



WANDSWORTH

**ACCOMMODATION-BASED CARE
COMMISSIONING STATEMENT**





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SCOPE

This statement outlines what we want to achieve in accommodation-based care and support up until 2035.¹ It clarifies our strategic intent for the commissioning of accommodation-based support. The scope of this strategy covers moderate and intensive accommodation-based care and support ranging from supported living options and extra care to residential and nursing care as shown in the illustration to the right. A number of services are provided to help people live independently at home or in a home like setting which include the provision of homecare, telecare, equipment, digital technology, disabled facilities grants to help disabled persons with adaptations in the home and advice and support to keep warm in the winter but these are out of the scope of this document except in so far they impact on the customer journey.

The client groups that are covered in this strategy are:

- ◆ Older people (65+) with social care needs with a specific focus on the subset:
- ◆ Older people (65+) with memory and cognition needs including dementia
- ◆ Adults (18+) with learning disabilities or autistic spectrum disorders
- ◆ Adults (18+) with mental health needs
- ◆ Younger adults (18-64) with physical disabilities and sensory needs

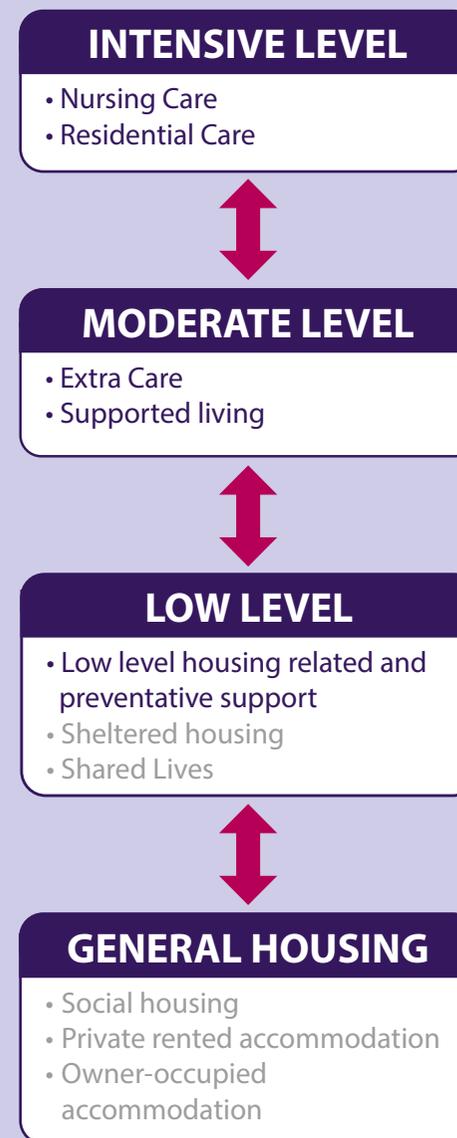
This statement supplements the 2018 Wandsworth Market Position Statement and focusses on social care demand. It aligns to the 2019 Wandsworth Housing and Homeless Strategy which reflects the needs of vulnerable clients and the whole market demand. It informs our requirements in the Wandsworth Local Plan for the development of accommodation and we will work closely with Housing to ensure the successful delivery of these. In addition the Joint Strategic Needs Assessment 2021 highlights the impact of changing demand to help plan health and social care services including accommodation based care and the importance of keeping people at home for longer.²

¹ **Basis for projections:** Population projections take the 2018-19 service use data as the baseline and use the GLA ward based projections (2018 based). Service Use projections are based on the average rate of change in service use over a 4 year service period from 2015-2016 to 2018-19 (Capped at a maximum increase of 100% and a maximum decrease of 50%)

² Joint Strategic Needs Assessment (JSNA) - Wandsworth Borough Council - www.wandsworth.gov.uk/JSNA

Data sources:

Care home supply figures: CQC Care Directory October 2019.
Service Trend data: Client information database: Mosaic.



Items in grey are not part of the scope of this report except in so far as they impact on the customer pathway.

VISION

THE CORPORATE OBJECTIVES OF WANDSWORTH COUNCIL

Are to provide the best start in life, greener, safer, better neighbourhoods, more homes and greater housing choice, helping people get on in life, encouraging people to live healthy, fulfilled and independent lives, and value for money. A key priority is tackling the threat of climate change and reducing environmental impact. Adult Social Care, in delivering these Corporate Objectives aim to:

OUR ASPIRATION

Deliver the best to our residents including best options for accommodation with care and support ensuring residents have the care and support at the right time and in the right place.

Work with the market and our other partners to ensure that sufficient and appropriate quality housing and support is available, reducing reliance on traditional residential and nursing care, moving towards more more independent living and supporting people to live at home or in a home like setting wherever possible.

To embed the consideration of environmental impact and sustainable outcomes in the commissioning and delivery of our services e.g. through localised services and promoting the use of digital technology to reduce travel miles incurred through delivering care.

POLICY CONTEXT

SUITABILITY OF ACCOMMODATION

The Care Act 2014, which places a duty on councils to promote wellbeing, emphasises the “suitability of accommodation” as a crucial factor to an individual’s wellbeing. A stable and secure housing situation can keep people healthy, prevent ill health or injury, allow swift return from hospital, enable rapid recovery from ill-health and encourage independent living. The Adult Social Care Reform White Paper: People at the Heart of Care³ reinforces this by promoting ‘making every decision about care a decision about housing’.

COLLABORATIVE WORKING

The Care Act 2014 also highlights the importance of collaborative working with partners and places duties on Local Authorities to carry out their care and support services with the aim of seeking out and joining-up services provided by the NHS and other health-related services including housing services to promote a whole systems approach to wellbeing. It calls for a shared vision and a culture of cooperation and coordination.

³ People at the Heart of Care: adult social care reform (publishing.service.gov.uk)



PROMOTING INDEPENDENCE, HEALTH, AND WELLBEING:

- ◆ Commission appropriate preventative and community interventions such as Telecare, digital care technology, equipment and adaptations, community-based care and floating support which promote independence and self-care;
- ◆ Work with providers to develop effective move-on pathways for those residents stepping down to greater independence through regular review and timely move-on skills planning;
- ◆ Ensure efficient transitions pathways through effective data intelligence and monitoring of accommodation needs of those transitioning from Children's Services supported by early skills planning, with a focus on increasing provision for those with complex needs.

ENABLING PEOPLE TO HAVE CHOICE, CONTROL, AND CULTURALLY RESPONSIVE SERVICES:

- ◆ Develop a diverse market to ensure a wide range of accommodation choices are available to meet all levels and types of need;
- ◆ Explore innovative delivery models such as mixed use or shared housing schemes which promote sharing of skills and knowledge between vulnerable adults and older people and extra care models for all client groups;
- ◆ Increase opportunities of 'try before you buy' options for all accommodation-based care and support locations;

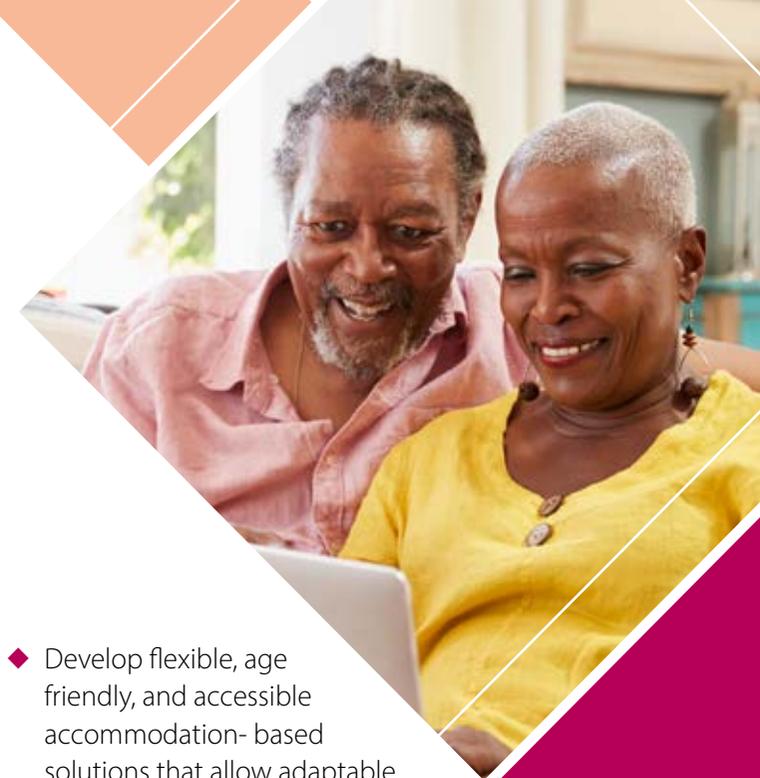
- ◆ Ensure services are delivered in a personalised way that respects different cultural needs and perspectives with fair treatment and access to all;
- ◆ Co-design and co-produce schemes with our residents and their family and carers to secure the best outcomes.

USING LOCAL NETWORKS AND COMMUNITY ASSETS TO BUILD RESILIENCE:

- ◆ Ensure schemes are local and appropriately located within the borough allowing residents to maintain personal networks with family, friends, carers etc, links with the community and to access local facilities.minimising the effects of loneliness;
- ◆ Explore opportunities in various settings which encourage social interaction and connections (including intergenerational) both within the setting and outside with the community to reduce social isolation;
- ◆ Ensuring the needs of carers are considered within individual's assessment for Housing with care and support to help support carers in their caring role.

PROPORTIONATE AND ADAPTABLE PROCESSES AND INTERVENTIONS:

- ◆ Focus on providing sufficient moderate supported living options such as extra care and supported living to help residents maximise their independence and continue living in their own home for as long as their needs can be met in this accommodation and the balance of the scheme maintained;



- ◆ Develop flexible, age friendly, and accessible accommodation- based solutions that allow adaptable care and support to meet changing needs.

INTEGRATING SERVICES WITH PARTNERS DELIVERS BETTER OUTCOMES FOR RESIDENTS:

- ◆ Work in partnership with Housing, the CCG and neighbouring authorities to identify opportunities to jointly plan and commission provision to maximise benefits, outcomes and resources and achieve efficiencies;
- ◆ Build strong relationships and work collaboratively with key partners and providers, both private and third sector, to develop the market and deliver a wide range of cost effective and sustainable accommodation for residents.

COMMISSIONING OUR VISION IN ACCOMMODATION-BASED CARE AND SUPPORT

OUR PRIORITIES

TO SUPPORT OUR VISION AND STRATEGIC OBJECTIVES (ABOVE) WE WILL AIM TO:

- ◆ Provide appropriate support in individuals' own homes, to enable people to move towards more independence wherever possible;
- ◆ Develop more supported living provision including developing more specialist provision for service users with complex, high-level needs and challenging behaviour;
- ◆ Develop innovative and sustainable dementia friendly accommodation-based care;
- ◆ Offer a wide range of local and flexible accommodation to ease accessibility and reduce unnecessary travel and environmental impact;
- ◆ Ensure accommodation-based services incorporate a greater focus on a holistic person-centred approach and outcomes going beyond the provision of care and support e.g supporting connections and activities with the local community to reduce social isolation;
- ◆ Commission services based on evidence based research of what works well and that are innovative in design and embrace digital or care technology solutions that enhance independence in line with the Adult Social Care Digital Strategy⁴;
- ◆ Work with Housing colleagues and providers to optimise and increase capacity of step-down provision including general and private housing for those ready to move into more independent living arrangements. Additionally, to explore the demand for shared ownership to increase the range of housing options available;

- ◆ Maximise appropriate use of existing assets. This includes remodelling, and refurbishing them for the most appropriate need groups when no longer fit for original purpose and implement processes to monitor and improve the quality of these buildings;
- ◆ Ensure equality of access and responsiveness to individual need and preferences;
- ◆ Work with the provider market to drive up quality through setting clear standards and monitoring provision through our quality assurance framework.

MANAGING WITHIN BUDGET CONSTRAINTS

- ◆ Develop a robust evidence based approach to provide a clear understanding of future demand and supply. This will enable proactive planning and development of the right accommodation in a cost effective and sustainable manner, ensuring value for money and avoiding costly spot purchases or out of borough placements;
- ◆ Demonstrate value for money and develop a more efficient approach to block contracting and spot arrangements;
- ◆ Pursue a preventative approach to service provision, delaying and reducing the need for care and support;
- ◆ Focus on a strengths-based approach which identifies resources within the family and community.

The action plan to deliver our key priorities can be found in Appendix 1.

⁴ Adult Social Care Digital Strategy - Wandsworth Council

OUTCOMES THAT MATTER

PEOPLE WANT:

The framework 'Making it Real'⁵ is explicitly referenced in the Care Act statutory guidance as a mechanism to frame the outcomes that matter to people and represent what good looks like

- ◆ A place called home, not just a 'bed' or somewhere that provides care
- ◆ To live in a home which is accessible and designed to support one to live independently
- ◆ To live somewhere where one can lead a full, active and meaningful life connected to family, friends and the community
- ◆ Access to the right information at the right time to make informed choices about housing options and stay in control
- ◆ Flexible integrated accommodation choices responsive to changing needs

These outcomes are also reflected by the vision presented by Social Care Future, 'We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.'

⁵ Six themes of Making it Real - About - Making it Real - Think Local Act Personal

MEASURING SUCCESS

SUCCESS WILL MEAN:

- ◆ Reduced numbers of admissions into residential and nursing care homes
- ◆ Increased numbers of learning disability clients living in their own home or with family
- ◆ Shorter stays in supported living due to a clear move-on pathway
- ◆ Reduced number of new out of borough placements
- ◆ Increased quality of life score for people in accommodation-based support



OUR DEMOGRAPHIC AND FINANCIAL PRESSURES

POPULATION FORECASTS

As with the rest of the country, Wandsworth faces a sharp growth in the older population of 43% with associated health and social care needs by 2035. This means that by 2035 the proportion of the adult population aged over 65 will increase from 12% to 15%. With people living longer and increasing numbers of people with chronic or multiple conditions, this is likely to drive future extra demand for housing options, specifically for the 85 plus age group where the increase is steepest (51%).

PREVALENCE RATES

As people age, the prevalence rates for many of the indicators for social care need increase. Given the aging population, this is likely to have a significant impact on social care need with older people with dementia, and those with a limiting long-term illness likely to increase by 43% (see chart below). Similarly, Wandsworth faces a projected increase in the population of people with a learning disability of 12% and mental health needs of 12% by 2035 with a growing cohort of over 65's for whom accommodation options may be limited.

RISING ACCOMMODATION-BASED CARE COSTS

Nationally the average weekly cost of residential care (both LA and privately funded) in the UK in 2021 was £704 and nursing care was £888. However in London the costs are significantly higher with residential care averaging at £1,197. Costs are rising annually.

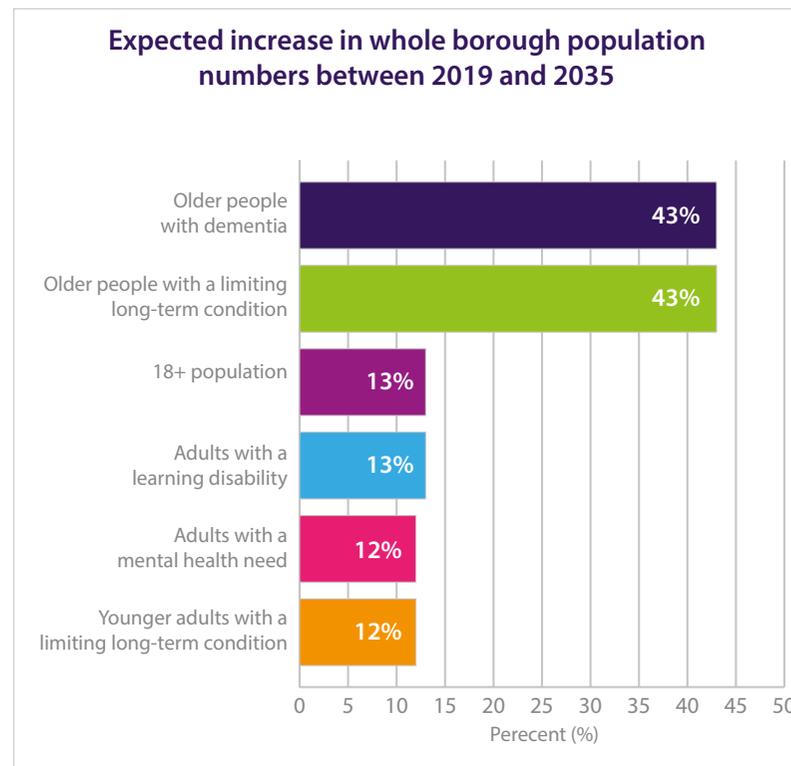
REDUCING SOCIAL CARE BUDGETS

The ADASS Budget Survey 2021⁶ found that there had been £8 billion cumulative savings, nationally, since 2010 in social care and estimated an additional £601 million to be made in 2021-22. It found that it was only reliance on time-limited grants that had allowed social care budgets to be balanced and stated that the lack of certainty over future funding was leading to services being decommissioned and failing local and national care markets.

⁶ <https://www.adass.org.uk/adass-spring-survey-21>

SOCIAL CARE STAFF

The Skills for Care report on the social care workforce in 2018 indicated that employers were struggling to find, recruit and retain workers and suggests the sector is struggling to keep up with the demand of the aging population.



ABOUT WANDSWORTH

Wandsworth is a large Inner London borough with a mobile, young, educated and economically active population. Wandsworth is home to an estimated 328,828 residents, second largest population in Inner London. By 2029 this will increase to more than 373,000, reflecting that Wandsworth also has one of the fastest rates of population growth in London. Local population increase is currently driven by natural change (more birth than deaths) and in the next 10 years will be driven by large new housing developments such as Nine Elms.

Of the projected population increase, 60% will happen in four wards – Queenstown, Fairfield, St Mary's Park and Thamesfield. A full overview of the borough and how it compares locally and nationally can be found at www.datawand.info

ETHNIC DIVERSITY

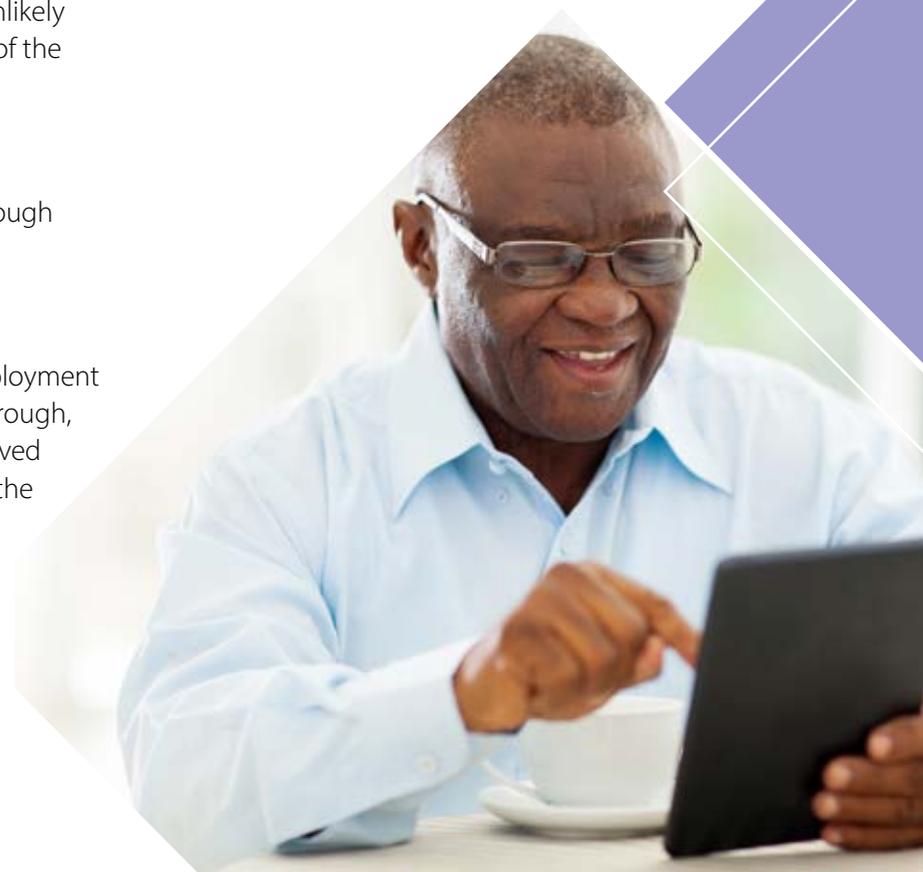
30% of the population in Wandsworth are from Black, Asian and minority (BAME) groups. The average across London is 44%. The population increase is expected across all ethnic groups with very little difference by group. There is a slightly lower percentage rise in the white British population compared to BAME, but this is unlikely to make a significant difference in the population diversity. It is expected that, in 2035, the percentage of the population from BAME groups will have increased only slightly to 31%.

ETHNICITY AND ACCOMMODATION-BASED CARE

The ethnicity of the population in accommodation-based care is reflective of the population of the borough except the Asian and Asian British category which is significantly lower than the total population.

AFFLUENCE AND DEPRIVATION

Overall, Wandsworth is slightly more affluent than the London average, with a higher than average employment rate and a median resident's salary 25% higher than that of London as a whole. However, within the borough, there is a large variation by area with 11 of the 179 Lower Super Output Areas (LSOAs) in the most deprived 20% in the country and 24 in the least deprived 20%. In general, the most deprived areas are mostly in the west (Roehampton & Putney Heath and West Putney) and north east (Latchmere and Queenstown) of the borough. Provision is encouraged in accessible locations and integrated within communities.



COVID-19 IMPACT IN WANDSWORTH

- ◆ All the projections in this document are based on pre-COVID-19 levels of care. However, COVID-19 has had, and (at the time of writing) is continuing to have, a major impact on Wandsworth residents, particularly those in accommodation-based care.
- ◆ Long-term impact on the health of people who have survived the infection
- ◆ Impact of lockdown on treatment of other conditions
- ◆ Impact of lockdown on mental health (initial research shows that loneliness, depression, and anxiety have increased within the population and that the recent easing of some of the lockdown restrictions has improved the position, but not back to pre-COVID-19 levels)⁷
- ◆ Long term increase in the cost of some services to manage infection control such as equipment, reducing reliance on temp and peripatetic staff.
- ◆ Specifications for building design will need to be reviewed to ensure that refurbishments and new builds facilitate high standards of infection control, particularly given the evidence of air-borne transmission.
- ◆ Potential impact on the market. Early indications suggest that smaller care homes may suffer and become financially at risk in the short term.⁸
- ◆ Due to the impact of COVID-19 it is possible that people coming into the service would prefer their own front door, opting for more independent living schemes. We will monitor the situation and refine our strategy as we begin to understand the longer-term effects of COVID-19 .



7 (Fancourt, D: COVID-19 Social Study, UCL, Wellcome & Nuffield Foundation 2020)

8 <https://www.knightfrank.co.uk/research/article/2020-06-01-commercial-insights-uk-healthcare-the-impact-on-care-homes->

OLDER PEOPLE (65+)

OVERALL

Population change projections indicate a 43% increase by 2035 for all older people. Due to the aging population, and the longer 'unhealthy life expectancy', there is likely to be an increase in accommodation-based care need for this cohort over the next 15 years across all accommodation care categories with a shift towards independent living options such as extra care.

WHAT WE KNOW

RESIDENTIAL CARE AND EXTRA CARE

Service use

During 2020-21 there were 181 older people in a residential care placement and 89 in an extra care placement for all or part of the year. There has been a gradual, but not significant, decreasing trend within residential care and increase in extra care over the seven years, however over the last two years there has been a significant drop in residential care numbers, probably due, in part, to COVID.

National intelligence

Extra Care has proven benefits for older people. These include increased independence, better quality of life, reduced need for NHS services, services proportionate to need, and better value for money. Early research estimated that 63% of those in extra care would need a residential placement if they were not in extra care.⁹

Need

Further extra care provision needs to consider more flexible provision (including high level need) including use of digital technology, proximity to local provision and physical access. Breakdown of need of older persons in residential and extra care was 63% of

those with physical disability/sensory need, 15% with memory and cognition need, 22% learning disability need and mental health need.

Projected demand

Projections have been considered together as well as individually. The projection considers recent trends, population projections and both local and national policy initiatives.

Looked at individually, projections indicate up to 40 units of extra care by 2035 and up to 10 residential units. However, based on current trends and predicted population change, we expect the need for residential and extra care units to increase by an average of three to four units per year to 2035.

In-Borough supply/sufficiency

There are three (~150 units) extra care schemes in Wandsworth, that are used by the council and there are also additional privately run schemes. 85% are occupied by older service users (65+). A further 80 units across two new schemes are being developed which will help meet the demand to 2025 although further development may be required by 2035. In

terms of residential care, there are approximately 190 beds across 10 homes. In 2018-19 69% of new placements were placed in-borough. If capacity in neighbouring authorities is used, then this does not suggest a significant shortfall in residential care (excluding dementia), particularly with the increased focus on extra care.

Preferred location and unit type

Discussions are ongoing as to the suitability of current council commissioned services in Wandsworth and there may be some potential for redevelopment of some services to better meet current and projected need. Shared ownership properties could be an option.

⁹ Housing LIN 2013

WHAT WE KNOW

NURSING CARE

Service use

During 2020-21 there were 269 older people in nursing care for all or part of the year. Numbers have been relatively static between 2015 and 2020 but dropped significantly during the last year, primarily due to COVID.

National intelligence

National intelligence also shows that due to improvements in medical care and treatments the life expectancy of those over 65 in 'not good' health is increasing meaning that people are likely to need care and support for an extended period.

Projected demand

Based on current usage and predicted population change we expect the need for council placed nursing care to increase by approximately up to 100 (if 2020-21 is taken as an anomaly), approximately six to seven additional units per year.

In-Borough supply/sufficiency

Existing in-borough nursing supply is approximately 920 care places across 11 homes, although a notable proportion (265) are for private/specific use, leaving 655 units. 71% of nursing care admissions in 2018-19 were in-borough, with another 16% within the six borough SWL partnership area, leaving only 13% outside the six-borough area. This does not suggest a current significant shortage. However, there is need for additional residential beds to include dementia nursing care (see below).

WHAT WE ARE DOING

Future direction

Our focus is on supporting more people into extra care placements wherever appropriate. We will be considering innovative age friendly delivery models which support family and community contacts and encompass smart technology that promotes independence and self-care and are fit for the future. There will remain a need for nursing and residential care to support residents with more intensive or specialist support needs, but, where possible, we will aim to support people to live as independently as possible. We will seek to:

Extra care provision

Work with key providers and partners to increase provision and access to flexible and innovative extra care schemes and develop an extra care strategy to ensure that we plan sufficient and appropriate capacity to meet long- term predicted need. Initiatives are in place to develop 80 new extra care units in two sites in Wandsworth. We envisage that the newly developed additional units should cover the expected need to at least 2025-2026.

Design

Design schemes which adopt best practice and draw upon a range of expertise, including occupational therapists in developing age -friendly environments.

Local placements

Continue to ensure people requiring care home placements are placed as locally as possible to support access to personal and community networks.

Nursing provision

Work with providers and partners to explore opportunities to increase capacity of in-borough specialist provision including dementia beds

Innovative models of delivery

Consider and explore the use of mixed-use delivery models such as sheltered housing, alongside care and support housing, shared housing solutions in different settings and home share schemes which promote sharing of skills and knowledge, including active choice friendship groups to provide mutual support and reduce isolation.

Intergenerational opportunities

Explore opportunities for intergenerational opportunities to increase the connection of residential and nursing and extra care schemes with the community.

SUBSET OLDER PEOPLE (65+) WITH MEMORY AND COGNITION NEEDS (E.G. DEMENTIA)

WHAT WE KNOW RESIDENTIAL CARE

Service use

During 2020-21 there were 95 people in dementia specialist residential placements for all or part of the year. This is approximately half of all residential care placements for older people. Dementia care placements have, in contrast to residential care for older people overall, increased and are expected to increase further as more people aged 85+ live longer with limiting health conditions.

National intelligence

Shows that extra care can have benefits for people in the earlier stages of dementia and can help keep people active and independent for longer

Projected demand

Based on current usage and predicted population change, by 2035 we expect an increase in need for specialist dementia residential units as the number of older people with dementia in the borough is expected to increase. The increase in residential units described in the section above should be predominantly dementia based but there may be

OVERALL

Population change projections project an increase of 51% by 2035 for persons with dementia. Due to the aging population, there is likely to be an increase in need for specialist memory and cognition intensive support.

some additional need for in borough resources as some specialist placements are currently out of borough.

While much extra care is not currently designed to support people with dementia, there may need to be some consideration of specialist support for people with early dementia symptoms, especially if they live with a partner who does not have any memory or cognition needs but may need some personal care support. These dementia friendly units should be considered in line with both the increasing prevalence of dementia and the focus on helping people stay as independent as possible.

In-Borough supply/sufficiency

There are currently no specialist extra care schemes and such schemes are reluctant to take people with memory and cognition needs who wander with purpose. There are currently no specialist residential homes although five in-borough residential homes (156 beds) do have some capacity to cater for

dementia need. Development of some specialist dementia provision might be beneficial as 41% of residential care admissions for dementia in 2018-19 were out of borough. All developments will be considered amongst the wider developing market at the time of application.



WHAT WE KNOW

NURSING CARE

Service use

In 2020-21 there were 118 service users in specialist dementia nursing units for all or part of the year. Service use indicates an increasing trend over the last several years.

National intelligence

Shows that due to improvements in medical care and treatments the life expectancy of those over 65 in 'not good' health is increasing meaning that people are likely to need care and support for an extended period.

Projected demand

Based on current usage and predicted population change, by 2035, we expect need for nursing care to increase by up to five units per year.

In-Borough supply/sufficiency

There are currently no specialist nursing homes for people with dementia in-borough, although 10 nursing homes with 890 units (of which 265 are for private/specific use) do have some specialist capacity. There are also some placements in nearby authorities that were made because there was no appropriate available in-borough provision at the time of admission. During 2018-19, 59% of nursing home admissions for dementia care were out of borough. Development of some dementia friendly provision might be beneficial. All developments will be considered amongst the wider developing market at the time of application.

WHAT WE ARE DOING

Future direction

The council wants to help foster a dementia friendly community where people can live independently for longer. However, there will also be an increasing need for specialist care home provision for those with more intensive needs. We will seek to:

Extra care

Work with providers and key partners to develop innovative, sustainable and flexible extra care schemes that are dementia friendly.

Residential and Nursing care

Work with providers and key partners to increase in-borough specialist dementia care home beds in line with demand by exploring opportunities to reconfigure existing general beds to specialist beds or support the development of new homes.

Dementia friendly environments

Promote dementia friendly environments in different ways such as using assistive technologies. For further information on what makes a 'dementia friendly environment' please see SCIE guidance.¹⁰

¹⁰ https://www.scie.org.uk/dementia/supporting-people-with-dementia/dementia-friendly-environments/?gclid=EAlaIqobChMlg4t8T8JiJ7AIVCuntCh177g-REAAAYiAAEgK7AfD_BwE.



ADULTS WITH A LEARNING DISABILITY 18+ (LD)

WHAT WE KNOW

SUPPORTED LIVING AND HOUSING SUPPORT AND PREVENTATIVE SERVICE¹¹

Service use

In 2020-21 there were 197 adults with learning disabilities in supported living schemes for all or part of the year and seven-year trend data indicates an increasing trend, amongst people aged 18-64 although there has been a significant drop in the numbers aged 65+ in the past two years. There are currently low numbers in extra care schemes which may be due in part to the age eligibility threshold and lack of supply.

Need

Supported living is a key destination for those transitioning from Children's Services as well as for older service users with different levels of need, including those with more complex needs and challenging behaviour. There is a need for in-borough specialist schemes of self-contained flats with 24 hours staffing and communal areas to prevent isolation at the same time promoting independence.

¹¹ **Shared Lives:** Please note that shared lives is counted as community based support and not included here. However, in some cases, it can be a preferred option to accommodation-based support for many adults with a learning disability

OVERALL

Population change projections indicate an overall increase of 7% by 2035. There is an increasing demand for independent living options such as supported living whilst demand for residential care is declining. The numbers in nursing care remain low.

These can vary in size from small schemes which may suit those with more complex needs to larger schemes for those with lower level need which could even co-exist with extra care schemes.

Older users would benefit from accessible accommodation whilst those transitioning from Children's Services may benefit from shared housing.

Projected demand

The projections for this service vary considerably but we expect an average of seven to eight additional units per year until 2035, a total of around 100 additional units. However, it may be that further additional units of supported living could reduce the numbers in residential care (as following page).

In-Borough supply/sufficiency

There are currently 264 supported living beds across five providers in Wandsworth. Ensuring appropriate fit with residents is key and can sometimes result in voids even though supply is limited.

Preferred location and unit type

Mostly single self-contained flats with 24 hours support and a communal space, some shared for transition cases– any location which has good access to transport, community facilities and is safe/appropriate for vulnerable people.



WHAT WE KNOW

RESIDENTIAL CARE

Service use

During 2020-21 there were 239 people in residential care for all or part of the year and seven-year service use trend data indicates a decreasing trend, particularly in 2020-21 - probably due in part to COVID.

Need

The pattern of recent admissions suggests there is some need for in-borough provision e.g., for older service users with complex needs. With the drive to promote independent living options such as supported living and extra care, the demand for residential care is reducing.

Projected demand

The models indicate a possible slight but not significant increase in total required units. It is possible that residential care service use may be lower if there was sufficient appropriate supported living accommodation (as above). New supported living schemes should reduce the demand for residential care.

In-Borough supply/sufficiency

There are 93 specialist beds across seven specialist homes in-borough and seven general homes that cater for people with learning disabilities providing a further 43 beds, totalling 136 potential beds. The council also uses out of borough beds. With the policy to place locally as possible a small amount of additional in-borough residential care may be beneficial for those with complex needs.

Preferred location and unit type:

Consider some extra care units and high support supported living as an alternative to residential care.

WHAT WE KNOW

NURSING CARE

Service use

During 2020-21 the numbers of people in nursing care were low at 12 and service use trend data indicates a static trend.

Projected demand

We expect the demand for nursing care to increase marginally and it will be limited in part by a) the lower life expectancy of people with learning disabilities (average of 65 years), and b) the fact that as people get older, the primary need for services is more likely to change from Learning Disability to either physical health or memory and cognition needs.

In-Borough supply/sufficiency

There are no specialist LD nursing places in-borough and placements are made in mainstream provision, of which there is one general needs provider, with 67 beds catering for people with LD needs. But with low numbers there is no urgent need for additional provision. Commissioners across the SW London partnership will be looking at learning disabilities and nursing care across the six boroughs.



WHAT WE ARE DOING

Future direction

Our aim for learning disability services is to reduce reliance on residential care and to move service users towards supported living. The supported living model promotes greater independence through a strengths-based approach to planning care support and inclusion. We will seek to:

Supported housing

Work with key partners and providers to increase provision and access to flexible and innovative independent housing options including exploring extra care models which provide choice and alternatives to residential care. This involves working with the market to identify and explore opportunities to develop specialist high level need provision which caters for both young people including transitions with complex and challenging behaviours and health needs and for older people with learning disabilities who have become more dependent. Recent new build initiatives include: 24 supported living units across three schemes, one completed in 2019 (Melody Road), one completed in 2020 (Stag Lane) and another eight being planned at Colson Way in 2022.

Design

Design schemes which adopt best practice and draw upon on a range of expertise, including occupational therapists e.g. in developing autism-friendly environments.

Digital technology

Promote and use opportunities for assistive technologies and social media inclusion of young people and adults with a learning disability. Pilot programmes are underway which will see the implementation of digital technology included as part of care packages in supported living schemes, providing evidence base for future models across new schemes.

Existing provision

Existing provision will be reviewed to see if they are still fit for purpose and ensure optimal use of existing buildings.

Local placements

Continue to place service users as locally as possible to support a strengths-based approach enabling people to access personal and community networks

Reviewing service users

Review out of borough residential care and supported living by 2022, to be assured each placement is appropriate and good value, and that people from a BAME background and those with other protected characteristics are being treated fairly.

Move-on

Review how people are supported to move into their own home in the community with social housing and private tenancies and Investigate demand for shared ownership using the SOLD (Shared Ownership for Long-term disabilities) model.

Social Interaction:

Explore opportunities to encourage social interaction and connections within the home and outside with the community

Contractual arrangements

Review how we commission learning disability housing and support to develop a more efficient approach to block contracting and spot purchasing arrangements. The future spot purchase model for example seeks to increase the level of transparency in the market by use of an Approved Providers framework for care homes and build an enhanced programme for driving up quality of services.

Learning Disability strategy

Review our needs for different kinds of specialist and ordinary housing at least once a year as part of Priority Two- Where I Live –Housing Care and Support of the Wandsworth's Learning Disability Commissioning Strategy 2021-26.

ADULTS WITH MENTAL HEALTH NEEDS (18+)

WHAT WE KNOW

SUPPORTED LIVING AND HOUSING SUPPORT AND PREVENTATIVE SERVICES

Service use

During 2020-21 there were 180 people in supported living schemes. There has been an increasing trend in the supported living over the past four years. During the last few years, work was undertaken to step down people in residential and nursing care into supported living where available. This caused the number of placements in supported living spot purchases to increase significantly over the year.

OVERALL

Population change projections indicate an overall increase of 5% for persons 18+ with mental health needs. There are currently people living in housing-based care who are ready to step-down to lower support or general needs housing but unable to because of a lack of available move-on housing.

Need (Type)

There is a need for more high support 24 hour staffed provision as opposed to low support provision and work has already been undertaken to reconfigure schemes to this effect and more work is currently ongoing. Specialist mental health provision within an extra care setting may be beneficial for those who are older, whilst some specialist supported living might be beneficial for younger MH service users escaping a gang lifestyle and people who have both mental health needs and hearing impairments.

Projected demand

The projections for this service vary considerably. If the move-on pathway is cleared and all future residents are enabled to move towards independence in line with policy, it is anticipated that there may be sufficient existing units until 2035. If it is not cleared then additional supported living units may be needed. While an additional three-four units per year may be sufficient, it is possible that as many as 10 additional units per year may be needed.

Supply/sufficiency

There are 37 schemes from whom the council commissions support as required: 52 units (eight schemes): high support, 52 units (six schemes): medium support and 103 units (23 schemes) low support. Currently the move-on pathway is held up by the lack of appropriate general needs housing meaning that people cannot progress to lower levels of support in a timely manner.

Preferred location and unit type

General move-on housing and high support en suite accommodation – any location which has good access to transport, community and health facilities. Whilst there is a focus on rehabilitation and move-on there is also a need for considering more longer-term provision for those who require it.

WHAT WE KNOW

RESIDENTIAL AND NURSING CARE

Service use

During 2020-21 There were also 95 people with a mental health need in residential care and 25 in nursing care for all or part of the year. There has been a decreasing trend in the numbers of users in both residential and nursing care over the past seven years. During the last few years, work was undertaken to step down people in residential and nursing care into supported living where available.

Need

There is a continuing need for some specialist intensive support provision for service users with more complex needs.

Projected demand

Projections indicate growth of up to 50 residential care places and up to 10 nursing care places by 2035. However if the move-on to lower-level support is facilitated (as above), the existing supply for residential care is likely to be sufficient.

Supply/sufficiency

There are available units within more general provision but there is limited specialist provision for this cohort in-borough which sometimes results in out of borough placements. Consideration needs to be given as to whether the existing supply is appropriate and the development of some high-level supported living provision or residential/nursing care may be beneficial.

WHAT WE ARE DOING

Future direction

The focus for accommodation-based care and support for this cohort is on rehabilitation and reablement to encourage residents to move towards more independent living. We will be working on more innovative solutions to care and support for this cohort to aid move-on to independent living while still providing a stable and supportive living situation. We will seek to:

Supported Living Provision

Work with our key providers and partners to review our existing provision to ensure it remains fit for purpose and upgrade where required with a particular focus on remodelling provision to increase high support capacity for service users with more complex needs. We will work with providers and partners to identify and develop new innovative schemes including exploring extra care models which are flexible to allow for easy reconfiguration to meet changing needs.

General housing and private sector housing options

Work collaboratively with our Housing colleagues to review social housing allocations for social care clients and to promote private sector housing options to ensure effective move-on.

Increased focus on support for those with dual diagnosis

Review provision to ensure those in accommodation-based care with substance abuse need have access to appropriate pathways and services.

Residential and nursing provision

Explore possible options for the provision of more specialist units for service users with complex needs.

Support move-on

Continually review and strengthen our monitoring of move-on readiness of our clients to ensure they are placed in the most appropriate setting. Our aim for those in Supported Living is to support new tenants on a journey towards independence within a two-year period. We will be focussing on joint planning between Housing and Adult Social Care and working with our provider partners to develop a range of solutions for effective move-on pathways supported by skills planning. For example: review new build schemes that include one bed affordable rented accommodation to identify opportunities where these units could be used as move-on.

Forensic provision

Explore possibility of specialist forensic provision in-borough.

Meaningful activity

Ensure access to employment / education / training and volunteering opportunities for people in accommodation-based care and support.

Social interaction

Explore core and cluster type models and opportunities to encourage social interaction and connections within the home and outside with the community.

YOUNGER ADULTS WITH PHYSICAL AND SENSORY NEEDS (AGED 18-64)

WHAT WE KNOW

ALL ACCOMMODATION BASED CARE

Service use

In 2020-21 there were 51 people aged 18-64 with physical or sensory needs who were in accommodation with care and support for all or part of the year. 11 of these were in residential placements, 20 in nursing care placements, 17 in extra care and three in supported living.

Need

Adults with physical and sensory disabilities (aged 18-64) fall into two main groups:

- ◆ Adults with a degenerative condition where their care and support needs will continue to increase.
- ◆ Adults with a long-term condition or disability where the focus of their care and support is on maximising independence.

OVERALL

This is a diverse group, often with very specific, individual, needs. Population changes projections indicate an increase of 10% for persons aged 18-64 with physical and sensory needs.

There is a diverse range of conditions and abilities in this cohort. Some of the key generic requirements are for flexible accommodation to promote independence and meet changing needs, ensure accessibility to local community and services, transport, and accessibility to communications (including BSL, Makaton and Braille). Small sized supported living schemes might be useful for people with a long-term conditions looking to move towards independence. Similarly, smaller residential units of five to 10 allow for more independence with the care setting than facilities which cater for large numbers.

Projected demand

The numbers in question are relatively low and for that reason projections of future need based on service use have not been included as will be subject to a large margin of error. However, looking at the increase in population or prevalence, these suggest an approximate 10% increase by 2035. The focus,

however, is on reconfiguring care to better meet the needs of this group (as above).

Supply

There is some specialist provision in the borough including specialist residential provision for people with dual hearing impairments and mental health conditions, and specialist residential and nursing provision for people with neuro-disability which attract residents from outside the borough.

WHAT WE ARE DOING

Future direction

We will be taking an innovative and flexible approach to commissioning accommodation-based care for this group to ensure accommodation is available for the wide range of needs to promote independence, enable participation in the community and facilitate travel around the borough. We will seek to:

Community based services / adaptations

Continue to focus on community-based services where possible making broader use of equipment/digital technology and adaptations to adapt appropriate general housing to meet the specialist needs of this group.

Supported Living

Explore the possibility of developing some accessible, flexible Supported Living provision for this group as required.

Extra care provision

Work with key providers and partners exploring the possibility of a model that caters for younger

adults including those with degenerative conditions, which is flexible and accessible.

General needs social housing

Work with Housing colleagues to ensure consideration is given to broadening requirements for general needs social housing to be accessible to take into account the higher level need amongst this cohort.

Meaningful activity

Ensure access to employment / education / training and volunteering opportunities particularly for people with long term conditions in accommodation-based care and support to enable them to live independent and fulfilled lives in the community.

Update commissioning strategy

Undertake further research on need of this cohort to identify key issues of this group, updating the commissioning strategy.



MESSAGE TO THE MARKET

The way that social care is delivered in Wandsworth has changed and will continue to evolve in the foreseeable future. Working in partnership with our Housing colleagues, our focus is on helping our residents to stay independent for longer and to enable them to make their decisions on the care and support services they may need.

Wandsworth is committed to developing accommodation with care and support which:

- ◆ Is in line with our vision and aspiration.
- ◆ Gives residents choice and control over their care and supports them to be as independent as possible.
- ◆ Works alongside other services and communities to meet an individual's needs.
- ◆ Delivers flexible care and support in a planned, person centred way
- ◆ Provides age and dementia-friendly environments.
- ◆ Ensures local access.
- ◆ Reduces isolation and promotes mutual support and connections with the community e.g. via shared/ intergenerational schemes.
- ◆ Becomes the centre of vibrant communities for people to live and age well.

We will work with developers and providers of accommodation with care and support who can demonstrate that their models:

- ◆ Support people in the continuum of care.
- ◆ Follow best practice and innovation in design and can meet evidenced local need.
- ◆ Adopt digital technology solutions to enhance independence and self-care.
- ◆ Facilitate access to residents to meaningful activities including education, training and employment where appropriate.

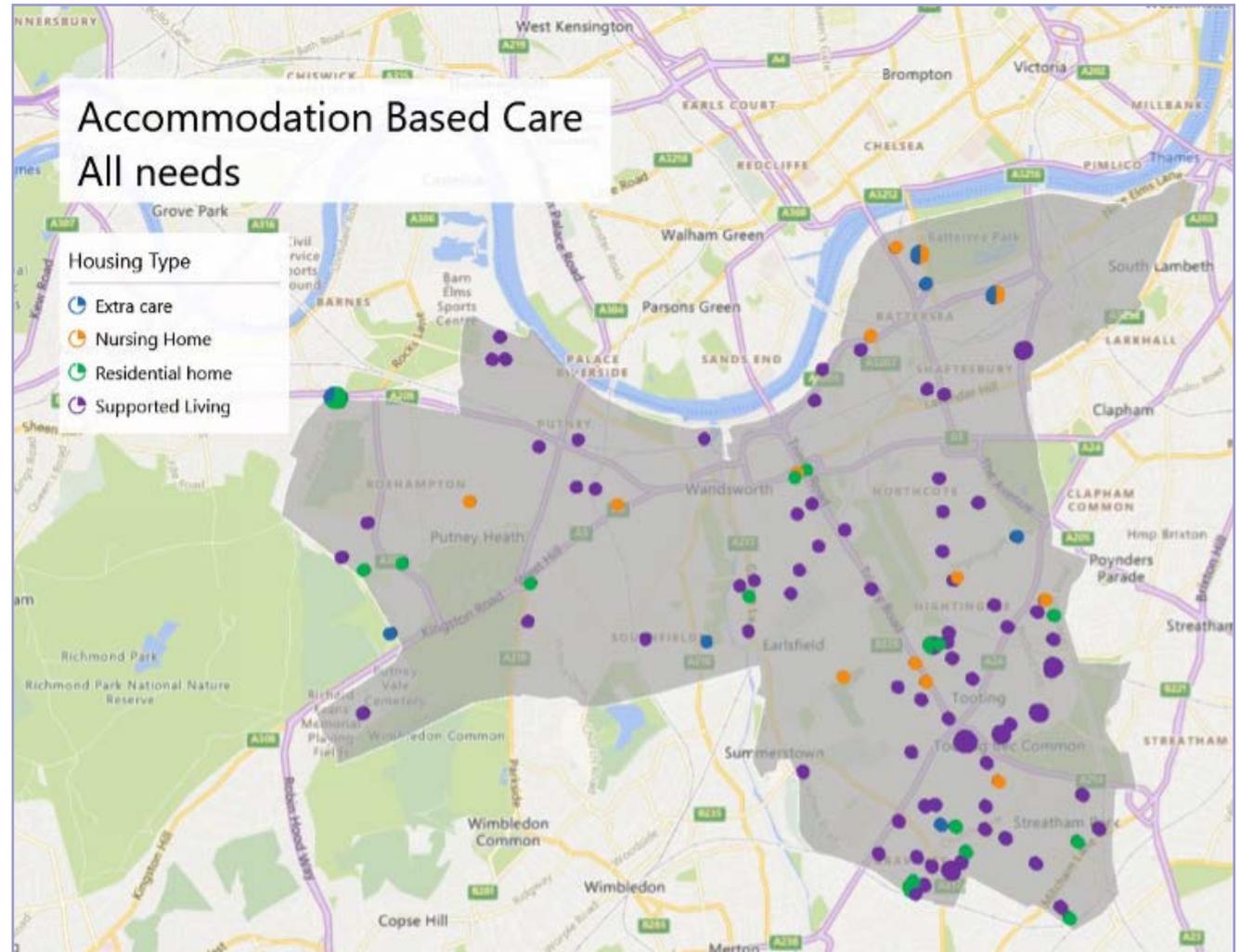
Developers should engage with the council's planning, housing, and commissioning teams to ensure any proposals brought forward demonstrate how they meet local priority needs, ensuring they are in an appropriate location, taking into account the latest baseline information along with updates to the supply pipeline.



MAP OF CURRENT ACCOMMODATION-BASED CARE AND SUPPORT

In Wandsworth there are:

- ◆ 13 nursing homes including three specialist mental health homes
- ◆ 17 residential care homes including six specialist homes for people with a learning disability and five for those with a mental health condition
- ◆ There are three extra care schemes used by the local authority and additional private schemes available or being built over the next few years
- ◆ There are 87 supported living schemes including 50 schemes for people with a learning disability and 37 for people with a mental health need



SERVICE TRENDS

	2016	2017	2018	2019	2020	2021
Older Persons – 65+						
Residential and Extra Care						
Extra Care	85	106	127	117	111	99
Residential	271	228	231	217	224	199
Nursing	383	337	356	353	361	351
Older persons with memory and cognition needs (subset of above)						
Residential	43	41	35	49		
Nursing	41	42	47	65		
Learning Disability – 18+						
Supported Living	195	189	195	183	180	193
Residential	281	285	276	263	247	260
Nursing	14	12	13	13	9	13
Mental Health – 18+						
Supported Living	84	85	97	103	113	159
Residential	152	134	115	90	87	89
Nursing	45	47	43	34	33	23
Physical Disability – 18-64						
Supported Living	1	2	4	2	4	4
Extra Care	7	8	9	11	17	19
Residential	17	20	16	13	13	12
Nursing	18	17	23	28	30	24

Please also note that Extra care usually requires residents to be 55 or over.

POPULATION PROJECTIONS

Age	2020	2021	2022	2025	2030	2035	% Increase
18-24	26,210	26,460	26,600	27,382	30,238	30,280	16%
25-34	83,109	83,351	83,823	85,334	86,919	91,322	10%
35-44	60,600	61,149	61,232	60,179	58,770	59,475	-2%
45-54	39,055	39,079	39,278	40,219	42,066	42,549	9%
55-64	27,047	27,953	28,702	30,730	32,054	32,825	21%
65-69	9,302	9,521	9,778	10,612	12,522	13,579	46%
70-74	8,406	8,589	8,329	8,301	9,457	11,177	33%
75-79	5,780	5,958	6,506	7,286	7,242	8,297	44%
80-84	4,557	4,573	4,523	4,633	5,859	5,900	29%
85-89	2,507	2,585	2,698	3,028	3,158	4,055	62%
90+	1,428	1,403	1,396	1,416	1,690	1,922	35%

APPENDIX 1: ACTION PLAN: Key Steps to Transformation

Objectives	Actions	Target dates
Maximise efficiencies by: <ul style="list-style-type: none"> • Shifting the balance from spot purchasing to framework and block contracts • Developing specialist in-borough provision to reduce out of borough placements • Develop more flexible models for accommodation-based care 	Develop framework agreements for care homes, extra care and supported living across both boroughs for: <ol style="list-style-type: none"> 1. Learning Disabilities 2. Mental Health 	2023
	Develop business cases for commissioning: <ul style="list-style-type: none"> • Specialist in-borough residential / nursing dementia provision • Forensic mental health provision across both boroughs • Independent living options such as supported living for young adults with complex needs • Develop a framework supportive of communities including age appropriate housing • Development of age and dementia friendly communities • Ensure that there is appropriate and adaptable housing for adults with a physical disability 	2023-25
	Ensure there is an effective system for people to be appropriately placed in the accommodation with care setting they need.	2023
	Update accommodation needs analysis as required to ensure a robust evidence base for defining collective departmental accommodation requirements to the Housing Strategy Group.	2022
	Work with Housing and providers to develop design principles for generic, multi-purpose, multi-functional, mixed use housing models, sufficiently universal in nature to allow recycling/reconfiguration for any client need and can support delivery of flexible care and support.	2023
Provide flexible service offers for those ready to move on to lower support or general needs housing	Develop business cases for general needs housing and floating support in order to address step down waiting lists for <ul style="list-style-type: none"> • People with mental health issues • People with learning disabilities 	2022
	Refresh information around social care queues and the private sector offer and the protocols between Adult Social Care and Housing to create more efficient, accessible and transparent pathways	2022
	Actively work with private sector landlords to develop a move-on exit strategy (i.e. encourage the granting of tenancies to social care clients ready to move-on).	2023
Build resilience and independence by an increased focus on prevention	Explore and develop existing home support and floating support model e.g. Housing First model i.e. providing vulnerable people with a stable home combined with person centred active, holistic support to rebuild their lives (mental health and learning disabilities)	2023
	Strengthen contracts and specifications to focus on developing links with the community in whatever care setting to reduce social isolation and support resilience and independence	2022
	Develop broader models of care to support older people to remain independent in their own homes and create opportunities for active aging including Homeshare	2024
Ensure holistic person-centred support for young adults by strengthening Transitions accommodation and care and support pathways	Link in with the Transitions working group to ensure that accommodation-based care needs are included in their work	2022





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