Safe, supported, transformed lives

Residential Care Review Report

2013 - 2015
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1. Review Objectives

This report summarises the findings of the Review of Residential and Nursing Care 2012/13. The aims of the review were to understand the current care home market, individuals’ expectations for the future, national influences and levels of need in order to identify and agree a strategic approach to future commissioning.

The outcome of the review was to provide more information about the care home market including what kind of providers are in North Lincolnshire, who uses the care homes and what the market share looks like. The findings of the review will enable providers to have access to reliable data and to develop a clear understanding of future commissioning. We want to ensure that we have the right care and services, at the right time, in the right place.

2. North Lincolnshire

Profile
North Lincolnshire is a varied Unitary Authority with urban and rural areas with a total population of 168,600.

- Over 20% of the population are over 65.
- 2.2% of the population are over 85 years.
- Nearly 2% of all adults have a learning disability / difficulty.
- 1.5% of adults under 65 have a physical disability.

3. What does the market look like now?

A large proportion of our investment is in residential care £17,467,000 in 2011/2012 and Nursing Care £2,678,000. This is a total of £20,145,000. The total spend to support people living in their own home is £9,839,000 which includes Community Support, Home Care, Direct Payments and Supported and other accommodation. This is less than half of the total spend on Residential and Nursing Care. Please note these figures do not include staff costs.

Current spend
The percentage of spend of the Adult Services budget for all adults in residential and nursing care is 47% for 2012/13, it was 49% for 2011/12, and 50% for 2010/11. We expect this trend to continue with the focus on delivering care in the home.
### People living in a care home outside North Lincolnshire on 19 December 2013.

% of people living in care homes, distance from Scunthorpe:
- Less than 20 miles – 39%
- 21 – 50 miles – 46%
- 51 – 100 miles – 7%
- Over 100 miles – 8%

% based on Age
- Aged 20-30 -7%
- Aged 30-60 – 27%
- Aged over 60 – 66%

% based on Client Group
Older People 60%
People with a Learning Disability 17%
People with a Physical Disability 15%
People with a Mental ill Health 10%
People with Substance Misuse issues 8%

### People living in a care home North Lincolnshire

Of 820 people funded by North Lincolnshire in residential and nursing care in October 2013 there were:

<table>
<thead>
<tr>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People (over 65 years)</td>
<td>687</td>
</tr>
<tr>
<td>People with a Learning Disability under 65.</td>
<td>63</td>
</tr>
<tr>
<td>People with a Physical Disability under 65.</td>
<td>28</td>
</tr>
<tr>
<td>People with Mental ill Health under 65.</td>
<td>42</td>
</tr>
</tbody>
</table>

### Bed Occupancy and Vacancies

A Snapshot of Nursing and Residential Care Homes in North Lincolnshire on 8 July 2013 shows that:

For people over 65 years
- Vacancies of 21% which equates to 262 beds.

For people under 65 years
- Vacancies of 19% which equates to 23 beds.

Based on a response from care home providers funded by the council, representing 90% of the beds in North Lincolnshire.
It is expected that there will be a continued trend of a decrease in spend on residential and nursing care and an increase in spend on services which offer support in the community as people make choices to be independent in the community.

Permanent Placements funded by North Lincolnshire Council

The table below shows the total number of new permanent placements of people age 18 to 64 from 1 April 2008 to 31 March 2012 funded (wholly or in part) by North Lincolnshire Council Adult Services.

<table>
<thead>
<tr>
<th>Year</th>
<th>Permanent placements</th>
<th>% difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/2009</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>2009/2010</td>
<td>16</td>
<td>6%+</td>
</tr>
<tr>
<td>2010/2011</td>
<td>13</td>
<td>19%</td>
</tr>
<tr>
<td>2011/2012</td>
<td>15</td>
<td>13%+</td>
</tr>
<tr>
<td>2012/2013</td>
<td>17</td>
<td>12%+</td>
</tr>
</tbody>
</table>

Permanent Placements funded by North Lincolnshire Council

The table below shows the total number of new permanent placements of people aged over 65 from 1 April 2008 to 31 March 2012 funded (wholly or in part) by North Lincolnshire Council Adult Services.

<table>
<thead>
<tr>
<th>Year</th>
<th>Permanent placements</th>
<th>% difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/2009</td>
<td>295</td>
<td></td>
</tr>
<tr>
<td>2009/2010</td>
<td>263</td>
<td>11%</td>
</tr>
<tr>
<td>2010/2011</td>
<td>222</td>
<td>16%</td>
</tr>
<tr>
<td>2011/2012</td>
<td>202</td>
<td>10%</td>
</tr>
<tr>
<td>2012/2013</td>
<td>205</td>
<td>2% +</td>
</tr>
</tbody>
</table>

This table shows a reduction of approximately a third in the number of new permanent admissions funded by North Lincolnshire Council during this period.
Some of the reasons for the reduction in North Lincolnshire Council funded residential care placements are:

- More people choosing to stay at home.
- Greater use of assistive technology.
- More effective joint working between Community Nursing and Integrated Locality Social Work Teams.
- Increased effectiveness of rehabilitation and re-ablement services.
- Services which support people to stay at home such as Home Care and Housing Related Support.
- Investment in rehabilitation and re-ablement enabling people to return home.
- Care being funded by Continuing Health Care.

We project a continued reduction in the number of Council funded placements as part of our continued commitment to meeting individual outcomes while delivering on key national priorities and initiatives including the Care Act 2014 and the Better Care Fund which put the individual’s views and wishes at the centre.

The core purpose of adult care and support is to help people to achieve the outcomes that matter most to them.

Assessments will identify the most important aspects of wellbeing to a person, while identifying how care and support, or other services in the local community could help people to achieve their outcomes.

People have told us that their preference is support in communities, people’s identified needs and choices about what matters to them will drive the local market place.
The majority of people under 65 with a disability are choosing to live in the community and indications are that this will continue to increase.

42% of the total mental health budget is spent on residential and nursing care which is higher than the comparator level of 33.6%

Older People funded by North Lincolnshire Council
For people who moved in to permanent residential care before 30 November 2010, 53% of services have ended between 2011/12 and 2012/13. This includes all reasons for no longer being funded by the council, such as death, a move to continuing health care funding or a move to self funding. However, the length of time that people fund themselves may be limited by the amount of their savings. For the year 2012/2013 the average length of council funded stay was 2.8 years.

There has been a fall year on year of the number of council funded new permanent placements with a reduction of almost a third from 2008/09 to 2011/12.

People with a visual impairment, hearing impairment and dual sensory loss over 18 and under 65 years.
89 People have a service funded by North Lincolnshire Council.
- 98% live in the community
- 2% live in residential care

People with a physical disability over 18 and under 65 years
850 people have a service funded by North Lincolnshire Council.
- 97% live in the community
- 3% live in residential care

Mental Health Services over 18 and under 65 years.
552 people are supported by the Community Mental Health Team.
- 93% live in the community
- 7% live in residential care

People with a Learning Disability under 65 years.
329 people are funded by North Lincolnshire Council
- 83% live in the community
- 17% live in residential care.
5. Specialist Care

End of Life
The Joint Strategic Needs Assessment Summary 2012/13 highlights that the number of people being cared for in care homes at end of life is rising in our area. In 2013, 24 of 64 care homes in North Lincolnshire had engaged in the Yorkshire and Humber End of Life Care Programme. As of February 2014 one registered care home has achieved the Gold Standard Framework to End of Life Care in North Lincolnshire.

The experience of people at end of life and their carers was highlighted during the Experience Led Commissioning review into end of life care. A range of events were held which invited members of the public, carers and health and social care staff to take part in understanding current experiences and planning services for the future. This review identified reluctance amongst public, patients and health and social care staff to talk about and plan for end of life care.

The Experience Led Commissioning review concluded that people would like to have:
- A person-centred, planned approach.
- Advance care plans used as part of a process.
- Consistent quality in the standard of end of life care.
- Peer support – giving opportunities for befrienders and volunteers.

The Joint Strategic Needs Assessment 2012/13 states that “In the long term we can expect that people will die at increasingly older ages, with the percentage of deaths amongst those aged 85 and over predicted to rise to 44% of all deaths by 2030, compared with 33% currently. This suggests a growing need for community based end of life care, and for an increasingly older population, who are likely to have multiple and complex co morbidities, including dementia. Hence the importance of standardising best practice, increasing community capacity and raising the skills of the care home workforce”.

Dementia Care
In May 2013 there were 901 people living in North Lincolnshire registered with a GP with a diagnosis of Dementia.
A Snapshot of Nursing and Residential Care Homes

We estimate that 33% of people living in a care home have been diagnosed with Dementia. This equates to 309 people.

Based on a response from care home providers funded by the council on 8 July 2013, with 90% of the beds in North Lincolnshire.

Adults with Down’s Syndrome with a diagnosis of Dementia 2013

Comparison of prevalence rates of Dementia for people in North Lincolnshire with Down’s Syndrome to people nationally with Down’s Syndrome and the general population.

<table>
<thead>
<tr>
<th>Age</th>
<th>General Population With a diagnosis of Dementia.</th>
<th>People with Down’s Syndrome Nationally With a diagnosis of Dementia</th>
<th>People with Down’s Syndrome in North Lincolnshire With a diagnosis of Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 30 - 39</td>
<td>0.1%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Between 40 - 49</td>
<td>0.1%</td>
<td>9.4%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Between 50 - 59</td>
<td>0.1%</td>
<td>36.1%</td>
<td>45.4%</td>
</tr>
</tbody>
</table>

Experience Led Commissioning – Dementia Project

A range of events was held which invited members of the public, people living with dementia, carers and front line staff to take part in understanding current experiences and planning services for the future. Early findings from the Dementia Project, using Experience Led Commissioning approach highlighted that Social Care staff identified the following feelings regarding care of people with Dementia in care homes:

- Frustration, difficult to meet client needs.
- More structured information required.
- Good care but not consistent.
- Appropriate training is available.
- Confusion for client.
- More specialised twenty four hour care needed.
- Expectations not always realised.
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We want to work with providers who can demonstrate quality services that are flexible and promote independence and innovation.

The Experience Led Commissioning project identified the following headlines for the future of Dementia care:

**Home Care Support**
Improve the choice, quality and management of care in the home.

**Early Diagnosis**
Widen access to diagnosis

**Working Together**
Raise awareness and improve access to information

**Understanding Dementia**
Improve training & development for those working with / living with Dementia

### 6. Quality in Care Homes

North Lincolnshire Council and partners work with providers to ensure quality is at the centre of local provision. We want to work together to ensure that all services are safe and of a high quality.

North Lincolnshire’s Provider Assurance Team carry out annual reviews of all care homes that we have a contract with, sometimes more frequently if needed. We have suspended placements with two providers during 2013/2014 as we worked with these providers to support the standard of care.

80% of care homes in North Lincolnshire have scored good or better across the seven outcomes.

Four care homes have achieved excellent in all seven outcomes.

8% of care homes had one or more standards that were not compliant and therefore required improvement according to inspection reports published by the CQC.

If a care home achieves a score of fair or poor the Provider Assurance Team, People Directorate will work with the provider on a comprehensive improvement plan which is monitored regularly, initially weekly.

The Provider Performance Team, People Directorate work closely with the Care Quality Commission and any concerns highlighted by them following inspections are added to improvement plans.

The Care Act advises that a local authority must have regard to: “the importance of fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided and of encouraging innovation in their provision”.
7. Current Demand to Inform the Future

A study of the case files of 19 older people who were assessed as needing permanent residential care was carried out on 29 August 2013. This is a small sample and not statistically valid, however it gives some understanding of the reasons that people are accessing residential care, has indicated needs for the future and highlighted other options that people may have considered if these had been available.

Of these people:
- 5 people had frequent falls
- 2 people had anxiety
- 2 people had complex needs with the need for frequent or 24 hour care
- 12 people had dementia or lack of capacity

In our study, 63% of people had Dementia or lack of capacity this could equate to an estimate of 129 people with severe Dementia care needs over the next year based on last year’s placements. However, this should be viewed as an estimate for complex Dementia care needs and not solely as an estimate for residential and nursing care choices. The current trend shows less people accessing permanent care year on year as people make different choices.

- For 7 people, carers were no longer able to care for the person at home, often because they had become ill themselves. This equates to 37% of people in the study.
- For 5 people, Extra Care Housing may have offered a different option. This represents 26% of our study which could equate to an estimate of 53 people per year based on last years permanent placements.
- For 2 people in a rural location, having access to a service which provided frequent calls may have offered different choices. This represents 17% of our study and could equate to an estimate of 35 people per year based on last years permanent placements.

8. Consultation – How did we involve people?

How many people gave us their view?
- 340 people through the review consultation.
- 109 people through the Adult Social Care Survey carried out by the Department of Health.
- 375 people through consultation carried out by the Adult Services Review Team annually, in individual care homes.

Note: The reviews carried out by the Adult Services Review Team are anonymous so it is possible that some people may have responded to both.

This included people living in care homes, carers, providers, the workforce, and members of the public.
<table>
<thead>
<tr>
<th>Living in a care home – what people want.</th>
<th>9. What did people say they want?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information – what people want.</td>
<td>• I choose what I want to do.</td>
</tr>
<tr>
<td></td>
<td>• People recognise my individuality and understand my likes and dislikes.</td>
</tr>
<tr>
<td></td>
<td>• I am involved in my community.</td>
</tr>
<tr>
<td></td>
<td>• I maintain my mobility and skills.</td>
</tr>
<tr>
<td></td>
<td>• I maintain my independence.</td>
</tr>
<tr>
<td></td>
<td>• I do as much as I can for myself.</td>
</tr>
<tr>
<td></td>
<td>• I am involved in the day to day running of my care home and join in with tasks such as setting the table.</td>
</tr>
<tr>
<td>Carers – what people want.</td>
<td>• I have information that is easy to understand.</td>
</tr>
<tr>
<td></td>
<td>• I can compare cost and quality to know which, is the best service for me.</td>
</tr>
<tr>
<td></td>
<td>• I have someone to help me when I need help at the beginning.</td>
</tr>
<tr>
<td>Being part of the community – what people want.</td>
<td>• I know where to find information.</td>
</tr>
<tr>
<td></td>
<td>• I have information that is consistent.</td>
</tr>
<tr>
<td></td>
<td>• I have help to make informed choices especially if I am experiencing a crisis.</td>
</tr>
<tr>
<td></td>
<td>• I understand the cost.</td>
</tr>
<tr>
<td></td>
<td>• I understand specialist care.</td>
</tr>
<tr>
<td></td>
<td>• I have information that is accurate in an appropriate format.</td>
</tr>
<tr>
<td></td>
<td>• I have access to information that is up to date.</td>
</tr>
<tr>
<td></td>
<td>• I know that the person I care for is enjoying themselves on a break.</td>
</tr>
<tr>
<td></td>
<td>• I have a choice of activities available such as themed weekends, for example fishing weekends.</td>
</tr>
<tr>
<td></td>
<td>• I have support for my family member that I can access quickly if I have an emergency.</td>
</tr>
<tr>
<td></td>
<td>• I enjoy activities with the person I care for.</td>
</tr>
<tr>
<td></td>
<td>• I do activities with my family member / friend, with support as part of the activity so that we can both enjoy ourselves.</td>
</tr>
<tr>
<td></td>
<td>• I am part of my community.</td>
</tr>
<tr>
<td></td>
<td>• People join in activities at my care home.</td>
</tr>
<tr>
<td></td>
<td>• I go out regularly to do activities that I enjoy.</td>
</tr>
<tr>
<td></td>
<td>• I have transport that enables me to go out.</td>
</tr>
<tr>
<td></td>
<td>• I have one to one support that enables me to do activities in my community.</td>
</tr>
<tr>
<td></td>
<td>• I choose the activities that I enjoy.</td>
</tr>
<tr>
<td></td>
<td>• I have a network of people who support me – carers, family, friends, community and if needed paid support staff.</td>
</tr>
</tbody>
</table>
Partnerships – what people want.

- I am involved in the care of my family member.
- Professionals work together to provide an efficient and effective service.
- I can contact a named person.
- I have a say in the way that care is provided.

10. Housing Options

Housing Options with care and support
In October 2013:

There were 64 care homes registered with CQC in North Lincolnshire of which 92% are CQC compliant.

North Lincolnshire Council had placements with 54 Care Homes.

We have:
- 1 Extra Care Scheme with 52 apartments
- 1656 people being supported in Sheltered Housing

North Lincolnshire Strategic Housing Market Assessment 2012

In 2012 North Lincolnshire Council carried out an assessment of the local housing market.

The table below shows choices expressed by older person households for housing options in the future.

<table>
<thead>
<tr>
<th>Housing Options</th>
<th>Households requiring support who chose a preference</th>
<th>% of people who answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to live in current home with support</td>
<td>7,028</td>
<td>50%</td>
</tr>
<tr>
<td>Buying property in development or retirement / care village for older people</td>
<td>2,916</td>
<td>21%</td>
</tr>
<tr>
<td>Sheltered Accommodation</td>
<td>1,974</td>
<td>14%</td>
</tr>
<tr>
<td>Extra Care Scheme</td>
<td>1,041</td>
<td>7.5%</td>
</tr>
<tr>
<td>Residential Care Home</td>
<td>967</td>
<td>7%</td>
</tr>
</tbody>
</table>
**Personalisation, Choice and Control**

outlines the Government's vision of enabling individuals to live independently and have complete choice and control in their lives.

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**National Influences**

**Personalisation, Choice and Control – Putting People First**

In 2007 The Government published Putting People First, a shared vision and commitment to finding new ways to improve social care in England.

**Caring For Our Future: Reforming Care and Support, July 2012.**

The Care and Support White Paper sets out the government’s vision for a reformed care and support system. The two core principles are:

- Promoting people’s independence and wellbeing.
- People should have control of their own care and support.

**Social Care Funding Reform in 2015 and 2016**

It is expected that there will be additional budget pressures following the implementation of the social care funding reform in 2015 and 2016. There will be changes to means testing with a proposed lifetime cap on care costs of £72,000 and a proposed change in the upper level for means testing from £23,500 to £118,000 (for those who have a property).

The **Care Act**

follows the White Paper. It takes forward the recommendations of the Law Commission report on Adult Social Care.

It will:

- Give people and their carers more control of their care and support.
- Clarify entitlements to care and support.
- Support the broader needs of local communities in particular with preventative services.
- Simplify the care and support system and processes and ensure that people have clear information.

**Direct Payments in Care Homes**

North Lincolnshire is a Trailblazer site for Direct Payments in care homes. Direct Payments will increase choice and control for people.

**Local Priorities**

**People Directorate**

The People Directorate’s Transformation Agenda is to ensure that we have the right services in the right places at the right time in order to ensure better outcomes are achieved for the people we serve.

**Priorities**

Our Priorities are to:

- Safeguard and Protect
- Close the gaps
- Raise aspirations
- Prevention and early intervention
- Enhance well-being
- Support independent living
12. Transformation

Single Organisational Model

Partnerships in North Lincolnshire are working to a Single Organisational Model where services are designed around a person’s level of need.
### Need Level

**Universal**  
Universal services open to all vulnerable adults, families and carers.

**Targeted**  
Preventative services for vulnerable adults, families and carers, who have an assessed need for additional support to remain independent.

**Specialist**  
Services for vulnerable adults, families and carers that require higher level / statutory intervention while maintaining them in their home and community.

### In order to meet national and local priorities we support:

- Universal services that support communities and prevent social isolation.
- Communities supported to generate their own solutions to reduce social isolation.
- Universal and Targeted services that enable people to live positive lives in their own home for longer and support independence and well being.
- Services which support enablement.
- Targeted services which support the expectation that if people do have a crisis they will be supported to return home.
- Targeted by population or need.
- Prevention services that link together to provide support at times that people need them in order to avoid crisis with partners working together.
- Services that support carers.
- Specialist services that are innovative in their field of expertise to provide quality specialist care.
- Specialist services that support people with complex needs to live for longer at home.
- Safeguarding Vulnerable Adults
- Service providers who work with us in our efforts for robust evidence based planning to ensure that services in the future are those that people need and want.
- Service providers who will work with us to ensure that the quality framework supports our priorities, particularly around person-centred care, re-ablement and integration.
- Services that strive for improved innovation and quality.
- Models of accommodation which support choice and independence.
People are being supported to find the right service for them from their first contact with the council with Universal services (those services open to all of us) often being a first choice.

This is demonstrated in the table below which shows the total number of contacts. In 2010/11 51% of people were attended to at or near the point of contact, for 2011/12 this is 45% and for 2012/13 it is 60%. This demonstrates that people are finding that universal services such as Freshstart are meeting their needs.

Initial Contacts (Referrals)

Number of contacts from new people requesting support from adult services.
National Data Collection: RAP (Referrals Assessments and Packages of Care)

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of New Contacts</td>
<td>6330</td>
<td>7015</td>
<td>7836</td>
</tr>
<tr>
<td>Of which the person’s needs were attended to solely at or near the point of contact</td>
<td>3200</td>
<td>3185</td>
<td>4717</td>
</tr>
<tr>
<td>Of which the person was supported by further assessment</td>
<td>3130</td>
<td>3830</td>
<td>3119</td>
</tr>
</tbody>
</table>

Direct Payments

We continue to support people to have direct payments.

In North Lincolnshire 71.1% of people have a Personal Budget or Direct Payment. We have exceeded our target of 70.0%.

In particular the number of people over 65 receiving a direct payment continues to increase while the number of people over 85 receiving a direct payment has significantly increased in 2012/13.
We want to support a re-ablement culture through all services with the expectation that if people do have a crisis they will be supported to maintain and regain skills and return home.

We invite providers to work with us to understand and respond to the emerging market.

**Percentage of older people over 65 years living in their own home 91 days after discharge from hospital.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage of people living in their own home 91 days after discharge from hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 / 2011</td>
<td>84%</td>
</tr>
<tr>
<td>2011 / 2012</td>
<td>81.9%</td>
</tr>
<tr>
<td>2012/2013</td>
<td>92.2%</td>
</tr>
</tbody>
</table>

North Lincolnshire Council has exceeded the average for England of 82.7% in 2011/12. We expect this trend to continue.

**Assistive Technology**

The Referrals Assessments and Packages of Care (RAP) comparator report shows that the number of clients receiving equipment and adaptations as a percentage of clients receiving Councils with Adult Social Services Responsibility (CASSR) funded community based services at 31 March 2013 is 22% in North Lincolnshire. The comparator group has a score of 36%.

This is an area for potential growth.

**Market Shaping**

Market Shaping is a term that describes activity which influences the current and future range of support and solutions available in North Lincolnshire. Market Shaping is about making sure that people can exercise choice and control and that support and solutions are based on people’s needs and aspirations, alongside individual and community assets. Market shaping is a shared exercise between commissioners, support providers, the workforce, people with support needs and their carers. This is a vision for North Lincolnshire marketplace where innovation flourishes, risks are shared and there is a real shift in control towards people and communities. Our approach to market shaping will ensure that people who need care and support services can find solutions to meet their needs and aspirations, including people who receive funding through Adult Services and those who fund their own support.

In order to achieve this aspiration we want to work together with providers. We will need robust data to plan for the future and move forward. With a better understanding of our market through intelligence we can move forward to understand what people need and want in the future.
Below are the proposals from the Residential and Nursing Care Review. The majority of these proposals will be taken forward by existing projects and workstreams for consideration and discussion. This will determine the level of priority, need and timescales.

<table>
<thead>
<tr>
<th><strong>14. How will we make it happen?</strong></th>
<th><strong>Proposals</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information</strong></td>
<td><strong>Carers</strong></td>
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<tr>
<td>Ensure that people who are funded and self funding have access to clear information to enable them to have access to and understand choices.</td>
<td>Identify opportunities for activities for carers and their family members to enjoy together.</td>
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<tr>
<td><strong>Communities</strong></td>
<td><strong>Working Together</strong></td>
</tr>
<tr>
<td>Link key volunteer services to provide flexible support to people in the community and in care homes.</td>
<td>Partners of the Health and Well being Board working together to identify joint solutions for Services that support prevention and independence that link together to provide support at times that people need them in order to avoid crisis.</td>
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<tr>
<td>Support communities to generate their own solutions, linked to Community Well being Hubs.</td>
<td><strong>Direct Payments</strong></td>
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<tr>
<td><strong>Market Shaping</strong></td>
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<tr>
<td><strong>Ongoing project to understand the impact of Direct Payments in care homes on quality and choice.</strong></td>
<td>Partners working together to understand opportunities for innovative, quality services that enable people to stay at home for longer.</td>
</tr>
<tr>
<td><strong>Partners working together, to share data and information to ensure that we have a robust evidence base on which to plan for the future.</strong></td>
<td><strong>Partners working together, to strive for innovative, quality services to support people at End of Life and with Dementia.</strong></td>
</tr>
</tbody>
</table>
Proposals for two new projects
The projects will determine the level of priority, need and timescales.

**Quality and Contract for Residential and Nursing Care**

Work with customers, carers, providers and workforce to:

- Promote an enablement culture supported by person centred planning. This is underpinned by a quality framework and residential and nursing care contract.
- Ensure contracts are used flexibly and support short term recovery with an expectation that a person will return home in line with assessed need.

**Housing**

- Work with social housing providers in North Lincolnshire to explore options for alternative housing models such as Extra Care, using existing housing stock.
- Work with social housing providers to explore Co-Housing models that can reduce social isolation and facilitate support.
- Produce a long term housing strategy for older people, younger people diagnosed with Dementia and younger people with a disability which incorporates alternative models.
- Working with Social Housing Providers and private Landlords to ensure access to quality housing in particular for younger people with a learning disability or physical disability.
- Promote the increased use of Assistive Technology.