



Adult Social Care for people aged 65 and over

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Introduction

Maintaining a person's independence and promoting wellbeing is at the heart of Adult Social Care. This can take a variety of forms, including offering advice and information and signposting on to relevant support agencies so that a person can stay in contact with others in their local community, through to intensive home care and making recommendations for residential or nursing home care for people who are no longer able to live at home.¹ For some, needs may be short term and precipitated by an event in their life, whereas for others there may be a gradual increase in support required over the longer term.

The Care Act 2014 lays out the requirement for Adult Social Care to be responsible for meeting the needs for care and support, reducing future needs and promoting the wellbeing of individuals and local populations.

The Care Act 2014² states that there is:

*'a duty on local authorities to provide or arrange services to keep people well and independent and help prevent people developing needs for care and support, and delay people deteriorating such that they would need ongoing care and support arising from a physical disability, mental impairment or mental illness.'*³

Therefore, in Adult Social Care the emphasis is on person-centred care, where people are supported to communicate their needs and preferences, exercise control over their care and live the lives they choose, so far as possible.⁴

Links between social care and health services

There is an important link between health and social care services, and the role each has in reducing demand on the other. Support from Social Care services can help identify any symptoms, prevent health from deteriorating and therefore enable timely intervention, support discharge from hospital once the person is medically fit, and support an individual with navigating the medical support available and direct them to the most suitable services. Likewise, an effective health service that can quickly address needs, can increase the number of years lived in good health and prolong independence, reducing demand for social care.

Furthermore, by working together in the community, health and social care services can help and support local voluntary organisations to reduce the level of more formal support that a person may need. This will also include support to unpaid carers who will usually be family, friends or neighbours.

What is the local need from people aged 65 years and over?

The number of people aged 65 years and over is growing fast

Between the 2011 Census and the most recent Census in 2021, the number of people aged 65 and over increased from 24,868 to 31,025, making it the fastest growing age group in the

¹ Department of Health and Social Care (2021). *People at the Heart of Care: adult social care reform white paper*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

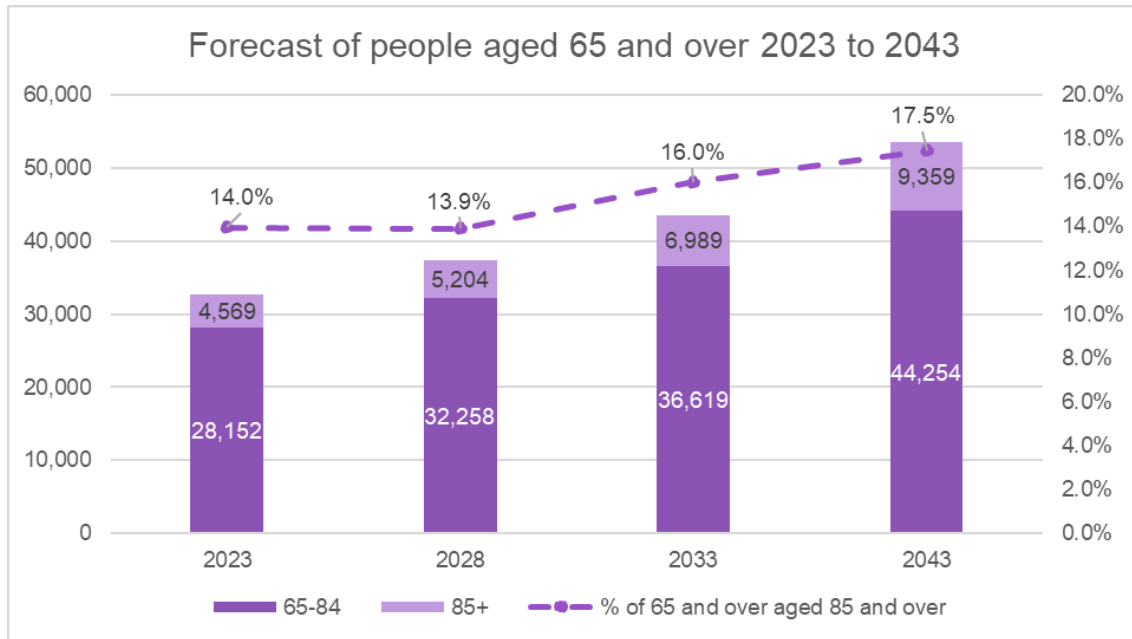
² Care Act 2014 (2014). *Care Act 2014*. [online] Legislation.gov.uk. Available at: <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>.

³ Department of Health and Social Care (2021). *People at the Heart of Care: adult social care reform white paper*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

⁴ NICE (2015). *Older people with social care needs and multiple long-term conditions NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE GUIDELINE Older people with social care needs and multiple long-term conditions*. [online] Available at: <https://www.nice.org.uk/guidance/ng22/evidence/full-guideline-pdf-552742669>.

Borough at 25%. This growth is forecast to continue. Using locally developed population forecasts that are based on the Bedford Borough building plan, the number of people aged 65 and over is predicted to increase 33% between 2023 and 2033 to 43,600 in 2033 and 64% from 2023 to 2043, reaching a total in excess of 53,600. The proportion of the 65 and over age group aged 85 and over is also expected to increase from 14% in 2023 to 16% in 2033 and 17.5% by 2043.

Figure 1: Forecast of people aged 65 and over 2023 to 2043



Source: Locally developed population forecasts. More information on how these forecasts were developed and additional detailed analysis can be found at: <https://bedford.jsna.uk/jsna/population-place/population-projections/>

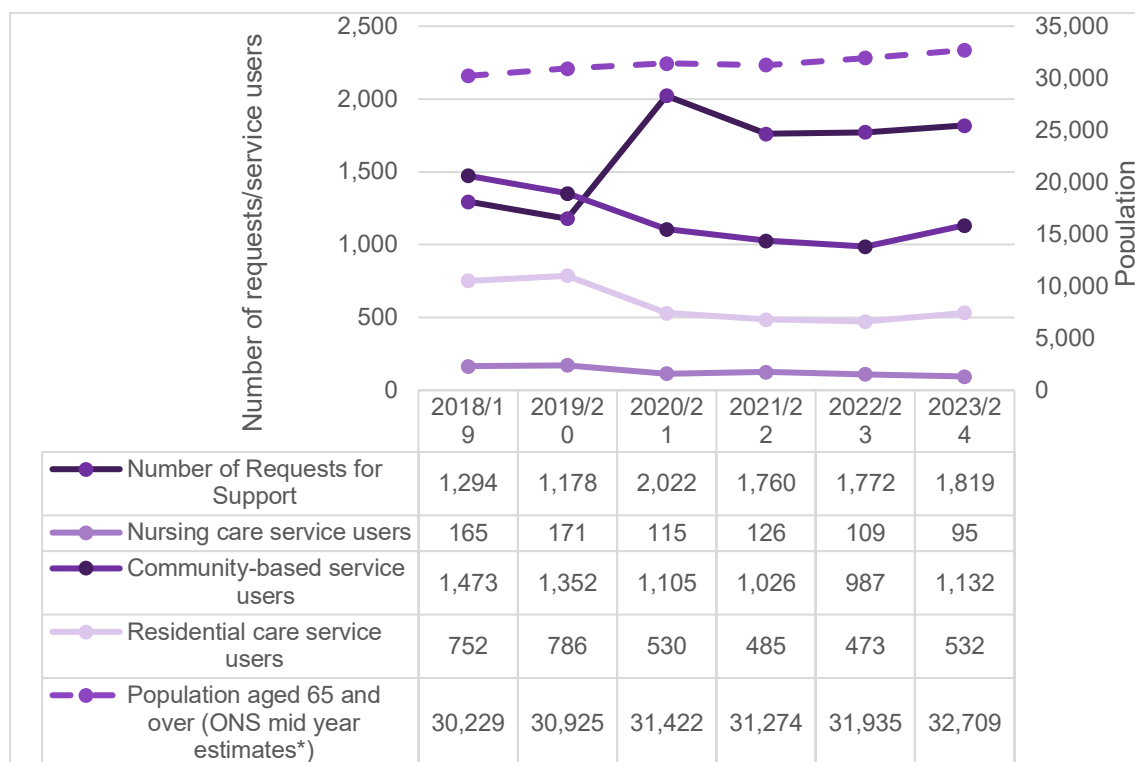
Number of requests

The number of people aged 65 and over has been increasing in Bedford Borough and, although the vast majority of people remain healthy and independent, more people getting older can be expected to lead to increased demand for adult social care.

New requests for support to local authorities are the best available marker of change in demand for adult social care services.⁵ However, while the number of requests for support has increased at a rate higher than the population growth between 2018/19 and 2023/24, the numbers of people receiving services has not.

⁵ The King's Fund. (2024). *Social Care 360: Access*. [online] Available at: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/social-care-360-access>.

Figure 2: Trends in population, support requests and service use 2018/19 to 2023/24



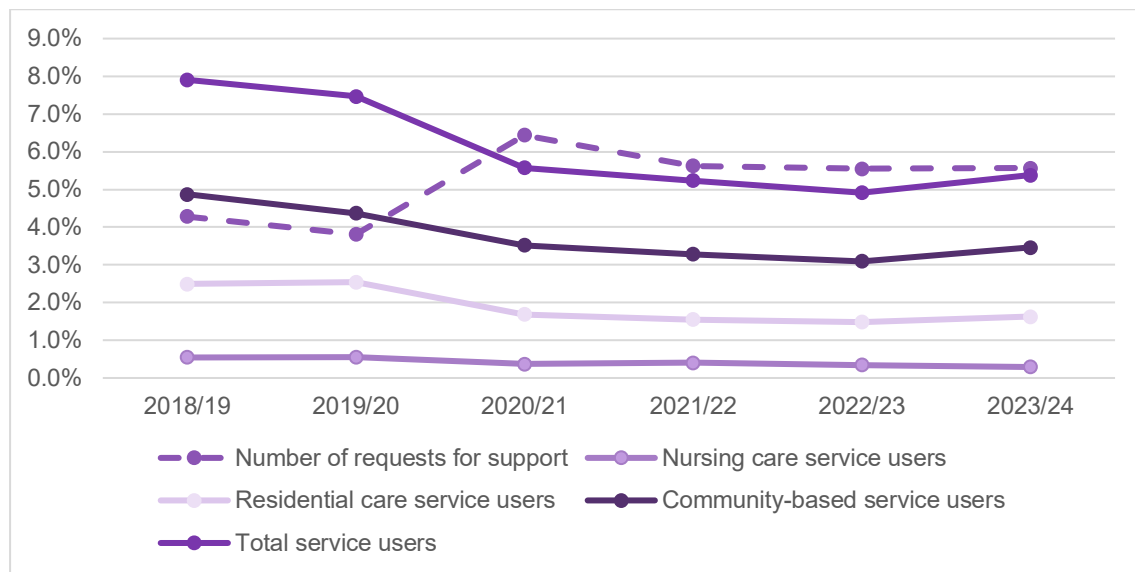
Source: Bedford Borough Council service user data and ONS mid-year estimates. *ONS mid-year estimates are for the first calendar year of the financial year listed. i.e. 2018 for 2018/19.

In 2023/24 there were 1,819 requests for support in adults over the age of 65⁶. Although the number of requests increased during the pandemic, it has remained stable at a higher level since. This trend has seen the proportion of the population aged 65 and over requesting support rise from 4.3% in 2018/19 to 5.6% in 2023/24.

Conversely, the number of people using services – community-based, non-nursing residential or nursing – reduced during the pandemic, and reached 1,759 in 2023/24. It has also remained stable since then, rising only very slowly as a result of an increase in community-based services in 2023/24. The proportion of the population using services has decreased from 7.9% in 2018/19 to 5.4% in 2023/24.

⁶ Local data, Bedford Borough Council

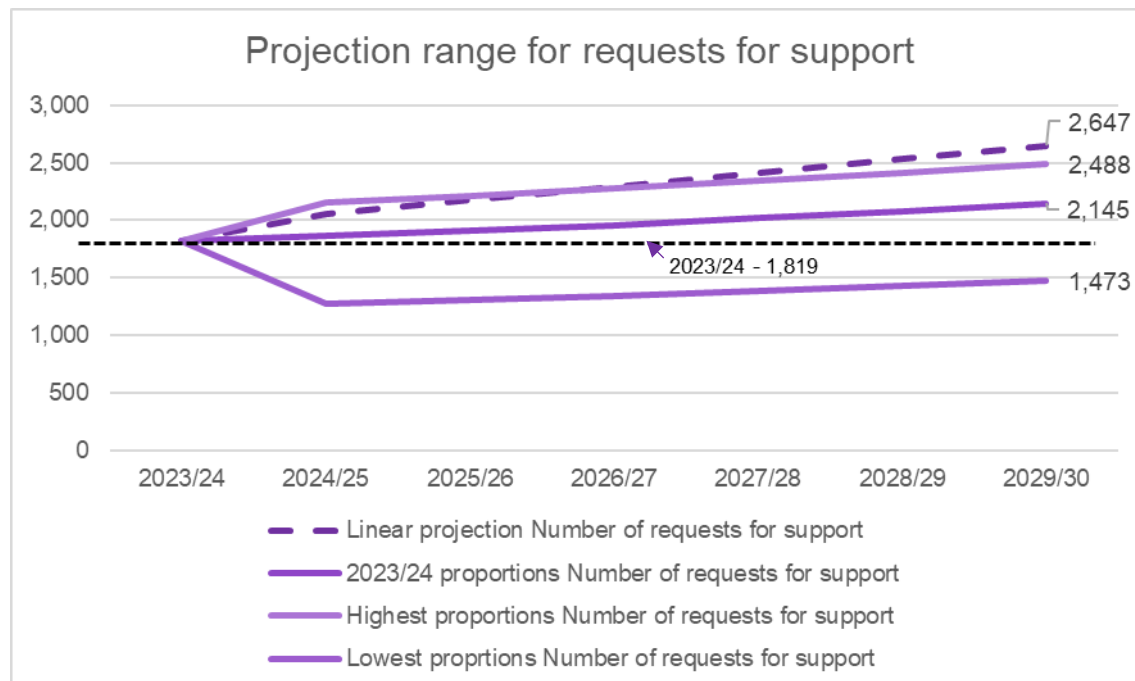
Figure 3: Proportion of the population age 65 and over requesting support and receiving services



Source: Bedford Borough Council service user data and ONS mid-year estimates. *ONS mid-year estimates are for the first calendar year of the financial year listed. i.e. 2018 for 2018/19.

Looking forward, the number of requests for support would be expected to rise as the population increases. However, as the proportion of the population making requests was impacted by the COVID-19 pandemic, it is difficult to project the proportion of people affected with a high level of certainty. Figure 4 below therefore shows projections for four different scenarios; however, the most likely outcome is for the 2023/24 levels to continue, which would see the number of requests reach exceed 2,100 by 2029/30.

Figure 4: Projections of request for support under different scenarios



Source: Bedford Borough Council service user data and locally developed population forecasts 2023 – 2043. More information on how these forecasts were developed and additional detailed analysis can be found at: <https://bedford.jsna.uk/jsna/population-place/population-projections/>

The COVID-19 pandemic also affected service usage, with the number of service users falling across all three service categories, although the number of people in nursing care settings was affected the least. From 2022/23, the trend has been upward in community-based and residential care, and it might be expected that the proportion of the population using these care services will return to higher pre-pandemic levels, while nursing care is most likely to remain at similar levels to 2023/24.

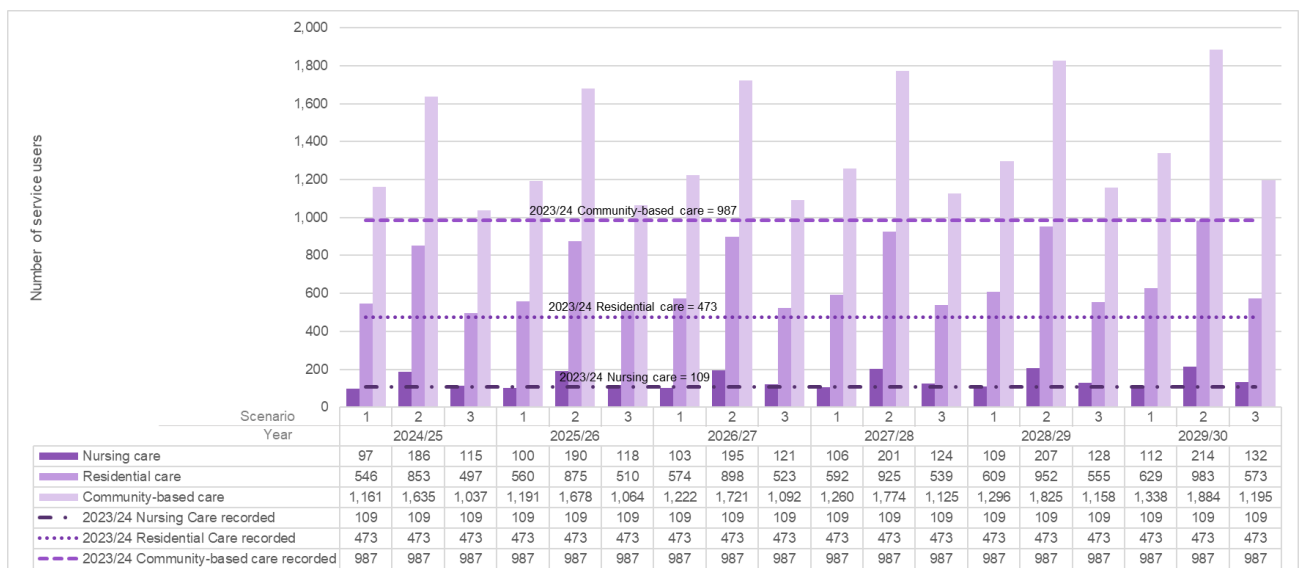
Combining these scenarios with the forecast increases in the population would see the number of:

- Community-based service users increase from 1,132 in 2023/24 to 1,884 in 2029/30
- Non-nursing residential service users increase from 532 in 2023/24 to 983 in 2029/30
- Nursing care users increase from 95 in 2023/24 to 112 in 2029/30

Details of projections under three different scenarios are detailed in Figure 5 below.

Scenario 1	Future years are calculated using proportion of people in Bedford Borough aged 65 and over who were receiving care in 2023/24
Scenario 2	Future years are calculated using the highest proportion of people in Bedford Borough aged 65 who were receiving care in the years 2018/19 to 2022/23
Scenario 3	Future years are calculated using the lowest proportion of people in Bedford Borough aged 65 who were receiving care in the years 2018/19 to 2022/23

Figure 5: Projections of service user numbers to 2029/30 under three different scenarios

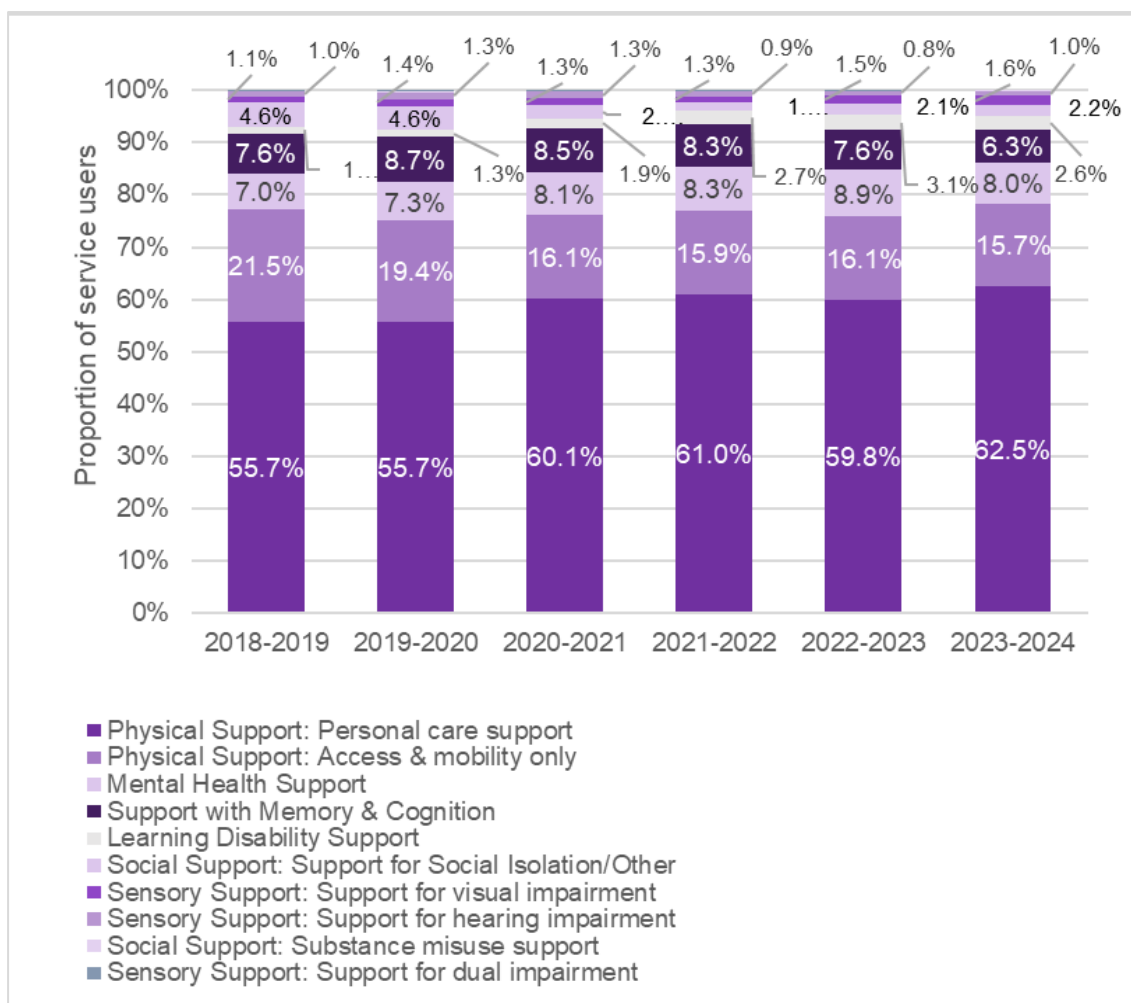


Source: Bedford Borough Council service user data and locally developed population forecasts 2023 – 2043. More information on how these forecasts were developed and additional detailed analysis can be found at: <https://bedford.jsna.uk/jsna/population-place/population-projections/>

Primary support reason

The reasons that people aged 65 and over need support from Adult Social Care are many and varied but by far the most common is support with personal care, with 62.5% of service users identified as having this as their primary need in 2023/24.

Figure 6: Proportion and number of service users by primary reason for support



Source: Bedford Borough Council service user data (please note percentages for Asylum seeker support, dual impairment and substance misuse are not displayed on the graph due to small numbers)

However, these figures only reflect the primary support reason recorded for each person and one individual may have a number of different support needs. It is also noticeable that the number of people receiving support for social isolation reduced considerably after 2019/20, but local intelligence suggests social isolation remains a significant issue. This disparity may well reflect that social isolation is not being recorded as the primary need but remains an important issue, nevertheless. Furthermore, these figures only reflect those receiving social care support, rather than the burden in the wider population.

How Needs are Met for Over 65s

The Care Act 2014 introduced national eligibility criteria which means that every local authority in England must adhere to the same standard of determining whether a person over the age of 18 years old, or is a carer, is eligible for a service, either commissioned directly by Adult Social Care or delivered by a Direct Payment.

The aim is to produce a consistent and fair framework for eligibility where the minimum threshold does not vary. Importantly, the Act formally extends existing local authority duties to include assessing carers' needs. It also ensures the provision of information and advice or preventative services, delaying, where possible, people from developing needs which meet the eligibility criteria or needing longer term care and support.

This approach helps people needing care or their carer to think more broadly about what support might be available in the local community or through their support networks to meet their needs and to support the outcomes they want to achieve.

Eligibility for services puts the person's desired outcomes at the centre of the assessment process and builds on their existing strengths and assets. Adult Social Care in Bedford Borough take a strengths-based approach to practice that draws on the person's capabilities and prioritises their desired outcomes.

It is important to recognise that a person's needs can fluctuate, and that they also change over time. Therefore, the interpretation of the eligibility criteria must be flexible enough to recognise this, without creating a premature or unnecessary dependency.

Decisions are made within the context of a human rights approach, considering people's needs not just in terms of physical functionality but also recognising a universal right to dignity and respect. 'Wellbeing' is a broad concept, and it is described as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
- suitability of living accommodation
- the individual's contribution to society

The individual aspects of wellbeing or the outcomes above are those which are set out in the Care Act and are most relevant to people with care and support needs and carers. There is no hierarchy, and all should be considered of equal importance when considering 'wellbeing' in the round.

Adult Social Care must consider whether the person is unable to achieve two or more of the activities of daily living below, which are set out in the eligibility regulations:

- managing and maintaining nutrition
- maintaining personal hygiene
- managing toilet needs
- being appropriately clothed
- being able to make use of the home safely
- maintaining a habitable home environment
- developing and maintaining family or other personal relationships
- accessing and engaging in work, training, education or volunteering
- making use of necessary facilities or services in the local community, including public transport and recreational facilities or services
- carrying out any caring responsibilities the adult has for a child

Further information on the adult social care offer from Bedford Borough Council, please visit:

<https://www.bedford.gov.uk/social-care-and-health/adult-social-care/support-we-can-offer-you>

At the heart of the approach is the belief that the wellbeing of people needing care and support is promoted. This is achieved by putting people at the centre of the care and support provided, understanding needs and making sure the individual is fully involved, by building on their own strengths and by concentrating on what they are able to do for themselves. This is referred to as an asset-based model of support. It is important to prevent people's needs escalating unnecessarily, therefore Bedford Borough Council has invested in community resources and facilities so that it can delay, prevent or reduce the need for support.

This includes ensuring that everyone has the information and advice they need to understand their rights, and how to access the support available. There is a range of community services for people in Bedford Borough who need social care support, and these are detailed in the [Adult Social Care Community Directory](#).

Reablement

Reablement is defined as a variety of interventions that can help an older person retain their functional ability and social participation and improve health and wellbeing. It works by reducing disability in individuals with health conditions and improving an individual's ability to interact with their environment.⁷ This is especially important at time of sudden deterioration in health, or when transitioning between home, hospital, or care home.

Reablement is a short-term intervention provided by Bedford Borough Council and is within the context of the Government's broad prevention agenda. The aim of this is to promote wellbeing and help reduce unnecessary hospital admissions, readmissions, and support timely discharge from hospital. It can also maximise independent living and reduce the need for an ongoing care package.⁸

For further information regarding Bedford Borough Council's Reablement Service please visit: [Reablement | Bedford Borough Council](#)

There are three indicators from the Adult Social Care Outcomes Framework (ASCOF) of particular interest when it comes to reablement:

1. Proportion of older people (aged 65 and over) offered reablement services following discharge from hospital
2. Proportion of older people (aged 65 and over) who were still at home 91 days after discharge after hospital into reablement/rehabilitation services
3. Outcome of short-term services: sequel to service

Proportion of older people offered reablement services following discharge from hospital

This indicator covers people where there is a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting).

In 2022-23, Bedford Borough Council had a lower proportion of older people being offered reablement services compared to both England and regional neighbours.⁹ However, it is difficult to draw clear patterns from this data due to the variability in figures year to year.

⁷ British Geriatrics Society. (2024). *Reablement, Rehabilitation, Recovery: Chapter two - Purpose and context*. [online] Available at: <https://www.bgs.org.uk/resources/reablement-rehabilitation-recovery-chapter-two-purpose-and-context> .

⁸ Social Care Institute for Excellence (2020). *Role and principles of reablement*. [online] SCIE. Available at: <https://www.scie.org.uk/integrated-care/intermediate-care-reablement/role-and-principles-of-reablement/> .

⁹ NHS England (2024) Measures from the Adult Social Care Framework (ASCOF). [online] Available at: [NHSE PowerBI Report](#)

Figure 7: Proportion and number of older people (aged 65 and over) offered reablement services following discharge from hospital

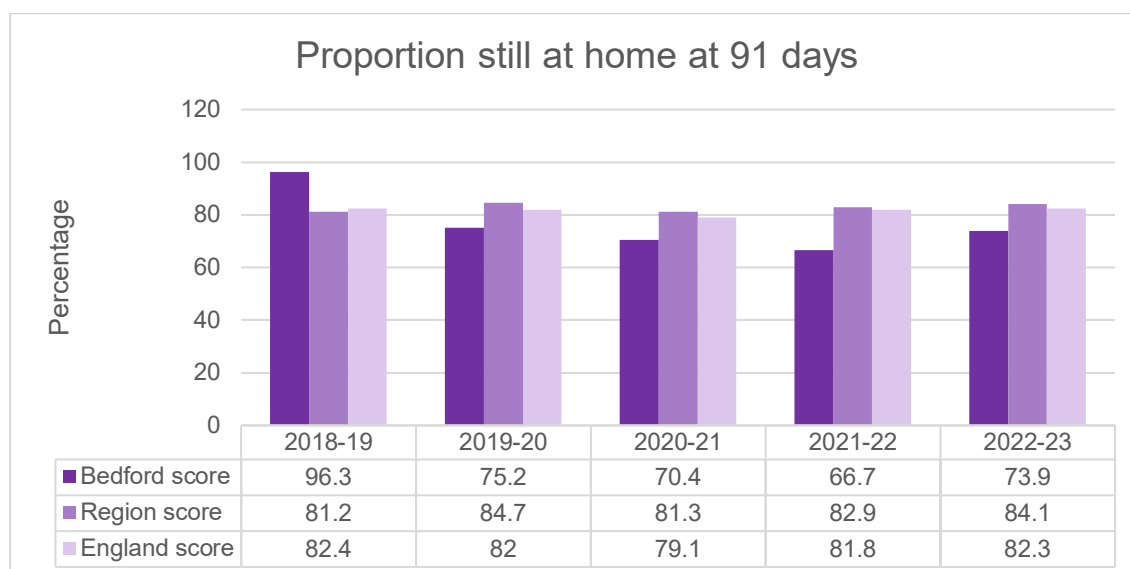


Source: NHS England, Measures from the Adult Social Care Framework (ASCOF). Retrieved from: [NHSE PowerBI Report](#)

Percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services

Although there is still variability in local data (similar to the above indicator), Bedford Borough has been significantly worse than both England and other local authorities in the same deprivation decile from 2019/20 2021/22 (2022/23 benchmarking pending).¹⁰

Figure 8: Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services



¹⁰ PHE Fingertips (2024). *Department of Health and Social Care*. [online] Phe.org.uk. Available at: <https://fingertips.phe.org.uk/search/reablement#page/4/gid/1/pat/10146/par/cat-146-7/ati/402/are/E06000055/iid/90584/age/27/sex/4/cat/-1/ctf/-1/yrr/1/cid/1/tbm/1> [Accessed 20 Dec. 2024].

Source: NHS England, Measures from the Adult Social Care Framework (ASCOF). Retrieved from: [NHSE PowerBI Report](#)

There was a marked decrease in 2019/20 for Bedford Borough and, although this coincides with the start of the COVID-19 pandemic, this trend was not seen nationally or regionally.

The data can be split into various age bands and by gender, however the only group for which the proportion of people still home at 91 days is similar to national figures is for adults aged 65-74. For all other groups Bedford is significantly worse.

In 2022-23:¹¹

- 73.9% of older people aged 65 and over were still at home 91 days after discharge from hospital into reablement/rehabilitation
 - This compares to 84.1% for England
 - This is an increase compared to 66.7% the previous year
- The proportion of people still at home was highest in the 65-74 age group at 84.6%
 - 68.4% in those 75-84 years
 - 75.7% in those aged 85 and over
- Higher in males compared to females
 - 76.1% vs 71.4%
- The greatest difference from England was for:
 - the 75-84 years age group
 - females (all ages)

Outcome of short-term services: sequel to service

This is the proportion of people who received short-term services during the year – who previously were not receiving services – where no further request was made for ongoing support. It evidences a good outcome in terms of maximising independence and delaying dependency on, reducing, and preventing further care needs.¹²

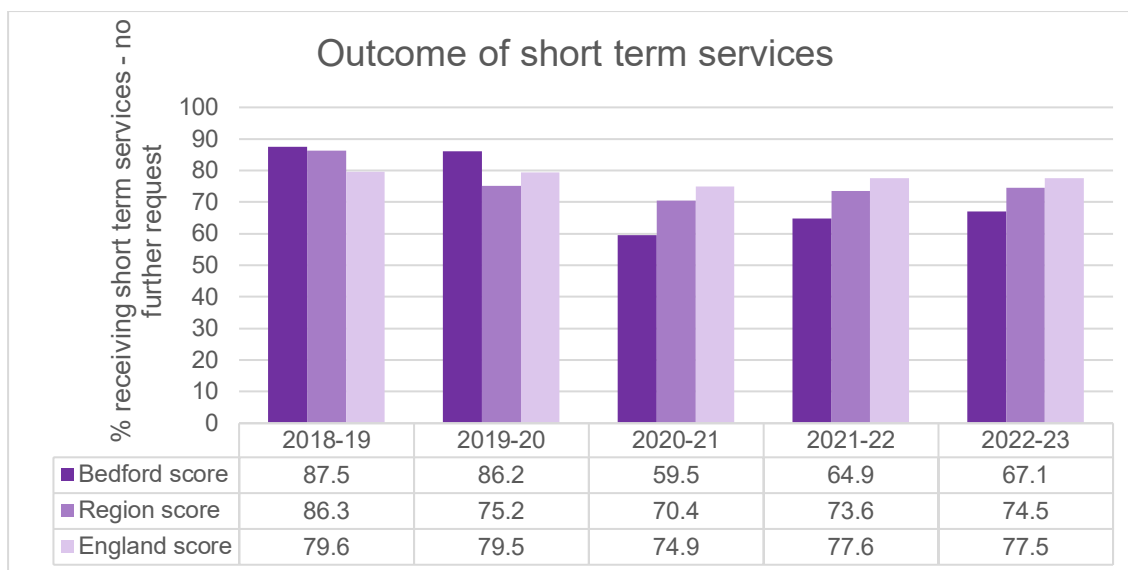
This is lower in Bedford compared to regional and national averages.¹³

Figure 9: The proportion who received short term services during year where no further request for ongoing support

¹¹ NHS England (2024) Measures from the Adult Social Care Framework (ASCOF). [online] Available at: [NHSE PowerBI Report](#)

¹² Department of Health and Social Care (2017). *Adult social care outcomes framework: handbook of definitions*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions>.

¹³ NHS England (2024) Measures from the Adult Social Care Framework (ASCOF). [online] Available at: [NHSE PowerBI Report](#)



Source: NHS England, Measures from the Adult Social Care Framework (ASCOF). Retrieved from: [NHSE PowerBI Report](#)

Care homes

Although the aim is for the person to remain at home for as long as possible, in some circumstances even extensive support in the community, or supported housing, may not be sufficient to maintain the health and wellbeing of the individual. In care homes (or residential home), the person is supported with personal care, and they don't need to carry out day-to-day tasks such as cleaning and cooking. Residents in a nursing home will have a range of medical needs, and nurses provide medical care 24 hours a day.¹⁴

Permanent admissions to Residential and Nursing Care homes in Bedford¹⁵

National data has a single category for admissions, as 'residential and nursing care homes' combined.¹⁶ The term 'care home beds' also refers to both residential and nursing home beds.¹⁷

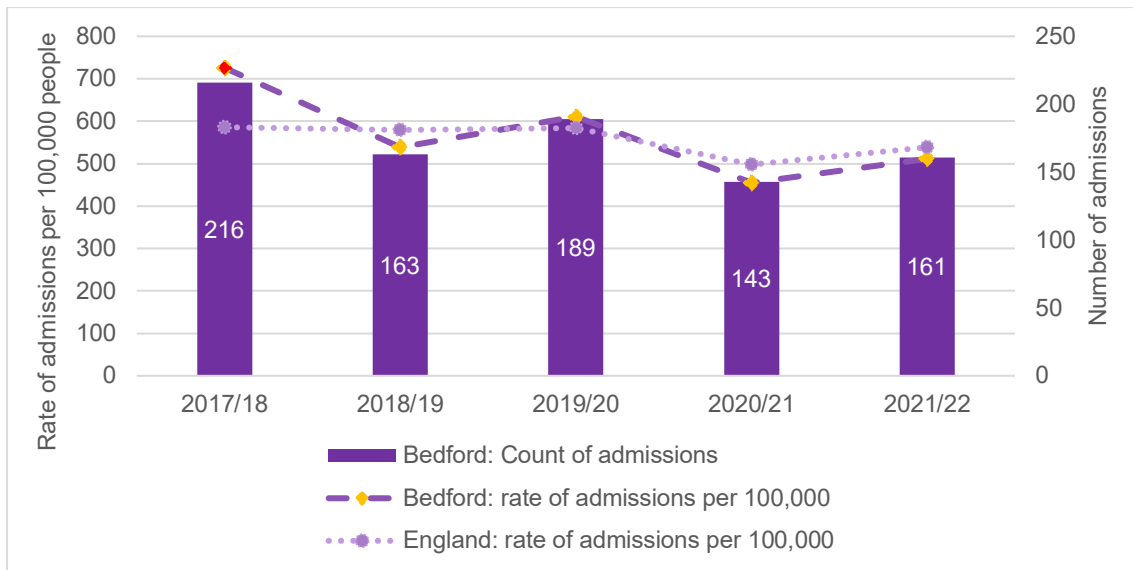
Figure 10: Permanent admissions to residential and nursing care homes (age 65 and over)

¹⁴ Care UK (n.d.). *What's the difference between a care home and a nursing home?* | Care UK. [online] www.careuk.com. Available at: <https://www.careuk.com/help-advice/what-s-the-difference-between-a-care-home-and-a-nursing-home>.

¹⁵ PHE Fingertips (2024). *Department of Health and Social Care*. [online] Phe.org.uk. Available at: <https://fingertips.phe.org.uk/search/permanent%20admissions%20to%20residential%20and%20nursing%20care#page/4/gid/1/pat/6/par/E12000006/ati/402/iid/1194/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> [Accessed 20 Dec. 2024].

¹⁶ PHE Fingertips (2024). *Department of Health and Social Care*. [online] Phe.org.uk. Available at: <https://fingertips.phe.org.uk/search/care%20homes#page/6/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/1194/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> [Accessed 20 Dec. 2024].

¹⁷ PHE Fingertips (2024). *Department of Health and Social Care*. [online] Phe.org.uk. Available at: <https://fingertips.phe.org.uk/search/care%20homes#page/6/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/92489/age/162/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> [Accessed 20 Dec. 2024].



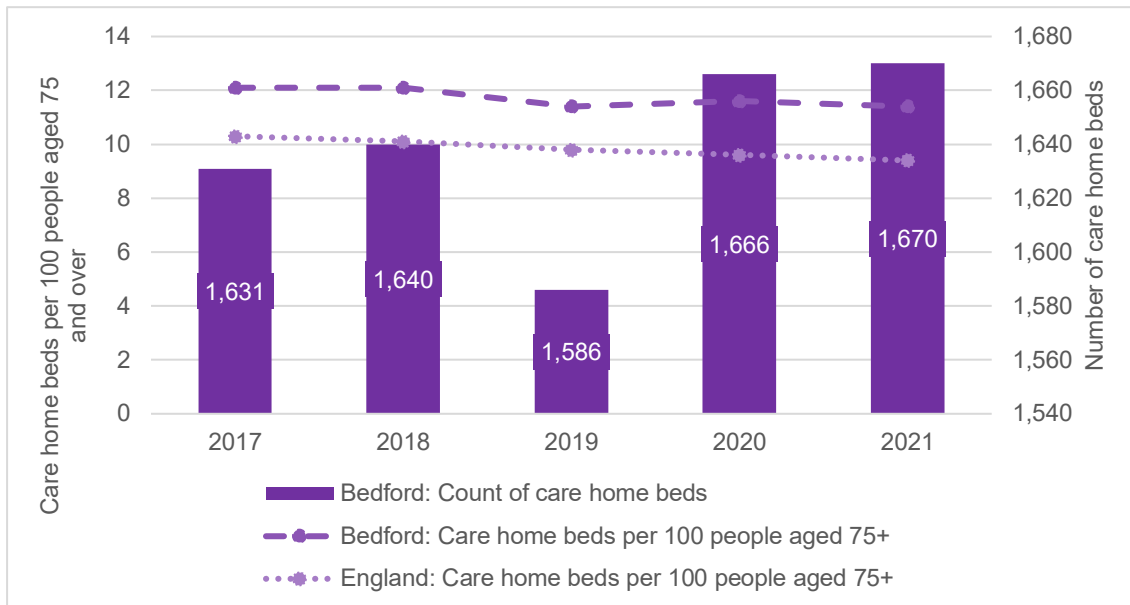
Source: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

Over this time period, the number of permanent admissions to residential and nursing care home beds for adults aged 65+ has decreased slightly, largely due to greater emphasis on maintaining people in their own home for as long as possible.

Therefore, although during the period 2016/17 to 2017/18 the rate of admissions for this group was significantly higher than the national average, Bedford is now similar to England (no deprivation decile comparator available).

Care home (residential and nursing home) beds

Figure 11: Care home beds per 100 people (aged 75 and over)



Source: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)

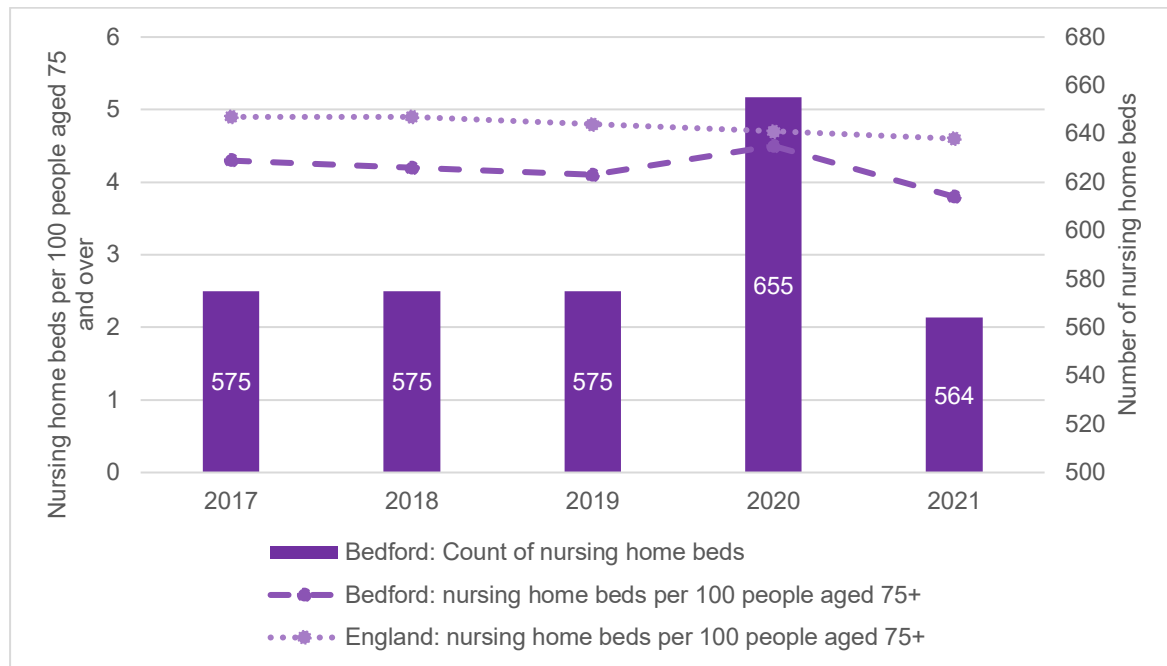
Bedford has a higher number of care home beds per 100 people aged 75+ (no RAG rating available), and although the absolute number of care home beds in Bedford has increased over the past 10 years. This may be due to the higher number of people aged 75 and over in

Bedford attracting more care homes than is average. However, there is also a high number of beds in Bedford which are accessed by people from neighbouring authorities. Local information suggests that providers see Bedford as an attractive option for opening up new provision, including supported accommodation as well as residential care.

Nursing home beds

This data covers only nursing homes (compared to the above data which includes residential homes as well) and is a marker of people with a high degree of need.¹⁸

Figure 12: Nursing home beds per 100 people aged 75 and over



Source: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

Whereas Bedford has a high number of care home beds per 100 people aged 75 and over compared to England, for nursing homes the number in Bedford is lower. However, unlike care homes in Bedford, the absolute number of beds in nursing homes has increased, raising the number of beds per 100 people slightly.

Self-funding

People who organise and pay for their own care and support directly with a provider, such as a care home or a domiciliary agency are referred to as Self-funding their care, and do not receive financial support from the local authority.¹⁹ However, in contrast to the state-funded population there are no requirements to collect this data, therefore it can be difficult to assess the size (and needs) of this population.

¹⁸ PHE Fingertips (2024). *Department of Health and Social Care*. [online] Phe.org.uk. Available at: <https://fingertips.phe.org.uk/search/nursing%20homes#page/6/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/92490/age/162/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1> [Accessed 20 Dec. 2024].

¹⁹ ONS (2021). Blog. *Social care: Estimating the size of the self-funding population* | National Statistical. [online] Available at: <https://blog.ons.gov.uk/2021/02/03/social-care-estimating-the-size-of-the-self-funding-population/>.

In England, people are not entitled to help with the cost of care from their local authority if:²⁰ they have assets worth more than £23,250. This includes savings and property. However, if they are receiving care in their own home, the value of property is not taken into account.

For someone who is funding their own care or support, there are two ways to arrange care:²¹

- By arranging and paying for care themselves without involving the council
- By asking the council to arrange and pay for their care. The council will then bill them. Approximately 25% of people funding their own care and support become eligible for local authority support after time due to depleted funds.²²

There is some evidence to suggest that although councils provide help and advice to people whose care they fund to help them decide on and organise care, in practice this is less likely to happen for people who are responsible for funding their own care and support.²³ They may not have a formal assessment of their needs, which can result in them arranging insufficient care, or alternatively more care than they actually need.^{24,25} Research suggests that people who arrange their own support and care pay, on average, 41% more for a place in a care home than those places funded by local authorities in the same care home.²⁶

Knowledge of this population is low in general, but most of the information that exists focuses on residential and nursing care rather than home/community care. It is estimated that across the system, 25% of home care hours is provided to people who fund their own support and care.²⁷

According to the 2021 census, individuals aged 65 years and older formed most of the care home population (82.1%).²⁸

In England in 2022/23:²⁹

- 37% of care home residents were fully funding their own placement.
- The percentage of residents self-funding was higher in least deprived areas compared to more deprived areas
 - 56.7% in the least deprived decile compared to 20.1% in the most deprived decile

²⁰ NHS (2018). *Paying for your own social care (self-funding)*. [online] nhs.uk. Available at:

<https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/paying-for-your-own-care-self-funding/>.

²¹ NHS (2018). *Paying for your own social care (self-funding)*. [online] nhs.uk. Available at:

<https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/paying-for-your-own-care-self-funding/>.

²² ONS (2021.). Blog. *Social care: Estimating the size of the self-funding population* | *National Statistical*. [online] Available at:

<https://blog.ons.gov.uk/2021/02/03/social-care-estimating-the-size-of-the-self-funding-population/>.

²³ NIHR Evidence. (2021). *People who fund their own social care receive little help to navigate the system*. [online] Available at:

<https://evidence.nihr.ac.uk/alert/social-care-self-funders-need-help-navigating-system/>.

²⁴ NIHR Evidence. (2021). *People who fund their own social care receive little help to navigate the system*. [online] Available at:

<https://evidence.nihr.ac.uk/alert/social-care-self-funders-need-help-navigating-system/>.

²⁵ Baxter, K. and Glendinning, C. (2014). *Improving the evidence base for adult social care practice Scoping Review School for Social Care Research People who fund their own social care*. [online] Available at: https://www.sscr.nihr.ac.uk/wp-content/uploads/SSCR-scoping-review_SR011.pdf [Accessed 20 Dec. 2024].

²⁶ ONS (2021.). Blog. *Social care: Estimating the size of the self-funding population* | *National Statistical*. [online] Available at:

<https://blog.ons.gov.uk/2021/02/03/social-care-estimating-the-size-of-the-self-funding-population/>.

²⁷ Baxter K, Heavey E, Birks Y (2020). 'Choice and control in social care: experiences of older self-funders in England'. *Social Policy Administration*, 54(3), pp 460-474. Available at <https://onlinelibrary.wiley.com/doi/full/10.1111/spol.12534#>

²⁸ Barrett, S. and Bunk, H. (2023). *Life expectancy in care homes, England and Wales - Office for National Statistics*. [online] www.ons.gov.uk. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/articles/lifeexpectancyincarehomesenglandandwales/2021to2022>.

²⁹ ONS (2023). *Care homes and estimating the self-funding population, England - Office for National Statistics*. [online] www.ons.gov.uk. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesandestimatingtheself-fundingpopulationengland/2022to2023>.

- The proportion of people funding their own care and support was higher in care homes for older people than those providing dementia care
 - 48.9% vs 40.3%
- Larger care homes had a greater % of self-funders than smaller care homes
 - 12% in care homes 1-19 beds vs 45% in those with 60 or more beds
- There is no difference between care homes who do/do not provide nursing care

In Bedford Borough, 35.4% of care home residents were self-funded. Although this compares to 37% nationally, for local authorities in the same deprivation decile (4th least deprived) this was 42.1%.³⁰

Service user perspective

The Adult Social Care User Survey (ASCS) is a yearly survey that asks service users questions about quality of life and what impact care and support services on their quality of life. Data from this is then used to populate outcome measures in the Adult Social Care Outcomes Framework (ASCOF), along with other sources of data collected by local authorities. Included on the survey are questions about the demographics of respondents (age, ethnicity), quality of life and people's satisfaction with support, and service-related data regarding how different support needs are met (for example by admission to residential and nursing care homes)

Data is collected for 4 Strata:

1. Learning disability support (all ages)
2. 18-64 years excluding learning disability support
3. 65+ years in residential care, excluding learning disability support
4. 65+ years in the community, excluding learning disability support

Full data for Bedford Borough is available on request, but in summary:³¹

In stratum 3 (222 people):

- 28% were male and 72% female
- 75% were of White ethnicity
- The peak age group was 85-89 years
- The most common primary support reason was physical support: personal care support

In stratum 4 (315 people):

- 34% were male and 66% female
- 68% were of White ethnicity
- The peak age group was 80-84 years
- The most common primary support reason was 'physical support: personal care support', followed by 'physical support: access and mobility only'

³⁰ ONS (2023). *Care homes and estimating the self-funding population, England - Office for National Statistics*. [online] [www.ons.gov.uk](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesandestimatingtheself-fundingpopulationengland/2022to2023). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesandestimatingtheself-fundingpopulationengland/2022to2023> .

³¹ Local data (collected from ASCS responses), Bedford Borough Council

Therefore, comparing older adults living in residential care to those in community settings, respondents were more likely to be older and female, with people in community settings having a slightly broader set of needs.

In addition to showing demographic information regarding who is receiving care, the ASCS includes a question regarding how satisfied the person is with the care they receive, measured on a scale of 1 (extremely or very satisfied) to 5 (extremely or very dissatisfied). In total, 60.7% of respondents indicated that their care was 'extremely or very satisfied', which is lower compared to national scores. However, when also including those who are 'quite' satisfied, this jumps to 88% of people using social care services in Bedford who are satisfied with the care and support services they receive.²⁶

Satisfaction scores are slightly higher in people over the age of 65 compared to younger age groups.²⁶ and there is no clear trend either locally or nationally.³²

However, it is important to note that the above reflects the views of those who responded to the survey rather than the total number of adults receiving care, and that a number of adults were excluded as they lacked the capacity to consent to fill in the questionnaire.

To view the adult Social Care Data Hub published by NHS Digital please click here: [Measures from the Adult Social Care Outcomes Framework, England, 2022-23 - NHS England Digital](#)

Further detail regarding the Adult Social Care Survey can be found here:

[Social Care User Surveys \(ASCS and SACE Data Collections\) - NHS England Digital](#)

Safeguarding

All people in the communities of Bedford Borough Council have a right to live a life that is free from violence, fear and abuse. To be protected from harm and exploitation and to have independence, may involve a degree of risk.

Safeguarding adults services in Bedford Borough are coordinated by the Local Safeguarding Board for Bedford Borough and Central Bedfordshire. The role of the Board is to promote the safety of adults by developing robust multi-agency systems for the prevention and investigation of the abuse of adults, and is a statutory board formed under Section 42 of the Care Act 2014.

For further information regarding Safeguarding in Bedford Borough and how the board meets these statutory objectives, please visit: [Safeguarding in Bedford Borough](#)

In 2022-23, Bedford Borough Council received 2,602 concerns for all age groups, with 97 (3.7%) being taken forward for formal Enquiry under the Care Act 2014 (Section 42).³³ The local Safeguarding Board covers both Central Bedfordshire and Bedford Borough, and for Central Bedfordshire this figure was higher at 6.9%.

Out of these 97, 60 were female (62%), and 40% were regarding adults over the age of 65, as shown below:³⁴

³² NHS England, Adult Social Care Outcome Framework, 2022-23, retrieved from [Microsoft Power BI](#)

³³ Central Bedfordshire and Bedford Borough Safeguarding Adults Board Annual Report 2022-23 [Safeguarding Adults Board Annual Report 2022 to 2023 \(bedford.gov.uk\)](#)

³⁴ Local data, Bedford Borough Council

Table 1: Number of Section 42 Enquiries

Age band	Number of Section 42 Enquiries
18-64	58
65-74	11
75-84	12
85+	16

Deprivation of Liberty Safeguards (DoLS)

As part of the Mental Capacity Act 2005, DoLS provides legal protection for individuals who lack capacity and who may be deprived of their liberty in hospitals or care homes to protect them from harm. The safeguards are designed to protect the interests of an extremely vulnerable group of individuals and to:

- Ensure people can be given the care they need in the least restrictive regimes
- Prevent arbitrary decisions that deprive vulnerable people of their liberty
- Provide people with rights of challenge against unlawful detention

DoLS apply to anyone aged 18 and over:

- Who has a mental disorder or disability of the mind – such as dementia or a profound learning disability
- Who lacks the capacity to give informed consent to the arrangements made for their care and/or treatment and
- For whom deprivation of liberty (within the meaning of Article 5 of the European Convention on Human Rights) is considered after an independent assessment to be necessary in their best interests to protect them from harm.

DoLS cover patients in hospitals, and people in care homes.

This judgment will have significant implications for the delivery of services to adults with learning disabilities and older people with, for example, dementia and adults with neurological conditions.

To activate DoLS, the Managing Authority (Care Home/Hospital) completes a request for an urgent or a standard authorisation. The Supervisory Body (Bedford Borough Council) has 7 days to complete 6 assessments for an urgent authorisation and 21 days to complete assessments if a standard authorisation is requested. There has to be a minimum of 2 assessors; a Section 12 Doctor and a Best Interest Assessor (BIA) qualified social worker.

Table 2: DoLS Requests in Bedford Borough 2022-23³⁵

Total DoLS Requests 2022-23	1201
Number of authorisations granted	926
Number NOT granted	210
In progress (as of 31/3/2023)	65

Of these requests:

- 466 (38.8%) were urgent
- 721 (60.1%) were standard requests
- 14 (1.1%) were reviews of standard authorisations

³⁵ Local data, Bedford Borough Council

The Safeguarding Adults Board Annual Report (2022-23) details full recommendations, and priorities for the Board for 2023-24. [Safeguarding Adults Board Bedford Borough and Central Bedfordshire Annual Report 2022-23](#)

Impact of Covid-19

Care home residents were especially at risk of COVID-19 because of their age, co-morbidities, prevalent frailty, cognitive impairment, and functional dependency. They were also more vulnerable by virtue of frequent close and personal contact with other residents and carers.³⁶ Concerns were also raised regarding the guidance provided by the Government to care homes, for example feelings that measures were delayed or not implemented effectively, guidance changing frequently, and problems implementing these guidelines.³⁷

While fewer domiciliary care users died than care home residents, in proportional terms the increase in deaths has been higher in domiciliary care than care homes. Many of these deaths were not linked explicitly to COVID-19 and it is unclear where these additional deaths were due to the indirect impacts of the pandemic or as a result of undiagnosed cases. Discharges from hospitals to residential care homes decreased during the pandemic period, although there remains controversy around the guidance provided for this.³⁸

In addition to people receiving social care services, COVID-19 also had a significant impact on the workforce.³⁹ Social care workers were among the occupational groups at highest risk of COVID-19 mortality, with care home workers and home carers accounting for the highest proportion.⁴⁰ The number of people providing unpaid care increased during the pandemic, with new carers likely to be of working age and to have children. Carers UK reported that care responsibilities have increased for most carers.⁴¹

³⁶ Marshall, F., Gordon, A., Gladman, J.R.F. and Bishop, S. (2021). Care homes, their communities, and resilience in the face of the COVID-19 pandemic: interim findings from a qualitative study. *BMC Geriatrics*, [online] 21(1). <https://link.springer.com/content/pdf/10.1186/s12877-021-02053-9.pdf>.

³⁷ Rajan, S., Comas-Herrera, A. and McKee, M. (2020). Did the UK government really throw a protective ring around care homes in the COVID-19 pandemic? *Journal of Long-term Care*, [online] 2020, pp.185–195. Available at: <https://eprints.lse.ac.uk/107086/>

³⁸ The Health Foundation (2020) Adult Social Care and COVID-19: Assessing the impact on social care users and staff in England so far. Available at <https://doi.org/10.37829/HF-2020-Q16> (accessed 09/07/2024)

³⁹ The Health Foundation (2020), Going into COVID-19, the health and social care workforce faced concerning shortages. Available at: <https://www.health.org.uk/reports-and-analysis/analysis/going-into-covid-19-the-health-and-social-care-workforce-faced> (accessed 19/12/2024)

⁴⁰ The Health Foundation (2020) Adult Social Care and COVID-19: Assessing the impact on social care users and staff in England so far. Available at <https://doi.org/10.37829/HF-2020-Q16> (accessed 09/07/2024)

⁴¹ International Long term care policy network (2023), COVID-19 and the Long-Term Care system in England (UK). Available at: <https://ltccovid.org/ltccovid-country-profile-england-uk/> (accessed 19/12/2024)