



Market Position Statement Adult Social Care

**For care and support providers
working with Ealing**

2015 – 2016



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Introduction

Vision for health and social care in Ealing

Our vision in Ealing is that:

“Care organisations will work seamlessly to promote and deliver healthier communities and to deliver positive experiences and improved health outcomes. Patients, service users and their carers will be at the heart of decisions about their health and wellbeing ... with care provided in the most appropriate setting and with funding resources fully aligned to need”

Extract from Ealing’s Whole Systems Integrated Care Pioneer Statement

What is a market position statement?

Ealing’s Market Position Statement (MPS) sets out the key national and local changes that will impact on the adult social care market over the next few years; and provides supply and demand information relevant to the future shape of adult social care provision in the borough.

Who is the market position statement for?

Our MPS is targeted at the adult social care market including voluntary and community sector services as well as commercial care and support providers.

It is anticipated that the adult social care market will change significantly over the next few years as a result of national policy changes, population increases, and continued financial pressures.

Ealing Council recognises that care and support providers are an important source of intelligence about the size, capacity and characteristics of the local market. We want service providers to utilise their knowledge and experience to think creatively about future business models and develop new and innovative solutions which can best respond to changes in the market. The MPS also offers an opportunity for Ealing to build a constructive and enabling relationship with care and support providers, and sets out our intention to encourage the development of a diverse range of flexible and sustainable service options which deliver quality value for money solutions.

The MPS contains information about population demand, the current configuration of care and support services together with the envisaged direction of future procurement and consideration as to how the market will need to develop to provide the range and level of support that will be required. Ealing’s MPS will be updated annually and will be available to view and download at www.ealing.gov.uk

What we want providers to do with the position statement?

We would like care and support providers to use the information in the MPS either as a starting point for designing new business and to review current delivery models to ensure they are robust and adaptable to meet the changing adult social care and integration agendas.

We want providers to develop and demonstrate creative solutions, which reduce and delay demand for long-term support through preventative ways that maximise people's independence; and where we do need to provide long-term care and support then we need to be assured that providers offer high quality outcome focused services that offer value for money.

We also want providers to fully utilise the West London Alliance's CarePlace website and join our local service provider forums so they can receive details on new opportunities and developments within the health and social care arena.

National policy context

National policy is a significant driver of local authority commissioning intentions. For a number of years public policy has encouraged greater personalisation and the integration of health and social care support for adults and carers in need. This dual policy drive will continue, particularly in light of new Care Act duties and Integration requirements that come into effect from April 2015.

Care Act 2014

The Care Act 2014 represents the most significant change to adult social care in the last 50 years, and pulls together a number of different pieces of legislation into a single, modern framework for care and support in England.

From 2015, the Act will fundamentally reform the law on adult social care, placing a stronger emphasis on prevention and wellbeing, information and choice, support for carers, and market oversight. The Act also outlines the 'portability' of care provision for people who move from one area to another and places a new duty on public agencies to co-operate in these circumstances. From 2016 the Act will introduce further reforms to cap the cost of care and support for people in their lifetime.

However, these changes are happening at a time when all local authorities face significant reductions in funding from central government. These reductions, coupled with a rising demand for services mean that we have to fundamentally consider the way we operate if we are to fulfil our statutory duties as a local authority and our desire to provide high quality care services to borough residents. In response to these challenges Ealing's Health and Wellbeing Board aims to ensure that Council departments and local agencies work closely together to improve the health, care and wellbeing of the local population. As a result Adults' Services are working with colleagues from NHS Ealing Clinical Commissioning Group (CCG), and other local NHS trusts on a programme to integrate health and social care to deliver better co-ordinated models of care and support for the people of Ealing.

Implications arising from the Act

- **Wellbeing**

The Act places a duty on every council to have regard for the wellbeing of people in its area. Councils must promote wellbeing when carrying out their care and support functions. Wellbeing cannot simply be achieved through crisis management, it must include a focus on delaying and preventing future care needs and support people to live as independently as possible, for as long as possible. Therefore councils need to look at a person's life holistically, considering their care and support needs in the context of their skills, assets and ambitions.

- **Prevention**

Councils must provide or arrange resources that prevent, delay and reduce an individual's need for long-term care and support, and consider the needs and support of carers.

- **Information and advice**

Councils need to meet new duties that include, but are not limited to:

- housing and housing-related support for those with care and support needs;
- effective treatment and support for health conditions;

- availability and quality of health services;
- availability of services that help people remain independent such as handyman services;
- availability of befriending services and other services to prevent social isolation;
- availability of intermediate care entitlement such as aids and adaptations;
- eligibility and applying for disability benefits and other types of benefits;
- availability of employment support for disabled adults;
- children's social care services and transition;
- availability of carers' services and benefits;
- sources of independent information, advice and advocacy;
- raise awareness of the need to plan for future care costs;
- practical help with planning to meet future or current care costs.

- **Independent advocacy**

From April 2015 councils must provide advocates where it is determined that a person has 'substantial difficulty' in understanding, retaining or using information; or in communicating their views, wishes or feelings; where there is nobody else willing or appropriate to do so.

- **Services for carers**

Includes providing or arranging for the provision of services in their area which will prevent or delay the development of, or reduce the need for, support by carers.

- **New market management oversight duties**

Have been introduced that underpin market-shaping and commissioning activities by:

- focusing commissioning arrangements on outcomes and wellbeing
- promoting quality services, including workforce development
- ensuring that services are appropriately resourced
- supporting sustainability
- promoting greater choice
- enabling co-production with partners and service users

- **Provider business failure**

Councils (and NHS commissioning bodies) are required to develop robust contingency plans to manage the business failure of providers of regulated activities.

- **Integration and partnerships**

Local agencies and organisations must work in a joined-up way to eliminate disjointed care which can often result in a negative impact on a person's health and wellbeing. The vision is for integrated care and support that is person-centred, reflects the preferences of those needing care and support, and includes the views and needs of carers and families.

Councils must work to ensure integration of care and support with health and health-related provision (in this context Housing is defined as health-related provision) where this promotes (or contributes) to the prevention or delay in the development of future needs, or where it will improve the quality of care and support to people in need and their carers.

Health and social care Integration

In line with Better Care Fund (BCF) national requirements and Ealing's vision for health and social care integration, the council and CCG will be taking practical steps to:

- Transform the quality of care for individuals, carers and families.
- Empower and support people to maintain their independence and lead full lives as active participants in their community.
- Shift resources to where they will make the biggest positive difference.

Building on the needs analysis within the Joint Strategic Needs Assessment (JSNA) and the Health & Wellbeing Strategy we have determined that the most urgent and beneficial starting point is the integration of care and support for older people. This will be a key focus of our integration work from April 2015. By 2019-20 we will aim to expand new ways of working to benefit the whole population to improve health and social outcomes allowing all residents to access services and receive the support they need in a seamless manner, and empowered to make key decisions about their own care. Consequently, health and adult social care commissioners will seek to source and procure support services that embed these principles and requirements in their models of practice and service delivery.

By 2019-20 it is envisaged that a co-ordinated system will enable the whole population to improve their lifestyle, health and social outcomes in a seamless and timely manner, ensuring:

- Better health outcomes for patients, delivering improved quality of life and independence
- A reduction in the need to attend hospital by receiving necessary care in community settings or in their own home
- If hospital admission does become necessary lengths of stay will be shorter as we will ensure discharge is supported, with patients going home as soon as their medical condition allows
- When home, patients will receive the appropriate support services they need to feel safe and secure
- Early intervention and preventative care will help minimise the deterioration of conditions, helping people remain healthy for longer and receiving help as early as they feel is necessary
- Patients will only need to tell their story once, rather than have to repeat their history with every professional they come into contact with
- Advocacy services will be available for those patients who need them
- Patients and carers will be coached on the management of chronic conditions, making them more confident and able to self-care, and know when there is cause for concern and when there is not.

Local policy context

The market position statement also complements and underpins a number of local strategic and multi-agency plans, including:

- **Ealing Council's Corporate Plan**

This sets out the strategic direction and long term vision for the economic, social and environmental wellbeing of the borough.

http://www.ealing.gov.uk/info/200631/strategies_plans_and_partnerships/300/corporate_plan

- **Ealing's Health and Wellbeing Strategy**

Identifies the areas we need to work on together with the NHS and Public Health to make Ealing a healthy and successful place. These are the things that cannot be achieved by the NHS, Social Care or Public Health working alone

http://www.ealing.gov.uk/info/200631/strategies_plans_and_partnerships/1964/health_and_wellbeing_strategy

- **Ealing's Joint Strategic Needs Assessment (JSNA)**

The JSNA informs the development of Ealing's Health and Wellbeing Strategy in that it determines and analyses local population data to guide future prioritisation and investment. The demographic evidence presents a picture of the changing population and needs profile of the borough.

http://www.ealing.gov.uk/downloads/download/1018/ealing_joint_strategic_needs_assessment

- **Ealing Council's Contract Procedure Rules**

These are a set of clear rules for the purchase of works, goods and services for the Council, and to ensure that a transparent system of integrity and accountability exists in the procurement process which is beyond reproach or challenge. Accordingly, all council departments must adhere to Ealing's Contract Procedure Rules for the supply of goods and services to the Council; and in the carrying out of works for the Council. The Council is also subject to the EU law with regard to public procurement, which requires all contract procedures, of whatever value, to be open, fair and transparent.

See page 17 for information on important changes to EU procurement rules

Commissioning standards

Ealing's MPS incorporates recently published commissioning standards developed by the University of Birmingham, Think Local Act Personal (TLAP), and the Department of Health. The framework consists of twelve standards that underpin effective commissioning and set out what good commissioning looks like.

These standards will in turn underpin Ealing's future social care commissioning and procurement practice:

1. **Person-centred and focuses on outcomes**

Good commissioning is person-centred and focuses on what people say matters most to them. It empowers people to have choice and control in their lives and over their care and support.

2. **Promotes health and wellbeing for all**

Good commissioning promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing.

3. **Delivers social value**

Good commissioning provides value for the community not just the individual, commissioner or the provider.

4. **Co-produced with people and their communities**

Good commissioning starts with an understanding that the people using services, and their communities, are experts in their own lives and what good outcomes look like for them. Good commissioning creates meaningful opportunities for the leadership and engagement of people and communities in decisions that impact on the use of resources and shape of services locally.

5. **Promotes positive engagement with providers**

Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning should be collective endeavours, with commissioners working alongside providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions.

6. **Promotes equality**

Good commissioning promotes equality of opportunity and is focused on reducing inequalities in health and wellbeing between different people and communities.

7. **Well-led by local authorities**

Good commissioning is well led within Local Authorities through the leadership, values and behaviour of elected members, senior leaders and commissioners of services, underpinned by principles of co-production, personalisation, integration and the promotion of health and wellbeing.

8. **Demonstrates a whole system approach**

Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors to improve outcomes.

9. Uses evidence about what works

Good commissioning uses evidence about what works; using a wide range of information to promote quality outcomes for people and communities, and to support innovation.

10. Ensures diversity, sustainability and quality of the market

Good commissioning ensures a vibrant diverse and sustainable market to deliver positive outcomes for citizens and communities.

11. Provides value for money

Good commissioning provides value for money through identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities.

12. Develops commissioning and provider workforce

Good commissioning requires competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers and the coordination of health and care workforce planning.

Market shaping and oversight

Market development

Ealing Council plans to support care market development through:

- Working with the care and support providers to ensure they offer continuously improving, high-quality and innovative service provision supported by a highly-trained workforce
- Ensuring that local commissioning practices and services delivered comply with the requirements of the Equality Act 2010
- Working with providers and other stakeholders to develop a sustainable market for care and support
- Encouraging a diversity of providers and different types of services
- Having due regard to the sufficiency of provision, in terms of capacity and capability, to meet anticipated needs for people requiring care and support regardless of how they are funded.
- Understanding the market and developing greater knowledge and awareness of providers' businesses
- Running and facilitating commercial supplier events to support local care and support providers

Quality assurance

The provision of high quality social care and support is a key outcome for people in need, carers, service providers and commissioners alike, and it is important, particularly at a time when financial pressures are increasing, that the issue of quality is not overlooked.

We know that this is a challenge for many providers, as it is for the Council. Our primary focus is therefore to work in collaboration with our partners and our service providers to restate a commitment to quality and to translate this into standards of practice that make a real difference to people's lives. We will actively seek a commitment from our providers, through our commissioning arrangements, to work constructively with us to ensure that high quality services are delivered to all service users.

We will work with providers through our established Provider Forums to promote and develop these quality standards; and work with Ealing CCG and the CQC through a jointly established Quality Assurance Group to share market intelligence and better develop a co-ordinated response to quality matters as they arise.

We will also make sure that self-funders buying their care directly from a provider have the same assurances about the quality of support they are buying as we do. Consequently, we may opt to commission and monitor service provision for a self-funder if asked to do so.

Training & workforce development

Ealing Council is fully committed to providing professional development opportunities for social care staff from our partner agencies in the private, voluntary and independent sectors. There are currently over 100 external organisations registered with our online training system. These include care homes, care agencies, voluntary groups and carer organisations. Our criteria for registration is that organisations must be either

based in the borough or, if based outside the borough, have a contract to provide care and support services on the council's behalf. The training courses offered, from April 2015, will cover the core requirements set out in the Skills for Care – Care Certificate Framework. Achieving the care certificate should ensure that care and support staff working in the care market have the required values, competencies and skills to provide high quality compassionate care.

As well as 'classroom' based training we also provide access to a range of online assessment tools, allowing managers to assess knowledge and awareness within their workforce and supporting them in tailoring individual staff training plans accordingly.

The courses currently offered are as follows:

- Autism & Asperger's
- Bereavement & Loss
- Boundaries and Good Practice in Social Care
- CIEH Food Hygiene Level 2
- CIS Assessment Workshops
- Client Based Risk Assessment
- Community Care Law and MCA Update*
- Dealing with Challenging Behaviour
- Depression and Older People
- DoLs Legal Training for Managing Authorities*
- Dual Diagnosis (LD/MH)
- Dual Diagnosis (OP/MH)
- Duties in Relation to the Disclosure and Barring Service*
- Effective Communication
- Equality, Diversity and Inclusion
- Food Hygiene Awareness
- Infection Control
- Introduction to Dementia
- Introduction to the Mental Capacity Act
- Learning Disability Awareness
- Medication for Domiciliary Agencies
- Medication for Non-Medical staff in Care/Residential Homes
- Mental Health Awareness (for Non Mental Health Staff)
- Nutrition and Dementia
- Nutrition and Peg Feeding
- Person Centred Support
- Pressure Ulcer Awareness
- Reminiscence
- Safeguarding Adults: Alerters 1
- Safeguarding Adults: Alerters 2
- Safeguarding Adults: Provider Managers Roles and Responsibilities*
- Understanding Parkinson's
- Working with Clients Who Lack Capacity

**courses targeted at managers*

All training courses are currently offered free of charge. The workforce training programme can be accessed by contacting the Social Care Training & Development Team at trainingsocialcare@ealing.gov.uk or 020 8825 8780. Care providers can also make use of a number of national online workforce tools to assist them in readiness for Care Act requirements e.g. Skills for Care currently offer the following online support tools:

- Skills for Care – Workforce Capacity Planning Tool
<http://www.skillsforcare.org.uk/Standards/Care-Act/Workforce-capacity-planning/Workforce-capacity-planning-model/Workforce-capacity-planning-model.aspx>
- Skills for Care – Workforce Readiness Tool
<https://www.snapsurveys.com/wh/surveylogin.asp?k=141137934094>

The 'Grey Matter Group' also provides an online assessment and competencies system that evidences the achievement of standards for health and social care providers, underpinning the delivery of quality care and support. Providers can access the online tool at: www.CIS-Assessment.co.uk which is also available to providers based in Ealing, or have a contract with us.

Business development and support

Ealing Council, through our Commercial & Procurement Unit (and in partnership with Economic Regeneration colleagues) will run a series of local business support events and individual supplier clinics during 2015 – the focus of which will be to support improved business resilience and sustainability.

Sub-regional supply chain management within the West London Alliance

The West London Alliance (WLA) continues to be an effective sub-regional hub for the exchange of good practice and market intelligence, and plays an important role in implementing a number of cross-borough procurement arrangements. By working within the WLA Ealing has:

- Ensured that our local commissioning intentions are consistent with regional intentions
- Supported the development of a shared sub-regional market approach, which complements our local borough market position statements
- Actively engaged in sub-regional procurement projects with neighbouring local authorities

As a consequence of this sub-regional approach, care and support supply frameworks are now in place for:

- Domiciliary care services
- Care home placements for people aged over 55
- Housing related support services

The WLA is actively involved in Ealing's Care Act and Integration programmes, most notably supporting the development of new IT delivery systems and the development of a cross-borough approach to contingency planning for business failure.

The WLA's online care directory – CarePlace – will be used to provide Ealing's core online information and advice offer and resource directory hub from April 2015. In parallel, the WLA will develop new supported self-assessment, financial assessment, and self-funder registration tools on the CarePlace site that will be

available for public use. Throughout 2015 the WLA will run a number of events for care providers to come and meet the WLA and learn more about CarePlace and its functionality.

In the meantime care and support providers can register their services now on the website or can contact the CarePlace support team at careplacesupport@ealing.gov.uk with any queries.

Models of practice and service delivery the council will encourage

Ealing is committed to the principles of promoting wellbeing and prevention, and in helping people to achieve the best outcomes that matter to them in their life.

Our approach will promote practices and interventions that delay and prevent long-term or future care needs, and which support people to live as independently as possible for as long as possible; and that also support the needs of carers. Through new Care Act market oversight duties we will aim to shape future models of practice to include a clear focus on:

- meeting personal outcomes
- quality and workforce development
- sustainability and capability
- supporting choice
- co-production
- offering peer related support

Through the BCF Plan the Council and Ealing CCG are also similarly committed to delivering integrated community based health and social care services that are:

- person-centred
- of the highest quality
- safe, sustainable and affordable
- co-designed with professional and voluntary groups, and patient representatives
- focused on the needs of the individual and local population
- continuously improving based on the “learning from experience approach”
- designed to facilitate greater self-care for those for whom it is appropriate
- innovative in their design and delivery and apply best practice

Contingency planning for provider business failure

The Care Act 2014 sets out duties that require Councils to act should a regulated care provider business fail. Under the Act, Councils have a temporary duty to meet people’s needs where a care provider is unable to continue to operate due to a business failure. The duty applies to all people receiving care from registered care providers providing regulated care activities who are registered as operating in the borough, whether or not the local authority organises or pays for that care.

The duty aims to ensure people’s needs are met where a business has failed and services can no longer be provided. However, in most cases where a business fails administrators will be in place and continue to run the business until it can either close in a planned way or a buyer found – in these planned cases the duty would not be triggered.

In cases where there is an imminent failure then Councils will have a duty to act. The Act outlines that Councils must meet the needs for care and support which were being met immediately before the business failure for 'as long as it considers necessary' and 'as soon as they become aware of the failure'. The temporary duty also extends to where the person is a self-funder. The council can charge for meeting care and support needs (except for the provision of information or advice) that it arranges in response to a business failure. However, the Council has no powers to intervene for those people placed who in receipt of NHS funded Continuing Healthcare, these cases remain the responsibility of the NHS.

As a consequence of these duties Ealing will develop:

- A 'Business Continuity Plan for Business Failure' developed in partnership with Civil Protection.
- The establishment of incident response teams consisting of social work, commissioning and finance lead officers to respond to individual provider business failure events – the incident teams will include NHS colleagues where the failure involves NHS funded placements
- The establishment of a business intelligence sharing forum, known as the Ealing Quality Assurance Group, in partnership with NHS Ealing CCG and the Care Quality Commission (CQC)
- The maintaining of resident / service user registers by Ealing's care and support providers
- The proportionate financial 'health-checks' of regulated care and support providers in Ealing.
- Maintaining up to date provider information including vacancy and capacity information.

Under the Act the Care Quality Commission has a prescribed duty to assess and monitor the sustainability of those "hard to replace" regulated care providers and as such is required to share business intelligence with the relevant local authorities. Regulated providers coming under the CQC oversight regime will be those that meet the following criteria:

Residential care providers who have:

- At least 2,000 units anywhere in England i.e. significant size of provider; *or*
- Between a total of 1,000 and fewer than 2,000 units with at least 1 bed in 16 or more local authority areas i.e. significant scale regionally or nationally; *or*
- Between a total of 1,000 and fewer than 2,000 units and where capacity in at least 3 local authority areas is more than 10 per cent of the total capacity in each of these areas i.e. significant concentration in a local or geographic area.

Non-residential care providers who provide:

- At least 30,000 hours of care in a week anywhere in England; *or*
- At least 2,000 people with care in a week anywhere in England; *or*
- At least 800 people with care in a week anywhere in England and the number of hours of care divided by the number of people cared for must be more than 30. For example, if 900 people receive care in a week then more than 27,000 hours of care must be provided in that week for the criteria to be satisfied.

From April 2015 the Care Quality Commission will publish the names of all those care and support providers who meet the above conditions. Providers on the oversight list will remain on it for a minimum of 12-months unless removed earlier through a decision from the Secretary of State for Health.

Partnership working and co-operation

Ealing will promote and develop greater links with other public agencies as part of its duty to co-operate. Council commissioners will in particular:

- Work with NHS Ealing CCG colleagues to promote greater integration with the NHS and other health-related services and to ensure an integrated response to the Council's prevention and wellbeing duties
- Co-operate strategically with local and sub-regional partnerships in discharging our commissioning and care and support functions
- Work in partnership with other boroughs on individual care and support need matters as they arise.

Universal messages for the social care market

- New European Union (EU) procurement regulations apply to all public procurement exercises started after 26 February 2015. Under the new rules means Part B services have either been abolished or replaced by a new Light Touch Regime. Procurement for those services above the value £625,050 must be tendered via OJEU and comply with new EU transparency and equal treatment principles, and publish contract award notices. Whereas the award of any contract over £25,000 up to the OJEU threshold must be published in Contracts Finder (the UK Governments' procurement web portal)
- The Council will actively embed the prevention and wellbeing principles throughout all adult social care commissioning and procurement processes from April 2015 onward.
- We anticipate a continued trend toward outcome-based arrangements for care pathways; population groups; and potentially geographic areas. We also envisage the greater use of Dynamic Purchasing Systems (DPS) in the future. We will also explore new models of payments such as annualised payment schemes in return for discounted fees.
- We will continue to play an active role in the West London Alliance and will embed the notion of outcome-based commissioning in all future joint procurement projects
- People often only need limited assistance at times of crisis or when events cause short-term difficulties – as a result we will further invest in preventative and early intervention services in the borough and work with NHS partners to promote access to universal services that support prevention and promote wellbeing and which encourage a culture of self-care.
- We will further develop and maximise the use of local housing related support services to assist borough residents maintain their independence and support prompt hospital discharge and admission avoidance.
- We will reconfigure local information and advice resources to meet Care Act requirements from April 2015 onward including the establishment of an information & advice network to ensure consistency in the way in which care and support information and advice is delivered in the future. The West London Alliances (WLA) online directory – *CarePlace* – will be enhanced to provide Ealing's core online information offer from April 2015 and in doing so we will work with care and support providers to promote their services through this medium and work with WLA colleagues to further improve content management arrangements.
- We will purchase Independent Advocacy on a limited block arrangement basis during 2015-16 with the aim of developing a new corporate Advocacy Framework with other departments (and potentially the NHS) from April 2016 onward.
- We know that alternate solutions such as equipment and telecare can have a significant impact in enabling people to live independently. As a result we will continue to invest in this area as we know that these solutions are vital in supporting independence, dignity and wellbeing for many people. We will also actively promote this area of provision to those buying their own care (known as self-funders)

- We will realign our voluntary sector grant priorities to directly support our health integration and Care Act programmes in 2015 and beyond
- We anticipate market opportunities for new 'lead providers' capable of managing a supply chain of smaller suppliers to deliver improved outcomes such as reduced admissions to hospital; along with encouraging new consortia opportunities and arrangements to deliver a wider range of services.
- We will work with NHS Ealing CCG and the Care Quality Commission (CQC) to develop a joint quality assurance framework for patients and social care users alike. We will also undertake a new market oversight role (working closely with the NHS and CQC) to fulfil our new duties – particularly in relation to business failure and the duty to cooperate
- We will run business and workforce development events for providers to support the development of a social care market that delivers effective and high quality services and a fit for purpose workforce.
- We will continue to actively promote the use of direct payments within adult social care and will work with NHS Ealing CCG to develop a co-ordinated approach with direct payments for health care. The council will also work with the CCG to develop systems that better enable and support the self-care of long-term health conditions.
- Working with the CCG, we will ensure effective 7-day social work arrangements are in place in hospitals and work with care and support providers to offer responsive 7-day assessment and admission arrangements
- We will support self-funders in buying their own care and support to ensure that they have the same assurance on quality as they would have through Council purchased services; which may involve the council commissioning and monitoring services on behalf of a self-funder if requested to do so.
- The Council and CCG will invest in new housing related support services that aim to reduce delays in a patients' discharge from hospital and reduce the risk of readmission. The services will work with people housing support needs have been identified that can achieve and maintain a person's independence and recovery thus reducing emergency use of the NHS.
- Ealing will develop a 'Healthy at Home' service aimed at delivering reductions in non-elective hospital admissions. Urgent Care services will also be developed with the NHS for those individuals who require assistance immediately, but for whom A&E is not the appropriate setting to be supported; and to assist patients to get home safely and efficiently following discharge. We also recognise that we need to get better at supporting people after they have been in hospital and in particular for those who need short-term support to avoid an admission to hospital. We will work with our NHS partners to deliver new Intermediate Care Services and models of care for older people using new outcome-based specifications.
- We will provide improved and tailored information and support for carers living in the borough, including the provision of additional home-based and residential respite care.
- In partnership with the National Offenders Management Services (NOMS) we will ensure that appropriate care and support services are available for eligible ex-offenders placed in Ealing's bail hostel and Approved Premises.

Key messages for care and support providers

This section of the Market Position Statement (MPS) sets out the current demands and anticipated trends for each of the key social care client groups; and provides an overview of the Council's priorities for future care and support provision in the borough and sub-region.

Older People

Population profile

In 2014 the estimated over-65 population stood at 39,200, rising by 1,800 between 2012 and 2015. The greatest rise was in the 90 plus age group with an increase of 23%. By 2020 it is estimated that the over 65 age group will increase by 17%. Population increase on its own does not give the full picture, however, as there are currently 13,000 older people in Ealing who cannot manage at least one self-care activity, a figure predicted to rise to 14,750 (19.4%) by 2020. This increase in numbers will put continued pressure on services as they are currently configured, so there is a need to consider alternative provision.

There are an estimated 2,700 older people with dementia in Ealing. The number is predicted to rise to 4,350 by 2030 (61.4%). The steepest rise is envisaged to be among those aged 90 and over. National prevalence data also predicts that there are in the region of 70 people of working age with dementia in Ealing, however data from local dementia support services suggest that the actual number is considerably higher.

Sensory impairment disproportionately affects older people, and has a known negative impact on health and wellbeing. In March 2014, 490 people over 65 were registered as blind and 265 people registered as partially sighted. There were 90 people over 65 registered as deaf and 435 people registered as hard of hearing. We anticipate that this will be a growing issue in the future.

Ealing also has a diverse population with 38% of the older people population made up of BME communities, and as a consequence we need ensure that a responsive market that can meet diverse needs is in place.

Current demand and supply profile

Dementia care

Providing high quality support to people with dementia and their carers will be an increasing focus of our commissioning activities for older people over the coming years.

Ealing will seek to commission high-quality services which in the main support people with dementia to remain independent for as long as possible at home and delay the need for long term residential care. However, where residential care is needed Ealing's Dementia Programme Board has identified a shortage in the number of care homes able to effectively look after people with a dual need of dementia and challenging behaviour or complex care needs. While many residential care and homecare services provide a good standard of support for people with dementia gaps still remain. The Council and NHS will work with dementia care providers to ensure that all staff have the required levels of skills and knowledge to help people with dementia and their carers lead as fulfilling a life as possible.

In regard to community provision in 2015-16 Older People's Services will consolidate its dementia day service provision at the Michael Flanders Centre in Acton. The service will offer up to 100 places a day to service users who have a dementia diagnosis.

There are also a range of voluntary sector providers, largely funded through health and social care grants, who currently support people with dementia and their carers – the two notable being Dementia Concern and the Alzheimer's Society. Between them they offer customer representation, information and advice, weekend day-care, short-breaks for carers, dementia cafés, and working age services. Dementia care remains a priority funding area for the 2015 health and social care grants round.

Support at home (homecare)

There are 46 domiciliary care agencies registered to provide homecare and outreach services in Ealing, with over 2,000 older people supported by these agencies as follows:

65+ Group	
Learning Disabilities	11
Mental Health	18
Older People's Services	2,030
Physical Disabilities	148
Total	2,207

Adults Services Contracts Team

Data shows that 68% of all homecare activity for people over 65 was for personal care, 18% domestic care, 8% reablement, and 4.5% related to double-up and complex packages of care.

A four year homecare framework arrangement is in place across the sub-region (operating since 2014) via the West London Alliance. Despite this, there has been an increase in the use of 'spot' purchased homecare services over the last 18 months. This is due in part to targeted actions to support hospital discharge and admission avoidance, which has resulted in capacity pressures within the framework homecare providers. The Council is working closely with care agencies and the WLA boroughs to build capacity across all categories of care, but in particular for double-up care and male carers; and in the areas Ealing, Perivale and North Acton where the Council wishes to see additional capacity develop.

Care home provision

There are currently 65 registered care homes in the borough with 1,700 beds. These split between 1,230 nursing/residential beds and 476 residential care home beds. Activity data in 2013-14 indicated that 866 beds were commissioned by the Council, with the remaining 834 beds purchased by other authorities, the NHS and self-funding customers.

In 2013, a sample survey of 1,000 plus care home placements identified 449 people with dementia (41% of placements). However, data recorded between January 2014 – January 2015 highlighted that dementia referrals accounted for 80% of all placement requests for people over 65 made to the council, with 90% of these requests being for respite or short-stays; only 10% of activity related to permanent placements.

From the activity data recorded the need for residential placements for frail older people is likely to reduce as more people are supported in their own homes or take-up sheltered or extra-care housing options. The

age of people entering residential care has increased, further adding to a reduced need for this category. However, evidence suggests that where someone is likely to be placed in a standard residential bed category then they are likely to have more complex care and support needs.

The demand for general nursing placements remains stable in terms of current demand and supply. We do though expect that discharge and rehabilitation initiatives with the NHS will increase the proportion of short-stay nursing placements needed as more people recover from a period of ill-health prior to returning home in a nursing home setting.

The need for both residential and nursing dementia beds remains high, particularly for respite and short-stay purposes. There is also a particular need for dementia care placements that can support residents with challenging needs.

In 2015-16, Ealing will continue to purchase main bed categories for people aged over 55 at the following weekly rates:

- Residential £466.00 per week
- Residential Dementia £540.00 per week
- Nursing £507.30 per week (excluding Funded Nursing Care)
- Nursing Dementia £533.30 per week (excluding Funded Nursing Care)

We envisage that we will work with NHS colleagues to implement more rapid access to short-term placements, where patients can be moved from hospital into a supported care setting for a limited time whilst assessment and eligibility decisions are made.

Ealing will work with the West London Alliance to develop a new Care Home Framework or DPS arrangement from February 2016. It is envisaged that the framework or DPS will consist of bed category lots, and include lots for respite care and supported living. However, the current financial climate may prompt a shift in the market share to larger more cost efficient providers, which raise the possibility of some SME providers exiting the market.

Extra-care supported housing and housing related support

There are currently two extra-care schemes providing 75 self-contained units, both are popular and have waiting lists. We expect demand to continue and anticipate that this service model will be extended to other client groups. While there are no immediate development plans for further extra-care provision in the borough, we nonetheless remain open to discussions with service providers and developers as to how extra-care capacity can be increased and sustained to meet potential new demand.

In addition to these 2 schemes, 240 units of housing related support ranging from extra-care to floating support were provided by the Council. The total budget for housing related support for older people is currently £265,000 per year.

Community services

Evidence suggests that loneliness and isolation impact significantly on a persons' wellbeing. As a result we are working with partner organisations to identify the current scale and impact of this issue and will work with stakeholders to develop local prevention support and meaningful community activities for older people through continued investment in the voluntary sector and housing related support. Ealing will also

develop an enhanced Healthy at Home service with the aim of reducing non-elective admissions by 750 per year.

Community equipment and telecare

Equipment and adaptations can have a significant impact in enabling people to live independently. We will continue to invest in this area as we know that these solutions are vital in supporting the independence, dignity and wellbeing of many people living in the borough. During 2013-14 more than 5,000 residents were supported through the Integrated Community Equipment Service (28% supported via the Council and 72% via the NHS).

The top-five items issued by the integrated service in 2013-14 were:

1. Mopstick
2. Key safe
3. Commode
4. Visco Cushion
5. Mattress - Softform Single

In addition to the high volume of community equipment issued, the Council also supported 337 people with telecare services during the year, issuing a total of 828 telecare items. A total of 88% of all telecare users in 2013-14 were aged over 65 years old.

In 2015 we propose to align the telecare offer to eligible users through Careline, ensuring a consistent and co-ordinated approach is in place for self-funders and Council users alike.

Physical Disabilities and Sensory Impairment

This section of the market position statement is concerned with working age disabled adults under the age of 65.

Population profile

The majority of younger people with a physical disability are supported by means other than adult social care services. In 2015 it is estimated that there are 15,000 people aged under 65 with a moderate physical disability; and 4,200 people with a severe long-term condition or disability. It is anticipated that the population of those aged 18-64 with a disability will increase from 7% to 12% by 2030.

Population Projection	2010	2015	2020	2025	2030
People 18-64 predicted to have a moderate physical disability	14855	15355	15813	16285	16502
People 18-64 predicted to have a serious physical disability	4084	4223	4391	4586	4655

PANSI DATA - 2010

Of the 5,500 adults with a disability known to the Council in 2012, women aged 65 plus accounted for 49% of known individuals, with men aged 65 plus accounting for 28%. The remaining 23% (1,265 people) were working age adults under the age of 65. Of all disabled people known to the Council 1.5% reported as having a sensory impairment. Ealing also supports an increasing number of disabled adults with challenging or anti-social behaviour (including a number of people with Korsakoffs) as a result of prolonged substance misuse.

In 2013-14 there were 52 people with a disability placed in long term placements. The majority were aged over 50, and in the majority of cases were placed in care homes with older people. There were a small number of people under 65 supported in Ealing's extra-care housing developments due to a lack of supported and accessible housing being available. Many younger adults with a disability opt to receive support via a direct payment suggesting that many younger people desire greater flexibility and control over their care and support. In 2013-14 a total of 178 working age adults with a disability were in receipt of a direct payment, which for the most part were utilised to employ a personal assistant or for support at home services.

Current demand and supply profile

Residential and nursing care provision

There is no evidence to suggest that the nursing and residential market requires further development. However there is a need to sustain a number of necessary long term placements for younger adults with complex or dual needs such as younger adults with enduring mental health or substance misuse needs. There is also a need to review current care home provision in the borough to support the development of greater age appropriate services.

Supported housing and accommodation

Access to suitable supported accommodation remains limited for a number of younger disabled adults in the borough. Consequently, we propose to assess whether alternative housing support options such as

'shared' supported living provision can offer a viable option for some and whether or not these options represent value for money. We are therefore interested in speaking to existing supported living providers who can assist in a market testing exercise.

Support at home (homecare)

In 2014 a total of 315 younger adults with a disability were in receipt of support via a regulated homecare agency. Data indicated that 68% of all homecare activity for those under 65 was for personal care; 18% domestic care; 8% reablement; and 6 % for double-up or complex packages of care. A four year 'support at home' framework has been in place across the sub-region since 2014 and offers a number of dedicated lots for people with long-term needs. However, there are known capacity similar to that experienced by older people's services that we plan to laterally address throughout the next year.

Extra-care supported housing and housing related support

Extra care housing options offer support for adults with disabilities aged over 55 rather than for working aged adults. There are 34 floating support places available in the borough for younger people with a disability, representing a total annual expenditure of £90,000.

Community activities

There is an opportunity to re-focus current investment on those activities which are likely to delay or reduce the need for long term support and connect people to their community for on-going contact. This is likely to be part of the integration and prevention work that will be considered over the course of the next year.

Sensory impairment (including Deafblindness)

In light of new Care Act duties Ealing plans to review current sensory support arrangements to ensure that there are sufficient services in place to support borough residents.

The Social Care for Deafblind Children and Adults (2009) guidance is replaced by the Care Act 2014 from the 1st April 2015. In line with the Act we will review current deafblind arrangements to ensure that we:

- identify, make contact with and keep a record of all Deafblind people in their catchment area (including those people who have multiple disabilities which include dual sensory impairment);
- ensure that when an assessment of needs for care and support is carried out via person or team that has specific training and expertise relating to Deafblind persons;
- ensure services provided to Deafblind people are appropriate, recognising that they may not necessarily be able to benefit from mainstream services or those services aimed primarily at blind people or deaf people who are able to rely on their other senses;
- ensure that Deafblind people are able to access specifically-trained one-to-one support workers if they are assessed as requiring one;
- provide information and advice in ways which are accessible to Deafblind people; and
- ensure appropriate Deafblind care and support services are suitably available to Deafblind adults resident in Ealing

Joint commissioning arrangements must be in place in Children's Services for 0-25 year old children and young people with SEN or disabilities including children with multi-sensory impairment, both with and without Education Health and Care (EHC) plans

Adults with Learning Disabilities (including people with Autism)

Population profile

The number of adults with a learning disability in Ealing is increasing and the nature of need is changing. It is anticipated that the population of those 18-64 with a learning disability will increase from 7% to 12% by 2030

Population Projection	2010	2015	2020	2025	2030
People aged 18-64 predicted to have a learning disability	5226	5350	5435	5536	5627

Ealing JSNA - 2010

In 2013-14 there were 938 people with a learning disability known to Ealing Council. Of these 726 people lived in the borough and 212 lived outside. More children with complex disabilities and health needs are surviving into adulthood and more adults with a learning disability are living into older age e.g. 64% of the population known to Ealing are aged 18 – 44 with 53% living at home with family carers. Just over half (51%) of people are from a BME community, and there is a noted increased prevalence of people with more severe and complex needs within these BME communities. There is, however, little evidence of any closing of the gap in life expectancy between people with a learning disability and the general population. Consequently there is a drive to increase access to local health services via annual health checks, health action plans and improved health screening programmes.

The number of people with the most complex needs is also increasing. Whilst the numbers of children with moderate learning disabilities has reportedly decreased in the last 6 years, there has been a significant increase in the number of pupils with a severe learning disability, and the number of pupils with profound or multiple disabilities is reported to have doubled. In the last 18 months 45 young people with complex or challenging needs turned 18. This cohort included young people with profound or multiple disabilities, complex autism, mental health needs, and people with behaviours that services find challenging. We have also seen an increase in the number of older adults with a learning disability and dementia, only 8 people known to the Community Team for People with Learning Disabilities have a formal dementia diagnosis. Whilst, 111 adults who are known to the local health team also have a diagnosed mental health condition

The increase in the number of people with more complex needs has implications for the types and levels of support required, and further reinforces the need for an integrated approach to meeting people's health and social care needs. We also need to ensure that the workforce has the right skills, knowledge and experience to work alongside people with complex needs as part of any planned future models of care and support.

Autistic spectrum conditions

Projections indicate that around 2,241 (1:100) adults in Ealing have Autistic Spectrum Condition (ASC) and of these 2,000 have high functioning Autism and Asperger's syndrome. Autistic Spectrum Condition has increased tenfold within children's services over the last ten years; with the number of pupils with Autism as a primary need having increased by 28% to 388 pupils in the last 5-years alone.

Prevalence also suggests that between 25-33% of all adults with ASC will also develop mental health problems; and 85% will be dependent on state and / or family support. There currently appears to be a gap in support for parents and carers of adults with ASC who fall below the threshold of specialist services.

The recent Autism Act highlighted the increasing number of adults with an ASC have neither a learning disability nor a mental illness. Consequently, there is a need to improve understanding of autism in Ealing, and how to design environments, services and skills to support people with autism more effectively.

Current demand and supply profile

Care and support is currently delivered by a range of providers from in-house provider services to a growing number of voluntary and independent sector service providers (including local and regional social enterprises). Some services for residential care and day services continue to be provided through existing block contracts. However, the majority of care and support services are purchased from suppliers via established frameworks or spot purchase arrangements. In 2013-14 a total of 444 people purchased services through a personal budget, with 159 people managing their own care and support through a direct payment. A total of 77 people received regulated homecare services in 2013-14, with a growing number making use of new outreach services being offered by local homecare agencies. The West London Alliance 'support at home' framework also includes a lot for people with complex care needs, which is improving access to mainstream care and support services by people with a learning disability.

The council plan to develop a Learning Disabilities Strategy in 2015 that will encompass 4 key priorities:

- people have access to affordable housing options and are supported to live in ordinary housing
- people have access to health services which lead to improved health outcomes
- people are supported to be part of their community, have friends and relationships, and access to work, leisure and education opportunities
- family carers are supported to care for their relatives and have access to a range of services to enable them to have a break from their caring role

Within the strategy, commissioned services will promote independence, health and wellbeing and where possible prevent, delay or minimise a persons need for formal care and support by providing greater access to universal services and through the increased use of assistive technology. If people need further care and support, then they will have improved choice through a diverse market of good quality and personalised services

Community and family support

Just over half of all adults with a learning disability who receive adult social care live with their parents or family members – hence supporting family carers is a key priority. People living with their families will continue to have access to a range of support, including day-opportunities, outreach, support at home, and short-breaks (respite) will be available for carers. Services will be provided by a combination of voluntary, independent and council provided services (including a Shared Lives Scheme). There is an expectation that care and support providers will enable greater access to universal services and offer innovative family and community based support. Our focus will be on services that reduce people's dependence on formal support by helping them build independence and self-care skills, connect with their communities, and access mainstream services. We will also work with providers to ensure more adults with a learning disability are supported to access training, work experience, and voluntary or paid employment.

Residential and supported accommodation

A total of 154 people live in a residential care home setting, with a similar number living in supported living services. A smaller number (14 in total) live in a long-term Shared Lives Scheme, and 3 older people live in the councils' extra-care housing schemes. We are committed to developing further supported living

accommodation in the borough and plan to work with providers to deregister existing residential care provision over the next year to support this aim.

Housing related support

There are currently 111 units of housing related support available for adults with learning disabilities in the borough representing a total annual expenditure of £1.2m.

Opportunities for market development in Ealing include:

- There is a demand for more accommodation based short-breaks for people with learning disabilities and autism who have challenging needs; and for those with profound or multiple disabilities
- There is a need for short-term accommodation for people in crisis situations
- There continues to be a demand for building and community based day opportunities for people with profound or multiple learning disabilities, autism, and challenging needs.
- Families have expressed a need for transport passenger assistants to be included as part of a day-opportunities package for people unable to travel independently.
- There is a preference for supported living over residential care home placements, particularly amongst younger adults. There remains a need for registered residential and nursing care home placements, but at a reduced level – as a result we plan to deregister existing block contracted residential provision over the next two years.
- There is a need to develop services for young people 16 + to access local schools and colleges, reducing the need for out of borough education placements, particularly for young people with challenging needs.
- Many people have specific housing requirements as a result of their needs. This includes the need for ground floor accommodation and properties that feature positive layouts and lighting such as in meeting the needs of people with autism or challenging needs.
- There will be greater demands on private and social landlords to understand the housing needs of specific groups of adults with learning disabilities; and a priority to increase the number of self-contained units with shared communal space for socialisation and opportunities to share support.
- We aim to increase the level of placement via local Shared Lives Schemes over the next 2-3years
- We will work with colleagues in mental health services to improve the step-down options from inpatient secondary mental health services back to the community
- We will continue to work with mainstream regulated care home providers to ensure they can support people with dual dementia or nursing care need.

Mental Health

Population profile

Mental health is an essential component of a person's health and has an impact on every aspect of life, including how people feel, think and communicate. It impacts on physical health, lifestyle choices, and behaviour. It enables people to manage their lives successfully and live to their full potential. Mental ill health is the largest single source of ill-health in the UK. No other health condition matches mental illness in terms of prevalence, persistence and breadth of impact. In 2012 estimates indicated that nearly 35,000 adults in Ealing had a common mental health disorder, with over 15,000 people experiencing two or more psychiatric conditions, which are expected to increase by 3% by 2020.

Population Projection	2012	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	34415	34871	35402	35965	36451
People aged 18-64 predicted to have two or more psychiatric disorders	15504	15712	15962	16225	16453

Common Mental Health Disorders projection in 18-64 years – Ealing's JSNA

Within these figures there were an estimated 19,500 on GP depression registers; 3,900 on psychoses registers; and 1,200 on dementia registers. However, there are many more people in the borough that do not seek or receive the help they require.

The prevalence of depression in 2011 was 6.56% for Ealing, lower than London and the England averages. Ealing's prevalence of depression has remained lower as compared to both the England and London levels since 2008. The prevalence of dementia is 0.32% for Ealing, lower than the England average of 0.48% but similar to London. The prevalence of psychoses was 1.01% i.e. the 3,900 adults on local psychoses registers, higher than both the London and England averages of 0.98% and 0.79%. The prevalence of psychoses in Ealing appears to have been higher than England and London since 2007. National data indicates that people with severe and enduring mental ill health also have a reduced life expectancy of 16 years for women and 20 years for men; with smoking and substance misuse rates also significantly higher than the general population

Primary care services

The Improved Access to Psychological Therapies or the IAPT programme was an NHS programme rolled out across England in 2008. IAPT aims to support people suffering from common mental health problems such as depression, anxiety disorders, obsessive compulsive and panic disorders. The programme was created to provide a first-line treatment solution for people with mental health needs such as talking therapies, combined with medication for people experiencing one of these conditions. In 2015-16 the Council and Ealing CCG are seeking to extend IAPT and talking therapies services and are establishing a Talking Therapies Network for providers.

Secondary mental health services

In Ealing the rate of people using secondary mental health services was 3.1 per 1000 population in 2010, higher than the England rate of 2.5 per 1000 but lower than the London rate of 3.3 per 1000 population. The rate of contact with a Community Psychiatric Nurse (CPN) was 158.9 per 1000 of the population; lower

than both the London and England. However, the rate of people on a Care Programme Approach (CPA) was higher at 9.4 per 1000 population, as compared to both London and England rates.

Ealing's rate for hospital admissions for mental health is 225.4 per 100,000 in 2011. This was lower than the London rate of 257.8 per 100,000 and slightly higher than the England rate of 216.9 per 100,000. There were 1,418 mental health hospital admissions (all ages) in 2011:

Hospital admission categories	2010-11
Organic, including symptomatic, mental disorders	86
Mental and behavioural disorders due to psychoactive substance use	536
Schizophrenia, schizotypal and delusional disorders	310
Mood / affective disorders	274
Neurotic, stress-related and somatoform disorders	104
Behavioural syndromes associated with physiological disturbances and physical factors	14
Disorders of adult personality and behaviour	68
Disorders of psychological development	21
Behavioural and emotional disorders occurring in childhood and adolescence	5
Total	1418

Hospital admission chapters for adult mental health services – Ealing's JSNA

Forensic mental health services

The tables which follow give an overview of bed numbers within the different services, rates of admission and occupied bed days and average length of stay

Unit	Services	Bed Numbers at 31 March 2014	Admissions 2013-14
WLMHT Forensic Services	Adolescent Forensic	10	14
	Male Low Secure	60	26
	Male Medium Secure	116	39
	Specialist	12	5
	Forensic Women's secure	59	21
	Total	257	105

West London Mental Health Trust provides both community and inpatient forensic services, including specialist forensic services for women and adolescent males.

These services are delivered mainly from the St Bernard's Campus, which has over 250 beds. Using a service-led approach, the Trust's Service Development Plan for Medium Secure Services involves the design, development and delivery of a new 80 bed medium secure unit, which will see medium secure patients moving out of unsuitable Victorian accommodation by early 2016.

This change will enable a new clinical model for medium secure care and its clinical pathways for the benefit of our patients.

Current demand and supply profile

Placement and supported accommodation

There is a persistent demand for accessible supported accommodation based services following hospital discharge. In 2013-14, 214 specified accommodation placements were commissioned from regulated providers. However, the number of permanent care home placements has reduced over recent years from 84 in 2011 to 60 in 2014. This is in the main due to the recovery model in mental health and the resulting increased numbers of people placed in supported living services. The market for mental health residential and nursing care remains relatively small and as such we do not envisage any significant change in demand, and we will continue to commission provision on the basis of short-stay placements from across the North-West London region. A programme of residential placements reviews is in place and will continue to support people move promptly along the recovery pathway, and to ensure we continue to provide settled accommodation to people with mental health needs. We do, however, wish to engage with the supported living providers in Ealing and neighbouring boroughs to source 24-hour licenced and tenanted supported accommodation provision for forensic and complex mental health cases; to better support a decrease in the length of stay in inpatient settings especially for those in the schizophrenia, schizotypal and delusional disorders diagnoses.

Housing related support

There are currently 200 units of support for people with enduring mental health needs available in the borough representing an annual expenditure of £1.5m.

Support at home

Support for people in their own homes has remained relatively constant at around 60 people per year, who are supported through council contracted care agencies. Packages of care to assist people with enduring mental health need to live safely at home will continue to be purchased in the main through council commissioned agencies on the person's behalf. It is anticipated, however, that the number of homecare packages arranged through the council will reduce as improvements in prevention, primary care and self-care; and better access to housing related support begins to positively impact Ealing's recovery model. A small number of people (13 in total) currently purchase their care and support through the use of a direct payment.

Improving outcomes for independence

The process of regularly reviewing individual care plans and identifying the most effective way of meeting them will be a central feature of Ealing's model, which will in turn focus on outcomes and maximising independence. Therefore, it will be incumbent on mental health providers to offer pathway focused services that support people to develop and maintain their independence skills and build their personal support networks. We will also challenge providers to offer and deliver greater support to people with mental health needs to retain and/or find employment.

S117 aftercare

A significant number of people receive care and support services through S117 of the MH Act. Aftercare provision and responsibilities will be strengthened in 2015-16 through the development of new joint S117 arrangements between the Council and Ealing CCG that will set out a shared approach to the planning, decision making, reviewing (including discharge arrangements), and the funding of aftercare services.

Substance Misuse

Population profile

In 2012/2013 there were 969 people in treatment for a drug and alcohol problems in Ealing; and the number of individuals entering treatment increased to 1085 in 2013-2014.

Alcohol

In 2013-14, Ealing had the 15th highest alcohol related ambulance service call outs of all London boroughs. Out of 65,211 calls in London 2,717 were from Ealing. Most ambulance call outs concerned males aged 40-59 years (951). Among females most of the calls were for those aged 20-29 years (156), closely followed by those aged 40-49 (124). The number of alcohol users is increasing with the aging population drinking more than their younger counterparts. This is already a diverse population of individuals who are often only entering treatment via contact with other primary health or social services as a result of other complicating factors, such as alcohol related dementia or physical care needs. In 2013-14, Ealing had the 5th highest number of offenders where alcohol was identified as a factor. This remains a priority area for the borough, and whilst the rates are reducing, Ealing still has rates higher than the London and England averages.

Drugs

The prevalence of Opiate and Crack Users (OCU) in Ealing was 13.0 per 1,000 in 2010-11 and reduced to 10.9 for 2013-14. The downward trend is also reflected nationally and may be due to older long term drug users having higher mortality rates, successful treatment exits or a shift away from class A drugs to substances. One significant area of harm is communicable diseases, 10% of all HIV infections occur via injecting drug use, and users are also more susceptible to Hepatitis C and have a higher risk of premature death from drug overdose. The treatment engagement rate for this group is at 43%, which means that there is still significant amount of work to be done to engage those who are treatment naïve.

Dual Diagnosis

Dual diagnosis is broadly defined as the co-existence of mental ill health and substance misuse problems. The use of non-prescribed drugs and alcohol can make mental health symptoms worse and trigger acute relapse. Research suggests that between 22 and 44% of adult psychiatric inpatients also have problematic drug or alcohol use, with up to half being drug dependent. The prevalence of co-existing mental health and substance use affects between 30-70 % of those presenting to care services in Ealing. Mental health and substance misuse problems are major public health issue. They are regularly encountered in the general population but are more apparent in care settings. In Ealing 24% of users presented to drug and alcohol treatment services with a dual diagnosis, 35% were female and 65% male.

Parents

In 2012-13 RISE supported 342 substance misusing parents who lived with their children, representing 17% of the entire caseload and 40% of all adults accessing structured treatment for alcohol use were parents, 19% of those had children living with them, whilst 21% were parents who had other contact arrangements. Ealing rates of successfully helping parents to recover are much higher than national averages. RISE and the Substance Misuse Team attend monthly forums to facilitate case discussion and treatment options for parents engaged with social services.

BME communities

In terms of ethnicity, there are a lower number of White / British drug users although this group is still the largest in the borough. However, the Asian and Asian / British groups are the most significant groups in the

borough when added together. The highest number of presentations for alcohol treatment by background came from White ethnic communities, closely followed by the Asian/Asian British communities. The fewest presentations came from those with a Mixed background e.g. White/Black African and White/Asian. The demographics of those accessing services is largely representative of the borough's population.

Age

The treatment population profiles for age, show that Ealing has a high number of older drug users. The majority of adults in Ealing undergoing alcohol misuse treatment in 2013-14 were adults aged 35-44 years (33%), of these 698 were male, and 251 female - see table below:

Age Range	No of Clients
18-24	65
25-34	358
35-44	343
45-54	216
55-64	81
65 and over	22
Grand Total	1085

Ealing RISE Data

Current demand profile

There are 30 residential rehab services on the preferred provider list for Ealing. Residential treatment is usually a national resource available to most boroughs. 72% of providers confirm that most of clients come from outside their area. The treatment centres we use in the main situated in Bournemouth, Southampton, Weston-Super-Mare, Portsmouth and Bognor Regis; with limited resources across South and South West London. Changes in funding have also had a range of other impacts on providers in addition to staffing levels. Providers reported that:

- They are treating more complex clients
- Clients are staying in rehab for shorter periods of time
- They are spending more time on contract tenders and marketing the service
- They are not able to improve their facilities
- They are depending more on charitable donations and other ways of generating income
- Less funding is available for aftercare, once the rehab programme has been completed
- They are not able to cover the costs of the service provision

Funding and demand

Funding pressures will increase in the foreseeable future, therefore placements are likely to be shorter, with treatment providers encouraged to provide treatment benefits more creatively in less time. This may involve tapered treatment plans, offsite support and aftercare, forging robust formal links and support networks and joined up working with community services to ensure seamless interventions. Because changes to funding provision and financial pressures mean increased pressure to demonstrate value for money, treatment providers will be encouraged to keep open lines of communication with commissioners.

Treatment providers will need to respond to the changing trends in those accessing treatment, this includes services being able to provide:

- Specialist and joined up mental health treatment
- Specialists and joined up primary health care with good links to local GP services
- Specialist women's provision, which explores gender specific issues relating to parenting , eating disorders, sexual abuse/rape, and domestic violence
- Culturally diverse interventions which consider different dimensions to treatment, migrant issues and associated difficulties, language barriers and cultural norms and values.
- Services for an aging population, providers will need to be adaptable to the needs of this group, this may mean being able to provide age appropriate activities and interventions.

Resettlement and housing

Housing is a major problem and many individuals would like to resettle outside of Ealing and start a new life. Treatment providers therefore need to be able to provide wider resettlement options to facilitate reintegration back into the community and to provide secure housing during this transitional phase.

Aftercare

Reintegration can often be a time of anxiety, uncertainty, insecurity and isolation for people especially those without established support. Therefore we would encourage treatment providers who have the ability to provide aftercare and community support as these will actively improve an individual's chance of success, especially if the decision is to resettle elsewhere.

Housing Related Support

Current profile and provision

Ealing funds 1,000 units of housing related support from 54 service points throughout the borough, and representing an annual spend of £5m. This expenditure covers all client groups and includes;

- Two extra-care schemes for older people providing 75 self-contained flats at a total expenditure of £264,000 per year
- 111 units of housing related support for adults with learning disabilities, representing annual expenditure of £1.2m
- 200 units of support for people with enduring mental ill health, representing a total annual expenditure of £1.5m
- 150 units for young people, at a total expenditure of £850,000 per year

Future plans

The Council recognises that housing related support will form a central part of our prevention duties as set out in the Care Act; and it is anticipated that these types of services will feature in a Prevention Strategy to be developed during 2015.

The focus of future commissioning will be to relieve pressure on high-level and high-cost support services by increasing the level of support provided in the community and increasing throughput to independent living with floating support. The current housing related support priorities for the Council and Ealing CCG supported through investment from the Better Care Fund (BCF) will provide two new housing related support services to support the speedier discharge of patients from hospital and reduce the risk of their re-admission. These services will work initially with older people and people with complex care and support needs to achieve and maintain independence, self-sufficiency and recovery; that will in reduce demand and emergency use of the NHS.

While there are no current plans in place to develop further extra-care provision in the borough, we will nonetheless continue to be open to discussions with service providers and developers as to how extra-care capacity can be increased and sustained to meet potential new demand.

Access to suitable and accessible supported accommodation also remains limited for a number of younger disabled adults in the borough. Consequently, we propose to assess whether alternative housing with support such as shared supported living provision can offer a viable option for some current users and whether or not these options would represent value for money. As a result we would be interested in speaking to existing supported living providers who can assist in a market testing exercise.

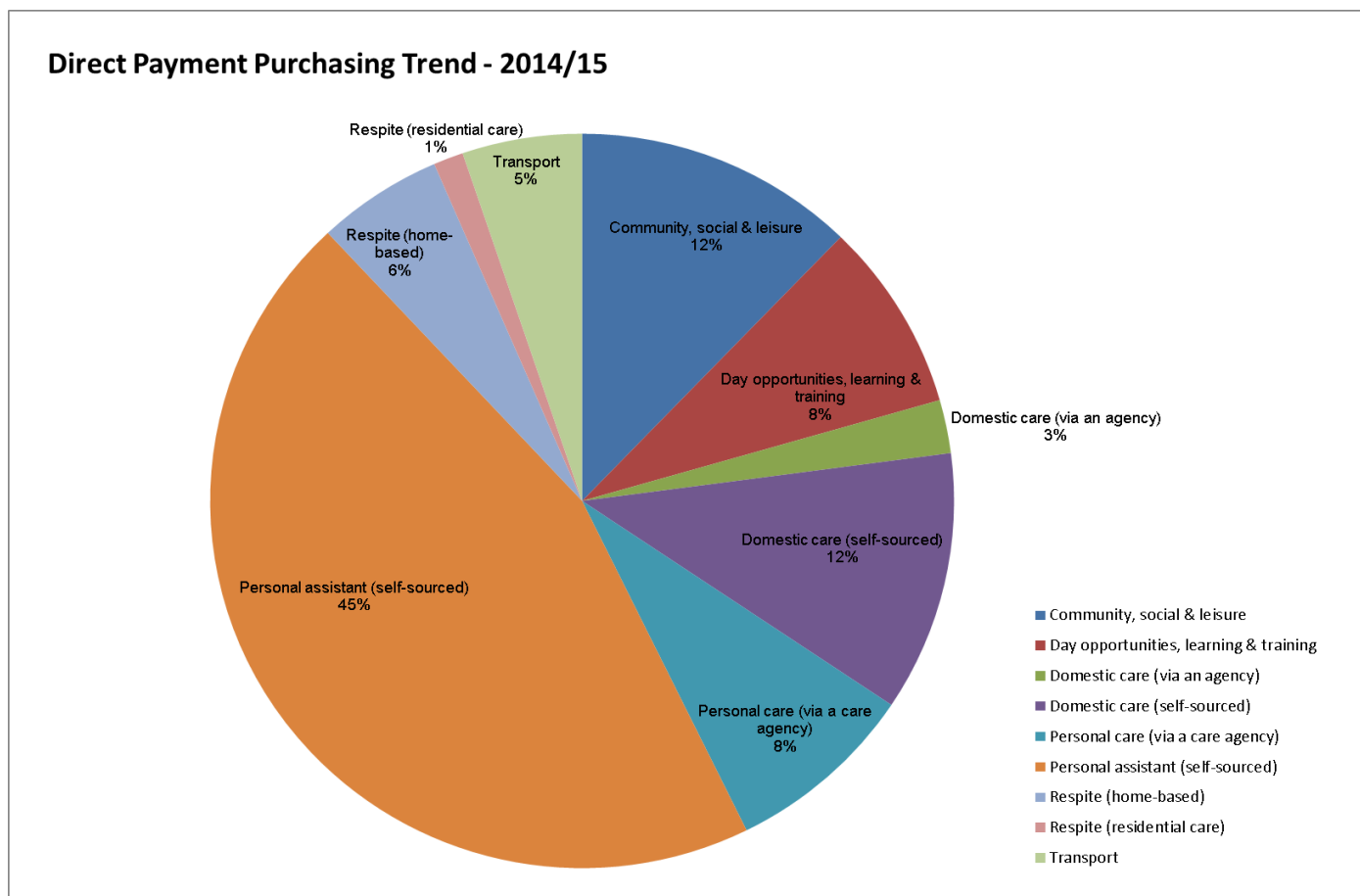
Direct Payments

Population and purchasing profile

Direct payments will continue to be offered to all eligible adult social care users who are eligible to receive them. In 2013-14 Ealing council supported the following numbers of people and client groups to purchase their own care and support services through the use of direct payments:

18 – 64 group	
Physical Disabilities	178
Mental Health	13
Learning Disabilities	159
65+ group	
65-74	83
75-84	103
85+	100
Total	636
Carers	
Carers one-off payments	129

The majority of direct payment users opted to employ their own personal assistants. In 2015-16 we wish to in particular talk to providers who can support a growing demand for an accessible PA market. The full direct payments purchasing profile from April 2014 – January 2015 was as follows:



It is anticipated that there will be increased demand for direct payments from carers, resulting from new duties outlined in the Care Act, and the potential for support planning and brokerage requests from self-funders. As a result, Ealing proposes to review its current internal direct payments support services to ensure that they are better aligned to meet these expected new demands.

We will also prioritise social care grant funding to provide additional support planning and brokerage capacity from the voluntary sector.

In addition to meeting anticipated new Care Act demand, the Council proposes to work closely with Ealing CCG to further develop a co-ordinated response to delivering direct payments for continuing healthcare introduced by NHS England in 2014.

Support for Carers

Population profile

The Carers Trust defines a carer as anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. The Trust estimate that nationally over the next 30 years the number of carers will increase by a further 3.4m people (around a 60% increase)

Ealing has an estimated 35,000 carers, nearly 1 in 10 of the local population. Many of these are family carers helping to provide care and support to someone with a disability or long-term condition or illnesses. A growing number are also known as 'sandwich carers', which often means they look after a relative with an illness or disability as well as caring for other dependents such as a child. Census data indicates that Ealing has the highest concentration of carers in Southall, Greenford and Northolt

National evidence shows that carers providing regular and substantial care are at greater risk of poverty, poor health and loss or inability to secure or maintain work. Carers UK report that people caring for more than 20 hours per week are twice as likely to have poor mental health. Ealing Carers Centre membership data indicates that the most common relationships to the cared for person were as follows:

- Parent 25%
- Partner 29%
- Son / daughter 26%
- Sibling / other family member 7%
- Friend 5%

47% of carers attending the centre were recorded as being white; followed by 15% black African / Caribbean, only 9% of carers were from the Indian / Pakistani BME groups. 78% of carers reported that they live with the person they care for; with 69% of those cared for under the age of 65. Using the monitoring data from the carers centre and the eight voluntary sector organisations that work with carers we can identify the 'differing age bands' for the carers was as follows:

Carers age	Carer centre users	Voluntary sector users
Under 18	2%	3%
18-64	79%	61%
65-74	9%	17%
75-84	4%	17%
85+	1%	1%

Carers centre data further demonstrated that the main support needs of the person being cared for were as follows:

- Physical support - access and mobility 31%
- Physical support - personal care 5%
- Sensory support - visual impairment 2%

- Sensory support - hearing impairment 2%
- Sensory support - dual impairment 1%
- Support with memory/cognition (including dementia) 3%
- Learning disability and autism 16%
- Mental health (non-dementia) 17%
- Other 5%

The voluntary sector data shows that the main support needs of the person being cared for is cognitive impairment and dementia.

National and local policy context

Ealing Council aims to achieve outcomes outlined in the National Carers Strategy and the local Ealing Carers Strategy:

Type	Source	Outcomes
Strategic Outcomes	National Carers Strategy	<ul style="list-style-type: none"> • Carers will be respected as expert care partners with access to the integrated and personalised services they need to support them in their caring role. • Carers will have a life of their own alongside their caring role. • Carers will be supported to avoid financial hardship due to their caring role. • Carers will be supported to stay mentally and physically well and treated with dignity.
	Ealing Carers Strategy	<ul style="list-style-type: none"> • Carers will balance their caring roles and maintain their desired quality of life, which may include employment
Preventative Outcomes	Local outcomes	<ul style="list-style-type: none"> • Reduction in residential and nursing admissions as a result of carer breakdown • Reduction in hospital admissions of carers and people with care needs • Increase in the number of people supported to live at home • Increasing the percentage of older people still at home 91 days after hospital discharge following a period of rehabilitation and/or intermediate care

National policy context

In 2010 the Government refreshed the National Carers Strategy and outlined four priorities for carers, based on what carers said was most important to them:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages
- Enabling those with caring responsibilities to fulfil their educational and employment potential
- Personalised support both for carers and those they support, enabling them to have a family and community life

- Supporting carers to remain mentally and physically well

The Care Act will introduce further changes to the legal entitlement of carers, providing a right to an assessment and to support and the operating framework from which care and support can be provided. For the market, this means that the number of carers in receipt of support is likely to increase and the avenues for providers to engage with and provide services to carers will increase, with providers potentially able to deliver assessment, commissioning and review functions, as well as direct support services. There are also policy changes approaching which affect young people with special educational needs and disabilities, and their families. The changes will affect the range of support available to them as they approach transition to adulthood.

Local policy context

Ealing carers' strategy priorities

The Ealing strategy builds on national policy direction as well as local issues and is centred on delivering the following outcomes:

- being respected and supported - a whole family approach to care
- Balancing caring with a life apart from caring
- Improving access and involvement
- Development of local services to meet need
- Children and Young People to be protected from inappropriate caring and have the support they need to learn, develop and thrive to enjoy positive childhoods
- Provision of support to parent carers

The strategy identifies a number of areas for development;

- better identification of carers through primary care
- improved access to and experience of the carer assessment process
- continued improvement and access to information
- advice support and training for carers
- ensuring appropriate access to services in the context of the personalisation agenda
- better involvement of carers in some specific service developments, in particular the Out of Hospital Strategy
- end of life care and support to young carers.

The areas identified at present as a priority in the strategy are:

- Finance and economic well-being
- Carer Identification
- Training to support carers in skills to care and increase confidence
- Information and support
- Support carers in employment, education or leisure
- Engagement in service development
- Develop pathways with primary care
- To improve choice and flexibility in support services available
- To promote carer involvement as expert carer
- Young Carers identification and support
- Parent carers support

Current demand and supply profile

Demands on carers are rising:

- It is anticipated that the proportion of those 18-64 with a disability will increase from 7% to 12% of the population by 2030. (JSNS 2010).
- The numbers of Ealing pupils with a statement of educational need has risen by 3.7% between 2007 and 2010; and the number of children with a longstanding illness in the borough will have risen by about 10% by 2020 to 7083 and the numbers of children with a limiting longstanding illness is set to increase to 3187.
- In 2009-10 there were 6130 people over 65 receiving social care support; this is predicted to rise to 7458 by 2030.

The typical support accessed by carers in Ealing can be defined by 3 broad categories:

- Universal preventative services – predominantly information and advice
- Targeted preventative services delivered to the cared-for following a carers assessment e.g. respite or assistive technology
- Targeted preventative services delivered to carers and accessed directly by carers following a carer's assessment e.g. carers one-off direct payments

There are a variety of peer support groups that provide mutual support, information and advice to carers in Ealing. National and local qualitative data suggest that these services are valued by carers and have a positive impact on their wellbeing. We will continue to encourage this type of self-sustaining user-led group and the services they provide. We will work with the market, acute, and community-based health and social care services to identify carers across a range of client, social and ethnic groups and provide accessible, timely, information and advice which helps carers to maintain their caring role. We will promote the need for 'whole family intervention' to help carers maintain and balance their wider caring roles especially where the carers also have children and / or other wider family responsibilities.

Use of direct payments and assistive technologies remains low among carers. In the future, we want to work with the market to actively develop these areas for carers because they directly facilitate carers' breaks and allow them to balance their caring role.

Ealing wishes to increase the amount of home-based respite available in the community, and ensure that a level of planned care home respite is available. Commissioners will therefore look at building greater home-based respite capacity, balanced with a of level pre-bookable residential respite provision. Commissioners will also explore alternative forms of community-based respite e.g. by encouraging a 'menu-based' approach whereby carers can access 'respite packages' made up of differing components such as day opportunities or outreach coupled with a sleep-in service at home. Carers themselves have identified the following as gaps – flexible sitting services for carers; access to flexible breaks; replacement services for general domestic tasks e.g. laundry, cooking and gardening; complementary therapies and low-level counselling services; specialist support for carers of people with mental health, dementia and

complex health needs e.g. cancer, circulatory diseases, strokes etc. The borough is also becoming more ethnically diverse and there is a need to consider what support is needed to support carers from black and ethnic minority communities. We will be focusing particularly on 'hidden carers' who are not accessing services e.g. male carers, young carers, Black and Asian ethnic minority carers; and want the market to develop new and innovative ways in which to engage these groups.

We want the market to work with us to encourage carer engagement in commissioning. We particularly want the market to identify the most appropriate means of providing support to carers providing regular and substantial levels of care and support. This may mean facilitating a mix of day-time and evening groups and being more innovative in terms of the location to engage with more carers, and carers with higher levels of need e.g. 'group befriending' models of support where carers meet in a carers home, or area-based support. We want to develop a varied market in respite and carers breaks to be marketed at self-funding and self-commissioning carers; and increasing numbers of carers making use of direct payments available through the council

We want to increase the number of carers able to access learning and training, maintain employment, or find work. To do this we want the market to develop and deliver employer engagement and awareness training to promote the employment and retention of carers through greater use of flexible-working arrangements. This should be done by providing accessible information and advice, and signposting to services which can help carers maintain employment. They would also work to enable carers to transfer skills developed through their caring into employment by actively working with Job Centre and Work Programme providers.

Funding of short breaks services for parents of children with additional needs is also a priority and Ealing is currently tendering for residential short-breaks for children with additional needs. A new domiciliary care approved list for families is in place and will be refreshed periodically

Young carers

The assessment and support planning process for young carers along with the young carers' charter will be reviewed in light of the Care Act and other legislative requirements. Information about young carers and young carers support services will be further developed – both for young carers themselves and their families; and service providers. The funding of young carer support remains a key priority for the Council and its partners.

Carers supporting someone with substance misuse

The Care Act places greater emphasis on the needs of carers and it is essential that treatment providers are able to provide adequate support to those who will be providing long term support to individuals when they leave treatment. Families can often be negatively impacted by an individual's substance misuse and treatment providers need to sensitively offer and provide family support to in such situations.

Health and Social Care Grant Funding Priorities 2015 – 2019

Adult's Services grant funding priorities have been designed to help in the implementation of new Care Act duties and the wider drive towards the integration of health and social care.

In order to meet statutory responsibilities within constrained financial resources the Council and Ealing CCG will continue to review all areas of spend.

A recurrent saving of £390,000 has been proposed in regard to the Council's contribution to grants for adult voluntary organisations from 2016-17 onward. This saving has been calculated against the original 2010 Cabinet approved grants budget allocation. At present Ealing CCG has no plans to reduce its contribution to health and social care grants, which comprises of £748,000 to adults' provision with the borough.

In addition to the proposed adults' grants, Better Care Fund (BCF) arrangements agreed between the Council and Ealing CCG include a commitment by the CCG to invest a further £350,000 in the voluntary sector in 2015-16, as a recurrent separate funding priority, for targeted interventions to reduce the level of non-elective hospital admissions.

Adults Grant Allocations	2014-15 £000's	Apr-June 2015 £000's	Jul-Sept 2015 £000's	Oct 15- Mar 16 £000's	2016-17 £000's	2017-18 £000's	2018-19 £000's
Council contribution	1,548	387	387	774	1,158	1,158	1,158
CCG contribution	748	187	187	375	748	748	748
Total Budget	2,296	574	574	1,148	1,906	1,906	1,906

The additional BCF funding is not included in above grant figures

The proposed priorities for health and social care grant funding are:

- **Information, advice and signposting**

Is a priority due to the impact of new duties set out in the Care Act; and in response to the integration priorities for health and social care including the establishment of new care navigation provision

- **Customer representation**

Is a priority due to the need to ensure that vulnerable adults and carers have assistance in liaising with services and accessing support. The grant funding proposed will be for customer representation for individuals who experience difficulty in understanding or using information given and communicating their views and need support liaising with services and accessing support. This is distinct from independent advocacy within the meaning of the Care Act 2014

- **Support for carers**

The Care Act places a priority on supporting the needs of carers i.e. information and advice for carers; respite/short breaks and day activities to offer carer breaks; and night time sitting support (evenings/weekends); and peer group support for carers for specific areas such as depression and young people in transition

- **Prevention**

The Care Act places a duty on Local Authorities to take steps which it considers contribute towards reducing preventing or delaying the development of needs for care and support. This priority will include initiatives to that offer robust community support services that underpin reductions in representations to health and social care services; and in hospital admissions

- **Self-care and therapy services**

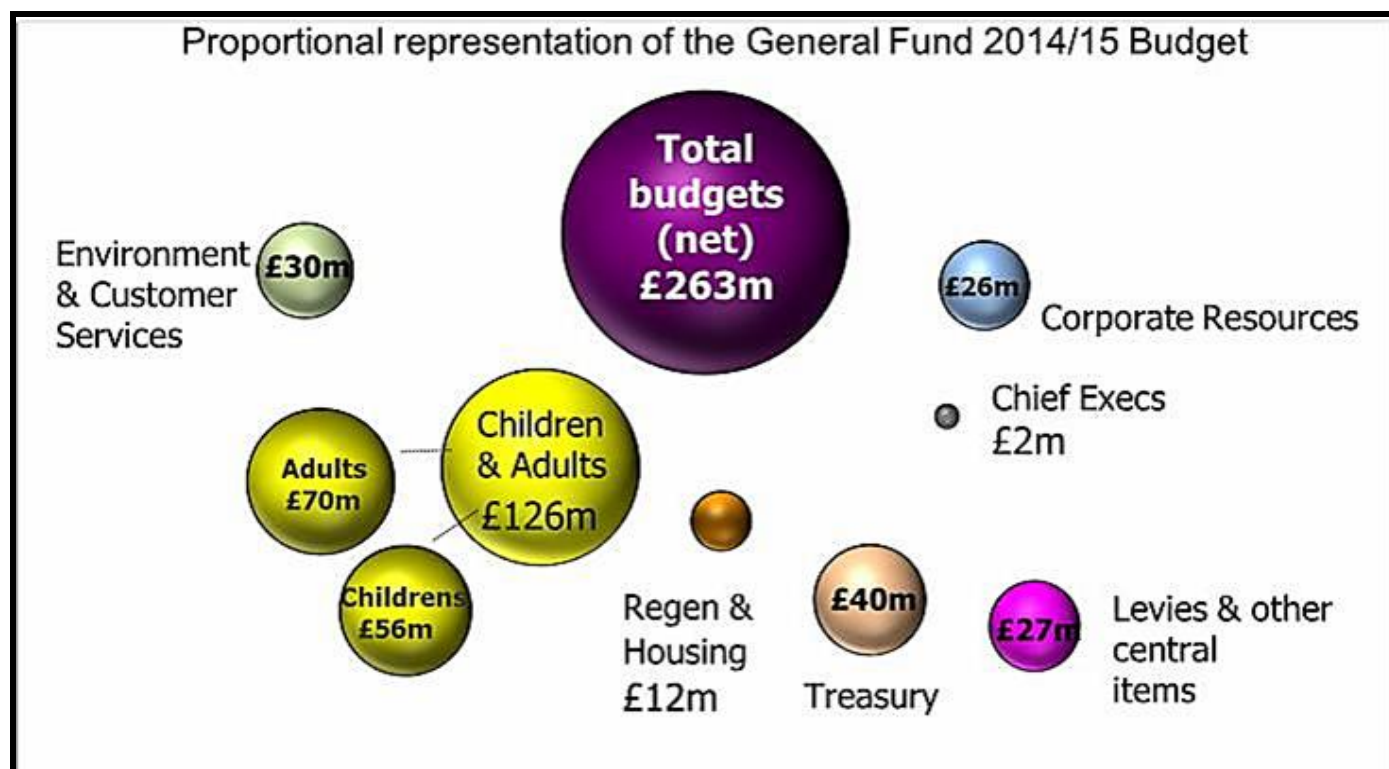
There are two distinct areas of provision, firstly the development of capacity within the Third Sector for Psychological Therapy (IAPT), and secondly services to support and encourage self-care and staying well through expanding care and health education programmes that support reductions in hospital admission and/or support prompt discharge.

Health and social care commissioners will work with Ealing's voluntary sector funded organisations to support them develop business models that underpin a move from dependency on grant funding arrangements to models whereby organisations income generate and develop structures that allow them to participate in public procurement and commissioning processes.

Ealing Council and Adult Social Care Financial Position 2014-2015

Overall Council Resources

The table below provides a profile of the Councils' budget against key departments:



Adults' Services Resources

The table below provides an outline of Adults' Services key categories of expenditure in 2014-15 for the provision of care and support services to eligible borough residents:

EALING ADULT SERVICES	Budget
Care Homes – Residential	£13,119,447
Care Homes – Nursing	£7,480,529
Supported Living Services	£655,500
Home and Community Support Services	£13,845,553
Day Services	£2,122,270
Direct Payments	£9,758,572
Equipment and Adaptations	£765,446
Transport	£1,189,502
Housing Related Support	£5,015,167
Additional Services for Adults with Mental Health Needs	£182,303
2014-15 Budget	£54,153,289

Glossary – Definition of Terms

Term	Definition
ADASS	Association of Directors of Adult Social Services
Advocacy	Supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need. Requirements of organisations and Independent Advocates are prescribed by the Care Act.
Assessment	The process of working out what your needs are. An assessment looks at how you are managing everyday activities such as looking after yourself, household tasks and getting out and about and is used to inform determinations of eligibility for social care services.
Authorised person	Someone who agrees to manage a direct payment for a person who lacks capacity
Capital limits	Determines the extent to which a person with eligible needs could be charged for care and support in relation to their savings and other forms of assets. See upper and lower capital limits. Between the upper and lower capital limits means tested support is available.
Care account	From April 2016 everyone with assessed eligible needs will be entitled to a care account. This will keep track of what a person has accrued towards the cap on care costs.
Care and support plan	Sets out how a person's eligible needs are going to be met and provides information and advice about wellbeing.
Care cap	A cap on the eligible care costs which a person pays over their lifetime. From April 2016 this will be set at £72,000 for those over retirement age. How a person progresses towards the cap will be based on what the cost of meeting their assessed eligible needs would be to the local authority
Clinical Commissioning Groups (CCGs)	Groups of GP Practices that are responsible for commissioning most health and care services for patients. They are responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012
Child or young person in transition	Anyone who is likely to have needs for adult care and support after turning 18
Commissioning	Commissioning is the local authority's cyclical activity to assess the needs of its local population for care and support services, determining what element of this needs to be arranged by the authority, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes
Cooperation	Public organisations working together in partnership to ensure a focus on the care and support and health and health-related needs of their local population
Co-production	When an individual/ groups are involved as an equal partner(s) in designing the support and services they receive. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care
Deferred payment agreement (DPA)	People entering residential care can defer paying for their care costs, meaning that they should not have to sell their home during their lifetime. A deferred payment agreement enables a local authority to reclaim care costs through the sale of the person's property (or other security) at a later date

Term	Definition
Deprivation of liberty	Restriction of a person's liberty to the extent that they may be deprived of their liberty – provisions of the Mental Capacity Act 2005 must be applied
DH	Department of Health
Deafblind	The generally accepted definition of Deafblindness is that persons are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss" (Think Dual Sensory, Department of Health, 1995).
Direct payment	Payments made directly to someone in need of care and support by their local authority to allow the person greater choice and flexibility about how their care is delivered
Disposable income allowance	In a deferred payment agreement, the amount of income a local authority must leave the deferred payment holder with (unless the deferred payment holder decides to retain less than the allowance)
Disregard	In a financial assessment, income and capital must be disregarded (ignored) in certain circumstances
Duty	This is something that the law says that someone (in this case, usually a local authority) must do, and that if they do not follow may result in legal challenge
Eligible needs	Needs for care and support which result in an adult being unable to achieve specified outcomes and as a consequence there is or is likely to be a significant impact on the person's well-being
Equity limit	The maximum equity available in a deferred payment agreement from a person's chosen form of security
FACS	Fair Access to Care Services – the current system used to determine eligibility for care and support. This will be replaced in April 15 with a new national threshold for eligibility.
Financial assessment	An assessment of a person's resources that will calculate how much they will contribute towards the cost of their care and how much the local authority will. This covers both a person's income and capital.
Financial information and advice	A broad spectrum of services whose purpose is to help people plan, prepare and pay for their care costs.
Financial Threshold	Levels of assets set to determine if financial support can be provided by the Council to meet assessed eligibility needs. Until April 2016, if you have savings, investments or property worth over £23,250, you will be asked to pay for all your care.
Floating Support	Service that meets the housing related support needs of people living in their own accommodation within the boundaries of the borough – this is commissioned as a preventative service. It does not provide personal care.
Framework-I	The system Ealing's Adult Services teams use to manage Assessments and Care for vulnerable adults and their carers
Independent advocate	Someone appointed by the local authority to support and represent a person who has substantial difficulty in being involved with the key care and support planning (or safeguarding) processes, where no appropriate individual is able to do so
Independent financial advice	Refers to regulated financial advice services.

Term	Definition
Information and advice	Providing knowledge and facts regarding care and support, services available, and helping a person to identify suitable resources or a course of action in relation to their care and support needs.
Light touch financial assessment	In some circumstances, a local authority may choose to treat a person as if a financial assessment had been carried out. In order to do so, the local authority must be satisfied on the basis of evidence provided by the person that they can afford, and will continue to be able to afford, any charges due. This is known as a 'light-touch' financial assessment
Lower capital limit	A person with assets below this amount will not need to contribute to the cost of their care and support from their capital, they will only be charged from their income - for 2014/15 it is £14,250
Market shaping	Local Authorities with their partners are expected to have an understanding of demand and supply for well-being, health and social care services. They are expected to intervene accordingly to ensure the right services are in situ for the specified population
Minimum income guarantee	When an adult contributes towards their care and support they must still be left with a certain amount of money for themselves after the local authority has charged them. The minimum income guarantee is the minimum amount of income a person must be left with after charging in all settings except a care home. The amounts are set out in regulations and are based on income support, plus any relevant premiums plus 25%.
National eligibility threshold	This is the level at which a person's needs for care and support, or for support in the case of a carer, reach the point where the local authority must ensure they are met. The local authority has powers (but not duty) to meet ineligible needs, so the link between eligibility and 'council-funded care and support' is not automatic.
Needs assessment	The process of working out what your needs are. An assessment looks at how you are managing everyday activities such as looking after yourself, household tasks and getting out and about and is used to inform determinations of eligibility for social care services.
Outcomes	In social care, an 'outcome' refers to an aim or objective you would like to achieve or need to happen – for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them. Outcomes are prescribed within the Care Act for determinations of eligibility.
Personal budget	This is a statement that sets out the cost to the local authority of meeting an adult's assessed unmet eligible care needs. It includes the amount that the adult must pay towards that cost themselves (on the basis of their financial assessment), as well as any amount that the local authority must pay
Person-centred approach	An approach that seeks to involve the person and ensure they can engage as fully as possible. The local authority must take a person-centred approach throughout the assessment and care planning processes, and in all other contact with the person (such as a review of their care and support package)

Term	Definition
Preventative	Applies to the provision of services, facilities or resources that prevent a need from occurring, minimise the effect of a disability or help slow down any further deterioration for people with established health conditions, complex care and support needs or caring responsibilities.
Preventative services	An early intervention or activity that supports a person to retain or regain their skills or confidence. A service that prevents a need for care and support occurring, reduces an existing need or delays further deterioration
Prevention	A local authority must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support, or the needs for support of carers
Resource Allocation System (RAS)	System used by Ealing Adult Services teams to calculate an estimated budget required to meet the customers care and support needs. Is used to guide the support planning process. The final costs of the care and support deployed are referred to as the Personal Budget.
Reablement	A structured programme of care provided for a limited period of time, focusing on helping the person to regain skills and capabilities to reduce their needs
Regulated financial advice	Advice from an organisation regulated by the Financial Conduct Authority (FCA)
Review	A review of a person's care and support plans ensures that outcomes continue to be met. Can be planned, unplanned or requested by the person receiving care and support
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed unsuitable' do not work with them.
Self-funder	Someone who arranges and pays for their own care and support services and does not receive financial help from the local authority.
Signposting	Pointing people in the direction of information that they should find useful.
Substantial difficulty	The Care Act defines four areas in any one of which a person might have substantial difficulty in being involved in the care and support planning, or safeguarding, processes. This includes substantial difficulty in understanding relevant information, retaining that information, using or weighing that information, and communicating the individual's views, wishes or feelings (whether by talking, using sign language or any other means)
Support plan	A plan developed following assessment that says how customers will spend their personal budget to meet assessed needs/outcomes and stay as well as possible. The local council must agree the plan before it makes the money available.
Supported self-assessment	An assessment carried out jointly by the adult with care and support needs or carer and the local authority, where the adult or carer is willing, able, and has capacity or (in the case of a young carer) is competent.

Term	Definition
Top Up Fee	This is only relevant where a person has exercised their right to choice of accommodation. It means that where a person has chosen a more expensive setting than the amount identified in their personal budget, the top-up fee is the additional amount needed to meet the cost of that setting. This can be paid by a third party, or in limited circumstance, the person
Transition assessment	An assessment of a child or young person, young carer or child's carer that will inform a transition plan to receive care and support from Adults Services.
Transition plan	A statutory requirement for young people and carers if they are likely to need care and support when they turn 18
Wellbeing	Wellbeing is a broad concept, and it is described as relating to the following areas in particular: personal dignity (including treatment of the individual with respect); physical and mental health and emotional wellbeing; protection from abuse and neglect; control by the individual over day-to-day life (including over care and support provided and the way it is provided); participation in work, education, training or recreation; social and economic wellbeing; domestic, family and personal relationships; suitability of living accommodation; the individual's contribution to society
WLA	West London Alliance – a partnership between six west London Boroughs: Ealing, Brent, Harrow, Hounslow, Barnet and Hillingdon