
Market Position Statement

Dudley MBC
Adult Social Care

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1. Introduction

Purpose of the Market Position Statement

Dudley Metropolitan Borough Council is committed to stimulating and supporting a diverse, active care market where innovation and high quality care is encouraged and rewarded and where our public are able to shape the services they need. This commitment contributes to our overall Council Plan and aspiration of delivering a community Council.

Our Market Position Statement aims to support this by

- Providing an overview of the local care and support market – helping providers better understand the need and demand for local services
- Identifying any existing or emerging opportunities and known gaps in service provision
- Highlight Dudley councils strategic priorities and how they fit with the provision of Adult Social Care
- Continuing a dialogue between the Council and local providers around how we can better collaborate to meet the current and future needs of local people
- Providing an opportunity for local people to design and shape local services that promote independence, reduce isolation and increase quality of life.

The Market Position Statement is written to support existing and future providers of all sectors from wellbeing and preventative services through to specialist regulated provision.

This document will be produced on a two yearly basis and will structure our commissioning cycle in way that allows local people to influence and design current and future services as depicted below



Developing the Market Position Statement

Developing an effective care and support market is not something the Council can do in isolation. For market shaping to be successful, it needs to be coproduced with local people, providers and partners.

The input of local providers is key to the development of Dudley's Market Position Statement. We recognise market shaping is an ongoing task and we will regularly refine this statement through ongoing dialogue with local providers, partners and our public. This will help us to develop market shaping plans that structure how we commission services in the future that fit with the changing needs of local people.

Through 2015/16 we expect the Market Position Statement to be increasingly influenced and owned by our colleagues in;

- Clinical Commissioning Groups
- Public Health
- Children's Services

This future influence and ownership is a reflection upon both the local and national drive for integrated commissioning that brings together not just Health and Social Care but a more holistic approach to how we support our local population.

2. Dudley Council's Plan 2015/16

The Council's new [Corporate Plan for 2015 -2016](#) sets out the Council's vision and ambition across all its services:

A Community Council – Delivering Services in Partnership

Helping Communities Help Themselves

The Council Plan sets out how the Council will aim to meet this ambition in the context of reducing budgets and change to the local demographic profile including;

- Overall population increase
- Increase's particularly to our population of over 65 year olds
- Increased diversity within our communities

The Council's overall approach is to build an effective and dynamic organisation that works as "One Council" with a focus upon;

- Growing the economy and creating jobs by;
 - Being better connected
 - Attracting new business and building new homes
 - Developing education and skills for the future

- A cleaner and greener place by;
 - Building a place people want to live
 - Providing clean streets and attractive green spaces
 - Protecting our heritage, enhancing our environment
- Stronger and safer communities by;
 - Protecting the vulnerable
 - Promoting independence and keeping people well
 - Strengthening families

The Council's key commissioning intentions for care and support to Adults in Dudley in the Market Position Statement are aligned with the priorities in the Council's Plan, including;

- To ensure the outcomes for victims of abuse drive the safeguarding process
- Work with health partners to stop unnecessary hospital admission and formal care and keep people at home
- Increase the number of people who control their own care and support by working more closely with the third sector
- Deliver a multi-agency healthy ageing programme to keep older people active, connected and well
- To deliver adaptations and improvements to homes to improve living conditions to enable people to live independently
- Working with communities so that people feel safe and supported, preventing homelessness, and promoting successful tenancies and neighbourhoods
- To promote safer use of the local transport network

3. Strategic Context

There are three significant priorities that are shaping the focus of the Council's current activity in Adult Social Care;

Implementing the Care Act – The Care Act will have a significant impact as the Council implements the changes locally. Key changes and duties applicable from April 2015 include;

- New rights for carers to assessments and support in their own right
- Changes to the assessment and support planning process, including new eligibility criteria
- New duties for local authorities to prevent needs developing or worsening and to work in a way that is integrated with health services
- New responsibilities for shaping the local provider market and responding to provider closure because of business failure

There will be further changes to the way people pay for their care from April 2016. The detail behind these changes includes a cap on the amount someone pays for their care in their lifetime and a rise in the amount of capital (such as savings and investments) a person can have and still receive financial support with their care home costs

Integration of Health and Social Care – Dudley metropolitan borough Council already works closely with partners across health services including;

- Dudley Clinical Commissioning Group
- The Dudley Group
- The Dudley and Walsall Mental health Trust
- The Black Country Foundation trust

Work is underway to deliver care and support in an integrated way. This programme around integration is delivering Dudley's plans for joint working, including those set out the local Better Care Fund submission, Vanguard approach, Mental Health Strategic Plan and approach to achieving the requirements of the Winterbourne concordat. Dudley's plans include approaches to ;

- Reduce avoidable admissions to hospital by helping people manage their acute and long term health needs within the community
- Reduce the number of days people are stuck in hospital when they could be going home by making the hospital discharge process as timely and effective as possible
- Increasing the effectiveness of our reablement approach so that more people remain at home for longer after discharge from hospital
- Reducing the number of people permanently admitted to Residential/Nursing care by supporting people to stay within their own homes.
- Increasing early diagnosis for people with Dementia so they get the support they need as soon as possible.

Delivering Savings – As set out later within this document, the Council is working to ensure that it can deliver Adult Social Care services to those who need them in the context of increasing demand and reducing budgets.

The Council has already made significant savings and will continue to work with partners to deliver more over the next three years. This will be delivered through an even greater emphasis on prevention and independence and though making the most of universal and community based services to help people build, retain and recover skills.

4. Financial Context

The Council's budget

The combination of cuts in central Government funding and increased demand on key council services from a growing population means that, like many other local authorities, Dudley Metropolitan Borough Council is addressing financial challenges. There has been a significant reduction in the Councils overall budget since 2010 and we plan to make further savings of £9m this year from Adult Social Care alone. Our current forecast of savings the Council still needs to make between now in 2018/19 is approximately £51m. The work to meet this challenge is ongoing.

The Councils 2016-19 Mid Term Financial Strategy sets out our latest plans to meet these savings. To access this report click on the following [link](#)

Adult Social Care Spend

Dudley’s Adult Social Care’s gross expenditure for the 2013-14 financial year was £89.94 million – the largest area of controllable spend with the Council. The growing demand for support and the need to implement the Care Act means that the Council’s budget in this area will continue to face increasing pressure. The required savings within Adults social care can only be delivered by working in partnership with our providers, partners and local people. Integrated Commissioning across Public Health, Children’s Services and the wider Health economy will be central to a more efficient and effective approach to meeting local needs. The illustration below depicts how our budget was spent in 2013-14;



A significant change introduced by the Care Act is the cap on care costs, so that more people who pay for their own care will become eligible to have their care paid for by the Council in the future. It is thought that Dudley has around 880 self funders, this is a similar level, when compared against neighbouring Council’s, but this will introduce increasing demand for Adult Social Care service. Supporting people to make informed choices and working with providers to meet the needs of self funders appropriately will be an important element in controlling future Council spends.

5. Working with Providers

We recognise that our ambitions mean that we are placing high expectation on providers, and that the Council has a role in providing support with this. Our offer to support providers can be described as follows

Engagement, information Sharing and Co-production – Regular provider forums that cover prevention and wellbeing services through to specialist learning disability provision are available to local providers regardless of contract status. These forums will be delivered in partnership with local provider organisations alongside West Midlands Care Association, Black Country Partnership of Care and Dudley Council for Voluntary Services. Alongside information sharing around gaps and tender opportunities, the forums provide the opportunity for developing best practice with in the provision of care and support including:

- Rostering and staff planning
- Social Value on Investment
- Support to hospital discharge and admissions prevention

Building Quality and Sustainability– The Dudley Commissioning team have developed a local quality assurance approach to meet our duties under the Care Act. The Dudley Quality Standard or DQS is based around a supported assessment and development programme that enables providers to continually evaluate and increase the quality of the support services they provide. The approach through 2015/16 will replace all previous monitoring arrangements with providers assessed around Gold, Silver and Bronze standards. The standard achieved by providers will be available to the public through the [Dudley Community Information Directory](#).



The approach will help service providers show their commitment to quality evidence based care and support provision. Benefits to services certified under the Dudley Quality Standard include;

- Enhanced credibility and reputation
- Potential increased access to services as people make informed choices around their support arrangements based upon the DQS
- A framework for continual improvement
- Increased business opportunity

A central feature of the DQS is around the existence and development of business plans that support provider sustainability and reduce the risk of business failure. Work to date on the DQS identifies a lack of business plans across considerable numbers of local Dudley providers and as such the Commissioning Team will prioritise support to providers in this area.

Capacity and vacancy management – Providers are able to provide daily/weekly/monthly submissions pertaining to their current capacity and vacancies within their services. This

information will be provide directly to the Councils Social Care Teams and to public via the Dudley Community Information Directory (DCID).

Workforce Planning and Development – Providers are able to submit regular updates on their workforce requirements and changes to the Commissioning Team through our online Commissioning Gateway. Understanding provider requirements means that, in partnership with the Council’s learning and development team, Black Country Partnership for Care, West Midlands Care Association and Dudley Council for Voluntary Sector Organisations, we can provide proactive workforce planning and development that enables providers to meet current and future demands for services.

Further information around the support available to providers in available through the Councils <http://www.dudley.gov.uk/resident/care-health/dudley-social-services/>

6. What’s Important to People Who Use Our Services

From the range of ways that we engage with and talk to people who use our services, families and our wider population about their view and priorities for care and support (see Section 15 Working with People who use our services for more detail) we have gathered a large amount of information about what is most important to the people who use our services and carers these include;

Transport – At every opportunity local people have to shape the provision of local services there is always frustration around the availability of transport to people who don’t have access to a car. The recent reductions to Ring and Ride in the Borough have further reduced people’s ability to travel independently.

Information and Advice – People have told us that information and advice needs to be provided in a more consistent and accessible manner. We often make things too complicated and some organisations and workers don’t understand the availability of support and how people can access it.

Support times, Duration and Consistency – People in receipt of home care would like greater consistency of support/care workers provided to them, would like to have more choice and flexibility on the times they are supported and for care/support workers not to be rushed.

Reduced Duplication – Health and Social care should go hand in hand not as separate organisations and roles

Support to Choose – greater support and information needs to be available to people to enable them to choose the support services that are best able to meet a persons needs

Loneliness in Care Homes – the biggest issue reported to us by people living in care homes was around how lonely it can be, there are not enough structured activities or opportunities to access the community

Support to stay at home – people generally have a fear of moving into residential care and so support to enable people to stay at home for as long as possible was really important to people.

Planned Access to Respite – people are frustrated that they cannot book respite often until a few weeks before they need a break leading to anxiety as to whether they will have arrangements in place in time.

7. Local Need and Demand - Population

Nationally the UK faces the challenge of meeting the health, care and support needs of an ageing population. By 2030 the number of people in Britain aged 85 years+ will have increased 100% since 2010 and those 65+ will have increased by 50%. 60% of users of Local Authority services are older people. Rising eligibility thresholds for social care support mean around half a million people who would have qualified for social care support five years ago are no longer entitled to it. This number is likely to increase as national eligibility thresholds are introduced and austerity measures continue.

Older people are also the largest group using NHS services, in part because the prevalence of long term health conditions and dementia rise significantly as population's age.

Within this complex national scenario Dudley MBC faces significant *additional* challenges to respond to the health, morbidity and mortality inequalities displayed in the local population. Addressing these is inextricably linked to maximising the effective delivery of social care and support.

Dudley Borough has a population of 314,400, which is expected to increase by 6.4% (20,000) by 2037. 88.5% of the Dudley population are from the White British ethnic group. The Black and Minority Ethnic (BME) group has increased since census 2001 to 11.5%. The BME group have a much younger age profile. However BME households also report higher levels of disability/long term illness than that for the general Borough population – 32.9% compared to 25.9%.

Dudley has an ageing population. There has been an increase in the number of people in the “ageing retirement” group. There are now 58,197 people of 65+ years in Dudley. This is set to rise by 7,500 in the next 10 years.

Nearly 20% of the Dudley population have a limiting long term illness or disability (census 2011) which is poorer than the national average and an increase from census 2001 (18.5%). The increase has occurred across all age ranges but is particularly notable in the 75+ age band where 71.3% have a limiting long term illness. Nearly one fifth of 40-59 year olds are living with a long term limiting illness.

It is estimated that Dudley has 3,594 people aged 75+ with dementia. Currently 3,743 people in Dudley borough aged 65+ will have late on-set dementia rising to 4,657 by 2020. 60% remain undetected.

Figures from the RNIB also indicate that some Dudley residents may exhibit complex overlays of disability. The proportion of registered blind and partially sighted people recorded as having an *additional* disability in Dudley is 62.7%, compared with 35.1% in the West Midlands as a whole.

The mortality rate for those aged 75+ years is the highest of all the age groups and in Dudley is higher than the national rate. Female life expectancy is 82.7 years (2010-2012) in Dudley which is similar to average female life expectancy across England, however life expectancy varies significantly across the borough. Male life expectancy is 78.5 years (2008- 12) in Dudley, which is lower than average male life expectancy across England and again varies significantly across the Borough.

The gap between healthy life expectancy (HLE) and life expectancy (LE) is 16.1 and 18.3 years for males and females respectively.

Much more detail on local needs is available in [Dudley’s Joint Strategic Needs Assessment JSNA](#).

8. Local Need and Demand – Adult Social Care

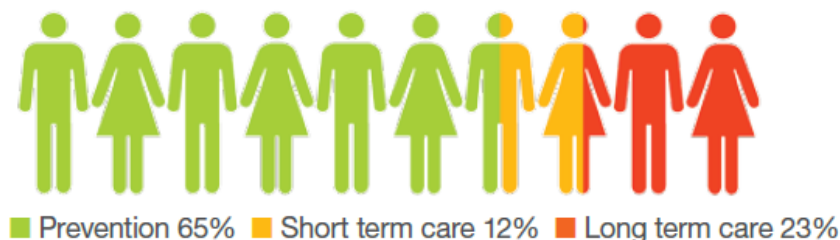
This section provides information and demand specific to those people needing Adult Social Care alongside the support services they receive. During 2013-14 we redesigned our Adult Social Care Services in order to meet the objectives of the incoming Care Act and focus on an Adult Social Care Service that is more responsive to people’s needs and makes better use of resources. We have called this redesign the ‘The New Customer Journey’.

We supported 26,244 people who received a broad range of Adult Social Care Services in 2013- 2014 ranging from low level to long term intensive care and support. The diagrams below show the percentage of our budget spent on different levels of support compared to the number of people supported.



The largest amount of our budget is spent on long term care, the smallest amount being spent on prevention and short-term care and support.

% of people supported by service type



The smallest number of people supported is those in long term care while the biggest numbers supported are receiving preventative services

At any one period in time we currently support around 1052 people in residential and nursing placements and around 2500 people with a personal budget

Over the last three years we have supplied services to a steadily increasing number of people every year; 26,968 services to 15,502 people (12-13), 29,277 to 16,233 (13-14) and 28,433 to 16,278.

Older People:

At present 63,900 (20.25%) of our population is aged 65 and over and this is forecast to increase to 79,400 (24.1%) by 2030. PANSI/POPPI data identifies that 9,975 people aged 65 and over provide unpaid care to a partner, family member or other person and predict this will rise to 11,967 by 2030.

	2015	2020	2025	2030	2015 -30 % change
People aged 65 – 74	34,200	34,100	33,200	36,700	+7%
People aged 75 – 79	12,600	14,100	15,500	14,500	+12%
People aged 80 – 84	9,100	10,400	11,900	13,300	+46%
People aged 85 – 89	5,300	6,300	7,500	8,900	+67%
People aged 90 and over	2,700	3,500	4,600	6,000	+122%
People aged 75 and over predicted to live alone	14,715	16,873	19,350	20,809	+41%
People aged 65+ with a BMI 30+	16,672	17,493	18,245	19,763	+18%
People aged 65+ unable to manage at least one daily activity on their own	11,542	12,897	14,351	15,983	+38%

Source POPPI/PANSI

Those aged 65 and over are the largest group of people receiving support from Adult Social Care Services. 11,820 received support in 2012-13, 12,604 in 2013-14 and 12,771 in 2014-15. This is an 8% increase over the three year period.

The majority of care recipients over each of the three years have been women and the gap has steadily increased so that by 2014-15 around 66% of older people receiving support were women.

Over the last three years the significant majority of older people receiving care and support are of White/White British ethnicity. There is a very slight gradual decrease with the percentage falling from 96.8% in 2012-13 to 96.2% in 2014-15. While numbers are small, older people receiving care and support from the other ethnic backgrounds have risen from 317 in 2012-13 to 364 in 2014-15, an increase of 14.8%.

A variety of services are provided through Adult Social Care to meet the needs of older people and the chart below tracks the service delivery over a three year period.

Service type	2012-13	2013-14	2014-15
ABI	6	7	7
Carer's Emergency Plan	120	170	171
Day Care	276	259	273
Direct Payments	293	285	233
Equipment/Adaptations	5939	6777	6430
Falls Service	262	206	198
Home Care	2662	2588	1809
Reablement/Intermediate Care	944	1866	2938
Residential & Nursing Care	1567	1601	1580
Respite Care	476	358	172
Sheltered Housing	381	363	366
Telecare	5921	6141	6257
All other services	2738	3161	2816
Total	21585	23782	23250

Source SWIFT/AIS

The three years when analysed show a steady move away from building based support towards community support and a significant increase in reablement and intermediate care (+208%) to support people in increasing or maintaining their independence.

Our older adults population and access to hospital have a significant contribution to the performance of our integration approaches with 64% of all A+E attendances resulting in an urgent admission and the likelihood of this happening increases with age. The data below presents some information around the resulting pressures.

A&E Attendances for Care Home Residents aged 65 years and over;

Month	Dudley CCG Average					
	2012/13		2013/14		2014/15	
	No.	%*	No.	%*	No.	%*
April	176	10.89	197	12.76	224	13.63
May	174	10.63	184	11.89	226	12.90
June	169	10.84	202	13.55	215	11.92
July	211	12.87	183	11.39	242	13.55
Aug	177	10.61	180	11.48	218	12.34
Sept	200	12.16	181	11.60	195	11.52
Oct	169	10.33	193	13.00	206	12.12
Nov	186	12.24	183	11.78	264	14.91
Dec	228	13.63	219	13.10	273	13.85
Jan	205	12.71	203	12.48	284	15.66
Feb	173	12.53	196	13.22	199	12.91
March	220	13.28	213	13.16	224	13.25
Total	2288	11.89	2334	12.44	2770	13.23

Emergency admissions for Care Home Residents † aged 65 years and over;

Month	Dudley CCG Average					
	2012/13		2013/14		2014/15	
	No.	%*	No.	%*	No.	%*
April	150	12.86	184	14.50	165	13.37
May	161	13.35	157	12.92	203	15.40
June	122	11.46	156	13.60	188	14.87
July	179	14.64	159	12.95	205	14.88
Aug	130	11.28	151	12.71	183	14.40
Sept	157	13.80	147	12.73	180	14.30
Oct	143	11.66	162	13.43	188	13.84
Nov	155	13.56	174	14.48	221	15.74
Dec	172	13.80	175	13.70	234	14.28

Jan	191	14.98	182	13.60	261	15.80
Feb	136	12.52	167	14.19	185	13.84
March	186	14.29	190	15.21	199	13.54
Total	1882	13.23	2004	13.68	2412	14.54

The information depicted above highlight the increasing pressures we face around hospital admissions and the corresponding requirements for social care support.

Adults With a Learning Disability

National figures indicate that there are around 5,821 people, aged over 18, living in Dudley who will have a Learning Disability to some degree, and this is projected to increase to 6,058 by 2030. The table below illustrates the number of people in Dudley who have higher level of Learning Disability and are hence more likely to be in receipt of services.

	2015	2020	2025	2030
People predicted to have a moderate or severe LD	1,203	1,204	1,211	1,224
People predicted to have a severe LD	270	266	267	268
People aged 18 – 64, with a LD, predicted to display challenging behaviour	83	83	82	81

Source POPPI/PANSI

Learning Disability is the only area of service delivery where men proportionately have the greater need; 532 as opposed to 370 in 2012-13, rising to 551 to 379 in 2013-14 and dropping slightly to 541 to 366 in 2014-15. The overall number of people supported has not significantly altered over the three years with only five more people in receipt of support in 2015 than were receiving it in 2012-13.

White/White British make up the significant majority of people with a Learning Disability supported by Adult Social Care but that proportion has slowly reduced over the last three years with 88% receiving support in 2012-13, 87% in 2013-14 and 86% in 2014-15. The most significant other ethnic group with Learning Disability receiving support are of Asian background with numbers rising from 6.4% of the total to 7.3% over the three year period.

A variety of services are provided through Adult Social Care to meet the needs of people with a Learning Disability and the chart below tracks the service delivery over a three year period .

Service type	2012-13	2013-14	2014-15
ABI	2	2	1
Carer's Emergency Plan	5	11	11
Day Care	154	139	121
Direct Payments	288	358	354
Equipment/adaptations	90	104	68

Falls Service			
Home Care (inc Supported living)	206	259	281
Reablement/intermediate Care	2	5	3
Residential & Nursing Care	223	198	184
Respite Care	142	138	114
Sheltered Housing	8	9	5
Telecare	134	145	132
All other services	294	281	241
Total	1548	1649	1515

Source SWIFT/AIS

Trends in this area show a gradual reduction in residential care with increases to community based alternatives. Progress around Direct Payments has levelled out and requires further promotion.

Assessment and Treatment Services

Dudley has clear plans, based around Winterbourne view requirements that structure how people with a learning disability are support through the differing levels of Assessment and treatment service. Further information can be found within our Winterbourne action plan. The following data represents the current position in relation to assessment and treatment services accessed by Dudley residents

CCG Funded Placements	
Number of Dudley CCG funded A&T placements	6
Forensic S47/49 or S37	1
Section 2	1
Section 3	3
Informal Patients	1
Reviewed in last 6 months	6
Allocated workers	6
Average length of stay (days)	316

CCG Funded Placements	
Number of Dudley CCG funded A&T placements	6
Forensic S47/49 or S37	6
Section 2	0
Section 3	0
Informal Patients	0
Reviewed in last 6 months	6
Allocated workers	3
Average length of stay (years)	3.52

Overall discharges	
No people discharged in last 12 months	17
Total people discharged since start of register	18
Discharged to Residential	7
Discharged to supported living	8
Discharged Out of Area	1
Discharged to family Home	2

The data presented shows a static client group in this area – alternative community provision is highlighted as a requirement later in this document.

Adults with a Physical Disability and Sensory Impairment:

Present predictions indicate that there are 14,726 people, aged between 18 – 64, with a moderate physical disability living in Dudley and a further 4,375 with a serious physical disability. These numbers are projected to rise, respectively, to 14,647 and 4,457 by 2030.

	2015	2020	2025	2030
People over 18 predicted to have a long standing health condition caused by a stroke	2,067	2,205	2,327	2,467
People over 18 predicted to have type 1 or type 2 diabetes	14,164	14,840	15,374	16,030
People 18 - 64 predicted to have a severe visual impairment	120	120	118	128
People aged 65 + predicted to have a moderate or severe visual impairment	5,598	6,163	6,757	7,350
People aged 75 and over predicted to have registrable eye conditions	1,901	2,195	2,528	2,733
People aged 18 and over predicted to have a moderate or severe hearing impairment	34,363	37,856	41,638	44,582
People aged 18 and over predicted to have a profound hearing impairment	753	845	957	1,089

Source POPPI/PANSI

People with a physical disability or a sensory impairment supported by Adult Social Care are more likely to be women than men (around 55% - 45%). The gap has remained static over the three year period although overall numbers of people supported have risen from 1,747 in 2012-13 to 1,906 by 2015, overall an 8% rise – the same rise as that in older people.

White/White British are the largest proportion of people with disability supported by Adult Social Care and that proportion has grown from 88.9% to 93.4% during the same period numbers supported have risen from 1,747 to 1,906.

A variety of services are provided through Adult Social Care to meet the needs of people with a physical disability or sensory impairment and the chart below tracks the service delivery over a three year period.

Service type	2012-13	2013-14	2014-15
Acquired Brain Injury	31	30	20
Carer's Emergency Plan	10	15	14
Day Care	48	33	38
Direct Payments	151	149	158
Equipment/adaptations	771	869	911
Falls Service		1	1
Home Care	221	231	198
Reablement/intermediate Care	53	113	173
Residential & Nursing Care	49	44	36
Respite Care	16	16	9
Sheltered Housing	22	23	34
Telecare	517	486	614
All other services	488	531	485
Total	2377	2541	2691

Source SWIFT/AIS

By and large this information again shows that preventative and community services are increasing whilst residential care is reducing

Sensory impairment (18-64)

Service type	2012-13	2013-14	2014-15
ABI	6	5	1
Carer's Emergency Plan	1	1	2
Day Care	7	7	
Direct Payments	18	16	8
Equipment/adaptations	94	93	78
Falls Service			
Home Care	18	13	6
Reablement/intermediate Care	6	4	3
Residential & Nursing Care	3	1	2
Respite Care	2	2	
Sheltered Housing	3	3	1
Telecare	43	39	23
All other services	67	49	21
Total	268	233	145

Source SWIFT/AIS

The number of people accessing these services has been reducing over the three years, despite no significant change to local service provision or investment.

9. Carers

The 2011 Census identified 37974 carers in Dudley. Of these, 9743 were providing unpaid care for more than 50 hours per week. This number also includes 1333 unpaid young carers. Alongside census information Poppi/Pansi provide the following more detailed observations

- Pansi/Poppi only record projections for carers who are aged 65 and over who deliver unpaid care with estimates of around 9,975 in 2015 rising to 11,967 by 2013

- During the same time period projections indicate that people aged 65 and over unable to manage at least one domestic task rise from 25,795 in 2015 to 34,638 by 2020.
- Similarly people aged 65 and over unable to manage at least one self-care activity will rise from 21,138 in 2015 to 28,371 by 2030.
- The 65 and over age group who live alone is presently predicted as 14,715 and by 2030 this is likely to rise to 20,809.
- In addition, people 65 and over with a limiting long term condition rise from 17,668 in 2015 to 23,601 by 2030.
- Those predicted to have depression rise from 5,487 in 2015 to 6,816 and with severe depression from 1,743 to 2,258. People with dementia see around a 50% increase from 4,361 to 6,660 for the same period.
- The threat of falls is significant; the 65 and over age group predicted to have a fall will rise from 16,858 in 2015 to 22,160. Falls leading to a hospital admission for the same group and period is projected to rise from 1,338 to 1,828.
- Same age group also have dependencies that will be impacted on by their weight. Older people with a BMI of 30 and over are predicted to rise from 16,672 in 2015 to 19,763 by 2030.

It is clear from this data that Carers are at risk of having poorer health than non carers and of struggling to have a life outside caring.

Young carers are at an increased risk of social isolation, poor school attendance and becoming NEET (not in education, employment or training). A BBC survey in 2010 indicated that 1 in 12 young people were in a caring role meaning that the potential real number of young carers is around 4072.

Giving carers information about the support available to them helps to reduce these risks. The Council is anticipating contact with a greater number of carers in the future, because of the changes in the Care Act that increase the rights of carers to have needs met in their own right.

Some carers are underrepresented in the groups using support services currently. Extra effort needs to go into reaching these 'hidden' carers, including those from minority ethnic backgrounds.

10. Dudley's Market for Care and Support

This section presents the current market for care and support, the trends, and the areas identified for future development in Dudley. It includes any planned commissioning intentions for the Council and timescales where these are available together with the Council's usual rates

or typical costs for different services, but these are intended as a guide only as costs will vary depending on the assessed needs of an individual and the Council's rate for services are always under review as we aim to make the most effective use of resources.

Community and Preventative Services

Dudley has a strong focus on promoting and supporting access to community and preventative services, including those that provide information and advice. A very wide range of services and organisations contribute to the prevention agenda, which can help support people to stay well, to reduce risk of health needs developing or worsening and to manage complex conditions.

Current Provision

Our Adult Social Care services are there for all adults who need support to stay well or live independently in the community, and we work with Children's Services to support vulnerable young people

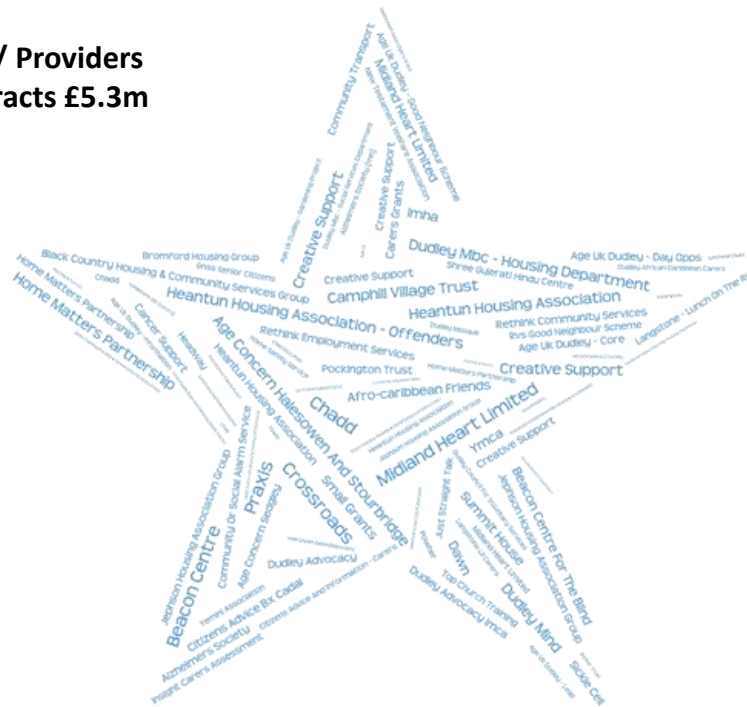
The Council's Adult Social Care Service includes:

- Free advice and information about local care and support services and other support, and how to access these
- Up to six weeks free of intensive support with the reablement service staffed by health and social care professionals. This aims to help people regain independence following an illness or injury.
- Simple services such as equipment and emergency alarms for people having difficulty in carrying out routine tasks. The assessment for this is free, but there may be a charge for some pieces of equipment.

Dudley's Adult Social Care service offers direct support to organise care for those with higher level needs. In addition, and primarily through our allocation of grant funding to third sector organisations, we consider the needs of the wider population.

Dudley has a strong voluntary and community sector that delivers a wide range of support and services. This sector can often offer support to those with care and support needs that might not come into contact with Council services. The Council's Adult Social Care service is committed to supporting these services, and spends £5.3m a year on preventative services from the voluntary and community sector. In 2014/15, the Council had funding arrangements across 58 different organisations and 102 contracts to deliver diverse provision for different communities and people. The diagram below depicts our local services. Providers with the largest contract values are reflected in larger text

Contract / Providers
102 Contracts £5.3m

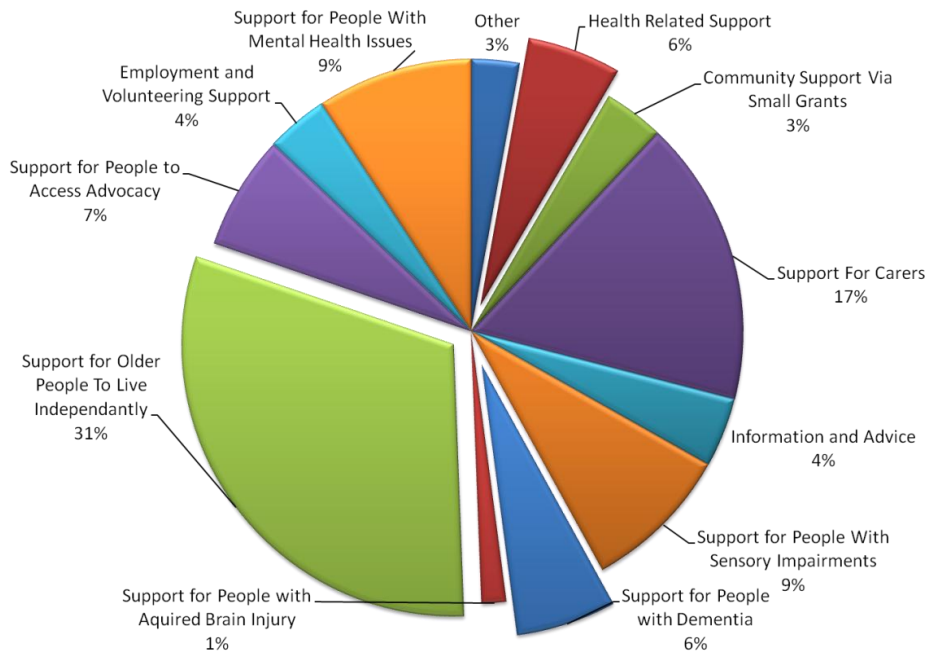


The services provided by our local providers support fall into the following broad categories of:

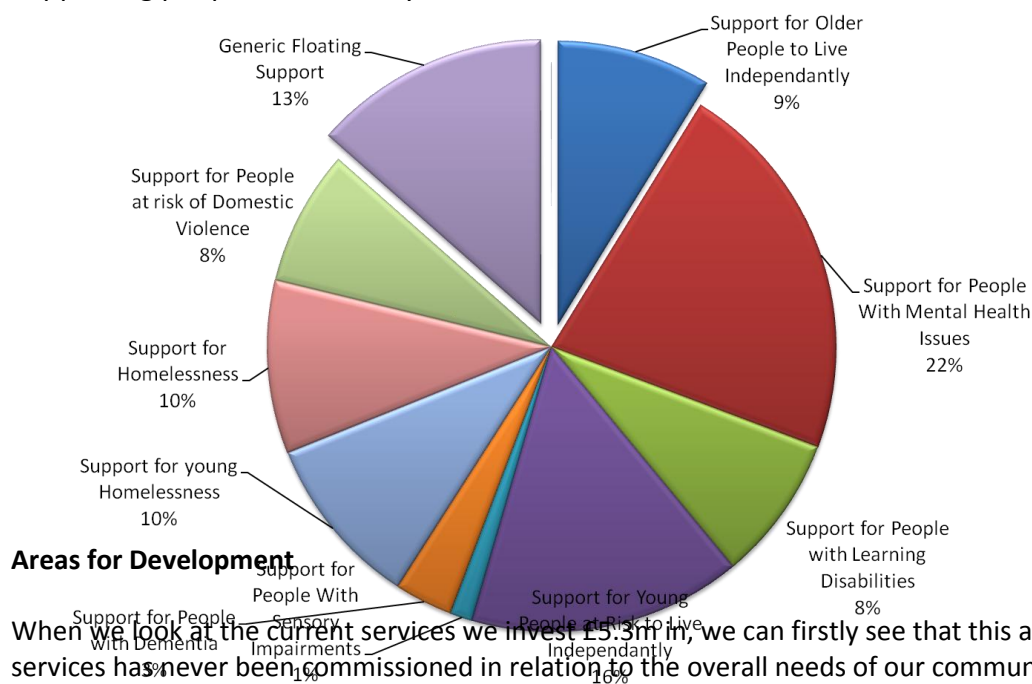
1. Support For Carers (further detail is provided in section 11)
2. Information and Advice
3. Support for People With Sensory Impairments
4. Support for People with Dementia
5. Support for People with Acquired Brain Injury
6. Support for Older People To Live Independently
7. Support for People to Access Advocacy
8. Employment and Volunteering Support
9. Support for People With Mental Health Issues
10. Support for People with Learning Disabilities
11. Support for Young People at Risk to Live Independently
12. Support for People at risk of Homelessness
13. Support for People at risk of Domestic Violence

These categories are funded through either service level agreements or supporting people contracts the breakdown of spend per theme is depicted below.

Service level agreements by theme = £2.9m



Supporting people contracts by theme £2.4m



Areas for Development

When we look at the current services we invest £5.3m in, we can firstly see that this array of services has never been commissioned in relation to the overall needs of our communities, we believe, however, that we are delivering good outcomes but our spend does not match the changing needs of our communities. Funding towards dementia services for example only equates to 9% of our overall prevention spend. We need to recommission our services so that they match the needs and demands of current and future Dudley people.

Working with 58 different providers means we fund a lot of organisational infrastructure. There are 24 separate organisations that provide floating support alone. To ensure that funding has the biggest impact we need organisations to collaborate and look for opportunities to share resources, both physical and skill wise.

We need to be clear about what we mean by preventative services, what are we trying to prevent? Equally we need to stop working separately from partners like the Clinical Commissioning Group and Public Health to ensure we are providing joined up services

Some of the services we currently commission duplicate other commissioned services or services that the council already provides in house.

We also commission support for particular conditions but we do not do this in an equitable manner across all conditions...nor do we have the resources available to do so. Therefore we must ensure that services that we currently commission are better able to reach communities and groups with specific conditions. An example here would be information and advice or advice with welfare benefits.

Understanding the impact our services have on the lives of local people and upon some of our main priorities needs to be considerably improved. With potentially less resource we need to ensure that every pound we spend is making as much difference as possible.

Some of our service level agreements have been extended over a number of years and have reached the point that they are not fit for purpose. To meet the Council's financial audit requirements a competitive procurement exercise is needed to identify our future providers of services.

Overall this means that over the next 12 to 18 months we need to stop, change and redesign some of the services we have historically commissioned.

What Do We Want to See?

The Care Act gives local authorities new responsibilities to arrange services which prevent or delay the need for care and support. It also strengthens the duties to provide information and advice. The Council as a whole is reviewing its current approach to prevention against these new duties, and working with local people, carers and providers in the voluntary and community sector to revise the priorities for preventative services. These priorities will provide the basis of future commissioning of preventative services which the voluntary and community sector will be invited to deliver in 2016. In undertaking this review we particularly want to see;

- Opportunities for local people and communities to shape decision making and service design so to help us achieve our aspirations of being a community council.
- Services that are built around the needs and make up of our communities, so that areas with diverse populations are supported by diverse organisations.
- Real focus on how organisations and their interventions can contribute to some our main challenges from the better care fund and help us;
 - Reduce non elective admissions to hospital
 - Reduce the need for residential care
 - Reduce delays in safe hospital discharge
 - Keep people independent once they have returned home from hospital
 - Improve early diagnosis of dementia.
 - Deliver services that are linked to GP practices and multidisciplinary teams
- Opportunities to increase local advocacy capacity to help us meet the requirements of the Care Act
- Alternative transport options that help people travel independently across the Borough

- Organisations helping us maximise investment in to the Borough through social impact bonds and grant funding
- Increased ability to evidence the value an organisation brings to the local area for individuals and communities through social return on investment and outcome measurement
- Organisations sharing building assets and skills to enable efficiencies to be realised as opposed to reducing services

What Are We Going to Do?

1. Consider the investment from all Directorates within the Council to the community and voluntary sector to gauge the totality of funding and array of services.
2. The financial challenges the Council faces means that we will need to stop Council funding to a number of organisations through 2015/16. Such organisations are likely to be those which are unable to demonstrate the positive impact they make in reducing the need for social care. We will support organisations to consider alternative potential funding streams and to mitigate the impact upon local people through associated impact assessments.
3. Through 2015 we will work with VCS providers, people, carers and partners to better understand our communities. Our colleagues in public health will help us undertake this work so as to define local assets alongside needs.
4. At the end of end of 2015 we will have developed a menu of prioritised preventative services that are most wanted and valued by each of our 5 local areas alongside a clear understanding of services that we wish to commission Borough-wide and consider a sub regional approach
5. Based upon this list of required services we will work with local voluntary and community providers to end old contracts and tender new ones.
6. We are going to work with Dudley CCG and local Public Health to implement a consistent approach to commissioning preventative services which contribute to both the Better Care Fund and Vanguard.
7. Develop a singular monitoring approach that enables providers to demonstrate the value they bring to both individual people and communities. This will bring together PSIAMS and Gateway reporting.

11. Carer Support Services

People who provide unpaid care for a partner, family member or friend play a vital role in supporting people with care and support needs. Supporting carers to sustain the role they provide means that people can often stay in their homes or communities for longer, when they would otherwise be admitted to residential care.

Current Provision

Dudley currently purchases a range of support services specifically for carers, primarily from the community and voluntary sector. The Dudley Carers Network works closely with a number of voluntary and community organisations, and provides yearly small grants to organisations supporting carers (to provide a break from the caring role through a range of activities or provide emotional support).

Funding to the community and voluntary sector for specific carer support services is around £455,000 this includes £47,000 in small carer's grants. Very little is attributed to young carers within the existing funding model.

However, we also provide direct payments to carers - 367 in 2012-13, 250 in 2013-14 and 183 in 2014-15. This decrease has not been a result of any change to policy or available budget. We also have a Carers Emergency Card Scheme

Areas for Development

Our current array of services provides local people with vital breaks that enable carers to have a life themselves. Our spend is distributed across 7 formal contracts and through 24 informal grants. This means we don't have distinct support services that we can signpost carers to.

Many of our carers support services do not use a unique reference number to identify the people we support meaning we can't accurately quantify who we are supporting.

What Do We Want to See?

As described above we expect to see an increased requirement for carer support services as a result of the Care Act and as such would like to see from providers:

- Informed information and advice services that help us identify carers and get them to the right services
- Additional capacity for carers assessments
- Menu's of services that carers can purchase from with direct payments
- Opportunities for carers to socialise through peer support
- Increased awareness and support to young carers

What Are We Going to Do?

The Carers Trust has identified a "Carers Hub Toolkit for Commissioner". This document is available through the attached [link will](#) help us structure our future approach.

The document provides a model "The Carers Hub" which is a model of comprehensive carers support developed by Carers Trust with assistance from the Association of Directors of Adult Social Services (ADASS)

The Hub centres on the outcomes of the refreshed National Carers Strategy for England and includes the complete range of interventions that we will need in order to deliver the outcomes, along with a three-pronged approach that can be used to inform Strategic Planning.

The approach will see us through effective engagement with local carers and providers develop a refreshed model of carer support that is able to meet needs of local people and fulfil our statutory duties.

12. Care at Home

Home care (also called domiciliary care) involves care workers visiting people in their own homes to give them help and support. This support can be with preparing meals, ensuring medication is taken or helping people to get washed, dressed and out of or into bed.

Current Provision

The vast majority of home care in Dudley is purchased from external providers currently around 16,000 hrs of support per week. The Council's Domiciliary Care Framework was established on the 1st of April 2015 and increased the number of contracted providers from 19 to 25. The Framework will run until April 2018. We currently spend £8.4m on home care per year

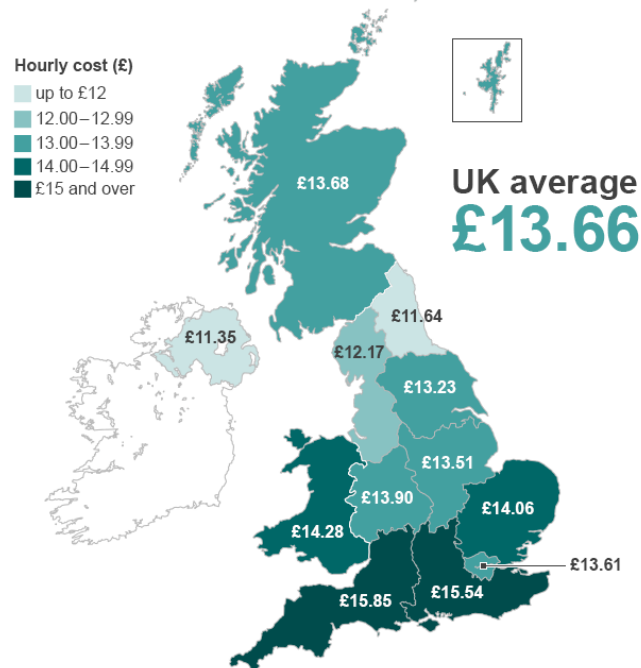
The Framework establishes 5 providers for each of the authorities 5 geographical localities meaning that if a person lives in a particular area they are able to choose from those 5 providers if they are opting for the Council to manage their support. This locality approach means that local people are able to make an informed decision around who delivers their care and support. Choice in the context of 5 providers is much more informed than choice from 25. Working in this way means also those providers deliver their services in particular areas rather Borough-wide thus reducing travel time and increasing community connections.

The Framework also allows for any provider to work across the Borough in the context of availability of support and specific service user preference.

The Council will pay up to £13.84 an hour for home care on the Framework. This rate was calculated in consultation with providers, through regional comparison and dialogue with West Midlands Care Association to ensure a rate which supports payment of the minimum wage and travel time to front line staff.

As depicted in the illustration below provided by the National Homecare Association, Dudley pays higher than the national average and is the highest payer in the Black Country.

Hourly rates paid for older people's home care



Homecare capacity in Dudley was increased as a result of the new framework award in April and this saw 4 new providers enter the market for the first time. Historic providers have also continued to expand their business which has helped us manage demand for home care particularly around increases in support following hospital discharge.

Providers complete weekly self assessment around their capacity which is shared with social workers and will shortly be made available to the public through the Dudley Community Information Directory (DCID).

A small number of providers in the market are experiencing quality issues, and we continue to support improvement through working with them around CQC compliance and the Dudley Quality standard.

Areas for Development

Dudley Borough Council is committed to the principles in UNISON's Ethical Care Charter for home care services to establish the safety, quality and dignity of care by ensuring a standard of employment conditions. This includes paying staff for their travel time and training, and moving away from zero-hour contracts. The Council is unable at present to formally sign the Charter as we are still investigating the implications of the National Living Wage. We are however committed to the overall principles and expect our providers to do the same.

Improving the quality of homecare is an important area of focus for the Council, including encouraging service users and staff to report poor care as a way to drive up quality. The Council is looking to minimise the use of short home care visits, aiming to get to a position whereby no support package includes 15 minute calls for intimate personal care.

Focusing our resources on the providers on the new Homecare Framework will help us to encourage these providers to develop and grow their businesses to provide good quality, flexible services.

Providers on the Framework will be expected to adhere to the Care Act and our contractual requirements. We will continue to explore how new technological solutions in Telecare can help residents to maintain their independence.

We are planning to ensure that electronic rostering is used by all providers in 2015 to give more efficient use of time, improve risk management and to mitigate the risk of missed calls.

The Council's Integration Programme is looking at how home care can support people to go home from hospital sooner. This includes working in a joined up way, to enable people to leave hospital and start accessing care services across the whole week.

What do we want to see?

The Council is committed to people remaining independent and within their own homes as long as it is safe to do so. This commitment means that we expect to see increasing demand for home care services. We are also committed to personalised services that are built around the needs of local people providing real community connection and flexibility. As such we want to see providers;

- Increasing the timeliness of assessment to support safe discharge from hospital and prevent unnecessary residential admissions
- Considering how they can promote people's independence and recovery following illness or a deterioration in health
- Enabling people to be involved in recruitment of carers and identification of individual care teams to provide consistency of care and increased service user control
- Working with their service users around flexibility in the provision of care hours so that people can arrange their support to fit around their lives.
- Increasing their awareness of available support from the voluntary sector within our communities so that they can signpost and engage people into these services.
- Sharing of self funder information

What Are We Going to Do:

1. Work with providers on the Homecare Framework to drive up quality and ensure we have capacity to meet the needs of local people.
2. We will be undertaking spot checks in relation to payment of travel time during monitoring visits to ensure providers are compliant with our contract and HMRC.
3. Explore opportunities to increase our reablement capacity through the home care framework
4. Enable access to home care 7 days per week to enable people who are in hospital to get home sooner

13. Extra Care Housing

Extra Care Housing is a welcome addition to the forms of housing available for older people in Dudley that provides access to support, but in a way that means people retain more of their independence than in residential care.

Current Provision

In 2007 Dudley Borough Council made a policy commitment to introduce Extra Care Schemes across the Borough, to fully develop the option of Extra Care Housing and realise the benefits of using this as an alternative to residential care. A mix of commissioned provision means there are currently established Extra Care Housing units available in Sedgley, Dudley and Coseley . The latest Extra Care Housing opened at Lime Gardens in Cradley Heath in March 2015. In total we have 395 units of extra care.

The anticipated reduction in use of residential care in the future means that Extra Care Housing is likely to be an increasing option that appeals to older people as they become frail and/or develop care and support needs. With the increasing focus on neighbourhood services for older people to compliment the more traditional day care offer, the development of Extra Care also needs to be considered for its potential to contribute to meeting the needs of the wider elderly community.

The placement of some of schemes has meant that sometimes they are not attractive to local people resulting in housing voids. We promote the schemes more effectively to ensure their full utilisation

All Extra Care Housing schemes were transferred from block to spot purchasing contracts with hourly rates for care and support established at £13.84. Some schemes also have access to Supporting People Funding to support people with low level housing related support.

Areas for Development

The Council is considering the need to expand the number of units of Extra Care Housing available with original plans for a fourth scheme in Stourbridge put on hold whilst we establish a business case for further provision. If an increase is evidenced as required then the location of future developments need be considered to ensure that there is good provision of Extra Care Housing across different communities, to meet the desire of many older people to remain close to the neighbourhood where they currently live in order to maintain social and support networks.

The need for Extra Care Housing that is suitable for people with dementia is acknowledged, and the Council is interested in exploring options to provide this.

We have a very diverse group of people living within our extra care teams which at times results in tensions between residents and providers around the remit and purpose of schemes, are the retirement villages or an alternative to residential care. The public perception of extra care needs to be clearer to enable people to make informed decisions around accessing the schemes

What do we want to see from providers?

Extra Care Housing is well established in Dudley and as such developments we wish to see from providers are around building on the existing provision and ensuring that it remains fit for purpose. In particular we want see;

- Extra Care Schemes being opened up to the wider communities to make best use of building and resource assets, raising awareness of the benefits and availability of extra care support
- Opportunities for fast track tenancies to support housing crisis and discharge from hospital
- Diversification to enable younger people with care and support needs the opportunity to access extra care
- Expertise around support to people with dementia
- Flexibility around the use of vacant flats to support respite and temporary stays
- Sharing of self funder information

What are we going to do?

1. We will be completing a business case/needs analysis during 2015 to inform the requirement for future extra care capacity.
2. We will develop a rolling communication strategy that engages the public on the benefits, opportunities and capacity of Extra Care Housing.
3. Include Extra Care Housing in our mapping of community assets through 2015 to ensure we are making best use of community facilities.

14. Supported Living and Shared Lives

Supported Living and Shared Lives provide an alternative to residential care. These options are particularly suitable for younger people who, where it is appropriate, can live more independently in the community with access to support at a suitable level for their needs.

Supported Living is a term we use to describe the support that is provided on the whole but not exclusively to younger adults with care and support needs. Levels of provision range from a few hours a week to people in their own home up to shared housing options for people with complex and specialist levels of need.

Shared Lives is a CQC registered scheme that is managed by the Council but provided by local people. The Council's Shared Lives team approves local people as Shared Lives Carers to deliver care and support within the carer's home. The service user is able to claim housing benefit towards housing costs and as such the provision although in some cases comparable in level is not classed as residential care.

Current Provision

The current market for Supported Living is primarily associated with provision to people with a learning disability and requires development to cater for all clients groups. The Council is

currently looking to develop an open framework to increase the number of Supported Living providers available in Dudley. Current unit costs for Supported Living have considerable variation from £12 - £17 per hour. Sleep-ins currently cost between £35 and £45 per night again with a range of costs for night support. These need to be brought in line with the cost of other community based support at £13.84 per hour and consideration needs to be given to the future cost of sleep-ins. We currently spend around £14m on Supported Living Services

People being supported through Supported Living, generally live at home with families, have a tenancy agreement or own their own properties. Ideally there should always be a split between care and support provider and housing provider so that in the event of an issue a person can change their support without losing their home.

We currently have 10 providers who have considerable dominance over the market in this area and need to reduce this reliance on so few in order to mitigate against provider failure.

The Dudley Shared Lives Scheme is run by the Council and offers accommodation and support in a carer's own home, either as a permanent placement or as respite (overnight or day care). The current users of this service are people with learning disabilities.

Our Shared Lives scheme has been quite static but is now entering a stage of promotion to increase its capacity and support to local people. We currently have 27 shared lives carers supporting 33 people.

Areas for Development

In the past the Council has entered into void arrangements that have resulted in the Council covering the housing costs to a provider in the event of a suitable tenant not being found. Insurance premiums can now be included in housing benefit calculations to cover these costs

The Council will work with the Supported Living providers to improve quality and address any gaps in current provision. We will also ensure that providers are committed to developing their provision to meet the range of needs in Dudley. In particular we need to be able to reduce and minimise the need for out of area placements. The Council is committed to looking at the need for more specialist provision. We will continue to develop our Supported Living provision for people with the most challenging behaviour, as a real alternative to residential care or in-patient specialist treatment.

Supported Living provision should increasingly focus on maximising people's abilities and skills. The Council has a responsibility to regularly review placements, and will use this to ensure that providers continue to focus on improving outcomes for their service users.

The Council is committed to achieving continuity of support for people when they move through different stages of their lives. We would particularly like to work with providers who can support young people through to adulthood and who can continue to work with people during changes to their condition.

The Council has commissioned a considerable number of Supported Living packages that include the provision of high levels of 2-1 support. Instances of this were often commenced at a point of crisis however in some cases they have not been reviewed. The Council needs to understand the evidence for continuation of this level of support

There is huge potential to develop Shared Lives to support other client groups, such as older people. The West Midlands is one of the fourth lowest commissioners of Shared Lives with increasing evidence that expansion of schemes can deliver considerable efficiencies and improvements to quality of life. Our Shared Lives costs are too low to incentivise growth in the service. In the context of our financial challenges we must evaluate this barrier.

What do we want to see from providers?

In the area of Supported Living what we really need to see is diversity in relation to support available. As such from providers we want to see.

- New and existing providers diversifying their offer to support all younger adults with care and support needs
- Consideration of Telecare as alternative to sleep-ins and overall use of technology to improve people's lives
- Support packages that empower people and provide the least restrictive option for people with complex needs.
- Sign?????to the reach standards for Supported Living
- Clear splits between care and housing providers
- Effective partnerships with Registered Social Landlords to increase housing options
- Deregistration of small care homes into supported living models
- Increased awareness of Shared Lives
- Increased services that support effective discharge from Assessment and Treatment admissions

What are we going to do?

1. Take a more focussed approach to improving the quality of Supported Living provision by working with the providers to implement a Supported Living Framework through 2015.
2. Work with providers to bring costs in line with a standard figure of £13.84 per hour through 2015.
3. Consider options for tendering of existing services to reduce our reliance on so few providers. Such approaches need to consider TUPE implications and minimise impact upon service users.
4. Re-assess all packages of support to ensure they are fit for purpose, least restrictive and promoting peoples quality of life. This will include quality of life audits.
5. Evaluate the future costs of sleep-ins.
6. Increase the number of shared lives carers by 15 by the end of 2015

15. Residential and Nursing Care

Care homes offer accommodation and personal care for people who may find it hard to live independently. For people who need some medical support as part of their care, nursing care homes provide these 24 hours a day from a qualified nurse.

Current Provision

Dudley has a total of 60 registered care homes, providing both nursing and residential care within the Borough. Primarily these support the needs of older adults. In total the Council contracts with 364 registered providers for all client groups with a considerable number of contracts with providers within a 3 mile radius of the Dudley border. Our in Borough the bed stock equates to around 1700 beds which at any period of time is at around 93% occupancy. It is clear that in relation to the demographic increase expected in Adults over 90 over the next few years we require additional good quality provision in this area.

Provision has remained stable over the past few years, with new homes opening to replace those that close or deregister. The Council's usual costs for a residential placement is £408/week. For nursing placements the usual cost is £518/week. As with all usual costs, these are subject to regular review.

Areas for Development

Overall we have a need for additional Residential and Nursing homes in the context of our increasing and ageing population. We are reliant on a small number of providers for the provision of support to older adults and complex dementia. Market failure in this area is therefore a significant risk and we are seeking to develop alternative options. Increasingly this group are requiring funding in excess of £2500 per week to provide 24 hour 1-1 care. Any such alternative for this support must be much more sustainable in relation to cost

Lang and Buisson have identified a fair cost of care which is around £200 per week higher than Dudley's current contract rates. Increasingly large scale providers are asking for reconsideration of fees. There is also a suggestion from the market that self funders are subsidising Council funded placements.

People living in residential homes identified through our annual monitoring process that loneliness is the greatest cause of concern that they have, and as such we need to consider how to address this.

As depicted in the data around hospital admissions we need to look at how we can meet people's 'non urgent' medical needs within their care home setting so as to reduce avoidable hospital admissions.

Registered managers and nurses remain pivotal to the effectiveness and safety in our care homes. We can evidence that changes to management and nursing staff regularly have a negative impact upon the running of homes and we need to support the sector to develop new managers/nurses and retain effective staff.

In relation to payment - Dudley's position on 3rd party top ups needs to be expanded, to provide families with the option for the Council to pay the provider gross and for the top up to be recovered by the Council.

We have a small number of providers who have required constant involvement from the CCG, CQC and ourselves in order to provide safe services over the last 5 years. We have to question at what point we establish a position whereby such providers are no longer commissioned to enable our efforts to be attributed to more sustainable services

What Do We Want to See?

For Residential and Nursing care the key message to providers is that this provision is still very much required despite overall data that depicts a move to community based support. In delivering such services we want see;

- Increased capacity to support people with dementia, particularly high end at a sustainable cost level.
- Providers need to establish greater community connections to help keep residents connected to their communities and relationships.
- Opportunity for social interaction will help to reduce reported loneliness.
- Interventions that support timely hospital discharges and reduce the need for avoidable hospital admissions
- Advance planning for end of life care enabling more people to self direct their end of life cares
- Increased sharing around self funders.
- Timely notification around capacity and resident notifications

What Are We Going to Do?

Through 2015/16 we will;

1. Work in our provider forums to zero base the costs of our residential and nursing care to understand sustainability and pressure.
2. Identify an alternative approach to commissioning respite care.
3. Work with the CCG and Public Health to develop a Dementia Strategy that fully reflects the challenges we face locally.
4. Profile the registered manager and nurse workforce and future requirement to support the sector in developing and retaining good quality staff
5. Decommission providers who have a long running history of providing poor quality and unsafe service and are unable to depict plans and evidence action that will result in sustainability
6. Focus upon organisational business planning to mitigate against provider failure

16. Overall Recommendations' to the Market

The recommendations below are for all parts the market, and they aim to help organisations to understand what they can do to make sure that their services align with the Council's priorities for care and support in the future:

- Consider the changes to Adult Social Care that are introduced by the Care Act and what this means for your business.
- Ensure your organisation and services provided are accurately listed on the Dudley Community Information Directory
- Use tools to gather feedback from people who use your services and apply this as you develop your organisation and service provision. Share this with the Council to help us improve our services too.
- Work with us on developing and shaping the market locally, such as regularly attending provider forums.
- Access training and proactively use the Council's commissioning team to help improve your service quality.
- Use resources such as the DCID to get to know the wider care and support market, and start working more closely with others on care and support, particularly Dudley's voluntary and community sector.
- Engage with the work on integrating Health and Social Care Services, so the system works for you and your service users
- Focus on maximising independence, supporting people to help themselves as much as possible, i.e. a "reablement" approach
- Continue to develop and adapt your approach to work, in a way that responds to people's needs, as these fluctuate or develop over the course of someone's life
- Sign up to UNISON's Ethical Home Care Charter

Think about how your services could support the increase in the number of service users who take up Direct Payments for their care and support

17. Engaging people who use services and carers

There are a number of ways that service users, carers and residents are involved in shaping and developing care and support services in Dudley. This ranges from feedback such as comments and complaints, surveys and consultation events, and involvement in commissioning and staff interviews.

The Council supports a variety of forums and partnerships that invite the participation

of member of the public from different backgrounds, age groups, abilities and disabilities. These include:

- The Peoples Network
- The Carers Network
- The Age Alliance
- Learning Disability Partnership Board.

The Peoples Network in particular meets regularly and gives people an opportunity to share their experiences of using services and to work with commissioners and providers on driving up quality or developing new provision. In addition we have opportunities for people to be involved more intensively in service developments – mystery shopping, appraising funding bids or sitting on interview panels, for example. Providers are encouraged to promote engagement opportunities to their service users, as well as accessing the minutes and reports of the various groups that are often available on the Council's website.

It is recognised that providers will have a strong understanding of the views and needs of local people, through their engagement with users while delivering their services and the Council welcomes providers who share this feedback.

Healthwatch Dudley supports people to have a stronger voice about local health and social care services. Healthwatch is an independent organisation which can view existing services, produce reports on the way services are run, and make recommendations to improve or help influence how services are set up. As a consumer champion, Healthwatch Dudley has an important role in encouraging people across communities in Dudley to have their say and challenging local services.

The views of service users (whether eligible for Adult Social Care funding or self-funded) on care and support is an important part of shaping the future of the local market. The range of engagement opportunities set out above has been used to gather feedback from people on priorities for care and support, current experiences and gaps or areas for further development. This has informed the Council's Market Position Statement, and this will continue as the Council's work to shape the market develops.

We hope you have found the information helpful and we welcome your comments. For further information or to contribute please;

- Email
- Visit the commissioning web page
- Give the team a call