



Richmond Market
Position Statement
2023 Evidence Base

Contents

Overview of adult social care demand: trends across all client groups.....	4
Older people	5
Care homes	7
Extra care	7
Home care.....	8
Day opportunities	8
Direct payments.....	9
Adults with memory and cognition needs.....	10
Care homes	11
Day support.....	12
Home care.....	12
Direct payments.....	13
Adults with learning disabilities	14
Care homes	16
Supported living and extra care	17
Home care.....	17
Direct payments.....	18
Day opportunities	18
Autism 19	
Adults with mental health needs.....	21
Care homes	23
Supported living and extra care	23
Home care.....	23
Direct payments.....	24
Adults with physical and sensory disability needs.....	25
Care homes	27
Extra care	27
Supported living.....	27
Day opportunities	28
Home care.....	28
Direct payments.....	28
Unpaid carers.....	29
Self-Funder demand.....	31

Equalities demand analysis	32
Geographical maps of in borough service provision.....	34
Older people	34
Learning disability	35
Mental health.....	36
Physical disability	37

Overview of adult social care demand: trends across all client groups

During 2022-23 the proportion of service users receiving community-based services was 67% and the proportion in care homes was 33%. Table 1 indicates that older persons represent the largest cohort.

Table 1: Overview of 2022-23 support needs

2022-23 Support needs	Care home	*Community	Total	**% of total users
Older persons 65+with social care needs (including dementia, excluding LD & MH 65+)	446	653	1099	54%
Adults with learning disabilities 18+	144	319	463	23%
Adults with mental health needs 18+	53	217	270	13%
Younger adults with physical disabilities and sensory needs 18-64	23	175	198	10%
Total no. of service users 18+	666	1364	2030	

*Community based services includes extra care, supported living, home care, day care, outreach and direct payments and excludes community equipment

**Service users include people with eligible assessed needs who are receiving a care package

Table 2 below indicates a 21% increase in adults with mental health needs since 2017-18 which contrasts with the drop in relation to other service user groups.

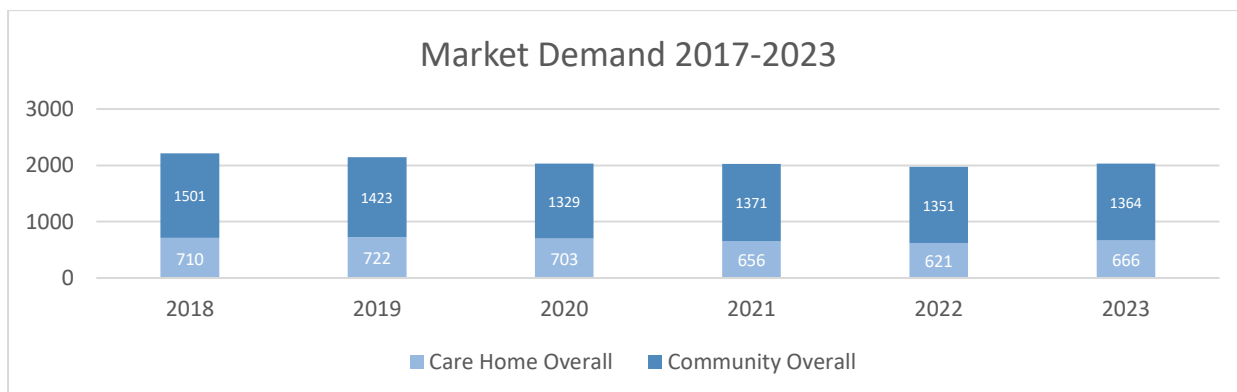
Table 2: Overview of support needs 2017-2023

Support needs	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	% change
Older persons 65+ with social care needs (including dementia, excluding LD & MH 65+)	1276	1190	1120	1112	1042	1099	-13%
Adults with learning disabilities 18+	485	503	476	479	472	463	-5%
Adults with mental health needs 18+	223	245	236	247	259	270	+21%
Younger adults with physical disabilities and sensory needs 18-64	227	207	200	189	199	198	-13%
Total no. of service users 18+	2211	2145	2032	2027	1972	2030	-8%

Figure 1 below indicates that the total number of service users (18+) across all client groups residing in a care home decreased by -6% over the past six years.

This could be due to a range of factors, including people wanting to remain at home and receive care in their own home, the impacts of the coronavirus and a potential lack of available beds of the required type to support people with specialist or high- level needs. Whilst the demand for standard provision has decreased, there is a continued and increasing demand for specialist and dementia care home provision.

Figure 1: Overall market demand by care home & community 2017-2023



Older people

(Excludes adults 65+ with mental health and learning disabilities)

Demographic prevalence

The 2021 census indicates that the 65 plus population comprises 16% (31447) of the total population with the 85 plus population comprising 2% (4141) of the population. The 65 plus population has grown by 25% since the last census and 85 plus population has grown by 4% since 2011. In line with the national picture, the number of older people in Richmond is projected to increase, many of whom will live with age-related needs that will make them more vulnerable to experiencing difficulties with mobility and personal care¹.

GLA projections indicate that the 65 plus population in Richmond is projected to increase at a rate of 39% by 2038, (which is in stark contrast to those aged between 18 and 64, which is set to decrease by -6%²). The greatest increase in the 65 population is in the 85 plus age band of 49% by 2038, who will live with further co-morbidities.

Figure 2: Older people demographics

Age group	2023	2028	2033	2038	% Change
65-74	25873	30180	34683	36466	41%
75-84	17657	19096	19849	23418	33%
85+	4721	5394	6950	7035	49%

¹ [Richmond JSNA](#)

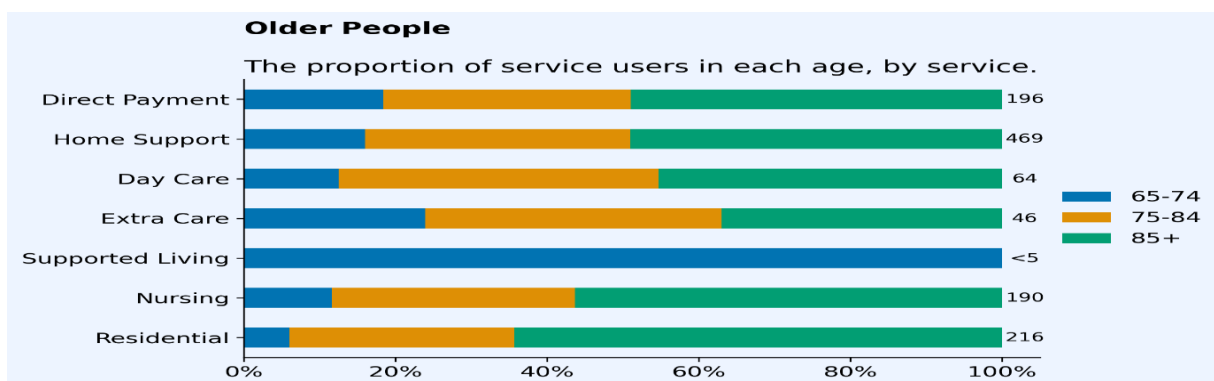
² [GLA population projections](#)

Adult social care older persons service user profile 2021-22

Figure 3: Older persons service user profile 2021-22



Figure 4: Older people age by service breakdown



Service use trends and demand projections

The table below shows service use over a six-year period highlighting the percentage changes since pre-covid to help understand the impact of the coronavirus pandemic on demand together with projections to 2030. There has been a steady reduction in the total number of older people accessing services since 2017-18.

Table 3: Older people service use flows 2017-2023 and projections

Service Type	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	% Change from 2017-2023	DOT since Covid 19 (2019-2020)	Projection for 2025	% Change for 2025	Projection for 2030	% Change for 2030
Residential care	260	258	257	244	217	231	-11%	-10%	233	1%	242	5%
Nursing Care	234	231	230	194	192	235	0%	2%	237	1%	242	3%
Supported Living	*	*	*	*	*	*				*		*
Extra Care	49	50	50	43	46	45	-8%	-10%	46	2%	26	2%
Day Care	98	104	57	58	64	67	-32%	18%	66	-2%	67	0%
Home Care	606	545	550	521	473	505	-17%	-8%	531	5%	597	18%
Direct Payments	252	237	206	204	196	171	-32%	-17%	178	4%	194	13%
**Total	1,276	1,190	1,120	1,112	1,042	1,099	-14%	-2%				

**Due to small numbers, the percentage changes are insignificant*

*** A service user may receive more than one service, but the total only counts a service user once hence will not equal the sum of all services.*

Care homes

Current provision

Richmond has 16 residential and nursing care homes for older people registered within the borough, providing 745 beds (including a 49-bed home for memory and cognition needs). Three of these homes are funded through a private finance initiative (PFI) contract, accounting for approximately 29% of the beds in the borough. There are 7 nursing care homes (468 beds) and 9 residential care homes (277 beds) including one specialist dementia home of 49 beds. 8 of the other residential care homes and 5 of the nursing homes also have provision for some dementia placements. One residential home is rated “inadequate” and one nursing home is rated “requires improvement”. The rest are all rated good.

Service use

For both residential and nursing care, numbers of placements have been following a downward trend accelerating during the coronavirus pandemic, possibly due to people choosing to remain living in their own homes and receiving support from their own families for fear of placing them into care homes due to the perceived increased risk of coronavirus. However, demand has picked up since 2022-23, which can be due to increasing availability of care home services following the coronavirus pandemic.

Richmond council has a lower use of residential and nursing placements per 10,000 of the population compared to southwest London boroughs and the London region, which may be due to the high number of self-funders in the borough³.

Future need

With the continued focus on supporting people to live in the community e.g. through extra care or homecare, a small increase in the demand for residential beds in council placements is projected with the focus on more specialist, enhanced beds.

With an increasingly ageing population and higher dependency needs we expect the need for council placements in nursing care to increase, with the vast majority being specialist dementia placements.

Extra care

Current provision

There are two extra care schemes contracted in Richmond providing 66 units. One of these schemes has provision for some shared ownership accommodation. Extra care supports people at all dependency levels and seeks to ensure a balanced community. There are also a number of private schemes offering specialist support/ alternative tenures in the borough with potentially another private scheme of 88 units in the pipeline.

Service use

³ ADASS market report analysis 2022

Demand for service users accessing extra care between 2017-18 and 2022-23 has remained stable. There are no waiting lists and currently no new schemes planned as supply is sufficient to meet demand.

Future need

There is currently no specialist extra care provision for those with memory and cognition and mainstream extra care housing schemes are not necessarily designed to fully cater for the needs of people with dementia.

Home care

Current provision

Prior to 30th January there were 5 organisations providing home support commissioned in Richmond. From 30th January, Richmond started moving to an innovative platform for the provision of home care, live in care and reablement. There are no restrictions to the number of providers who can be appointed to the platform, if they meet our evaluation methodology and award criteria for appointment. Providers can apply to join the platform at any time over the 10-year contract term.

Service use

Whilst demand for home care has decreased between 2017-18 and 2021-22, it is beginning to increase in 2022-23. The decrease may in part be due to the impact of adopting a strengths-based and preventative approach harnessing personal and community networks and a strong open access offer through the CILS contract, with the increase in 2022-23 perhaps due to renewed availability of home care services following the coronavirus pandemic.

Future need

Projection to 2030 suggests an increase in line with the increased focus on supporting people in their own homes as far as possible alongside a wider increase in the older age population group.

Day opportunities

Current provision

There are three specialist day centres within Richmond serving older people, one of which also caters for younger people with a physical disability, run by us which require referral from adult social care services to access.

Service use

There has been a general decrease from 2017-18 onwards and there are voids in these in-house day centres.

Future need

Projections to 2030 suggest demand will remain static. However, as day opportunities move away from traditional approaches to newer, transformative opportunities, such as digital support and further outreach, we expect this to slowly increase demand.

Direct payments

Current provision

A new direct payment support service delivered by one provider across Richmond and Wandsworth is commencing in mid-2023 providing personalised support to help people manage their direct payment.

Service use

Demand for direct payments has decreased by 32% over the 6-year period between 2017-18 to 2022-23.

Future need

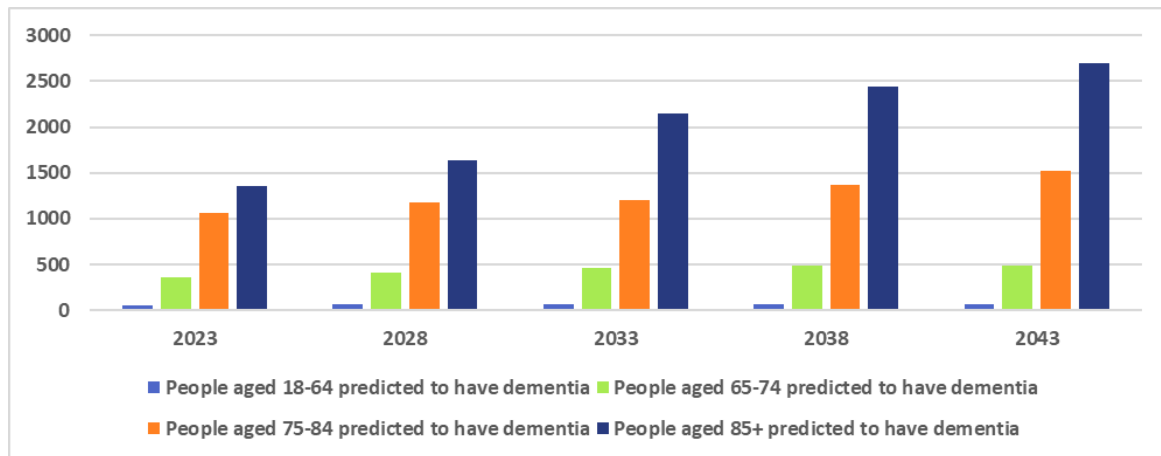
Currently a small increase is projected in line with the increasing population. With the focus on using direct payments more flexibly and creatively and a new support service commencing, there may be opportunities for people to use their direct payments to access less traditional opportunities to meet their outcomes.

Adults with memory and cognition needs Including dementia 18+ (subset of all client groups)

Demographic prevalence

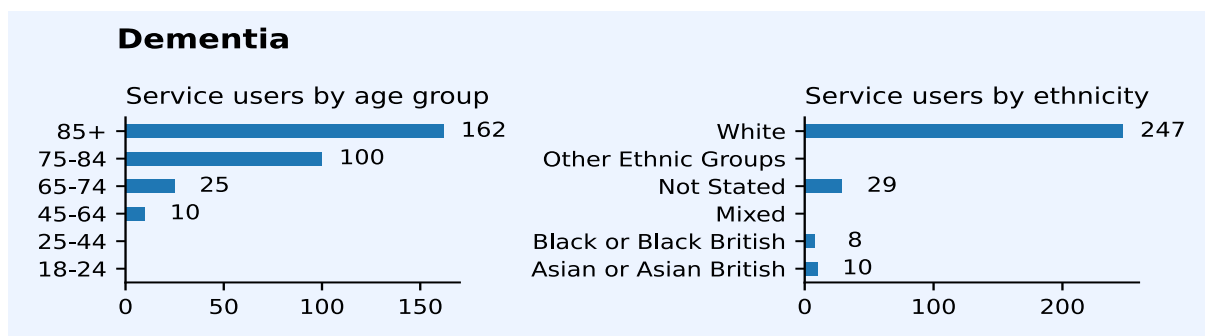
People are now living longer with life limiting health conditions, it is therefore estimated that older age groups, while only a small part of Richmond’s population overall, will be increasing at a higher rate than the rest of the population⁴. Since the prevalence for dementia increases with age⁵, this will have a significant impact on the number of people in Richmond who are living with dementia. The graph below illustrates the impact of these two trends.

Figure 5: Estimated number of people living in Richmond with dementia



Adult social care memory and cognition service user profile

Figure 6: Memory and cognition service user profile 2021-22

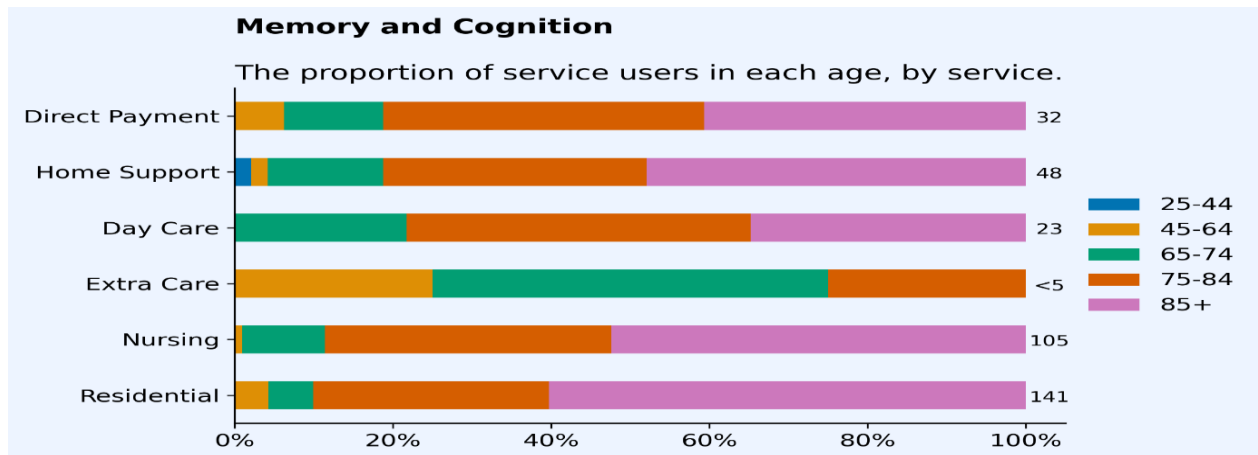


⁴ GLA population projections

⁵ Dementia UK: Update (2014) prepared by King’s College London and the London School of Economics for the Alzheimer’s Society.

⁶ GLA projections & Dementia UK: Update (2014) prepared by King’s College London and the London School of Economics for the Alzheimer’s Society.

Figure 7: Memory and cognition age by service breakdown



Service use trends and demand projections

The table below shows service use (flows during the year) over a six-year period highlighting the percentage changes since pre-covid to help understand the impact of coronavirus demand together with projections to 2030.

Table 4: Memory & cognition service use flows 2017-2023 and projections

Service Type*	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	% Change from 2017-2023	DOT since Covid 19 (2019-2020)	Projection for 2025	% Change for 2025	Projection for 2030	% Change for 2030
Residential Care	161	167	157	155	142	129	-20%	-18%	131	2%	137	6%
Nursing Care	130	132	122	100	107	116	-11%	-5%	120	4%	130	12%
Day Support	47	50	18	15	23	18	-62%	0%	17	-6%	18	0%
Direct Payments	50	46	37	32	32	18	-64%	-51%	20	11%	24	33%
Home Care	106	70	69	51	49	38	-64%	-45%	47	24%	69	82%
**Total	393	373	343	314	298	325	-17%	-5%				

*Supported living and extra care are excluded due to small numbers of service users

** A service user may receive more than one service, but the total only counts a service user once hence will not equal the sum of all services.

Care homes

Current provision

There is currently one residential care home with 76 beds that specialises in dementia support. In addition, there are: 5 nursing care homes with a total of 354 beds specialising in older people which have some capacity for memory and cognition residents; 7 residential care homes with a total of 214 beds specialising in older people which have some capacity for memory and cognition residents; 5 residential care homes with a total of 27 beds specialising in learning disability that will take some residents who also have memory and cognition needs.

Service use

There has been a decrease in the number of people placed in care homes by us who have a primary need of memory and cognition. During the coronavirus pandemic, the numbers in nursing care dropped faster than expected but these have increased slightly in from 2021-22 onwards. In residential care the overall trend was not affected significantly by coronavirus, though there has been a noticeable decrease from 2021-22 onwards.

Future need

Commissioning intelligence indicates that, despite the recent drop in numbers, overall, the number of people needing a residential or nursing care placement due to a memory and cognition need is likely to rise over the next few years and more provision will be needed for this group.

There may also be a need for dementia friendly extra care which would allow people to keep more independence and delay the need for residential care placements.

Day support

Current provision

There are three intensive adult day centres in Richmond that provide places for people with memory and cognition needs including respite care, person-centred support and sensory stimulation. These are run by us and require referral from adult social services to access. In addition, the CILS provides support, information and advice, clubs and activities.

Service use

There has been an overall drop in the number of people who attend a day service commissioned by Richmond since the pandemic.

It should be noted that, at this time, an estimated 3,500 residents regularly attend open access services provided by CILS.

Future need

Projections show that demand will continue to remain static, so the existing service should provide enough capacity.

Home care

Current provision

Prior to 30th January 2023 there were 5 organisations commissioned to provide home care in Richmond. From 30th January 2023 Richmond started moving to a platform with multiple providers.

Service use

Overall, there has been a significant decrease in the number of people receiving home care for a memory and cognition need, however, the drop has levelled off in the last few years.

Future need

Whilst there has been a drop in people receiving home care, projections and commissioning intelligence suggests it is expected the number with a memory and cognition need is likely to rise overall over the next few years.

Direct payments

Current provision

A new direct payment support service delivered by one provider across Richmond and Wandsworth is commencing in mid-2023 providing personalised support to help people manage their direct payment.

Service use

There has been a decrease in the numbers of people with memory and cognition needs who are receiving a direct payment.

Future need

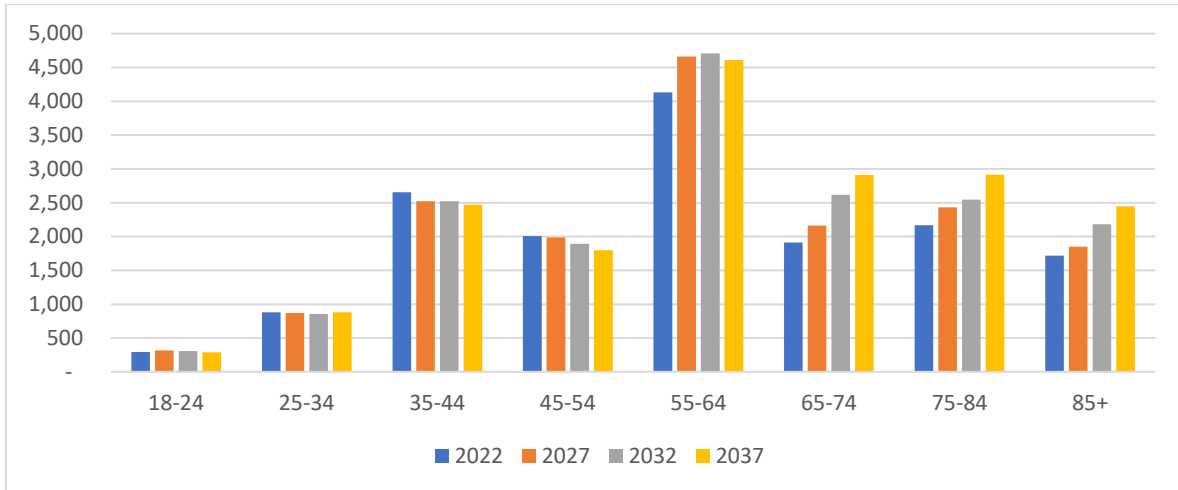
Demand projections suggest that there will be a small increase in the number of people receiving a direct payment for memory and cognition needs. As the new support service commences, there may be further opportunities for people to receive a direct payment as part of their overall care package to access less traditional day opportunities.

Adults with learning disabilities

Aged 18+

Demographic prevalence

Figure 8: Learning disabilities demographic prevalence



- According to the GLA population and prevalence projections, there are an estimated 6,778 residents aged 18 and above with a baseline learning disability in Richmond as of 2023.
- Whilst the projected increase for those with a baseline disability aged between 18 and 64 is set to decrease slowly by 6% (5,770 to 5,436) to 2038, for those aged 65 and above, there is a greater increase of 39% (1,143 to 1,398)⁷.

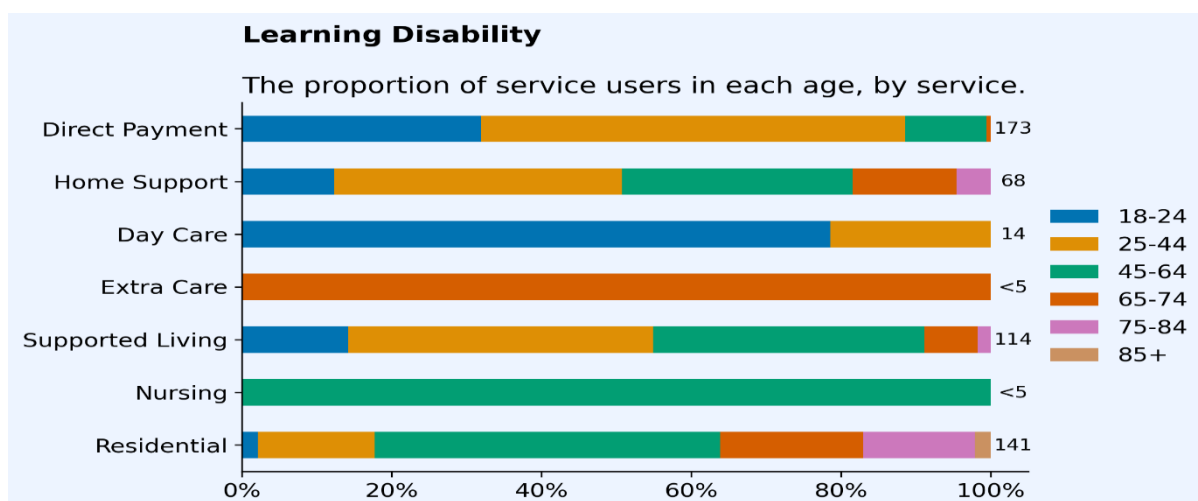
Adult social care learning disability service user profile

Figure 9: Learning disability service user profile 2021-22



⁷ GLA population and prevalence projections

Figure 10: Learning disability age by service breakdown



Service use trends and demand projections

The table below shows service use over a six-year period highlighting the percentage changes since pre-covid to help understand the impact of the coronavirus pandemic on demand together with projections to 2030.

The demand for adults with learning disabilities accessing adult social care services funded by us between 2017-18 and 2022-23 has remained fairly stable, with some growth in numbers in those in supported living settings. Notably a high proportion of service users with a learning disability are being supported by a direct payment.

Table 5: Learning disability service use flows 2017-2023 and projections

Service Type	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	% Change from 2017-2023	DOT since Covid 19 (2019-2020)	Projection for 2025	% Change for 2025	Projection for 2030	% Change for 2025
Residential Care	167	169	184	174	161	152	-9%	-17%	144	-3%	125	-18%
Nursing Care	*	*	*	*	*	*	*	*	*	*	*	*
Supported Living	97	103	114	110	114	110	13%	-4%	114	4%	126	15%
Extra Care	*	*	*	*	*	*	*	*	*	*	*	*
Day Support	19	20	22	11	14	16	-16%	-27%	17	6%	20	25%
Direct Payments	180	175	175	176	173	169	-6%	-3%	169	0%	170	1%
Home Care	65	70	66	58	68	58	-11%	-12%	58	0%	60	3%
**Total	485	503	476	479	472	463	-5%	-3%				

* Small numbers are not reported

** A service user may receive more than one service, but the total only counts a service user once hence will not equal the sum of all services.

As people with a learning disability age, similarly to the rest of the population, they may develop age-related conditions. Since social care records capture only one primary care need, it is likely that some older people with a learning disability

have a primary care need of physical disability or memory and cognition. The analysis here is based on this primary need code and may exclude those where their physical needs or conditions such as dementia have taken over as the primary need for support.

Care homes

Current provision

In terms of residential care, there are approximately 152 specialist learning disability beds across 25 specialist homes. For nursing care, there is one specialist nursing home for people with learning disabilities with six places in-borough and there are four general needs providers with 224 beds that can cater for people with learning disabilities within the wider cohort.

Service use

Demand for residential and nursing care has remained fairly stable since 2017-18. However, demand for care home provision primarily residential care is high compared to other London boroughs. Richmond places approximately 8.53 people with learning disability needs in residential care and 0.26 in nursing per 10,000 of the borough's adult population. This is the third highest among all London boroughs and may be due to a higher level of need in the borough and a learning disability population who increasingly have greater needs as they age⁸.

In-borough placements as a proportion of total placements commissioned by Richmond (67%), as of 2021, is significantly higher than proportion of in-borough placements commissioned by Southwest London and London boroughs overall(both <40%). The proportion of Richmond's in-borough placements has been steadily increasing since 2016.

Future need

With the increased focus on strengths-based approaches and the drive to promote independent living options such as supported living and extra care, the demand for residential care is reducing although the need for some residential care will remain, particularly for those with complex needs. Richmond council policy is to place locally as much as possible but lack of specialist provision for those with more complex needs means that sometimes placements are made in more specialist services out of borough. The solution is likely to be working in partnership with other SW London health and social care commissioners.

With low numbers in nursing care there is no urgent need for additional provision in borough. Commissioners across the SW London partnership will be looking at learning disabilities and nursing care across the six boroughs.

There is also a small but emerging need to develop bespoke services for people who have been discharged from long-stay hospitals or who are experiencing crisis and require emergency/unplanned accommodation to prevent admission to hospital or a full breakdown of their current arrangements and support network.

⁸ ADASS market report analysis

Supported living and extra care

Current provision

In-borough provision of supported living is in the region of 88 units (although this is variable) across 25 schemes with the remaining service users being accommodated in out of borough placements. A new scheme with four units opened in 2021, and a further one which is in design and development in South Richmond ward will deliver 7 new flats by the end of 2025. Ensuring appropriate compatibility between residents (e.g., age, interests and behaviours) with different needs is key and can sometimes result in voids in shared houses even though supply is limited.

The quality of provision is inconsistent, current provision needs to be developed so that it remains fit for purpose and meets the changing expectations of the population which will include having modern facilities (en-suite bathrooms) and technology as standard and we are undertaking a review of these schemes to understand fitness for purpose.

There are no learning disability specific extra care providers in the borough. Mainstream extra care schemes are not necessarily designed to fully meet the needs of the learning disabilities population.

Service use

There has been an increase in service use between 2017-18 to 2022-23. There are very low numbers in extra care services, and these are likely to be over 55's residing in older persons extra care schemes. We expect numbers to remain low.

Future need

The aim for learning disability services is to reduce reliance on residential care and to move service users towards supported living. The supported living model promotes greater independence, choice and control through a strengths-based approach to planning care support and inclusion. Projections indicate an increasing need for supported living spot and block contract places over the next 15 years.

Supported living is a key destination for those transitioning from children's services as well as for older service users with different levels of need, including those with more complex needs and challenging behaviour. There is a gap in short term accommodation services for younger adults, who moving away from home for the first time, that will provide intense support to develop their independent living skills and enable them to progress into alternative living arrangements.

Home care

Current provision

Prior to 30th January 2023, there were 5 organisations providing home support commissioned in Richmond. Many people with learning disabilities require more specialised support and home care for these generally will be spot purchased from specialist care organisations. From 30th January Richmond started moving to a platform with multiple providers.

Service use

Service use has remained static between 2017-18 and 2022-23, with no discernible impacts from the coronavirus pandemic on the level of demand from 2019 onwards.

Future need

Projections to 2030 suggest that numbers will remain static, however, this may be subject to change as a result of the drive to promote greater independence and reduce reliance on residential care.

Direct payments

Current provision

A new direct payment support service delivered by one provider across Richmond and Wandsworth is commencing in mid-2023 providing personalised support to help people manage their direct payment.

Service use

There are a high proportion of people in this cohort receiving direct payments particularly in the younger age groups including transitions. Numbers have remained relatively static since 2017.

Future need

Projections show that the numbers receiving direct payments are likely to remain static, however with the focus on using direct payments more flexibly and creatively and a new support service commencing there may be opportunities for people to use their direct payments to access less traditional opportunities to meet their outcomes.

Day opportunities

Current provision

We do not block commission day services for adults with a learning disability in Richmond. A small number of people access day support whilst the majority of adults with a learning disability in Richmond access more personalised support through direct payments or home support (outreach).

Service use

Council commissioned placements for day care services remained static between 2017-18 and 2019-20, and then began to decrease highlighting the impact of the coronavirus pandemic which closed access to day centres to control infection. There has been a slight increase from 2021-22 onwards, with day centres reopening following the coronavirus pandemic.

Future need

Projections to 2030 show a small and gradual increase in demand for day support, but overall numbers remain low.

Autism

Diagnosis is the formal identification of autism, usually by a multi-disciplinary diagnostic team. Although autism is a lifelong condition and often diagnosed in childhood, there are significant numbers of adult diagnoses where the condition was not recognised during their childhood. Nationally, between April to December 2018, 5,255 adults were referred for assessment where their need was suspected autism (see level of need for more detail)

Although autism is different in every person, for a diagnosis to be made a person will usually have had:

- Persistent difficulties with communication and social interaction
- Restricted and repetitive patterns of behaviours, activities or interests that limit and impair everyday functioning

Demographic prevalence

The estimated prevalence of autism in the adult population is 1.1% in the younger adult population and reduces with age to 0.8% in the 75+ age group.

Table 6: Estimated number of adults with autism living in Richmond⁹

	2023	2028	2033	2038
18-64	2,419	2,385	2,325	2,282
65+	412	468	527	572
Total adults	2,830	2,852	2,851	2,854

For all age groups, estimated numbers for residents with autism spectrum conditions (ASC) in Richmond is likely to increase slightly with the population.

In January 2021, there were 432 pupils in Richmond schools with a diagnosis of autism. This equates to 1.15% of the school population. The prevalence rates for both children, young people and adults are lower than the London and England averages.

It is estimated that number of people aged 18-64 predicted to have ASC in Richmond will decrease overall in the next 15 years, although increases are expected in people aged 55+.

The total number of people with autism that are likely to be eligible for support for adult social care is less than 200, of which 44% will have a disability or other primary support reason.

Current provision

The JSNA highlights that there remain significant health and care inequalities for people with autism and there is a need for greater understanding and acceptance across the system to reduce these inequalities.

Adults with autism who are not eligible for statutory services may benefit from universal services and preventative services primarily provided by the voluntary and community sector, including those commissioned or delivered by the local authority. There are currently no dedicated resources for autism commissioned by adult social care.

⁹ Adult psychiatric morbidity survey (APMS) 2007 and GLA population projections

In Richmond, diagnostic and post-diagnostic support is available through “Your Healthcare”. This service provides specialist diagnostic assessments and healthcare interventions. Individuals can self-refer, or referrals can be made by professional groups. The service also provides psychotherapeutic support for those with complex emotional needs resulting from their diagnosis.

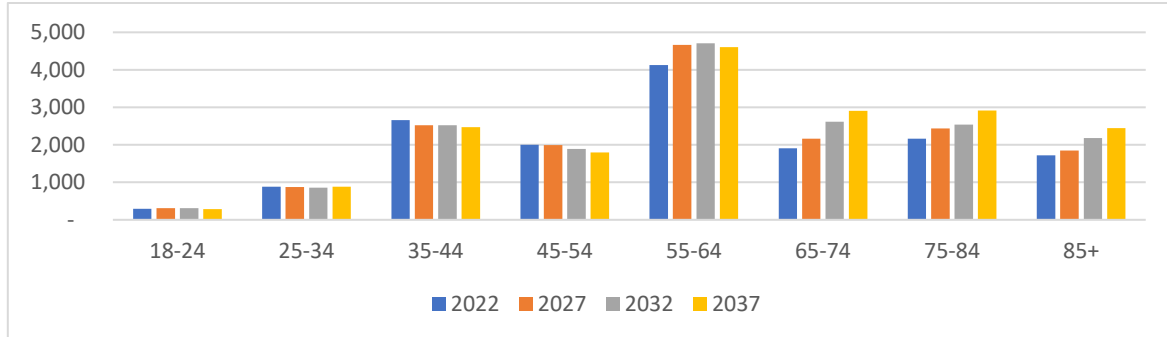
Choice Support are commissioned by us to provide employment support to autistic people, with or without a learning disability. The services include both support in obtaining employment and support in maintaining employment when struggling working both with the autistic person and with their employer.

Adults with mental health needs

Aged 18+

Demographic prevalence

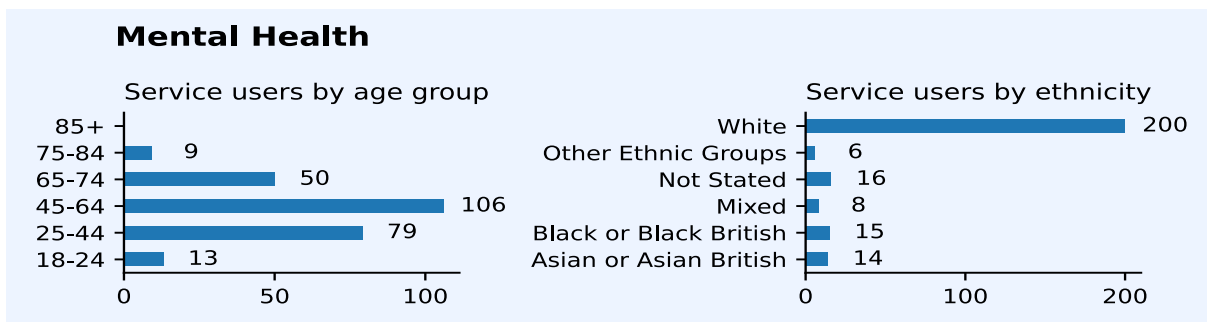
Figure 11: Mental health demographic prevalence



- According to the GLA population and prevalence projections, there are an estimated 49,580 residents aged 18 and above with a common mental disorder in Richmond as of 2023.
- Whilst the projected increase for those with a common mental disorder aged between 18 and 64 is set to increase slowly by 6% (44,773 to 42,273) to 2038, for those aged 65 and above, there is a greater increase of 39% (4,807 to 6,685)¹⁰.

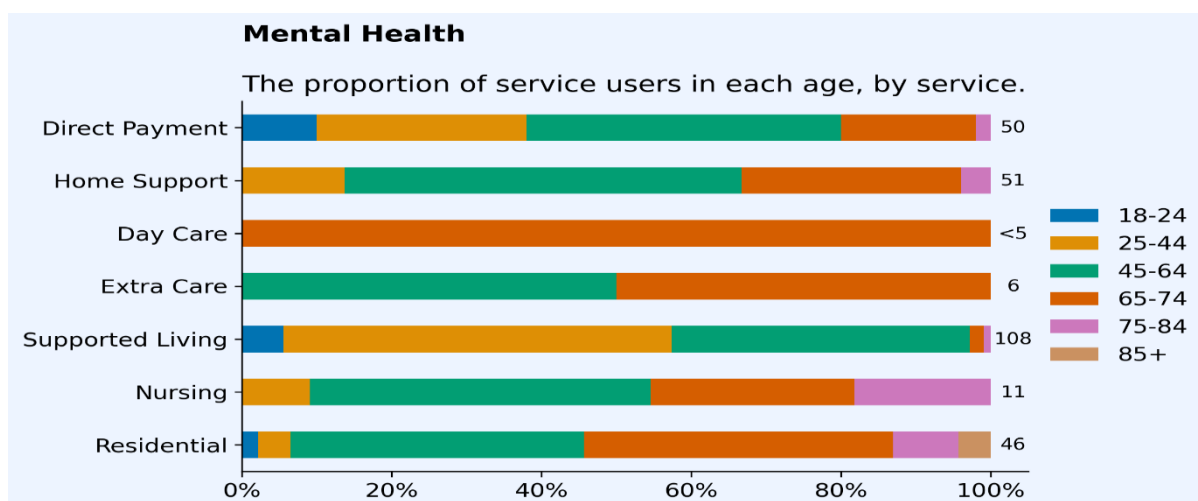
Service user profile

Figure 12: Mental health service user profile 2021-22



¹⁰ GLA population and prevalence projections

Figure 13: Mental health age by service breakdown



Service use trends and demand projections

The table below shows service use over a six-year period highlighting the percentage changes since pre-covid to help understand the impact of the coronavirus pandemic on service use and demand together with projections to 2030.

There was a 21% increase in the number of adults with a mental health condition accessing adult social care services funded by us between 2017-18 and 2022-23. This increase is mainly attributable to the increase in service users being supported in supported living settings. Supported living is a key destination for service users with mental health needs.

Table 7: Mental health service use flows 2017-23 and projections

Service type	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	% Change from 2017-2023	DOT since Covid 19 (2019-2020)	Projection for 2025	% Change for 2025	Projection for 2030	% Change for 2030
Residential Care	41	40	41	44	46	43	5%	5%	44	2%	45	5%
Nursing Care	10	12	13	12	11	10	0%	-23%	10	0%	11	10%
Supported Living	62	76	87	94	108	115	85%	32%	122	6%	140	22%
Extra Care	*	5	7	5	6	7	40%	0%	*	*	*	*
Direct Payments	59	56	52	49	50	47	-20%	-10%	48	7%	57	27%
Home Care	60	78	74	57	51	67	12%	-9%	69	3%	73	9%
**Total	223	245	236	247	259	270	21%	14%				

There is no day care provision.

*Due to small numbers, the percentage changes are insignificant

** A service user may receive more than one service, but the total only counts a service user once hence will not equal the sum of all services.

Care homes

Current provision

There are available beds within more general provision but limited specialist provision for this group in-borough which sometimes results in out of borough placements. In terms of residential care there are 13 specialist mental health beds in one specialist home. In terms of nursing care, there are three generic homes (218 beds) who will cater for users with mental health needs, but there is no specialist provision.

Service use

Demand for residential and nursing care has remained static between 2017-18 and 2022-23, with higher numbers for residential care.

Future need

It is anticipated that the existing supply will be sufficient until 2030. If the move-on to lower-level support is facilitated, to schemes such as supported living, we are expecting demand for care homes not to change too much, although there is a continuing need for some specialist intensive support provision for service users with more complex or long term needs.

Supported living and extra care

Current provision

There are currently 109 units available in 9 supported living schemes: 1 high support scheme with 12 units, 3 medium support schemes with 18 units, 5 low support schemes with 79 units. Currently the move-on pathway is held up by the lack of appropriate general needs housing meaning that people cannot progress to lower levels of support in a timely manner.

Service use

Demand has grown substantially for supported living. This is due to an increased focus to step down people in residential care into supported living to support more independence where appropriate.

Service use for extra care is low as most current extra care facilities do not have the appropriate specialist support for people with mental health needs. It is difficult to base projections on low numbers.

Future need

Projections for supported living indicate a significant increase in demand for additional provision. However, sufficiency of supply depends on whether existing service users can move onto more independent accommodation, but this is held up by limited general needs housing. Only if the move-on pathway is cleared and all future residents are enabled to move towards independence, is it anticipated that there may be sufficient existing units until 2035.

Home care

Current provision

Prior to 30 January 2023, there were 5 organisations providing home support commissioned in Richmond. Many people with mental health needs require more specialised support and home care

for these will be spot purchased from specialist care organisations. From 30th January Richmond started moving to a platform with multiple providers.

Service use

Usage was increased pre-pandemic but then began to decline notably during 2020-21. This may be due in part to the impact of the coronavirus pandemic; however, numbers have increased from 2022-23, which could highlight how the intensity of home care packages is increasing.

Future need

Whilst service use trends since the coronavirus pandemic indicate a decrease in demand, projections to 2030 suggest that numbers supported through homecare will increase.

Direct payments

Current provision

A new direct payment support service delivered by one provider across Richmond and Wandsworth is commencing in mid-2023 providing personalised support to help people manage their direct payment.

Service use

The number of people in this cohort receiving a direct payment has remained relatively static since 2017.

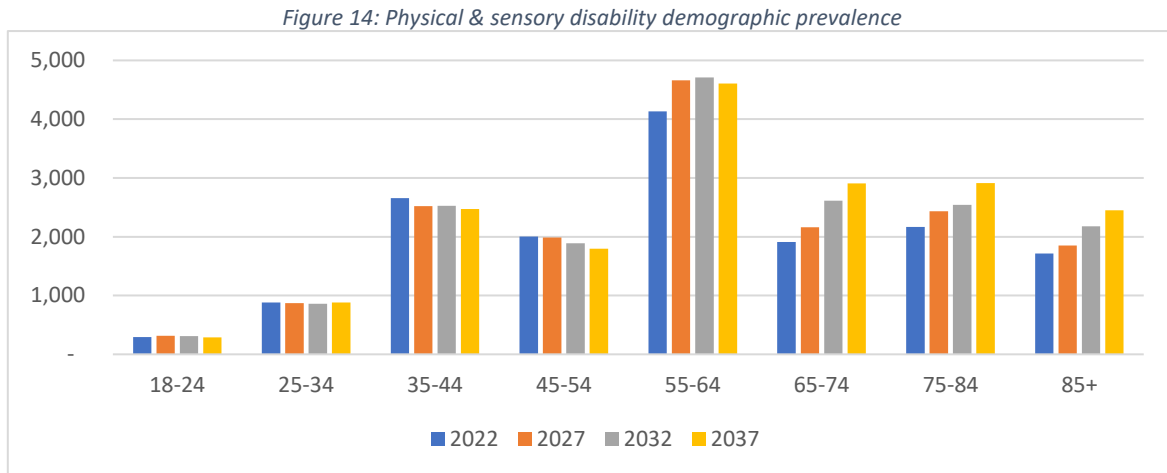
Future need

Projections show that the numbers receiving direct payments are likely to increase. With the focus on using direct payments more flexibly and creatively and a new support service commencing, there may be opportunities for people to use their direct payments to access less traditional opportunities to meet their outcomes.

Adults with physical and sensory disability needs

Aged 18 to 64

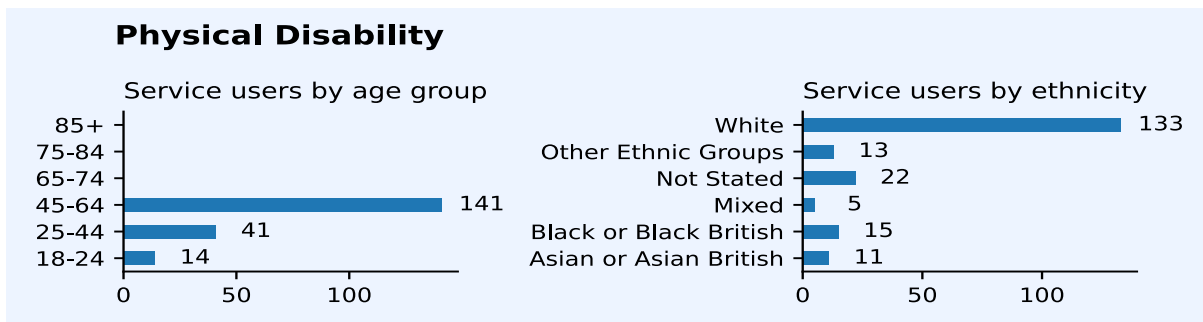
Demographic prevalence



- According to the GLA population and prevalence projections, there are an estimated 20,629 residents aged 18 and above with impaired mobility in Richmond as of 2023.
- Whilst the projected increase for those with impaired mobility aged between 18 and 64 is set to decrease slowly by 4% (12,090 to 11,604) to 2038, for those aged 65 and above, there is a greater increase of 39% (8,538 to 11,897)¹¹.

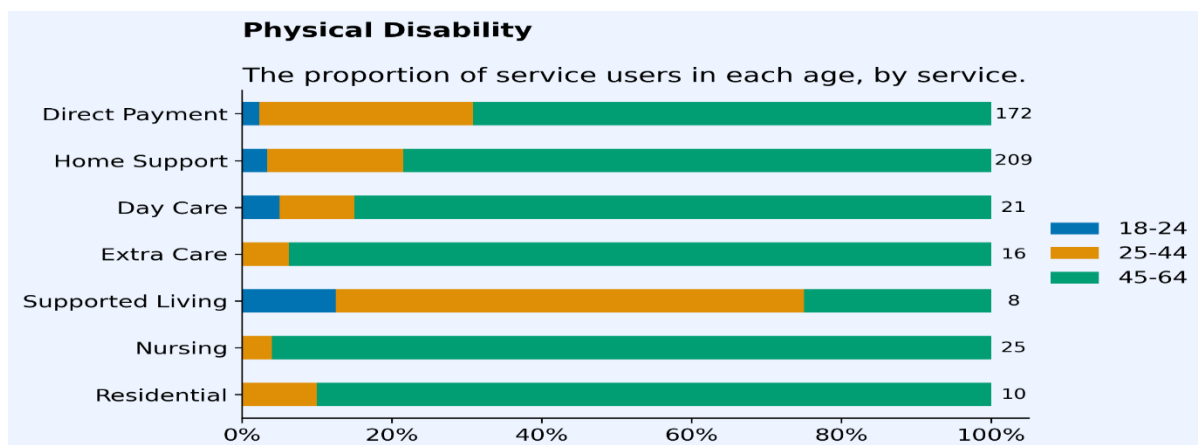
Adult social care physical disability service user profile

Figure 15: Physical & sensory service user profile 2021-22



¹¹ GLA population and prevalence projections

Figure 16: Physical & sensory age by service breakdown



Service use trends and demand projections

The table below shows service use over a six-year period highlighting the percentage changes since pre-covid to help understand the impact of the coronavirus pandemic on service use and demand together with projections to 2030.

There has been a decrease in the number of adults with a physical disability accessing adult social care services funded by us between 2017-18 and 2022-23. The majority of service users are receiving homecare support and support via a direct payment.

Table 8: Physical & sensory disability service use flows 2017-2023 and projections

Service Type	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	% Change from 2017-2023	DOT since Covid 19 (2019-2020)	Projection for 2025	% Change for 2025	Projection for 2030	% Change for 2030
Residential Care	17	15	22	15	18	20	18%	-9%	20	0%	19	-5%
Nursing Care	6	12	11	7	6	8	33%	-27%	8	0%	7	-13%
Supported living	*	5	6	6	7	6	20%	0%	6	0%	6	0%
Extra Care	*	*	5	*	*	*	*	*	*	*	*	*
Day Support	27	25	23	14	9	10	-63%	-57%	10	0%	8	-20%
Direct payments	135	120	112	108	103	100	-26%	-11%	102	2%	110	10%
Home Care	83	67	77	64	79	74	-11%	-4%	76	3%	80	8%
**Total	227	207	200	189	199	198	-13%	-1%				

*Due to small numbers, the percentage changes are insignificant

** A service user may receive more than one service, but the total only counts a service user once hence will not equal the sum of all services

Care homes

Current provision

There are two nursing care homes in Richmond that have facilities for people with physical health needs under 65, with a total of 152 beds, although both homes also provide significant provision for older people.

Service use

For residential care, demand has remained low and static between 2017-18 and 2022-23. For nursing care, whilst numbers have remained low, there was a noticeable increase until 2020, with a decrease experienced thereafter. This is most likely due to the coronavirus pandemic, and the lack of access to this form of specialist care as a result of enforced social restrictions.

Future need

The numbers in question are relatively low and projected population increase in this age group is not significant. Therefore, projections of future need based will be subject to a large margin of error. The focus is on reconfiguring the existing care to better meet the needs of this group.

Extra care

Current provision

Most extra care schemes have an age eligibility of 50, 55 or 60+ so availability for this cohort is low.

Service use

Use of this form of care has remained low and, due to the age eligibility, not always appropriate to support residents with a physical disability.

Future need

Numbers are low and there is a diverse range of conditions and abilities in this cohort. Projections are, therefore, not possible.

Supported living

Current provision

There is currently no specialist supported living schemes for this cohort.

Service use

Usage has remained low and static for those accessing supported living. A snapshot of all council placements in March 2022 showed that all those in this cohort were placed out of borough as there was no in borough provision¹².

Future need

Numbers are low but some small sized supported living schemes might be useful for people with a long-term condition looking to move towards independence.

¹² Mosaic client information database

Day opportunities

Current provision

Please refer to older persons day care opportunities section.

Service use

Council placements in day opportunities have shown a noticeable decrease between 2020 and 2023. Prior to the pandemic, numbers were static.

Future need

Projections to 2030 suggest a decrease. However, we will continue to ensure access to employment/education/training and volunteering opportunities particularly for people with long-term conditions.

Home care

Current provision

Prior to January 2023, there were 5 organisations providing home support commissioned in Richmond. From 30th January Richmond started moving to a platform with multiple providers.

Service use

Council commissioned home care has decreased slightly since 2017.

Future needs

Projections to 2030 show a slight increase due to wider population increases within Richmond, and especially due to projected increases in those with a physical or sensory disability.

Direct payments

Current provision

A new direct payment support service delivered by one provider across Richmond and Wandsworth is commencing in mid-2023 providing personalised support to help people manage their direct payment.

Service use

There are a high proportion of this cohort receiving a direct payment. This is partly due to the broad spectrum of needs within the group and the flexibility of direct payments to support these needs.

Future need

Projections show that the numbers receiving direct payments are likely to increase slightly. With the increased focus on using direct payments more flexibly and creatively and a new support service commencing, there may be opportunities for people to use their direct payments to access less traditional opportunities to meet their outcomes.

Unpaid carers

Demographic profile

According to the 2021 census, around 7.2% of the population are estimated to be carers within Richmond, which is an estimated 14,054 residents.

- Of those who provide unpaid care in Richmond, 58% are female
- Of all carers, 31% are aged between 25 and 49 years, 41% between 50 and 64 years, and 22% are aged over 65 years
- Of those who provide more than 50 hours of care per week, 39% are older than 65 years
- Of all carers, 6% are younger than 25 years¹³

The table below outlines numbers of those providing unpaid hours of care per week (from the 2021 census):

Table 9: Breakdown of unpaid hours of care

Population	Carer population (%)	No unpaid care		1-19 hours unpaid care		20-49 hours unpaid care		50+ hours unpaid care	
		Total	% of total population	Total	% of total population	Total	% of total population	Total	% of total population
195,200	7.2	181,146	92.8	8,589	4.4	2,147	1.1	3,318	1.7

Based on information from Richmond Carers Centre a greater proportion of young carers are from Black and Minority Ethnic (BAME) groups than the average for all carers within the borough (29% of young carers compared to 13% of all carers identified by the 2011 census)

Current provision

We are committed to recognising and supporting unpaid carers in their caring role and offer a range of services including carer's assessments, short breaks from caring, carer's direct payments and voluntary sector support.

Richmond Carers Hub is the main provider of local carer support services. It comprises a group of six charities working together: Richmond Carers Centre (lead), Addiction Support and Care Agency, , Crossroads Care Richmond and Kingston, Richmond Borough Mind (Carers in Mind), Homelink Care and Integrated Neurological Services. It provides universal and specialist information and advice services: informal individual and group emotional support; a caring café for carers and people they care for living with dementia; a dedicated young carers' service, training and learning opportunities for adult carers, opportunities for carer engagement, carer awareness training for professionals and strategic leadership.

Demand

There were 573 carers assessed and/ or supported by Richmond adult social care services in 2021-22 and approximately 3000 adult and young carers known to the carers hub.

¹³ [Richmond carer's strategy 2020](#)

Table 10: Carers demand overview

Assessed and/or supported by adult social services 2021-22	573
Known to organisations within the carers hub (JSNA)	3000

The number of carers in the 2021 census compared to the number of carers known to services, indicates there is a gap in identification. Carers often do not recognise their role and only associate with their primary relationship to the person or choose not to be labelled as a carer.

The average number of carers assessments and reviews undertaken (over 3-year period) is 481 and the number of carers services provided shows a small increase from a total of 669 in 2020-21 to 685 in 2021-22.

Table 11: Number of carer assessments & services

Year	Carers	Carers assessments/ reviews	Carers services		
			Support direct to carer		Carer support to the cared for
			DPs only	Information/ advice	Respite or other support
2021/22	573	515	79	470	215
2020/21	565	498	47	500	169
2019/20	504	431	39	432	Not available

Data source: Mosaic client information database and SALT returns 2019-20-2021-22

Future need

The need for carers services and support is expected to increase. As people are living longer with health and social care needs, the gap between the number of carers and the number of people with limiting long-term conditions is increasing. This means an increasing number of people will become unpaid carers with increasing attendant needs as well as an increasing need for social care support for people without an unpaid carer. The number of "sandwich carers" (those looking after young children at the same time as caring for the older generation) is expected to rise as are the number of people with ageing parents increases. While the recent 2021 census indicated a slight decline in the number of people providing unpaid care (perhaps due to pandemic restrictions) it also revealed an increasing number of carers providing 20 or more hours of care each week.

Self-Funder demand

“A self-funder is typically an individual who organises or funds their care in residential or community settings, as opposed to receiving financial support from the local authority or another third party”¹⁴.

We want to work with providers and partners to ensure flexible, responsive and innovative services that are adaptable to meet the needs of everyone, not just those whose care and support is directly funded by us. For those people in care homes who self- fund, the challenge is the relatively high cost of care home beds which can result in self-funders’ levels of income reducing quickly and falling below the national threshold of £23,350, resulting in us having to meet the cost of their care. It has been estimated that 25% of self-funders become eligible for local authority support due to depleted funds¹⁵. The impact of the funding care reforms if or when introduced will impact the proportion and volume of those funding all or part of their care.

Data on people who self- fund their care is limited. Estimates are as follows:

Table 12: Estimated self-funder demand

Service type	National data	Richmond
Residential	34.9%	32.4% (WBC is 29%)
Community	25.8%	68.9% (WBC is 11.2%)

Data source: Experimental model providing weighted annual estimates based on provider return data collected by the care quality commission between March 2021 and February 2022

We want providers and partners to improve our data to understand changes in the number of self-funders in future years, compared to individuals in receipt of council funded support, so we can plan resources to support self-funder pickups. Identifying key characteristics of the self-funding population will help self-funders receive better advice, earlier, so they can make more informed choices about the care they receive.

¹⁴ [ONS: Care homes and estimating the self-funding population, England](#)

¹⁵ [ONS: Care homes and estimating the self-funding population, England](#)

Equalities demand analysis

Understanding the different protected characteristics of service users enables us to ensure the provision of tailored, person-centred care that is respectful and inclusive and meets the diverse needs of individuals. Equality needs assessments and equalities monitoring helps to identify disparities in service user access, outcomes and experience.

- The majority of service users were older people totalling 737 (47%), with 173 (11%) adults with physical disability needs, 442 (28%) adults with learning disability needs and 229 (14%) adults with mental health needs.
- The proportion of service users who are male (46%) and female (54%) are similar to the proportions in the local population.
- The profile of those currently using adult social care services in terms of ethnic background shows a slightly less proportion from a Black, Asian and Minority Ethnic background (14%) compared to the local population (19%).
- 65% of service users from a white background are receiving services in the community. This is significantly lower compared to Black, Asian and Minority Ethnic group service users at 85%.
- For Black, Asian and Minority Ethnic groups, there is ongoing work through the Ethnic and Mental Health Improvement Project (EMHIP) project to analyse and innovate tailored services for Black, Asian and Minority Ethnic residents¹⁶

¹⁶ <https://emhip.co.uk/>

Table 13: Equalities breakdown of service users compared to borough population

Ethnic Group	% Of borough population	% Of service users receiving a service	Gender	% Of borough population	% Of service users receiving a support service	Age	% Of borough population	% Of service users receiving a service
Asian/Asian British	9%	5%	Female	52%	54%	18-24	8%	7%
Black/Black British	2%	4%	Male	48%	46%	25-34	15%	10%
Mixed/multiple ethnic groups	5%	2%	Known Religion			35-44	20%	7%
Other ethnic groups	3%	3%	Christian	45%	20%	45-54	21%	9%
White/white British	80%	86%	Other Religion	10%*	3%	55-64	16%	13%
Black, Asian and Mixed/Multiple Ethnic Groups	16%	14%	No Religion	38%	4%	65-74	11%	12%
			Not Stated	7%	72%	75-84	7%	18%
						85+	3%	24%
			Known Sexuality					
			Heterosexual	89%	62%			
			Lesbian/Gay	2%	<0%			
			Bisexual	1%	<0%			
			Not Sure	0%	<0%			
			Unknown	8%	37%			

*Other religion for the borough population derived from the Census 2021 includes: Buddhist, Hindu, Jewish, Muslim, Sikh & Other.

Data sources: Census 2021, Mosaic March 2022

Geographical maps of in borough service provision

Older people

Below is a map of current care homes for older people provision in the borough (irrespective of whether they are commissioned by the Council). There is a marker for each service in the area, the colour of the marker represents a service type.

Legend






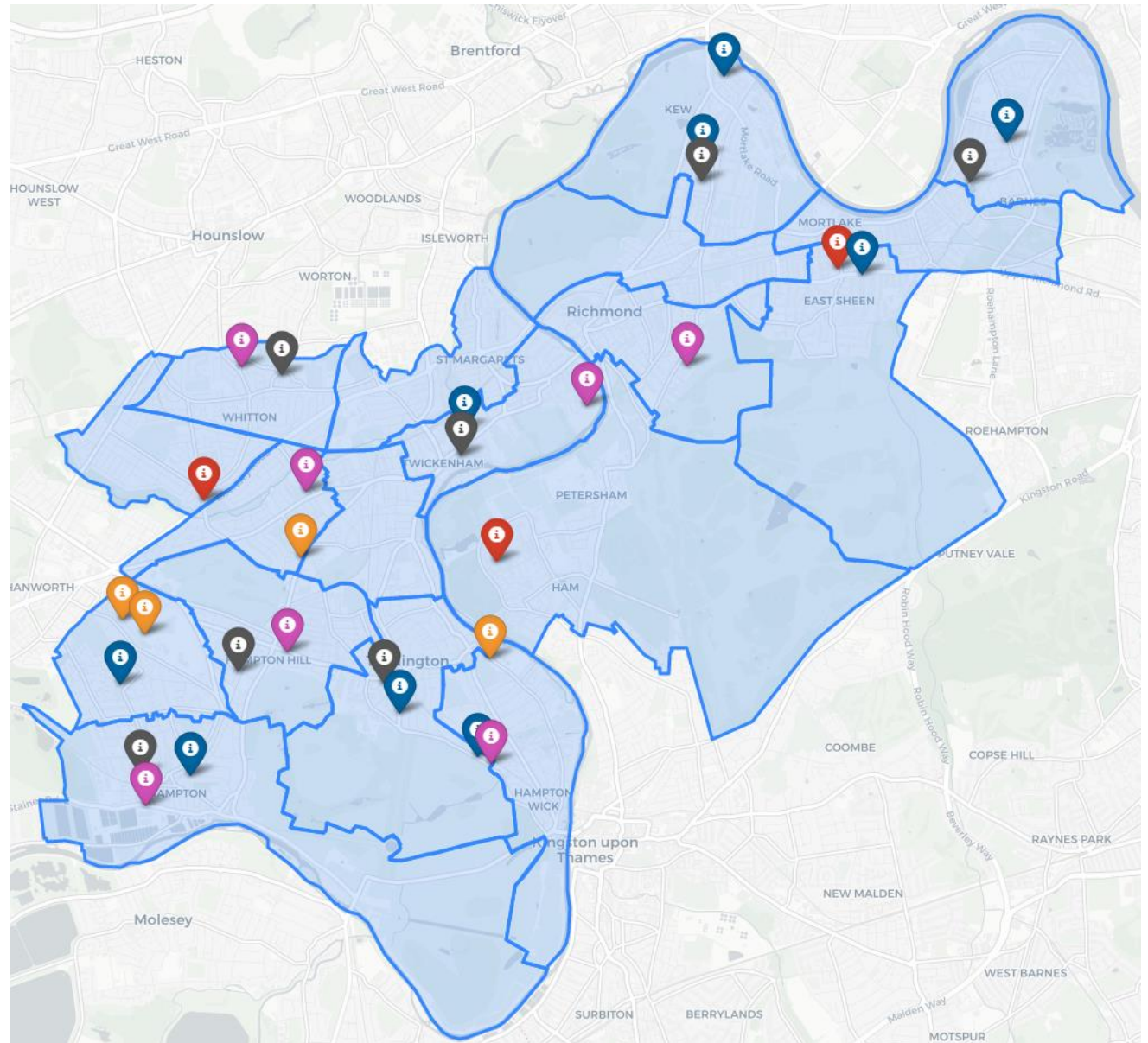
Marker	Accommodation type
	Residential
	Nursing
	Extra care
	Day services
	Day services (open access)

Figure 17: Older people geographical mapping



Learning disability

Below is a map of current care homes learning disability provision in the borough (irrespective of whether they are commissioned by the Council). There is a marker for each service in the area, the colour of the marker represents a service type.

Legend




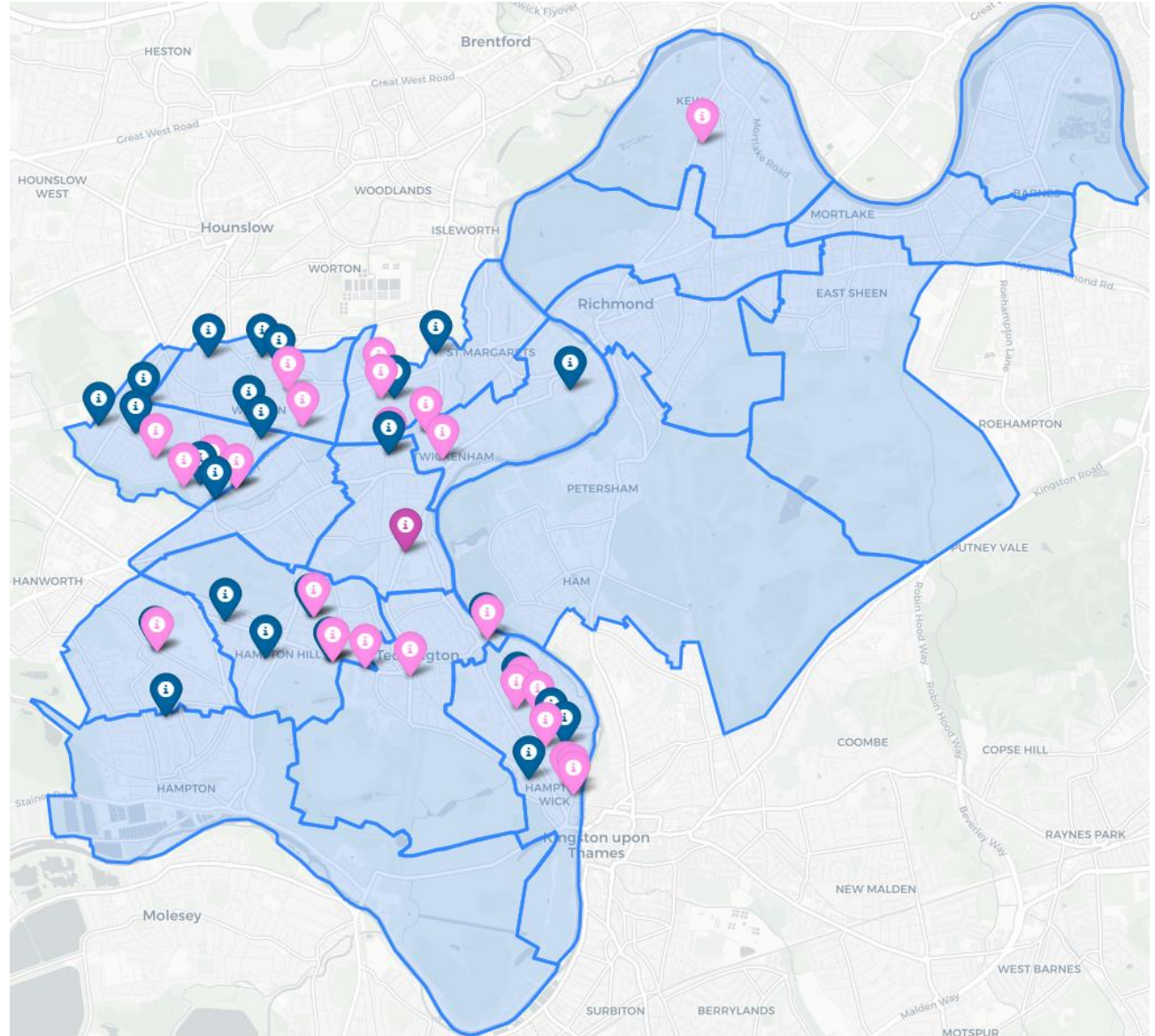
Marker	Accommodation type
	Residential
	Nursing
	Supported living

Figure 18: Learning disability geographical mapping



Mental health

Below is a map of current care homes for mental health provision in the borough (irrespective of whether they are commissioned by the council). There is a marker for each service in the area, the colour of the marker represents a service type.

Legend





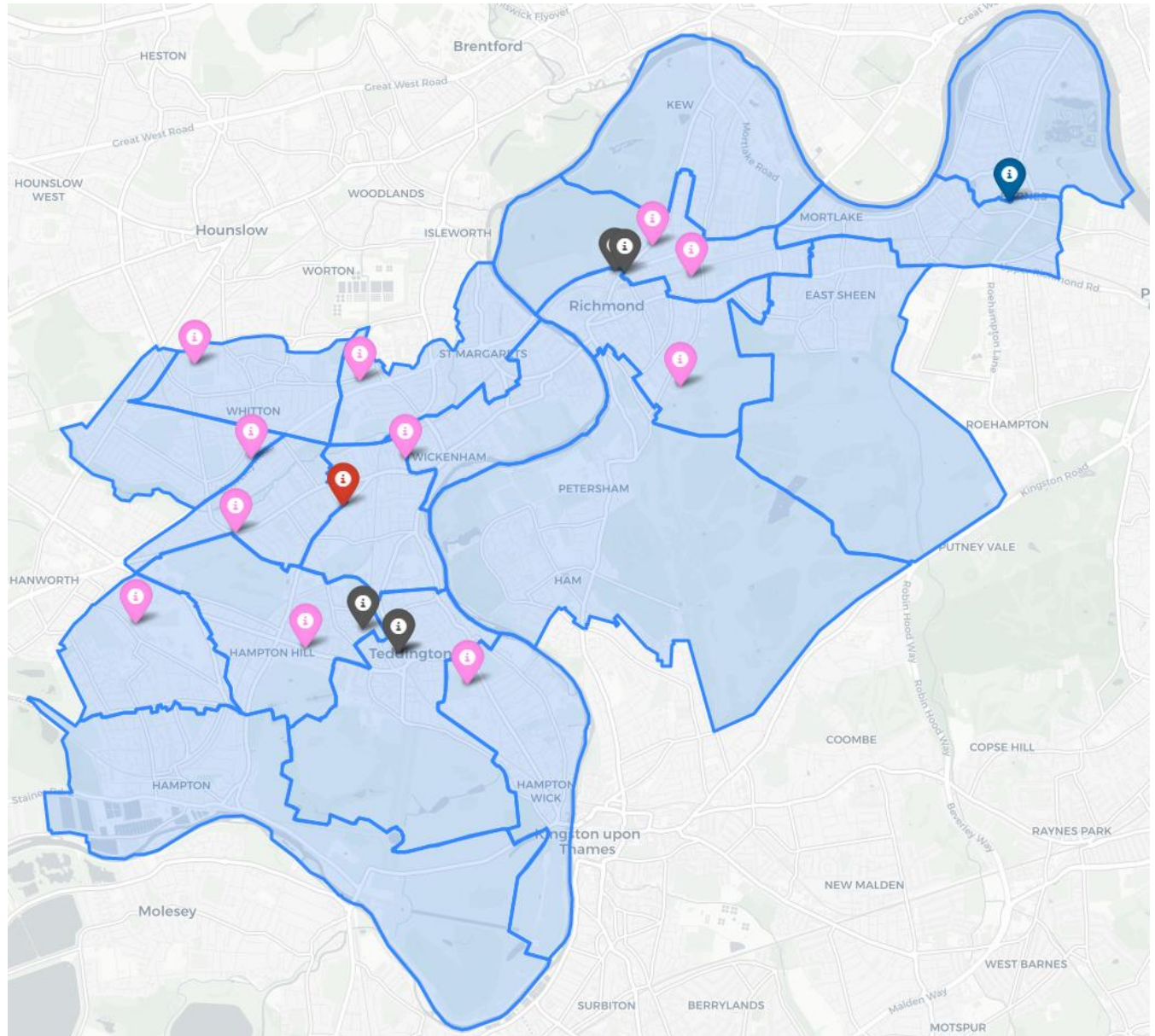
Marker	Accommodation type
	Residential
	Supported living
	Day services
	Day services (open access)

Figure 19: Mental health geographical mapping



Physical disability

Below is a map of current care homes for physical and sensory disability support provision in the borough (irrespective of whether they are commissioned by the council).

There is a marker for each service in the area, the colour of the marker represents a service type. The icon also represents which service user need is supported.

Legend






Marker	Accommodation type
	Residential
	Nursing
	Day services
	Physical disability
	Physical and sensory disabilities

Figure 20: Physical disability geographical mapping

