# Birmingham's

# Adult Social Care Market Position Statement for

Physical Disabilities



## 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.

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

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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develops in an appropriate way."

## Population

Physical disabilities cover a wide range of conditions, and in this report 'physically disabled adults' refers to those aged 18 to 64 who have one of more physical disabilities which may be congenital, be temporary or longer term, stable or fluctuating. Physical disability is unique for each individual in the way it impacts on their life, but has its greatest effect on the ability and confidence the person has to enjoy physical movement. Services therefore need to be person centred and recognise an individual's rights to independence and self-determination, dignity and respect.

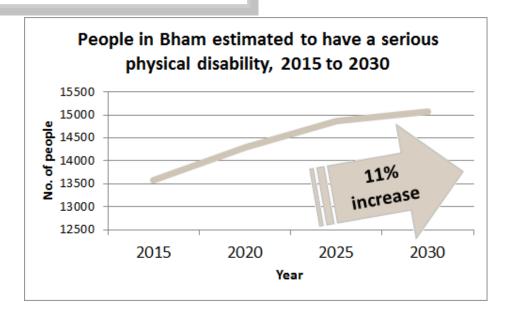
This definition therefore acknowledges the limitations that impaired sight, hearing and other sensory or capacity factors can have on mobility; the debilitating effect of poor breathing or muscle tone associated with several long-term conditions and ageing; accidents that result in loss of limbs or paralysis; recovery from medical interventions such as operations and the range of muscle, brain, nerve or bone degenerative diseases.

9.5%

Increase in numbers of people with PD in ten years

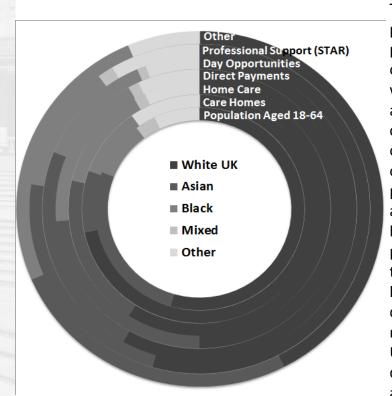
| Population Predictions to 2030 for People aged 18-64 in Birmingham |        |        |        |        |
|--|--------|--------|--------|--------|
|  | 2015   | 2020   | 2025   | 2030   |
| Moderate Physical Disability                                       | 48,539 | 50,584 | 52,092 | 52,852 |
| Serious Physical Disability  | 13,579 | 14,296 | 14,866 | 15,069 |
| Moderate or Severe Hearing<br>Impairment                           | 21,959 | 23,274 | 24,198 | 24,333 |
| Profound Hearing Impairment  | 186    | 200    | 210    | 210    |
| Serious Visual Impairment  | 443    | 456    | 466    | 475    |

Source: Projecting Adult Needs and Service Information



# Population

It is difficult to accurately determine the prevalence of PD in different areas of the city, however it is possible to show where differences exist by mapping the proportion of population in receipt of Disability Living Allowance. The map to the right shows higher take-up in the south of the city, Erdington and areas of central Birmingham. Sutton Coldfield and the western areas of the city show relatively low take-up.



Ethnicity of adults social care clients aged 18-64 with a physical disability

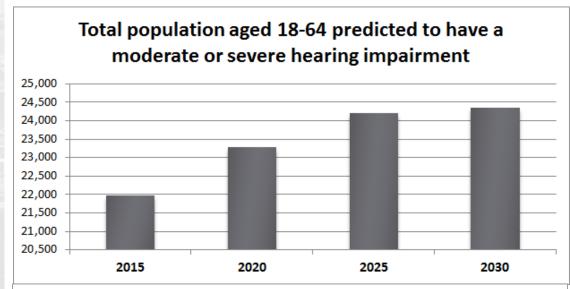
The ethnic profile of the population, can be shown in part by looking at the profile of those people aged 18-64 with a physical disability who are in receipt of adult social care services. The inner ring on the chart shows that just over half of the general population of Birmingham aged 18-64 is of a White UK background; however the proportion varies depending on the type of service people receive. Care homes for example, have a disproportionately large representation of people from a White UK background (almost three quarters), whereas Direct Payments and Home Care show a direct correlation with the overall city

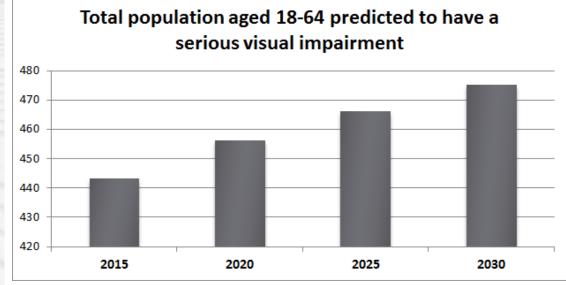
demographic.

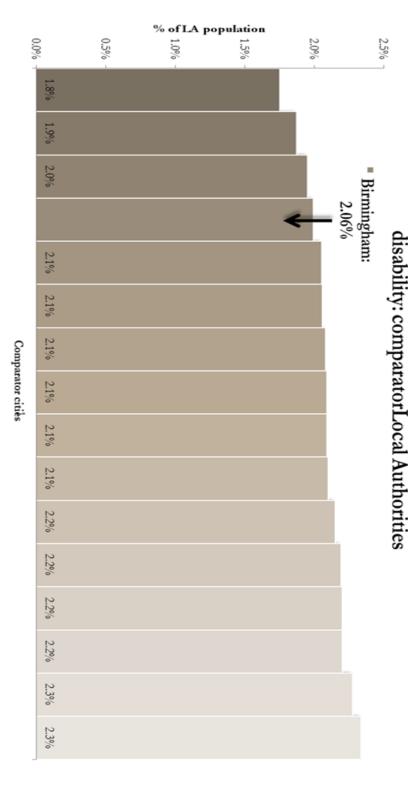
Proportion of population claiming ESFIEL Disability Living Allowance in 2012 Medium Low **Sutton Coldfield** Perry Barr Erdington Hodge Hill Ladywood Yardley Edgbaston Hall Green Selly Oak Northfield

"A high proportion of people with visual impairments or hearing impairments have an additional disability or serious health problems"

# Population







Proportion of population aged 18-64 predicted to havea serious physical

# Residential and Nursing Homes

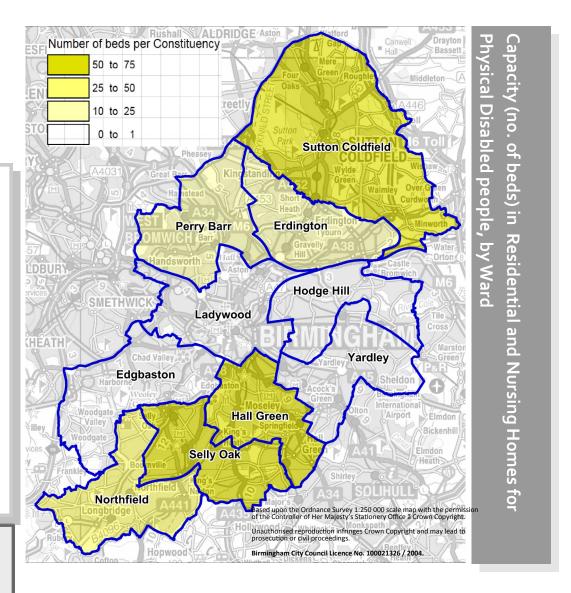
he market for care homes for younger people with physical disabilities is considerably smaller than for older people or for people with learning disabilities, however Birmingham has a relatively high proportion of residential care provision compared to other Local Authorities. There are currently 12 care homes in the city catering for younger adults with PD, including sensory impairments, totalling almost 300 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.

The map to the right shows the distribution of these beds across the city. Each Constituency is thematically coloured to show the number of beds at homes in the area. The distribution of care homes shows concentrations in the north of the city, particularly Sutton Coldfield, and in the southern three Constituencies. There are no care homes for younger adults with PD across the central and eastern parts of Birmingham.

The pattern does not match the population prevalence map of the city; and it is important that there are services available to meet the needs of families in their local area.

#### **Commissioning Intentions:**

- Reduce dependence on residential care.
- Work with providers to continue to improve the quality of care homes in Birmingham.
- 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.

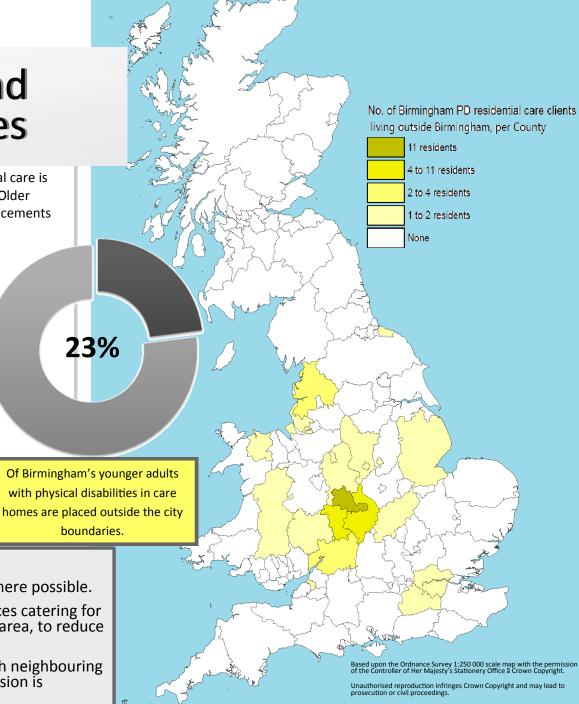


# Residential and Nursing Homes

Although the proportion of people with PD in residential care is lower than for groups such as Learning Disabilities or Older People, there are still significant numbers of care home placements outside of the city; in some cases a significant distance outside the West Midlands, as illustrated in the map shown to the right.

There are currently 40 working-age Birmingham citizens with learning disabilities in care homes more outside the city boundary; including some in Wales, on the east coast and in southern England. This is around 23% of total PD 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.
- Improve commissioning of services jointly with neighbouring councils, to ensure appropriate range of provision is available to all citizens in the region.

## **Quality Framework**



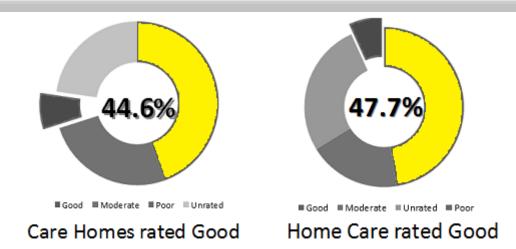
cost 40%

> Micro-Commissioning

ommissioning has developed a Framework Agreement for the commissioning of many services; currently all Older Adults Home Care and Care Homes. It is hoped that this will be rolled out to include the Younger Adults market shortly. 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 micro-procurement 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.



#### **Commissioning Intentions:**

- Extend bed-based care and domiciliary care microtendering to younger adults services (including PD).
- 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

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

# Homecare and Supported Living

here are five providers of Supported Living accommodation in Birmingham who cater specifically for people aged under 65 with a physical disability or sensory impairment. Supported Living is seen as a viable alternative to care homes, with the potential to provide more personalisation and better outcomes for people.

Home Care is provided in communal supported living establishments, in huband-spoke models of clustered supported living, and in people's own family homes. There are around 92 providers of homecare in the city who say they can provide for the particular needs of people with physical disabilities, and around 80 who state they can provide services for people with a sensory impairment.

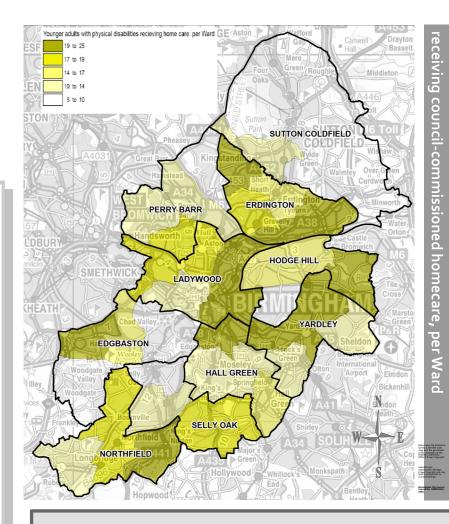
Commissioning wants to see a vibrant Supported Living and home care market in Birmingham, to provide high quality options for people with Direct Payments, who may choose to purchase these services.

Supported Living premises are not regulated by the Care Quality Commission, so there is greater responsibility on the Council to check 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.

umber of people with a physical disability in Birmingha

## **Direct Payments**

#### **Commissioning Intentions:**

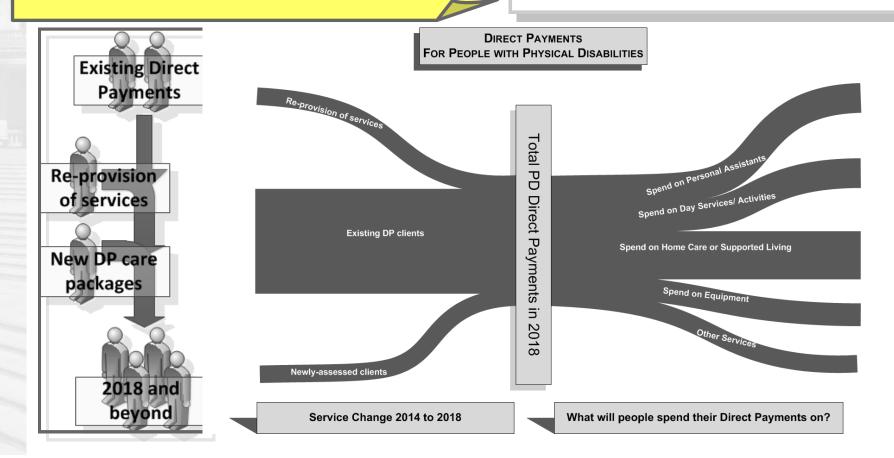
- Promote personalisation through Direct Payments as the preferred option for new packages of care.
- Encourage citizens in existing commissioned services to take up Direct Payments, where appropriate.
- Work with providers to ensure a range of quality services are available for citizens to purchase.

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. There is a higher take-up of Direct Payments amongst people with physical disabilities than any other group, however this can still be improved.

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 people with physical disabilities purchase with their Direct Payments?

## **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:**

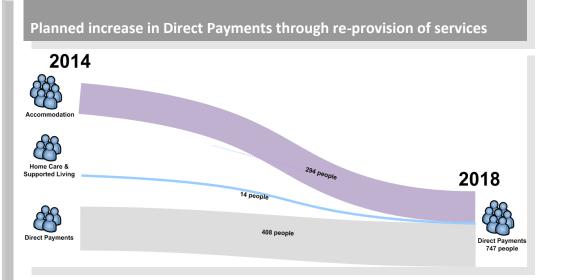
- Support and advice
- Care brokerage
- Managed accounts
- HMRC and financial returns
- Payroll services and Employing an Personal Assistant

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.



# Third Sector and Day Opportunities



A dults Commissioning currently funds ten Third Sector organisations through grant funding to provide support services, rehabilitation, independent living, advice and advocacy services to people with physical disabilities and sensory impairments. These services support around 1,100 people with a physical disability per year, and around 800 people with a sensory impairment.

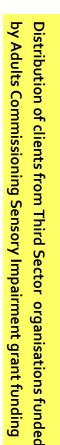
In addition, general advice and information services are funded which are available to all citizens. The distribution of service users and services is shown on these maps.

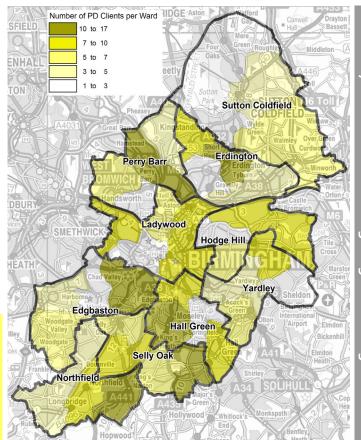
Due to the current Service
Review, the future Commissioning
Intentions for these services will
be determined once the results of
the Review are published.
However because of the
restructure and development of a
new integrated Commissioning
Centre of Excellence, there will be
a greater emphasis on joining up
of planning, budgets and
commissioning of preventative
and universal services, in the
future.

Number of SI clients per Ward 4 to 9 people 0 to 4 people Birmingham City Council Licence No. 100021326 / 2004.

3

There are just three Day
Centres in Birmingham offering opportunities and activities for younger people with
physical disabilities





of clients from Third

#### **Commissioning Intentions:**

- 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.
- Work with other commissioning bodies, in Public Health, Housing, Supporting People and the Birmingham CCGs to join up the commissioning of preventative and universal services in the Third Sector.

# 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.

#### **Carers Services:**

In line with the Care Act, the Joint Commissioning Team will continue to invest in effective carers support and respite 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.



- 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.