

CONSULTATION DRAFT

CONSULTATION CATEGORY B

ALL OUR TOMORROWS

**Strategic Commissioning Statement
for
Extra Care Housing
& Care Home Accommodation
[Older People]**

2005 - 2010

October 2004

**This is a consultation draft it does not represent a final or formal statement
of policy intentions on behalf of Solihull MBC, Solihull PCT or Solihull
Community Housing**

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Introduction

Background

The first Joint Care Strategy for Older People in Solihull [*Yesterday, Today and Tomorrow, 1989*] envisaged an approach to accommodation that would both promote independence and at the same time expand services to meet identified shortfalls and in doing so to shift the balance of care as follows:

- ❑ Enhanced care and support for older people in their own homes and their carers; including use of adaptation where appropriate and low intensity support services and technologies
- ❑ Give relative priority to the development of housing with care options [Extra Care Housing] to reduce the use of care homes by frail ambulant older people
- ❑ Focus public support of places in care homes on more highly dependant older people [physical and mental infirmity]
- ❑ Secure change within a mixed economy of care able to respond to the diverse needs of older people and to offer accommodation choices consistent with their needs and expectations.

Yesterday, Today and Tomorrow was a ground breaking document in terms of both the vision it offered and the way in which health, housing, social services and the voluntary sector came together in support of its aims. A different pattern of services was expected by 2001 and beyond and progress towards delivering this has been considerable.

This broad approach was reflected in subsequent Community Care Plans and Housing needs assessments. In reviewing where we are and considering what might be the future pattern of accommodation we have looked at emerging demographic trends and have drawn information from historical use of residential and nursing homes, changing needs and dependency both locally and nationally.

A picture emerges of a need for more and different types of provision. At the same time the Government has been making clear that traditional models and approaches are in need of review. This is reflected in its emphasis on extra care housing and willingness to allocated resources to secure its development.

Emerging Trends

The prime objective of providing care, support and advice is to enable people to remain within their own home. There is an emerging range of assistive technology. As this becomes more extensive it can be brought into play and will enable more traditional concepts of dispersed alarm call systems to be developed considerably. It will challenge the traditional interface between support at home and need for the provision of specialist housing within group schemes. At the same time this will remain an option some people will choose for reasons which include having the necessary support and also security, safety and peace of mind. Some rethinking of traditional sheltered housing provision is inevitable.

Extra care housing is also growing as a real alternative to traditional models of residential home provision . This was a key element of the 1989 joint strategy. Again the development of this accommodation appears the offer the opportunity to review provision of care homes and improve targeting of resources on more dependent older people.

Care Homes [Residential care or nursing home care] is seen as a provision which in future, in terms of public funding, will be only be used where it is not reasonable, practicable or safe for someone to remain in their own home. The expectation is that everyone with public funding would need 24 hour care. A key element in the decision about whether to stay at home or to go into a home will be the wishes and feelings of the older person. There can be no hard and fast rule about the care threshold in this context.

It also has to be recognised that many people in care homes fund their own care. Involvement of social care is not a prerequisite to admission but it is essential if there is to be public funding. The local Long Term Care Charter deals with these issues in more detail.

More recently the place of extra care supported housing has been recognised nationally. It is seen as a viable alternative for many older people who may otherwise live the latter stages of their lives in a care home. Recent government initiatives and special funds have given added impulse to development of this range of accommodation. In a recent speech by the Parliamentary Under Secretary of State for Community Care, a long term vision of care for older people which relies less on residential care and more on care at home or in specialist housing schemes was set out. Indeed, it was suggested that extra care housing would become a dominant form of residential care in the future.

This does not mean that there is no need for further development of care homes in Solihull. Rather, it affirms the local direction of travel that envisages the development of alternatives and the provision of care homes to meet high dependency needs that cannot reasonably or practicably be undertaken within the community.

Matching Need, Demand and Supply

Matching needs, demand for accommodation and support with the supply of such services is a key function of commissioning bodies. Feedback from operational commissioning is a vital component within the strategic process. The draft Operational Commissioning Statement for community care and support services sets out how the Council will purchase these services.

In recent months it has become the general experience of care managers that there are supply side constraints that affect client choice or result in use of care homes where an extra care home might have been an alternative. At the same time there is an increased emphasis on timely hospital discharge and the ability to match needs and expectations with the provision that is currently available can be problematic.

A picture is emerging that there are difficulties at times in arranging accommodation for older people who have need for a care home of particular type or location. There is an understandable concern that for some older people, where use is made of homes adjacent to Solihull, that this can result in loss of social contacts and difficulties for their sons and daughters, who are often also over 65, to visit regularly.

Expectations are also rising as people start to realise that en-suite facilities are available and that room sizes are larger in some care homes. It is inevitable that relatives will want the best available for the person they care for. Care and supportive accommodation will need to grow, change and adapt if these expectations and the element of choice people wish to have are to be delivered.

Some of these pressures will be eased by the re-opening of a Care home rebuilt to the latest standards and with facilities consistent with levels of dependency now being experienced. A continuing constraint on further development, however, will be land availability. Council policies are in place to release Council owned land for special needs purposes. Existing sites have also been redeveloped but in future there is likely to be a need to redevelop provision whilst at the same time securing an increase in capacity. A strong sense of partnership with housing and care home providers will be needed if the medium term need for additional accommodation is to be met.

It remains the case that some existing homes and some sheltered schemes with bed recess flats do not, in many cases, meet the higher physical standards expected by people. The future building programme in Solihull of extra care and care home accommodation will require some concentration on re-development of existing homes to meet these higher standards.

It is also important to take into account when assessing future demand the development of Intermediate Care which has served to highlight the potential for rehabilitation. This rehabilitation can ensure that people who may otherwise have moved into residential care, can regain skills and abilities which will allow them to return to their own homes or move to supported housing. It is likely in the future that this service will be developed and expanded, but it need not and should not become wholly accommodation focused.

The Developing National Agenda

The Government, in September 1999, issued the National Service Framework (NSF) for Older People with the lead responsibility resting with health and social care agencies for its implementation. The NSF provides guidance for the care of older people, whether that be in residential settings, care in hospital or in their homes. It aims to ensure that: older people receive high quality care and treatment, regardless of their age; are treated as individuals, with respect and dignity; that there are fair resources for conditions which most affect older people; and there is an easing of the financial burden of long term residential care. The challenges it poses are how we are to:

- ❑ Deliver care choice, consistency in care and collaboration across agencies
- ❑ Secure better care and better value outcomes
- ❑ Respond to increased numbers of older people with increased expectations
- ❑ Match these aims with and secure a fair balance of funding responsibilities

The publication of “Quality & Choice in Housing for Older People” in January 2001 looks at promoting independence and providing care close to home within four key housing areas:

- ❑ What more needs to be done to enable older people to live as part of the community and in their own homes
- ❑ How older people can live independently with a sense of security and convenience and in the best possible health for as long as they wish or are able.
- ❑ How we can generate more flexible provision and the need to revisit and where necessary review needs and models of care and support.
- ❑ How housing, health and social care can work together and generate a common front line response to needs.

In 2003 the Department of Health and the Office of the Deputy Prime Minister together with the Housing Corporation published guidance on the preparation of older people's strategies that link across housing, health and social care. This was followed by the publication of Making Ends Meet in 2004 that seeks to strengthen strategic and operational commissioning generally.

The Strategic Challenge

This consultation paper represents the first major review of strategic commissioning intentions for many years. It appears at a time when the boundaries between housing and care are becoming increasingly blurred and as a continuum of provision develops. The traditional models and assumptions about how best to meet needs and expectations are being challenged – and quite rightly so. There is a need now to articulate a way forward in the medium term that meets the challenges we face. These may be summarised as follows:

- ❑ People prefer to stay in their own home or something as close as possible to this.
- ❑ Older people want more choice and control over services and accommodation options
- ❑ Numbers, dependency and expectations around independence and choice are changing.
- ❑ Demand side pressures inhibit the ability to reframe existing provision
- ❑ Supply side pressures inhibit choice and understanding of the need for change
- ❑ Local opportunities for development of extra care and care home accommodation, unless addressed, may constrain the ability to meet future need.
- ❑ We need to strengthen links between agencies and sections of provision to create a continuum of opportunities that offer choice, independence and control to older people.
- ❑ Building services and support around older people and not fitting older people into what is available.
- ❑ Developing a better and shared understanding is needed about what is meant by terms such as extra care housing and care homes

This strategic commissioning statement offers some answers to these issues. In issuing it in draft form the aim is to generate evidence based and informed discussion about where we want to be in the future. The aim is to seek discussion, and in the light of that discussion, to determine the direction of intended travel and the priorities to inform future decisions on resource utilisation.

Needs Assessment

Demographic Trends – An Ageing Population

Social Care, Health and Housing are faced with the challenge of responding to an ageing population, and reducing population of working age. In 2001 a fifth of the population was over 60. Between 1995 and 2025 the number of people over the age of 80 is likely to increase by a half and the number of people over 90 will double.

Census 2001 data from the Office of National Statistics for Solihull indicates that there are 33,500 people aged 65+ living in the Borough. This includes 1,153 older people who are aged 90 years and over.

AGE STRUCTURE IN SOLIHULL – 2001 CENSUS WARD DATA

	65-74 yrs	75- 84 yrs	85 –89 yrs	90+ yrs
Solihull Borough	18,312 9%	11,686 6%	2,432 1%	1,153 1%
Bickenhill	997 7%	571 4%	109 1%	49 -
Castle Bromwich	1,201 10%	782 7%	124 1%	38 -
Chelmsley Wood	713 7%	427 4%	58 1%	21 -
Elmdon	1,265 13%	908 9%	133 2%	52 1%
Fordbridge	662 8%	276 3%	49 1%	25 -
Kingshurst	735 9%	408 5%	52 1%	18 -
Knowle	1,045 10%	733 7%	176 2%	72 1%
Lyndon	941 9%	674 7%	176 2%	68 1%
Meriden	1,096 9%	612 5%	161 1%	64 1%
Olton	1,180 10%	853 7%	271 2%	168 1%
Packwood	1,251 9%	719 5%	171 1%	83 1%
St. Alphege	1,326 9%	880 6%	186 1%	86 1%
Shirley East	1,333 11%	862 7%	146 1%	92 1%
Shirley South	1,505 9%	940 6%	182 1%	80 -
Shirley West	1,120 9%	660 6%	146 1%	72 1%
Silhill	1,313 11%	977 8%	219 2%	157 1%
Smithswood	629 6%	404 4%	73 1%	28 -

Increasing numbers of Older People

There will be an increase in the number of older people relative to the population as a whole and in absolute terms. Whilst the overall number of people over the age of 65 is set to rise the numbers over 85 are set to rise substantially by approximately 10% per year. It is this group who are the main users of social care services and who are the users of nursing and residential care. The potential impact is illustrated by the fact that whilst only 1 in 20 over 65 years use social care 1 in 3 over 85's use social care services.

The population projections 1996 based sub national population projections (OPCS) are detailed below for the age groups 65 plus.

Age groups	1996	2001	2006	2011	2016	2021
65-69	10076	9383	9837	12121	12971	11056
70-74	8499	8993	8484	8949	11012	11880
75-79	6039	7119	7560	7261	7727	9518
80-85	4102	4552	5328	5710	5619	6056
85+	3184	3906	4459	5176	5781	6167
85+	31,900	33,953	35,668	39,217	43,110	44,677

Between 2006 and 2011 the 75 to 85 population grows by 0.6% whilst the 85+ population grows by 16%. The percentage growth over the 10 year period 2006 to 2016 is 75 to 85 3.5% and the 85+ population grows by 29.6%. Producing ward based projections is difficult. In general it can be assumed that an increase in the population of older people will occur in all Wards but some will be affected more than others.

Dependency

Generally speaking dependency increases with age. Just under a third of people aged 60 – 74 will have some form of disability. Of those aged 75 and over some two thirds may be expected to have disabilities. It is this latter group where the growth rate in population is higher.

Table 3: Overall Prevalence of Disability (based on OPCS Disability Survey Figures for Great Britain 1989)

1996

Age	Male Population	Male Prevalence	Female Population	Female Prevalence	Total Prevalence
60-74	13,548	3,834	15,174	4,006	7,840
75+	4,727	2,519	8,598	5,425	7,945

2001

Age	Male Population	Male Prevalence	Female Population	Female Prevalence	Total Prevalence
60-74	13,713	3,881	14,939	3,944	7,825
75+	5,527	4,727	9,510	6,001	10,728

2007

Age	Male Population	Male Prevalence	Female Population	Female Prevalence	Total Prevalence
60-74	15,900	4,500	16,900	4,462	8,961
75+	6,500	4,727	10,300	6,499	11,226

It is worthy of note that between 1996 and 2007 there will have been an estimated 22% increase in the number of people with disabilities. This is a reflection of the estimated increased size of the age groups rather than any change in morbidity which is assumed to remain relatively constant.

The Health Survey For England 2000 [HSE] provides valuable information about the health generally of older people and those in care homes. It confirms that those in care homes had roughly double the prevalence of longstanding illness and at least one disability compared with those in private households:

- ❑ Three in four residents in care homes were severely disabled on one or more disability
- ❑ Women had higher rates of severe disability than men

The main domains of functional activities for daily living used were locomotor, seeing, hearing, communication and daily living. Information on four domains is given below:

Domain	Care Homes		Private Households	
	M	F	M	F
	%	%	%	%
Locomotor	76	81	30	33
Personal Care	58	66	14	14
Hearing [80+]	31	36	24	21
Seeing [80+]	27	31	15	15

The prevalence and severity of the various different types of locomotor and personal care disability were examined. The key points were:

- ❑ 71% of men and 74% of women aged 65 and over in care homes were reported to have difficulty in walking 200 metres. Among these, 40% of men and 46% of women had experienced difficulty in walking even a few steps (classified as a severe disability).
- ❑ 58% of men and 66% of women aged 65 and over in care homes reported that they could not walk up a flight of 12 stairs at all (severe disability), compared with only 7% of men and 8% of women in private households.
- ❑ The most common personal care disabilities reported by men and women aged 65 and over in care were with dressing and undressing (51% and 58% respectively) and getting in and out of bed (43% and 50% respectively).
- ❑ Levels of disability tended to be severe, with 44% of men and 50% of women unable to get dressed/undressed without help, and 35% of men and 42% of women unable to get in and out of bed without help.

Implications for Health, Housing and Social Care

Agencies work together to respond to these needs, current service provision reflects this:

- Solihull has an estimated population of approximately 33,500 (census 2001) who are over 65 years of age (see above). A greater number of very old people live in the South of the Borough. The number registered with Solihull General Practitioners is higher being 35,212. (Source: Solihull's Joint Investment Plan for Older People 2001/2002)
- During 1999 to 2001 Solihull has aimed to implement a range of rehabilitative services, particularly for older people being discharged from Hospital. Their success has ensured that the situation where older people are left waiting in hospital has not been a significant problem within Solihull. The average rate for delayed discharge of care for people over 75 has been 5%. This is due to strong partnership working between agencies including Community Liaison Nurses.

There are also 19 transitional care beds purchased from the private sector which are available for older people awaiting a permanent nursing or residential home placement on discharge from hospital. This ensures a rapid transfer of care from the Acute Sector to Social Care which is generally in the best interests of patients.

- This situation has further been assisted by the establishment of Intermediate Care, including the commissioning of beds within the private sector and the setting up of Community Therapy Teams. The aim of this activity has been to achieve recovery and rehabilitation following hospital admission.
- During the past year:
 - A total of 130 people have accessed intermediate care.
 - Approximately 60 people aged 75 years and older have had access to the domiciliary rehabilitation service, receiving a service of up to 20 hours care per week.
 - The Community Therapy Team has provided 91 packages of rehabilitation services. (Source: Solihull Joint Investment Plan for Older People 2001/02)

The table below relates the number of people receiving care and support to the population.

People receiving social care support Aug.2003
[medium to high]

Age Band	Population	Users	Percentage
age 65-69	9400	117	1.24%
age 70-74	9000	140	1.56%
age 75-79	7400	277	3.96%
age 80-84	4200	401	9.55%
age 85-89	2432	443	19.26%
age 90+	1153	377	32.7%
Total	33300	1755	

If the present access criteria are maintained demographic change will result in around an additional people 100 people requiring medium to high levels of support. Low intensity support services are being expanded as shown in latest Performance assessment data where the number assisted has risen from 61 per 1000 population over 65 and over to some 83 per 1000 population over 65 years in 2003/04.

The Social Services Inspectorate conducted an Inspection of Services for Older People in November 2001 and reported in March 2002. Among the main recommendations were:

- A review of current provision of low level preventative services including the regular review of the needs of all people using the Housing and Regeneration's Warden Service. Work is now underway to expand the existing service on a peripatetic basis to other older people in private accommodation.
- Social Services will need to agree with the NHS effective processes for a population needs analysis to inform the commissioning process, particularly with reference to future editions of the Health Improvement Plan.

The most recent performance assessment points up:

- The need for further development of extra care housing and increased accommodation options for service users, and
- A continued need for expansion of low intensity support services and acceleration of progress on direct payments.

Older people with mental health problems/dementia

The NSF for Older People includes standards for people with mental health problems. The aim is to promote good mental health and to treat and support those older people with depression, dementia as well as psychotic illnesses.

The standard is for people to have access to integrated mental health services to ensure effective diagnosis, treatment and support for older people and their carers. Solihull has some dedicated services including home care, day care, a respite unit, Registered Residential and Nursing Homes and dedicated Elderly Mentally Ill Social Workers.

The level of need will require further analysis in terms of requirements for older people who have dementia and functional mental health problems e.g. schizophrenia. Initially it is evident that:

- Problems exist in being able to locate appropriate services for older adults with schizophrenia or bi-polar disorders;
- The Alzheimer's Disease Society estimates that by 2010 there will be 840,000 older people in the UK with Alzheimer's Disease and that this number is set to rise to 1.5 million by 2050.
- People are placed externally to Solihull because of the lack of Registered Nursing Care within the Borough.
- The caseload of the dedicated Elderly Mentally Ill Social Workers (service users aged 65+) indicate the following number of clients with associated mental health related problems dealt with by Social Services as at 31st March 2002:
 - mental health problems – 187 clients;
 - severe dementia – 109 clients;

Solihull's Mental Health services are provided by a partnership of Social Care and the Birmingham and Solihull Mental Trust as well as other key stakeholders to fully support and develop a comprehensive mental health service for older people in line with the NSF for Older People. The service is primarily delivered to older people, who have severe mental health problems, a long-standing mental illness, or those who require specialist skills.

Experience has shown that the prevalence of dementia rises sharply with age, with the proportion roughly doubling with every five years up to the age of 90. Evidence suggests that 6% of 75-79 year olds, 13% of 80-84 year olds and 25% of those over 85 have "case level" dementia e.g. clinical signs. This presents Solihull with significant numbers. Approximately 11% of those with dementia require long interval care.

In 1996 a national survey stated that 34% of those with dementia were in hospital, nursing homes or residential care. These figures are set to rise with the anticipated demographic changes suggesting an increase in those over 65 years of age.

Depression is the most common mental health problem in old age and affects more women than men. Older people are more likely to become depressed if they are in poor health, lack social support or experience prolonged difficulties. These difficulties can include poverty, poor housing or disability.

(Source: John Black Day Hospital May 2001)

Housing Need and Home Support

Introduction

Initial evidence includes:

- Solihull's Housing Strategy 2002-2005 has highlighted the high demand for accommodation in the south from older people and this trend is likely to continue. There is likely to be an increased number of elderly homeowners looking to "trade down" from large family homes to small accommodation. An extract of the Housing Strategy is attached as Appendix 5.
- The findings from a Housing Need Survey carried out in July 2001 noted that within private sector stock the highest levels of unfitnes were found where older people aged over 75 (along with younger people under 21) live.
- Statistics collected with reference to Part VII of the Housing Act 1996 refer to households with people aged 60 years or more and who were found to be entitled to assistance. This research indicated that homelessness amongst the 60+ category occurred more amongst single older persons and within the 60-64-age bracket. In some cases homelessness was due to relationship breakdown and domestic violence. (Refer to Appendix B page no.154). Source: Housing and Regeneration Homeless Case Files 2001.
- The Council's "Home Check" provides a free safety and security check for residents. Elderly people and other vulnerable residents are given priority. The "Home Check" officer provides advice on home safety, security and fits smoke alarms. Partnership with other agencies, including the police, has enabled the service to fit security locks for victims of crime and has helped to reduce burglaries and other crime.
- Age Safe is a partnership of statutory and voluntary agencies with a remit to develop services. It includes "Voice and Choice" an opportunity for older people to meet to discuss service issues and to engage with the Local Authority and its partners. The Forum also works closely with Solihull's Care and Repair service to provide older people in their homes with assistance on security, maintenance, disabled grants, handyperson and gardening.
- The Supporting People initiative is also a vital element of home support services. A separate local Supporting People Strategy is in preparation. It is subject to separate consultation. A key component on which the strategy will rest is the notification of the future level of Government Grant. Current schemes are subject to monitoring and review and each service is assessed with six objectives in mind.

Current Services

Council Provision of housing for older people

The Council as a housing provider has a range of accommodation for older people including bungalows, flats and group schemes. There has been a change in recent years from dedicated support staff attached to individual schemes to a new mobile support scheme (Safe and Sound). This service provides emergency response to a call system and also regular personal contact with tenants.

The numbers of units and locations is set out in **Appendix 2**.

It is unlikely that the Council will develop new schemes and currently a number of schemes are under review due to the scheme becoming hard to let (mainly bed sit flats). The age range of users is also very wide with people of 50 years living in some flats whilst their older tenants are in the age range of 85+.

Safe and Sound

This is a joint scheme between Housing and Social Care. It provides a housing support service to approximately 1600 residents being mainly Housing sheltered housing tenants but with a growing number of independent sector users. The scheme provides an on call service, monthly visit and information service. Users have a help call system and can include in the call system smoke detection and other warning devices. This service is set to expand to provide increasing numbers of older people with a low level support service.

Independent Sector Housing for older people

The independent sector provision, as far as is known, is principally owner-occupier use, but there are rented schemes. In the south of the Borough development has taken place, primarily of sheltered accommodation where support provision is mostly through a single staff member during the day and use of an alarm call centre outside of normal working hours.

There has been some provision of extra care housing by Bovis where some additional help is provided with meal preparation and cleaning. Provision of this nature makes an important contribution but has yet to be come to be seen as a substitute for residential care for the frail and ambulant.

The Supporting People Grant has also taken over responsibility for funding a number of people who own (or lease) their own property and whose support costs were funded by the Minimum Income Guarantee previously the responsibility of the Department of Work and Pensions (who are now known as the Pensions Service). Joint work with the Pensions Service identified a total of 91 individual leaseholders and 8 private sector agencies, along with 6 Registered Social Landlords, responsible for delivering the support services. The policies and procedures whereby new people can gain access to these services funded by Supporting People Grant require further discussion with the ODPM and the Pensions Service.

The estimated full year cost of the 91 leaseholders is £55,652. However an average cost per place may be a little misleading because 1 private provider has 13 people @ £26.46 per week, another has 12 @ £38.78 per week; while the costs of the remaining 66 people range from £2.73 to £8.57 per week according to need for support.

The voluntary and charitable sector, including registered social landlords (RSLs), is a significant provider of support services for older people in Solihull. A list of local providers funded by the Supporting People Grant is attached at Appendix 3. The range of providers includes RSLs who operate across the region and nationwide in addition to well established Solihull based agencies.

A total of 14 voluntary sector providers operate in the Borough. Services are delivered from 25 different sites and a total of 599 places are available. Note that of these places the Supporting People Grant was funding 393 people @ July 2003. (65%)

The core provision offered is sheltered housing but the Josiah Mason Trust have developed a 22 flat extra care housing scheme with good levels of support which act as a real alternative to residential care.

Extra Care Housing provided jointly by Social Care and Housing

There are two schemes currently provided in partnership between Housing and Social Care. They are managed by a single manager and are located at Green Hill Way and Castle Lane. These schemes provide for 34 people and include the provision of night-time assistance and day care. However they offer bedsit accommodation and as a result are becoming harder to let, even with the high levels of care offered.

Older people with higher level support needs

Care at Home services and day care, together with support of carers and provision of community equipment and adaptation services are key means by which increasing numbers of older people are enabled to remain independent within their own homes. For the vast majority of these users this service prevents a need for them to consider care away from their home. This is also where they wish to remain.

Community Care services within the home include:

- Personal care at home such as bathing, dressing, getting in and out of bed, toileting and meals
- Provision of meals
- Provision of day care
- Carer Support

Access to services requires assessment of need and use of Fair Access criteria. These appear in the Long Term Care Charter agreed between the Council, Housing and the Primary Care Trust.

Deciding whether to stay or to go is not always easy. For some the lack of availability of supported/ extra care housing means the choice is sometimes between being at home or in a Home. An improved continuum of opportunities may help those who receive higher levels of home care but who could be helped more securely and more effectively within a group

accommodation scheme if they wished to move. Schemes of this sort also offer a wider range of services and social contact and can help reduce the sense of social isolation that is sometimes experienced.

Care Homes

Current Provision and Use

Many people will need ongoing care and support from the local NHS or social care as a result of disability or a long term condition. Until April 2002, when the Care Standards Act 2000 came into effect, Care homes were normally described as residential care homes and nursing homes. There are two main types of care home:

- ❑ Care Homes without nursing care; and,
- ❑ Care homes registered to provide nursing care.

Within the Borough there are 471 residential care home beds and 276 nursing home beds for older people. A recent survey of these homes indicated that there were few vacancies. The total number of placements within the Borough in residential and nursing homes with financial support from the Council is 351. An additional 183 people are placed and receive support in homes outside the Borough. Not all homes accept publicly funded users as their fee levels are above the price the Council normally expect to pay. Some gear the service to those who wish to continue to enjoy a particular lifestyle and are able to fund this from within their own resources.

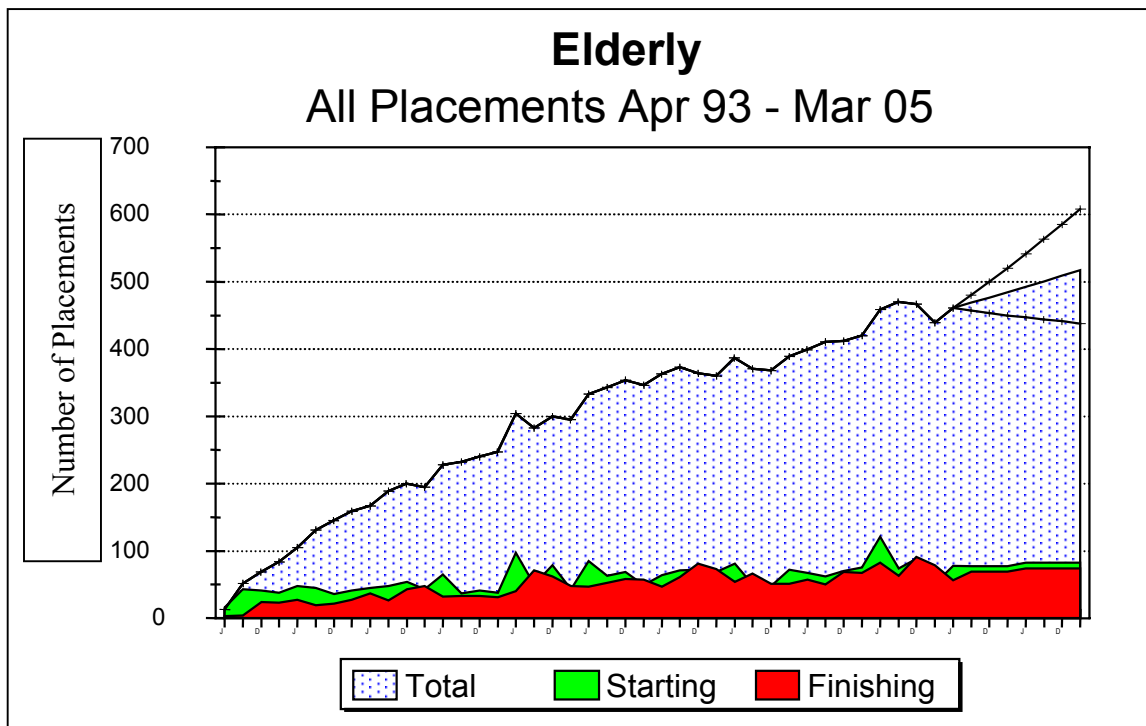
The Council has been trying to respond to the availability of permanent care home places in five main ways.

- ❑ Raising the price it usually expects to pay by above inflation
- ❑ Benchmarking its prices against regional and national levels using material published by Laing & Buisson and the Social Services Performance Assessment Framework
- ❑ Incentivising investment in staff training to reward delivery of national minimum standards
- ❑ Facilitating development of homes to the latest standards and block contracting for places within the price range for that type of home it usually expects to pay.
- ❑ Block contracting for places at homes being built under re-provision and new build arrangements on special needs sites released by the Council.

Any plan or estimate of future need should recognise that the Council is a key player in the commissioning of care in homes in Solihull but that this is not and should not be allowed to become a monopolistic relationship. Choice, competition and creativity require within a local a sub regional context a slight excess of supply over demand but not at a level that adds significantly to costs or risks destabilising market equilibrium.

One of the areas we will wish to explore is whether there would be support for a survey of homes to get a clearer picture of usage based, perhaps, on national survey data mechanisms such as those referred to earlier in the statement.

The current detailed projection of increasing need is attached as Appendix 3. Below is a graph of overall growth in use of residential and nursing care homes since 1993 and a projection of future need based on usage.



Provision of long term accommodation by the health service

The provision of long term accommodation by the health service occurs only in the situation where a person has such health and nursing care needs that they would reasonably expect the health service to meet their care needs (Continuing Care). Such services may include:

- Fully funded continuing NHS health care in a care home or other setting
- Rehabilitation and recovery services
- Palliative Care
- Respite Health Care.

Within Solihull the Primary Care Trust currently purchases places for continuing health care for older people. These beds are purchased from a number of nursing homes including 6 beds purchased from a single home in Shirley. The number of places purchased has increased in recent years. It is estimated that the increased demand for the next five years is likely to continue.

National guidance [HSC 1001/015] has been issued. The provision of continuing care and entitlement to it remains a source of public debate. Following reports by the Health Service Ombudsman a number of appeals have been lodged by people who feel that continuing health care should have been available in their case.

NHS funded registered nursing care in a care home providing nursing care

The Health and Social Care Act 2001 made provision for PCTs to contribute towards the cost of services of a registered nurse within a care home registered to provide nursing care. The amount of payment made is determined following a Nursing care assessment. [See HSC 2003/006]

In the case of publicly funded care [social care component and accommodation] account is taken of the NHS contribution in setting the price the Council usually expects to pay. [see: [www. Solihull.gov.uk](http://www.Solihull.gov.uk)]

Provision of accommodation to provide short term rehabilitation (Intermediate Care)

Intermediate care is the short term service which provides rehabilitation to people who have experienced a period of ill health which has led to a hospital admission or whose admission to hospital can be prevented by therapeutic intervention. An important element of this service is the provision of short term nursing home care to enable both nursing care needs to be met and to allow time for active rehabilitation and continuing therapy which can result in a return home for the service user.

Currently joint funding purchases 18 beds and government targets require that by 2004 24 beds are available for this purpose. The provision of these beds in a single central unit has provided the facilities for effective work and the necessary facilities. The use of this service can reduce the need for residential care.

The availability of a range of care situations, including extra care sheltered housing following intermediate care is essential if the effectiveness of the rehabilitation programme is to be maintained.

In addition 16 beds are purchased for transition care providing for temporary care when people no longer need acute hospital care but are awaiting a placement of their choice. These beds are funded by the Council. The need for further provision of this nature will be assessed during the next year following the introduction of the new system of charging the Local Authority for beds in acute care occupied by people who are fit for discharge but are awaiting local authority support.

The Council has a good track record in hospital discharge. One of the priority areas for the future is the development of intermediate care services that can be brought into use to avoid the need for hospital admission.

The Local Care Market

An issue which needs further attention and resolution is that of availability of residential and nursing home places in Solihull, particularly in the south of the Borough. Because of the limited number of beds available in Solihull and the higher price of care, a number of Solihull people have to accept care outside the Borough. This can mean difficulties for relatives and friends in visiting and can lead to isolation of the service user.

During the last four years The Council has succeeded in securing the provision of three new residential and nursing homes offering 150 beds in modern purpose built homes. Each home offers bedrooms in excess of 12 square meters and en-suite facilities. It has also been possible through these homes to secure specialist care for older people with dementia.

This development has been achieved by the sale of suitable sites, by the Council, to the independent providers and agreement to block purchase most of the beds in the homes. To make the sites available the Council closed three old homes reducing the Council stock of beds by 120 but at the same time achieving a net increase of 30 beds.

As a result of the block purchase the price paid by the Council for these beds in the new homes is that which is normally paid for any other bed purchased.

A limited number of beds have also been block purchased in other homes within the Borough. Currently only homes within the Borough are used for block purchase in an attempt to ensure that Council supported people are able to remain within Solihull. This is under review.

There is evidence that further homes could be constructed on the same basis as the three new ones. However to ensure a further supply of local homes development sites are essential. To construct a 50 bed home requires approximately a 2.00 - 2.25 acre site. Work by existing suppliers to seek sites on the private land market has demonstrated the serious lack of any suitable sites.

The Council and partnering agencies will be asked to consider this issue in any strategic land decisions in the future. Land cost in some parts of Solihull is also a factor in supply of homes. In the south of Solihull land prices have been a disincentive for suppliers to construct homes which will meet the price paid by the Council.

It may also be appropriate to consider sites in immediately adjacent areas where access is as easy as or easier than access within Solihull. In principle, subject to there being evidence of demand and suitability of supply in terms of the nature of the provision, there is no difficulty about partnership arrangements with the independent sector in these circumstances.

Some existing homes in Solihull do sell the Council beds at the price it normally pays but there are also a number who set their prices well above this level and these beds can only be accessed by people who have relatives prepared to pay a "top up" fee or are entirely self funding. This indicates the relative buoyancy of the local market.

There is also a difficulty with a number of the homes which are less than 50 beds. They are finding it increasingly difficult to compete in the market place and a number of them do not offer modern facilities. There exists the possibility that some will cease to trade (indeed one closed in December 2003). This process is seen as continuing in the medium term and this commissioning statement aims to scope discussion of issues and identification by the independent sector of options for the future.

Current spend on services by the Council

Publicly Funded Care Home Places

The table below sets out the current spend on the two main types of home net of income received.

Council Spend On Purchase of Beds	Residential	Nursing
	£000	£000
2001/02	4,439	1,990
2002/03	5,489	2,143
2003/04	6,199	1,762
2004/05 (Estimate)	6,664	1,894

The Council fee levels have increased by 24% in the last three years.

During the last three years the Council has increased the price paid for residential and nursing homes by 24%. This is well in excess of the rate of inflation. However a combination of staff recruitment difficulties in the area and the impact on wages, increased costs of insurance and registration and land costs mean that the Council may need to continue to increase the price paid at above inflation levels in the future. At the same time, care cost effectiveness has to be secured as the efficiency agenda of government applies equally to the independent sector.

As noted above to improve quality of care the Council has paid additional fee levels for better physical features of homes including en-suite facilities and larger bedrooms. Additions are also paid to homes which reach higher levels of qualified care staff.

In contrast to the costs of residential care the cost of running the two extra care sheltered schemes provided by the Council are £100,000 for 32 bed spaces which equates to £60 per week for care. This emphasises the need to consider carefully the thresholds for support within Care Homes and the potential for an expansion of Extra Care Housing to further contain costs whilst also providing choice in the medium term.

Supporting People funding for sheltered housing

Supporting People is an initiative of the Office of the Deputy Prime Minister (ODPM) to introduce new arrangements for the commissioning, funding and provision of housing related support services for vulnerable people. It became operational from April 2003 and replaces existing mechanisms and funding sources.

Supporting People is a partnership approach involving the Local Authority, the Primary Care Trust (PCT) and the National Probation Service who will act as the key commissioning agencies together with Providers from the voluntary, charitable, statutory and private sectors, users and carers.

Providers of support services have been required to distinguish between the housing management and support services costs of their service and since April 2003 only housing management costs will be covered by Housing Benefit. Support services will in future be funded through the Supporting People Grant.

The Supporting People Grant (SPG) allocation comprises budgets which were previously the responsibility of other agencies. These are known as 'legacy funding sources' and essentially comprise:

- Housing Benefit identified during the Transitional Housing Benefit Scheme (THBS) as funding support services.
- Supported Housing Management Grant previously managed and allocated by the Housing Corporation.
- Probation Accommodation Grant previously managed by the National Probation Service.
- Moneys to the value of the support costs of the Local Authority Housing Services, e.g. warden/supported housing services, previously included in the Housing Revenue Account.

Throughout the country LAs have been charged with leading on the implementation of the Supporting People Programme and in July 2003 were due to submit to the ODPM the final submission by which the Supporting People Grant will be determined.

In Solihull the SPG, is £2.7m. Of this sum the estimated value of services for older people is in the order of £800k. This includes the Council's own supported housing service for older people which accounts for a substantial proportion of these resources. Therefore older people's services account for approximately 29% of the total SPG available to the Borough.

Social Care contributions for (extra) personal care within sheltered housing

The current charging and assessment arrangements do not assist in the development of extra care sheltered housing. The attachment to an individual of a detailed care plan and charge does not permit the flexibility that a block scheme of extra care sheltered housing needs to ensure flexibility in response to changing needs and efficient use of the resource. A need exists to develop a more flexible response to funding care within extra care accommodation.

It is proposed that in the future the Council considers the scope for agreements with extra care providers based upon a six monthly agreement about the level of care needed for a single scheme. This would involve a joint assessment of all residents and a single figure of total care needs above the normal housing support costs covered by Supporting People. This would set the level of daily care input to the scheme which would be adjusted daily dependent upon residents' needs by the scheme senior support worker.

Arrangements would be in place for variations to the total in the event of unexpected major changes in care needs of one or more residents. The charge for the care would be apportioned across the whole scheme with each resident paying the same charge (varied according an individual financial assessment).

Monitoring Supply and Demand

The Council currently monitors the performance of all contracts through visits to residential and nursing homes. This is in addition to the regular inspections by the Commission for Social Care Inspection. All persons placed by the Council in homes are also reviewed annually to ensure that the service meets their individual needs.

Care Managers also feed in information on their experience of the operational commissioning of care home places. Demand for homes is also monitored monthly and through this monitoring decisions are made as to the need for block contracts, new services and reductions in purchasing.

Much more detailed information is needed about current use of dependency within care homes. We would like to see, subject to constraints of confidentiality and commercially sensitive information, the development of data sets to inform future development.

The Government has made clear statements that they see the future of long term care of older people being met, increasingly, by the provision of extra care housing rather than residential care. This is also the local view.

The question is how this might be achieved and how, at the same time, we ensure availability of care homes for those most in need of this form of 24 hour care.

If the direction of development for the future is to allow for extra care housing then there is no arrangement for registration and inspection beyond that for domiciliary care provided. This suggests that it may be appropriate to consider reviving the concept of an accreditation scheme.

Being Clear what Extra Care means

The Specification of Supported Housing is reproduced at Appendix 4.

Extra Care Supported Housing will in addition require that where appropriate Social Care will issue Contracts for Domiciliary Care and the Service Standards will make provision for tasks that may be ordered from a Domiciliary Care agency. Details appear in Appendix 4

The Department of Health has also provided a helpful guide to the commissioning of extra care housing for older people and there is an increasing literature on the best principles in terms of philosophy, design and operation.

An Accreditation scheme would require the Community Care Commissioning Unity unit monitor performance, quality and price. This unit already monitors domiciliary care contracts through a range of approaches including visiting service users and would be in a position to monitor the quality of care provided in extra care housing.

It will be particularly important that the outcomes of extra care housing are monitored to ensure that the anticipated benefits are achieved.

A Way Forward

We have an increasing elderly population set against a slowly falling overall population and this will have implications on the range of housing provision for older people. An increased emphasis upon preventative measures is vital to minimise, for example, falls and maximise the benefits of care and repair, handyman and gardening services.

There is a requirement for the development of additional schemes to provide accessible, warm, safe and affordable housing with support to enable older people to live independently. This provision could include bungalows built to mobility standard, including sheltered accommodation, and continuing care schemes. There is an associated requirement to assess the needs of black and minority ethnic elders living in the Borough to facilitate appropriately planned services.

Current proposals for extra care housing provision

A site in Shirley has been identified which offers the possible redevelopment of a Council sheltered bedsit housing scheme into a flat scheme with extra care providing approximately 45 units.

There have been discussions with the local Abbeyfield about longer term intentions for redevelopment of one of their schemes to a flat scheme providing 32 places of extra care housing.

A site has also been identified in north Solihull for development of extra care housing with a capacity of approximately 48 – 50 units.

The development of these three schemes would assist in providing another way of meeting some of the future demand for residential care. Their progression, however, is not guaranteed.

It is clear that we are very poorly provided with extra care sheltered housing although we have a good supply of sheltered housing, much of it occupied by people who do not fall into the net of social and health care support. Unfortunately much of the Council's own sheltered accommodation is sited in buildings which are now looking increasingly old and are no longer wanted by people whose expectations of better accommodation include separate bedrooms and greater space overall.

Recent Care Home Development.

During the last three years two homes in north Solihull previously provided by the Council have been re-provided by the independent sector in partnership with the Council.

The Council closed Lyndon Croft in Hobs Moat in 2002 in order that it be re-built with rooms meeting the latest standards and providing 50 places for older people and older people with mental health problems to residential care standards. This will increase the local supply by an additional 12 beds net of the original provision.

Work is currently beginning on a proposal to replace an existing 56 bed nursing home with a 70 bed home by 2006. This is still at the formative stage.

Solihull has a number of people who are placed outside Solihull in residential and nursing home care because of the issues of costs and shortfall of places in Solihull.

Principles guiding assessment of future need

In considering the way forward and needs, the intention is to take this on the principles set out below.

1. As far as it is reasonable, safe, practicable and affordable people should be able to exercise choice in where they live;
2. Accommodation should be provided to enable people to maintain as much independence as they wish;
3. Residential Care and Nursing Care should only be provided where the alternative of independent living (with support) cannot meet an individual's care needs;
4. Financial support for personal care will be based upon an assessment of need of the individual and consistent with Fair Access Criteria.

Extra Care Supported Housing

The above principles would suggest that greater effort needs to be made to find opportunities for people to maintain their independence in sheltered housing with extra care where needed. The first task is to arrive at a common understanding of what we mean by this term in terms of philosophy, design and delivery consistent with emerging best practice and thinking locally and nationally. The details of what constitutes support and care is detailed in appendix 4.

The traditional supported housing provides a support system based upon a carer/helper who is available to respond to emergency situations where emergency services are required due to injury or illness and where occupiers have an alarm system with which to call for help either from the member of staff or out of hours through a call centre. The intention is to support independent living by providing support appropriate to the level of need of the individual service user.

A member of staff may provide "good neighbour" services which may extend to undertaking some shopping and organising some social events. They may also provide contact by telephone and regular visits. In a limited number of schemes a lunch may be available.

Extra Care Supported housing provides all of the above but as a minimum will also ensure that at least one meal per day is available to occupants, that their accommodation is kept clean and that there is a basic level of personal care which will extend to some assistance with getting in and out of bed, dressing and washing.

Levels of personal care may be increased to cover extensive and intensive care particularly during periods of ill health. Within some schemes more than one meal per day is provided and assistance is given, if needed, with feeding. Of particular importance is the availability of, at a minimum, a person on the premises during the whole 24 hours (with sleeping in or waking staff). The levels of care will not be such as to justify requirement to register under the Care Standards Act 2000.

The assessment of population growth would suggest that an increase in extra care housing would meet some of the need for additional care home provision for the next five years. In determining whether such schemes should be available for rent or purchase previous experience suggests that the dominant tenure type within an area should form the basis of the main tenure type of the scheme. This suggests we should be thinking in terms of:

- ❑ Extra care accommodation for rent in North Solihull [48 – 50 units] by 2006/7
- ❑ Extra care accommodation for purchase Central Solihull [48-50 units] by 2006/07
- ❑ Extra care accommodation scheme for rent and purchase south of or adjacent to the Stratford Road [48 – 50 units] [2007/08]
- ❑ Extra care accommodation for rent and some for purchase in North Solihull [48-50 units] 2010.

Both schemes should seek to meet the criteria for location adjacent to community facilities, with level access and proximity of shops. Further provision or reprovision of Extra Care accommodation in North Solihull will require consistency with the strategic approach to regeneration that currently forms a Major Project within the Council Plan. These discussions have commenced and are continuing.

Care Homes with and without Nursing Care

Over the next five to ten years the aim should be to encourage and where directly provided to pursue the reprovision of care homes not meeting expected environmental standards. In approaching this account must be taken of the lead in time for new homes. This is generally two years from the time of site identification. Early provision of extra-care accommodation would also facilitate the shift in the balance of care outlined in this statement.

The current projection of increasing need is set out in Appendix 3. It is anticipated that during the two years 2003 to 2005 there will be an increased demand of 56 home places for public sector funding and additional self-funding places of up to 41. The demographic changes in the population are producing an increase in the older age range of older people, the same people who may more likely live in care homes or use social care services. This rise in people over 75 years of age and 85 years of age will result in an increase in numbers in these higher age groups. Currently the percentage of these age groups living in residential care and nursing homes is (2001 population base) is as follows:

	<u>Res Home</u>	<u>Nurs Home</u>	<u>Both</u>	<u>% of population in age band</u>
75 -84	131	55	186	1.6%
85+	199	76	275	7.7%
total	330	131	461	

Projecting this forward using census data which shows increases in these age bands in the population of :

	2006 to 2011	2006 to 2016
	% increase	% increase
75 – 84	0.6	3.5
85+	16	29

Since the introduction of the delayed discharge re-imburement system in January 2004 the increased pressure on discharge of older people from hospital and the rate of placement in residential homes and nursing homes has increased. Length of stay has also reduced. These two factors will continue to have an effect on future need for care home placements. At the same time it is essential to maintain a systems wide perspective so that overall across the health and social care economy the best use of resources is achieved.

Using the population growth information, admission rate and length of stay rate changes and historic placement rates the demand for care home places is estimated as follows:

Increased demand projected for Care Home Places

Nursing beds required

Age groups	65 - 74	75 – 84	85+	Total
2002/03	26	55	76	157
2005/06	28.6	65.2	78.0	171.8
2010/11	30.2	72.1	89.1	191.4

Residential bed required

Age groups	65 - 74	75 – 84	85+	Total
2002/03	47	131	199	377
2005/06	51.8	146.9	217.6	416.2
2010/11	63.7	178.3	252.3	494.2

Total residential and nursing beds

Age groups	65 - 74	75 – 84	85+	Total
2002/03	73	186	275	534
2005/06	80.4	212.2	294.9	587.5
2010/11	94.2	250.3	340.5	685.0

The above numbers relate to those people supported by the Council. To these numbers must be added an allowance for self-funders not known to the Council who will seek beds in Solihull. Based on current usage and population change this is estimated to require an additional 32 beds by 2006 and 117 beds by 2011. Very roughly this equates to two homes.

This total of beds required for Solihull based upon existing approaches to care by 2011 is 151 plus expected self funded placements of approximately the same number giving a total of some 300. This is the equivalent of 6 new 50 bed homes.

Taken with the need for some existing homes to be replaced by those to the latest standards this suggests the care industry either within Solihull or immediately adjacent to it might consider a programme of up to four homes and an expanded provision of two further extra care schemes between now and 2010 (i.e. a total of 4 to generate the capacity for staffing the balance of care).

A note of caution needs to be added in respect of extra care housing replacing residential care if the estimate of extra care housing places needed is made on the assumption that all these places would be occupied by people in need of residential care. The experience in other areas is that not all places in an extra care housing scheme are occupied, nor is it necessarily desirable, at all times by people in this category. Indeed there is a debate about the advisability of such provision and some recognition of the benefits of a balancing of dependency and capacity for independence and mutual support.

Such a programme could only be funded by the independent sector. A means of funding would also have to be identified for meeting the recurrent revenue costs associated with demographic change. Traditionally the Council makes provision for demography within its budget process. How these resources are used and the scope for them to focus on strategic change priorities is an issue that falls to the operational commissioning and budget setting process.

The unknown factor in this is the willingness of the private sector builders to develop *extra care* housing. There is also the critical issue of site availability.

In summary, this assessment would suggest that for the purposes of consultation and following the commissioning of the reprovided Lyndon Croft, we should be discussing the need for:

- ❑ A care home in Central Solihull that is well located and accessible to shops and community facilities. [50 places]
- ❑ A care home west or adjacent to the Stratford Road that is accessible to shops and community facilities. [50 places]

As outlined, an important issue in deciding on the future need for nursing home care is to take into account the number of Solihull people who are placed outside the Borough because of a lack of places at an affordable cost within the Borough. It is estimated from reports from placing staff that approximately 90% of this group would have chosen to live within Solihull had places been available.

This indicates that there is a potential need for 70 additional places in nursing homes in Solihull. To this needs to be added a number of beds to take account of the growth in the 85 plus population and be able to meet the following specialist needs:

- ❑ Transitional care Units to facilitate timely hospital discharge [20 places by 2010]
- ❑ Intermediate care to prevent hospital admission [10 - 12 places by 2006/07]
- ❑ Specialist Unit for Elderly Mentally infirm people [50 places possibly in 12 - 24 place units by 2010]

Appendices

Appendix 1

Purchase of residential and nursing home places by Social Care

Actual 1997/98 to 2003/04 and Forecast 2004/05 to 2011/12

		Nursing Care		65-74		75-84		85+		FTE Total	Client Total	20
		FTE	Annual Ave	FTE	Annual Ave	FTE	Annual Ave	FTE Total	Client Total			
Actual	1997/98	18.8	220.9	47.8	195.7	62.0	207.2	128.6	227			
	1998/99	27.1	224.7	62.9	204.9	72.7	202.6	162.7	277			
	1999/00	25.1	204.0	65.8	204.0	76.5	217.0	167.4	281			
	2000/01	21.3	222.2	65.4	199.0	73.6	227.6	160.3	261			
	2001/02	23.1	205.3	64.5	224.3	76.7	220.4	164.3	265			
	2002/03	22.5	216.0	57.8	199.1	84.9	222.9	165.2	271			
	2003/04	25.2	224.9	65.1	198.4	76.9	214.9	167.2	291			
Forecast	2004/05	24.4	216.3	67.1	206.0	84.7	225.7	176.2	291			
	2005/06	24.7	216.1	68.5	206.6	87.1	228.1	180.4	297			
	2006/07	25.0	216.0	70.0	207.2	89.6	230.5	184.6	303			
	2007/08	25.3	215.8	71.4	207.8	92.1	232.9	188.8	309			
	2008/09	25.6	215.7	72.9	208.4	94.6	235.3	193.0	314			
	2009/10	25.9	215.5	74.3	209.0	97.0	237.7	197.2	320			
	2010/11	26.2	215.4	75.8	209.6	99.5	240.1	201.4	326			
	2011/12	26.4	215.2	77.2	210.2	102.0	242.4	205.6	332			

		Residential Care		65-74		75-84		85+		FTE Total	Client Total	In 2003
		FTE	Annual Ave	FTE	Annual Ave	FTE	Annual Ave	FTE Total	Client Total			
	1997/98	32.1	265.4	94.9	243.3	144.1	254.6	271.1	392			
	1998/99	37.8	314.0	111.0	228.9	165.4	246.4	314.2	465			
	1999/00	38.1	224.7	114.0	223.2	170.6	234.7	322.7	496			
	2000/01	34.8	235.2	113.7	221.9	178.1	257.0	326.6	478			
	2001/02	32.4	200.4	120.2	217.2	175.8	247.8	328.4	494			
	2002/03	45.6	260.2	133.7	229.2	188.3	237.8	367.6	548			
	2003/04	50.3	269.8	137.5	251.0	188.5	241.4	376.3	545			
	2004/05	47.9	235.9	143.5	233.2	199.3	239.4	390.7	577	4		
	2005/06	50.2	231.6	149.9	233.8	205.9	237.9	406.0	600	8		
	2006/07	52.6	227.4	156.3	234.5	212.4	236.3	421.3	622	12		
	2007/08	54.9	223.1	162.7	235.1	219.0	234.7	436.6	644	16		
	2008/09	57.2	218.9	169.1	235.7	225.6	233.2	451.9	666	20		
	2009/10	59.5	214.7	175.5	236.4	232.2	231.6	467.2	689	24		
	2010/11	61.8	210.4	181.9	237.0	238.8	230.1	482.5	711	28		
	2011/12	64.1	206.2	188.3	237.6	245.3	228.5	497.7	733	32		

	65-74		75-84		85+		FTE Total	Client Total	In 2003
	FTE	Annual Ave	FTE	Annual Ave	FTE	Annual Ave			
1997/98	50.9	486.3	142.7	439.0	206.1	461.8	399.7	619	
1998/99	64.9	538.7	173.9	433.8	238.1	449.0	476.9	742	
1999/00	63.2	428.7	179.8	427.2	247.1	451.7	490.1	777	
2000/01	56.1	457.4	179.1	420.9	251.7	484.6	486.9	739	
2001/02	55.5	405.7	184.7	441.5	252.5	468.2	492.7	759	
2002/03	68.1	476.2	191.5	428.3	273.2	460.7	532.8	819	
2003/04	75.5	494.7	202.6	449.4	265.4	456.3	543.5	836	
2004/05	72.4	452.1	210.6	439.2	283.9	465.1	566.9	868	4
2005/06	75.0	447.7	218.4	440.5	293.0	465.9	586.4	896	8
2006/07	77.6	443.4	226.3	441.7	302.1	466.8	605.9	925	11
2007/08	80.2	439.0	234.1	442.9	311.1	467.6	625.4	953	15
2008/09	82.7	434.6	242.0	444.2	320.2	468.4	644.9	981	19
2009/10	85.3	430.2	249.8	445.4	329.2	469.3	664.4	1009	22
2010/11	87.9	425.8	257.7	446.6	338.3	470.1	683.9	1037	26
2011/12	90.5	421.4	265.5	447.9	347.3	470.9	703.4	1065	29

Appendix 2

List of residential and nursing homes in Solihull

<u>Home Name</u>	<u>Address</u>	<u>Owner/Manager</u>	<u>Bed</u>
Alexandra House	Masons Court Hillborough Road Olton, Solihull B29 6PF	Josiah Mason	36
Ardenlea Court	Bucknall Close Lode Lane Solihull B91 2AF	Bupa	68
Brookvale	111 Warwick Road Olton Solihull, B92 7HP	Heart of England Care	61
Court of Lady Katherine Leveson	The Court, Fen End Road Temple Balsall Solihull B93 0AN	The Foundation of LKL	29
Elizabeth House	Elizabeth Grove Union Road, Shirley Solihull B90 3BX	Shirley Old Peoples Welfare	19
Fairfield	27 Old Warwick Road Olton Solihull B92 7JQ	John Harris	18
Job's Close	Lodge Road Knowle Solihull B93 0HF	Jobs Close Rest Home	33
Jubilee Gardens	26 Wygate Close Castle Bromwich Solihull B36 0TQ	Parkcare Homes Craegmoe	0
Kineton Lodge	64 St. Bernards Road Olton Solihull B92 7BA	Sukhvinder Hazarika	25

Longmore Nursing Home	118 Longmore Road Shirley Solihull B90 3EE	Mr C Grant	20
Olton Grange	84 Warwick Road Olton Solihull B92 7HX	Olton Old Peoples Welfare	24
Prince of Wales	246 Prince of Wales Lane Solihull Lodge Solihull B14 4LJ	Mr T Bagga	20
Rayner House	3-5 Damson Parkway Damson Wood Solihull B91 2PP	Rayner House & Yew Trees Ltd	25
Salisbury Court	19-21 Lode Lane Solihull B91 2AB	Ashbourne Ltd	60
Silver Birches	23 Tyne Close Chelmsley Wood Solihull B37 6QZ	Accord Housing Ltd	50
St Bernard's	76 St Bernard's Road Olton Solihull B92 7BP	St Bernard's Residential Care	23
St George's	116 Marshall Lake Road Shirley Solihull B90 4PW	Hosehold Company Ltd	29
St Michael's	251 Warwick Road Olton Solihull B92 7AH	Hosehold Company Ltd	21
Sunhaven	210 High Street Solihull Lodge Solihull B90 1JP		42
Swallows Meadow	2 Swallows Meadow Off Cranmore Avenue Solihull B90 4QA	Solihull Care Ltd	56

The Friendly Inn	Gloucester Way Chelmsley Wood Solihull B37 5PE	Paul Goss	18
The Grove	48 Lode Lane Solihull B91 2AE	The Grove Old Peoples Welfare	30
The Priory Nursing Home	1 Shelly Crescent Monkspath Solihull B90 4XA	Avalon Care Homes Ltd	52
Willow Grange	119 St Bernards Road Olton Solihull B92 7DH	Bullivant Bros	46

**Solihull Metropolitan Borough Council
Social Care Commissioning**

**2004-2005 Fee Levels for Care Homes
Dependent Elderly and Elderly Mentally Infirm**

Weekly fees from 5/4/04.

Residential Care Homes

Client Group	Single Room	Double Room*
Dependent Elderly	£255 - £295	£230
Elderly Mentally Infirm	£275 - £350	£250

Nursing Homes

Group A: Dependent Elderly

<i>Nursing Determination</i>	<i>Single Room</i>	<i>Double Room</i>
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	<i>LA Fee</i>	<i>LA Pays</i>	<i>LA Fee</i>	<i>LA Pays</i>
<i>Low (£40)</i>	£328 - £390	£368 - £430	£295	£335
<i>Medium (£77.50)</i>	£294 - £358	£371 - £435	£260	£337
<i>High (£125)</i>	£253 - £310	£378 - £435	£215	£340

Group B: Elderly Mentally Infirm

<i>Nursing Determination</i>	<i>Single Room</i>		<i>Double Room</i>	
	<i>LA Fee</i>	<i>LA Pays</i>	<i>LA Fee</i>	<i>LA Pays</i>
<i>Low (£40)</i>	£370 - £415	£410 - £455	£295	£335
<i>Medium (£77.50)</i>	£331 - £385	£408 - £462	£260	£337
<i>High (£125)</i>	£291 - £338	£416 - £465	£215	£340

N.B. The intention is that 'Free' nursing determinations will be paid to the service provider through the Local Authority contractual payment.

Shared Bedrooms

Solihull commissioning practice is that shared rooms are not usually purchased, and the fee level for shared rooms is not automatically reviewed each year. The aim of this approach is to reflect user needs and expectations for a room of their own. Our long term view is that, in commissioning terms, this sort of provision will become increasingly unattractive to users and relatives where market choice exists. Providers with large numbers of shared rooms need to be thinking now about how they will meet this expected market shift.

Environmental Standards

Our strategic approach to commissioning reflects a commitment to promote and recognise provision of facilities that match needs for privacy and dignity in care consistent with dependency levels associated with publicly funded care.

To this end our strategic commissioning approach has encouraged the provision of new accommodation consistent with relevant national minimum standards.

This strategic approach to commissioning is reflected in our operational commissioning practice through the following quality payments in addition to the basic fee levels above.

When a room has en-suite facilities the maximum base fee level can be increased by:	£6 per person pw
Where a single room meets or exceeds the 'new build' criteria of 12 sq metres or more the maximum base fee level can be increased by:	£4 per person pw

Promoting Quality Care through Staff

Consistent with our drive to commission quality care and to make it easier for care providers we work with to do this and meet the expectations inherent in National Standards, a quality payment is available in respect of staff completing NVQs.

Providers should contact the Commissioning Section and must provide evidence that they have met and continue to meet the relevant criteria. In order to assess compliance with the criteria the following information should be provided in writing and (where possible) supported by documentary evidence:

- 1) Total number of care hours utilised by the home.
- 2) Name, position and contracted hours of eligible staff.
- 3) Details of qualifications held by eligible staff.

(Alternative qualifications may be considered upon the Provider supplying written confirmation from an accredited NVQ Award centre that the qualification is equivalent to an NVQ 2 (at least).

This year we have increased the amount of payment significantly to enable providers to reflect this within their fair reward policies for staff and also to recognise the associated training and developmental work that many providers engage in consistent with their commitment to NVQ processes.

Payment will normally be from the beginning of the month in which the successful application is received. Invoices (**for the additional payment only**) should be sent for the attention of the Care Contracts Manager. Additional payments will only be made in respect of a single NVQ band.

QUALITY PAYMENTS FOR NVQ

Band i	25% of care staff qualified at NVQ (2)	Additional payment of £8 £9 *
Band ii	40% of care staff qualified at NVQ (2)	Additional payment of £13 £14 *
<i>Band iii</i>	50% of care staff qualified at, <u>and</u> an additional 25% registered for, NVQ (2)	Additional payment of £18 £19 *

- **An additional £1 is payable within each band where the provider has achieved Investors in People Status for the care home where the placement is made. All payments will be validated by care commissioning.**

OUR FUTURE COMMISSIONING INTENTIONS

[a] OPERATIONAL COMMISSIONING [PRICING]

Both purchasers and providers of care have to operate in an uncertain financial climate. The general approach to operational commissioning in 2004/05 and 2005/06, subject to confirmation of resources, is likely to be linked to an upper level basic increase of 2% for inflation. The intention is that any resources available above this figure will be directed to quality payments and/or supporting increased numbers of people.

This approach to operational commissioning is consistent with the approach to strategic and operational commissioning outlined in 2001. There will be a continuing emphasis on NVQs as a means of enabling all care providers to meet expected standards by 2005 and to reward the commitment to training and development associated with this approach and the benefits it brings in terms of the quality of care for service users.

[b] STRATEGIC COMMISSIONING

A strategic commissioning statement is in the course of preparation in relation to need, demand and supply of care home and extra-care housing accommodation for older people. All providers of care services will have an opportunity to comment on the statement and to receive a copy.

In terms of dependency patterns it is clear that many publicly funded residents are older and more dependant on admission and that these upward trends are likely to continue over time; especially as extra care housing provision develops. We will be considering further the implications of these longer term trends in our approach to commissioning in 2005/06 and 2006/07.

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Appendix 4

Specification of Supported Housing

1. Emotional and psychological support including the promotion of social functioning, behaviour management and assistance with cognitive functions.
2. In the specific context of Supporting People there are a number of tasks which when undertaken in line with the parameters of paragraphs 1 and 2 above can be described as support including:

Help in setting up and maintaining a home or tenancy
Developing domestic/life skills
Developing social skills/behaviour management
Advice, advocacy and liaison
Help in managing finances and benefit claims
Emotional support, counselling and advice
Help in gaining access to other services
Help in establishing social contacts and activities
Help in establishing personal safety and security
Supervision and monitoring of health and well being
Supervising or monitoring medication
Peer support and befriending
Help finding other accommodation
Provision of community or social alarms
Help maintaining the safety and security of the dwelling
Cleaning of own rooms
Liaison with Probation
Risk assessment (likely to be enhanced in offender provision)
Advice and support on repair work/home improvement tasks
Management of handyman services (i.e. the arranging and co-ordinating of the service)
Help with shopping, errand running and good neighbour tasks
Liaison and advocacy support from the same ethnic group
Culture specific counselling/emotional support
Access to local community organisations
Security support related to racial harassment
Signposting to culture specific legal services
Signposting to culture specific health/treatment services

Domiciliary Care Tasks

- Personal Care including:
 - Dressing
 - Washing
 - Toileting
 - Feeding
 - Lifting
- Social Care including:
 - Sitting, listening including relieving carers
 - Assisting with home management tasks e.g. budgeting

Encouraging practical skills e.g. motivation
Escorting e.g. to hospital, GP
Liaison with family and friends
Liaison with other services
Laundry including:
Ironing
Washing clothes
Washing incontinent laundry
Taking clothes to laundry
Taking clothes to dry cleaner

- Meals:

Making and preparing food and drink

- Shopping:

Collecting pension
Collecting prescription
Paying bills in person
Bank transactions
Household Management:
Lighting fires/turning on heat
Making bed
Changing bed
Cleaning surfaces (e.g. toilet)
Cleaning floors (e.g. hoovering)
Heavy cleaning (e.g. oven)
Washing floors
Light cleaning (e.g. dusting)
De-frost fridge
Sewing/repairs
Cleaning windows
Changing curtains
Supervising person in taking medication
Support social inclusion by assisting with preparing for day care and leisure