Birmingham's
Market Position
Statement
for
Learning Disabilities
Social Care



### Introduction

ocal Councils are facing considerable challenges in terms of providing services with decreasing budgets, whilst demographic demands and expectations are constantly rising. We all have a part to play in ensuring adult social care delivers the required outcomes within the resources available as laid out in the Council's Plan "Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity" approved by the Cabinet in March 2014. The Council remains ambitious to achieve 'best in class' when compared with other Councils, particularly by improving the ability of our citizens to self-care and remain independent in their communities, whilst delivering cost effective and personalised solutions for those with care needs.

The Care Act of 2014 also emphasises the importance of Local Authorities working with providers to shape the market and ensure information is shared. With this in mind, Birmingham's Market Position Statements set out our vision for care and support, along with commissioning intentions for services locally. They are aimed at providing care organisations with information about the Council's agreed direction and policy intent, key information on local population needs, service demand and trends, as well and our ambition for quality provision and new service innovations.

The latest Market Position Statements are a series of openly available web-based documents that are intended for provider organisations to understand the opportunities to address local need and demand. Potential providers can find out what it takes to deliver services in Birmingham, including support available through the

am really pleased to welcome you to our updated suite of Commissioning Market Position Statements. This edition covers the Learning Disabilities sector of the social care market.

Over recent years, those involved in commissioning services have developed a better understanding about the demands and pressure on the health and social care system. This has enabled us to target resources more effectively to achieve better outcomes for our citizens; especially during this sustained period of scarce, indeed diminishing resources.

We want to maintain a diverse, efficient, sustainable market, which continues to provide high quality services to meet citizens needs. The Market Position Statements provide useful information and 'signals' to ensure the market remains vibrant and develops in an appropriate way."

Jon Tomlinson,
Director for Joint Commissioning

Commissioning Team. We are striving to create a care market that delivers good quality care and better outcomes, in way that is safe and promotes independence.

If you have any comments or feedback on Birmingham's Market Position Statements or suggestions for how we can improve the information made available, please email:

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## **Population**

"The number of people of working age with a moderate or severe learning disability in Birmingham will increase by almost 300 people in the next ten years."

epartment of Health estimates for Birmingham, which take into account the City's ethnicity profile, suggest that 2.47% of Birmingham adults have some level of learning disability.

Prevalence figures taken from the Projecting Adult Needs and Service Information (www.PANSI.org.uk) system indicate that there were some 16,050 working-age adults with a learning disability in Birmingham in 2011, along with 2,817 adults over the age of 65.

Of these it is estimated that there are around 3,500 working age adults with moderate to severe learning disability; whereas 3,000 are actually receiving support from social services. This indicates there are may still be unmet need in the city; possibly concentrated in harder-to-reach communities, or where families are providing unsupported care.

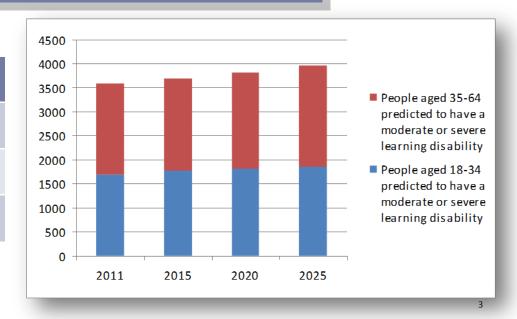
Population growth in Birmingham will mean the number of people with LD will also increase, by around 7.5% in the next ten years. This has the potential to put increasing pressure on services.

7.5%

Increase in numbers of people with LD in ten years

	2012	2015	2020	2025
People aged 18-34 predicted to have a moderate or severe learning disability	1,682	1,781	1,808	1,845
People aged 35-64 predicted to have a moderate or severe learning disability	1,904	1,908	2,006	2,123
Total population aged 18-64 predicted to have a moderate or severe learning disability	3,585	3,689	3,814	3,968

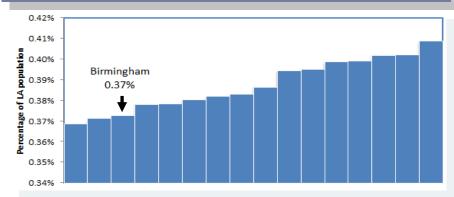
Source: Projecting Adult Needs and Service Information



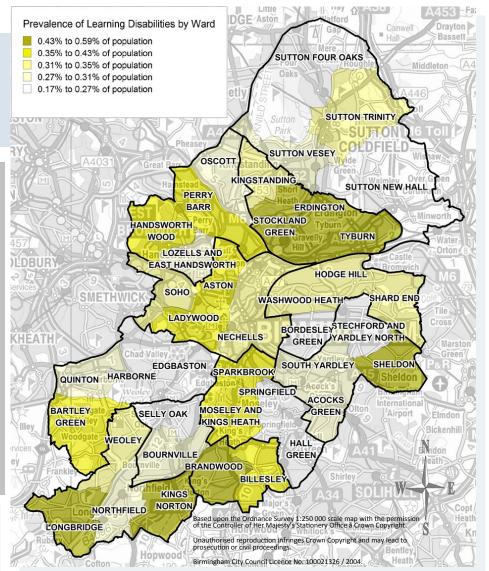
## **Population**

There are difficulties in accurately determining local geographic spread of the prevalence if Learning Disabilities across different areas of the city, however one way of doing this is by mapping the registration of patients at GP practices who are recorded as having a learning disability. Whilst the prevalence rates on the map above do come with some caveats, it does give an indication of where people with learning disabilities in Birmingham live.

Each Ward is coloured according to the proportion of the resident population recorded as having a learning disability. Therefore, those Wards coloured dark yellow are those with the highest prevalence of LD (between 0.43% and 0.59% of registered patients), whilst those without shading are the lowest prevalence (between 0.17% and 0.27% of registered patients).



Birmingham has a comparatively low prevalence of LD compared to other similar Local Authorities, with an estimated 0.37% of the population having moderate to severe LD

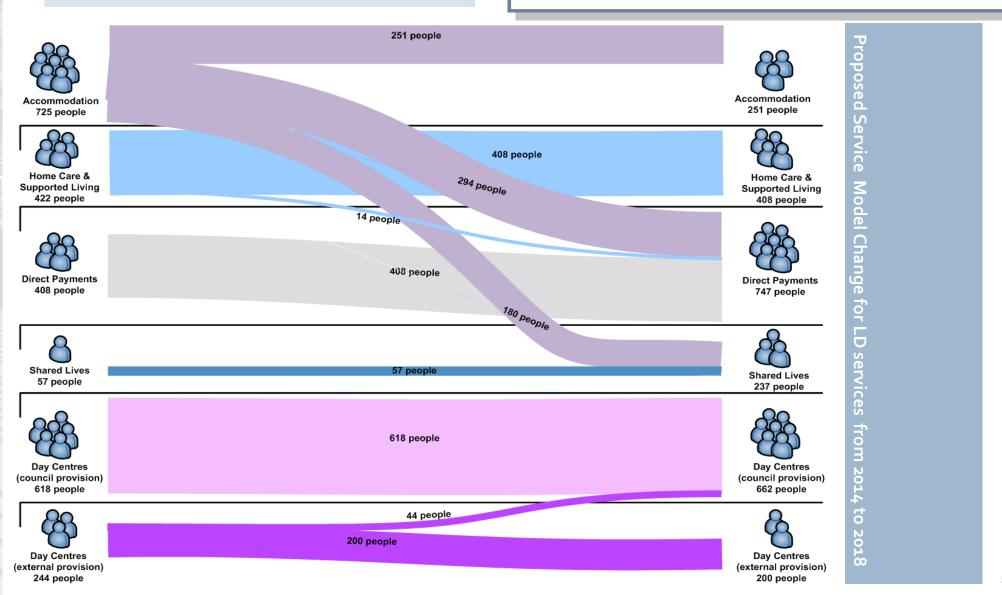


"The risk of dying under the age of 50 for people with learning disabilities is 58 times greater that of the general population."

## LD Service Model Change, 2014-2018

he Council intends to remodel the traditional focus of the care market for Learning Disabilities in Birmingham; by moving away from the current reliance on bed-based care, towards personalisation through increasing Direct Payments and Shared Lives.

The potential change in service use is illustrated below:



# Residential and Nursing Homes

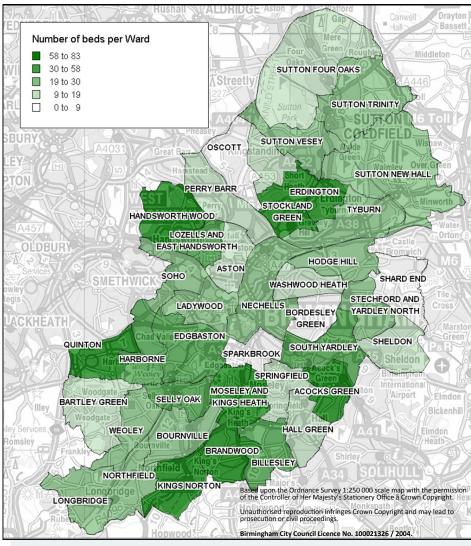
Birmingham has very a high proportion of residential care provision compared to other Local Authorities. There are currently around 160 care homes in the city catering for clients with LD, totalling over 1,000 beds. Some of this provision is used by other Local Authorities, but Birmingham also has a number of citizens living in care homes outside the city.

As illustrated on p.5, the Council intends to re-model the provision of care to provide better personalisation, outcomes and value for money, by moving away from the current over-reliance on residential care, and focus instead on more personalised services; Direct Payments and Shared Lives, along with Supported Living.

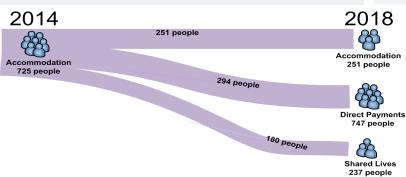
The map to the right shows the distribution of these beds across the city. Each Ward is thematically coloured to show the number of beds at homes in the area. The distribution of care homes is relatively uniform across the city, with some exceptions, but does not closely match the prevalence of need in the population. It is important that there are services available to meet the needs of families in their local area.

#### **Commissioning Intentions:**

- Reduce high dependence on residential care.
- Encourage Direct Payments and Shared Lives for new packages of care.
- Implement a programme of re-provision of existing placements into alternative care models, based on individual's needs.
- Ensure best value from existing care packages.



Planned re-provision of services from Residential to Direct Payments and Shared Lives



# Residential and Nursing Homes

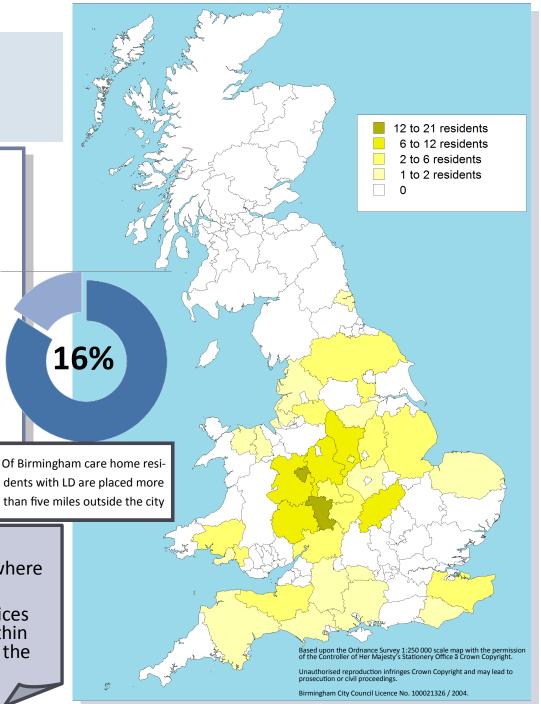
n addition to high levels of residential care in Birmingham, there are also significant numbers of Birmingham citizens living in care home placements outside of the city; in some cases far outside the West Midlands, as illustrated in the map shown to the right.

There are currently over 140 working-age Birmingham citizens with learning disabilities in care homes more than five miles outside the city boundary; including some in Wales, on the south coast and in the north of England. This is around 16% of total care home clients.

In some cases this is due to there being no appropriate specialist care in the local area, meaning services have been commissioned further afield. This can present problems for service users and their families, if they are geographically far apart; and also presents issues for Commissioning because of the difficulty in quality monitoring services in other parts of the country.

#### **Commissioning Intentions:**

- Place clients in services within Birmingham where possible.
- Ensure there is appropriate provision of services catering for complex and specialist needs within the local area, to reduce placements outside the city.



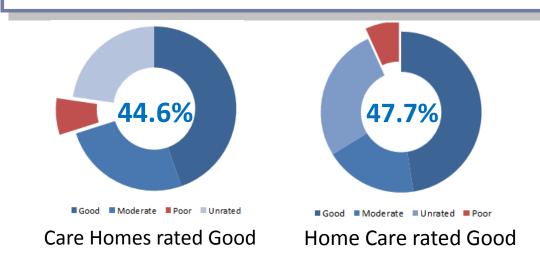
## Quality and the Framework Agreement



Commissioning has developed a Framework Agreement for the commissioning of many services; currently all Home Care and Older Adults Care Homes. This involves providers signing up to a framework contract, if they wish to bid to provide packages of care. Services are then tendered through a microprocurement system, called Sproc.net. Providers who have stated they can provide care appropriate to the individual client's needs can then submit person-centred bids, stating how they will provide the care and what rate they will charge.

An associated quality ratings system has been developed which determines which providers are successful. Quality ratings are calculated via quarterly Self-Assessment Questionnaires completed by providers, CQC information, commissioner assessment visits and from feedback from citizens and their families.

Successful bids are assessed by weighting quality at 60% and cost at 40%, so that quality of service and personalisation determine success.



Figures taken from Q1 performance calculations from the Birmingham Commissioning quality ratings system.

#### **Commissioning Intentions:**

 All bed-based care and domiciliary care will be commissioned by micro-tendering through Sproc.Net.

Micro-

**Commissioning** 

- Providers wishing to work with the Council must sign up to the Framework Agreement.
- Improve quality of providers on Framework; less than 10% should be rated as Poor.
- Make 'live' provider quality ratings publicly available
- Integrate service user and care feedback through the use of Healthwatch.
- Make information about available services publicly available on www.MyCareInBirmingham.org.uk

## Home Care and **Supported Living**

here are more than 50 providers of Supported Living accommodation in Birmingham, with more accommodation being developed. Supported Living is seen as a viable alternative to care homes, with the potential to provide more personalisation and better outcomes for people.

Supported Living establishments provide people with somewhere to live with their own front door; with domiciliary care provided either by the accommodation owner, or by another provider chosen by the service user. Choice and control is key, with quality monitored by commissioning to ensure a good standard of care.

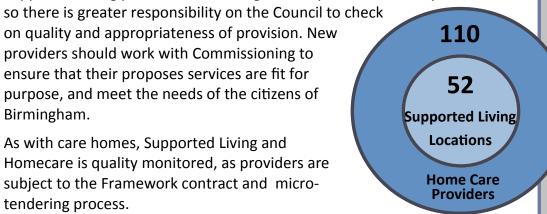
Home Care is provided in communal supported living establishments, in huband-spoke models of clustered supported living, and in people's own family homes.

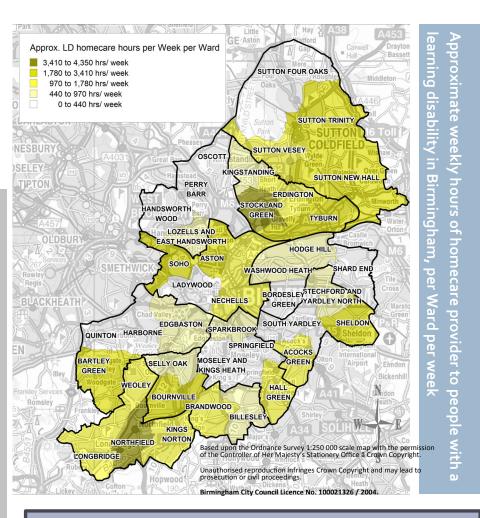
Commissioning wants to see a vibrant Supported Living market in Birmingham, to provide high quality options for people with Direct Payments

Supported Living premises are not regulated by the Care Quality Commission,

on quality and appropriateness of provision. New providers should work with Commissioning to ensure that their proposes services are fit for purpose, and meet the needs of the citizens of Birmingham.

As with care homes, Supported Living and Homecare is quality monitored, as providers are subject to the Framework contract and microtendering process.





#### **Commissioning Intentions:**

- Encourage development of the Supported Living model.
- Work with providers to develop new SL accommodation in areas of high need.
- Focus on enablement for all providers of Supported Living and Home Care, to ensure that citizens are helped to achieve their potential.
- Pilot Individual Service Funds (ISF) with selected providers.

## **Shared Lives**

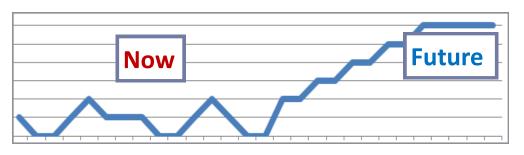
Shared Lives (formerly known as Adult Placements), offers a person-centred alternative to care homes. It is a regulated model of care which involves people living with carefully-recruited carers in their homes; so that they become a part of the family and are involved in community life

Currently the provision in Birmingham is tailored largely to people with Learning Disabilities, but this could change to include older adults and other younger adults in the future. Long-term placements and respite care is available.

The Shared Lives service has always been operated in-house by Birmingham City Council (as it is in many other local authorities); however in order to increase the recruitment of Shared Lives carers and increase the uptake of the service, the council is seeking to commission an external agency, with experience in Shared Lives or Fostering, to expand and improve the service.

#### **Commissioning Intentions:**

- To significantly increase the number of Shared Lives care packages, by promoting the service and encouraging use as a service option.
- Seek to become the 'best in class' Local Authority for Shared Lives
- To commission an external provider to assist in the expansion of the Shared Lives service.
- Focus on the recruitment of new carers to the Shared Lives service.
- To review existing residential home-based clients, and consider Shared Lives placements where appropriate.



The Council wants to increase the number of people going into Shared Lives placements

57

People with LD in Shared Lives placements in 2014

here are over 60 Shared Lives carers in Birmingham, which is low compared to some other Local Authorities, and the number of people taking up Shared Lives placements has been slow, as seen in the chart above.

Shared Lives has been identified as a type of care that offers both excellent outcomes and quality of life for service users, as well as better value for money from public expenditure than traditional care services such as care homes and supported living.



## **Direct Payments**

#### **Commissioning Intentions:**

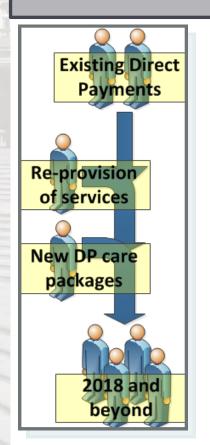
- Promote personalisation through Direct Payments as the preferred option for new packages of care.
- Encourage citizens in existing commissioned services to take up Direct Payments, where appropriate.
- Work with providers to ensure a range of quality services are available for citizens to purchase.

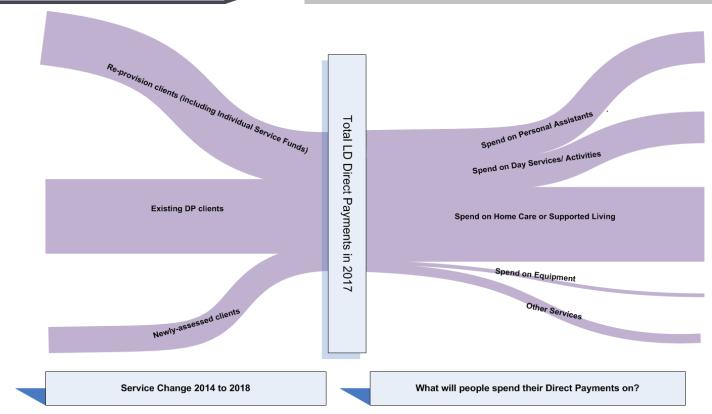
Birmingham has a lower-than-average take up of Direct Payments, compared to other Local Authorities in England. Personalisation of services; putting people at the heart of their care, and giving them control over how there is provided, has long been a key objective in Birmingham, and the importance of this has been re-emphasises in the Care Act of 2014.

Because of this, and as part of the Service Review, Direct Payments will be a priority. Birmingham intends to offer Direct Payments as an option to new service users wherever possible, and will also look to offer existing clients with council-commissioned packages of care the option to move onto Direct Payments where appropriate.

Commissioning will work with providers to shape the market to ensure citizens with DPs, along with Self-Funders, have sufficient choice of quality services to purchase.

The graphic below demonstrates the increase in Direct Payments clients, and the types and quantities of services that could be purchased.





What services will the increasing numbers o people with Direct Payments purchase?

## **Direct Payments**

#### **Individual Service Funds:**

Birmingham City Council is looking into the feasibility of commissioning Individual Service Funds as an alternative model to run alongside Direct Payments. An Individual Service Fund (ISF) is when someone wants to use their individual budget to buy support from a provider. It means that;

- The money is held by the provider on the individual's behalf
- The person decides how to spend the money
- The provider is accountable to the person

The provider commits to only spend the money on the individual's service and the management and support necessary to provide that service (not into a general pooled budget).

#### **Direct Payment Support Services:**

- Support and advice
- Care brokerage
- Managed accounts
- HMRC and financial returns
- Payroll services and Employing an Personal Assistant

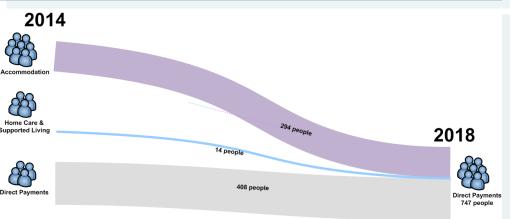
Historically, DP support services, including managed accounts, were commissioned on a Block Contract basis with Penderel's Trust. In line with personalisation and an open market approach, this changed so that currently the DP support market in Birmingham is open to any appropriate provider who registers their services on MyCareInBirmingham.

The Commissioning Team is currently looking into the possibility of moving to a Framework Contract for provision of these services in future.

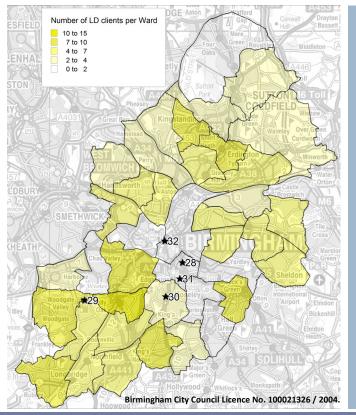
#### **Commissioning Intentions cont'd:**

- Commission a Community Brokerage function to promote Direct Payments, and provide support planning and DP support services.
- Consider the use of pre-paid cards for Direct Payments, to improve the financial safeguarding of vulnerable citizens. Direct Payment cards would be as flexible as a bank account or debit card, but enable the council to improve the financial safeguarding of vulnerable citizens.
- The Council are seeking providers to run Individual Service Funds (ISFs) for Direct Payment clients.
- Look into the feasibility of commissioning Direct Payment Support
   Services through a Framework contract; including a system for regular quality monitoring.
- Enable citizens with Direct Payments to make informed choices through
   MyCareInBirmingham and the publication of provider quality ratings.

### Planned increase in Direct Payments through re-provision of services



# Day Opportunities & The Third Sector



Distribution of clients from Third Sector organisation unded by Adults Commissioning LD grant funding

Adults Commissioning currently funds five Third Sector organisations through grant funding to provide support services, brokerage and advocacy to people with learning disabilities. These services support around 170 clients per year. In addition, general advice and information services are funded which are available to all citizens. The distribution of service users and services is shown on the map above.

Due to the current Service Review, the future Commissioning Intentions for these services will be determined once the results of the Review are published.

#### **Day Centres:**

There are 17 Day Centres in Birmingham that cater for citizens with Learning Disabilities. Many of these are run by Third Sector organisations, but Birmingham City Council still runs a number of LD day centres internally. There are currently no plans for the council to decommission these centres, because they are able to offer care for more complex needs than is available in much of the open market.

The council intends to improve the efficiency of its internal day centres by ensuring that any vacancies are filled, so that extra money is not spent unnecessarily when commissioned places already exist.

Although there are no direct plans to increase the number of commissioned day care/ day opportunities placements, it is envisioned that the planned increase in people with Direct Payments may present opportunities for providers to develop innovative models of care, with a focus on activities and social integration. MyCareInBirmingham offers a useful portal for promoting services to people with Direct Payments, as well as self-funders.

Mapping of the day centre provision in Birmingham shows that there is relatively little provision in the south of the city. Future developments may wish to look at this area as an opportunity.

#### **Commissioning Intentions:**

- Maximise the use of council-run day centres by ensuring all vacancies are filled before commissioning external placements.
- Improve efficiency of existing council-run Day Centres.
- There are real opportunities for providers such as day centres, to provide a greater range of activities and opportunities for socialising and meeting new people, potentially with more flexible timings to capture users with personal budgets who may be seeking to engage in activities outside normal centre hours.
- Await outcome of Service Review into commissioning grants budget available to Third Sector providers.

# Complex Needs and Continuing Healthcare

omplex needs' refers to a range of multiple and additional needs that some people with learning disabilities may have including profound and multiple disabilities and people whose behaviour presents a challenge. In Birmingham we are committed to vision and originally set out by the Department of Health's Valuing People (2001), later reasserted in the *Valuing People Now* (2009):

'The vision for people with more complex needs is the same as for everyone: inclusion and participation in all areas of community life, including living independently and having paid work'.

We want to support people learning to live as ordinary a life as possible in their own communities, with supports being designed to help achieve this. This means ensuring there are sufficient services to support people in the City and that where possible, people are supported in the least restrictive setting or model of care.

We expect the health and social care system to demonstrate and both an enabling and positive attitude to risk taking with positive behavioural support and non-aversive techniques as these are considered to underpin both the potential for progress and the person's rights

There are 90 providers of CHC providers who have delivered services of care to Birmingham citizens through the NHS in the last three years. Currently there are 53 providers providing ongoing packages of care.

The Joint Commissioning Team has for several years commissioned Continuing Healthcare Services through the Birmingham Community Healthcare Trust (BCHC). Although BCHC will continue to be a significant provider of specialist healthcare for people with learning disabilities, certain aspects of this block contract are being opened up to the wider market, including Inpatient assessment and treatment services and forensic step-down services.

#### **Commissioning Intentions: Specialist Healthcare:**

- Commission community outreach and treatment services through BCHC.
- Decommission existing block contract inpatient assessment and treatment services, and provide spot-contracted services local to Birmingham. Reduce duration of stays.
- Decommission existing block contracted Forensic step-down services, and commission locally to meet forecast increase in demand.

#### **Commissioning Intentions: Complex Needs:**

- Develop bespoke residential and supported living services for complex LD.
- Joint quality monitoring checks with CCGs and a team of Lay Assessors.
- Ensure service providers align to Winterbourne outcomes; including specialist staff training, monitoring and reduction of restrictive practice.
- Re-provision of care packages where eligible need can be met at a reduced cost via community-based models of care.
- Supporting families and carers to maintain their caring role by ensuring provision of short breaks and respite services.
- Develop Direct Payments and Personal health Budgets so individuals with complex needs and their families have choice and control over the services they require.

# Commissioning and Other Services

#### **The Joint Commissioning Team**

The Adults Joint Commissioning Team is now beginning a process of internal re-design of it's team structure and functions. An integrated commissioning function is being considered as a potential future operating model; which would bring together commissioning teams from adult social care, children's social care, Public Health and Supporting People. This integration has the potential to make the service more efficient and effective, bringing together commissioning and contracting practice, sharing of intelligence and resources, and enabling a joined-up strategic planning and decision making process.

This re-design will inevitably have some implications for providers in the future, and we will work to ensure that the market is kept informed of developments.

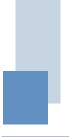
#### **Transitions:**

The Joint Commissioning Team is working closely with colleagues in Children's Commissioning to bring the teams closer together. Improved transitions pathways for citizens moving from children's services into adults provision are a key focus of this work, to ensure a more seamless process for people going through this important process.

We will also seek to make the strategic commissioning of services more joined-up, so that services are commissioned in the right places for the needs of those moving through into adult social care.

#### **Short Breaks:**

The Joint Commissioning Team will continue to invest in effective short breaks services as part of a wider set of community services. The Joint Commissioning Team is committed to working with carers and other key stakeholders to develop proposals for the future. This collaborative work will seek to develop underused parts of services, which will secure provision for existing service users, deliver high quality short breaks for new service users and deliver better value for money all round. Any changes to services in the future will be informed by proposals developed in collaboration with carers and other key stakeholders before being consulted upon.



## Learning Disabilities Partnership Board:

Commissioning will continue to work with the LD Partnership Board, as well as other service users and their families.



#### **Assistive Technology, Telecare and Telehealth:**

- Commissioning intends to combine the contracts for the existing Birmingham Telecare Service (BTS) with the Community Alarm provision provided by CareLine (through the Place Directorate). This is intended to be in place by April 2016. There are currently around 12,000 service users for BTS, and 15,000 for CareLine.
- The council will work with colleagues in the NHS to review the provision of Telehealth.
- Around 11,000 items of equipment is provided per month through the Community Equipment contract. A new service specification will be drawn up in 2016.