

ADULTS AND HEALTH SCRUTINY PANEL

28 June 2018

ADULT SERVICES RESIDENTIAL ADMISSIONS 2017/18

Report of the Director for People

Strategic Aim:	Safeguarding the most vulnerable and supporting the health & well-being needs of our community	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr Alan Walters, Portfolio Holder for Safeguarding Adults, Public Health, Health Commissioning, Community Safety and Road Safety	
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DECISION RECOMMENDATIONS

That the Panel:

1. Notes the information provided below.

1 PURPOSE OF THE REPORT

- 1.1 This paper provides a summary of the admissions to nursing or residential care in Rutland for the period April 2017 to March 2018. Rutland adult services have prioritised work to support older people to live independent lives and to limit the number of permanent admissions to residential care. However, there are circumstances in which residential care is the only viable option for someone. Here we describe the current picture for Rutland, as at March 2018.

2 A SNAPSHOT OF RESIDENTIAL CARE

- 2.1 Currently, there are a similar number of people going into, and leaving, residential care in a given year, meaning that the number in care at any one time remains fairly stable. In 2017/18, there were 57 admissions to residential care (people going in) and 56 discharges from residential care (people coming out).
- 2.2 At the year-end (2017/18) there were 117 Rutland people in residential care. Around a fifth are aged between 18 and 64 years (22 people) and the rest are aged 65 years

or older (95 people). Around two-thirds (65%) of older people (defined for reporting to Government as those aged 65 years +) are living in residential care in Rutland (in-county). However, for the younger age group (18-64), only 18% are in residential care in Rutland and the rest are in out-of-county placements.

3 NEW ADMISSIONS TO RESIDENTIAL CARE IN 2017/18

3.1 As shown in Table 1 (below) there are several different scenarios in which an individual may be admitted to residential care; these are listed below according to 'admission type'.

Admission type	18-64	65+
Hospital discharges		15
Property cases		12
Depleted funds		11
Community	1	10
End of Continuing Health Care (CHC) funding		3
Health: Section 117 funded		3
Health step-down/respite		2
Total	1	56

Table 1 – Admissions to residential care in 2017/18 by admission type and age group

3.2 In Rutland there is little change year-on-year for residential admissions for those aged 18 to 64 years, with just one new admission in 2017/18. For older people there were 56 new admissions in 2017/18 and the different admissions types are described as follows:

3.3 **Hospital discharges** – this is where a patient leaving hospital is unable to be looked after safely in their own home and chooses to go to a residential home.

3.4 **Community** – this is where the individual has been receiving community based services but has reached a stage where this can no longer be provided safely and they move into nursing/residential care.

3.5 **Depleted funds** – Also referred to as 'fund-droppers' this is where an individual has originally chosen to go into a residential home of their own volition, self-funded from their savings, but has reached a point where they no longer have the available funds to pay for their residential care. The local authority has a duty to take over the funding of their care and to ensure they are safe. This area is of particular interest in Rutland as it is beyond the control of the County Council and therefore difficult to plan and budget for. It might also be, proportionately, more of an issue for a small and generally more affluent local authority like Rutland than in other areas.

3.6 **Property cases** – this is where an individual is eligible for care but the funds to pay for their contribution are tied up in the capital in their home. To these people we offer a deferred payment. This is a scheme designed to help those who have the means to pay the full cost of their long term residential care because of the value of their home, but do not have access to that financial resource in the short term.

- 3.7 **End of Continuing Health Care (CHC) funding** – this is where the individual was originally assessed by health as having a 100% health need and therefore those needs would be met free to them, funded by the NHS. However subsequently, following re-assessment, this need has changed so that it should be either part-funded by health/social care or revert to 100% social care needs.
- 3.8 **Health step-down/respice** – this is where the individual has received health funded respice care with reablement for a short period to further assess their needs and eligibility.
- 3.9 **Health: Section 117 funded** – this is where the individual has been under Section 3, 37, 45A, 47 or 48 of the Mental Health Act 1983 in hospital. Section 117 means that this ‘after-care’ will be provided for free to them, funded by the local authority.

4 DISCHARGES FROM RESIDENTIAL CARE IN 2017/18

- 4.1 As shown in Table 2 (below) most of the movement out of residential care – around nine-out-of-ten in 2017/18 (89%) – is the result of someone dying.

Discharge type	18-64	65+
Deceased	1	49
Property sold/ self-funding		4
Granted 100% CHC		1
Discharged home		1
Total	1	55

Table 2 – Discharges from residential care in 2017/18 by discharge type and age group

Apart from dying, there are other reasons why an individual may leave residential care. These are described as follows:

- 4.2 **Property sold/ self-funding** – this is where the property has been sold and therefore the individual is now responsible for funding their own care from the proceeds (see ‘Property cases’ above).
- 4.3 **Granted 100% CHC** – this is where the individual has been assessed by health as having 100% health need and no social care needs so their care will be met free to them, funded by the NHS.
- 4.4 **Discharged home** – this is where an individual’s assessed needs have decreased enough to enable them to return home safely with community support (e.g. home care).

5 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 5.1 It is recommended that the Panel notes the content of this paper and the different circumstances in which older people move into nursing or residential care. The Council continues to successful minimise the number of older people who have to go into nursing or residential, however, it is important to note that around 40% of the people going into nursing or residential care in 2017/18 were in circumstances which were beyond the control of the Council (12 ‘property cases’ and 11 due to ‘depleted funds’). This is an area of potential financial risk which is closely monitored across the service.

6 BACKGROUND PAPERS

6.1 There are no additional background papers to the report.

7 APPENDICES

7.1 There are no appendices

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