

# Market Position Statement

## Appendix A:

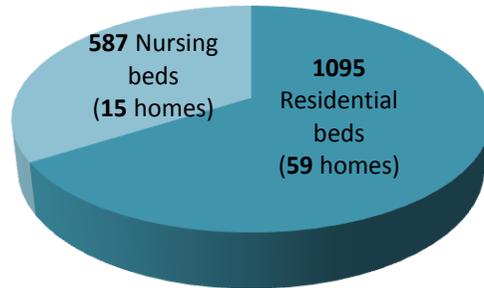
## Residential and Nursing Care



## 1. Local Market

### Capacity

There are 74 registered residential and nursing care homes in Blackpool currently providing a total of 1,682 beds:



Local capacity for residential care in particular has been affected during the last 12 months as a result of home closures. In total 8 homes have closed, accounting for the loss of 112 beds in total.

The relocation of residents from closed homes has had the unintended consequence of addressing some of the over-supply issues of residential care beds; meaning we have increased occupancy and less empty beds.

The impact of these closures has been absorbed in the market and although we are not currently finding that there are pressures for residential care beds in Blackpool, we know from our vacancies data that overall occupancy rates are increasing:

Week 1 (April) 2015: Residential occupancy 81%

Week 1 (April) 2016: Residential occupancy 93%

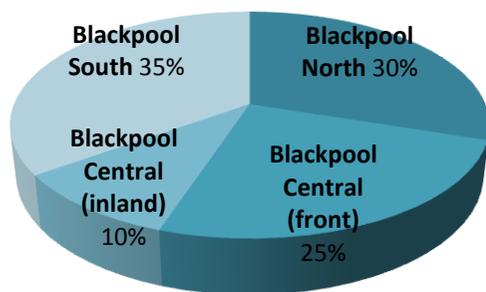
Week 1 (April) 2017: Residential occupancy 93%

The location of residential and nursing homes cover the majority of Blackpool:



The local market mainly consists of providers registered as a private limited company. Although there are significant numbers of homes registered as sole traders, with a smaller number operating with charitable status/voluntary status:

- Sole trader: 23 homes
- Private limited company: 50 homes
- Voluntary sector / Charitable status: 7 homes



As might be expected, the local market is primarily able to meet a demand for older people and dementia. Currently 91% of beds in Blackpool are for these client groups.

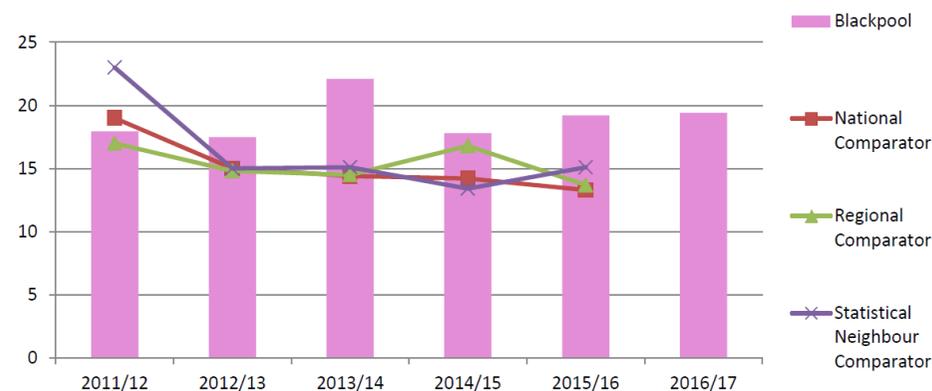
Since the last market position statement in 2014, the capacity for learning disabilities beds has reduced by 23.5% from a total 51 beds. This was the result of the closure of two homes and de-registration to supported living of a further two.

Care category	No of homes	No of beds	% market share (beds)
Acquired Brain Injury	1	7	0.45%
Dementia	20	595	37.9%
Learning Disability /Mental Health	1	6	0.38%
Learning Disability	5	39	2.49%
Mental Health	11	88	5.61%
Older People	33	834	53.15%

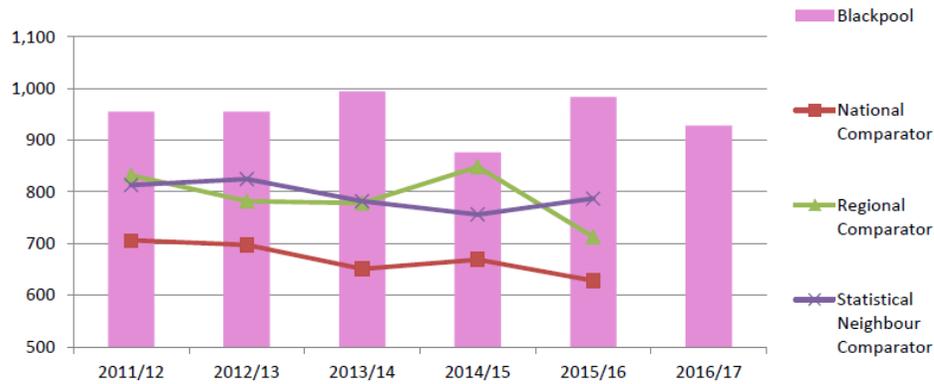
### Demand

The rate of admission into residential care in Blackpool has fluctuated but has traditionally been higher than national and regional comparators for both the under 65 and over 65 age groups:

Permanent admissions into care per 100,000 population (18-64)



Permanent admissions into care per 100,000 (65+)



It is important to note that as a result of the relatively small numbers involved in this indicator, a significant impact can be seen with even slight changes to the numerator.

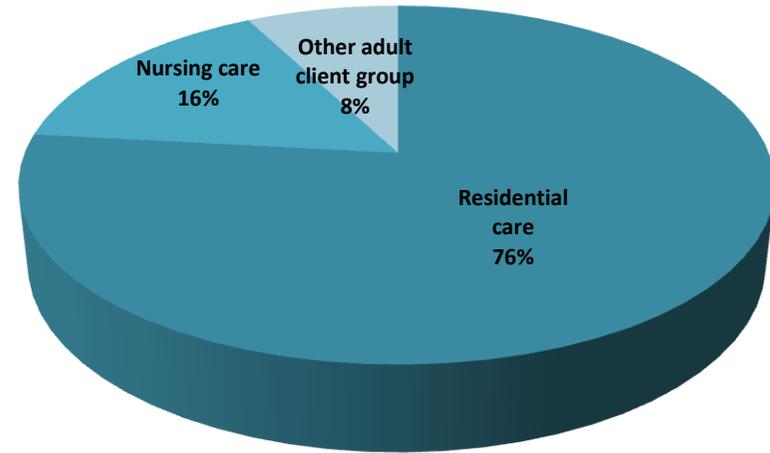
For example, the increased rate for 18-64 seen in 2015/16 relates to only one additional admission of a client in the year; and a further three additional admissions in 2016/17.

Although Blackpool appears to have a high rate of admission into residential care, where people can have their needs met in the community, we'll facilitate this as much as possible. This is supported by a robust evidence and monitoring process within adult social care.

Alongside the increase in intended admissions is an increase in the proportion of clients who have moved back to the community from a long-term residential placement. In 2014/15, 4 unplanned reviews resulted in a move back into the community; 2015/16 reported a total of 12.

However, despite the preventative and community services in place, there is clearly a need for people who can only be supported in a residential or nursing home environment. As mentioned, this is particularly noticeable for the dementia and older people client groups.

**At the start of the 2017/18 financial year, Blackpool Council was responsible for funding 1,104 residential and nursing placements in Blackpool.** These were for placements both in long or short term residential care (not including respite care) and across the adult (18+) and older adult (65+) age range.



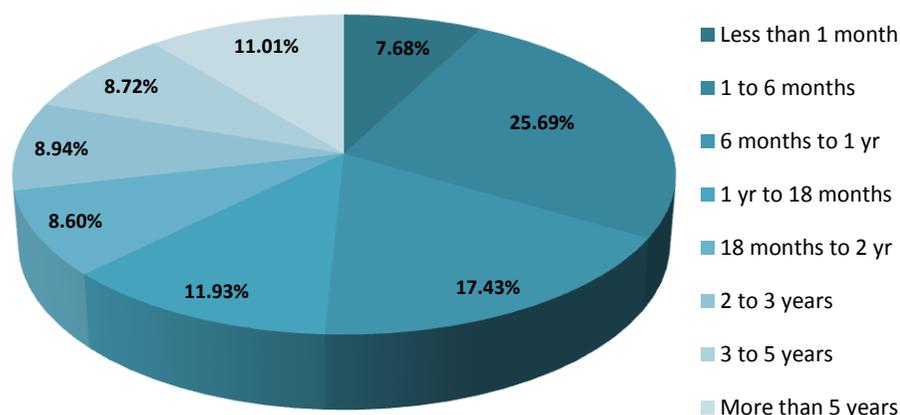
The 'other' client group detailed in the table above relates to learning disability / mental health or physical disability care placements for under 65's.

Personal care and memory / cognition issues were the most prevalent primary care needs for clients in residential and nursing care, making up 74% of the total.

### Duration of placements

Since the current adult social care client management system was introduced in 2013, data has been captured on the average length of residential / nursing home stay (until death) of all Blackpool funded residents.

Information taken at during 2016/17 indicates that the average length of stay until death was 619.6 days (approximately 20-21 months) as detailed below:



The information tells us that just over half of people placed in residential or nursing home settings since 2013 passed away in under a year; and a third died within 6 months or under.

More than a quarter of people placed in residential care lived for more than 2 years before their death.

### Out of area placements

At the start of the 2016/17 financial year, Blackpool Council was responsible for funding 149 out of area residential or nursing home placements.

The vast majority of these (70%) were for placements within the Lancashire boundary with only 16% being placed outside the North West region.

Over three-quarters of these out of area placements were for over 65's and the majority of placements were for people with people with memory and cognition issues and personal care needs.

### Respite

**Blackpool Council provides a residential respite service at Coopers Way to provide up to 5 placements for planned short breaks for adults aged over the age of 18 with a learning disability, who have complex health and physical needs.**

The Coopers Way service currently supports 59 adults over the age of 18 with mild, moderate and severe learning disabilities which includes Autism with associated communication impairment and behavioural issues.

The service has recently revised its operating hours due to widening the criteria to accommodate learning disability adults with more general needs who had previously accessed the respite service at Hoyle@Mansfield which has now ceased operating.

The Coopers Way service currently provides capacity of **1700** bed nights per year:

Total Number of bed nights available per year	Planned respite commissioned 2015/16	% Occupancy bed occupancy rate
1700	1648	96.9 %

The Coopers Way service will be extended in 2017 to create an additional bedroom to provide an additional approx. 300 nights of respite to take account of the growth in demand for people with more complex physical health or behavioural needs, in particular young people coming through transition.

**In the private residential and nursing market, respite can be provided for all service user groups; however, respite beds are not ring-fenced and availability depends on vacancies in the home.**

We are finding that as a result of general increasing occupancy rates across Blackpool residential and nursing homes, the respite capacity is reducing as a result.

Respite beds in these settings also cannot be pre-booked and are at risk of being cancelled should a permanent placement be arranged in its place.

**Snapshot data taken during 2016 informs that there were 18 individuals receiving a residential respite service.** Most were aged over 65 (61%) with either a personal care need, mobility issue or a memory and cognition support need.

The remaining 39% (7 individuals) were aged 18-64 with a learning disability or mental health need.

**Following a commissioning review of the respite service provided at Hoyle@Mansfield, Blackpool Council approved the cessation of the service and to commission respite from external providers.**

Following a pilot scheme to re-provide respite beds in the external market following the closure of Hoyle@Mansfield, two schemes for people with a range of care and support needs including older adults, low level mental health needs, physical disabilities and dementia are now formally established in the South Shore area.

A third is being piloted in 2017 in the north of the town to ensure there is a balance of provision to meet carers needs. Additional respite provision for people with learning disabilities is also in development and anticipated to be available in early summer 2017. This in response to an increase in demand for respite care for this client group and a reduction in capacity in the market.

**A likely pressure is to provide residential respite for the following user groups: adults with mental health needs, adults with autism and adults with a learning disability.**

The demand for learning disability respite is seen to be a particular pressure as a result of the reduced market capacity, down 23.5% from 2014/15.

## 2. Cost of services

### Spend

**Adult Social Care represents the largest single revenue expenditure under the control of the local authority.** Residential and nursing care is the largest area of spend:

Financial Year	Council Net Budget (£,000)	Adults Services Net Budget (£,000)	% Adult Services allocated	Residential and nursing spend (£000)	% of Adult budget on residential and nursing
2014-15	137,730	45,822	33.27%	12,197	26.62%
2015-16	129,332	45,242	34.98%	12,371	27.34%
2016-17	128,035	45,452	35.57%	12,173	26.78%

### Unit costs

**We have engaged with our local market to undertake a cost of care exercise to provide assurance that that contract terms, conditions and fee levels for care and support services are appropriate to provide quality care and support.**

In 2013/14 the Council worked with the Residential Provider Forum and its representatives to establish the typical costs of care based on information provided by care homes.

A questionnaire was devised and circulated and all providers had the opportunity to submit evidence of their actual costs. Using the limited information provided a cost of care model was developed and a 3 year programme of fee uplifts agreed by the Council.

In October 2015, another request for information was issued to allow the model to be updated to reflect the significant cost implications of the national minimum living wage and pension auto enrolment.

There was a limited response from providers and as in the earlier exercise it has been necessary to make a number of assumptions about other running costs such as overheads and the inflationary cost pressures associated with non-staffing costs such as utilities and food.

When considering residential fee rates, the opportunity has been taken to address a number of long-standing objectives:

- To simplify and consolidate the current fee framework by reducing the number of fee rates and no longer applying the Quality Banding Scheme
- Fee rates for adults aged 18-64 with a Learning Disability, a Physical/Sensory Disability or a Mental Health issue will be aligned and merge with the rate for older adults' standard residential care.
- A more consistent basis for funding the additional care needs of people with complex and challenging conditions has been developed.

As a result of the modelling work undertaken, the following proposed fee rates took effect from 1st April 2016 and have been uplifted for 2017/18:

Previous Classification	2017/18 £ P/WK	Classification
<b>18-64 Rates</b>		
Adults with a Learning Disability	420.07	Standard rate
Adults with Mental Health conditions		
Adults with a Physical/Sensory Disability		
<b>65 + Rates</b>		
Standard Rate	420.07	Standard
Higher Rate	460.88	Higher

#### Third-party top-ups

We are aware that a number of homes in Blackpool are charging a third-party top up.

An exercise in December 2016 to ascertain their prevalence identified that 44% (of homes responding to the data request) indicate that they are charging a top-up.

This does not include data from 10 homes who did not reply to the request.

The main reasons for charging a top-up include:

- En-suite rooms
- Garden/sea view
- Toiletries
- Double-room

#### Self-funders

A data capture exercise on self-funders in Blackpool residential care was undertaken during 2016.

Out of the 1,152 placements in Blackpool:

- Self-funders were resident at 44 homes (59% of the total)
- In addition, 462 (40%) of residents were paying a contribution towards their residential care

### 3. What our work will include

- Audit of respite needs, with particular emphasis on learning disability and assessing the impact of the reduction on local provision
- Continued monitoring of the respite pilot
- Undertaking the schedule of annual contract review visits
- Performance monitoring of services; and where necessary to work with care providers to address performance issues
- Work with statutory partners to support the market with training, consultation events and forums

### 4. What we want from the market

- Increased local capacity to meet needs for particular client groups:
  - Nursing provision for people with advanced dementia
- Engagement in future cost of care exercises and aspiration to work towards an open book costing model
- Respite care as an outcome of the audit to be undertaken
- To raise awareness with providers with regards to apprenticeships within the workplace
- To ensure that mandatory training is readily available, easily accessible and completed by staff
- To evidence outcomes to the Let's Respect dementia training provided in the market

### 5. Quality

A quality assurance framework for residential and nursing care has been developed for Blackpool homes in 2016, based on the Lancashire County Council Quality and Compliance Framework.

The assurance framework has six main themes and is used by Quality Monitoring Officers to verify evidence against criteria:

<b>A PERSONALISATION</b>	Pre-service and Support Planning Choice
<b>B SAFETY OF SERVICES</b>	Safety Risk Management Infection Prevention Service User Finances
<b>C SERVICE DELIVERY</b>	Communication Dignity in Care Environment Value for Money Diet and Nutrition Health and Wellbeing
<b>D SERVICE PROVIDER</b>	Service Provider Management Staffing and Training
<b>E SAFEGUARDING</b>	Minimising risk Responding appropriately
<b>F POOR PERFORMANCE</b>	Performance management Responding to poor performance
<b>G SPECIALIST THEMES</b>	End Of Life Dementia Deprivation of Liberty Physical Intervention