

Strictly Confidential

Leeds City Council

Long Term Residential Care & Associated Day Care Services for Older People (Summary)

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Introduction

Leeds City Council Adult Services Directorate has embarked on an ambitious improvement programme which will embrace and implement the spirit and vision of 'Putting People First'. To do this the Council has recognised that many elements of the current provider profile (both in house and services commissioned from independent sector providers) need to change in order to provide people with better outcomes more cost effectively. This in turn will include less reliance on "Traditional" care and support options such as residential care and a greater emphasis on care and support being provided at or close to home.

The ambitions of the change programme developed by Leeds City Council were reinforced by the outcome and recommendations of the 2008 Independence Wellbeing and Choice Inspection of Adult social care services which, among a range of recommendations, highlighted the need to "extend the range and choice of services by reconfiguring and modernising traditional buildings based services"

Through this process Leeds City Council Adult Social Care had identified a number of driving forces for change in the provision of residential services for older people supported by the Council. These include:-

- The increasing expectations and aspirations of older people.
- The expected increase in numbers of older people, in particular older people with long-term conditions, including dementia.
- The need to support people to maintain independence and prevent long-term admissions to care homes.
- The need to offer individuals greater choice and control over how the resources for care and support are used..

The overall picture of residential provision in Leeds is complex. In September 2009 the city council directly provided a significant proportion (14%) and commissioned more than half (54%) of the total capacity of residential care places. However, in order to meet policy objectives as above the "Shape" of services delivered by care homes is changing, with increasing delivery of specialist care at the cusp of residential and nursing provision, the development of short-stay, intermediate care, re-ablement, and respite care and at the same time there is active planning to expand extra care housing as a direct, more personalised, alternative to long term residential care options.

In this context, Cordis Bright and Planning4Care were commissioned to produce the following three Outputs:

- A Needs Analysis based within an analysis of current and future demography utilising recognised predictive modelling tools and techniques;
- A map of the current whole market for residential care used by older people in the City taking into account usage and utilisation rates.
- Based on the preceding steps, generation of strategic options for the current directly provided services which provide a coherent vision for the future provision of long term care for older people across the City.

Overview

Projected Need and Demand¹

Planning4Care have produced a detailed report² in relation to likely social care needs and service requirements for older people over the next 20 years. The needs analysis is focused on factors linked to likely requirements for long-term care beds for older people and is framed around three questions:

- What are the current and projected social care needs for older people in Leeds?
- What are current service levels across Leeds, and how do service levels compare to needs levels?
- Which groups are more likely to need access to residential³ or other social care services?

A very brief summary of key points from that report is given below.

- The population of people 65+ in Leeds is currently estimated at 110,500 and is projected to grow significantly over the next 20 years. Although the rate of growth is lower than regional and all England averages, the increase is expected to be 8% of all 65+ to 2014 and 33% to 2029. The rate of increase in the 85+ population is expected to be faster – 11% and 70% respectively.
- At present, 39,500 people (35% of the 65+ population) in Leeds are estimated to have a social care need, 6,600 of whom have moderate to high social care needs that are supported by the local authority.
- To help meet this demand, care in residential settings is currently provided (at September 2009) to 2,305 people including 602 in long term care

1 Summary Taken from Planning4Care report

2 Projected need for Long-Term Residential Care & Associated Day Care Services for Older People in Leeds, October 2009.

3 The term 'residential care' refers throughout the report to personal and/or nursing care in a registered care home.

beds directly provided by the council in its 19 care homes.

- Support to those not in residential care is delivered to people in their own homes, supported housing settings (it is estimated that 42,800 hours of home care a week, including 17,200 hours to people with very high care needs) and / or with short term residential options.
- The growth in numbers of older people – in particular the numbers of people 85+ - is likely to increase demand for social care in the city.
- Based on current patterns of care, a “base scenario” that projects need and demand levels forward suggests that Leeds would need to fund an additional 240 residential care places by 2014, rising to an additional 1,000 places by 2029. This is neither likely to be sustainable financially (based on a current placement cost of £57.5m per year, this suggests an increase to £63.4m by 2014 and to £82.3m by 2029⁴) nor does it meet national or local policy objectives to deliver support that is choice based and “Close to home”. Improvements in Healthy Life Expectancy (HLE) and in early intervention and preventive initiatives have the potential to significantly reduce future social care needs, though are not likely to match projected demand and so increases in local authority funded residential care places would still be required, albeit at a lower rate than above.
- Additionally, reflecting the policy direction to support more people in their own homes, promote user choice and the planned introduction of short term intermediate and rehabilitative care the numbers of people supported by the local authority in residential settings has been falling over recent years - a reduction of 19% of the total numbers of people supported between 2001/02 and 2007/08.

4 Current and future placement costs are derived by using the Leeds average gross weekly expenditure on residential and nursing care at £479 p/w as reported in KIGS (Unit cost data 2007/08) and multiplying by number of placements at 2,305 in September 2009; projected 2,545 placements in 2014 and projected 3,305 placements in 2029.

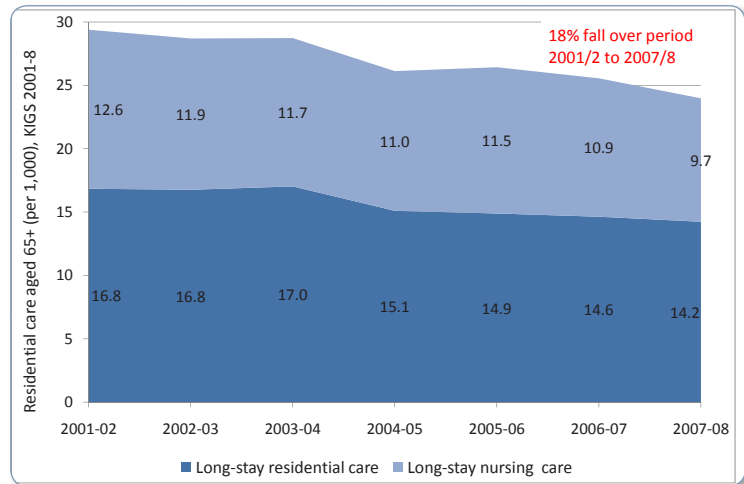


Figure 1 Provision of Leeds supported care home places 2001-02 to 2007-08

- Based on projecting this trend to 2029 (an annual fall of one place per 1,000 publicly funded residential care places) take up would be around 5 places per 1,000 aged 65+ as compared with just under 24 in 2007/08. However, as it is likely that there will be a continuing need for a “Core” residential provision for the most vulnerable older people, a higher threshold of 10 places per 1,000. The potential impact of this is indicated in the figure below:

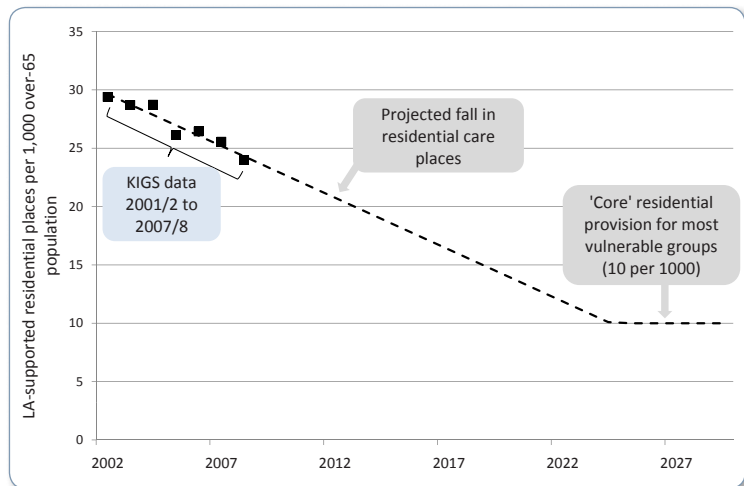


Figure 2 Projected provision of Leeds supported long-stay care home places to 2029

Taken together, the projected growth in demand and current service patterns indicate a likely and substantial shortfall in provision. In order to meet

this gap there are three potential options:-

- Significant increased investment in residential options to increase the rates per 1,000 of people supported in residential care to meet demand.
- Tightened eligibility and access criteria – that is, reducing the numbers of people supported.
- Accelerate the shift in investment to the alternative support and care services that are being put in place – including intermediate care and re-ablement as above, as well as development of extra care housing, assistive technology and other services to support independent living.

Based on (and, in order to meet national and local policy objectives) an assumed continuation of current service trends as above, it is estimated that alternative provision to meet projected residential shortfall will need to support an additional 600 people by 2014 and 1,300 by 2019.

This need for alternative provision could be significantly affected by future Leeds actions - for example if changes to the balance of provision are implemented, such as the planned increased investment into extra care housing of 300 units by 2014.

The planned development of 300 extra care housing units, in addition to the 800 units estimated in the owner occupied sector, **directly reduces** the requirement for additional residential care places by 2019. **The development of an additional 100 units** in the RSL / ALMO sector would take the overall provision of alternative forms of support to 1,200 to meet the estimated 1,300 people requiring support. Without the development of extra care housing, there would be a need for an additional 1,300 residential care places by 2019 as indicated in the diagram below.

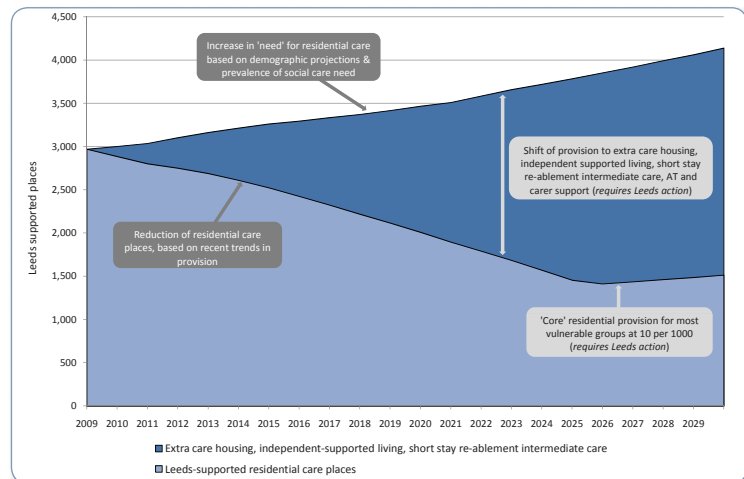


Figure 3 Future demand scenarios

Summary of Output 2: Market mapping and analysis

Market Capacity

At 30 September 2009 there were 2,214 residential care places and 2,138 nursing care places available in Leeds, of which 60% (1,320) and 46% (985) respectively were commissioned by the City Council.

8% of residential care placements and 25% of nursing placements are commissioned out of area.

Leeds city council owned stock comprises 19 care homes providing 602 long term care beds for older people, representing 14% of all available beds within the City (as on 31/03/09) and 35% of commissioned beds.

The vast majority (73%) of independent sector homes in Leeds are owned by limited companies, charities or housing association. However, over a quarter of care homes are owned by individuals⁵.

Occupancy of in-house beds

The average occupancy (including intermediate

5 Individual owners – determined by homes with no limited company name and single home ownership.

care & respite beds) across the 19 in-house care homes in July 2009 was 91%

Occupancy of individual units over time appears to relate to incremental changes in commissioning patterns – and so use of beds (for example the development of short term care options and corresponding reduction in numbers of long term beds) and, inevitably, work that has been required on the buildings. .

These changes over time mean that with the exception of Primrose Hill (which only has permanent beds) all of the care homes are mixed use – though Richmond House is effectively a short stay unit (only has one permanent resident)

Seven Care homes have between one and two residents in short stay beds.

Quality ratings

The quality ratings profiles of total and commissioned places within Leeds are similar – Data from CRILL⁶ shows that 81% of all residential care places good or excellent, compared to 79% of commissioned placements; with a similar pattern for nursing care placements. This indicates that quality ratings do not affect within-council commissioning patterns⁷ with the general quality standard of nursing placements being significantly lower than that of residential care placements

Data from CQC as at October 2009 suggests that 40 of the 48 care homes with nursing in Leeds (84%) are rated as good or excellent.

For residential care, the Leeds quality rating profile is similar to the overall national picture (79% of places rated good or excellent). For nursing care the Leeds profile, with a 84% of places rated by CQC as good or excellent, is slightly above the

6 Leeds Quality of Purchasing (CRILL) data 2008-09. Nursing home data from CQC, October 2009

7 Actual placement patterns follow the personal choice of residents and the Council therefore only has limited control over this.

national norm (75% good or excellent).

The percentage of Key National Minimum Standards met by in house and independent sector homes is comparable. IN both in-house and independent sector homes, most met over 75% of KNMS. One in-house home – Amberton Court – met less than 25% of KNMS.

Unit cost comparisons – care homes

Overall there is very little difference between the agreed price paid by Leeds for independent care home beds and the lowest published price by the Care Quality Commission

The 2009/10 projected average unit cost for in-house residential care homes is £489.18 (ranging from £398 at Harry Booth House to £659 at Richmond House) compared to an independent sector average of £427.57 (£391 - £472)⁸.

The 2009/10 projected average unit cost for in-house Residential EMI homes compared to the independent average is £577.36 (ranging from £509 at Fairview to £668 at Siegen Manor) , compared to an independent average for residential EMI homes of £447.82

A “Backward look” at actual costs of delivery of in house service as compared with independent sector provision indicates significant variation. As quality across the sectors is comparable, it is difficult – without more detailed analysis – to establish value for money comparisons.

Intermediate Care

A review of Community Intermediate Care bed (CIC beds) provision by NHS Leeds⁹ showed that:

8 Unit cost tables are included at **Appendix 1** (p.111) of the full report

9 NHS Leeds, Leeds Community Intermediate Care (CIC) bed service: Activity and usage report. 1st of April 2008 - ³¹st March 2009

- Average bed usage varied throughout the year, and as might be expected peaked in the winter months
- CIC bed provision during the winter months is insufficient to meet short- term fluctuations in demand resulting in 29 spot purchases. These were Nursing home beds and 45% were purchased in the North West, suggesting an under-supply in this area.

NHS Leeds provided Cordis Bright with information about the breakdown of Community Intermediate care beds (CIC beds) commissioned within Leeds shows that:

- The cost of the POPPS beds are unavailable
- The cost of CIC beds in residential in-house costs are over two and a half times less than the most expensive placements with independent care providers (Contract price given as £236.80 in house as compared with a range of £561 £636.77 in the independent sector)¹⁰.
- Benefits to the council that account for the difference between the contract price and running costs (i.e. unit cost of in house care in the relevant units is £487 - £659 per week) is not described.
- CIC bed places in independent Nursing homes are currently costing over £600 per bed per week in Corinthian House, Green Acres, Pennington Court and Sunnyside.
- All of the CIC beds commissioned with private homes are held within Nursing homes and the cost of these beds has increased over the contract period.

Local Authority homes have been commissioned to provide:

- CIC beds contracted with NHS Leeds in residential care homes
- CIC beds contracted through POPP funding in residential EMI care homes

10 For detail see **Figure 35** (p. 54) and **Figure 36** (p. 55) in body of the full report

Maintenance and fire regulation compliance costs for the in-house homes¹¹

The total cost maintenance cost of the 19 in-house care homes, including alterations to comply with fire regulations (itself estimated at £2,513,000) will be £2,903,497 (Year 1 costs)

Name of Home	Year 1 Costs to comply with Fire Regulations
Amberton Court	£60,000
Burley Willows	£32,425
Dolphin Manor	£0
Fairview (EMI)	£278,475
Grange Court	£257,197
Harry Booth House	£292,750
Home Lea House	£32,626
Kirkland House	£367,300
Knowle Manor	£18,900
Manorfield House	£17,820
Middlecross (EMI)	£0
Musgrave Court (EMI)	£264,240
Primrose Hill	£236,509
Richmond House	£30,790
Siegen Manor (EMI)	£0
Spring Gardens	£202,505
Suffolk Court	£222,530
The Green Home for Older People (EMI)	£0
Westholme	£199,450
Total	£2,513,517

Figure 4 Summary Costs to comply with fire regulations

The cumulative cost of the 19 in-house care homes for maintenance and fire regulations in the next 5 years will be £3,944,847

The cumulative cost of the 19 in-house care homes for maintenance and fire regulations in the next 10 years will be £6,020,897

¹¹ Tables relating to compliance costs are included in Section 1.1.8 (p.56) in the body of the full report. A Table detailing costs by unit is given at Appendix 2 (p.114) of the full report

Day Centres

A report setting out the strategy in relation to day centres was presented to the Executive board in July 2009 and indicates a more specialised role for LA provision. Planning for day centres which share the same sites as Leeds residential care homes is outlined below:

- Specialist dementia care at The Green, Middlecross and Siegen Manor. It is intended that these will become Dementia resource centres.
- Burley Willows will become the main centre in the West & North West pending completion of the Wellbeing Centre.

Issues relating to day services are considered in so far as four of the day centres provide specialist dementia services and three on the same sites as residential care homes. Detail is given in [Appendix 4](#) (p.125) of the full report.

Comparison of residential care provision against need

Leeds Provides supports slightly fewer people 65+ per 1,000 population when compared to national averages in both residential and nursing care (at 85% and 90% of national rates respectively) and these equate to the Planning4Care estimates of the total numbers of older people with differing levels of need for support (at 85%).

In each case, the total number of residential and nursing care places is around 50% of the estimated number of people with very high needs.

Sheltered and Extra Care Sheltered Housing

The recommended norm for specialist housing is 10 places per 1,000 people over 75. At national level this would equate to around 60 per 1,000 people with very high social care needs

Total levels of current provision are around just 10% short of the recommended norm, though existing provision is predominantly rented accommodation in conventional 'sheltered housing'. (8,490 units of sheltered housing as compared with 403 units of Extra Care Housing.)

If the provision of extra care housing in Leeds is developed in line with the suggested norms, then around 1,200 units of the projected shortfall in total high-care provision could be provided through the increased availability of extra care housing.

Of these, based on demographic projections of wealth, a further 400 units (100 units in addition to the 300 currently being planned) would be in the RSL/ALMO sector and 800 in the owner occupied sector. Current provision is unevenly distributed with available units ranging from less than 30 to more than 60 people per 1,000 with very high social care needs.

Stakeholder Consultation

Cordis Bright consultants undertook interviews in Leeds with a range of key internal stakeholders and decision makers between the 2nd and 4th of September with follow-up visits to three of the homes and associated day centre facilities arranged for 14 September.

Key Issues Identified included:-

- A general consensus that the condition and

facilities (i.e. lack of en-suite rooms, shared bathrooms) of the homes did not align well with the vision for transforming care and support.

- That changes to the pattern of delivery should be made incrementally, rather than taking a “Big bang” approach. However, it was noted that decisions about strategic direction need to be taken early to ensure fit with other corporate developments – for example, PFI 6 and the development of extra care housing.
- Although quality standards across direct provision / independent sector are comparable, costs associated with the direct service render them uncompetitive on a straightforward value-for-money comparison.
- There was a general consensus that future delivery should include retained direct provision of residential care in two main categories:-

- 1 **Market leading**—that is mainstreaming new models of care. Particular models cited included resource centres to support EMI and delivery of specialist short term care options.
- 2 **Provider of Last resort**—in particular regarding very specialist support or support for challenging behaviours. A specific cited was older men with drug/ alcohol difficulties.

- The need to agree and progress commissioning intentions with NHS Leeds.
- The need to secure better engagement with independent sector providers in order to better understand and agree strategic direction.

Further detail is given in the full report

Care Home Visits

Cordis Bright consultants also visited three of the in-house care homes on 14 September and conducted interviews with members of staff.

The homes visited were:

- Home Leigh House
- Grange Court
- Dolphin Manor

A detailed note of these visits is given at [Appendix 5](#) (p. 131) of the full report.

Summary of Output 3 – Options .

There are a number of broad options which, clearly, might be developed in different permutations.

- **Do nothing**—This option effectively follows the “Base scenario” set out in the Planning4Care report. It will not be cost free –there would be a continuing issue in relation to buildings maintenance, cost differentials and pressures from an increasing need to secure residential care beds.
- **Commission new residential services**—Not likely to be a good fit with user choice / control, nor to be cost effective. It would run contrary to the transformation agenda.
- **Upgrade existing provision**—Further progress the outcome of the internal appraisal with a view to accelerating service change with a strong commissioning steer..
- **Market Testing**—in order to establish what the both the in house service and independent sector might deliver from existing sites..
- **Maintain a phased reduction in the current levels of residential care**—and accelerate developments to provide alternative care and support, in particular through specialist housing options.

Options for development of alternate care options need to include other stock / sites open to the council – in particular sheltered housing – on a case by case basis in order to determine investment requirements.



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