



Birmingham's Market Position Statement for Social Care

2012 - 2014

Foreword: By Cllr. Steve Bedser

You may have seen the recent media coverage which paints a very stark financial position for Birmingham City Council in times to come. With the reductions in Central Government funding and the anticipated soaring costs of providing services, there is a projected need to save £600 million from the budget over the next five years. In the next financial year, 2013/14, the council will have to find around £160 million in savings and so on year-on-year until 2016/17. It is inevitable that we will now have to either stop or de-commission services in consultation with the citizens of Birmingham, whilst we balance the books by concentrating on the delivery of services we have a statutory duty to provide.

The issues we face are nowhere greater than in the provision of social care for our vulnerable and frail adults living in the city. These challenges are by no means unique to Birmingham, they are of national (and international significance) with ageing populations and advances in health care meaning people are living longer, including those with complex health needs. We have a short window of opportunity to respond to the challenging road ahead, this will mean greater accountability by ensuring every pound we spend is in a way that is of tangible benefit to our vulnerable and older citizens. We will need to engage with our partners and those who provide care services to ensure that we as a city, are getting the right return on our investment from the local health and social care system. This will mean working in different ways, identifying innovations to reduce and delay the need for complex and expensive care packages. It will mean prioritising investment in things that keep vulnerable and frail people as independent as possible, and to give them greater peace of mind that they are part of a caring city where they can enjoy a good quality of life, regardless of their situation or level of care and support needs. The production of this Market Position Statement is a key step in facilitating a dialogue within the care sector about how we can work together to address the challenging road ahead.

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The 2011 Census shows there are 1,073,000 people living in Birmingham. This is an increase of almost ten percent on 2001.



What is the Market Position Statement and who is it for?

This Market Position Statement for Birmingham contains intelligence, information and analysis of benefit to adult social care providers in Birmingham. In order to shape the market effectively, commissioners are required to put together a market development and stimulation strategy. The Market Position Statement is central to this strategy and communicates to providers the things they need to know about the direction of travel, in order to enable effective business planning and make pro-active investment decisions; respond to opportunities around personalisation; and reduce provider risk of wasting resources on poorly-targeted initiatives.

The Market Position Statement covers all adult social care which includes bed-based care and home support services within people's own homes; services in the community; and the trends and use of direct payments and personal budgets amongst citizens. It aims to describe current and potential future demand and supply and outlines the model of care the local authority wishes to encourage.

Birmingham City Council (also referred to as the council) is committed to developing a diverse and responsive market that rewards innovation. This document is therefore aimed at existing and potential providers of adult social care services in Birmingham. These include council run services, independent and private, voluntary and community organisations, as well as those organisations wishing to enter the social care market for the first time. It will also be of significance to citizens, carers and others interested in the vision for the care market.

Providers will be able to gain insight from the Market Position Statement into how they might respond to the ongoing personalisation of services in the adult social care arena.

This is a first attempt by Birmingham at producing a Market Position Statement, and we welcome feedback from providers and other interested parties to help us make the document more useful next time. If you have any comments or suggestions, please email Richard.Doidge@Birmingham.gov.uk

Local Policy Context

As part of the Labour-run administration's commitment to improve health and social care locally, there are a number of guiding principles including: Offering greater peace of mind in preparing for older age; Instilling the highest standards particularly for unregulated sectors; Embracing the economic potential that exists within a dynamic and growing area of the employment market; Responsible stewardship of public money; Actively working with all partners; Promoting health and wellbeing, with citizens enjoying greater quality of life making fewer demands on limited resources. In addition the council is seeking views on a new Business Charter for Social Responsibility designed to improve the economic, social and environmental well-being of the area. It describes the social outcomes that will result from organisational activities including indirect outcomes through commissioning and procurement with signatories committed to:

- **Local Employment** - creating employment and training opportunities for local people
- **Buy Birmingham First** - utilising the local supply chain to support the local economy

- **Good Employer** - supporting staff development and welfare
- **Partners in Communities** - playing an active role in the local community and community support organisations, especially in those areas of greatest need
- **Green and Sustainable** - protecting the environment, minimising waste and energy consumption and using other resources efficiently
- **Ethical Procurement** - operating business to the highest ethical standards

It is envisaged that commissioning and contracting decisions will take account of the principles of the Charter as they form part of the terms and conditions of future contracts.

Birmingham City Council's Budget

Birmingham City Council began the consultation for the 2013/14 Budget in December 2012 against a backdrop of greater than previously notified grant reduction from national government. Over a six-year period from 2010/11 to 2016/17, the forecast total Government grant will reduce by £310m. At the same time, we will need to fund unavoidable cost increases due to the effects of inflation, the changing basic needs of our population, changes in legislation and financing costs. These are expected to cost £290m extra by the end of 2016/17, meaning that we will have to make savings of £600m or more by that time – that's around 48% of the total spending over which the council has control.

Overall local government spending on services is projected to fall by 14% in real terms by 2014/15

National Policy Context

Caring for our Future: Reforming Care and Support (adult care and support White Paper, DH 2012) sets out how adult social care will be transformed over the next ten years from a service that reacts to crises, to one that focuses on prevention. It should be built around the needs and aspirations of citizens, and minimise the need for formal care and support by placing citizens in control of their own care and support needs. The Government has accepted the funding principles outlined in the Dilnot Commission: with financial protection through a cap on individual costs; extended means testing for individuals; nationally set eligibility criteria; and deferred payments available to all. A timescale for the introduction of revised funding arrangements is, however, yet to be agreed.

By 2030 one in ten of the population will be aged 75 or over, this is 2.8m more in this age group than in 2008 and represents a growth of 70% (Office for National Statistics 2011).

There will be a big increase in conditions associated with old age: with, for example the number of people nationally living with dementia is expected to reach 1.4m by 2040 (Knapp, 2007).

The gap between demand and expenditure is growing regardless of the financial climate, and proposed spending cuts likely are to have made the gap worse. Overall local government spending on services, including social care is projected to fall by 14 per cent in real terms by 2014/15.

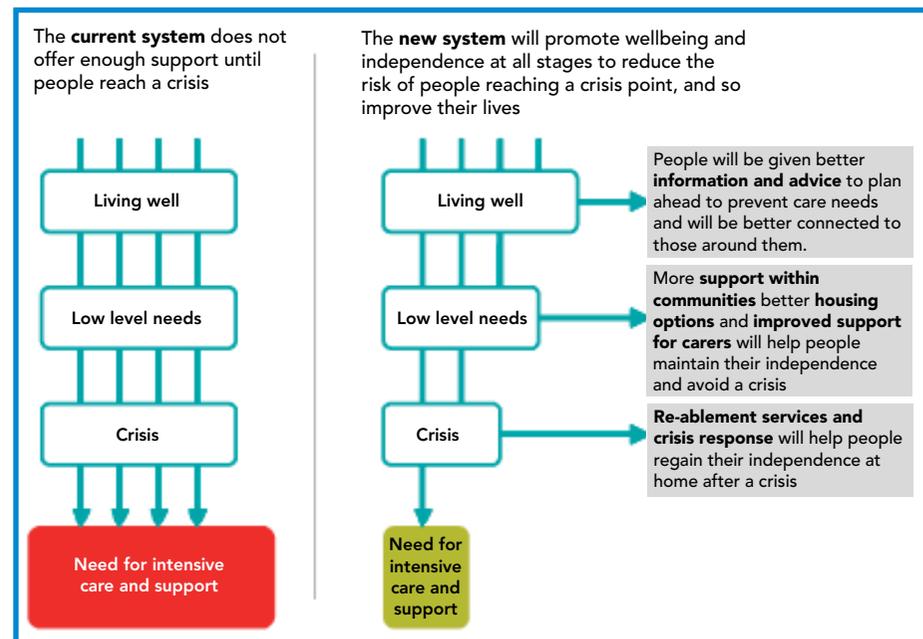
The Different Types of Care Services

Care provision to meet social care outcomes is wide ranging in scale, the types of services and the point at which someone can access it. This includes the important and encompassing role played by universal services available to everyone which helps maintain independence, health and wellbeing and reduces or delays the need for more focussed specialist services. Preventing citizens from losing their independence by the use of preventative services is key to the screening and assessment process. For those needing specialist support, the planning, delivery and review of services is an important person-centred process, with a focus on enablement and tailoring services to individual needs, to achieve outcomes.

The White Paper published in July 2012 offered a vision for a reformed care and support system, with "promoting people's wellbeing and independence" at its core, and represented this diagrammatically as shown in Figure 1.

This gives greater priority (as noted in the Ministerial Foreword) to the principle that "we should do everything we can – as individuals, as communities and as a Government – to prevent, postpone and minimise people's need for formal care and support. The system should be built around the notion of promoting people's independence and wellbeing."

Fig. 1: The vision for reformed care & support



Population and Future Demand

In 2011, a new Census was conducted, which showed that there are 1,073,000 people living in Birmingham. This is a 9.8% increase on the population recorded in the previous census in 2001; and is a little higher (2.9%) than the population estimates predicted.

The biggest increases were seen in adults aged in their 20's and 40's, along with an increase in children of pre-school age. Of particular note for the health and social care sectors is that whilst the overall population aged 65 and over has decreased by 2.7%, the number of people aged 90 years and over has increased by 55%.

Table 1: Birmingham population aged 65 and over, 2011 to 2025

	2011	2015	2020	2025
People aged 65 - 79	94,900	98,100	99,300	104,500
People aged 80 and over	40,800	42,400	46,500	50,300
Total Population aged 65 and over	135,700	140,500	145,800	154,800

Currently in Birmingham it is estimated that there are 135,700 people aged 65 and older. Of these, some 30% are aged 80 and older. By 2025, the number of people aged over 65 is estimated to increase to 154,800 people, an increase of 14%. The older age group, those aged 80 and over, is predicted to increase by 23%, as people live longer.

¹ Peter Bentham (2005) 'An Epidemiological needs based approach to the reconfiguration and modernisation of the Mental Health Service for Older People's assessment, Continuing Care, Respite, Community Support and treatment provision for people with dementia and their supporters.'

Table 2: Birmingham population aged 65 and over predicted to have dementia, 2012 to 2025

	2012	2015	2020	2025
People aged 65 - 79 predicted to have dementia	2,936	3,004	3,087	3,340
People aged 80 and over predicted to have dementia	7,440	7,681	8,388	9,284

For the purposes of commissioning, planning and providing specialist dementia care, including working age dementia, a working definition of dementia is required, informed by Bentham (2005)[†] it is proposed that this is:

'a clinical syndrome, due to disease of the brain, which is characterised by acquired and usually progressive deterioration of multiple higher brain functions, present in clear consciousness, which significantly interfere with the person's social, interpersonal and occupational functioning.'

It is recognised that people with dementia will have varying levels of support needs, which themselves will vary at different times. Nonetheless, there is a need to clarify those people who will require specialist provision to appropriately meet their support needs.

Based on the Bentham study there are over 10,000 older adults living with dementia in Birmingham and it is further estimated that over 3,200 of these may exhibit moderate to severe levels of behavioural and psychological signs and symptoms of dementia (BPSD)

†There are thought to be over 10,000 older adults living with dementia in Birmingham.

Table 3: Estimated number of people in Birmingham aged 18-64 with a disability or mental health problem

	2011	2015	2020	2025
People aged 18 - 64 predicted to have a moderate or severe learning disability	3,585	3,689	3,811	3,968
People aged 18 - 64 predicted to have a mental disorder	113,401	116,396	120,288	124,099
People aged 18 - 64 predicted to have a serious physical disability	12,604	12,756	13,292	13,797
People aged 18 - 64 predicted to have a serious visual impairment	21,311	21,544	21,922	22,253
Total population predicted to have a profound hearing impairment	1,754	1,834	1,957	2,151

Department of Health estimates for Birmingham, which take into account the City's ethnicity profile, suggest that 2.47% of Birmingham adults had a learning disability in 2009. Prevalence figures taken from the Projecting Adult Needs and Service Information 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. The risk of dying under the age of 50 for people with learning disabilities is 58 times greater than that of the general population.

It is estimated that there are 113,401 adults aged 18 - 64 in Birmingham who experience mental health problems. This figure is expected to rise by around 1% each year, so that by 2020 the projected number of adults in the city with a mental health problem will be 120,288. The table below shows the predicted number of people in Birmingham within the broad category of mental health disorder.

Currently, there is no single data source describing the physically disabled adult population, so the figures in table 3 are based on prevalence rates calculated for the Health Survey for England, applied to Office for National Statistics population projections for Birmingham. Adults aged over 65 are not included in these figures, as they are included in the older adults section.

Table 4: Number of Carers aged 65 and over in Birmingham

	2011	2015	2020	2025
Number of carers 65 and over receiving services	3,964	4,104	4,259	4,522
Total population aged 65 and over providing unpaid care to a partner, family member or other person	15,149	15,636	16,100	16,857

Figures sourced from PANSI.org indicate that there are over 15,000 people in Birmingham aged 65 and over, who provide unpaid care to a partner, family member or other person. This is predicted to increase to almost 17,000 by 2025.

There are around 4,000 older people in Birmingham currently receiving carers services; indicating a clear gap between need and provision.

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

Fig 2: Proportion of population estimated by Ward aged 65+

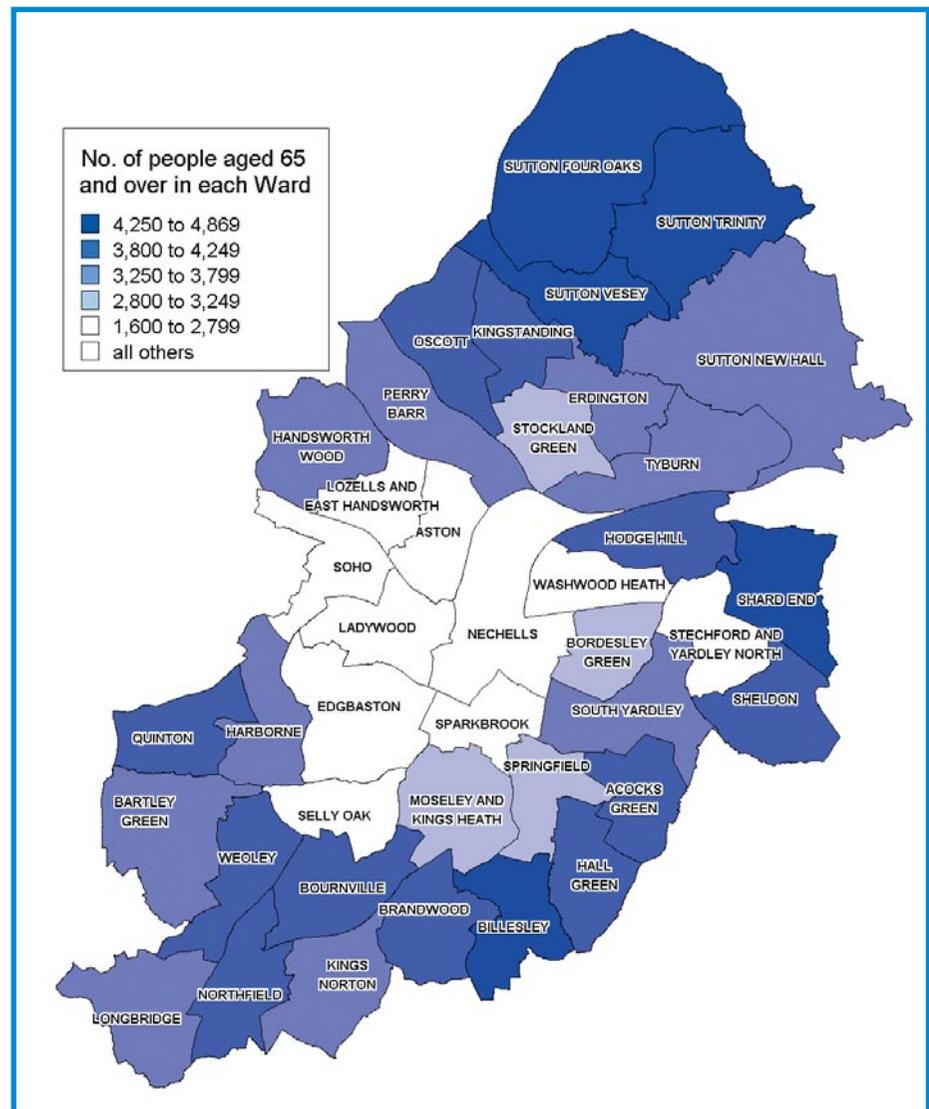


Fig 3: Prevalence of Learning Disabilities by Ward

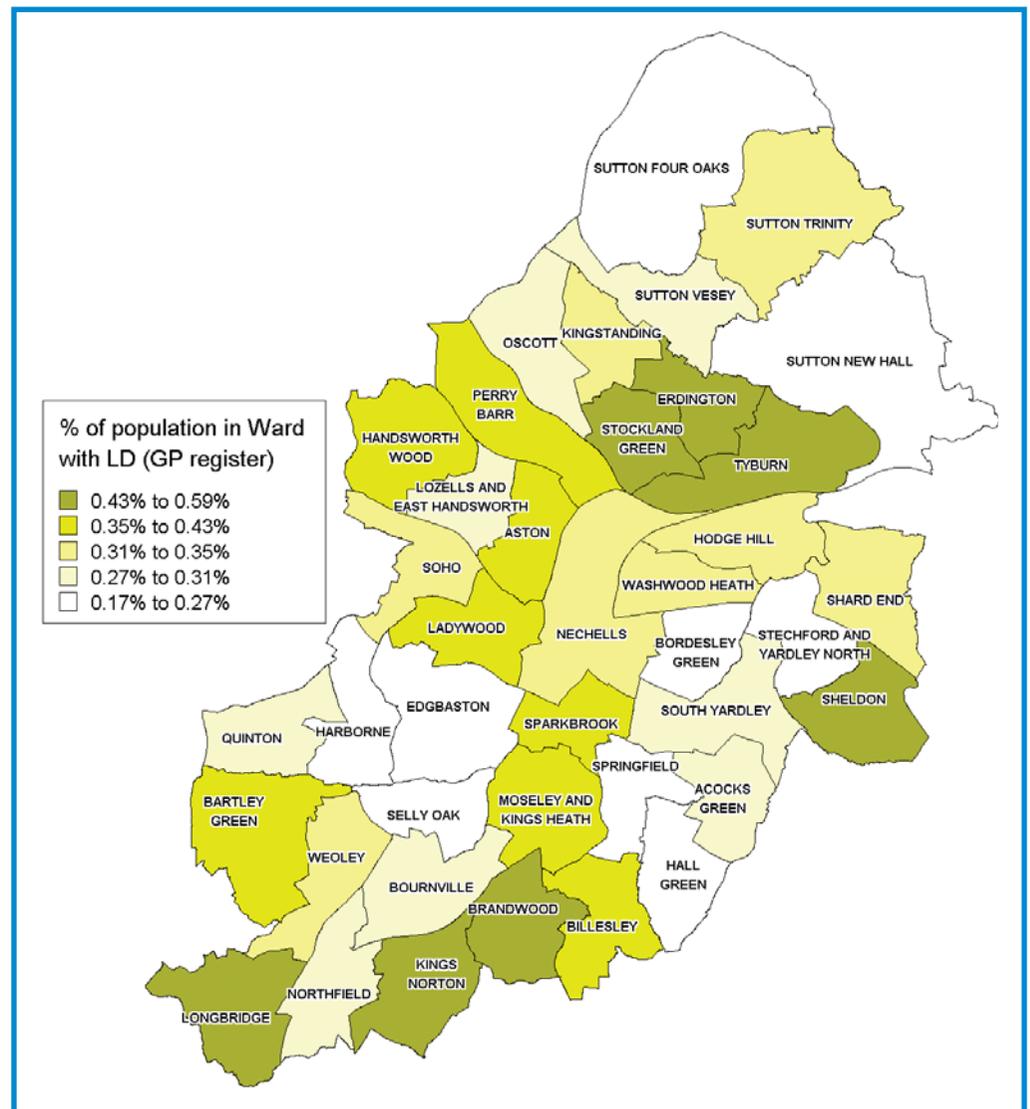


Fig 4: Prevalence of mental health conditions by Ward

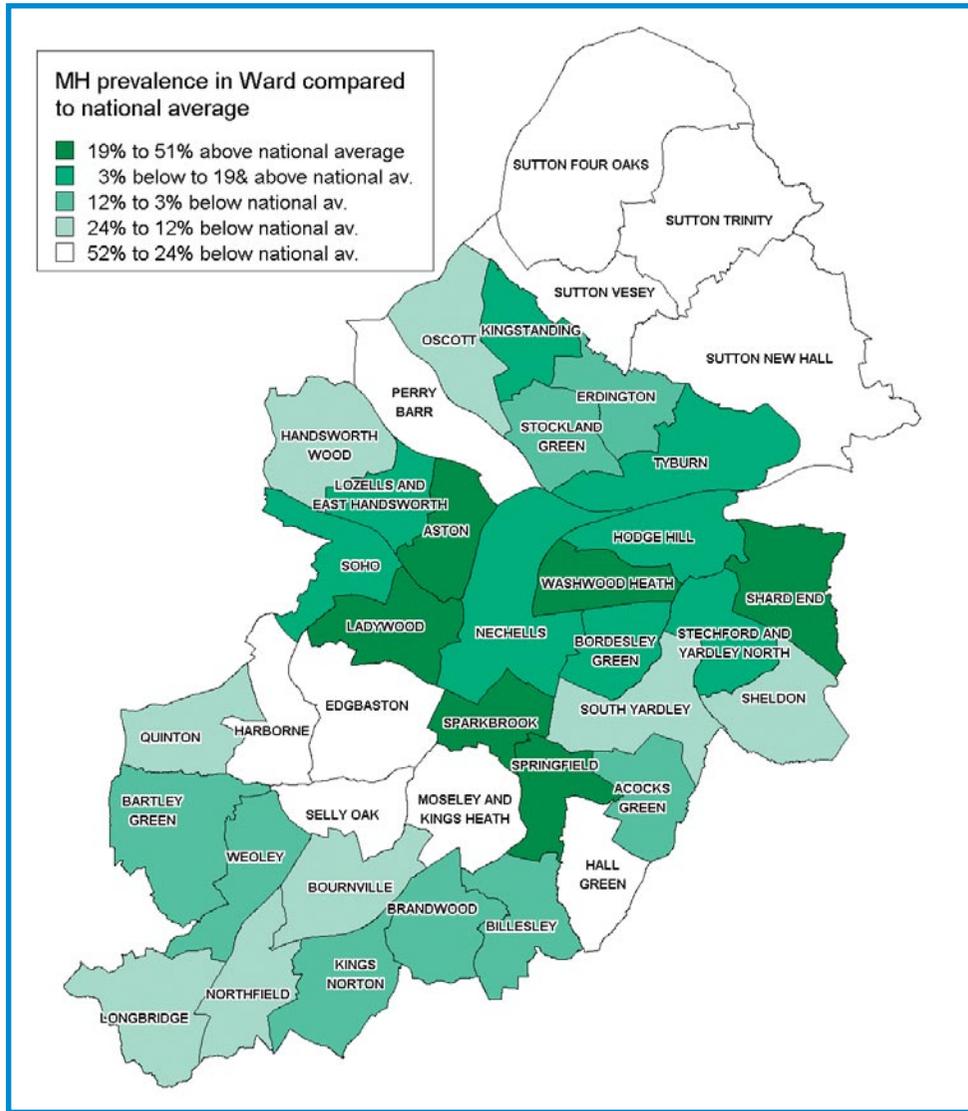
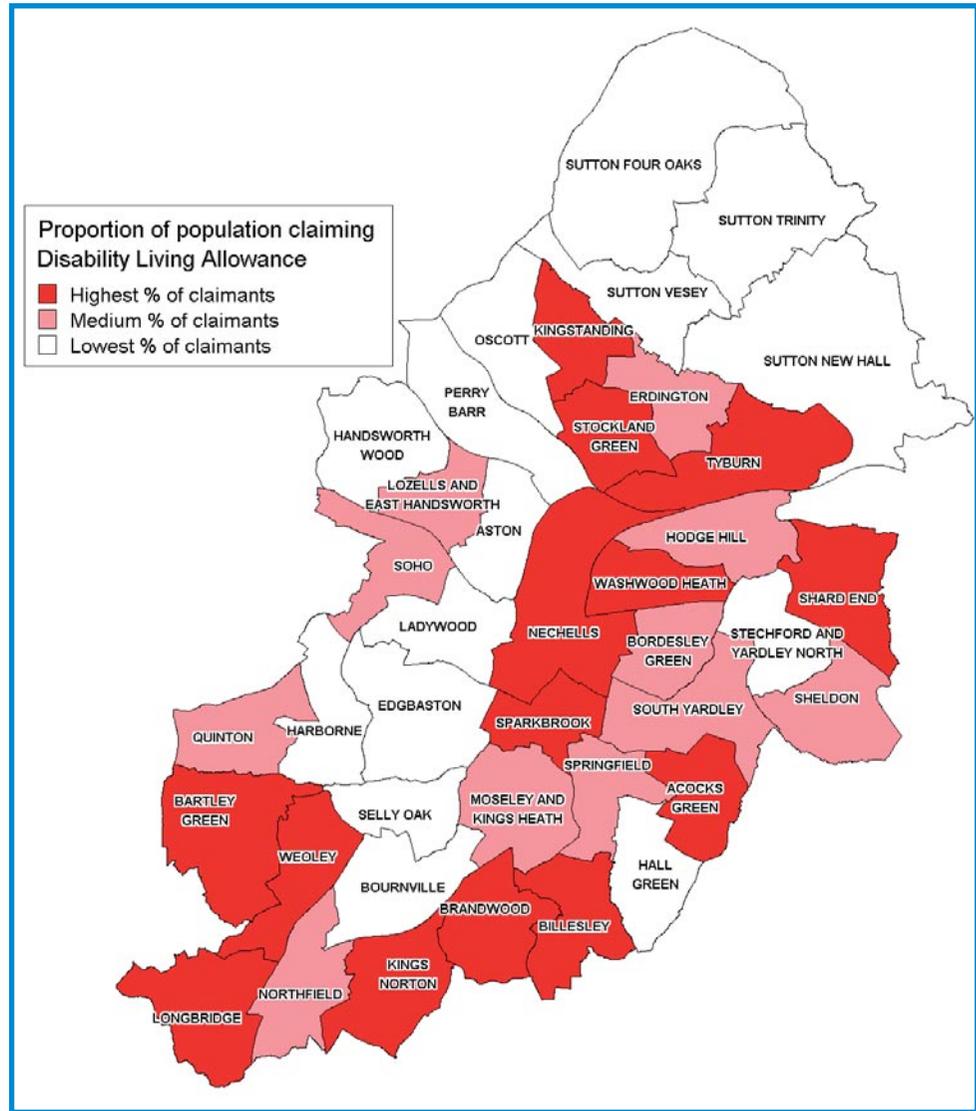


Fig 5: Distribution of Disability Living Allowance claimants (an indication of physical disability geographical prevalence)

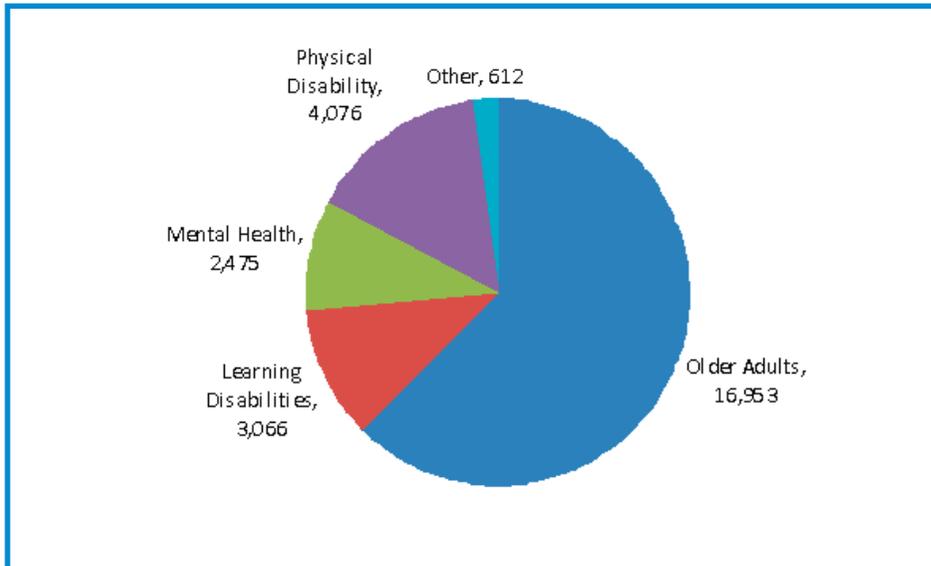


Number of Clients

Fig. 6 shows the total number of citizens of each care type who received services from Adults and Communities in 2010/11. This includes citizens who received services such as Equipment and Adaptations, and Professional Support, which was not included in the cost analysis in this report.

Almost 17,000 older adults received a service in 2010/11, along with 3,066 with a learning disability, 4,076 younger adults with a physical disability, and 2,475 with a mental health disorder. There were also 612 other citizens, comprising of substance misuse and other vulnerable adult groups.

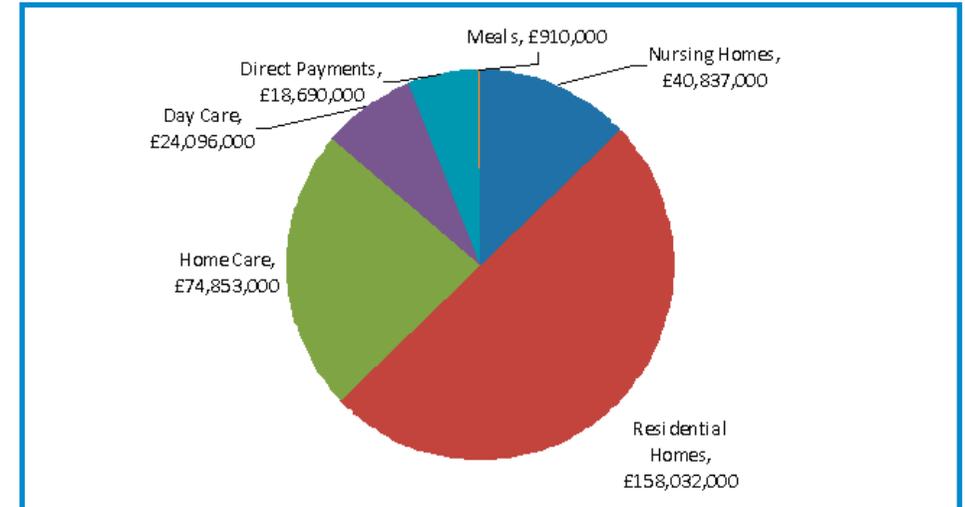
Fig. 6: Total number of clients receiving a service 2010/11



Source: RAP return, 2010/11

Current Supply and Quality

Fig. 7: Gross annual cost per major service type



Source: PSS-EX1 return, 2010/11

During 2010/11, almost £160 million was spent on bed-based care for Adults and Communities service users, accounting for around half of the overall spend on the major contracted service types (including Nursing care, Home Support, Day Services, Direct Payments and Meals).

Gross expenditure on Home Support was almost £75 million, with just over £40 million spent on Nursing Homes, £24 million on Day Services, just under £19 million on Direct Payments, and £910,000 on Meals.

As shown in Fig. 8, in addition to the council held budget, £119 million is spent on services for citizens with Mental Health disorders through the Birmingham and Solihull Mental Health Foundation Trust, and £18.5 million is spent on services for citizens with Learning Disabilities through the Birmingham Community Health Care Trust. Within the council, £121.5 million net expenditure is spent on external placements for citizens, along with £18.6 million on Direct Payments. £55 million is spent on Specialist Care Services, and £27.1 million on Assessment and Support Planning.

Fig. 8: Net council, Birmingham and Solihull Mental Health Foundation Trust, and Birmingham Community Health Care Trust budgets, £000's

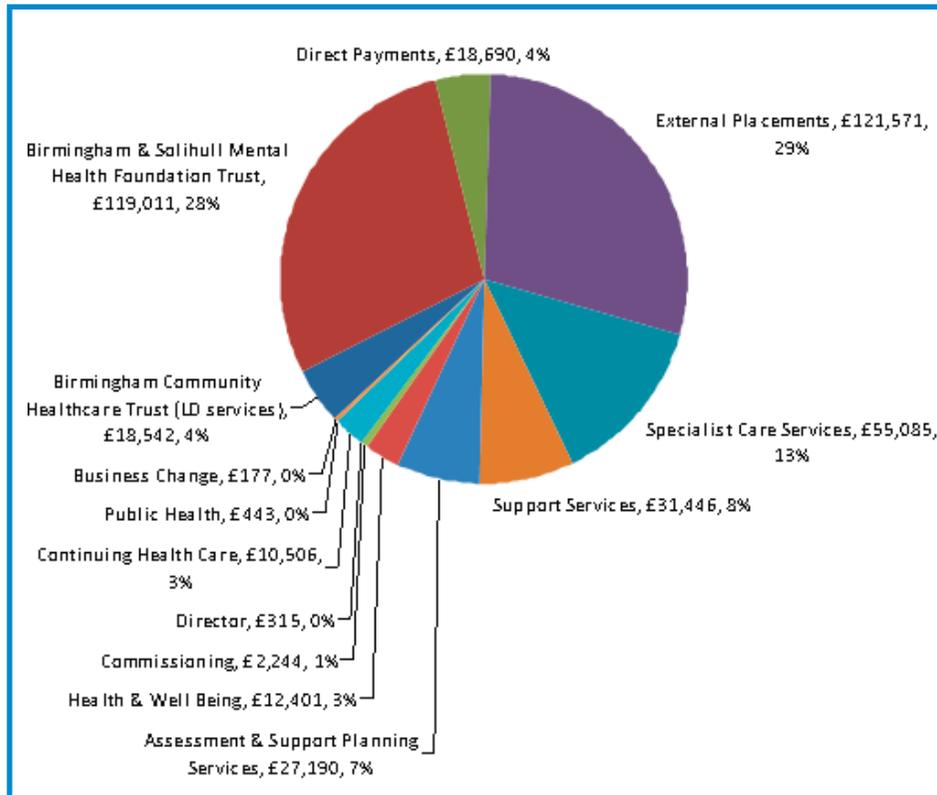
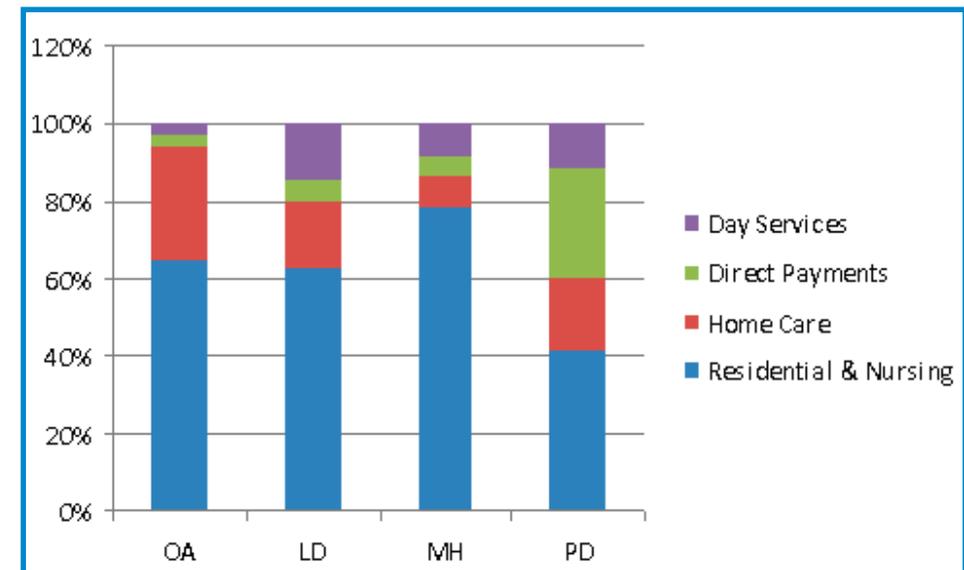


Fig 9: Proportion of Adults and Communities spend per service for each client group, 2010/11



Source: PSS-EX1 return, 2010/11

The chart above shows the proportion of expenditure by Adults and Communities for each of the main service user groups, on each of the main service categories in 2010/11. Mental Health had the highest proportion of spend on bed-based care placements, at almost 80% of the total mental health spend. Physical Disabilities show the lowest proportion of bed based expenditure, at just over 40%.

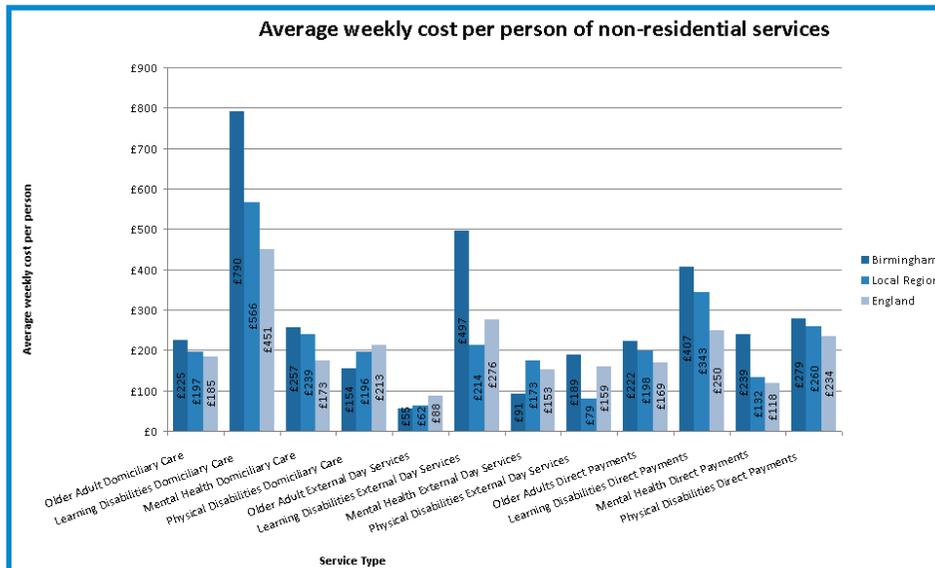
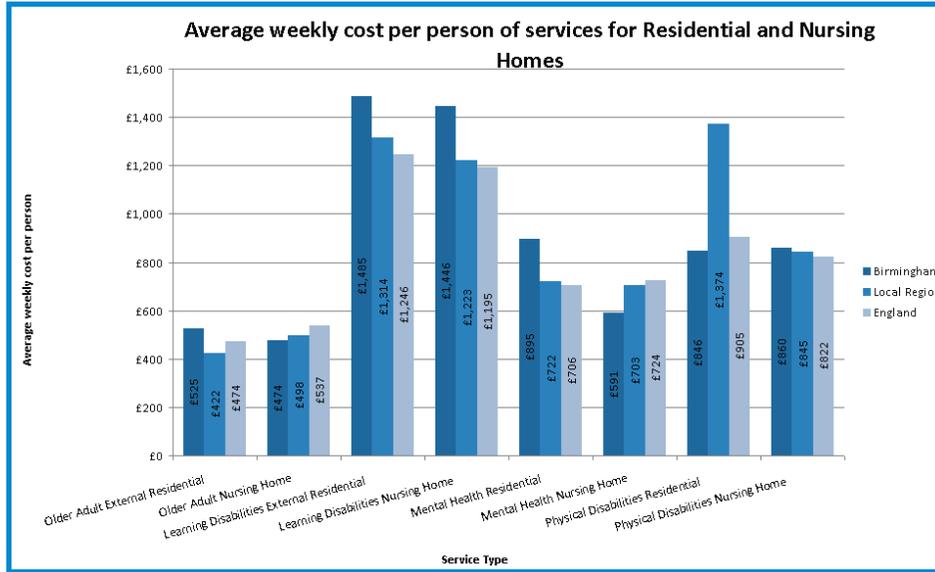
The highest take-up rate for Direct Payments can be seen for physical disabilities, with around 30% of expenditure. Older adults have a relatively small proportion of expenditure on Direct Payments.

Older adults show the highest proportion of spend on Home Support services, whilst Learning Disabilities have the highest proportion of spend on Day Services.

The council has introduced a Framework Agreement to promote choice of regulated care services within the social care market. Businesses wishing to transact need to register and sign up to the terms of the Framework Agreement.

Comparison of the Cost of Services

Fig. 10: Average weekly cost of services; Birmingham, local region and England



These charts show the average weekly cost of comparable social care services in Birmingham, the local region (comprising the West Midlands and neighbouring Councils), and England overall, in the following categories:

- Bed-based care
- Home support
- Day services
- Direct payments
- Services are split by service user type (Older Adult, Learning Disability, Mental Health and Physical Disability)

Key points shown from these figures are:

- Birmingham's service costs per citizen are higher on average for bed-based care, with the exception of older adults Nursing Homes, Mental Health Nursing Homes and Physical Disabilities Residential Homes.
- The cost per citizen of home support is much higher for learning disabilities than for other groups.
- Birmingham's home care support costs per citizen are higher than the regional and national average for all groups apart from physical disabilities.
- Birmingham pays more on average per Direct Payment client than either the regional or the national average.

Enabling and re-abling citizens in bed-based care will, in addition to providing a better quality of life, help to lower the cost and intensity of care packages, with a view to moving citizens into Supported Living arrangements home support. The introduction of the Framework Agreement (see page 24) is also a key means by which costs can be reduced and quality improved encouraging competition in the marketplace.

As of October 2012, 300 care homes and 151 homecare providers are registered on Birmingham's Framework Agreement.

Commissioning for Outcomes

The Adults and Communities Directorate (A&C) performance is measured through the four domains of the Department of Health Adult Social Care Outcomes Framework (ASCOF). These domains form the categories under which we will assess service performance across all sector provision.

- Enhancing the quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

These outcomes will be incorporated through the performance management of contracts and will form part of the review of service user care packages. Commissioners intend to make performance information on services publicly available so they, along with providers, can be held to greater account. This will also enable citizens to make more informed decisions about services based on quality ratings.

Safeguarding

Safeguarding is vitally important with care services. The council has policies and procedures in place to ensure a timely and proportionate response to safeguarding

referrals, and will support care providers in ensuring that the following outcomes are achieved for all citizens:

- Everyone enjoys physical safety.
- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are protected as far as possible from harm, disease and injuries.
- People are supported to plan ahead and have the freedom to manage risks in the way that they wish.

A Commissioning-Led Council

We have a responsibility to secure the highest quality service outcomes at the best possible price. A number of key principles will guide how we achieve this:

- Seeking feedback from citizens about the services they receive will be a driver for improving quality.
- If services are commissioned, it follows that they can also be decommissioned where they fail to meet outcomes or standards, value for money, or where requirements and service user demand has changed.
- Opportunities need to be taken to connect related areas of activity into joint commissioning – either within the council or between the council and partner organisations.

- The council wants to ensure greater transparency on costs of care locally by working with the market on an 'open book' basis, this includes making performance and investment information readily available.
- Commissioning decisions will be evidence based with a clear rationale as to why a certain course of action is taken.
- Undertaking a competitive process in both service quality and in financial terms, where commissioners take a lead role in procuring provision in order to ensure value for money. Providers will be assessed under the Framework Agreement, with quality accounting for 60% of the provider rating and price accounting for 40%.

The council is committed to a mixed economy and a sustainable market with the belief that services should be delivered by the organisation (public, private or voluntary sector) best able to meet the desired outcomes. Commissioners will continue to work with all sectors to maintain a mixed economy of provision with the term 'market' covering all public (including the 'in house' providers), private and voluntary sectors along the citizen pathway.

Internal Services - The Future Direction

The council's internal provider, Specialist Care Services offers a wide range of care provision, along with other support services such as



transport, funerals and protection of property, and interpreting services. It accounts for about 20% of the council spend with an annual net budget of £50m. There are increasing expectations on public services to become more open and transparent operating on a commissioned basis. Specialist Care Services provision is being reviewed to ensure it remains relevant under personalisation and supports a local sustainable social care market.

As part of justifying the Council investment in these services they will require a business case to demonstrate:

- Innovation; to be the testing ground for innovative arrangements that then may ultimately be delivered by other providers.
- Market regulation; to provide services of the right quality at a competitive rate that helps position the market where appropriate.
- Provider of last resort; to have a capability to provide emergency arrangements in the event of a provider failure.

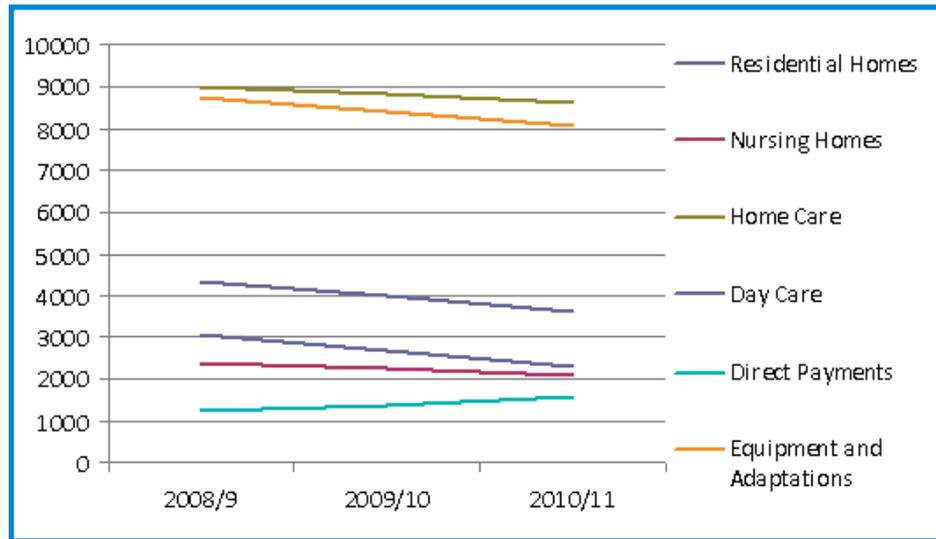
The commissioning intention for Specialist Care Services is to set up a purchaser-provider arrangement underpinned by service level agreements based on a sound business case. The Specialist Care Services will move towards operating as a shadow business unit to test its viability in the social care market.



Internal Specialist Care Services will move to a purchaser/provider relationship, underpinned by Service Level Agreements

Mapping The Market

Fig. 11: Change in number of service users per service type, 2008/9 to 2010/11



Source: RAP return, 2008/9 to 2010/11

Looking at services to citizens directly funded by the council, there was an increase in Direct Payments of around 24% between 2008 and 2011. All of the other service types saw a corresponding decrease; bed-based care placements reduced by 16%, nursing home placements by 12%, home support by 5% and day services by 24%. We would anticipate this market trend to continue, with more people encouraged to take up Direct Payments and Individual Budgets to purchase services of their choice.

There are over 6,500 beds in residential and nursing homes within Birmingham. However the number of citizens in council-funded bed-based care is reducing.

Bed-based Care Providers

Table 5: Care Homes and Nursing Homes registered in Birmingham

Constituency	OA	Dementia (included in OA figure)	LD	MH	PD	Total
Edgbaston	20	8	17	3	0	40
Erdington	16	10	25	3	1	45
Hall Green	13	4	16	8	2	39
Hodge Hill	8	2	7	1	0	16
Ladywood	7	3	15	8	0	30
Northfield	7	6	17	4	4	32
Perry Barr	9	4	19	8	1	37
Selly Oak	20	10	25	3	1	50
Sutton Coldfield	19	7	11	0	2	32
Yardley	17	8	17	1	0	35
Grand Total	136	62	170	39	12	357

Source: Care Quality Commission, January 2012

- There are potentially 6,638 beds in residential and nursing homes within Birmingham. This does not include the additional capacity often used by Birmingham citizens in homes in neighbouring areas outside the city.
- Around 68% of the overall bed capacity in Birmingham is in homes catering mainly for older people; 18% is in homes primarily registered for people with a learning disability, 9% of beds are in homes catering for people with mental health disorders, and around 5% of the capacity is in homes registered for people with physical disabilities (including sensory impairment).
- There are 189 providers who own care homes in Birmingham.

- Pareto analysis shows that just 27 provider companies / owners (or 14% of all providers) provide half of all the care home capacity in Birmingham.
- As of October 2012 there were 300 care homes registered on the Framework Agreement.
- Birmingham City Council commissions a 'care homes vacancies' recording service, covering most care homes in Birmingham. A typical snapshot of vacancies taken in September 2012 indicated there were 124 vacancies in the city. Of these, 60 were in older adults homes, 41 in learning disability homes, 21 in mental health homes and two in working-age physical disability homes. Of these vacancies, 27 were in homes catering for citizens with dementia, and 32 in homes with a nursing capacity.

Fig. 12: Map of Residential Home Capacity

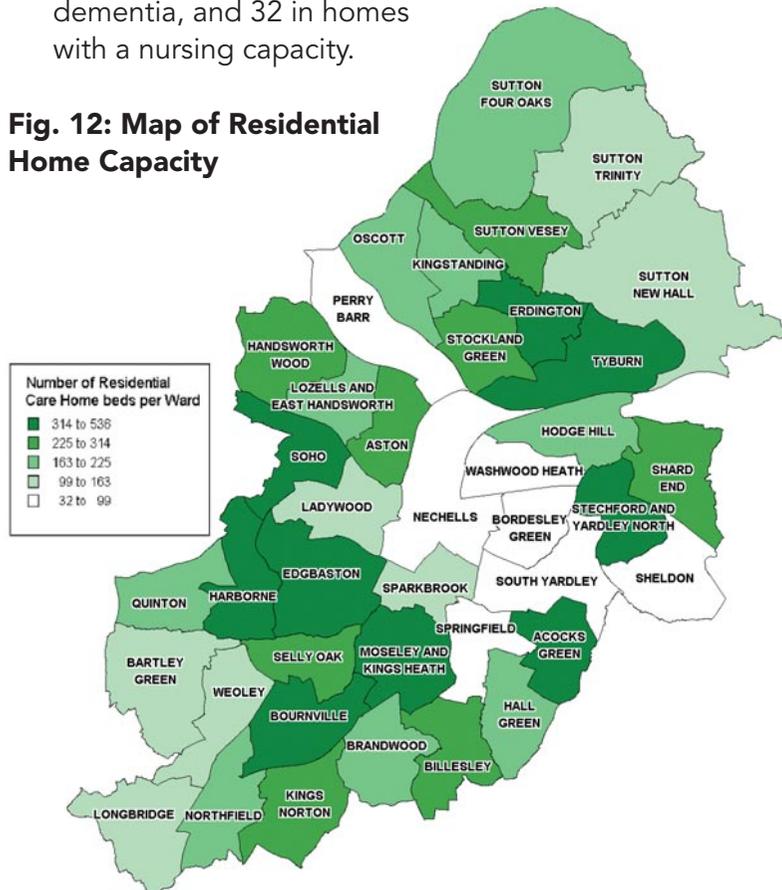
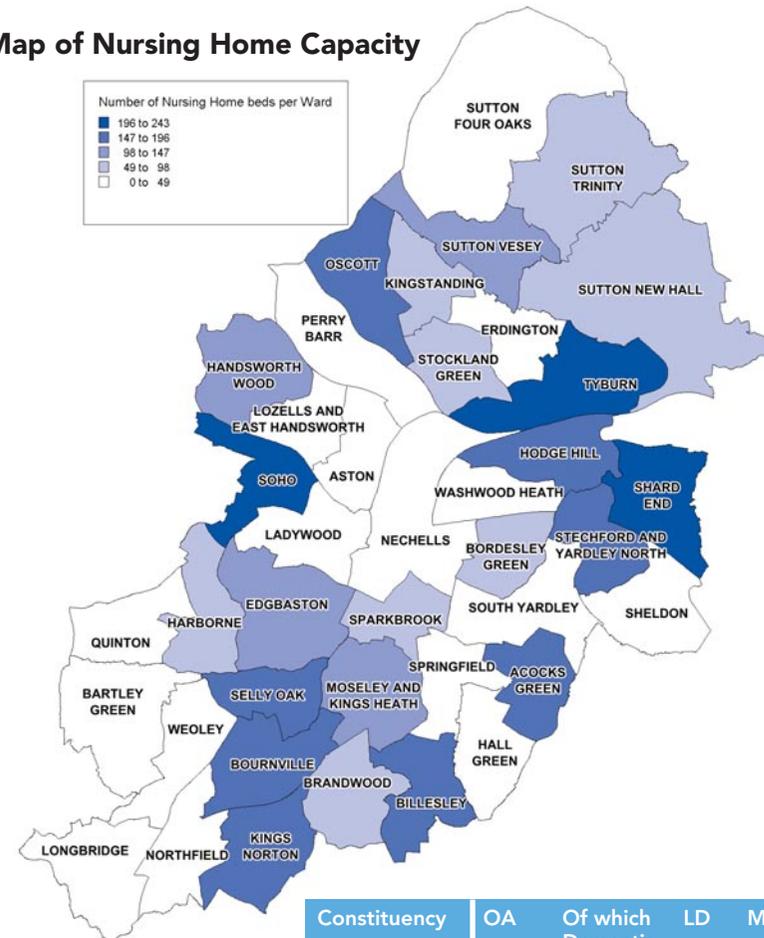


Fig. 13: Map of Nursing Home Capacity



Home Support Providers

Table 6: Home Support Providers in Birmingham, by area and Client Group

Constituency	OA	Of which Dementia	LD	MH	PD	Other
Edgbaston	9	7	4	6	6	1
Erdington	11	10	9	10	8	3
Hall Green	13	12	12	10	7	3
Hodge Hill	2	1	1	1	1	1
Ladywood	29	25	21	25	16	6
Northfield	4	4	3	3	2	2
Perry Barr	10	7	5	8	6	2
Selly Oak	8	8	6	7	7	2
Sutton Coldfield	11	10	8	8	7	4
Yardley	13	11	11	11	10	5
Grand Total	110	95	80	89	70	29

Source: Care Quality Commission, January 2012

The council utilise around one hundred thousand hours of home support each week. 90% of this is care provided by external care providers, with 10% provided by internal services.

Almost half of all home support care hours paid for by the council and are provided to older adults, with around 42% provided to citizens with a learning disability, 8% to younger adults with physical disabilities, and just over 1% to mental health. Table 6 shows the geographical distribution of home support services across Birmingham, for each citizen type. As of October 2012 there were 151 Home Support providers registered on the Framework Agreement.

Day Care

Fig. 14: Distribution of Day Opportunities service users

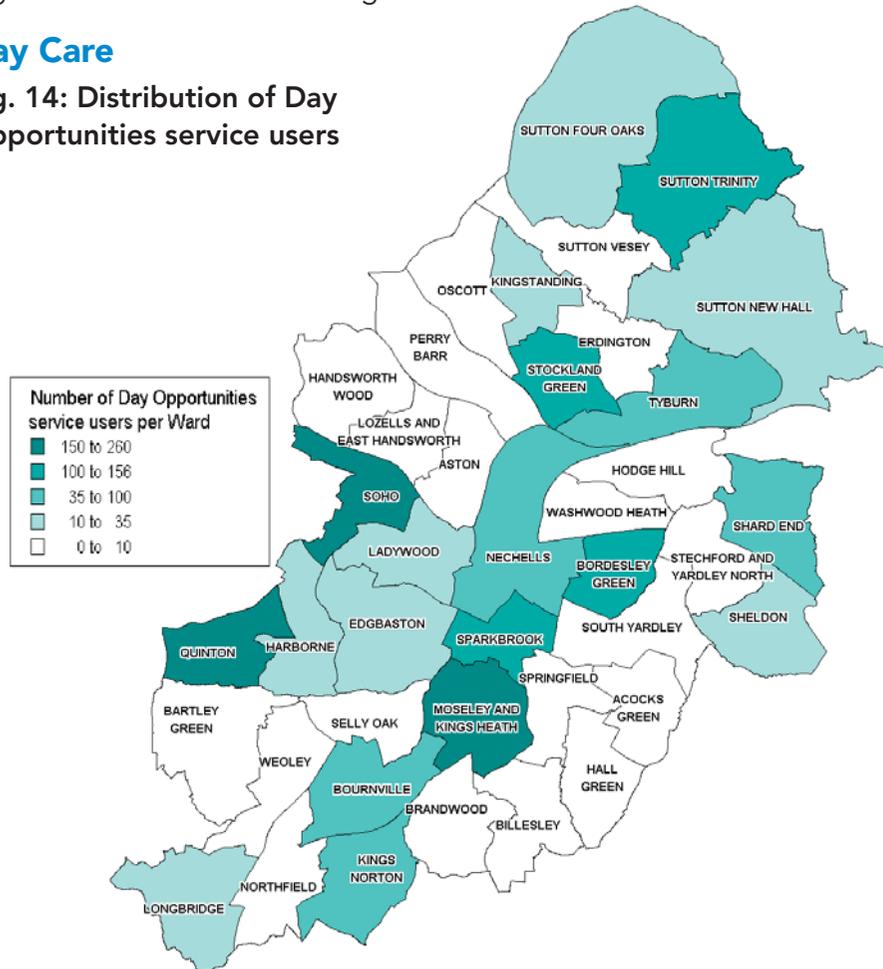


Fig. 15: Location of Day Centres

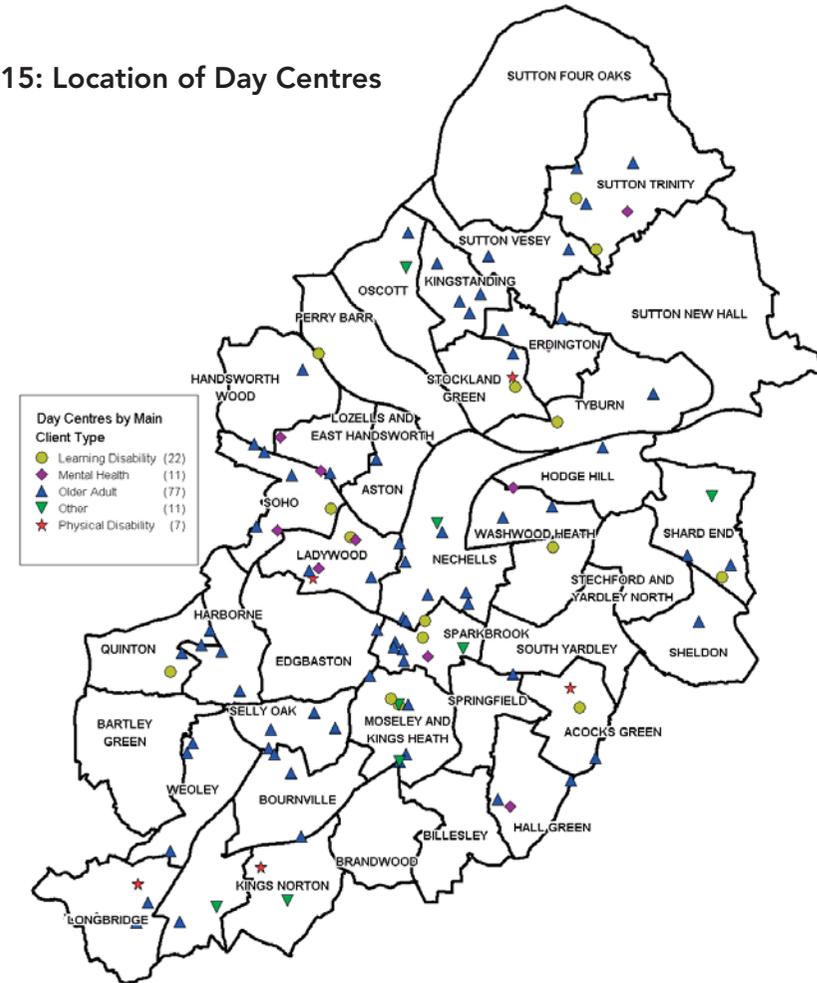


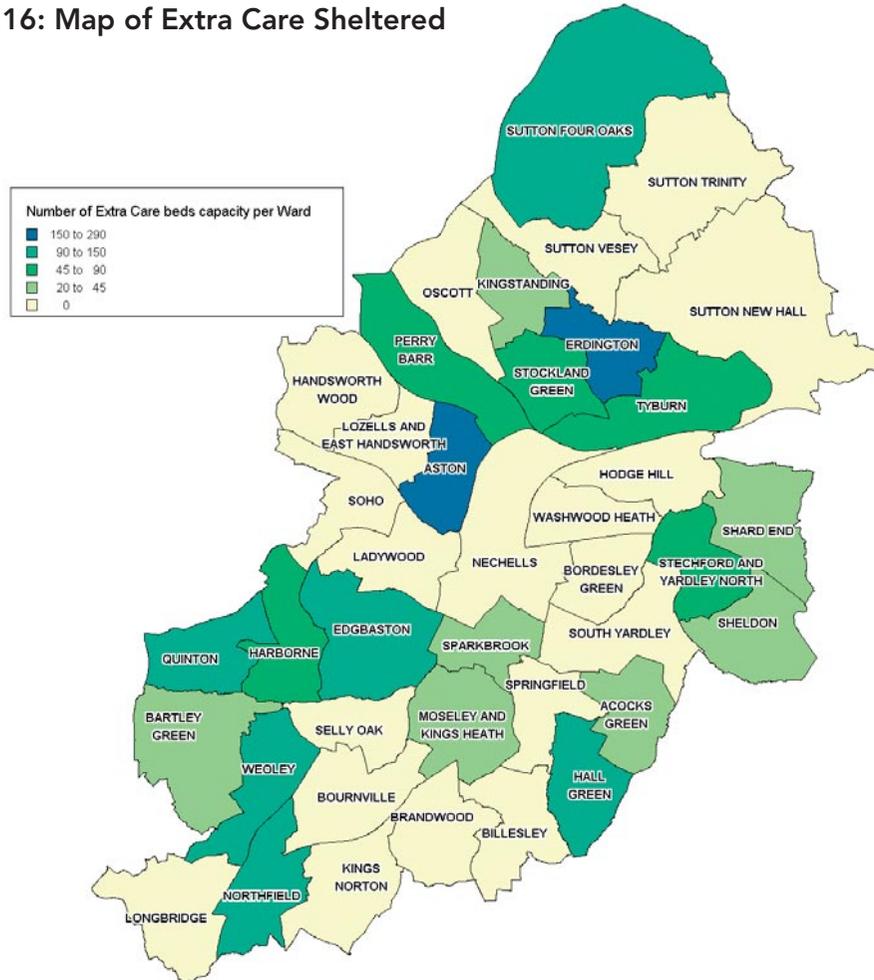
Fig. 15 shows the locations of day centres and other providers of day opportunities within Birmingham. The key to the top left shows the main type of citizen need each service specialises in. The most common provision is services for older adults, with concentrations around central and western areas of the city, along with Kingstanding and areas of Sutton Coldfield.

Provision for mental health is concentrated in the central part of Birmingham, whereas Physical Disabilities services for younger adults are few, but well spread across the city. There appears to be a lack of day opportunity provision for citizens with a learning disability in the south of Birmingham; despite there being high levels of prevalence here.

Fig. 14 shows the distribution of users of Day Opportunities services paid or partially paid for by the council. The map covers all citizen types. Quinton, Soho and Moseley & Kings Heath Wards all have between 150 and 260 day opportunities for citizens. There are particular concentrations in central areas of the city; the majority being older adults.

Sheltered and Extra Care Housing

Fig. 16: Map of Extra Care Sheltered



There are 30 Extra Care Sheltered Housing schemes in Birmingham. The above map illustrates the capacity (number of rooms) of these schemes on a geographical basis. Erdington and Aston Wards have the highest number sheltered housing beds, with additional high concentrations in the south-west of Birmingham. Sutton Coldfield has a population with a high number of older people, but only Sutton Four Oaks Ward has sheltered housing capacity, indicating a possible gap.

There are plans for three new Extra Care Villages to be built over the next three years; in Edgbaston, Hall Green and Bournville.

Third Sector Provision

In 2012 the council undertook a commissioning programme, to allocate £8 million of funding to Third Sector providers for preventative services. The contracts will run from October 2012 to September 2014, subject to annual review, and achievement of defined targets.

Services were commissioned with a view to achieving ASCOF outcomes, with an emphasis on prevention. Funding was allocated by assessment panels, with services commissioned including day opportunities, advocacy, befriending and outreach services, domestic violence victim support, and services supporting people living with dementia, depression and to prevent falls.

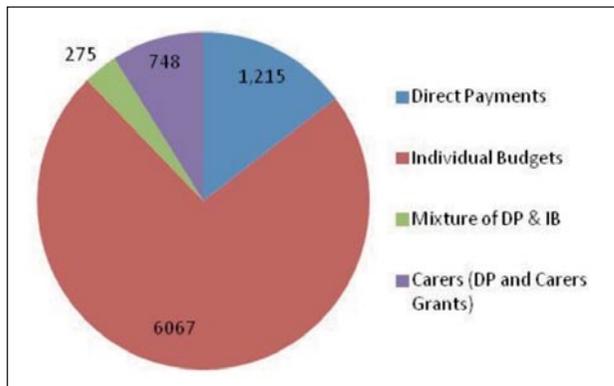
For the Third Sector market as a whole, BVSC (the Birmingham Voluntary Services Council), holds a register for voluntary organisations providing services in Birmingham. Their database currently holds 372 organisations who say they provide services in the health and social care environment in Birmingham.

The council will seek to incentivise providers who can deliver measurable enablement outcomes that result in reduced packages of care and support.

Direct Payments, Individual Budgets and Self-Funders

Nationally, by March 2011, there were one million people eligible for individual budgets (IB). 340,000 people had an IB, representing £1.5bn of overall spend. 125,000 people received this as a Direct Payment, with the other 215,000 opting for a managed budget. Government plans that 70% of service users should have an IB by April 2013 and there should be an increase in the proportion of those taken as direct payments.

Fig. 17: Citizens using Self-Directed Support in Birmingham, December 2011

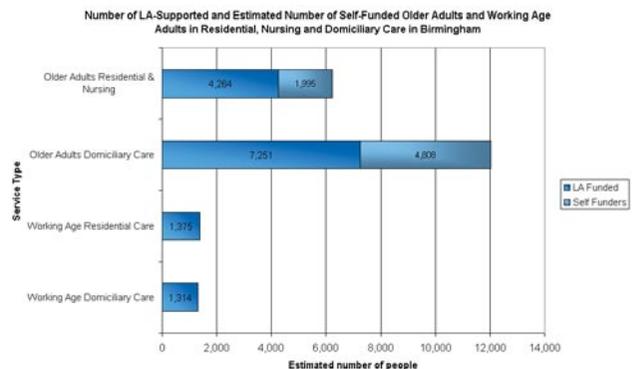


As of December 2011, there were 8,305 people in Birmingham receiving some means of self-directed support; either Direct Payments, Individual Budgets, a mixture of the two, or Carers' Grants. Around three quarters of citizens receiving self-directed support were in receipt of an Individual Budget.

Socio-economic indicators show that Birmingham's self-funders are most likely to live in areas such as Sutton Coldfield, Harborne, Bournville and Hall Green.

In 'Caring For Our Future: Progress on Funding Reform', the Government estimated numbers of privately-funded social care citizens in England, based on figures obtained by Laing and Buisson. If we apply these broad estimates to the Birmingham population, alongside the actual number of Local Authority funded citizens (bed-based care and home support), we see the following:

Fig. 18: Number of council funded and Estimated Number of Self-Funded Older Adults and Working Age Adults in Residential, Nursing and Domiciliary Care in Birmingham, 2010



These calculations show that there are potentially as many as 2,000 self-funding older adults in bed-based care in Birmingham, along with 4,800 with some level of self-funding of

home support services. Maps contained within the Market Position Statement background information document give a good indication of where these self-funders, or potential future self-funders, may live. There is no figure given for working age self-funders of care, as the numbers are thought to be very low.



The national target is that 70% of eligible adult service users should have a Direct Payment or Individual Budget by April 2013.

Commissioning Intentions and Rationale

Commissioning Intentions have been organised into three broad categories; Universal and Preventative Services; Assessment, Enablement and Planning Services; and Specialist Care Services (definitions of each of these are found in the left-hand column in each section in the table below). The care pathway should focus on the important and encompassing role played by universal services in keeping people independent, healthy and reducing or delaying their need for more focussed, specialist services. Stopping or delaying citizens losing their independence by the use of preventative services is key to the screening and assessment process. For those needing specialist support, the planning, delivery and review of services is an important person-centred process, with a focus on enablement and tailoring services to individual needs, to achieve outcomes.

Theme	Evidence and Rationale	Commissioning Intentions
<p>Universal and preventative services</p> <p>Universal services have positive impacts upon people's health and social care needs and are available to everyone.</p> <p>For example, a leisure centre, which offers a number of activities that lead to improved health.</p> <p>Preventative services prevent people needing care in the first place, or delay their need for intensive social care and support. These are specific interventions targeted at addressing factors that have been identified as</p>	<ul style="list-style-type: none"> ● The White Paper, Caring for our Future (DH, 2012), focuses on the importance of preventative services, postponing and minimising the need for formal care and support. ● The increasing needs of an ageing population in coming years highlights the need to focus on universal services and prevention; to reduce the need for intensive support, to promote positive outcomes for people and maintain their independence. ● The equalities assessment carried out as part of the Third Sector Commissioning Project highlighted the importance of advocacy and advice services, and this was also highlighted by BACOP (the Birmingham Advisory Council of Older People) as a priority. 	<p>To commission a broad range of universal, preventative services to improve and maintain the health and well-being of citizens through:</p> <ul style="list-style-type: none"> ● The 3rd Sector Commissioning process offers grants on a two-year basis (with a potential one-year extension). ● Other targeted activity aimed at commissioning specific projects or services, for example, inviting tenders for specific grants or contracts. <p>The 3rd sector commissioning process took place in the Spring and Summer of 2012, with a further round of commissioning and procurement due in Spring 2013. This covered areas such as Day Opportunities, Advocacy, outreach, information and advice, and support services for people suffering from stroke, dementia, depression and falls. Further specific commissioning activity is planned for services covering these following areas:</p> <ul style="list-style-type: none"> ● Support for carers, IMCA and Responsible Persons Services, Services for Deaf/Hard of Hearing and Deafblind individuals, and a small number of other services excluded from the Third Sector Commissioning process.

<p>leading to increased health and social care needs. For example, a luncheon club, which reduces social isolation, an identified factor that leads to reduced quality of life.</p>	<ul style="list-style-type: none"> ● Information, and in particular somewhere citizens can go to find services of their choice, is of key importance. The marketplace (see page 24) also provides a central means for service providers to promote their services. 	<p>Telecare - the council entered into a contract in 2011 with Tunstall Healthcare (UK) Ltd to provide telecare services in Birmingham. We intend use the website http://marketplace.mycareinbirmingham.org.uk to enable other providers of telecare and telehealth services to market themselves to customers not meeting to eligibility for the above contract or who wish to source their own support.</p> <p>Prevention (Public Health) - the council has requested tenders in 2012 for the following services: Handyperson services to prevent falls, support for people suffering depression following bereavement, and support for people with early signs of dementia through musical reminiscences/seated yoga.</p>
<p>Assessment, Enablement and Planning Services</p> <p>Assessment services identify and assess people's social care needs. This includes the assessment against eligibility criteria for funded specialist social care provision.</p> <p>Planning services support people to plan the services or interventions to help them meet their needs and achieve their outcomes.</p>	<ul style="list-style-type: none"> ● Government policy is promoting Direct Payments as the preferred means of taking an Individual Budget. As Direct Payments increase there will be a need to ensure that suitable support arrangements are available to enable people to spend their funds effectively. Feedback from the council - commissioned DEMOS survey into self-funders, and feedback from groups such as the Direct Payments Support Group, highlighted the need for a wider choice of support and advice services for Direct Payments. ● Enablement services will deliver benefits associated with the implementation of the council's Future Operating Model, such as reducing demand for intensive care and support packages by helping people learn or relearn skills that increase their 	<p>The council is committed to Enablement and will spend a proportion of the overall social care budget on commissioning specific, targeted enablement services.</p> <p>The council will commission an integrated Enablement service comprising services that can deliver provision that supports and delivers the Enablement pathway for citizens.</p> <p>Citizen involvement - to give greater involvement to citizens in the commissioning process, through the development of service user groups and the commissioning of a team of lay assessors to assist in the assessment of service quality.</p> <p>Assessment and support planning - the council is currently running an Independent Social Work Enterprise pilot from Dec 2011 to Dec 2013. Evaluation of this enterprise will inform future direction of travel for Assessment and Support Planning Services. Telecare assessment is an integral part of this as we look to reduce need.</p>



<p>Enablement services enable, reable or rehabilitate through targeted and specific interventions to support people to learn or relearn skills that increase their independence and reduce or remove the need for intensive long term support services. The effect or benefit of these services is measurable. Examples of this type of service include: physiotherapy, the use of assistive technology or intermediate care.</p>	<p>independence. On average, 250 citizens are referred by Adults and Communities to start a council supplied enablement service each month. Just under 41% of enablement users do not require a further service following their enablement programme</p>	<p>Self-assessment and support planning - the council has commissioned the http://needsandgoals.mycareinbirmingham.org.uk website to deliver this function to citizens.</p> <p>Direct Payment Support Services - We intend to provide Direct Payments Users with a choice of services that best meet their individual requirements. This is particularly important, as there is a focus on promoting DP's as the first option for care.</p> <p>Integrated Enablement Service – the council plans to implement a multi-faceted, integrated enablement service including the following types of support: Community Support, Assistive Technology, Occupational Therapy, Home Support based and Accommodation based enablement.</p>
<p>Specialist Care Services (Individual Budgets or self-funded services)</p> <p>Specialist care services are purchased to meet people's intensive care and support needs. They are usually purchased following a social work assessment and after the individual has received targeted 'enablement' intervention to maximise their independence.</p>	<ul style="list-style-type: none"> ● In a council-commissioned survey, almost half of council-funded citizens said they would change their care and support if they received an Individual Budget. ● The survey indicated barriers to choice and control encountered by self-funders, as well as a lack of advice and information, which may soon be experienced by Individual Budget holders. ● The increasing life expectancy of the population brings with it an increase in conditions such as dementia. More day services targeting citizens with complex dementia are needed. 	<ul style="list-style-type: none"> ● The council is keen to encourage innovative and creative solutions from providers. We want to listen to, engage with and incentivise providers who can think creatively, generate, promote and deliver new ideas and initiatives. ● The council will seek to incentivise providers who can deliver measurable enablement outcomes through their services that result in reduced packages of care and support ● The council will seek to enhance markets to deliver choice, quality and value for money services. ● The council will seek to ensure transparency within the marketplace, through competitive tendering and allocation or work processes in certain sectors of the market. ● We will seek to decommission under-utilised services, unless there are very good business reasons not to do so.

Specialist care services may be purchased either by a Direct Payment, council managed Individual Budget or the citizens' own funds.

Examples of these types of services include long term residential based care or home support.

- The council spends a large proportion of its budget on Home Support and bed based provision. It must seek to achieve value for money and quality services that deliver against defined needs and outcomes.
- Providers that specialise in intensive enablement and person centred behavioural support have provided examples of how they have brought down the price of very high cost packages over time.
- In Birmingham there are disproportionately high numbers of people living in residential care relative to other parts of the country.
- Through clustering supported living it is possible to reduce price through sharing care hours, as demonstrated by the Extra Care Sheltered Housing Schemes.

Direct Payments - The council wants to support citizens to purchase their own services direct with providers and is seeking to ensure there is a range of providers offering support services and direct provision including Personal Assistants.

To develop a broad market of services and activities that are attractive to people who are using a Direct Payment or a managed Individual Budget

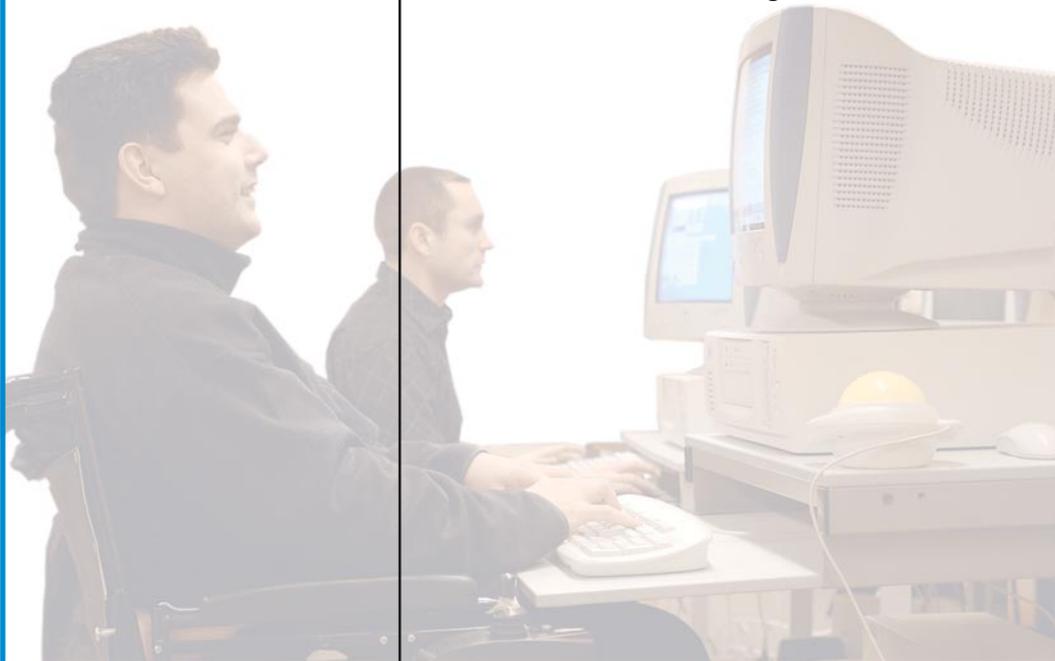
Day Care - To develop a broad market of day care provision delivered to agreed standards at the best price that encourages and facilitates the purchase of services by an Individual Budget or Direct Payment.

To develop day services that meet the needs of citizens with complex dementia needs.

Regulated care provision - the council has introduced framework agreements for bed-based care and home care provision, and will commissioning services from providers through a transparent and competitive tendering process. Community-based support will continue to be offered as first choice.

- The council will continue to look to move away from residential and nursing care to supported living and community-based care, where appropriate.

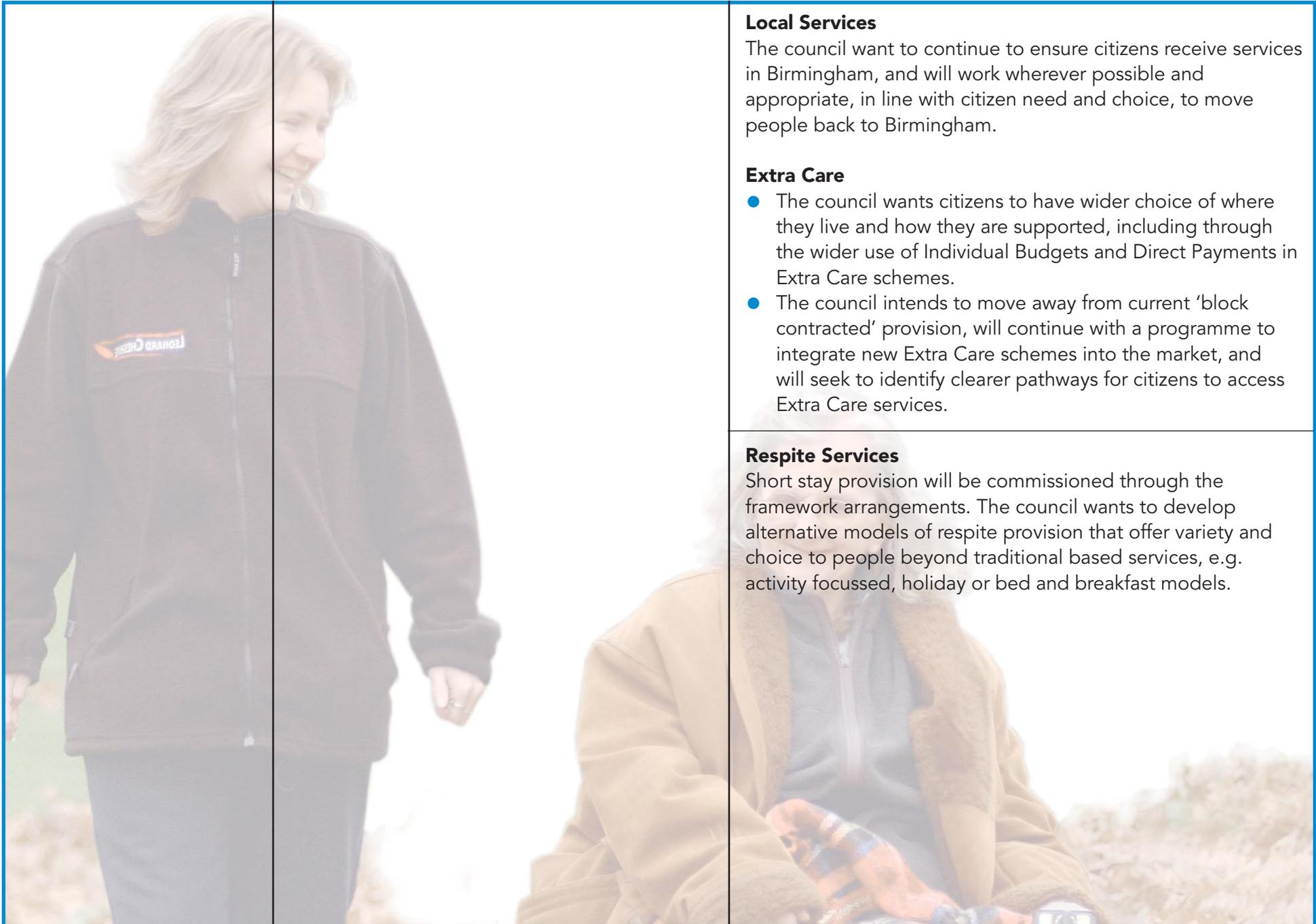
Learning Disability Services - the council will commission new and remodelled supported living services, intensive enablement services, and person-centred services for people with complex needs and challenging behaviours.





The council is carrying out other work in this area including re-provision activity aligned to the strategic intentions detailed above including:

- Commission new services around Supported Living (where citizens receive support packages in their own homes), focusing on clustered support with shared care support hours, making good use of assistive technology.
- Commission services that offer intensive enablement and reduce care and support packages for people, while enhancing life choices and participation in their local community.
- Identified a cohort of providers to remodel services in order to deliver more effective outcomes.
- Commission two further enablement homes for people coming through or have recently come through the Transitions Service. This will ensure good citywide distribution of provision.
- Commission a provider that specialises in person-centred behavioural support is commissioned to work on very high-cost packages for people with complex and very challenging behaviours.
- The council is also carrying out work to re-design services within Birmingham Community Health Care Trust (BCHC):
- The council intends to strengthen partnership working between Clinical Commissioning Groups, BCHC, Joint Commissioning Team and Birmingham and Solihull cluster.
- To introduce assessment and case management for young people in transition between 17.5 and 19 years old.
- To develop managed entry to care pathways.
- To re-design key areas of provision, including, respite care, community nursing, assessment and treatment beds, forensic services, psychology and physiotherapy services, and day services.

**Local Services**

The council want to continue to ensure citizens receive services in Birmingham, and will work wherever possible and appropriate, in line with citizen need and choice, to move people back to Birmingham.

Extra Care

- The council wants citizens to have wider choice of where they live and how they are supported, including through the wider use of Individual Budgets and Direct Payments in Extra Care schemes.
- The council intends to move away from current 'block contracted' provision, will continue with a programme to integrate new Extra Care schemes into the market, and will seek to identify clearer pathways for citizens to access Extra Care services.

Respite Services

Short stay provision will be commissioned through the framework arrangements. The council wants to develop alternative models of respite provision that offer variety and choice to people beyond traditional based services, e.g. activity focussed, holiday or bed and breakfast models.

How do organisations do 'business' within the Birmingham health and social care market?

There are many opportunities for organisations to provide and advertise their business services within Birmingham. These are summarised here:

www.MyCareinBirmingham.org.uk

This web-based portal allows citizens in need of social care services to identify their own support needs and get information and advice as to how they can get the support that they need.

The 'Marketplace'

The <http://marketplace.mycareinbirmingham.org.uk> section of the website allows organisations to advertise their services to both citizens of Birmingham, and health and social care professionals. Citizens will be signposted to this website if they wish to purchase their own services, including the use of Direct Payments.

Businesses can register anytime and advertise their services for free.

www.finditinbirmingham.com

This online portal aims to boost business activity and opportunities throughout the region. The contracts and tenders advertised on this website are placed by both public and private sector organisations.

The council also undertakes all of its Third Sector commissioning activity through this website. Local businesses can be supported through a range of advertised seminars and training.

Businesses can register anytime and search all opportunities for free.

Framework Agreements for Regulated Care Services

The council is introducing a Framework Agreement covering regulated care services within the health and social care market. This will replace existing fixed pricing contracts. Businesses wishing to transact with the council will need to register and sign up to the terms of the Framework Agreement.

The council will tender individual citizen support packages for home support and bed based care (with and without nursing care) using a new, competitive and transparent micro-tendering process. Providers will bid for work and compete with other providers on quality and price.

For information, and details of how to register your business for free, please visit: www.birmingham.gov.uk/shapingthemarket

The council wants to develop a broad market of services and activities that are attractive to people who are using a Direct Payment, Individual Budget, or who are self-funding.

Produced by the Birmingham **Joint Commissioning Team**.
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