



Adult Social Care 2015 - 2018

Market position statement



LONDON BOROUGH OF
BEXLEY

Executive Summary

Although an outer London borough, Bexley experiences many inner London pressures, such as population change and migration; pressures on housing stock and school places; transport infrastructure; and disparities in the jobs market. Bexley has an ageing population, with the third highest level of people aged 65+ in London. Dementia, sensory impairment, frailty and other complex health and social care needs are expected to increase as people age further.

The Council's role in directly purchasing care and support for people is reducing. To allow people more choice and control over the care and support they receive by purchasing services themselves, the use of personal budgets and direct payments is increasing. This will require more diversity and flexibility from care providers, who must understand the needs of individuals as well as community provision. Self-funders will also commission care, and the Council wants to work with providers to better understand the needs of this cohort to inform our market intelligence.

Demand for social care services continues to rise against a backdrop of reduced funding to deliver the same level of services. The market will need to offer new, innovative ways of service design and delivery, whilst ensuring that the core principles of prevention, independence and integration are included to achieve good health, care and wellbeing outcomes for the population.

Services that offer information, advice and guidance are an integral part of preventing people's health and social care needs from worsening. Accessing information and advice about care and support options is both beneficial to individuals and financially favourable for the Council and its partners, so providers will need to integrate information and advice into their services.

Our vision is for every resident to have good health, care and support. This includes supporting people to live independently with dignity in their community and ensuring they can live long, fulfilling and meaningful lives with their friends, family and networks.



The purpose of this Market Position Statement is to strengthen the communication between potential providers and the London Borough of Bexley, thereby enabling stronger market intelligence to improve services for residents. A clearer overview of the local market will lead to better evidence-based commissioning.

Care providers from all sectors are encouraged to develop innovative proposals that address the demands highlighted in this document. A diverse range of service provision is sought to help achieve our commissioning principles and overarching vision for social care in Bexley.

Foreword

In Bexley, we believe that everyone has the right to good health, care and support. We want people living in Bexley to be healthy, happy, and resilient and have access to high quality services if they are needed. We are committed to ensuring that Bexley continues to be a place that supports and enables positive health and wellbeing.

We want the people who use Bexley's care services to have a positive experience of the care they receive. Good health and wellbeing is in everyone's interest. It is everyone's responsibility and requires everyone to play their part. This document sets out how we want to work with our service providers to ensure everyone receives the care and support they need.



What is a Market Position Statement?

A Market Position Statement (MPS) is a tool with information for providers of care services to help them to:

- make decisions about whether and how to invest in services in Bexley
- develop further opportunities in Bexley for those receiving social care support using personal budgets
- understand the future needs of people living in the borough and the predicted impacts on the demand for services

This MPS is aimed at existing and potential providers of provision and support services for adults with care and support needs.

This document sets out the Council's vision for the future of local social care markets. Current and future providers of adult social care services can learn about the Council's intentions as a purchaser of services.

Voluntary and community organisations can learn about future opportunities and enable them to build up their knowledge of local needs to develop new activities and services. Organisations interested in local business development and social enterprise can use this document to read about new opportunities in the market and decide whether they can offer anything to the market.

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Supporting documents:

- [Adult Social Care Annual Report \(2014\)](#)
- [London Borough of Bexley's Corporate Plan \(2014-18\)](#)
- [Health & Wellbeing Board Strategy \(2013-15\)](#)
- [Bexley's Vision for Growth](#)
- [Bexley's Joint Strategic Needs Assessment \(2014\)](#)
- [Bexley's Carers Strategy \(2013\)](#)

Care and Support Jargon Buster:

For a glossary of frequently used social care terms, please refer to [Think Local, Act Personal's Jargon Buster](#).

Unless otherwise stated, all figures quoted in this document are taken from the London Borough of Bexley's Joint Strategic Needs Assessment (2014).

Produced by the London Borough of Bexley with support from Bexley Clinical Commissioning Group and Oxleas NHS Foundation Trust.

I. Bexley's Vision for Adult Social Care

Bexley's Vision for Adult Social Care underpins every decision that the Council makes about social care. It sets out our guiding principles that inform how we run our services and what we measure against to ensure our residents get the best outcomes and are satisfied with our services. Each of the themes runs through all of our adult social care service areas so it is important that providers understand them:

- Preventing or delaying care & support needs
- Intervening early to help people maintain independence and avoid admission into hospital
- Ensuring “joined up” services with health colleagues
- Greater choice and control, including personal budgets to develop “the local care market to ensure the quality and diversity of provision”
- Safeguarding: everyone is treated with dignity and respect
- Improve the outcomes for residents: a sustainable system that supports the most vulnerable people and delivers value for money
- Support people to live as independently as possible

Ensuring our residents enjoy the best quality of life

We want our residents to enjoy the best quality of life, based on **choices** that are important to them. We recognise that many things affect people's health and feelings of **safety**, opportunities for **education and learning, employment and housing, social contact** including relationships with **friends and family, leisure activities** and access to **green space**.

Whilst the vast majority of people in Bexley already experience a good quality of life, we know that this is not always the case for everyone and that some people

may need help during their lives due to unemployment, disability, health problems, homelessness, social isolation or because they are victims of crime.

Our services play a crucial role in helping residents to **remain healthy and independent**, whether that be through the provision of **information and advice**, access to **universal or prevention services**, or more **intensive support** to those with very significant needs.

Transforming our health and adult social care services

Our health and social care services face a complex mix of demographic change, rising demand and increased cost. We are working to address these challenges by transforming our services so that these focus more on **preventing or delaying people's care and support needs** and **by intervening early to help people maintain their independence**. We **work in partnership with health colleagues** to deliver services and seek to **provide appropriate “joined up” care and support** to people close to home. By responding to people's needs early in the community, we can **prevent or avoid admission to hospital**. Also, following a personal crisis, we can help people to **maintain or regain their independence and skills** so that they can **continue to live safely in their own home**.

We seek to give people **greater choice and control** over their own care and support through ‘personal budgets’ and by **developing the local care market** to ensure the **quality and diversity of provision**. At all times we work hard to **ensure best practice** in care, that people are **treated with dignity and respect**, and **safeguarded from harm**.

The changes we are making across health and adult social care are designed to **improve the outcomes for our residents** and their individual experience of care, whilst at the same time ensuring that we are making best use of the available resources. We, therefore, need to ensure that we have a **sustainable system that supports the most vulnerable people** and also delivers **value for money for Bexley residents**.

Against this backdrop, we need to think carefully about the role of the Council and set out how we will work with people to support them to live as independently as possible. This includes ensuring that individuals and communities understand their own responsibilities in terms of what they can do for themselves.

We will be able to judge whether we have been successful in achieving this vision against the following outcomes:

- We have prevented, avoided or delayed an individual's need for care and support.
- We have enabled more people to remain living independently in their own home for as long as possible.
- People with care and support needs feel that they have a better quality of life with increased choice and control over their lives.
- People have a positive experience of care and support, and feel that they are treated with dignity and respect.
- People feel safe and adults at risk are protected from avoidable harm.

The [full version of Bexley's Vision for Adult Social Care](#) is available on our website.

Adult Social Care Annual Report 2014

[Bexley's 2014 Adult Social Care Annual Report](#) shows our latest progress against our Vision for Adult Social Care. Our proposed priorities for the period 2014-18 are as follows:

- Help you to help yourself
- Promote your independence
- Recognise, value and support Carers
- Support your right to live free from abuse

These priorities are reflected across other local care strategies, including the Corporate Plan and Bexley's Health & Wellbeing strategy.

What do our residents say?

Our annual Adult Social Care User Experience Survey (2014/15) shows us that:

- 60.8% of people who use services are satisfied with their care and support.
- 67.7% of people find it easy to access information about services.
- 69.1% of people who use services have control over their daily life.
- 65.2% of people who use services feel safe.
- 75.8% of people, who use services, say that those services have made them feel safe and secure.
- 38.7% of people who use services and their carers report that they have as much social contact as they would like.

“Investing in Bexley”:

The Corporate Plan for the London Borough of Bexley (2014-18)

The [London Borough of Bexley's corporate plan](#) sets out the priorities for the borough from now until 2018. Highlighted below are the priorities and activities that are relevant to the provision of care and support services in the borough and ensuring that our residents are cared for properly.

I. Growing a Thriving Economy

Fostering local business growth and employment: Including working with partners to develop the local market for care and to extend opportunities for business support.

2. Living long, fulfilling and independent lives

Helping vulnerable adults and older people remain at home for longer:

- Open a new 'extra care' reablement facility to help people recover and return home after illness or injury
- Invest in services that help older people remain socially and mentally active, optimising opportunities for health and participation and addressing mental health needs in order to enhance quality of life as people age.

Helping people lead active and enriched lives:

- Encourage people to adopt healthy and active lifestyles through universal leisure provision as well as new physical activity programmes that target key diseases and prevent/reduce ill health
- Deliver an enhanced programme of NHS health checks for people aged 40 to 74 to reduce the risk of future cardiovascular diseases
- Provide a comprehensive and efficient Council library service and promote further community management, to enable local communities to further shape services

3. Providing Value for Money

Deliver services differently to do more with less: Work with our partners to commission joined up services, especially for health and social care.

Our Commissioning Outcomes

It is essential that our health and social care partners understand the London Borough of Bexley's commissioning intentions. These are our guiding principles and expected outcomes for the population. It is expected that every provider who is commissioned to deliver health, care and support services in the borough is

committed to these principles and delivers these outcomes at every level of their service:

- Understanding the needs of service users
- Putting the outcomes of service users at the heart of the service
- Ensuring the contracting process is transparent and fair
- Seeking feedback on services
- Using our strategic commissioning expertise to retain services and bring in new ones, but also decommission where the service is ineffective
- Value for money underpins all of our decisions

In line with our Vision for Adult Social Care, it is expected that commissioned care providers operating in Bexley borough are aware of and have a commitment to the following overarching aims:

- Ensuring people have a positive experience of care
- Delaying and reducing the need for care, support and admission to hospital
- Enhancing quality of life for people with care and support needs
- Helping people recover from adverse events, illness and injury
- Enhancing the quality of life for people with long term conditions

The London Borough of Bexley's integrated commissioning team also adhere to London Council's pan-London Commissioning Principles, which also guide our work in Bexley. These are currently in development to be released in 2015.

2. The national context

The government's Care Act 2014 changes the way local authorities and their partners deliver care and support services to the population, ensuring that care and support is fairer, clearer and available to more people. The key themes include prevention and early intervention of people's needs, more choice and control for people to decide what support is right for them, and a focus on the overall wellbeing of individuals, families and their carers. This national vision of social care fits with Bexley's own, particularly in areas around prevention, working closely with health and other partners, the importance of safeguarding and helping people to remain independent for as long as possible.

The Care Act also changes the way that care is funded. Those who usually arrange and pay for their own care and support, without initial Council intervention, can ask for a needs assessment and for their care to be organised by the Council. This cohort, called "self-funders", can act as commissioners themselves and will increasingly influence decisions about care and support provision in the borough.

The Care Act also places a duty on local authorities to provide information and advice on services for the care, support and wellbeing needs of the local population. Carers now have the same rights to needs assessment, financial assessment and support planning as those that they care for, emphasising the underpinning theme of people's "wellbeing" which is found throughout the Act.

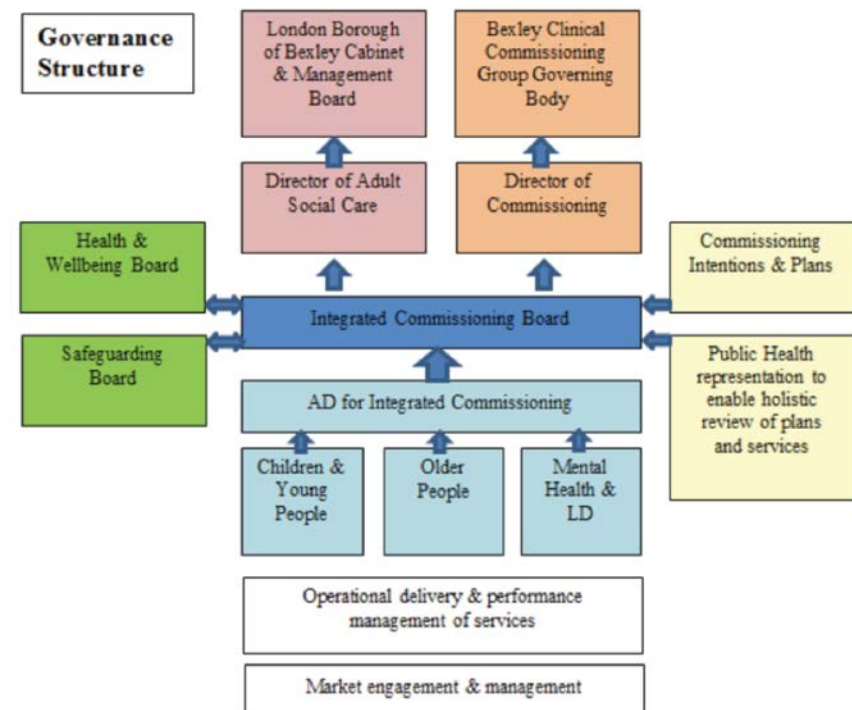
Significantly, the government has introduced a duty upon all local authorities to promote diversity and quality in the provision of services. Service providers must rise to the challenge and develop innovative and high-quality care and support options that are rooted in the community and support people to achieve their goals and aspirations.

Councils are also responsible for enabling a sustainable and diverse market for social care. This Market Position Statement sets out the details to achieve this in Bexley.

More information on the Care Act changes and its impact on care providers can be found on [the Department of Health website](#).

3. Who delivers social care in Bexley?

Some social care services in Bexley are provided directly by the Council, however the majority are commissioned by Bexley's Integrated Commissioning Unit (ICU), a partnership between the London Borough of Bexley (LBB) and the Clinical Commissioning Group (BCCG). The ICU is responsible for commissioning services on behalf of Bexley's population, ensuring the service is accessible, appropriate, delivers high quality care and support and provides value for money. All commissioning activity is managed by the Integrated Commissioning Board, which reports into Bexley's Health & Wellbeing Board, which sets the vision for health and social care in the borough and ensures accountability and transparency of our commissioning activities.



Flowchart showing who delivers social care in Bexley

NHS Bexley Clinical Commissioning Group (BCCG)

What is the BCCG? The BCCG is made up of officers from the local NHS Trust and adult social care commissioning officers in the Council. This ensures that health and social care services in the borough are integrated, collaborative and efficient, as well as ensuring good quality, transparent services that are value for money.

Vision: BCCG's vision is for Bexley residents to stay in better health for longer, with the support of good quality integrated care, available as close to home as possible, backed up by accessible, safe and expert hospital services when they are needed.

Values

- Patients and public are at the heart of everything we do
- Strive to achieve best value for local people
- Work responsibly and collaboratively with partners
- Work in an open and transparent way
- Support new ideas and innovation
- Accountable to the public and make evidence based decisions
- Respect and meet the needs of our diverse communities
- Uphold the principles and standards of the NHS constitution and mandate

Bexley Health & Wellbeing Board

What is Health & Wellbeing Board? This body oversees services and activities that contribute to the wellbeing principle in the borough. The membership is made up of adult social care, the NHS and CCG, public health, community stakeholders and elected councillors.

The Health & Wellbeing Strategy

'Healthy, Active Bexley' sets out the strategy that guides the work to enable better health and wellbeing in the borough. In summary:

"We will work with communities, families and individuals to provide opportunities that help everyone make the right choices, stay healthy and feel positive about their wellbeing."

We will achieve this by:

- Tackling childhood and adult obesity and promoting healthy choices
- Improve our work to prevent diabetes and supporting those with the disease
- Changing attitudes towards smoking and offering support to stop
- Supporting residents and their families affected by dementia and improving end of life care

This final priority around dementia highlights the importance that the London Borough of Bexley are placing on services for people experiencing dementia and other frail elderly residents. More information is provided in later chapters.

The voluntary and community sector

What is the voluntary and community sector? Bexley has a vibrant third sector comprising of 842 registered voluntary and community organisations and an estimated 1,100 unregistered organisations ("civil society"). These groups are overseen and supported by Bexley Voluntary Services Council, which is represented on the Health & Wellbeing Board.

What services do they provide? The voluntary and community sector provide a variety of services, from prevention and early intervention services, as well as comprehensive information and advice for Bexley residents, their families and carers. Some of the organisations are directly commissioned by the ICU to provide Prevention and Early Intervention (PEI) services for the general population.

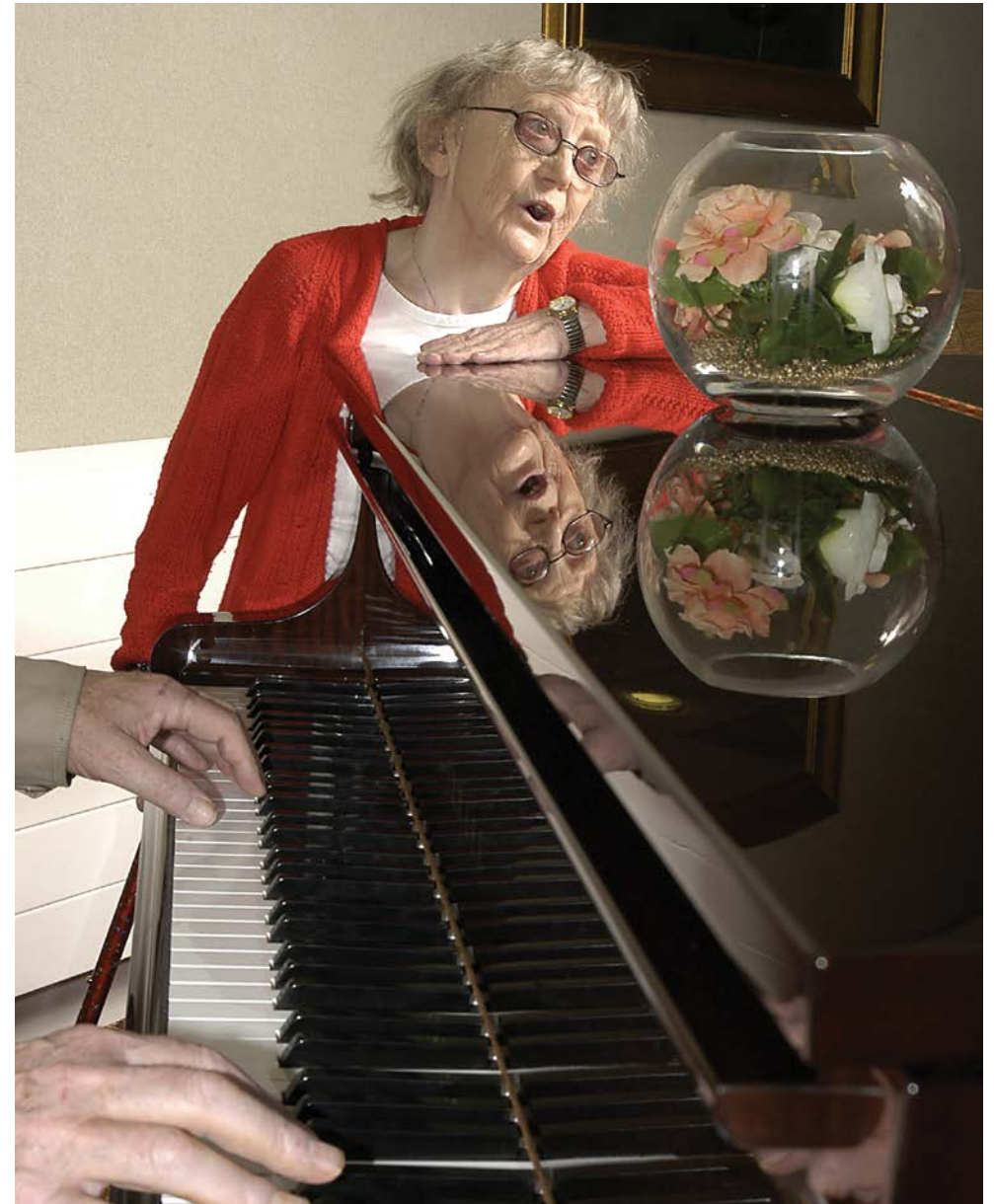
4. The financial context

Bexley's core Government funding has decreased by around one third since 2010 but the demand for our services continues to rise. The current austerity programme will remain beyond the life of the current Parliament and that will mean continuing reductions in Government support for local authorities over the next four year planning period. That will inevitably mean that further significant savings will be required from 2015/16 onwards. The local government settlement determined that Bexley will see a further reduction of some £11m (14%) in core Government funding in 2015/16. There are increasing numbers of both elderly people and people with physical and learning disabilities living in our borough. Strategy 2018 is being developed to deal with the projected budget gap facing the Council in the period to 2018/19. We will continue to maintain essential services for our residents, over the coming years in a careful and controlled manner whilst work is ongoing to identify a further £30m of savings over the next four years, some of which will cut across adult social care. Age

Commissioning Budget

Outlined below is the approved 2015/16 budget for commissioned services (including transport) for Bexley. This indicates to providers the areas of social care we have decided to invest in and provides an overview of likely future funding.

	2015/16 gross expenditure (£'000)
Older People	£ 22,117
Physical & Sensory Disabilities	£ 4,759
Mental Health	£ 3,450
Learning Disabilities	£ 18,822
Services for other adults	£ 160
Prevention Services	£ 1,832



5. Business support and growth

The London Borough of Bexley is embarking on an ambitious growth strategy to address population growth in the borough and wider London. Bexley's Vision for Growth is a co-ordinated approach to growth will mean that the crucial transport and other infrastructure will be in place and will avoid piecemeal development, allowing the borough to make the most of major transport interventions such as Crossrail and realise the full potential of areas of currently underused land. The growth programme will ensure 22,000 new homes and 11,000 new jobs in the borough by 2030, focused around key transport links and business hubs. The areas that have been identified are detailed below:

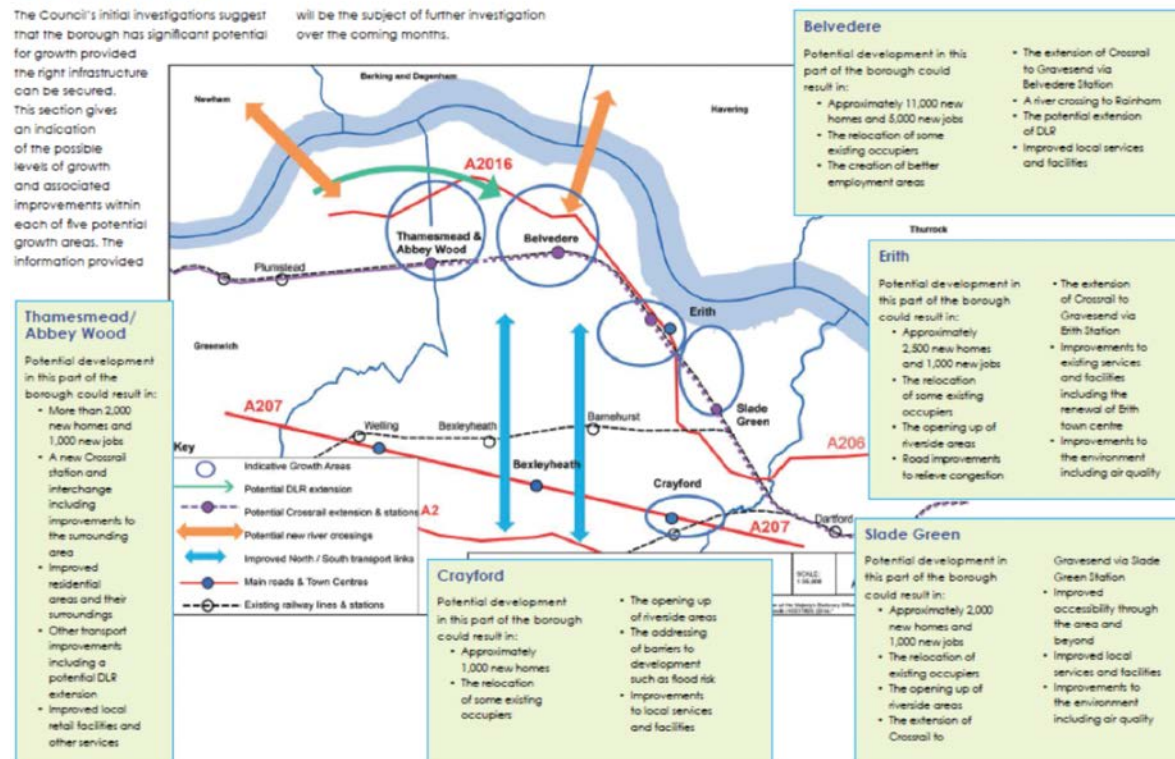
The priority for growth demonstrates the local authority's aspiration for bringing suitable businesses into the borough- for employment and skills, as outlined in the Vision for Growth, but also to ensure that our residents receive care and support services that are right for them. There will be many business opportunities available by working with the local authority as part of our growth strategy, particularly for providers who are able to help us to support the changing needs of our residents.

More details on the direction of the growth programme will be available by summer 2015.

Our Vision For Growth

The Council's initial investigations suggest that the borough has significant potential for growth provided the right infrastructure can be secured. This section gives an indication of the possible levels of growth and associated improvements within each of five potential growth areas. The information provided

will be the subject of further investigation over the coming months.



6. Key population trends

The following figures, information and tables highlight some of the key demographic trends and drivers for change that will impact social care services in Bexley. They should be read alongside the information in later chapters as supporting evidence. All of the data is taken from the Council and Bexley CCG's Joint Strategic Needs Assessment (JSNA), compiled in June 2014 by the London Borough of Bexley's policy and performance teams.

The number of people who live in Bexley is increasing:

Year	Bexley population
2001	219,107
2011	232,800
2021	258,800

Broad Age Band ¹	mid-2007	mid-2008	mid-2009	mid2010	mid-2011	mid-2012
All persons	224.6	226.7	228.1	230.7	232.8	234.3
0-15 years	46.2	46.5	46.8	47.3	47.6	48.0
16-64 years	142.8	144.0	145.0	146.6	147.7	147.7
65+ years	35.6	36.1	36.4	36.8	37.5	38.5

¹ ONS: Neighbourhood Statistics, 2011

Population growth has been more rapid in the 0-15 and 65+ ages groups in Bexley than in the 16-54 age group.

Percentage increase in population by broad age band (2003-2012)				
	All persons	0-15 Years	16-64 years	65+ years
	%	%	%	%
Bexley	6.5	4.4	6.3	9.9
London	12.4	13.6	13.2	5.5
England	7.1	2.9	6.7	14.2

	White 2001	White 2011	Non-white 2001	Non-white 2011
Population	199,511	189,962	18,792	42,035
% total population	91.4%	81.9%	8.6%	18.1%
% difference between 2001-11	-5% (approx.)		125% (approx.)	

Between 2001 and 2011 in Bexley there was a fall in the white population of 9,500, the most significant increase being across the Black/African/Caribbean/Black British with a 13,300 population increase (211%)

72.6% of the Bexley population is in employment and 78.4% class themselves as economically active

The 2011 Census found that there are 94,500 households in the borough, of which:

-12% live in the private rented sector (an increase from 7% in 2001) this is a rapidly increasing sector for Bexley, particularly in certain wards in the borough

- 72% own their own homes, but this figure is variable across different wards in the borough

Despite being around average in relation to deprivation and health (nationally), Bexley has significant areas of poor health, exclusion and deprivation. Planning for specific communities, whether by age, geography, gender, ethnicity or groups such as people with learning disability, mental health and substance misuse problems– to ensure that services and support are well targeted, rather than taking a generic, borough-wide approach, is a key policy issue.

Older people

Bexley has the 3rd highest rate of people aged 65 and over in London

In line with the UK as a whole, the population of Bexley is ageing. Between 2003 and 2012 there was a 9.9% increase in the population aged over 65 years, almost double the increase for the London region

37,200 People aged 65 and over in 2011 or 1 in 6 Bexley residents	42,529 Expected people aged 65 and over in 2021 A 15% increase
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And by **2033...**

- There will be 57,200 people aged 65+ (20,000 more than today)
- Of these, 10,000 will be aged 85 +

The largest increase has been the numbers of people aged 90+ (1,700 in 2011 compared to 1243 in 2001), meaning 1 in every 136 people in Bexley are now aged 90+

Geographic needs

The wards of Sidcup, St Mary's, Longlands and Brampton have the highest numbers of residents aged 65+. Thamesmead East, Erith and Belvedere have the lowest. This demonstrates **an older profile for the south of the borough**

Older people living alone

The number of people predicted to be living alone in Bexley by gender, 2014-2018

	2014	2015	2016	2017	2018
Males aged 65-74 predicted to live alone	1,860	1,900	1,960	1,980	2,000
Male aged 75 and over predicted to live alone	2,686	2,686	2,720	2,754	2,822
Females aged 65-74 predicted to live alone	3,240	3,270	3,330	3,360	3,360
Females aged 75 and over predicted to live alone	7,137	7,198	7,320	7,320	7,381
Total population aged 65-74 predicted to live alone	5,100	5,170	5,290	5,340	5,360
Total population aged 75 and over predicted to live alone	9,823	9,884	10,074	10,074	10,203

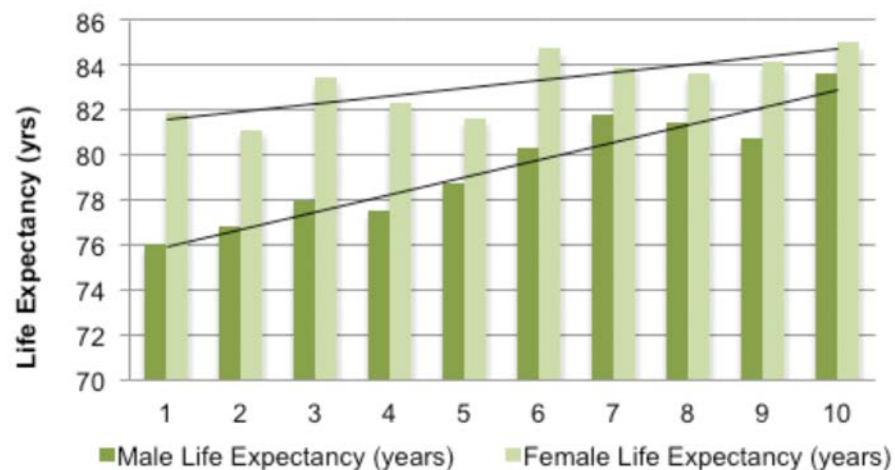
Life expectancy

Life expectancy at age 65 in Bexley is **19.0 years for males** and **21.8 years for females**, which are both higher than the national averages of 18.6 and 21.1 respectively.

Male: 84 years/disability free: **75**
Female: 86.8 years/disability free **76.7**

The figures for disability free life expectancy in Bexley are **lower** than national for males and **higher** than national for females. There is a **significant gap in life expectancy for males and females between the most and least deprived wards in Bexley** and the gap is widening for males but narrowing for females. The life expectancy gap for males between the most and least deprived wards in Bexley is **7.6** years and for females **3.1** years.

Life Expectancy at Birth In Bexley by Deprivation Deciles - 2006 - 2010



Limiting long term illness

Number of older people whose day to day activities are limited a little by a long-term illness

	2014	2015	2016	2017	2018
People aged 65-74 whose day-to-day activities are limited a little	4,426	4,448	4,557	4,623	4,645
People aged 75-84 whose day-to-day activities are limited a little	4,272	2,272	4,241	4,272	4,333
People aged 85 and over whose day-to-day activities are limited a little	1,517	1,570	1,624	1,650	1,703
Total population aged 65 and over with a limited long term illness whose day-to-day activities are limited a little	10,215	10,290	10,422	10,545	10,681

Number of older people whose day to day activities are limited a lot by a long-term illness

	2014	2015	2016	2017	2018
People aged 65-74 whose day-to-day activities are limited a lot	2,974	2,989	3,063	3,107	3,122
People aged 75-84 whose day-to-day activities are limited a lot	3,835	3,835	3,807	3,835	3,890
People aged 85 and over whose day-to-day activities are limited a lot	2,574	2,664	2,754	2,800	2,890
Total population aged 65 and over with a limited long term illness whose day-to-day activities are limited a lot	9,383	9,488	9,625	9,741	9,902

Causes of death

The key causes of death and premature mortality are:

- circulatory disease (137 deaths per 100,000) although this rate has fallen dramatically
- cancer (165 deaths per 100,000 population) this rate has also fallen

The mortality rate for **chronic obstructive pulmonary disease (COPD)** has **decreased** at a faster rate in Bexley than nationally

The mortality rate from **digestive disease** has **increased** at a faster rate in Bexley than nationally

Mental health

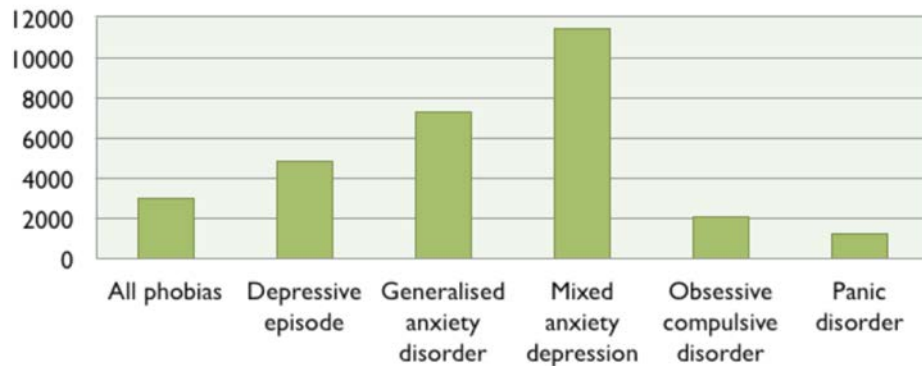
There are **29,500** adults (aged 18+) who are experiencing a recognized mental health problem in Bexley

But modeled estimates suggest that **59,000** adults

This equals approximately **1 in 3 adults** in the borough.

Modelling also suggests that there will be an 8% increase in adults with a mental health disorder by 2020 and an 8% increase in older adults with depression and severe depression

Rates of common mental health problems in Bexley



Modeling suggests that the numbers of adults aged 16-64 experiencing common mental health problems in Bexley will increase by 9% amongst males and 7% amongst females by 2020, whilst males and females predicted to have a psychotic disorder will increase by 7%.

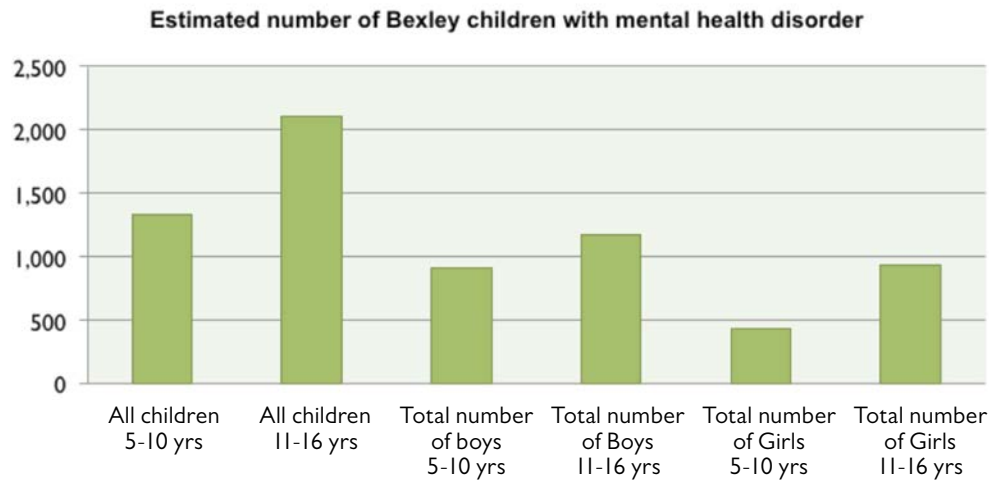
Bexley	2012	2014	2016	2018	2020
disorder	8,588	8,750	8,925	9,088	9,238
Male aged 18-64 predicted to have psychotic disorder	206	210	214	218	222
Male aged 18-64 predicted to have a common mental disorder	14,381	14,598	14,913	15,208	15,405
psychotic disorder	365	371	379	386	391

The number of older adults with depression is expected to increase by 8.5% over the same time period and the number of older adults with severe depression to increase by 8%

Bexley	2012	2014	2016
Total population aged 65 and over predicted to have depression	3349	3530	3656
depression	1,071	1,122	1,163

Oxleas NHS Foundation Trust reports that there has been a 40% increase in acute mental health admissions and that this increasing demand needs to be reflected in future service design. Bexley has significantly higher levels of hospital admissions for Adults with Mental Health disorders and lower rates for children and young people than the national average.

It is estimated that there are 3,445 children in Bexley aged 5-16 with a mental health condition.



It is estimated that **2,738 Bexley residents** (aged 65+) have dementia

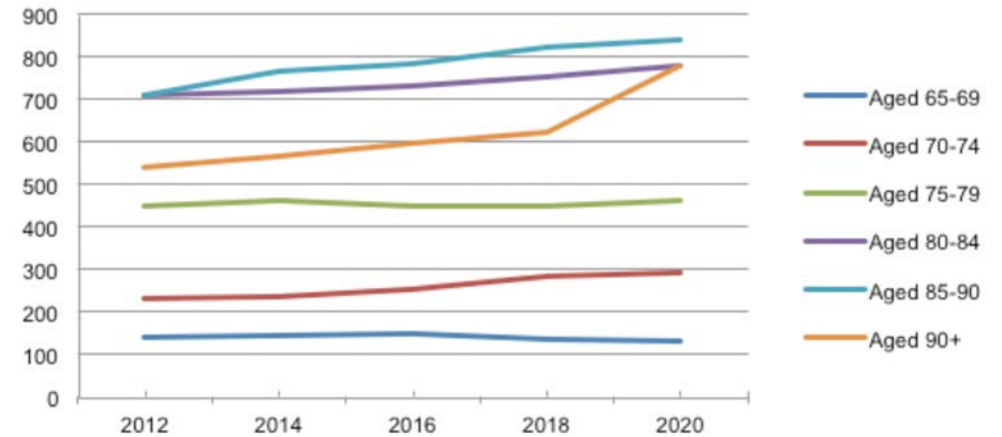
This figure is predicted to **rise by 30%** by 2020

1,756 of these are females and 982 are males.

The effect of an **ageing population** will impact on the numbers of people living with dementia. The graph below shows that the largest increase is expected in those aged over 90 years (additional 239 people) and 85-90 (additional 128 people).²

² POPPI (Projecting Older People Population Information) <http://www.poppi.org.uk/>

Dementia Population Projections by age group



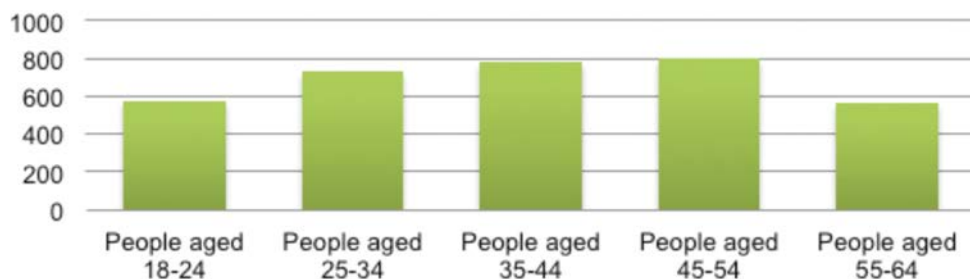
Disabilities

In Bexley, the number of people on the Learning Disability Register is 745. The percentage demonstrating challenging behaviour is 10% and these numbers are expected to only increase slightly over the next 10 years.

The number of adults with learning disabilities known to GPs and the local authority is significantly lower in Bexley than the national average.

Bexley has a higher number of children and young people recorded in the autistic spectrum than the national levels.

Predicted number of adults (aged 18-64) with learning disabilities in Bexley (2012)



(based on the estimation of the national figure, of 2% of total population)

The number of people expected to have a learning disability is predicted to increase 7% by 2020

This is slightly less than the national rate of around 11%

The biggest increase is expected to be in the 55 to 64 age group.

In Bexley 77% of adults with learning disabilities live in their own home or with family, the majority of who are living with family and accessing community based activities.

Within Bexley, it is estimated that there will be a 7% increase in the numbers of adults (aged 18-64) with learning disabilities (between 3456 – 3709 people) by 2020.³

Emergency admissions for adults with learning disabilities are lower than the national average.

In Bexley, the number of people with a learning disability living in settled accommodation is higher than the national average.

2,577 people are estimated to have Autism in LB Bexley (based on ONS population estimates for 2012 and the prevalence rate of 1.1:100). This is expected to grow by about 7.5% by 2020.⁴

³ PANSI (Projecting Adult Needs and Service Information) <http://www.pansi.org.uk/>

⁴ Ibid.

Estimated number of people with autism

	Age	ONS Mid-2012 Population Estimates	Autism (1.1:100)
LB Bexley	0-17 yrs	54,556	600
	18-64 yrs	141,195	1,553
	65 yrs+	38,520	424
	All ages	234,271	2,577
London	0-17 yrs	1,852,927	20,382
	18-64 yrs	5,518,031	60,698
	65 yrs+	937,411	10,312
	All ages	8,308,369	91,392
England	0-17 yrs	11,423,310	125,656
	18-64 yrs	33,013,911	363,153
	65 yrs+	9,056,508	99,622
	All ages	53,493,729	588,431

Carers

In 2011: Approx. 23,522 carers in Bexley	This means one in 10 people have a caring responsibility	This rate has increased since 2001 (21,422 carers)
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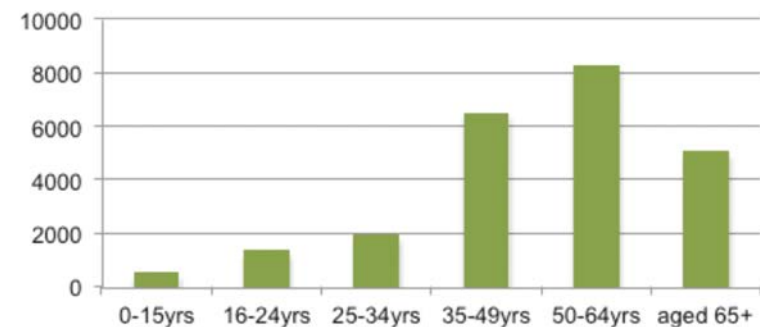
This is the **3rd highest rate** of all London boroughs (but below the national average)

14,752 individuals provide up to 19 hours per week	3,051 individuals provide 20 to 49 hours per week	5,719 individuals provide in excess of 50 hours per week
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Over 5000 carers are aged over 65, most likely looking after an older parent or spouse. With an ageing population, this is expected to rise.

506 carers are under the age of 15 but this is thought to be significantly under reported, with potentially around 3000 young carers (aged -17) in Bexley

Provision of unpaid care by age group



Results from our Carer's Survey in 2014-15 showed 41% of carers in Bexley, who responded to the Survey, said that they were extremely or very satisfied with the support or services they and the person they care for have received in the last 12 months.

The table below shows projections for the number of older people who will be providing this type of care in Bexley until 2025.

	2008	2010	2015	2020	2025	Absolute Increase	Increase
Aged 65-74	2618	2690	3008	3139	3240	622	23.80%
Aged 75-84	1221	1231	1288	1344	1543	322	26.40%
Aged 85+	202	211	232	263	297	95	47.00%
Total over 65	4042	4132	4529	4746	5080	1038	25.70%

Predicted number of carers in Bexley

41% of carers in Bexley are male	59% of carers in Bexley are female
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- 13,613 carers are economically active (58%)
- 9,403 are economically inactive, of which 5,922 (25%) are retired
- Almost 700 carers (3%) are registered as long term sick or disabled

Locally, the numbers of carers being assessed or reviewed for need in Bexley is 1,373, just 6% of the total estimated numbers of Carers identified in ONS data. This number is expected to increase with the introduction of the Care Act. The 2011 Census found that in Bexley there were the following numbers of young carers:

	Number	Number providing 50+ hours care a week
0-15 years	506	53
16-24 years	1337	161



7. The needs of our service users

On 1st April 2015 the Care Act introduced national eligibility criteria to assess a person's needs for social care support. In addition, those who fund their own care and support can now ask their Council to arrange (commission) services on their behalf. The tables below are a brief overview of the different types of service users according to their need and financial situation. Providers should be aware of these options as each will have a different impact on how services are commissioned from the market in Bexley.

Council client

<ul style="list-style-type: none"> • Fully funded by the Council • Services contracted by the Council 	<ul style="list-style-type: none"> • Needs are found to meet Bexley's social care eligibility criteria following an assessment • Financial assessment shows that the service user does not need to pay • Service user wants services to be managed by the Council
<ul style="list-style-type: none"> • Part funded by the Council • Services contracted by the Council 	<ul style="list-style-type: none"> • Needs are found to meet Bexley's social care eligibility criteria following an assessment • Financial assessment shows that the service user can partly contribute to care services • Service user wants services to be managed by the Council • Service user takes a direct payment from the Council to buy services from the care market themselves

Direct payment

<ul style="list-style-type: none"> • Fully funded by the Council • Services contracted directly by the service user 	<ul style="list-style-type: none"> • Needs are found to meet Bexley's social care eligibility criteria following an assessment • Financial assessment shows that the service user does not need to pay • Service user takes a direct payment from the Council to buy services from the care market themselves
<ul style="list-style-type: none"> • Part funded by the Council • Services contracted directly by the service user 	<ul style="list-style-type: none"> • Needs are found to meet Bexley's social care eligibility criteria following an assessment • Financial assessment shows that the service user can partly contribute to care services • Service user takes a direct payment from the Council to buy services from the care market themselves

Self-funder

<ul style="list-style-type: none"> • Approaches the Council for assessment • Funds own services directly from the market 	<ul style="list-style-type: none"> • Needs don't meet Bexley's social care eligibility criteria following an assessment • Service user is not eligible for Council funded care • Service user is offered information, advice and guidance on their care and support options
<ul style="list-style-type: none"> • No approach to the Council • Funds own services directly from the market 	<ul style="list-style-type: none"> • Service user does not seek a Council assessment and goes directly to care market without seeking information, advice and guidance from the Council

Carers

From 1st April 2015, carers have the same rights and access to care and support as those that they care for. The above tables apply to carers in the same way as other service users. Carers can request an assessment by the Council to find out their level of care and support needs and their financial eligibility.

Self-funders

Self-funders are defined as people who have care or support needs that do not meet the London Borough of Bexley's eligibility criteria and therefore do not receive financial support. Self-funders may choose to purchase their services directly from the care market, either with or without a Council needs assessment.

Figures for self-funders are difficult to collect as they often do not have a Council assessment or appear on case records. However, our latest return from our care homes indicates that approximately 34% of residential care places are occupied by self-funders. They could potentially have a substantial impact on the local provision of support and care services and providers should have this in mind when developing their services. We also want to improve the provision of information and advice for self-funders, with a focus on prevention, to enable them to better understand the care system and the options appropriate for them.

Following the changes in law, we estimate that an additional 1,800 to 1,900 potential self-funding clients (irrespective of eligibility and need) with both non-residential and residential care needs will be eligible to approach the Council. Approximately two thirds will access community-based support and 600 to 650 will access residential and nursing care. Of the clients in residential and nursing care (based on the baseline assumptions), 50% of them will meet the needs criteria for LA funded support i.e. 300 to 325 clients. Applying the wealth criteria (40% with assets below the upper threshold), the number of clients receiving some financial support from the LA will be approximately 125 across residential and nursing care. However, these clients will still contribute to their care fees through client contributions.⁵

⁵ LG Futures, LB Bexley: Modelling the Financial Implications of the Care Act, January 2015

8. Older people

We want Bexley residents to remain independent for as long as possible in their own home with the right support that allows them to do so. We want older people to have choice and control in all decisions affecting their care and support services, whether that is finding suitable domiciliary care, preventing the risk of falls or the risk of admission to hospital. This will play a key role in helping people to plan for their care needs, including end of life care.

Bexley has the 3rd highest rate of people aged 65 and over in London

- The majority of our service users (66.8% in 2014-15) are aged 65 years and over.
- Currently those aged 65 and over make up 17% of Bexley's overall population and those aged 85 and over make up 2% of the total population
- The population of Bexley is ageing faster than the rest of London- there was a 10% increase in the population aged over 65 years between 2003-2012. By 2021, there is predicted to a 15% increase in people aged over 65
- The largest percentage change will be in the "oldest" older people- a 25% increase in those aged 90 and over by 2020, an a 95% increase between now and 2030
- The largest hearing-impaired group are those aged 75+ (855 residents), due to increased incidence of hearing impairment with age. A high proportion of deaf people have other additional disabilities.⁶

Providers must be aware of the often multiple social care needs of older people, such as the addition of a sensory disability or a mental health need like dementia, and ensure that these complex needs are met through service design and delivery.

This increase in the number of older people in the borough means we must expand the amount of care and support services available whilst ensuring that these services allow each person to live independently for as long as possible with the right support for their needs.

Older people living alone

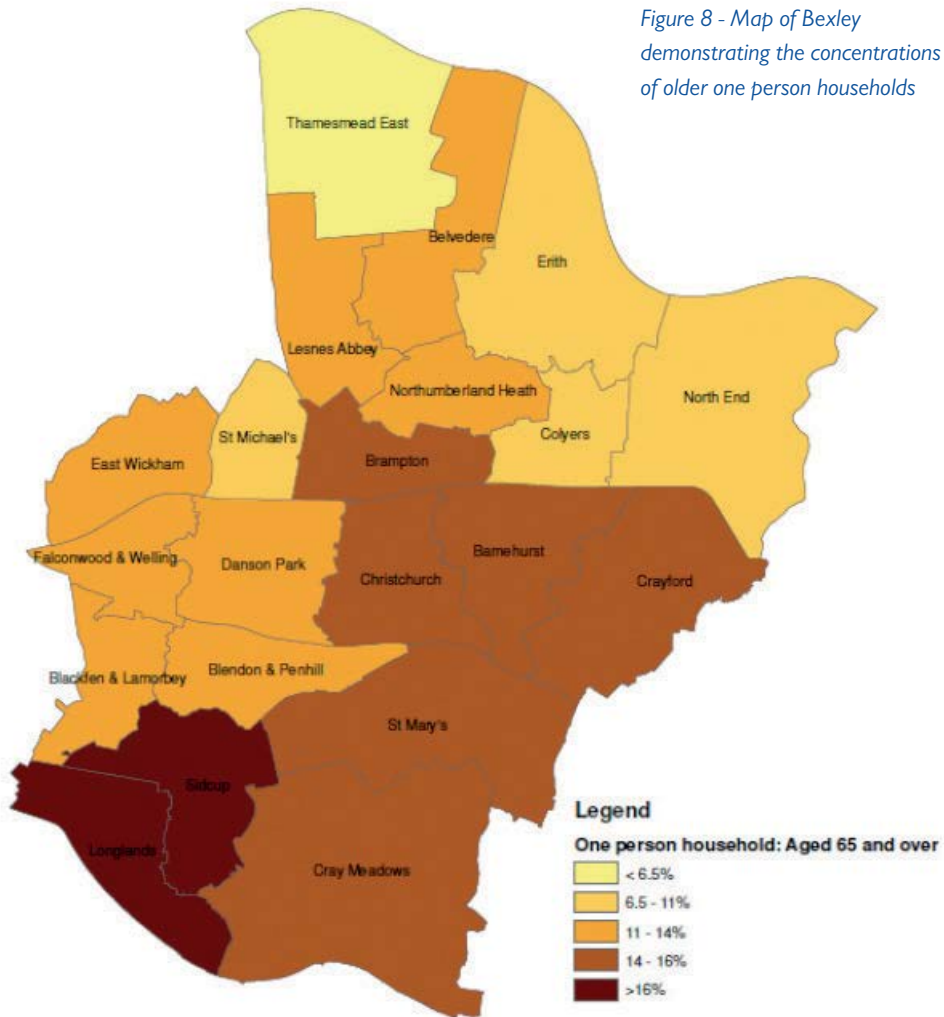
The number of older people living alone is a good indicator of those who may require additional support because they do not have a carer living with them.

Census 2011 data shows us that the percentage of the 65+ population living alone in LB Bexley is the 5th highest in London – 5% of household populations, compared with a regional rate of 4% (11,992 one person households aged 65+)

⁶ <http://data.london.gov.uk/dataset/number-people-registered-deaf-or-hard-hearing-age-group-borough/resource/10813a07-17ba-4dff-aa65-1dfc1dcb671>



The map shows a trend for ages 65+ years living alone in the south of the borough, where there are fewer frequent transport links around the borough. This could also be a potential indicator of social isolation which is found to have a negative impact upon a person's wellbeing and confidence in looking after themselves.



Residential Care

- Bexley has less than half the national average number of care homes per 1,000 population aged 75+ (2 compared to 4.4).
- 11.9% of all social care service users in 2014-15 (798 people) received residential or nursing care.

The London Borough of Bexley currently commissions care home beds on behalf of 422 older residents, with needs ranging from physical frailty to higher level dementia needs, all where it is deemed that their needs can no longer be met in the community.

These beds are purchased from a range of providers which includes nursing homes and care homes that specialise in dementia care services. Whilst the majority (88%) of these commissioned beds are in the local area, either in or around the Bexley border, a number of people choose to move to other parts of the country to be near relatives or friends.

The length of stay of these older people varies dependent upon their individual needs but the current estimates based upon the four categories of care are as follows:

Care Home:	2.25 years
Care Home Dementia:	1.36 years
Care Home Nursing:	1.27 years
Care Home Nursing Dementia:	1.27 years

Bexley is looking to appoint Providers who have the vision and creativity to move beyond traditional services and implement the principles of person centred care, with an enabling approach to service delivery.

We are looking to develop services that are able to deliver a period of Initial Support at the outset of a Resident's residence in a home or following a crisis intervention (such as an admission to hospital). This will be followed, where necessary, by the provision of support delivered in a manner that enables the person to regain or continue to improve the skills that they need to maintain their independence. We want providers to focus on enabling people to do things for themselves rather than doing things for people, such as developing opportunities for residents to return to their own home after a short stay in a Care Home environment, to further maintain their independence and wellbeing in their place of choice.

Domiciliary and reablement care

- 88.1% of social care service users (5,898 people in 2014-15) received their services at home or in the community.
- Provisional figures for 2014-15 show that 879 adults benefitted from 1,034 reablement episodes.
- 35% (368 referrals) came via the community, 22% (226 referrals) were diverted from hospital into reablement and a further 43% (440 referrals) accessed reablement following discharge from hospital.
- 93% of those discharged from hospital into reablement were aged 65+. As we focus on preventing hospital admissions and supporting more people in the community, those adults accessing reablement following discharge from hospital are more likely to have the most complex needs.
- Based on a cohort of 101 older people discharged into reablement between 1st October and 31st December 2014, 93% of them were still at home 91 days later, demonstrating the benefits of reablement in helping older people to regain their independence following a hospital admission.

The London Borough of Bexley currently commissions domiciliary care services for approximately 1300 clients requiring long term personal care services in their own homes from a framework of providers. Clients are aged eighteen years plus and may have a physical disability, a learning disability or dementia needs. However

the majority of the clients are frail elderly, demonstrating the importance of good reablement care in the home for our older population. We also have a multi-disciplinary Integrated Rapid Response team that responds to the urgent health and social care needs of Bexley patients within primary and secondary care.

Bexley currently requires approximately 1200 hours per week of Reablement Care for clients requiring personal care services within their own homes. The Council's clinical partner, Bexley Clinical Commissioning Group, will also utilise contracts and preferred lists on an ad-hoc basis.

Future services should be designed with three main aims:

- To avoid admissions to acute health services and intermediate care settings
- To cater for emergencies that occur within the community
- To provide a service for those clients presenting at A&E/CDU, who do not require admission.

This service will be based on short term interventions, allowing health and social care professionals to assess for long term needs.

Extra Care Housing

Over the last decade extra care housing has emerged as a welcome alternative to residential care and the previous forms of sheltered housing available. It aims to meet the housing, care and support needs of older people while supporting them to maintain their independence in their own private accommodation. Extra care housing refers to self-contained homes with design features and support services that enable independent living. It can be used for intermediate care and rehabilitation as well as a longer term housing option.

- Primarily for older people
- The accommodation is (almost always) self-contained
- Personal care can be delivered flexibly, usually by staff based on the premises
- Support staff are available on the premises, 24 hours a day
- Communal facilities and services are available
- Meals are usually available, and charged for when taken
- It is owner-occupied or offers security of tenure if rented.

There are many benefits demonstrated by the health outcomes of people in extra care housing.⁷ Physical functional ability is maintained during the first 18 months, and sometimes improves. Residents in extra care housing are less likely to be admitted into hospital for an overnight stay compared to someone living in standard housing in the community. This is due to having purpose built units and flexible personal care and support available to residents. Residents are also less likely to fall, which reduces admissions to hospital. Extra care housing reduces the risk of social isolation, which benefits residents' health and wellbeing outcomes and quality of life. Resident groups can be effectively targeted for health promotion initiatives, such as exercise programmes, falls prevention, blood pressure checking, flu immunisation and healthy eating.

End of life care

The financial cost of admissions during the last 12 months of life and the cost of deaths in hospital are high. Without earlier intervention, our ageing population will continue to place increasing pressure on acute services. Therefore the cost of unnecessary and avoidable admissions in the last year of life needs to be reduced.

The number of older people living alone (outlined above) is a significant risk factor for admission and death in hospital. Therefore care and support at an earlier point in a person's life could help to delay these admissions.

It is essential that End of Life care is:

- patient centred
- integrated
- delivered by a compassionate, skilled and competent workforce

Through this improved service we aim to further reduce admissions to hospital, lengths of stay in the last 12 months of life and avoid inappropriate deaths in hospital. This is aligned to our Better Care Fund Plan and in doing this we will also aim to reduce emergency admissions in the last year of life.

- We are looking to develop services that are able to deliver a period of Initial Support at the outset of a Resident's residence in a home or following a crisis intervention (hospital admission etc).
- This will be followed, where necessary, by the provision of support that will be delivered in a manner that enables the person to regain or continue to improve the skills that they need to maintain their independence in their own home

⁷ Baumker, Netten & Darton, *Costs and Outcomes of an Extra Care Housing Scheme in England*, "Journal of Housing for the Elderly", Vol 24, Issue 2, 2010.



The Council is looking for providers in the market who have the vision and creativity to move beyond traditional services and are able to implement the principles of person centred care and an enabling approach to service delivery, with a focus on integration and collaborative working with the Council to ensure the best in the delivery of care through a skilled workforce.

Carers

Only a small number of people who are carers are known to the Council, but we do hold some data on the number of older people who are themselves carers for a partner, family member or another person.

The table below shows projections for the number of older people who will be providing this type of care in Bexley until 2025.

	2008	2010	2015	2020	2025	Absolute Increase	Increase
Aged 65-74	2618	2690	3008	3139	3240	622	23.80%
Aged 75-84	1221	1231	1288	1344	1543	322	26.40%
Aged 85+	202	211	232	263	297	95	47.00%
Total over 65	4042	4132	4529	4746	5080	1038	25.70%

There will be an extra 551 older carers by 2025, 65 of which will be over 85.

Carers who are themselves over aged 65 may require additional support in their caring role. Support for carers provision must take this into account when designing services for older carers, including inclusive and diverse offers which suit older age groups.

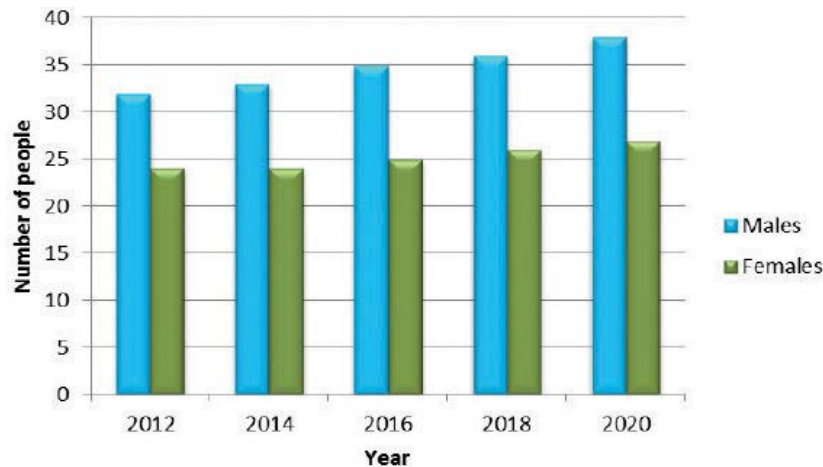


9. Dementia

The London Borough of Bexley and its partners are committed to enabling people with dementia and their carers to access effective support that promotes independence, well-being and choice. We have recently produced our first health and wellbeing strategy which puts dementia support at the centre of its intentions. The Bexley Health and Wellbeing Board has considered what affects the health of our residents the most, and the issues we need to tackle as a priority to create a 'Healthy, Active Bexley.' By using the best data available to us, and taking into account what people tell us, we know that the increasing cases of dementia is one of the key factors having the greatest impact on the health and wellbeing of people in our borough, and we have therefore made it a local priority to support those who either have dementia or care for someone with the condition.

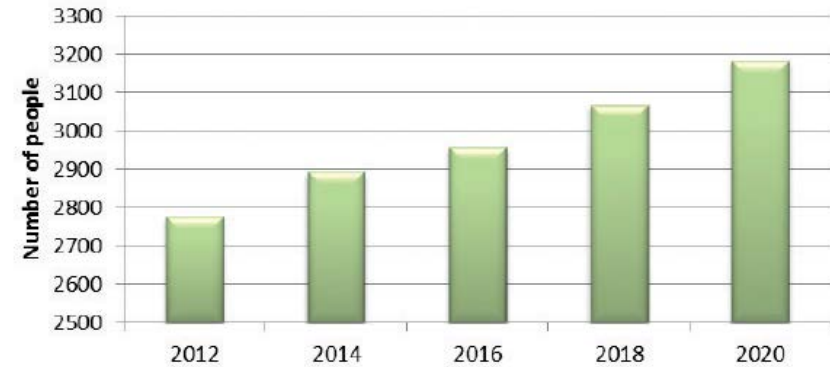
National trends have demonstrated that the increase in people with dementia will be a significant health and social care need in the next 17 years and beyond.

This table shows that males are more likely to develop early onset dementia than females.



Bexley residents aged 30 – 64 predicted to have early onset dementia

The increase (especially in older people) will have significant implications for the volume and type of support developed within the Borough, including the use of modern technologies such as telecare and telehealth.



The number of people in Bexley predicted to have dementia



Our figures show that we are currently supporting 184 people with dementia to live in their own homes. It should be noted that we believe this to be a significant under-recording because of the different classifications of dementia available for people.

Service providers are encouraged to bring innovation and change to the market in Bexley and to put the individual's needs and aspirations at the heart of all service provision. Bexley is also committed to ensuring that services for people with dementia are outcome centred, not time or task oriented.

We want to support people with dementia and their carers to remain in their own homes and live as independently as possible. This is achieved through the provision of a range of services, including telecare, carer's support and specialist home care services. Staff involved in the support and care of people with dementia need to have the necessary skills to provide the best quality of care. This can be achieved through effective basic training and continuous professional development. We will continue to engage with providers to promote dignity in care and ensure personalised support for people with dementia across a range of settings, including care homes.

Data included in this document shows that Bexley has an ageing population and that there will be an increase in the number of people diagnosed with dementia in the future. We will therefore need more services to cope with this demand.

The following should provide an idea of the services that are currently provided, and of those we will continue to need in the future.

Community based activities

Community based activities are provided for those who live at home with a carer and who meet the eligibility criteria – this includes accessing activities directly in the community as well as activities offered through day care opportunities. This gives them the opportunity to meet other people and enjoy social and universal activities, whilst also providing the opportunities for carers to take a break.

Transport may be available to and from those activities for those who would have difficulty arriving at the various activities by independent means.

Future provision of community based care needs to evolve alongside the changing needs of the population, to be innovative and flexible to respond to the varying levels of need. Provision needs to extend beyond people who have assessed care needs, into the wider prevention and universal services sector.

Domiciliary care in the community

Domiciliary care can help people to remain in their own homes for longer, rather than moving to residential care. This may include help with washing and using the toilet, help to dress and undress, and reminding someone to take their medication. For some people with dementia, having personal support to enable them to gain more independence, rather than receiving traditional care on a day to day basis is preferred. Given the direction of travel is to encourage people to live in their own homes for as long as possible, and enjoy the independence that this provides; this is an area that providers are strongly urged to consider providing. For those with advanced dementia, providers should develop ways to plan care in advance that remain resilient so to enable the person with dementia to stay at home according to their wishes.

Community Meals Service

If people are unable to shop for meals, they may choose to have someone deliver freezer meals to them. If service users do not have a freezer, providers can lend them one so that they can still take advantage of the service. We would like to develop future opportunities for more people to purchase hot meals privately, where the service user may not have the facilities to heat a frozen meal, or the required skills to heat them safely. These services will help people to remain healthy, retain independence and maintain their life skills and dignity within their own home.

Telecare

Providers could focus on a range of assisted technologies to support more people to live in their own home for longer. The Council has appointed a specialist provider to deliver telecare in the borough and all providers will access this assisted technology support to help people to live at home. This is an area that we anticipate will increase in demand in the future with more assistive technology arriving in the market and we aim to develop further opportunities with providers to meet this change in demand.

Short Breaks

These are services for both service users with dementia and their carers. Providers may wish to offer short breaks, arrange short stays with other families, a personal assistant at home as well as traditional residential respite placements. If they are being cared for by a friend or relative, the service user and their carer may welcome the opportunity to spend some time apart. This may be a break for just a couple of hours or for a couple of weeks.

Providers need to ensure that respite care is affordable and reliable, whilst being of high quality and appropriate for people with dementia. Respite care should ideally be provided in familiar surroundings to the person with dementia. The range of care provided should be flexible and available for a range of situations, not just at crisis point and in emergencies. Short, regular, planned breaks in people's own homes can be an effective solution, where carers can spend a short period of time for example a couple of hours, an afternoon or a night away from caring duties. This can be particularly beneficial for the person with dementia, who may well prefer to stay in familiar surroundings.



10. Learning Disabilities & Autism

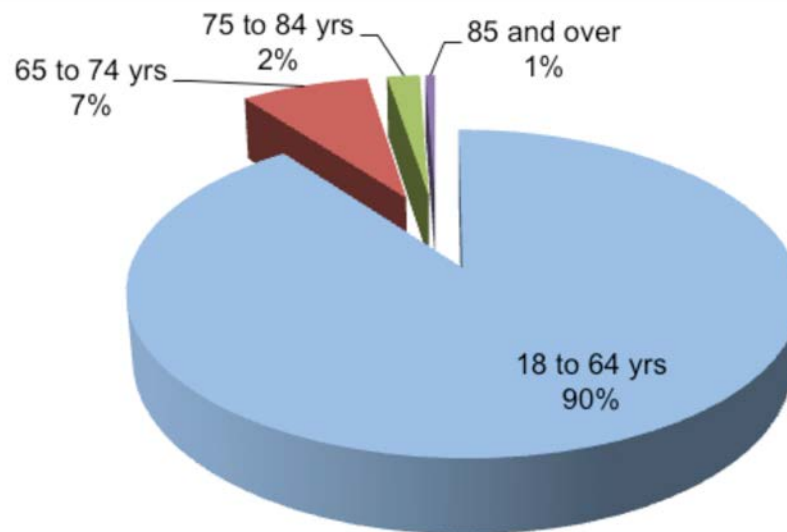
The London Borough of Bexley has an excellent record of supporting people with learning disabilities to live more independently, supporting people into employment and providing the resources so that each person can achieve their personal outcomes. This is due to good partnership working between the Council, CCG and partner agencies who are committed to maximising people's independence in the community through a range of care and support options.

In Bexley and across London, we want care to be provided with more individual choice and personal control. We want individuals to have meaningful presence in the community and reduce the reliance on traditional residential provision, moving towards more 'settled accommodation' types which support independent living. We will continue to focus on:

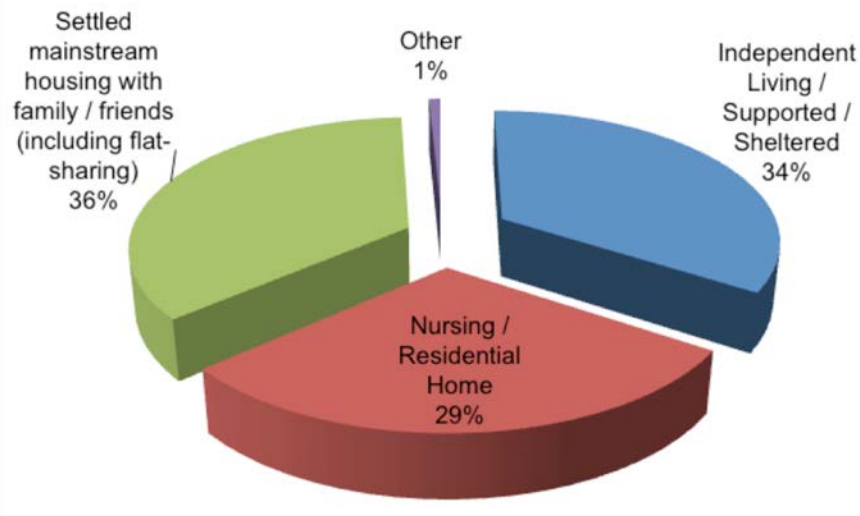
- Maximising opportunities for independence
- Supported living provision as a first option for all
- Providing local resources to reduce reliance on out of Borough residential and educational accommodation for younger adults
- Appropriate respite provision
- In 2014-15, 5.4% (460 people aged 18-64) of service users (8436 people) had a learning disability (based on their primary client type). This increases to 6% when older people who also have a learning disability are included (an extra 52 people).
- Of the 512 people with a learning disability (aged 18+) in receipt of long term services in Bexley, there are more males (328) than females (184). This reflects an overall national picture, highlighted in Bexley's JSNA, which shows that males are more likely than females to have a learning disability.
- 88.9% (447) of people with a learning disability, who were eligible and in receipt of long term services, were White. 11.1% (56) were from BME groups. This is based on 503 people for whom we have a record of ethnicity.

- Bexley currently has 745 people on its Learning Disabilities register, of which 72 demonstrate complex and challenging behaviour.
- The number of people expected to have a learning disability is predicted to increase 7% by 2020, slightly less than the national rate which is expected to see an increase of around 11%.

The chart shows the age profile of people with a learning disability in Bexley, who were in receipt of long term services in 2014-15. The biggest increase is expected to be in the 55 to 64 age group. This is likely to be a result of medical interventions and health improvements which means that people with learning disabilities are living longer.



In Bexley, 70% of adults with learning disabilities live in their own home or with family. This comprises 36%, who live with family or friends and 34%, who live independently or in sheltered or supported living accommodation. Of the remainder, 29% are in residential or nursing provision. These figures are based on the accommodation status of 512 people with a learning disability (aged 18+), who were in receipt of long term services in Bexley during 2014-15.



The Council's aspiration is for existing and new providers to develop the accommodation market in the borough to support independent living. In addition, there is strong feedback from services users living at home with family that over the next few years many of them will be seeking to move into their own supported living accommodation.

Day Care Opportunities

Bexley has an excellent track record for helping people with learning disabilities into supported employment. In 2014/15, 15.9% of adults with a learning disability, known to the Council, were in paid employment.

People with Learning Disabilities and Autism (ASDs)

Autism is a spectrum condition that affects people in different ways. Whilst some people with Autistic Spectrum Disorders (ASDs), including Asperger's Syndrome, are able to live relatively independent lives, others may have areas where they may need support. This includes people who may have both a learning disability and autism.

The prevalence of autism is estimated to be 1% of the adult population. For the Bexley population aged 18-64 years old, 1,397 people are predicted to have ASD, rising to 1,487 by 2020.⁸ Bexley has a higher number of children and young people recorded in the autistic spectrum than the national levels.

It is estimated that between 20% and 33% of adults with a learning disability, known to Councils, also have autism. This suggests that between 138 and 227 of our service users in Bexley have both a learning disability and autism. The number of adults in the population, who have both a learning disability and autism, including those who don't use social care services, is likely to be much higher. It is therefore essential that services are holistic, strategic and encompass the whole population due to the varying levels of need and support for autism.

⁸ Projecting Adult Needs and Service Information System

The Council's priorities for Learning Disability Services over the next five years are described below:

Employment status of adults with LD

Bexley has an excellent track record for helping people with learning disabilities into supported employment. In 2014/15, 18% of adults with a learning disability, known to the Council, were in paid employment.

Carers

A large number of people with learning disabilities are cared for by their friends, family and carers at home. A large number of these carers are approaching or have already reached age 65. It is critical that we provide the right respite support for them to remain in their caring role for as long as they want to and is physically possible but also recognise that the Council must work with providers to encourage service users to be independent and prepare them for the transition when their carers can no longer provide the support.

Independent Living

The Council is moving from the existing model which places reliance on residential provision for adults with learning disabilities and support more service users to live independently either on their own or with friends. This will mean securing more locally based, high quality socially inclusive housing and developing more sustainable person centred supported living schemes. Residential provision will continue to be provided for those where supported living is shown not to be appropriate however we want to bring additional skills, knowledge and experience into Bexley so that independent or supported living remains the first choice for service users..

Meaningful day care opportunities

The Council will support service users to access mainstream universal services. Where possible, and with the right level of support people with a learning disability will have the same opportunities as everyone else. In the move towards independence, choice and control, over the next five years the Council needs to reduce the reliance on historic models of institutionalised provision and focus on providing services that support people with learning disabilities to access universal and mainstream services in their local area and to integrate into their local community. This will include local sport and leisure facilities, libraries, community activities as well as a much greater focus on education and employment opportunities. Employment and education is known to enhance quality of life,

reduce the risk of social exclusion, improve health and wellbeing and provide financial benefits.

A break for carers

The Council recognises the valuable role that carers play and the enormous pressure they face. The Council will provide the respite support and short breaks that are needed to support carers to continue in their role for longer. Everyone will have a different definition of respite and the services must provide flexibility and choice.

Reduce out-of-borough placements

The London Borough of Bexley currently spends a significant amount on clients who are placed out of borough and there is scope for efficiencies to be made and opportunities for providers to develop services within Bexley to meet our out of borough service user needs.

Spot purchased placements tend to be high cost and in Bexley, we acknowledge that in the most part, such placements are in registered residential services, made as a result of lack of opportunities in Bexley. The next 2 years will see the Council aiming to significantly reduce out of Borough and spot purchased placements in lieu of in-Borough provision. . Repatriation of these placements and making out of Borough purchases of services the exception will enable the Council to better use its limited resources in the local community.

Similarly, the Council and Bexley CCG are working with a number of people who are primarily accessing our mental health service but who also have learning disabilities. Over the next five years, we want to ensure that these people have access to the most appropriate services to meet their priority needs in Bexley.

Transition from Children's Services to Adult Care Services

The Council's Children's Services support young people with learning disabilities up to the age of 18 years. Children's Services provide the names of people likely to require an adult care service to a transitions database when they reach 14 years old to allow planning to take place. Before the age of 17, adult care social workers will work with the children's social worker in the transition process to adulthood and support access to services for those over 18 years old. A clear pathway has been developed and agreed by the children's and adults social care teams which will provide support and advice through this important period and we are looking to social care providers to support this transition period for their service users.

Use of out of Borough residential and educational placements will only be made in very exceptional circumstances with the aim of continuing to invest in services locally that meet individual needs.

Personal Budgets

The government is committed to making personal budgets available to everyone that receives ongoing funded social care. This commitment has been met in Bexley, whereby people can use the funds to design their own package of support which is tailored to meet their individual needs. This gives people more control over their care and allows them to choose the services they want to receive and the service provider.

In March 2015, 61 people with learning disabilities in Bexley are in receipt of a direct payment which are mainly being used to commission four types of service – personal support, personal assistants, day care and respite services.

Bexley's aim is to increase the number of people taking their budget as a direct payment and this will be the focus for the next couple of years, including the introduction of Individual Service Funds in Bexley, which allows an individual's personal budget to be paid directly to the provider of their choice.

Employment, education, voluntary work and training

This includes supporting and providing opportunities for people with learning disabilities to engage in employment, education, volunteering and training. Providers may be able to directly provide paid and voluntary employment opportunities or may be able to work with people to develop their skills and support them in accessing both education and employment activities.



II. Physical & Sensory Disabilities (working age adults)

There are 29,300 Bexley residents of working age registered with the Council as disabled, but the number of disabled people in the UK is widely under reported. This means that there may be more people in Bexley with a physical or sensory disability that are not registered with the Council.

- 11.8% (790 people) of working age social care service users (aged 18-64) received physical or sensory support (based on their primary support reason) in 2014-15.
- In Bexley, in 2011, there were 260 registered blind residents and 255 partially sighted residents.⁹ 64% of these registrants are over the age of 75, which is in line with the national figure.
- As of February 2011, there were 1,365 Bexley residents registered as either deaf or hard of hearing.

However these figures do not reflect the likely true total as registration is purely voluntary with no immediate benefit to the individual. Projecting Adult Service Need and Information (PANSI) estimated that in 2012 there were 5,392 adults (aged 18-64) with moderate to severe hearing impairment. Furthermore, PANSI predict that this figure will rise to 6,046 by 2020.¹⁰

Sustainable employment is another key issue for working age people with physical or sensory disabilities. They are far less likely to be in employment; the UK employment rate of working age-disabled people is 48%, compared to 76% of non-disabled people.

Our objective is to develop new opportunities to maximise independence for people with physical or sensory disabilities to live in the community. This includes working with partners to help people into employment, live independently in their own homes and maintain and improve their health and wellbeing through a range of both targeted and holistic services.

The London Borough of Bexley will work with providers that recognise that this group can have unique and/or multi-dimensional needs, and are able to deliver tailored services to meet these requirements.

⁹ <http://data.london.gov.uk/dataset/number-registered-blind-and-partially-sighted-people-age-group-borough>

¹⁰ Projecting Adult Service Need and Information – Oxford Brookes University



12. Mental Health

Mental health services in Bexley are commissioned on behalf of the London Borough of Bexley (LBB) and NHS Bexley CCG (BCCG) by the Integrated Commissioning Team (ICT).

The main provider of secondary tier mental health services in Bexley is Oxleas NHS Foundation Trust. They are commissioned to deliver mental health care in Bexley across both inpatient and community settings.

Supporting and complementing the services provided by Oxleas NHS Foundation Trust are a range of mental health services that meet the specific needs of individuals mainly in community settings. These include rehabilitation and recovery services, mental health wellbeing as well as Improved Access to Psychological Therapies (IAPT).

NHS Bexley CCG also commissions, on a case by case basis, tertiary mental health services from South London and Maudsley NHS Foundation Trust.

LBB and BCCG have always placed partnerships at the centre of our work. The vision for mental health is for both commissioning organisations to work together with local people, the voluntary and community sector, with businesses and with health and social care service providers.

The outcome sought through commissioning is the best configuration of services to meet people's needs within the resources available. The ICT has emphasised a shift in the way we work to one that puts the individuals at the centre of our approach.

The services that we need to commission will focus on key outcomes for each individual that addresses the risks to their independence, safety, rights, choice and autonomy and that are sustainable in each person's future life.

A wide choice of support options are required, including housing options, community care and support and support for carers, all to a high standard that

will produce positive outcomes. This will enable the individual service user to fulfil their social, health and educational needs to their maximum potential in a safe and supported environment.

This must include being able to learn new skills, spending time with friends and most important of all the chance to engage in meaningful activities in the mainstream community.

There also needs to be a priority placed upon individuals receiving the support needed to maintain and improve physical health and well-being, through access to advice and guidance as well as support to access mainstream healthcare.

Best practice indicates that people with a mental health support need should have the opportunity to take part in a wide range of social and leisure activities that do not necessarily need to be undertaken within a supported housing environment or a day service setting.

Our integrated, person-centred approach in delivering treatment and rehabilitation ensures a joined up service that emphasises prevention and early intervention.

In Bexley we focus on the whole person's wellbeing, not just the mental health problem they are experiencing. This is supported by the parity of esteem initiative that will deliver better physical and mental health outcomes for individuals.

Key drivers

Symptoms of mental health and psychological problems are common in the UK adult population:

- 1 in 4 people in the UK will experience a mental health problem each year.¹¹
- Mental health disorder is responsible for the largest burden of disease in England, at 23% of the total burden.¹²

- Mental health disorders were the 9th highest cause of death in 2007 which is responsible for most of the lost years of healthy life in south east London.¹³

Bexley has a significant number of people who have complex needs and/or chaotic lives and find it difficult to self-manage or remain fully engaged with mental health services without focused proactive support.

- 14.8% of all social care service users in 2014-15 (993 people) received mental health support (based on their primary support reason). A further 5.9% (399 people) received support with memory and cognition.

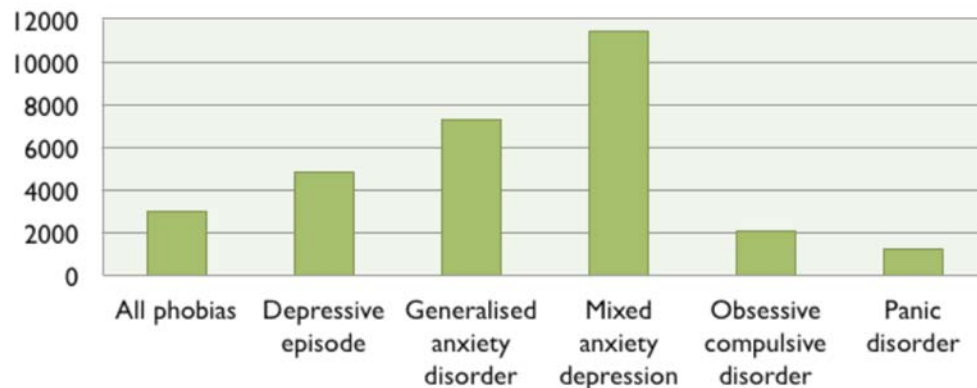
The NHS Information Centre holds data on Mental Health Services in Bexley:

- 492 people were admitted, 3,892 people were seen (non-admitted) in 2010/11
- Numbers of people detained under the Mental Health Act 1983 in 2010/11: 125 formal, 366 informal

The number of people who have depression and/or anxiety disorders (local estimate)¹⁴

24,735

Rates of common mental health problems in Bexley



Bexley has a lower rate of adults aged 16-74 years old with common mental health problems than England (155 per 1000 population aged 16-74 years compared to 182 per 1000).¹⁶

¹¹ Joint Commissioning Panel for Mental Health Guidance, July 2013

¹² Ibid.

¹³ SEL Strategic Plan, 2010-2015

¹⁴ Local estimate based on Adult Psychiatric Morbidity Survey, 2000

¹⁵ London Borough of Bexley, Bexley Joint Strategic Needs Assessment, 2014

¹⁶ NEPHO Prevalence of Common Mental Health Problems (updated 2008)

Modelling suggests that there will be an 8% increase in adults with a mental health disorder by 2020 and an 8% increase in older adults with depression and severe depression.

In FY 2014/15, NHS Bexley CCG commissioned in the region of 21,000 mental health inpatient beds for working age and older adults. Occupancy rates have consistently been below 90% which evidences the success of increased community support, particularly in the Older Adults Home Treatment teams.

This evidences that inpatient bed demand can be reduced through placing a focus on responding to needs in community settings as early as possible and in doing so, ensure better outcomes for those with support needs.

Future Intentions

The Integrated Commissioning Team is increasingly working with providers to focus on the outcomes of the users of mental health services in Bexley, as well as the outcomes of their families, carers and the wider community.

We will continue to work closely with Oxleas NHS Foundation Trust to ensure the needs of Bexley service users are met through their service delivery, such as ensuring the provision of a range of community services and reducing the reliance on inpatient mental health care where appropriate.

We will work closely with service users and their carers to help develop services and find options which are right for them.

We will work with both our voluntary and statutory health and social care providers to expand treatment options in the community to ensure the needs of service users are better met.

We will also develop our services with non-social care providers, such as employers, schools, and colleges, to raise awareness of mental health issues for earlier identification, particularly before the age of 14¹⁷ and upskill primary care workforces to identify risk factors within families at an earlier stage.

We will ensure that access to primary care services is available to people with mental health problems to enable them to maintain good physical health.

We will ensure that those experiencing a serious or acute episode of mental health illness have access to safe, effective and well-managed support from providers.

We will continue to work to ensure that the impact of reduced life expectancy for people experiencing a mental health problem¹⁸ is reduced through consistent support across all aspects of mental and physical health.

We will commission rehabilitation and recovery services that deliver long term achievable outcomes for individuals, which maximise their opportunities in the mainstream community, such as moving into sustainable employment.

¹⁷ 50% of lifetime mental illness (excluding dementia) starts by the age of 14 (Kim-Cohen et al., 2003; Kessler et al., 2005)

¹⁸ Change et al., 2011; Brown et al., 2010; Hayes et al., 2011; Fork et al., 2012

Expected benefits for Bexley
People will be supported to regain and maintain their best quality of life after a period of illness;
People accessing mental health services will feel more involved with the development of services;
People will be able to maintain a healthy lifestyle and their physical health alongside their mental illness;
People accessing mental health services will be at low risk of suicide, self-harm or self-neglect;
There will be a greater use of community based care plans, but inpatient services will still be available where more appropriate;
Making referrals will be easier and fairer for both for those who refer themselves to services and for mental health professionals.



13. Carers

Carers in Bexley are a vital element of the network of available support to people in the community. They play a valuable role for the care and support market and support statutory services. We recognise the pressures, responsibilities and impacts of caring. Carers are more likely to report worse health than non-carers. A carers' (aged 18+) health survey of 1,066 carers in the UK¹⁹ found that half of the carers said that they felt in poor health. Of those, most said that their poor health had occurred since beginning their carer role. The more hours of care they provided the more likely they were to report ill health.

We want to provide support to carers that will enable those that they care for to live as independently as possible, avoid unnecessary admissions to hospital and prevent the need for long term care. It is essential that the right support is offered at the right time to carers to enable them to continue in their caring role.

From 1st April 2015 carers are entitled to an assessment where they appear to have needs, rather than the carer having to prove they offer regular and substantial care to the cared for person. If carers meet eligibility criteria they may be eligible for support that will enable them to continue the caring role. This is an opportunity to find out more about our carers and their needs, and to design services with their input and outcomes in mind. Providers can work with us to develop new and innovative offers for carers.

- In 2014/15, 1,384 carers received a specific carers' service or advice and information.
- There are approximately 23,522 people providing unpaid care in Bexley in 2011.²⁰ This equates to 10% of the Bexley population.

Whilst this rate is below the national average of 12%, it is the third highest of all London boroughs and is an increase of 9% from the 21,422 carers in 2001.

- 5,700 of these carers providing 50+ hours of care a week (nearly 25%)

Over 5000 of these carers are aged 65+ and are most likely looking after either a very elderly parent or a spouse. Older carers looking after a very elderly parent or spouse are at higher risk of social isolation, poor health and therefore at an increased risk of hospital admissions.²¹

Results from our Carer's Survey in 2014/15 showed that:

- 41% of carers in Bexley were extremely or very satisfied with the support or services they and the person they care for have received in the last 12 months.
- 69.1% of carers reported that they have been included or consulted in discussions about the person they care for.
- 57.4% of carers found it easy to find information about services.
- 34.4% of carers reported that they had as much social contact as they would like.

¹⁹ The Princess Royal Trust for Carers, 2004

²⁰ ONS, Census, 2011

²¹ The London Borough of Bexley, Joint Strategic Needs Assessment, 2014

Analysis by London Councils suggests an unmet need of 1% of the total population who may come forward for support as a result of the Care Act changes. This is the equivalent to an additional 2,300 carers in Bexley.²² However, the eligibility and level of need of these additional carers is currently unknown.

In Bexley, we have agreed our local priorities in line with the National Carers Strategy guidance and in response to what carers have told us about their needs through the health and social care needs assessment undertaken in 2012. This is reflected in the [Bexley Carers Strategy](#).

We are seeking to work with providers who will reflect the priorities within their service design and delivery. Carers are a service user group in the care market. In light of new legislation and the national and local priority on wellbeing, we want providers to work with us to develop diverse, flexible and holistic services for Bexley carers.

²² LG Futures, LB Bexley: Modelling the Financial Implications of the Care Act, January 2015

14. Substance Misuse

Services that support people with substance misuse problems are commissioned by the London Borough of Bexley's Public Health team. This team currently commissions services for different levels of need, from outreach work and drop-ins to more structured interventions such as day programmes, substitute prescribing and inpatient/residential services.

People accessing substance misuse services often have complex co-morbidities, many of which will include social care needs due to the cross-cutting nature of substance misuse. While the Public Health team sits outside of adult social care and Bexley CCG commissioning responsibilities, it is important that providers are aware of the differing behaviours and support needs of people with substance misuse problems. Service design should reflect the need for awareness, identification and collaboration with other services to ensure good outcomes for the service user.

In 2014, 328 adults in Bexley effectively engaged in drug treatment (264 opiate and 64 non-opiate). Of these, 12.2% (32 people) of opiate and 37.5% (24 people) of non-opiate users successfully completed treatment.

Analysis undertaken as part of Bexley's Joint Strategic Needs Assessment shows that:

- During 2012/13, 347 adults effectively engaged in drug treatment (252 opiate and 64 non-opiate). 9% of Bexley's opiate users and 32% of Bexley's non-opiate users successfully completed treatment. This was an 11% growth since 2011/12 set against a 2% reduction nationally. However using national mapping these figures suggest that less than half of Bexley's opiate and crack users are involved in treatment.
- Most individuals that complete successfully do so within two years of treatment entry. In Bexley, a high proportion of completers (94% in 2012/13) do not return to treatment within the first 6 months.

- There is often a high level of employment need for those in structured treatment, and lower proportions of clients in Bexley are in paid work than the national and regional average (12% compared with 16% nationally).
- Children are particularly impacted on by the drug use of others and it is estimated that for every problem drug user there is at least one child affected. In Bexley, 49% of adults (185 adults) in treatment live with children, which is significantly higher than the national rate of 33%.

Despite a continuing fall in the numbers of high risk drinkers, according to national and local trends the rate of alcohol related hospital admissions in Bexley is expected to continue to rise.

Alcohol misuse amongst older people is an issue of increasing concern for social care, health and alcohol services. In Bexley, the proportion of older people within the population has continued to grow. Although general population figures indicate that alcohol use and misuse decrease with age, research evidence suggests that the problem has been underestimated and that alcohol problems can impair significantly the health and quality of life of older people. There is a pressing need therefore to assess the scale and nature of alcohol misuse among older people and find means to support this vulnerable group within the community.

General and mental health of people with drug and alcohol problems

The British Medical Journal reviewed a key Australian study in May 2013 which confirmed the belief that people with drug and alcohol problems have a life expectancy of around 20 years less than the general population. This demonstrates the need for general acute primary care and prevention services to take a much more targeted and proactive approach. There is therefore a need for social care and health providers to focus their service design and delivery on tackling these major inequalities for people who misuse drugs and alcohol.

Part of this is the need for effective dual diagnosis services for people who misuse drug and alcohol services and who are also experiencing a mental health problem. This should be in line with national guidance and ensure policies for joint working with this group.

The British Journal of Psychiatry reported on a key study²⁴ that found, in London, on average 42% of Community Mental Health Team (CMHT) service users reported problem drug use and 25% were assessed as drug dependent. Overall, more than half of London CMHT patients reported substance misuse problems in the preceding year. The prevalence of harmful alcohol use among CMHT patients was assessed at 26%.

The role of providers

Local service data shows that 35% of those in treatment for drug or alcohol problems also have a mental health problem. Therefore it is essential that mental health service providers are aware of the symptoms of substance misuse and have the required skilled workforce to identify needs earlier and the pathways in place to work effectively in partnership with substance misuse services.

Health and social care providers should work with other providers to ensure that mental health and substance misuse pathways include dual diagnosis and mutual service systematic cross-referral and effective collaboration.



²⁴ Weaver, Madden, Charles, Stimson & Renton, *Comorbidity of substance misuse and mental illness in community mental health and substance misuse services, 2003*

Conclusion

Bexley's demographic is changing. As an outer London borough, Bexley experiences inner London pressures, such as population change and migration, pressures on housing stock and school places, transport infrastructure and disparities in the jobs market. Alongside this, Bexley has an ageing population, with the 3rd highest rate of people 65+ in London, as per the rest of the UK. The "oldest old" is predicted to increase, and with this the rates of dementia, sensory impairment, frailty and other complex health and social care needs. These groups will need fully integrated care and support options, preventions and early interventions, somewhere suitable to live in the community, close to their networks and carers, living a fulfilling, healthy life.

The Council's role in directly purchasing care and support for people is reducing. The use of personal budgets and direct payments are increasing, to allow people more choice in and control over the care and support they receive through directly purchasing services from the market. This personalisation requires more diversity and flexibility from care providers, who must understand the needs of individual's as well as the assets and gaps in provision in the community. Self-funders will increasingly be commissioners themselves, and we want to work with providers to better understand the needs of this cohort to inform our market intelligence.

Demand for social care services continues to rise against a backdrop of reduced funding to deliver the same level of services. It essential that the market offers new, innovative ways of service design and delivery, ensuring that the core principles of prevention, independence and integration are included to achieve good health, care and wellbeing outcomes for the population. Ensuring services are efficient, streamlined and offer the best value for money are also a core aspect of the Council's commissioning intentions. Services that offer information, advice and guidance are an integral part of preventing people's health and social care needs from worsening. Accessing this information and advice about care and support options is both beneficial to the individual and financially favourable for the Council and its partners. We want providers to be aware of this and integrate the information and advice offer into their services.

Our vision is for every resident to have good health, care and support. This includes the availability of high quality services in the borough as well as the appropriate access to them. It means supporting people to make decisions which affect their health and lifestyle through timely information and allowing greater personal financial control. It requires innovation, creativity and joining up services to ensure efficiency as well as a better experience for residents. It involves working with the Council and other health and social care partners to design and deliver services that are value for money, whilst preventing people's care and support needs from worsening, supporting people to live independently with dignity in their community and ensuring people can live long, fulfilling and meaningful lives with their friends, family and networks.

What next?

The purpose of a Market Position Statement is to strengthen the communication between the market and commissioners. This partnership can enable stronger market intelligence to improve the services for residents. A clearer overview of the local market will lead to better evidence-based commissioning through targeting gaps and developing a diverse market to respond to the gaps well.

We encourage care providers from all sectors to develop innovative proposals that address the demands highlighted in this document. We want a diverse range of service provision that help us to achieve our commissioning principles and overarching vision for social care in Bexley.

We hope that this Market Position Statement is a useful tool for providers to understand the Council's commissioning intentions and the financial and demographic challenges ahead.

We would appreciate feedback to ensure that this document is valuable for care providers and contains the information you need to develop services.

Please send comments or enquiries to: Email: TheCareAct@bexley.gov.uk

Telephone: Contact Centre: 020 8303 7777

If you would like the information in this leaflet in a different format, please call 020 8303 7777 and ask for Communications/Graphics. The reference to quote is 605599/6.15

