inflation each year in order to try to bridge the
gap between its standard fee rates and the actual costs identified by independent sector providers. At the same time, it is proving increasingly difficult to secure appropriate and affordable placements for people with high dependency needs and in many cases exceptional fee levels are having to be negotiated. Work is continuing, within the budget considerations for 2006/07 and beyond, taking into account the Council’s own unit costs, to ensure that placements can be secured at a reasonable cost and that market stability is achieved.

4.3 The gross budget on independent sector care homes 2005/06 is £25,808,600.

4.4 Allocation by team area in localities is set out in the table below:

<table>
<thead>
<tr>
<th>Local Team</th>
<th>Budget  £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferndown</td>
<td>2,937,300</td>
</tr>
<tr>
<td>Wimborne</td>
<td>2,914,000</td>
</tr>
<tr>
<td>Christchurch</td>
<td>3,658,900</td>
</tr>
<tr>
<td>Purbeck</td>
<td>2,698,400</td>
</tr>
<tr>
<td>Sturminster Newton</td>
<td>2,606,500</td>
</tr>
<tr>
<td>Sherborne</td>
<td>1,443,300</td>
</tr>
<tr>
<td>Bridport</td>
<td>2,231,400</td>
</tr>
<tr>
<td>Dorchester</td>
<td>1,996,100</td>
</tr>
<tr>
<td>West Dorset Hospital</td>
<td>60,500</td>
</tr>
<tr>
<td>Weymouth</td>
<td>5,262,200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25,808,600</strong></td>
</tr>
</tbody>
</table>
By area this is as follows:

<table>
<thead>
<tr>
<th>Area</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Dorset</td>
<td>£12,208,600</td>
</tr>
<tr>
<td>North Dorset</td>
<td>£4,049,800</td>
</tr>
<tr>
<td>West Dorset</td>
<td>£9,550,200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£25,808,600</strong></td>
</tr>
</tbody>
</table>

The current average recovery rate is 26.5%.

4.5 A calculation is made each year on the number of beds which can be purchased in the independent sector, based on the average price of placements and budget availability. The target number of placements which can be made in 2005/06 is as follows:

<table>
<thead>
<tr>
<th>Locality</th>
<th>Target Number of Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purbeck</td>
<td>122</td>
</tr>
<tr>
<td>Ferndown</td>
<td>133</td>
</tr>
<tr>
<td>Wimborne</td>
<td>167</td>
</tr>
<tr>
<td>Christchurch</td>
<td>133</td>
</tr>
<tr>
<td>Weymouth</td>
<td>262</td>
</tr>
<tr>
<td>Bridport</td>
<td>108</td>
</tr>
<tr>
<td>Dorchester</td>
<td>102</td>
</tr>
<tr>
<td>Sherborne</td>
<td>67</td>
</tr>
<tr>
<td>Sturminster Newton</td>
<td>121</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,215</strong></td>
</tr>
</tbody>
</table>
5. COUNTY COUNCIL RETAINED HOMES

5.1 The County Council retains seven care homes within its control as follows:

<table>
<thead>
<tr>
<th>Home and Location</th>
<th>Old Age</th>
<th>Dementia</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglebury Court, Wareham</td>
<td>21</td>
<td>15</td>
<td>36</td>
</tr>
<tr>
<td>Sydney Gale, Bridport</td>
<td>30</td>
<td>14</td>
<td>44</td>
</tr>
<tr>
<td>The Lawns, Weymouth</td>
<td>30</td>
<td>12</td>
<td>42</td>
</tr>
<tr>
<td>Castleman House, Blandford</td>
<td>25</td>
<td>23</td>
<td>48</td>
</tr>
<tr>
<td>The Hayes, Sherborne</td>
<td>30</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>Avon View, Christchurch</td>
<td>28</td>
<td>15</td>
<td>43</td>
</tr>
<tr>
<td>Streets Meadow, Wimborne</td>
<td>34</td>
<td>15</td>
<td>49</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>177</td>
<td>99</td>
<td>312</td>
</tr>
</tbody>
</table>

The total available placements for 2005/06 is:

- In House: 312
- Independent Sector: 1,215
- Total: 1,527

6. PERFORMANCE

6.1 Placements in care homes are made at a specific “level”. The “level” refers to the assessment of an individual’s needs and their dependency, Level 1 being the least dependent and Level 3 being the most dependent. The chart below includes all
placements such as those which are permanent, temporary and respite care. As a consequence, the figure of total placements varies each week.

<table>
<thead>
<tr>
<th>Level</th>
<th>As at 1.4.05</th>
<th>As at 30.9.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Res Level 1</td>
<td>32</td>
<td>33</td>
</tr>
<tr>
<td>Res Level 2</td>
<td>219</td>
<td>205</td>
</tr>
<tr>
<td>Res Level 3</td>
<td>554</td>
<td>579</td>
</tr>
<tr>
<td>Nursing Level 0</td>
<td>103</td>
<td>105</td>
</tr>
<tr>
<td>Nursing Level 1</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Nursing Level 2</td>
<td>279</td>
<td>287</td>
</tr>
<tr>
<td>Nursing Level 3</td>
<td>84</td>
<td>82</td>
</tr>
<tr>
<td>Total</td>
<td>1,294</td>
<td>1,314</td>
</tr>
</tbody>
</table>

The above placements include those outside of the base budget, for example, relating to Preserved Rights where there is a separate funding stream.

6.2 Furthermore, analysis of demand for care homes has demonstrated a shift towards higher levels of dependency. This is evidenced in the levels of care home beds purchased by comparing the position for the start of the financial years 2003, 2004, 2005.

<table>
<thead>
<tr>
<th>Level</th>
<th>1.4.03</th>
<th>1.4.04</th>
<th>1.4.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Res 1</td>
<td>60</td>
<td>45</td>
<td>32</td>
</tr>
<tr>
<td>Res 2</td>
<td>274</td>
<td>245</td>
<td>219</td>
</tr>
<tr>
<td>Res 3</td>
<td>480</td>
<td>814</td>
<td>531</td>
</tr>
<tr>
<td>NC 0</td>
<td>61</td>
<td>97</td>
<td>103</td>
</tr>
<tr>
<td>NC 1</td>
<td>203</td>
<td>33</td>
<td>23</td>
</tr>
</tbody>
</table>
6.3 There is a shift away from lower levels of residential care to higher levels and proportionately more people in nursing care on 1.4.05 compared with 1.4.03, ie 37.8% compared with 35.9%.

6.4 The length of time people remain in a care home placement has increased over the past 12 - 18 months. The table below shows average lengths of stay.

Analysis of Lengths of Stay – Residential Homes and Nursing Homes

<table>
<thead>
<tr>
<th></th>
<th>2002/03</th>
<th>2003/04</th>
<th>2004/05</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing homes</td>
<td>218</td>
<td>260</td>
<td>242</td>
<td>120</td>
</tr>
<tr>
<td>Residential homes</td>
<td>221</td>
<td>250</td>
<td>240</td>
<td>97</td>
</tr>
<tr>
<td>Average Length</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of stay</td>
<td>1.58 years</td>
<td>1.47 years</td>
<td>1.95 years</td>
<td>2.08 years</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Length</td>
<td>2.06 years</td>
<td>2.07 years</td>
<td>2.19 years</td>
<td>2.64 years</td>
</tr>
<tr>
<td>of Stay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Homes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6.5 The Commission for Social Care Inspection monitors the performance of local authorities through the Social Services Performance Assessment Framework. Admissions of supported residents age 65+ to care homes is one of the indicators. Dorset has performed at the highest level in 2003/04 and maintained that level in 2004/05. Performance at this level means that about the right number of placements are being made for the County Council’s population. Too many would suggest unnecessary admissions to care and too few suggests people are potentially being left at risk.

7. POPULATION NEEDS

7.1 The Commissioning Strategy – Older People’s Services 2005-2008 contained a wide range of detailed information regarding the population of older people in Dorset.

7.2 Of particular note in respect of care homes is the fact that the average age of residents in care homes is 86 years with the largest proportion of people in the 85+ age group. The 85+ age group is the largest growing category in Dorset. The projected growth rate is 23.3% across the county between 2005 and 2011.

7.3 The picture in localities across Dorset for population growth rates of 85 years+ is set out as follows:

<table>
<thead>
<tr>
<th>Location</th>
<th>Growth Rate</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christchurch</td>
<td>21.0%</td>
<td>400 people</td>
</tr>
<tr>
<td>East Dorset</td>
<td>20.7%</td>
<td>600 people</td>
</tr>
<tr>
<td>North Dorset</td>
<td>27.8%</td>
<td>500 people</td>
</tr>
</tbody>
</table>
Purbeck | 23% increase | 300 people
---|---|---
West Dorset | 25.1% increase | 1,100 people
Weymouth and Portland | 15.8% increase | 300 people

85 years+ population projection by area

<table>
<thead>
<tr>
<th>Area</th>
<th>2005</th>
<th>2011</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christchurch</td>
<td>1,900</td>
<td>2,300</td>
<td>2,400</td>
</tr>
<tr>
<td>East Dorset</td>
<td>2,900</td>
<td>3,500</td>
<td>3,800</td>
</tr>
<tr>
<td>North Dorset</td>
<td>1,800</td>
<td>2,300</td>
<td>2,700</td>
</tr>
<tr>
<td>Purbeck</td>
<td>1,300</td>
<td>1,600</td>
<td>1,800</td>
</tr>
<tr>
<td>West Dorset</td>
<td>3,500</td>
<td>4,600</td>
<td>5,100</td>
</tr>
<tr>
<td>Weymouth and Portland</td>
<td>1,900</td>
<td>2,200</td>
<td>2,500</td>
</tr>
</tbody>
</table>

7.4 Supply and Demand based on population needs

7.4.1 As mentioned in paragraph 6.5 above, the County Council’s current performance in relation to admissions to care homes is within the optimum band which is measured by the number of people 65+ admitted to a care home per 10,000 population. The most recent out-turn, for 2004/05 performance, is 78 per 10,000. For services to continue as at current performance levels, admissions would need to increase as follows to cater for population growth:

2011 106 additional places – gross cost £2.44m
2016 224 additional places – gross cost £5.15m
7.4.2 These figures do not include inflation. The increase in additional places is arrived at by dividing the projected (increased) number of admissions by the projected (increased) population aged 65 years or over.

7.4.3 On the supply side, the County Council maintains a comprehensive database on all care homes in Dorset, Poole, Bournemouth and in parts of Somerset, Wiltshire and Hampshire. The purpose of this database is to help purchasing staff to see availability of placements when giving information to service users and their families. The data is broken down into care homes with and without nursing, as well as dementia services. A snapshot of the data would indicate that there are sufficient vacancies overall to meet demand. However, it is often the case that the vacancies are not in the preferred location, they cannot meet the specialist needs, they are not within the County Council’s rate of payment, or do not suit the service user/carer in terms of choice.

7.4.4 The impact this has on supply and demand is often to slow down the process of making some admissions to care homes. This can add pressure on the NHS system if a patient is awaiting a care home placement from a hospital or pressure on family and carers if the person is being managed at home.

7.5 Workforce issues

7.5.1 Recruitment and retention of staff in care homes has always presented challenges such as:

- the nature of the caring role
- unsocial hours
- sickness absence
• levels of pay
• career opportunities
• cost of housing/accommodation.

7.5.2 The difficulties in these areas are experienced in both retained homes as well as the independent sector. The County Council has gone some way to improve pay through the process of job evaluation and the industry as a whole has worked on a variety of schemes to try and attract people into the care home service such as Care Ambassador and Modern Apprenticeship schemes.

7.5.3 It is difficult to recruit younger people and this is partly because people below the age of 18 years cannot be employed in a care assistant role. As a consequence those who may have wished to pursue a career from the age of 16 years have often chosen alternative work and are then not attracted to the care home sector.

7.5.4 The age profile of staff in the County Council homes as at 30/9/05 shows the following information:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff below the age of 25 years</td>
<td>61</td>
</tr>
<tr>
<td>Number of staff between the ages of 25 – 34 years</td>
<td>91</td>
</tr>
<tr>
<td>Number of staff between 35 and 44 years</td>
<td>121</td>
</tr>
<tr>
<td>Number of staff between 45 and 54 years</td>
<td>161</td>
</tr>
<tr>
<td>Number of staff between 55 and 64 years</td>
<td>109</td>
</tr>
</tbody>
</table>

7.5.5 A further factor affecting the workforce management is the ability to recruit qualified nursing staff for care homes with nursing. The industry is competing with both the
National Health Service as well as a pool of qualified staff which is not large enough to meet demands.

7.5.6 In developing the strategy for the future, the issues relating to the workforce will need to be taken into account at the same time so as to ensure the success in developing services.

**CHALLENGES:**

- achieve best value from in-house homes,
- continue to develop the independent sector,
- secure long term stability in the market,
- maintain the balance between the right amount of care home placements and alternative services,
- develop work force strategy in partnership with key stakeholders to secure services.
8. WHERE DO WE WANT TO BE?

8.1 In the over-arching strategy document it was confirmed that the vision for older people’s services was based on ‘Independence and Choice’.

8.2 Whilst care home services enable the County Council to provide for those people and their carers who can no longer manage their independence at home, it is generally the case that people do not choose willingly to enter a care home. At the time an admission occurs, it is often done with reluctance on all parts and it carries a mixture of emotions which has a profound impact on the individual, friends and relatives.

8.3 There is a clear need to make a strategic shift towards providing more care in the home and develop alternative contracting arrangements which support the County Council’s position on promoting people’s independence.

8.4 A comprehensive consultation exercise will be required in order to determine what changes the County Council will need to make to be prepared for people’s changing needs and expectations. At this stage, views and opinions have been sought from staff and independent providers on current challenges and future issues in respect of care home provision. Details of these discussions are appended. These are summarised in the challenges box below:
CHALLENGES:

- Help people to remain in their own home for as long as possible
- Create greater choice
- Provide more services to support carers
- Develop extra care housing
- Develop specialist services particularly for people with dementia
- Provide services locally so that people do not have to move away from their neighbourhood
- Place greater emphasis on prevention and support to avoid care home admissions
- Provide information to people about options and choices.

9. WHAT ARE THE ALTERNATIVES?

9.1 This section will explore a range of potential options incorporating some of the advantages and disadvantages. A detailed analysis of costings will be required and they will form part of the next stage in formulating the way forward on specific options.

9.2 **Option 1- No fundamental change to the way in which care home services are provided**

The County Council will continue to spot purchase care home places in the independent sector. Home replacement programmes for the County Council’s
homes will focus on those homes which require enhanced facilities to care for people with high dependency needs.

Advantages:
• enable the development of some specialist provision in the areas of dementia and nursing care,
• It maintains care home provision at current levels but could give some expansion potential depending on cost.

Disadvantages:
• there is no choice for older people other than a care home,
• there is no management of prices with independent sector partners,
• it restricts investment opportunities for offering choice,
• it requires large capital investment,
• revenue costs will be greater owing to new build capital costs,
• it would need transition plans for existing residents at the point of construction.

9.3 **Option 2 - Extra Care Housing**

The County Council has adopted a strategy for the development of extra care housing\(^3\). This has been produced in consultation with older people and many partners engaged with the Dorset Supported Housing Group.

\(^3\) Extra Care Strategy for Dorset 2004
This option would become the modern alternative to care home provision. Existing stock could be replaced with extra care housing schemes as well as further housing development with District and Borough Council providers.

The definition of extra care housing set out in that strategy is summarised as housing with support providing independent living which does not amount to institutional care. Characteristics which define extra care housing include:

- self contained accommodation,
- individual packages of care and support,
- care and support available 24 hours a day,
- flexibility to provide high levels of care when needed.

This option would require the closure of homes over a period of time with a capital programme of new build extra care housing.

Advantages:

- it provides self contained accommodation
- it provides security of tenure
- there is a meals service
- there is a 24 hour care and support service
- it is more cost effective compared with care home provision
- it provides choice to older people
- it would require major transitional planning for existing residents.
Disadvantages:

- some people’s needs may be too complex to be met in such housing
- it is hard to provide in rural areas
- there is a long lead in time for new build
- capital for new build will be required
- it would need a bridging period to manage the change so as to allow for current needs to be met appropriately.

9.4 Option 3 – Convert existing DCC care home stock over a period of time into revenue for alternative services such as domiciliary support to help people remain in their own homes. Continue to purchase independent sector provision as now

Advantages:

- provides greater choice for older people to remain at home,
- it helps people to stay in their own community,
- it provides higher levels of support to carers,
- it would help to prevent people moving from hospital to care homes,
- other services such as night support, respite care, Telecare can be developed,
- it would remove the costs associated with replacement homes.

Disadvantages:

- it would require major transitional planning for existing residents,
- it would reduce the supply of care homes and placements,
- it would reduce the specialist homes currently available,
• it would reduce the potential for developing specialist care homes particularly with nursing,
• there would be considerable implications for existing staff,
• capital assets only provide one off finance.

9.5 **Option 4 - Reduce the number of placements made in independent sector care homes on an incremental basis and transfer the funding to domiciliary care services**

Advantages:
• it would provide greater opportunities to support people at home,
• it would reduce dependence on care homes provision,
• it would enable choice for older people,
• other services could be developed such as respite care, night care, Telecare.

Disadvantages:
• it would reduce the number of placements being made.

9.6 **Option 5 - Replace existing stock with new build care homes including nursing care and specialist dementia services**

The demand for nursing care and specialist dementia services is increasing. The cost of purchasing placements of this nature is usually at a higher level in the independent sector. In-house provision will ensure that the County Council can respond to people’s individual needs.
Advantages:

- provides more affordable nursing home placements,
- provides specialist dementia services,
- retains public service provision.

Disadvantages:

- additional revenue would be required to meet the new service of nursing care,
- large capital investment required.

10. HOW DO WE GET THERE?

10.1 To ensure the County Council is able to make the right decisions for the future of care home provision further work is required. It is clear, however, that in order to achieve the vision of promoting people's independence and giving choice the overall strategy for the future care of this type will incorporate:

- increased provision of home care,
- home care which promotes people's independence and enables rather than just a 'doing' service,
- more extra care housing as an alternative to care homes,
- more respite care to support carers,
- more nursing care to meet higher dependency and complex needs,
- less mainstream residential care,
- more provision of specialist mental health residential and nursing care,
- greater equity of service provision county wide,
- greater use and increasingly more efficient provision of community equipment,
• telecare services and equipment which becomes part of the mainstream equipment service,
• block contracts for longer terms to support the stability of the care home market,
• development of the human resources strategy to provide sufficient trained staff with career pathways to make recruitment and retention easier,
• the County Council remaining a key provider but ensuring best value at all times.

10.2 To implement this strategy it will be necessary to make links to other strategies in older people’s services and services for people with disabilities in order to create the right mix of services. The other strategies include:

• Direct Payments
• Domiciliary Care
• Telecare
• Delayed transfers of care
• Extra Care Housing.

10.3 For the County Council to achieve the right mix it will be necessary to undertake more detailed modelling work. To achieve this modelling the County Council will undertake work through consultancy which will also support other strategic developments in the mix of care for the future.
APPENDIX

VIEWS AND OPINIONS OF STAFF AND INDEPENDENT SECTOR PROVIDERS

Challenges

Avoid admission to care homes directly from hospital
Staff training in specialist areas
Develop a model based on demand
Provide more community support in preference to care home placements
People often improve in care homes and could be discharged
Self funders – difficult to manage
No choice
Care home costs – to 24/7 home care?

Future services

People want to remain in their own home
Develop locally based services to support independence
Make existing homes a community resource
Develop extra care housing with staff support
Provide night support
Adult placement scheme
Community support needs specialist skills
Homes to cater for specific specialist needs
Telecare and integrated equipment needs to be widely available
Greater levels of information and advice to the public is needed
Develop respite care services to support carers
Sitting services
Develop prevention to avoid those crises which results in admissions

Primary care services key to community support

Need an incremental change process which develops alternatives over a period of time

Direct payments could keep people at home

Imaginative housing which enables extensions for wider family groups

Prioritise and show value for money with alternative provision

Greater provision of specialist homes such as dementia

Need to provide for younger person i.e. 55+ stroke victims

Services need to be local, give choice, provide for specialist needs

Greater emphasis on managing risk and supporting carers

Become better at targeting those in greatest need

Develop block contracts for specialist services

Engage care homes in undertaking other tasks such as rehabilitation, community support, respite.