

DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

PARTICULAR NEEDS HOUSING STRATEGY:

Improving the planning and
delivery of integrated health
and social care services together



DUMFRIES AND GALLOWAY
Health and Social Care

2019 - 2022



Dumfries & Galloway – Particular Needs Housing Strategy

Draft Particular Needs Housing Strategy

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1.0 Introduction

The Local Housing Strategy (LHS) sets out the vision of Dumfries and Galloway Council and our partners for the future of housing across all tenures and types of accommodation considering of national priorities as well as local needs.

This ambitious strategy outlines our intention to develop more supported accommodation for the people of Dumfries & Galloway.

*“Supported Accommodation” is meant accommodation in which a measure of care, support or supervision is provided to assist the occupants to cope with the practicalities of day-to-day living.” **Do we need a clearer definition or change terminology?***

Dumfries & Galloway have some excellent examples of supported housing accommodation but there is currently not enough to allow everyone access across the region to have a full range of choice.

The four localities within Dumfries & Galloway making up the region are:

- **Annandale & Eskdale**
- **Nithsdale**
- **Stewartry**
- **Wigtownshire**

These localities have different and diverse characteristics. They each have different patterns of housing and care/support will be needed in different areas. We need to know how best to develop the right level of service provision in these different locations and will gather this information through various forms of co-production:

We want all people of Dumfries & Galloway that need supported accommodation to have a wider choice of high quality housing. Dumfries & Galloway is looking for partners who want to help to deliver this innovative approach in its vision:

‘Where we work together to make our communities the best place to live active, safe, healthy and fulfilled lives by promoting independence, choice and control’.

This strategy sets out the way that the health and social care partnership will work with new and existing partners to develop both large scale supported accommodation schemes and local initiatives that will benefit smaller communities.

This strategy has been developed in consultation with key stakeholders including:

- 1. Community Health & Social Care Partnership**
- 2. Elected Members**
- 3. Strategic Particular Needs & Housing Groups**
- 4. Localities Management Teams**
- 5. Co-Production Group/Communities?**

The main purpose in developing this ‘Particular Needs Housing Strategy’ is to:

- Link in and support the overall LHS and the clear strategic direction for housing investment.
- Contribute to the effective integration of health and social care.
- Support this agenda, through the design and delivery of housing and housing related services, that can respond to the needs of individuals as and where they arise.
- Provides choice in location, accommodation type, tenure, affordability and support arrangements.

- Promotes well-being and independent living for as long as possible.
- Contribute to national & local priorities.
- Reflect the views and contributions of stakeholders.

These key priorities must be delivered within the context of an ageing population, high demand for appropriate housing stock, financial pressures/challenges within the health & social care partnership budgets and changes to the welfare system.

1.1. Strategic Context

The strategic direction for social care and support services is one of increasing choice, independence and empowerment; it is set out in several initiatives and strategies both nationally and locally which are summarised in **Table 1** below.

The Housing (Scotland) Act 2001 places a responsibility on local authorities to prepare an LHS supported by an assessment of housing provision and related services. DGC are responsible for preparing the LHS, which will set out the strategic direction to tackle housing need and demand and inform future investment in housing and related services across the region.

As a result, social care nationally is in the process of a transformation that is putting power into the hands of service users who are increasingly enabled to choose how their needs will be met and by whom.

There is also considerable emphasis on helping people maintain their independence, especially following crisis or hospital admission, rather than making a care placement as the first step.

Reablement aims to help people regain improved functioning, following hospitalisation or crisis, to return to independent living. Individuals are provided with intensive support for a period of a few weeks with the aim of withdrawing or reducing care at the end of this period.

Intermediate care is an umbrella term for a range of integrated services designed to provide: an alternative to hospital admission; a way to support early discharge from hospital or rehabilitation packages to promote independence and avoid long term care.

At the same time, changes to the benefits system, particularly housing benefits will be reducing the benefit payable for some households through the recent reductions in local housing allowance and this may impact on the housing options available for older people who are dependent on housing benefit.

Table 2 below sets out the scope of this strategy – which is to communicate our intention to commission different and more innovative models of care and types and proportions of supported accommodation, including housing related support in the future.

Table 1 – National & Local Strategic Policies and Initiatives

National Strategic Initiative/ Policy	Local Strategic Initiative Policy	Health	Social Care
National Health and Wellbeing Outcomes			
	Housing Need and Demand Assessment 2016		

National Strategic Initiative/ Policy	Local Strategic Initiative Policy	Health	Social Care
	Local Housing Strategy 2018/2023		
	Health & Social Care Strategic Assessment Plan 20??		
	Housing Contribution Statement 2016		
			Reshaping Health & Social Care for Older Adults in Esk Valley 2016
			Report on Models of Care for Older People 2018
	Joint Strategic Plan for Older People 2012/2022		
Keys for Life 20??			
National Autism Strategy 2011			
			Better Lives Research
			Learning Disabilities – Scoping Outcome
			Local Autism Development Plan
	Common Housing Register		

National Strategic Initiative/ Policy	Local Strategic Initiative Policy	Health	Social Care

Table 2 – Scope of Particular Needs Housing Strategy

Model and Type of Supported Accommodation	Included in Strategy	Health & Social Care Sector	Description of Accommodation
Supported Accommodation	Yes	Learning Disabilities Older People Homelessness	
Sheltered Housing	Yes	Learning Disabilities Older People	
Extra Care Housing	Yes	Learning Disabilities Older People Mental Health Young Adults Physical Disabilities with Sensory Impairment	
Intermediate Care	Yes	Older People	
Specialist Accommodation	Yes	Learning Disabilities Mental Health Dementia Physical Disabilities Sensory Impairment Autism	
Residential/Nursing/Care at Home	No		

Demography & Related Issues

The proportion of older people in Dumfries & Galloway is already above the national average and is set to rise at a greater rate than the rest of Scotland. A combination of increasing volume and complexity of need: limited budgets and increasing costs is leading to services becoming unsustainable and the prospect of poorer outcomes.

It is projected that by **2037**: Numbers of older people will increase by 56%. A rise of 27% in the prevalence of people living with dementia. Demand for care at home services will increase by 47%. Demand for care home places will increase by 50%.

Across Dumfries and Galloway there are 29 older adult care homes with a total of 1,129 beds.

- Just under half of all beds are designated 'residential' (512 beds, 45%) followed by 387 beds (34%) designated 'residential and nursing', 194 beds (17%) designated EMI (Elderly Mentally Infirm), 24 beds (2%) designated 'nursing' and 12 beds (1%) designated 'mental health'.
- Across Dumfries and Galloway, the occupancy rate for all care home beds is around 94%.
- As a proportion of the population:
 - for every 1,000 adults (18+) resident in Dumfries and Galloway there are 5.7 people living in a care home
 - for every 1,000 older adults (65+) resident in Dumfries and Galloway there are 23.1 people living in a care home
- There are an additional 3 care homes in the region that offer residential care places within specialist services; 1 care home with 9 beds for people with mental health issues and 2 care homes for people with learning disabilities or autism with a total of 21 beds. Occupancy was 100% across all three homes with five of the residents in Learning Disability beds from out of the area.

Table 3 – Older Adult Care Home Beds by Locality, Bed Type and Occupancy 2018.

	Annandale and Eskdale		Nithsdale		Stewartry		Wigtownshire		Dumfries and Galloway	
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)
No. Care Homes	8		8		8		5		29	
No. Beds	306		406		244		173		1129	
<i>Bed Type</i>										
Residential	231	(75.5%)	102	(25.1%)	118	(48.4%)	61	(35.3%)	512	(45.3%)
Residential and Nursing	45	(14.7%)	166	(40.9%)	104	(42.6%)	72	(41.6%)	387	(34.3%)
EMI (Elderly Mentally Infirm)	30	(9.8%)	102	(25.1%)	22	(9.0%)	40	(23.1%)	194	(17.2%)
Nursing	0	(0.0%)	24	(5.9%)	0	(0.0%)	0	(0.0%)	24	(2.1%)
Mental Health	0	(0.0%)	12	(3.0%)	0	(0.0%)	0	(0.0%)	12	(1.1%)
<i>Occupancy</i>										
Occupied	290	(94.8%)	369	(90.9%)	223	(91.4%)	171	(98.8%)	1053	(93.3%)
Vacant	16	(5.2%)	37	(9.1%)	21	(8.6%)	2	(1.2%)	76	(6.7%)

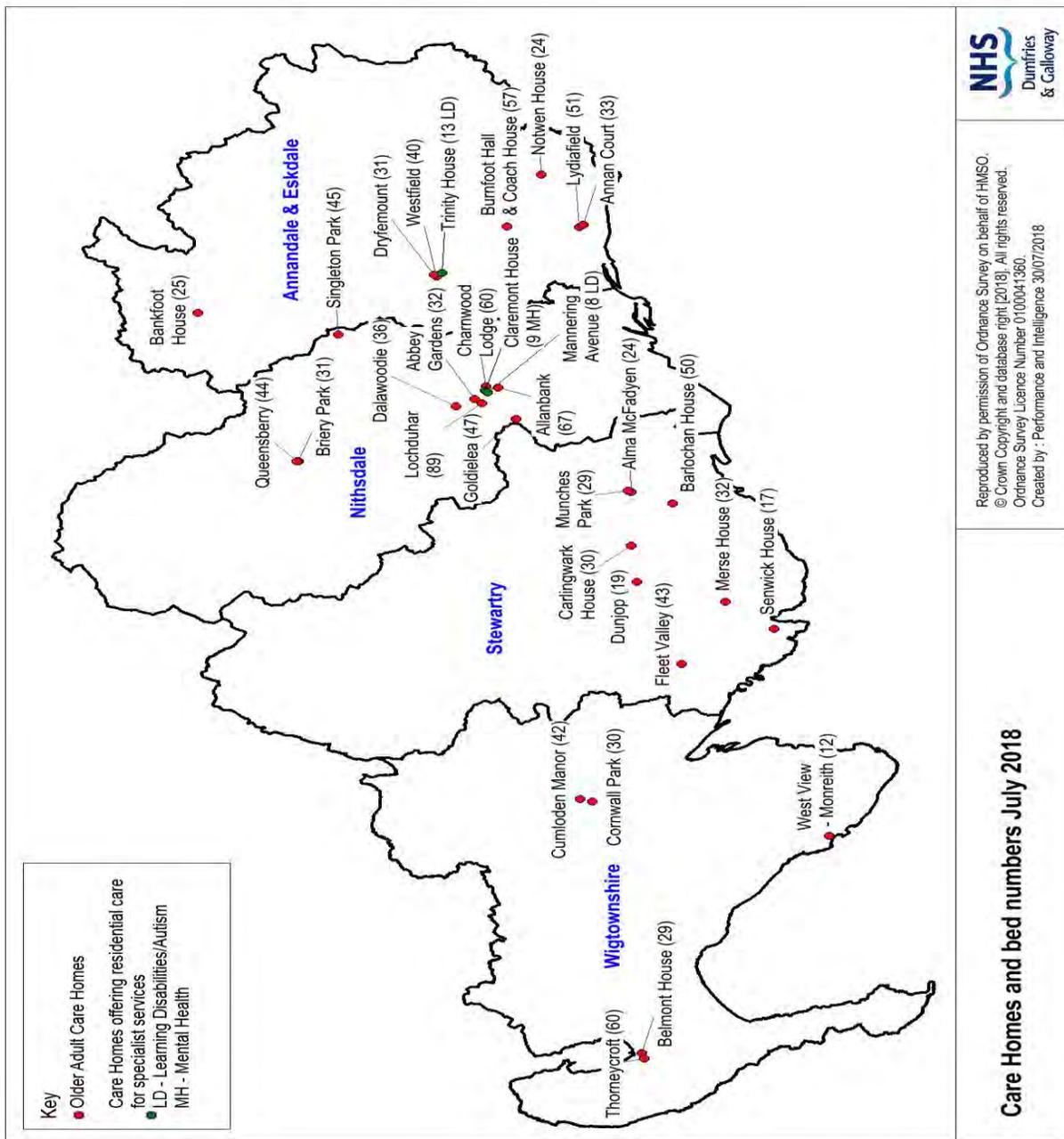


Table 4 - Proportion of Older People Living in a Care Home - 2018

	Annandale and Eskdale	Nithsdale	Stewartry	Wigtonshire	Dumfries and Galloway
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	1/1,000	1/1,000	1/1,000	1/1,000	1/1,000
People living in a care home as a proportion of all adults (18+)	6.7	5.8	6.2	4.2	5.7
People living in a care home as a proportion of older adults (65+)	24.9	22.7	24.4	16.4	23.1

Population Trends

Between 2006 and 2016 the number of care homes across Dumfries and Galloway has decreased by 26% (from 50 care homes in 2006 to 37 care homes in 2016). This is similar to the rest of Scotland which overall has seen a 20% decrease during the same time period (1,470 care homes in 2006 to 1,175 care homes in 2016).

The number of registered places at a care home across Dumfries and Galloway has only decreased by 11% during the same period (1,334 places in 2006 to 1,192 places in 2016). A similar pattern has occurred across Scotland with a 4% decrease in registered places nationwide (43,311 places in 2006 to 41,461 places in 2016). Furthermore, across Dumfries and Galloway the number of long stay residents has increased by 3% from 1,025 residents in 2006 to 1,058 residents in 2016.

There has been a shift in the occupancy rate in 2011 for care homes across Dumfries and Galloway. In 2010 the occupancy rate was 82% whereas in 2011 the rate was 88%. The occupancy rate has since stayed around 90%. Since 2011, the occupancy rate for Dumfries and Galloway has been similar to the rate for Scotland (88% in 2016).

These results suggest that the overall trend in care home provision has been one of consolidation with fewer larger care homes as opposed to many smaller care homes. There are many factors that may have influenced this trend including local commissioning strategies and responding to market conditions within Dumfries and Galloway. **(Figure 1.)**

Care Home Census

The Care Home Census includes information on the demographic profile of people living as a long-term resident in a care home.

3 in 10 people from Dumfries and Galloway who are long stay care home residents are men. 7 in 10 people who are long stay care home residents are women. This distribution has remained the same between 2006 and 2016 and is consistent with Scotland. Women across Scotland have a longer life expectancy than men and are more likely to survive into very old age. The distribution between men and women in a care home reflects this.

In 2016 the median age of a person on admission to a care home was 78 years. The median age of a person on discharge from a care home was 84 years. Over time, the age profile of people living in a care home has shifted slightly towards an older age. The chart in **Figure 2.** compares the age distribution of people from Dumfries and Galloway living in a care home from 2006 to 2016. The peak of the curve has increased between ages 75-94 while at the same time decreasing between ages 75-84. A similar pattern has been observed across Scotland.

Figure 1: Results from the Scottish Care Home Census; Dumfries and Galloway and Scotland; Snapshots taken on 31 March 2006 - 31 March 2016

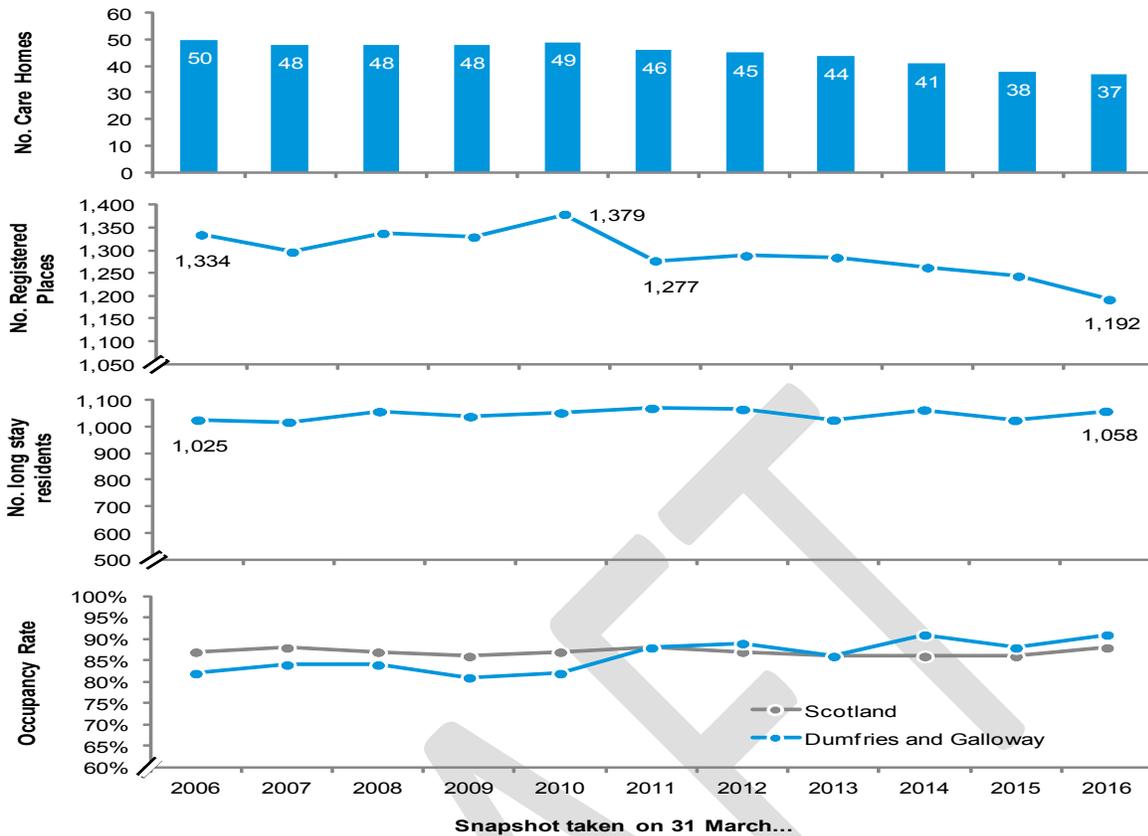
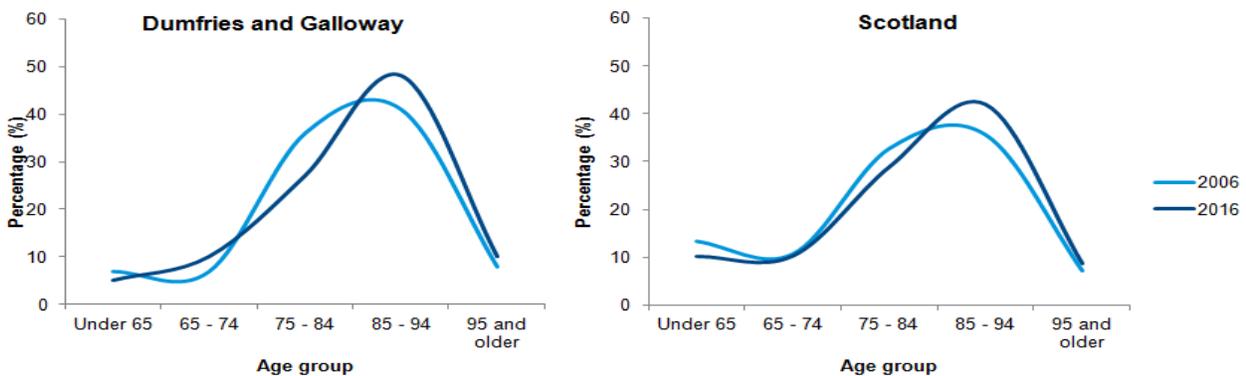
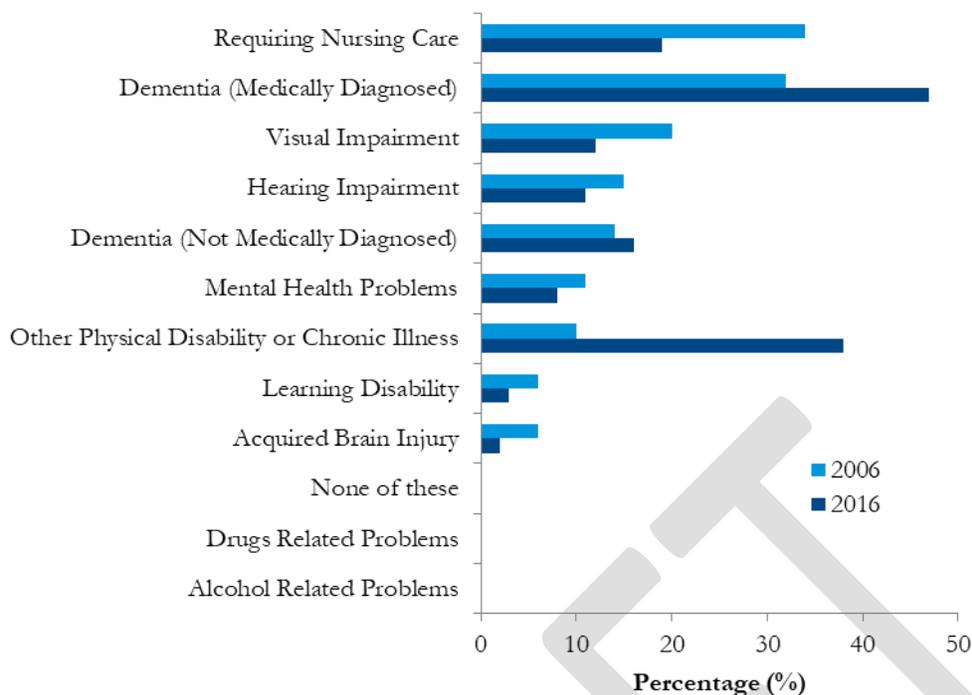


Figure 2: Age Distribution for Long Stay Residents in a Care Home: Dumfries and Galloway and Scotland; 2006 and 2016



The Care Home Census also contains information on some “characteristics” commonly associated with people living in care home. The results for Dumfries and Galloway are displayed in **Figure 3**. According to this source, medically diagnosed dementia is the most common ‘characteristic’ amongst long stay residents in a care home. This ‘characteristic’ has also seen the second highest increase between 2006 and 2016. The greatest increase has been for “Other Physical Disability or Long-Term Condition” which increased from 10% in 2006 to 40% in 2016.

Figure 3: Percentage of people resident in a care home on a long stay basis by 'characteristic'; Dumfries and Galloway; 2006 and 2016



SPARRA Database

The SPARRA database, maintained by ISD Scotland, includes a care home flag that enables people who are resident at a care home to be identified within the database. The SPARRA database includes information on long term conditions.

Proportion of Care Home Residents Captured by SPARRA Dataset

There are 951 care home residents listed on the current SPARRA database. With total care home capacity in Dumfries and Galloway of around 1,050, the following analysis therefore incorporates data for at least 90% of the total care home population.

Number of Long Term Conditions Per Resident

The SPARRA database identifies individuals who have had a previous hospital admission for any of the following 15 long term conditions (LTCs):

- Arthritis
- Heart Failure
- Multiple Sclerosis
- Parkinson's Disease
- Renal Failure
- Heart Disease
- Asthma
- Atrial Fibrillation
- COPD
- Dementia
- Diabetes
- Epilepsy
- Chronic Liver Disease
- Cancer
- Cerebrovascular Disease

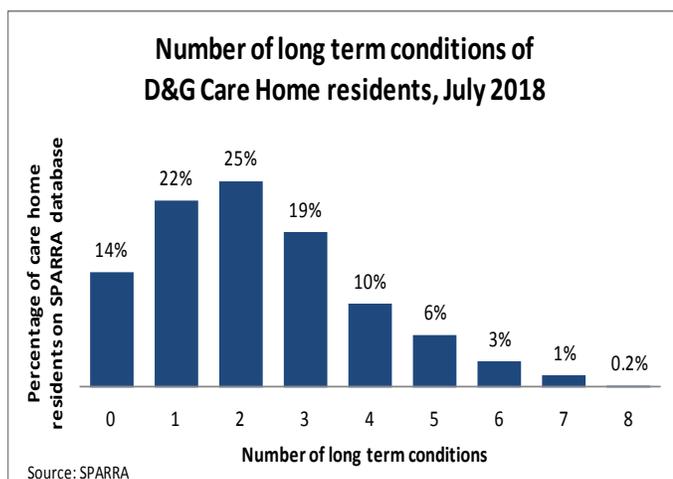
Most care home residents are living with at least one of the following 15 long term conditions. Only 14% of residents have not had a previous hospital admission for any of the 15 long term conditions specified. 22% have one long term condition and 64% have two or more long term conditions.

Number of long term conditions of care home residents on SPARRA register

Number of long term conditions listed	Number of residents	Percentage of residents
0	131	14%
1	212	22%
2	234	25%
3	176	19%
4	95	10%
5	59	6%
6	29	3%
7	13	1%
8	2	0.2%
Total number of residents	951	100%

Source: SPARRA database - risk year 1st July 2018

Data based on all care home residents with a SPARRA score of at least 10%



Prevalence of Long Term Conditions Amongst Care Home Residents

Of the 15 LTCs listed, dementia is the most prevalent amongst the care home population, with 44% of all residents having had a previous hospital for the condition. A third (34%) have arthritis and around a quarter have either heart disease or cerebrovascular disease.

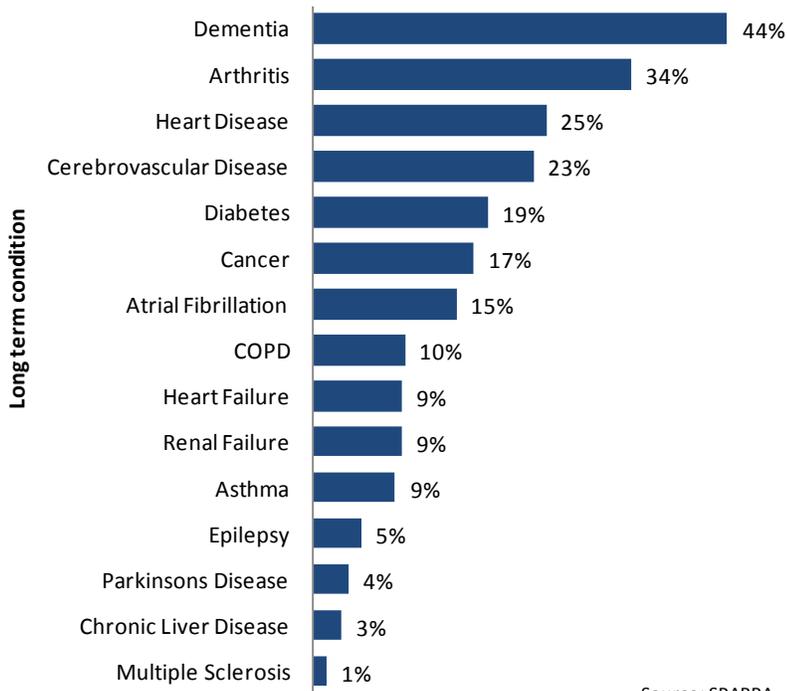
Number of long term conditions of care home residents on SPARRA register

Long term condition	Number of residents with condition	Percentage of residents with condition
Dementia	420	44%
Arthritis	322	34%
Heart Disease	236	25%
Cerebrovascular Disease	223	23%
Diabetes	177	19%
Cancer	163	17%
Atrial Fibrillation	145	15%
COPD	93	10%
Heart Failure	89	9%
Renal Failure	89	9%
Asthma	83	9%
Epilepsy	48	5%
Parkinsons Disease	35	4%
Chronic Liver Disease	28	3%
Multiple Sclerosis	13	1%
Total number of residents	951	100%

Source: SPARRA database - risk year 1st July 2018

Data based on all care home residents with a SPARRA score of at least 10%

Proportion of D&G care home residents with specified condition, July 2018



Source: SPARRA

THIS PAGE FOR FURTHER WORK.

**INSERT
GRAPH**

Rising Numbers and Trends in all Categories Indicated

What we buy today and what we spend

**INSERT
GRAPH**

Housing Demands

**INSERT
GRAPH**

Get data from Common Housing Register

The information below will be inserted throughout the strategy as required.

Extra care housing acts as a preventative model, supporting independence and avoiding admissions into residential care; extra care housing is a more cost-effective model of care delivery than other models, including residential care and care in the community. The resultant findings revealed that the financial impact of the findings was considerable, with the evaluation indicating that the cost of extra care housing was on average half the gross cost of the alternative placements. This has given pause for thought about the future strategic direction of extra care housing and has helped inform growth plans

Extra care housing is a preventative service model which enables people to remain in the community and not enter residential care or nursing care; extra care housing is a more cost-effective model than residential/nursing care or a person's own home

Domiciliary care in own home; ◦ sheltered housing with care and support; ◦ very short term domiciliary care (unlikely to be sustained beyond 6 months and likely to result in residential care after this); ◦ residential care; ◦ EMI residential or nursing care provision; ◦ nursing care. the Consultant visited every scheme and sought the views of the scheme manager and the care manager about appropriate alternatives for everyone living in their scheme; following discussion the Consultant's initial views were modified (in some cases); Summary Dashboard of Key Findings

Appropriate placement 95% of people were appropriately placed

Hypothetical alternative placement 36% of people would require domiciliary care in own home/sheltered housing if not in extra care

Hypothetical alternative placement 63% of people would require residential/EMI/ nursing care if not living in extra care

Age under 65 11% 66 -75 24% 76 -85 29% 86+ 36%

Dependency Levels (rented) 33% high 27% medium 25% low 10% none 4% voids

Care Need 82% overall had a care need 86% rented 61% shared equity

Dementia 3% - 26% range in schemes 14% average (formal diagnosis)

Couples 27% average at scheme opening 13% at time of evaluation

Design accessible environment was an incentive to families to continue care and visiting, design impacted positively on care delivery

Were people appropriately placed in extra care housing? The Consultant's view was that 94% of people were appropriately placed (this was revised upwards from 85% following discussion with scheme and care provider managers). Reasons for inappropriate placements included: widowed spouses, people whose level of independence had increased since moving in, people whose previous accommodation had been closing e.g. decants from sheltered schemes whose care needs had reduced once their accommodation was suitable. Importantly, this high level of appropriate placement suggests that allocation policies at initial scheme let and ongoing allocations are being adhered

Cost benefit to ASC Care Provision in Extra Care is half the cost of the average alternative provision identified (gross costs) Balanced Community Mixed age and mixed dependency schemes worked best - a balanced community is crucial to success of schemes.

Restaurant Restaurant acts as a focal point for meals, good nutrition and a springboard for social activities. It is critical to success of the model.

Moved from Hospital into Extra Care 3 – 21% in schemes 13% average

Health and Wellbeing • reduction in anxiety • positive impact on high prevalence of diabetes • reduction of social isolation

DRAFT