

## Why is it important?

Residential care is long-term care provided to adults who stay in a residential setting rather than their own home. These settings are usually referred to as 'care homes' where a number of adults live, usually in single rooms, and have access to on-site care services. A home registered simply as a care home will provide personal care only - help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness. Care homes where nursing is provided are usually called 'care homes with nursing'. This type of residential setting provides personal care (help with washing, dressing and giving medication), and will also have a qualified nurse on duty twenty-four hours a day to carry out nursing tasks. These homes are for people with physical or mental health issues or people who need regular attention from a nurse.

The Care Act 2014 introduced a national eligibility threshold for adults with care and support needs which consists of three criteria, all of which must be met for a person's needs to be eligible. The eligibility threshold has been set at a level, which is intended to allow local authorities to maintain people's existing access to care and support. It is based on identifying:

- whether a person's needs are due to a physical or mental impairment or illness
- to what extent a person's needs affect their ability to achieve two or more specified outcomes
- whether and to what extent these have a significant impact on their wellbeing.

Requirements related to care providers including care homes are set out separately in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The regulations in the Care Act 2014 and The Health and Social Care Act 2008 have been introduced in order to ensure that people who require residential and/or nursing care will receive a certain standard of services according to their individual needs and with respect for their dignity.

## Durham data – the local picture and how we compare

The average age of people admitted to residential care has increased from 84.93 years in 2007/8 to 86.46 years in 2015/16 and from 83.44 years (2007/8) to 84.34 (2015/16) in nursing care. This evidence indicates that people are being admitted to permanent care later in life.

**Table 1: Average age at permanent admission (65+) 2005/06 – 2015/16**

Year of permanent admission	Residential	Nursing
2007/08	84.93	83.44
2008/09	84.76	84.34
2009/10	85.15	84.31
2010/11	85.50	83.90
2011/12	85.45	85.17
2012/13	86.30	83.40
2013/14	86.63	84.30
2014/15	87.15	85.09
2015/16	86.46	84.34

Source: SSID 2016

Durham has a higher rate of older people (741.6 per 100,000 population) admitted to permanent residential / nursing care than the national average (628.2) but lower than nearest neighbour (750.4) and North East averages (843.0). These nationally reported figures do not include any residents who self-fund their own care and receive no support from a local authority.

In 2015/16 the average length of stay for an older person in residential care was 549 days and in nursing care 313 days, compared to 637 days (residential) and 324 days (nursing) in 2007/08.

Table 2 below predicts that the number of people likely to require residential care in 2020 and subsequent years is likely to increase and that by 2030 this is expected to increase by 62% from the 2015 figure.

**Table 2: People aged 65 and over living in a care home with or without nursing by local authority / non-local authority, by age, projected to 2030**

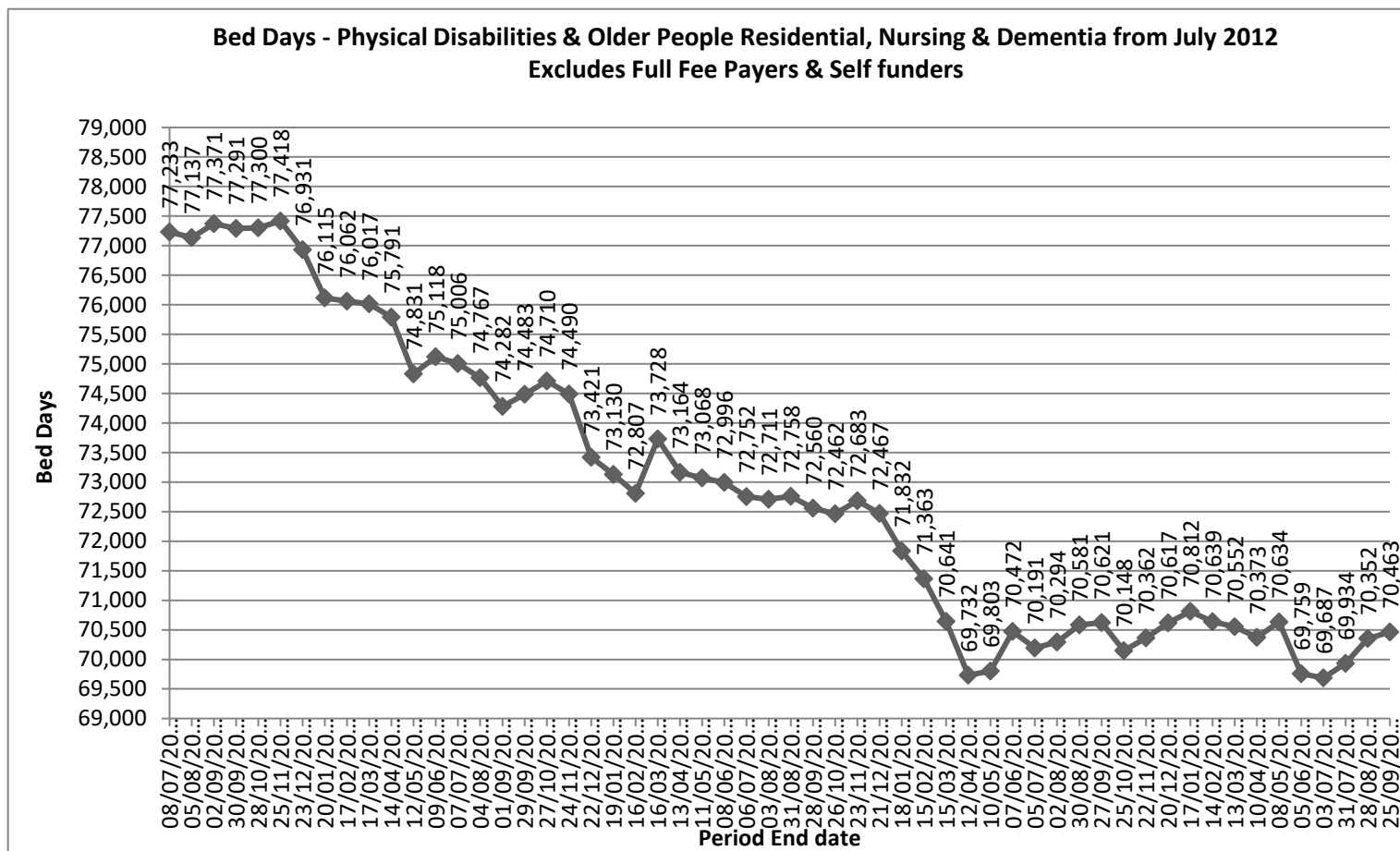
	2015	2016	2020	2025	2030
Total population aged 65 and over living in a care home with or without nursing	3,645	3,762	4,247	5,087	5,905

Source: Projecting Older People Population Information (POPPI)

An ageing population means that a higher number of people in County Durham are likely to be living with long term conditions and becoming frail in the years ahead, which is associated with disability and crisis admissions to hospital. This will increase demand on both health and social care services. However, interventions throughout a person's lifetime, such as those promoting healthy living and decreasing social isolation, have significant potential to affect their health in old age.

Figure 1 below highlights the reduction in the number of bed days purchased by the council and shows that this has remained stable since April 2015.

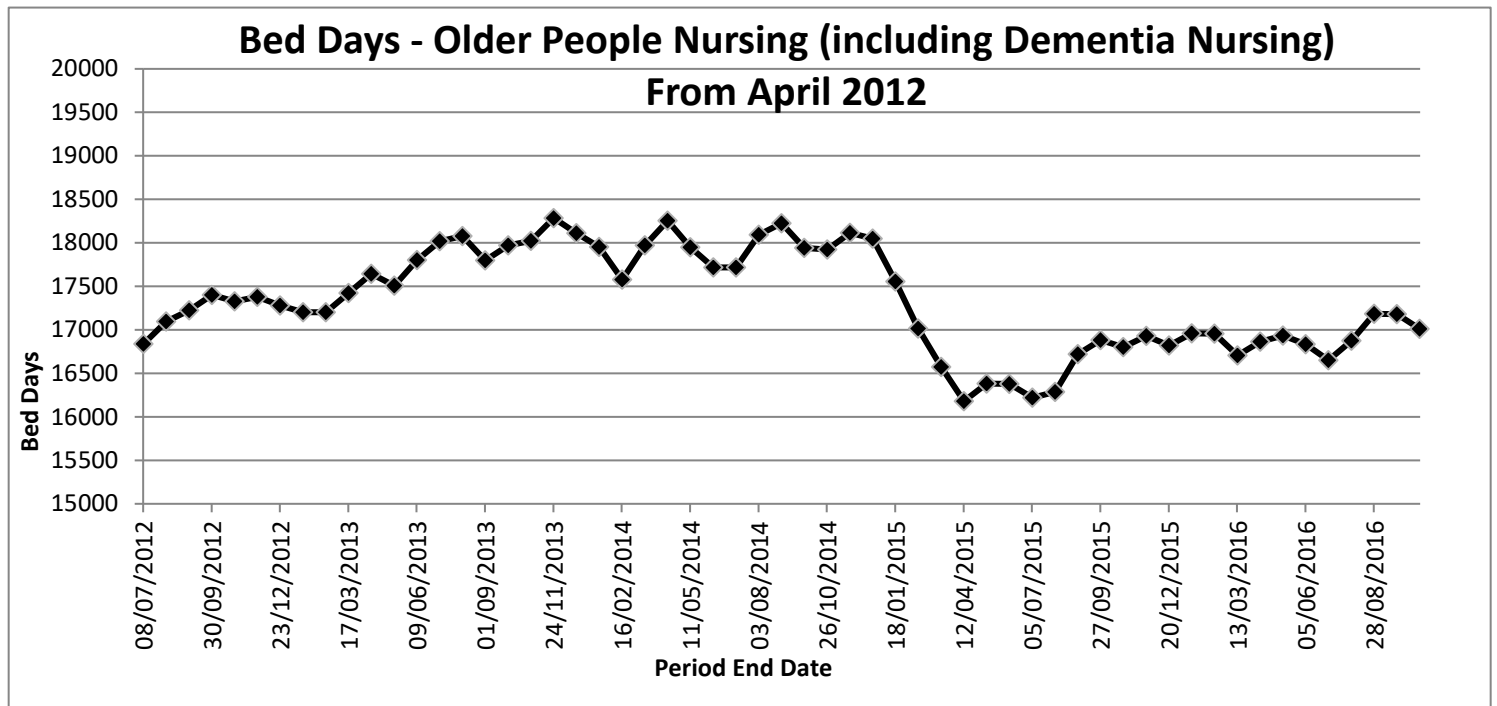
**Figure 1: Bed days – physical disabilities & older people residential, nursing & dementia from July 2012 (excludes full fee payers & self-funders)**



Source: SSID 2016

Although nursing care has fluctuated, Figure 2 below evidences an increase in the provision of nursing care since April 2015.

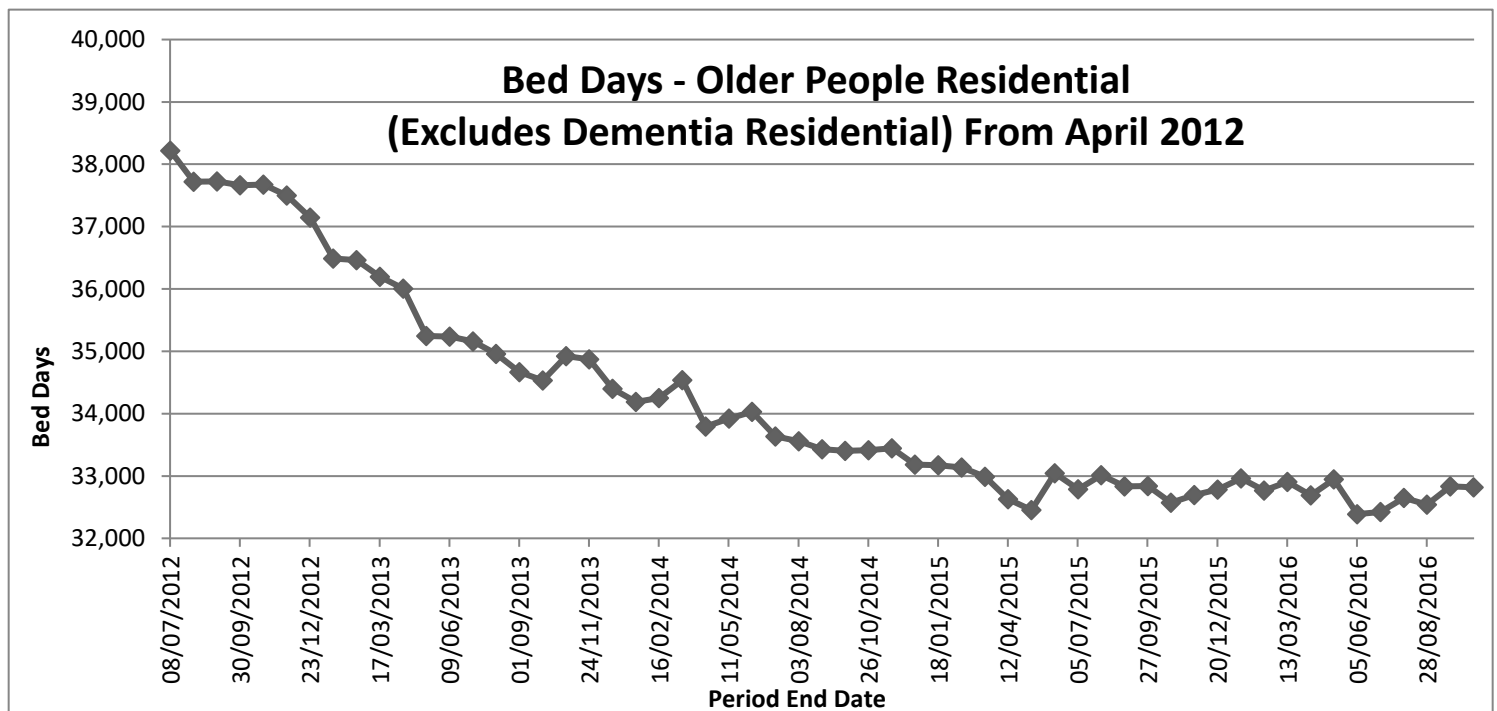
**Figure 2: Bed days – older people nursing (including dementia nursing) – 2012-16**



Source: SSID 2016

Overall, there has been a significant decrease in the number of residential beds purchased since 2012. The most recent trend since 2015 shows a slower reduction.

**Figure 3: Bed days – older people residential (excludes dementia residential) – 2012-16**



Source: SSID 2016

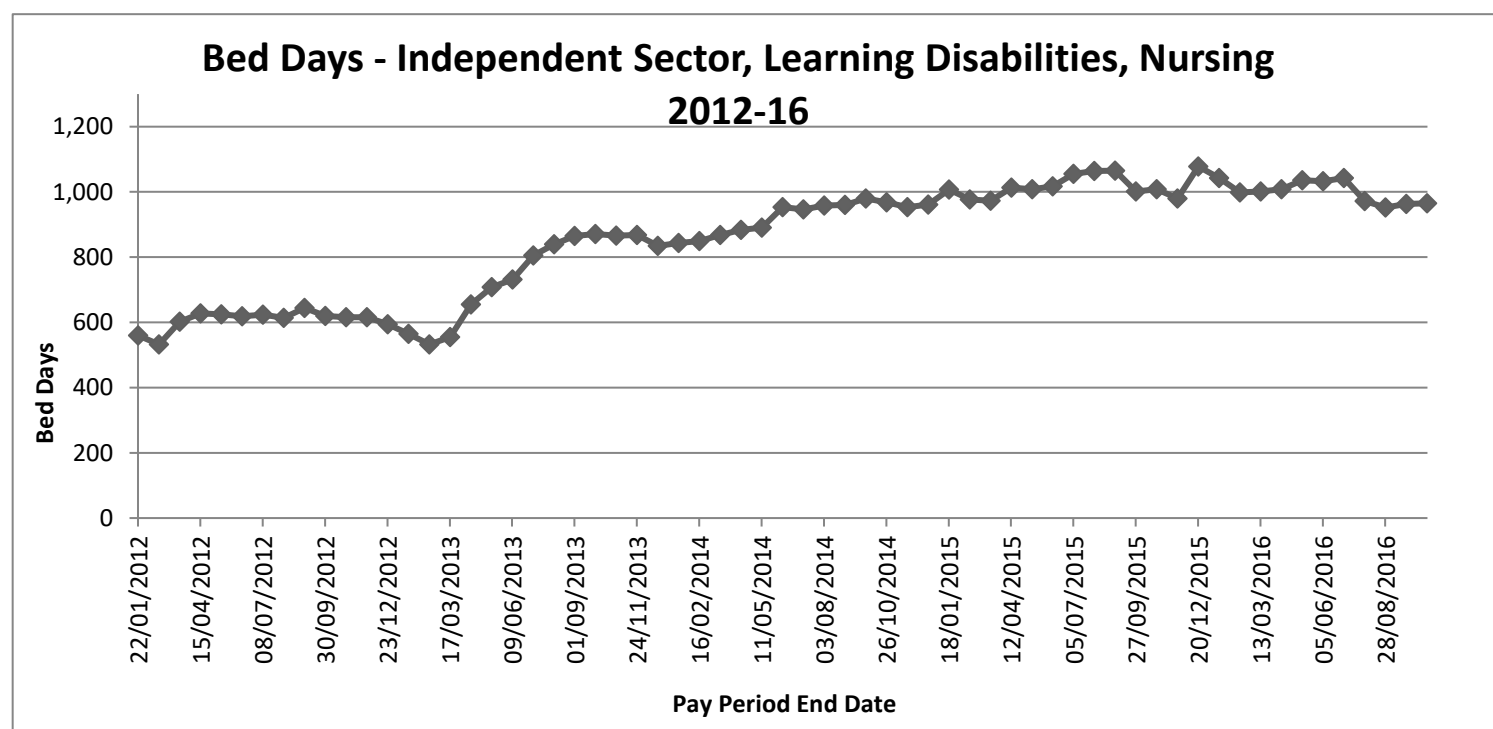
**Table 3: Learning disabilities clients in residential / nursing care at as 31st March - average age and number of clients aged 65 or over – 2007-2016**

	2007	2010	2013	2016
Total Number Of Clients	291	283	280	299
Average Age	48.1	51.5	52.8	53.8
Number of clients with a Learning Disability over 65	40	54	68	80

Source: SSID 2016

The number of people in residential care with a learning disability has remained stable since 2007. However, the number of people in a specialist learning disability bed who are aged over 65 has doubled since 2007, which would imply that people with a learning disability are now living longer.

**Figure 4: Bed days – independent sector, learning disabilities, nursing - 2012-2016**



Source: SSID 2016

County Durham supports a higher proportion of service users with a Learning Disability or receiving Mental Health support in their own homes than nationally or regionally.

**Table 4: Adult Social Care Outcomes - Learning disabilities / adults in contact with mental health services 2015/16**

ADULT SOCIAL CARE OUTCOMES FRAMEWORK INDICATOR	Durham 2015/16	England 2015/16	North East 2015/16	Statistical Neighbour 2015/16
1G - The proportion of adults with a learning disability who live in their own home or with their family (%)	84.0%	75.4%	80.4%	78.1%
1H - The proportion of adults in contact with secondary mental health services living independently, with or without support (%)	78.7%	58.6%	51.4%	n/a

Source: Adult Social Care Outcomes Framework (ASCOF)

**Table 5: Care Home Population as at 31<sup>st</sup> March 2016**

Type of Care	Under 65	65-74	75-84	85+	Grand Total
DEMENTIA NURSING CARE	16	43	138	90	<b>287</b>
DEMENTIA RESIDENTIAL CARE	14	71	284	346	<b>715</b>
LEARNING DISABILITIES NURSING CARE	16	3	3	0	<b>22</b>
LEARNING DISABILITIES RESIDENTIAL CARE	198	39	21	3	<b>261</b>
MENTAL ILLNESS - NURSING CARE	25	12	11	3	<b>51</b>
MENTAL ILLNESS - RESIDENTIAL CARE	50	17	6	3	<b>76</b>
NURSING BED - IC+ TIME TO THINK	0	0	3	3	<b>6</b>
NURSING BED - IC+ NURSING	0	3	3	3	<b>9</b>
OLDER PEOPLE NURSING CARE	22	61	154	229	<b>466</b>
OLDER PEOPLE RESIDENTIAL CARE	25	105	368	749	<b>1247</b>
PHYSICAL DISABILITIES RESIDENTIAL CARE	34	11	3	3	<b>51</b>
PHYSICAL DISABILITIES NURSING CARE	42	7	3	3	<b>55</b>
RESIDENTIAL BED - IC+ REHABILITATION	3	3	16	21	<b>43</b>
RESIDENTIAL BED - IC+ TIME TO THINK	3	0	3	3	<b>9</b>
SERVICE LEVEL AGREEMENT - LA RESIDENTIAL	3	0	0	0	<b>3</b>
Grand Total	451	375	1016	1450	<b>3288</b>

Total of columns and rows will not equal the grand total due to anonymization of low numbers. Any value under 6 has been converted to the value of 3 so as not to be disclosive.

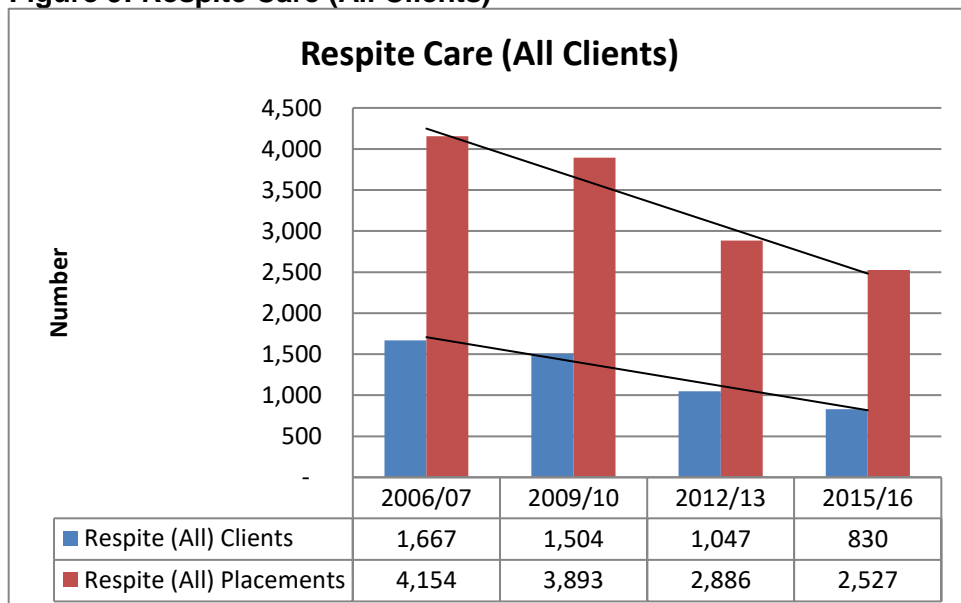
Source: SSID 2016

As at 31<sup>st</sup> March 2016 there were 3,288 people supported in residential or nursing beds in County Durham. Of these, 30.5% (1,002) were in specialist dementia beds and 603 were in a dedicated nursing placement.

### Respite placements

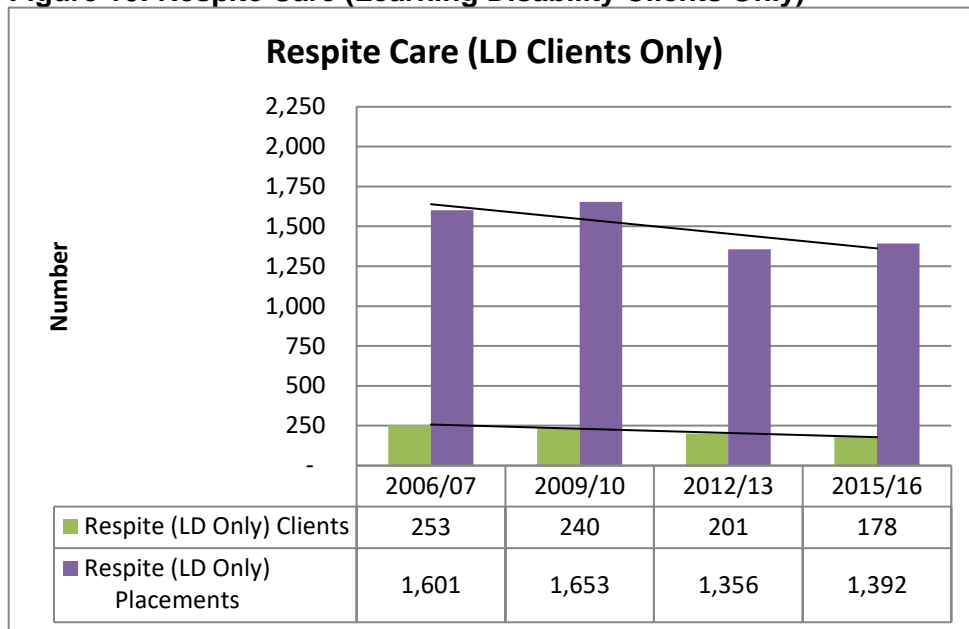
830 clients received 2,527 respite placements. 1,392 of these placements were provided to 178 people with learning disabilities (an average of 8 periods of respite each).

The longer term trend is that the number of placements for respite care has reduced by 50% - 837 fewer people accessing respite care in 2015/16 compared to 2006/07.

**Figure 9: Respite Care (All Clients)**

Source: SSID 2016

**Figure 10: Respite Care (Learning Disability Clients Only)**



Source: SSID 2016

### Groups most at risk

Older people with significant health issues who can no longer be supported safely in their own home are most vulnerable.

People who need intensive carer support may require a higher level of respite care.

People with learning disabilities are 2.5 times more likely to have health problems than other people and also have an increased risk of early death compared to the general population, although the life expectancy of this population is increasing over time and for people with mild learning disabilities is approaching that of the general population.

People who have physical disabilities at any age may be vulnerable and could become frail due to a range of issues relating to their disability. Poor physical health and increasing frailty can lead to an increased risk of developing mental health problems.

### How does this topic link to our strategies and plans?

Further information can be found in the following strategies and plans:

- [County Durham Joint Health and Wellbeing Strategy 2016-2019](#)
- [Durham County Council CAS Service Plan 2016-19](#)
- [Durham County Council Local Account](#)

**Author:**

**Approver:**

**Published:** March 2017

#### Data sources:

Social Services Information Database (SSID) 2016

[Projecting Older People Population Information \(POPPI\)](#)

Local Account 2015

[Adult Social Care Outcomes Framework \(ASCOF\)](#)