Contents

1 Introduction ..................................................................................................................4
2 Context ..........................................................................................................................4
3 Executive summary ......................................................................................................5
Key findings are: ..............................................................................................................5
4 Current position of the size and shape of the current older people’s care market ........................................................................................................6
  4.1 Demographic trends ..............................................................................................6
  4.2 Increase in older people .......................................................................................6
  4.3 Income Deprivation .............................................................................................7
  4.4 Black and minority ethnic population ..................................................................7
  4.5 Dementia .............................................................................................................8
  4.6 Limiting long term health conditions ..................................................................9
5 Use of care and support ..............................................................................................10
  5.1 Residential and nursing care ...............................................................................10
     5.1.1 Use of residential care by publicly funded older people ..............................10
     5.1.2 Use of care homes by self funders ..............................................................12
  5.2 Home care ...........................................................................................................12
     5.2.1 Reablement ..................................................................................................13
     5.2.2 Self funding of home care ..........................................................................14
  5.3 Specialist retirement housing .............................................................................14
     5.3.1 Self funders of sheltered and extra care housing .......................................15
  5.4 Direct payments ...................................................................................................16
6 People’s expressed care and support preferences .....................................................16
7 Care supply ................................................................................................................18
  7.1 Residential and nursing care ...............................................................................18
     7.1.1 Size of market .............................................................................................18
     7.1.2 Ownership ..................................................................................................20
     7.1.3 Quality of care homes .................................................................................20
     7.1.4 Occupancy rates .......................................................................................21
     7.1.5 Turnover .....................................................................................................21
     7.1.6 Overview of care home supply ...................................................................22
  7.2 Home care ...........................................................................................................22
     7.2.1 Size of market .............................................................................................22
7.2.2 Ownership........................................................................................................22
7.2.3 Types of home care provided...........................................................................23
7.2.4 Reablement.........................................................................................................23
7.2.5 Personal assistants............................................................................................24
7.2.6 Preventative services..........................................................................................25
7.2.7 Telecare................................................................................................................25
7.2.8 Overview.............................................................................................................25
7.3 Retirement housing...............................................................................................26
7.3.1 Supply..................................................................................................................26
7.3.2 Overview.............................................................................................................28
7.4 Day care..................................................................................................................29
7.5 Voluntary and community sector providers.........................................................29
8 Current position - providers’ concerns.................................................................30
9 Background.............................................................................................................30
10 Generic comments..................................................................................................30
10.1 Viability..................................................................................................................30
10.2 Personalisation and changes in clientele.............................................................31
10.3 Contracting, tendering and regulation.................................................................31
10.4 Commissioner – provider relationships.............................................................32
10.5 Future development of the care forums............................................................33
11 Care Homes............................................................................................................34
11.1 Viability..................................................................................................................34
11.2 Personalisation and changes in clientele.............................................................35
11.3 Care home quality and investment......................................................................35
11.4 Future.....................................................................................................................36
12 Home Care.............................................................................................................38
12.1 Viability..................................................................................................................38
12.2 Personalisation and changes in clientele.............................................................38
12.3 Future.....................................................................................................................40
13 Overview of the care market and key issues.........................................................41
13.1 Underlying assumptions.....................................................................................41
13.2 Factors affecting demand...................................................................................41
13.3 Overview of demand in Lancashire....................................................................43
13.4 Overview of Supply in Lancashire......................................................................44
13.4.1 Residential Care...............................................................................................44
13.4.2 Home Care.......................................................................................................44
13.4.3 Housing .................................................................45
13.4.4 Voluntary Sector ......................................................45
13.4.5 Choice ....................................................................46

14 Developing the future vision and the Market Position Statement.....46
14.1 Introduction ..................................................................46
14.2 Driving down demand for care homes.................................46
14.3 Managing and supporting demand for dementia care ..............48
14.4 Home care...................................................................48
14.5 Prevention ....................................................................49
14.6 Housing ......................................................................51
14.7 Working with and supporting providers ...............................51
Lancashire County Council
Older people's care market review
Report

1 Introduction

Lancashire County Council (LCC) invited IPC to provide analysis to enable the County Council to develop a Market Position Statement for the care market for older people in Lancashire. A market position statement (MPS) is a brief, analytical “market facing” document that covers the whole market, not just the section that the local authority funds. Crucially, it needs to indicate how the local authority intends to behave towards the market in future.

This report was commissioned to contribute to the initial activity required: capturing and analysing market intelligence. It contains four elements

- A description of the size and shape of the current older people’s care market.
- A report of providers’ perceptions of risk and the future shape of the market.
- Summary overview of the older people’s care market and key issues in Lancashire.
- Developing the future vision and the development of a market position statement.

2 Context

The report was produced during a period when there were a number of other related activities in progress in Lancashire. Some of these may have had impact on the providers’ responses; others account for apparent gaps in this report, for instance on day care and health services, which were excluded at the request of LCC. The relevant activities and reviews are listed below.

- The LCC social care procurement function was transferred to a new company set up by BT and LCC as a partnership in April 2012.
- A review of care home fees from Spikes Cavell was commissioned during the same time period of this report.
- A separate review was taking place of day care activities, and it was agreed that day care would not form a part of this report.
A strategic review of the need for sheltered housing was commissioned, and there were partnership discussions on the future shape of extra care housing.

Procurement of a new telecare service was being undertaken.

LCC began a review of its commissioning strategy for home care, including use of the preferred provider list.

A separate project provided by IPC providing training to LCC commissioning and procurement managers which focused on innovation and collaboration in relation to work with service providers.

Health service commissioning was being restructured consequent on the Health and Social Care Act 2012, and IPC were requested therefore not to engage with health commissioners, although it was understood that LCC would do so once the new NHS arrangements were more established.

3 Executive summary

The intention is that this project helps the County work towards the development of a market position statement which sets out:

- An analysis of how demographic and other factors might translate into a view of demand.
- A review of the quantity and quality of current supply.
- The development of a model of practice and service that the County will work towards achieving with providers.
- An estimate of the level of resourcing that the County will put into the sector in the near future.

Key findings are:

- The County has a high proportion of older people going into residential care. This may be down to a number of drivers within the system, excess of supply, traditional patterns of care, lack of alternatives, and needs to be investigated.
- Given the projected increase in people with dementia, there is a need for the County to outline to the sector and to the public, within funding boundaries, how it considers this population may be best cared for.
- There is a need in the longer term to look at how the range of services from health, social care and housing and the voluntary sector are designed to maintain an older person within the community are integrated at the point of delivery.
- There is considerable potential to support the development of additional supply of private retirement housing and extra care housing.
There is a need for social care commissioners to work together with providers in agreeing a fair and transparent pricing model for care home and home care which will assure and sustain a good quality of care for users.

There is scope for the County Council to improve its engagement with providers to work with the market, both to determine the kinds of care needed in the future and to identify how it can help in re-structuring the market in order to meet new and changing requirements.

4 Current position of the size and shape of the current older people’s care market

4.1 Demographic trends

4.2 Increase in older people

In Lancashire the 65+ population is projected to increase by 40% from 2012 to 2030. For the 85+ population the increase over the same period is projected to be 89% from 28,600 to 54,200\(^1\). Areas with the highest increase include those with the currently younger age profiles; however Lancaster and Wyre with much higher proportions of older people continue to be the districts with the largest number of people aged 65+ and 85+. However all areas, including those with relatively younger population profiles, show a large increase by 2030.

Table 1 Projected population aged 65 and over in 2011, and projected % increase 2011-2030\(^2\) in Lancashire

<table>
<thead>
<tr>
<th>District</th>
<th>Aged 65 - 74</th>
<th>Aged 75 - 84</th>
<th>Aged 85+</th>
<th>Total population aged 65 and over 2011</th>
<th>% increase 2011-2020</th>
<th>% increase 2011-2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnley</td>
<td>7,600</td>
<td>4,600</td>
<td>2,100</td>
<td>14,300</td>
<td>20%</td>
<td>33%</td>
</tr>
<tr>
<td>Chorley</td>
<td>10,500</td>
<td>5,600</td>
<td>2,100</td>
<td>18,200</td>
<td>30%</td>
<td>53%</td>
</tr>
<tr>
<td>Fylde</td>
<td>9,500</td>
<td>6,700</td>
<td>2,700</td>
<td>18,900</td>
<td>21%</td>
<td>41%</td>
</tr>
<tr>
<td>Hyndburn</td>
<td>7,100</td>
<td>4,200</td>
<td>1,800</td>
<td>13,100</td>
<td>17%</td>
<td>34%</td>
</tr>
<tr>
<td>Lancaster</td>
<td>13,300</td>
<td>8,900</td>
<td>3,600</td>
<td>25,800</td>
<td>21%</td>
<td>36%</td>
</tr>
</tbody>
</table>

\(^1\) POPPI 2012

\(^2\) Note: Figures are taken from Office for National Statistics (ONS) sub national population projections by sex and quinary age. The latest sub national population projections available for England, published 27 May 2010, are based on the 2008 midyear population estimates and project forward the population from 2008 to 2033.
District | Aged 65 - 74 | Aged 75 - 84 | Aged 85 + | Total population aged 65 and over 2011 | % increase 2011-2020 | % increase 2011-2030
--- | --- | --- | --- | --- | --- | ---
Pendle | 7,800 | 4,900 | 2,000 | 14,700 | 25% | 46%
Preston | 10,000 | 7,000 | 2,400 | 19,400 | 14% | 35%
Ribble Valley | 6,500 | 3,900 | 1,500 | 11,900 | 26% | 47%
Rossendale | 5,700 | 3,300 | 1,300 | 10,300 | 27% | 50%
South Ribble | 10,900 | 6,400 | 2,400 | 19,700 | 26% | 44%
West Lancashire | 11,900 | 6,900 | 2,400 | 21,200 | 25% | 40%
Wyre | 14,200 | 9,600 | 3,500 | 27,300 | 20% | 35%
Lancashire | 115,000 | 72,000 | 27,800 | 214,800 | 22% | 40%

Source: POPPI

### 4.3 Income Deprivation

There is a wide variation in the economic situation of the older people in different parts of the county. East Lancashire and Preston are all areas ranked nationally as districts in the lowest twenty percent for older people with income deprivation. Other areas, such as South Ribble and Ribble Valley, have relatively more affluent populations of older people, where a higher proportion of older people will be able to self fund their own care.

### 4.4 Black and minority ethnic population

There are very few people from BME groups aged 65 and above. Across Lancashire, less than two per cent of the 65 and over age group and fewer than 1% of people aged 85 and over are from BME groups. In Preston, there are just over 2% of the 85 and over age group from BME communities, despite Preston having the largest BME community in the County. Currently black and minority ethnic older people have a slightly higher proportionate rate of use of community based services funded by LCC; but a lower use of LCC funded residential and nursing care. However, as the BME population ages, there will be a need to ensure that there is provision in the right locations to meet their needs, and that they can access it.

---

3 Lancashire Strategic review of specialist housing and housing related support services for older people 2010
4 POPPI 2010; based on 2010 data
Table 2 Percentage of population aged 65 and over from BME group in 2011, Lancashire

<table>
<thead>
<tr>
<th>District</th>
<th>% of population aged 65 and over from BME groups in 2011</th>
<th>% of population aged 85 and over from BME groups in 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnley</td>
<td>3.0%</td>
<td>1%</td>
</tr>
<tr>
<td>Chorley</td>
<td>1.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Fylde</td>
<td>1.1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Hyndburn</td>
<td>2.8%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Lancaster</td>
<td>0.9%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Pendle</td>
<td>4.3%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Preston</td>
<td>6.8%</td>
<td>3%</td>
</tr>
<tr>
<td>Ribble Valley</td>
<td>1.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Rossendale</td>
<td>1.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>South Ribble</td>
<td>1.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>West Lancashire</td>
<td>0.6%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Wyre</td>
<td>1.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Lancashire</strong></td>
<td><strong>2.0%</strong></td>
<td><strong>0.7%</strong></td>
</tr>
</tbody>
</table>

Source: POPPI

4.5 Dementia

Currently, there are estimated to be around 15,000 older people in the County with dementia. This is projected to increase by over 3,500 by 2020. As the estimated numbers increase in line with the growth in the oldest old population the largest increases would be anticipated in Chorley, Ribble Valley and West Lancashire districts.

Dementia is often associated with other chronic illnesses, and has a high impact on people’s capacity for independent living\(^5\). Research for the Alzheimer’s Society by the University of Oxford in 2010\(^6\) indicated that the average cost per annum of health and social care services for a person with dementia was £12,521. Using these figures, a crude estimate of the current health and social care costs of dementia in Lancashire would be £185.3

million. Extrapolating these costs forward could mean expenditure of £236 million by 2020\(^7\).

Table 3 People aged 65 and over predicted to have dementia in 2011, and projected % increase 2011-2020

<table>
<thead>
<tr>
<th>District</th>
<th>People aged 65 and over predicted to have dementia</th>
<th>% increase 2011-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnley</td>
<td>1,065</td>
<td>19.0%</td>
</tr>
<tr>
<td>Chorley</td>
<td>1,159</td>
<td>40.3%</td>
</tr>
<tr>
<td>Fylde</td>
<td>1,418</td>
<td>23.8%</td>
</tr>
<tr>
<td>Hyndburn</td>
<td>927</td>
<td>21.3%</td>
</tr>
<tr>
<td>Lancaster</td>
<td>1,845</td>
<td>25.3%</td>
</tr>
<tr>
<td>Pendle</td>
<td>1,067</td>
<td>19.9%</td>
</tr>
<tr>
<td>Preston</td>
<td>1,330</td>
<td>19.1%</td>
</tr>
<tr>
<td>Ribble Valley</td>
<td>754</td>
<td>41.5%</td>
</tr>
<tr>
<td>Rossendale</td>
<td>690</td>
<td>28.7%</td>
</tr>
<tr>
<td>South Ribble</td>
<td>1,299</td>
<td>31.4%</td>
</tr>
<tr>
<td>West Lancashire</td>
<td>1,355</td>
<td>37.0%</td>
</tr>
<tr>
<td>Wyre</td>
<td>1,875</td>
<td>28.3%</td>
</tr>
<tr>
<td><strong>Lancashire</strong></td>
<td><strong>14,801</strong></td>
<td><strong>27.6%</strong></td>
</tr>
</tbody>
</table>

Source: POPPI

4.6 Limiting long term health conditions

Older people with a long-term limiting illness, who live alone are more likely than others to go into a care home or require equivalent care\(^8\). Chorley, West Lancashire, South Ribble have particularly high projected increase in people aged 75+ with a long term limiting illness, living alone. For the county there is estimated to be a 37% increase between 2011-2020 in this group equivalent to an increase of 6,950 people.

\(^7\) £12,521 x 14,801=£185.3m x 1.276=£236.5m.

\(^8\) Concept Management Solutions (2008) A Framework for an Oxfordshire Extra Care Housing Strategy
### Table 4 People aged 75 and over with a limiting long-term illness living alone in 2011, and projected % increase 2011-2020

<table>
<thead>
<tr>
<th>District</th>
<th>People aged 75 and over with a limiting long-term illness, living alone 2011</th>
<th>% increase 2011-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnley</td>
<td>2,011</td>
<td>20.8%</td>
</tr>
<tr>
<td>Chorley</td>
<td>2,111</td>
<td>40.5%</td>
</tr>
<tr>
<td>Fylde</td>
<td>2,204</td>
<td>23.7%</td>
</tr>
<tr>
<td>Hyndburn</td>
<td>1,768</td>
<td>21.2%</td>
</tr>
<tr>
<td>Lancaster</td>
<td>3,350</td>
<td>22.0%</td>
</tr>
<tr>
<td>Pendle</td>
<td>2,108</td>
<td>23.6%</td>
</tr>
<tr>
<td>Preston</td>
<td>2,664</td>
<td>15.9%</td>
</tr>
<tr>
<td>Ribble Valley</td>
<td>1,405</td>
<td>33.5%</td>
</tr>
<tr>
<td>Rossendale</td>
<td>1,365</td>
<td>23.6%</td>
</tr>
<tr>
<td>South Ribble</td>
<td>2,471</td>
<td>34.6%</td>
</tr>
<tr>
<td>West Lancashire</td>
<td>2,453</td>
<td>37.4%</td>
</tr>
<tr>
<td>Wyre</td>
<td>3,373</td>
<td>24.9%</td>
</tr>
<tr>
<td><strong>Lancashire County</strong></td>
<td><strong>27,359</strong></td>
<td><strong>26.5%</strong></td>
</tr>
</tbody>
</table>

Source: POPPI

## 5 Use of care and support

### 5.1 Residential and nursing care

#### 5.1.1 Use of residential care by publicly funded older people

LCC has a 25% higher rate of older people publicly funded in residential care per 100,000 population compared to its comparator authorities; although the rate funded in nursing care is slightly lower.\(^9\) There were 5,560 people funded by LCC in residential and 1,720 funded in nursing care in 2010/11.\(^10\)

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\(^9\) The Information Centre 2011, NASCIS Lancashire Older people report 2010-11
\(^10\) NASCIS RAP H1
Table 5 Number of people per 100,000 population receiving LCC funded residential care (RC), nursing care (NC) and community based services (CBS) and the ratio of people aged 65 and over receiving RC + NC to CBS 2010/11

<table>
<thead>
<tr>
<th></th>
<th>Lancashire 2010/11</th>
<th>Comparator councils 2010/11</th>
<th>England 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Care</td>
<td>1,817</td>
<td>1,349</td>
<td>1,386</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>472</td>
<td>486</td>
<td>586</td>
</tr>
<tr>
<td>Community Based Services</td>
<td>5,767</td>
<td>5,786</td>
<td>6,212</td>
</tr>
<tr>
<td>Ratio Of RC + NC to CBS</td>
<td>0.3967</td>
<td>0.3173</td>
<td>0.3175</td>
</tr>
</tbody>
</table>

Source – NASCIS ASC-CAR S1 and RAP P2S. Data for 2010-11 is based on final RAP (3rd cut) and ASC-CAR (3rd cut) information.

1. Residential Care excludes adult placements, unstaffed and other homes.
2. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009)

Lancashire also had a higher than average rate of permanent admissions to residential or nursing care for older people, with 933 per 100,000 populations compared to an average of 703 for North West comparator authorities. 11 There were 4,595 permanent admissions to fund residential and nursing home care in 2010-2011 of which 3,585 were admissions to residential care, and 985 were admissions to nursing care. 12 Despite a commissioning intention to reduce numbers funded in care homes, numbers have increased, Investigation of people’s routes into care homes was beyond the scope of this study, but would help to understand how to change people’s care pathways to reduce admissions.

Data supplied by One Connect showed a very high number of placements in Burnley and Rossendale. Although both districts have a high level of deprivation, and therefore presumably of people eligible for state support, there are a lower proportion and number of older people in them, raising a question about why placement levels are so high. It is not clear if this is a function of local demand or of supply ie there are a high proportion of care homes in the area, which may have placements from outside the districts. This may be a wider issue within the County: how far does supply drive demand?

11 The Information Centre 2011, NASCIS Lancashire Older people report 2010-11
12 NASCIS ASC CAR
Table 6 The number of permanent admissions to registered accommodation per 100,000 population split between residential and nursing care, in 2010/11

<table>
<thead>
<tr>
<th></th>
<th>Residential care admissions 2010/11</th>
<th>Nursing care admissions 2010/11</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lancashire 2010/11</td>
<td>727</td>
<td>206</td>
<td>933</td>
</tr>
<tr>
<td>Comparator councils 2010/11</td>
<td>491</td>
<td>202</td>
<td>703</td>
</tr>
<tr>
<td>England 2010/11</td>
<td>464</td>
<td>222</td>
<td>687</td>
</tr>
</tbody>
</table>

Source – NASCIS ASC-CAR S3. Data for 2010-11 is based on final ASC-CAR (3rd cut) information

1. Residential Care excludes adult placements, unstaffed and other homes.
2. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009)

5.1.2 Use of care homes by self funders

On the basis of total care home places available\textsuperscript{13}, it is estimated that there were 3,400 self-funders in Lancashire in 2011/12. Using this data, self funders in Lancashire make up an estimated 30% of residents of care homes, which is considerably lower than the average rate in England of 45%.\textsuperscript{14}

5.2 Home care

Lancashire County Council funds support for 10,205 people to receive home care in 2011/12, of which 65% (6,650) received ‘intensive home care’ (more than 6 visits and 10 or more hours per week) in 2010/11.\textsuperscript{15} Total numbers of people receiving home care have increased since 2008/09, but intensive users of home care have reduced 2009/10-2010/11 at the same time as the admissions to residential care have increased. The relationship between use of home care and use of residential care may be related to each other, and the underlying reasons need further investigation by LCC.

\textsuperscript{13} This has been based on locally supplied data which may need to be revised with more current figures. LCC suggest that this may be an underestimate and that self funder rates may be about 40%\textsuperscript{14} People who pay for care? NMDF 2011
\textsuperscript{15} NASCIS 2010/11 RAP returns
Table 7 Service users in receipt of LCC funded home care Lancashire 2008/09 - 2010/11

<table>
<thead>
<tr>
<th></th>
<th>2008/09</th>
<th>2009/10</th>
<th>2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of LCC funded home care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbers using home care</td>
<td>9,290</td>
<td>11,075</td>
<td>10,205</td>
</tr>
<tr>
<td>Per 100,000 population</td>
<td>1,015</td>
<td>1,205</td>
<td>1,105</td>
</tr>
<tr>
<td>Intensive use of LCC funded home care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of service users</td>
<td>4,280</td>
<td>5,630</td>
<td>5,545</td>
</tr>
<tr>
<td>Per 100,000 population</td>
<td>465</td>
<td>550</td>
<td>525</td>
</tr>
</tbody>
</table>

Source - NASCIS RAP H1 returns

1. Intensive use defined as 6 or more visits per week and ten hours or more home care a week provided

5.2.1 Reablement

LCC commissions a reablement service from Lancashire County Commercial Group (LCCG). There is potential to develop a greater volume and increased effectiveness of provision, as Lancashire has a lower percentage of people who remain for over 91 days in their own home following hospital discharge compared to similar councils.

Table 8 Achieving Independence indicator (NI125) by gender, 2010-11

<table>
<thead>
<tr>
<th></th>
<th>Female%</th>
<th>Male %</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lancashire</td>
<td>76%</td>
<td>73%</td>
<td>75%</td>
</tr>
<tr>
<td>Comparator councils</td>
<td>82%</td>
<td>80%</td>
<td>81%</td>
</tr>
<tr>
<td>England</td>
<td>83%</td>
<td>80%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Source – NASCIS ASC-CAR I

1. Data for 2010-11 is based on final ASC-CAR (3rd cut) information.
2. Percentage of clients still in their own home after 91 days following discharge from hospital where the intention was for the client to return to their own home.
3. Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009).
5.2.2 Self funding of home care

It is estimated that there were over 3,840 people paying for their own home care in Lancashire in 2010 from a national study. This is consistent with home care providers self reporting that between 20% - 30% of their provision is for self funders. However, some publicly funded clients also pay for additional home care services, effectively topping up their care; these may be reported as self funders by providers.

In addition to those who employ home care staff from registered agencies, there will also be wide use of unregulated care for instance from gardeners, cleaners, handy people, neighbours.

5.3 Specialist retirement housing

In Lancashire in 2001, there were 468,868 households of pensionable age of which 76% were owners, 8% were renting from the Council, and 5% were living in other social housing and 11% in private rented accommodation or living rent free in 2001. Higher rates of private and social renters indicate where there is likely to be higher demand for social rented sheltered housing; higher rates of owner occupation indicates greater potential for people to move to private sheltered housing, although low house prices in Lancashire may mitigate against this in some areas, as discussed below.

### Table 9 Housing Tenure of Older People in Lancashire 2001

<table>
<thead>
<tr>
<th>District</th>
<th>All h’hlds of pensionable age</th>
<th>% Owned</th>
<th>% Rented from council</th>
<th>% Other social rented</th>
<th>% Private rented/living rent free</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnley</td>
<td>36,794</td>
<td>72.14</td>
<td>7.05</td>
<td>7.97</td>
<td>12.84</td>
</tr>
<tr>
<td>Chorley</td>
<td>41,022</td>
<td>79.18</td>
<td>7.60</td>
<td>6.78</td>
<td>6.43</td>
</tr>
<tr>
<td>Fylde</td>
<td>32,369</td>
<td>79.55</td>
<td>2.14</td>
<td>4.78</td>
<td>13.52</td>
</tr>
<tr>
<td>Hyndburn</td>
<td>32,965</td>
<td>74.89</td>
<td>9.86</td>
<td>4.20</td>
<td>11.05</td>
</tr>
<tr>
<td>Lancaster</td>
<td>55,839</td>
<td>73.08</td>
<td>6.67</td>
<td>3.50</td>
<td>16.76</td>
</tr>
<tr>
<td>Pendle</td>
<td>35,971</td>
<td>75.06</td>
<td>9.64</td>
<td>3.05</td>
<td>12.26</td>
</tr>
<tr>
<td>Preston</td>
<td>52,973</td>
<td>69.35</td>
<td>11.26</td>
<td>8.44</td>
<td>10.95</td>
</tr>
<tr>
<td>Ribble Valley</td>
<td>22,209</td>
<td>81.26</td>
<td>5.43</td>
<td>2.15</td>
<td>11.17</td>
</tr>
<tr>
<td>Rossendale</td>
<td>27,106</td>
<td>71.92</td>
<td>15.12</td>
<td>2.77</td>
<td>10.19</td>
</tr>
</tbody>
</table>

---

16 People who pay for care? NMDF 2011, internal IPC analysis
17 IPC interviews with home care providers 2012
LCC reports that 100% of older people receiving dispersed support using supporting people funding were renting, further highlighting the link between renting and need for support.

5.3.1 Self funders of sheltered and extra care housing

A LCC analysis of sheltered housing residents found that 27% were not receiving supporting people grant in 2011, indicating that they were self-funders of their own care; this would equate to 32,000 residents. The analysis only included tenants of social housing.

In addition to the 13,000 plus units of social rented sheltered and extra care housing, there are over 1,800 units in privately owned, leased or rented schemes where residents are paying for their own care and support, although some also receive services funded through supporting people, and some are in receipt of housing benefit.

High proportions (76%) of older people own their own homes in Lancashire, but, as may be expected, there are wide variations, from Preston (69% owner occupation) to South Ribble (84% owner occupation).

Whilst for many people the value of their property would easily allow them to buy into an extra care scheme this would not be true for everybody, although some schemes work on a part purchase - part rent basis. For example a semi detached house in South Ribble had an average value of £206,000 in May 2012 whilst the average value of a terraced house was valued at £111,000. A flat, for example, in a retirement village in Lancashire was recently advertised (May 2012) for £159,000.

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18 Review of Housing Related Support Services, Lancashire County Council internal document 2011
19 Review of Housing Related Support Services, Lancashire County Council internal document 2011
20 Elderly Accommodation and Care(EAC) database, May 2012
The recent down turn in the housing market has meant that it can be difficult to sell sheltered flats for ownership; a report from a new development in central Lancashire noted that flats intended for sale have instead been used as rented flats for this reason.\textsuperscript{21} However, it can also reflect the location and quality of housing. A large proportion of the private sheltered housing was built in or before 1990, which may mean that its quality (unless renovated) is lower than that of newer developments.

Demand for private sheltered homes will also come from outside Lancashire. Private providers have reported that new residents for retirement villages include people moving from other areas of the country either because they like the area or have relatives in the county.

5.4 Direct payments

In 2010/11 4,970 people in the County aged over 65 were in receipt of 'self-directed support', i.e., they were provided with a budget and were able to decide how they would like to spend their money in order to provide the support they needed. Of these, 795 were using direct payments and directly contracting for care.\textsuperscript{22} National research has shown that older people are less likely than younger adults to want to take on responsibility for managing direct payments.\textsuperscript{23} However, the national and local policy drive to increase numbers of people taking up direct payments and personal budgets will potentially drive more diversity in the types of care purchased.

6 People’s expressed care and support preferences

Older people’s views on their own priorities were analysed for the Lancashire Partnership’s Strategy for an Ageing Population 2010. They said they wanted to avoid the following possibilities in later life:

- 60% going to a care home
- 57% not being able to get about
- 48% having to depend on others
- 44% not having enough money
- 41% having to leave their own home
- 29% loneliness

In a Lancashire survey of older people not living in sheltered housing, over 80% indicated they would want to stay in their own homes with additional support when the time came. When asked to list the types of additional support that would help them to stay at home adaptations (35%) and a maintenance/handyman service (16%) were most popular with little support

\textsuperscript{21} Provider interview.
\textsuperscript{22} NASCIS RAP SD1 2010/11
\textsuperscript{23} Evaluation of the Individual Budgets Programme , Department of Health 2010
for a visiting warden/support worker service (2%). However, there is some suggestion that these figures may be influenced by the alternatives available and how the questions are framed rather than an absolute desire to remain in their traditional family home.

In terms of housing choice, The Wanless Review offered an analysis of people’s preferences for housing and care. It illustrated that whilst there is a clear preference by older people to remain in their family home, many older people do contemplate a move to alternative accommodation, with over twice as many people preferring a move to some form of sheltered housing as compared to residential care.

This demand for housing suitable for older people has been more recently re-enforced by a YouGov poll for Shelter. This suggested that “over a third of older people are interested in the idea of retirement housing, or would be in the future. This equates to over six million older people and suggests that there is latent demand for retirement housing; an opportunity which the market is yet to fully exploit. It is possible that with better awareness and more targeted marketing, demand could grow further.”

When people do decide to move the decision can often come about through a variety of factors. Some of these are positive such as “wanting a more convenient, nicer location, more manageable property or garden and to release capital” or through negative factors such as divorce, death of a partner or deteriorating health. Interestingly the Shelter report highlights that the motivation to move is more likely to come from cost and lifestyle factors such as saving on heating (59%) having space (50%) and privacy (35%) than from a fear of incapacity (11%) being able to manage the property (11%) or accessibility (24%).

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24 Review of Housing Related Support Services, Lancashire County Council internal document 2011
26 Shelter (2012) A better fit? Creating housing choices for an ageing population
7 Care supply

7.1 Residential and nursing care

7.1.1 Size of market

There are 348 residential and nursing homes for older people in Lancashire (CQC, April 2012), of which LCC contracts with 326. These include 174 homes registered for people with dementia. The table below shows homes that LCC contracts with, by beds and by district.

Table 10 Care homes in Lancashire by district, and bed spaces 2012

<table>
<thead>
<tr>
<th>District</th>
<th>Care home only</th>
<th>Care home with nursing</th>
<th>Total</th>
<th>Care home only</th>
<th>Care home with nursing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnley</td>
<td>20</td>
<td>6</td>
<td>26</td>
<td>506</td>
<td>326</td>
<td>832</td>
</tr>
<tr>
<td>Chorley</td>
<td>15</td>
<td>9</td>
<td>24</td>
<td>474</td>
<td>476</td>
<td>950</td>
</tr>
<tr>
<td>Fylde</td>
<td>25</td>
<td>10</td>
<td>35</td>
<td>676</td>
<td>294</td>
<td>970</td>
</tr>
<tr>
<td>Hyndburn</td>
<td>16</td>
<td>6</td>
<td>22</td>
<td>368</td>
<td>299</td>
<td>667</td>
</tr>
<tr>
<td>Lancaster</td>
<td>23</td>
<td>16</td>
<td>39</td>
<td>490</td>
<td>714</td>
<td>1,204</td>
</tr>
<tr>
<td>Pendle</td>
<td>14</td>
<td>5</td>
<td>19</td>
<td>376</td>
<td>262</td>
<td>638</td>
</tr>
<tr>
<td>Preston</td>
<td>18</td>
<td>9</td>
<td>27</td>
<td>492</td>
<td>584</td>
<td>1,076</td>
</tr>
<tr>
<td>Ribble Valley</td>
<td>12</td>
<td>5</td>
<td>17</td>
<td>319</td>
<td>213</td>
<td>532</td>
</tr>
<tr>
<td>Rossendale</td>
<td>11</td>
<td>9</td>
<td>20</td>
<td>298</td>
<td>399</td>
<td>697</td>
</tr>
<tr>
<td>South Ribble</td>
<td>14</td>
<td>8</td>
<td>22</td>
<td>470</td>
<td>390</td>
<td>860</td>
</tr>
<tr>
<td>West Lancs</td>
<td>19</td>
<td>13</td>
<td>32</td>
<td>441</td>
<td>586</td>
<td>1,027</td>
</tr>
<tr>
<td>Wyre</td>
<td>31</td>
<td>12</td>
<td>43</td>
<td>711</td>
<td>453</td>
<td>1,164</td>
</tr>
<tr>
<td>Lancashire</td>
<td>218</td>
<td>108</td>
<td>326</td>
<td>5,621</td>
<td>4,996</td>
<td>10,617</td>
</tr>
</tbody>
</table>

For this report IPC has used both a CQC listing, March 2012, and data supplied by LCC. LCC data is generally used, unless otherwise indicated. Numbers may vary depending on data source.
Half of the homes provide care for people with dementia; however there is not a strong relationship between numbers of homes in districts and districts with higher levels of people with dementia.

Table 11 Care homes registered for people with dementia by district

<table>
<thead>
<tr>
<th>District</th>
<th>Care homes registered for dementia</th>
<th>People aged 65 and over predicted to have dementia 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnley</td>
<td>14</td>
<td>1,065</td>
</tr>
<tr>
<td>Chorley</td>
<td>14</td>
<td>1,159</td>
</tr>
<tr>
<td>Fylde</td>
<td>14</td>
<td>1,418</td>
</tr>
<tr>
<td>Hyndburn</td>
<td>11</td>
<td>927</td>
</tr>
<tr>
<td>Lancaster</td>
<td>26</td>
<td>1,845</td>
</tr>
<tr>
<td>Pendle</td>
<td>11</td>
<td>1,067</td>
</tr>
<tr>
<td>Preston</td>
<td>35</td>
<td>1,330</td>
</tr>
<tr>
<td>Ribble Valley</td>
<td>5</td>
<td>754</td>
</tr>
<tr>
<td>Rossendale</td>
<td>11</td>
<td>690</td>
</tr>
<tr>
<td>South Ribble</td>
<td>9</td>
<td>1,299</td>
</tr>
<tr>
<td>West Lancashire</td>
<td>12</td>
<td>1,355</td>
</tr>
<tr>
<td>Wyre</td>
<td>12</td>
<td>1,875</td>
</tr>
<tr>
<td><strong>Lancashire</strong></td>
<td><strong>174</strong></td>
<td><strong>14,801</strong></td>
</tr>
</tbody>
</table>

Source: CQC data on homes registered for dementia 2012

Reablement for people with dementia in a residential care setting is provided by two organisations, LCCG and Buckshaw Retirement Village. Both self-report high levels of success, for instance LCCG report that 65% of people who use the unit move back into their own homes, not residential care.

- Lancashire County Commercial Group (LCCG), has an established unit for 10 people in the North of the county, and is piloting a second unit in the Central area, in response to demand.
- Buckshaw Retirement Village also has a dementia reablement unit providing for 62 people. 20 of the beds are contracted by LCC; 42 by Central Lancashire PCT.

Given the high rates of success reported, and the projected increase in numbers of people with dementia, there is scope to investigate additional provision for dementia reablement through residential settings. However, as with reablement more use of dementia reablement will need to be
considered within the wider pathway of care to assess its effectiveness and what subsequent support and care is needed.

### 7.1.2 Ownership

Care homes are predominantly owned by the independent sector. National providers of care account for less than 10% of homes in the county. Seventeen care homes are provided by the Lancashire County Commercial Group (LCCG), which is an arm's length organisation within LCC. There are very few voluntary sector homes.

There are a high number of homes owned by a single owner; it is estimated that over a third of care homes in the county belong to owners with only one or, in some cases, two homes.\(^{29}\)

### 7.1.3 Quality of care homes

In 2001, LCC introduced a banding system for fees to incentivise the improvement of the physical standards of care homes. This, together with home owners’ own commitment to quality has helped improve the quality of care homes in Lancashire. However, the banding standards were below the post 2002 National Minimum Standards. In 2010/11, only 12% fully complied with the post 2002 physical standards.\(^{30}\)

A high proportion of homes are relatively small with fewer than 30 bed spaces widely used as a minimum size for business viability. Out of the 348 homes in the County, 125 have fewer than 30 bed spaces.

Some of these smaller care homes in particular, often based in older properties, are in need of significant investment and improvement to bring them up to current minimum standards and to comply with new health and safety regulations.

This finding for LCC is confirmed by discussions with local valuers, lenders and home owners who have identified that there is a significant number of smaller, older homes, largely in single ownership with poor standards of physical quality eg en suites, wide corridors or difficulties in achieving compliance with changes in fire regulations. In many instances there may not be the money available to bring these schemes up to standard or it may not be possible due to the listed status of the building.

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\(^{29}\) Single ownership care homes estimate has been based on identifying homes using names, addresses and CQC company registration numbers. These may include larger organisations or have excluded other small providers. This information can therefore best be regarded as indicative.

\(^{30}\) LCC Briefing paper on the Banding Scheme 2011
7.1.4 Occupancy rates

Vacancy rates in care homes are estimated nationally to be 10%. Data from care home providers in Lancashire indicates that this varies from 5% to 20% for different homes, although this data is limited. LCCG managed care homes showed an average occupancy rate of 85% in 2012 to date, a lower rate than in 2010/11, although this is largely due to very low occupancy in two still unmodernised homes.

Nationally, and also within Lancashire, home owners have reported a slight fall in occupancy rates in the last two years. For small homes with fewer than 20 residents, a vacancy rate of 15% has a much larger relative impact on their sustainability than a larger home or member of a national organisation, where there is more potential to manage the loss of income. As a consequence there may be a need to focus on the occupancy rate of small homes in particular where these are at risk.

7.1.5 Turnover

Turnover of residents in nursing and care homes is a critical factor affecting supply. Provider interviews reported consistently that turnover rates had increased in recent years; this is consistent with national trends, and is a function of residents moving into care homes when they are older and frailer. Higher turnover has an effect on the cost of care, but potentially increases available supply.

Turnover is related to a number of factors. A study of care home admissions estimated the national average (adjusted) length of stay in care homes was 2.5 years with longer lengths of stay in residential care than in care homes with nursing. Self-funders had longer lengths of stay than LA-funded residents, due to admission at an earlier stage. Significant factors that affected length of stay were:

- Age (older associated with higher death rate)
- Sex (males associated with higher death rate)
- Cognitive impairment (dementia associated with higher death rate)
- Bed type (nursing home bed associated with higher death rate)
- Affluence (LA funded associated with higher death rate)

This would suggest that the homes with a high proportion of LCC funded clients will have higher turnover rates than those providing to self funders. This, as noted below in the section on providers’ views on the market, introduces higher costs and different care models.

31 Care Homes Review, Colliers International October 2011 www.colliers.com
7.1.6 Overview of care home supply

Residential care homes supply, under the current market circumstances, needs to be reviewed, if similar levels of use are to be sustained. A number of smaller, poor quality homes are likely to leave the market in the next five years because their quality cannot be brought up to current standards, or they become financially unviable to take a possible scenario, if 15% of the smaller homes leave the market, this will reduce local supply by 375 places (assuming an average size of 20 bed spaces). Those providers leaving the market are also most likely to be in those who are highly reliant on LCC funding, and therefore in the less affluent areas of Lancashire where there are lower levels of self funders and higher proportions of LCC funded older people. This provides an opportunity for LCC to work with local providers to manage supply and changes in the market.

From discussions with providers and funders, new homes developed are likely to be principally targeted at self funders and clients capable of paying top up payments.

LCC contracts currently for the majority of residential and nursing care bed spaces for publicly funded residents and therefore plays an important role in influencing the shape and quality of the residential care market in the County. Health Commissioners also commission a minority of beds, particularly for residential with nursing care, and are significant contractors for dementia reablement beds, and will also need to be part of the dialogue in shaping future supply.

7.2 Home care

7.2.1 Size of market

There are 188 home care providers registered in Lancashire. In addition there are providers who work in Lancashire but are registered in neighbouring areas. All provide services to older people, and some also provide care to other groups, such as younger people with a learning disability or physical disabilities.

7.2.2 Ownership

The majority of homecare provider organisations who provide the majority of care in Lancashire are local, typically relatively small, organisations. There are also a number of regional and national organisations, such as Housing 21, which is the single largest provider to LCC, as well as Allied Healthcare, Mears Group, Carewatch, Four Seasons and Sevacare. Two thirds of the home care contracts for extra care housing which is supported by LCC are with one of these larger organisations; the rest are with locally based providers.
LCC has agreements with 153 organisations to provide home care to its clients; again some of these include provision to younger people. The organisations cover a range of sizes. Just under half provide care to fewer than 10 LCC supported service users. Those providers only providing to one LCC client are thought to be not on the preferred provider list, in the case that a client has expressed a preference to using such a provider.

### Table 12 Home care providers segmented by number of LCC supported clients

<table>
<thead>
<tr>
<th>Organisations</th>
<th>Number of providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide care to one client</td>
<td>28</td>
</tr>
<tr>
<td>Provide care to 2 - 5 clients</td>
<td>29</td>
</tr>
<tr>
<td>Provide care to 6 - 10 clients</td>
<td>15</td>
</tr>
<tr>
<td>Provide care to 11 - 50 clients</td>
<td>38</td>
</tr>
<tr>
<td>Provide care to 51 - 100 clients</td>
<td>29</td>
</tr>
<tr>
<td>Provide care to 101 – 200 clients</td>
<td>12</td>
</tr>
<tr>
<td>Provide care to 201+ clients</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>153</td>
</tr>
</tbody>
</table>

Source: LCC April 2012

7.2.3 Types of home care provided

#### 7.2.3.1. Generic home care

The majority of independent providers include a wide range of care within their offer under the heading of generic home care. Typically, providers state they offer care and support services, ranging from shopping, cleaning and small house repairs, through support in social activities to personal care. Some providers also offer basic nursing care which would have been carried out by district nurses in the past. LCC contracts to date with external providers are only for generic home care.

The Lancashire PCTs also commission generic homecare, usually as part of continuing care packages.

#### 7.2.4 Reablement

All home care provided by Lancashire County Commercial Group (LCCG) is reablement provided to people being discharged from hospital or who are in need of intensive reablement support. In 2011/12 there were 4,584

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33 LCC listing of home care providers 2012
34 LCC verbal communication
reablement assessments provided. Many more reablement assessments were referred and completed in the East area of the county, although it has the lowest number of older people, see table 13 below. This indicates potential for greater use of reablement in other parts of the county, and a review of the reasons for the imbalance in use of reablement services.

Table 13 Reablement referrals accepted for LCCG 2011/12

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of referrals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>2019</td>
<td>44%</td>
</tr>
<tr>
<td>North</td>
<td>1349</td>
<td>29.5%</td>
</tr>
<tr>
<td>Central</td>
<td>1216</td>
<td>26.5%</td>
</tr>
<tr>
<td>Total</td>
<td>4584</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: LCCG

Due to the high level of demand, and the benefits LCC perceives for reducing need for care following reablement, external providers have been invited to tender for a contract to deliver more reablement services from September 2012, including provision to North and Central Lancashire where there is currently lower use. It is intended that the new contracts for reablement will at least double the current supply of reablement.

No evidence was available on the effectiveness of reablement in reducing use of residential care or of its cost effectiveness as an intervention. As noted in tables 5 and 6 above, Lancashire has now and in the past had high rates of use of residential care; although these have fallen slightly, they rose again in 2010/11. National research on reablement has shown that the contribution of dementia care reablement to reducing use of publicly funded care is not always clear, although when it has been well targeted to populations who will benefit; it can show reduced subsequent use of social care.  

The new LCC contract for reablement will include measures of effectiveness in its specification.

7.2.5 Personal assistants

With the development of direct payments, clients who have used home care may decide instead to employ personal assistants. Numbers of personal assistants are not precisely known; Skills for Care estimate there to be over 5,000 personal assistants in Lancashire.

35 Home Care Reablement Services: investigating the longer term impacts (prospective longitudinal study), Glendinning, C., Jones, K., et al Social Policy Research Unit, York University, 2010
36 NMDS-SC October 2011
7.2.6 Preventative services

LCC invest in preventative services such as Help Direct (provided by the third sector, contracted with LCC) which is a service for adults in Lancashire to help them get small elements of extra support they need to stay independent, to keep healthy, to stay in touch with and see friends, to keep their home and garden in good order, to take part in leisure activities or have opportunities to get involved in their local community. The main aim of Help Direct is to help people get the right practical support, some individual guidance or simply the right information and advice they need before a problem becomes a crisis. Handy person services and shopping are also provided under contract with LCC, which will contribute to enabling people to remain independent in their own homes.

LCC has recently reviewed the use of its expenditure on the voluntary, community sector, to ensure it is better aligned with the LCC social care commissioning intentions. Reshaping of support to the sector is still in progress.

7.2.7 Telecare

Telecare can support the delivery of preventative services, enable more flexible, cost effective options and support independent living at home. It can also help reduce costs if used effectively in combination with home care services.

In 2012 there were estimated\(^{37}\) to be 1,000 people receiving a telecare service in Lancashire, and 17,000 people with community alarms. Comparisons with other two tier local authorities show that this number is relatively low. Moreover, new user numbers are growing more slowly than in other local authority areas. There was wide variation in the provision of telecare users across different districts reported in 2010, which do not relate clearly either to the number of older people in the local population, nor the numbers of LCC funded home care users in 2012 data, indicating a potential opportunity to promote the use of telecare more strategically across the County.\(^{38}\) Cost of telecare to the end user was also noted in the review of procurement. The new reprovision of telecare from a single company intends to reduce the cost to users significantly and promote much wider use of telecare across the county. Telecare will also be closely linked to the newly respecified reablement service.

7.2.8 Overview

There is currently a wide range of homecare providers in Lancashire. Despite the relatively recent arrival of large national providers, small local providers still provide the majority of care. LCC is the majority purchaser

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\(^{37}\) LCC communication

\(^{38}\) Draft LCC telecare commissioning strategy 2011
within the local market, although the NHS also commissions homecare as part of continuing care packages, and plays an important role in influencing its shape and quality. Personal assistants and other unregulated home care contribute to the diversity of providers. There is potential to develop more reablement services to ensure more equitable access to reablement across the county.

Telecare is relatively underdeveloped and there is scope to increase use of telecare alongside home care to provide an integrated service to support people at home, including people with dementia.

The use of preventive services potentially offers a positive contribution, but its effectiveness in supporting people in the community and preventing need for higher levels of care and role in the wider pathway of care will need to be clearly identified to maximise its impact.

7.3 Retirement housing

7.3.1 Supply

There are estimated to be 17,000 flats or bungalows available in socially rented sheltered housing and/or receiving support services (includes about 4,500 just with a community alarm and no visiting support) for older people across Lancashire.\(^{39}\) Home care support is provided both to people in sheltered housing and to older people living in the community through dispersed support. Often this service is combined with an alarm service.

The very large majority of sheltered housing units are based in the East area of Lancashire. This reflects historic sheltered housing development rather than current and future needs.

A review of sheltered housing and support to older people was undertaken in 2011, which included a commitment to review and where necessary reshape services in summer 2012.\(^{40}\)

Providers report that a number of existing sheltered schemes are old category 2 schemes, which require updating, or in some cases, demolition, and redevelopment. Some have been renovated to enable existing tenants to remain there, which has been their choice. However, providers recognise that the physical limits of these schemes means that improvement is only a temporary option and that full redevelopment will be needed.

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\(^{39}\) Review of Housing Related Support Services, Lancashire County Council internal document 2011

\(^{40}\) Review of Housing Related Support Services, Lancashire County Council internal document 2011
Extra care housing is largely provided by social housing providers with home care contracts with external providers. The home care element includes both care provided to tenants of schemes, and some dispersed care to people in the wider community.

Table 14 Reconfigured sheltered housing (to provide extra care housing), including dispersed provision

<table>
<thead>
<tr>
<th>Area</th>
<th>District</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>Ribble Valley</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>Hyndburn</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>Burnley</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Rossendale</td>
<td>42</td>
</tr>
<tr>
<td>East total</td>
<td></td>
<td>223</td>
</tr>
<tr>
<td>Central</td>
<td>Chorley &amp; South Ribble</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>Preston</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>West Lancashire</td>
<td>50</td>
</tr>
<tr>
<td>Central total</td>
<td>West Lancashire</td>
<td>111 (mixture of rent and sale)</td>
</tr>
<tr>
<td>North</td>
<td>Fylde &amp; Wyre</td>
<td>115</td>
</tr>
<tr>
<td></td>
<td>Lancaster and Morecambe</td>
<td>36</td>
</tr>
<tr>
<td>North total</td>
<td></td>
<td>151</td>
</tr>
<tr>
<td>Lancashire</td>
<td></td>
<td>686</td>
</tr>
</tbody>
</table>

Source: LCC 2012

As well as sheltered housing provided by social landlords for rent, there are 27 sheltered schemes for private rent, lease or sale provided by a mix of social landlords and private companies. These are principally located in the more affluent areas of Lancashire; with fewer in Burnley and Rossendale. Some provide extra care or close care; most offer onsite support.

There are 677 extra care housing units available for rent through these private rent or sale schemes. In addition there is one independent provider which offers a combination of rented and for sale units, which are part of a large retirement village.
Table 15 privately funded extra care housing in Lancashire 2012

<table>
<thead>
<tr>
<th>District</th>
<th>For rent</th>
<th>For rent or sale</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ribble Valley</td>
<td>73</td>
<td></td>
<td>73</td>
</tr>
<tr>
<td>Hyndburn</td>
<td>78</td>
<td></td>
<td>78</td>
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<tr>
<td>Burnley</td>
<td>30</td>
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<td>30</td>
</tr>
<tr>
<td>Rossendale</td>
<td>42</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>Chorley and South Ribble</td>
<td>76</td>
<td></td>
<td>76</td>
</tr>
<tr>
<td>Preston</td>
<td>74</td>
<td></td>
<td>74</td>
</tr>
<tr>
<td>West Lancs</td>
<td>50</td>
<td>111</td>
<td>161</td>
</tr>
<tr>
<td>Fylde &amp; Wyre</td>
<td>115</td>
<td></td>
<td>115</td>
</tr>
<tr>
<td>Lancaster &amp; Morecambe</td>
<td>72</td>
<td>55</td>
<td>127</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>611</strong></td>
<td><strong>166</strong></td>
<td><strong>677</strong></td>
</tr>
</tbody>
</table>

Source: Elderly Accommodation Counsel Database http://www.eac.org.uk/

1. These only include those schemes listed on the database, so may be an underestimate.
2. District information as supplied by EAC

LCC is currently reviewing its vision and future plans for social rented extra care housing with other local partners, in order to ensure that models of extra care housing provided meet future needs.

### 7.3.2 Overview

Sheltered housing and extra care housing can make an important contribution to supporting older people living in the community, and extra care housing in particular can delay or avoid admission to residential care. With over 17,000 older people supported in different ways through supported housing services, sheltered and supported housing providers already make a major contribution to meeting care needs in Lancashire which there is potential to develop in a more integrated way.

Redevelopment of old schemes which are no longer fit for purpose offers the potential to develop additional extra care housing where this will meet local demand. There are relatively few extra care housing schemes in some areas with very high rates of older people using care services, notably Lancaster, indicating potential to investigate development in these areas.

\[41\] Information has been combined for some districts. Source: special analysis provided to IPC by LCC
Private sector provision contributes approximately 7% of the sheltered housing stock in Lancashire, but has not been included in overviews of sheltered housing. In order to maximise use of the total extra care housing provision in the County assessment of supply will need to consider all sources of provision that contribute to meeting older people’s care needs.

7.4 Day care

LCCG provides day care in 13 centres across the county, with 2,770 places per week and 115 places per week in residential care homes. Approximately a third of day care places are for people with dementia, the remaining two thirds for older people with other needs.

Currently a day care review is underway designed to reduce overcapacity and address how day care can become more specialised to provide a service for people with dementia, and provide more outreach services. Services will become more personalised, with a likely reduction in the current block contracts with the third sector.

7.5 Voluntary and community sector providers

Lancashire County Council financially supports a wide range of services for older people from the third sector. These are principally intended to support older people and their carers to continue living at home and include both preventive services, such as social activities, lunch clubs; support to carers and advocacy, and direct support services. From the wide range of services contracted for with voluntary providers, the majority of spend on services for older people is on day services (36%) and carers support (29%).\(^{42}\) Other services are also provided such as home from hospital services (8%), handy person schemes (2%) and help direct (5%) as well as community links and lunch clubs.

The voluntary sector is described as important in the LCC commissioning intentions for 2012/15 in developing community capacity and practical support. Currently the voluntary sector is funded £4.8 million in 2012/13, equivalent to 3.5% of the LCC older people’s budget in 2012/13. Procurement processes are reported by LCC to currently lead to an unintentional favouring of larger providers, which affects the nature of the third sector supply offer and profile.

The LCC commissioning intentions for 2012/13 state a commitment to prevention, with the third sector playing a role in this, alongside more high level interventions such as reablement services and intermediate care.

\(^{42}\) Data taken from LCC data on commissioned services for the third sector; services which were primarily for a different client group e.g. LD have been excluded from the total
8 Current position - providers’ concerns

9 Background

Information for this element of the work has been principally drawn from a survey of 22 Lancashire based home care and care home providers, augmented by data and policy documents supplied by Lancashire County Council. This survey was carried out to understand providers’ experiences and understand their perceptions of potential risks to the care sector of managing services at a time of financial uncertainty.

Findings are also drawn from workshops held with a range of providers, in order to understand their vision for the future of care services in Lancashire, which also contributed to the findings. The workshops included sheltered housing and voluntary and community sector providers as well as home care and care home providers. Thirty three different providers took part in the workshops. The providers represented a cross section of size and type of organisation and worked in different areas of Lancashire.

An analysis of the segmentation of interviewees and workshop participants is attached in appendix 1.

Below are reported summaries of the main findings. There was a high degree of consistency between providers’ views, indicating that a larger survey may not have found significant divergence. However, it still remains a small sample, and findings should be treated as such.

Lastly, Lancashire Care Association provided introductions to local valuers and lenders, who added their perspective to understanding the market.

10 Generic comments

10.1 Viability

The freeze/low rate of increase across the county’s purchased services is perceived as a problem as all providers face unavoidable increases in expenditure, eg, rises in the national minimum wage, National Insurance, fuel and utilities costs. The current fee levels were seen as not reflecting the full costs of care and business management.

There was a general sense expressed that at a time of financial difficulties the County was simply focused on driving down price and not looking at the relationship between price, activity and quality. Several providers commented that in the long run the County may end up either paying more or ending up with a very poor quality service.
The overall impression given was of a provider side that is not happy with its lot. Whilst this may be true for the provider side nationally, in times of increasing financial hardship, it felt particularly acute in our meetings with Lancashire providers. This is of course a generalisation, as some providers are happy with their businesses and some are happy with the County. Some would be unhappy regardless of what the local authority was doing.

All providers also expressed a very strong commitment to ensuring and improving the quality of care for their clients, which should provide a strong foundation for future collaborative working with the Council.

10.2 Personalisation and changes in clientele

Providers were very supportive of increased personalisation which they hoped would have positive effects in terms of choice and quality.

Residential and home care providers reported an increase in the proportion of very frail older people in their care, and of people with dementia. These were not seen as risks in themselves, but do bring with them a need for higher levels of care.

10.3 Contracting, tendering and regulation

A number of comments were made about the portal and contacts with LCC about clients and contracts.

The portal was not popular with a number of respondents, particularly in home care, and had been seen to add delays and remove immediacy of response. One provider commented that the initial problems were now being resolved, so it is possible that this is historic information.

Providers reported that they found it difficult and slow to get through to social workers or to get decisions on changes in care package in emergencies. Several asked for simplification, and noted that the “web portal is over automated”.

The responsiveness of business managers and social workers was considered to be variable. Some providers reported extremely good relationships; others less so.

Whilst most agreed that CQC had not served the sector well in recent years there was felt to be some recent improvement. Slowness of deleting adverse recommendations from inspections was noted. Both home care and care home providers commented on the cost impact of regulation. While all acknowledged the importance of regulation and inspection, providers observed that CQC regulation is often duplicated by the County Council and PCTs. Providers made a strong plea for a simpler system with less duplication, which would cost them less in time and administration.
10.4 Commissioner – provider relationships

Providers for the most part commented that their relationship with LCC is good, and several observed that relationships with LCC were better than some relationships they had with other local authorities and were extremely positive. However, they also identified areas for improvement summarised below.

The Council is perceived by providers, rightly or wrongly, to sometimes hold back information, which may lead providers to speculate whether there is a hidden agenda. Providers said they would rather be given bad news promptly than wonder what was being held back. Others noted that the Council often appears to have a set agenda and did not seem very willing to listen.

Some providers who worked across Lancashire noted that there appear to be different approaches to working with external providers taken by LCC staff in different localities. Comments were made on the variability of messages and practice of local staff in different areas: there were sometimes differences between the policy agreed at a senior level and local implementation.

This was consistent with the findings from the workshops held by IPC with commissioner and procurement managers, for a different piece of work. Findings from the staff training workshops note that there was wide “concern about inconsistent and insufficient communication” and, “there were some contradictions: for instance, some participants described strong leadership in relation to meeting strategic outcomes, whereas others outlined a lack of strategic direction”.

Providers also observed that there were sometimes differences in approach between commissioners and procurement staff, and there was concern that the move to One Connect Lancashire would exacerbate this; two noted that they thought this is a challenge for LCC commissioners as well. This was similarly reflected on in the commissioner and procurement manager workshops’ finding that “there is real concern that it will become more difficult to achieve consistency, now that the procurement function has moved across to One Connect Lancashire”.

Providers of all sizes raised the point that Council policies and staff do not always seem to understand or address commercial business drivers. There is a perception that profit is not understood as a necessary function of running a business that needs to provide a return for owners or shareholders, and also must have sufficient surplus to invest in improving the quality of assets and staff.

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43 IPC, Lancashire County Council Working with Service Providers Innovatively and Collaboratively: Issues emerging from training workshops, 2012
Several providers commented that although they were aware that the cuts were coming the County did not come to them and ask how they could work together in order to manage a difficult financial climate. They were eager to engage in this conversation. We were struck by the vivacity and liveliness of some of the lead managers in the home care sector. They came across as not only keen to work with the County but had ideas for how care could be better and how cost saving could take place.

Almost all providers thought it very important to communicate with the Council. Preferred methods of communication were by phone and email; a small group expressed a desire for face to face meetings as well. Nearly all providers reported attending the forums. Care home providers were more likely to find them very useful than home care providers who were more likely to find them only moderately useful. Both types of provider valued them for:

- Opportunities to network
- To meet other care providers
- To get information
- Provide an opportunity to express and discuss views

Some smaller providers expressed a view that it can be difficult for a small provider to make their voice heard and count. Small care home providers perceive that members of the Lancashire Care Association (LCA) seem to have better access to the County Council, and hold more influence. Smaller home care providers observe that the larger, national companies are gaining ground at their expense. Home care providers also acknowledged that they do not have a united representative voice in negotiations with LCC, but operate relatively separately, which several noted they themselves could do more about remedying by working more collaboratively with each other.

10.5 Future development of the care forums

Most providers valued the care forums, but thought that they could be improved in several ways:

- Providers felt that consultation was not always well dealt with through forums. Some commented that it “felt like tick box consultation”; others noted that sessions are “about being told”, which prevented the implications of policy changes being explored with providers. This was also reflected in the commissioner and procurement manager workshops findings; where “there were some concerns that some providers are listened to more actively than others, and that feedback isn’t always provided after consultation”.
- There were suggestions for content with a practical focus, for instance looking at safeguarding or legislation.
Several providers suggested that the forums could be developed so that they were jointly run events, with collaborative work to develop services to meet local demand; and acknowledged that providers also need to do more to make them work better.

Providers saw the forums as a potential opportunity to work with LCC to help find solutions to problems together, including reduced social care budgets.

11 Care Homes

11.1 Viability

The majority of care home providers in the study currently have a mix of self funders and LCC funded residents. Providers stated that self-funders enable their homes to remain financially viable and deliver a reasonable quality of care through their cross subsidisation of LCC clients. Top-ups were also reported by some providers to be essential to ensuring sufficient resources to provide good quality of care.

The three homes with the lowest proportion of self funders (0%, 10% and 25% respectively) identified themselves as non-viable. All the other homes reported having between 30% - 70% self funders. An exception was one large home with over 80 beds with only 20% self-funders. However, this home was part of a national company which, allowing for wider variations in cash flow and its size, made this a more viable model.

Four out of the 17 providers who were interviewed or who attended workshops said that their homes were not financially viable. Two were selling or were planning to sell their homes to a larger group and one was subsidising their home from their personal income. One care home provider said they felt trapped. Their home was not viable, nobody would wish to buy it but because they owed the bank money they could not get out of the business. Two other providers noted that they were likely to continue for a few more years but would then retire and most likely close the home if it could not be sold on.

Smaller care home providers commented that providers who are not members of the Lancashire Care Association do not always have the same level of communication with LCC. The three smallest home providers interviewed gave answers which indicated that they had less direct contact with LCC than larger organisations and also had less contact with senior LCC staff.

Lenders and valuers commented that the low income streams associated with the smaller homes and their low (and reducing in the current market) asset value makes it difficult for them to secure loans to improve. They noted that there are relatively fewer new care homes being built or
extensions developed in Lancashire in the last few years. Lenders thought that most developments would be in a few pockets of relative affluence on the coast and in North Lancashire, although in fact some new successful developments are in central and east Lancashire. New developments are taking place but are carefully targeted to areas with high levels of private funder demand.

This was contrasted with the south of England, where care homes are thriving. The difference between north and south of the country is attributed to a more affluent population but also to the higher fees paid by local authorities in the South, even after higher wage and land costs are taken into account. Lenders also noted that competition between developments in the South drives a higher overall quality of care provision, as high standards are set to meet the needs of the private payers who make up a larger proportion of all care home residents.

11.2 Personalisation and changes in clientele

Care home owners all commented that they saw personalisation – as a philosophy of delivering person centred care, as direct payments are not used for residential care – as being extremely important, and central to how they deliver care. Impacts of personalisation were seen to be:

- A need to ensure that care homes are marketed well to enable potential users to make informed choices.
- That social workers will need to work differently to support personalisation and choice, both in enabling consumers to choose and to become better informed about what is available.

Most providers reported that their care homes now have more clients with higher levels of need and that their homes were undertaking more end of life care. This type of care has a high personal impact on staff. It also incurs higher costs through increased vacancies created by greater turnover. This in turn generates increased administrative costs. Homes also have a higher proportion of people with a dementia either on admission or soon after admission.

11.3 Care home quality and investment

Quality is a key concern, as all providers recognise that quality is absolutely essential to the success of care homes. There are particular concerns about the quality of homes in Lancashire, reflecting the nature of local stock, i.e. a high number of single ownership, small, older homes. Not all of these are poor – some are widely seen as excellent – but a large (but unquantified) proportion need physical improvements. Providers and lenders both noted that the quality of care provided is as important, and that
some older people will prefer a smaller, homelier home to a larger one with better physical standards.

Lenders commented that some of the poorer quality homes have now been taken out of the market. However there are still a large number of homes which require significant investment to reach current physical, health and safety and fire regulation standards.

Several providers reported that they would like to upgrade their homes to ensure that all rooms e.g. had en suite bathrooms and were of a suitable size. However there are challenges in doing this:

- A number of the older homes are in old buildings which are difficult to improve due to their design or because they are listed.
- Gaining funding to invest in improvements is also difficult as the income stream of a small home generally means that owners cannot obtain a loan for investment to improve the home’s physical quality standards.

In order to ensure that their homes are of sufficient quality and to expand to make their business viable, providers needed to borrow money. However, gaining investment is now much more challenging for all care homes given that banks have become far more risk averse since the financial crisis in 2008. Banks generally lend on the basis of profitability and multiples of EBITDA. As local authority fee levels have reduced and as banks have reduced the multiples of EBITDA which they use to assess loan capacity, care home owners have a reduced capability to raise money for future investment and hence their capacity to modernise.

Those providers who have secured investment to modernise in the recent past, commented that they feel they have been penalised for investing in their homes to improve quality as fees have now been frozen. They report that as a result their income is less than planned to cover loan repayment costs.

11.4 Future

Care home providers noted that investment is a long term project which requires a level of certainty in future demand. They observed that developing a care home takes approximately three years from gaining planning permission and funding, during which period there is no income stream for the new provision; achieving financial returns on the investment takes about ten years. Most believed that there will be increased demand from older people because of demographic changes and that there will be a continuing market.

Of those owners who planned to expand or, in one case, open a new home, the development was being targeted to private payers or at least those who...
will need to top up LCC fees and/or included specialist dementia care to ensure financial viability. Two national organisations commented that they saw their future expansion taking place outside Lancashire and the North West where there are higher local authority fee rates.

A number of providers observed that that they see future care home provision in Lancashire developing as a two tier system. Tier one clients would be reliant solely on public funding and would receive a basic, adequate service; tier two clients who self-fund or have a substantial top up would be able to access a higher quality of care. Respondents also noted that the two tiers are likely to relate to geographic and economic areas, with tier one homes largely based in less affluent areas, tier two homes in wealthier areas.

Providers’ views on self-funders largely reflected their location, and/or their ambitions or capacity to expand. Smaller homes in less affluent areas such as Rossendale or Accrington felt that local people would not be able to afford to self-fund and that their location and type of home would not appeal to self-funders. Despite this all providers thought that maintaining or increasing the proportion of their self-funding residents was necessary to ensure business viability and quality of care.

Nearly all providers reported that they see dementia services as their main future opportunity. Several have already developed specialist dementia care services; others planned to do so, although they wanted a clear direction from LCC to inform their investment. Other planned diversification included:

- concentrating on nursing care
- assisted living
- step down services
- respite care
- providing services for younger people with physical disability
- provision for people with acquired brain injury
- opening a retirement village

All home providers planned to diversify or specialise, except those which expected to close shortly. These also thought that specialisation in care services and care groups were the direction for the future. In general there was a view that there was a need to organise care differently to meet the needs of a higher proportion of residents with high frailty and more end of life care.
12 Home Care

12.1 Viability

The rate for home care paid to preferred providers is seen as low in relation to cost and the reported 9% reduction in the volume of care commissioned by the County Council has affected the business viability of some smaller providers. The impact of this is reported as reduced profit margins, leading to less time available for training and staff supervision. This affects care quality as well as reducing overall business viability. Reductions in margins may have particularly affected smaller providers as they cannot gain the economies of scale of the larger providers or comparable bank overdraft facilities.

All home care providers noted the preferred provider list arrangement as a major concern, whether or not they were on it. Those who were on the list felt that the way it is administered was problematic. They also feel uncertain about its future, and the levels of work that are likely to be derived from it. New home care providers to the area felt it was unreasonable to have to wait for three years to gain access to the list.

Several home care providers reported feeling obliged to take any work they are asked to do by LCC or risk being taken off the preferred provider list. Although LCC note that this is not policy, the perceptions were genuine and strongly felt, and merit investigation.

Travel costs are seen as a major financial challenge, particularly for providers to clients in rural areas, and travel time and fuel costs are both now a major consideration in deciding whether to accept home care jobs. Within a county with large rural areas to service, this is a significant issue.

Some specific difficulties were reported by home care providers to do with invoicing. One was where clients had begun direct payments but providers were not notified, and so had their invoice refused by LCC and needed to resubmit the invoices which caused cost to the provider.

12.2 Personalisation and changes in clientele

Personalisation was seen as a positive development by home care providers. All supported the importance of client choice, and ensuring that the care service met the client’s needs well. A number also observed that the main factors which clients care about are their relationship with their carer, continuity of care, and quality and timeliness of care. Most noted that there were positive impacts of direct payments on their business, for instance:

- Two reported developing personal assistants as a new area of provision, which is cheaper to run.
Several pointed out that they can gain work when emergency cover is needed if personal assistants leave or cannot provide services.

All accepted that personal assistants would become more widely used, and that they needed to work with this development. However, there were some concerns expressed about the impact of personal budgets and direct payments on the sustainability of businesses. These included:

- Managing a significant culture shift to enable care staff to work more proactively with clients to identify their needs and negotiate care offered. Some providers are already undertaking such training.
- Some loss of business had been noted from a reduction in the total available funding for home care from LCC. As a result, some providers reported having to make staff redundant in the last year.
- Loss of staff who had become personal assistants.
- There is a greater risk of bad debt as some clients receiving direct payments do not pay their home care bills. This is sometimes because clients do not always understand that they need to pay for care.
- Several providers noted that some older people do not always understand how to manage their budgets, which may be a difficulty if direct payments are widely extended. Other clients, particularly in less affluent areas, have used their direct payments to buy other goods.

Providers observed that the needs of clients do not always appear to be reflected in the care time allocated to them through social worker care assessments, and in particular noted that the size of care packages allocated has reduced in the last year.

Most reported already providing a more medicalised service, reflecting the increased expectations for home carers to help manage medications, change dressings or supervise pegs and drains. Providers with a nursing background commented that home care now provides what was formerly a district nursing service in order to meet the increased needs of clients.

As the quotes below illustrate home care providers have a number of concerns:

“I used to be a district nurse before I started this home care business. My home care staff now perform many if not all of the tasks that district nurses used to do. We do dressings, we administer eye and ear drops, we supervise people taking medication. We receive no money for that from the health service. One day we visited a client and the health visitor or GP had just left a note of tasks to do without even asking us. It was just assumed that we would do them. If we had refused or said we wanted more money the job would simply have been given to somebody else.”
“We don’t get told when somebody is transferred to a direct payment. The first you know is when you put in an invoice and it does not get paid. You ring up to find out why not and they then say ‘Oh they are now on direct payments you need to get the money off the client’. Sometimes that can be quite difficult especially if somebody does not know what a direct payment really is”.

“When visits are so tight for time you just rush into people’s houses. It’s so rude we don’t even have time to properly say ‘hello how are you’, before we have to log in. Jobs are then done at a trot with no time to talk to people. It’s humiliating for the client and the worker”.

Sheltered housing providers noted that choice is leading to a larger number of different home care agencies providing for residents living in a single scheme. While acknowledging that choice has a positive aspect, they suggested that having a number of different people coming into a scheme can disturb tenants, who sometimes perceive carers as strangers. They suggested that a single provider working with a sheltered housing scheme is more cost efficient, allows carers to be more flexible about the timing of individual visits, to build relationships with the housing provider/wardens, as well as reducing the number of different people coming into the scheme, making residents feel more secure.

### 12.3 Future

Home care providers were broadly optimistic that there would be increased demand for their services based on demographic pressure and LCC’s policy of supporting older people at home for longer.

Larger (regional or national) companies were most optimistic and saw opportunities for new specialist provision. They also expected a level of consolidation, with smaller companies likely to be acquired by larger companies.

Some suggested that smaller companies would go out of business, partly because they were over reliant on LCC funded clients; one noted that they planned to move their business out of Lancashire, as they felt that LCC fee levels were too low.

Several home care providers made a strong case for being more involved in reviews of their clients’ care feeling that their day to day contact often meant they had considerable information that would be useful.

Home care providers already provide a wide range of services and in effect had already diversified:
They already offer shopping, social care, mobile chiropodists, a launderette service, meals, a home maintenance package and care and repair, or services such as moving furniture to prepare homes for a client’s return from hospital. They see these as continuing growth areas so that home care can meet individuals’ needs.

Several noted the potential development of telecare and opportunities to link this with a home care service. One provider took this idea further, proposing that home care providers could manage alarm systems and provide 24/7 home care, reducing the numbers (and costs) of having different agencies calling on the client.

Providers saw the need to offer specialised dementia services and the potential for offering reablement. PCT funding for palliative and intermediate care was also seen as a potential growth area.

Some were planning to tender for reablement services.

13. Overview of the care market and key issues

13.1 Underlying assumptions

There are a number of assumptions that need to underpin longer term thinking:

- That it is reasonable to assume that the current financial restrictions will continue and probably intensify. Strategically, the authority needs to start work now with the sector in order to prepare for a range of different financial scenarios.
- That there will not be a quick solution to long term funding for social care. Therefore, the current system will be with us for at least the next few years meaning the number of self-funders is likely to grow.
- That in trying to estimate future demand for care a rough and ready format is; demographic growth of the older people population, less increased individual wealth and health improvement.
- That demand is not the same as availability of supply. Contraction in the market, may lead to a higher price, poorer quality of service or more organisations shifting just to supply a self-funder market.
- That the focus of strategic commissioning towards the market will be to ensure there is a sufficiency of good quality care available across the market which consumers of care can purchase regardless of how that care is funded.

13.2 Factors affecting demand

Predicting future demand and resource requirements is a far from exact science given the number of factors that can influence potential take up of services. Ten years ago people might have looked at the coming
demographic growth and predicted more people would be in receipt of social care services. Yet despite that growth the numbers of people as compared to hours of care provided or type of provision used has fallen for both home care and residential care. Even more problematic is then translating any future estimate of demand into financial budgets as it is, for instance, possible for demand to increase but price fall based on the availability of provision.

In looking ahead at future trends the following six factors are likely to be some of the most significant in influencing the relationship between demand, price and provision:

Wealth: If the older people population is wealthier (through occupational pensions and housing equity) then demand for state funded services as a proportion of total service provision is likely to fall assuming that financial thresholds remain the same.

Eligibility: Tightening, or conversely lessening, eligibility will influence the numbers and proportions of people in the state care system compared to the total number of people in receipt of care.

Supply: The relationship of demand to supply will influence both demand and price, i.e. if there is plentiful supply at a relatively cheap price then take up across the board is likely to increase. The converse is equally true. If more people purchase their own care provision at a higher price than the state is paying then state provision may be limited by a lack of provision available at a price the state wishes to pay.

Alternative forms of care: One of the reasons that residential care has not risen in line with demographic growth has been due to increasing use of alternatives such as forms of more intensive home care provision within the community. Whether this trend will continue will depend on how much the opportunity for this has been realised.

Behaviour of other organisations: Social care is not master of its own destiny, in that who comes to the care sector is based on factors which currently are outside the direct control of strategic commissioners. Much demand is based on the performance of the health service in the key areas of ill health that might cause demand for care to increase. This includes supporting people with long term conditions and dementia in the community, and managing the admission and discharge of older people to and from hospital. Housing providers and developers also can make a contribution in terms of the quality and accessibility of housing in which older people live and hence their capacity to take demand out of the system.

Demographic growth: The most commonly used indicator of future demand is based on the assumption that as the older people's population
grows so demand will grow in line with that increase. As the above list suggests this is not true, although there is obviously a dynamic relationship between this and the other factors. For example, if the total older people population grows by 10% but 5% of this proportion would not receive state funded care because they exceed financial thresholds and/or they do not meet tighter eligibility criteria, then it is possible to recalculate a rough estimate of demand.

13.3 Overview of demand in Lancashire

The overview of demand for older people’s care in Lancashire from assessment of demand data and providers perceptions is that:

- Increased numbers of older people with dementia and older people living alone with limiting long term illness, particularly in Chorley, Ribble Valley, West Lancashire and across North Lancashire (Lancaster, Wyre, Fylde), reflecting the growth in numbers of older people in these districts. These people are likely to require care and support, but not all will be accessing state funded social care.
- With the increasing frailty of new care home residents, higher rates of dementia, and more rapid turnover of residents, a need for higher intensity residential and nursing care and for specialised dementia care.
- There is a robust level of demand for self funded residential care, although this is still at a lower rate than state funded residential care. Increasing levels of personal wealth in retirement are likely to support an increase in demand for self funded places over the next twenty years.
- Older people have a preference for moving to sheltered or extra care housing rather than residential care, and there is significant potential for private purchases of extra care housing from the large number of older owner occupiers in higher value homes.
- Potentially much greater demand for telecare (this is also being addressed through the recent procurement of a new provider) to enable people to live in their homes safely for longer.
- More demand for generic home care to support people at home to reduce LCC use of care homes.
- More demand for reablement services (now being addressed by the forthcoming new contracts for reablement), particularly in North and Central Lancashire. This will need to include dementia reablement.
- Greater demand for personalised services in the community such as personal assistants to support both state funded and self funded people’s social care demand.
- Reduced demand for day care services as currently provided but more demand for personalised support from the voluntary sector.
13.4 Overview of Supply in Lancashire

The overview of supply of services for older people’s care in Lancashire from assessment of supply data and providers’ perceptions is that:

13.4.1 Residential Care

- There will be a gradual reduction in the number of older, poorer quality small care homes, especially in less affluent areas of the county. From the provider discussions we note that new care homes and extensions will be principally targeted at self funders or people who pay top ups. One of the possible consequences of this is the development of a two tier system for residential care, with better quality homes targeted to self funders. There will also potentially be a lesser supply of care homes with higher quality premises available for publicly funded clients. This future scenario has been identified in other areas of the country and is not unique to Lancashire.

- Reduction in care home supply is likely to be particularly evident in the East area, which faces potentially a higher loss of care home bed spaces because of higher proportion of smaller, older homes. This may have a disproportionate effect as there are high numbers of older people funded by LCC in care homes in the East. These homes are also more likely to be mainly reliant on state funded residents (NHS and LCC).

- Dementia care is provided within over half the care homes in the county. However supply of care homes for people with dementia is not closely related to areas with high numbers of people with dementia. There may be a shortfall within Wyre and West Lancashire; conversely there is apparently high supply in Rossendale and Hyndburn in relation to estimated levels of people with dementia. This may be a further function of the mismatch between location of demand and supply of care homes noted above.

- Residential dementia reablement has been developed in three homes to date and there is demand for more provision, funded both by LCC and the NHS.

13.4.2 Home Care

- Home care supply quantity appears to be sustainable, as new providers both large and small are continuing to enter the market and actively pursue work in both the private and state funded sectors. Despite their expressed concerns about contract prices, providers are still actively seeking work with the County Council as well as for the NHS and self funders. Personal assistants offer some competition to traditional home care, but many providers are now including them as a part of their offer.
Providers have shown strong interest in the new reablement contracts, and are already offering a diverse range of services under the home care heading.

- However there is implicit lack of continuity in home care supply to LCC under the current market conditions which encourage competition and take over. Mergers and acquisitions characterise the home care market nationally, but LCC may want to take a view on the potential impact of contracting with a wide range of providers to the continuity and quality of the service it commissions, and on the costs of contracting. The County needs to consider what kinds of client choices are meaningful and affordable in the current review of home care commissioning. Future market developments will be affected by the review of home care contracting and commissioning as well as the pricing levels set by LCC and the NHS.

13.4.3 Housing

- Over half of the sheltered housing provision is located in the East of the county, where there are smaller numbers of older people, albeit more of these people are in low income households who are more likely to be eligible for state funded care. Some of this sheltered housing is reported by providers to need considerable upgrading within 10 – 15 years to meet residents’ needs, for instance as extra care housing. For some schemes demolition and redevelopment would be a better value solution. There is very little social rented sheltered housing in the North and Central areas where there are high numbers of older people. Private sheltered provision currently makes up less than 10% of all sheltered provision.
- There is limited supply of extracare housing, most of which is in the private sector. There is very little supply in relation to the potential demand in the North and Central areas of Lancashire, where there are high numbers of older people and relatively higher value properties and potential for purchase.
- There is not a clear match between supply of different services in relation to the geographic distribution of future and current demand.

13.4.4 Voluntary Sector

- Voluntary sector provision related to older people is currently principally directed to day-care and carer support. With the current review of day care services, some of this may no longer be required, potentially making available funding to develop different models of services including preventive services.
13.4.5 Choice

- Choice is important, and drives national and local policy. However, there is a question as to whether there is sufficient product differentiation. Nor is it clear that clients just want “choice.” Users want a meaningful choice with decision factors based on continuity, carer competence and flexibility. There is a balance to be reached between users having wide choice, and simply having a suitable provider who will meet a client’s needs and preferences and is considered by them fit for purpose.

14 Developing the future vision and the Market Position Statement

14.1 Introduction

Below is a summary of issues to be addressed in developing the future vision for older people’s care markets in Lancashire. Below each section are set out actions for development or change which can be used to inform the Market Position Statement. Engagement with providers and other stakeholders will need to be considered in each of these, and the final section sets out approaches to improving working with and supporting providers.

Key messages for LCC:

- Continue to build on current relationships with providers to develop an open dialogue and seek ways of working collaboratively to develop solutions to meeting care needs.
- Continue to build on current working arrangements with health and housing commissioners and providers to develop better integrated models of commissioning and integrated delivery around the older person based on a care pathway.
- Review the balance of care services required to maintain people living in the community for longer in ways which are cost effective and deliver good individual outcomes.

14.2 Driving down demand for care homes

The County appears to have an excess of older people going into residential care. This may be down to a number of drivers within the system, excess of supply, traditional patterns of care, lack of alternatives. However, in other authorities in a similar situation it is estimated that around a quarter to a third of older people in residential care could be cared for within the community. In some instances this may produce a cost saving, in others it may not.
Left to the market a number of smaller, older care homes are likely to cease trading over the next ten years, particularly in the East of the county. For others the standard of care they offer may fall relative to a general rise in regulatory and social expectations.\textsuperscript{44} Given that there is spare capacity and that competition in an overprovided market drives down price, this could be seen as beneficial. However, there are dangers. Self regulation of the market is a crude device whereby the County may lose some of the smaller homes that can also offer a good standard of care in locations where it is needed. There is also a danger that spare capacity may get used in other ways, eg, if the health service comes under increasing pressure more people may be discharged from hospital into care homes. Lastly, there is value in supporting diversity of provision both to support market development and to provide choice.

It is also worth considering how far available supply drives demand. Lack of extra care housing or suitable home care may increase demand for residential care. Oversupply of a particular service may encourage higher use; people can also become dependent on services they no longer need.

Future care supply will need to be developed in the context of a health and care pathway which identifies the contribution of different care and support elements to meeting older people’s needs and to achieving individual and strategic outcomes. This will provide a framework for directing and shaping future investment and for an integrated and coordinated approach to developing future services.

The County Council will need to address the following:

1. Identify ways for LCC to work with the market both to determine the kind of residential care it wishes to see in the future and in re-structuring the market in order to meet new requirements. It is likely this will mean less, but better quality, residential care for fewer people who are state funded.

2. Develop the LCC offer to those who may be considering residential care as self-funders through ensuring good information provision underpinned by accurate market knowledge.

3. Undertake a care pathway audit for older people through reviewing cohorts of funded admissions in order to determine the key factors along the pathway which drive care home admissions. This will enable the County Council to explore what alternatives may be offered to reduce use of care homes, and to develop a care pathway which includes ways of preventing admissions and accessing alternative forms of support and care.

\textsuperscript{44} Currently about 30% of homes in Lancashire are owned by single owners; 128 homes have fewer than 30 bed spaces and not likely to remain viable, particularly where homes are mainly reliant on publicly funded residents.
4. Work with the new CCGs and the acute health providers to ensure that nobody is discharged from hospital into a care home and that all social care assessments following discharge take place within the community. Again LCC will need to consider how this offer, in a different form, may be extended to those who would potentially fund their own care.

5. Investigate the numbers of self-funders who move to state support in residential care and estimate whether this is increasing. We were not able to obtain a view of this. If it is increasing, Lancashire like some other authorities may be able to explore how it can make sure self-funders (a) do not go into residential care where there are good community alternatives and (b) have good financial advice from an independent source that can manage their savings better.

14.3 Managing and supporting demand for dementia care

A crude estimate of the number of older people likely to have a dementia is given in the demand section. Left to the market this will potentially drive up demand for care home admissions. The County Council will need to address the following:

6. Outline to the sector and to the public, within funding boundaries, how and where it considers this population may be best cared for, what proportion it thinks should remain within the community and what proportion would be in residential care.

7. Engage health commissioners and providers in developing delivery of care for people with dementia will be critically important. Dementia is a health condition with associated social care needs, and a coordinated approach at the point of delivery – the person with dementia and their carers - will help increase the effectiveness of use of resources. The PCTs are already funding dementia reablement, and NHS continuing care, indicating the potential to develop collaboration.

8. Develop services for people with dementia to be substantially provided within the community, which may also best meet their needs. Increased reablement will help with this, alongside targeted support to carers, and development of suitably trained community services. Volunteers and the third sector can play an important role in supporting people with dementia and their carers at home, particularly through small scale, flexible and local offers. The County Council may want to consider ways of developing local offers to support this.

14.4 Home care

Home care appears to be in an ambivalent position in the County. There should be a plentiful supply of work; it has the potential to maintain a higher number of people within the community than at present and there are a
number of keen and committed suppliers of all sizes. Nonetheless, providers clearly do not feel they are at the heart of the care system and for many the margins between profit and loss are so fine they are seriously considering whether this is an area they should continue in. Costs of travel in rural areas were noted as an unavoidable cost. Home care providers were less likely to find the care forums useful, and less likely to attend them regularly. The County Council will need to address several issues including:

9. Explore ways of improving channels of communication and representation with home care providers.

10. Explore the relationship between the provision of reablement and home care. Should all home care in effect be reablement? What is the balance of generic home care to reablement that will help maintain people in the community?

11. Consider the potential for an outcomes driven approach for the future funding of home care.

12. Consider how the range of services designed to maintain an older person within the community are integrated at the point of delivery. Bringing together social care services eg meals provision, telecare, home care and assistive technology should offer possibilities for an improved, integrated service which could save costs and improve quality. If social care was combined with community health services the potential impact of a model with home care at the heart of a reconfigured community service for older people would be even greater. Although telecare has recently been repurchased, telecare could also be included in the total offer at point of delivery.

13. Ensure stability of supply to assure its quality through contracting processes which help maintain a balance between stability and supporting high quality new entrants to the market.

14. Review enhancements for travel costs for home care in rural areas.

14.5 Prevention

There is a national lack of clarity about what is meant by prevention and early intervention. This has not been helped by the breadth of activities and purposes the terms early intervention and prevention cover eg, is non-intensive service provision by the voluntary sector also supposed to be preventative? Does early intervention actually move people onto an accelerating pathway of care/support rather than increase people’s independence? How can services for carers caring for more than 50 hours a week be described as low level provision?

45 Lancashire has experimented with this in the past although the current home care providers, when this was mentioned to them, seemed to have no knowledge of this. Wiltshire has recently changed its home care funding to an outcomes based approach which it may be worth the County Council exploring.
Underpinning this lack of clarity has been the lack of a defined relationship between funding and achievement of outcomes. There are three particular issues:

- As funding may be distributed by a wide variety of organisations or departments individual sums may look small but the total expenditure may be large, representing ineffective use of resources.
- If there are many funders there is generally little co-ordination between them and a lack of a focus on the results to be achieved or even lack of a common agreed outcome to be achieved.
- Accountability for expenditure can be widely varied with funding awarded on a range of terms, from gifts to loans, to grants to contracts, contributing to the lack of targeted use.

In developing the market position statement for older people there is scope for the County Council to do the following:

15. Pull together across the County, the health service and the districts a view of expenditure, activity and outcomes in terms of preventative provision and to work towards an integrated approach with shared outcomes. An investment based approach could be taken which starts from asking what it is that needs to, or can, be achieved and what is the evidence base that suggests this is possible for any particular group. This would inform the decision as to what to fund on the basis of how much money is needed, to achieve what result, over what time period.

16. Review access routes into hospital care. Work elsewhere indicates that poor performance by the health service in terms of conditions that particularly affect older people, eg, continence, strokes, falls and dementia are significant drivers of both care home admissions and repeat hospital admissions. It was not part of the IPC brief to examine this but, if undertaken, it should form part of the care pathways audit mentioned earlier.

17. Understand whether local statutory and voluntary sector interventions are sucking people into the care system, supporting dependence or diverting people away from care. The view that more people receiving care is automatically a good thing is often voiced yet far from proven.

18. Ensure that future funding decisions on the voluntary sector are based on the additional contribution the sector brings either in terms of funding or in terms of volunteer effort. A value can be ascribed to both of these attributes. The voluntary sector should not just be voluntary in governance alone.
14.6 Housing

There was an impression given that housing and older people is not yet an integrated part of the Council’s current care agenda, despite recent and current work assessing models of care, supply and need. This may be a false impression or it may be due to the division of responsibilities between Districts and the County.

Suitable housing provision, particularly for older people in older homes which cannot easily be adapted and extra care housing can make a significant contribution to supporting people in the community and delaying or avoiding use of residential care. There seems little attention paid to the contribution of private retirement housing and extra care market and how state provision and private provision could work together. Given the level of home ownership in the County this is perhaps surprising.

There is scope for the County Council to

19. Encourage development and use of private extra care housing and retirement villages and support this by identifying land that can be developed for this purpose, working with districts and private and social housing developers.

20. Review with districts the contribution of existing sheltered social housing and its potential for improvement to provide more extra care housing.

21. Focus support to new supply of private sheltered housing on the areas where there is little sheltered or extra care housing and likely latent demand eg in North and Central Lancashire.

22. Consider how housing, housing support and repairs and adaptation services can be contribute to older people’s care pathways and be integrated with the wider social and healthcare offer.

23. Explore and assess the role of housing as a preventative approach for both health and social care in the Market Position Statement.

14.7 Working with and supporting providers

The County has already established positive relationships with many providers, and has an existing infrastructure for provider engagement. Providers are keen to work with the County Council, and to find effective ways of engaging and sharing information. Providers also noted a need to be able to have more transparent conversations with the County, and a desire for a more co-productive way of working. Smaller care home providers and home care providers did not appear to be as fully engaged with the County Council as larger care home providers.

46 IPC has recently produced a paper exploring the relationship between retirement housing and health care which makes the case for the involvement of health services in housing provision.
In the current climate estimates of future resourcing by the County will be a key part of the Market Position Statement. This will set the context for what services can be afforded, and how the County prioritises its spend. A longer term view will help the County avoid incremental cuts in provision incrementally and to take a more strategic approach to directing investment, which facilitates a managed change. This will enable providers to plan for changes – including reductions in contracted services – and work with the County on the transition process. It will help prevent the County ending up in a different place than the one it wishes to be in.

In developing provider engagement and developing the market position statement for older people there is scope for the County Council to:

24. Use the provider forums for collaborative development of new approaches to provision, and open and transparent discussions of funding and commissioning.
25. Consider how sheltered housing providers can be included in the forums.
26. Review representation arrangements of smaller providers and homecare providers and explore how they can be more fully represented than they are now.
27. Ensure that future direction over several years is clear, and communicated to providers. Providers were united in commenting that the biggest help to them is certainty in the market place with regard to price and activity. Sudden changes make more businesses vulnerable regardless of their quality, certainty means staffing and activities can be adjusted. Good knowledge of the County Council’s future plans will also help lenders to assess their investment in providers.
28. With health commissioners, work together with providers in agreeing a fair and transparent pricing model for care home and home care. This will help ensure a sustainable market at the right quality.
29. Review the regulation and inspection requirements of providers (from LCC, CQC, NHS, Health and Safety) and identify ways to simplify this and reduce duplication of reporting for providers.
## Appendix 1

### Segmentation of care providers interviewed

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## Care and housing providers who participated in workshops

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