



# **Provider Services Residential & Nursing Care Engagement Workshop**

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# Opening Address

# The Care Offer



Launch of the Strengths  
Based Approach in Hampshire

- Required by the **Care Act** 2014
- The “**right thing to do**”: Enabling people to take control and promote self-management
- Part of the Council **Transformation** journey

## Transformation to 2017

- In 2008, the Council started its transformation journey with an efficiency and change programme to keep pace with reductions in grants from central government
- Continued transformation will require significant and sustainable service change, whilst balanced with the responsibilities of safeguarding Hampshire's most vulnerable citizens
- The Council has developed a plan for the future that takes account of national plans for public sector spending – this underpins a longer term transformational journey
- For Adult Services this will mean supporting people to do more for themselves (and the people they care for) whilst continuing to meet eligible social care needs

# Moving forward

## What will stay the same?

We will support residents in a **timely, appropriate and proportionate** way including at the point of hospital discharge.

We will **maximise independence**, giving control to people to live at home, and we will ensure that vulnerable residents are **enabled to live safe and secure lives**.

## What will change?

We will make **greater use** of social capital and community resources. E.g.

- Voluntary sector
- Grants (LA, health, lottery)
- Community Support
- District councils
- Village agents
- Wellbeing
- Public health

## What is non-negotiable

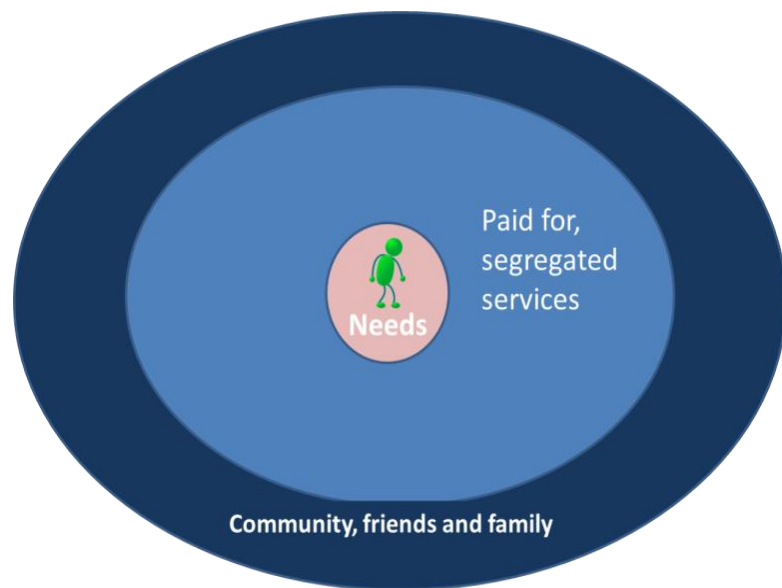
We will continue to meet our **statutory duties**.

- Assessment /eligibility criteria
- Safeguarding duties
- Mental Health Act assessments
- Delivering the Care Offer using a Strengths Based Approach
- Increase the use of shared support
- Social inclusion

Adult social care moves away from a deficit and limitations model of service to focus on strengths, social capital and community resources

## Current model

### Deficit Based Approach



## Future model

### Strengths Based Approach





## What does Strengths Based practice look like?

- A move away from 'fixing' someone's symptoms or problems
- Supporting people to recognise their strengths, talents, knowledge, skills and experience
- Key principles:
  - Strong practitioner/service user relationships based on strengths based conversations
  - Self-determination – individuals are offered choice & control, professionals have to be willing to share power instead of doing things for people
  - The community is seen as an 'oasis' of resources
  - Individuals can continue to learn, grow and change

# Case Examples

- An individual living in a DE registered Nursing home is collected by volunteers to spend the day tinkering with aircraft engines.
- An individual living at home with an informal carer was asking for help with personal care and a break from caring. Argenti equipment and engagement with the local OT service supported this. The individual was connected to the Men's Shed which provided a weekly break for the carer.



# A Picture of Hampshire

## About Hampshire

- The Joint Strategic Needs Assessment produced by the Hampshire Health and Wellbeing Board in 2015 reported that
  - Hampshire is a prosperous area, ranked the tenth least deprived upper tier authority in England (out of 150).
  - However this masks some inequalities; within Hampshire there are 3 areas that rank amongst the most deprived 20% of areas in England. The most deprived areas have been identified in Havant, Rushmoor and Gosport.
  - The population of Hampshire is changing; our population is getting older and also becoming more diverse.
  - There is also significant variation in life expectancy between the least and most deprived areas, and the difference between the areas has increased over the past 10 years
  - We are living longer with life expectancy increasing - but the healthy life expectancy for both men and women is decreasing; the gap means that around 14 years for men and 17 years for women are spent in ill-health or high levels of need towards the end of their life.

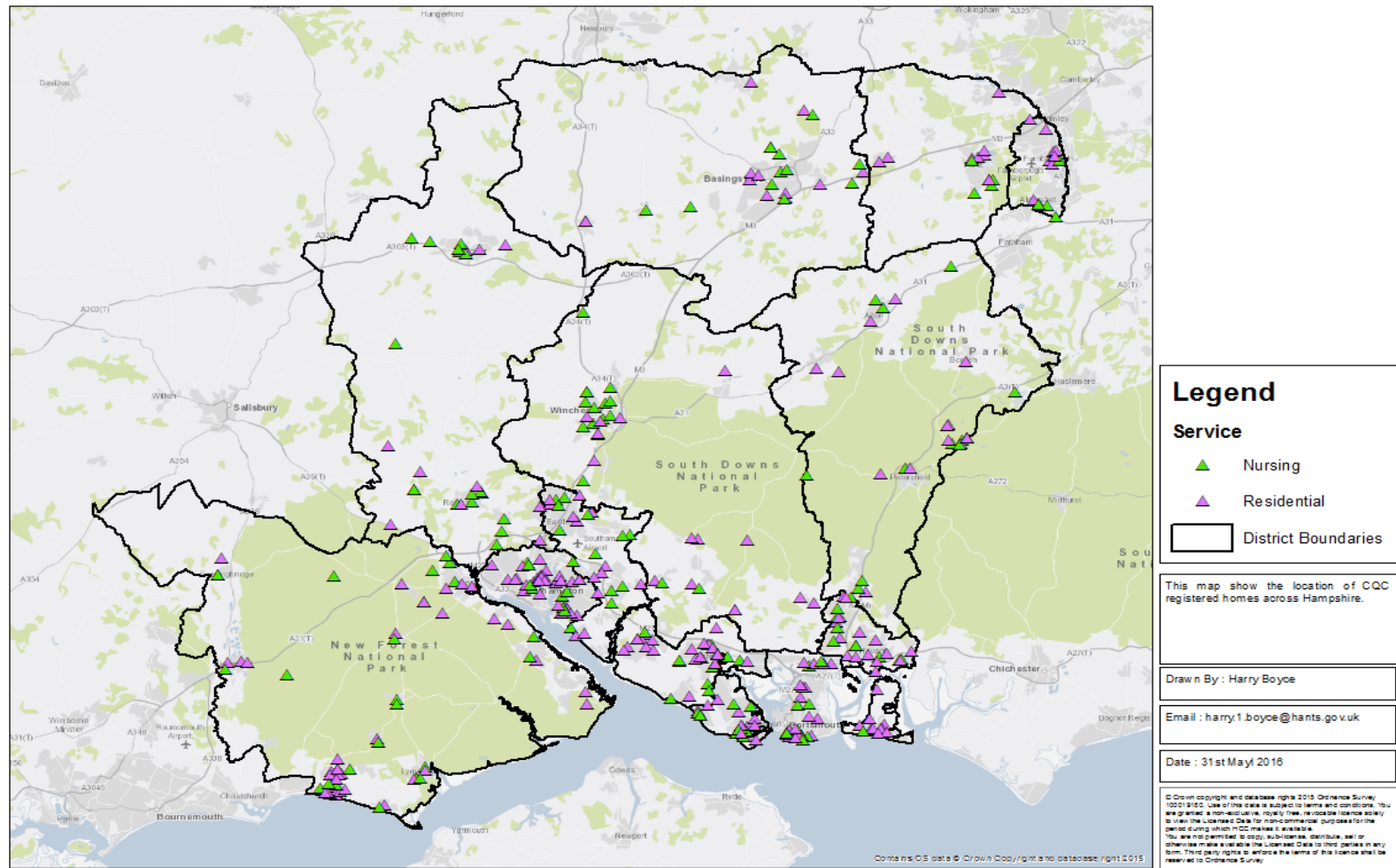
## About Hampshire – Prevalence of Dementia

- The 2015 **Joint Strategic Needs Assessment** published by the Hampshire Health and Wellbeing board identified that the fastest growing issue for people over the age of 65 is the increase in dementia prevalence because it has a significant impact on individuals and their families, presents major challenges for health and adult social care services, remaining a misunderstood and stigmatised disease.
- There are estimated to be over 18,000 people with dementia in Hampshire, but only 8,695 people on GP dementia registers. The number of people with dementia in Hampshire is predicted to increase by over 30% from 18,323 in 2012 to 24,042 in 2020.
- The total UK population prevalence of dementia among over 65s is 7.1% (based on 2013 population data). This equals one in every 79 (1.3%) of the entire UK population, and 1 in every 14 of the population aged 65 years and over.

We need to ensure that the services we commission support people to live well with dementia and stay connected and engaged to the areas of their lives that are meaningful to them.

# Location of CQC registered homes in Hampshire

CQC registered homes across Hampshire



# Data Overview - Supply



The supply statistics provide an overview of the current market capacity in Hampshire.

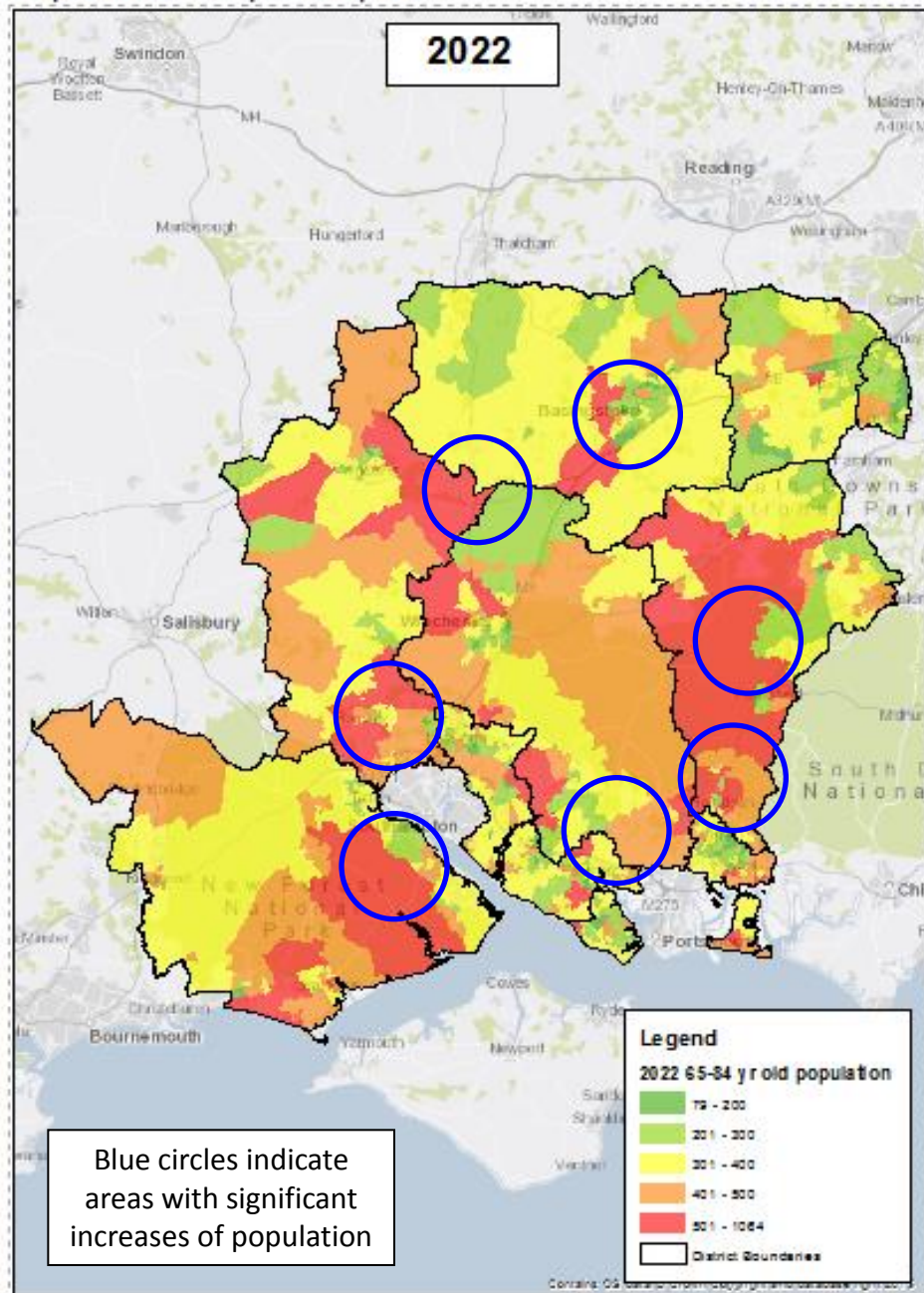
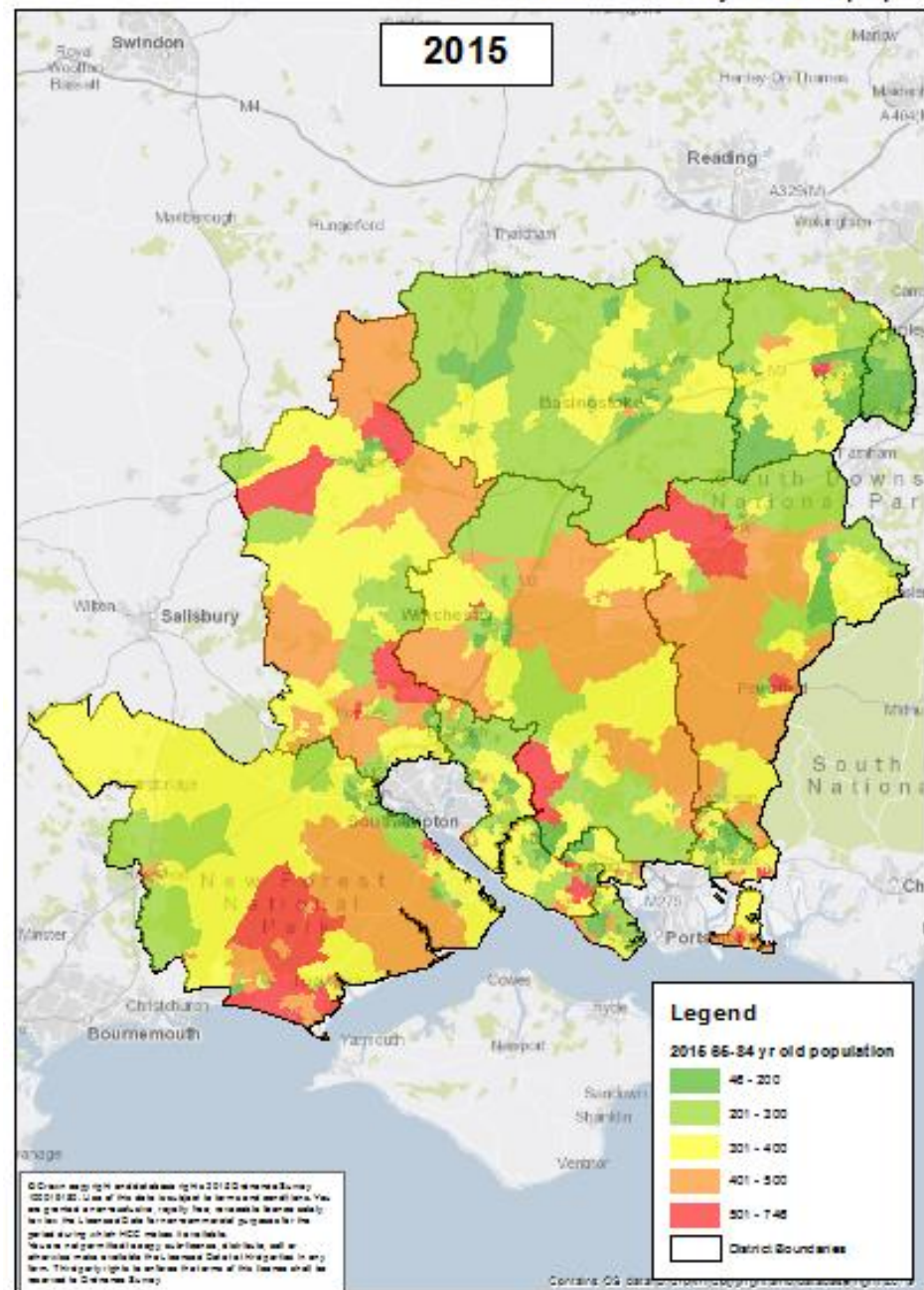
There is particularly high capacity in the New Forest area, mirroring the care needs of its older population

District		Number of residential homes <sup>1</sup>	Number of nursing homes <sup>1</sup>	Care home split by primary client type				Number of single home providers <sup>1</sup>	Number of group providers	Sector split (LA, profit, not-for-profit)			
				OP	MH	PD	De			LA	Non-profit	For-profit	
North	Basingstoke & Deane	13	12	15	4	1	5	7	18	1	7	17	
	Eastleigh	10	13	17	1	3	2	10	13	2	3	18	
	Hart	8	6	12	1		1	5	9		1	13	
	Rushmoor	8	7	11	1	1	2	7	8	1	2	12	
	Test Valley	10	17	22		2	3	11	16	2	5	20	
	Winchester	16	16	25	1	1	5	13	19	3	7	22	
South	East Hants	17	18	29		3	3	18	17	1	5	29	
	Fareham	22	11	25	3		5	19	14	1		32	
	Gosport	9	10	13	1		5	11	8		2	17	
	Havant	29	10	30	3	1	5	24	15	2	2	35	
	New Forest	40	24	55	1		8	40	24	4	4	56	
Total		182	144	254	16	12	44	165	161	17	38	271	

<sup>1</sup>All capacity analysis is based on homes with a primary client need of OP, PD, dementia or MH only



# 2015 and 2022 65-84 year old population per Lower Super Output Area

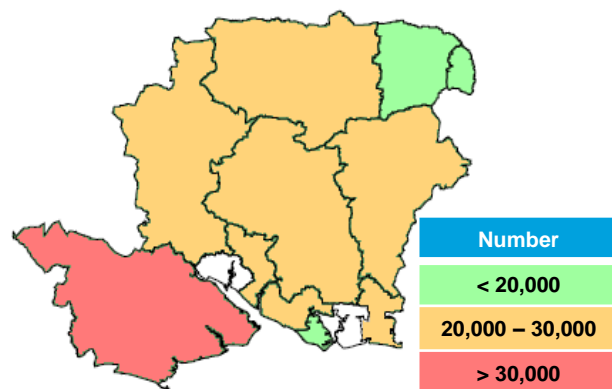




# Distribution of need >65

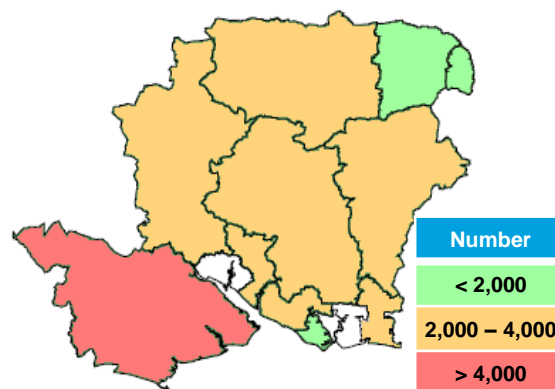
The spread and need of older people across the districts of Hampshire will have an impact on how Adult Services is structured and which services are delivered to meet this need

Residents aged over 65



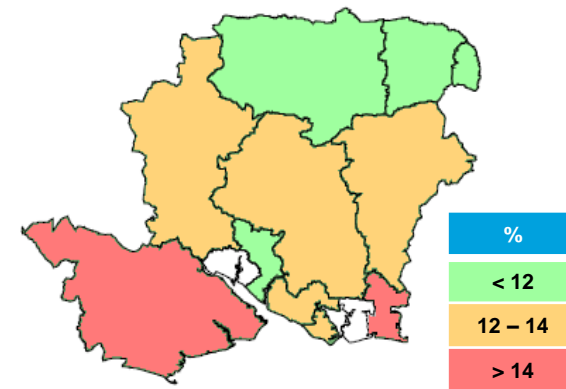
Source: Census 2011, KS102EW

Residents aged over 85



Source: Census 2011, KS102EW

Residents aged over 65 and living alone



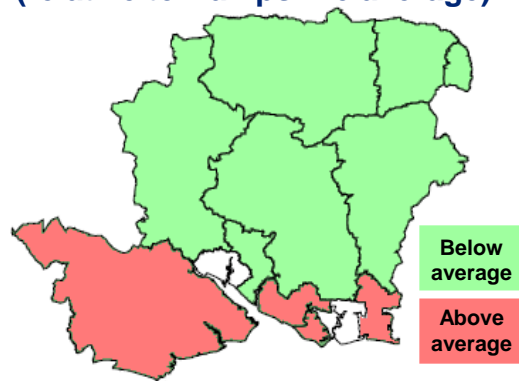
Source: Census 2011, DC1401EW

- **New Forest** has the **highest** number of over 65s and over 85s of 25,400 and 7,300 respectively, compared to **Rushmoor** which has the **lowest** of 11,400 over 65s and 1,500 over 85s
- The other areas of the county have relatively similar sized older people's populations ranging from 20,800 over 65s in Eastleigh to 25,400 in Havant
- **One person households** are a key group amongst the older population and are more prevalent in the New Forest and Havant. They can help to identify those who may be **isolated and lonely** which is known to have a significant impact on health and wellbeing
- There is a higher than average number of people in the **New Forest** who are owner/occupiers,
- The **rurality** of the **New Forest** may impact on older people being able to access services due to lower levels of public transport compared to urban areas
- Carers are also part of the ageing population and as caring can negatively impact their health and wellbeing, this may affect the availability of family support for older people

# Distribution of need <65

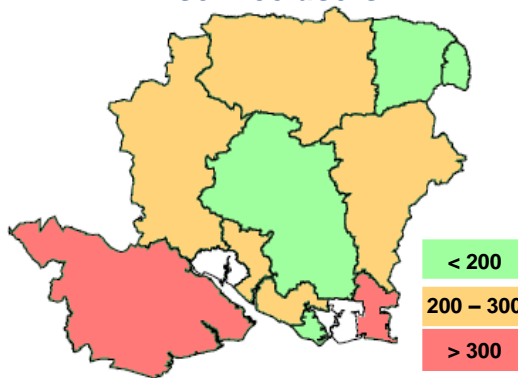
There are number of factors which can affect the distribution of younger adults requiring social care such as deprivation and unemployment rates as well the location of historic institutional services

**Number of residents with disabilities  
(relative to Hampshire average)**



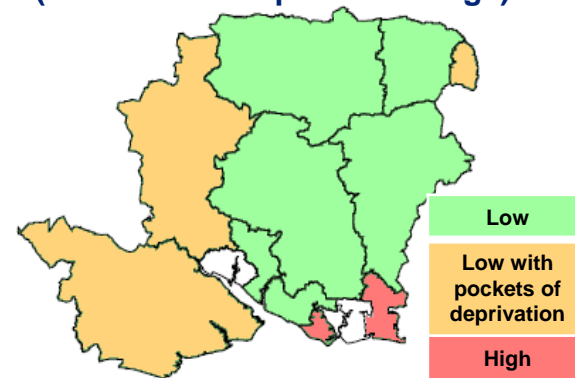
Source: 2011 Census

**Number of Hampshire County Council  
LD service users**



Source: Hampshire CC AIS

**Deprivation  
(relative to Hampshire average)**



Source: Hampshire CC R&I Team

- **New Forest, Fareham, Gosport and Havant** all have above average number of residents with disabilities
- In the **New Forest** this is likely due to the high number of people with learning disabilities living in the area following closure of the institutional care facilities in the west of the county and people with learning disabilities then being re-settled into these communities. The number of older people in the New Forest could also affect this figure
- Prevalence of disability are also correlated with **high levels of deprivation**, and **Havant** and **Gosport** have higher than the Hampshire average levels of deprivation
- High levels of deprivation, high substance misuse hospital admissions and high levels alcohol misuse can all be indicators of the prevalence of **mental health problems**. **Rushmoor, Gosport and Havant** have one or more of these issues suggesting a greater need for mental health services in these areas

## An overview of the population in Hampshire

- It is predicted that between 2016 - 2020 the adult population in Hampshire will have grown by over 20,000 to 1,089,365.
- 304,967 people will be aged over 65 years
- This equates to 28% of the population of which
  - 51,904 people will be over 85 .(15% increase on 2016)
  - 102,663 will be aged 75-84 . (11% increase on 2016)
  - 150,400 will be aged 65-74 . (1% increase on 2016)
- **Now in a little more detail ....**

# New Forest

- **New Forest** has both the largest overall number of older people and the highest median age in Hampshire.
- relatively low population density and above average house prices
- a population density that is relatively low at 2.3 people per hectare
- only 12% of its land classed as urban, which is where an estimated 70% of its population lives
- more expensive housing than average, with a median house price to earnings ratio of 9.04 (Hampshire and England have averages of 8.04 and 6.72, respectively)



# Havant

- **Havant** has key pockets of deprivation, including the most deprived area in Hampshire- Leigh Park
- Its residents have education attainment levels below the Hampshire average, and key health challenges include obesity, diabetes and physical inactivity
- 25% of people aged 16+ have no qualifications
- 50% of 16 yr olds obtain 5 A- C grade GCSE's.
- The majority of Havant is urban (87%) where 98% of its population lives
- Havant has a population density of 21.8 people per hectare, compared to a Hampshire average of 3.6



# Gosport

- **Gosport** is used as a dormitory town by many of its residents (approximately 20,784 people commute out daily versus 7,398 commuting in )
- It has pockets of high deprivation.
- Life expectancy for both men and women is below the England average.
- Gosport has above average levels of obesity and smoking deaths. Although some health indicators are better than the England average (e.g. STIs and TB), the health of people in Gosport is below average for Hampshire
- Gosport has the lowest ratio of median earnings to median house prices in Hampshire (i.e. the most affordable housing compared to incomes)



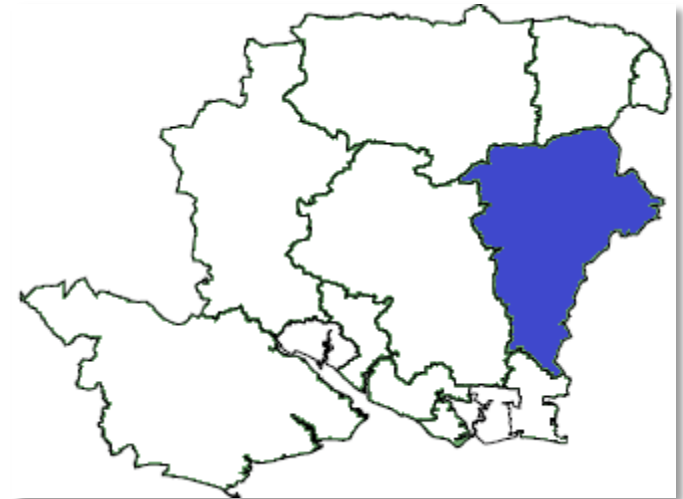
# Fareham

- **Fareham** is a largely urban district (73% of its area is urban where 98% of the population lives) with house prices slightly below the Hampshire average.
- Between 2001 and 2011 there was a decline in the working age population, and in particular a decline amongst working aged young adults 25-39 from 20.2% to 16.0%
- Fareham's median house price to median earnings ratio is slightly below the Hampshire average of 8.04 at 7.58 Approximately 75% of households own their house outright or had a mortgage or loan



## East Hants

- The residents of **East Hants have** a higher than average life and health outcomes expectancy. The district has a relatively low population density, but very high house prices
- The district has a relatively low population density of 2.2 people per hectare (Hampshire average 3.6)
- The majority of East Hants is rural (88% of the district), where 41% of the population lives (vs. 59% living in urban areas)
- East Hants has very high average house prices, with a median house price to median earnings ratio of 11.25, above the Hampshire average of 8.04





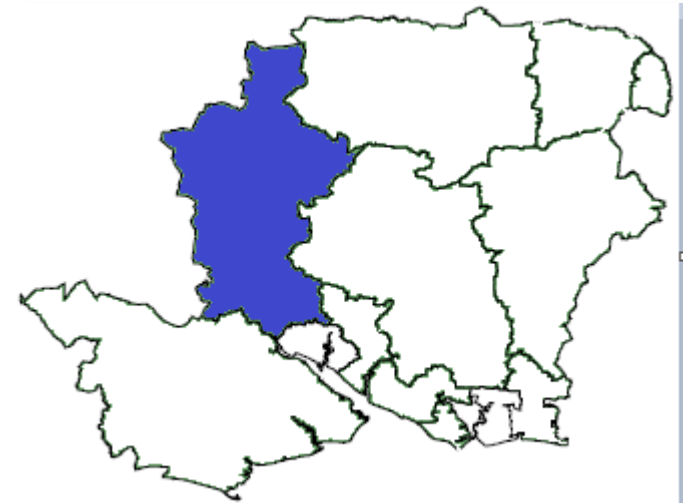
## Winchester

- Overall, **Winchester** is a prosperous region, evidenced through low levels of unemployment, low levels of deprivation, and a higher than average life expectancy
- Winchester has the lowest population density of any district in Hampshire at 1.8 people per hectare.
- 4% of the land is urban, where 41% of the population lives
- Most of the population growth since 2001 has been in the oldest age groups: the number of people in the population aged 65+ increased by 18.4%
- In addition, there was a decrease in the percentage of the working age population from 64.2% to 62.9% between 2001 and 2011



# Test Valley

- **Test Valley** has the second lowest population density in Hampshire, ( 1.9 per hectare)with approximately two thirds of the population living in its urban areas.
- Overall, the health of people in Test Valley is better than the England average
- Test Valley has an approximately equal number of in-commuting (22,985) and out-commuting (24,993) residents. The most common origin of “in-commuters” are Wiltshire and Southampton
- 8% of Test Valley’s land is classified as urban, where approximately two thirds (62%) of its population live



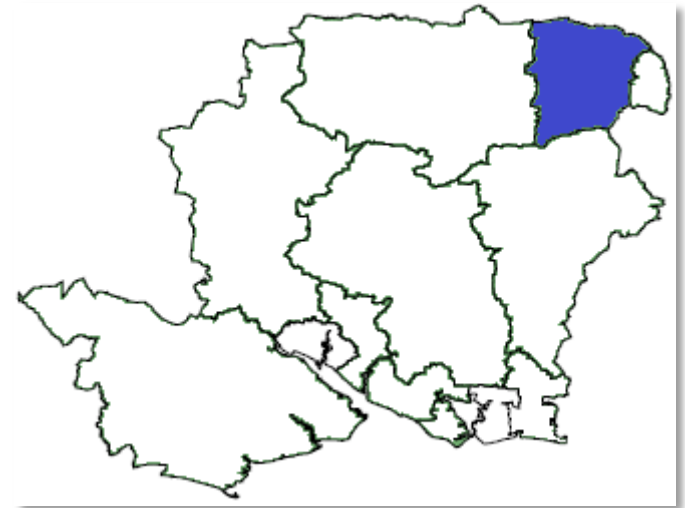
# Rushmoor

- **Rushmoor** is one of the three most deprived districts in Hampshire alongside Havant and Gosport and home to the most ethnically diverse population in the county.
- Key health challenges include high levels of winter deaths, physical inactivity and high levels of hip fractures
- The district has a relatively high population density and 100% of the land within Rushmoor is classified as urban, covering the towns of Aldershot and Farnborough



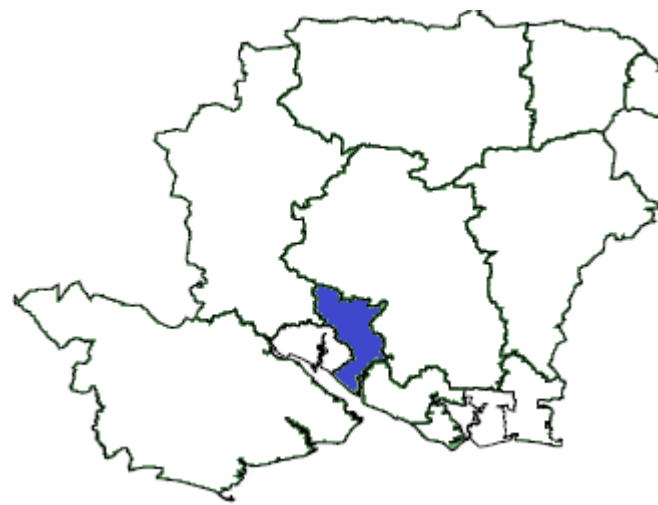
# Hart

- According to the 2015 indices of multiple deprivation analysis, **Hart** is the least deprived district in England. It has above average health and life expectancy
- 19% of Hart's land is classified as urban, where 70% of its population lives
- The median house prices to median income ratio is above at 9.07 (Hampshire average of 8.04)
- The district has a population density of 4.2 people per hectare, slightly above the Hampshire average of 3.6
- 67% of children attained five or more GCSEs A\* - C



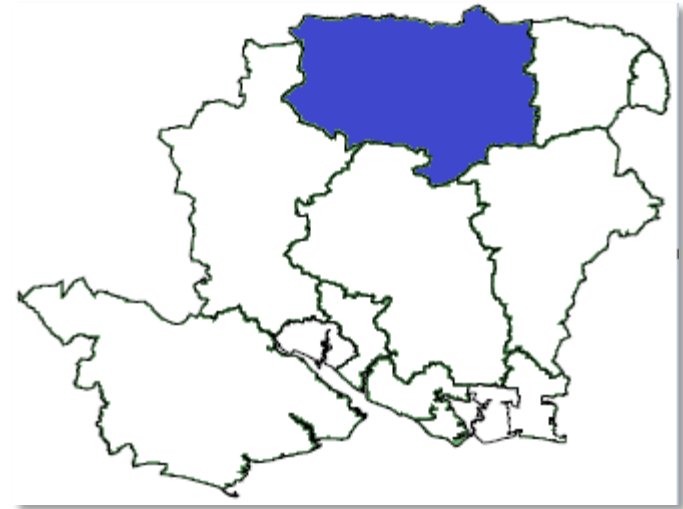
# Eastleigh

- **Eastleigh** is a prosperous, very densely populated district with high levels of educational attainment
- The average population density of 15.7 people per hectare is significantly above the Hampshire average
- There are below average levels of people not in education, employment or training (2.1%), above average levels of educational qualifications



## Basingstoke

- The health of its residents is above average
- Although 90% of the land in **Basingstoke** is rural, 73% of its population live in urban areas. The district has a relatively low population density of 2.6 people per hectare
- Over 60% of the population lives within the town of Basingstoke. The second largest settlement is the Tadley/Baughurst/Pamber Heath area in the north of the district
- The ratio of median house prices to earnings in Basingstoke is 6.89, below the Hampshire average of 8.04
- 79% of the district's jobs are located in Basingstoke town



# Shaping Hampshire

- **Market shaping** is defined as “the local authority collaborating closely with other relevant partners, including people with care and support needs...to facilitate the whole market in its area for care, support and related services”
- The Care Act defines the **core activities of market shaping** as:
  - Engaging with stakeholders to develop an understanding of supply and demand including vulnerabilities in the market
  - Articulating likely trends that reflect people’s evolving needs and aspirations
  - Using evidence to signal to the market the types of services needed now and in the future
  - Encouraging innovation, investment and continuous improvement

**The information shared in this pack is designed to facilitate the start of the conversation to enable us to shape Hampshire together**



# Engagement Activities



# We Need and Want to Engage With All Stakeholders Because

- We need to
  - understand the current position of the market in Hampshire
  - identify providers who want to work with Hampshire County Council in the longer term so we can build positive and sustainable relationships that will ensure demand for service is met
  - understand the challenges faced by the market in delivering residential and nursing care services so we can work together to overcome them
  - ensure the market understand the challenges faced by the Council in sourcing care at a price we can afford to pay
  - understand what people living in residential and nursing care environments value and see as positive and what they would like to see in addition to what they may currently receive
  - understand what future customers of these service expect so we can commission to meet future expectations and needs
  - work with providers so together we can shape the market in Hampshire to meet demand – particularly around dementia care

# What Have We Done So Far?

Undertaken an online survey with people aged over 55 years who do not yet use services but may in the future

- people said they would choose residential care to get support to cope with the challenges and activities of older life
- people felt that more access to reablement and short stay services is required
- people felt that the opportunity to **maintain hobbies and interests both inside and outside of the home** would be very important to quality of life in residential and nursing care
- Access to opportunities to attend religious services would be important to some people
- Gender related activities was seen as very important
- **Opportunities to engage with / contribute to the running of the home was seen as very important eg laying the table , gardening, making own light snacks and refreshments**

Undertaken a postal survey with people who currently live in residential and nursing care

- Split between people who entered long stay care directly from hospital was higher than expected.
- Reasons for choosing long stay care overwhelming focused on a desire to feel safe, to have help with personal care, companionship and a better quality of life.
- **Most people felt it was important to be able to keep up hobbies and interests both inside and outside of the home – particularly gender related activities**
- **People wanted to contribute to life in the home and maintain routines of their own domestic life prior to entry to long stay care eg laying the table, gardening, making own refreshments – with or without support as appropriate.**

Commonality of outcomes from both surveys was very evident

## Additional Comments From People Who Participated in the Survey

- A very thought provoking survey
- Care without fear
- Opportunity to have access to pets and fresh air
- Involvement with local community life
- Opportunity for privacy – too much communal living
- More time to spend with residents
- Kindness , respect and dignity
- Professional staff
- Access to medical care
- Opportunity for romance – ‘ just because you are old does not mean romance is dead’



# Other Engagement Activities to Date

## Soft Market Testing exercises

- **Short Term, Assessment and Reablement services**
  - To gain views of service providers on challenges with delivering short term services of any nature including planned respite, emergency placements and assessment and reablement services
  - To inform future service development, specifications and opportunities and market shaping
- **Procurement routes – Open Frameworks**
  - To gain views of the market about the route we may use to purchase services in the future
  - Need to understand the impact on the market of any decision we take
  - Determine how we can work together to ensure strong and sustainable market for the future
  - Joint problem solving

## What we plan to do next ...

- Identify areas of concern or challenge to the market
- Identify opportunities for innovation and creativity in how services are commissioned and delivered
- Set up local provider meetings to address these issues and opportunities
- Apply Supplier Relationship Management principles – develop strong strategic and commercial relationships with providers who want to work with us to shape services and the future direction of service delivery
- Round table discussions at the end of this session – identify volunteers and topics for future sessions



# Break & Refreshments



# Service Specification

# Development of New Service Specifications for:

- Short Term, Assessment and Reablement beds to facilitate planned respite, emergency placements and assessment and reablement services – linked to the hospital discharge to assess pathways
- Long stay residential and nursing care
- We have been developing these specifications in collaboration with our health colleagues to ensure consistency of service and facilitate joint commissioning in the future if required
- Recent survey outcomes will inform the specification as will our engagement activities with providers
- Specifications will have a strengths based and enablement / reablement ethos running through them to support people to remain as independent as possible for as long as possible



# Quality Standards

- Focus on the standards published by The Kings Fund in 2014 – *‘Making our health and care services fit for an aging population’*
  - Older people should be able to enjoy long and healthy lives, feeling safe at home and connected to their community.
  - Older people with simple or stable long term conditions should be enabled to live well avoiding unnecessary complications and acute crises.
  - Health and care services should support older people with complex multiple co-morbidities, including frailty and dementia to remain as well and independent as possible to avoid deterioration or complications.
  - Older people should receive adequate periods of assessment and recovery before any decision is made to move into long term care. Adequate levels of rehabilitation and reablement should also be provided to prevent
    - permanent disability
    - a greater reliance on care and support
    - avoidable admissions to hospital
    - delayed discharges from hospital
  - High quality long term residential and nursing care for those who need it - older people should only generally move into nursing and residential care when treatment, rehabilitation / reablement and other alternatives have been exhausted. Residents should consistently receive high-quality care that is person-centred and dignified, and have the same access to all necessary health care as older people living in other settings.

# The Care Act

Residential and nursing care services in Hampshire will be delivered to meet the requirements of the Care Act which forms the foundation upon which social care will develop over the coming years

- It encapsulates the statutory principle of individual wellbeing and makes it the responsibility of the local authority to promote well being when carrying out care and support functions and ensuring that the individual should be enabled to participate as fully as possible in decisions at every stage in their care.
- Well being is described as personal dignity and respect, protection from abuse and neglect, individual control over day to day life ( including how care and support is provided) participation in work/education/training/or recreation, social and economic well being , personal relationships and suitability of living accommodation.



# Service Aims and Objectives

- Reduce the number of people entering long stay placements directly from hospital where appropriate through the use of short term, assessment and reablement type services delivered as part of the broader Discharge to Assess pathway.
- Support people
  - to maintain or relearn their skills and independence, as appropriate
  - to be empowered to make the care choices that best meet their needs and aspirations
  - to have fewer and less intrusive interventions in their care journey
  - to remain living within the care setting most appropriate to their social, emotional and wellbeing needs so as to live a dignified , happy, meaningful and safe life.

This will be achieved by

- Developing a variety of strategically commissioned services across the county to meet people's specific needs
- Redirecting the focus of care onto outcomes achieved through social care reablement or recovery services which will enable someone to maximise their independence and recover from illness.
- Ensuring all services are delivered using a 'doing with' rather than a 'doing to' approach
- Placing greater emphasis on flexible and bespoke care delivery to meet peoples fluctuating care needs

## Discussion Point

Based on your knowledge and expertise as providers:

- What do you think we need to include in the specification
- What do you see as the challenges
- How can we help you to overcome these challenges
- What sort of services do you want to deliver in the future
- What are your aspirations and vision for residential and nursing care
- What are your priorities in delivering these services
- How can we work together to facilitate transformation and market sustainability



# **Residential & Nursing Care Model for Procurement**

# OP Res and Nursing Model

## What is our Proposed Procurement Model?

- The Council is developing a procurement model focussed on the service user, provider and the market
- Intending to establish providers through evaluation of information via a selection stage
- A new model which is flexible in terms of:
  - Not a one off opportunity - Providers can apply to join throughout the life of the model (subject to the supplier passing technical, financial, quality and suitability assessment)
  - Duration can be longer term
  - Ability to procure a range of residential and nursing services

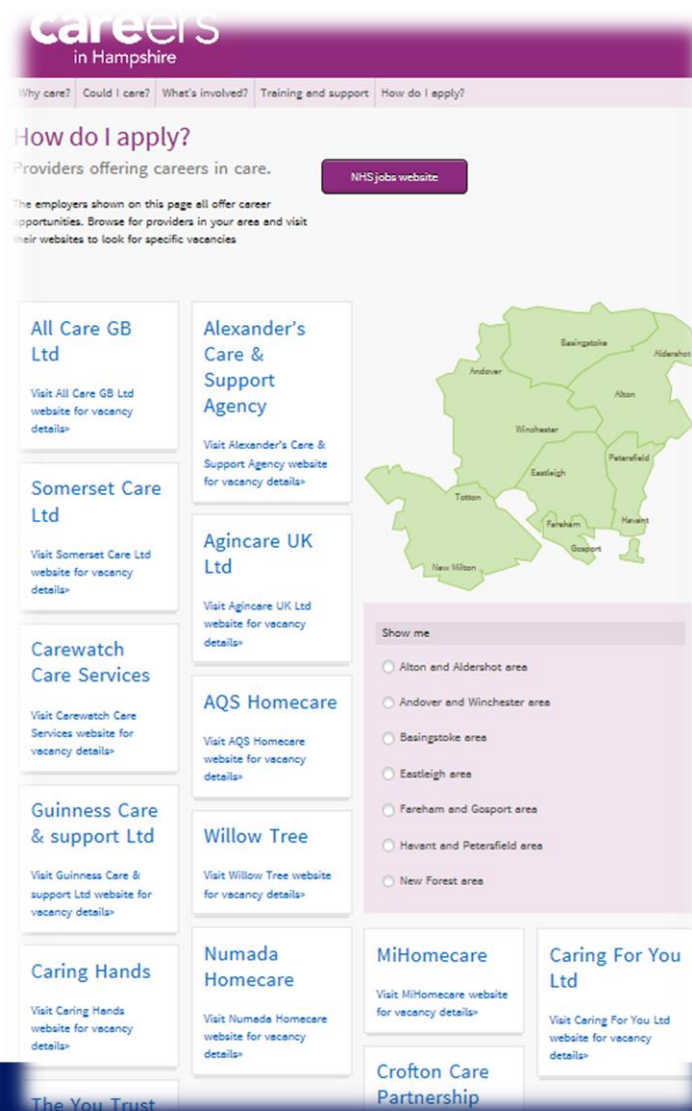
# OP Res and Nursing Model

## Why Take This Approach?

- Supports service user choice
- Easier access for SME's to apply for public contracts
- Provides opportunity for all residential and nursing providers to enter the market
- Helps build long term relationships with the market
- Sources and procures services via: direct award, mini-competitions, block contracts and ad hoc contracts
- Overarching terms and conditions in place for future contracts
- A multi-supplier model allows Hampshire County Council to select from a number of suppliers for its requirements
- Helps to assure that each purchase represents best value

# How Will it Operate?

- Operating model still in development
- Providers will have preferred Hampshire County Council status 'Meeting Hampshire Standard'
- Promotion via Hampshire website similar to Changing Lives Campaign with Care Partners:  
<http://www3.hants.gov.uk/changelives/howdoiapply.htm>
- Dedicated web page to Residential and Nursing Care
- All new placements will be made through approved providers
- Option for providers to receive automatic payments (Paid by Commissioned)

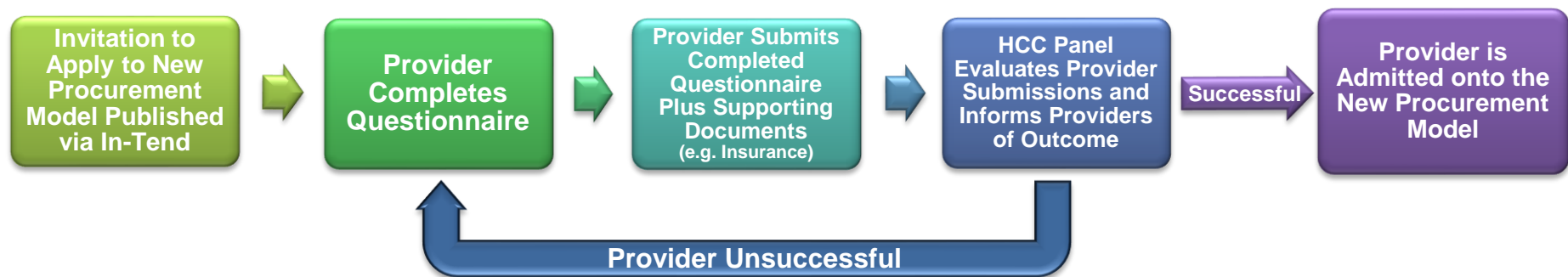




# What needs to be established

- How placements will be made through the model
- How the Council communicate opportunities
- Ensure flexibility of process to place different requirements e.g. long term versus short term placements
- How quality and performance will be monitored and managed
- The rate(s) across Hampshire which will apply

Indicative cycle of application to model:



# **Proposed (New) Procurement Model Existing and New Placements**

- Work to be undertaken to understand whether existing placements will be covered by the new procurement model
- The Council are working to determine if providers who join the new procurement model retain existing placements under previous, or under new terms

# Next Steps

- Further market engagement with the Residential and Nursing Care Home market to:
  - Discuss key concerns / areas where more information is required
  - Discuss the procurement model
  - Gather data and discuss Residential and Nursing Care rate(s)
- Procurement engagement advising tender medium and guidance on how to submit a successful submission
- Further information will be published on In-Tend:  
<https://in-tendhost.co.uk/hampshire.aspx/Home> (or search 'Intend Hampshire')

# Questions?



# Table Discussions



# **Table Discussion Feedback**



# **Provider Services Residential & Nursing Care Engagement Workshop**