# MARKET POSITION STATEMENT SUPPLEMENT 2017

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Foreword

We are pleased to introduce these supplement Market Position Statements for Home Care, Extra Care Housing, Care Homes and Supported Living for People with Disabilities. The information contained within these is aimed at potential and existing providers of care in Oxfordshire to ensure we continue the conversation regarding the demand for services; and current and future commissioning trends.

These documents build on the Market Position Statements published by Oxfordshire County Council in 2014 and highlight key changes and developments; as well as our future strategies, key commissioning intentions and joint strategic needs assessment. For the first time, we include a Market Position Statement for Supported Living for People with Disabilities.

In an important step forward, these Market Position Statements are published jointly between Oxfordshire County Council and Oxfordshire Clinical Commissioning Group. We recognise that the Oxfordshire’s care market is essential for both health and social care and we wish to engage with care providers across all services to ensure that Oxfordshire's population has access to a wide range of good value, high quality & innovative services.

The challenge presented by Oxfordshire’s ageing population will be best met by an innovative approach to partnership working. We value input and ideas from providers and look forward to developing these as we continue to meet the increasingly complex needs of Oxfordshire’s population.

Thank you for taking the time to read these documents, we hope you find the information contained here to be useful and look forward to our ongoing successful working relationships to support the people of Oxfordshire.

Kate Terroni
Director of Adult Services

Name [David Smith]
On behalf of OCCG
Summary of Key Messages

Home Care
- The number of home care hours required each year will increase to enable more people to remain living at home.
- Home care packages are likely to become increasingly complex.
- We expect to maintain the high levels of service satisfaction that are already in place.
- We will continue to develop strategic partnerships with home care providers across Oxfordshire to develop the market, enable people to remain in their own homes & support discharges from hospital.
- A focus on reablement will continue to be part of our strategy.
- The Council has committed to work with providers on workforce issues, to increase the capacity and capability of the home care market.
- We will continue to explore ways in which the demand for home care can be managed whilst also exploring other complementary delivery models and solutions.
- We will support the effective delivery of home care through the development of integrated health & social care.

Extra Care Housing
- The Council intends to develop further Extra Care Housing schemes to achieve the target of 55 units per 1,000 of the population aged 75 and over.
- Extra Care Housing schemes will increasingly have a higher percentage of sales in recognition of the fact that there is a high percentage of owner occupiers in the older population.
- Our aim is that Extra Care Housing schemes in the future will increasingly accommodate older persons with complex needs. This issue will need to be considered at the early design stage and may include assistive technology solutions.
- We also recognise our service models for support may also need to evolve to be able to support people with more complex needs.
- We intend to commission a specialist model of Extra Care Housing for dementia, which is likely to be smaller and be 100% rented.
- Sites for Extra Care Housing scheme developments are most likely to become available through the planning process and Section 106 agreements in the market towns and expansion areas.

Care Homes
- The Council projections show that the number of care home placements will need to increase in future years to meet demand of people with complex nursing and dementia needs.
- The County will continue to divert those who require standard residential care to Extra Care housing and will mainly place older people in care homes who have dementia or require nursing care.
- The Council intends to increase the number of block contracts with care home providers.
- The Council will mainly use the Dynamic Purchasing System to source care home placements and develop strategic relationships with care home providers.
Supported Living

- The Council has developed a programme to re-provide several dispersed supported living schemes and those that are not fit for purpose.
- To meet the needs of those with complex needs, including those who are in transition from Children’s services, the Council will need to develop more purpose built supported living schemes.
- The Council’s strategy is to develop purpose built autism units in each District/ City Council areas.
- The Council has developed a programme to move a cohort of 76 people from out-of-County placements to in-County supported living.
- The Council intends to commission a new Learning Disabilities framework agreement during 2018 on a dynamic basis.
Vision, Challenges and Opportunities

Vision

Our vision for Oxfordshire is to support and promote strong communities so that people live their lives as successfully, independently and safely as possible. We believe that people themselves, regardless of age or ability, are best placed to determine what help they need.

Oxfordshire Clinical Commissioning Group and other health partners in the County commission & provide essential health & community services for our population. A partnership approach between health services and social care providers is vital to ensure that people can leave hospital in a timely way; and to meet the increasingly complex needs of people living in the community.

Oxfordshire County Council has a statutory duty to meet the social care needs of older, disabled and vulnerable people and their carers - this includes older people, adults with learning disabilities or autism, adults with mental health problems and those with physical and sensory impairments.

Access to the Council’s support is normally through a professional assessment of need, guided by national eligibility criteria set by the Care Act 2014. People who meet the criteria for social care are financially assessed to see how much they should pay. Everyone in a care home contributes towards the cost of their care, but people with over £23,250 of savings have to pay for all their care costs irrespective of how that is provided. A significant proportion of older people in Oxfordshire fund their own care.

Challenges: Finances and demand

As government reduces funding to local government, the County Council has had to make budget savings. At the same time demand for our services is increasing, due to our ageing and growing population and increasing demand for social care. The Council has already saved – or has plans to save – a total of £292 million between 2010/11 and 2017/18. We now think we will need to save up to £70 million more in the four years between 2016/17 and 2019/20. Thus, County Council services will be targeted at those who really depend on them – particularly children at risk of abuse and neglect and adults who cannot look after themselves.

Nationally, government is seeking to join up health and care services through funding streams such as the Better Care Fund, which invested £40.9m in the Oxfordshire health and social care system in 2017/18. An additional £6.3m was allocated to Oxfordshire as part of the 2017 Spring Budget; with the requirement that funds were used to meet adult social care needs and reduce pressures on the NHS through an agreed approach jointly managed within local health and care systems.
Policy Context

In line with the Care Act 2014, Oxfordshire County Council aims to achieve a responsive, diverse and sustainable social care market that can provide high quality, personalised care and support that meets people’s needs and improve their wellbeing, regardless of who pays for care.

The Care Act also emphasizes the importance of joined up working with local partners in delivering person-centred and high quality care. Integration between care and support provision and health and health related services (including housing) is crucial in understanding, planning and commissioning services for the local population.

In October 2015 NHSE, ADASS and the LGA jointly published *Building the Right Support*, "a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition." The aim of the programme is to reduce reliance on inpatient care and to improve support to enable people to live in the community.

Oxfordshire County Council has a long-standing partnership with health. We have the largest genuinely pooled budgets under Section 75 of the National Health Services Act 2006 with Oxfordshire Clinical Commissioning Group in the country, which reflects our commitment to joining up our commissioning and using resources flexibly for the benefit of people who need care. Our pooled budgets cover services for all adults (older people, people with physical disabilities, people with learning disabilities, and people with mental health needs) and their carers who use jointly funded services.

We work with health in shaping the future of health and social care in Oxfordshire with the Oxfordshire Transformation Programme. This will introduce innovative ways to deliver health and social care with increased emphasis on prevention, self-care, bringing more care into the community and further integration of health and social care.

Our Market Position Statements and this supplement provide details on the Council’s and the Clinical Commissioning Group’s information on needs, demand for services and trends, which we believe encourage dialogue and understanding between the council, stakeholders and providers.

Oxfordshire’s Population

According to *Oxfordshire’s Joint Strategic Needs Assessment (JSNA) 2017* between 2015 and 2030, the number of people aged 65 and over is expected to increase by 53% and the number of people 85 and over is expected to increase by 92% in Oxfordshire.

Nationally, both disability-free life expectancy and healthy life expectancy (the number of years spent living in good health) have been increasing over time. However, they have been increasing at a slower rate than overall life expectancy,
which means that there are more people living into older age with long-term health conditions.

In 2016-17 there were around 5,461 dementia patients on Oxfordshire Clinical Commissioning Group’s practice register. This is an increase of 285 people from 2015-16\(^1\).

The Census 2011 survey remains the most in-depth assessment of (self-assessed) rates of ill health and disability at a local level. At the time of the 2011 Census, 84,860 people living in households in Oxfordshire (not including communal establishment residents) said they were limited in their daily activities, representing nearly one in seven people in the county (13.6%). By district the rates of people in households with daily activities limited by ill health varied slightly: Cherwell 13.8%; Oxford 13.0%; South Oxfordshire 13.3%; Vale of White Horse 13.9%; West Oxfordshire 13.9%. Oxfordshire had a slightly higher proportion of people aged 85 and over with a disability than the South East (81.1% vs 80.6%). The district with the highest rate of disability in this oldest age group was Cherwell (83%), followed by Vale of White Horse (82%).

**Workforce**

Projections indicate that, over the next ten years, the county’s workforce (currently about 14,000) will need to add 5,000 to 7,500 jobs just to keep pace with increased demand for care and support in Oxfordshire. In other words, we will need to grow our workforce by 35% to 55%. This represents a significant challenge, particularly in the context of Oxfordshire’s high-wage, high-skills and low unemployment economy.

Significantly high levels of staff turnover (currently around 25 per cent) present a further challenge. This is likely linked to issues around employee reward, recognition and support, but it also reflects the fact that care work, despite its lack of entry-level barriers, is not something that just anyone can do. The pressure to cover services, however, frequently obliges employers to base recruitment on workers’ availability over suitability.

The same issues around staff turnover impact on capability too. There is already evidence that many care workers in Oxfordshire lack skills and qualifications, including the core skills (i.e. communication, information processing and other generic skills) that are crucial for high-quality, personalised care and support, particularly in areas prioritised by commissioners such as reablement. Recruitment based on availability offers no guarantee that staff have the necessary aptitude. High levels of staff turnover then divert scarce resources away from workforce development and undermine workplace learning cultures.

The Council has developed a workforce strategy which outlines our understanding of the situation and the measures to consider in addressing the situation. Whilst the workforce challenges in Oxfordshire are linked to national trends and national

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economic factors, we must consider the local response that will work towards delivering a more robust Oxfordshire workforce. This includes supporting targeting local recruitment campaigns, working with providers to ensure staff skill levels are appropriate and continuing to explore innovative and complementary delivery models of care.
**Home Care**

**Context**

Oxfordshire County Council commissions home care to support people to remain in their own homes. This includes both short term home care packages with re-ablement; and long term home care to meet people’s ongoing needs.

Since the publication of the Market Position Statements in 2014 the Council has commissioned a higher proportion of services through block contract arrangements where all referrals are first offered to a small number of prime providers. This has allowed us to develop relationships with prime providers who support people in each area of the County. This means that approximately 50% of our service activity is now vested with 8 care providers.

We continue to undertake contracts on an individual ‘spot’ basis where there is a need to do so to meet people’s needs, and we value a range of providers in the County. However, moving forward our ongoing strategy is to build on the block contract arrangements that are in place and continue to develop strategic relationships with home care providers in Oxfordshire.

**Demand for home care**

Provision of home care in Oxfordshire remains a central part of the health and social care system and is essential in supporting people to live well in their own homes and support discharges from hospital. We recognise that, given Oxfordshire’s ageing population, demand for home care in Oxfordshire is likely to increase over the coming years and the provision of a stable and sustainable care market will be essential to meet people’s needs.

The County Council spent £19,923,380 on home care during 2016/17 and purchased 1,100,440 hours. This is an increase of 12.9% from 2015/16 and we expect to see a further increase in the number of hours purchased in 2017/18.

We estimate that there is a similar number of hours purchased by people who fund their own care and therefore the home care market in Oxfordshire is significant.

However, we also recognise that there is a shortfall in the number of hours purchased by the Council for people with eligible social care needs; we estimate that this shortfall is an average of nearly 2,000 hours per week (October 2017) which we need home care providers to supply.

The table below provides an estimation of nearly 9,000 older people may need home care at some point.

<table>
<thead>
<tr>
<th>Category of Need (older people)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People whose activity of daily living are limited a lot (a)</td>
<td>26,142</td>
</tr>
<tr>
<td>People receiving long term support managed by the local authority</td>
<td>6,000</td>
</tr>
<tr>
<td>Estimate of older people receiving intensive (50 hours plus) informal care from a family or friend</td>
<td>5,700</td>
</tr>
<tr>
<td>Older People self-funding care home placements</td>
<td>2,100</td>
</tr>
<tr>
<td>Older People self-funding care at home</td>
<td>3,400</td>
</tr>
<tr>
<td>Needs currently met (local authority; informal; private) (b)</td>
<td>17,200 (65%)</td>
</tr>
<tr>
<td><strong>Potential unmet need</strong> (a-b)</td>
<td><strong>8,942 (35%)</strong></td>
</tr>
</tbody>
</table>

**Long Term Home Care – What we need delivered by Oxfordshire providers**

Long term home care is provided to help people with tasks associated with daily living on an ongoing basis. The Council aims to provide most long term home care via block contract arrangements which requires providers to:

- Recruit sufficient staff to ensure that projected future increasing demand for home care can be met
- Offer greater employment security for staff to ensure that service levels are sustainable and support continuity of care.
- Organise their services so providers can swiftly deploy staff resources to respond to care packages being offered
- Work on a ‘Trusted Assessment’ basis to ensure an appropriate and timely response when services are needed
- Develop outcomes based services and outcome based support plans
- Deliver a service that maximises a person’s independence and supports people to do more for themselves

In addition to an increasing amount of home care, the level of people’s needs and complexity of home care packages is increasing. Home care providers in Oxfordshire are adapting to this and staff must be skilled to respond to this need. This includes the delivery of delegated healthcare tasks, which may be delivered by home care staff following appropriate and necessary training from health care staff.

To support this increased demand for services, we also want to work with providers to develop alternative models of home care delivery. This may include utilising other resources including technological solutions, the voluntary sector and alternatives in service models. We recognise that developments in the way services are delivered can form a key part to meeting demand going forward and providing flexible levels of care that meet people’s needs.

**Short Term Home Care**

The Council commissions short term home care for the following situations:
as a response to an emergency. Approximately 800 people per year use this service which provides a response within 2 hours of a referral being made and can provide care for up to 5 days.

• to provide a period of settling back into home after a stay in hospital. This may include practical and emotional support to build confidence after discharge. Usually this support is not more than 5 hours over a 48-hour period.

• or as a period of reablement to help people recover after a hospital stay or period of ill health. We estimate that approximately 5730 hours of reablement are required in Oxfordshire per month.

Quality of Services

Home Care services in Oxfordshire are of a high quality. 78% of Oxfordshire services are rated by the Care Quality Commission as ‘good’ and 3% are rated as ‘outstanding’ (October 2017).

We also know that Oxfordshire’s population values Home Care services. According to the results of the Adult Social Care Outcomes Framework 2015-16, 66.7% of people who use our services said they were satisfied with their care and support in Oxfordshire, as compared to England average of 64.4%. Oxfordshire County Council’s Customer Standards Survey carried out in the autumn of 2016 which generated 750 responses indicating that 80% of our service users rate our home care services as Very Good or Excellent.

Home Care Key Messages

• The number of home care hours required each year will increase to enable more people to remain living at home.

• Home care packages are likely to become increasingly complex.

• We expect to maintain the high levels of service satisfaction that are already in place

• We will continue to develop strategic partnerships with home care providers across Oxfordshire to develop the market, enable people to remain in their own homes & support discharges from hospital.

• A focus on reablement will continue to be part of our strategy.

• The Council has committed to work with providers on workforce issues, to increase the capacity and capability of the home care market.

• We will continue to explore ways in which the demand for home care can be managed whilst also exploring other complementary delivery models and solutions.

• We will support the effective delivery of home care through the development of integrated health & social care.
Extra-Care Housing (ECH)

Context

The Council’s commissioning intentions involve developing a supply of extra care housing available, in part, as an alternative to care home accommodation. The Council will primarily purchase care home placements for those with nursing and/or dementia needs.

To achieve this, ambition the Council is changing the Extra Care Housing model so that it meets the needs of those who would otherwise be placed in a care home including provision for people with moderate dementia as well as those with lower care needs. To complement this, the Council also intends to commission a specialist dementia Extra Care Housing scheme, as a new model.

What is extra care housing?

Extra Care Housing developments provide housing that is suitable for people with care and support needs, alongside the provision of a home care team able to meet people’s individual needs. The model allows for flexibility in the amount of care a person may require whilst allowing people the independence of their own home.

The main features of Extra Care Housing include

- Purpose built ‘lifetime’ homes for rent, shared ownership or full market sale where people have their ‘own front door’;
- An emergency response system allowing people to call for help if necessary
- An on-site team of carers who provide an emergency response and flexible levels of support and personal care on a 24-hour basis;
- Communal rooms or areas that offer a range of therapeutic, health, leisure and activity functions for residents living within and outside the scheme e.g. café’, hairdressing;
- An ethos of support and care that promotes independent living. Where possible people are encouraged to perform tasks themselves, rather than having things done for them;
- Extra Care Housing is specifically for people aged over 55 and over.

Current supply and projected demand

The County Council has set a target of 55 extra care flats per 1,000 people aged 75 and over. This target is based on the publication ‘More Choice, Greater Voice’ and reflects the Oxfordshire model of a balanced care mix comprising enhanced sheltered housing, extra care and dementia care housing. This is supported by priority 7 within Oxfordshire’s joint Health & Wellbeing Strategy, to support older

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people to live independently with dignity whilst reducing the need for care and support.³

To work towards this target the Council works with district council partners to commission affordable housing extra care models. We recognise in the future that private sector retirement schemes will be developed in Oxfordshire which will help to meet our overall target for older people in the County.

By 2026, there are projected to be 83,343 people aged 75 and over in Oxfordshire. This would require a total supply of 4,584 extra care units to meet those with various care needs, including specialist dementia care. The table below shows the number of extra care flats estimated to be provided within Oxfordshire district council areas by 2026 and the current supply.

<table>
<thead>
<tr>
<th>District</th>
<th>Estimated 75+ population by 2026</th>
<th>Estimated extra care flats required at 55 flats per 1,000 of population over 55 by 2026</th>
<th>Current supply of extra care flats as at September 2017</th>
<th>Predicted additional capacity by 2026.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>17,622</td>
<td>970</td>
<td>232</td>
<td>667</td>
</tr>
<tr>
<td>Oxford</td>
<td>11,316</td>
<td>622</td>
<td>231</td>
<td>291</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>20,260</td>
<td>1,114</td>
<td>120</td>
<td>500</td>
</tr>
<tr>
<td>Vale</td>
<td>18,073</td>
<td>994</td>
<td>124</td>
<td>405</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>16,072</td>
<td>884</td>
<td>145</td>
<td>336</td>
</tr>
<tr>
<td>Total</td>
<td>83,343</td>
<td>4,584</td>
<td>852</td>
<td>2199</td>
</tr>
</tbody>
</table>

Location of extra care flats in Oxfordshire (Autumn 2017)

Future demand
In recognition of the projected increase in the older population in Oxfordshire, we anticipate that the care needs of people living in Extra Care Housing will increase. Therefore, Extra Care Housing Schemes will need to accommodate more people with high care needs (approximately half of all occupants) and provide waking night cover, which may be more than one staff member in larger schemes.

It is also likely that assistive technology will form an increasing part of the extra care model. Technological solutions can provide support to help people live independently and can offer an efficient solution alongside an on site care team. Assistive technology is best considered at the design stage and incorporated into the build and we are looking for providers to develop innovative and efficient technological solutions.

The model of extra care housing commissioned by the Council is based on a mixed tenure offer involving affordable rent, shared ownership and outright sale. The current balance normally involves two thirds rented accommodation with one third shared ownership or sale. Over time we will expect schemes to have a higher proportion of sale or market rent to reflect the fact that over 80% of older people in Oxfordshire are owner occupiers. Changing the balance of tenure within extra care housing schemes may result in adjustments to the design, in recognition of the fact that when older owner occupiers move in they are likely to be more active with lower or no care needs e.g. there may need to be some areas designated for activities such as a gym.

The Council intends to commission a new ‘specialist dementia extra care housing model’ to enable people with dementia to continue to live independently in purpose built accommodation with 24 hour on site care. These types of scheme tend to be smaller in size (about 35 units) and are likely to be 100% rented

**Funding**

The County Council has very few sites on which to develop Extra Care Housing schemes, so it is anticipated that most new schemes will come through the Section 106 planning process. However, the County Council would welcome other opportunities that may come through the market, in appropriate areas, where there is a demonstrable need and a sustainable location.

Where market opportunities become available, or where partners may be able to remodel or release land, the County does have a capital budget which can be used to enable these developments. Partners are also encouraged to maximise other sources such as bidding for capital to the Homes and Communities Agency.

All extra care housing schemes generate revenue income through rents and service charges. Partners are encouraged to minimise service charges to tenants and leaseholders through careful design at the outset and through careful asset management and procurement of services.
Key Messages Extra Care Housing

- The Council intends to develop further Extra Care Housing schemes to achieve the target of 55 units per 1,000 of the population aged 75 and over.
- Extra Care Housing schemes will increasingly have a higher percentage of sales in recognition of the fact that there is a high percentage of owner occupiers in the older population.
- Our aim is that Extra Care Housing schemes in the future will increasingly accommodate older persons with complex needs. This issue will need to be considered at the early design stage and may include assistive technology solutions.
- We also recognise our service models for support may also need to evolve to be able to support people with more complex needs.
- We intend to commission a specialist model of Extra Care Housing for dementia, which is likely to be smaller and be 100% rented.
- Sites for Extra Care Housing scheme developments are most likely to become available through the planning process and Section 106 agreements in the market towns and expansion areas.
Care Homes

Context
The Council’s commissioning intentions are to ensure that most services purchased from care homes will be for older people who can no longer safely remain in their own homes and primarily for those with nursing and/or dementia needs.

The Council has developed an Extra Care Housing strategy, which aims to provide an alternative to care home accommodation and we recognise that developments in the home care market are necessary to help people to remain in their own homes.

The Council has developed a large programme supported living to replace the use of care home placements in County for people with learning disabilities. Only a few care home placements remain in County, although many placements are made out of County for people with complex needs.

Demand for Care Homes

As of the end of September 2017, 2,530 people were supported in care homes, funded by the Council or the Clinical Commissioning Group’s Continuing Healthcare Fund (CHC).[1] Over 87% were in permanent placements with the remainder in temporary placements, including people placed outside of Oxfordshire.

<table>
<thead>
<tr>
<th></th>
<th>Residential</th>
<th>Nursing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People</td>
<td>752</td>
<td>866</td>
<td>1,618</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>406</td>
<td>18</td>
<td>424</td>
</tr>
<tr>
<td>Mental Health</td>
<td>41</td>
<td>13</td>
<td>54</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>51</td>
<td>25</td>
<td>76</td>
</tr>
<tr>
<td>OCC funded</td>
<td>1,250</td>
<td>992</td>
<td>2,172</td>
</tr>
<tr>
<td>Health funded</td>
<td></td>
<td>358</td>
<td>358</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,250</strong></td>
<td><strong>1,280</strong></td>
<td><strong>2,530</strong></td>
</tr>
</tbody>
</table>

We estimate that the Council and the Clinical Commissioning Group purchase approximately 40% of all care home beds in Oxfordshire which means that we are the largest single purchaser of care home beds in the County.

Council-supported care home residents are most likely to be in older age groups. As of the end of July 2016, the average age of older people care home residents was 85.1 years, the average age of care home residents with a learning disability was 46 and the average age of residents with a physical disability was 56.4

With the expected increase in population aged 85 and over and in those with dementia, we can expect an increase in demand for care home beds on the next

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4 Oxfordshire County Council data
decade. An increasing number of children are surviving into adulthood with complex health needs, which may add to the demand for care home places.

There are 185 people with learning disabilities placed in out of County care homes across 51 local authority areas. The Council intends to meet the needs of many of these individual in County through developing supported living.

The Council and the Clinical Commissioning Group also purchase a range of short stay beds which provide the following:

- Temporary accommodation whilst an individual’s preferred place of accommodation is sourced
- A short stay episode whilst an assessment of ongoing care needs is undertaken
- Rehabilitation to help people to recover from a stay in hospital or to avoid a hospital admission, this include specialist therapeutic care
- Respite care

These services are usually commissioned by the Council or the Clinical Commissioning Group under a block contract and provide care for people funded by the Council and those eligible for Continuing Healthcare funding.

**Supply of Care Homes**

As of October 2017, there were 5,012 care home beds for older people across 114 care homes in Oxfordshire registered with the Care Quality Commission. This represents a rate of about 41 beds per thousand older people (compared to a rate of about 48 in England). The council’s population projects estimate that the next 5 years will see a 14% increase in the over 65 population, a 24% increase in the over 75 population and a 22% rise in the over 85 population. To maintain the current rate of beds would require an increase of between 700 and 1200 beds.
Future purchasing

We recognise that there are several challenges and opportunities for care home providers operating in Oxfordshire. There is a large self-funder market which will allow providers to sell their beds to a range of customers, however there are challenges in recruiting a suitably qualified and stable workforce.

We would like to work with the care home market in the future to make best use of available capacity and to provide competitive prices. Since 2014 we have introduced a Dynamic Purchasing System which allows providers to register with the Council under standard purchasing terms and conditions; all contracts including block contracts are procured under this system. This has allowed the Council to speed up our procurement processes by contacting all providers registered with the Dynamic Purchasing System simultaneously when a placement is required. The system is also allowing us to develop stronger partnerships with providers as it is through this single system that the Council now issues block contracts.

Oxfordshire care home services need to be well placed to respond to the increasingly complex needs of the population. As people with lower level needs are looked after in extra care housing or in their own homes, those people requiring care homes will present with higher levels of dementia and / or nursing care. To respond to this, the Clinical Commissioning Group will continue to offer support to care homes in order to provide care for these needs.

In addition to this, we need Oxfordshire care home services to offer increasingly responsive services which support discharges from hospital in particular.
New supply
The Council recognises that the capacity available from the care home market may not keep pace with that required by the Council and the Clinical Commissioning Group at rates that are affordable, particularly given that many people in Oxfordshire fund their own care.

The Council therefore intends to explore ways in which the capacity from the care home market can be supplemented. The Council is developing a business case to:
• Understand the future demand for residential dementia and nursing dementia care homes.
• Explore the feasibility of developing several new specialist care homes as a joint venture with a housing developer.
• Continue to explore block contract arrangements to secure guaranteed access to beds for the Council and the Clinical Commissioning Group.

Key Messages Care Homes

• The Council projections show that the number of care home placements will need to increase in future years to meet demand.
• It is recognised that care home placements will increasingly be required for people with complex nursing and dementia needs.
• The County will continue to divert those who require standard residential care to Extra Care housing.
• The Council will mainly place older people in care homes who have dementia or require nursing care.
• The Council intends to increase the number of block contracts with care home providers.
• The Council will mainly use the Dynamic Purchasing System to source care home placements and develop strategic relationships with care home providers.
Supported Living for People with Learning Disabilities

Context

The Council’s commissioning intention is that people with learning disabilities should be living in the community holding their own tenancies, such as in general needs accommodation or supported living accommodation rather than in a care home, as far as possible. This strategic approach has resulted in a large programme of in-County supported living, with only a very few placements in care homes within the County.

The government’s Transforming Care programme provides the context for the Council’s future supported living developments as set out in the Oxfordshire Transforming Care Plan 2016-19. The aim of the programme is to reduce reliance on inpatient care and to improve support to enable people to live in the community. Although there are very few Oxfordshire residents in hospital at any one time, there are many Oxfordshire people living in out-of-County care homes.

There are several specific commissioning plans for supported living, which include the following:
- Working with providers to reduce isolated 1, 2 and 3-person accommodation by clustering properties together, or creating an increased number of properties with their own front door, whereby support can be shared.
- Increasing the supply of supported living for adults with a learning disability, including developing the capacity to bring significant number of people back to the County from out of County residential care placements.
- Providing County-wide coverage of purpose built supported living for people with autism.

Demand

Out of County placements
There are 185 people with a learning disability that are placed ‘out of County’. Many of the placements are high cost and one of the key factors that will enable costs to be reduced is by moving people back to ‘in County’ supported living. On average about 11 people have been placed annually into ‘out of County’ placements over the past 6 years.

An analysis carried out of ‘out of County’ placements showed that those categorised as ‘settled in the area’ are probably best left where they are, as the minimum time they have been away from Oxfordshire is 18 years. Also, there is a hand full of people whose families moved away and the Council placed them near their relatives.

People living with elderly parents
There are 49 people in Oxfordshire who are living with carers over the age of 70 who are supported by the Council. Although the demand for supported living for this group cannot be precisely quantified, it does highlight a potential future demand.
New Needs
The following shows the demand that arises from new needs during the period 2015-2020.

<table>
<thead>
<tr>
<th></th>
<th>Units required 2016-18</th>
<th>Units required 2019-21</th>
<th>Total 2015-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complex High support needs</td>
<td>7</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Complex High support needs</td>
<td>8</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Independent Living low support</td>
<td>20</td>
<td>12</td>
<td>32</td>
</tr>
</tbody>
</table>

Although each adult social care locality team knows the number of people who are in transition from children services to adult’s services, it is not it is not known who may require supported living. Therefore, the above analysis assumes those in transition, and who require supported living, are included in the figures shown above for new needs.

Those who can live independently with low level support, and do not require 24-hour support, could have their housing needs met through general needs accommodation e.g. a shared house or a flat. Also, families can develop their own accommodation for people with low needs and this is happening increasingly – the Council will shortly publish a has recently produced a guide to families who want to develop their own properties [link].

Autism
In addition, the demand for supported living for adults with autism is on average 12 new people each year (net of attrition) based on previous demand analysis done by the council. This figure is backed up by the average number of new placements each year to specialist out of County care homes (11).

Supply
The Council has about 670 supported living units that are under a housing management and/or nomination agreement (see Annex 2). Some of these units are no longer fit for purpose. The Council has a programme to re-provide 75 existing supported living units, some of which have an NHS legal charge. We have successfully negotiated arrangement with NHSE to recycle the disposal proceeds for the sale of these properties.

The Council also intends to develop new schemes, with partners, to meet future needs. These will involve a combination of purpose built supported living schemes, as well as conversions of existing properties. Some schemes may require self-contained annexes, to meet the needs of individuals unable to share accommodation with other people.

The types of purpose built supported living schemes that we want to develop in the future include:
• Clustering units nearby or as part of a development so that care can be shared more efficiently;
• Developing self-contained flats where individuals can live independently in their own accommodation, with some shared space where appropriate;
• Developing shared accommodation, where it is required, with bedrooms incorporating en-suite facilities.

The existing programme comprises 15 purpose built units for people with complex needs and has been completed during the period 17/18. To meet the projected demand from 17/18 another 16 units are required up until 2020.

The Council also intends to develop purpose built specialist autism schemes of about 12 units in each District/City Council. There are already some schemes in management, or due to be handed over, as shown in the table below:

<table>
<thead>
<tr>
<th>Locations</th>
<th>Type</th>
<th>Total units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxford (TBC)</td>
<td>Purpose built</td>
<td>12</td>
</tr>
<tr>
<td>Bicester (Nov '17)</td>
<td>Purpose built</td>
<td>6</td>
</tr>
<tr>
<td>Banbury (Feb '18)</td>
<td>Purpose built</td>
<td>6</td>
</tr>
<tr>
<td>Wallingford</td>
<td>Purpose built</td>
<td>8</td>
</tr>
<tr>
<td>Didcot (TBC)</td>
<td>Purpose built</td>
<td>6</td>
</tr>
<tr>
<td>Abingdon (TBC)</td>
<td>Purpose built</td>
<td>12</td>
</tr>
<tr>
<td>Wantage (TBC)</td>
<td>Purpose built</td>
<td>12</td>
</tr>
<tr>
<td>Carterton (TBC)</td>
<td>Purpose built</td>
<td>12</td>
</tr>
</tbody>
</table>

The Council has identified a cohort of 76 people in out-of-county placements who have the potential to move to in-County supported living. We intend to commission an outcomes-based programme to select a provider to carry out individual assessments, source the supported living accommodation and then arrange the move. We estimate that about 75% of the cohort will be able to sustain independent living, although this percentage could be greater. This means that a least 57 units of supported living accommodation will need to be sourced between 18/19 and 20/21.

In summary, we estimate the following supported living units are required for the period 2016-2021 (some of which are already in the development pipeline).

<table>
<thead>
<tr>
<th>Types of schemes</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
<th>20/21</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-provision</td>
<td>10 units</td>
<td>25 units</td>
<td>25 units</td>
<td>15 units</td>
<td>75 units</td>
</tr>
<tr>
<td>Complex needs</td>
<td>8 units</td>
<td>4 units</td>
<td>4 units</td>
<td></td>
<td>16 units</td>
</tr>
<tr>
<td>Autism</td>
<td>12 units</td>
<td>12 units</td>
<td>12 units</td>
<td>12 units</td>
<td>48 units</td>
</tr>
<tr>
<td>Out of County</td>
<td>30 units</td>
<td>18 units</td>
<td>9 units</td>
<td></td>
<td>57 units</td>
</tr>
<tr>
<td>Total</td>
<td>22 units</td>
<td>75 units</td>
<td>59 units</td>
<td>40 units</td>
<td>196 units</td>
</tr>
</tbody>
</table>
Care and Support

The Council has commissioned a framework agreement covering supported living and community support services for people with learning disabilities and people with physical disabilities. The framework agreement has seven categories of need and providers were awarded framework contracts under each category.

The Council intends to recommission the framework agreement during 2018 on a dynamic basis. This will allow the council to refresh the framework agreement from time to time to ensure that there are sufficient providers within each category and bring the framework into line with legal and regulatory changes.

The Council also intends to commission a specific framework agreement for those out-of-county placements that can return to the County. This framework agreement will be linked to the Council’s out-of-county programme to move people to supported living. Once individuals are moved to supported living, then the on-going care and support services required will be called off from this framework agreement.

Key Messages Supported Living

- The County has developed a programme to re-provide several dispersed supported living schemes and those that are not fit for purpose (comprising 75 units in total).
- To meet the needs of those with complex needs, including those who are in transition from Children’s services, the Council will need to develop more purpose built supported living schemes.
- The Council’s strategy is to develop purpose built autism units in each District/ City Council areas. The purpose-built autism units developed in partnership with Cherwell District Council are due to come into management during 17/18.
- The Council has developed a programme to move a cohort of 76 people from out-of-County placements to in-County supported living. The Council will need to commission a provider to carry out this programme, as well as commission the on-going care and support services.
- The Council intends to commission a new Learning Disabilities framework agreement during 2018 on a dynamic basis.
Annex 1: Supported Living schemes in management (2014/15)

<table>
<thead>
<tr>
<th>Schemes</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abingdon</td>
<td>47</td>
</tr>
<tr>
<td>Bampton</td>
<td>1</td>
</tr>
<tr>
<td>Banbury</td>
<td>41</td>
</tr>
<tr>
<td>Bicester</td>
<td>4</td>
</tr>
<tr>
<td>Blewbury</td>
<td>1</td>
</tr>
<tr>
<td>Carteron</td>
<td>6</td>
</tr>
<tr>
<td>Chalgrove</td>
<td>1</td>
</tr>
<tr>
<td>Chipping Norton</td>
<td>9</td>
</tr>
<tr>
<td>Didcot</td>
<td>28</td>
</tr>
<tr>
<td>Eynsham</td>
<td>2</td>
</tr>
<tr>
<td>Faringdon</td>
<td>3</td>
</tr>
<tr>
<td>Farmoor</td>
<td>2</td>
</tr>
<tr>
<td>Fritford</td>
<td>1</td>
</tr>
<tr>
<td>Grove</td>
<td>1</td>
</tr>
<tr>
<td>Henley</td>
<td>8</td>
</tr>
<tr>
<td>Kidlington</td>
<td>11</td>
</tr>
<tr>
<td>Oxford City</td>
<td>53</td>
</tr>
<tr>
<td>Stanford in the Vale</td>
<td>1</td>
</tr>
<tr>
<td>Sutton Courtenay</td>
<td>2</td>
</tr>
<tr>
<td>Thame</td>
<td>1</td>
</tr>
<tr>
<td>Wallingford</td>
<td>19</td>
</tr>
<tr>
<td>Wantage</td>
<td>12</td>
</tr>
<tr>
<td>Witney</td>
<td>31</td>
</tr>
<tr>
<td>Woodstock</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>295</strong></td>
</tr>
</tbody>
</table>