

**JOINT
ACCOMMODATION
STRATEGY
FOR
OLDER PEOPLE**

2006 - 2016

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1.0 Vision

- 1.1 For older people within the city the vision is to promote well being and maintain independence, to postpone and where possible prevent people going into long-term care and to maintain people at home by preventing unnecessary admission to hospital. ⁽¹⁾

2.0 Scope

- 2.1 This strategy aims to identify current provision of service for older people, and the availability of suitable accommodation with appropriate support where necessary, within statutory and independent agencies.
- 2.2 Through projected population growth and available data as to the likely increase in the number of older people, both nationally and locally, to determine the projected demand for support and accommodation needs for older people over the next 15 years.
- 2.3 The strategy will ensure that key priorities, Ensuring provision of decent homes for all (priority 8), Securing a significant increase in the provision of affordable housing (priority 9), Preventing the escalation of need and promote independent living and choice for all adults and older people (priority 10) and Promoting a healthier lifestyle for all and reducing inequalities (priority 11), as identified within the Community Strategy will be addressed.

3.0 Background

- 3.1 Quality and Choice: a strategic framework for older people's housing, ⁽²⁾ published in January 2001 stated that "Too many [people] are in poor accommodation...Too many [people] have no choice and control over where they live".
- 3.2 The Department for Communities and Local Government (DCLG), and the Department of Health (DoH) set out 5 key themes within the framework
- ❖ Diversity and Choice
 - ❖ Information and advice
 - ❖ Flexible service provision
 - ❖ Quality
 - ❖ Joint Working
- 3.3 Initiatives such as the National Service Framework's (NSF's) for Older People, Mental Health and Long-Term Conditions, The Intermediate Care Agenda, The Community Care (Delayed Discharge) Act, the 2005 White Paper Independence, Well-being and Choice, Decent Homes Standards and Integrated Community Equipment Services all serve to reinforce the need for joint working between Health, Housing Services, Social Care and the private and voluntary sectors in developing and providing flexible services to meet the needs of individuals and maximise their independence.
- 3.4 The need to develop new services was highlighted within the NHS Plan and Health & Social Care Act 2001, where the need for the development of Intermediate Care facilities was highlighted.
- 3.5 In the further update to the NHS Plan in June 2004, The NHS Improvement Plan, commitment from the government to extra-care services and increased use of Direct Payments was implicit.

- 3.6 Reforming NHS Financial Flows, published in October 2002, indicated that people would have the right to opt to receive rehabilitation or 'sub-acute' care in private sector homes from 2005/06.

4.0 Accommodation / Support Options

In order to determine the medium and long-term requirements for people within Portsmouth, it is essential to understand the options available and what each one offers. A clear understanding of the limitations of each will inform decisions about how future service requirements will be met.

4.1 Prevention Services

Prevention services exist to help older people maintain their independence, reduce their reliance on traditional institutional services and ensure strategies are developed which prevent or delay the need for more costly and intensive services. The development of high quality preventive services is required within all areas of accommodation and support services to ensure that the quality of life of older people is maximised and engagement is ensured. A project plan is being developed from recent audit work that takes account of the joint review recommendations and white paper on Adult Social Care.

4.2 Domiciliary Care

Within Portsmouth, **1269** domiciliary care packages are provided to people aged 65 and over (February 2005). People receive care, which takes place within their own home. The packages are individually tailored to meet the needs of individuals, but will all include the need for assistance with personal care. The number of individuals receiving an intensive care package (more than 6 visits or 10 hours care per week) is increasing. It is anticipated that this will continue with the move towards maintaining people within their own homes.

4.3 Respite / Reablement

Short-term care within residential services. Along with providing a break for people and their carers, it can also provide rehabilitation following accident or illness. The aim is to enable the person to remain within his or her own home.

4.4 Sheltered Housing

Category 2 ½ – These are properties where staff are available to provide limited assistance and are on site 24 hours per day if needed. People have their own accommodation, but meals, assistance with personal care etc is available if required. **90%** of the budget for these additional services is met from the Supporting People budget with **10%** being paid from the Social Care budget.

Category 1 – The level of supervision needed is fairly minimal. Care Packages can be provided if necessary, through normal domiciliary care services. Daily contact by a

scheme manager is the norm. Tenancy support can also be provided as part of the Supporting People floating support service.

4.5 Intermediate Care

Intermediate Care includes all services provided by health and social care organisations and the voluntary sector whose purpose is to support people of any age to remain living in community settings. It aims to prevent illness and injury, promote recovery from ill health and minimise the effects of any adverse health and social circumstances on a person's quality of life whilst maximising their independence. The PCT and PCC will work together to maximise options for Intermediate Care and Rehabilitation to better sustain people to remain longer in independent community based options.

4.6 Extra-Care Housing

Extra Care housing provides integrated housing and care provision in suitably designed accommodation with facilities that enable rehabilitation to be carried out within the individual's comprehensive care plan. Care and support is available 24 hours a day and will be able to adjust flexibly to meet both the environmental and care needs of individuals, maximise independence and reduce the need for long-term residential care. Extra Care Housing can also be used to support Intermediate Care to prevent unnecessary admission and facilitate discharge.

4.7 Residential Care Homes

Residential care will still remain a requirement for a significant number of older people, who for a variety of reasons including mental health issues, physical disabilities etc will require 24 hour support. However the required amount of residential care within Portsmouth will be related to the provision of other accommodation and support options. Increasingly PCC will look to the development of more specialist provision e.g. for people with dementia within its in-house provision and in the independent sector.

4.8 Nursing Homes

As with residential care nursing care provision will be necessary for those people, who have the need for nursing / medical input as well as social care needs. As toolkits are devised for the assessment of individuals within Continuing Care criteria, the need for good joint working and appropriate service provision will need to be closely reviewed to ensure that decisions are based on individual need and not service-led objectives.

5 Demographics

5.1 National

For footnotes 1-9 please see the back page

5.1.1 In 2001 there were 9.4 million people aged 65 and over in the United Kingdom, of which 1.1 million were aged 85 or over. In 2004 the total number of people aged 65 or over had increased to almost 9.6 million with 1.1 million people aged 85 or over. However the percentage of the UK population aged 85 and over is projected to almost quadruple to its peak of 4.2 million in 2056.

These figures are based on the upward revision in assumed life expectancies detailed in the Government Actuary's latest 'principal' population projection.

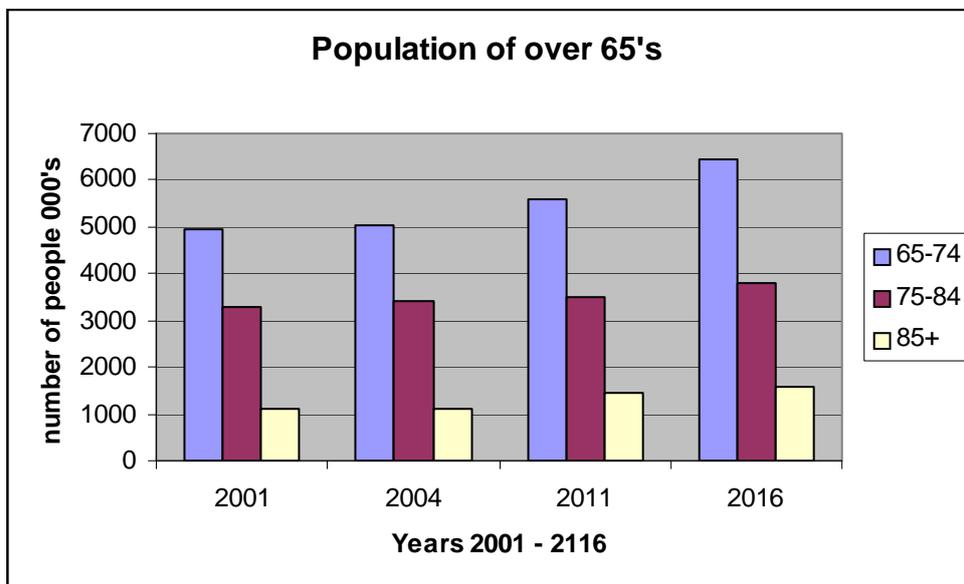
5.1.2 For the life of this strategy the national projected figures for 2011 show a population aged 65 and over of 10.5 million of which 1.44 million will be aged 85 and over. By 2016 the figures are anticipated to have risen to 12.5 million and 1.59 million respectively. ⁽³⁾ See Table 1

As dependency and disability escalate so rapidly with age, the requirement for residential care or long-term hospital stay also increase with age. In 2004 0.05% of the population aged under 65 were in some kind of care establishment. This figure rises to 0.9% for those aged 65-74 and rises again to 4.3% for those aged 75-84. However for those aged 85 and over the percentage receiving residential or long stay hospital care in 2004 was 20.7% ⁽⁴⁾

5.1.3 For those people over the age of 85, 25% will have some level of dementia (276,000 in 2004). Of these 30% (83,000) will require some level of care provision including nursing care. By 2011 this is predicted to be 360,000 and 108,000 respectively.

Table 1: United Kingdom Population over 65 years between 2001 and 2016

	65-74 000's	75-84 000's	85+ 000's	% over 65's who are 85+
2001	4,940	3,290	1,128	12.1%
2004	5,038	3,434	1,105	11.6%
2011	5,578	3,521	1,441	13.7%
2016	6,435	3,786	1,585	13.4%



5.2 Local

5.2.1 In Portsmouth in 2004 there were 29,286 people aged 65 and over, representing approximately 15.5% of the population. This compares with 15.7% nationally.

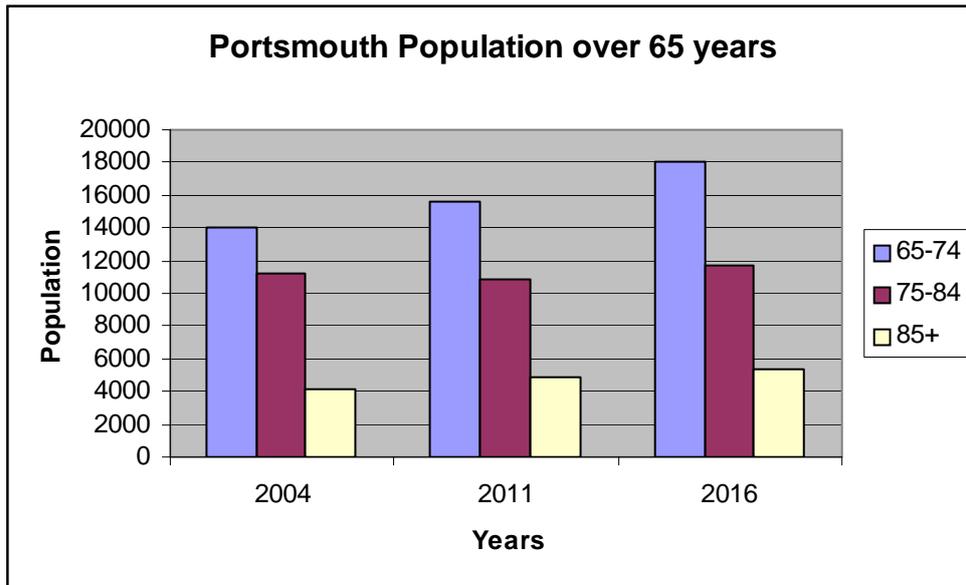
5.2.2 Of this figure 4098 people were aged 85 or over, representing 2.16% of the city's population, compared to the national figure of 1.85%

5.2.3 Predicted figures for 2011 indicate a population of 196,505. Of these it is predicted that 31,378 people will be aged 65 or over and of these 4858 (2.47% of the population) will be aged 85 or over.

5.2.4 Predicted figures for 2016 are not yet available. However applying national predictions to local figures would suggest that by 2016 the number of people in Portsmouth over the age of 65 would be 35,082 of which 5,343 will be over the age of 85. The data above is represented in Table 2 and indicates that within Portsmouth there is a higher percentage of people over the age of 85 within the population of over 65 year olds compared with the national figure

Table 2: Portsmouth Population over 65 years between 2004 and 2016

	65-74	75-84	85+	% over 65's who are 85+
2004	13,996	11,192	4098	13.99%
2011	15,624	10,896	4858	15.48%
2016	18,023	11,716	5343	15.23%



6 Best Value Reviews

6.1 In October 2000 the Social & Health Care Committee of the City Council agreed an outline plan for the re-configuration of Local Authority homes for older people in Portsmouth. The plan was a seven-year programme to deliver the following:

- ❖ Extra Care Sheltered Housing
- ❖ Specialist care for older people with mental health problems
- ❖ Community Resource Centres
- ❖ Continuing health care in the community

6.2 It was anticipated that a Registered Social Landlord and/or Portsmouth City Council Housing Department to whom Social Care would lease the homes or site would run the new services. Four of the Council's residential homes have been closed within the agreed timescales. Specialist places for older people with mental health needs have increased with the wing by wing changes at Hilsea Lodge, a total change at Harry Sotnick House and improved group living facilities at The Lodge which replaces Ford Lodge

6.3 Changes in environmental requirements in Local Authority care homes coupled with the implementation of The Community Care (Delayed Discharge) Act has resulted in a review of the original plan. The lack of sufficient Social Housing Grant meant that original plans for the first Extra Care scheme – MacDonald Watson Lodge – did not materialise.

6.4 A Best Value Review of Sheltered Housing was also undertaken at the time and concluded that there was a need to:

- ❖ Influence the care and support provided within sheltered accommodation
- ❖ Develop all existing accommodation to address the demand for sheltered housing

7 Future Demand

- 7.1 Demand and supply of care home places for older people has fallen over the last few years, but since **2001** national figures have become fairly stable, with a total of **444,000** beds occupied in **April 2004**. ⁽⁵⁾
- 7.2 Government policy is driving forward the need to provide increasing amounts of domiciliary care, rather than care within residential settings. Performance Indicator targets have been set to reflect this with an expectation of an increase in the proportion of older people supported intensively at home to **34%** of the total of those people receiving domiciliary care.
- 7.3 The role played by intermediate care provision in maximising independence and providing rehabilitation is key and will need to be developed in line with other services.
- 7.4 Official national population projections indicate that the need for residential and nursing care provision will increase over the next 50 years. In **2004** elderly and physically disabled people in residential settings occupied **440,000** places. By **2011** this figure is estimated to have increased to approximately **500,000** and by **2016** the figure is likely to be **550,000**. ⁽⁶⁾ See Table 3 below. The numbers of elderly people in residential settings will be approximately **99.5%** of the above figures.
- 7.5 Locally this indicates a need for **1341** places within residential settings for people over the age of 65 in 2004. The provision at this time was 997. This supports the view that within Portsmouth people are supported to live at home longer. However, when residential and in particular nursing home care is required this is due to higher level of need. By 2011 it is anticipated that **1494** beds will be required, with the figure rising to **1544** by 2016.

Table 3: Need for residential & nursing care provision for elderly people between 2004 and 2016

National			Portsmouth	
Date	Total Places Needed 65+ ⁽⁷⁾	Places needed 85+	Total Places Needed 65+	Places needed 85+
2004	439,780	51,014	1341	188
2011	499,750	68,466	1494	231
2016	549,725	73,663	1544	235

Table 4: Portsmouth Residential and Nursing Care Resources as at 2004 and projected required Resources 2011 and 2016 based on population

	2004	2011	2016
Residential Care (Local Authority)	198	212	237
Residential Care for Dementia (Local Authority)	99	106	118
Residential Care (Private Sector) Inc EMH / Dementia	351	376	421
Nursing Care (Private Sector) Inc EMH / Dementia	349	374	415
TOTAL	997	1068	1191

NOTES:

Dementia figures for private sector cannot be calculated accurately, some beds although registered for dementia are not necessarily used for such.

2004 figure based on actual provision within local authority and private sector

2011 figure based on increase in population of over 65's by 7.14% within Portsmouth 2004 – 2011

2016 figure based on increase in population of over 65's by 11.8% within Portsmouth 2011 – 2016

8 Older People with Dementia

- 8.1 For people aged 85 and over it is projected that **25%** will have some form of dementia. Of this figure **30%** will require some level of care provision. For Portsmouth based on the 2004 population figure of over 85's – **4098, 1024** people will have some level of dementia. Of these **307** will require some level of care provision. In 2004 there were approximately **168** people with dementia within residential settings, which equates to **54.72%** of those aged 85 and over with a predicted dementia receiving residential care (including nursing

For footnotes 1-9 please see the back page

care). This assumes that **45.28%** of people aged 85 and over with dementia (**139**) are currently receiving care provision in a non-residential setting.

- 8.2 Based on population predictions this would indicate that by **2011**, **199** residential care beds will be required for people with dementia, and **219** beds will be required by **2016**.
- 8.3 In addition to the number of residential care places, by **2011** there will be **166** people aged 85 and over (with dementia) requiring some level of non-residential care provision, with this figure increasing to **181** people by **2016**.
- 8.4A template exists, produced by an inter-agency group in Devon, working with specialist consultation from Dementia Voice and supported by the DOH, for the development of intermediate care services for people with dementia. This template needs to be considered within the implementation of this strategy to ensure that a range of services is developed including intermediate care and extra care housing to meet the needs of people with dementia in Portsmouth.

9 Older People with Learning Disabilities

- 9.1 In **1999** it was estimated that there were **25,000** older people (60 years and over) with a severe or profound learning disability in the UK (**0.27%** of the population over the age of 65). For those people with a mild/moderate learning disability the figure is **255,000 (2.73%** of the population). ⁽⁸⁾ See table 5 below for predicted numbers of older people with a learning disability.

Table 5: Estimated / Predicted number of people aged 60 or over with a learning disability in Portsmouth.

	Severe / Profound LD	Mild / Moderate LD
2004	79	780
2011	85	857
2016	95	958

- 9.2 Older people with a severe or profound learning disability are likely to require significant help with aspects of daily living up to and including residential care, whilst those with a mild or moderate learning disability will generally be able to live independently with appropriate levels of support. This support is currently provided through Learning Disability Services, which provide support to people with learning disabilities aged 18 years and older and do not specifically provide services for older people who also have a learning disability.
- 9.3 Currently, as well as traditionally, provision for older people with a learning disability is managed through adult services.

- 9.4 Future provision for older people needs to consider the development of services and accommodation for older people with a learning disability.
- 9.5 The increasing age of carers of people with a learning disability will need to be considered within future provision.

10 Current Provision and Future Need

10.1 Older people within Portsmouth are supported in a number of ways. Services have developed over the years, with a greater emphasis on enabling people to remain within their own homes for as long as possible, with appropriate levels of support.

10.2 Domiciliary Care

10.2.1 **1269** (as of February 2005) older people are currently in receipt of a domiciliary care package. The frequency of visits is determined by assessed need. Over the years an increasing number of people have received intensive care packages, which enable them to be supported in their own homes have reduced the need for admission to long-stay residential care or long-stay hospital beds. PCC has recently reviewed its Home Care Service and plans to reconfigure its services to contribute to this agenda.

10.2.2 In **2004**, **1269** domiciliary care packages were provided to people over the age of **65**. This represents **4.33%** of the population in the city over the age of 65. Future predictions would indicate that by **2011** this figure would have risen to **1359**, and **1519** by **2016**. Targets set by Commissioning Teams will need to reflect this projected increase in order to ensure sufficient providers are available to meet demand

10.2.3 The current trend for the provision of intensive home care is upwards, with a long-term government target of **34%** of care packages being 'intensive'. Currently within Portsmouth approximately **15%** of care packages are intensive equating to **190** packages. Given the frequency of care required by someone in receipt of an intensive care package, some of this need could best be met via Extra-Care Housing, particularly for those with dementia.

10.3 Supporting People

10.3.1 The Supporting People service currently support **89** older people to live independently. This government-funded service has had its grant cut for 2005/06 and the long-term financial security of the scheme appears uncertain. Any reduction in services provided under Supporting People will add to the pressure on other service provision.

10.3.2 Two-thirds of the total units provided through Supporting People funding are provided to older people in Portsmouth. ⁽⁹⁾ The Supporting People service is vital in assisting older people to maintain their independence and delay / prevent the need for admission into residential care. Future provision will play a key role in the implementation of this strategy and the medium to long-term determination of support needs for older people

10.4 Sheltered Accommodation / Extra Care Housing

10.4.1 Portsmouth City Council currently has **253** sheltered flats in **7** blocks and **50** beds, providing people with their own accommodation but with access to support as and when necessary.

10.4.2 Portsmouth City Council also provide **911** flats / bungalows across **23** schemes with no additional support provided, although the demand for some of these is reducing

10.4.3 Flats are provided by Private / Registered Social Landlords

10.4.4 Currently within Portsmouth there is no Extra-Care Housing scheme available, although the new development at Brunel Court (formerly McDonald Watson Lodge) and the Milton Village scheme will begin to address this.

10.4.5 The use of Assistive technology within Extra-Care housing is likely to increase the amount of time before a person may require residential or nursing care. Government funding from 2006/07 needs to be utilised in the development of such a scheme to evaluate its effectiveness.

10.4.6 Extra-Care Housing will also provide a real alternative for people who want to go on living in their own, maximising independence and choice.

10.5 Intermediate Care

10.5.1 Portsmouth City Council currently provides **8** intermediate care beds at the Victory Unit.

10.5.2 The current number of NHS intermediate care beds is **12** provided at the Rembrandt Unit.

10.6 Residential Care

Portsmouth City Council currently provides **153** residential care beds for older people and **106** residential beds for older people with dementia.

10.6.1 **340** private residential care beds are also available within Portsmouth.

10.6.2 It is almost certain that there will need to be residential care available for some older people in the future. It is also fair to say that the reasons for people currently residing in residential care are also varied, and that in some cases the main reason was social isolation, rather than physical need.

10.6.3 Over the last few years the number of residential care beds has reduced, both nationally and within Portsmouth. Whilst table 6 indicates the need for additional beds by **2011** and **2016** based on the increasing population, it is possible that with the increase in provision of intensive home-care and Extra-Care housing most, if not all of the gap can be managed.

10.7 Nursing Care

10.7.1 **333** private nursing home beds are available within Portsmouth.

- 10.7.2 The introduction of the new Continuing Care criteria has led to an increase in the number of fully funded NHS continuing care clients in Nursing Homes, currently **4** clients. It has also had an impact on the joint provision of services for people requiring long-term care.
- 10.7.3 The percentage of people supported within care settings within Portsmouth is less than the national average. One explanation is that people are supported longer at home. However, when they are admitted into residential care settings they are likely to have higher levels of nursing care need, and this is reflected in the proportionately high numbers of high band RNCC (free nursing care) cases in the City.
- 10.7.4 Current waiting lists for nursing homes, delayed discharge figures for clients awaiting nursing home placements and the future shortfall of 41 identified in Table 6 all indicate that an increased nursing home provision is required (particularly in OPMH). Options need to be explored for future provision, including a change in use of the current continuing care/nursing home bed stock and an expansion of the nursing home market for the older people of Portsmouth.

10.8 Continuing Care

- 10.8.1 Portsmouth City Teaching Primary Care Trust currently commissions **33** Continuing Care placements for frail elderly people, **34** EMH Continuing Care beds and **29** acute EMH beds.
- 10.8.2 Portsmouth City PCT also commissions elderly medical beds / services and adult acute beds / services from local provider trusts. A capacity review is currently underway of these beds / services.
- 10.8.3 For the purposes of this strategy, the only NHS beds classified as accommodation are continuing care beds. These comprise of **24** beds at Jubilee House, currently managed by Medicine for Older People (MOPs) Department of East Hampshire PCT, and **30** Older People Mental Health (OPMH) continuing care and continuing care assessment beds (Wimbourne and Hambrook wards) at St James' Hospital.
- 10.8.4 Recent capacity mapping of continuing care indicated that each of the 3 local PCTs require **16** placements for fully-funded NHS clients (excluding OPMH placements). With the Neal GP practice moving to the City on 1 April 2006, this will increase to a requirement of 18 for the Portsmouth City area.
- 10.8.5 With the City element of the OPMH service transferring to the City on 1 April 2006 and Jubilee House likely to follow during 2006/07 there is an opportunity to review the provision of continuing care beds.
- 10.8.6 Immediate plans are to retain the **24** beds at Jubilee House, but to look at converting **6** of these beds to flexible assessment/nursing home beds, leaving the **18** required for pure NHS funded continuing care.
- 10.8.7 For OPMH, plans for future provision include refurbishment of continuing care wards at St James' Hospital to improve the current poor accommodation. In the longer term there may be an opportunity to work closely with the city council to remodel provision and re-provide some or all continuing care in a different way, for example through a private provider or (new build) nursing home.

11 Summary

- 11.1 Both nationally and within Portsmouth, there is clearly a requirement now and in the future for a variety of accommodation and care options for people over the age of 65 and more specifically for those over the age of 85.
- 11.2 Utilising data available it will be possible to predict provision requirements for older people which will help to inform planners and assist in the planning and provision of services. However, in order for this strategy to be a useful and viable tool an action plan will need to be produced identifying annual milestones and audits to capture unforeseen changes in demographics and the needs of individuals, linked in to changes in legislation and policy.
- 11.3 Table 6 below sets out the current provision for both domiciliary and residential care and identifies gaps between current service and projected requirements, to maintain the present levels of care available per head of population.

Table 6: Current resources and projected requirements of services within Portsmouth based on population from 2004 calculated in table 4. This table must be read in conjunction with notes.

	Actual Nov 2005	Projection 2011	Gap 2011 2005	Projection 2016	Gap 2016 2005
Non Intensive Dom Care	1079	897	(182)	1003	(76)
Intensive Dom Care ¹	190	462	272	516	326
Total Domiciliary Care	1269	1359	90	1519	250
Part 2 ½ housing ²	253				
Extra Care Housing ³	0	(110)	(110)		
Intermediate Care Health ²	12				
Intermediate Care LA ²	8				
Residential Care (Local Authority) ¹	153	212	59	237	84
Residential Care for Dementia (Local Authority)	106	106	0	118	12
Residential Care (Private Sector)					
Inc EMH / Dementia	340	376	36	421	81
Nursing Care (Private Sector)					
Inc EMH / Dementia	333	374	41	415	82

For footnotes 1-9 please see the back page

Older People Continuing Care (Jubilee House) ²	24	18 (+6)	0		
EMH Continuing Care (St James' Hospital) ²	30	30	0		

1. Projections based on government target of 34% of Dom care packages to be intensive.
2. No clear service requirements available at present time, although there are 119 applicants on waiting list for Cat 2 ½ accommodation as of March 2006.
3. Brunel Court & Milton Village Site will provide this number of Extra Care places.
4. Whilst table 6 indicates the need for additional residential care beds by **2011** and **2016** based on the increasing population, it is possible that with the increase in provision of intensive home-care and Extra-Care housing most, if not the entire gap can be managed

- 11.4 The figures in Table 6 indicate the gaps in the service, but do not take into account any reconfiguration of existing services, which could occur. Although gaps are indicated against specific services they could be filled by others i.e. an increase in extra care housing could reduce the need for residential places.
- 11.5 The data above indicates the need for additional nursing care provision. As evidence suggests that those people being admitted into nursing care have high care needs it is reasonable to assume that the identified gap cannot be filled by other services.
- 11.6 In respect of residential care for people with dementia an additional **30-40** beds are required by **2011**, and a further **20-30** between **2011** and **2016**. See 9.0. Part of the Home Care proposal is to provide intensive care to 12-16 people assessed as needing up to 25 hours care per week i.e. top of high band for residential care.
- 11.7 Bed numbers indicated in 11.12 assume there is no reduction in existing bed numbers within the Local Authority, private sector or indeed Health. However, the announcement of bed closures by Health already indicates that the number of continuing care beds for frail elderly people were reduced from 33 to 24 in September 2005.
- 11.8 A major consideration is the development of Extra-Care housing and the amount of accommodation required. The projected increase in the need for domiciliary care, and more significantly intensive home care may be the most likely guide as to the amount of extra-care housing support required. By **2011** it is anticipated that in excess of **204** out of **1359** domiciliary care packages will be considered 'intensive' i.e. a person receiving more than **10** hours of care or **6** visits a week. Whilst clearly a number of people will be able to receive this support within their own homes, extra-care housing will provide a useful alternative for others for whom residential care may previously have been seen as the answer. The exact number of Extra-Care units is impossible to determine accurately. Given **30%** of those people with dementia require some level of service and assuming therefore that 30% of those people receiving intensive home care will require Extra-Care housing a figure of **61** units by **2011** and **68** by **2016 can be projected**.
- 11.9 Intermediate Care provision currently provided is likely to increase. However as beds are used in the short term and do not provide permanent accommodation the figures are not

included within the total provision and projected provision requirements. However, the importance of such provision in ensuring people remain out of residential and nursing care for as long as possible must be acknowledged.

- 11.10 An audit needs to take place to determine how many people currently within residential care could / would like to move out if suitable alternative accommodation was available to them with appropriate support.

12 Conclusions

- 12.1 The population of people over the age of 65, and in particular those over the age of 85 will increase over the life of this strategy and beyond.
- 12.2 The number of residential and nursing beds have significantly reduced by 6.5% since 2004 and are 30% below national projections of need, although this supports the view that within Portsmouth people are supported to live at home longer it must be noted that current capacity within Portsmouth is low and that requirements shown in table 6 are the minimum required to maintain this level.
- 12.3 A range of support and accommodation options will be required in order to meet not only the varied needs of individuals, but also the government agenda of independence, well being and choice.
- 12.4 A pathway / continuum of support and accommodation options will best meet the needs of individuals and minimise the number of moves each person has to make as they grow older.
- 12.5 Current provision such as Sheltered Housing will need to adapt to meet the increasing support needs of individuals, and increasing life expectancy.
- 12.6 Increasing the opportunities and support options available to people is likely to prolong the period of time before residential admission is required. In some cases it may remove the need for residential admission altogether.
- 12.7 The projected provision is based on existing service and does not allow for growth of services provided based on anything other than projected population increases. We will need to review the current profile of services and develop new configurations in line with local needs.
- 12.8 The assumption has also been made within this strategy that it is better for people to live in their own homes with support rather than in traditional residential homes. The development of more intensive domiciliary care support will be a priority.
- 12.9 The increase in the support needs of current residents within part 2 ½ schemes and the projected increase for residential care would indicate the need for the development of Extra-Care Housing schemes to be developed within the city, and that the proposed Extra-Care housing scheme developments at Macdonald Watson and Milton Village are a very important part of this strategy.

12.10 Given the evidence available it would suggest that there is a need to identify and provide additional nursing care provision within the city for both frail elderly people and those with dementia. Whilst it is possible that some of the residential care 'gap' could be met through extra-care housing and intensive home-care, this is less likely to be the case with those people requiring nursing care given the high care needs.

**Joint Accommodation Strategy for Older People 2006 – 2016
Work Programme**

Action Plan to be reviewed annually to check on progress and add additional actions.

Ref No	Objective	Outcome	Actions	Performance Measure / Target	Resources Required	Lead Person	Target Date
	RESIDENTIAL						
1	Maximise use of residential and nursing home placements as and when appropriate	Ensure older people who require residential / nursing care can be placed within an appropriate home when the need arises within an appropriate timescale	<ul style="list-style-type: none"> • Use Placement panels to ensure consistency of eligibility criteria • Develop increased use of rehabilitation and intermediate care 	<ul style="list-style-type: none"> • All residential and nursing admissions are approved at placement panel • Increase in numbers receiving intermediate care 	<ul style="list-style-type: none"> • Within Existing • Additional Healthcare staff 	Helen Loten / Jo York	Ongoing
		Ensure that those people currently within residential and nursing homes, are appropriately placed and wish to remain within the home	<ul style="list-style-type: none"> • Audit of an agreed number of homes to question clients as to whether they wish to remain in the home. 	<ul style="list-style-type: none"> • Audit completed 	<ul style="list-style-type: none"> • Social Work staff to complete audit 	Helen Loten	Ongoing

2	Procure Nursing Home Provision to meet the needs of older people	To ensure sufficient nursing home provision is available within Portsmouth to meet the needs of older people including those with dementia	<ul style="list-style-type: none"> • Continue to work with private providers in procuring places within nursing homes • Determine future capacity • Secure capital and revenue funding for any new development 	<ul style="list-style-type: none"> ▪ Site identification ▪ Procurement arrangements within agreed timescales 	<ul style="list-style-type: none"> ▪ Within existing Assets and budgets. ▪ Private sector finance and assets 	Rob Watt / Ken Wise	2005-8
	SERVICES						
3	To ensure sheltered housing options within Portsmouth meet the required needs of older people	Occupancy within sheltered housing schemes is maximised and older people live within an appropriately supported environment.	<ul style="list-style-type: none"> • Map existing provision and identify under used / over subscribed provision • Remodel existing provision based on mapping exercise • Consider re-utilisation of existing Cat 1 properties to meet identified need 	<ul style="list-style-type: none"> ▪ Production of action plan and implementation within agreed timescales 	<ul style="list-style-type: none"> ▪ Within existing Housing budgets 	David Wearn / Owen Buckwell	2010

4	Ensure in-house and independent sector residential provision develops to support an increasingly frail population with specialist needs i.e. dementia	Effective commissioning and market development	<ul style="list-style-type: none"> • Review finding of in-house Home Care review • Work with in-house and external providers to develop capacity to meet growing demand 	<ul style="list-style-type: none"> ▪ Overall numbers of beds to meet demand to levels outlined in this document 	<ul style="list-style-type: none"> ▪ Within existing assets and budgets. 	Rob Watt	2008 onward
5	Identify most appropriate model of Extra-Care for older people in Portsmouth	Model of Extra-Care developed within Portsmouth reflects the needs of older people within the City	<ul style="list-style-type: none"> • Explore models of Extra-Care • Agree model for Portsmouth • Sign contract for development of Extra-Care housing • Build Extra-Care housing scheme • Determine eligibility criteria for placement within scheme 	<ul style="list-style-type: none"> ▪ Increase in numbers of people supported in extra care housing 	<ul style="list-style-type: none"> ▪ Department of Health Grant. ▪ Partnership with Housing 21 and other partners 	Rob Watt / Alan Cuffley	2009

6	Ensure appropriate financial planning within all aspects of the strategy	Services procured and provided under this strategy meet best value and value for money standards.	<ul style="list-style-type: none"> ▪ Development of costed action plans for all agreed areas of work 	<ul style="list-style-type: none"> ▪ Cost effective reprovisioning ▪ Application of Gershon efficiencies ▪ Application for Capital Funding where appropriate 	<ul style="list-style-type: none"> ▪ Within existing financial and procurement services budgets 	Peter Pennekett	
	PEOPLE						
7	Work in partnership with the Primary Care Trust in the provision of support to prevent placement of older people in long-term care.	Appropriate Support is offered to individuals to ensure their needs are met, Provision of preventative services assist in supporting people to maintain their independence and prevent unnecessary hospital admissions	<ul style="list-style-type: none"> • Ensure joint working with health partners is maintained and developed. • Assisted self-management of health and well-being to optimise appropriate interventions 	<ul style="list-style-type: none"> ▪ Implementation of targets in Integrated Health Development Strategy 2004-9 ▪ Measurement of self-managed health and well-being through health partnership 	<ul style="list-style-type: none"> ▪ Utilisation of existing resources 	Susie Waller	2004-9

Consultation

This strategy was consulted on during January and February 2006, with copies being sent via email or posted to organisations and individuals within the organisations listed below, as well as posted on the Portsmouth City Council's Official Website. Comments received have been considered and included within the final strategy document.

Abbeyfield Society

Agamemnon Housing Association

Age Concern

Alzheimer's Society

Anchor Housing

Carers Centre

Chief Executive, Portsmouth City Council

Chief Executive Portsmouth City teaching Primary Care Trust

Chief Executive Portsmouth Hospitals Trust

Church of England Soldiers, Sailors and Airmen's Housing Association

Hampshire Care Association

Hampshire Domiciliary Care Association

Hermitage Housing Association

Housing 21

James Butcher Housing Association

Knightstone Housing Association

Pompey Pensioners

Portsmouth City Council staff

Portsmouth City Council, Members

Portsmouth City teaching Primary Care Trust staff

Portsmouth Council of Community Services

Portsmouth Housing Association

Portsmouth Rotary Housing Association

Preno

Raglan Housing Association

Salvation Army

Southern Focus Trust

Strategic Directors, Portsmouth City Council

The Lord Mayor of Portsmouth's Coronation Eventide Homes

The Prevention Network

The Red Cross

The Royal British Legion Housing Association

Warden Housing Association



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For translated information, please call:

- The Bengali answer phone service on 023 9284 1651
- The Cantonese answer phone service on 023 9284 1652

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আপনি পোর্টস্মাউথ সিটি কাউন্সিল-এর সমস্ত তথ্যের অনুবাদ বড় হরফে অথবা ক্যাসেট-এ পেতে পারেন। বিস্তারিত জানার জন্য 023 9284 1651 নম্বরে যোগাযোগ করুন।

Footnotes from within document

1 – Joint strategy for the Health & Social Care of Older People in Portsmouth City 2005 – 2008

2 – Quality & Choice for older people's housing: a strategic framework 2001

3/4/5/6 – Laing & Buisson Care of Elderly People Market Survey 2004

7 – Based on 99.5% of residential places for people over 65 - see 4.1.3

8 – Valuing People

9 – Portsmouth City Supporting People Five Year Strategy 2005 - 2010