Adult Social Care for an Ageing Population Market Position Statement

SOUTHAMPTON: 2023 - 2028



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1. Welcome and introduction

The landscape for health and care services has changed significantly over the last decade. The population is ageing, and older people with care and support needs desire greater choice and control over how those needs are met.

In Southampton, we are embracing change and opportunities to further improve the quality of care and outcomes for the city's residents. A strengths-based, preventative and integrated approach are key adult care priorities, and we are continuously striving to stimulate growth, diversity, and innovation in local care services. We believe that the right care, and the right environment for care, can enable people to lead happier, healthier and more independent lives.

By sharing our vision and publishing this Market Position Statement, we encourage other organisations to work with us to help shape the future of our city.

2. About this document

The purpose of this Market Position Statement (MPS) is to summarise the current and future needs for older persons' adult social care services in Southampton. It describes how Southampton City Council, Hampshire & Isle of Wight Integrated Care Board (ICB) and partners intend to work with the market to develop high quality services to support an aging population with an increasing range and complexity of need.

Whilst this is a public document, the primary audience is social care providers. We encourage all providers in the city to read and consider the information, risks and opportunities identified in this document and to speak to commissioners about how their service can develop and adapt to support the local population.

The focus of this MPS is on the next five years (2023 – 2028), however, many of the forecasts and resultant service requirements will extend beyond that period and much of the content is expected to remain relevant in the long term (i.e. 10-20 years).

This document will focus predominantly on the needs of older people, or people whose needs are related to aging. As such, the messages in this MPS are inclusive of older people with a range of needs and conditions, including frailty, dementia, challenging behaviour, mental health conditions and learning disabilities.

We have developed this document using a range of resources and information, including:

- Southampton Data Observatory
- CQC Information
- Local Quality & Safeguarding feedback
- Contract monitoring data
- Formal and informal feedback from care providers, including via Hampshire Care Association



3. Adult Social Care in Southampton

Southampton is a vibrant and forward-looking city with significant opportunities to grow in prosperity, diversity and quality of life in the coming years. However, like every place in the UK, residents and local organisations face uncertainty and challenges.

Although Southampton is located in the relatively prosperous South East of England, the city has residents living in some of the most deprived areas in England. In 2019, Southampton ranked as 55th out of 317 on the deprivation index (with 1st being the most deprived).

In addition to this, there are significant health inequalities within the city with an increase in the number of people with multiple long term conditions.

Future needs forecast

A key factor influencing the demand for adult social care is demography. In an ageing society, it is logical to expect that demand will increase. In Southampton, it is anticipated that the percentage of residents over 65 years in age will increase by 21.6% by 2040, representing an additional 12,900 people in that age group over the next twenty years.

Year	2020	2025	2030	2040
% Increase in Population (compared to 2020 baseline)	0%	8.4%	20.9%	36.8%
Total Population	34,500	37,400	41,700	47,200
Increase in Population	0	+2,900	+7,200	+12,700

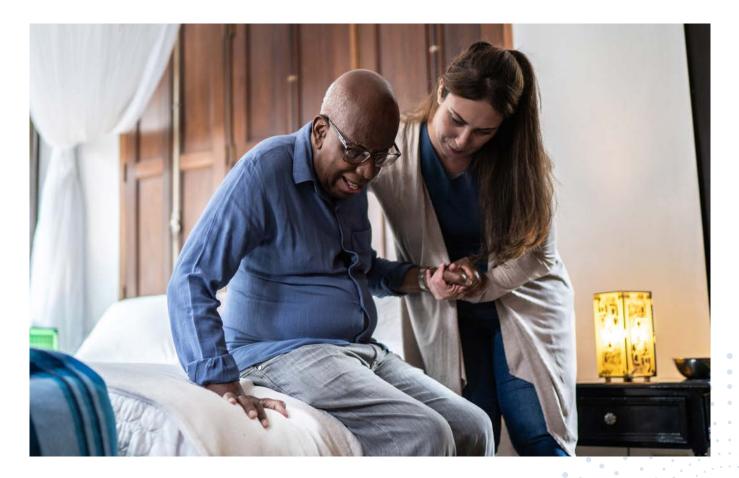
The table below shows the expected population increase of people aged 65 and over:

Currently only around 6% of people aged 65 and over are in receipt of adult social care support, however, this still represents a significant figure of more than 2,000 people.

More specific age groups within the 65+ population are forecast to undergo very different changes, for example the 65-69 population is forecast to increase by 21% by 2040 whilst the 90+ population is forecast to increase by 89%. This presents a significant challenge to the city, as the numbers of people with increasing complexity of needs are predicted to grow as the population ages.

The table below summarises our assessment of the key challenges in the adult social care older person's market going forwards.

Factor	The Challenge	
Aging population	Increased demand for services as a result of more people aged 65+.	
Increased diversity	Different cultures, nationalities and religions have expectations on older persons' care that may challenge the current market.	
Deprivation	Higher deprivation is associated with higher care needs and rates of multiple long term conditions	
Increasing complexity of needs	Expected increase in number of people with multiple conditions and higher complexity of needs.	
Change in legislation	The impact of social care reforms is still uncertain but likely to significantly affect how the sector operates.	
Cost of living crisis	Increase in people struggling financially and resultant exacerbation of health and care needs.	
Workforce pressures	Recruitment and retention of staff is challenging in the current financial climate and with current local authority finances stretched, the ability to significantly increase pay or other conditions is limited.	
Impact of COVID 19	Many carers left the sector due to burnout or reluctance to be vaccinated. Covid outbreaks continue to occur in care homes and pose a risk to residents. Some older people have been left with long term COVID.	



One of the clear messages which runs through this MPS is the increasing complexity of care needs within the local population. We are moving toward enabling more people to live as independently as possible. This means we expect all future services to be able to support people with more complex needs.

Type of complex need	Presentation of need
Behaviour which challenges	 The wide range of behaviours which can challenge are varied in both presentation, intensity and frequency and can include: Self injurious (from self neglect to self harm) Danger to self (Absconding/lack of awareness of hazards) Reluctance to accept care Harm to others (including Verbal/Physical behaviour) Environmental Damage (one off or continuous damage to property) Lack of awareness of ownership of belongings
Clinical/medical	It is not possible to list every possible presentation, however, examples include: • Diabetes (particularly if this is not well controlled) • Use of oxygen or other breathing equipment • Mobility • Complex nutritional requirements and methods • Tissue Viability • Complex and/or time-consuming administration requirements for medications • Epilepsy • Bariatric needs
Other	This could include:Complex family circumstancesHeavy smoker

The chart below describes what we mean when we describe complex needs.

Often, a combination or interaction of multiple needs described above can pose particular challenges. We will continue to develop these definitions and the accompanying support offer alongside care providers.

Most of the service provision for older people's care is sourced via the private or independent sector. We hope to build upon our strong working relationships with the sector to meet the needs of the older people we serve. We will continue to help the sector in areas such as workforce recruitment, retention, training and wellbeing along with having an ongoing active dialogue with the market about the direction of commissioning laid out in this document.

4. Our approach to commissioning

Health and care services have seen considerable reform over the past decade, and Southampton has responded swiftly to these changes, with the early establishment of an Integrated Commissioning Unit (ICU) to support joint commissioning across the local health and care partnership. The ICU remains at the forefront of this process of increasing integration, supporting the local health and care partnership in managing the cycle of analysis, planning, implementing and reviewing services, and undertaking transformative work which will improve outcomes for patients and residents.

As the Hampshire & Isle of Wight Integrated Care Board establishes new place and locality-based arrangements, the ICU's operating model is being revised to provide truly local insights into the needs of Southampton residents, and to ensure that they can access support when needed within their local community.

The Southampton Health & Care Strategy sets the overarching objectives and direction for local commissioning decisions. We have aligned our commissioning activity in four key areas which fit broadly against life stages:

- Start Well
- Live Well
- Age Well
- Die Well

Given the focus of this MPS, the most relevant of these areas are 'Age Well' and 'Die Well'.

Age Well includes preventative approaches that	Die Well provides dignity and choice at the end
reduce social isolation, promote self-care and	of life, with more people dying in a place of their
independence and provide effective support	choosing, with the appropriate support to plan
for more complex health needs. Increasingly	for their end-of-life health and care needs, and
technology is playing a part in support people to	appropriate advice, guidance and support for their
remain at home.	carers.

Enhancing the quality of local services

A key part of the work of the ICU is to support the local care market to deliver safe, high quality services. We have an excellent multi-disciplinary Quality & Safeguarding team comprised of social workers, clinical nurses, safeguarding designates, pharmacists, infection prevention specialists and digital workers which partners with local providers to enhance and sustain quality in care locally. This can be in the form of regular quality audits, training and education seminars, infection control clinical reviews, link worker groups, coaching, safeguarding enquiries or digital development amongst other things.

Sourcing care in Southampton

Another key team within the ICU is the Placements Team. Most care providers will be familiar with this team as they are responsible for receiving referrals from practitioners and sourcing suitable care provision. The team also supports providers with payment and invoicing queries.

5. Our commissioning intentions for the next five years

This section describes the status of current commissioning arrangements for older people's care and support. It outlines our future needs forecasts, intentions for the future of relevant services, and details potential opportunities for the care market.

Our future service model is comprised of the following four elements:

- a. Early intervention and prevention
- b. Support at home and in local communities
- c. Housing with care (extra care)
- d. Bed based care (residential and nursing)

5a. Early intervention and prevention

Commissioners in Southampton have a long history of collaboration with the local voluntary and community sector and have formalised this relationship via a jointly commissioned infrastructure contract and a range of contracted services supporting the community. However, the changing economic situation presents challenges for both commissioners and the sector alike, and new ways of working together are needed with a partnership rather than a transactional focus. We want to champion our local community and third sector and empower the use of community solutions to improve independence and quality of life and reduce isolation and poor health outcomes.

In order to be fully empowered to make the right choices about a person's care, clear and timely information is needed. We commission the So:Linked service to provide community navigation and to support residents of Southampton to connect with a wide range of activities, advice and support services. We also expect that all care providers will have a broad awareness of local community resources both directly and via So:Linked and be able to promote them to the people they care for.

The range of care technology options continues to expand and the Council has an in-house team dedicated to supporting local residents with telecare equipment which will offer peace of mind to them and their families. We also expect that all care providers will fully utilise care technology to make their service as efficient as possible and respond to new initiatives as they develop in the city.

Market opportunities:

Care providers which are at the forefront of trialling and adopting care technology will be better placed to receive business from the Council and partners.

5b. Support at home and in communities

We believe that providing the right care, at the right time is critical to the success of our commissioning vision based on supporting people to stay independent and part of their communities for as long as possible.

We are in the process of tendering a new 'platform' for older person's Home Care services (sometimes also called domiciliary care). This platform will be the primary way in which the Council and ICB commissions home care services and secures sufficient capacity to support the residents of Southampton. The platform

represents a long-term commitment to the market which will enable stronger links to develop and give providers more assurance around continued business.

We expect that all home care services will utilise a strengths-based, person-centred approach and that care and support plans are constructed with achievable outcomes that are delivered in a financially sustainable manner.

We forecast that there will be a growing demand for home care services in the city as the older persons' population and complexity of need increases. We strongly support the 'Home First' agenda for discharges from hospital. This will result in an increased demand for home care as a result of our efforts to divert or delay people from requiring care home placements where they can be supported within their own home.

We commission a range of daytime activities for older people called 'Southampton Living Well'. These offer daytime activities and a place to go for older people living in Southampton. Former day care centres have been transformed into thriving activity hubs promoting friendship and fun as well as day trips and activities. Having activities close to where people live means that they can feel closer to their neighbourhood as well as reducing travel time and costs. We are also considering options around commissioning an integrated transport offer, which takes the benefits of decreased environmental impact and the use of technology to streamline transport.

We are also developing an assets-based approach to support breaks for carers, using good neighbours to assist and plan to develop our shared lives scheme to further support carers.

Market opportunities:

The new home care platform will be going live in May 2023. There will be the opportunity for new providers to join the platform at any point, but we encourage any provider interested in delivering home care services to contact us for an initial discussion.

We are particularly looking for home care providers who are able to support people with complex needs, including low level health needs, (e.g. requiring enteral feeding or collar care) as well as providers willing to make a reablement approach integral to their service offer.

5c. Housing with care

We published a dedicated Housing with Care MPS in 2022 which can be viewed <u>here</u>. We have summarised the key points below but further details can be found in that document.

We define housing with care as individuals having their own tenancy, ownership, or other legal rights within a block of accommodation which has on site care provision. This might include staff to provide onsite support services or personal care 24 hours per day. Housing with care should enable residents to maintain as much independence as possible, while providing easy access to the care provision they need to maintain their health and wellbeing.

For older people, housing with care takes the form of 'Extra Care'. There are currently six extra care schemes in Southampton with a total of 243 flats. Five of the schemes are owned by and have housing managed by the Council with private care providers delivering the on-site care provision. These schemes are used exclusively by individuals referred by the Council's adult social care teams.

Most of the schemes have age criteria (e.g. aged 65+). However, newer developments have lowered or removed these requirements so that younger individuals with care needs can live there, where appropriate. Within the extra care allocation process, careful thought is given to potential new residents to ensure that they will be compatible with the other scheme residents who may have different care needs.

We will commission the care provision within extra care via our new home care platform.

We are seeking to significantly expand extra care accommodation in the future. We forecast that a significant number of people could be supported in extra care who currently live within care homes. Over time, we expect that providers of care within our extra care schemes will be able to support individuals with a high complexity of need and requirement for more care hours. However, this will be a gradual change.

As can be seen in the map at the end of this document, five of the current schemes are located in the west of the city therefore there is a need for more provision in the centre and east of Southampton.

A recent needs assessment forecast that the following extra provision will be needed:

- By 2025 117 extra flats
- By 2030 186 extra flats
- By 2040 254 extra flats

Assuming that an average scheme is around 60 flats, this means two new schemes are needed by 2025, three new schemes by 2030 and four new schemes by 2040. Sixty flats is an example and any new scheme could be greater or smaller than this.

Market opportunities:

Whilst there are several new extra care schemes in early stages of development, we are keen to hear from all partners who share our vision and support a similar set of principles around extra care and are eager to grow their investment in Southampton.

5d. Specialist bed based provision (residential and nursing)

In Southampton there are 30 care homes which mainly support residents aged 65 and over, 9 of these homes primarily provide nursing care and 21 provide residential care without nursing.

Type of home	CQC registered beds
Residential	574
Nursing	582
Total	1,156

(Source: Capacity Tracker @ 30/01/23)

Half of the care homes in Southampton have under 30 beds and only one third of homes are purpose built. Most of the city's care homes have been converted from general housing. Whilst the quality of care in these homes is not generally a concern, their long-term sustainability is a risk as some are coming to the end of their suitability as modern care homes and lack the ability to meet the higher expectations from residents, families, commissioners, and regulators (e.g. having ensuites or wet rooms as standard).

Care home occupancy levels are currently at around 82% and have been slowly increasing from a low of 73% during the pandemic. The Council commissions around 45% of the beds currently occupied in Southampton (40% in nursing homes, 51% in residential homes). This has not significantly changed over the past few years, however, it may do so in the future when the national care cap and charging reforms are implemented and more people become eligible for full or partial funding from the local authority (currently planned for October 2025).

The Council also funds a significant number of nursing home placements outside of the city, although the majority of these are within 10 miles of the city boundary. Whilst there are a range of factors which affect where a placement is made, one of the main factors is prevalence and growth in complexity of need. The city's care homes often report that they sometimes do not feel able to support individuals with complex needs, hence why some placements are made outside of the city.

A residential and nursing needs assessment was completed in 2021 and concluded that there is already sufficient residential provision in the city to meet needs until at least 2030, but that there is a need for around 95 extra nursing beds by 2025 and a further 118 extra beds by 2030. Long term forecasts like these are subject to a range of factors such as changes in national policy or increase in reablement provision so they will be regularly reviewed and updated if necessary.



As described in the previous section, we plan to significantly expand the amount of extra care provision in the city and one reason for this is to avoid care home placements for people who can maintain more independence. This means that to remain viable, care homes will need to be able to support individuals with a higher level of need. This could be achieved by environmental changes such as installing wet rooms and hoists as well as increasing staff training and competency levels. We recognise that this cannot happen in isolation and we will be prioritising work with local care homes to be able to enhance and develop their offer to support an increasing complexity of need.

Southampton commissioners are actively developing and seeking further options for growing the local supply of nursing home beds in the city for those with complex needs.

The primary route for individuals into nursing home placements is via hospital discharge. Care homes will be aware that individuals currently being discharged from hospital tend to have higher needs than those before the pandemic and this will remain so for the foreseeable future. Timeliness of assessment and discharge is a key factor in an efficient discharge pathway, and we expect that care homes should routinely be able to accept patient discharges at weekends and bank holidays.

We currently commission Discharge To Assess (D2A) beds within several local homes which aim to provide a quick route out of hospital, allow a short period to review an individual's needs, and assess what long term care provision they may need. We expect to develop this pathway further over the next few years to ensure there is always a core aim of reabling people to maximise their independence.

The self-funder market

We estimate that individuals who self-fund their care utilise around 34% of care homes beds in Southampton (43% for nursing, 23% for residential). This decreased during the pandemic and it is not yet clear whether it will rebound. The other factor which will affect this is the planned adult social care reforms.

Market opportunities:

We expect that all care homes in the city will need to consider their future business plans in light of this MPS. Whilst some care homes are already re-shaping their provision and are well placed to respond to the future needs we have described, many care homes will find this challenging. We will therefore be proactively engaging with all providers to discuss their business plans and seeking to work together closely to support the gradual adaptation of provision.

The Council is currently working in partnership with the NHS to repurpose vacant parts of the Royal South Hants hospital site to develop a new nursing home facility which can support individuals with complex needs. This is likely to be a new business opportunity over the next few years.

We are keen to work with current care homes which seek to upgrade and specialise in nursing provision, those keen to trial & implement care technology and partner with health organisations.

We will be keen to scope out and develop provision offering a step-down and reablement service for people currently staying in residential and nursing facilities, to support moves into housing-based models of care.

6. Supporting the workforce

Around 4,000 people work in the local adult social care sector with the majority working in older person's care services.

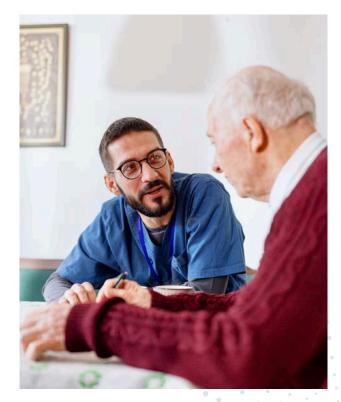
The increasing demand for adult social care staff due to an ageing population with increasingly complex needs, as well as competition with other sectors, continues to add to the difficulties in recruiting and retaining care staff in the city. We have invested in a specific post in the ICU to support the local provider market with a focus on recruitment, retention, training, and wellbeing of staff. We will also continue to ensure steps are taken to measure the effectiveness of the offer we provide and adapt accordingly.

There is a range of support that we offer providers to support recruitment, and we will continue to develop this further:

- A local recruitment campaign has been run, aligned to the national campaign and linked to the Council website where providers can promote their vacancies.
- We will continue to develop our partnerships with local colleges and universities to help increase the number of staff in the sector. In 2022, we commissioned three courses run by a local college to support anyone seeking employment and give them a guaranteed interview with a care provider on the final day of the course. We will continue to support providers in building partnerships with colleges and taking on student placements.
- In our efforts to make the sector accessible to all groups and to alleviate staffing issues, we will continue to work with the Council's employment support team to connect providers to the support that is available. We will also continue to offer advice to providers seeking to recruiting from overseas, whilst working with the Ukraine Support Hub and other local partners to advise those seeking employment.

During the next five years, we will continue to prioritise our efforts to develop the support we offer providers to increase retention. We will monitor the state of wages to ensure rates of pay enable safe and sustainable service provision as well as checking the types of contracts staff are working under and their working conditions. The Council will also provide appropriate resources to signpost staff to support during the cost-of-living crisis, whilst creating wellbeing resources for providers to distribute to their staff.

Ensuring the workforce are upskilled to meet the increasing demands on care services, we will continue to enhance the training offer. Using regular communications with providers to inform us of the training gaps, we will bring together various organisations from across health and care and the internal resources of the Council to address these.



7. Ways to get in touch

We believe there are good relationships in place with care providers in Southampton and intend to continue strengthening these relationships to ensure mutually beneficial levels of trust and understanding between commissioners and providers are maintained. Providers should feel free to express concerns or issues openly with commissioners and be confident that these will be considered and responded to quickly. Commissioners expect providers to engage with future market development plans. Whilst it is likely there may be some difficult conversations, particularly with providers who are reluctant to change or adapt their service offer, we believe these are necessary to ensure a sustainable market in the future which can meet the growth in demand from the population as well as increases in complexity of need.

We work closely with Hampshire Care Association, the local representative body for care providers, and encourage all organisations to join the association and contribute to their work. More information can be found <u>here</u>.

We are always keen to hear from people and organisations who wish to work with us or find out more about the local adult social care sector. If you would like to speak to us about this document or discuss joint working opportunities, please contact us at the email address below.

We particularly recommend that providers make contact with us before making any significant business decisions such as opening a new care home or developing a new service.

Market.development@southampton.gov.uk

