

**Commissioning  
Strategy for Care  
and Support  
delivered by  
Adult Social Care**  
2016-2020



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# 1 Introduction: what is this commissioning strategy for?

This commissioning strategy sets out at a high level how Cumbria County Council proposes to shift the balance of care to meet the growing needs of local people with reduced levels of funding, and in doing so how the Council will focus on the promotion of wellbeing through the commissioning of Adult Social Care. The Strategy also demonstrates how the County Council can contribute to the delivery of the Cumbria Joint Health and Wellbeing Strategy. It sets out the challenges that the Council faces in delivering adult social care in the next five years. These include the following.

- Significant demographic growth, especially within Cumbria's 'super-ageing' older population.
  - Unprecedented financial challenge posed by the national austerity programme.
  - Increased national expectations of councils with adult social services responsibilities under the Care Act 2014.
  - Well-defined national and local demand for individualised, personal service approaches amongst those who receive social care and support.
- The recently announced requirement to integrate NHS health and care services by 2020

The Care Act 2014 sets out a requirement for councils with adult social services responsibilities to provide oversight of the care market, to work with providers to develop high quality services, to assure capacity to meet local needs and ensure people who use services are safe. This applies to the whole population, not just support for the people who access services through councils. The strategy helps the Council to fulfil this duty by setting out our commissioning intentions.

It has been produced as the basis for wider engagement about how the Council, partners, providers of social care, community groups and local people can work together to ensure we look after the growing number of older and vulnerable people with a reducing budget. There are no easy answers, but we set out the challenges and a model of service which the Council believes will provide the best possible chance of being sustainable.

The strategy also provides a clear steer on how the social care workforce needs to operate to assess need, manage risk, prepare support plans and review the needs of vulnerable people so that the right care is provided at the right time in an affordable manner.

## Assumptions within the strategy

The appendices to the strategy include projections about needs, service levels and resources drawing on data from local and national sources. The strategy does not seek to provide detailed population or service analysis as this is notoriously difficult to predict, because we are dealing with thousands of unique individuals and a large and complex health and care market. Rather, it sets out how we need to change the broad balance of services to meet more needs with less money.

Population data is from the Cumbria Observatory and the Joint Strategic Needs Assessment (JSNA). We have supplemented this with national data from the Health and Social Care Information Centre and some specialist reports. This data doesn't always reconcile as it is gathered over different periods using different definitions. All financial assumptions on budgets and costs and on the local market are based on the latest available data but this may not totally tally across data sources.

We have not built in any assumptions on inflation, price increases or future savings as these are not agreed at this stage. However we have used some assumptions about the average costs of different models of care and what we could do to meet needs at a lower cost.

## **Structure of the strategy**

The Executive Summary and Introduction are followed by a description of the proposed Model of Care and Strategic Actions. This is followed by specific sections on key areas of service: Older People and Younger Adults, with the main focus being People with Learning Disabilities and People with Mental Health Needs. There is also a section on Day Services as this is an area of high spend and inefficiency which we propose to transform.

Each section follows the same format and looks at:

- The Strategic Actions
- A summary of the key issues arising from the needs and market analysis
- Proposed Commissioning Intentions

For readers who wish to understand the detailed data, this is set out in the appendices.

## 2 Executive summary

Cumbria has a 'super-ageing' population. This means that there is an increase in the number of people in the older age groups, and a decrease in the number in the younger age groups. By 2020, over a quarter of the Cumbrian population will be aged over 65. This is a greater proportion than the average for the country. At the same time, more younger people with disabilities are surviving into adulthood and old age, and more people are living for longer with complex needs, frailty, long term conditions and/or dementia.

This growth in needs is happening alongside two significant factors. The main one being the national austerity programme, which means that by 2020 the Council will have lost around 40% of its budget and the NHS will be under severe pressure. The other factor is legislative changes, most importantly the Care Act 2014, which places wider requirements on Councils to promote prevention and wellbeing and to develop the market for the whole population. In addition, the Government has recently announced that it will require plans to integrate health and care services by 2020 to be in place by 2017.

The Council's Health and Care Services directorate will spend just over £160m (gross) on the provision of adult social care in 2015-16. The Council has already committed to deliver significant savings over the next three years, and will decide on additional savings in February 2016.

The strategy identifies that, based on current projections, by 2025 we will need more intensive provision for at least an additional 1,500 Older People in residential care or an equivalent level of care such as Extra Care housing or intensive services at home. It also identifies that there is a growth in the numbers of people with disabilities and mental health needs with highly complex problems.

It is projected that if the Council continues to provide for Older People with the same pattern of services as it uses now, the overall cost will increase by over £10m a year, at current prices, by 2020. Costs will also increase by at least £6m, at current prices, for Younger Adults with complex disabilities and recent trends suggest an increased demand for mental health services of around £1.5m per year, at current prices. (All of these projections exclude the potential cost of the National Living Wage.) This is clearly not sustainable.

In line with the principles set out in the Cumbria Joint Health and Wellbeing Strategy we therefore propose, in broad terms, that this additional demand should be managed by doing three key things.

- 1 Firstly, by investing in services which prevent, reduce or divert demand, keeping people at the heart of families and communities for as long as possible and stimulating communities to provide more support themselves. We all need to play our part in looking after our own health and being good neighbours to people who are struggling. We will work with the NHS, Districts and Parishes and the Third Sector to build on the strengths of communities and families and to keep people healthy and active for as long as possible.
- 2 Secondly, by promoting the independence and self-reliance of people who do need a service so that we can minimise the costs over the lifetime of the service. This means we will invest in new technologies, rehabilitation and supportive Extra Care housing to keep people out of high cost services for longer. We envisage an approach whereby no long term service is agreed until we have exhausted the use of reablement, assistive technologies and adaptations and equipment and where the only long term placements in residential care are made for people with high levels of frailty and/or dementia.

- 3 Thirdly, for those people who do need high level, residential or nursing-level service or other complex services, we will develop sufficient high quality provision where the environment and care meets their needs, reduces the need to send people a long way from home, and reduces the risk of hospital admissions. We will also work closely with the NHS to identify needs earlier and provide proactive care to keep people as well as possible. As with other groups, we will continue to seek to rehabilitate people and reduce costs.

These three approaches are all interrelated, and we hope that even the frailest person will have some of their needs met by friends, families and local communities. We will approach all assessments from the point of view of what a person can do, not what they can't do, and what other support is available to help them.

We propose that by re-balancing the way care and support is organised we can make the money go further and support more people with lower level support while having enough money to care for people with the highest levels of needs. We need to engage with the people of Cumbria and ensure that their opinions inform this developing strategy.

#### **What does this mean for Cumbria?**

In short we need to reduce the overall spending on Adult Social Care. We believe our best chance of doing this is to change the balance of services and spend a lower proportion of our budget on residential care and a higher proportion on prevention, rehabilitation, supported housing and care and support in local communities.

This will mean that some long standing services will need to change, and that Social Workers, Occupational Therapists and NHS Colleagues will need to work together to promote and implement new approaches and become champions for prevention and independence. We are already working with partners across the health and care system, through the Success Regime and Better Care Together, to ensure that all parts of the system contribute to this aim.

Our default approach will always be to prevent demand, meet needs at a lower level and avoid costly escalation. This will have implications for individuals and families who may need to plan for greater self-help, for communities, where we will encourage greater resilience, and for existing service providers. The Market Position Statement that will flow from this strategy will set out issues for providers in more detail.

#### **The key changes proposed are as follows:**

- To reduce the number of placements in residential care in the next five years.
- For the most frail and vulnerable the Council will work to develop the market, and also with the NHS to develop high quality 'care with nursing' especially for people with high levels of frailty and/or dementia.
- The development of more Extra Care housing. There will be demand for as much Extra Care as can be developed in the next ten years.
- The reshaping of Learning Disabilities and mental health services to ensure that the focus will be on recovery and independence and that people can progress into employment and independent housing. As with Older People, we need to work with the market to create high quality provision for the small but growing number of people who need highly specialised care, often at very high cost.
- A review of day services to ensure that in future, support is offered proportionate to need, and that meaningful employment and participation in community activity are the outcomes that people can realistically expect.

## 3 The case for change

People are living longer, communities are becoming more diverse and citizens have higher expectations of the services they receive. Citizens, want to experience independence, well-being and dignity. They are not interested in navigating the sometimes artificial barriers between health and care. They want to gain greater control over their care and support, and get the right services at the right time rather than relying on help at the point of crisis.

### Needs analysis headlines

- The Cumbrian population is 'super-ageing'. This means that the population of Cumbria is ageing faster than the rest of the UK population and the number of people of working age is reducing. By 2020, nearly 25% of the Cumbria population will be aged over 65.
- There is a significant growth in the number of people aged over 85 and an associated rise in the number of people living with dementia, complex needs, and frailty. There are also more people with sensory loss and more people living alone.
- Life expectancy and levels of ill health vary greatly across Cumbria.
- There are a growing number of people aged over 65 who have a learning disability and associated frailty.
- There are more people with complex and challenging needs, including people with autism and dementia.
- There is an increase in demand for Mental Health services with Cumbria having higher rates of mental illness and suicide than similar areas.

### Financial headlines

Cumbria County Council is facing unprecedented funding reductions due to the national programme of austerity. The Council will have c.£240m less per annum by 2020 than it had in 2010.

- Over the period 2011/12 to 2015/16 £153m of savings has been identified.
- The Health and Care Services contribution to these savings has been £41.3m
- Over the next three years, 2016/17 to 2018/19, it is estimated that a total £80.0m additional savings is required.
- **Of this, the Council has agreed £11.2m savings from the Health and Care Services directorate as part of the current financial plan.**
- **Further savings will be agreed in February 2016 as part of the next financial plan.**
- Delivery of the existing agreed savings and any future savings will require significant changes in the level of service allocated to some individuals, and reduction in the number of high-cost services overall. This trend is set to continue.

### The challenge of demand versus budget

- In 2015/16, the adult social care budget is just over £160.0m per annum. **The £11.2m saving that has already been agreed represents a 7% decrease.**
- National projections based upon the users of adult social care services suggest that by 2020 there will be 966 more people aged over 65 requiring adult social care than there were in 2014/15 (6,880 people). **This is an increase of 14%.** Of these, a number will be over 85 with associated frailty, including dementia.
- **If the Council carries on providing for Older People with the same pattern of services as are being used now, it is estimated that the overall cost could increase by over £10.0m a year, at current prices, by 2020. (This estimation excludes the potential impact of the National Living Wage.)**

- **A cost increase of £6.0m has already been identified (up to 2017/18) for supporting Younger Adults with disabilities** in recognition of the increased level of need that is apparent in the group of people aged over 14 who are in transition between children's and adults' services.

It is clear that a 'business as usual' approach is not sustainable, and will prevent the Council from meeting the needs of the most vulnerable people in the population. New ways of approaching the growing needs are proposed within this commissioning strategy.



## 4 Vision, aims and actions – the model of care for the future

Our Vision is to ensure that resources are allocated in ways which promote health and wellbeing and independence and reduce the need for higher levels of care, while ensuring we can always provide compassionate care for those with the highest levels of need.

**The main aim of this service model is to promote independence and thus meet more needs in a sustainable way.**

### The model of care explained

We propose to shift the focus of the care system so that there is greater emphasis on prevention, communities, rehabilitation and reablement.

We also propose to work with our partners across the health and care system to reduce the artificial barriers between health and care, increase integration between services and align our activities. All of which will result in a more seamless service for users together with better outcomes.

By 2020, we propose that the shape and style of adult social care should be very different to how it is now. The key principles and objectives for the proposed service are as follows.

#### 4.1 Universal prevention and wellbeing<sup>1</sup>

This means that the Council, together with health and other partners, will invest more on preventative community activity to support the most vulnerable and seek to improve their health, reduce social isolation and divert them from higher-level services. In addition the Council will arrange community 'navigation' to enable people to access the help and advice they need.

For people who do need adult social care services, the Council will still seek to ensure that as many needs as possible are met by local community activity, such as good neighbour schemes, local handy persons projects, lunch groups in local cafes and pubs, and walking groups in local parks.

#### 4.2 Targeted prevention<sup>2</sup>

This level of support is aimed at people who are of concern to the Council or the NHS, perhaps people who have been recently bereaved are very socially isolated or who have early stages of dementia. The aim is to reduce and delay demand for formal services. This means that people will be supported earlier, allowing them to make the most of their health and independence, and to avoid the need for high-level care for as long as possible.

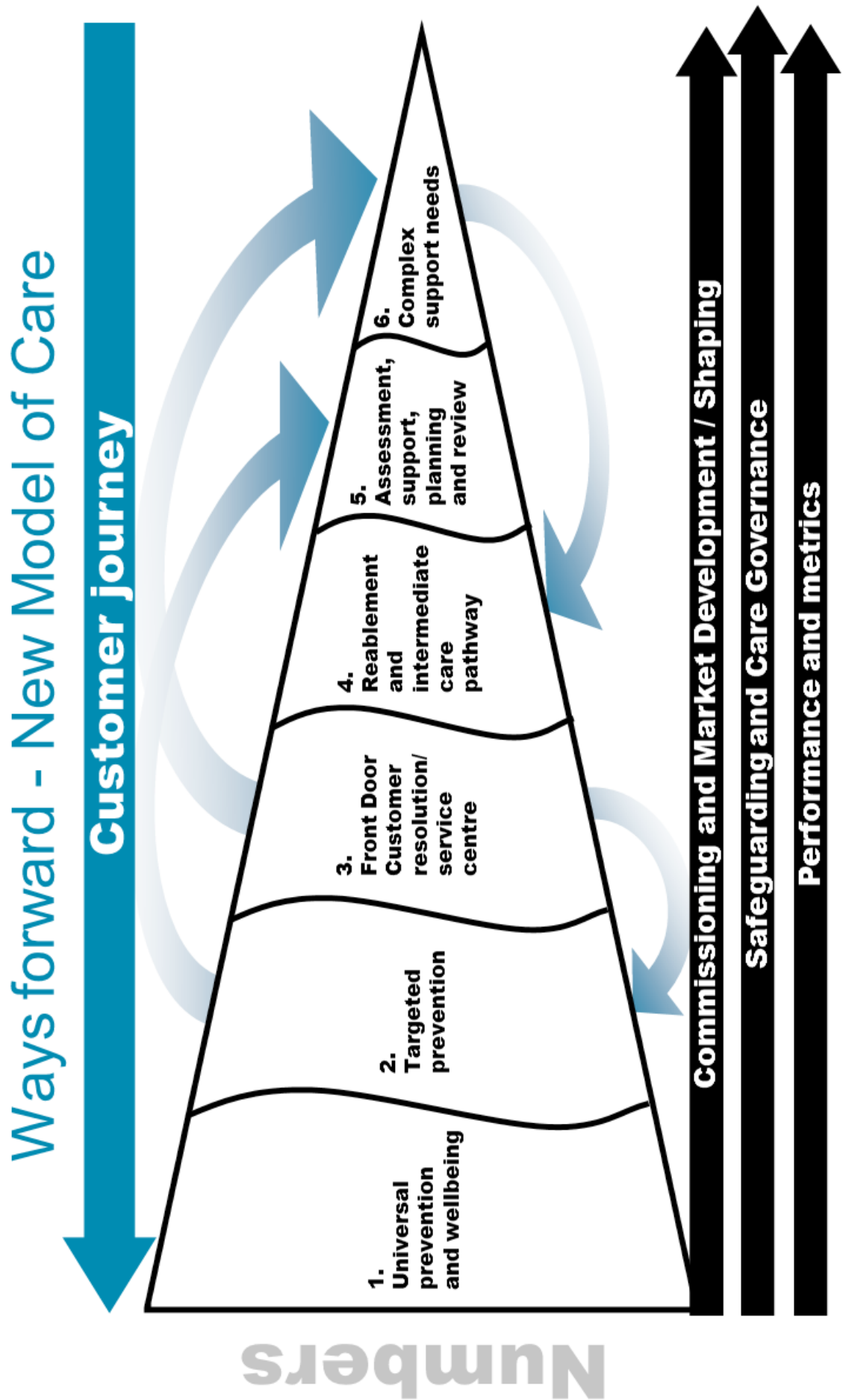
### Proposals

- We will develop and commission a network of support for people who are known to be at high risk of needing social care, focussing on areas such falls prevention, reducing social isolation, support for carers, providing advice and information. We will expect any provider to be able to demonstrate that people have been diverted from services and demonstrate the return on investment.
- We will also improve and invest in ways to help people get equipment, adaptations and Assistive Technology solutions to enable them to regain and retain their independence and feel safe at home.

<sup>1</sup> Primary Prevention as defined in the Care Act 2014

<sup>2</sup> Secondary Prevention as defined in the Care Act 2014

Figure 1: The new model of care for Cumbria



### 4.3 A new front door, information and advice

The Council deals with around 45,000 requests for help for adult social care each year. Of these around half relate to people who are already in receipt of services. This suggests we could do more to enable them to manage their care, or make small adjustments without coming back to us. We could also improve the advice we give them. We propose to work with partners to make systems better.

Around 20,000 of the contacts come from professionals in the NHS, housing and other partners. We believe that a significant number of these contacts could be diverted to Targeted Prevention Services and this could reduce demand and meet needs at lower cost.

Around 4,500 referrals come directly from potential service users. They have often not got information about alternatives.

## Proposals

- We will provide information by digital routes on how people can look after themselves and how they can find local support.
- We will provide telephone and face-to-face support for those who need it, aimed at helping them find alternatives to care
- We will support people to organise their own assessments and support plans and direct them to safe financial advice.
- We will provide information that helps people to select and buy services and items that make them more independent, such as equipment and assistive technology.
- We will create a single point of access via a Customer Services Hub where we will strive to resolve as many issues as possible, referring to specialist staff as required.

We anticipate that this will help us to get advice to people faster. It will help people and their families find help, and will also help us to reduce costs by cutting out unnecessary assessments and visits.

### 4.4 Reablement and Intermediate Care Pathway<sup>3</sup>

Currently, while the investment in reablement in Cumbria is the same as for similar councils, the numbers getting a service and the outcomes are not as good. Working with colleagues across the health and care system, we are re-designing the service to ensure that, following accident, illness or other crisis, people have a period of recovery before we make decisions about long term services and placements.

The Reablement Service will be strengthened with therapists and specialists who understand assistive technology, and staff will be trained to allocate simple equipment. The aim is to maximise independence and in doing so, reduce the long term care costs for individuals and reduce the numbers of people entering long term care homes or having very expensive services at home.

There are three main approaches as follows.

- **Recuperation/recovery** – following accident, illness or crisis, giving the individual the opportunity to get fully better.
- **Reablement** – rebuilding skills and confidence following a hospital admission or similar episode. Also supporting people to prevent hospital and care home admissions.
- **Rehabilitation** – clinical and therapeutic help input to maximise ability and regain strengths and skills.

<sup>3</sup>Tertiary Prevention as defined in the Care Act 2014

## Proposals

- We propose that no one is admitted to long term care without us giving them the opportunity for reablement, technology and equipment.
- We will enable the Reablement Services to receive referrals directly from hospital, to allocate equipment and assistive technology, and to undertake simple reviews.

### 4.5 Assessment, Support, Planning and Review

This is the formal process by which Social Care and NHS Professionals assess people's needs under the statutory frameworks for health and care. The aim is to ensure that we only assess people who appear that they may have a need for services, place a strong focus on safeguarding, positive risk taking and promoting choice and control. We have statutory duties to assess people who may have a need for care and support as well as people with a Safeguarding risk and those who may need protection under the Mental Capacity Act. We can improve how we do this.

## Proposals

- We will support service users to develop their own support plan and include family, friends and volunteers in delivery of the plan.
- We will be clear with all customers and service providers that we aim to see people develop and make progress, and that we will review the level of support needed with a view to improving independence and reducing costs.
- We will not place people in long term residential care if we can support them at home or in a setting which provides accommodation with care (either Extra Care Housing or Supported Living).
- We will not arrange formal day services where we can support people to make use of local community services and social networks
- We will promote Direct Payments as the first choice
- We will prioritise sufficient capacity to ensure we can always respond to Safeguarding, Mental Health and Best Interest Assessments and to end of life care.

By doing this we will reduce the costs of service for people who are eligible and ensure that they have a stake in maintaining their independence.

### 4.6 Supporting people with Complex Support Needs and at the end of life

This means that we will target social care resources on working with the NHS and others to provide expert care and support to the most frail and vulnerable people in Cumbria.

## Proposals

- We will collaborate with the NHS to provide care and support in advance of crisis to keep people at home and reduce the need for residential care or hospital admissions.
- We will arrange residential and nursing care for people with the highest levels of need: typically those with frailty, complex needs, multiple long-term conditions and/or dementia, where those needs cannot be met at home
- We will work with partners to increase the numbers of people supported with end of life care at home rather than hospital and to prioritise resources for this.

### **Strategic actions to deliver the model of care**

Delivering these strategic actions will move the care system to the new model of care within the timescale of this commissioning strategy. This will address the increasing demand upon the system, the financial pressures, and deliver better care for the people of Cumbria.

#### **Reducing the pressure on the care system by commissioning and developing universal and targeted prevention services**

- We will develop preventative community activity to support the most vulnerable and divert them from higher-level services, with 'health and wellbeing coordinators' to enable people to take control of their own wellbeing and reduce their need to access other services.
- This will combine a number of existing funding streams to create a system of support which can meet needs at a local level. This will be a mixture of council and voluntary sector services, and the key difference from current models will be enhanced coordination and a rigour about ensuring a return on investment by reducing demand for social care.

#### **Reduction in the overall number of placements of Older People in residential and nursing care**

- It is proposed that council-funded residential and nursing care home placements for Older People be limited to people with the highest level of need, including people with dementia, frailty and complex needs. People should only be placed in these services when all other options have been exhausted. The implication of this would be as follows.
- By 2020, there will be fewer placements, but the proportion of those placements for people with dementia will have increased from 42% to 60% of all Older People's placements.
- By 2020, less money each year will be spent on Older People's residential and nursing care home placements. Some of this resource will be redirected to support more people in their own homes, either within Extra Care housing or with domiciliary care that can meet their specific needs.

#### **Increasing the resilience of the care market for 'Care with Nursing' and Dementia Care**

- An analysis of the current market shows that a significant number of buildings don't meet the necessary standards for people with dementia or high levels of physical frailty. In addition there are challenges in recruiting skilled nursing staff. We therefore propose to enter dialogue with the NHS and with providers and regulators to develop a more resilient and higher quality care market for the growing numbers of very frail people with complex needs of all ages.

#### **Increasing the use of 'support at home' services for Older People with lower-level eligible needs**

- It is proposed that the reduction in residential and nursing care home placements should be balanced by an increased use of more cost-effective 'support at home' services for Older People with lower-level eligible needs. This will entail the following.
- An increase (estimated to be c.25%) in the number of hours of support purchased a year, at an estimated cost of c.£6 million at current prices. This will include care in Extra Care housing, Shared Lives care, and other initiatives as well as traditional domiciliary care.
- Increased use of Assistive Technology, equipment and minor adaptations to enable people to live independently

### **Increasing the supply of Extra Care and other supported housing**

- The existing council policy to develop 'accommodation with care' (Extra Care housing for older people, and supported living for younger people with disabilities) will be accelerated.

### **Better commissioning of Learning Disabilities services**

- It is proposed that we develop Learning Disabilities services that plan to meet needs through the whole of people's lives, and improve outcomes for children and young people with mental health issues and Learning Disabilities.
- We need to plan to meet the needs of young people in transition, largely within the current cost envelope. This will mean spending less on a number of people and ensuring we have the resources for the small but growing number of people with highly complex needs.
- Services will be expected to focus on reducing long term dependency and cost. We will commission these services in ways that reward providers for reduced dependency. (The present MTFP states that this saving will be c.£1.5m for 2015/16). We wish to talk with providers about how we can increase savings in this area.
- We propose to review the way we deliver day time services to reduce the use of traditional building-based settings, to help people get jobs, and to help more people be supported to be active in the community.

### **Better commissioning of mental health services**

- Our priority is to work with partners to reduce incidence of mental ill-health and close the gap between Cumbria and the national average in regard to suicide and prevalence of common mental ill health conditions.
- We propose to commission mental health services that enable recovery, reduce longer-term dependency and cost, and focus on community and employment-based activity.
- We need to identify how we can meet growing needs within the current financial envelope.

### **Shifting the focus from buildings-based day services to support within the community**

- We propose to review the model of day services across Cumbria to promote community based activity and use of local facilities, reduce travel costs and make more efficient use of building-based services.
- We will promote the use of flexible community-based services including an emphasis on employment and skills to enable people to move towards work.
- We will not normally provide day services for people who live in residential care or supported living, but will expect their support staff to arrange activities with them.

## 5 Delivering the strategy

This section of the strategy sets out more details of the key issues and commissioning intentions for key areas of service. The issues are drawn from analysis of data presented in the appendices.

### 5.1 Prevention services

#### Strategic action

- Reducing the pressure on the care system by commissioning and developing universal and targeted prevention services.

The proposed model of care aims to create or regain the ‘fabric of a healthy society’ necessary to support people to live healthier lives and enjoy a greater sense of wellbeing in their own homes/communities. In particular, to reduce loneliness and social isolation while building individual and community resilience. At a community level this means developing ‘Dementia Friendly Communities’ making better use of village halls, clubs and societies and developing good neighbour schemes. At an individual level we will invest in Health and Well Being Coordinators who will help people get involved in local activities and activate communities to help.

The Council is working with partners through Better Care Together and the Success Regime to create new approaches to health and wellbeing that address the key issues faced by Older People, the frail and the vulnerable, such as loneliness/isolation and lack of access to basic support (e.g. for mobility, money advice, housing-related support, support to remain in touch with relatives/technology, etc.).

To make this agenda real, partners must audit and **pool existing community/ neighbourhood capacity and resource**.

The work on developing Integrated Care Communities being pursued through the Success Regime and Better Care Together will be integrated with the County Council’s emerging work on creating a local Health and Social Wellbeing System. In both of these approaches the voluntary sector in Cumbria will be supported to take a significant role in this.

### 5.2 Older People – residential, nursing and ‘home based’ care

#### Strategic actions

- Reduction in overall number of placements of Older People in residential and nursing care, with priority given to people with high-level needs.
- Increasing the use of ‘support at home’ services for Older People with lower-level eligible needs.
- Increasing the supply of Extra Care and other supported housing.
- Increasing the resilience of the care market for ‘Care with Nursing’ and Dementia Care.

### Market Analysis for Older Peoples Residential Care: Headlines

- Cumbria County Council spends a higher percentage of its resources on residential and nursing and less on community based provision services than similar councils.
- Overall, Cumbria spends more money on Older People when compared to other customer groups than similar councils.
- In 2014 there were 130 care homes for Older People in Cumbria with a total of 4,426 registered places. Of these, 36 are nursing homes and 94 residential care homes, with 917 beds in 29 residential care homes being directly provided by Cumbria County Council. Of these it is estimated that between 20% and 30% are nursing beds.
- A survey in 2014 found that 26% of the homes in Cumbria met none of the prescribed National Minimum Standards (NMS) for physical environment. Examples of these include basic room size, the availability of private ensuite bathing facilities, etc. For the care homes registered after 2002, 35% met 'some' of the NMS, and 39% met all of them. Over the last year there has been a rise in action by regulators against care homes.
- The Council is soon to open a new care home in Barrow-in Furness, and it is proposed to explore the potential of registration as a 'care with nursing' home to ensure there is high quality care for those with the highest needs in that area.
- Analysis shows that Cumbria needs at least an **additional 1,500 beds or** equivalent support such as Extra Care housing provision in the next 10 years. It is proposed that this growth is met by additional Extra Care housing where possible.
- Recent analysis suggests the need for at least 2,100 additional Extra Care housing units by 2025. This would include the numbers identified above and others with lower level needs.

### Local Market Analysis: Extra Care Housing headlines

- Compared to other local authority areas, Cumbria has a low level of supply of Extra Care housing (ECH). Recent strategic work shows that ECH is under-used as a viable alternative to residential and nursing care in the county.
- Given the 'super-ageing' population and the shortage of high-quality alternative provision, the six districts of Cumbria would all benefit from the development of as much ECH as is possible over the next decade.
- At current prices Extra Care Housing can deliver savings of between £6,000 and £9,000 per person per year for each person funded by the Council living in Extra Care housing rather than residential care.

(A comparison of the attributes of Extra Care housing and residential/nursing care is included at Appendix 3.)

#### Commissioning intentions for Older People

- The Council will support the development of services over the next decade to deliver at least 130 additional places for people with complex needs including dementia by 2020.
- At the same time it is proposed that the Council reduces the number of placements it makes in residential care for people with lower level needs and invests in more cost-effective provision for this group of people.
- It is proposed that the Council accelerates the process to develop sufficient Extra Care Housing to meet the needs of people who do not need highest-level residential/nursing care over the next decade. Efficiencies driven through increased Extra Care use would support the ongoing challenges of additional demand and increased cost of care.



- (The Council has allocated £6 million from capital funding to invest in and facilitate the ongoing development of Extra Care housing in Cumbria and is seeking additional funds from the Homes and Communities Agency (HCA)).
- The Council will work with District Councils to identify any traditional sheltered accommodation that could be remodelled to meet higher-level needs or re-designed for alternative use.
- The Council will closely monitor domiciliary provision following the recent tender for domiciliary care to ensure sufficient capability to support people with higher levels of need within their own homes or within Extra Care Housing settings. (Estimated 25% increase in amount of 'support at home' to be purchased, at a cost, based on current prices, of an additional £6m per annum.) If more capacity is needed this will be funded by a reduction in residential placements.
- The Council will prioritise the use of technology and equipment to enable people to live independently within their own homes and communities for as long as possible. To this end we will review our equipment services and re-commission assistive technology to ensure we have the latest technology available.

### 5.3 Older People and Younger Adults – day services

#### Strategic action

- Shifting the focus from buildings-based day services to support within the community.

#### Local Analysis: Headlines

- The Council spends more than similar areas on day services, including high sums on transport.
- A lot of day services are under-occupied and this wastes resources
- Increasing numbers of people have a Direct Payment and choose to use this to do other activities.
- There is an ongoing need for specialist day services to support people with very complex needs, especially where this gives their carers a break.
- A lot of people who live in care homes or supported living attend day services; this duplicates resources and in most cases is inappropriate.
- For Younger Adults there is insufficient focus on employment related activity.

#### Local Market Analysis: headlines

- The majority of day services are delivered by Cumbria County Council through Cumbria Care Services.
- The Council spends just over £14m a year on day services and transport. Of this, just over £3.5m is spent within the private and voluntary sectors. A new procurement framework for this will soon be released.
- There isn't a 'Shared Lives' type of service available.
- There is a lot of opportunity for local action to make mainstream and community activity more open to people with social care needs.

### Commissioning Intentions: Day Services for all ages

- There should be more flexible day care/support options, developing a sustainable market with a range of providers, with locality building bases for people with the most complex needs, and a broader range of community provision.
- Support to enable people to experience employment should be prioritised, alongside a move towards voluntary and vocational opportunities.
- There will be investment in community coordination to reduce the need for formal day services and people will be enabled to attend local services whenever possible. This will minimise the unnecessary use of institutional transport.
- We will develop a model of 'Shared Lives' for day time support, for example an older person spending the day with someone in their village or being invited for Sunday lunch, to reduce loneliness.
- Greater use of Direct Payments and Individual Service Funds will be promoted.
- Day services will not normally be provided for people living in care settings as they should be supported to be active by the staff in that setting. Nor will it be available to people who we can support to attend mainstream alternatives.

## 5.4 Learning Disabilities

### Strategic action

- Better commissioning of Learning Disabilities services.

### Situation Analysis: headlines

- The overall number of people with Learning Disabilities is fairly stable, with a small reduction predicted. However, there are two significant trends. The first is a growth in people with Learning Disabilities who are over 65 and who will have a high chance of frailty and of early onset dementia. The second is the increase in complexity of the young people transitioning from children's services, in particular people with multiple disabilities and others whose behaviour presents challenges.
- There is significant pressure arising from the predicted needs of young people in transition to adulthood and as far as possible we need to re-distribute resources to manage this pressure.

Learning Disability stakeholders held an Open Space event called 'Improving the lives of Adults with Learning Disabilities in Cumbria' in September 2014. Key priorities as voted by the attendees were:

- Having choice of where we live and with who, and who supports us
- Specialised Learning Disability social work teams (Note, these are now in place)
- Focus on reducing hate crime
- More education opportunities
- Access to appropriate health care services
- Housing: how to make it better and more available
- How to help people with a Learning Disability have healthier diet and exercise
- More work opportunities

## **Local Market Analysis: headlines**

### **Residential Care for people with Learning Disabilities**

- High-level services are currently commissioned through the eight providers on the Council's commissioning framework. The framework was established in January 2014 and runs until January 2018.
- The model of service across Cumbria is variable, as are the costs and prices of services.
- There is very little 'move-on' for people into more independent settings or reductions in care packages. We need to move from a 'homes for life' approach to one of 'appropriate support for life' which focuses on progression and independence.
- Many of the people who used to live in long stay hospitals have died or are now older and more frail and need appropriate 'age related' care.
- Increasingly there is a demand for places for younger more disabled people with complex needs. Their needs are not compatible with the Older People described above.
- There are only two homes, with a total of 28 beds for Learning Disabilities in Cumbria that employ specifically qualified nurses. These services are used for step-down from long stay out-of-area hospital placements or for step-up from local services when the package has broken down. The services also provide occupational therapy and psychiatry when needed. They are a costly residential care service. We need to work with the provider to maximise the use of this resource and consider whether any more is needed.
- There is a six-bed specialist autism service in Ulverston. This provides services for some of the service users of Cumbria with the most complex needs. There is a need for more specialist support for people with autism and we intend to engage with providers to commission this.
- There is opportunity within the total spend on residential and supported living to support more people in a more cost effective manner and to see more progression.

### **Local Market Analysis: Supported Living headlines**

- The local market features eleven local and national providers, currently delivering a range of supported living from 24hr to minimal packages.
- Service availability is currently quite good but there is a lack of focus on progression and some inappropriate buildings are in use. There have been no major provider failures but there are some quality issues.
- There are limited numbers of individual apartments with on-site care and support.
- Services range from accommodating a small number of people with some low-level support, to 'shared homes': 24hr services catering for a range of needs. Current provision is spread countywide with mix of single person and shared accommodation services
- Vacancies are often difficult to fill in shared houses due to incompatibility issues.

### **Local Market Analysis: Day Services headlines**

- At present approximately 42% of all learning disability service users (843 people) use learning disability day services. This costs around £9.2 million gross per annum.
- Of the 843 people that use day services in Cumbria, 510 of them attend the 19 day services provided by Cumbria Care (County Council services), 275 people use services purchased from independent organisations, while 58 attend both.
- Occupancy levels vary and some services are underused, suggesting there are opportunities to re-design the service.
- Significant sums are spent on transport to day services.

### Local Market Analysis: Shared Lives headlines

In Shared Lives, an adult (16+) who needs support and/or accommodation becomes a regular visitor to, or moves in with, a registered Shared Lives carer. Together, they share family and community life which can be:

- Longer term accommodation and support
- Short breaks or other time limited live-in support
- Day time support
- Support offered by a Shared Lives carer to individuals who have moved on.
- Good progress is being made towards making an initial 75 Shared Lives placements in Cumbria, estimated to deliver c.£500,000 savings per annum against traditional models of service delivery.
- There has been a strong initial response from local people wishing to be considered as Shared Lives carers. In order to capitalise on this interest, discussions are taking place to consider doubling the capacity of the Shared Lives service in 2016.

### Transition to Adulthood: key issues

- Transition to adulthood is a key stage in people's lives. This is when young people decide who they want to be, how they want to live and what they want to do. Like all young people, those with a disability or mental health problem need support to make these decisions.
- The **Children and Families Act 2014** introduces major changes to support for children and young people with special educational needs (SEN), creating education, health and care (EHC) plans to replace SEN statements. They will be reviewed regularly and cover people up to the age of 25 years old.
- The basic goals are to give families a greater involvement in decisions about their support and to encourage social care, education and health services to work together more closely in supporting those with special needs or disabilities.
- Analysis of the needs of the young people entering adult services over the next three years suggests their care will cost around £6m per annum, based on current prices.

### Commissioning Intentions: Residential Care and Supported Living for People with Learning Disabilities

- It is proposed that significant savings be delivered through better commissioning of Learning Disabilities services. In short, we need to support a growing number of young people with complex needs and a growing number of Older People with Learning Disabilities with little more resource than is currently allocated.
- We will improve our approach to negotiation with providers on a case-by-case basis to ensure best value from resource committed.
- We will incentivise providers to develop services which reduce the life time costs for an individual by building progressive care and support planning into service specifications.
- Social Workers will develop progression plans for all service users and define what changes can be made to the support provided to increase the service users' independence whilst reducing costs.
- Protocols between NHS and local authority commissioners are being reviewed to ensure fair apportionment of relevant costs.
- We intend to consult on and plan for future housing and care needs of people living with older carers.

- We will work with providers to develop the domiciliary care and support market, with special regard to people with complex needs including autistic spectrum conditions.
- We expect to see the appropriate use of Assistive Technology within services for people with a learning disability.
- Work will be undertaken with housing partners and with the Homes and Communities Agency to develop more schemes where people have their own accommodation rather than shared housing, including Extra Care housing, and we intend that more people are enabled to move into mainstream housing or supported living.
- We will increase the pace and scale of development of Shared Lives services.
- We will ensure that every young person with a learning disability and with a 'statement' has person-centred reviews from the age of 14 to 25 and that the year 9 review in school produces a person-centred transition plan that will inform the commissioning and provision of future services and support. This will be used as the basis for working with providers to plan future services.

## 5.5 Mental health

### Strategic action

- Better commissioning of mental health services.

The current Adult Social Care Mental Health budget is around £5 million. There is a growth in demand and services have 'overspent' in recent years. Through recovery-focused services and regular reviews, we propose to support people with mental ill-health more effectively and efficiently through an integrated approach. This will make the £5 million reach much further.

The main message is that we need to contain the growing demand within the current budget. This means placing a higher focus on prevention, recovery and community based support. The Council isn't planning to reduce this budget but it does need to stop overspending and ensure money is spent to help those in greatest need.

Key priorities are:

- Ensuring the Mental Health Service meets all the requirements of the Care Act 2014 with regard to prevention, personalisation and safeguarding.
- Ensuring all approaches to prevention are accessible to people with mental health needs.
- Supporting employers to help more people with mental health problems remain in or move into work.
- Ensuring that the prevention and 'new front' door elements of the adult social care model of care are accessible to people with Mental Health needs.
- Commissioning more services which focus on recovery and rehabilitation.

### What service users, stakeholders and the public are saying

A survey carried out in June 2014 by the Best Life Wellbeing Network (People First) in Cumbria indicated the following.

- 64.7% had experienced problems in accessing mental health services, for whom the main issues were accessibility (31%) and lack of information about services (27.1%)
- The majority of respondents highlighted that improvements to Community Mental Health Teams (CMHTs) should be the priority. Key issues were described as follows.
  - 63.2% Consistency of service
  - 57% Waiting/Referral times
  - 41.3% Communication
  - 24.2% Discharge procedure
- Responses on improvements people would like to see to Mental Health services in Cumbria included the following.
  - More staffing across community based services
  - Improved communication
  - Better joint working between all services and support networks
  - More activities and support groups in the community
  - More beds available for those in crisis.

### Local Market Analysis for Mental Health Services

- **Intensive specialist 24hr Care and Support Services.** There are four services featuring three providers. These services offer intensive support, often upon discharge from acute hospital wards, secure services or out of county placements.
- **'Step down' Mental Health Supported Living.** Up to 24hr support, often covering a group of tenancies within a service or scheme. There are three providers offering individual and small group support. These services offer the first steps towards independent living.
- **'Independent' Mental Health Supported Living.** Some provision is available across all areas, featuring four providers contracted by the Council and the CCG.
- There is a range of provision under the standard residential contract. Individuals aged over 65 predominantly use mainstream Older People services. Four residential services have a mental health specialism and cater for Younger Adults. These services are not focused on recovery.
- There are low numbers of out of county placements and they are linked to Older People with dementia and challenging behaviour, Younger Adults with personality disorder, and secure services.
- The quality of environment in many services needs to be reviewed, with many elements of provision based in outdated or inadequate buildings.
- The majority of current provision is clustered around acute ward locations in Carlisle, Barrow and Whitehaven, with very few or no services for those in South Lakes, Eden or Allerdale. There is a need to balance this more across the county through a more localised approach. (Current budget spend is 40% Carlisle and 36% Barrow.)
- Traditional day service provision has declined in Mental Health over recent years, with many Service Users now taking a Direct Payment. There are a small number of specialised mental health day services that either fit a 'moving to employment' remit or provide a safe buildings based service to those with severe and enduring mental health issues.

### **Commissioning intentions: Mental Health**

- A higher number of people with mental ill health will receive support through preventative and universal services and avoid formal services or inpatient stays.
- Mental Health front-of-house access will be coordinated across the organisations,
- Providers of targeted prevention services will be required to make all services accessible for people with mental health issues
- We expect all reablement services to be able to work with people with a mental health issue.
- We plan to create an integrated approach bring all appropriate provision into a clear pathway for consistency of quality and equality of pricing between the NHS and the Council.
- Closer working relationships between providers, commissioners and practitioners will enable 'move on' through the pathway towards discharge from acute-level services with preventative support in the community.
- A new recovery-focused service specification will apply across the range of accommodation-based services as required, and expectations of progression for each service user will be central to support planning.
- We propose to develop provision for people with higher-level and more complex needs within the county.
- We expect access to employment and employment support to feature in all relevant services and care plans.
- We will develop the market for Mental Health Accommodation, by continuing to foster closer working relationships with housing providers.
- We will treat all 'specialist' placements as short term and contract on the basis of a recovery plan.

## 6 Resources

The council's expenditure on Adult Social Care in 2015/16 is detailed in the high-level breakdown below. The expenditure is delineated by nationally defined 'Primary Support Reasons' (PSRs), which group similar types of service delivery. The figures also divide the expenditure between what is spent on in-house provision, and what is spent in the independent sector.

Figure 1: Cumbria County Council Adult Social Care expenditure 2015/16

	<b>£m</b>
<b>Independent Sector</b>	
<b>Older Adults</b>	
Physical	58.506
Sensory	0.524
Memory	1.939
Learning	2.456
Mental	3.208
<b>Total</b>	<b>66.634</b>
<b>Younger Adults</b>	
Physical	9.885
Sensory	0.653
Memory	0.097
Learning	37.808
Mental	4.219
<b>Total</b>	<b>52.661</b>
<b>Cumbria Care</b>	
Older Adults	30.366
Younger Adults	11.459
Management	0.611
<b>Total</b>	<b>42.436</b>
<b>Total</b>	<b>161.731</b>

The PSR groupings do not represent the way that resource is allocated to different service user needs, as the presenting needs of any individual are by definition complex, and cannot easily be categorised under such broad headings. For example, the separation of 'physical' and 'memory' for Older People hides the fact that many people with dementia will also have care needs associated with frailty and physical disability. This information does, however, give a useful overview of the shape of the annual expenditure in adult social care.



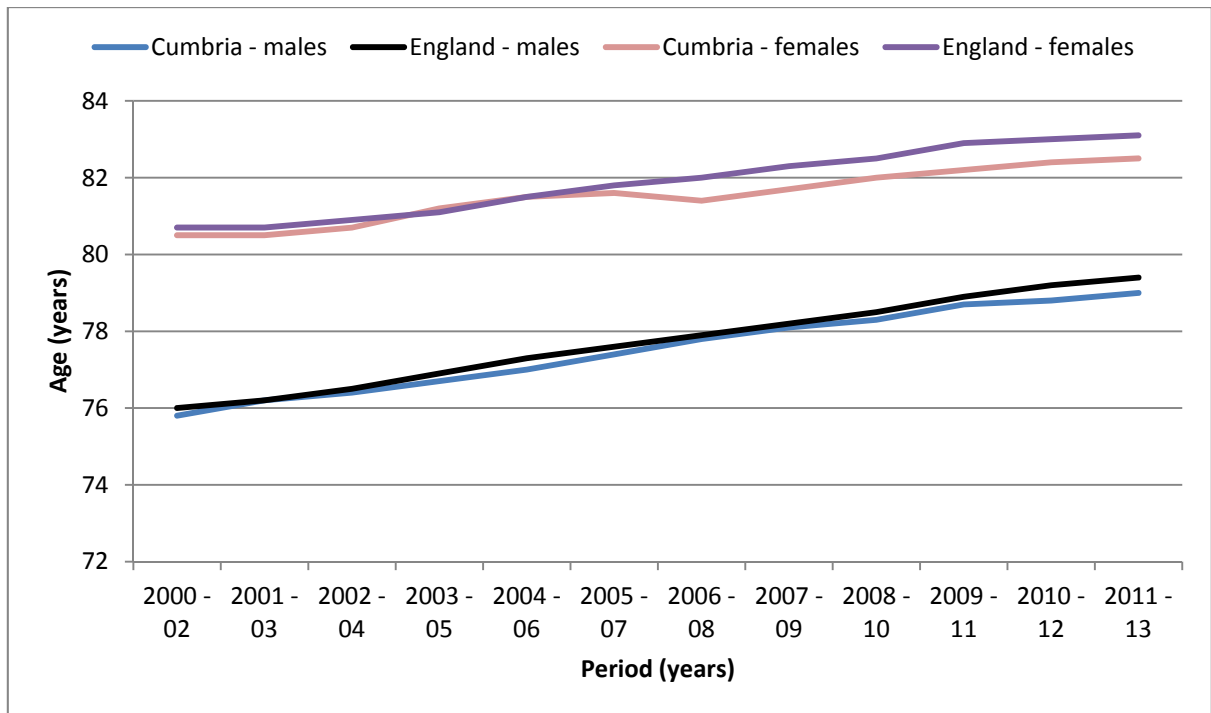
## Appendix 1

### Population health information

Cumbria has a diverse picture of health. The JSNA shows that life expectancy for males and females in Cumbria is below the England average. Furthermore, the difference in life expectancy between the most and least deprived areas in Cumbria is 16.2 years for males (Central Ward in Barrow; Levens Ward in South Lakeland), and 17.6 years for females (Central Ward in Barrow; Ambleside Ward in South Lakeland). With increasing life expectancy, the number of people living with long term conditions is likely to increase.

Conditions such as heart disease, cancer and stroke are responsible for most deaths in older age. In younger age groups the picture is different with suicides and accidents being the greatest contributors. The main causes of premature mortality in Cumbria are cancer (particularly lung cancer) and circulatory disease. Figures in the JSNA show that mortality rates for causes considered preventable in Cumbria are increasing and are above national levels.

Figure 1: Life Expectancy at birth of males and females: Cumbria and England



Source: Public Health Outcomes Framework, Public Health England

## Appendix 2

### 1 Demographic information

When discussing demography and need in the context of adult social care, it is usual to categorise Older People in various ways. The population aged over 65 is often used to indicate demographic changes and changing levels of demand. The population aged over 85 is often used to indicate demand at higher levels of need, specifically considering dementia, frailty and complex needs.

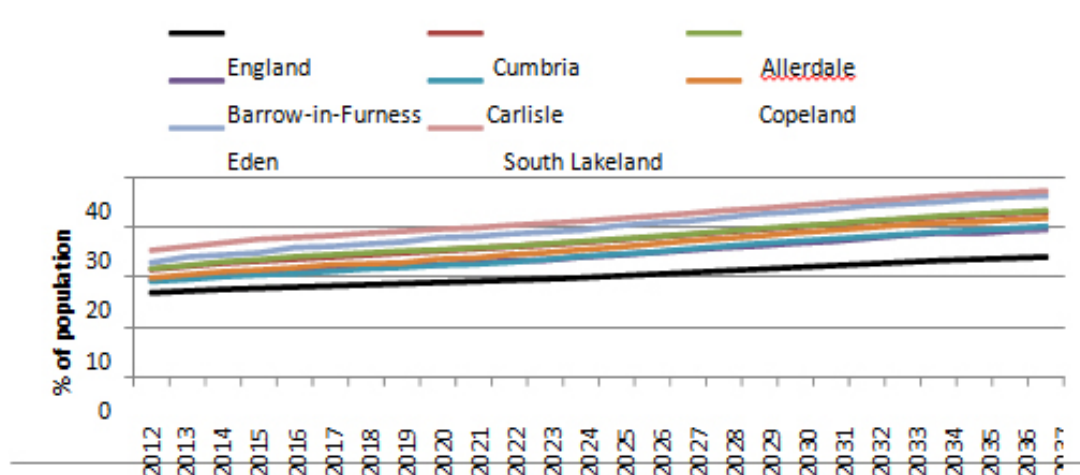
Cumbria has a ‘super-ageing’ population. This means two things.

- First, that the population is ageing very rapidly, with a 20% increase in the number of people aged over 65 since 2003, compared to a national average increase in the same age group of 17%.
- Second, the number of younger people is decreasing. For example there has been a 9% reduction in the number of people aged under 14 in Cumbria since 2003, compared to a national average increase of 4% in the same age group.

More recent population projections (2012-Based SNPPs, Office for National Statistics) show that in Cumbria between mid-2012 and mid-2013, the number of residents in each of the four oldest age groups (45-85+ years) has increased, with the increase in 75-84 year olds being more pronounced than the national average.

Current projections show that the number of residents aged over 65 in Cumbria and England will increase each year to 2037. By 2017 numbers of residents aged over 65 will increase by 12,300 persons (+11.4%) across Cumbria (England +11.6%), but that the proportion of residents aged over 65 will increase to 24.1% across Cumbria: the 6th greatest proportion of all counties (England 18.2%). All Cumbrian districts will have greater proportions of residents aged over 65 than the national average. In rural areas this disparity will be even greater.

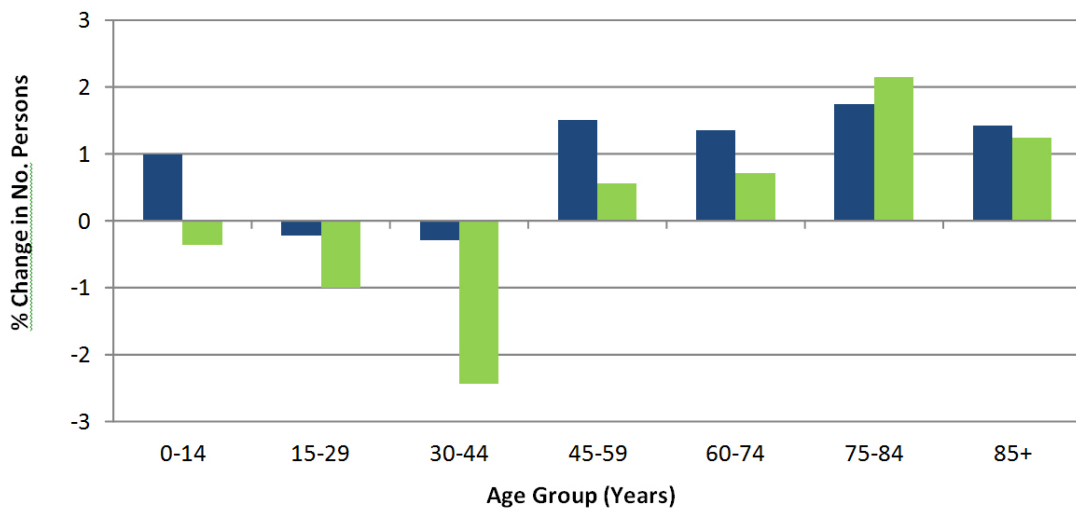
Figure 2: projection of proportion of residents aged over 65 years by county, district and England 2012-2037



Source: 2012 based Sub-National Population Projections, Office for National Statistics

The decrease in the proportion of people in the younger age groups of the population is also apparent when compared to the national average. The same recent population projections (2012-based SNPPs, Office for National Statistics) show that in Cumbria, the number of residents in the three youngest age groups (0-44 years) has decreased between mid-2012 and mid-2013.

**Figure 3: Mid-2012 to Mid-2013: % change in no. persons by age group: Cumbria and England**



Source: Mid-2013 Population Estimates, Office for National Statistics

### **The impact of increased need on adult social care, support and associated services**

The above information highlights some key factors for Cumbria.

- As a group, people aged over 65 are the highest users of NHS and Adult Social Care (ASC) services. The increase in the number of people aged over 65 in the county will create more demand.
- Improvements in standard of living and medical capability have produced these improvements in longevity. This means:
  - People with long-term conditions and complex needs are living longer.
  - Younger people with disabilities and high levels of need are more likely to live into adulthood and old age.

## **2 Needs analysis and financial information – Older People**

**Based upon current population figures and projections, the following applies in regard to people aged over 65.**

- By 2020, the number of ASC service users aged over 65 with a physical disability (mobility issue) is projected to increase (by 14.7%) from 5,886 to 6,751. By 2030, it is projected to increase (by 46.4%) to 8,616.
- By 2020, the number of ASC service users aged over 65 with a Learning Disability is projected to increase (by 8.4%) from 157 to 170. By 2030 it is projected to increase (by 24.8%) to 196.
- By 2020, the number of ASC service users aged over 65 with a functional Mental Health issue (non-dementia) is projected to increase (by 10.5%) from 837 to 925. By 2030, it is projected to increase (by 32.9%) to 1,113.

Figure 4: Cumbria: Projected number of ASC service users aged 65+ with a Learning Disability; functional Mental Health issue; or physical disability, 2014-15 to 2030.

	2014-15 baseline	2016	2017	2018	2020	2025	2030
<b>Physical Disability</b>	5,886	6,157	6,309	6,455	6,751	7,608	8,616
<b>Learning Disability</b>	157	163	165	167	170	180	196
<b>Mental Health</b>	837	871	883	897	925	1,014	1,113

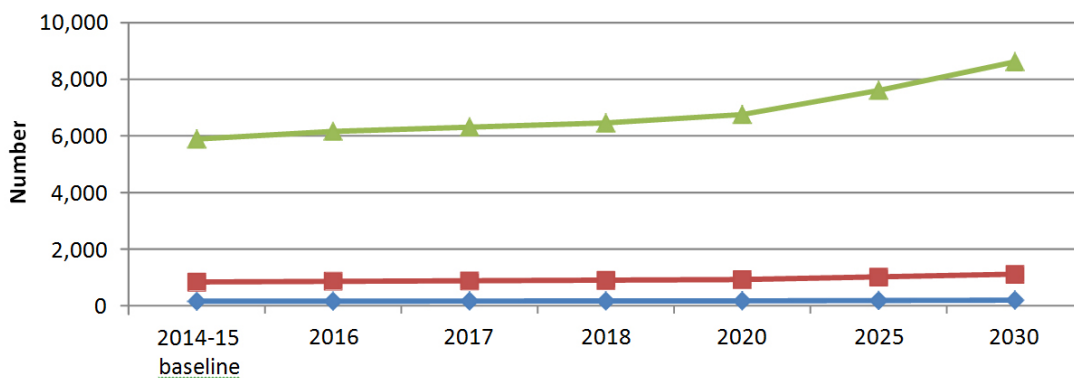
(Source: ASC baseline, plus POPPI proportional projections, August 2015)

Figure 5: Cumbria: Projected proportional change in the number of ASC service users aged 65+ with a Learning Disability; functional Mental Health issue; or physical disability, 2014-15 to 2030.

	2014-15 baseline	2016	2017	2018	2020	2025	2030
<b>Physical Disability</b>		4.6	7.2	9.7	14.7	29.3	46.4
<b>Learning Disability</b>		3.7	5.0	6.2	8.4	14.9	24.8
<b>Mental Health</b>		4.1	5.4	7.2	10.5	21.2	32.9

(Source: ASC baseline, plus POPPI proportional projections, August 2015)

Figure 6: Cumbria: Projected number of ASC service users aged 65+ years with a Learning Disability; functional Mental Health issue; or physical disability; 2014-2030.



(Source: ASC using POPPI projections, August 2015).

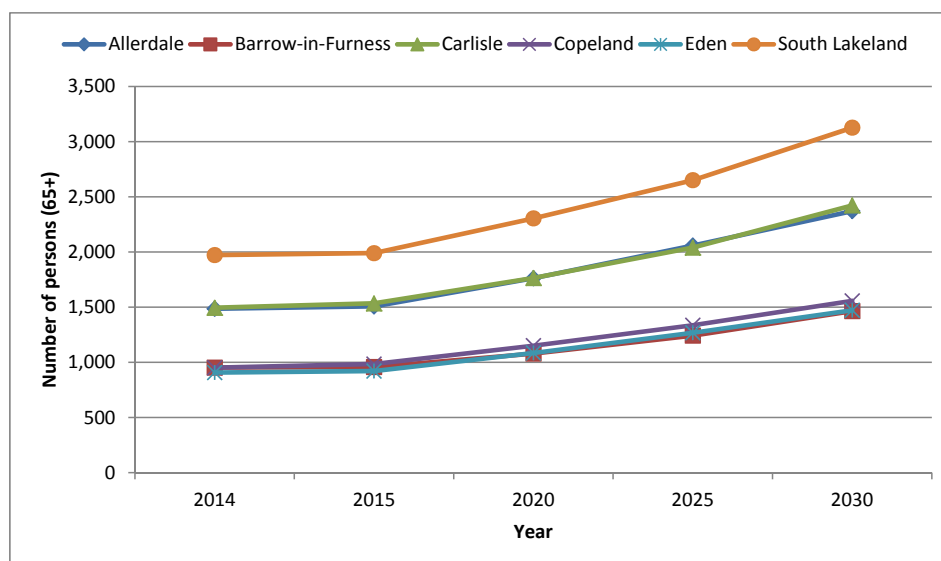
This increase in demand will present significant challenges to the way in which adult social care and associated services are presently delivered. At present in Cumbria, there are nearly 3,700 people living in residential or nursing care homes. According to these projections, by 2020 there will be c.4,350 people with that level of need (an increase of c.18%). By 2030 there will be c.6,050 people with that level of need (an increase of c.64%).

### Dementia

Concurrent with the overall increase in population and the projected implications for that increase upon mainstream ASC services, it is also predicted that the number of people in Cumbria with dementia will increase. This reflects significant additional pressure upon ASC and associated services in the future.

- By 2020, the number of people aged over 65 in Cumbria with dementia is projected to increase (by 16%) from 7,858 to 9,086. By 2030, it is projected to increase (by 56%) to 12,410.
- By 2020, the number of people aged over 18 with a Learning Disability and with dementia is projected to increase (by 16%) from 157 to 182. By 2030, it is projected to increase (by 57%) to 246.
- There have been recent reports that world-wide the rates of dementia are levelling, but it is unclear whether this assumption reflects actual numbers or a proportion of the overall (growing) population. It is too soon to adjust our assumptions based upon these suggestions.

Figure 7: Total population aged 65 and over predicted to have dementia



Source: Projecting Older People Population Information (POPPI)

### Financial headlines – Older People

The following extrapolations are based upon the needs analysis information, and premised upon Adult Social Care and support services being delivered in the future in the same way as they are now. (This estimation excludes the potential impact of the National Living Wage.)

- If by 2020, the number of ASC service users aged over 65 is projected to increase by 14.7%, expenditure on Older People’s services will have to increase by over £10 million per annum, at current prices, to £108.7 million.
- If by 2030, the projected increase of 46.4% occurs, the budget implication would be an additional increase of £30 million per annum, at current prices, to £138.7 million.

It is estimated that at present Cumbria County Council commits just over 40% of the Older People’s residential and nursing care spend to placements for people with dementia. It is anticipated that this proportion will increase in upcoming years (to c.60% by 2020), given the super-ageing population dynamic.

When the disproportionate increase in incidence of dementia is factored into projections, it is apparent that the finances of the health economy become even more unsustainable.

The modelling below illustrates the implications of the ‘super-ageing’ population on dementia: possibly the most profound presenting challenge to adult social care and NHS strategies of the future. These figures are based on an assumption of current levels of service and cost per person. As there is little prospect of a cure or prevention route for dementia, we propose that we focus our efforts on helping families to manage for longer and prevent the worst impacts of the disease.

Table 1– Projected rising cost of dementia in Cumbria (2020-30) (POPPI)

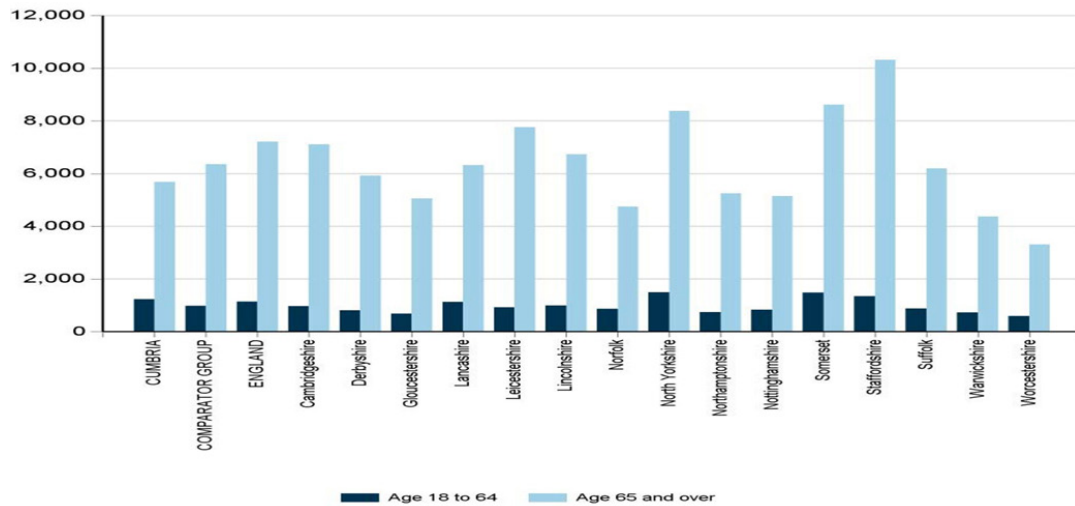
	2020	2025	2030
Increase in cases over 2015	1228	2759	4552
Increased health service cost/year	£6.5 million	£14.5 million	£24 million
Increased social care cost	£6.8 million	£15.2 million	£25.1 million
<b>Total cost increase</b>	<b>£13.3 million</b>	<b>£29.7 million</b>	<b>£49.1 million</b>

**How does Cumbria spend its money on Older People?**

The below national and ‘family authority’ benchmark comparisons show that the pattern of spend on services and support for Older People in Cumbria invests more in higher-level and institutional services as opposed to community-based care and support.

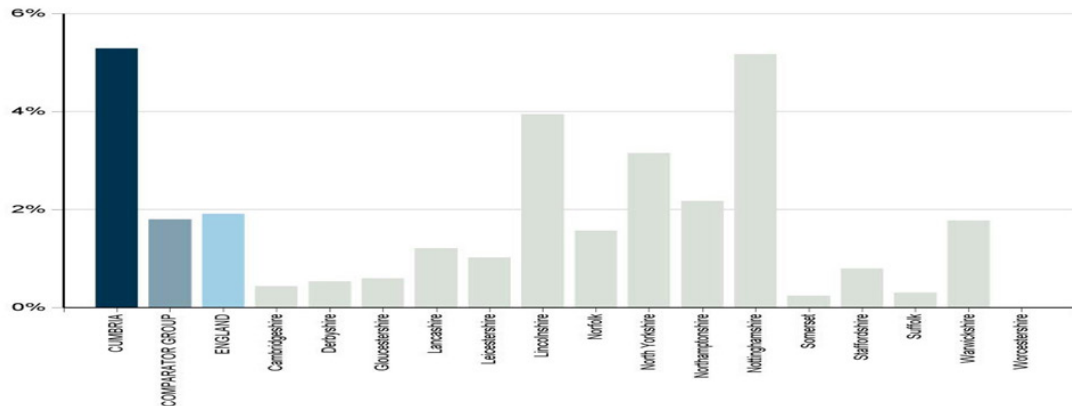
**Cumbria supports fewer people in lower cost community provision than other authorities**

Figure 8 - Total number of clients per 100,000 population who have received CASSR funded community-based services during the year 2013-14.



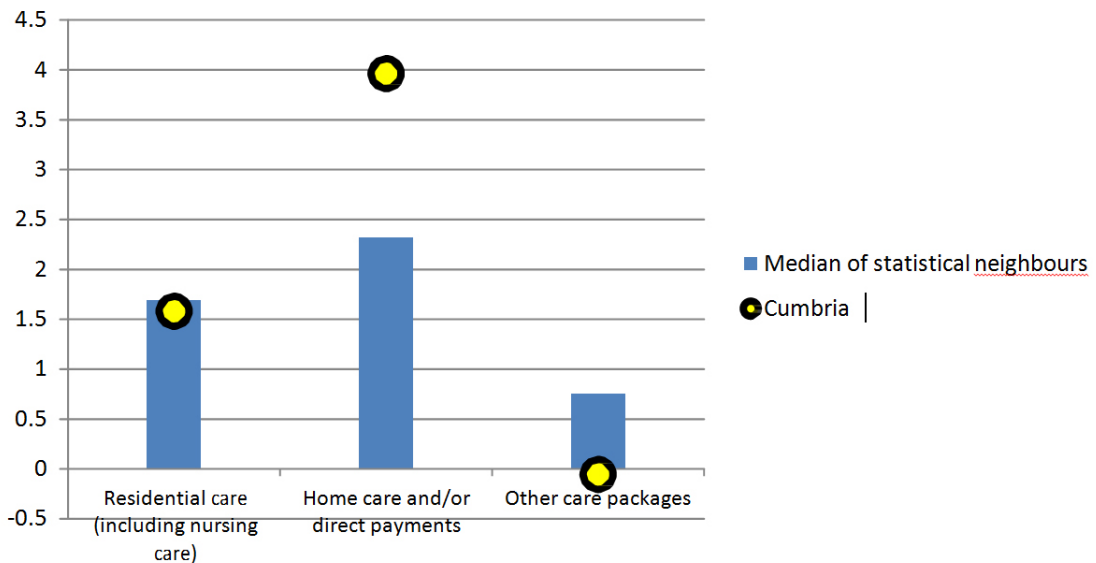
**Cumbria is a high spender on residential care placements.**

Figure 9 - Clients receiving short term residential care (not respite) as a % of clients receiving



**Cumbria is a high spender on Older People’s services**

Figure 10- Cumbria’s care provision per 100 older adults compared to the median provision of its statistical neighbours



It can be seen from the tables below that Cumbria has a higher spend than ‘family’ comparators on people aged over 65.

The tables also show that Cumbria’s proportion of gross expenditure on residential and nursing care for older adults was higher than our comparator authorities and the England average, indicating an over-reliance on residential care and some opportunities to re-distribute resources.

Table 2 - Percentage distribution of total gross expenditure on Adult Social Services (2013/14)

	65 years +	18- 64	18 – 64 LD	18 – 64 MH	Other
Cumbria	61%	8%	25%	5%	1%
Comparators	53%	9%	31%	5%	2%
England	51%	9%	31%	6%	2%

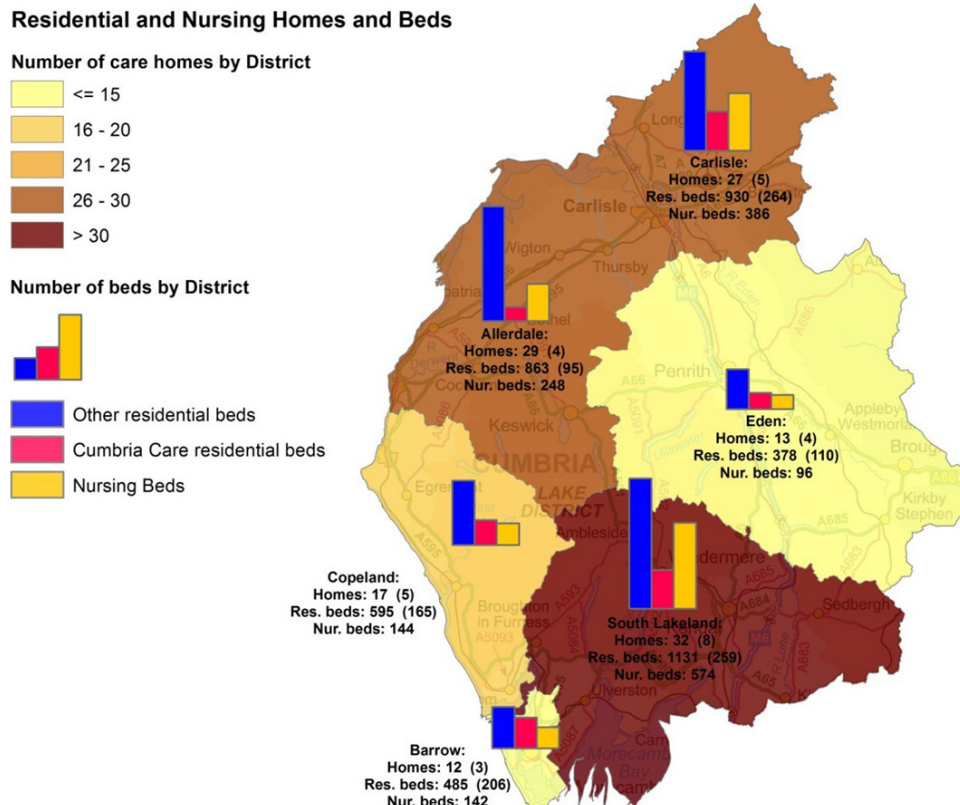
Table 3 - Residential and Nursing Care (2013/14)

	65 years +	18- 64	18 – 64 LD	18 – 64 MH	Other
Cumbria	59.7%	11.8%	27.6%	25.5%	1%
Comparators	55.4%	23.3%	40.9%	30%	2%
England	53.3%	22.4%	38.4%	31.7%	2%

### 3 Demand and Supply Analysis – Residential and Nursing Care.

In 2014, the Council commissioned a review of the residential market from consultants LaingBuisson to support strategic planning. LaingBuisson identified 130 care homes for Older People in Cumbria with a total of 4,426 registered places. Of these, 36 are nursing homes and 94 residential care homes, with 917 beds in 29 residential care homes being directly provided by Cumbria County Council.

Figure 11 – Residential and Nursing homes and beds in Cumbria by District



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Table 4 – Residential and Nursing beds per 1,000 population (aged 65+) in Cumbria by District

District	Population (aged 65+)	Residential beds per 1,000 population (aged 65+)	Nursing beds per 1,000 population (aged 65+)	Total beds per 1,000 population (aged 65+)
Allerdale	23,500	36.72	10.55	47.28
Barrow	14,700	32.99	9.66	42.65
Carlisle	22,900	40.61	16.86	57.46
Copeland	15,700	37.89	9.17	47.07
Eden	13,800	27.39	6.96	34.35
South Lakes	29,200	38.73	19.66	58.39
Cumbria	119,900	36.54	13.26	49.81

Population source: Office for National Statistics (mid-2014 estimate), figures rounded to the nearest 100. (Figures do not sum due to rounding).

The distribution of the available beds has developed as a product of a range of factors. Some obvious demand and market-led factors are apparent (e.g. high numbers of beds in South Lakeland, where the population is wealthier than average and enjoys greater longevity). There is some disparity in supply.

It is difficult to fully delineate the number of beds that are designated 'nursing', because many homes are registered 'care with nursing' (previously known as 'dual registered'). These homes are able to vary the use of beds depending on demand. However, it is reasonable to estimate that between 20% and 30% of the available capacity is nursing beds; increasing numbers of which will be required to provide care and support for people with frailty, complex needs and dementia.

Consideration of the 60-bed home nearing completion in Barrow-in-Furness is important here. Barrow has comparatively few 'care with nursing' beds. An additional 60 would give the district 13.74 nursing beds per 1,000 population aged over 65, bringing it just over the Cumbria average. It is proposed to explore the potential of registration as a 'care with nursing' home to ensure there is high quality care for those with the highest needs in that area.

Based on 'Age Standardised Demand', the LaingBuisson report suggested that Cumbria needs an additional 1,525 beds (or equivalent support provision, such as Extra Care Housing (ECH)) in the next 10 years. Recent strategic market analysis has suggested that there will be a need for over 2,100 additional ECH units in Cumbria by 2025. Enhanced domiciliary care will also be required in order to support Older People with complex needs in their own homes.

### Local Market Analysis – Residential and Nursing Care

The current state of the market is relatively weak, and there are concerns that it is not sufficiently resilient to meet the potential needs of the developing 'super-ageing' population. The number of providers facing service quality issues has increased significantly over recent years. The CQC has worked on several enforcement issues in Cumbria in 2015. As of July 2015, there are three CQC and six council suspensions of new admissions to care homes, whilst earlier in 2015 there were seven care homes suspended by CQC, of which five were nursing homes.

LaingBuisson provided an overview of the standard of the accommodation in the care homes of Cumbria. Their report stated that 26% of the homes met none of the prescribed National Minimum Standards (NMS) for physical environment. Examples of these include basic room size, the availability of private en-suite bathing facilities, etc. For the care homes registered after 2002, 35% met 'some' of the NMS, and 39% met all of them. In addition the Council's teams confirm that there are few homes built to the best Dementia Standards.

- The relative shortfall in affordable availability in South Lakes and Eden districts reflects the rural nature of these areas, the comparatively high land values, and the greater wealth of the population, especially in South Lakes. As with the domiciliary care market, it will be difficult to source placements in these areas that are affordable to the authority.
- There is a shortfall in available provision in the Barrow-in-Furness district, which could be problematic if demand increases in that area. This may be as a product of the relative geographical isolation of the area, or because of limited demand due to the very poor health outcomes of the population in Barrow-in-Furness.

### **Extra Care Housing**

Compared to other local authority areas, Cumbria has a low level of supply of Extra Care housing (ECH). Recent strategic work shows that ECH is under-used as a viable alternative to residential and nursing care in the county. Given the 'super-ageing' population and the shortage of high-quality alternative provision, the six districts of Cumbria would all benefit from the development of as much ECH as is possible over the next decade. Discussions with Social Workers suggest that they feel at least half the people they place in residential care could benefit from Extra Care Housing, and more if the settings are dementia friendly.

It is realistic to model the potential benefits of ECH based upon an assumption of it delivering between c. £6,000 and c.£9,000 p.a. efficiency to the council for each person funded by the authority living in ECH rather than residential care. Following swift delivery of an ECH strategy now, it will be possible to start to re-balance the model of care in Cumbria away from residential care provision to housing-based solutions. This could deliver efficiencies that would support the ongoing challenges of additional demand and increased cost of nursing level care.

The Council Plan 2014-2017 identifies the Council's commitment to support older and vulnerable people to live independent and healthy lives by investing in Extra Care housing across the county to enable people to live independently for longer. To support this, the council has allocated £6 million from capital funding to invest in and facilitate the ongoing development of Extra Care housing in Cumbria.

(A comparison of the attributes of Extra Care housing and residential/nursing care is included at Appendix 3.)

## **4 Needs analysis and financial information – Younger Adults**

**Based upon current population figures and projections, the following applies in regard to people aged 18-64 years.**

- By 2020, the number of ASC service users with a Learning Disability is projected to fall (by -3.9%) from 1,843 to 1,771. By 2030 it is projected to fall (by -10.1%) to 1,657.
- By 2020, the number of Mental Health service users (non-dementia) is projected to fall (by -3.8%) from 458 to 441. By 2030, the number is projected to fall (by -11.2%) to 407.
- By 2020, the number of service users with a physical disability is projected to fall (by -0.9%) from 881 to 873. By 2030 it is projected to fall (by -9.3%) from 881 to 799.

Figure 12: Cumbria: Projected number of ASC service users aged 18-64 years with a Learning Disability; Mental Health issue; or physical disability, 2014-15 to 2030.

	2014-15 baseline	2016	2017	2018	2020	2025	2030
Learning Disability	1,843	1,817	1,806	1,793	1,771	1,712	1,657
Mental Health	458	452	449	447	441	425	407
Physical Disability	881	876	876	875	873	848	799

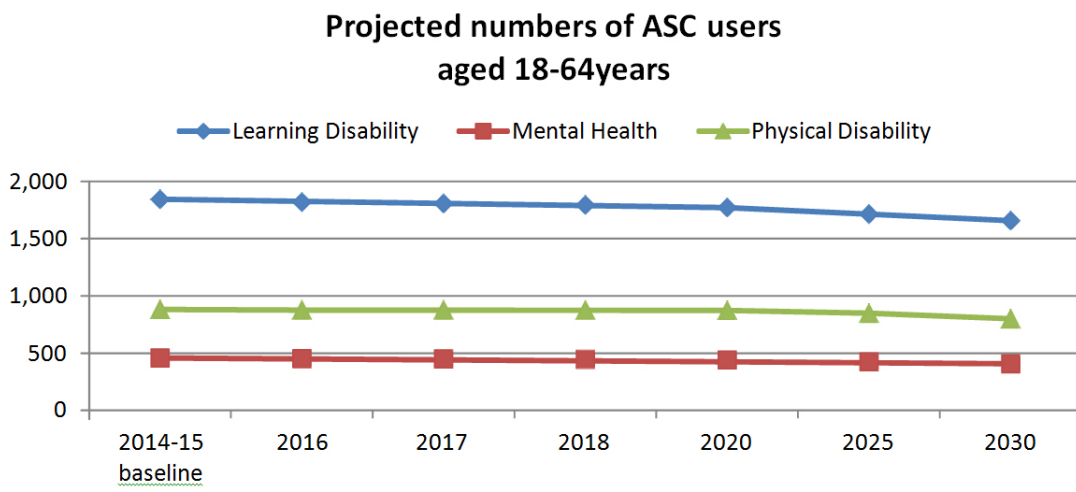
(Source: ASC baseline, plus PANSI proportional projections, August 2015)

Figure 13: Cumbria: Projected proportional change in the number of ASC users with a Learning Disability; Mental Health issue; or physical disability, 2014-15 to 2030.

	2014-15 baseline	2016	2017	2018	2020	2025	2030
Learning Disability		-1.4%	-2.0%	-2.7%	-3.9%	-7.1%	-10.1%
Mental Health		-1.4%	-1.9%	-2.5%	-3.8%	-7.3%	-11.2%
Physical Disability		-0.5%	-0.6%	-0.7%	-0.9%	-3.8%	-9.3%

(Source: ASC baseline, plus PANSI proportional projections, August 2015)

Figure 14: Cumbria: Projected number of ASC service users aged 18-64 year olds with a Learning Disability; Mental Health issue; or physical disability; 2014-2030.



(Source: ASC using PANSI projections, August 2015).

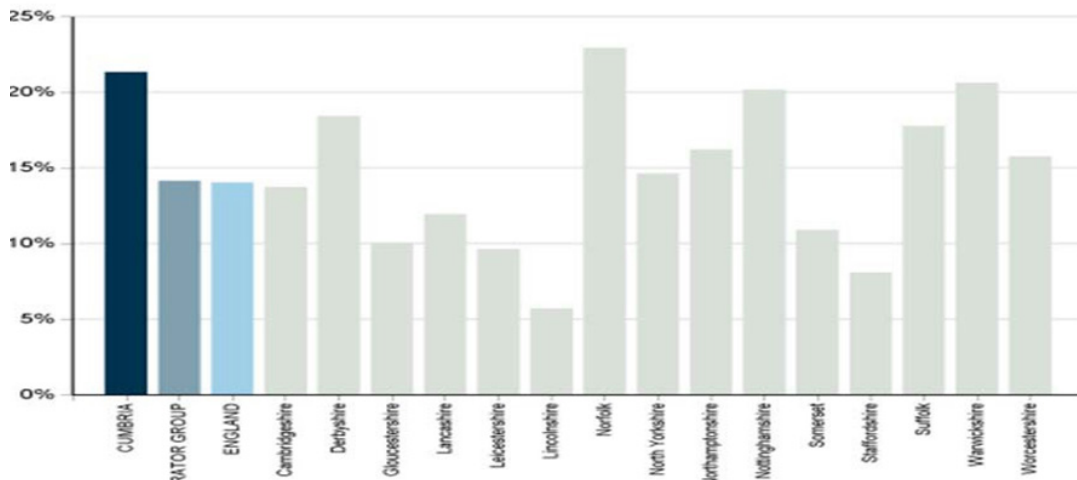
Whilst these data show a slight decline in the numbers of people aged 18-64 projected to require ASC services in upcoming years, it is necessary to re-emphasise the increased acuity of level of need that is becoming apparent amongst these user groups. Younger people with high level profound and multiple disabilities are much more likely to live into adulthood, and due to this, the overall requirements of people in transition between children’s services and ASC are increasing significantly. For example, the ‘known quantity’ of people coming through transition in the next three years alone (2016/17 - 2018/19) requires, at current prices, an additional budget of c.£6m. This trend looks set to continue.

**People on the autism spectrum**

Approximately 700,000 people in the UK are on the autism spectrum, which equates to a prevalence rate of 1.1% of the population. If this prevalence rate is applied to Cumbria, this equates to a predicted population of approximately 4,800. There continue to be difficulties in accurately mapping the prevalence of autism in Cumbria owing to the inconsistencies in data recording systems within various agencies, and the fact that there are many adults with autism who are undiagnosed. Based on data collected in 2012 there are currently 861 adults known to be on the autism spectrum in the county, not including anyone who has received a diagnosis in the last three years.

**5 Cumbria is a high spender on day services**

Figure 15 - Clients receiving day services as a % of clients receiving CASSR-funded services (at 31/3/14)



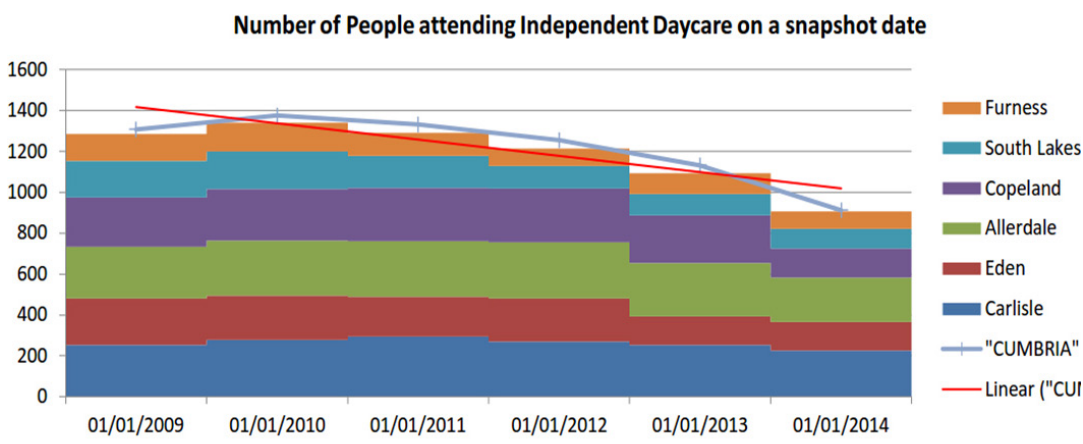
The pattern of investment in Cumbria on day services for Older People and Younger Adults shows investment in higher-level services as opposed to community-based care and support. This style of service is very expensive, and is not what service users say that they want.

Figure 16 – Day Services in Cumbria (July 2015)



At present, day services in Cumbria are mainly based in buildings, and located around centres of population. They tend to be organised around age or disability criteria. Due to this, and in light of the increase in popularity of Direct Payments, there has been a marked decrease in take-up of this style of service in recent years.

Figure 17 – Number of people attending independent day services on a snapshot date



For traditional models of building-based day service, the overall cost of provision remains the same even if there is a decline in demand.

**Local Market Analysis: Cumbria County Council's day services spend**

In 2015/16, Cumbria County Council will commit a total budget of £14,055,100 to day services and associated activities. This comprises the following.

- Older People day services spend (independent sector) - £538,800
- Older People day services spend (Cumbria Care) - £904,500
  - Total day services budget for Older People - £1,443,300
- Younger Adults day services spend (independent sector) - £2,786,700
- Younger Adults day services spend (Cumbria Care) - £6,376,500
  - Total day services budget for Younger Adults - £9,183,200
  - Sheltered Employment budget - £179,100
  - Budget for Attendance Allowances - £66,000
  - Transport - £3,183,500

**6 Benchmarking Mental Health in Cumbria**

Cumbria Community Mental Health Profiles (2013) show a higher prevalence of people with Mental Health issues compared to the national average.

Table 5 – Prevalence of people with MH issues compared to national average

	Cumbria	England
% Adults (18+) with Depression 2011/12	13.57%	11.68%
People with Mental Illness and/or disability in settled accommodation 2011/12	83%	66.8%

Likewise, Public Health England data on self-harm and suicides shows a similar high prevalence in Cumbria.

Table 6 – Data on self-harm &amp; suicide for Cumbria

	Cumbria	England
% Adults (18+) with Depression 2011/12	13.57%	11.68%
People with Mental Illness and/or disability in settled accommodation 2011/12	83%	66.8%

These trends explain the present and projected increase in the demand upon community and acute Mental Health services in Cumbria.

### **Employment rate for Cumbria**

There are significant barriers to employment for those with Mental Health issues. The rate of employment in Cumbria for those with a Mental Health issue in 2013/14 was only 14% compared to the overall employment rate of 78.2% (Employment Rate for Cumbria 2013/14).

## Appendix 3

	Extra Care	Res/nursing
Dedicated on site care staff available 24 hours / staffed to provide care and support to people with complex needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Waking night staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assistive technology	<input checked="" type="checkbox"/>	Not all instances
Service user's 'own front door'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service user's own lounge, bathing (shower) area and kitchen area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal right to service user's own self-contained home (tenancy rights)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provision of an appropriate package of care that is variable (additional support only when it is needed)	<input checked="" type="checkbox"/>	Not all instances
Control over their own money	<input checked="" type="checkbox"/>	Personal allowance only
Service users can come and go as they please	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Relatives usually able to stay over and meet in private lounge areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Access to modern facilities and technology	<input checked="" type="checkbox"/>	Not all instances
Provision of en-suite bathing facilities	<input checked="" type="checkbox"/>	Not common
Ability to allow couples to move in together	<input checked="" type="checkbox"/>	Rarely
Communal facilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Individual room / personal space	50m <sup>2</sup>	10m <sup>2</sup> standard
Disabled toilet as standard	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Level access shower rooms as standard	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Commercial laundry	<input checked="" type="checkbox"/> Not all instances	<input checked="" type="checkbox"/>
External garden area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Catering facilities – provision of meals (usually)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Catering facilities for community use	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Meal provision choice (preparing their own, being delivered or provided by the service and where the meal can be taken)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community facilities to support outreach to vulnerable people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Regulated and monitored by the Care Quality Commission (CQC)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
'End of Life' care available	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supports community and step down from hospital	<input checked="" type="checkbox"/>	Not all instances
Independent Living (promotion of independence and enabling ethos)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mobility scooter ('buggy') storage and recharge	<input checked="" type="checkbox"/>	Not all instances

Comparison of Extra Care housing and Residential / Nursing Care





