

Kirklees Adults Market Position Statement

May 2017

Summary

This statement marks the next step in the ongoing and open dialogue between commissioners, providers and citizens, with the shared ambition of developing a thriving care and support market in Kirklees.

We will update and modify this statement as new intelligence and market information becomes available. These are the key headlines from each of the care groups covered in this statement:

Older People

- The older people market is likely to grow significantly.
- Older people want a wider care and support offer that reflects personal needs.
- Technology is going to continue to impact how the market supports older people.
- There are workforce sustainability issues across older people provision.
- There is increasing demand for specialist and dementia home and nursing care.
- Preventing, reducing and delaying the need for care are growing areas of activity.

People living with dementia

- The dementia market is likely to grow significantly.
- People with dementia want a care and support offer that reflects personal needs.
- Technology is going to continue to impact how the market supports those with dementia.
- There is increasing demand for specialist and dementia home and nursing care.
- Preventing, reducing and delaying the need for dementia care are growing areas of activity locally.

Older People living in specialist care accommodation

- A broader range of accommodation options is needed; organisations also need to offer a wider range of ownership and financing options.
- Care home demand is likely to grow in the complex and dementia sector.
- Sheltered and Extra care schemes offer business opportunities and demand is likely to increase if ownership options and a wider range of locations become available.

People living with learning disabilities

- We expect gradual growth in the learning disabled population seeking support, with increased growth in the number of people with multiple complex needs, and those with behaviours that challenge.
- People with learning disabilities want to live in their own home, be independent and socially active, be part of their communities, working and engaging when they can.

There is growth in the number of people who want to live independently of their parents and services. There has been a change in the expectations of parents no longer is their caring role a full time lifelong commitment, their disabled relative will move out of the family home.

- Services within the public sector around learning disabilities are undergoing the biggest change for a number of years. This has and will present the independent sector with a number of new business opportunities.
- There are significant workforce issues around the shortage of highly skilled social care staff who are able to meet the care and support needs of the most complex and challenging people with a learning disability.

People living with mental health issues

- There is a need for supported living accommodation in community settings for people with mental health conditions.
- There are still significant issues of stigma around people with mental health conditions living in the community.
- There are gaps in prevention and crisis intervention support available locally.
- There are gaps in the range of forensic mental health support available in Kirklees.

People living with physical disability, sensory impairment or stroke

- There is likely to be gradual growth in the number of people experiencing disability or impairment.
- The number of people over 75 with a long standing condition caused by stroke is predicted to more than double by 2030.
- There are opportunities to support people to be more independent, and support that allows people to be more involved in society.
- Younger people with a physical disability are developing greater expectations regarding where they live and are increasingly looking at supported living options.

Carers

- There is likely to be a growth in the number of carers locally.
- Carers have a range of support needs that impact on them, and their wellbeing.
- Developing a better range of carer support is a priority locally.
- The number of carers accessing support through direct payment is likely to grow.

People living with autism

- Specialist autism provision is in its infancy and needs are emerging.
- We will develop a full statement as this market takes shape.

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1. Introduction and Purpose

Welcome to this Market Position Statement (MPS). We have produced statements in the past around our specific care groups, but only from the viewpoint of the local authority. This time we aim to give current and potential providers a view of the whole care market not just the parts that we as an authority directly commission.

We have also pulled each of the different aspects of our care market into a single statement. This is designed to give an overview of the key issues facing each element of the market, and where we think business and investment opportunities exist.

The statement is part of a process to engage and also understand our wider care market. There has been a shift over recent years away from a local authority dominated sector to one where many organisations are offering a myriad of care and support to the people of Kirklees. We want to make it easier for this development to continue, we also want to understand the issues facing those operating in the care market, and what barriers exist to innovation and new operators.

The statement aims to communicate to providers the things they need to know about the direction of travel within the market, so they can make appropriate business and investment decisions and undertake effective business planning. We want to support well developed, integrated care locations and organisations, we will do this by being clear where we think the opportunities exist in the market. We will also be clear where we think elements of the market need to change to improve quality, choice or outcomes for our population.

This statement is aimed at existing and potential providers of care and support in Kirklees. These include publicly run services, independent and private, voluntary and community organisations, as well as organisations wishing to enter the care market for the first time.

There are legislative and policy drivers for some of the content of this statement, but fundamentally we want our population to live as independently as possible, in places of their choosing, with a wide range of support that best delivers the outcomes they as individuals want to achieve.

The statement has been developed alongside our vision for adult social care and support. The vision sets out our overall view of social care, and how it may change longer term.



2. Structure of the market position statement

This statement starts with a brief overview of the issues that affect the whole market, outlining some headlines about the overall shape of the care market and a range of topics that impact across all care groups. Then each of the key care groups has a chapter which gives an overview of issues facing that market.

We outline in each care group who the main consumers in the market are, and the sort of outcomes they want from their support. We also describe current and future demand, and some challenges facing the market. We then give our assessment of where we see the market developing, what the opportunities are, and how we will support change in the market.

The statement will cover the following care groups:

- **Older People**
- **People living with dementia**
- **Older People living in specialist care accommodation**
- **People living with learning disabilities**
- **People living with mental health issues**
- **People living with physical disability, sensory impairment or stroke**
- **Carers**
- **People living with autism**

3. The national picture

A great deal is changing in health and social care and there are significant challenges ahead. Budget reductions, demographic pressures, technological change, and changing expectations of consumers have resulted in a need to re-think the way care markets operate.

The population is ageing. In mid-2015, the average age exceeded 40 for the first time, by 2040 nearly one in seven people is projected to be aged over 75. The advances over recent decades in medical science, diagnosis and treatment of progressive disabling conditions, has meant that there are increasing numbers of people with complex support requirements who are living much longer in our communities. Successfully meeting this demand will mean changes to health and care systems and support from unpaid carers.

For a number of years public policy has encouraged greater personalisation and the integration of health and social care support for adults and carers. This dual policy drive will continue, particularly in light of the Care Act that came into effect in April 2015. The Act fundamentally reformed the law on adult social care, placing a stronger emphasis on prevention and wellbeing, information and choice, support for carers, and market oversight.

The public sector is also facing an exceptional financial challenge at a time of increasing demand.

Nationally:

The Association of Directors of Adult Social Services (ADASS) says that since 2010 spending on social care has fallen nationally by 12%.

Local authorities have made savings of 26% in their budgets – the equivalent of £3.53bn over the last four years.

The Local Government Association (LGA) estimates that the funding gap between March 2014 and the end of 2015/16 for adult social care alone is £1.9bn, nationally. By 2020 the gap will be £4.3bn. The recent social care precept has assisted in filling this gap but only by around £380m nationally.

What this means for the care market:

There will be a larger group of consumers in need of care and support.

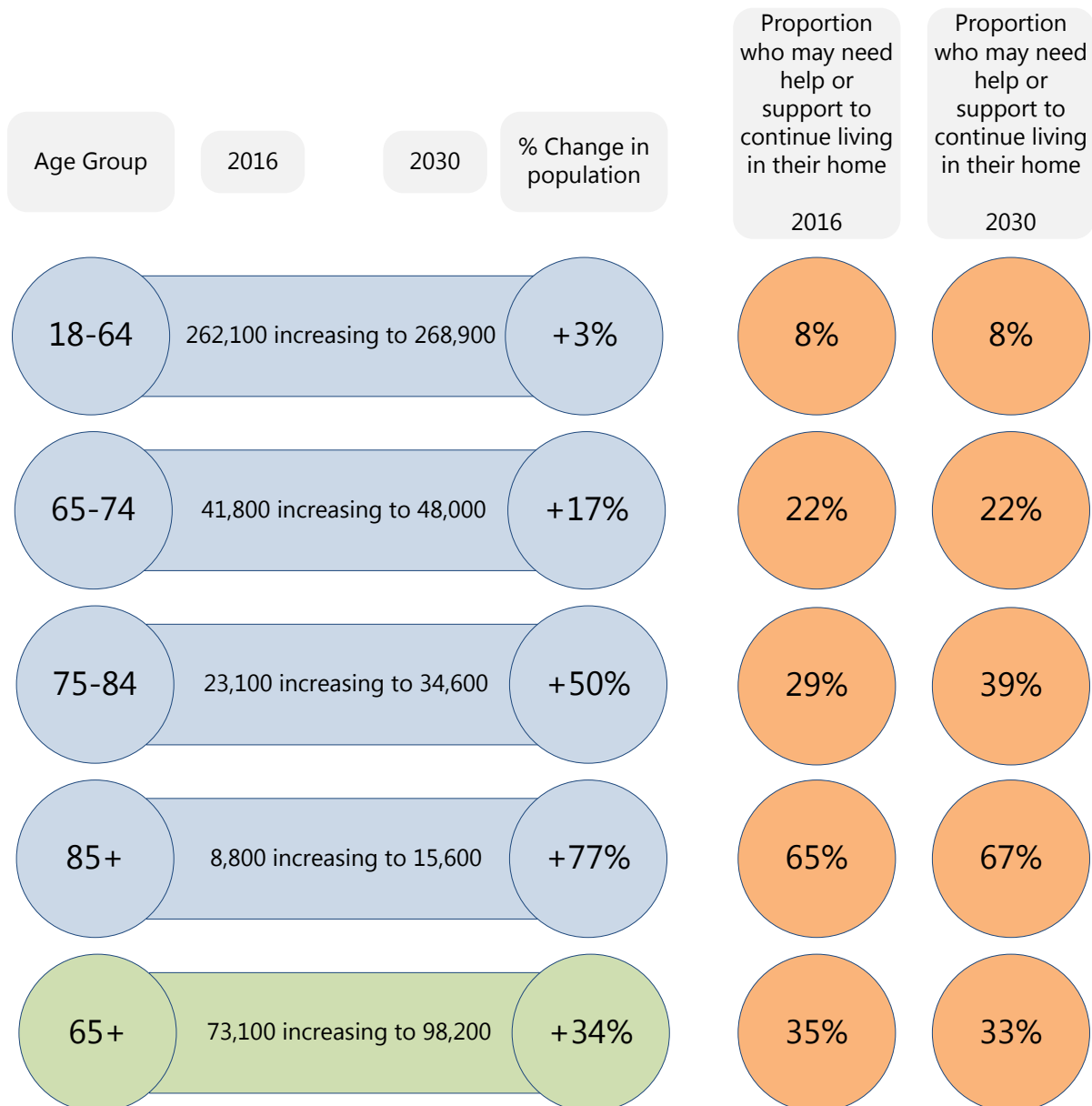
The proportion of consumers funded solely by the public sector is likely to decrease.

The trend of more complex support being delivered in communities will increase.

4. The local picture in Kirklees

In Kirklees we are seeing the same issues as other areas of the country, our population is changing. There were around 430,000 people in Kirklees in 2016. If the predicted population growth is correct by 2030 there will be 473,500 people in Kirklees, this is an extra 43,500 people, of which 25,100 will be over 65, taking the overall over 65 population to 98,200.

Change in population by age group 2016 – 2030¹



The shift in the proportion of people who are likely to have support requirements does create difficult scenarios for care markets and the wider economy. However, when such a shift is happening against a backdrop of drastic cut backs in public sector spending, it has the potential to make a challenging situation much worse.

¹ POPPI & PANSI Data, Kirklees CLIK 2016

What this means for the care market:

The population and the care market need to be ready for a smaller and more concentrated publicly funded care offer.

Care organisations need to engage consumers directly to understand the sorts of outcomes people want to achieve.

The growth in the number of people who may need support is a business opportunity. Care and support organisations should move towards engaging with consumers earlier, stay with them for longer and fulfil a broader range of outcomes.

4.1 Current spending and Activity

The care market in Kirklees has a total value of around £240m². In spending terms the local authority has a 40% share of the market with spending of around £96m, the NHS through continuing healthcare has a 15% share of the market with spending of around £35.5m. It is estimated that individuals control the remaining 45% of the market spending the remaining £108.5m, which will consist of wide range of support of varying levels of complexity.

We as a local authority alongside our NHS partners recognise that we remain dominant direct purchasers in the care market. This will continue to shift with the increased use of direct payments and personal budgets; where individuals are given funds to purchase their own care and support. Currently around 10% of public funded care comes from these payments; we expect this to grow over the coming years.

Local authority gross spend by care group (2015/2016)

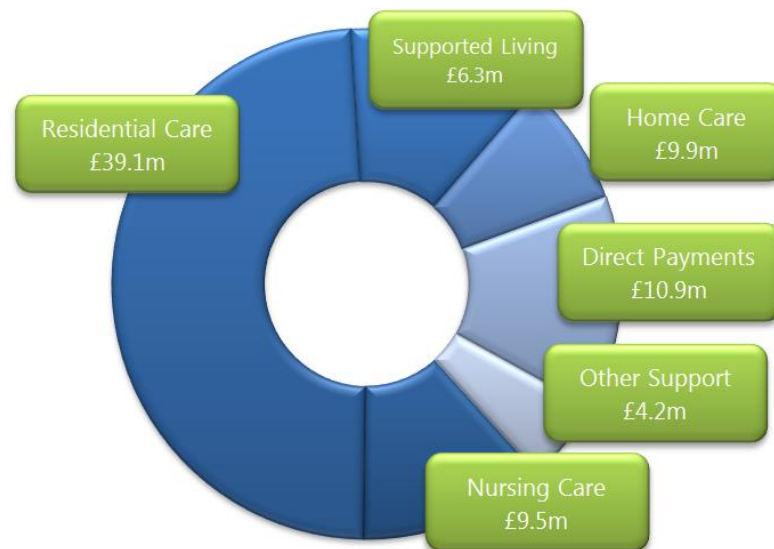


(Personal Social Services: Expenditure and Unit Costs, Kirklees 2015/16)

² Planning4Care estimates

The shape of our spending has been driven by the historic offer from the market; we have been slow to change our spending habits. This could be said to have stifled innovation in the care market. Our spending is dominated by residential and nursing care, which accounts for 62% of spend across all care groups.

What support is money spent on:



(Personal Social Services: Expenditure and Unit Costs, Kirklees 2015/16)

4.2 Mix of the market now and in the future – Who is buying?

In the past much of social care was provided directly by local authorities and NHS organisations, there has been a move towards commissioning out much of what was previously in house provision. We are now in a place where we are partly commissioning and partly supporting individuals to commission their own care. We see this shift continuing, more people will take up direct payments and use local authority infrastructure to commission some of that care, other elements will be commissioned by the individual directly with care organisations.

There will always be commissioning by the public sector, but there will be a shift to more commissioning of support for complex, rapidly changing conditions or those with short term support needs. We see stable longer term support being purchased directly by individuals using direct payments and other means.

We will continue to be fair and reactive in our willingness to meet changing business and care costs. It is recognised that issues such as the national living wage changes and workplace pension requirements have put additional burdens on providers that were out of the scope of some original tenders. We have responded to these cost pressures where we have been able.

4.3 Better Care Fund

The Better Care Fund (BCF) is one of several policy initiatives for determining future market direction. BCF has been established to support integrated health and care provision with a particular emphasis on preventing, reducing and delaying the need for care provided in hospitals unless that is the most appropriate setting. In 2015/16 the value of the BCF budget in Kirklees reached £28.9m, and £29.0m in 2016/17. This demonstrates the potential for market growth and diversification, and our collective ambition to integrate services.

What this means for the care market:

The growth in consumers with direct payments and personal budgets presents a business opportunity. These consumers want to engage directly with provision that meets the specific outcomes they have shaped for themselves.

The Better Care Fund will favour provision that means people do not go into hospital; it will also support provision that allows people to leave hospital as soon as clinically appropriate.

The Better Care Fund care will also favour provision that supports people to feel confident to manage their own long term condition.

4.4 Safeguarding - Keeping people safe - everybody's business

One of the most important duties the local authority has is safeguarding vulnerable adults (and children) from harm or potential harm. We also have a key role in making sure that everyone views safeguarding as their individual responsibility, this extends to organisations within the scope of this MPS, their staff or volunteers. It is the duty of everyone to make sure that those around us are safe from harm wherever possible. This isn't always easy we have to balance keeping people safe, with helping people to be in control of their own lives and being free to take risks.

In Kirklees, we have founded our adult safeguarding vision on the following principles:

- **Empowerment** - everyone should be in control of their lives and their consent is needed for decisions and actions being taken to protect them.
- **Protection** - it is everybody's responsibility to take action if they think someone maybe at risk of abuse.
- **Prevention** - stopping abuse from ever taking place is the most important goal – we all have a role in this.
- **Keeping things in Proportion** - we must try to get the balance right between protection and empowerment
- **Partnership** - making sure that we have systems that enable organisations to work well together to help protect people.
- **Accountability** - being transparent and making decisions that are open to scrutiny.

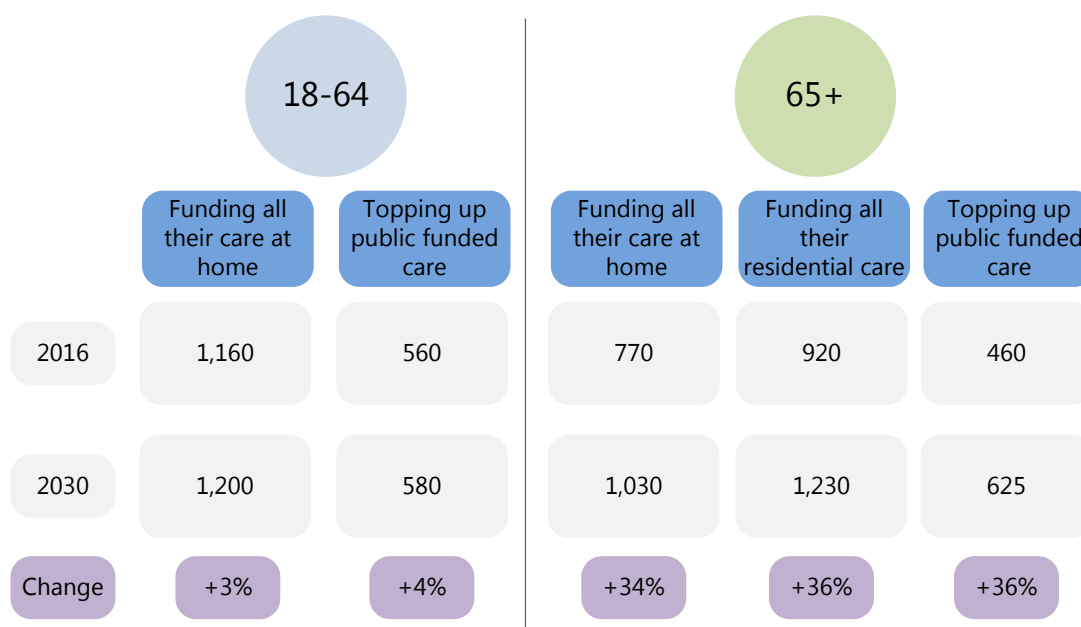
4.5 Self-Funders

A self-funder is someone who pays for all of their care or support from their own resources (including social security benefits such as state pension or attendance allowance), or someone that tops up their local authority residential or home care funding with additional private spending.³ It does not include people who solely receive direct payments.

In future, the number of people who will fund their own care will grow. While accurate local data is lacking, national studies³ suggest that between 15% and 57% of older people currently fund their own residential care (dependent on local levels of deprivation), this equates an average to around 45% of all registered care home places. Locally, around 40% of people entirely fund their own home care, and around 21% top up public funded care.

It is important to note that self-funders may or may not be eligible for public funding.

Estimated potential size of self-funder market in Kirklees



What this means for the care market:

There is a growth in the number of people who are paying for their own care.

There are a number of people who receive public funded care but are purchasing additional support that might meet a broader range of needs.

There will be business opportunities in both the wholly self-funding and top up consumer groups, care organisations should be testing the market to see what sort of outcomes these groups want support to achieve.

³ https://ipc.brookes.ac.uk/publications/publication_824.html

4.6 The impact of technology

Technology will play an increasingly important role in providing care and support. While technologies that assist in health and social care could be significant contributors to the growth in expenditures in the short term, they could potentially reduce costs significantly in the medium and long term. Over recent years we have seen the costs of previously expensive technology coming down in price. We expect this to be a growth area, particularly as people who have grown up with technology require care and support.

Whilst embracing technology is encouraged, the value of physical contact and emotional stimulus must not be lost. Loneliness and isolation is at risk of increasing in a world where technology is relied upon to mitigate risks and monitor the safety of individuals.

The local authority has an in house assistive technology offer that supports publicly funded and self-funders locally. We see increasingly creative uses of technology for monitoring conditions, lifestyle improvement and the delivery of care, allowing people to live more independently. We see this increased use of technology as part of a blended care package that delivers better outcomes.

What this means for the care market:

There are opportunities for technology to be provided that fulfil monitoring processes.

Organisations need to better integrate technology and systems, simpler user interfaces and opportunities to bolt on technology to meet changing needs without intrusive home visits will improve the consumer experience.

Improving the marketing of technology will improve take up, using platforms such as Connect to Support will build business for providers.

4.7 E-Marketplace

E-marketplaces allow people with personal budget and self-funded adult social care users to search for and purchase products and services, using an Amazon or eBay-style websites. They are also used to rate and review provision, this helps others make choices about what support may be best suited to their own needs. They are increasingly being used by social workers and other care advisors to source services and equipment for those with care needs.

In Kirklees we have established [connect to support](#), which is a locally branded and themed website that allows people to buy a range of equipment, support and services directly from providers. This is a regional platform which means providers using the system can reach potential consumers in local authority areas across the Yorkshire & Humber area. We see this area growing substantially; we want a wider range of providers offering increasingly diverse products and services to those with care and support needs.

We also want to see more user commissioning allowing people themselves to purchase tailored packages of support from providers, and to pool their resources and budgets to micro commission services as small groups of consumers with similar outcome requirements.

4.8 Equipment

Kirklees Council, Greater Huddersfield CCG and North Kirklees CCG jointly commission Kirklees Integrated Community Equipment Service (KICES). During 2016/17 7,245 adults accessed the service using 36,886 items of equipment, 3 in 4 (75%) were over 65, with the average age of an equipment user being 72 years.

Although an increasing number of people are obtaining items of daily living equipment directly from retailers without coming through the Council, we still expect the volume of equipment loans to continue to increase as more people are supported in their community.

What this means for the care market:

The equipment service contract will be re-tendered during 2017.

There are opportunities to provide simple items of daily living equipment to people with a sensory impairment.

There are opportunities for providers to help people to obtain their own equipment.

There are opportunities for providers to provide equipment sales, hire and lease to the care home sector.

There are opportunities for providers to better display and demonstrate items of equipment and allow prospective consumers and their carers to "try before you buy".

4.9 Workforce and skills - now and in the future

The care workforce is crucial to the success of the market. It is only with the right skills, attitudes and outlook amongst staff that we will deliver the right outcomes for consumers. We want roles in the care market to be an attractive choice for workers. We will encourage co-operative and other employment initiatives, which promote joint responsibility for the delivery of high quality services and maximises employee benefits.

There are around 6,500 people working in the independent care sector. This is around 2% of the working population locally. In addition, we have also seen increasing numbers of people using direct payments to recruit their own staff; we see continuing to grow.

- The adult social care workforce remains one where females make up over 80% of the workforce.
- Skills for Care estimate that the turnover rate of directly employed staff working in the local authority, private and voluntary sectors is 25.4%. Turnover is lowest in the local authority sector (11.9%) and highest in the independent sector (29.2%).⁴
- Registered nurses play a vital role within the overall adult social care workforce. Nursing homes are having particular problems recruiting and retaining nursing staff.

We will continue to work with the sector to understand staff turnover, and skills shortages within organisations using wider economic influences to assist recruitment where possible. We will also work with the sector to develop the apprenticeship offer locally; we see this as a growth area. We will also work to develop progression routes and qualifications within the sector to stimulate recruitment and retention.

Organisations coming together to offer benefit packages to their collective staff would be a positive move for the sector, supporting employees with independent financial advice, childcare, discount schemes, wellbeing programmes, housing and other advice will enhance the recruitment and retention of staff in the sector.

The remuneration practices in the care sector have often been set by hourly rate or contract value. There could be opportunities to develop non care related services for individuals that attract additional income for care organisations.

We also want to see care providers working together to collectively benefit their businesses and employees, the spending strength of a procurement group will be greater than individual organisations working alone.

⁴ <https://www.nmds-sc-online.org.uk/reportengine/asp?type=StaffProfile>

4.10 How we as commissioners will shape the Kirklees care market

We want to see a care market in Kirklees.....

1. Where personal choice is not compromised in order to fit a service model

We will encourage a range of different types of service provider organisations to ensure consumers have a genuine choice of different types of support to deliver their outcomes, not just multiple suppliers offering the same service. This will include independent, private providers, third sector, voluntary and community based organisations, user-led organisations, mutuals and small businesses.

2. Where people are easily able to purchase additional support

We want well informed consumers who can easily find out what support is available and have genuine choice by having easy access to information about the quality, flexibility, safety and cost of different services and support.

We will work with providers so they can proactively market their services and help people access flexible, personalised support. Providers should be ready to work with consumers or small groups who increasingly want to commission bespoke packages through direct payments or their own funds.

3. Where there is a recognition of the importance of preventative support

We want to see a range of support that promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing. This should maximise consumer capabilities and the contribution they can make within their communities, preventing, delaying or reducing the need for services, and protecting all from abuse and neglect.

Service providers will need to demonstrate expertise in the design and implementation of behaviour change and other preventative or support services, to ensure people avoid or delay the need to engage with intensive, high cost support.

4. Where investing in a new or existing care organisation working in Kirklees is encouraged

We want to understand the business planning cycles and sustainability needs of providers, and work to identify and address barriers to market entry for new or diversifying providers. We will work to unblock barriers to care infrastructure and building development locally.

We will review tendering and procurement processes and how our contracting activities impact providers, exploring how improvements can be made that will help the market in its widest sense and also help consumer's micro commission with our support.

We will work with organisations in, or entering the care market to explore alternative funding models, such as social impact bonds. We also want to understand what support we can offer organisations to confidently seek external investment.

5. Where there is a positive and person centred approach to risk that keeps people safe whilst enabling choice and control

A positive, credible approach to safeguarding and risk management will help good providers stand out from the crowd and provide the reassurances consumers, their relatives, the local authority and wider public expect. We will also be clear with consumers how they can mitigate their own risks when commissioning their own services.

6. Where constant creativity and innovation is seen as the best way to deliver the range of outcomes desired by consumers

The adult social care sector has been fluid and dynamic over recent years, changing as new types of provision develop that enable more people to live at home for longer. We want to encourage providers to work creatively to meet the needs of the consumers they are working with. This may change the range of providers who are operating, it is our view that most providers adapt and change to meet the desired outcomes of consumers.

We intend to move more towards outcome based commissioning across public funded provision, we will also encourage direct payment users and self-funders to think and commission in the same terms. We recognise that the ongoing move from “what you get” to “what you need” will take some time for both consumers and providers, a clear set of macro outcomes and a range of creative and measurable outcomes for people to adapt to meet their own needs and requirements will facilitate this change effectively.

7. Where quality of the interaction takes precedent over the completion of a care task

We want care to be person-centred and focus on the outcomes that people say matter most. We want people to have choice and control in their lives, and over their care and support. We recognise the importance of the interaction and relationship between care giver and recipient and expect to see increased emphasis put upon the value of these interactions.

8. Where the breadth of career opportunities in the care sector are known about and aspired to

The care workforce is crucial to success within the market. It is only with the right skills, attitudes and outlook amongst staff that will deliver the right outcomes for our consumers. We want roles in the care market to be an attractive choice for workers.

We will also work with the sector to understand skills shortages within organisations and use wider economic influences to assist recruitment and retention where possible.

4.11 Risks in current market and this statement

Market risk – what are the gaps in certainty about the market shape and its workforce?

Establishing a clear long term view of any market is difficult, what is clear in relation to the care market in Kirklees is that it will grow, and demand for more bespoke care and support will be seen. We have tried to outline in this statement where we think the opportunities exist to support this change, however we cannot control the choices people make about the style and makeup of the care and support that they receive.

The national economic situation and the impact of the UK vote to leave the European Union may impact the sector. It is not yet clear if access to capital will become harder, or whether the value of assets held by consumers will drop in value and discourage them from moving to more specialist accommodation. It is also not clear whether it will impact organisations ability to recruit staff from Europe or further afield.

We have outlined above our workforce strategy, but the ability for individual organisations to attract and retain the best employees remains a risk in the whole market. The move towards people with direct payments employing their own personal assistants will also bring change to the marketplace and the employment of staff within.

In the older people market there are potentially positive impacts of the recent pension reforms, which allow people to access greater levels of capital from their pensions. Whilst we expect retirement and extra care accommodation demand to grow, we cannot be clear about exactly the extent to which it will grow because it is still an emerging market.

Cost risk – Consumer willingness to meet current pricing in the market, foreseeable operational cost increases.

Public sector funding is likely to be under increasing pressure over the coming years, with more moves towards integration and joint commissioning being one way of mitigating this in care and support markets.

The impact of changes in the national living wage and the potential need for employers to increase wages to retain the best staff will have obvious implications for pricing. The recent changes to CQC registration fees has impacted care organisations locally, we cannot rule out further such changes which are outside the remit of the local authority and CCG's.

It is recognised that investments will need to be made to both establish exacting need and develop appropriate services. We will signal to the sector and support an open dialogue to ensure investments are as robust as possible.

In order to attract and retain the best staff culture in an organisation or home is important, but the remuneration of staff is an issue. The cost models of business may have to alter to support the deficit in staffing.

Demand risk – Future demand confidence, impact of technological and other innovations on demand.

We have been clear about the potential demand in the market, and the opportunities in top up and self-funder support. Significant changes to NHS acute services locally could increase demand beyond that forecast in this statement, and similarly increasing reliance on unpaid care could also affect the amount of care purchased from the market.

The increased use of direct payment and micro commissioning will be a shift for the sector. The likelihood of people funding part or all of their care and support, will potentially impact larger scale organisations unable to adapt to the needs of this consumer group.

Compliance Risk – legislative and policy changes that may change compliance requirements in the market.

The impact of the Care Act is still being felt, the proposed cap on care costs (deferred to 2020) will significantly affect the local authority in terms of how much care and support it is required to fund.

We have seen a number of national high profile failings in health and care settings, further such events will have ramifications across the sector, and by their very nature we are not clear what part of the sector might be affected or the degree of additional regulation that maybe put in place.

Older People

5. Headline market issues

The older people market is likely to grow significantly.

Older people want a wider care and support offer that reflects personal needs.

Technology is going to continue to impact how the market supports older people.

There are workforce sustainability issues across older people provision.

There is increasing demand for specialist and dementia home and nursing care.

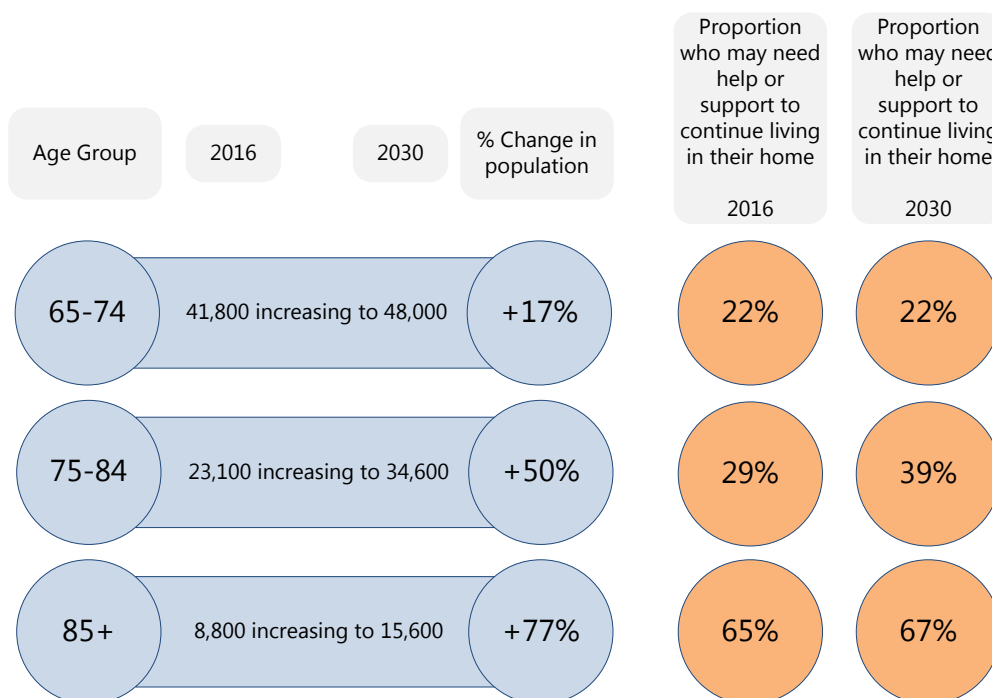
Preventing, reducing and delaying the need for care are growing areas of activity locally.

N.B – You will find details of older people in specialist accommodation and those with Dementia later in this statement.

6. Learning from current and potential consumers

In an ageing population individual support needs will continue to grow, for some this will be a gradual increase but for others there will be sudden life changes or illnesses that require intense support and rehabilitation.⁵

Estimated older people population change³ and likely support needs.⁶



⁵ POPPI & PANSI Data, Kirklees CLIK 2012

⁶ CLIK 2016

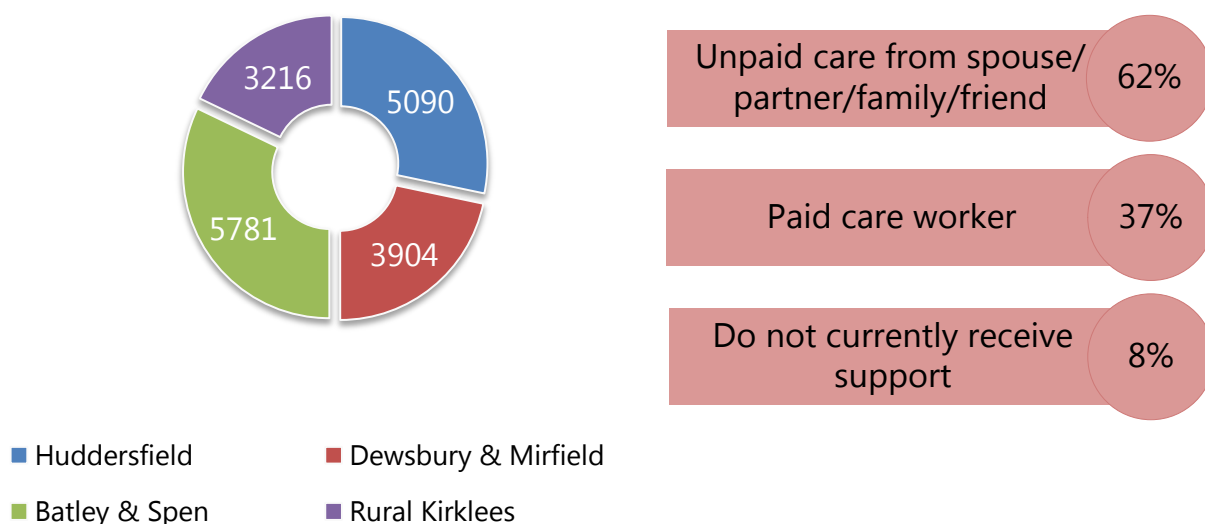
6.1 Who are they?

The proportion of older people in our population will continue to grow steadily over the coming years. As with every group in society there is no simple grouping for older people; some have significant assets and support networks for their social and everyday needs. Others have little money but excellent support, and others lack either money or support networks.

Those aged over 50 account for a third of the population and control an estimated 80% of its wealth. However there are 62% of older people, whose only income is a state pension, and around 1 in 5 older people are in poverty locally.⁸

In Kirklees many older people are home owners: 76.9% of people aged 65-74 own their own home, 64.7% of people aged 75-84 own their own home, 54.8% of people aged over 85 own their own home. There is evidence that a growing number of older people are asset rich but money is tied up in property so cannot be used to support everyday needs.⁷

Estimated older people with care and support needs, **and** source of support



There are just over 73,000 older people in Kirklees, 1 in 4⁸ (17,900) need some level of support to stay at home.

⁷ <https://www.kirklees.gov.uk/beta/planning-policy/pdf/strategic-housing-market-assessment.pdf>

⁸ CLIK 2016

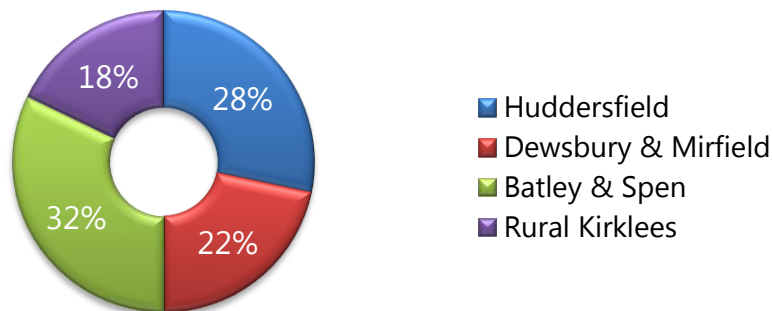
The current population⁹:

- Today's older people are living happier, healthier and longer lives. At age 65 men can expect to live another 17 years and women 17.5 years, but only 8.1 of these years for men and 9.5 for women will be "disability free".
- The key health challenges for older people are disability, frailty, falls, pain, continence issues, dementia, depression and obesity along with poor diet and inactivity.
- Older people are independent but 1 in 3 of those aged 75 need help or support to continue living in their own home.
- Increasing numbers of older people live alone; 1 in 4 (25%) of those aged 65 to 74 and more than 1 in 2 (51%) of those aged over 75 live alone this is expected to rise to over 34,000 by 2030.
- 1 in 6 older people experience some level of social isolation.
- 1 in 9 people (12%) aged 65 and over have some form of caring responsibility for another person, and 4 out of 5 of these look after another older person or a child.

6.2 Where are they?

Unsurprisingly there are older people in communities across Kirklees, but at ward level there are variances in the proportion of the population that are over 65. In Dewsbury West 1 in 8 (12.5%) of the population is over 65, and in Lindley, Denby Dale and Mirfield the proportion increases to 1 in 3 (around 30%).¹⁰

Total Older People population by broad geographic area:



6.3 What do people want from their support?

Older people desire support that reflects their own needs; is adaptable and delivered by a skilled and approachable workforce. There is a growing desire for all social care provision to be coproduced where users and professionals work together to design and deliver services in equal partnership to deliver the best outcomes.

⁹ <http://observatory.kirklees.gov.uk/jsna>

¹⁰ ONS Mid 2015 Population Estimates

We have made some progress to understand the sort of support that older people in Kirklees want. We have used general sources about the sorts of activities people tell us they want support with. We have also been able to model national direct payment information to give a picture of the desired outcomes from direct payment recipients locally.

The outcomes older consumers want in the Kirklees care market¹¹:

- I want to be active
- I want to be healthy
- I want to put something back into the community
- I want the right help when I need it from people I trust
- I want to live at home for longer
- I want to be able to get around easily
- I want to feel safe
- I want to have relationships and not be lonely
- I want to have dignity at the end of my life

What consumers tell us they want support with:¹²

Care and support theme	Potential Consumers	Rate
Personal care	8,312	46.2%
Dressing	5,271	29.3%
Cleaning/housework	13,583	75.5%
Eating	3,166	17.6%
Cooking and preparing food	7,718	42.9%
Shopping	12,306	68.4%
Getting around outside their home	10,363	57.6%
Getting around inside their home	4,480	24.9%

What older people in receipt of direct payments tend to spend their funding to support:¹³

Activity	Direct Payment Spending
Socialising	54%
Meeting new people	48%
Help going out	43%
Help staying at home	39%
Art and culture	25%

¹¹ Kirklees Older People Vision

¹² Kirklees CLIK 2012

¹³ Direct Payments: A National Survey of Direct Payments Policy and Practice (<http://www.pssru.ac.uk/pdf/dprla.pdf>)

What this means for the care market:

The number of older people staying at home for longer presents a growing opportunity for care and support organisations that delivers support in people's homes.

The increase in people needing some form of support to stay at home is a growing business opportunity; this could be practical support, non-care support as well as traditional forms of care in the home.

The numbers of older consumers will grow across Kirklees; the complexity of support required is also likely to increase as the mean age of this cohort increases.

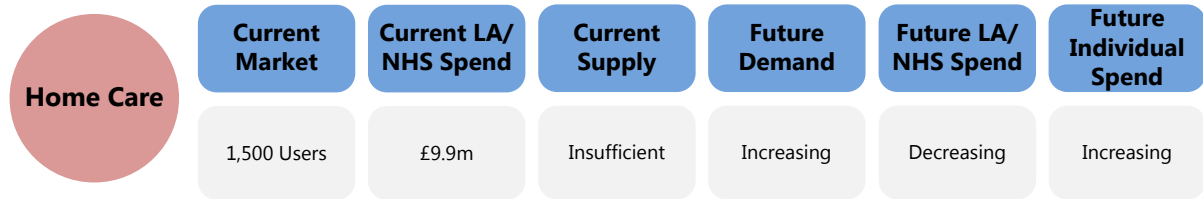
Organisations that support people to move, or realise capital to support their changing support should see increases in opportunities.

Older people are articulating the sort of support they want, how they want it designed and the role of their own carers in shaping their care.

Care and support organisations need to articulate their offer to older people who are new entrants to the care market, this is particularly important to those entering the market after sudden changes in health.

The number of older people and older carers who receive a direct payment is likely to increase. Care organisations that are effective at engaging directly with these consumers direct will see a growth in opportunity.

7. Assessing the market



Overview

The authority currently commissions 79% of older people's home care, which is around 18,000 hours of care per week from around 40 home care providers. The authority combines this with home care support for adults with physical disabilities.

The demand for complex home care is increasing.

There are gaps in the coverage of home care, some areas of Kirklees are only served by small number of providers, and this limits the choice that is available to older people.

The increase in dementia has led to increased demand for dementia focussed home care.

There are viability problems with some home care businesses; we are working to understand this better.

The local authority in house provision will continue to focus on short term, support which aim to restore as much of a person's independence, functioning and quality of life as it can.

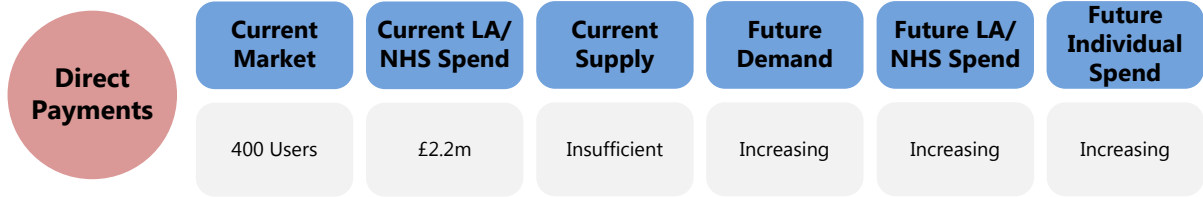
There is a growth in the number of people with direct payments buying their own home care.

What this means for the care market:

The move to discharge people from hospital as soon as clinically appropriate will mean there will be more older people in the community who need greater levels of intensive care in their own homes.

There are opportunities to develop a home care offer in rural and semi-rural areas of Kirklees; this may include expansion into self-funder home care.

Business models need to be better structured to build stability within providers of home care; there could be opportunities for building based care providers to expand into this market.



Overview

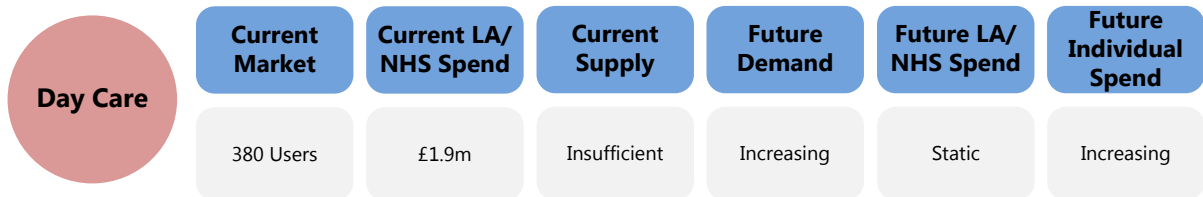
Take up of direct payments is relatively low amongst older people at present; we will support more people to choose direct payments.

There are issues with the number of personal assistants available locally.

What this means for the care market:

There is scope for providers to develop direct relationships with the direct payment population, being clear with them what their offer is, and simple transparent payment and billing will increase take up.

Platforms such as Connect to Support will build business for providers; this is a source used by those choosing care for themselves or professionals and families seeking support.



Overview

The local authority commissions the majority of day opportunities for older people; there is a move away from block contracting day provision. We are seeing lower level community driven day activities overtaking traditional services, we want this to increase.

What this means for the care market:

There is scope for additional day opportunities; older people are seeking a broader range of opportunities that meet a very mixed range of outcomes.

There is significant scope for providers to offer enhanced or top up day services that direct payment users and self-funders can purchase.

**Independent
Financial &
Care advice**

Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Insufficient	Increasing	Decreasing	Increasing

Overview

There are duties upon local authorities to ensure financial and care advice is available locally.

What this means for the care market:

There are opportunities to market financial and care planning support to people directly.

There are opportunities to support financial management for those with direct payments.

**Preventative
Interventions**

Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Insufficient	Increasing	Increasing	Increasing

Overview

Preventing a need arising in the first place is the aim of much of public policy. For older people this typically means support that allows them to stay at home, feeling safe and confident managing their own daily routines and activities.

Connected to day opportunities there are a number of programmes that support this; the KICES community equipment and home adaptations commissions aim to provide a greater range of preventative equipment. There is a need for physical activity and intellectually challenging activities that prevent, reduce or delay conditions associated with old age.

What this means for the care market:

There are opportunities to develop evidence based preventative activities.

There are opportunities to offer equipment and adaptations directly to older people and the self-funder market.

There are opportunities to develop classes, activities and opportunities specifically aimed at older people. These would support the delivery of multiple outcomes and social interactions.

7.1 Transitions and service boundaries

The older care population tends to fall into two key groups; those with progressive care needs who have increasing levels of support as their needs become more complex, and secondly those who enter the care market after a sudden change, this could be a fall, a stroke or other sudden change in health.

Simply knowing the what is available from the care market is a challenge for professionals, both of the groups above have very different needs when it comes to understanding how they might interact with the care market. The sudden entrants are likely to have a view or a more traditional care market, and a “get what you’re given” attitude. Getting communications right for each of these groups is important for the whole sector; the local authority will work with care organisations to improve this.

The Better Care Fund aims to reduce the barrier between local authority and NHS support, there are already a number of multi organisation teams, we want to improve the reach community support has in acute settings, and also the reach acute support has within the community and into people’s homes.

People living with dementia

8. Headline market issues

The dementia market is likely to grow significantly.

People with dementia will want a wider care and support offer that reflects personal needs.

Technology is going to continue to impact how the market supports those with dementia.

There is increasing demand for specialist and dementia home and nursing care.

Preventing, reducing and delaying the need for dementia care are growing areas of activity locally.

9. Learning from current and potential consumers

Dementia currently represents one of the greatest challenges to our health and social care landscape. With no known cure and with limited treatments available, dementia is redefining our individual and collective experience of ageing, irrevocably changing the lives of ageing citizens across Kirklees.

Dementia describes a group of symptoms caused by the gradual death of brain cells, leading to the progressive decline of functions such as memory, orientation, understanding, judgement, calculation, learning, language and thinking. Dementia is a terminal disease where patients are expected to live between three to fifteen years after diagnosis

There are several diseases that cause dementia. In late-onset dementia, Alzheimer's disease is the most common disease, accounting for around 60% of all cases, followed by cerebrovascular disease (vascular dementia), and dementia with Lewy bodies which together account for 15-20% of cases. In young-onset dementia, fronto-temporal dementia is the most common disease, followed by Alzheimer's. Less common diseases that may also cause dementia include Parkinson's and Huntington's, HIV and AIDS, Korsakoff's syndrome, Creutzfeldt-Jakob disease, multiple sclerosis, and motor neurone disease, amongst others. There are also mixed cases of dementia have also been identified such as Alzheimer's and dementia with Lewy bodies.

There are a number of potential pharmacological (e.g. cholinesterase inhibitors), and non-pharmacological (e.g. cognitive behavioural therapy) interventions that focus on treating the symptoms of dementia. Nevertheless, people with dementia are at an increased risk of physical health problems and become increasingly dependent on health and social care services and other people.

Generally, only 1 in 3 people nationally with dementia ever receive a formal diagnosis or have contact with specialist services at any time in their illness. However diagnosis rates have improved in Kirklees and now almost 2 in 3 people predicted to have dementia have a diagnosis and are known to services.¹⁴ In North Kirklees diagnosis rates are 68.2% and Greater Huddersfield is 66.8%.¹⁵ It is estimated that there are over 100 people locally with young onset dementia i.e. aged under 65 years and this is expected to increase slightly too around 110 by 2020.

Up to half of all people with dementia also have depression. People with both dementia and depression have higher rates of disability and higher rates of hospital admission than people with dementia alone.¹⁶ People with dementia are also at greater risk of social isolation, particularly as the condition increases in severity.

Dying with Dementia¹⁷

Only 8% of people who die with dementia pass away at home, compared to 21% of the general population aged 65+. They are less likely to die at home than people dying with cancer, circulatory or respiratory diseases.

Nearly a third (32%) of people who die with a mention of dementia die at a hospital, a lower proportion than in the general population (49%) or amongst those dying with cancer, circulatory or respiratory diseases. Only 1% of deaths with dementia happen in a hospice, compared with 5% of deaths in the general population aged 65+. People with dementia are less likely to die in a hospice than people dying of cancer.

People who die with dementia are more likely to die younger if they reside in more deprived areas. The proportion difference is small but significant and is more pronounced for people with vascular dementia.

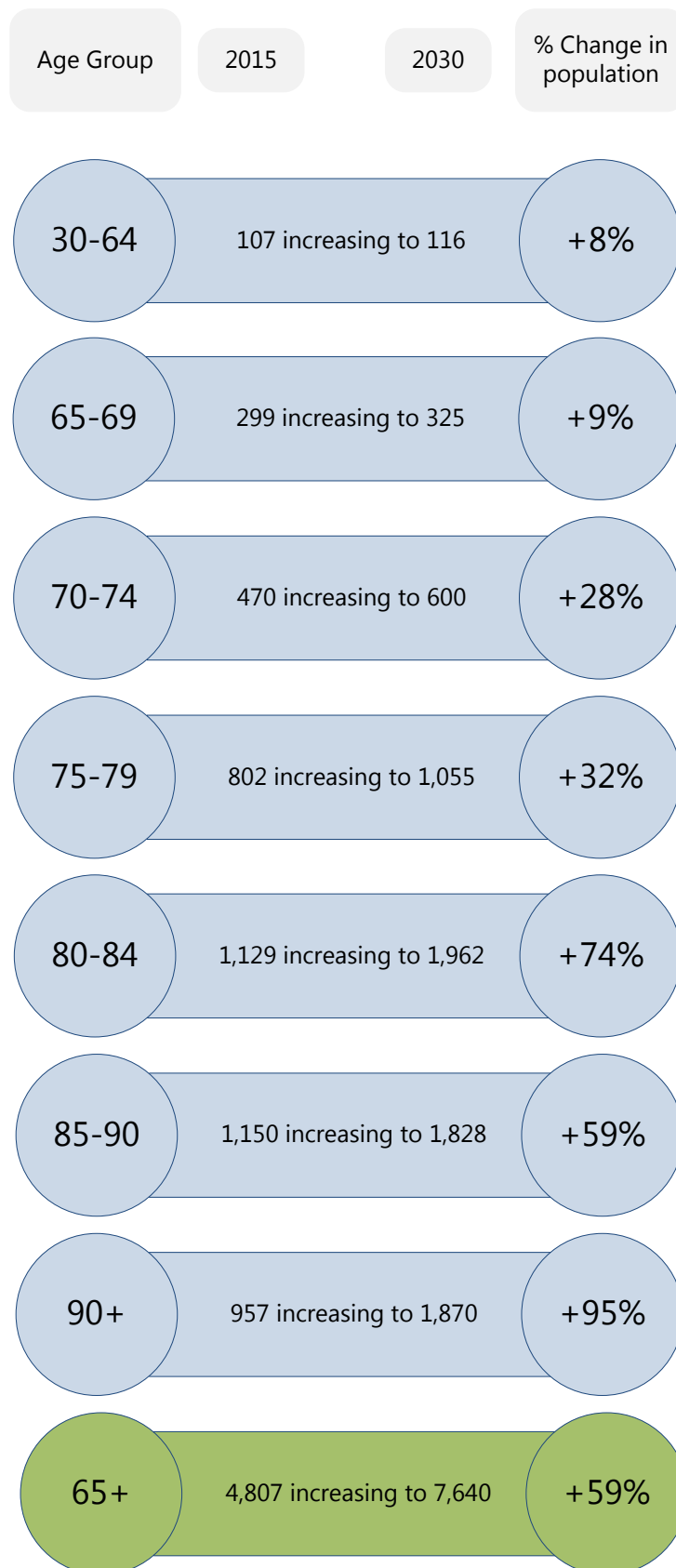
¹⁴ Living Life to the Full, Living with Dementia in Kirklees, 2016 (<http://www.kirklees.gov.uk/beta/health-and-well-being/pdf/living-with-dementia.pdf>)

¹⁵ CCG Diagnosis Data – November 2016

¹⁶ Dementia - A state of the nation report on dementia care and support in England, Department of Health, 2013

¹⁷ Kirklees Dementia Needs Assessment 2016

9.1 Current and Predicted Dementia Prevalence in Kirklees¹⁸



¹⁸ POPPI & PANSI Data 2016

9.2 Who are they?

Gender¹⁹

There are variances between women and men when it comes to dementia. The most robust way of looking at this is by understanding how many cases of dementia there are in every 1000 people in the population.

Age Group	Male dementia prevalence per 1000 population (2016)	Female dementia prevalence per 1000 population (2016)
65-69	15	10
70-74	31	24
75-79	51	65
80-84	102	133
85-89	169	220
90+	295	318
Total 65+ by gender	53	76

It can be seen that dementia is actually more prevalent in men until they reach 75-79. Then it becomes 20-30% more common in women until the 90+ age group when it is 7% more prevalent in women. We know that women on average live longer than men, but they also live longer in ill health or with a disability than men.

Ethnicity

There are increasing indications that the prevalence of dementia in Black African- Caribbean and South Asian UK populations is greater than the white UK population and that the age of onset is lower for Black African-Caribbean groups than the white UK population. Since these groups are also more likely to experience high blood pressure, it is suggested that the increased risk of vascular dementia contributes to this increased prevalence.

Currently 1 in 20 (5%) of older people are from an Asian or Asian British background, in the 0-17 population this grows to 1 in 4 (25%). As this cohort and the mixed/ multiple ethnic background group ages they will account for around 1 in 3 of all older people. If current data and thinking is correct we could see increasing incidence of vascular dementia in proportion to Alzheimer's disease.

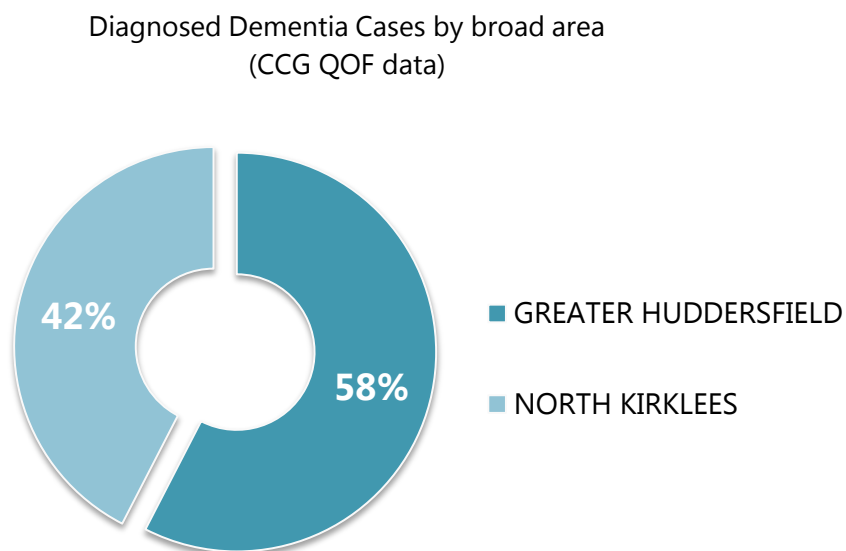
Severity¹⁹

It is estimated that around 2,700 (55%) of dementia incidence locally is mild, 1,570 (32%) fall within the moderate category and 600 (13%) or 1 in 8 cases are severe.

¹⁹ POPPI Data, 2016

9.3 Where are they?

Using CCG data we can show of all diagnosed dementia cases which CCG area people fall within, this mix is broadly in line with the general population.



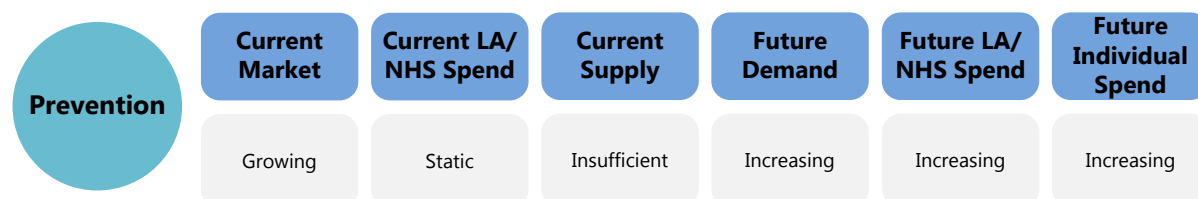
9.4 What do people want from their support?

The outcomes¹⁴ likely to be desired by consumers in the Kirklees care market:

- I was diagnosed early
- I understand, so I make good decisions and provide for future decision-making
- I get the treatment and support that are best for my dementia and my life
- Those around me, and looking after me, are well supported
- I am treated with dignity and respect
- I know what I can do to help myself, and who else can help me
- I can enjoy my life
- I feel part of the community and I'm inspired to give something back
- I am confident my end of life wishes will be respected. I can expect a good death.
- I have the opportunity to take part in research.

10. Assessing the market

The numbers of people with dementia are increasing; diagnosis and early intervention helps people with dementia to live well and delay premature admission to long term care. Providing high quality support to people with dementia, from a workforce that are fully 'dementia aware', will become an increasing focus in all commissioning activities for older people and we will be looking towards providers who can demonstrate they are able to support people with dementia as part of their ongoing service offer.



Overview

Raising public awareness about dementia, reducing the stigma and fear associated with dementia, raising awareness of the modifiable risk factors and encouraging people to seek help and obtain a diagnosis are all important. Keeping vascular risk factors under control is always going to be worthwhile, as is keeping weight down and exercising. Keeping mentally active and retaining social networks is also good. Focusing on prevention and encouraging or enabling people to behave in ways which will improve their health outcomes (for example, relating to heart disease and stroke which increase the risk of vascular dementia) to reduce those risk factors associated with some dementias.

What this means for the care market:

The numbers of people with dementia is increasing. It is essential to educate people at a far earlier stage about the risk factors. In particular, this includes promoting physical activity as a protective factor. Regular physical activity can reduce the risk of dementia by 20-30%²⁰. It also includes reducing the total amount of alcohol consumed by individuals and across the population and reducing the number of people presenting with early onset dementia caused by heavy drinking (Korsakoff's psychosis and Werneckes disease). We will be looking for providers who are able to engage with community groups and increase understanding of the factors that help prevent and/or mitigate dementia.

²⁰ Start Active, Stay Active (2011)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf

Advice	Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
	Limited	Static	Insufficient	Increasing	Increasing	Increasing

Overview

When a diagnosis of dementia is given it is often the start of the journey for many people. They may have some early symptoms but some of the long term impacts may not have materialised yet. Early discussions about longer term care and end of life wishes and how to have those discussions are also important for advice providers to address.

What this means for the care market:

There is scope to provide a range of high-quality, post diagnostic support for those people with dementia and their carers so they are able to plan and take greater control over their own lives and maintain a good quality of life for longer and in their own homes.

Assistive Technology	Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
	Growing	Increasing	Insufficient	Increasing	Static	Increasing

Overview

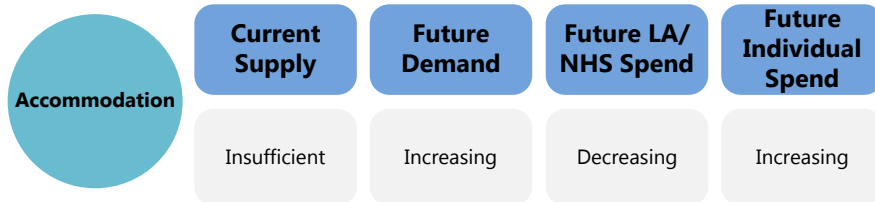
The use of technology to support people to stay in their own homes and communities also needs to be embraced, the costs of technology have dropped over the past decade and this should be capitalised upon.

What this means for the care market:

There are opportunities for technology to be provided that fulfil monitoring processes.

Organisations need to better integrate technology and systems, simpler user interfaces and opportunities to bolt on technology to meet changing needs without intrusive home visits will improve the user experience.

Improving the marketing of technology will improve take up, using platforms such as Connect to Support will build business for providers.



Overview

There is a growing need for dementia nursing home provision locally, whilst we endeavour to support people for as long as possible in their own homes, or specialist extra care, there will always be a cohort of people living with dementia who require nursing support.

It is estimated that up to 90% of people in care homes have dementia, and Care Quality Commission studies show that people with dementia in care homes are more likely to go into hospital with avoidable conditions such as dehydration than people without dementia.

Improvements to the provision of intermediate care and rehabilitation to reduce unnecessary or prolonged hospitalisation would also be a positive achievement.

It will also be beneficial to engage with housing and third sector providers to deliver lower level support to maximise independence and maintain skills for as long as possible.

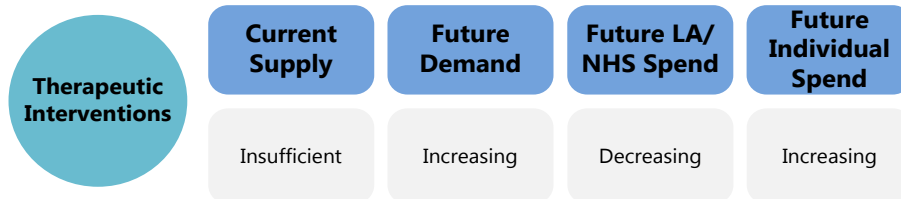
End of life choices for people with dementia and their carers need to be considered alongside accommodation and other support arrangements.

What this means for the care market:

Differing severities of dementia require different type of accommodation, with the scope to move as circumstances and the condition change.

There is scope for dementia appropriate extra care development across Kirklees.

There are opportunities to develop quality care and nursing homes offering a broad range of support, especially homes that offer nursing support for those with dementia.



Overview

Dementia-specific therapies aim to delay deterioration, enhance coping, maximise independence and improve quality of life. Therapies include reality orientation, reminiscence therapy, cognitive rehabilitation, validation therapy and cognitive stimulation therapy.

People with dementia need access to enabling and rehabilitation services to maximise independence, some people with dementia have rehabilitation potential and some skills can be relearned or new skills developed to compensate.

What this means for the care market:

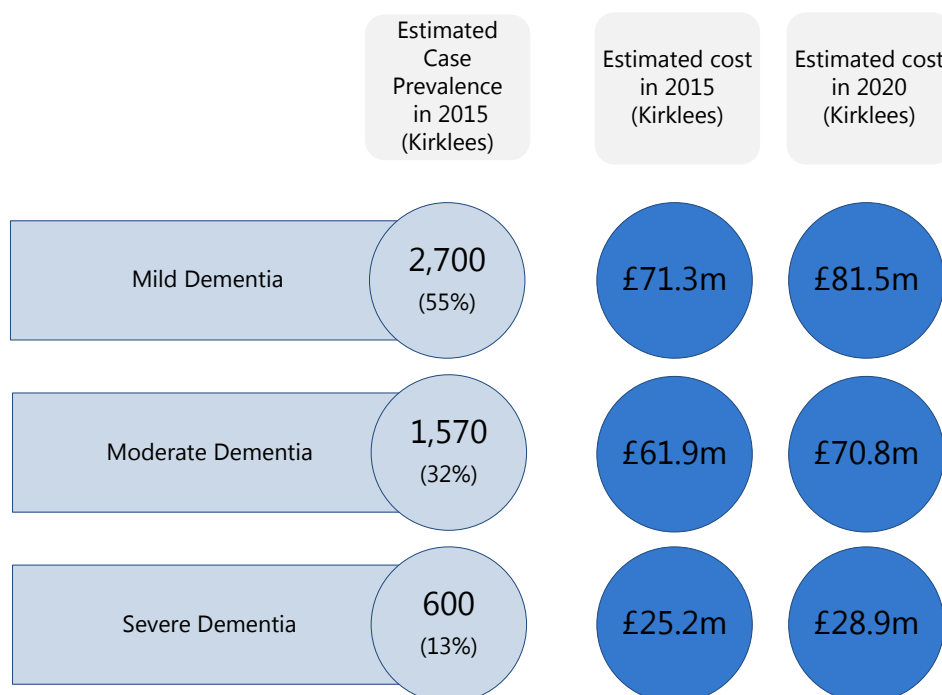
There is scope to develop a broad range of therapies that support those with dementia.

There is scope to develop life skills relearning and rehabilitation programmes that support those with dementia and their carers to cope with the changes that dementia may bring.

10.1 Spending on Dementia – now and in the future

The human cost of dementia is greater than any monetary value; however there is a growing body of national evidence about the costs of care and support relating to those with dementia.

It is thought there are around 4,900 people in Kirklees in 2015 with some degree of dementia. The overall economic impact of dementia in the UK is £26.3 billion. This works out at an average annual cost of £32,250 per person. It is estimated that dementia costs £158m per year in Kirklees, using national benchmarks the severity of dementia is likely to have the following pattern locally.²¹



²¹ Alzheimer's disease International (2015), World Alzheimer Report 2015: The Global Impact of Dementia, An analysis of prevalence, incidence, cost and trends. Available at: www.alz.co.uk/research/world-report-2015

Older People living in specialist care accommodation

11. Headline market issues

Suitable housing can significantly improve life in older age, while unsuitable housing can be the source of multiple problems and costs. Appropriately designed housing, that can adapt to people's changing needs as they age, has a number of benefits. These benefits include reducing demand on care services, and enabling individuals to live independently and more flexibly in later life.

Care home demand is likely to grow in the complex and dementia sector.

Sheltered and Extra care schemes offer business opportunities and demand is likely to increase if ownership options and a wider range of locations become available.

12. Learning from current and potential consumers

In order to understand this sector it is important to be clear what sort of accommodation we are talking about. It is important to remember that these groupings are not necessarily separate developments, and multiple groups could be living within a single development.

Group A – Older people living in their own homes (rented or owned), they may have occasional care and support needs but it is likely to be of a low level and the majority of support comes from informal care.

Group B – Older people living in their own home (rented or owned), who have adapted or modified their homes to better meet their needs; they may have received public funding to do this or may have funded it themselves.

Group C – Sheltered or Retirement housing for older people some locations have communal facilities and onsite non care support. They are linked remotely to support through pull cords and other assistive technology; home care maybe supporting people in this setting.

Group D – Extra Care housing for older people with extra facilities and services such as personal care, meals and overnight care support.

Group E - A care home with or without nursing, intensive onsite care and support, within this group there are care settings that specialise in the care of those with dementia.

This part of the statement will cover Groups C, D and E.

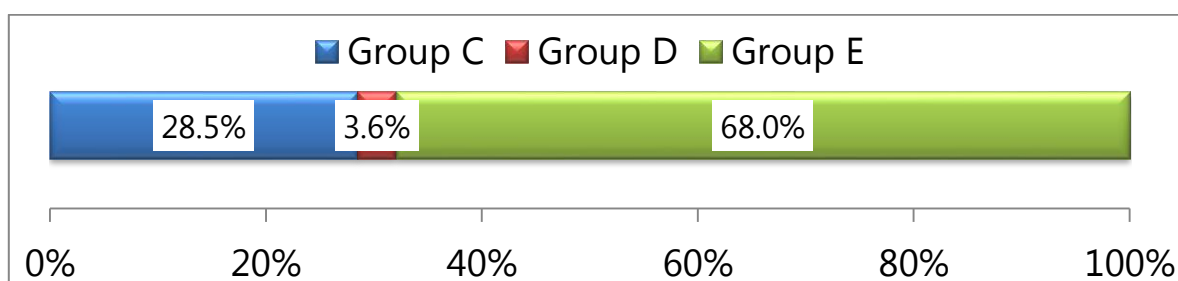
12.1 Who are they?

Around 1 in 18 (5.5%) of all older people live in one of the accommodation groups covered in this statement, the rest are living in their own home. This equates to around 4,100 people in Kirklees.²²

Some of the people in this group have entered a care setting for a short period of time, in order to recover from a change to health or mobility or as part of planned respite support; others are permanently resident because their needs cannot be supported at home.

As the chart below indicates the current specialist accommodation is dominated by the care homes followed by sheltered/ retirement sector. We have developed a number of future scenarios later in this statement to indicate the possible shape of specialist accommodation.

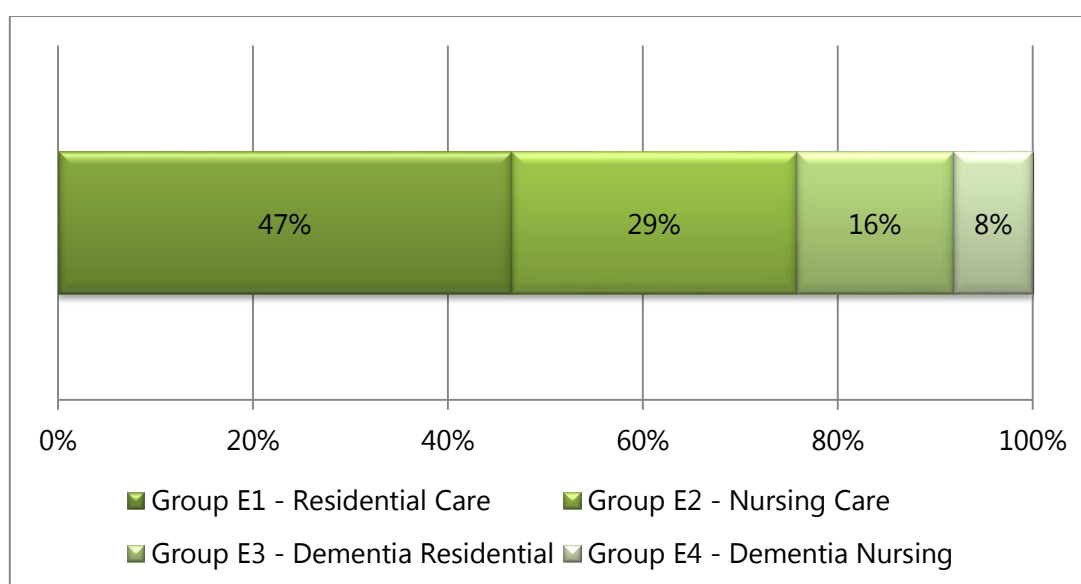
Current shape of specialist accommodation market in Kirklees



(Group C - Sheltered/ Retired Schemes, Group D – Extra Care housing, Group E - Care homes)

The current care home sector has varying levels of support on offer, they are outlined here:

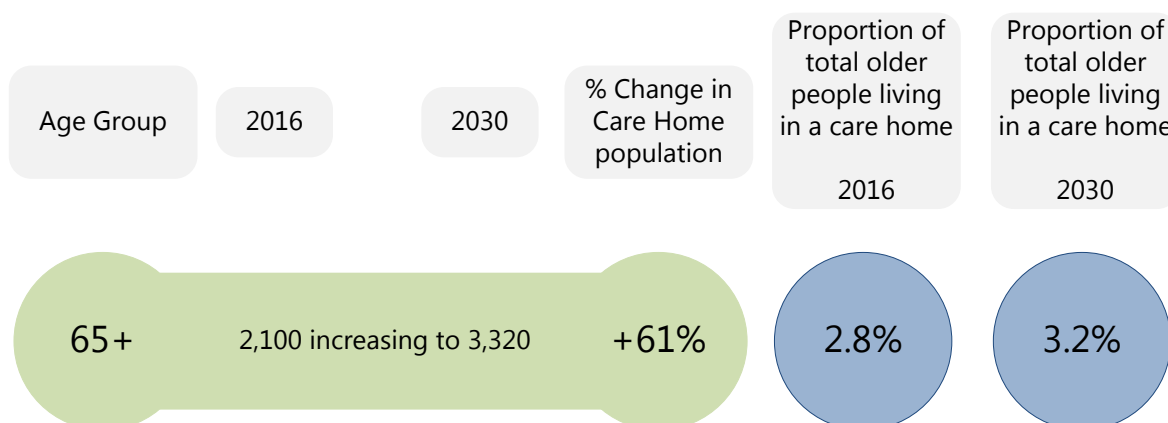
Detailed current shape of Group E – Care Homes in Kirklees



²² POPPI & PANSI Data

There are forecasts for the future shape of this market but it is important to note that they only forecast based on the current model, rather than the desired shape outlined later in this statement. The most reliable forecasts are around those likely to be a care home setting.

People estimated to be living in a care home in Kirklees



12.2 Where are they?

In order to quantify accommodation we have used data from CQC to show the maximum size of the current market. This will contain homes and services that are registered with CQC to deliver services, but not currently open or contracted to deliver any local authority care and support.²³

	Establishments	Beds/ Units
Group C - Sheltered/ Retired Schemes	40	1,140
Group D – Extra Care housing – older people	3	142
Group E - Care homes¹ - of which:	133	2,718
Care home - with nursing	25	794
Care home - without nursing	39	1,265
Care home – Residential Dementia	16	438
Care home – Nursing Dementia	7	221

Source – HSCA Data

¹ – Some homes offer either nursing and residential care or dementia care alongside other support, this is why totals may vary.

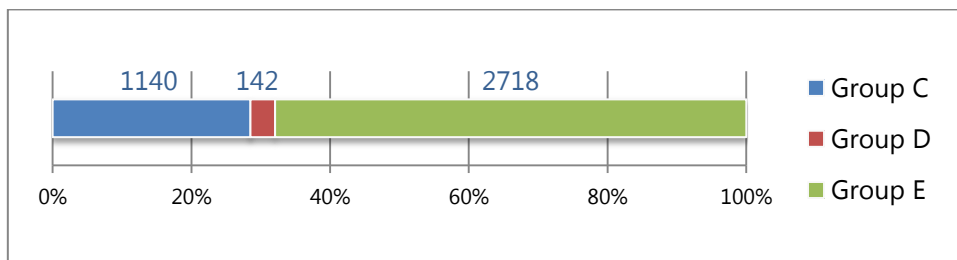
²³ <http://www.cqc.org.uk/content/how-get-and-re-use-cqc-information-and-data#directory>

12.3 Possible Future Scenarios of Care Accommodation

There are around 74,000 older people living in Kirklees, this is expected to grow to about 98,000 over the next 15 years. We think roughly 60% of older people live alone; this increases in older age groups. In order to give care organisations some future ideas about the shape of care accommodation locally we have developed a number of scenarios.

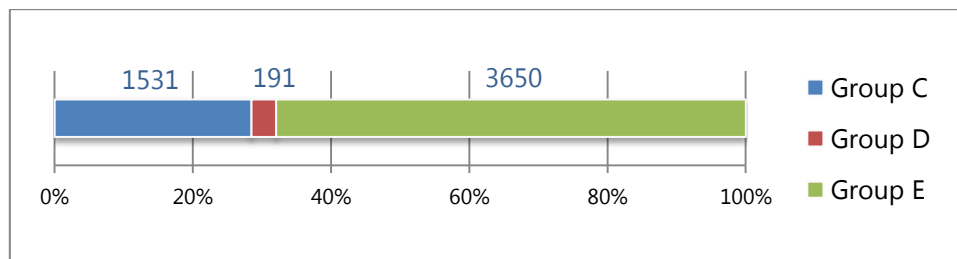
(Group C - Sheltered/ Retired Schemes, Group D – Extra Care housing, Group E - Care homes)

The Current Position



Scenario A

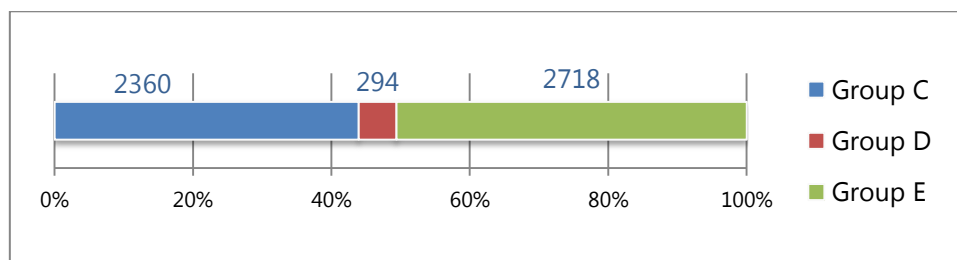
Current shape and proportions grow to meet the changes in predicted population growth:



Here the sector would need to grow by 34% over the next 15 years in order to accommodate likely number of older needing accommodation based on current usage trends.

Scenario B

The predicted population increase is absorbed solely in the sheltered and extra care sectors with care homes remaining the same:

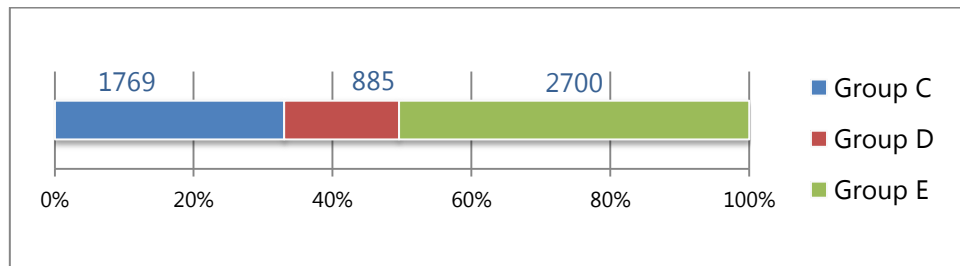


Here there would need to be significant growth in the sheltered and extra care sectors.

Group C - Sheltered/ Retired Schemes, Group D – Extra Care housing, Group E - Care homes)

Scenario C

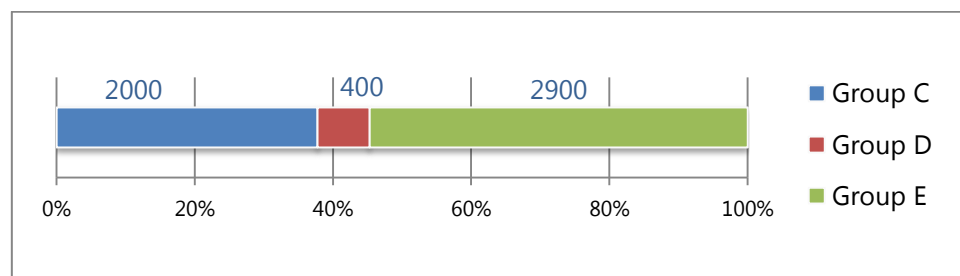
The predicted growth is absorbed solely in the sheltered and extra care sectors with care homes remaining the same, and is split is balanced 2/3 sheltered and 1/3 extra care.



Here the balance between sheltered and extra care accommodation is better split, this would mean significant growth in extra care and marginal growth in sheltered accommodation.

Scenario D

Extra care accommodation grows at a faster pace compared to sheltered housing:



Here care homes places grow slightly as does sheltered accommodation, but extra care slightly more than doubles its current size.

What this means for the care market:

We are open to a range of accommodation scenarios; however we do not see care homes growing at the same pace as other parts of the sector, except in dementia nursing provision.

Demand is likely to grow for extra care and sheltered accommodation if the ranges of ownership and finance options are made available. We will closely monitor the impact of changes to supported people funding and the proposed changes in rent legislation.

We will work with care organisations and developers to establish design principles, and support the development of appropriate sites.

12.4 What do people want from their support?

Older people typically want the same kinds of things in specialist accommodation that they have enjoyed all their lives; the opportunity to discover new activities and skills, a sense of belonging and feeling useful, good relationships, not feeling restricted in what they can do, and plenty of opportunities to enjoy the things that give them pleasure.

The outcomes likely to be desired by consumers in specialist accommodation care market.²⁴

- **Choice**, about all aspects of my life, including: - moving into a home; where it is; what my room looks like and looks out on; how I live my life; how my care is delivered; how I spend my time; the food I eat, where and when I eat it; who visits me and when; when / if I go out and where; how / if I worship/pray; who I interact and spend my time with; when I get up and go to bed; who I have relationships with; where and how I die
- **To live an interesting life** – continuing with my hobbies, having a choice of activities and having interesting people to talk to
- **Not to be lonely** – but to be alone when I choose to be
- **To be in control and as independent as possible** - I want to make my own decisions about everything that affects me – the little things and the big things
- **To be treated with dignity, respect and compassion** by everyone I come into contact with
- **To have my needs met** –my wellbeing, my social care needs and my health needs
- **To be in a nice environment** – that helps me to be independent and find my own way around
- **To feel safe** and to take risks if I choose to
- **To be able to stay here for as long as I want**
- When my time comes, **to have a good death**

What this means for the care market:

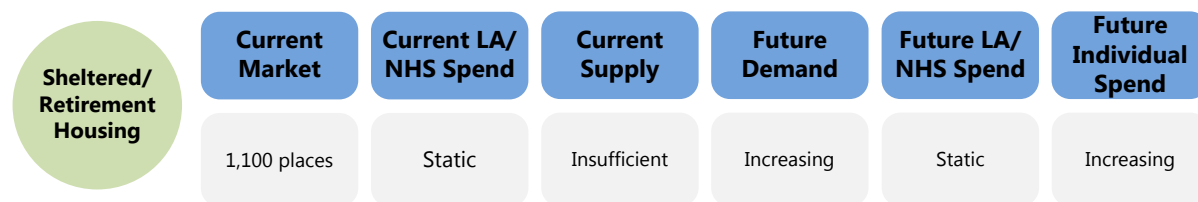
People's expectations for older life and their experience of services are changing.

The people who will reach older age in the next 10 or 20 years are used to expressing greater choice and control over the services they use and will expect more from their care.

This will mean increased demand for care and support and require growth in local markets of personalised services that respond to people's changing needs and aspirations.

²⁴ Kirklees - A Joint Strategy for Residential and Nursing Care Homes for Older People - 2016

13. Assessing the market



Group C – Sheltered or Retirement housing for older people some locations have communal facilities and onsite non care support. They are linked remotely to support through pull cords and other assistive technology; home care maybe supporting people in this setting.

Overview

People are living longer and the population is ageing, this presents significant challenges for the country but also opening up substantial opportunities for the property sector.

Older people are sitting on over £1 trillion worth of housing equity in the UK, often in homes that are bigger than they need. Large numbers of people are interested in down-sizing, yet the existing market fails to meet this demand.

Developers have begun to recognise these opportunities but more innovation by them and others will boost the supply and mix of homes for this growing market. The retirement sector offers an opportunity to increase supply and improve standards and develop homes for life that can meet the changing needs and lifestyle of the population.

The wider housing market will benefit from some of the larger properties becoming available across Kirklees.

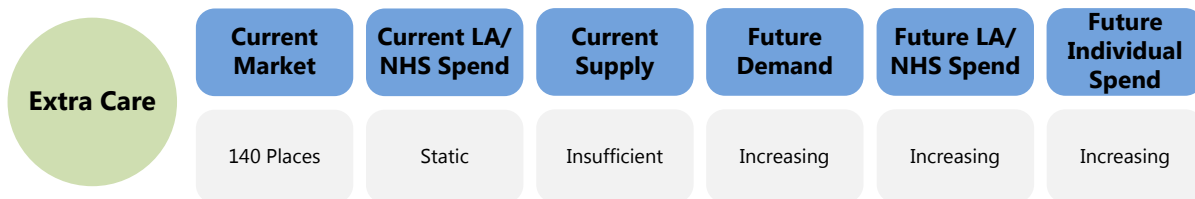
What this means for the care market:

There are opportunities to develop retirement living across Kirklees, using a variety of ownership and financing options.

Protecting inheritance is important to those in later life, financial planning needs to be sensitive to this, and offer a range of funding options to older people.

Developing blended retirement living locations with onsite extra care would mean providers could keep the older person on a single site longer.

Older people still share many of the same ambitions as the rest of the population when it comes to where and how they want to live, organisations that make this a reality will grow.



Group D – Extra Care housing for older people with extra facilities and services such as personal care, meals and overnight care support.

Overview

Extra Care is a viable alternative to care homes, with the potential to provide more personalisation and better outcomes for people. The current capacity of the market in the area is just over 140 places, we see this as a growth area for Kirklees.

We would like to see more intermediate extra care supporting people leaving hospital.

There are 3 local authority extra care schemes locally, we would like to see more private and non-profit sector organisations developing extra care facilities in Kirklees. The schemes that operate now are at capacity and have waiting lists.

We would like to see a range of financing and ownership options in the extra care sector. There is scope to develop a mixed pricing model of privately funded and shared ownership extra care alongside rented options. We believe the increase in options will drive the market forward and benefit providers.

We will be clear with potential developers where appropriate sites are, and how they might be developed.

We will work with providers to embed clear design principles.

What this means for the care market:

There is scope for extra care development across Kirklees.

Differential ownership models will potentially bring capital into schemes which can strengthen any financial case.

Extra care could be part of a blended care offer with single providers offering extra care, sheltered housing, and outreach home care services from a single site.

Communicating the extra care offer to the self-funder and direct payment population will stimulate growth.

Care Homes	Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
	2,700 places	£31.1m	Insufficient	Increasing	Decreasing	Increasing

Group E - A care home with or without nursing, intensive onsite care and support, within this group there are care settings that specialise in the care of those with Dementia.

Overview

Kirklees has a large and established market for residential and nursing homes for older people. There are currently 67 registered care homes in Kirklees, providing around 2,700 places. The local authority and CCG's currently purchase around 60% of these beds on behalf of Kirklees residents. The average size of an older adult home in Kirklees is around 41 beds.

There has been a reduction in the number of care and nursing homes; this is a concern to the authority. We intend to work closely with care home businesses to ensure they are viable and sustainable.

We want to see quality of provision continue to improve; we will work with providers to support this.

What this means for the care market:

There are opportunities to develop quality care and nursing homes offering a broad range of support, especially homes that offer nursing support for those with dementia or those leaving acute care.

The outcomes described above suggest that being closer to family and other natural support networks is a key factor when older people are deciding which home they go into. Some older people will want to move away from where they currently live, others will wish to stay locally.

The same aspiration to move to nice area of the borough also still exists, irrespective of whether older people will be able to engage in their local community. This should also be considered when siting care homes in the future.

13.1 Mix of the market now and in the future – Who is buying?

The local authority and CCG's have been dominant in purchasing care home places, however with a shift towards direct payments more people will be making their own choices about the degree of support they want. The evidence suggests that the extra care sector could be the way more people with support needs wish to live.

There are number of people who make their own retirement home purchases and rentals without any support from the local authority, we want this group to have the right information available so they can continue to make these decision, We would also like more people to feel confident to make this move themselves with a proactive view of their future accommodation needs.

13.2 Transitions and service boundaries

How older people enter specialist accommodation varies; this could be planned over time or they may enter suddenly through a change in health condition. The sector needs to get better at handling these shifts in need, having better inter-organisation and inter-service relationships will help this transition. The acute sector needs to be a part of this move, the work of BCF should help with improving these transitions.

As described above the sector and the local authority need to get better at supporting people to plan for their long term care needs. The general older population knowing what the options are outside the traditional care home will boost other parts of the market. This will improve further if a wider range of ownership and financing options are available.

People living with learning disabilities

14. Headline market issues

We expect gradual growth in the learning disabled population seeking support, with increased growth in the number of people with multiple complex needs, and those with behaviours that challenge.

People with learning disabilities want to live in their own home, be independent and socially active, and be part of their communities, working and engaging when they can. There is growth in the number of people who want to live independently of their parents and services. There has been a change in the expectations of parents no longer is their caring role a full time lifelong commitment, their disabled relative will move out of the family home.

Services within the public sector around learning disabilities are undergoing the biggest change for a number of years. This has and will present the independent sector with a number of new business opportunities.

There are significant workforce issues around the shortage of highly skilled social care staff who are able to meet the care and support needs of the most complex and challenging people with a learning disability.

15. Learning from current and potential consumers

There are around 8,000 adults thought to have some level of learning disability locally, around 1 in 8 of these are in receipt to intensive support from the public sector.²⁵

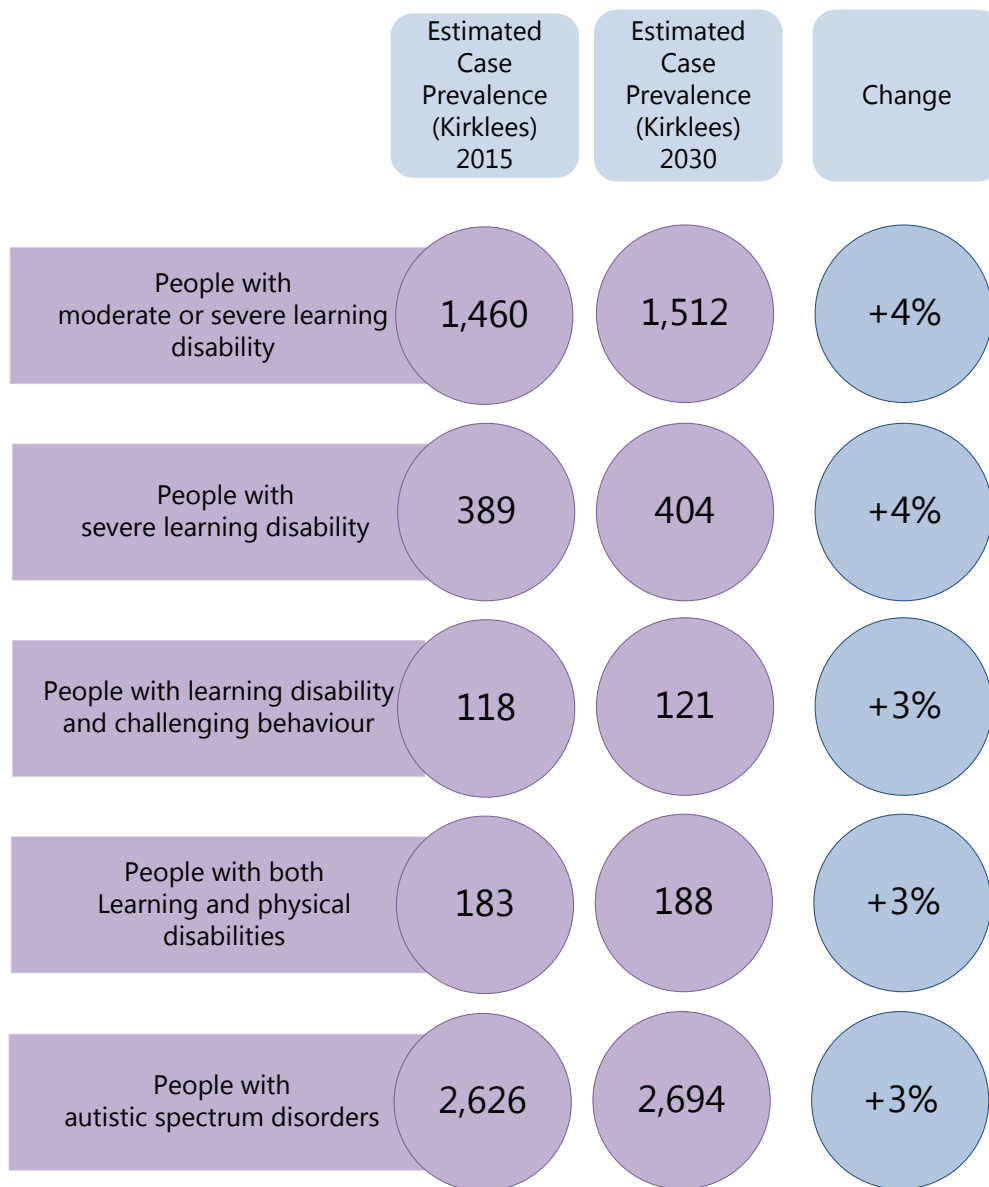
15.1 Who are they?

A note on disabled children

- The disabled child population is increasing; as are those with complex needs.
- Infant mortality is reducing but in some cases this means children with complex needs are living much longer than in previous years.
- In terms of gender of disabled children 1 in 3 are female, 2 in 3 are male.
- Around 1,769 children have an Education, Health and Care Plan (EHCP).
- There are 290 children with a diagnosed Autistic Spectrum Condition (ASC) however there are children who are likely to have an ASC which has yet to be diagnosed.
- Special schools are being remodelled and expanded to accommodate the changing needs of the learning disabled children's population.

²⁵ PANSI & Service Data

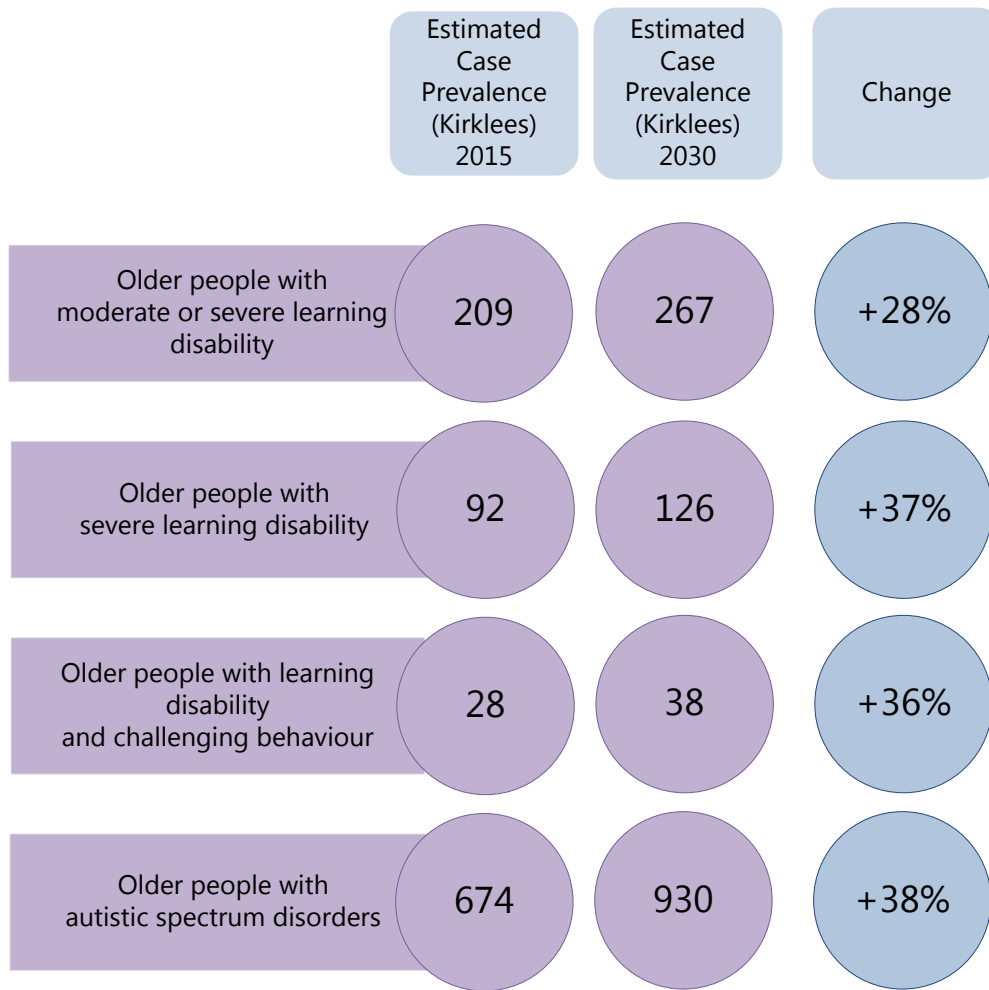
Learning Disability Prevalence 18 – 64 Age group:²⁶



We expect to see gradual growth in the number of adults with learning disabilities. However, we are seeing increasingly complex learning disability cases in the community. This is going to increase when the Transforming Care Programme develops local specialist community provision for the most complex former hospital in-patients; we expect to see over 20 people move back into community settings in Kirklees. This will be particularly felt by organisations that support people who have a complex learning disability alongside behaviours that challenge.

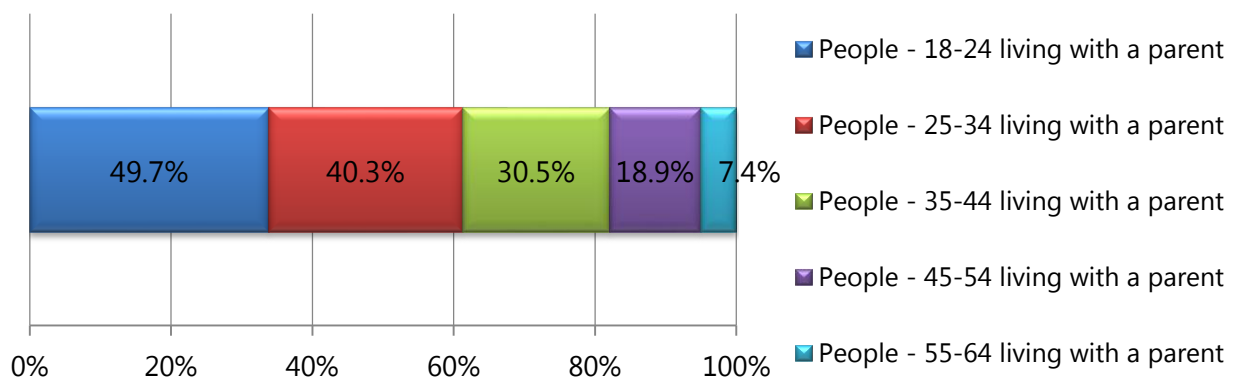
²⁶ PANSI & Service Data

Learning Disability Prevalence 65 – 85+ Age group



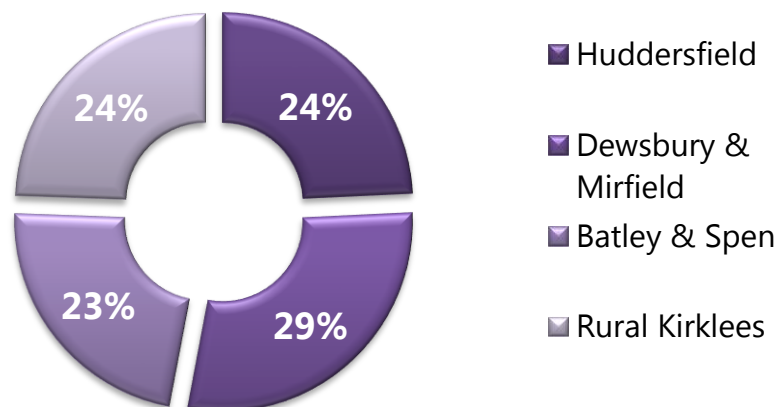
These numbers seem high but they reflect the predicted growth in the general older population, older people with learning disability have differing needs, they are also likely to experience increased health inequalities and mortality when compared to the overall older population.

Adults with learning disability predicted to be living with their parents



15.2 Where are they?

The learning disabled population broadly follows the overall population shape locally. This means that over half of those with a learning disability live in North Kirklees with the other dominant location being the town of Huddersfield.



There are around 550 people funded by the local authority with a learning disability that are living with a parent, we expect this to grow relatively slowly, but we are aware of a number of carers who reach a point when caring for a person with learning disabilities becomes overwhelming, or older carers are no longer able to continue as the main carer. We are also seeing a change in the expectation of parents and younger people who no longer wish to stay at home and want to live independently.

15.3 What do people want from their support?

People living with learning disabilities want support that reflects their own needs, is adaptable and delivered by a skilled and approachable workforce. Many of the outcomes desired by those living with learning disabilities match those of the general population. There is a growing desire for all social care provision to be coproduced where people with a learning disability and professionals work together to design and deliver services in equal partnership, encouraging people who use services, people who provide services and people who commission services to work to deliver the best outcomes.

The outcomes likely to be desired by consumers in the learning disability care market:²⁷

- I want to be active
- I want to be heard and my wishes and views be taken seriously
- I want to be healthy
- I want to put something back into the community and feel part of my community

²⁷ Kirklees Learning Disability Partnership Board Vision

- I want to feel useful, working if I can
- I want the right help when I need it from people I trust
- I want to live as independently as I can
- I want to be able to understand my money
- I want to be able to get around easily
- I want to feel safe
- I want to have relationships and not be lonely
- I want to feel emotionally well

We have been able to model national direct payment information to give a picture of the outcomes from direct payment recipients locally. Although for some people there is a lack of choice, or a reticence to change from mainstream local authority opportunities to new providers.

What people in receipt of direct payments tend to spend their funding to support:²⁸

Activity	Proportion of Direct Payment Spending
Socialising and meeting new people	88%
Help going out	66%
Arts and creative activities	58%
Helping finding a job	42%
sport and exercise	38%

What this means for the care market:

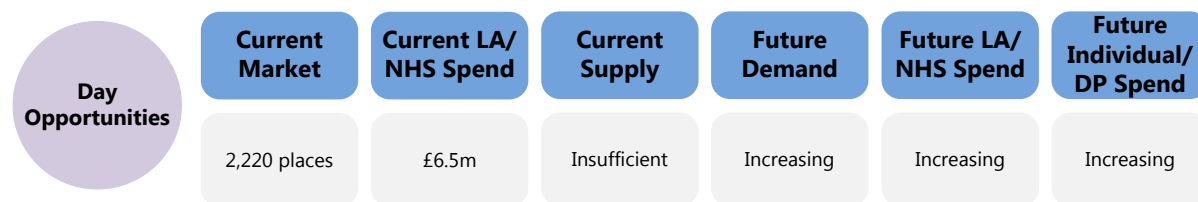
People with learning disabilities taking support as a direct payment are the fastest growing group.

There are real opportunities for organisations to work with people to deliver the outcomes they want on a very personal level.

There are opportunities for providers to work more with micro-commissioning groups of people living with learning disabilities. We will work with consumers and providers to build these connections.

²⁸ Direct Payments: A National Survey of Direct Payments Policy and Practice (<http://www.pssru.ac.uk/pdf/dprla.pdf>)

16. Assessing the market



Overview

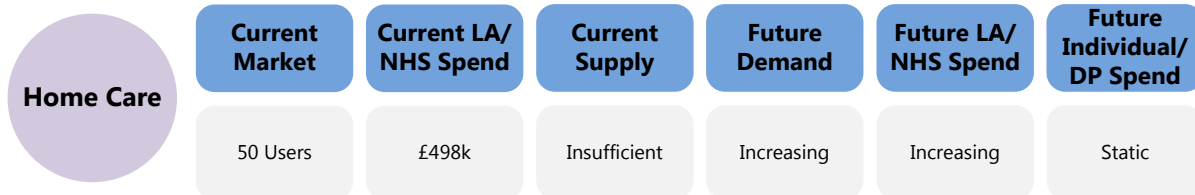
The local authority has traditionally delivered a significant amount of services and commissioned a limited range of day opportunities. Significant growth over the last few years has been via direct payments direct with service providers. People with learning disabilities tell us they want a broader range of day opportunities; some of which help people with learning disabilities move closer to employment.

The growth in direct payments has grown the appetite of consumers to have things to do in the day time that met their own specific outcomes. We want to see day opportunities that enable people to take risk, feel more independent and engage more in the life of their communities.

What this means for the care market:

There is scope for new day opportunities; people living with learning disabilities are seeking a broader range of opportunities that meet a very mixed range of outcomes. Those with complex needs are also increasingly accessing day opportunities.

There is significant scope for providers to offer day services that direct payment users can purchase.



Overview

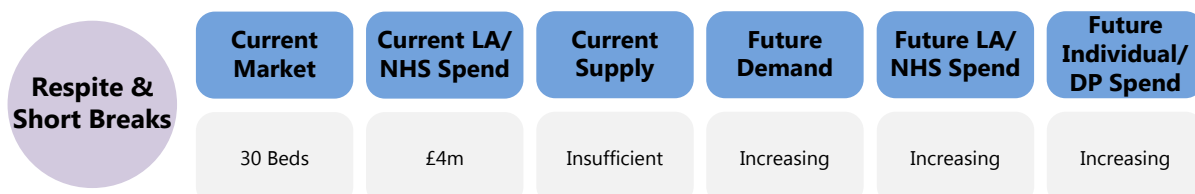
Although people with learning disabilities make up only a small part of the overall home care market the support is essential to enable parent to continue in their caring role. We see small amounts of growth in the home care market as more complex cases are being supported in the community.

What this means for the care market:

There is a shortage of specialist home care providers for people with learning disabilities.

There are opportunities to develop a home care offer in rural and semi-rural areas of Kirklees; this may include expansion into direct payment funded home care.

Business models need to be better structured to build stability within providers of home care. There could be opportunities for existing buildings based care providers to expand into this market.



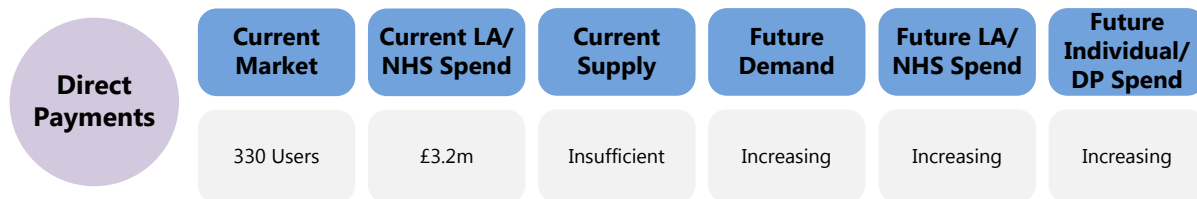
Overview

Respite care and short breaks are an important part of current provision. This provision can help support carers in their role, and enable them to continue in a caring role for longer. The demand for a broader range of short breaks and respite is likely to increase.

People with direct payments are choosing to purchase their own respite care. Moving away from traditional building based respite/short breaks, to holiday type short breaks.

What this means for the care market:

There is scope for the development of alternative, more responsive and tailored respite support. There is scope for the development of pre-bookable short stay and respite provision, to allow carers to plan their breaks over longer periods of time.



Overview

Around 1 in 4 people with learning disabilities who are known to services receive their support through a direct payment; we expect this to continue to grow.

There are issues with the number of personal assistants available locally.

What this means for the care market:

There is scope for providers to develop direct relationships with the direct payment population. Providers being clear with them what their offer is and simple, transparent payment and billing will further increase take up.

Using platforms such as Connect to Support will build business for providers, this is the primary source used by those choosing or arranging care for themselves or professionals and families seeking support.

We expect to see growth in the development of micro commissioning where individuals tell providers what they want, rather than providers tell individual what they have to offer.

There is scope for the development of personal assistant services in the learning disability sector locally.

Care Homes	Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual/ DP Spend
	Reducing	£14.7m	Over supplied	Decreasing	Increasing	N/A

Overview

Periodically people with learning disabilities may need access to short term residential care to provide a safe environment.

The local authority's intention is to reduce the numbers of care home beds we purchase. The demand will be for specialist developments in supported living clustered accommodation this will support reduced reliance on care homes.

What this means for the care market:

There are opportunities to develop more personalised care in people's own homes.

There may be opportunities to develop time limited residential support that supports those with complex needs or that prepares people to move into independent accommodation.

Supported Living	Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual/ DP Spend
	345	£6.8m	Insufficient	Increasing	Increasing	Static

Overview

Increasing numbers of people with learning disabilities want to live independently. There will be a need for onsite support in many cases; we will develop design and accessibility principles to assure quality of developments locally.

We are monitoring the potential impact of changes to supported living policy; nationally the government are consulting on standardising local housing allowance across all housing benefit eligible properties.

Learning disabled people with complex and challenging behaviour need to be supported in community settings. We recognise this will require additional resource and will develop premiums to offset additional care and support costs. Whenever possible this accommodation should provide long term assured tenancies and enable therapeutic care and support. Accommodation arrangements and care and support will be kept separate whenever possible to give people greater choice and control.

We will support people to ensure they are matched appropriately to the other people that will be living in any development.

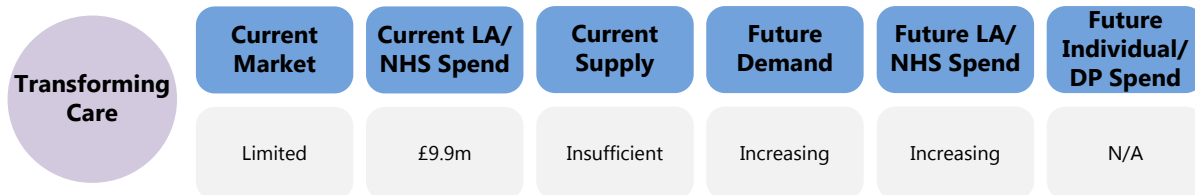
We want to see smaller individual developments in the community, the key to their success will be co-produced planning with people with a learning disability and their families and other stakeholders. We will support the market to develop appropriate supported living accommodation.

What this means for the care market:

The majority of supported living care and support will be provided through the Specialist Community Support and Supported Living framework agreement that is in place until at least 2019.

The local authority will lead on developments to ensure accommodation and care is managed separately, giving people greater choice of how their support needs are met.

There are opportunities to develop additional age appropriate accommodation to support older and younger adults living with learning disabilities.



Overview

Transforming Care is a national programme to transform community services to reduce the number of people who access treatment and assessment units or secure hospitals. This programme will be delivered by April 2019; it will be driven by the local Transforming Care Board who will signal to the market future services required locally.

What this means for the care market:

As part of our local [Transforming Care plan](#); there will be development opportunities for providers to develop high specification specialist community based complex needs accommodation comprising of Care Homes and supported living.

One of the biggest challenges to deliver this ambitious programme will be the development and retention of a highly skilled workforce to meet the needs of the Transforming Care cohort in a community setting.

16.1 Transitions and service boundaries

The transition from children's services to adults' services is often very challenging for young people with a learning disability and their families: it combines a change of services and professionals at the very time when they are also negotiating wider changes to their lives.

Preparing young people for adulthood involves education, health and social care professionals working together to manage a potentially complex pattern of activities to plan and support a young person into adulthood, in line with the requirements of the Care Act and Children and Families Act (Part 3).

Our approach to transitions has been disjointed in the past; we have now developed an All Age Disability model. Specialist transition support is provided in a timely manner to allow discussions, planning and choices to be made much earlier than they were in the past. This approach will further develop when our all age disability service becomes more developed, this will support people of any age with a focus on lifelong planning and support. The sector should be prepared to support a wider range of ages and desired outcomes within commissioned provision.

People living with mental health issues

17. Headline market issues

There is a need for supported living accommodation in community settings for people with mental health conditions.

There are still significant issues of stigma around people with mental health conditions living in the community.

There are gaps in prevention and crisis intervention support available locally.

There are gaps in the range of forensic mental health support available in Kirklees.

18. Learning from current and potential consumers

Key facts about the current mental health population: ²⁹

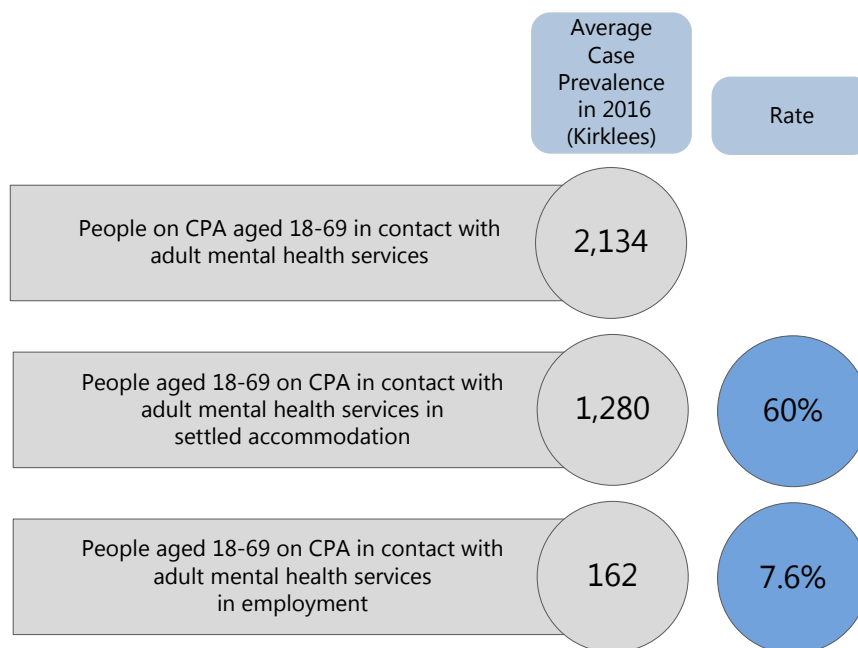
- Around 1 in 6 of people aged 18 -64 have a low level mental health problem; many are supported by their GP or low level community support.
- 1 in 8 men and 1 in 5 five women have a low level mental health problem.
- There are a group of around 3,100 adults who will need more intensive support and treatment to manage their mental health condition.
- We know from work carried out by the DAAT that there are some 2,400 people misusing heroin and crack cocaine in Kirklees and that some 15,000 people are drinking to harmful and hazardous levels. Severe mental illness is frequently associated with substance misuse.
- Approximately 31,900 people benefit from GP prescribing and/ or psychological therapies for mental health problems.

²⁹ <http://observatory.kirklees.gov.uk/jsna>

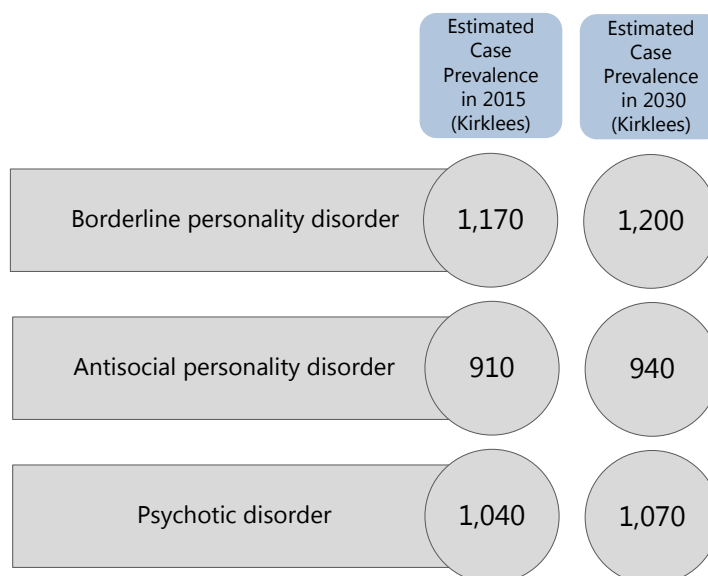
18.1 Who are they?

There are a number of people locally who are on Care Programme Approach (CPA) this is a way that services are assessed, planned, coordinated for someone with mental health problems or a range of related complex needs.³⁰

CPA 2015/16 Case Data for Kirklees:



We expect to see gradual growth in the number of adults with mental health conditions. This is in line with expected overall population growth. We are however seeing increasingly complex cases in the community.³¹

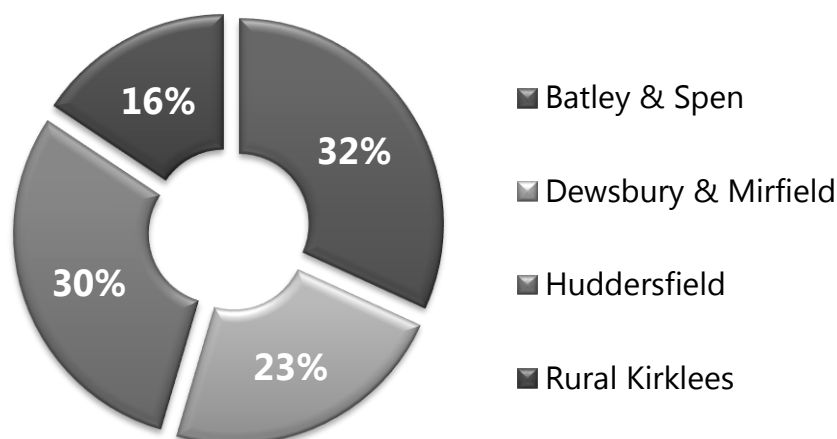


³⁰ Mental Health Monthly Statistics

³¹ PANSI Data

18.2 Where are they?

Adults with mental health conditions broadly follows the overall population shape locally; this means that over half of those with a condition live in north Kirklees with the other dominant location being the town of Huddersfield.



18.3 What do people want from their support?

The outcomes likely to be desired by people with mental health conditions in Kirklees³²:

- I want to co-productively design my own care and support
- I want support as early as possible to avoid problems getting worse
- I want suitable and safe accommodation
- I want supportive social relationships
- I want valued day time activity and out of hours support
- I want paid work and access to advice about self-employment
- I want support to stay in paid work
- I want access to creative therapies
- I want access to physical activity
- I want advice about practical day to day living
- I want independent advice about support options
- I want informed and evidence based treatment
- I want a realistic view about recovery
- I want access to advocacy
- I want access to crisis support
- I want to avoid isolation and loneliness
- I want to see reduced stigma and discrimination
- I want opportunities to contribute positively to my community

³² No health without mental health
(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215811/dh_124057.pdf)

What people in receipt of direct payments tend to spend their funding to support:

Activity	Proportion of Direct Payment Spending
Socialising	54%
Help going out and meeting new people	46%
Art and music classes	34%
Staying at home	31%

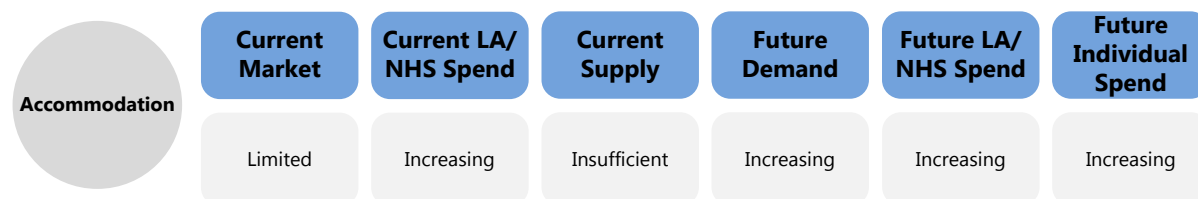
There is a growing desire for all social care provision to be coproduced where users and professionals work together to design and deliver services in equal partnership to deliver the best outcomes.

What this means for the care market:

People with mental health conditions want to take control over their own lives and to minimise the need for support. There are small but growing numbers of people with mental health conditions taking their support as a direct payment.

There are real opportunities for organisations to work with people to deliver the outcomes they want on a very personal level. We will work with consumers and providers to build these connections.

19. Assessing the market



Overview

There is a broad range of provision but capacity and flexibility is a problem. We are experiencing an increasing demand for flexible supported accommodation across the complexity spectrum.

There is a need for some intensively supported accommodation provision involving 24 hour support; people with forensic history may need this support. This would be a step between regular accommodation and hospital or care home settings, the best model would most likely be small group accommodation.

There are viability issues in some residential provision; we will work with providers to understand this issue.

The long term view is to reduce the number of inpatient beds and mental health residential care homes.

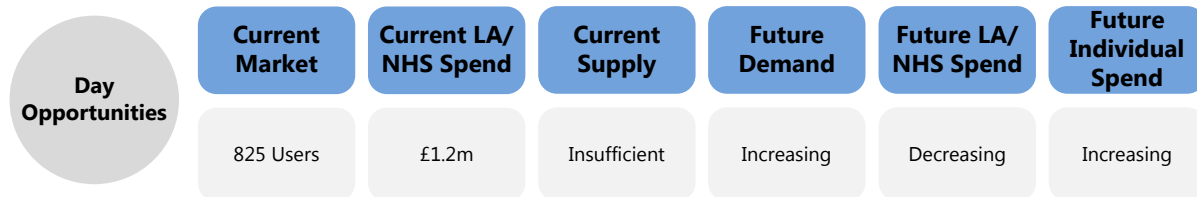
We would like to see the development of supported living and extra care styles of accommodation developed in Kirklees offering a choice of ownership options.

We will support providers to identify appropriate sites for development.

What this means for the care market:

There are opportunities to develop a number of smaller supported living properties across Kirklees.

There are opportunities to develop accommodation for those on the edge of forensic services.



Overview

We recognise that community led projects also bring added value in many ways, through alternative skills, local resources, peer approach, all with the relevance of local focus. There are waiting lists for some voluntary sector services.

We would like to see the development of more choice and new providers, especially user led organisations and micro businesses, to deliver leisure and daytime activities in the future. We would expect people to use direct payments to purchase these services.

There is a lack of a broad range of leisure activities, part days, evening and weekend services and more flexible 1:1 support.

There is a need for additional day opportunities that offer a wide range of skills developments particularly skills that enable people to integrate better in society.

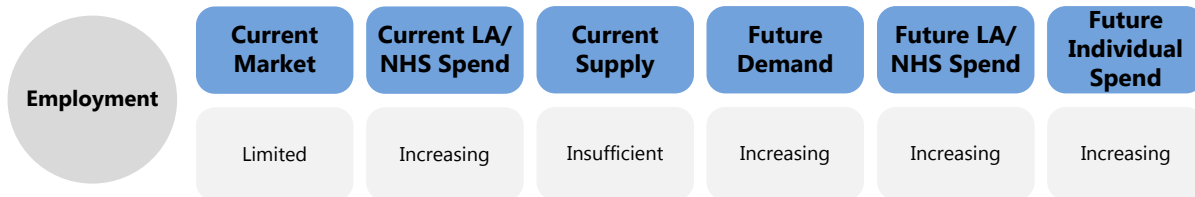
Some areas of Kirklees have a lack of choice of provision of all types of support, particularly in the rural areas.

What this means for the care market:

There are opportunities to develop community based day activity and therapy support.

There are opportunities to connect with those using direct payments to fund their own support.

There is a need for services to be accessible across all areas of Kirklees.



Overview

We know that of the 2,100 people subject to Care Programme Approach that just under 8% are in paid work. There is a lack of capacity for employment support and job retention. The national DWP Work and Health Programme will hopefully be designed to support the employment needs of people with mental ill

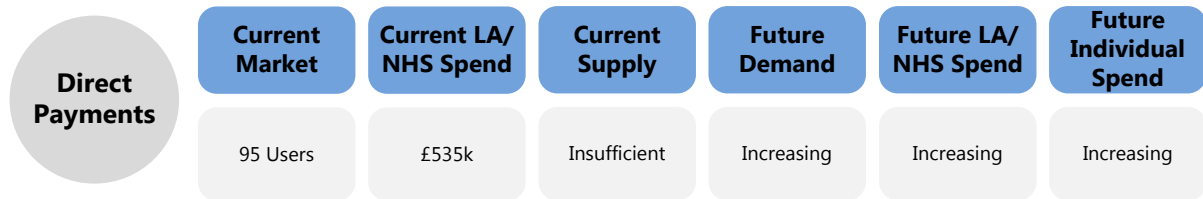
We would like to see increases in volunteering and employment opportunities from organisations working with people with mental health issues. We see this as a way of bringing people closer to employment in a gradual and supportive way.

We will continue to work with employers locally to champion mental health issues and reduce the barriers to employment for those with mental health conditions.

What this means for the care market:

There is scope to develop user led care provider organisations that offer care and support, but also offer opportunities for employment.

There will be opportunities to engage with the DWP Work and Health programme providers to potentially subcontract local and more tailored employability support for those with mental health issues.



Overview

The numbers of people with mental health issues using direct payments is small but numbers are growing.

There are issues with the quality and skill levels amongst personal assistants locally; we want to see additional support for agencies or individuals employing personal assistants.

What this means for the care market:

There is scope for providers to develop direct relationships with the direct payment population; being clear with them what their offer is and simple, transparent payment and billing will further increase take up.

Using platforms such as Connect to Support will build business for providers, this is the primary source used by those choosing or arranging care for themselves or professionals and families seeking support.

There is scope for the development of good quality personal assistant services in the mental health sector.

People living with physical disability, sensory impairment or stroke

20. Headline market issues

There is likely to be gradual growth in the number of people experiencing disability or impairment.

The number of people over 75 with a long standing condition caused by stroke is predicted to more than double by 2030.

There are opportunities to support people to be more independent, and support that allows people to be more involved in society.

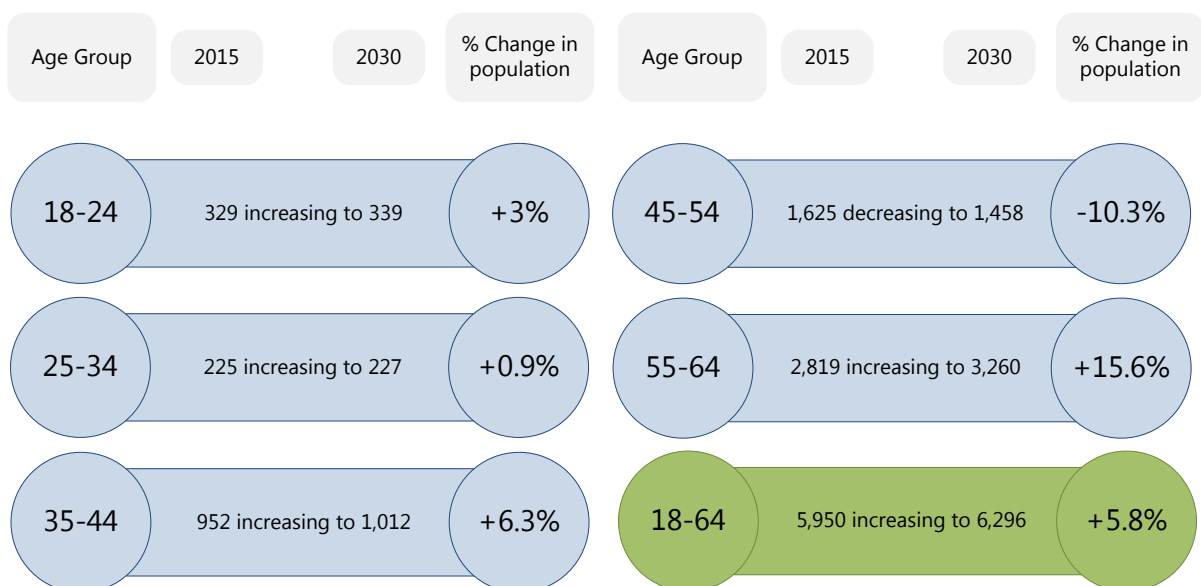
Younger people with a physical disability are developing greater expectations regarding where they live and are increasingly looking at supported living options.

21. Learning from current and potential consumers

Physical Disability

In 2016 there was around 4,700 people age 18-64 years with a physical disability in receipt of social care support. 51% of these were from Greater Huddersfield and 49% from North Kirklees. This represents less than 3 in 4 of the predicted number of people living with a serious physical disability.

People predicted to have a serious physical disability³³



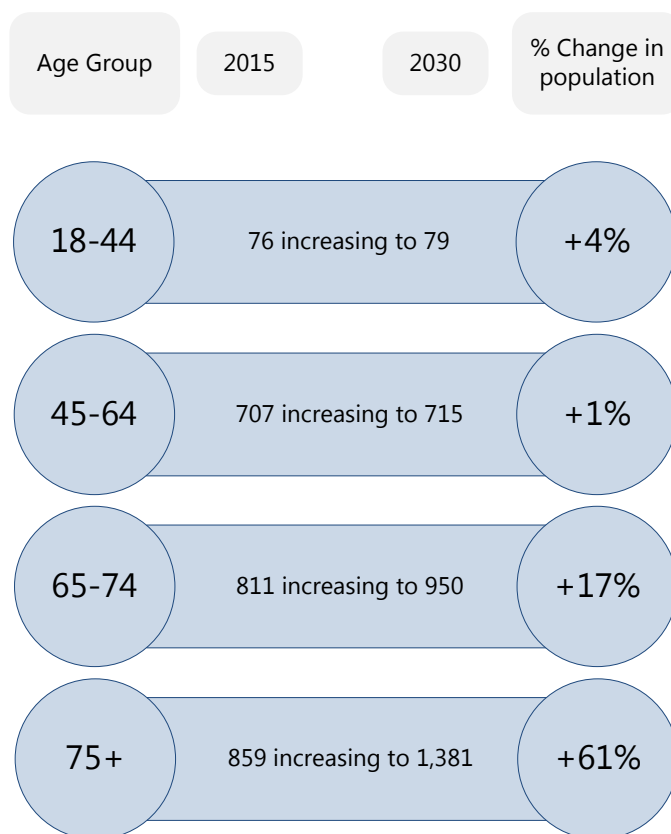
³³ PANSI 2016

Stroke

People often think that stroke is only a disease of old age, and although many people with stroke are older, a proportion is in younger adults. Following stroke, more than a third of people require help with activities of daily living such as washing and dressing when they left hospital. Whilst 4 in 5 of these people received help from paid carers, 1 in 5 only received help from informal carers (often relatives).

In 2014/15 there were 3,150 people who had been diagnosed with a stroke in North Kirklees. In the same period there were 249 admissions or people suspected of having a stroke. In Greater Huddersfield there were 4,286 people who had been diagnosed with a stroke in the same and 300 admissions.³⁴

People in Kirklees predicted to have a longstanding condition caused by a stroke³⁵



³⁴ YPHO Cardiovascular disease profile – stroke April 2016

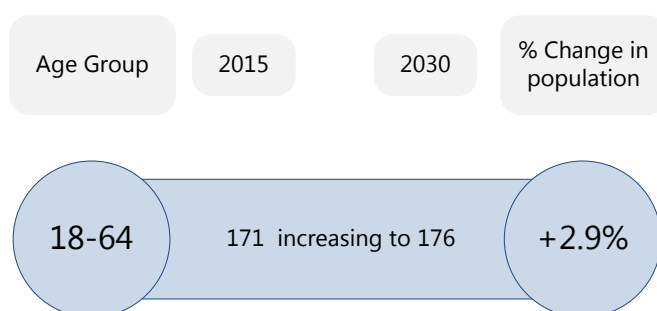
³⁵ POPPI & PANSI Data 2016

Visual Impairment

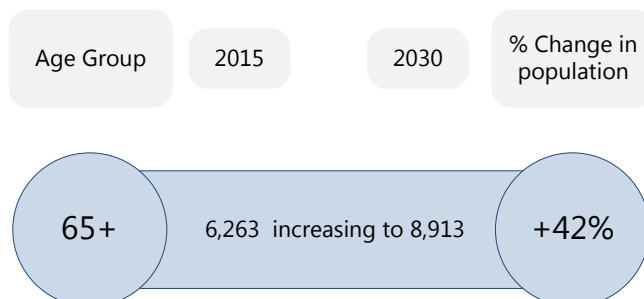
In August 2016 there were over 2,000 people registered locally as severely sight impaired (blind) or sight impaired (partially sighted) and in possession of a certificate of visual impairment (CVI). In addition 4,200 people were known to the local authority as having a visual impairment. There is no obligation for a people to record their visual impairment with the local authority therefore the true figure is likely to be much higher.

The RNIB sight loss tool estimates that there are over 12,500 people in Kirklees living with some degree of sight loss. Of these over 8000 have mild sight loss; over 2800 have moderate and over 1600 have severe sight loss.³⁶

People predicted to have a moderate or severe visual impairment³⁷



People aged 65 and over predicted to have a moderate or severe visual impairment³⁸



Deafblindness

Deafblindness is a combination of sight and hearing loss that affects a person's ability to communicate, to access all kinds of information and to get around.³⁹ The extent and impact of deafblindness varies from person to person. Most people have some residual sight and hearing, however some do not.

³⁶(<http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>)

³⁷ PANSI Data 2015

³⁸ POPPI Data 2015

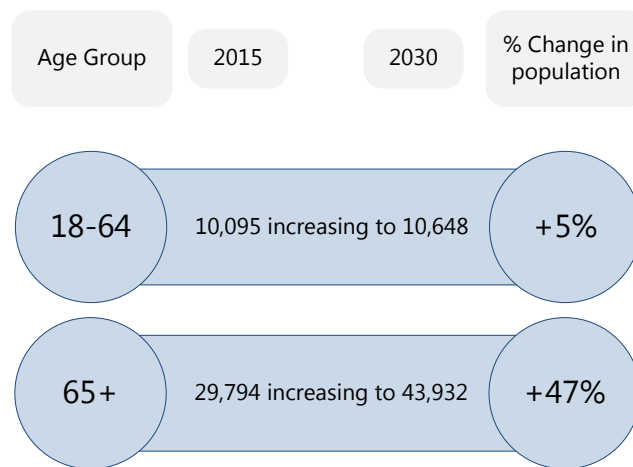
³⁹ Sense <https://www.sense.org.uk/content/about-deafblindness>

In August 2016 there were approximately 4,000 people known to the local authority with both a visual and hearing impairment. As we are more likely to experience sight and hearing loss as we get older the majority of these 4,000 are aged over 65.

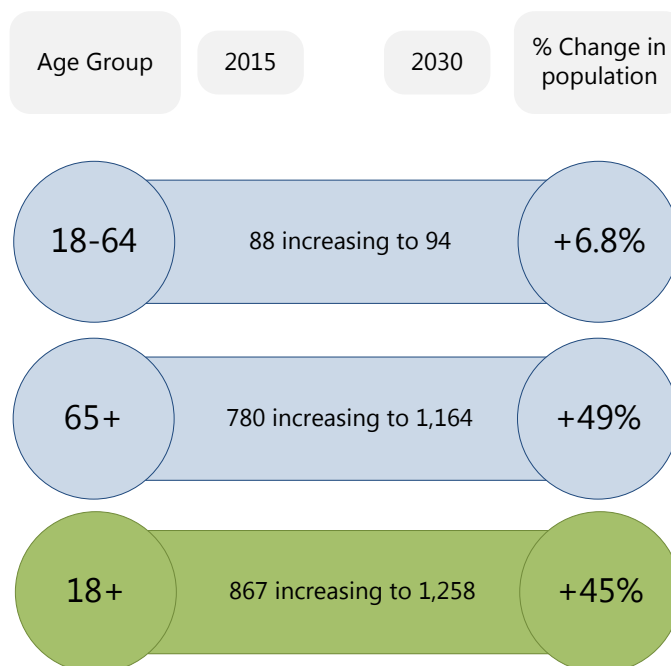
Hearing Impairment

In August 2016 there were approximately 5,400 people known to the local authority as being deaf or hard of hearing of which approximately 4,000 also had a visual impairment. There is no obligation for a people to record their hearing impairment with the local authority therefore the true figure is likely to be much higher.

People predicted to have a moderate to severe hearing impairment



People predicted to have a profound hearing impairment



21.1 What do people want from their support?

The outcomes likely to be desired by physically disabled consumers in Kirklees:

- I want to remain as healthy and active as possible
- I want to be able to manage my own health and wellbeing effectively
- I want the right help when I need it from people I trust
- I want to be able to afford my life and understand my options
- I want to be able to get around easily
- I want to feel safe
- I want to have relationships and not be lonely
- I want to see reduced stigma and discrimination
- I want opportunities to contribute positively to my community
- I want to live in a home and location of my choosing
- I want to receive accessible, timely information to help me make decisions

What physically disabled people in receipt of direct payments tend to spend their funding to support?⁴⁰

Activity	Direct Payment Spending
Socialising & Meeting new people	45%
Help going out	38%
Help staying at home	29%
Art and culture	22%
Skills development and classes	17

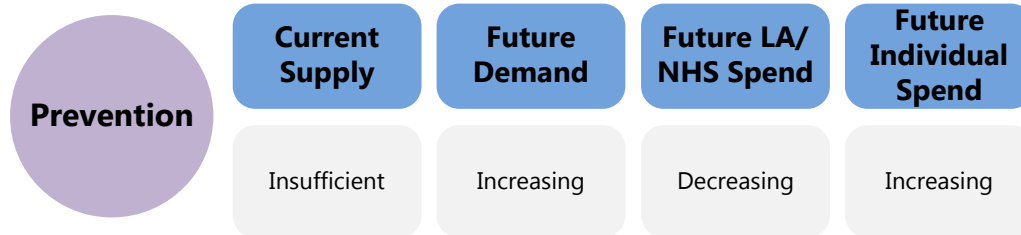
The outcomes likely to be desired by visually impaired consumers in the Kirklees care market:⁴¹

- That I understand my eye condition and the registration process
- That I have someone to talk to
- That I can look after myself, my health, my home and my family
- That I can receive statutory benefits, information and support that I need
- That I can make best use of the sight I have
- That I can access information and make the most of technology
- That I can get out and about
- That I have the tools, skills and confidence to communicate
- That I have equal access to education and life-long learning
- That I can work or volunteer

⁴⁰ Direct Payments: A National Survey of Direct Payments Policy and Practice (<http://www.pssru.ac.uk/pdf/dprla.pdf>)

⁴¹ <http://www.rnib.org.uk/about-rnib-what-we-do-uk-vision-strategy/seeing-it-my-way>

22. Assessing the market



Overview

We currently commission a Handy person scheme to help people to stay in their own home for longer. This not only encourages and supports independence but it also prevents or delays people from needing more intensive support.

Over half of all sight loss is due to preventable or treatable causes. With an estimated two million blind and partially sighted people living in the UK, this means that a million people are currently living with sight loss that could have been prevented.

What this means for the care market:

During 2017 a new handyperson scheme will be tendered.

Although some awareness raising activities exist in Kirklees there are opportunities to undertake further preventative activities, particularly with people at risk of sight loss including black and minority ethnic communities, and people with diabetes to help more people to understand their vision, recognise changes and seek support at an early stage.

Specialist Information, Advice and Signposting

Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Insufficient	Increasing	Decreasing	Increasing

Overview

A number of specific contracts, jointly funded between health and social care, provide specialist information and advice across Kirklees: There is a stroke Information and Advice service that provides support to people, and carers of people, who have had a stroke.

There is also an Eye Clinic Liaison Officer (ECLLO) service that provides information, advice and support to people with a visual impairment especially those newly diagnosed.

What this means for the care market:

There is scope to provide further specialist information and advice for people with a physical/sensory impairment or long term condition. There is scope to develop support that overcomes communication barriers, supports people to make informed decisions, and reaches people as early as possible in their diagnosis.

Short Breaks

Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Insufficient	Increasing	Decreasing	Increasing

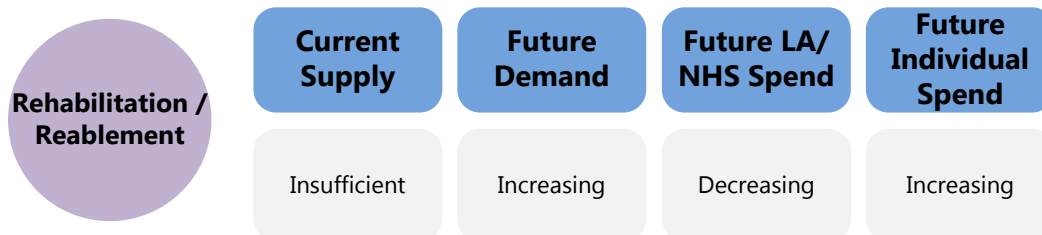
Overview

People with a physical and/or sensory impairment primarily receive a direct payment for their short break as this enables them to 'tailor' their own breaks. Some people go out of area for more specialist breaks for example people with Huntington's disease.

What this means for the care market:

There is scope to provide local specialist break provision.

There are opportunities to support people to be more creative and, for example, join together with others to collectively purchase breaks.



Overview

Kirklees Council commission a rehabilitation service for people with a visual impairment to provide equipment, orientation and mobility training, for example learning how to navigate road crossings and using public transport, and daily living skills training to help approximately 300 visually impaired people a year regain and maintain their independence.

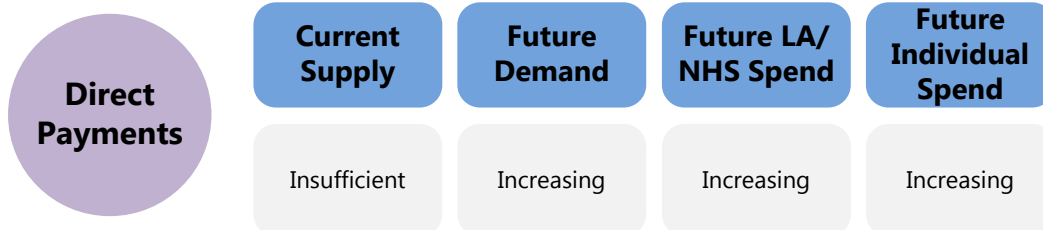
Rehabilitation support after a stroke helps people to build confidence and get back on their feet and is highly valued by the people who use them

The local authority reablement service works with people for up to six weeks. Utilising assistive technology, and working alongside health colleagues such as physiotherapists and occupational therapists, to help people to achieve their personal goals; manage day to day activities; and regain confidence in the home following a stay in hospital or change in condition.

What this means for the care market:

There are opportunities to provide wider rehabilitation activities for people with a visual impairment to develop confidence, and independence and to put into practice what they have learnt in their mobility /orientation training.

Local consultation has identified that following rehabilitation people who have had a stroke often need extra support to put it into practice in the community.



Overview - Direct Payments

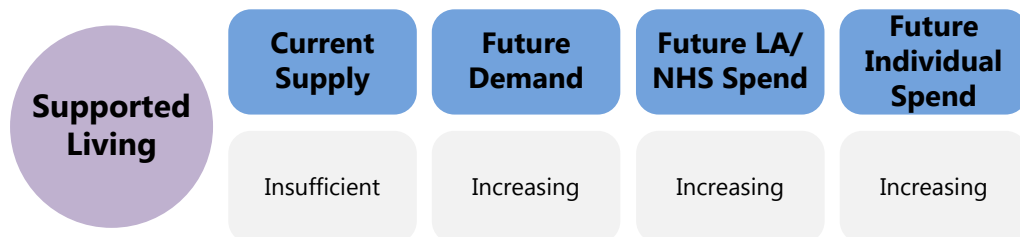
Increasingly, people are being encouraged to use direct payments to buy their own services. As more people choose this arrangement, providers will increasingly be selling directly to individuals. We see platforms such as Connect to Support being the source used by those choosing care for themselves or professionals and families seeking support.

What this means for the care market:

There are opportunities for providers to support people to manage their direct payment for example: peer brokerage; micro commissioning; and supporting people to think differently and for example pool resources with others.

There are opportunities to support people with a physical/sensory impairment to use their direct payment to access the leisure activities of their choice.

There are opportunities for providers to attract customers who will purchase their service/s directly from them.



Overview - Supported Living

Enabling people to live in their own homes promotes greater choice and control, maximises people's independence and supports better outcomes.

Recently the council has worked with partners to develop a new 6 bungalow development for people with a physical disability who use a wheelchair this is the first in its kind in Kirklees. An increasing number of people with a physical disability have moved into extra care accommodation.

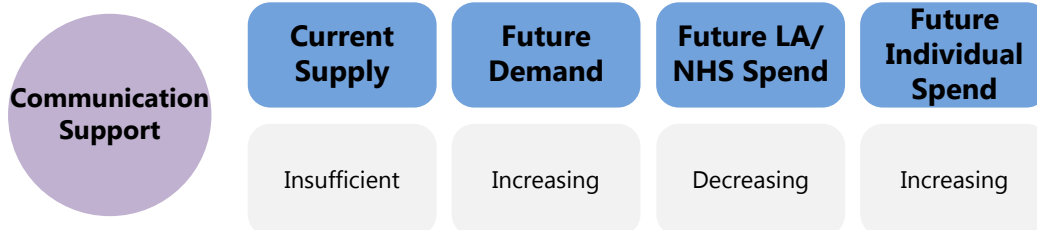
There remains a lack of local supported living options for people with a physical disability; some younger adults are living in residential care when they would rather be living independently in the community.

What this means for the care market:

Younger people with a physical disability are developing greater expectations regarding where they live and are increasingly looking at supported living as an option.

Not all people want to live alone; some people with a physical disability would prefer to live in extra care type accommodation.

The biggest area of demand is supported living accommodation with onsite 24/7 care.



Overview – Communication Support

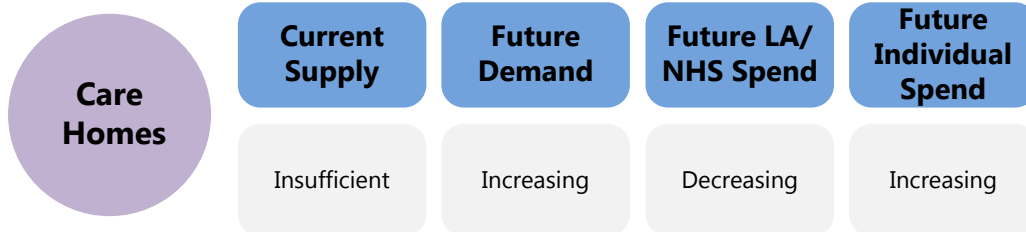
For people with aphasia or other communication difficulties as a result of a stroke, Kirklees Council contract communication support from the Stroke Association to help people develop everyday communication skills.

Kirklees Council Transcription Service creates alternative formats i.e. braille, large print and audio for people with a visual impairment as well as tactile images such as maps, plans, diagrams and simple pictures. They also produce Kirklees Recorder Talking News, a free fortnightly audio newspaper that they issue to over 10,000 people.

Some local voluntary and community organisations provide information and support to help people with a visual impairment use and purchase communication technology.

What this means for the care market:

There are opportunities for providers to support people with a sensory impairment to overcome communication barriers including for example reading and explaining written communication.



Overview - Care Homes

Around 74 people with a physical disability live in a care home in and out of area. 31 of these people are in residential care and 43 are in nursing care. There are three main independent care homes specifically for people with a physical disability operating in Kirklees.

Some people are living in a specialist care home outside of Kirklees – for example people with Huntington’s disease, people with acquired brain injury and people with challenging behaviour.

What this means for the care market:

The increasing number of people wanting to live in supported living with on-site care raises the question of the long term viability of residential care homes for people with a physical disability in Kirklees.

There is scope to develop specialist care provision locally so that local people do not have to move out of area.

Carers

23. Headline Market Issues

There is likely to be a growth in the number of carers locally.

Carers themselves have a range of support needs that impact on them, and their wellbeing.

Developing a better range of carer support is a priority locally.

The number of carers likely to access support through direct payment is likely to grow.

24. Learning from current and potential consumers

A carer is a person of any age - adult or child - who provides unpaid support to a partner, child, relative or friend who could not manage to live independently, or whose health or wellbeing would deteriorate without help. Those receiving this care may need help due to frailty, disability or a health condition, mental ill-health or substance misuse.

Carers are a valuable asset within our communities, providing not just voluntary, unpaid care to assist the person they care for to remain independent, but also love, friendship, reassurance and connection. Carers have good knowledge of the person they care for and their health issues, often co-ordinating and managing their care. The Care Act recognises carers in law, carers who are over 18 are entitled to an assessment of their support needs.

- 3 in 5 people will be a carer at some point in their life.
- 1 in 6 (17%) of the adult population in Kirklees are carers.⁴²
- By 2030, the number of carers is set to rise by 30%, to almost 80,000 locally.
- 1 in 7 (14%) 14-year olds are carers.
- In Kirklees there are around 10,000 carers providing more than 50 hours care a week. This has increased since 2012.

24.1 Who are they?⁴²

Carers span all ages, gender, geographic localities, ethnicities, and social and economic groups. Carers are more likely to be female and the peak age for caring is 45 to 64. The ethnic makeup of carers roughly matches the general population of Kirklees.⁴³

Since 2001, the Kirklees carer population has grown by 13.8%; vastly outstripping the growth of the general population during this same period (6.2%).⁴⁴

⁴² Kirklees CLiK Survey 2016

⁴³ Kirklees CLiK 2012

⁴⁴ Carers UK: Valuing Carers 2015

Carers tend to be slightly behind non carers when it comes to life satisfaction, and feeling happy. 1 in 2 (52%) carers are likely to have their own mental or physical condition.

Carers are more likely to suffer from sleep problems all or most of the time, with 1 in 5 (22%) non-carers suffering from sleep, this increased to 1 in 4 (28%) for carers.

Carers report similar results as non-carers when it comes to physical activity, healthy eating, alcohol consumption and smoking. They also report similarly to non-carers when it comes to loneliness, satisfaction with their local area and tenure.

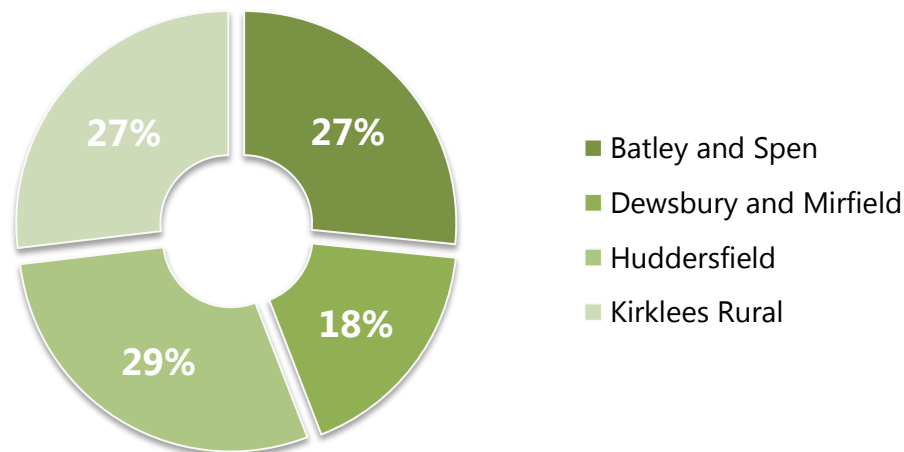
Carers are more likely to volunteer, 1 in 3 (39%) of carer formally or informally volunteer compared to 1 in 4 (28%) of the non- carer population.

Carers are less likely to be in full time employment with 1 in 4 (28%) compared to 1 in 3 (36%) of non-carers. Part time working was slightly more common in carers.

Carers report having money worries all or most of the time more than non-carers, with 1 in 5 (20%) against 1 in 4 (20%) non-carers. Carers were twice as likely to be in poverty as non-carers 1 in 4 versus 1 in 9 non-carers.

24.2 Where are they? ⁴⁵

Carers are located across Kirklees, there are concentrations but this matches the locations of the broad population.



⁴⁵ Kirklees CLIK 2016

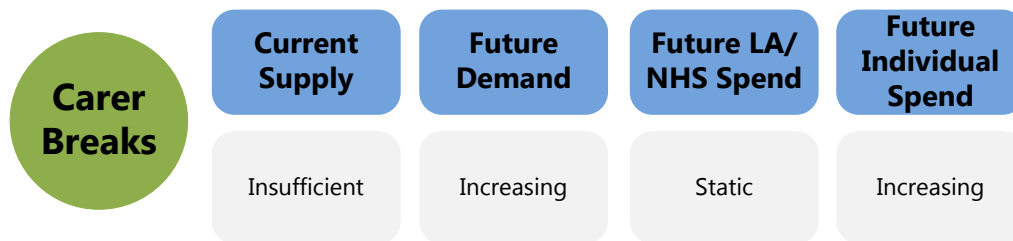
24.3 What do people want from their support?

The Kirklees Carers Strategy⁴⁶ tells us the outcomes that are most important to carers:

- Achieving a balanced relationship with the cared for person.
- Advocacy, support to challenge decisions, and support for carers to know their rights.
- Communities having a better understanding of carers and the pressures they face.
- Continuity of staff and support from social care and health providers.
- Emotional support, including help with feelings of a loss of self, a loss of a former life, and isolation.
- For everyone to correctly use the term carer.
- Getting a break from the caring role (with and without the cared for person).
- Having appropriate cultural support which understands different people's needs.
- Help and support with finances.
- Help with looking after ourselves.
- Help when moving between 'age brackets' as smooth as possible.
- Help with reducing stress.
- Peer and mutual support.
- Planning for the cared-for person moving on.
- Planning for when the carer is no-longer there.
- Support after caring has ended, including support to help carers recover.
- Support for sibling responsibility and the impact caregiving can have on siblings.
- Support in a crisis and contingency plans, for example support for when a carer is ill.
- Support to be an employer, particularly regarding the logistics of care.
- Support when the cared for person does not meet social care criteria.
- The right information and advice in the right place at the right time.

⁴⁶ Kirklees Carers Strategy 2016

25. Assessing the market



Overview

Giving carers a break is an important part of our strategy to support carers in Kirklees. There is an undersupply of carer breaks support locally; we see this support as critical to preventing carer breakdown.

This can be short breaks of a few hours a week. Some organisations do offer support but this is oversubscribed.

What this means for the care market:

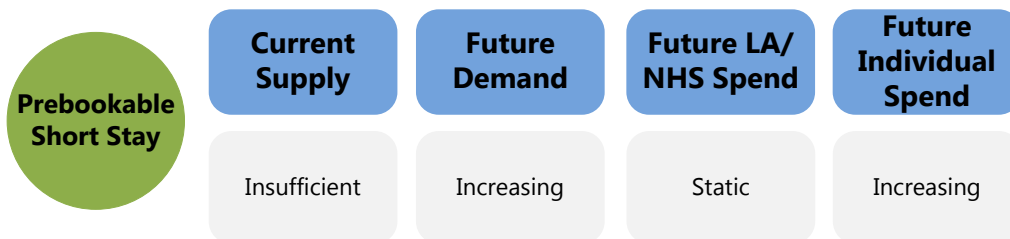
There are opportunities to develop carer breaks across Kirklees.

This presents a business opportunity for care organisations, some of whom will already be supporting the cared for individual.

Complex carer breaks support could be an alternative income stream for home care providers.

There is a possibility that carers may choose to use Direct Payments and / or private funding to purchase more breaks services.

Carers as consumers will choose organisations which are simple to work with, which communicate well with the carer, and which offer good quality, reliable, and trustworthy support to the person they care for.



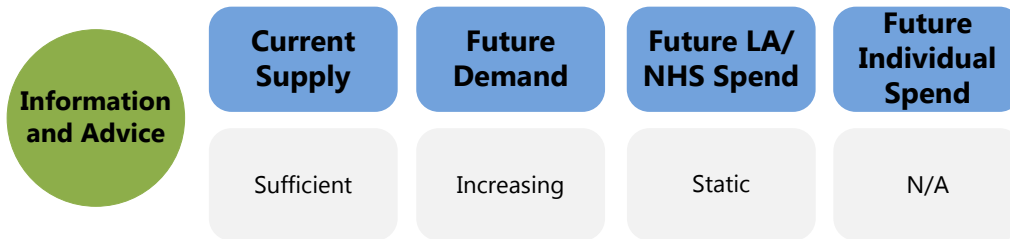
Overview

Supporting carers to plan the support of the person they care for is very important. There is limited pre-bookable short and longer respite care of a few days to a week or more in Kirklees. These stays allow the carer time to look after their own physical, emotional, and social needs.

What this means for the care market:

We want to see more options for people to be able to book short and longer stay accommodation longer into the future.

There are opportunities to develop planned short and longer stay accommodation especially where carers can book months in advance, allowing them time to arrange work and other commitments, and to book their own activities during this time. We will support the communication of any offer so that occupancy levels in short stay remains high.



Overview

Providing information, advice, and advocacy to carers is important. This includes advice about being a carer, about the cared-for person, about maintaining good health, and about local health and care services. There is a range of both generic and specialist provision existing in Kirklees.

What this means for the care market:

There are limited opportunities to provide additional services. Organisations are able to tender for contracts as they are due to be re-tendered. Carers are unlikely to pay privately for information, advice, or advocacy.

26. General Background & Contact Information

Kirklees - Partners and professionals information

<http://www.kirklees.gov.uk/beta/partners-professionals.aspx>

Kirklees Joint Strategic Assessment

<http://observatory.kirklees.gov.uk/jsna>

Greater Huddersfield CCG Commissioning Prospectus

http://www.greaterhuddersfieldccg.nhs.uk/fileadmin/GHCCG_WEBSITE/Sections/AboutUs/GH_CCG_prospectus_webjune2013.pdf

North Kirklees CCG Commissioning Prospectus

<http://www.northkirkleesccg.nhs.uk/wp-content/uploads/2013/01/Commissioning-Prospectus.pdf>

Useful Contacts

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Tony Bacon – Partnership Commissioning Manager – Mental Health

Tony.bacon@kirklees.gov.uk

Amanda Foxley – Partnership Commissioning Manager – Physical Disabilities and Sensory Impairment

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Emma Hanley - Senior Contracting & Procurement Manager

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27. Glossary

Care Act 2014 - The Care Act will help to improve people's independence and wellbeing. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.

Personalisation - Personalisation is a social care approach described by the Department of Health as meaning that "every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings. While it is often associated with direct payments and personal budgets, under which service users can choose the services that they receive, personalisation also entails that services are tailored to the needs of every individual, rather than delivered in a one-size-fits-all fashion.

CQC - The Care Quality Commission (CQC) makes sure hospitals, care homes, dental and GP surgeries and all other care services in England provide people with safe, effective, compassionate and high quality care, and encourage these services to make improvements.

Reablement - Reablement helps people learn or re-learn the skills necessary for daily living that have been lost through deterioration in health and/or increased support needs. A focus on regaining physical ability is central, as is active reassessment.

CLIK – The Currently Living in Kirklees (CLIK) survey is a Bi-annual survey of a stratified sample of our adult population. It asks a series of questions and health, lifestyle, employment, care needs, income and various other issues. It is a rich source of data that informs commissioning and our Joint Strategic Assessment.

Joint Strategic Assessment - Kirklees Joint Strategic Assessment (KJSA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within our area.

Eligibility - The Care and Support (Eligibility Criteria) Regulations 2014 set out national eligibility criteria for access to adult care and support, and for access to carer support. This replaced the existing eligibility framework, which was set out in the 2010 Department of Health guidance Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care, and was also referred to as Fair Access to Care Services (FACS) thresholds.