

Background Document 1

Department of Health Comparator Authorities – Analysis of Council Owned Residential Care – May 2013

Comparator Authority	Total Population	Long stay (general) – Number of homes / (beds)	Dementia – number of homes / (beds)	Respite/Rehab/Intermediate Care – number of homes / beds	Total number of homes / (beds)
COVENTRY	316,960	0	1 (43)	1 (25)	2 (68)
BOLTON	276,786	2 (49)	3 (88)	0	5 (137)
WAKEFIELD	325,837	1 (25)	2 (50)	3 (80) IC in partnership with NHS	6 (155)
KIRKLEES	422,458	2 (40) – shared resource with I.C.	2 (80) - 50% long stay, 50% short stay	2 (40) – shared resource with long stay	4 (160)
DERBY	248,752	5 (192)	1 (40)	0	6 (232)
SHEFFIELD	552,698	0	0	3 (83) IC in partnership with NHS	3 (83)
DUDLEY	312,925	0	4 (152)	2 (32)	6 (184)
WOLVERHAMPTON	249,470	0	4 (117)	1 (23)	5 (140)
SALFORD	233,933	1 (3) - shared resource with IC	0	1 (27)- shared resource with IC	1 (30)
BRISTOL	428,234	4 (150) * see note (i)	4(105)	4 (72)	12 (327)
LEEDS	751,485	9 (298)	5 (172)	2 (60) – one unit IC in partnership with NHS	16 (530)

Background Document 1

Department of Health Comparator Authorities – Analysis of Council Owned Residential Care – May 2013

Comparator Authority	Total Population	Long stay (general) – Number of homes / (beds)	Dementia – number of homes / (beds)	Respite/Rehab/Intermediate Care – number of homes / beds	Total number of homes / (beds)
ROTHERHAM	257,280	2 (60)- shared resource with dementia	2 (60) – shared resource with long stay (general)	1 (21)	3 (141)
STOKE on TRENT	249,008	0	2 (57)	2 (63)	4 (120)
SUNDERLAND	275,506	0	0	1 (54)	1 (54)
GATESHEAD	200,214	0	1 (23)	3 (77)	4 (100)
PLYMOUTH	256,384	2 (59)	1 (29)	0	3 (88)
Regional Comparator Authorities	Total Population	Long stay (general) – Number of homes / (beds)	Dementia – number of homes / (beds)	Respite/Rehab/Intermediate Care – number of homes / beds	Total number of homes / (beds)
Bradford	522,452	1(35)	4(124)	3 (103)	8 (262)
Calderdale	203,826	0	0	2 (60)	2 (60)
North Yorkshire	598,376	11 (378)	4 (129)	0	15 (507) *See note (ii)

Care home figures relate to the registration criteria. Long stay homes (including some in Leeds) take a small number of respite or short term residents as well as long stay residents but the total cannot go above the registered number.

Notes

- (i) On 26/7/2012 Bristol City Council approved a plan to develop three dementia units – two of which would be new build in partnership with an independent provider/investor on the site of existing homes. One of Bristol's existing units would be expanded to support reablement. All non-specialist long stay council homes would close by 2015 and alternative services would be purchased from the independent sector.
- (ii) It is the policy of North Yorkshire County Council to: “replace elderly persons homes with extra care housing schemes in order to provide accommodation and services for the whole community”. Four homes for older people closed in 2012 and three more are scheduled to close when planned Extra Care Housing developments are completed. North Yorkshire has 15 Extra Care Schemes and 4 under development.

Since the survey of DH Comparator Authorities (excluding Bradford, Calderdale and North Yorkshire) was last done in March 2011 there has been an 8.2% reduction in the number of council owned and run care homes (from 85 to 78). The greatest reduction has been in long term care 31.7% (from 41 to 28). There has been a 9% increase in the number of homes providing dementia care and a 12.5% increase in the number of homes providing short term care (respite/ rehab / intermediate care).

The trend to move out of the provision of long term care is a feature of local authorities across the country and many are viewing Extra Care Housing as a preferable alternative option (e.g. Birmingham which has now closed all 29 of its long term care homes and developed additional Extra Care Housing). In some local authorities the current lack of specialist dementia care homes in the independent sector (and the resulting high cost of those services that do exist) has led them to continue to provide this service. The overall increase in short-stay care can be accounted for by the partnership approach (LA/NHS) in the provision of intermediate care and the development of resource centres that have a small number of beds to complement their day services. The resource centre can then offer emergency respite as well as re-ablement.