



**Strategy for Commissioning of  
Residential Care  
for  
People with Dementia  
2008 – 2014**

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## **1. Proposed Vision**

- 1.1. Adult Social Services of the Borough of Poole propose the following vision statement:
- 1.2. *“To commission high quality care in excellent or good quality rated residential care homes for all residents of Poole who have dementia”.*
- 1.3. The Commission of Social Care Inspection provides the quality rating.

## **2. Introduction**

- 1.4. In November 2007 a Needs Assessment for Residential and Nursing Care for People with Dementia to 2025 was published. It set out the current and future service need for publically funded as well as self funded people who are estimated to require long term residential or nursing for people with dementia.
- 1.5. This Strategy is specifically focusing on 2008 to 2014, and identifying how many residential care beds for people with dementia are needed to be block purchased by Adult Social Services to support those who will be publically funded.
- 1.6. A draft service specification has been prepared for consultation and the commissioning and contracting plan is for new 5-year block contracts to commence 1st April 2009.

## **3. National Context**

- 3.1 The Alzheimer’s Society provided a report highlighting opportunities for improving standards of Dementia Care in care homes *“Home From Home”* highlighting that two thirds of people living in care home have dementia.
- 3.2 Recommendations from this report include:
  - Training in dementia must be mandatory for care home staff.
  - Focus on outcomes of most importance to people using the services. For people with dementia in care homes, this means that meeting residents’ social needs must be a high priority.
  - Ensure that residents have access to outside space and that those with severe dementia have support to access gardens if it is appropriate for them.
- 3.3 *“Transforming the Quality of Dementia Care”* report by the Department of Health (which is currently in its consultation stage) provides 3 key outcomes:

- Improved Awareness
- Early Diagnosis
- High Quality Care & Support

Recommendation 11 of “*Transforming the Quality of Dementia Care*” specifically looks at improved dementia care in care homes.

#### **4. Local Context**

4.1 The Borough of Poole Adult Social Services aims that are relevant to this commission strategy are:

- To promote independence and to enable people to live as independently as possible in their own homes,
- To protect the most vulnerable people, who often need to be looked after in residential or nursing homes

4.2 Adult Social Services also has a priority to improve the quality of care home provision for all residents.

#### **5. Joint Strategic Needs Assessment**

5.1 The first local Joint Strategic Needs Assessment was published in August 2008. This was produced between Bournemouth & Poole Primary Care Trust, Borough of Poole and Borough of Bournemouth and provides a detailed picture of the current and future care needs of the local population.

5.2 This Joint Strategic Needs Assessment will enable commissioners to work in partnership with national and local service providers to plan comprehensive and better-managed care that results in real improvements in health and well being for the people of Bournemouth and Poole.

5.3 Findings from this Joint Strategic Needs Assessment relating to people with dementia are:

- The next 10 to 20 years will see a steady increase in numbers of older people with mental health problems
- There are likely to be more older people living alone, and this may well exacerbate mental health problems due to social isolation and loneliness
- Access to support services is currently limited, and there is a need to develop more early intervention services
- Further development of more specialized Mental Health Services for older adults is also required.
- Further joint working from Health and Social Services is required to explore ways in which more innovative commissioning of services could minimise

avoidable burdens on existing Health and Social Care Services, especially reducing admission to mental health inpatient services

- New models such as provision of floating support and outreach workers should be explored, as should the place of self-management and self-care schemes
- It will be important not to see mental health issues in older adults as separate from their wider well-being – prevention should aim to keep older people active and interested in social networks for as long as possible, recognizing their importance in keeping people well.

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## **6. Where are we now?**

6.1 Adult Social Services aims include *“to promote independence and to enable people to live as independently as possible in their own homes”*, and have commissioned specific services for people with dementia. These include:

- Specialist Care at Home provided by Care UK
- Floating Support provided by Rethink
- Residential care provided by the independent sector

6.2 This strategy covers from 2008 to 2014. The Care UK contract for Mitchell House providing 50 beds expires in March 2021 and therefore is not included within this strategy. It is Adult Social Services intention to continue to block purchase the current 50 beds and the additional capacity created by the rebuilding of this home. It is anticipated that this rebuild will provide an extra 66 beds. A proportion of these beds will be for people with dementia who also have nursing needs. It is expected that this increase in capacity will happen within this strategy’s lifespan.

6.3 To increase the quality of residential care home provision for people with dementia, a new draft service specification and contract has been written to reflect the drive to improve the quality of care provided under the provision of a 5 year block contract.

## **7. Current service provision by independent sector**

7.1 As at 4<sup>th</sup> January 2008 the Borough of Poole funded 397 older (aged 65 and over) people in residential or nursing home accommodation.

7.2 Of these 397:

- 108 were in block contracted beds (including Mitchell House – 50 beds)
- 289 were in spot purchased beds

Table 1 shows the provision by block and spot contract (excluding Mitchell House), within nursing or residential homes with General or EMI beds:

BLOCK CONTRACT BEDS				SPOT CONTRACT BEDS			
Nursing home		Residential home		Nursing home		Residential home	
General	EMI	General	EMI	General	EMI	General	EMI
0	0	4	54	56	43	123	67

7.3 The current 54 block bed contracts for residential care for people with dementia expires on 31 March 2009.

## 8. Quality

### 8.1 Capturing Regulatory Information at the Local Level (CRILL)

In 2006 the Chief Inspector of the Commission for Social Care Inspection (CSCI) provided a clear message to Directors of Social Services about the importance of commissioning activities in driving up standards of care provision, in conjunction with CSCI's regulatory responsibilities.

8.2 A tool was provided to councils to provide data on a voluntary basis with a view to this data being part of the CSCI assessment of council's performance in 2006/7. Poole Social Services were included within this voluntary scheme for during 2007 providing specific data from 2005/6.

8.3 This method of data collection has been rolled out to all Local Authorities for 2007-2008 as part of this year's performance assessment process. The indicator of quality has been changed this year to reflect quality ratings rather than National Minimum Standards. This is in line with CSCI's policy to focus on outcomes for people rather than performance against the National Minimum Standards and the introduction of published quality ratings for all regulated services from January 2008.

8.4 Outcomes for those people residing in residential and nursing care homes were measured against:

- Choice of home
- Health and personal care
- Daily life and social activity
- Environment
- Staffing

- Management and administration
- Complaints and protection

8.5 Findings: Residential Care Home – Older People (Personal Care)  
5% of the services being purchased by the Adult Social Services have been rated as poor whereas nationally only 1% have.

8.6 11% of services purchased nationally have been rated excellent quality whereas in Poole 5% have.

8.7 At the time of writing this strategy, 25% of local residential and nursing homes had not received a quality rating by CSCI

8.8 Table 2: How Poole compares to the quality of the care being purchased nationally:

<b>Residential Care Homes Older People (Personal Care)</b>	<b>Poole Social Services 186 placements in the LA area at 30.9.07</b>	<b>Local Authority area (LAMA) at 30.9.07 was 665</b>	<b>The national number of purchased placements was 81003</b>
<b>Not yet rated</b>	25% (43)	32% (216)	22% (180,305)
<b>Poor</b>	5% (8)	3% (17)	1% (1,057)
Adequate	14% (30)	15% (99)	12% (9,901)
<b>Good</b>	51% (96)	45% (302)	54% (42,861)
<b>Excellent</b>	5% (9)	5%(31)	11% (8,879)

8.9 As previously mentioned, it is Adult Social Services priority to improve the quality of residential care home provision for people with dementia. A new draft service specification has been written which forms an integral part of the proposed tender arrangements.

## 9. Population Needs

### 9.1 Prevalence Projections of People with Dementia

The Office for National Statistics provides national and local population projections.

9.2 The local population projections for people with dementia have been calculated using the local population projections from 2003 with ratio projections to 2028 of 1 in 50 who are under 65, 1 in 20 who are over 65 and 1 in 5 who will be over 80 years old (shown in Graph 1 & Table 2).

Graph 1: Dementia - National Figures 1:20 aged over 65, 1 in 5 aged over 80  
2003-based local population projections from 2006 to 2014

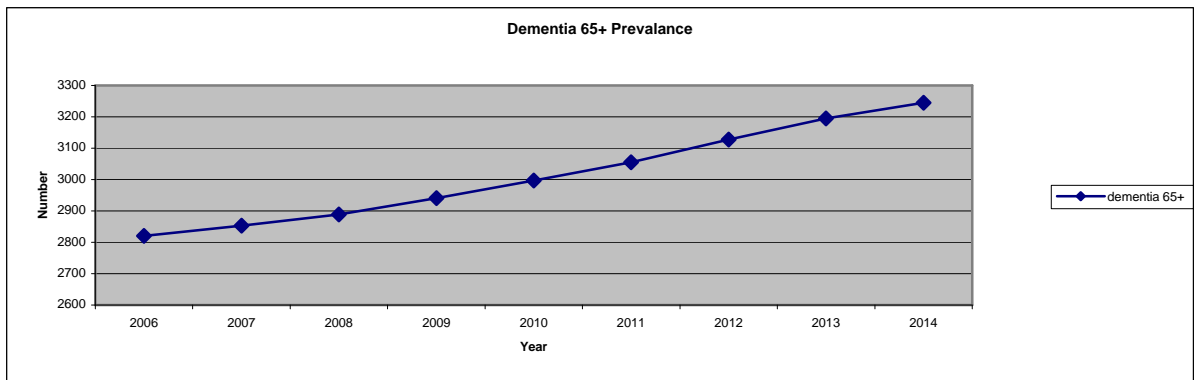


Table 3: shows the incremental rise by number from 2006 to 2014 relating to graph 1.

Dementia 65+									
Year	2006	2007	2008	2009	2010	2011	2012	2013	2014
Prevalence	2820	2853	2888	2941	2996	3055	3127	3194	3245

We therefore predict by 2014 there will be 357 more people in Poole with dementia than in 2008 who are over 65 years. This as a percentage is an increase of 12%.

The Joint Strategic Needs Assessment also found that the expected number of people with dementia will rise gradually over the course of the next 10-20 years in line with the increasing population of advanced elderly.

## 10. Supply and Demand based on population needs

### 10.1 How long to people with dementia stay in a residential care home?

The Needs Assessment for Residential and Nursing Care for People with Dementia to 2025 stated the local average length of stay within a residential home for a person with dementia 1.7 years.

National research shows that between 50-60% of people admitted to care homes die within the first two years. Mortality rates are highest in the first 6 months tend to settle thereafter. One research paper found that mortality rates settled to around 2.5% per month rising slowly to about 3.5% by 30 months.

Another study looking at people with Alzheimer's disease showed mortality rate of 50% in the first year after admission to care facilities and nursing homes. It also found that certain conditions and diseases increased the incident of death.

One explanation for this difference between the national rate and local rate is the Borough's policy of promoting independence, to enable people to live as independently as possible, for as long as possible, in their own homes prior to moving to a residential care home.

10.2 How long do people wait for suitable long term residential care?

10.3 Since April 2008 the average number of days from the agreed completed social care assessment to moving into a long term residential care home, for people with dementia, is 27 days.

The time that a person is assessed by social services as needing a long term residential care, to moving in to that home, can be due to a number of factors:

- CSCI quality rating of homes are below social services quality threshold
- The lack of current vacancies within care homes that meet the needs of the person
- The fees expected are higher than the Adults Social Care budget will accommodate
- There are "Adult Protection" matters withholding further placement with the care home
- Outcome of complex financial assessment delays

Table 4 shows the total number of clients waiting for long term residential care from 1st April 2008 to August 2008:

Needs of Client	Total number of clients	Total number of days waited for long term residential care	Average days waited for long term residential care
People with dementia	41	1093	27
People with physical needs	37	785	15

10.4 However, there was one person with physical needs who, due to unforeseen circumstances, waited for a vacancy for 251 days. If this is included within the above calculations the average rises to 21 days.

10.5 It can be seen that people with dementia wait longer for long term residential care than those with physical needs.

10.6 An aim of this strategy is to reduce the number of days people with dementia who need long term residential care, wait for suitable accommodation.

## **11. Conclusion**

11.1 There is a predicted 12% increase in the numbers of people with dementia from 2008 to 2014 and the current average waiting time for long term residential care for people with dementia is 27 days.

11.2 Therefore the predicted need for block beds for people with dementia from April 2009 for five years will be:

$$121 \text{ (current block \& spot beds)} \times 12\% \text{ (increase over next 5 years)} = 136$$

11.3 This is taking the calculation at full value without deducting any impact of the development of floating support or assistive technology or other services that support people in their own home with dementia.

11.4 This report suggests to decrease the waiting times there is a need to increase the block beds by 5%.

$$136 \times 5\% = 143$$

11.5 This is an increase of 89 block beds from current provision.

## **12. Contracting Outcomes**

12.1 Following consultation with providers and the voluntary sector Adult Social Care agrees a new service specification for block contracting of residential care for people with dementia.

12.2 Adult Social Care tender up to 143 residential care beds for people with dementia from 2009 to 2014.

12.3 The increase of block contracts will be incremental as and when vacancies become available.

12.4 The residential homes are to be located in Poole and Bournemouth conurbation.

12.5 The quality rating by Commission for Social Care Inspection of the residential home will be good or excellent.

12.6 The term of the contract will be for 5 years (3 years with option to extend for 2 further years)