Northamptonshire County Council

SOCIAL CARE ACCOMMODATION STRATEGY FOR OLDER PEOPLE 2016-2021

Version 3.0

N.B Please note that we are still working with District and Borough Council's planning teams to finalise accommodation projections, the strategy will be updated once work is complete, and we will include comments from the consultation where applicable.

Executive Summary

- The Council currently places a high number of Service Users in Residential Care homes. This is due to limited options in the market.

- This 'one size fits all' model has denied Service Users of their own home, choice and control; factors which ultimately deny citizenship and social inclusion.

- The Council is committed to the progression model across all groups including those who may traditionally have not been considered as having potential for living independently.

- We plan to work in partnership with a range of providers to increase the range of Extra Care housing options to our Older Person cohort.

- Due to the ever increasing Older Person population, over the next 5 years the Council plans to increase provision. This will range from Extra Care schemes to Sheltered Housing, the Council want a range of specialist housing which can support a wide range of Service Users and their needs.

- Figures indicate that over the next 20 years all provision types in each District and Borough will need to double to meet the demand. However, over the next 5 to 10 years some areas will need to increase their provision more than others as the over 75 population will be greater.

- A huge increase in Extra Care is needed in Corby, Daventry, East Northants, South Northants and Kettering to meet estimated demand. There is currently a shortage of Sheltered Housing in Daventry.

- We would prefer Older Person's accommodation to be delivered by the District and Borough Councils or Registered Providers with a separate Care Provider, as this offers greater security to our vulnerable Service Users and gives them greater flexibility as to who delivers their care.

- There has been a decrease in the number of Service Users receiving Adult Social Care (ASC) services since 2010 due to better sign-posting, however this is predicted to increase as the population grows and changes are implemented through The Care Act.

- Over 50% of ASC Service Users are 85+, across Northamptonshire over 18% of the 85+ population receive help from the Council. Higher percentages found in Wellingborough, Corby and East Northants.

- The biggest care needs group is 'Personal Care and Support', followed by 'Support with Memory and Cognition', this group has grown since 2010 and is expected to continue to grow.

Contents

1.0 Introduction

Since 1992 the proportion of the population aged over 65 in Northamptonshire has seen the most significant increase, and at almost 17% of the total population, is in line with national trends. Growth in this particular age group is expected to continue to 2021.

With our growing numbers of older people and an expanding county population, in particular, growth in the numbers of those over 85, there is a need to ensure that informal carers, families and friends, who are often now also older people themselves, are afforded appropriate advice and support so that they can continue to contribute to the care and support of their relatives and friends. Both of these crucial areas are now key areas of responsibility for local authorities as specified in the Care Act 2014, which is now being implemented from April 2015

New duties within the Care Act 2014 give greater emphasis to prevention, which is now very much in the forefront of promoting independence and choice for people and how we must work together with communities and other organisations to enable our citizens to take greater control of their health and wellbeing. Specialist accommodation will play a major part in meeting these expectations.

Just over one third of ASC Service Users are cared for in their own home each year. Over half of all Service Users are cared for in specialist accommodation, of those, 26% live in Residential Care homes.

Residential Care homes provide a 'one size fits all' approach to providing care and support, despite the fact that, in any one Residential Care home, every person living there is likely to have different individual support needs. ***The Council currently places 1,453 Service Users in Residential Care homes. Due to lack of choice in the market, these people have unintentionally been denied their own home, choice and control; factors which ultimately deny citizenship and social inclusion.***

Northamptonshire County Council's Accommodation Strategy has, at its heart, a focus on helping people achieve greater levels of independence in their own home.

The Council will implement a transformation programme and the strategic change will result in better outcomes for people and lower overall costs, achieved by obtaining better value for money in commissioned services. More people will be supported to live in the community, rather than in institutional settings.

Older People need a range of supported living housing options. Over the next 5 years the Council plans to increase provision. This will range from Extra Care schemes to Sheltered Housing, the Council want a range of specialist housing which can support a wide range of people and their needs.

The accommodation needs to be designed around people's needs; with areas where they can socialise. For all new buildings, the Council will be asking for a minimum standard of Assistive Technology to allow Older People to perform tasks for themselves, to build confidence and independence, without having to rely on support care staff.

This strategy has been written to identify gaps in the market and to enable and implement this market shift and other associated actions, to improve outcomes for Service Users needing accommodation and housing.

The client group addressed by this strategy are adults aged over 65 who have associated support needs, but can be supported to independent living.

Older people's accommodation is increasingly being recognised as being as necessary as care and support services and a vital element of maintaining independence, health and well-being. Traditionally there has been a move towards residential care accommodation settings for some older people as they get frailer. However, in recent years, there is a growing recognition that specialist housing settings, such as Extra Care, can better meet the aspirations of significant numbers of older people to maintain active, independent lifestyles and provide better value than residential care.

Our strategy sets out the direction we need to take to support and enable the delivery of suitable housing and care home provision for older people. In it we provide clarity about the current levels of older people's housing and care home provision across the county. We identify where there are gaps in provision, consider future housing and care home accommodation needs and how and where these needs should be met going forward. Also, how the services associated with social care accommodation could be commissioned in emerging new models.

Research is now available to demonstrate and give credibility to this view[1]. The housing models are often more affordable for the people who live in them than some of the more traditional forms of residential care and are also cost effective for the agencies responsible for commissioning care and support services. These models are, therefore, of increasing importance in meeting the growing demands from diminishing financial resources.

In particular, we recognise the growing numbers of older people who have dementia and how the environment they live in and the support services available to them, can provide much more positive outcomes and sustained support for those affected and their carers. We need to see new models emerging across Northamptonshire. We can achieve these developments with good investments from ourselves and our partners, informed by accurate market position statements on current and predicted demands for social care accommodation and services and with well-designed strategic plans in place, that have been put together in consideration of those of our Strategic Partners.

2.0 Strategic Objectives

Northamptonshire is committed to delivering excellence in its approaches to supporting and commissioning services for older people in the County. The Council's intention is to achieve the best possible outcomes for their citizens, in collaboration with service user and strategic alliances and partnerships, to achieve long-term change for people and communities.

This strategy is aligned with the over-arching Council's vision **Proud to make Northamptonshire a great place to live and work** and one of the four outcomes **"Service users and carers feeling in charge of their lives".**

Objective 1: Enable development in all areas, in particular the priority areas Daventry, South Northamptonshire and East Northamptonshire.

In the next five years the Council plans on increasing its Older Person Housing provision. We will enable development of new schemes, in particular in the priority areas; Daventry, South Northamptonshire and

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[1]http://www.housinglin.org.uk/_library/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy78_EastSussex.pdf

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East Northamptonshire, as these areas have the biggest increase in over 65 population over the next 20 years.

We will be working with the private sector, housing and planning departments and health, in order to increase accommodation models to meet the demand and needs of older people.

This will be achieved through private sector financing, joint public financing and, where possible, through government grant funding.

The Council will be exploring the use of its own land and using its 'Invest to save' programme to increase supply.

Objective 2: Scrutinise all existing schemes including block contract arrangements and existing housing schemes.

A comprehensive appraisal of current accommodation and housing being procured through established contracts will take place, to verify under-utilisation and whether they currently meet the needs set out in this strategy. Where appropriate, the Council will be working closely with current providers to develop their accommodation model to fit the needs of the older residents.

A review will take place of all housing schemes which have a nominations agreement designed to help the most vulnerable older persons in the County first. These nomination agreements and allocation panels should be inclusive of NCC customers and we plan to work closely with Housing partners to design a straightforward protocol.

Objective 3: Build on existing relationships with housing, health and the third sector to develop accommodation and services based on the needs identified in this strategy.

The County Council, Nene and Corby CCG's, District and Borough Councils and the independent and private sectors are at the forefront of dealing with the social and economic implications of an ageing population. This strategy is written at a time of change, but engagement with stakeholders has enabled a joint vision and development of key priorities over the next 5 years.

The Council meets with District and Borough colleagues on a bi-monthly basis, to discuss strategic need. This has now developed into a working group, which will work through barriers to social housing and also create new opportunities, such as joint housing schemes or to enable development through S106 agreements.

All agencies need to be working closely together to provide a seamless journey for ASC Service Users, as these people are usually the most vulnerable in society. Access to Housing with Care currently presents numerous challenges, mainly due to the lengthy process and, as a result, clients are usually inappropriately placed in residential care which is not only costly to the authority, but also accelerates deterioration in health and wellbeing.

Objective 4: Enable the older people to take responsibility for future housing options

The Housing with Care sector is developing rapidly and the Council, working with various agencies, needs to provide options to our older residents early, so they can make informed choices, as prescribed

in the Care Act. Using best practice, we should endorse and promote extra care models and promote downsizing, so that older people can make decisions in a timely manner rather than coming to the Council at crisis point.

Objective 5: Improve data capture to commission appropriate Older Persons accommodation and services that meet the needs of our residents.

There is currently little or no intelligence available on occupancy levels and the length of tenancies of all existing accommodation across the county. We plan to work with District and Borough Council's and other housing and care providers to capture this information automatically, to help inform commissioners and make finding appropriate placements an easier process.

In addition, we plan to introduce a system where we can monitor the outcomes of ASC Service Users in all types of accommodation settings. This will provide local intelligence of how the environment and services can prevent older people from becoming frailer and more dependent on high cost services and hospital admissions.

Finally, the Council will be introducing a Housing Needs Assessment form, to help identify housing need early and have a detailed plan for that person. This information will help inform ASC commissioning to plan for future need.

3.0 Vision

Adult Social Care would like to support all people, where possible, to remain in their own homes. However, if specialist accommodation is required, we want to provide high quality, suitable homes to meet their assessed needs. People have the right to chose where they would like to live and influence the design of their support packages, to ensure their priorities are met within an agreed resource envelope.

The Adult Social Care focus is *'helping people to help themselves'*.

Table 1.0 The Vision for Adult Social Care

This vision is aligned with the Council's vision **Proud to make Northamptonshire a great place to live and work** and one of the four outcomes **Service users and carers feeling in charge of their lives.**

3.1 Principles

Underpinning the development of this strategy are the following principles:
- Independence – right to have choice and control over where they live and are supported
- Respect – all individuals have the right to have their views respected and to be treated with dignity at all times
- Safety – the right to feel safe and secure at home without feeling intimidated, neglected or abused
- Fairness – salaries commensurate with skills and responsibilities, with the living wage across the whole period of work as a basic right
- Equality – the right to have access to effective services in all areas of the County
- Inclusive - co-produced with local people, their carers and communities
- Partnership working – constructive engagement with all partners, including housing and service providers.

4.0 Aim

The aim of this strategy is to describe the current models of accommodation for older people, measuring current supply against demand and to propose future developments with our partners in the public, private and third sectors, that will deliver the care and support that older people need now and in the future, including;

- Extra care
- Older Person Villages
- Sheltered housing
- Residential care homes
- Nursing care

- Housing support services in the home such as Care and Repair and Assistive Technology.

All housing and accommodation should be fully flexible to suit a wide variety of needs and we will be encouraging the use of assistive technology in all new and existing buildings.

There will always be a need for *residential and nursing care* for Older People, but we feel that this is for the minority, where needs can not be met in a community environment.

5.0 The Care Act 2014

The Care Act introduces a general duty on local authorities to promote an individual's 'well being'.

This means that they should always have a person's well being in mind when making decisions about them or planning services.

Under the Care Act:
a) The suitability of living accommodation is explicitly listed as part of the definition of wellbeing, which sets the tone for the whole Act.
b) Housing is clearly referenced as part of local authorities' new duty to promote the integration of health and care.
c) Registered providers of social housing are explicitly listed as one of the partners a local authority must co-operate with when considering and planning a person's need for care and support. So, planning for appropriate accommodation is recognised as an essential part of supporting the health and well being of vulnerable people.

Under the Care Act, local authorities should encourage a genuine choice of service type, not only a selection of providers offering similar services, encouraging, for example, a variety of different living options, such as shared lives, extra care housing, supported living, support provided at home and live-in domiciliary care as alternatives to homes care and low volume and specialist services for people with less common needs.

The local authority must ensure that the person has a genuine choice and ensure that at least one option is available and affordable within a person's personal budget and should ensure that there is more than one. However, a person must also be able to choose alternative options, including a more expensive setting, where a third party, or, in certain circumstances, the resident, is willing and able to pay the additional cost (top-up*).* However, an additional payment must always be optional and never as a result of commissioning failures, leading to a lack of choice. Detailed guidance is set out in Annex A (Page 397) which a local authority must have regard to.

6.0 Demographics

Daventry, Wellingborough, and East and South Northamptonshire have the greatest proportion of residents aged 65+. Of these, Daventry and East and South Northamptonshire are expected to see the most significant transition in their population away from working age and toward the older demographic.

6.1 Actual and Projected Population Growth by District & Borough 2001-2021

The population of Northamptonshire stood at 706,647 as of 2013. Of this figure, 17% (or 117,400) were aged 65 and above. Comparative to regional (East Midlands 18%) and national (England

17%) figures, the proportion of those aged 65 plus in the county is similar; however, Daventry, South Northamptonshire, East Northamptonshire and Wellingborough is significantly higher now and in the future.

The 65 to 74 age group is expected to reach 78,400 by 2020, which represents an 8.7% increase over the next 5 years. All areas will see a growth, but Daventry, East Northants, South Northants and Wellingborough will see significant growth, higher than the East Midlands and England average. See Appendix 1 (Fig 1).

The 75 to 84 age group is expected to reach 45,200 by 2020, which represents a 21% increase over the next 5 years. All areas will see a growth, but Daventry, East Northants, South Northants and Wellingborough will see significant growth, higher than the East Midlands and England average. See Appendix 1 (Fig 2).

The over 85 age group is expected to reach 18,800 by 2020, which represents an 18% increase over the next 5 years. All areas will see a growth, but East Northants, South Northants and Daventry; will see a dramatic growth, higher than the East Midlands and England average. From 2020 to 2025 the age group will then grow by a further 24%. See Appendix 1 (Fig 3).

6.1.1 Predicted numbers of Older People living alone over 75 in Northamptonshire

In 2011 just under half of all people living alone in Northamptonshire were aged 65 and over. The rising numbers of older people who will be living alone will impact on the market for accommodation with care and support, especially if significant numbers of people choose to move to a different model of housing or other accommodation. Table 2 in Appendix 1 shows the numbers in more details.

6.1.2 Current tenure models for older people in Northamptonshire

The trends in tenure of housing for older people will have an impact on the sectors that develop further housing with care and support models. In areas where owned outright is more prevalent, then this will establish who the likely providers of new schemes could be for that area. For example, the balance between private or public sector provision may have an impact on the levels of funding available to people to meet their care needs, should they downsize to more economical accommodation. See Table 2 in Appendix 1 for more details.

6.2 ASC Service Users

6.2.1 Current Service Users

At the end of July 2015 a total of 8,272 cases had been recorded on the Adult Social Care register for the year-to-date 2015-16. Of these, a number were for individuals receiving different forms of support; the majority received personal care and support.

Over the last 5 years, the number of over 65's receiving help through social services has decreased. This is largely due to the Council's Customer Service Centre now taking the calls before they enter the service. They can determine, over the phone or through an online form, whether or not someone is eligible for help and support from Social Services (Figure 4).

Figure 4: Shows the number of NCC Service Users aged 65 and above since 2010

65 and over
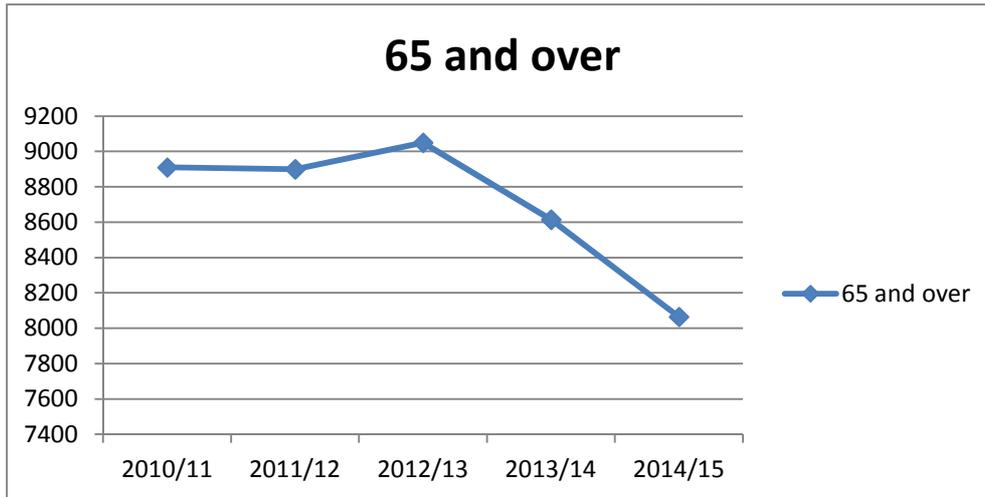
Source: Care First July 2015

The over 65 group is less concentrated in Northampton and shows a tendency to be more spread across the county, with marginal proportional increases in demand in East Northamptonshire, Kettering, and Wellingborough.

During the period of the 2014-15 year to the end of August, a total of 8,272 cases and 5,799 Service Users were recorded amongst the 65+ age group. Of this group, almost 53% were aged 85 years or over, the remaining number within the age group 65-84. The high level of demand from amongst the 85+ years group is indicated when client numbers are considered as a proportion of the total population of the county within that age group. For the 65-84 years group, the 2,548 registered clients represent just 2.4% of the total population of the County within that age bracket. For the 85+ age group this is significantly higher, the 2,889 clients accounting for almost 18.8% of the population.

Analysis on the basis of locality showed variation in the level of demand and dependence within both 65-84 years and 85+ year groups. On the basis of numbers, the greatest client demand is found in Northampton, consistent with its larger population. Proportional figures, however, suggest demand in Northampton is relatively consistent with that of the County. Higher levels of demand are found for both age groups in Corby and for the 85+ group in East Northamptonshire, Kettering and Wellingborough. See Appendix 1, Fig. 5 for detailed breakdown.

Whilst there is an expectation for the age group 85+ to represent a juncture at which the demand for support increases, across districts and boroughs there is again variation. The County has some large differences in the life expectancy of residents at age 65 years between localities. See Appendix 1 Fig. 6 for more details.

The average age of an ASC client amongst the 65+ cohort varies from 83.1 years in Corby to 85.6 in East Northamptonshire, indicating within certain parts of the County the demand for care emerges at an earlier age than others (Appendix 1, Figure 7). The 2015/16 YTD figure shows that NCC support more females (67%) than males (33%). Using the age of entry data against the life expectancy rates, we expect that most males are in the Council's care for less than one year and most females are in care for up to 2 years.

In terms of care needs, of the 8,272 cases active in the 2015-16 year to date at 31st July 2015, almost 55% of these occurred within one specific category, Personal Care Support. The second most common support demand was Support with Memory and Cognition. See Appendix, Fig. 8 for more details.

Whilst trends have shown a falling number of ASC clients within the over 65 age group, certain care demands have increased in demand during this period. Of most significance, there has been demand for support with diagnosed mental health problems, specifically the incidence of dementia within Northamptonshire's over 65 population. The number of recognised Learning Disabilities amongst this group has also increased, although the incidence is relatively low in comparison to other needs (Fig. 9).

Figure 9: Trends in care need 65+ 2005-14
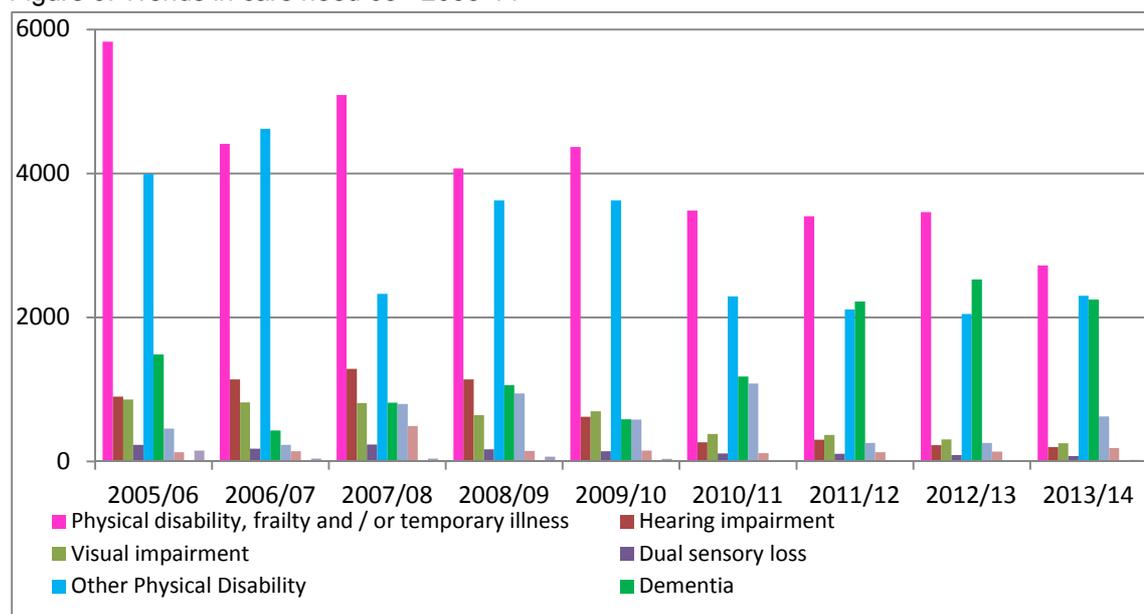
Source: www.hscic.gov.uk

Amongst the 65+ year group, statistical neighbours are identified as Bedford, Warrington, Swindon, Central Bedfordshire, and Cambridgeshire. The occurrence of ASC clients per 10,000 population of this age group has reduced in Northamptonshire since 2009/10 by over 300. This trend is replicated across statistical neighbours, some of which have seen more a significant fall in client numbers. Across the group, Northamptonshire has consistently recorded the lowest intervention rate during the period 2009/10–2013/14. See Appendix 1, Fig. 10 for more details.

6.2.2 Adult Social Care Service Users in Specialist Accommodation

Specialist accommodation is where the care and support is linked to the tenancy or home. The majority of clients who are over 65 receive Home Care (35% or 2147). This is what we would like to achieve for all Service Users, but if they need additional support to maintain a tenancy we will source a suitable Extra Care or Sheltered Housing scheme.

The second largest placement type is Residential Care Homes.

Currently, there are 1,453 people aged 65+ in residential care homes, these people should have been given the opportunity to live in their own home in the community. The highest placements for Residential Care homes are found in Northampton, Kettering and East Northants.

Adult Social Care would like to reduce the number of Service Users placed in Residential Care homes, as we want all our Service Users to live as independently as possible in their own home. This means we need to work in partnership with the Districts and Borough Councils' to provide suitable Older Person housing, but we also need to be shaping the market to enable future development of Supported Living and Extra Care.

6.3 Summary of over 65 demographics data

- Northamptonshire's older population falls in line with East Midlands and the England Average.
- Daventry, South Northants, East Northants and Wellingborough will see the biggest growth.
- Across the whole of the Northamptonshire there will be significant growth in the number of over 75's living alone.
- There are a high percentage of older people who own their home outright, especially in the more affluent areas like South Northants, East Northants and parts of Daventry.
- There has been a decrease in the number of clients receiving ASC services since 2010, due to better sign-posting; however, this is predicted to increase as the population grows and changes are implemented through The Care Act.
- Over 50% of ASC clients are 85+, across Northamptonshire over 18% of the 85+ population receive help from the Council. Higher percentages found in Wellingborough, Corby and East Northants.
- Life expectancy ages tally with the IMD scores. Lowest life expectancy is in Corby and highest being in South Northants. Against the NCC client average age at entry data, this indicates that male clients will be in NCC care for less than 1 year and females can be in care for up to 2 years.
- The biggest care needs group is 'Personal Care and Support', followed by 'Support with Memory and Cognition', this group has grown since 2010 and is expected to continue to grow.
- Compared to our statistical neighbours, NCC has the lowest intervention rate per 1000 population. They have also seen a decline in the numbers receiving ASC services.
- Most Service Users have support through Home Care or are placed in a Residential Care home. Only a small number (less than 2%) are supported through Supported Living.
- Those clients with personal care and support needs usually receive care in their own home, usually until they cannot cope, then move into residential care.
- Those who have support for memory and cognition usually receive services through day care or are placed in a Nursing and Residential Care home.

7.0 Housing Strategies

The responsibility for housing rests with the seven District and Borough Councils. They all have local housing strategies in place, with action plans that identify their priorities for meeting local housing needs, including those of older vulnerable adults.

There are Registered housing Providers (RP's), including registered landlords in the private sector and some in the third sector, who have housing stock that meets the housing and support needs of older people. In addition, residential, respite and rehabilitation and nursing home accommodation for older people is provided by the public and private sectors. Together, these represent the housing provision in Northamptonshire that is used, in varying degrees, by older people who have eligible assessed care needs.

The County Council Adult Social Care Department has a statutory duty to provide support to older vulnerable adults who meet the eligibility criteria for assessed care and support needs of people,

whether living in a form of social housing, or within their own homes in the community. In addition, significant numbers of older people fund their own accommodation and support needs.

The County Council is working closely with the seven District and Borough Councils to align the strategic intensions of this strategy with their Housing Strategies and planning targets.

8.0 Supply and Demand analysis and predicted future needs

Residential Care homes provide a 'one size fits all' approach to providing care and support, despite the fact that, in any one Residential Care home, every person living there is likely to have different individual support needs. The Council currently places 1,453 Service Users aged 65+ in Residential Care Homes. Due to historic segregation and choice in the market, these people have unintentionally been denied their own home, choice and control and a decent income; factors which ultimately deny citizenship and social inclusion.

Adult Social Care would like to reduce the number of Service Users placed in Residential Care homes. This would require enablement and investment to boost the Extra Care and Supported Living market, to give our Service Users greater opportunities for older people to be part of communities and benefit from greater levels of health and wellbeing. There are many examples of research now to evidence the many benefits of extra care housing[2].

8.1 Modeling future specialist accommodation supply

In order to predict future need the Council has been working with Housing LIN to model future need across the County. Using the SHOP@Tool is an analysis tool to enable local authorities to identify potential demand for different types of specialist housing for Older People, including Residential and Nursing care homes and model a local future range of housing and care provision. The tool was developed by the Housing LIN in association with the Elderly Accommodation Council (EAC)[3] and Association of Directors of Adult Social Services (ADASS). The SHOP@Tool is endorsed by the Department of Health and has recently been recommended in the Department of Communities and Local Government's March Housing Update.

At the present the SHOP@Tool does not give specific attention to specialist residential care for older people with dementia or other specialist health conditions, such as learning disabilities or mental illness. Please see section 16 for housing sufficiency for Dementia residents.

We are working very closely with the District and Borough Council's to verify predicted figures. It is very important that their Housing Strategies align to this strategy and that Planning Departments have confidence in the SHOP@Tool data.

The current housing and accommodation[4] projections for Older People in Northamptonshire shows:

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[2] www.housinglin.org.uk

[3] (Source - Elderly Accommodation Council www.housingcare.org Database April 2015)
There are detailed lists via document links of the current accommodation in Northamptonshire taken from the Elderly Accommodation Council website giving the location, type, number of homes or places and the provider, for each of the Districts and Boroughs in the Appendix

[4] Please click here for the definitions for each accommodation model.

- A very small oversupply of sheltered housing available for rent;
- A 35% lack of sheltered housing available for leasehold;
- A significant 46% shortage of extra care housing models in rented and leasehold sectors;
- An overall small shortage of Residential Care;
- A very small oversupply of Nursing Care;
- By 2035 there could be a need for over 100% increase in the supply of supported accommodation for older people, if predicted population increases are realised;
- The data predicts that all the models listed may need to practically double in numbers to meet demand, although there may be developing factors that will influence this; for example, developments in assistive technology and greater emphasis on adaptations to existing properties, that could sustain people in their present homes for longer and other initiatives.

8.2 Specialist Accommodation Demand by Area

Corby

The SHOP@Tool modelling currently shows:

- Current statistics show shortages in supply in all areas with the most significant in Extra Care housing, highlighting Corby as a high priority to consider for development;
- Also significant is the lack of demand and supply for leasehold models, making any development more dependent on grant subsidy/funding;
- Almost all sectors are showing a 100% increase required in the next 20 years, with no demand shown for leasehold;
- The biggest increase will be needed by 2020.

Daventry

The SHOP@Tool modelling currently shows:

- Significant shortages shown in all sectors, with the exception of nursing care, making Daventry another high priority area;
- Notably there is demand for sheltered or extra care; however, in the leasehold sector, there is zero or low demand and supply. This indicates discussions with private sector providers should be arranged;
- Although shortages in the residential sector are shown, these could be addressed in additional extra care provision;
- The biggest increase in provision is needed by 2025;
- The most significant increases are required in the sheltered housing sector and the residential care sectors;
- Traditional sheltered housing is generally no longer being developed by Registered Providers and the tendency for development is in the private sector. This may be a challenge, as most private sector developments are for leasehold only and the statistics show no demand for leasehold.

East Northamptonshire

The SHOP@Tool modelling currently shows:

- The nursing care sectors and rented sheltered housing are showing a slight over provision;
- Leasehold sheltered housing is showing an undersupply; again this is possibly because Registered Providers no longer develop sheltered housing and the private sector is not developing leasehold sheltered housing, as no fund or subsidy is available;
- Significant shortages in extra care with demand and supply in the different tenure options, indicates East Northants is a priority area for development;
- Diverting people away from residential models to extra care may address the shortage in residential care,
- The biggest growth in provision will need to be by 2025;
- Nursing care levels at current statistics are already beyond the predicted numbers for 2020;
- Significant increases predicted in the residential care sector will need to be addressed, but may need to focus on highest level needs people, e.g. people with dementia.

Kettering

The SHOP@Tool modelling currently shows:

- Deficits in all areas except residential care;
- The highest deficits are shown in enhanced sheltered housing with no local provision;
- Extra care in the rented sector shows significant deficit, but no demand for leasehold;
- Residential care shows a small surplus and any developments in extra care could impact on this. With figures estimated to double in 20 years, additional extra care provision, if sufficient in numbers, could reduce this demand;
- Nursing care needs development with more than 100% development needed in 20 years;
- There are already quite significant numbers of leasehold sheltered housing. The numbers indicated for Sheltered housing for rent may not be met by the Registered Providers so other forms of preventative services should be explored to ensure that older people could remain in their own homes for longer, perhaps making a move to extra care housing at an older age;
- There appears to be growing demand for extra care, but not for leasehold in extra care. This would make Kettering another priority area for the development of extra care housing that can possibly also look to reduce residential care, which is currently showing an overprovision.

Northampton

The SHOP@Tool modelling currently shows:

- An over supply of sheltered housing in both rented and leasehold sectors;
- An over provision of extra care;
- Small shortages in nursing care homes;
- Small oversupply in residential care homes;
- Over the next 20 years there is a need for a huge increase of new sheltered housing units, as demand is set to double. This is mainly for rent, but there does need to be a small increase of leasehold properties. To achieve this, District and Borough partners do need to take account of the condition of the existing stock and if it is fit for purpose. In addition, a thorough understanding of any effects on occupancy that new developments in extra care housing might have on these predictions;

- Extra care housing shows an overprovision, not needing to increase until 2020-2025. This will depend on specific programmes to divert older people from residential care to extra care housing services and should be factored into plans for future service commissioning;
- Small deficits in residential care and nursing care could also be impacted on by diversions to extra care housing.

South Northamptonshire

The SHOP@Tool modelling currently shows:

- There are significant shortages shown in all sectors except Nursing Care, making South Northants another priority area to develop;
- Sheltered Housing is showing almost 50% under provision, but this is unlikely to be addressed by registered providers.
- Extra care housing shows a high level of under provision at over 80%.
- Additional extra care housing could divert people away from residential and may affect the market which is already showing a shortage in supply;
- The greatest need for provision is in 2025;
- The deficits in sheltered housing may need to be addressed, by looking at other forms of preventative actions, such as Assistive Technology or adaptations to enable older people to stay in their current home for longer;
- The development of extra care housing is a priority and could prevent the development of residential care models that are currently showing at a deficit;
- Leasehold demand is higher in enhanced care models and this could be addressed by private sector providers.

Wellingborough

The SHOP@Tool modelling currently shows:

- All sectors are showing a deficit in supply, in accordance with the assumptions of the SHOP@ statistics;
- In particular; there is demand for leasehold sheltered housing that has no supply at all;
- Extra care leasehold shows no supply or demand and, as per other areas, this may relate to the division between home ownership and renting;
- There is a significant deficit of residential care, 43% which could be addressed in some way by developing more extra care housing, but the likelihood is that more residential and nursing care will be required;
- Developing the huge amount of sheltered housing will be very challenging; it is highly unlikely that this level would be funded in the social rented sector. In addition, it does not account for any schemes that may be decommissioned if they become unfit for purpose;
- The demand for extra care leasehold may benefit new mixed tenure developments, where sales can be beneficial to making new schemes viable;
- Shortages in residential care could be considered when planning extra care schemes and there would appear to be a definite need for more nursing care.

8.3 Priority Areas

Figures indicate that over the next 20 years all provision types in each District and Borough will need to double to meet the demand. However, over the next 5 to 10 years some areas will need to increase their provision more than others, as their over 75 population will be greater.

- Huge increase in Extra Care is needed in Corby, Daventry, East Northants, South Northants and Kettering.
- Currently a shortage of Sheltered Housing in Daventry.
- Daventry, South Northants and East Northants should be the priority areas over the next 5 years in terms of investment.
- All modelling will be updated every 3 years, to include new population data releases, housing tenure patterns, new development and increased use of assistive technology.

9.0 Dementia across Northamptonshire

In Northamptonshire, there are an estimated 7,700 people living with dementia. The majority of those people are living in their own homes or sheltered housing, rather than care homes. The biggest risk factor for dementia is age and, given the changing demography, Northamptonshire has a major opportunity and challenge to enable people who have dementia to live well[5].

One significant element is the number of people living alone. Whilst projected to stay proportionally static, the numbers within this group will continue to grow and become especially prominent amongst those aged 75+, of which almost 50% live alone. This potentially reinforces some of the major health issues these groups experience, with the mental health impact of isolation adding to the physical issues of increasing frailty and susceptibility to illness.

The table[6] and charts below illustrate how many people in Northamptonshire are estimated to be at risk of developing dementia at a particular time and weighted*, using practice age profile and information on other health conditions (Table 3). Using the National Dementia Prevalence Calculator (March 2015), the numbers of people living across Corby and Nene Clinical Commissioning Groups are as follows:

Table 3: Estimated number of people with dementia in Northamptonshire

| Area	Estimated number with dementia March 2015	Numbers diagnosed with dementia on GP lists	Diagnosis Rate March 2015 (weighted))

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[5] Draft Joint Dementia Strategy 2015-2018

[6] Using Dementia UK (2007) figures for prevalence of dementia: The calculator applies these figures to a General Practice's registered patient population, by age and by gender. In order to estimate local prevalence, the tool distinguishes between the patient population in the community, and those patients living in care homes.

	(weighted)	(March 2015)	
Corby CCG(whole)	**682***	**498**	**90%***
Nene CCG (whole)	**7123***	**3903**	**61%***

Source: National Dementia Prevalence Calculator 2015

Figure 4: shows Dementia prevalence by District and Borough 2015
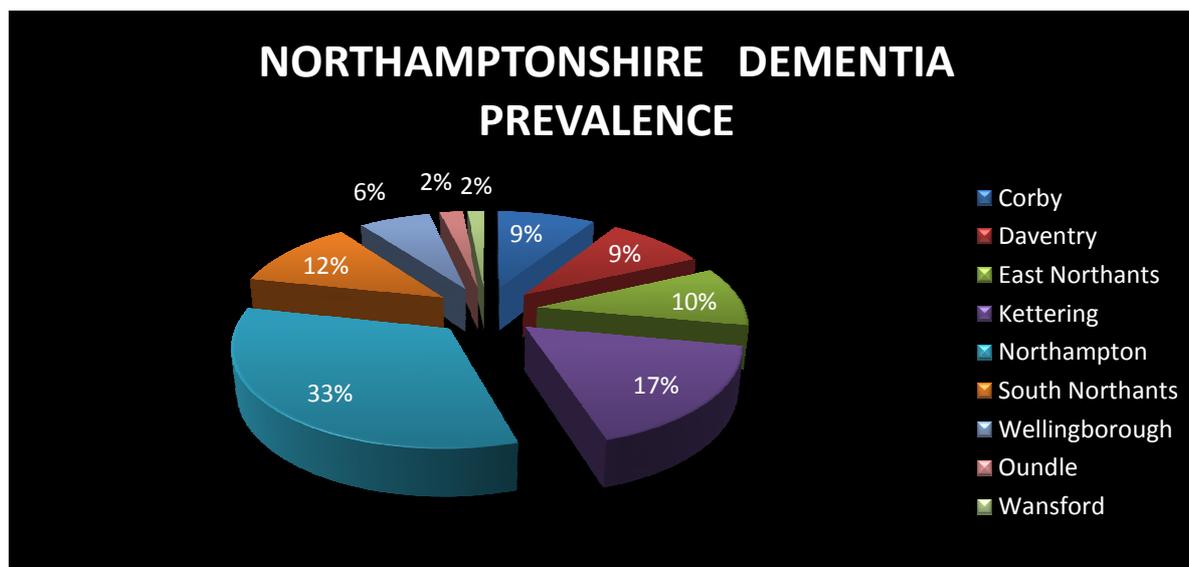
Source: National Dementia Prevalence Calculator 2015

It is clear that there is variation in the numbers of people living with dementia across the Northamptonshire (Fig 4). Overall, Northampton has the largest concentration of people living with dementia (NCC Demographics Needs Assessment (Dec.2014). However, this may be partly due to a higher number of care homes located in Northampton.

It is important to note that real progress has been made in the numbers of people being diagnosed with dementia and this has been achieved by effective partnership working, notably by local GP's , Northamptonshire Healthcare Foundation Trust and CCG Commissioners.

The Draft Joint Dementia Strategy 2015-18, notes the following housing and accommodation gaps:
- Currently intermediate care is accessible to people living in the Northampton and some of Daventry/ South Northants areas. This service has limited capacity and demand is currently being met with another project, funded until September 2015;
- There is no intermediate care provision in the north of the County for people living with dementia from Corby/Kettering/Wellingborough/East. Northants;
- No extra care housing services are available that will provide an alternative to care homes for people with dementia;
- Other Telecare options needs to be explored, to see if there gaps;
- Dementia care home supply is limited in some parts of the county;
- Dementia nursing home supply is particularly limited. Dementia is a progressive condition and the expected growth in demand requires the subsequent market development;
- There is limited provision for people with learning disability and dementia.

In Northamptonshire, there are currently 108 facilities registered to provide support for older people who

have dementia. These facilities are all Care/Nursing Homes, with the exception of The Richmond Village that also has Nursing Care Provision, as well as independent living apartments.

There are growing numbers of extra care facilities across the country that provide accommodation, as well as care and support and are delivering good outcomes for older people who have dementia. Evidence suggests that people can be sustained for several years if they move into extra care early, soon after onset of the disease. The support that this can offer to carers is also very beneficial and people who are married, or in partnerships, are able to continue to live well together, despite one person having a diagnosis of dementia[7].

9.1 Summary of Accommodation Need for people with Dementia across Northamptonshire

- Develop options for housing support, housing-related services and Telecare to support people with dementia and their carers;
- Explore how we can develop new housing models that can provide accommodation and care services for older people with dementia;
- Ensure new and existing accommodation provides a percentage of units to Dementia residents;
- Develop alternative respite/intermediate care options, targeting Corby, Kettering, Wellingborough and East. Northants;
- Develop a sustainable dementia care homes market that delivers quality assurance;
- Ensure facilities are dementia-friendly, using best practice design.

10.0 Benefits of Extra Care Housing

10.1 Health and Wellbeing benefits

There are a growing number of studies that have been made that highlight the health and wellbeing advantages for older people when they move into extra care housing.

The Housing LIN Case Study Number 93 showcases the improved outcomes in the quality of life enjoyed by residents of Campbell Place - a 74 unit extra care housing scheme in Fleet, North Hampshire, developed and owned by Sentinel Housing Association.

Using research based on interviews with residents, the study found that overall they reported improved outcomes in relation to their health, happiness, confidence, social life, relationships with their families and general well-being. The importance to well-being of social interaction, activities and a communal restaurant was striking and supports the case for such activities and facilities to be available[8].

10.2 Financial benefits of Extra Care Housing

The diagram below (Fig 11) shows the paid for components of social care accommodation for both residential and housing settings. The Care Act financial changes in 2020 will determine that the daily

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[7] http://www.housinglin.org.uk/Topics/browse/HousingandDementia/Provision/SpecialistHousing

[8] http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/Commissioning/HousingHealthWellbeing

living costs involved in residential care settings will be set at £250 per week and residents will be expected to cover this cost, assisted by welfare benefits where required[9].

Figure 11: shows the differences between residential care and extra care

Residential Care
- Accommodation = usually a single bedroom
- Use of communal lounges and dining area
- Meals and personal care services 24hours a day with a specific care plan in place.
- Fee is paid by the person themselves if privately funded or a significant contribution made by ASC if the person is eligible for financial assistance

Extra Care Housing
- Accommodation = personal apartment
- Communal facilities including dining activities and health and wellbeing support
- 24 hour care staff with personal care plan in place
- Supported housing services, Manager, Call Centre
- Housing costs are seperate and ASC are only responsible for care and support costs with assessed contributions from the service user, or fully funded by private paying service users
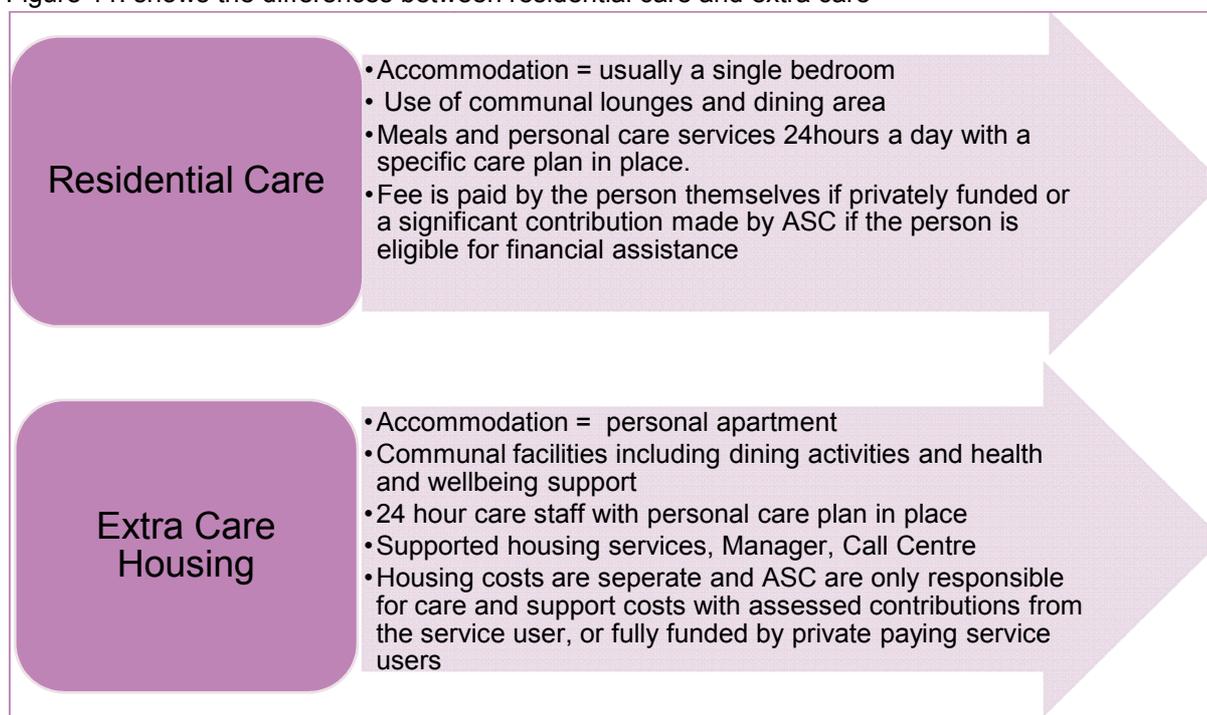
Fig 11: Usual cost models for Residential Care and Extra Care Housing. Source: Christine Bentham, Alders

Analysis shows the placements in Extra Care costs on average £124 per week, but there is currently very low take up of 89 people. The average cost for Non-Dementia Residential Care home placement is £465 per week; we currently have 660 of these placements. This shows a huge gap in the market.

11.0 Care at Home

There are currently 1,450 people Older People funded by ASC who are being supported at home.

Northamptonshire Adult Social Care prevention agenda is very focused on *helping people to help themselves*. This Care and Support at Home strategy informs how we will deliver short and long term home support, recognising their right to influence how their needs are met within agreed resources.

Northamptonshire has an ageing population. In addition more people are managing long term limiting illnesses at home and a desire to deliver health care closer to home all adds to demand for timely support in the community, at a time of decreasing public sector funding and pressures in the care market which have resulted in market failure in capacity and quality, both locally and nationally.

This Care and Support at Home strategy seeks to address the issues resulting in enhanced benefits for our citizens.

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[9]http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareProvision/SupportServices/?&msg=0&parent=990&child=9555

Specifically, what Northamptonshire County Council aims to achieve can be summarised under six key outcomes below:

1. Develop a sustainable and diverse market, ensuring value for money and the availability of timely support packages across the County;

2. Develop a quality framework, ensuring effective commissioning and delivery of care and support at home to a measurable standard, to the benefit of the citizens of Northamptonshire;

3. Develop a person-centred, outcomes-focussed approach to care planning and delivery, ensuring enhanced customer satisfaction, choice and control;

4. Maximise use of equipment, adaptations and assistive technology to minimise the need for 'hands on' care, enhancing privacy and dignity.

5. Secure a competent workforce, experiencing job satisfaction, with fair terms and conditions of service and trained to work with clients in a holistic way, designed to enhance their independence;

6. Develop collaborative partnership working between commissioners and providers, working together to ensure wider engagement of informal support networks, community groups and health providers to ensure seamless services.

It is important that the client remains in their own home for as long as possible. The majority of people would like to stay in their own home, as it is somewhere familiar to them; in addition, their outcomes are potentially greater if they remain in their own home. Northamptonshire needs to invest in Assistive Technologies and Telecare to boost outcomes and reduce budgets.

12.0 Equipment and Adaptation

Equipment is crucial in preventing admissions to residential and nursing care homes and hospitals and to maintaining independence for Older People throughout their lifetime.

Our entire care system relies on community disability equipment being provided in a safe and timely manner. It is a key service which links almost all care-related services, e.g. health, social care, education and housing. Community Equipment is provided on loan to individuals living in Northamptonshire, enabling them to carry out daily living tasks they would otherwise be unable to do, or to provide support to a carer to facilitate ongoing care.

Northamptonshire has an Integrated Community Equipment Service (ICES) funded jointly by Nene CCG, Corby CCG and Northamptonshire County Council (NCC), NCC being the budget host. Millbrook Healthcare is the current equipment provider for Northamptonshire, providing both simple and complex aids for daily living, to enable individuals to maintain their independence in their home.

The spectrum of equipment provision can meet therapeutic, mobility, communication, educational, environmental, independence, prevention, reablement and rehabilitation needs. Equipment can be provided for use in the home, care home, school and work, or for social purposes. The range of equipment provided includes: bathing, toileting, household, mobility, hoisting, manual handling, bedroom and pressure care for adults and children, including bariatric items.

13.0 Assistive Technology (AT) and Telecare

The use of assistive technology (AT) in Older Person housing provision is growing rapidly, as the benefits to Service Users and the financial payback are being increasingly demonstrated in practice.

Technology enables personalised care, choice, dignity and control. NCC wants aids and adaptations that will significantly improve user experience, enabling freedom, managing risk and enriching lives. We want it to give providers and Service Users more confidence that they can operate unsupported at times and to reassure that help will be alerted if problems arise, increasing 'home alone' time where desired, reducing hours of support needed during the day and also, significantly, at night, both in relation to 'waking nights' and 'sleep-in' support.

The Commissioning team is already in talks with providers to install assistive technology infrastructure in new and existing schemes to support a wide range of people. We want each person to have a detailed AT assessment, so their care package can then be based around what AT can deliver, then we have a thorough understanding of what is over and above the technology and requires actual human support or intervention.

The Assistive Technology Commissioning strategy articulates what Northamptonshire County Council's intentions are at a strategic level, for 'securing, specifying and monitoring services to meet people's needs', through the adoption and use of Assistive Technology. This includes both direct procurement and indirect procurement, through grants and seed funding, as well as more generalised 'market shaping' activities across the County that may link with broader health, wellbeing, education, leisure and enterprise activities and outcomes.

Specifically, what NCC aims to achieve can be summarised under 4 key outcomes below:

- To enable more people to have access to tailored assistive technology solutions and, therefore, be more independent and self-reliant;
- The workforce will be equipped to discuss and be able to signpost or provide AT, whereby the notion of AT is embedded amongst locality and team champions, in order that everyone benefits from high quality ethical advice and information;
- AT will support more efficient and improved services that provide people with more choice and control in their lives, either living more independently or improving related outcomes in education, training and employment;
- Northamptonshire will again become a leader in the use of Telecare and Assistive Technology.

Technology devices are frequently low cost and include activity monitoring systems; for example, using sensors can provide evidence of service user night activity and help draw conclusions regarding whether a sleep-in staff resource is really needed on-site, or whether the home can be linked to remote support, so that assistance is only provided on an ad hoc, 'as needed' basis, shared between more service users, thereby saving costs.

Telecare is a wider range of Assistive Technologies which monitors activity, commonly consists of a set of monitoring devices, linked to a dispersed alarm unit that can call for help if needed, either from nearby staff (or relatives), or via a central control monitoring service. Monitoring devices will typically be of two types:

1) Environmental monitors, like intruder, smoke, fire, temperature extremes;

2) Devices to monitor or assist a person, including in relation to fall detection, enuresis alarms and epilepsy alarms. These are referred to as Telehealth (using remote vital signs monitoring equipment to determine someone's state of health, to allow earlier intervention than otherwise.)

13.1 Assistive Technology Case Studies

- **ATEL Moorgate Mill**

Tunstall and ATEL offer a range of technology-enabled care solutions for people with learning disabilities, physical disabilities, complex needs and behaviour which challenges living in supported living environments.

Working closely with local authorities and developers, they ensured the infrastructure of the scheme can support a range of people from the moment they move in. This highlighted the following benefits:
- Cost effective alternative to traditional residential care for people with complex needs;
- Technology-enabled personal care, choice, dignity and control;
- Out of area placements and residential/care home placements can be reduced;
- Technology-enabling increased independence for individuals with behaviours which challenge;
- A significant improved user experience, enabling freedom, managing risk and enriching lives[10].

- **AroundMe – WarmNeighbourhoods**

AroundMe is the use of connected home sensor technology, to provide support and reassurance to an elderly/vulnerable end user and their informal care network. It gives reassuring messages that everything is ok and reminders for exceptions. In pilot studies, AroundMe has had an overwhelmingly positive response.
- It has promoted greater understanding, awareness reassurance and involvement between the personal networked neighbourhoods.
- The wellbeing and activity messages were welcomed and highly valued by participants.
- Everyone wanted to continue with the equipment.
- It increases people's independence and social contact[11].

13.2 Design Case Studies

- Lifetime Homes are ordinary homes incorporating 16 Design Criteria that can be universally applied to new homes at minimal cost. Each design feature adds to the comfort and convenience of the home and supports the changing needs of individuals and families at different stages of life[12].

- The UD Woonlabo is a model home, a renovated townhouse that shows you what you can take into account when building or remodelling a house. The information that you can gather here about accessibility and adaptability can help you to build or remodel a house in which you can live a carefree life. The principles of Universal Design are applied in this model home[13].

14.0 Conclusion

The Council is committed to the progression model across all client groups including those who may traditionally have not been considered as having potential for living independently. Research shows that specialist housing settings, such as Extra Care, can better meet the aspirations of significant numbers of

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[10] http://www.tunstall.co.uk
[11] https://www.h2020uk.org/
[12] http://www.lifetimehomes.org.uk/index.php
[13] http://www.woonlabo.be/en

Older People to maintain active, independent lifestyles and provide better value than Residential Care homes.

Due to the ever-increasing Older Person population, over the next 5 years the Council plans to increase provision. We plan to work in partnership with a range of providers to increase the range of Extra Care housing options to our Older Person cohort.

Modelling future accommodation need indicates that, over the next 20 years, all provision types in each District and Borough will need to double to meet the demand. However, over the next 5 to 10 years some areas will need to increase their provision more than others, as their over 75 population will be greater.

We recognise that meeting the current and future accommodation needs of older people will not always be met by new developments and we will need to seek, with our partners, innovative and efficient re-modelling of existing stock where this is possible. For example, re-modelling of sheltered housing schemes to deliver Extra Care housing or the conversion of Residential Care homes to Extra Care housing.

Some traditional Residential Care home models are still likely to be needed. However it is likely that these will meet the more complex needs of older people, for example those with Dementia. The demand for nursing care homes is also likely to expand to meet the needs of the frailest Older People who are unable to live independently in specialist housing.

Effective asset management and collaboration about current resources is currently underway, to identify opportunities to utilise existing land or buildings to support the development of new accommodation. Local Planning Authorities and public sector organisations will need to work in partnership to support these opportunities and ensure that Northamptonshire has enough social care housing with support services for future generations of older people.

References

- Further information on the SHOP@Tool
- Elderly Accommodation Counsel national housing database
- POPPI (Projecting Older People Population Information)
- Latest Office for National Statistics census data
- A selection of useful tools, including:
    - ADASS/Housing LIN Resource Pack, *Strategic Housing for Older People: Planning, designing and delivering housing that older people want*, and
    - The Housing LIN et al guide, *Housing in Later Life; Planning ahead for specialist housing for older people*
    - Department of Health/Department for Communities and Local Government toolkit *More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people*
- List of OP Housing available in Corby
- List of OP Housing available in Daventry
- List of OP Housing available in East Northants

- List of [OP Housing available in Kettering](#)
- List of [OP Housing available in Northampton](#)
- List of [OP Housing available in South Northants](#)
- List of [OP Housing available in Wellingborough](#)

Social Care Accommodation definitions

Sheltered housing Schemes: Schemes/properties are included where some form of scheme manager (warden) service is provided on site on a regular basis, but where no registered personal care is provided. A regularly visiting scheme manager service may qualify as long as s/he is available to all residents when on site. An on-call-only service does not qualify a scheme to be included in sheltered statistics. In most cases, schemes will also include traditional shared facilities - a residents' lounge and possibly laundry and garden. Sheltered can vary in need level from low to high, but generally is below extra care level. Typically for higher level schemes there may be 24/7 staffing cover, at least one daily meal provided and there may be additional shared facilities.

Extra care housing: Schemes/properties are included that deliver all aspects of sheltered housing and enhanced sheltered housing and have a higher level of communal facilities, including a formal dining area and assisted bathing facilities. They also have registered personal care available on site 24/7.

Residential care: Where a care homes is registered to provide residential (personal) care only, all beds are allocated to residential care.

Nursing care: Where a care homes is registered to provide nursing care, all beds are allocated to nursing care, although in practice not all residents might be in need of or receiving nursing care.

Appendix 1

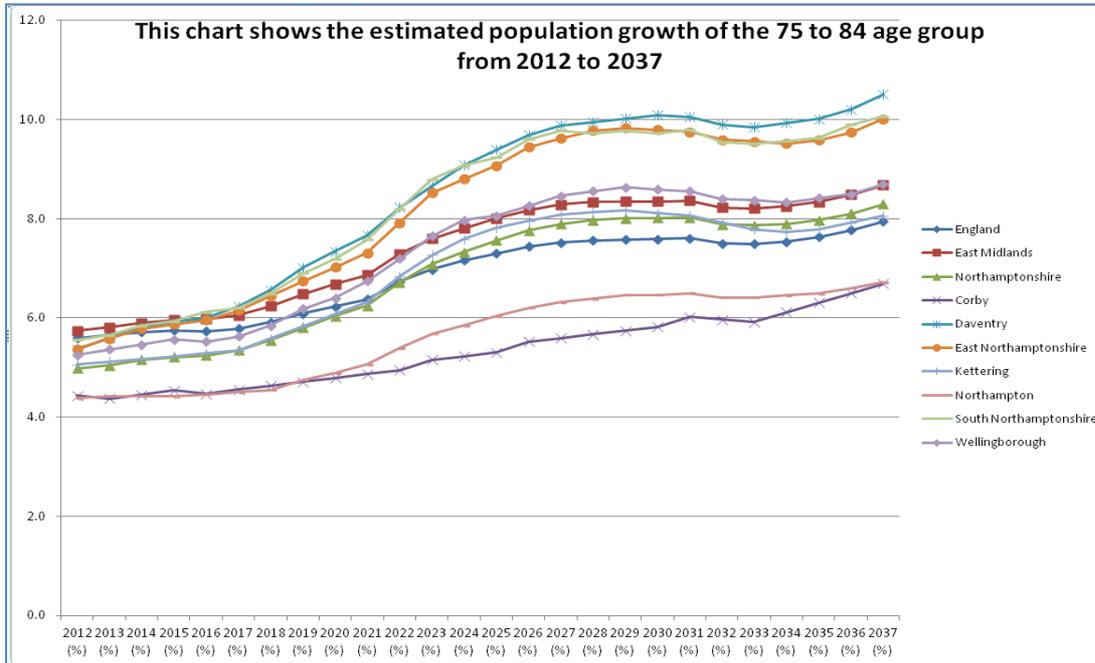Figure 1: Shows the percentage increase in population growth for the age group 65 - 74 for all District and Borough up until 2037.
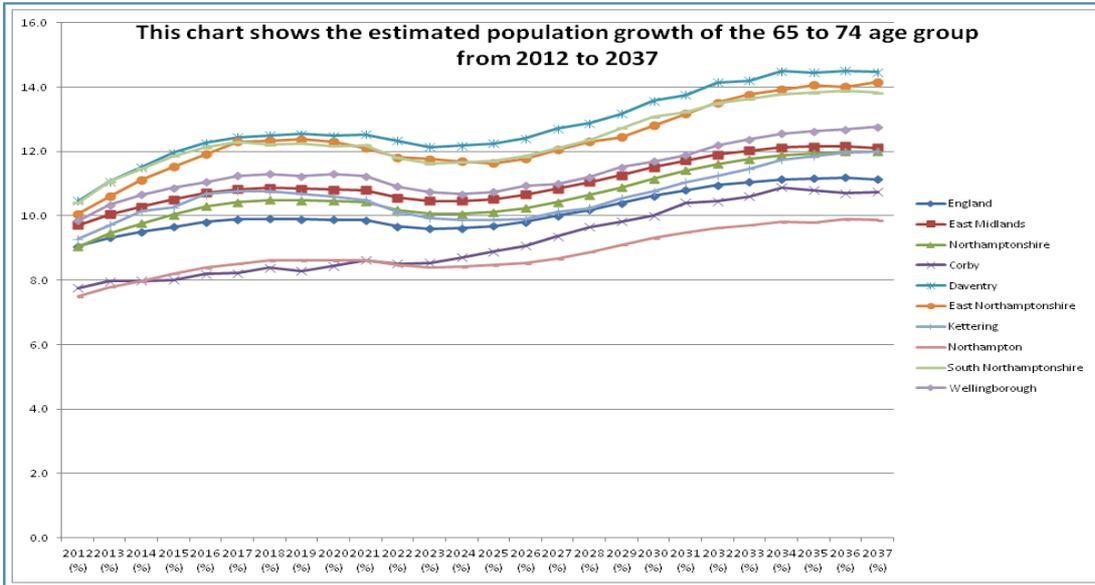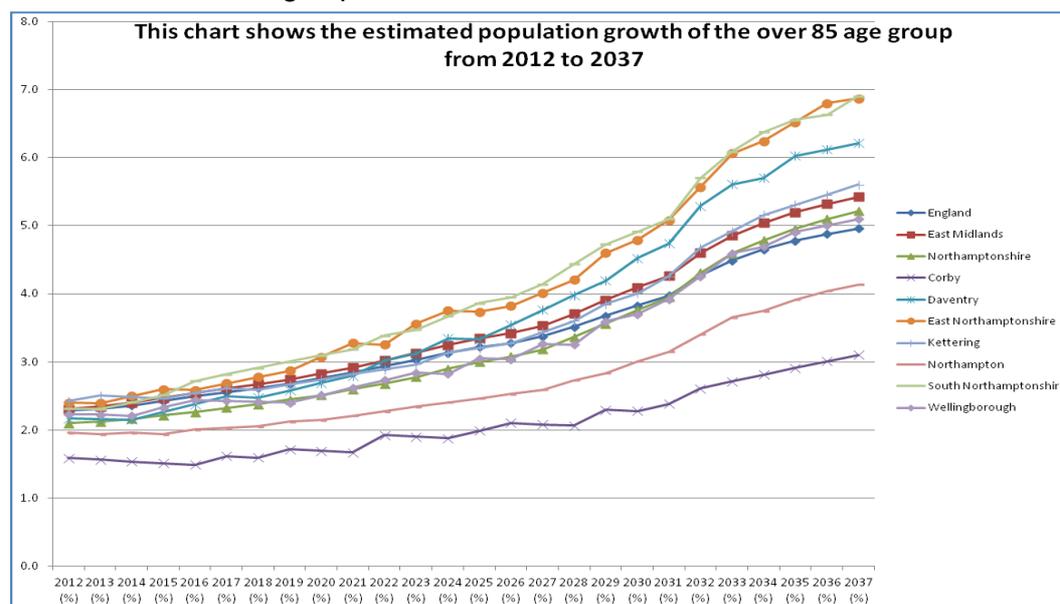

Source: ONS Mid-Year Population Estimates / Population Projections

Figure 2: Shows the percentage increase in population growth for the age group 75 - 84 for all District and Borough up until 2037.

Source: ONS Mid-Year Population Estimates / Population Projections

Figure 3: Shows the percentage increase in population growth for the over 85 age group for all District and Borough up until 2037.

Source: ONS Mid-Year Population Estimates / Population Projections

Table 2 show shows the number of residents aged 75 and over living alone from 2014 to 2030.

Table 2: Show the number of people over 75 living alone in Northamptonshire and its predicted growth

Year	People 75+	
2014	26,499	-
2015	27,069	2%
2020	32,145	21%
2025	40,803	54%
2030	46,536	76%

Source: ONS 2011.

Table 2: shows the number of over 65's and their current housing type in Northamptonshire.

Housing Type	People 65-74	People 75-84	People 85+
Owned	78%	68%	61%
Council Rented	14%	20%	20%
Other Social Rented	3%	5%	6%
Private Rented	5%	8%	12%

Source: ONS 2011

Figure 5: ASC 65+ client distribution 2015-16 YTD

	Age Group 65-84			Age Group 85+		
	ASC Clients	Population	% Clients	ASC Clients	Population	% Clients
Northamptonshire	2,548	106,285	2.4%	2,889	15,343	18.8%
Corby	303	8,134	3.7%	247	1,021	24.2%
Daventry	254	13,574	1.9%	294	1,707	17.2%
East Northants	326	15,019	2.2%	452	2,218	20.4%
Kettering	382	14,811	2.6%	464	2,326	19.9%
Northampton	745	27,265	2.7%	812	4,267	19.0%
South Northants	201	15,138	1.3%	250	2,107	11.9%
Wellingborough	337	12,344	2.7%	370	1,697	21.8%

Source: Care First July 2015

Figure 6: Life expectancy at age 65 in Northamptonshire

	Expected age: male	Expected age: Female
Northamptonshire	79.3	82.8
Corby	77.1	80.5
Daventry	79.9	83.0
East Northants	79.7	84.1
Kettering	79.3	83.0
Northampton	78.1	81.7
South Northants	82.3	84.7
Wellingborough	80.1	83.3

Source: ONS Life Expectancy at age 65, 2011-13

Figure 7: Average age of 65+ ASC Client

	Current Age	Age of Entry
Northamptonshire	84.2	82.8
Corby	83.1	81.7
Daventry	84.2	82.8
East Northamptonshire	85.6	84.3
Kettering	84.6	83.2
Northampton	83.6	82.1

South Northamptonshire	84.6	83.2
Wellingborough	83.9	82.3

Figure 8: Care needs 65+ by case and age sub-group 2015-16 YTD

	65-84	85+	All 65+
Unspecified	361	427	788
Access & Mobility Only	26	13	39
Learning Disability Support	290	6	296
Mental Health Support	135	79	214
No Relevant Long Term Support Reason	117	179	296
Personal Care Support	**2,108**	**2,404**	**4,512**
Substance Misuse Support	3		3
Support for Dual Impairment	7	9	16
Support for Hearing Impairment	1		1
Support for Social Isolation or Other Support	44	12	56
Support for Visual Impairment	12	19	31
Support with Memory & Cognition	**927**	**1,093**	2,020
Grand Total	4,031	4,241	8,272

Figure 10: ASC Service User aged 65+ per 10,000 of population aged 65+

	2009/10	2010/11	2011/12	2012/13	2013/14
Northamptonshire	1,065	855	830	800	735
Bedford	1,265	1,055	985	965	885
Warrington	1,640	1,595	1,010	895	800
Swindon	1,350	1,290	1,235	1,120	1,125
Central Bedfordshire	1,235	905	850	795	750
Cambridgeshire	1,155	1,110	1,025	940	875

Source: www.hscic.gov.uk

Figure 13: ASC active placements for 65+ years by care need 31/7/15

Primary Care Need for 65+ Service User	Campus Reprovision	Day Care	Direct Payments	Home Care	Nursing	Rehab + Respite	Residential	Specialist Equipment For Service Provision	Supported Living	Grand Total
Unspecified		1	4		4	74	5	343		431
Access & Mobility Only		1	3	4	2	3	3	1	1	18
Learning Disability Support	7	60	45	14	5	1	66	4	38	240
Mental Health Support		9	23	20	10	4	89	7		162
No Relevant Long Term Support Reason		2	2	25	3	33	11	13		89
Personal Care Support		69	**297**	**1242**	**215**	**138**	**616**	194	74	2845
Substance Misuse Support					1		2			3
Support for Dual Impairment			2	5	3			2		12
Support for Hearing Impairment								1		1
Support for Social Isolation or Other Support		14	8	3	1	6	4	6	1	43
Support for Visual Impairment			5	6			6	2		19
Support with Memory & Cognition		**134**	89	**236**	**264**	33	**723**	61	9	1549
Grand Total	7	290	478	1555	508	292	1526	633	123	5412