

Buckinghamshire County Council

Market Position Statement Spring Refresh 2016

Adults & Family Wellbeing

April 2016



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Executive Summary

Buckinghamshire County Council's first market position statement was produced in April 2015 for Adult Social Care. This document provides you a refresh a year on and again sets out our vision for the future of the local social care market. This year's refresh will not only give you an update on information and analysis on the care groups and market opportunities, but will continue to be useful to providers of care and support services in planning future business.

The refresh will provide an update on the Care Act following changes to the timescales on implementing the second phase of the Act. A year on we continue to be faced by a number of challenges in Buckinghamshire, such as an ageing population, shrinking budgets and changes to the social fabric of communities, the existing model of care and support is deemed to be unsustainable.

The emphasis will continue to be to provide support and services to people in a way that will help to prevent or delay the need for council-funded care as long as possible.

The Care Act duties have now been implemented in Buckinghamshire, we now have:

- A new digital website Bucks Care went live April 2015.
- Access to care and support for Prison inmates.
- Carers Assessment and Eligibility Framework

- Financial information, advice and guidance service.
- Workforce and staff training.

The council continues to work in partnership with the clinical commissioning groups, district councils, and the voluntary and community sector in Buckinghamshire to deliver new models of service based on prevention and early intervention. This is being designed to address the limitations of the current system by placing a greater emphasis on maintaining people's independence and resilience and preventing deterioration into substantial or critical categories of need.

The refreshed commissioning strategies for Adult Social Care are committed to delivering the Portfolio Plan (2015/16) outcomes:

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

I. Introduction

The market position statement is aimed at both our existing and future providers of adult social care. Providers and potential providers in local business development and social enterprise can read about new opportunities in the market and tell us what would help you to come into social care markets and offer innovative and creative services.

The Council has a responsibility to develop a diverse and sustainable market of service providers that can provide people with high quality, personalised care and support, regardless of who pays for their care.

We do this through commissioning quality services that focus on wellbeing, and through other interventions such as supporting innovative projects with grant funding.

Our approach is to ensure that people have a choice as to how their needs are met, with an emphasis on prevention, enablement, reducing loneliness and social isolation, and promoting independence as ways of achieving and exceeding people's desired outcomes.

As we said last year it is the start of a dialogue about the vision for the future of the local social care markets with providers, people who use services and for carers. Communication has been on-going through partnership working with our partners and district councils and we will do this through partnership boards and provider forums.

This market position has been refreshed in some key areas; in particular there is an update on the Care Act and some updates to the Market Opportunities. The predictions of future demand current spend, responding to key pressures points remain as they are and these will be refreshed in the autumn of 2016 aligned to the refreshed Joint Strategic Needs Assessment 2016 in spring. We have updated figures on current spend on services for 2014/15.

The key messages for the Care Groups also largely remain as the same. However, there have been a number of refreshed Commissioning strategies now available on the Buckinghamshire County Council website.

There will be a full update to the Market Position Statement in 2017.

The key areas of update are as follows:

- Council's Priorities
- Predictions of Future Demand
- Responding to Key Priorities
- Current Spend on Services
- Key Messages for Care Groups
 - Mental Health, Learning Disabilities, Carers

2. Council's Priorities

Our policies govern the Council's provision of adult social care. These formal statements have been agreed by Councillors following due process, and the Council has a duty to comply with them.

The safeguarding adults at risk policy is a multi-agency commitment of organisations in Buckinghamshire to work together to safeguard adults at risk of harm as a result of abuse or neglect. Although the responsibility for the coordination of these arrangements lies with the County Council, the implementation of this policy is a collaborative responsibility, with multi-agency procedures centred on the individual adult.

The assessing and supporting your needs policy sets out the framework for assessment and review of a person's care needs. It covers the support planning phase and how the County Council ensures that it fulfils its duty to meet each person's eligible assessed needs.

The charging policy details the financial assessment criteria used to determine whether someone's circumstances entitle them to financial support from the County Council towards the cost of their care. It also sets out the conditions under which the Council will make a loan to a person with property assets under a deferred payment agreement for the purpose of paying for their care.

The direct payment policy provides detailed information on how a person entitled to a financial contribution by the County Council towards the cost of their care may receive this through a direct payment, allowing them to select and pay for the care that most suits their own personal needs.

The moving between areas policy sets out the procedures that are followed to determine whether a person with eligible needs is a resident of Buckinghamshire, and to ensure continuity of care for people moving into or out of the county.

The managing provider failure policy sets out the procedures that will be followed and the measures put in place in the event of a provider of adult social care services in Buckinghamshire going out of business or otherwise failing to provide an adequate service. The policy seeks to ensure that each individual continues to receive the care they need with as little disruption as possible.

The Local Account

The Local Account is published annually to keep our residents informed about key priorities within Social Care and Public Health and how these help improve the lives of vulnerable adults in Buckinghamshire.

Joint Commissioning Strategies

Some of our services for vulnerable adults are jointly commissioned, with the involvement of different County Council services, the NHS, and other agencies. Joint commissioning strategies set out the needs situation in Buckinghamshire and how the different organisations come together to provide relevant services.

- Joint Autism Strategy (2015-2018)
- Adult Mental Health Commissioning Strategy (2015-2018)
- Multi-agency Transitions Protocol (July 2015) - supporting young people with special educational needs and disabilities from age 14 into adulthood.
- Dementia Joint Commissioning Strategy 2015
- Joint engagement report for dementia services (September 2015)
- Carers strategy 2015 to 2019

The council continues working with a range of partners to deliver some key priorities over the coming year.

❖ A joint pathway to health, care and support

The council is working collaboratively with its health partners to ensure everyone receives a properly joined up service, so that people do not fall through the cracks between NHS services and social care and support services provided in the community, because all too often different parts of the system don't talk to each other or share appropriate information and people don't get the support they need.

❖ More choice and control

The Council continues to focus on commissioning and delivering services to ensure that people have more control over their own lives and greater choice about the type of support they receive.

Personal budgets have been around for a few years but the new Act means that everyone, including self-funders, should be advised of how much their care and support needs should cost. This enables the individual to understand what they should expect to pay, and what would be considered to be an 'extra' cost. Personal budgets and Direct Payments are now available for carers.

❖ Better information to identify good care

As well as giving people more choice - in line with the Care Act we have to give better information in order for people to identify good care. We have strengthened our universal offer of information, advice and guidance through a new website Bucks Care, which is proving to be a success enabling people to easily navigate the care and support options available.

Regardless of whether or not an individual meets the criteria to receive care and support from their local authority, all authorities continue to develop its comprehensive Information, Advice and Guidance (IAG) service building on what is already in place so that those needing any level of care and support will have good information to make informed decisions, whether they pay for their own care or not.

There is now independent financial advice available, based on the Department of Health's (DoH) model of good practice the council has put in place a list of Support

with Confidence accredited independent financial advisors whom are all SOLLA¹ and FCA² registered.

The Council continues to offer much better information, advice and guidance to help everyone understand what support they will need to help them better plan for the future.

❖ Openness and transparency

There will be openness and transparency on the type of care and support provided, giving people an opportunity to give feedback on the service they are getting. The new website allows for online solutions that will help people choose, compare and comment on care homes and other care services as well as implementing quality standards for self-directed support and self-funders.

❖ Support to Carers

From April 2015 the Care Act now gives carers rights to an assessment and a legal right to receive support, just like the people they care for.

Under the Act the local authority assesses a carer's own need for support. Carers receive clear information about available services and support. The council is still in the same position as last year and has made no decision as to whether the local authority will charge for that support, but if they do they will need to carry out a financial assessment. Carers Bucks continue to be commissioned to provide comprehensive information, advice, guidance and support services for Carers and have put in place a number of initiatives to increase the number of carers they support.

❖ Deferred payment scheme

The council has now put in place an offer of a deferred payment scheme, meaning no one should be forced to sell their home during their lifetime in order to pay for their residential care. People pay for their care costs now, and will continue to do so in the future subject to the cap, but these changes will give people more choice and control over how they will pay for it.

❖ Quality Services

We reported last the new ratings system introduced by the Care Act will have clear and published ratings for health and social care services with clarity about poor as well as outstanding quality. The council will continue to monitor licensed providers, work with NHS England to set prices for NHS-funded services, prevent anti-competitive behaviour, and work with commissioners to ensure continuity of services when providers get into financial difficulty. The Care Quality Commission (CQC)

¹ Society of Later Life Advisors

² Financial Conduct Authority

inspects on standards in hospitals, care homes, community health and care providers, including dentists and GPs, domiciliary care providers and local authorities providing social care.

3. Predictions of future demand

This section will be refreshed in line with the refreshed Joint Strategic Needs Assessment which is due to be published in June 2016

Changes in the population of Buckinghamshire

Buckinghamshire is a relatively affluent county, with average household incomes 29.6 per cent higher than the UK average. Buckinghamshire also has a relatively high cost of living. Almost a fifth of households in Buckinghamshire (18 per cent) are categorised³ as ‘hard pressed’ or ‘moderate means’. There are 18,800 people in Buckinghamshire who live in areas that are within the 30 per cent most deprived in England (2010). More than half of these households are in urban areas (57 per cent), more than a third are in market towns (35 per cent), and eight per cent are in rural/isolated communities.

Over a quarter of the population, of 505,300, live in the two main towns of High Wycombe and Aylesbury. Just over a third of Buckinghamshire's residents live in rural areas compared to an average of 22 per cent across the South East.

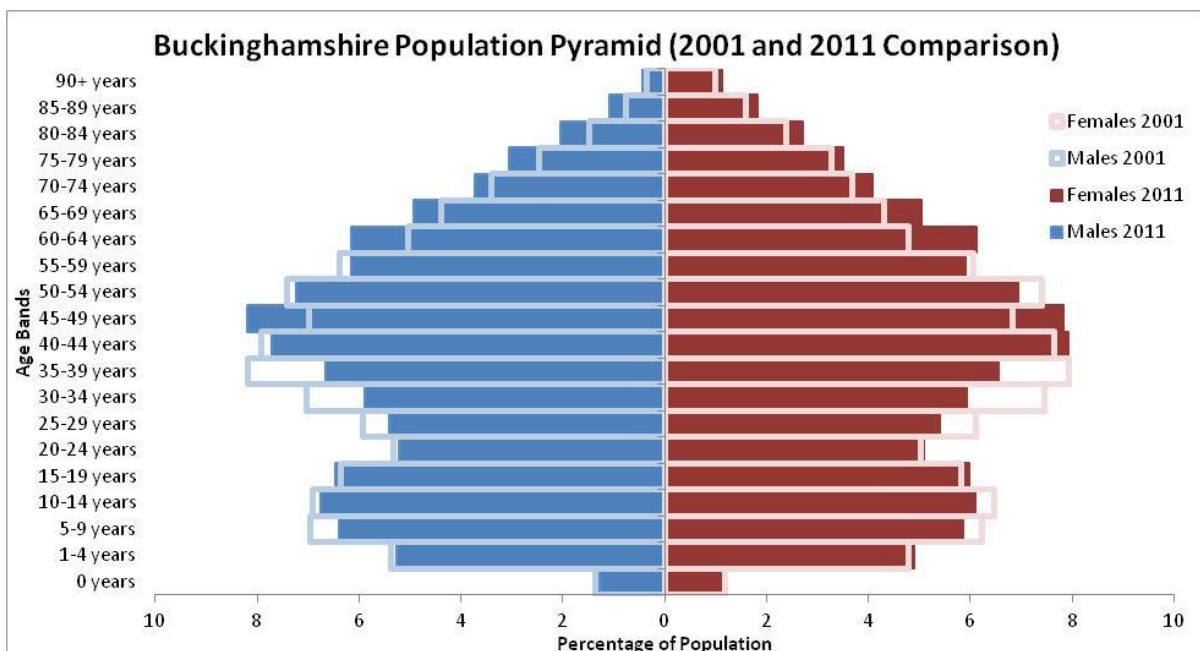


Figure 1: Population pyramid for Buckinghamshire comparing 2001 and 2011

³ Data Source ACORN

A high proportion of Buckinghamshire residents view their health as good or very good and they are less likely (than the national average) to report having a long term limiting illness. Life expectancy continues to steadily increase and remains significantly higher than the national average. Life expectancy is lower for men than for women in the most deprived areas of Buckinghamshire compared to the least deprived areas.

The main causes of death in Buckinghamshire are from cardiovascular disease and cancers. One in six adults still smoke in Buckinghamshire, with higher levels in more deprived areas. More than a fifth of adults in Buckinghamshire drink alcohol at levels that are a risk to their health.

Drug misuse is lower than national levels. Only three out of ten people in Buckinghamshire eat the recommended five fruit and vegetables a day. Six out of ten adults in Buckinghamshire are estimated to be overweight or obese, with more than a fifth of people obese.

Profile of change

The current population of Buckinghamshire has a population of 505,300 people according to the 2011 Census and there are around 200,000 households.

Two Clinical Commissioning Groups will be responsible for planning, designing and paying for healthcare in Buckinghamshire from April 2013. Aylesbury Vale and Chiltern Clinical Commissioning Groups (CCGs) cover a similar area to Buckinghamshire county, but Aylesbury Vale CCG also includes parts of Oxfordshire around Thame and Chinnor. 524,300 people were registered with general practices within the two CCGs in April 2012, and 96 per cent of these people lived within the county of Buckinghamshire.

The gender split for the county is similar to national and regional averages, with 50.9 per cent females and 49.1 per cent males. The age profile for the county is also similar to the national average at most ages. The largest difference is among those aged in their twenties, with lower proportions in these age groups compared to nationally. 16.7 per cent of the population in Buckinghamshire is aged over 65, compared to 16.3 per cent in England.

At the time of the 2011 census, 13.6 per cent of the Buckinghamshire population (68,600 people) came from a non-white ethnic background, increasing from 7.9 per cent in 2001. 86.4 per cent of the population were from a white ethnic group in 2011, compared to 85.4 per cent in England. 8.6 per cent of the population in Buckinghamshire were from the Asian/Asian British ethnic group, 2.4 per cent were from a mixed/multiple ethnic group, and 2.1 per cent were from a Black/Black British ethnic group. The number of people from a non-white ethnic background living in Buckinghamshire has increased from 37,691 people in 2001 to 68,613 people in 2011 (82 per cent total increase).

Population change

Between 2001 and 2011 the England and South East populations have increased by 7.4 per cent and 7.8 per cent respectively. The Buckinghamshire population has increased by 5.7 per cent (27,400 people). The population pyramid shows how the older population has increased in Buckinghamshire, and that there has been a reduction in the number of people aged 5-14 and 25-39. As the population ages it can be expected that the 65+ population will grow. Currently those aged 40-49 make up a large proportion of the county's population. In twenty years' time they will be aged 60-69 and, with population numbers in the current 20-29 age group fewer than the current 40-49 age group, it is expected that the proportion of older people in the county will also grow.

Currently in Buckinghamshire 16.8 per cent of the population is aged 65+ (84,900). In 2025, it is expected that proportion will have risen to 21.7 per cent (115,300).

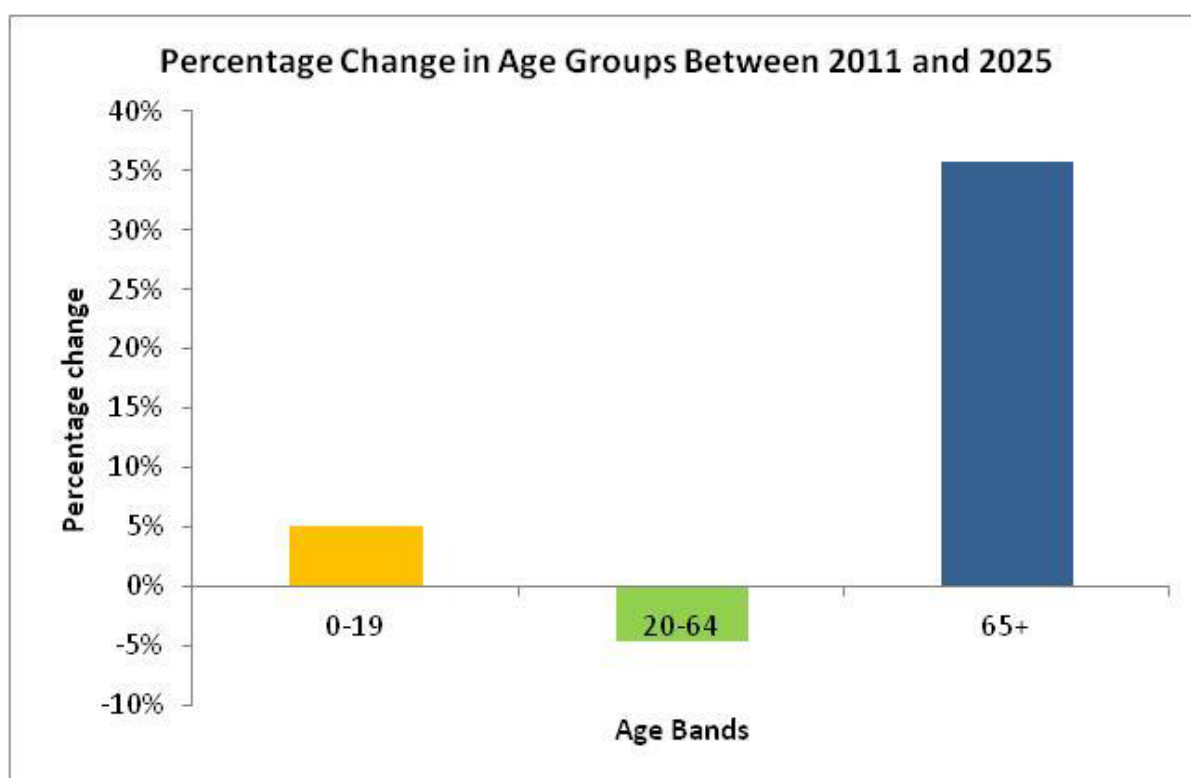


Figure 2: Percentage change in the population in different age bands for 2011 to 2025

The changing demography of the older population will, of course, increase demand for health and social care services⁴. The specific areas where the increase in demand will be seen are in people affected by dementia and the prevalence of learning disabilities.

As a result of an increasing ageing population, more people will assume a caring role. This is directly linked to people living in older age, especially above 85, which can be associated

⁴ Department of Health 2001, National service Framework for Older People, DH London

with the need for higher levels of personal care. The increasing prevalence of dementia in older age will also place an additional burden on the health and care economy, as most of the people with dementia live in the community and wish to continue to do so⁵.

The number of 0-19 and 20-64 year olds is expected to remain fairly stable. However, it is expected that the number of people aged 65 and over will rise from 85,000 in 2011 to 115,300 in 2025; a 35.6 per cent increase.

Whilst less than one per cent of the Buckinghamshire population in the 2011 census were aged 90+ (3,000 people) this figure will increase by almost 300 per cent to just under 12,000 people by 2025, almost two thirds of people aged 90+ are known to social care services, and more will be known to health services, this therefore represents a significant increased demand on social and health care resources over the next 10 years.

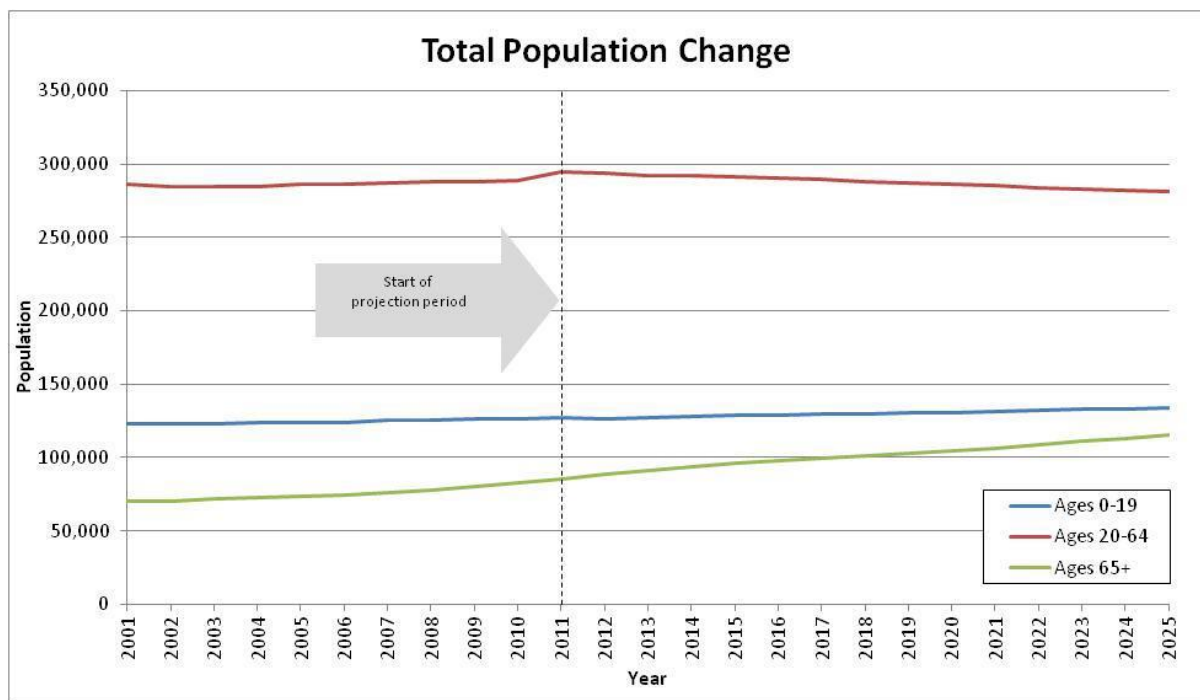


Figure 3: Total population change in Buckinghamshire for all ages between 2001 and 2025 Source: 2001 to 2011 ONS mid-year population estimates and 2012 to 2025 provisional population projections (Dec 2012)

The older population is set to rise. Between 2011 and 2025 the 65-74 age group will increase 16.4 per cent, the 75-84 age group will increase 47.2 per cent and the 85+ age group will increase 83.9 per cent. This will result in an increase of 30,400 people aged 65 and over in 2025 (compared with 2011). Figure 4 shows that the number of **older people** is expected to rise substantially over the next 14 years. This will happen even if there are changes in the fertility rate or the number of house builds.

⁵ Buckinghamshire Dementia Strategy 2009

The number of **adults** (20-64) is expected to fall as there are fewer young people aged 20 and under now than there are currently in the 45-64 age group (who will become 65+ in 2025). The building of new houses mostly affects the younger and middle-aged population as it provides more accommodation for those migrating into the county and those moving within the county. This therefore has an effect on the number of births as migration affects the number of women of child-bearing age in the population. The current planned level of housing may lead to reductions in the number of people who are able to migrate into or within the county.

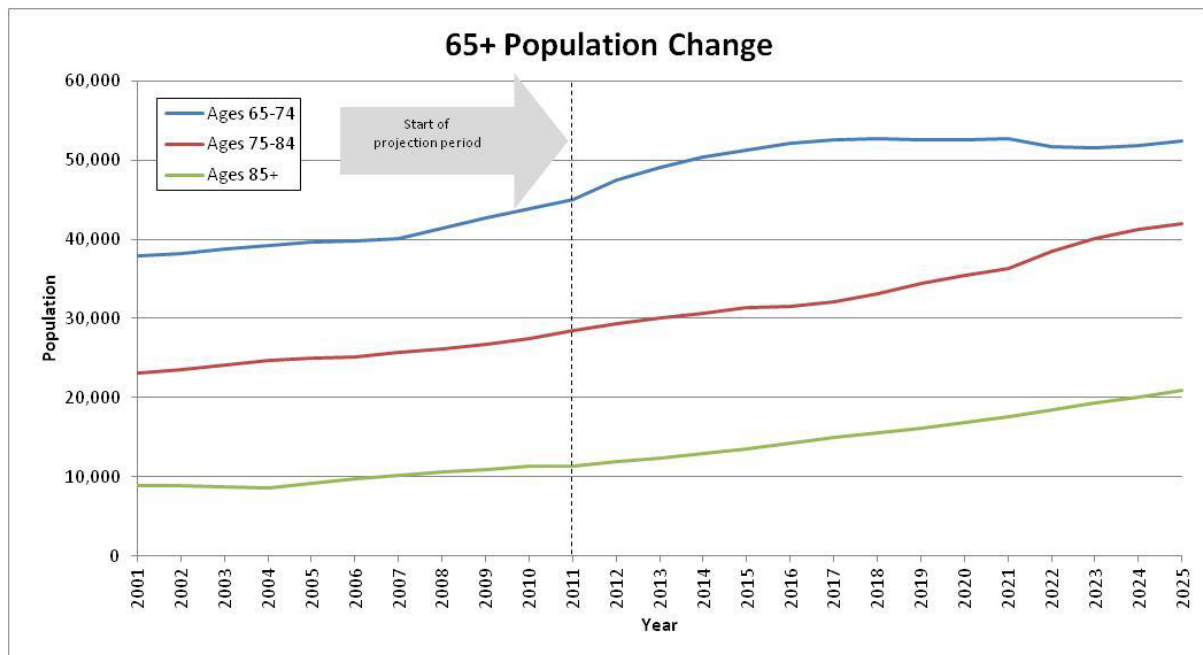


Figure 4: Population change for those aged 65 and over in Buckinghamshire between 2001 and 2025 Source: 2001 to 2011 ONS mid-year population estimates and 2012 to 2025 provisional population projections (Dec 2012)

Factors driving demand in the population

In addition to the rise in the numbers of older people in Buckinghamshire, there are other population groups that may influence potential changes in demand for health and social care.

❖ Dementia

There were 2,444 people with a diagnosis of dementia recorded on Buckinghamshire general practice registers in March 2012 and it is predicted that Buckinghamshire will see a significant increase over time by 2025 to almost 8,000, almost half of whom will be aged 85 and over.

❖ Learning Disabilities

There are an estimated 5,870 adults with a learning disability aged 18-64yrs living in Buckinghamshire. This number is expected to increase overall by approximately 2

per cent below the regional and national projections. However, the number of people with profound and multiple learning disabilities is anticipated to increase by 37 per cent; from approximately 160 to 220 by 2030.

The 2011 census estimates a further 1370 people with a learning disability of 65yrs and over, which is anticipated to increase overall by 55 per cent by 2030 to 2120. Of that number, older people with severe or profound and multiple learning disabilities and with significant health needs and dementia is projected to increase from 180 to 280. We will be looking to increase the capacity of service able to meet the needs of this older group of people.

❖ **Physical Disabilities**

It is estimated that in 2012 there were 31,644 adults aged 18-64 who have a moderate or serious physical disability living in Buckinghamshire. This is 10.5 per cent of the Buckinghamshire population (18-64) compared to 10 per cent of the population (18-64) of England. This figure is projected to rise by three per cent in 2030 to a total of 32,537 people.

❖ **Mental Health**

In Buckinghamshire it is estimated that there are 40,530 adults with a common mental health problem (which represents 12.7 per cent of the adult population compared to 15 per cent in the region). Between 2011 and 2031 the number of people with a common mental health problem will stay relatively unchanged in Buckinghamshire compared with increases of three per cent in the region and seven per cent across England⁶. (Strategic Needs Assessment for mental health, Planning4Care, 2012).

Depression is widely acknowledged to be the most common mental health problem among older people. For people aged 85 and over, levels of depressive symptoms reach 40 per cent for men and 43 per cent for women. The demographics for the county show the population size for older people as being the largest group increase.

❖ **Autism**

Current estimates on the prevalence of autism in England indicate that there around 1.1 per cent of people have autism. In Buckinghamshire this translates to approximately 5,050 individuals with autistic spectrum disorders.

An estimated 70 young people aged 17-18yrs could be eligible for adult services and out of the 70 an estimated 50% have a primary need of Autism. There is also a marked increase in the number of older adults being diagnosed with autism in line with growth in the population aged 65yrs and over.

⁶ Strategic Needs Assessment for Mental Health, Planning4Care 2012

❖ Carers

Carers in Buckinghamshire play a crucial role in the delivery of the health and social care provision nationally. In England 10.9 per cent of the population were unpaid carers in 2011. Economic value provided by Buckinghamshire's carers in 2011 was £716 million.

Nationally, the prevalence of caring is the highest amongst those aged 50-64 (20 per cent). There are 16 per cent more female carers (3.1 million) than male carers (2.3 million). By ethnicity a high proportion (around 11 per cent) within the white ethnic community (British, Irish or travellers) are more likely to be carers, in contrast to Asian, African or Chinese communities where a lower proportion take on a caring role (around five per cent).

Furthermore, nationally there has been an increase in proportion of unpaid carers in the 2011 census compared to 2001. This translated into 581,441 more people assuming a role of a carer in 2011 in contrast to a decade ago.

In 2011, 49,514 people (9.8 per cent of the population) in Buckinghamshire provided unpaid carer. This is close to the national average. Two thirds of carers in Buckinghamshire are resident in Aylesbury Vale or Wycombe Districts.#

As with the national prevalence the age band with the highest proportion of carers in Buckinghamshire is in the 50-64 range where nearly 20 per cent of the population provide informal care and 58 per cent of informal carers in Buckinghamshire are female.

In 2011 (census) of all the self-identified carers – 13 per cent (6,324) were from a BAME background. The largest ethnic minority group of carers is of Asian ethnicity group which forms seven per cent of the carer population in Buckinghamshire.

❖ Transitions

In Buckinghamshire there are:

- An estimated 3,650 disabled young people which is 3.2 per cent of the child population which is in keeping with the 2001 census (Aiming High for Disabled Board 2010)
- 3,271 statements of Special Educational Need (SEN) were made in 2011/2012 which is an increase of 4.8 per cent (SEN ONE database)
- 1,365 of those with statements of SEN are due to turn 18 in the next five years (SEN ONE 2012)

- Over 50 per cent of those turning 18 this year are currently in special schools (SEN ONE database)

The number of those 17+ with a statement will gradually increase over the next five years with a slight decrease in 2016/17.

❖ Minority Ethnic Groups

Data from the 2011 census shows that 13.6 per cent of the Buckinghamshire population were from a non-white ethnic background, increasing from 7.9 per cent in 2001. 86.4 per cent were from a white ethnic group in 2011, slightly higher than 85.4 per cent in England as a whole. The number of people from non-white ethnic groups in Buckinghamshire has increased by 82 per cent between 2001 (37,691 people) and 2011 (68,600 people). 8.6 per cent of the population in Buckinghamshire were from Asian/Asian British ethnic group in 2011, 2.4 per cent from mixed/multiple ethnic group and 2.1 per cent from a Black/ Black British ethnic group (Table 1).

Almost one in five (19 per cent) of people living in the Wycombe District Council area are from a non-white ethnic group, mainly Asian or Black ethnicities, compared to 16 per cent in South Bucks, 10 per cent in Aylesbury Vale and nine per cent in Chiltern. After White British, the next largest ethnic group in Buckinghamshire is Pakistani, with 4.2 per cent of the population, and 7.6 per cent of the population in Wycombe. In South Buckinghamshire the largest ethnic group is Indian with 7.1 per cent of the population. White Other (white excluding British or Irish) ethnicities are the largest ethnic groups in Aylesbury Vale and Chiltern.

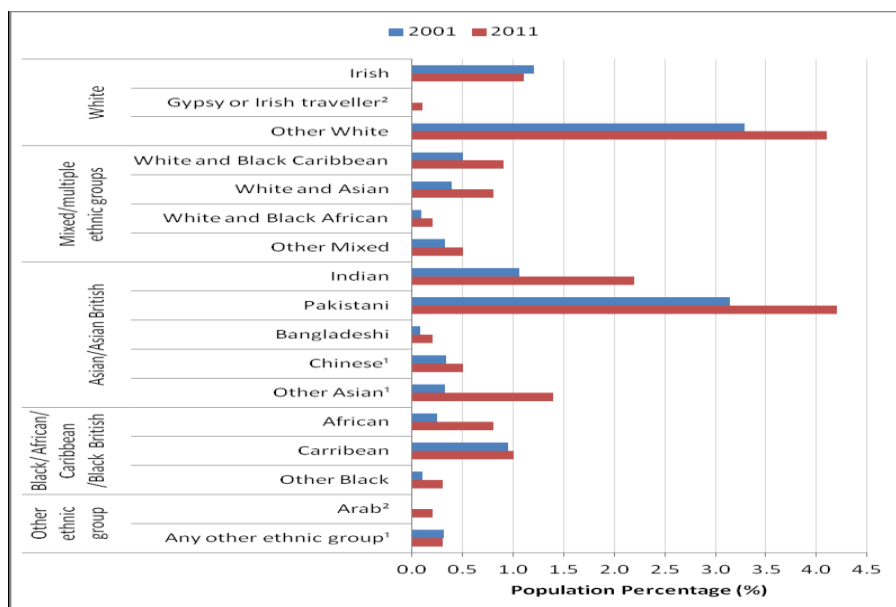


Figure 5: Ethnic Groups other than White British, 2001 – 2011

Source: Census 2001 and 2011, Office for National Statistics

All health promotion and health and social care services in Buckinghamshire are available to everyone regardless of their ethnic background. All services should take into account the needs of people in minority ethnic groups and, for example, have translation services or leaflets available. Recording the ethnicity of people accessing services can help identify if any groups are underutilising the service so this can be addressed.

Some services in Buckinghamshire are delivered with a particular focus on ethnic groups who may be at particular risk of ill health or who find it more difficult to access universal services.

❖ 'in-Touch' service Buckinghamshire

'in-Touch' is a telephone , advice, information, signposting and review service for adults who are not currently receiving a formal package of care through Buckinghamshire County Council. The service will give locally-specific advice and information centred on the assessed needs of the service-user or their carer.

The service may signpost people towards voluntary and community services and/or information that will allow people to make informed choices about their needs. The service will follow up the initial contact and advice with a telephone call twice a year to maintain contact and see what further support may be required. The service has been developed for all adults Who may benefit from information and advice due to disability, illness, age or social exclusion, and are not yet eligible for mainstream services (under current Care Act 2014 criteria) or to those who decline to receive services from social care.

Table 1 below shows the number of service-users using the council's 'in-Touch' service (June 2014).

Service Category	Client Numbers
Learning Disability	137
Adult Mental Health	237
Physical, Sensory and Disability	591
Older People aged 65-74	773
Older People aged 75-89	2,332
Older People 90+	633

Table 1: Number of service users contacting the 'In-Touch' Service

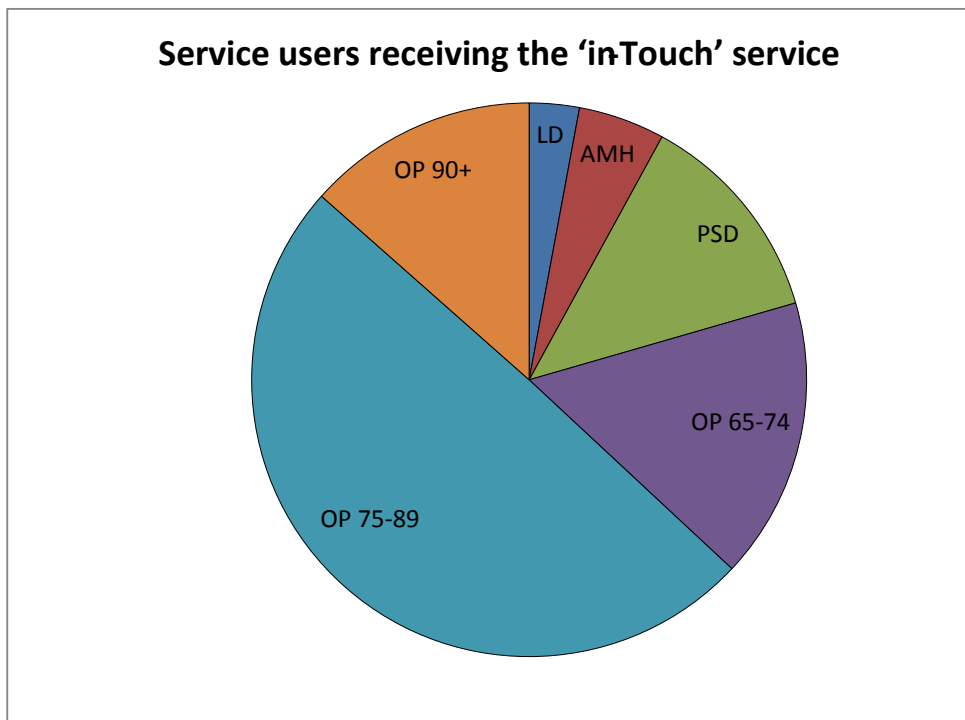


Figure 6: Breakdown of service users using the 'in-Touch' service

4. Responding to Key Pressure Points

Key Pressure Points

There have been a number of refreshed Commissioning strategies responding to the key pressures points highlighted in last year's statement, these include and are available on the council's website:

- Joint Autism Strategy (2015-2018)
- Adult Mental Health Commissioning Strategy (2015-2018)
- Multi-agency transitions protocol (July 2015) - supporting young people with special educational needs and disabilities from age 14 into adulthood.
- Dementia Joint Commissioning Strategy 2015
- Joint engagement report for Dementia services (September 2015)
- Carers Strategy 2015 to 2019

❖ Meeting increasing demand

With the increasing numbers of older people and those with dementia and complex care and support needs; Buckinghamshire will undoubtedly see an increase in demand for social care services, with most people wanting to remain in their own homes and as the level of care improves, older people are returning to independent

living. This is likely to see an anticipated growth in the domiciliary care market and a levelling off of general residential care home placements.

❖ **Delivering to rising expectations**

Over the last ten years we have seen expectations rise about what care should be available, its quality, and when and how that care should be delivered. Many providers have already responded to personalisation, the challenge going forward will continue to be to deliver more choice and control to people whilst improving quality and outcomes. The council will need to continue to provide support in the community so that people are able to access a wide range of services. We will need to continue to provide good quality services to prevent hospital admissions and support hospital discharge.

❖ **Budget pressures**

There is no proposed change to the current eligibility criteria for Adult Social Care which will remain at 'critical and substantial' and so council funding for individuals will be focused on managing the more complex social care needs. Buckinghamshire's Medium Term Financial Plan (MTP) has set an overall savings target of £7,165k for 2016/17. This presents significant challenges for the Council.

❖ **Investing in prevention**

With a rapidly growing population of older people, we are talking about significant savings to public spending through prevention. The challenge is that many preventative services rely heavily on user charges and increasing these will undoubtedly restrict access. They also need volunteers, who are often older people themselves. Stimulating and sustaining volunteer-based support will be essential.

❖ **Shaping the social care market**

The Care Act has placed specific duties on local authorities to provide information and advice and shape the local market. The council continues to work very closely with partners and providers to stimulate, manage and shape Buckinghamshire's social care market place, by supporting communities, voluntary organisations and social enterprises to flourish and develop innovative and creative ways of addressing care needs. The council is working to put in place a framework for market facilitation and support the implementation of a range of practical measures to deliver effective community care services.

We will continue to work with providers to identify sources of market intelligence, analysis of supply and demand that will help define future market position statements. We will need to work closely with our partners and providers to address gaps in provision and minimise unmet demand.

❖ Protecting adults from abuse or neglect

Safeguarding means protecting an individual's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risk and experience of abuse and neglect whilst making sure that the adult's general wellbeing is promoted in accordance with Section 1 of the Care Act 2014, including having regard to views, wishes, feelings and desired outcomes. The council has the lead responsibility to coordinate the investigation of possible or actual abuse and ensure that measures are in place to prevent further abuse taking place.

❖ Responding to market oversight and provider failure

The Care Act imposes clear legal responsibilities on local authorities where a care provider fails. In Buckinghamshire we have a diverse number of care providers and some that cross other authority boundaries. The council will have a temporary duty to ensure that the needs of people in either residential care or receiving care in their own homes continue to be met if a provider fails, until the market place has stabilised. The council will continue to ensure there are mechanisms in place that support providers by keeping an oversight of the market and fulfil our responsibilities of ensuring in such circumstances people continue to receive on-going care.

5. Current Spend on Services

This section will be refreshed Autumn 2016

The council continues to work within a climate of economic constraints with the need to increase efficiency and effectiveness of service provision through new ways of working being more prevalent than ever before. We have started to see a shift towards more locally based services with a strengthening of intermediate and community based care, but we still need to continue to do more. In Buckinghamshire there will be a strong focus on early intervention and prevention this coming year to maintain independence and giving choice and control to individuals supported by greater access to good information and advice.

In Buckinghamshire spend on adult social care services in the last financial year (2015/16) was around **£107 million**.

Table 2 below shows the comparison of spend by the key social care group from financial years 2013/14 to 2015/16.

Care Group	2013.14 Spend £ m	Percentage
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Learning Disability	37,110	44%
Mental Health	5,137	6%
Physical, Sensory and Disability	8,806	10%
Older People	33,099	39%
	84,152	

Care Group	Spend £ m	Percentage
Learning Disability	43,826	41%
Mental Health	5,064	5%
Physical, Sensory and Disability	8,232	8%
Older People	50,657	41%
	107,779	

Note: from 2014/15 records are now based on Primary Support Reason

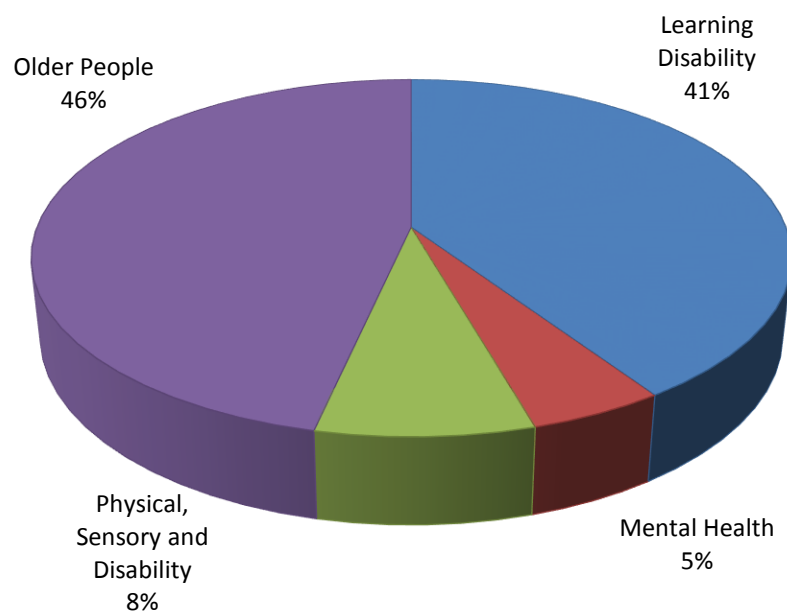


Figure 7: Breakdown of Spend by Care Group

The highest spend for 2014/15 is on services for older people, followed by people with a learning disability. The most significant proportion of people receiving services is those over the age of 65 who represent 35 per cent of the overall spend in 2013/14. This is likely to increase further with the population demands for this care group.

6. Key Messages for Care Groups

Key messages for the care and support of older people

Currently in Buckinghamshire 18.5 per cent of the population is aged 65+ (96,800). In 2025, it is expected that proportion will have risen to 21.5 per cent (120,800).

Whilst less than one per cent of the Buckinghamshire population in the 2011 census were aged 90+ (5,000 people) this figure will increase by almost 74 per cent to 8,700 people by 2025, almost two thirds of people aged 90+ are known to social care services, and more will be known to health services, this therefore represents a significant increased demand on social and health care resources over the next 10 years.

The older population is set to rise. Between 2014 and 2025 the 65-74 age groups will increase by 11 per cent, the 75-84 age groups will increase 38.4 per cent and the 85+ age group will increase 55.6 per cent. This will result in an increase of 24,000 people aged 65 and over in 2025 (compared with 2015).

It is estimated that in 2014 there were 32,118 adults aged 18-64 who have a moderate or serious physical disability living in Buckinghamshire. This is 10.5 per cent of the Buckinghamshire population (18-64) compared to 10 per cent of the population (18-64) of England. This figure is projected to rise by 6 per cent in 2030 to a total of 34,033 people.

Population projections for Buckinghamshire show an increase of 32 per cent in the number of older people who will require some level of support by 2025

The number of people aged 85 and over in the county is projected to increase by 55.6 per cent up by 2025.

	2014	2015	% growth by 2015	2020
Number aged 65+	94,500	96,800	2.4%	107,900
Number aged 65+ unable to carry out at least one self-care activity on their own	31,480	32,339	2.7%	37,042
Number aged 65+ unable to carry out at least one domestic activity on their own	38,338	39,405	2.8%	45,249

Based on Planning4care estimates combined with Census 2011 and published population projections, the number of people aged 65+ with any level of social care needs in Buckinghamshire is projected to rise by 66 per cent over the next 20 years. The number of

people in Buckinghamshire with 'very high' social care needs is expected to rise by 71 per cent over the same period. The total number of people with dementia is projected to rise over the 20-year period by 87 per cent (97% for those with the 'very high' needs level of 'severe cognitive impairment and functional disability'). This is above the regional (79%), and national (72%) comparative increases for total numbers with dementia.

Using these figures it is predicted that an additional 2000 units of specialist accommodation will need to be developed by 2035. This means 100 new units / year need to be delivered in a mix of approximately 50 per cent Nursing Care & 50 per cent Extra Care/ Residential Care.

It is estimated that in 2015 there were 32,330 adults aged 18-64 who have a moderate or serious physical disability living in Buckinghamshire. This is 10.5 per cent of the Buckinghamshire population (18-64) compared to 10 per cent of the population (18-64) of England. This figure is projected to rise by six per cent in 2025 to a total of 34,242 people.

The biggest areas of spend for the council's physical disability (PD) services are for residential (including nursing) and domiciliary care. Currently the council purchases 44 residential and nursing placements, with only 5 of these being 'out of county' placements. Specialist Supported Living Accommodation is provided for an additional 27 clients within Buckinghamshire. There are also 23 domiciliary care providers utilised for provision of social care within the home including one provider utilising a block contract

❖ **Market Opportunities**

- The County Council's purchasing trends show that the utilisation of its block contracts for older people nursing care are at full capacity and we are increasingly resorting to the nursing care market to buy spot placements. The costs of these are increasing as it is becoming more difficult to negotiate on the council's MUP (Maximum Usual Price). The activity and costs in spots are showing the biggest increases for EMI (Elderly Mentally Infirm) placements. The pressure in finding available placements at the council's MUP is likely to increase when we are predicting a shortfall in the supply pipeline of nursing care accommodation.
- Befriending services for people who are socially isolated who do not want to participate in activities outside their home.
- Innovative community transport schemes to help older people access community activities.
- 'Earn' and 'spend' opportunities as part of time bank development: organisations to offer 'spending' opportunities for individual, e.g. leisure activities, venues for new community groups, training/skills development opportunities. Organisations

to offer 'credit' opportunities e.g. for participation in consultation, volunteer activity.

- More community based, personalised support services.
- Development of improved information and advice services and opportunities to assist with the assessment requirements on future care needs.
- More providers who can be flexible and adaptable in meeting the holistic needs of the people they support. Integrated approaches that meet both health and social care needs and prevent or delay the need for more costly interventions e.g. hospital or nursing home admissions.

Key messages for the care and support for people with learning disabilities

There are currently around 1,200 adults with a learning disability in receipt of eligible services in Buckinghamshire, receiving on average 2.33 care service provisions.

Buckinghamshire Care is a local authority trading company established in October 2013 and delivering countywide day opportunities. Alongside this we have embarked on a major re-development of our day opportunities buildings; developing modern, flexible space for a range of services, including work-based training and respite.

New community based services; social enterprises and a personal assistant hub have been developed.

The construction of a new Life Skills Centre and Independent Living Centre, a collaborative project run by the council in partnership with Aylesbury College and Amersham & Wycombe College, provides unique learning facilities designed to provide young people with learning disabilities the skills to help them become more independent and work ready.

A new transitional supported living provision for young people was opened in 2015, offering the opportunity of an interim supported living provision before moving to more independent accommodation as an alternative to traditional residential care.

❖ Market Opportunities

The council will continue to commission supported living services for people with a learning disability, moving away from residential care settings where appropriate. However, it is recognised that there will be a continued need for residential care for some people. Therefore we want to explore the development of a wide range of accommodation and support arrangements for eligible services users:

- To enable more individuals to live in their own homes, as tenants, with control of the types of support in place to meet their needs.
- Supporting young people in transition to aspire to live more independently.
- Ensuring the positive and innovative use of Assistive Technology where appropriate.
- To develop accommodation and day opportunities appropriate to meet the needs of older people learning disabilities; with models of care for those with dementia and increased health needs.
- To proactively promote the health and wellbeing of individuals and enable access to healthcare as appropriate.
- Providers looking at creative ways to support individuals and working with “universal services” such as leisure, culture and transport, to make reasonable adjustments to increase accessibility.

We want to work with providers in further developing the market to ensure that innovative, flexible and responsive services are available for those choosing to have a personal budget. We will continue to support providers in recognising and utilising the growing direct payment opportunities. Specific areas of development are:

- Early intervention services, supporting people at risk of social isolation, such as befriending services.
- Support into paid employment linked to work related day opportunities, including travel training for young adults.
- Increasing the options for flexible breaks available to individuals and their carers (moving away from the traditional “respite” beds).

We aim to continue to build on good practice and collaborative working between health and social care by developing services with providers who can be flexible and adaptable in meeting both health and social care needs.

The Council and its health partners in Buckinghamshire Clinical Commissioning Groups are working together to realise ambitious and aspirational changes to the delivery of learning disability services, in line with the Transforming Care Agenda.

The national plan “Building the Right Support”, follows on from the Winterbourne View Review and will deliver new and better care options in the community and significantly reducing the need for lengthy stays in specialist hospitals, for those individuals with a learning disability who have behaviours that challenge and/or mental health conditions.

To meet these growing areas of need it is recognised that current capacity and skills across the provider market will require further development to ensure a robust local offer of:

- Creative bespoke packages for individuals with complex needs associated with autism and/or challenging behaviours
- New models of care with positive behavioural support at its core that help keep people in their own home or as close to their own home as possible
- Packages of care to support the repatriation of those currently placed out of county
- Supporting young people with complex behaviours transitioning into adulthood
- Exploring personal budgets to work with families in micro-commissioning services

Key messages for the care and support of people with mental health issues

In Buckinghamshire it is estimated that there are 40,530 adults with a common mental health problem (which represents 12.7 per cent of the adult population compared to 15 per cent in the region). Between 2011 and 2031 the number of people with a common mental health problem will stay relatively unchanged in Buckinghamshire compared with increases of three per cent in the region and seven per cent across England (Strategic Needs Assessment for mental health, Planning4Care, 2012).

Depression is widely acknowledged to be the most common mental health problem among older people. For people aged 85 and over, levels of depressive symptoms reach 40 per cent for men and 43 per cent for women. The demographics for the county show the population size for older people as being the largest group increase.

Social deprivation is a major influence on mental wellbeing – psychiatric hospital admission rates for those of working age are more than three and a half times higher for those living in the most deprived quintile of Buckinghamshire compared to those in the least deprived quintile.

In Buckinghamshire it is estimated that there are 940 adults with a psychotic disorder (which represents 0.3 per cent of the adult population compared to 0.41 per cent across the region). Between 2011 and 2031 the number of people with psychosis will remain fairly unchanged in Buckinghamshire compared with increases of three per cent in the region and nine per cent across England (Strategic Needs Assessment for mental health, Planning4Care, 2012).

In Buckinghamshire 11.5 per cent or 36,830 people have psychiatric comorbidity (lower than the England figure of 14.3 per cent). Between 2011 and 2031 the number of people with psychiatric comorbidity is projected to increase by one per cent in Buckinghamshire compared with an increase of seven per cent across England (Strategic Needs Assessment for mental health, Planning4Care, 2012).

❖ **Market Opportunities**

The evidence shows that mental health needs in the adult population in Buckinghamshire will remain mostly unchanged over the period 2011-2031.

New Mental Health Strategy 2015 – sets out 4 key themes;

Improving mental wellbeing, reducing stigma and moving to achieving parity for mental health

- Including physical and mental health promotion and mental illness prevention, lifestyle advice and planning for older age.

We intend to:

- Improve the physical health of those with severe and enduring mental illness.
- Work closely with Public Health to ensure that mental health and emotional wellbeing is included in physical lifestyle advice.
- Improve access to psychological support and treatment for those with long term physical conditions and co-morbid mental ill-health.
- Working to increase investment in mental health services.

Intervening early with support in primary and community care

- Including self-management, community engagement and workplace support
- Commitment to reducing local health and social care inequalities

We intend to;

- Introduce a new perinatal mental health service.
- Review transitions planning for young people to ensure that this commences earlier in the pathway.
- Improving the equity of access to psychological therapies for those who are deaf and hard-of-hearing with common mental health problems.
- Further develop psychological therapy services to meet shorter waiting times.

Managing mental ill-health and moving to recovery

- Including assessment, support and treatment and supporting recovery through a range of integrated treatment options with choice where appropriate

We intend to;

- Develop urgent response services for those with a severe mental illness who are in urgent need.
- Support providers to be more proactive in the development of models that enhance recovery.
- Work in a more coordinated way with the police, ambulance service, A&E and mental health services.
- Increase the availability of early intervention services for those presenting with psychoses for the first time.
- Provide an ADHD assessment service to work alongside the autism support service.
- Offer choice to people to access mental health services.

Service user inclusion and involvement

We intend to;

- Increase patient and public involvement in the co-commissioning and development of services in a way that is meaningful and acceptable.
- Encourage the development of a 'recovery college' approach to enable peer-led support.

Prevention, promotion, treatment

We will prioritise evidence-based interventions that promote health and prevent ill health as well as treating patients who are mentally ill.

We will work with Public Health and other local government colleagues to better understand the needs of people living in Buckinghamshire.

We will target resources on those who are at highest risk of developing mental ill health – including those on low income, BME groups, and those with physical ill health.

We will honour national covenants and guidance for groups requiring specific levels of support.

Parity of esteem

We will ensure opportunities are maximised to offer 'holistic' health interventions - by promoting mental as well as physical health and treating mental illness to the same quality standards as physical ill health. This will include improving the physical health of those with a serious mental illness.

Promoting supported self-care and services closer to home - family and carer support

We will prioritise services that offer the least intensive, least intrusive interventions to meet need - applying a stepped approach to care and enhancing services that enable families and carers to provide for their loved ones in their own homes.

Co-production, co-location and co-delivery

We will commit to maximising opportunities to develop and deliver services with patients and clinicians, including primary care clinicians and specialist mental health practitioners.

Common mental illness

We will continue to lead the way in the commissioning of psychological therapy (Improving Access to Psychological Therapies) for those with common mental health problems - identifying new ways of meeting local demand and national requirements

Perinatal mental health

We will offer better support to new mothers, fathers and infants to minimise the risks and impacts of perinatal mental ill health

Veterans

We will honour the covenant

- Service delivery can be redesigned to take into account better approaches to mental health care and an increase in preventative services.
- With the new adult mental health teams providing the full range of functions previously operating as assertive outreach, crisis and home treatment, early intervention etc., there has been some improvement in community services. These improvements now require consolidation and further development.
- The development of round-the-clock services has been welcomed and seven-day-per-week services are now in place – these will need reviewing as they become common place.
- Specialist psychiatric services need to continue to be more outward looking and encouraging of prevention.
- With the implementation of ‘Care Clustering’ and ‘Payment by Results’, there is scope for increased clarity about pathways of care for people so that they are equipped with information regarding their support and treatment.

Key messages for the care and support of people with physical disabilities /sensory impairments /long term neurological conditions

It is estimated that in 2012 there were 31,644 adults aged 18-64 who have a moderate or serious physical disability living in Buckinghamshire. This is 10.5 per cent of the Buckinghamshire population (18-64) compared to 10 per cent of the population (18-64) of England. This figure is projected to rise by three per cent in 2030 to a total of 32,537 people.

The biggest areas of spend for the council's physical disability (PD) services are for residential (including nursing) and domiciliary care. Currently the council purchases 29 nursing placements of which 12 are recorded as out-of-county, 51 residential places of which 22 are recorded as out-of-county and seven supported living placements of which two are recorded as out-of-county placements. No block contracts are in place and all are commissioned on a spot purchase from 40 different service providers.

What the council knows of the current market in Buckinghamshire is that there is one nursing specialist PD care home supporting 19 clients. In addition to this there are four non-nursing care homes supporting up to 55 PD clients. This gives a total PD Provision of 74 clients. This is further supplemented by a specialist care home without nursing for 22 acquired brain injury (ABI) clients.

Domiciliary care has the most number of PD clients. 2,235 people with PD use direct payments to purchase their care services instead of receiving arranged services by the council.

Aylesbury Vale District Council with Buckinghamshire County Council have a joint strategy with the aim of Aylesbury to become fully disabled accessible and a top location for disability tourism, i.e. hotels, shops and facilities to be disabled accessible and friendly in the Aylesbury Vale district.

❖ Market Opportunities

- There are opportunities for diversification where different types of accommodation and support arrangements could be offered to meet individual needs in a more personalised way, in other words, moving away from traditional models of residential care.
- Meaningful day opportunities, linked with work preparation and access to employment opportunities is another key area of demand for people with PD and this is likely to grow under the council's day opportunities programme. Providers are encouraged to develop innovative services to meet these needs.

- Payment for services is likely to be through direct payments or individual budgets rather than council contract arrangements.
- Developing services in the market that prevent, delay or reduce the need for social and health care will continue to be a strong theme for the council and the clinical commissioning groups.
- As the technology becomes more advanced and low cost, increasing the use of assistive technology will become a key priority in supporting people to be independent within their own homes and communities.
- Increase demand means that the council's 'Prevention Matters' programme is looking for more providers to contribute to the development and support of volunteer schemes and time-banking initiatives.
- There are opportunities for providers to engage with universal service providers to help improve their customer service and service offer. Similar opportunities apply to providers offering advice to other businesses around employing disabled people.

Key messages for the care and support for people with dementia

There were 2,444 people with a diagnosis of dementia recorded on Buckinghamshire general practice registers in March 2012. This was 0.47 per cent of the total population registered with Buckinghamshire clinical commissioning groups, compared to 0.53 per cent in England.

The number of people on general practice dementia registers increased by 40 per cent between 2006/07 and 2011/12. There are approximately 7.6 per cent of the 65+ population are predicted to have dementia. The number of people with dementia in Buckinghamshire is projected to increase significantly over time due to the increasing number of older people. The number of people with late onset dementia is expected to increase by 2025 to more than 8,000, almost half of whom will be aged 85 or over.

Currently, in Buckinghamshire, there are a number of social care and integrated health care services for people with dementia from advisory services to assessment clinics within communities.

We have developed a 'Dementia Challenge' initiative, which highlighted the importance of raising local awareness and understanding of memory concerns (i.e. Dementia) within the community. The memory friendly communities service in Buckinghamshire aims to reduce the stigma and social isolation associated to memory loss, support communities to respond

positively towards those individuals with memory concerns and enable people to live independently for longer through partnership working.

❖ **Market opportunities**

- We are looking to address the issue of social isolation amongst people with memory concerns. We are also looking to explore the use of telecare and assistive technology products for vulnerable adults including those with dementia, which will enable people living with dementia to remain in their own homes for longer and will also reduce hospital admissions and admissions to residential care provision.
- In response to the increasing prevalence of people living in Buckinghamshire with dementia, future plans will very likely include the requirement for other services to be commissioned, and need for more local options to prevent out of area placements.
- Recent mapping of services shows that the focus has been on the diagnostic pathway in order to increase the diagnostic rates in primary care.
- Memory service advisors now assist those who are diagnosed with accessing services. For the near future we need to attend to the gaps in services post-diagnosis – how and what will be offered to support individuals to continue their lives. We will also need to review and develop some of the services in order to see a coherent approach across the county. What is absolutely clear is that the size of the older population is increasing and will continue to increase in Buckinghamshire and as such the need for services will increase as well.

Key messages for the care and support for people with autism

Current estimates on the prevalence of autism in England indicate that there around 1.1 per cent of people have autism.

An estimated 70 young people aged 17-18 could be eligible for adult services and out of the 70 an estimated 50 per cent have a primary need of an autism service. There is also a marked increase in the number of older adults in line with growth in the population aged 65 and over.

Currently there are specialist services to meet the complex needs of adults with autistic spectrum disorders in Buckinghamshire. Buckinghamshire Care (the local authority trading company) provide day services to a small number of adults with learning disabilities and autism; a smaller number of specialist autism services are in place for individuals.

Alternative specialist provision is sought in out-of-county placements. Over the last twelve months we have also developed the following;

- For young people with autism, in transition to adulthood, leaving school and wishing to access training towards achieving paid employment, centres are in place in Buckinghamshire colleges.
- A project using assistive technology has successfully provided the 'tools' for young people with high functioning Asperger's to be independent, access mainstream services and minimise crisis interventions.
- A clear diagnostic pathway has been developed, including the commissioning of a diagnostic assessment for those not currently able to access diagnosis through mental health or learning disability services.
- Our autism development worker post is a key element of the pathway; providing expert advice, skills and information to individuals affected by autism; working alongside both clinical and social care teams.
- Supported living provision for four adults with complex support needs associated with autism has been commissioned and opened.
- There is a countywide network of support groups for individuals/carers/parents delivered by the voluntary sector and through our commissioned carers support service, Carers Bucks.

❖ **Market opportunities**

- We want to develop low level, ongoing interventions for people with autism, to help maintain tenancies, independence and employment.
- As part of this ongoing support we are looking to further develop the opportunities offered by assistive technology in helping individuals maintain their independence.
- Support services for those in the community (non-FACs eligible) that are at risk of social isolation, advice and guidance.
- Development of a wide range of care packages to meet the diverse needs of individuals with autism; whose behaviour may challenge and who have complex communication and physical needs;
 - In supported living settings or living independently in the community
 - New models of care with positive behavioural support at its core

- Support for young people transitioning into adulthood
- Exploring personal budgets with families

Key messages for the care and support of informal carers

The future vision for carers in Buckinghamshire is to improve the quality of lives for carers. Our commitment to carers in Buckinghamshire is;

- To support, value and recognise carers as equal partners in care
- To support and give carers confidence to have a life of their own outside of caring
- Involve carers in planning and shaping services
- Recognise that carers need flexible and responsive support

To be recognised as equal partners

- Carers must be recognised and included as real and equal partners at every level of public sector planning and service delivery – from individual care planning to designing a service;
- A carer has a unique relationship with the person they care for. In their partnership with carers, other agencies or care providers should recognise and value that relationship, and the care given by the carer in their joint responsibility for the person being cared for;
- Carers must be given at least equal status with other providers of care to their cared for person.

To have a life of their own outside of caring

- Carers need rest, relaxation and a social life and if they wish to work outside the home, they should have the opportunity to do so;
- Carers are supported and empowered to manage their caring responsibilities with confidence and be in good health, as well as have a life of their own outside of caring;
- Have the ability to combine caring responsibilities with work, social, leisure and learning opportunities (to retain a life outside of caring);

To be involved with planning services

- Improve partnership working with other sectors and organisations;
- Carers are fully engaged as participants in the planning and development of their own personalised, high-quality, flexible support and are not directed into unsuitable support;
- The same principle applies to carers' involvement in the services provided to the people they care for.

To receive flexible support

- Professionals should recognise that carers are individuals with their own needs, caring for people with a huge range of needs and abilities in what can be very

complex and emotionally charged relationships, so services should be personalised and where possible self-directed;

- One solution will not fit all – carers need real choices based on relevant, timely and accessible information.

In 2012 there were 5,981 known carers in Buckinghamshire from:

- BCC
- Carers Bucks
- SUCO
- Young Carers
- Age UK

Of these carers 869 have received an assessment in the last 12 months (01.10.13 – 01.10.14). The number of newly identified carers last year was 655 with an involvement role of carer (01.10.13 – 01.10.14).

Carers can also register with the local charity ‘Carers Bucks’:

Their report on a carer’s survey conducted by them in 2015 included 5,920 registered with them. This has risen to 8,093 in January 2016.

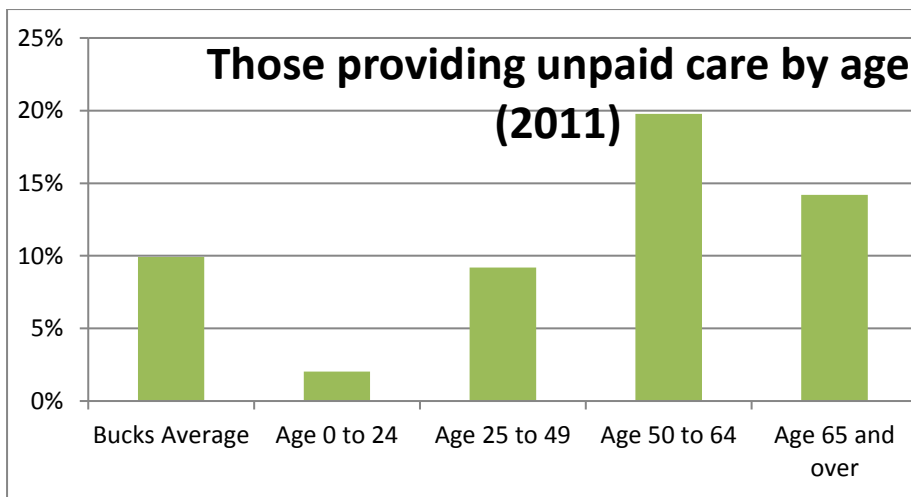
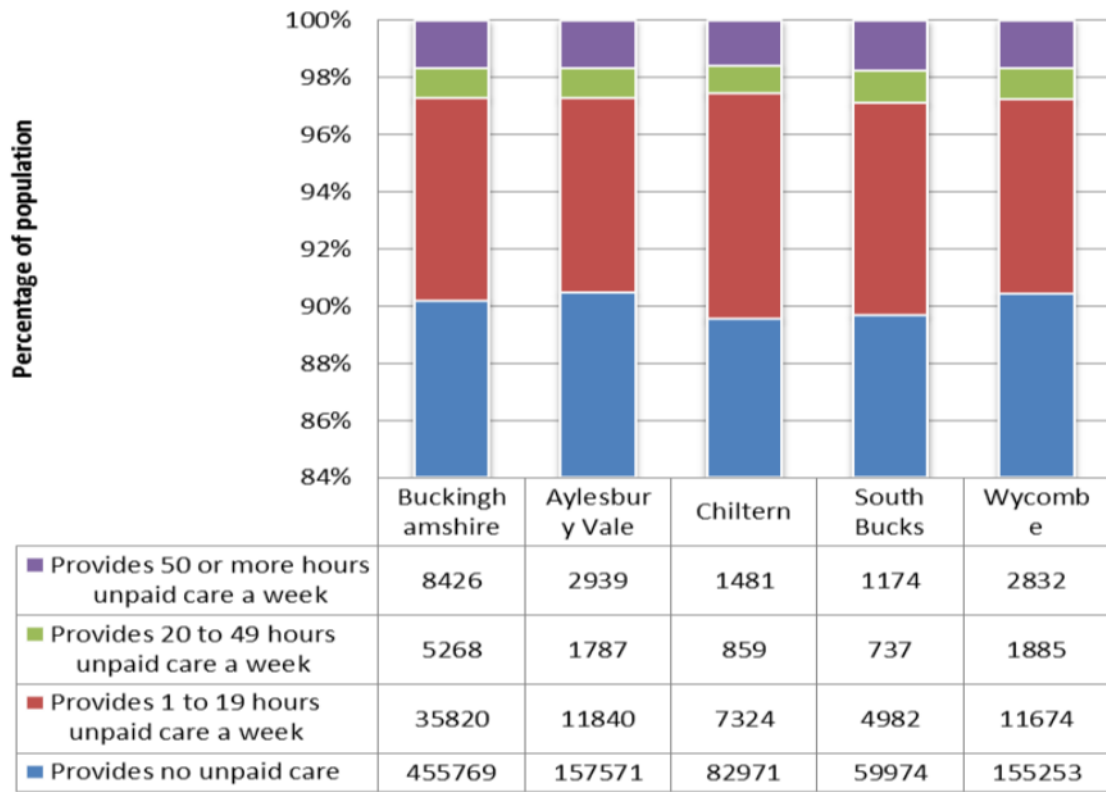
Following the appointment of a new Communications Manager the average number of referrals received per month has risen from 102 to 143 by January 2016.

A substantially majority (52 per cent) of carers who replied to this survey question did not seek a carer’s assessment as they “don’t know” about it.

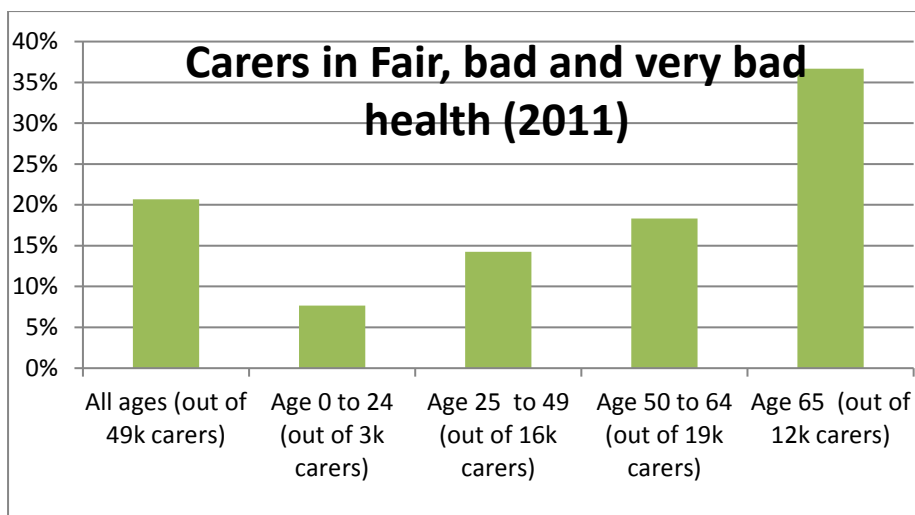
The majority of known carers provided more than 50 hours care/week. However, it appears in the general population of carers they are a minority. Majority of carers appear to provide 1-19 hours care/week. Previous emphasis was on placed on carers who provided substantial care. Therefore those providing less than 50 hours care were less likely to self-identify or be referred to services and are more likely to be ‘hidden’.

In 2011 49,500 people were self-identified as carers in Buckinghamshire (census 2011). Potentially, therefore, 9 in 10 carers are hidden.

Prevalence of Carers in BCC



Carers in fairly/bad/very bad health - % increase with age



There has been a large increase (38 per cent) in the number of people providing 20+ hours of care per week from 10,000 people in 2001 to 14,000 people in 2011.

In Buckinghamshire's two clinical commissioning groups (CCGs) showed that the proportion of self-identified carers in the population on average was 18 per cent in July 2014. Buckinghamshire has a similar proportion of carers compared to the national average.

Carers Bucks are the Council's commissioned service for carers. Carers Bucks are in contact with over 9,000 carers and receive funding from Buckinghamshire County Council. This funding is used by Carers Bucks to support carers through a range of services including advice and support, training, support groups and tailor support to help carers. The service is being developed with the aim of delivering closer alignment to care management services:

- A streamlined pathway for carers to access services and support.
- A range of tailored support for carers including training, emotional and financial support.
- A focus on the needs of older carers.

'Flexible Breaks' for carers health funded payment service continued from an initial pilot agreed in 2012 between Buckinghamshire County Council and Buckinghamshire NHS clinical commissioning groups, Aylesbury Vale and Chiltern. The health payment was for carers over eighteen years of age who, without payment, look after or provide regular and substantial help to family members, neighbours and friends who are sick or disabled, vulnerable or frail.

The fund was aimed at carers whose health and wellbeing may be affected to access a range of flexible breaks to improve this and to sustain them in their caring role. So far 1,935 carers have been supported by the 'Flexible Breaks' service.

Below is a breakdown of how people have used the payment.

Usage of Health Payment	%
A short break or holiday	44
To look after the person I care for	16
Travel expenses to attend appointments	4
Alternative therapy sessions e.g. counselling, massage, reflexology	12
Membership fees e.g. health social or leisure activity	8
Other	16

❖ Market Opportunities

- A new carers strategy will be developed early 2015, incorporating the Care Act implications on carers. A new joint Carers Strategy 2015 – 2019 has been developed.
- The majority of young carers (81 per cent) provide less than nine hours of care per week, however a significant number (8.4 per cent) do provide more than 50 hours of care per week. Overall there are more female than male young carers with 54 per cent of all young carers being female. Many young adult carers encounter difficulties with the stresses of balancing their caring role in conjunction with the period of transition from childhood to adulthood. There is particular concern for the 18-24 year old group, based on the quarterly release of NEED (not in education, employment or training) and NET (not in education or training) figures in terms of including a disproportionate number of young carers whose educational and career progression may as a result be negatively impacted. There are few examples of 18-25 year old carers seeking support from services that support adult carers as they don't tend to identify themselves with these services. As young carers want to have more choice and opportunities there should be a focus on early identification of those at risk of disengagement and effective early intervention to sustain their engagement through learning, training and employment.
- An increase in demand from services following implementation of the Care Act did not transpire, however it is expected that due to the increase in awareness of the Care Act that this will result in an increase in demand for services that is above and beyond that seen in previous years.

Market opportunities for other service areas

Residential and extra care housing

Learning Disability

It is predicted that in order to meet the anticipated demand an additional 200-220 units of specialist accommodation will need to be developed before 2035. This equates to an average of 8-12 units of accommodation per year.

However in the first five years we would wish for an accelerated provision so as to maximise transition from the current market position to one that meets current needs and demand and as such we would wish to see growth of approximately 16-24 units each year for the next five years.

Mental Health

It is predicted that in order to meet anticipated demand an additional 25-30 units of specialist accommodation will need to be developed by 2035. There is a need for eight units of accommodation to be delivered within the next two years and then a further eight units every following five to six years.

Physical Disability

It is predicted that in order to meet anticipated demand an additional 20-25 units of specialist accommodation will need to be developed by 2035. There is need for six to 10 units of accommodation to be delivered within the next three years and then a further six to 10 units every following five to six years.

Older People

It is predicted that in order to meet demand an excess of 2,000 additional units of specialist accommodation will need to be developed for Older People by 2035. It is anticipated that the standard mix of accommodation will change with an increasing supply of Extra Care style accommodation services being established in Buckinghamshire. This new supply will likely reduce the supply/demand for Residential Care Homes, though the supply/demand for Nursing Care Homes will continue to grow.

Community Based Support

The council commissions a range of community based services including homecare and reablement services, domiciliary care, day opportunities, equipment and adaptations and respite. The most predominant community-based service used is day opportunities by adults with learning disabilities.

- Buckinghamshire County Council has completed its retendering of its contracts for domiciliary care services and the new contracts will begin on 01 April 2016 for 5½ yrs with a 2 year extension option:

Zone	Geographical Descriptor	Provider
1	Wycombe area	Clece Care
2	South Bucks	Westminster Home Care
3	Chesham area	Primecare
4	Princes Risborough area	Primecare
5	Aylesbury	Westminster Home Care
6	Haddenham area	Simply Together
7	Buckingham area	Primecare
8	Winslow area	Simply Together
9	Wing area	Westminster Home Care

Any provider looking for sub-contracting opportunities may contact one or more of the providers directly.

- As part of the development of the new carers strategy we will be looking at how we can offer more flexible and affordable respite services for carers.
- A small cohort of young people aged 18-25 years old with complex needs, including severe learning disabilities and challenging behaviour, will need a structured environment providing behavioural intervention which families cannot provide and which will prevent further deterioration, or produce an improvement, in the young person's behaviour at home and or in the community, as well as intensive support regarding daily living.
- As a council we are committed to ensuring that service-users and carers have choice and control of what, how and when support is delivered to meet their assessed eligible needs. A direct payment can be used to purchase identified social care needs such as:
 - Personal Care
 - Day activities
 - Respite Care
 - Support for daily living including maintaining household
- Buckinghamshire County Council Assistive Technology (AT) is currently delivered to approximately 4,000 service users. The AT 'system' is made up of assessment, installation, monitoring and response. The AT market is very local authority and NHS driven, with many of the suppliers not focussing on private retail customers and, instead, on public sector contract arrangements. With the changing demographic, coupled with difficult economic conditions, there is a greater need for BCC to investigate the use of innovative technology in supporting care delivery.

- In the current financial climate and changing demographic, BCC will be looking at how it can support a greater private market offering, by influencing the commissioning of services that can cater for both social care eligible and non-eligible users, both in terms of quality, for example; (Telecare Services Association Code of Practice accreditation) and price.

There will be greater emphasis on BCC to develop a vibrant retail market and for the consumer to have greater choice on equipment available to them. The challenge for the existing AT provider market is to consider how they can make what has been historically a local authority driven business, much more appealing to private retail. This could be in the form of an end-to-end service, or a tiered series of AT packages which will enable the consumer to pay dependent on choice or need.

We know that there are a large number of residents in Buckinghamshire that could benefit from some form of AT and most will not be eligible for social care services. In an underdeveloped market, a private AT retail offer could be of great worth to innovative providers.

- **Day Opportunities Centres**

The 'Day Opportunities Transformation' programme is near completion with the Aylesbury Opportunities Centre opened in January 2014 and the Buckingham Opportunities Centre opened in October 2014. The Chesham Opportunities Centre is due to open in April 2015 and the Burnham Opportunities Centre in October 2015. We are currently looking at the Orchard House development site for the new High Wycombe Opportunities Centre, if this is feasible then building works will commence in the summer of 2016, looking to open in 2018. All centres have a kitchen where hot meals are provided, a training kitchen for clients to increase their skills, a sensory room, a range of activity rooms, adapted toilet facilities, with a hydrotherapy pool in the Aylesbury centre.

These centres all provide a range of services to meet a variety of needs, including people with a learning disability, a physical disability, older people, and others who may wish to use the centres.

- **Housing Related Support**

We are currently reviewing all our Housing related support services in Buckinghamshire with the intention of re-designing and re-commissioning our homelessness support services over the next year.

- **Brokerage**

- Respite for Physically Disabled people under 65 (they don't want to go into Residential/Nursing Homes)
- Respite for young LD adults (Seeley's isn't always appropriate)

- Dom care that doesn't exceed budget (everywhere is expensive, clients can't afford to top-up)
 - Double handed Dom Care is rarely available & is very expensive
 - Lack of Personal Assistants that can provide Double Handed support
 - Nights out for young adults with LD and Autism
- The **'Prevention Matters' programme** seeks to link individuals with local activities and services that could prevent a future need for social care or health services. As part of this programme we are continuously reviewing the availability and capacity of services that may support individuals at an earlier stage of need, with a view to increasing capacity or developing new services where required. During the early part of 2016, BCC will be working to develop options for the future of 'Prevention Matters' beyond the end of current contracts in 2016.

7. Facilitating the social care market

Implications for providers

- ❖ Responding to the future profile of Buckinghamshire
- ❖ Meeting increasing demand
- ❖ Better and easily accessible information and advice
- ❖ Providing good quality care and support provision
- ❖ Opportunities for more choice and control
- ❖ Developing flexible, innovative and creative solutions to services
- ❖ Reaching people funding their own care

Commissioning

The council aims continues to ensure that we put people at the centre of everything we do and actively support choice enabling people to take more control of their own lives and get good quality services that are value for money. Our strategic commissioning activities incorporate joint commissioning with health to deliver integrated services, so that people experience seamless pathway of health, care and support services. This focuses on our commitment to deliver the outcomes of our portfolio plan bringing health, adult social care and public health together⁷.

This will mean:

Enhancing the quality of life for people with care and support needs

By ensuring the market has a robust community and voluntary sector committed to

⁷ Buckinghamshire County Council Health and Wellbeing Portfolio Plan 2014/15

delivering quality services and other opportunities. In Buckinghamshire we have carried out an extensive modernisation of day opportunities with a focus on a new delivery model for these services. We are also looking at new ways of providing home care and accommodation and support, including supported living, extra care and residential and nursing care.

Delaying and reducing the need for care and support

By providing better preventative models of care and support and moving to more flexible arrangements that are more responsive to the needs and choices of people, based on affordability, choice, quality and accountability. In 2013/14 we developed a new model to promote and deliver preventative services, 'Prevention Matters'. This is to promote independence, prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability and delay the need for more costly intensive services. In August 2013 we launched a new home care reablement service providing seven-day-a-week cover helping to facilitate timely discharge from hospital. In 2016 we commissioned a new asset based service to provide low level preventative support in sheltered accommodation focussing on reducing social isolation, and increasing social activities, volunteering and peer to peer support.

Ensuring that people have a positive experience of care and support

By helping people to make informed choices about their care and support and how this is provided and shifting the balance of care from institutional settings to community based support which is reinforced by a wider range of accommodation options. Over the last year we have optimised our self-directed support pathway to support and different options for people to take a direct payment. The support brokerage service has also been extended to people in hospital who fund their own care. In line with the Care Act requirements we want to further improve our carers experience We have already developed much better clear and accessible information and advice, with improved website information.

This will require:

- Commissioning teams to focus on the outcomes that the person wants to achieve, the level of response required and active monitoring of improvement in their health and wellbeing.
- A focus on the needs of individuals rather than by care group, purchasing specialist and quality services when needed.
- A much closer working relationship with service-users, carers and with providers to promote and encourage alternatives to council provided services.
- Providers to demonstrate an outcome-based approach, high quality care, cost

effectiveness and value for money.

- Commissioners to look at new ways of working and openness to innovative commissioning approaches in order to encourage new services and new providers.
- Commissioners to shape the market ensuring there is a robust community and voluntary sector that are reliable and committed to delivering quality services and other opportunities.
- Firm evidence-based monitoring of commissioned services and outcomes and feedback from people to inform future commissioning.
- Build up good relationships with providers and information sharing on market intelligence to better understand needs and potential gaps in provision.

Market readiness

Buckinghamshire, in recent years, has seen the social care market become more diverse both in scale and geographical distribution. However, there are gaps in provision that need to be addressed. Over recent years both the council and providers have strived to improve and develop positive relationships and we are keen to continue to do this with both our commissioned providers and potential providers to make the best use of joint intelligence, knowledge and skills.

The Adults and Family Wellbeing market provider forums are going from strength to strength with an increase in attendance over the last year of 30 per cent. The forums have received positive feedback and we will continue to use these as a platform to develop relationships and create an on-going dialogue with our providers.

The forums aim to:

- Ensure that information for meeting care and support needs and the types of services needed is available to providers.
- Give providers information on the current and likely future demand for new services and how they can help meet this demand.
- Help ensure the market place continues to be sustainable and foster continuous improvement in the quality of services and encourage innovation.
- Update providers on Adults and Family Wellbeing's strategic commissioning intentions, business opportunities and policy decisions.
- Give providers opportunities for greater collaboration.

- Hear the voice of customers and what they want.
- Listen and discuss big issues for providers.

What change is expected from providers?

- ❖ With the support from the council through the provider forums and workshops to get a good understanding of the implications of the Care Act on the social care market and on providers of social care services, for instance looking at understanding specific costs for care and support and living costs.
- ❖ Be responsive to bespoke packages of care and support through direct payment.
- ❖ Recognising the diversity of purchasers, that is commissioning of services from the council, personal budget holder and people funding their own care.
- ❖ With the support from the council a better understanding of contracting and procurement processes so that a diverse range of providers are able to bid for future council contracts.
- ❖ Looking at new and creative ways to involve customers and carers in service design and improving general ways of working.
- ❖ Focus on quality and achieving good outcomes. Personalisation and the increased use of direct payments has seen price competition in the market. Equally and increasingly important are the differentials on quality and reliability that is being provided. By focusing on demonstrating outcomes providers are more likely to secure business.

Procurement Plan

The council is committed to working in partnership with local providers when new opportunities arise. Our procurement activity is carried out to the highest standards of fairness and transparency.

- ❖ Buckinghamshire County Council has developed a preferred provider list for commissioning of adult services for all client groups, excluding older people. Providers have been assessed for quality, financial standing, health & safety, quality assurance, CQC registration and insurances and subject to acceptance on to each list, providers will be held on the relevant client

group list until 2017.

- ❖ When opportunities for care and support services become available a mini competition is issued to the relevant list(s) asking for detailed project plans, costings and relevant experience to enable the provider demonstrating best value for money to be selected.
- ❖ The list is in place until 2017 and is open every six months for new applications. This opportunity and other procurement opportunities for development of accommodation and or care and support will be advertised over the South East Business Portal.

Preferred Provider List

The purpose of this application is to assist Buckinghamshire County Council in deciding which suppliers should be considered for inclusion on the Preferred Provider List for the Provision of Supported Living and Residential Care Services.

The providers who are successful in their application form will be placed on the Preferred Provider List for the client groups they believe they are capable of providing. These are Learning Disability, Mental Health, Autism, Transitions, Physical & Sensory Disability & Acquired Brain Injury.

The Preferred List commenced on the 6th February 2014. The list opens every six months and is subject to the Council approval process. The Preferred List will be in place for 3 years until 2017. If you are already on the list, you do **not** need to re-apply.

The Specialised Housing Market Position Statement (SHMPS) is published over the South East Business Portal (SEBP) as an opportunity with a one year end date.

- Developers are encouraged/ supported to develop specialised housing services independently. This will be in line with SHMPS but not part of formal tender processes
- Specific opportunities arising from SHMPS will promoted formally over the SEBP
- The SHMPS will be refreshed annually and re-published
- Varied negotiation / partnership approaches are required to maximise opportunities

8. Next Steps and Useful Resources

The council will continue to encourage and support providers to shape their services to the needs of personalisation, requirement of the Care Act, deliver improved models of good practice and outcomes.

This market position statement is an important step towards achieving a common understanding with providers, and open a dialogue about how best we can work together and offer support to all providers including small providers, supporting voluntary and community organisations and groups to recognize and respond to the challenges that providers face in the market.

Useful Resources

Care Act

- BCC website will be kept up to date at new and existing websites, respectively: www.careadvicebuckinghamshire and www.buckscc.gov.uk
- Fact sheets from the government website www.gov.uk/publications