ADULT SOCIAL CARE MARKET POSITIONING STATEMENT, 2016

PETERBOROUGH CITY COUNCIL

Peterborough City Council
Market Position Statement, 2016

PREFACE

The Market Position Statement (MPS) indicates a future direction for adult health and social care provision in Peterborough. It is the start of a dialogue between Peterborough City Council and the provider market, a tool to spark debate, to encourage new ideas and to welcome any proposal of doing things differently and better.

The MPS is produced at a time of great change nationally and locally and against a backdrop of significant financial challenges. We see the MPS as an increasingly important reference point for the Council's relationship with the care and support sector. We hope that by providing clarity on the overall outcomes we wish to achieve, the types of partners we wish to work with and how we will work with interested partners, we can bring about an improved experience of working with Peterborough City Council and better health and wellbeing for the local population.

Wayne Fitzgerald
Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health

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1. Executive Summary

This Market Position Statement (MPS) is the first stage of a number of market influencing activities the Council will be engaged in. It sets out to summarise important intelligence explaining how we intend to strategically commission, and encourage, the development of high quality services to suit our residents.

This MPS has been informed by Peterborough's Health & Wellbeing Strategy; the Joint Strategic Needs Assessment for Cambridgeshire and Peterborough that underpins the Health and Wellbeing Strategy; the System Blueprint for Cambridgeshire and Peterborough Health and Care System Transformation Programme; Peterborough Adult Social Care - Older People's Accommodation Strategy; and the Guidance for Commissioners of Mental Health Services for Young People making transition from child and adolescent to adult services.

Peterborough faces significant future pressures on its Adult Social Care services due to the makeup of our local population. The City was listed by the Centres for Cities report 'Cities Outlook 20146'[1] as one of the fastest growing cities in the UK. The fastest growing cities in the report (Slough, Milton Keynes, Peterborough and Swindon) have growth rates more than twice the national average in the decade between 2004 and 2014. Peterborough currently has a population of approximately 193,000, which is predicted to grow by 14% between 2015-2030 (to 220,600). In addition to the increase of the population overall, there is a predicted demographic change towards an older population, which is increasingly likely to have multiple health conditions that impact on their quality of life and independence. The POPPI Health Projections equates this to an annual growth of 2.5% for dementia and falls, 2.3% for heart attack and bladder continence and 2.2% for heart attack, bronchitis and diabetes. Many older people will have more than one life limiting long term condition.

Peterborough has a higher percentage of people living in the 20% most deprived areas in England as compared to the national average. The city also has a higher percentage of children and older people living in deprivation. Evidence shows that populations in deprived localities often experience poor health outcomes including lower life expectancy, higher burden of ill health, low uptake of health protection services such as screening and vaccinations and often seek medical attention late.

Healthy life expectancy at birth is a measure of the average number of years a person would be expected to live in good health. Peterborough has a significantly lower healthy life expectancy for both males (60.6 years) and females (59.0 years) as compared to the national average (63.3 and 63.9 years respectively). These figures are also among the lowest in the region. This indicates that a large proportion of Peterborough's population develops long term health problems at a relatively early age, often resulting in a high demand for health and social care services. Furthermore, Peterborough has a significantly lower life expectancy at birth than the national average and this gap between healthy life expectancy and the average life expectancy at birth suggests that there may be a particular need for help and support from health and social care services later in life as people live for longer but potentially in poor health.

In addition, the pressure on local authority budgets since the Comprehensive Spending Review in 2010 has required Peterborough City Council to significantly reduce its controllable budget. Further unavoidable budget cuts are required in 2016/17, with anticipated reductions beyond that. Adult Social Care services currently cost approximately £40.2 million per year. This spending is unsustainable in the future and therefore a new approach is required if the Council is to continue to promote wellbeing and meet assessed needs and balance the budget. This includes making better use of the resources we

[1] http://www.centreforcities.org/wp-content/uploads/2016/01/Cities-Outlook-2016.pdf

have, targeting those resources more effectively, and rethinking the way we deliver services, focussing much more on the outcomes we are trying to achieve.

The MPS seeks to describe current and future demand, current supply and future resource, what the Council would like the market to deliver in the future and the level of support providers can expect. Peterborough City Council cannot deliver the same services in the same way that it currently does and is looking to facilitate, develop and commission, in partnership with communities, providers and other stakeholders, new ways of ensuring our residents have the care and support they need when they need it.

2. Introduction

This Market Positioning Statement (MPS) is divided into three sections covering older people, Adults over the age of 18, and accommodation and housing related support. The section on Adults over the age of 18 relates to adults with learning disabilities and or autism spectrum conditions, physical impairments and mental health. This document is designed to contain intelligence, information and analysis that is of benefit to adult social care providers in the City of Peterborough. It aims to describe current and potential future demand and supply; the funding that we will have available as commissioners; potential demand from people funding their own services; and begins to describe how we would like to work with the social care market going forward.

The council is facing unprecedented challenges. In tandem with increasing demand, and complexity of need, the Council is subject to a decrease in adult social care budget. We believe that it is important to be open with the market about the budget available to the council for social care. The proposed budgetary savings over 2016/17 for the adult social care budget will total £6 million, against a total budget of £40.2 million.

Despite these pressures, the wider social care market still presents considerable growth opportunities. We will be commissioning more services in partnership with health partners as we move towards lead commissioning arrangements, potentially opening up wider funding streams for the social care market.

This drive to commission services in partnership with health is being facilitated by the Better Care Fund (BCF). The BCF is a national fund of £3.8bn (formerly the Integration Transformation Fund) and was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The BCF is not new money granted by Government, but rather a reorganisation of existing funding that is currently used to provide health and social care services in Peterborough. The aim of the BCF is to support transformation in integrated health and social care, enabling the system to work more closely together in local areas to reduce avoidable hospital admissions.

The BCF will contribute to Peterborough's vision for integration by focusing on initiatives that will help to prepare the system for a bigger change in the medium term by:

- Increasing citizen's independence and maintaining reablement services;
- Supporting hospital discharge through the development of 7 day working and data sharing; and
- Supporting the development of closer working, including development of joint assessments with an accountable lead professional (MDTs).

The Think Local and Act Personal paper, released in October 2012, placed significant emphasis on evidence that suggested interventions which increase people's support networks and social networks reduces illness and death rates. Through the delivery of the plans set out in our BCF submission, we will be working to expand and develop community capacity within Peterborough. Specifically the Council will be working with partners, the local market and voluntary, community and social enterprising sector to build community capacity that delivers preventative services and an integrated approach to discharge planning and admission avoidance. The role of able adults living the community is vital as they could provide valuable resource to develop the community capacity. The successful delivery of this work will be reliant on a redesign of services, which will be focused on achieving capacity within the system. This redesign will specifically include the expansion and development of community capacity and services that enable citizens to remain at or return home wherever and whenever possible.

The other key priority is the Care Act 2014, which has been enacted and implemented from April 2015. The Act includes: a new general duty to promote 'individual well-being'; a new national criteria for determining adults' eligibility for services; and more stringent statutory safeguarding policies, processes and procedures to protect people from abuse or neglect. Specifically, for the adult social care market in Peterborough, this Act has the following impact:

- Carers will be recognised in law, in the same way as those they care for, putting carers on an equal legal footing and putting their needs at the centre of the legislation;
- Duty on the Council to ensure 'sustainability' in the market and to have contingency plans in place for provider failure;
- Self-funders and others are better able to plan ahead for long-term care and to make fully informed choices about who will provide their care; and
- A national 'deferred payment' loan scheme for people moving into residential care.

Our health landscape in Peterborough means that we partner and work alongside the following organisations:

- Peterborough and Stamford Hospitals NHS Foundation Trust: Provider of acute services in Peterborough;
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). Provides mental health services, statutory social care services, children's community services and learning disability care; and adult community services

Throughout this document we have chosen to describe the issues that we face rather than prescribe the solutions. This is because we believe the social care market has the knowledge and expertise to know what works and what doesn't. We are also moving into a time where increasing numbers of people are taking cash payments, and joining the substantial amount of "self funders" in Peterborough to purchase services directly from the market. As a result we need to redefine our relationship, moving to encourage a competitive market that offers greater choice and value for money for consumers. To support this, our intention is that this document inform you about:

- What Peterborough looks like in terms of current and future demography and support provision; and
- The Council's intentions as a commissioner of adult social care support.

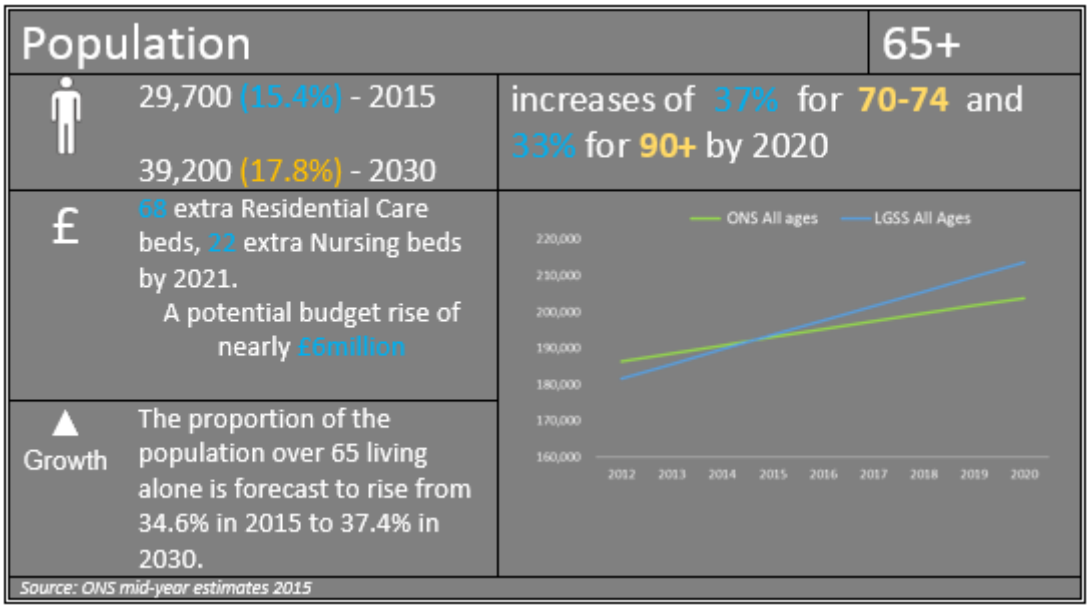
The City Council is committed to stimulating and shaping a diverse, active market where innovation and energy is encouraged and rewarded, and where poor practice is actively discouraged. This is an important role for the City Council and a key part of shaping what kind of place Peterborough is - a place where people with care and support needs, their families and carers, are included and involved in community, economic and social life. To underpin our commitment and to drive to support this agenda, Peterborough has developed the following Commissioning Principles:

1. **Demand management** - we will prioritise the commissioning of services and solutions that will prevent or delay escalating support and service needs;
2. **Efficient and effective** - we will take an evidence based approach to commissioning services and solutions that demonstrate efficient and effective use of resources. Services and solutions will be commissioned on the basis of best value;
3. **Return on investment** - We will commission on the basis of a clear, whole-life costed benefits realisation for service users, PCC and other stakeholders. This will include analysis of the value of social and environmental outcomes of commissioning activities as well as financial outcomes;
4. **Market Development** - We will work with providers and partners to ensure that commissioning activity across health and social care is coordinated and best value and outcomes are delivered;

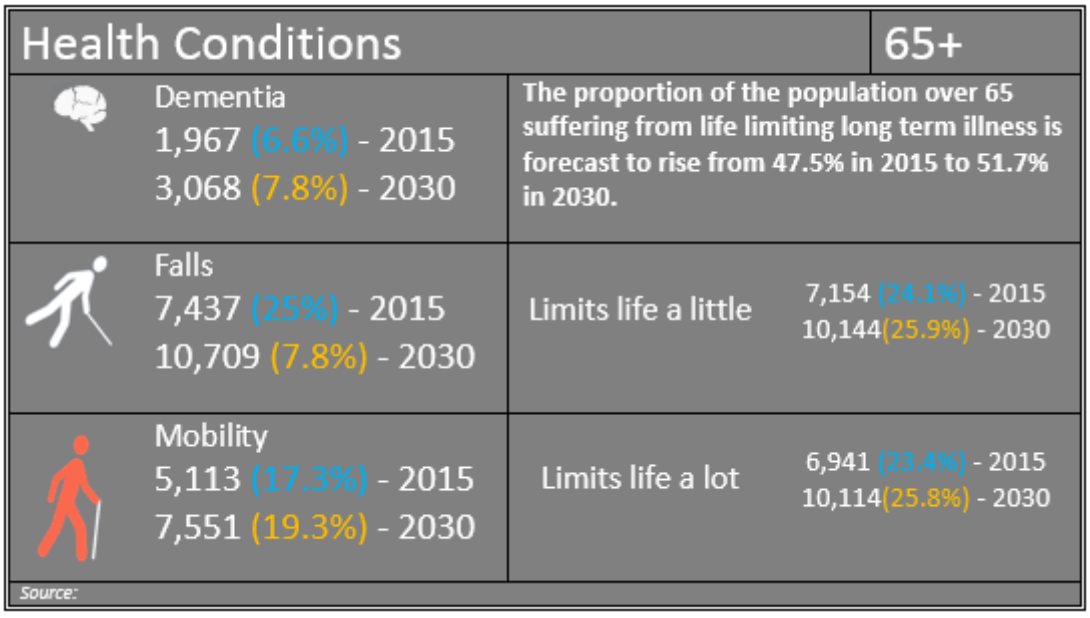
5. **Statutory duties** - We will ensure PCC complies with its legal duties within the statutory legislative and policy framework;
6. **Policy** - Commissioning activity will take account of and be sensitive to national and local policy drivers; and
7. **Collaborative commissioning** - We will work to commission services and co-produce solutions with service users and strategic partners where this best delivers PCC outcomes and objectives.

3. Context – Older People

Analysis of the population indicates that the local population will increase by 32% up to 2030. This is predicted to lead to an £8million cost pressure by 2021. The greatest change will see increases of 37% for 70-74 year olds and 33% for the 90+ age bracket. There is expected to be an average increase of 19% in the population 55-59 approaching retirement.



National and local data shows that disability is age related with prevalence of disability and long-term conditions increasing with age. It is expected that there will be an increase in age related conditions, particularly dementia and cardio-vascular conditions.



The Council wants to develop a model of wellbeing that focuses on removing or reducing the barriers that prevent older people participating and that disable them and affect their quality of life. To do this

we need to understand and support older people's hopes and aspirations and enable, wherever possible, self-management of wellbeing. We need to move away from a default position of professionals providing support and care after a problem has arisen.

Central to wellbeing are the principles of safety and dignity: the Council will work with service users and stakeholders to ensure that safety, dignity and human rights of people over 65 are paramount in all support, commissioning and development work.

It should be no surprise that our first priority is to support people to remain independent for as long as possible, delaying and in some cases avoiding the need for ongoing social care services. Supporting people to stay healthy and helping communities support each other is very important as we know that poor health and social isolation are factors that lead people to require health and social care services. Supporting family carers so they can maintain their caring role is also critical.

Universal services such as advice and information services, leisure and recreation, skills and employment play an important role in supporting people's independence. We believe that a proactive voluntary and community sector is vital to supporting people in their communities. We also know that interventions such as telecare and assistive technology can provide the reassurance and support that enable people to retain their independence for longer.

Some older people will inevitably require on-going health and social care support. Again our priority is to support these people to regain or maintain their independence whenever possible. Services will need to focus on enabling people and move away from passive models of support that create dependencies. Reablement, through a focus on recovery, has delivered significant results helping people regain their independence and reducing demand for health and social care services. Enablement will be a key characteristic for all services we commission.

Our focus on prevention and enablement may seem contrary to our traditional way of working with the market where providers are rewarded for the volume of care they provide; and not the outcomes they deliver. Going forward, we believe this is an area where the social care market can play a much greater role, and we welcome suggestions as to how we can work with providers to share the benefits of people achieving greater independence and reducing their reliance on social care services.

To achieve this, we recognise that we will need to work with providers to ensure that people have the information they need to make informed choices when arranging and purchasing services for themselves. For others there will still be a need for the council to act as a "broker" – arranging services on the person's behalf. The council will also extend this to people who fund their own care, so they can enjoy the same advice and support as those whose services are funded by the council.

We are also clear that personalised care and support is much wider than personal budgets. Personalisation is about how people experience the support they receive on a day to day basis, and the relationships they have with the people providing this support.

As commissioners we need to ensure that we make best use of the public money we have available to us, and we will work hard to achieve an appropriate balance between price and quality in our contractual arrangements with the market. We see this as being central to our vision of having a sustainable competitive social care market that encourages new and innovative ways of delivering support.

4. Direction of Travel – Older People

Our Commissioning intentions for the social care market for older people can be summarised as follows:

Improving the information and advice that is available to enable people to help themselves, and to empower people to make informed choices about their care and support – The council is embarking on a significant programme to improve its website and customer first point of contact service to enable easy to use self-service and delivery of better advice and information to citizens, learning from existing models and ensuring that it is compliant with the Care Act. We are also undertaking a fundamental review of our core IT systems so that customers are able to better interact with the council and receive a wider range of advice and information. This will allow people to contribute directly to their assessments and reviews, and the aim is that they will be able to arrange their own care and support.

Promoting preventative services including assistive technology – We are keen to promote assistive technology to improve independence and reduce the need for on-going services. We would like the providers to incorporate assistive technology as part of their offering to service users. As part of our engagement with providers we would welcome your views on how we can incentivise this approach.

Hotspot: Assistive technology has been shown to improve people's independence and we would encourage providers to embed assistive technology into their service offer.

Supporting family carers to enjoy a good quality of life and maintain their caring role – We assessed the needs of 640 carers who care for older people in 2015-2016, and provided commissioned services and/or direct payments to 245 carers Carers tell us that they need a range of support from advice and information; practical help; support to enable them to continue with employment and learning; and breaks that allow them to sustain their caring role and to maintain their own health and wellbeing.

Hotspot: developing support that enables carers to maintain their caring role and their own health and wellbeing.

With our health partners we will commission interventions that avoid people being unnecessarily admitted into hospital – The majority of older people who require intensive social care support will come to us via a hospital admission. As a result we will be commissioning many of these services jointly. We know that strokes and falls are key causal factors leading to hospital admission. There are two opportunities here for providers. Firstly in developing interventions and service offers that can help prevent avoidable hospital admissions. Secondly, by working with us to embed outcomes in our commissioning processes so that providers are rewarded for promoting healthy lifestyles and helping people to reduce the risk of falls and other avoidable accidents and illnesses.

Hotspot: we are looking for providers to provide care in a holistic manner, treating the person rather than providing a one dimensional service. We encourage and expect that providers will work together, learn from each other and develop interventions and services that avoid people being unnecessarily admitted into hospitals. This is limited to the ageing healthily workstream within the Better Care Fund.

Commission jointly with health partners services and support that promote an earlier safe discharge from hospital – To deliver an integrated approach to discharge planning and admission

avoidance, we will be working to ensure that appropriate services are operating 24 hours a day 7 days a week to enable better outcomes for service users and patients. The services provided will be based on need and not availability and a redesign of services will create capacity within the system. This does not mean that all services will operate 24 hours a day, 7 days a week – it is about ensuring that across the system, whatever time of day or night, there are appropriate and proportionate services available.

Hotspot: The Council will be looking to commission services from providers who share the objective of delivering appropriate services 24 hours a day 7 days a week and will work with us to achieve it.

Continue to promote services and support that enable people to regain or maintain their independence - Over 2015-16, the service supported 807 people, the majority of whom were over 65. A number of people starting reablement were not able to complete due to increasing health needs requiring a further hospital admission. Outcomes for those completing a period of reablement were very good, with 74% requiring no ongoing support or reduced ongoing support.

Hotspot: The Council will be developing reablement capacity and will be looking to progress greater integration with rehabilitative community health services.

Supporting people with dementia to retain their independence for as long as possible and enjoy a good quality of life – The growth in people experiencing dementia presents probably the greatest challenge for health and social care services. Having a workforce with the skills and knowledge to support people with dementia is therefore a requirement for all providers working with older people. Supporting people in the familiar settings of their own homes can reduce the numbers prematurely entering long term care. Providers can play an important role working alongside health professionals to ensure the early identification of dementia, and the provision of appropriate support to delay and minimise the impact of this condition. For people in the later stages of dementia, registered care settings play an important role in supporting people to live well and with dignity.

However Commissioners recognise that this service does not meet the needs of older people experiencing functional mental ill health, most commonly depression and anxiety with research identifying a link with social isolation. Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income. This is being reviewed as part of the Ageing Healthily Better Care Fund Workstream.

As the UK's population rapidly ages, the issue of acute loneliness and social isolation is one of the biggest challenges facing our society.

Hotspot: The Council will be seeking to commission services from providers that are able to provide an appropriate response to the challenges posed by acute loneliness and social isolation. Better Care Fund Ageing Healthily

Increasing the uptake of Direct Payments and related support options including the Personal Assistant market - Around 37% of people taking a Direct Payment employ a Personal Assistant, there are 112 Personal Assistants known to the Council offering support in Peterborough.

Hotspot: The Council is seeking to increase Direct Payment uptake over the next three years and to develop the Personal Assistant market.

Supporting models of social care provision that are co-productive - i.e., where users and professionals work together to design and deliver public services in equal partnership – We will continue to work in partnership to develop and co-produce our commissioning strategies and plans, and we will want to work with providers who genuinely involve service users in the planning and delivery of their services.

Supporting the development of a thriving, strong and diverse social care market that is flexible and responsive to everyone in Peterborough, not just those eligible for direct Council support - We want to stimulate the development of new services, and promote competition so people have a varied care and support market to purchase from. To achieve this, we will work to ensure we commission services that are:

1. Affordable and sustainable;
2. Evidence based;
3. Locally shaped;
4. Improving quality and the patient experience;
5. Appropriate in scale; and
6. Reflects the user's voice.

Local Authorities are responsible for ensuring that the services they commission are developed in such a way that ensures a balance is struck between delivering value for money and enabling the provider to deliver good quality outcomes in a sustainable way. Under the Care Act 2014, The Care Quality Commission have a responsibility to ascertain a Provider's resilience in their continued ability to provide a service that is:

- safe;
- effective;
- caring;
- responsive; and
- well-led.

In addition, the Council will continue to invest in maintaining partnerships with voluntary organisations that contribute to the overall quality of provision to service users, including those who fund their own care.

5. Current and future demand - Older People

Research carried out the LGSS Research, Performance and Business Intelligence Team gives a projection of population growth over the coming years. Two areas of change that will have a significant impact:

- Increased birth rate which affects all age groups among children and young people from 2021
- Increases in the number of people over 65

Age Group	2013	2016	% change 2013-2016	2021	% change 2013-2021
0-4	14,840	15,900	7%	17,500	18%
5-10	15,320	17,600	15%	19,800	29%
11-15	11,000	11,300	3%	14,500	32%
16-19	8,320	8,500	2%	9,000	8%
20-24	11,720	12,200	4%	12,000	2%
25-34	24,020	26,600	11%	29,600	23%
35-44	25,860	25,800	0%	27,100	5%
45-54	24,440	25,900	6%	27,200	11%
55-64	20,660	21,200	3%	23,700	15%
65-74	15,500	17,600	14%	19,400	25%
75-84	9,760	10,300	6%	11,900	22%
85+	4,200	4,800	14%	5,900	40%
Total	**185,700**	**197,700**	**6%**	**217,000**	**17%**

Extrapolating from population projections the impact on services is expected to be significant.

In terms of ethnic demography, the largest single group is White British, followed by Asian:

Peterborough population 2011		
White British	130232	70.90%
White Other	19495	10.60%
Asian & Asian other	20620	11.20%
Black & Black other	4164	2.30%
Multiple ethnic group	4948	2.70%
White Irish	1257	0.70%
Other	1483	0.80%
Chinese	872	0.50%
Traveller	560	0.30%
Total	**183631**	**Percentage**

Long term conditions by type

This section gives some more detail on the estimated numbers of people living with the most common life limiting conditions. The percentage increases expected by 2020 are in the main due to demographic growth of the older people population, particularly growth of the population aged 85 plus.

Dementia – thought to affect 6.9% of the population of Peterborough aged 65 plus in 2012 (1,793) expected to rise to 7.1% of the older people population in 2020 (2,157). Among those aged 85 and over the rates are higher at 23% in 2012 (773) and 23% (1,008) in 2020. This a rise on the numbers of people with dementia of 20% for older people overall and 30% for those aged 85 plus.

People aged 65 and over predicted to have dementia, by age and gender, projected to 2020[2]:

Dementia by gender	2012	2014	2016	2018	2020
Males aged 65-69 predicted to have dementia	57	62	65	60	59
Males aged 70-74 predicted to have dementia	87	90	96	112	121
Males aged 75-79 predicted to have dementia	112	117	122	122	133
Males aged 80-84 predicted to have dementia	163	163	173	184	194
Males aged 85-89 predicted to have dementia	134	150	167	167	184
Males aged 90 and over predicted to have dementia	84	112	112	112	140
Total males aged 65 and over predicted to have dementia	**637**	**694**	**735**	**756**	**829**
Females aged 65-69 predicted to have dementia	40	42	44	42	44
Females aged 70-74 predicted to have dementia	72	77	82	96	98
Females aged 75-79 predicted to have dementia	182	182	176	182	195
Females aged 80-84 predicted to have dementia	306	306	306	306	306
Females aged 85-89 predicted to have dementia	311	333	355	355	377
Females aged 90 and over predicted to have dementia	246	246	246	276	307
Total females aged 65 and over predicted to have dementia	**1,156**	**1,185**	**1,208**	**1,257**	**1,328**
Total population aged 65 and over predicted to have dementia	**1,793**	**1,879**	**1,943**	**2,014**	**2,157**

Rates for men and women with dementia are as follows[3]:

Age range	% males	% females
65-69	1.5	1.0
70-74	3.1	2.4
75-79	5.1	6.5
80-85	10.2	13.3
85-89	16.7	22.2
90+	27.9	30.7

[2] Figures may not sum due to rounding; Crown copyright 2012.

[3] The most recent relevant source of UK data is Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2020.
To calculate the prevalence rates for the 90+ population, rates from the research for the 90-94 and 95+ age groups have been applied to the England population 2006 to calculate the numbers in each age group, the sum of these groups is then expressed as a percentage of the total 90+ population to establish the predicted prevalence of the 90+ population as a whole.

Stroke – In 2014 it was estimated that 629 older people had a long term condition caused by a stroke, 2.1% of the population. By 2020 this is expected to rise to 714, 2.3% of the population, an increase of 13.5% in real numbers and a 0.2% increase in prevalence within the population. By 2030 this is forecast to rise to 926 (2.4%). This is a rise of 47% in real numbers and a 0.3% increase in prevalence within the population. For people aged over 18 and are under 65, there are an estimated 324 people in 2014 living with a long-term condition caused by a stroke, this is expected to rise to 345 by 2020 (6.5 increase) and to rise to 368 by 2030 (6% increase).

People aged 65 and over predicted to have a longstanding health condition caused by a stroke, projected to 2030					
	2014	**2015**	**2020**	**2025**	**2030**
People aged 65-74 predicted to have a longstanding health condition caused by a stroke	289	296	328	339	386
People aged 75 and over predicted to have a longstanding health condition caused by a stroke	340	351	386	477	540
Total population aged 65 and over predicted to have a longstanding health condition caused by a stroke	**629**	**647**	**714**	**816**	**926**

People aged 18-64 predicted to have a longstanding health condition caused by a stroke, projected to 2030					
	2014	**2015**	**2020**	**2025**	**2030**
People aged 18-44 predicted to have a longstanding health condition caused by a stroke	36	36	37	37	37
People aged 45-64 predicted to have a longstanding health condition caused by a stroke	288	291	309	323	330
Total population aged 18-64 predicted to have a longstanding health condition caused by a stroke	**324**	**327**	**345**	**359**	**368**

Incontinence – 4,461 people aged 65 and over in the City (15.1%) are thought to have a bladder continence problem at least once per week. This is forecast to rise to 5,097 (16.4%) by 2020 and 6,557 (16.7%) by 2030. For those aged 85 plus 919 (24.8%) are estimated to have bladder continence problems at least once a week. This is forecast to rise to 1116 (24.8%) by 2020, and 1520 (24.5%) by 2030.

People aged 65 and over predicted to have a bladder problem, by frequency, age and gender, projected to 2030					
	2014	**2015**	**2020**	**2025**	**2030**
People aged 65-69 predicted to have a bladder problem at least once a week	1,106	1,144	1,110	1,212	1,406
People aged 70-74 predicted to have a bladder problem at least once a week	819	819	1,104	1,071	1,170
People aged 75-79 predicted to have a bladder problem at least once a week	890	908	960	1,293	1,257
People aged 80-84 predicted to have a bladder problem at least once a week	727	765	807	900	1,204
People aged 85 and over predicted to have a bladder problem at least once a week	919	947	1,116	1,304	1,520
Total population aged 65 and over predicted to have a bladder problem at least once a week	**4,461**	**4,583**	**5,097**	**5,780**	**6,557**

Falls – In 2014 it is estimated that 7,251 older people experience a fall (24,6%) of these 570 are thought to have been admitted to hospital as a result (7.9% of fallers and 1.9% of the older population). The chances of falls increase at 85 plus to 43% of the population (1,591). The chances of being admitted to hospital following a fall increase at age 75 plus to 11%. By 2020 646 people aged 65 plus are expected to be admitted to hospital following a fall, 2% of the population.

People aged 65 and over predicted have a fall, by age and gender, projected to 2030					
	2014	**2015**	**2020**	**2025**	**2030**
People aged 65-69 predicted to have a fall	1,745	1,804	1,755	1,914	2,219
People aged 70-74 predicted to have a fall	1,444	1,444	1,934	1,901	2,055
People aged 75-79 predicted to have a fall	1,193	1,212	1,285	1,718	1,680
People aged 80-84 predicted to have a fall	1,278	1,343	1,405	1,569	2,089
People aged 85 and over predicted to have a fall	1,591	1,634	1,935	2,279	2,666
Total population aged 65 and over predicted to have a fall	**7,251**	**7,437**	**8,314**	**9,381**	**10,709**

People aged 65 and over predicted to be admitted to hospital as a result of falls, by age, projected to 2030					
	2014	**2015**	**2020**	**2025**	**2030**
People aged 65-69 predicted to be admitted to hospital as a result of falls	44	46	44	48	56
People aged 70-74 predicted to be admitted to hospital as a result of falls	55	57	75	74	80
People aged 75 and over admitted to hospital as a result of falls	471	475	526	637	725
Total population aged 65 and over predicted to be admitted to hospital as a result of falls	**570**	**578**	**646**	**759**	**861**

Depression – In 2012 2,247 older people were thought to be suffering from depression in the City (8.7%). By 2020 this number is expected to rise to 2,605. 711 older people are thought to have had severe depression in 2012 and this is expected to rise to 818 in 2020 an increase of 15%.

People aged 65 and over predicted to have depression, by age and gender, projected to 2020[4]:

Depression by gender	**2012**	**2014**	**2016**	**2018**	**2020**
Males aged 65-69 predicted to have depression	220	238	249	232	226
Males aged 70-74 predicted to have depression	193	200	214	248	269
Males aged 75-79 predicted to have depression	130	136	142	142	153
Males aged 80-84 predicted to have depression	155	155	165	175	184
Males aged 85 and over predicted to have depression	61	66	71	77	82
Total Males aged 65 and over predicted to have depression	**760**	**795**	**841**	**873**	**915**
Females aged 65-69 predicted to have depression	436	458	480	458	480
Females aged 70-74 predicted to have depression	285	304	323	380	390
Females aged 75-79 predicted to have depression	300	300	289	300	321
Females aged 80-84 predicted to have depression	212	212	212	212	212

[4] Figures may not sum due to rounding, Crown copyright 2012

Females aged 85 and over predicted to have depression	255	255	266	278	289
Total Females aged 65 and over predicted to have depression	**1,488**	**1,528**	**1,570**	**1,627**	**1,690**

Rates for men and women diagnosed with depression are as follows[5]:

Age range	% males	% females
65-69	5.8	10.9
70-74	6.9	9.5
75-79	5.9	10.7
80-84	9.7	9.2
85+	5.1	11.1

Severe depression

People aged 65 and over predicted to have severe depression, by age, projected to 2020[6]:

	2012	2014	2016	2018	2020
People aged 65-69 predicted to have severe depression	195	210	218	208	208
People aged 70-74 predicted to have severe depression	91	98	104	122	128
People aged 75-79 predicted to have severe depression	175	179	175	182	193
People aged 80-84 predicted to have severe depression	117	117	120	123	126
People aged 85 and over predicted to have severe depression	133	140	148	156	164
Total population aged 65 and over predicted to have severe depression	**711**	**744**	**765**	**790**	**818**

Rates for people diagnosed with severe depression are as follows[7]:

Age range	% people
65-69	2.5
70-74	1.6
75-79	3.5
80-84	3.0
85+	3.9

Heart attack – in 2014 1,335 older people were thought to have a long-standing health condition caused by a heart attack, around 4.5%. This is expected to rise to 1,512 by 2020 and 1,939 by 2030.

[5] Figures are taken from McDougall et al, Prevalence of depression in older people in England and Wales: the MRC CFA Study in Psychological Medicine, 2007, 37, 1787–1795.
The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to have depression, to 2020.

[6] Figures may not sum due to rounding; Crown copyright 2012

[7] Figures are taken from McDougall et al, Prevalence of depression in older people in England and Wales: the MRC CFA Study in Psychological Medicine, 2007, 37, 1787–1795. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to have severe depression, to 2020.

People aged 65 and over predicted to have a longstanding health condition caused by a heart attack, by age	2014	2015	2020	2025	2030
People aged 65-74 predicted to have a longstanding health condition caused by a heart attack	657	672	746	770	878
People aged 75 and over predicted to have a longstanding health condition caused by a heart attack	679	701	765	938	1,061
Total population aged 65 and over predicted to have a longstanding health condition caused by a heart attack	**1,335**	**1,373**	**1,512**	**1,708**	**1,939**

Mobility – In 2014 there were estimated to be 4,999 older people in Peterborough unable to manage at least one mobility activity on their own, 16.9%, just under 1 in 5 older people. As might be expected this was more frequent for those aged 85 plus, with 1,655 people, 44.7% or around 1 in every 2. By 2020 this number is expected to rise to 5,775 for those aged 65 plus an increase of 15.5%. For those aged 85 plus there is 21.4% rise forecast to 2,010 people experiencing problems with at least one mobility task

People aged 65 and over unable to manage at least one mobility activity on their own, by age and gender,	2014	2015	2020	2025	2030
People aged 65-69 unable to manage at least one activity on their own	723	748	725	792	919
People aged 70-74 unable to manage at least one activity on their own	802	802	1,072	1,058	1,140
People aged 75-79 unable to manage at least one activity on their own	864	876	930	1,239	1,215
People aged 80-84 unable to manage at least one activity on their own	955	1,002	1,038	1,161	1,537
People aged 85 and over unable to manage at least one activity on their own	1,655	1,705	2,010	2,350	2,740
Total population aged 65 and over unable to manage at least one activity on their own	**4,999**	**5,133**	**5,775**	**6,600**	**7,551**

Diabetes – in 2014 3,402 older people in Peterborough were thought to have diabetes (11.5%). This is forecast to rise to 3,851 by 2020, an increase of 13.2%.

People aged 65 and over predicted to have Type 1 or Type 2 diabetes, by age and gender, projected to 2030	2014	2015	2020	2025	2030
People aged 65-74 predicted to have diabetes	1,895	1,936	2,161	2,234	2,531
People aged 75 and over predicted to have diabetes	1,508	1,545	1,690	2,075	2,359
Total population aged 65 and over predicted to have diabetes	**3,402**	**3,482**	**3,851**	**4,309**	**4,890**

Bronchitis Emphysema – 460 older people were thought to have a long-term condition caused by bronchitis and emphysema as at 2014 (1.6%). This is expected to rise to 521 by 2020, an increase of 13.2%.

People aged 65 and over predicted to have a longstanding health condition caused by bronchitis and emphysema, by age and gender, projected to 2030					
	2014	**2015**	**2020**	**2025**	**2030**
People aged 65-74 predicted to have a longstanding health condition caused by bronchitis and emphysema	245	251	279	288	328
People aged 75 and over predicted to have a longstanding health condition caused by bronchitis and emphysema	214	221	242	298	337
Total population aged 65 and over predicted to have a longstanding health condition caused by bronchitis and emphysema	**460**	**472**	**521**	**586**	**665**

Obesity – 7,127 older people were thought to have a BMI of 30 or more in 2014 (24.2%), and therefore to be classed as obese or morbidly obese. This number is expected to increase by 12.7% to 8,030 by 2020 and by 40% to 10,008 by 2030.

People aged 65 and over who are obese or morbidly obese, by age and gender, projected to 2030					
	2014	**2015**	**2020**	**2025**	**2030**
People aged 65-69 with a BMI of 30 or more	2,679	2,772	2,685	2,934	3,405
People aged 70-74 with a BMI of 30 or more	1,743	1,743	2,340	2,289	2,484
People aged 75-79 with a BMI of 30 or more	1,295	1,316	1,395	1,866	1,824
People aged 80-84 with a BMI of 30 or more	824	865	899	1,005	1,333
People aged 85 and over with a BMI of 30 or more	586	605	711	827	962
Total population aged 65 and over with a BMI of 30 or more	**7,127**	**7,301**	**8,030**	**8,921**	**10,008**

Substance Misuse – treatment profiles for drugs and alcohol misuse shows Peterborough has significantly lower rates of older adults (45+) in treatment when compared to other eastern region areas. The Royal College of Psychiatrists highlighted the growing rates of dangerous alcohol consumption in the older population in their report Our Hidden Addicts (RCP, 2011). They also highlight that illicit drug use remains low in the over 65 population but that rates of misuse of over-the counter and prescription medication is rising too.

The table below shows predicted prevalence of drug and alcohol dependency in Peterborough for adults aged 18-64.

People aged 18-64 predicted to have a drug or alcohol problem, by gender, projected to 2030					
	2014	**2015**	**2020**	**2025**	**2030**
Males aged 18-64 predicted to have alcohol dependence	5,133	5,185	5,420	5,611	5,777
Females aged 18-64 predicted to have alcohol dependence	1,930	1,937	1,987	2,026	2,056
Total population aged 18-64 predicted to have alcohol dependence	**7,063**	**7,122**	**7,407**	**7,638**	**7,833**
Males aged 18-64 predicted to be dependent on drugs	2,655	2,682	2,804	2,903	2,988
Females aged 18-64 predicted to be dependent on drugs	1,345	1,350	1,385	1,412	1,433
Total population aged 18-64 predicted to be dependent on drugs	**4,000**	**4,032**	**4,188**	**4,315**	**4,421**

Younger adults with Physical Disabilities

Data from the PANSI[8] site gives an indication of the numbers of people in Peterborough with a moderate or severe physical disability and how this will change:

Peterborough populous estimate	2014	2015	2020	2025	2030
People aged 18-24 predicted to have a moderate or severe physical disability	798	794	765	765	868
People aged 25-34 predicted to have a moderate or severe physical disability	1,399	1,407	1,435	1,407	1,357
People aged 35-44 predicted to have a moderate or severe physical disability	1,912	1,935	2,066	2,204	2,249
People aged 45-54 predicted to have a moderate or severe physical disability	3,124	3,162	3,174	3,162	3,324
People aged 55-64 predicted to have a moderate or severe physical disability	3,975	4,036	4,533	4,947	4,947
Total population aged 18-64 predicted to have a moderate or severe physical disability	**11,208**	**11,334**	**11,973**	**12,486**	**12,743**

As can be seen, the most significant change will be for the 55-64 age group.

The Eastern Region Public Health Observatory provides a range of useful information, below is a table summarising numbers of people with a sensory impairment and those of working age receiving Disability Living Allowance.

Indicator	Period	England	Peterborough	Cambs
People aged 18-64 registered as deaf or hard of hearing per 100,000	2009-10	172.8	204.6	96.2
People aged 18-64 registered as blind or partially sighted per 100,000	2013-14	214.1	22.43	177.2
Receiving DLA working age per 1,000	May-13	48.4	53.2	34.7

Unpaid Carers

In the 2011 Census 9.6% of the Peterborough population, around 1 in 10, stated that they provided some level of unpaid care in the 2011 Census. This varied from 6.8% in Orton with Hampton to 12.6% in Werrington South. Northborough (12.4%) and Orton Waterville (11.8%) had the next highest percentages of people providing some unpaid care. Of the 17,690 providing unpaid care 4,342 provided 50 hours of care per week:

Hours of care per week:	2001 Census	2011 Census	% Increase
1-19	9,920	10,732	8.19%
20-49	1,606	2,616	62.89%
50+	3,173	4,342	36.84%

[8] http://www.pansi.org.uk/

Local feedback from national carers survey suggests:

- A large number of long term carers are juggling caring responsibilities with work, or caring for more than one person, and often have health issues of their own.
- Nearly half the carers who responded care for someone for over 100 hours per week and 20% have cared for someone for more than 20 years. The likelihood of becoming a carer increases after the age of 44.
- 74.6% of carers were extremely, very or quite satisfied with social services and 88.7% have no worries about their personal safety. However, 75.4% of carers are not able to do enough or any of the things they value or enjoy and 51.3% don't have enough or little social contact and feel socially isolated.

Residential Care

At any one time the Council has around 270 over 65 year olds that it funds or part funds in residential care at a total cost to the Council (that is the actual cost to the council once NHS and client contributions are taken into account) of £3,748,194 in 2013/14.

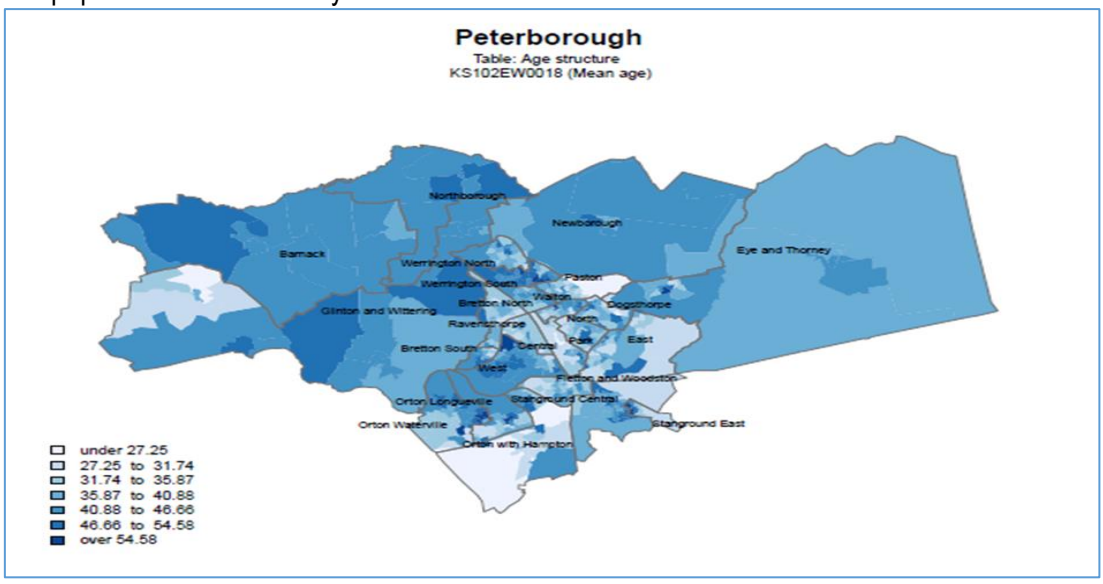
Home Care

The Council currently commissions around 1,750 homecare packages currently and 11,000 hours per week for generic homecare. Other specialist homecare (for example complex mental health and learning disability and autism) amounts to around 300 packages receiving 4,200 hours of support per week.

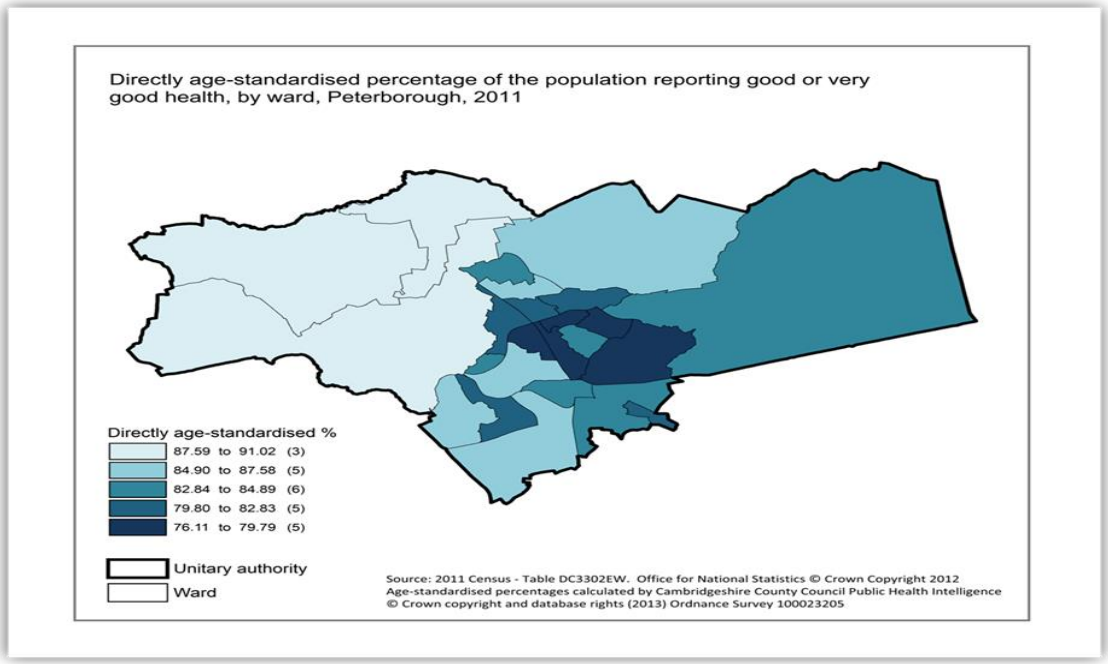
Community support is delivered through a Personal Budget, this currently amounts to 1,928 people with a physical disability or sensory impairment (including people over 65). The total cost of community support £15.8M, (Homecare and Re-Ablement related Support £11.4m, Direct Payments £3.8m, Day Opportunities and Community Support £600k).

Where people are living

General population information by area:



Peterborough has a geographical with high levels of deprivation as well as areas with very low levels of deprivation. Health inequalities tend to be linked to areas of deprivation.

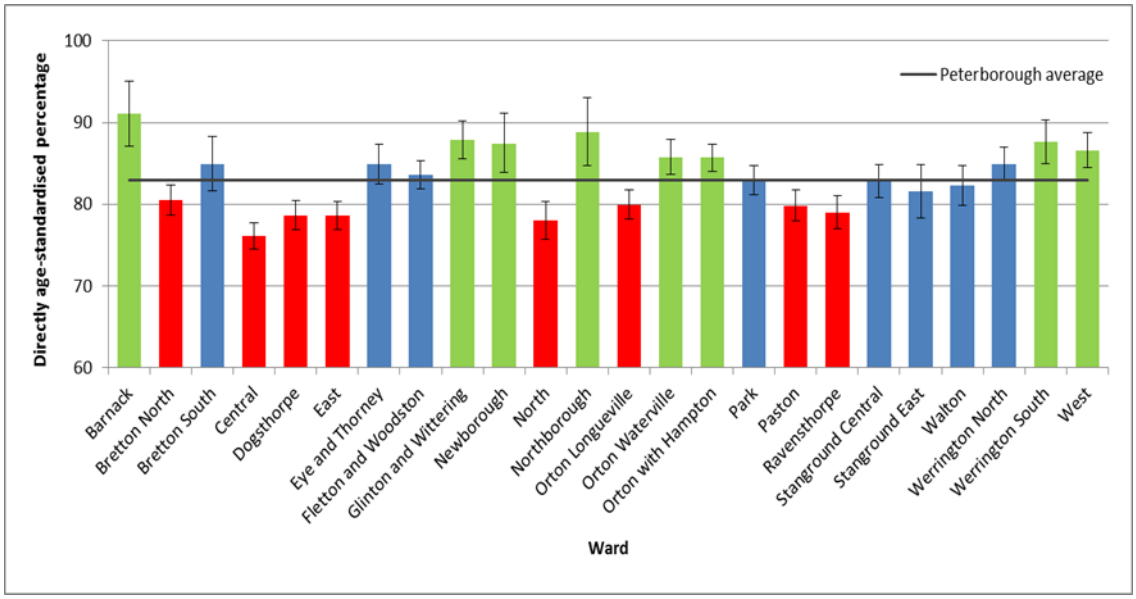


The dark areas represent the areas where there is poorer self-reported health. The wards showing lowest levels of self-reported good health are East, Dogsthorpe, Ravensthorpe, Central, North, Paston and North Bretton wards. Wards with highest levels of self-reported good health are Barnack, Glinton and Wittering, Newborough, Northborough, Orton Waterville, Orton with Hampton, Werrington South and West wards.

Of those not reporting good or very good health, 29,988 people aged 16 and over reported having a "long-term activity-limiting illness". The majority of these, 20,052 people, are aged 50 and over. However, we should also acknowledge the significant numbers of those aged 16-49, 7,936 people, and a percentage of whom are also likely to require care or support services.

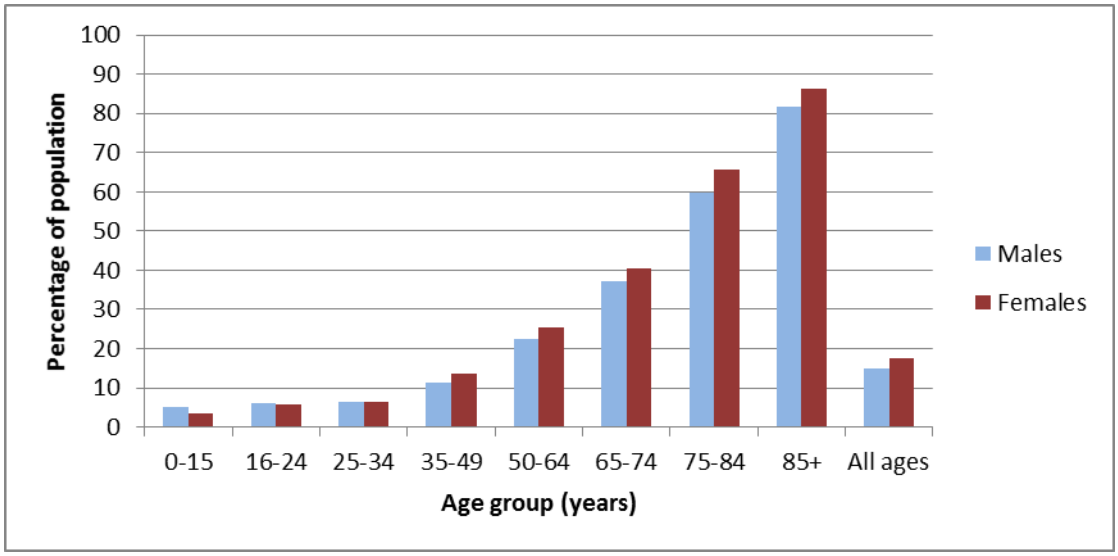
By the age of 85 only 27.2% report having good or very good health. It is worth noting that among all adult age groups in Peterborough a smaller percentage report having good or very good health, when compared to England or other new and growing towns.

The chart below shows the considerable variation in people reporting good or very good health between wards:

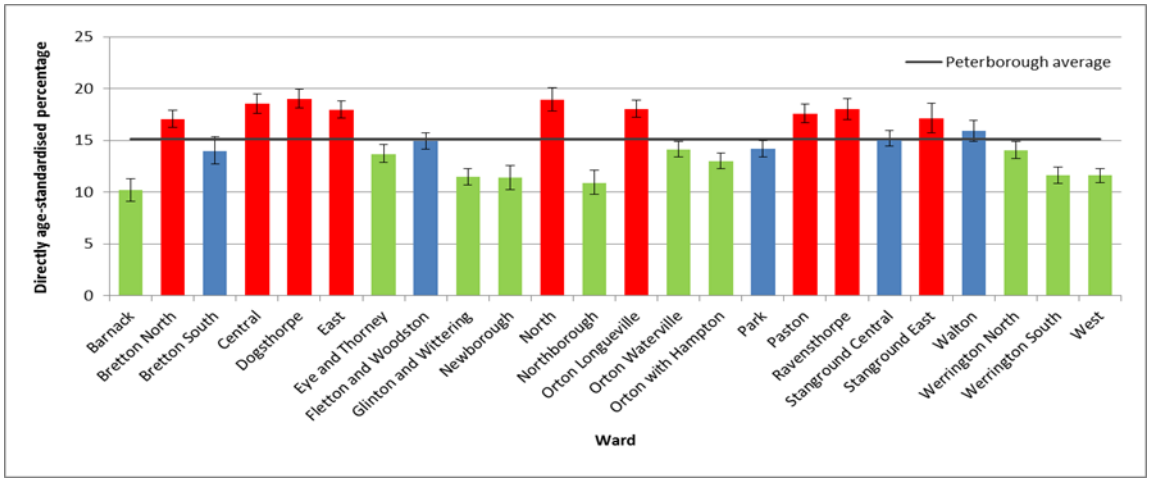


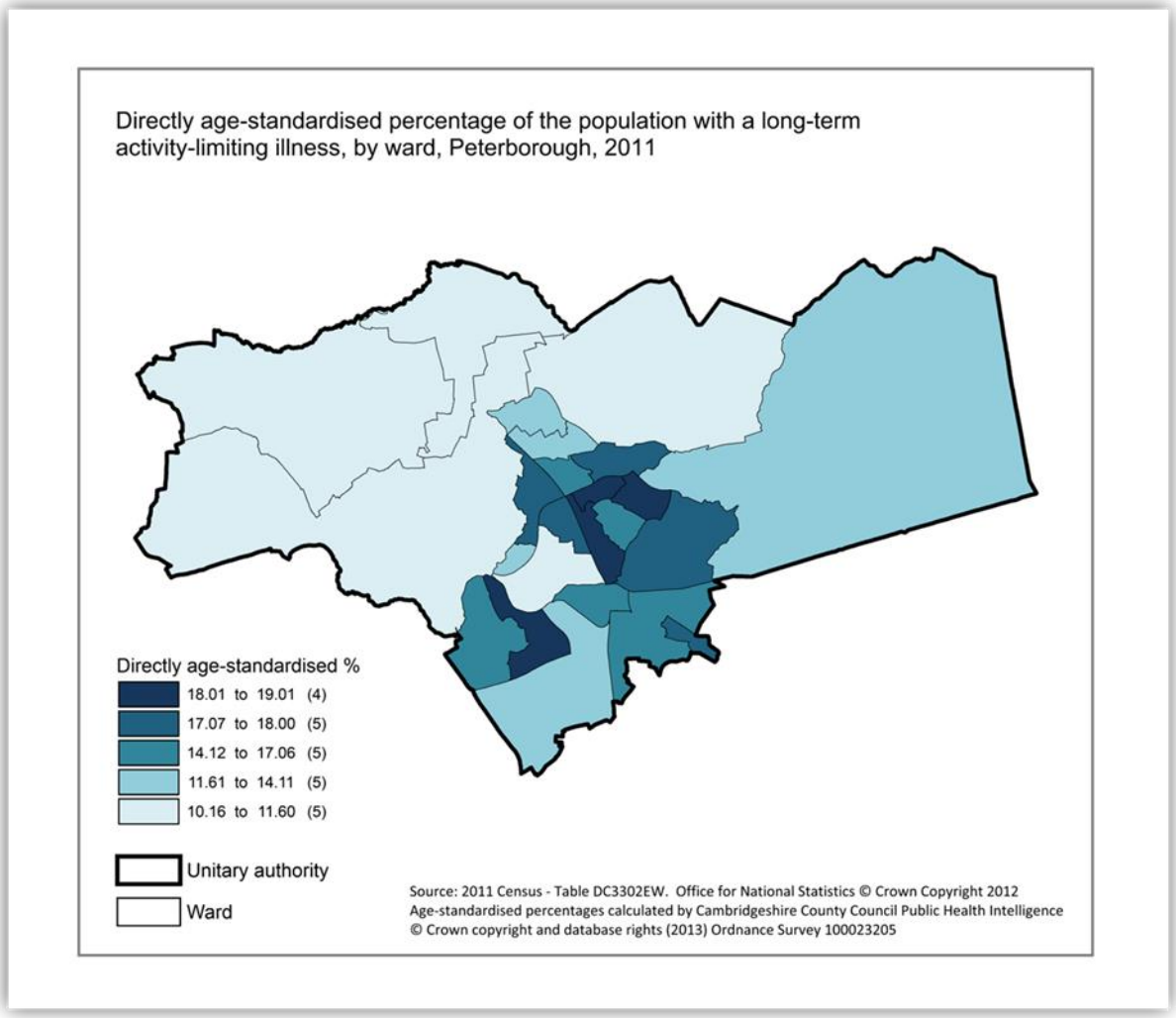
Significantly higher than the Peterborough average
Not significantly different to the Peterborough average
Significantly lower than the Peterborough average

Percentage of the population with a long-term activity-limiting illness by age group and sex, Peterborough, 2011



In the age group 85 plus, 84.6% report having a long-term activity-limiting illness. Although wards reporting high levels of long term conditions are similar to those reporting low levels of good health, a noticeable difference is the inclusion of Orton Longueville and Stanground East wards.



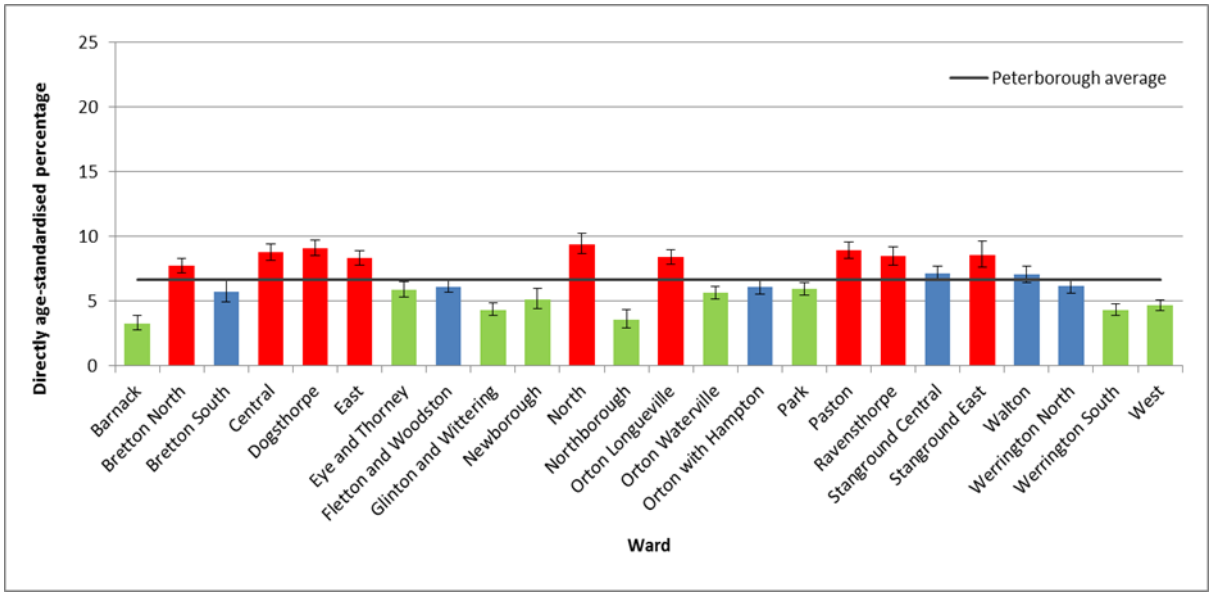


The degree of effect of long term conditions varies, and only those most affected will be eligible for Council funded social care support. In the 2011 Census 13,427 people of all ages reported long term conditions which affected day to day activities a lot. This included 685 children, 460 younger people (aged 16-24), and 12,282 adults aged 25 and over. In the 85+ age group 54.8% declared that long term illness limited their activities a lot.

For all age groups, except 25-34 year olds the rates were higher than England overall and other new and growing towns.

The higher degrees of impact of health conditions on people's lives were reported within Bretton North, Central, Dogsthorpe, East, North, Orton Longueville, Paston, Ravensthorpe and Stanground East wards. Indicating that we may see higher demand for Council funded support services in these areas, particularly as these areas are also less affluent and therefore self-funding might be less common.

Directly age-standardised percentage of the population with a long-term illness which limits day-to-day activities a lot, by ward, Peterborough, 2011.



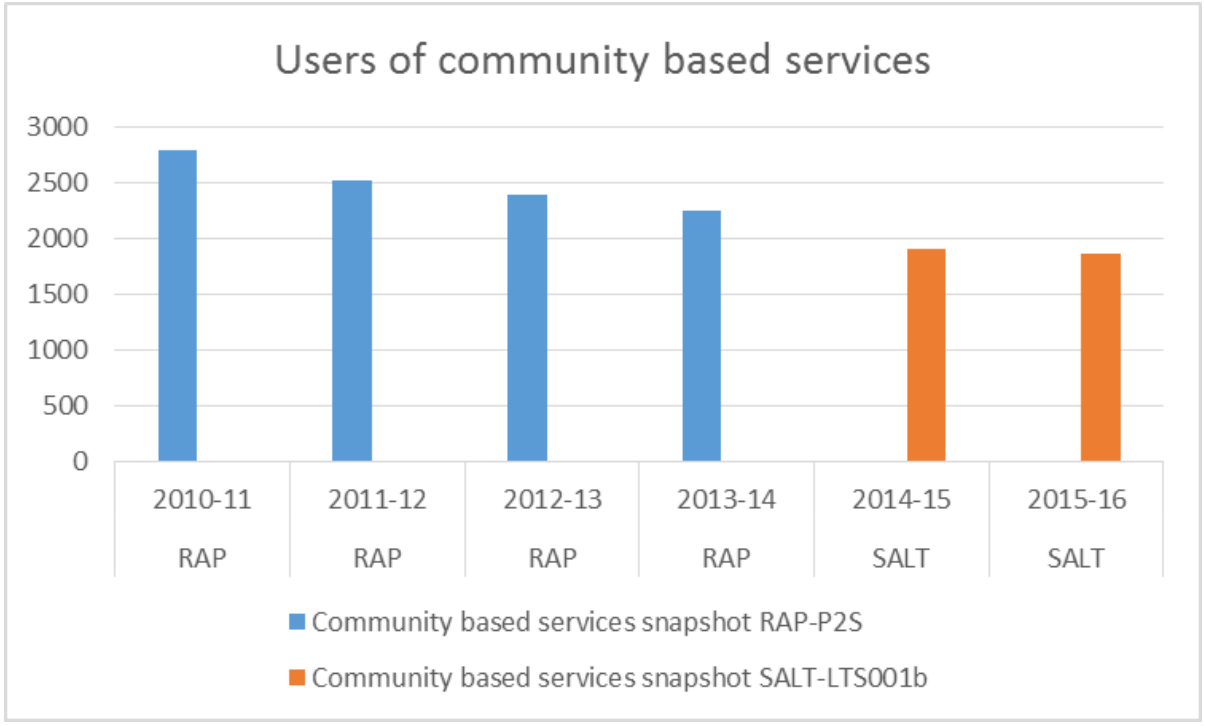
6. Local supply and commissioning – Older People

The City Council received 3260 new requests for support for those over 65 during the year 2015/16. This is a fall from 3844 the year before but is likely to reflect the changes due to the Care act and front door for the Council rather than a reduction in demand for the over 65s. A continued reduction in those in receipt of services in the community is likely to be due to an increase in the use of reablement and rehabilitation services. The impact of the Care Act on eligibility and demand for support has not led to peaks of demand as had been thought and with the care cap not being implemented further increases due to the care act may be minimal.

A growing population of over 65s as described earlier is the most likely increase in demand and may yet overturn the downturn in demand seen over the last few years.

Community Based Supply and Usage

There has been a steady reduction in those receiving community based services at the end of each year over the past six years. Changes to reporting in 2014 has meant a step change due to the reclassification of professional support and equipment (taking them out of community services). However the downward trend has continued.



Source:RAP 2010-2014 table P2S community based services 18-64 and 65+
SALT 2014-2016 Table LTS001b community based services 18-64 and 65

Homecare

It is the Council's intention to retender the Personal Care and Support Services Framework for adults and children with generic care at home needs during 2016/17. The current providers of the service have been delivering support since 2014 and the retender will ensure a stronger more effective provider base that develops its staff, to grow capacity in the marketplace in order to more effectively manage demand for increasingly acute and long term services, in a climate of increasing aging population, and

decreasing budgets. It is consistent with the prevention and personalisation agendas including Stronger Communities and will be a key part of the Council's menu of services that aims to keep people at home, safe, active and well for as long as they are able.

Hotspot:

- **Local SME homecare providers make up a significant proportion of the local market and the Council will be actively seeking to support the development of local SME capacity.**
- **Development of high quality homecare capacity to meet demographic growth pressures in the over 65 population.**
- **The new proposed framework will focus on generic care for all ages and will be needs not service led. The new service will be referred to as Care at Home Services and in time will form a continuum ranging from free of charge low level community support to intensive reablement services either at home or in settings such as Extra Care facilities**

Reablement

The Council operates an in-house reablement service that provides up to six weeks of intensive social care support aimed at maximising independence, health and wellbeing. Reablement is available to anyone who would benefit from the service and is usually offered following a period in hospital or where a health or care need has increased.

Over 2015-16, the service supported 689 people, the majority of whom were over 65. A number of people starting reablement were not able to complete due to increasing health needs requiring a further hospital admission. Outcomes for those completing a period of reablement were very good, with 78% requiring no ongoing support and 17% requiring ongoing support at a reduced level.

In 2015/16 the reablement service supported 782 people, the majority of whom were over 65. Over 60% of recipients completed their reablement support with no or reduced care and support needs.

Additional reablement capacity is available through independent sector homecare providers and through a voluntary sector Support at Home service commissioned by the Council.
The Council will be developing reablement capacity and will be looking to progress greater integration with rehabilitative community health services.

Direct Payments

Peterborough has comparatively low take up rates for Direct Payments, about 27% of all those receiving a community based service.

Direct Payment uptake	
Service user group	2014
All groups	27%
Learning Disability	44%
Mental Health	38%
Physical disability	21%

Take up by older people is lower than other groups and that take up rates decrease as people get older, although the number of people requiring support increases with age. Take up by people over 85 years of age drops to around 10% of those with a personal budget.

The Council is seeking to increase Direct Payment uptake over the next three years and to develop the Personal Assistant market. Initial projections indicate a significant increase in Personal Assistant numbers will be required however, it is likely that a large proportion of these additional PAs will be already known to their employers and not employed following a formal recruitment process.

Hotspot: Workforce development support for people working as PAs, including supervision and delivery of training opportunities.

The Council plans to modernise and develop day opportunities for older people by working with communities and services to develop personalised day opportunities within communities making use of mainstream community facilities and including extended hours and seven day a week provision. Part of this work will be to develop a specialist dementia day service based within the new Dementia Resource Centre.

Hotspot: The development of personalised day opportunities including support to access mainstream opportunities and the development of micro-businesses for people purchasing support through a Direct Payment.

Day Care

The use of day care has been reducing with around 200 people accessing day service facilities in an average week in 2011/12. Currently there are about 70 people accessing Council run day care services across three sites. These services are accessed by people over 65 assessed as eligible for social care support including people with dementia.

Day support for people over 65 is offered which is not restricted to people eligible for adult social care support.

Some day opportunities are provided within sheltered housing schemes, extra care schemes and as part of residential care provision. Sheltered scheme and extra care activities and opportunities tend not to run every day or for significant proportions of the day. These activities are dependent on scheme staff, resident or carer support to ensure they happen.

Hotspot: to work with providers to develop new and innovative day opportunity models across both rural, urban and hard to reach areas. To develop and grow small community based seedling organisations to deliver day support to vulnerable older people.

User led organisations

There has not been an ethos/tradition in Peterborough of consciously growing and supporting the development of community based user led organisations. There are some wonderful examples of small services that provide excellent services but these are few in number.

Hotspot: The Council would want to have an open dialogue with user led organisations to understand how the seeds of services could be effectively grown to support older people in the wider community.

Workforce

The social care workforce in Peterborough (like elsewhere in the Country) continues to be poorly trained, poorly paid and transitory which causes recruitment and staff over issues for care providers. There continues to be a high turnover of staff in the Residential and Nursing Homes as well as Domiciliary Care sector which does not support the continuity of care for vulnerable people.

Hotspot: The Council will want to work with providers to understand how we can deliver a new social care workforce that is better equipped to deliver care to increasingly complex older people and a workforce that is committed to social care as a career of first choice. This will require the Council and the Market working differently with schools and colleges to develop social care academies of excellence that can grow a new workforce that sees caring as there role of choice.

Commercial Activity-

It is recognised that Health and Social care delivery is changing as the market for care and support is influenced by a changing evolving commercial market that is itself influenced by older people as commercial assets/commodity. We are increasingly seeing large multi-national organisations backed by large holding companies buying up care providers and changing the provider landscape.

Hotspot: The council will need to become more intelligent in the way it works with this new commercial landscape and would welcome open discussions with providers on their market aspirations and business plans.

7. Context – Adults over the age of 18

There are increasing numbers of Adults over the age of 18 and under 65 who need social care support. The significant advances in neo-natal care have resulted in growing numbers of young people with very complex needs surviving into adulthood. The life expectancy of adults with learning disabilities has increased significantly and many are developing age related conditions such as dementia. People using services and their carers have very different expectations than previous generations and quite rightly want to lead fulfilling and inclusive lives.

The increase in life expectancy and change in expectations is happening at a time when public funding is decreasing. However, the working age adult market will continue to be a significant area of expenditure for the council and represents considerable opportunities for providers who can deliver the outcomes that are highlighted in this document.

Disabled people may need support for significant periods of their lives so rather than plan and review people's support on an annual basis, we need to consider the support people need for the particular stage of life they have reached. For some this will involve enjoying the greater independence and responsibilities of reaching adulthood; for others this will be planning for old age and responding to the conditions associated with this. We know that an area that we need to improve is the transition from children's to adult services. Currently young people and their families not only have to adjust to changes associated with the progression to adulthood (e.g. leaving education and entering the world of work); they also have to cope with changes to the professionals they work with; different funding arrangements and legislative frameworks; and a very different market to choose their support from. In response to this the council is developing an all age approach to the way it commissions and structures services for disabled people, including the creation of a 0-25 service.

We are clear that personalised care and support is much wider than personal budgets. Personalisation is about how people experience the support they receive on a day to day basis and the relationships they have with the people providing this support. We will need to work with providers to ensure that people have the information to make informed choices when arranging and purchasing services for themselves and, wherever possible, to have control over how those services are provided.

Specialist day services for people over the age of 18 and under 65 with a physical disability and sensory impairment are available and focus on specialist provision for people with more complex needs, for example, people with dual sensory impairment or an acquired brain injury. A review of 2015/16 shows 47 people over the age of 18 and under 65 accessing day care services at a total cost of £215,000 for the year. Given the higher numbers of people in this group taking a Direct Payment it is likely that a number of people are also accessing day opportunities through that route.

8. Direction of Travel – Adults over the age of 18

Our commissioning intentions for the social care market for working age adults can be summarised as follows:

Promoting progression wherever possible throughout a person's life – The principle that people should wherever possible be supported to achieve greater independence underpins our vision for the social care market. Our concern is that people too often get "stuck" in a particular service model, and we need to work with the market to develop a range of interventions that support people to progress.

Hotspot: We recognise that providers working with people on a daily basis are best placed to support this progression and as commissioners we need to find a way that incentivises providers to achieve this.

Supporting people to stay healthy – People with disabilities are likely to experience poorer health than the general population. This is due to a variety of factors including greater exposure to the social determinants of poor health (poverty, social isolation); increased risks associated with the causes of disability; difficulties associated with accessing healthcare; and poor lifestyle choices. Providers have a key role in supporting people to stay healthy through assisting people to access healthcare services, developing and implementing health action plans for adults with learning disabilities, and promoting healthy lifestyles. Access to good healthcare is really important to people with a learning disability and or autism spectrum condition and their families' including those with complex needs and behaviours that challenge. People with a learning disability and or autism spectrum condition have a right to good quality healthcare that meet their needs.

Transforming day opportunities to refocus on supporting people under retirement age to take up employment, training and volunteering - The Council has recently conducted a review of Day Opportunities for people with learning and physical disabilities for Adults over the age of 18 and under 65 currently delivered by the Council and independent sector. This is to understand if it is meeting the needs and requirements of people in Peterborough. The recommendation has been made to the Council Cabinet which are now been approved.

Hotspot: The overall aim is to move away from building based traditional day centre models to the provision of employment related and other personal development model of services that vulnerable adults can access. The Council will also undertake a new procurement exercise in 2015/16 to commission service with independent providers.

Advocacy - We commission advocacy services in Peterborough to support people who cannot represent themselves and need support to access the services that they are entitled to receive. Through our work to meet our duties within the Care Act, we are designing an advocacy service that will serve adults with care and support needs, ensuring their rights are upheld and they are receiving the benefits and other available support they are entitled to. Additional safeguards are through MCA & DoLs.

Hotspot: The intention being to signpost people to community based support services early on, preventing them from presenting in primary care / hospitals. The Council will re-commission its Advocacy services during the 2017/18

Ensuring a successful transition from young people's services – The relationship with social care for many working age adults begins from early childhood. Young people with disabilities expect to have the opportunities to live a fulfilling and independent life including opportunities to study, work, and make informed choices about where, and with whom they live. However for some people, navigating the care pathway from children's to adult services is unnecessarily stressful.

Hotspot: There are significant opportunities for providers that have the skills to support young people to develop the capabilities, confidence, and maturity to help them to enjoy the independence and responsibilities of adulthood.

Supporting Adults with Autism Spectrum Condition

As a consequence of the Autism Act, National Adult Autism Strategy and Statutory Guidance underpinning delivery of the Autism Strategy the Council is supporting increasing numbers of adults who are on the autistic spectrum without a co-existing learning disability. As more young people and adults are being diagnosed this will continue in the years to come, especially through young people transitioning into adult services In addition, and as a consequence of the Winterbourne View JIP, adults with autism and behaviours that challenge are being supported to return to Peterborough from out-of-area assessment and treatments.

Hotspot: As more young people and adults are being supported by adult services there will be a need for service providers with skills and experience in autism support generally and particularly those with behaviours that challenge.

Supporting family carers to enjoy a good quality of life and maintain their caring role – In 2015-2016, 94 adults with learning disabilities had carers who were assessed. We also assessed the needs of 302 carers providing significant amounts of care for adults with physical impairments.
We believe the Community and Voluntary sector has a critical role in supporting carers with advice, support, and to facilitate opportunities for carers to support each other. Traditionally day care and residential respite services have been used to meet the need for respite care, but increasingly people are choosing other options including direct payments to purchase short breaks including holidays with support. The Care Act is expected to lead to new demand for a broader range of support for family carers, commissioners will be working with carers and providers to co-produce new support opportunities.

Hotspot: As more carers choose to take cash rather than formal services there are growing opportunities for providers to move into a very different market.

Reduce risks associated with service users living with ageing carers and parents - 407 carers over the age of 18 and under the age of 65 were assessed in 2015-2016, of those 43 were over the age of 65. The breakdown of informal care arrangements can lead to emergency placements that are not ideal, and we know that once someone has become used to a placement it can be very difficult to help them move on to more independent living.

Expanding employment opportunities – Our belief is that all citizens should have the opportunity to enjoy the fulfilment and responsibility associated with working. For people not yet ready for employment, education and training opportunities can help people develop the skills and experience to prepare for work. There are opportunities for providers to remodel current services or develop new ones to support people into employment, and we would be looking for all providers to work with people in a

way that maximises their employment prospects. We would also encourage providers as employers to proactively recruit disabled people to their workforce.

Hotspot: All people with a learning disability and/or autism spectrum condition to be supported to experience work related activities, including those with more complex needs. We wish to work with providers to develop social enterprises that deliver products and services with a community / social purpose and offer employment opportunities to adults with learning disabilities.

Promote independence and reduce reliance on on-going care and support – Reablement is often associated with older people. For people with acquired brain injuries or physical impairments reablement and rehabilitation can take much longer than the six weeks usually associated with reablement services.

Hotspot: Assistive technology has a key role to play in supporting independence. Advances have allowed us to replace some invasive and costly monitoring services (i.e. night time support) with equipment and assistive technology, and we will be looking to accelerate this going forward.

Reduce our investment in registered accommodation and through working with partners promote the development of more supported living accommodation - There is a role for specialist registered accommodation for people whose needs are so complex that they could not be met within a community based environment. Typically this would apply to people who display behaviours that place themselves or others at risk, or people with profound and multiple disabilities that need intensive support for 24 hours a day. However too many people have been placed in registered care because there were no suitable alternatives available at the right time that could meet their need for accommodation and support. Once placed in registered care, not enough people move on to more independent living settings. 45% of our expenditure on learning disability and / or autism spectrum condition services is spent on registered care. This has reduced from 51% in 2007-08 and we would like to reduce it further to the levels of similar councils (the average for similar authorities is 38%).

Work with specialist providers to ensure cost effective support packages are available for people with specialist needs – We believe there is a lack of competition in the market for people with very specialist needs. As mentioned earlier these people will often display behaviours which present significant risk to themselves or others. Supporting models of social care provision that are co-productive - i.e., where users and professionals work together to design and deliver public services in equal partnership.

Hotspot: We will work in partnership to develop our commissioning strategies and plans, and we will want to work with providers who genuinely involve service users in the planning and delivery of their services.

Winterbourne View Joint Improvement Project (JIP) - All people with a learning disability and/or autism spectrum condition who are placed in out of area NHS commissioned assessment and treatment units and/or secure settings will receive appropriate oversight from local health and social care professionals to ensure their wellbeing. Patients will not be detained in these settings longer than is clinically required.

Hotspot: Those people when discharged who wish to return to Peterborough will be provided with appropriate accommodation based accommodation and support on their return; additional community support will be available to support the individual and their support provider.

Communication - All written communication with people with a learning disability and/or autism spectrum condition should be in a format that is understandable for a person with a learning disability and/or autism spectrum condition wherever possible and practicable.

9. Current and future demand – Adults over the age of 18

Mental Health

Health profile data tells us that incidence of mental ill health in Peterborough is slightly higher than the national average. Current and Future Prevalence of Mental Health in Peterborough is as follows[9]:

Mental health by gender	2012	2014	2016	2018	2020
Males aged 18-64 predicted to have a common mental disorder	7,300	7,463	7,625	7,788	7,938
Males aged 18-64 predicted to have a borderline personality disorder	175	179	183	187	191
Males aged 18-64 predicted to have an antisocial personality disorder	350	358	366	374	381
Males aged 18-64 predicted to have psychotic disorder	175	179	183	187	191
Males aged 18-64 predicted to have two or more psychiatric disorders	4,030	4,119	4,209	4,299	4,382
Females aged 18-64 predicted to have a common mental disorder	11,426	11,682	11,879	11,997	12,135
Females aged 18-64 predicted to have a borderline personality disorder	348	356	362	365	370
Females aged 18-64 predicted to have an antisocial personality disorder	58	59	60	61	62
Females aged 18-64 predicted to have psychotic disorder	290	297	302	305	308
Females aged 18-64 predicted to have two or more psychiatric disorders	4,350	4,448	4,523	4,568	4,620

Summary[10]:

	% Males	% Females
Common mental disorder	12.5	19.7
Borderline personality disorder	0.3	0.6
Antisocial personality disorder	0.6	0.1
Psychotic disorder	0.3	0.5
Two or more psychiatric disorders	6.9	7.5

Overall the above data informs us that there will be more demand for mental health care. This demand will be across all areas of common mental health, severe mental illness and dementia. Current

[9] This information has been sourced from the Poppi and Pansi data sets downloaded on 1st July 2014. The figures are based on ONS population predictions. Prevalence rates are as identified in 2007 Psychiatric Morbidity Survey.

[10] The prevalence rates have been applied to ONS population projections for the 18-64 population to give estimated numbers predicted to have a mental health problem, projected to 2020.

information suggests that from the evidence regarding the wider determinants of mental ill health, Housing, Employment, Economic security will continue to have an impact on demand for services.

We will need to ensure that we engage with people from black and minority ethnic groups, including residents from Eastern Europe, gipsies and traveller groups, as we know they are more likely to suffer from mental health problems but are often less likely to engage in services. Furthermore, we need to work to ensure engagement with all 'hard to reach' groups and within Peterborough the following groups are seen to be particularly vulnerable:

- those within the criminal justice system
- Mental Health Support for those who may have suffered psychological injury as a result of their service within armed forces
- Victims of Domestic Violence
- Care Leavers

Cambridge and Peterborough Foundation Trust

Current Demand for CPFT Services in Peterborough

Team	Referrals 2012/13
Access and Referral Team	**4829**
Improving Access to Psychological Therapies	**2331**
Intake and Treatment Team	**1399**
Cameo North	**175**
Assertive Outreach Team	**21**
Rehabilitation and Recovery	**57**
Crisis Resolution and Home Treatment	**2216**
Inpatient Care	**8**

Third Sector Services

Current usage of Third Sector organisations

Service	Activity
Advocacy	**340 people**
Independent Mental Health Advocacy	**77 people**
Information and Advice	**Included in the above**
Wellbeing & Recovery	**483 people**
Employment advice and support Personalised and group support / learning	**62 people received a service**

Employment Services

Number of people receiving service
62 people received a service

Moderate or severe physical disability

Data from the PANSI[11] site gives an indication of the numbers of people in Peterborough with a moderate or severe physical disability and how this will change:

Peterborough populous estimate	2014	2015	2020	2025	2030
People aged 18-24 predicted to have a moderate or severe physical disability	798	794	765	765	868
People aged 25-34 predicted to have a moderate or severe physical disability	1,399	1,407	1,435	1,407	1,357
People aged 35-44 predicted to have a moderate or severe physical disability	1,912	1,935	2,066	2,204	2,249
People aged 45-54 predicted to have a moderate or severe physical disability	3,124	3,162	3,174	3,162	3,324
People aged 55-64 predicted to have a moderate or severe physical disability	3,975	4,036	4,533	4,947	4,947
Total population aged 18-64 predicted to have a moderate or severe physical disability	11,208	11,334	11,973	12,486	12,743

As can be seen, the most significant change will be for the 55-64 age group.

The Eastern Region Public Health Observatory provides a range of useful information, below is a table summarising numbers of people with a sensory impairment and those of working age receiving Disability Living Allowance.

Indicator	Period	England	Peterborough	Cambs
People aged 18-64 registered as deaf or hard of hearing per 100,000	2009-10	172.8	204.6	96.2
People aged 18-64 registered as blind or partially sighted per 100,000	2010-11	206.9	293	167.7
Receiving DLA working age per 1,000	May-13	48.4	53.2	34.7

Learning Disability and/or autism spectrum condition

Whilst the number of eligible working age adults with a learning disability and/or autism spectrum condition will remain relatively static there will be a change in the profile of people within this cohort. There will be an increase in the number of people with complex health and social care needs, particularly transitioning from Children Services, and older people.

The continued implementation of SEND reforms will be a key priority including the provision of high quality cost effective services to meet the needs of those transitioning into adult services.

[11] http://www.pansi.org.uk/

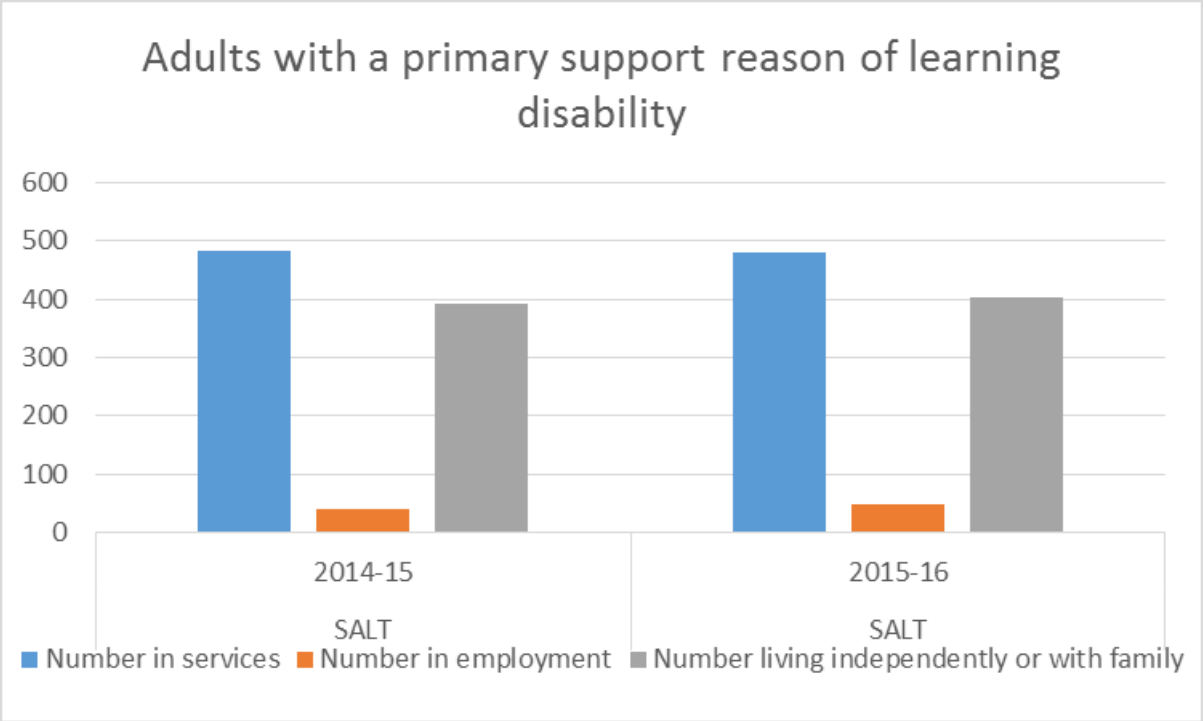
Peterborough City Council
Market Position Statement, 2016

The Council works with existing providers of learning disability and/or autism spectrum condition services to ensure they are able to deliver the highest quality services at the lowest possible cost. To support this objective, the Council only directly commissions care and support services to providers who are an approved provider on its Homecare Contract. Service users utilising a direct payments can commission services with service providers not on the homecare contract.

As at April 2016 there were 480 adults under 65 with a primary support reason of learning disability receiving a service from Adult Social Care, This is a slight reduction from the figure for the year before (483). Figures for previous years are very different as they include all those in contact with the Council rather than focussing on those in services.

Adults with a primary support reason of learning disability	2014-15	2015-16
Males aged 18 to 64	262	263
Females aged 18 to 64	221	217
Total Number in services	483	480

The profile of how people are accessing and paying for services continues to change to reflect the personalisation of services with for example more people accessing independent or supported housing, employment support and paying for these through direct payments. These changes are presenting, and will continue to will present, market opportunities for providers of high quality cost effective services.



People with a Learning Disability in Receipt of a Personal Budget:

	2009/10	2010/11	2011/12	2012/13	2013/14
Personal Budget	25 (53%)	346(52%)	319 (68%)	276 (49%)	397 (74%)
Direct Payment	55	90	100	90	136

Supporting people with learning disabilities and/or autism spectrum condition to be active citizens in their communities is a key priority for the Council. In particular, supporting people with learning disabilities to access employment, training or learning and to develop friendships and social networks are key objectives. Valuing Employment Now (June 2009) highlighted the importance of supporting more people with learning disabilities into paid work as a means of achieving greater social inclusion, community presence and independence.

The number of adults with a primary support reason of learning disability in employment has increased from 8.6% in 2014/15 to 10% in 2015/16.

Peterborough has higher rates of employment for adults with disabilities than other similar local authorities and the eastern region. The table below shows the latest comparative data published by the Health and Social Care Information Centre (2014/15).

10. Local supply and commissioning –Adults over the age of 18

Peterborough has higher proportion of Physical Disability population in comparison to national average and also spends more than average per head spend on people with higher disability needs. A summary of spend on services for people over 18 and under 65 with a physical disability or sensory impairment:

Community support	Forecast spend 2014/15 (£K)	Forecast Gross spend 2016/17 (£K)
Direct Payments	1,629	3,781
Homecare	1,423	11,314
Assistive Technology	3	48
Respite Care Community	100	119
Day Services	138	524
Transport	1	18
Shared Lives	13	16
TOTAL	**3,306**	15,820

Where social care and support has been identified to meet a person's needs, we would like to see a shift in provision from traditionalist home care type support to support provided by personal assistants funded via a Direct Payment. This care and support having clear outcomes and identified support costs.

Currently approximately 318 people receive funded care[12]:

	Meals	Transport	Home care	Day care	Res Care	Nursing care	Respite care	DP	Total
Older Adults	8		35	3	14	16	3	7	86
Adults		2	137		27	2	1	63	232
									318

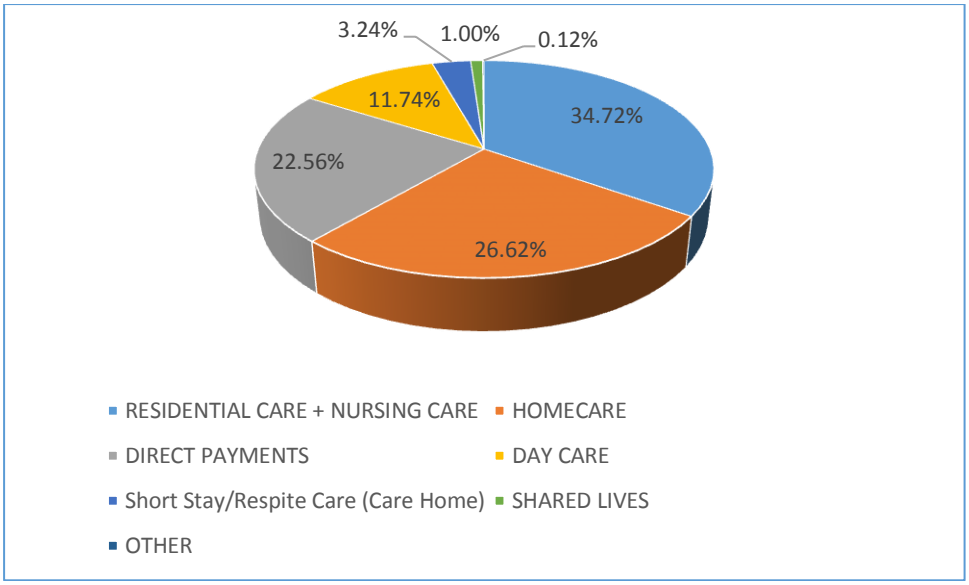
This results in an average spend of c£6,919 per annum per person.

Learning Disability and/or autism spectrum condition

The learning disability budget for 2014/15 is £16,953,686 of which 90% is commissioned via the independent sector supporting 491 Service Users, of Which 89 are placed in a residential/Nursing setting, 402 are in a community setting, Although 39 of the 402 in the community have regular respite placements. The independent sector are therefore key partners in the successful delivery of Adult Social Care services and the personalisation agenda. The Council is sensitive to the current economic climate and the consequent uncertainty this brings with it. The changing demand for certain types of service allied with the cost pressures across the market means it is a challenging market place for providers. Expansion of personal budgets means people's choices are now a more significant market driver than ever before.

Learning Disability Expenditure Profile:

[12] Note: people may receive more than one service



Continuing Healthcare: The Council and the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) have a section 75 agreement which allows the Council to employ health staff and undertake health related activities on behalf of the CCG. In terms of health professionals the Council employs a number of learning disability nurses, speech and language therapists and occupational therapists. The learning disability nurses provide care management for adults with a learning disability where their care is funded through NHS Continuing Healthcare. The annual s.75 budget is £920,000. There is not a pooled health and social care budget for learning disability services.

Continuing healthcare is awarded when people with high support needs require specific elements of support around their health needs, and their primary need is for healthcare rather than social care support which could be reasonable be provided by the Council. The determination of this is made through a Continuing Healthcare assessment. Where a person is entitled to NHS Continuing Healthcare, the NHS takes responsibility for their assessed heath care needs, which can be 100% of the funding or joint funded with adult social care. The revised National Framework for NHS Continuing Healthcare sets out that NHS Continuing Healthcare can be provided in any setting, including a person's own home and that the commissioning of it should maximise choice and control and reflect the individual's preferences as far as possible.

Mental Health

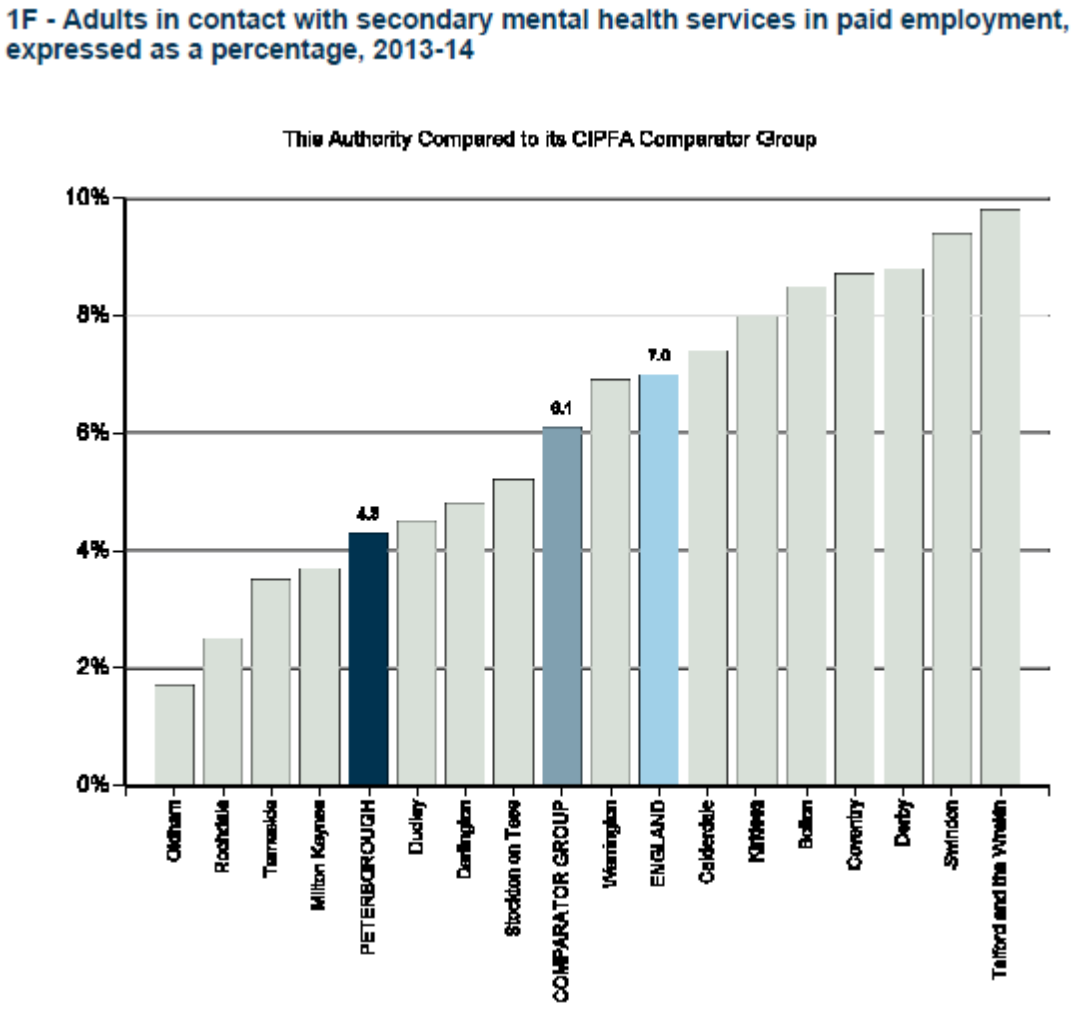
The Council directly commissions care and support services only from providers who have been contracted to the Home Care Framework awarded in January 2014/2015. This Framework will be re-commissioned in 2016/17. The Council will be seeking service providers who have experience in working with people with complex health and social care needs and behaviours that challenge.

Hotspot: Commissioners would like to work with providers in relation to the development of Support for working age adults that focuses on the recovery and model for mental health illness with a clear focus on reablement outcomes.

Employment needs of people with Mental Health

Figure below shows how Peterborough perform in regard to our comparators in respect of the latest comparative data published by the Health and Social Care Information Centre (2014/15).

Figure : Adults in contact with secondary care services in employment



Hotspot: Work is underway to reshape the local authority offer. A new service specification has been developed which combines Wellbeing and Recovery alongside Employment support is to be market tested. Support for working age adults that have strong employment, community and progression focus and deliver high quality support outcomes and good value for money.

11. Accommodation and Housing Related Support

This section is intended to help organisations identify market opportunities and position themselves to respond to the accommodation requirements of vulnerable adults and older people in Peterborough. For the purposes of the document, accommodation includes both specialist housing and registered care. Specialist housing includes accommodation that has been designed and built to meet the needs of vulnerable adults and older people, and may include some elements of care and support for everyone who lives there. This support can either be on-site or off-site. Registered care covers residential and nursing homes registered with the Care Quality Commission. The demand for registered care is covered in the older people and working age adult sections of this document.

Context

The supply of specialist housing is critical to achieving the objectives of prevention and progression described in the older people and working age adult sections of this document.

The benefits of specialist housing for social care include:

- People can receive accommodation and support whilst maintaining links with their local communities
- Appropriate accommodation can facilitate the delivery of personalised care and support
- Appropriate accommodation can enable people to maintain and develop independent living skills
- Specialist housing with support can delay or avoid the need for registered care
- Specialist housing with support can reduce the risk of hospital admission
- People are able to receive welfare benefits that they would not be entitled to if they were living in a registered care environment

Residential and Nursing Care

There are 19 Care Homes in Peterborough supporting over 65 year olds providing a total of 912 beds. They range from 10 bed units up to 156 bed unit. See breakdown in table 1.0 below.

In July 2016 a new Care Home will open adding an additional 64 Residential beds to the market. Taking capacity up to 976 beds. In October 2014 a planning application was approved for another 50 bed nursing care home on Eastfield Road that when built will see the number of beds rise to 1026 by 2016 (completion date TBC).

Breakdown of bed type across Peterborough over 65 market:

OVER 65 CARE HOME MARKET			
	Nursing	Residential	Total
Longueville Court	73	0	73
Werrington Lodge	70	0	70
Wentworth Croft	73	83	156
Broadleigh	35	0	35
Park Vista	17	33	50
Park House	52	0	52
The Malting's	50	0	50
Cherry Blossom	30	50	80

Tudors	0	44	44
Lavender	0	31	31
Clair Francis	0	28	28
Field House	0	33	33
Florence House	0	21	21
Garden Lodge	0	10	10
Maxey House	0	31	31
Philia Lodge	19	0	19
St Margaret's	0	16	16
Avery House	0	86	86
The Star	27	0	27
TOTAL	**446**	**466**	**912**
	49%	**51%**	

At any one time the Council has around 270 over 65 year olds it funds or part funds in residential care at a total cost to the Council (that is the actual cost to the council once NHS and client contributions are taken into account) of £3,748,194 in 2015/16

An audit in December 2011 revealed that the Council purchased around 35% of residential places with the remainder being accounted for as follows:

- Peterborough residents funding their own service (self-funders) 34%
- Placements funded wholly by the NHS 14%
- Placements funded by other Local Authorities 7%
- Vacancies 10%

The rankings below are based on 325 unitary and lower tier authorities in England:

Service	Authority (places per 1,000 people over 75)	National (places per 1000 people over 75)	Ranking (based on 325 unitary and lower tier authorities)
Residential	38	45	217
Nursing	35	46	242
Extra Care	24	9	21
Sheltered	179	105	18
Enhanced Sheltered	6	4	81

As a growing authority with a significant expected increase in the number of older people, the city is attractive to care providers who have built new care homes there recently. Whilst this appears very beneficial the new care homes have set their fees at rates far outside the parameters of the council's contract prices.

The table below sets out current provision and the expected increase in demand based on demographic changes. It incorporates two figures for residential and nursing supply. *Residential Contract* and *Nursing Contract* figures reflect the number of care home beds that accept the Council's usual rate and have not experienced significant quality issues.

	Current provision	Oversupply/Shortfall 2020
Residential	466	51
Residential Contract	402	-13
Nursing	446	-83
Nursing Contract	201	-328
Extra Care	310	-62
Sheltered Housing	2288	286
Enhanced Sheltered	73	-99

The SHOP@ analysis corroborates the Council's view of a shortfall in nursing supply. The SHOP@ tool indicates that currently Residential and Extra Care Housing are at a satisfactory level. But with a current shortfall in Enhanced Sheltered – a step down from Extra Care that is designed specifically for older adults with a view to being a home for life once someone is ready to down size.

Hotspot: The development of capacity within the nursing sector, particularly for people with dementia and/or nursing needs. Also development of enhanced sheltered accommodation.

The residential and nursing home market for people over the age of 18 and under 65 with a physical disability of sensory impairment is much smaller as, traditionally, the housing needs of people known to services with a single diagnosis of sensory or a physical disability has been met through mainstream housing with the provision of aids and adaptions or through one-off single developments to bespoke needs, and as a consequence housing needs data has not been collected.

As at August 2016 a review of accommodation based services carried out for adults over the age of 18 and under 65 with a physical disability or sensory impairment showed:

- 12 nursing placements at an average weekly cost of £990
- 8 residential placements at an average weekly cost of £902

Not surprisingly, for a unitary authority, Peterborough has restricted supply in relation to residential and nursing placements with only one residential home taking over adults the age of 18 and under 65 placements for physical disability. Developing high quality residential and nursing support for people with dementia, alongside ensuring the local workforce has the skills necessary to support people with dementia, will be a commissioning priority. Alternative options for ensuring a diverse market of long-term and interim residential and nursing placements will also be a commissioning priority.

Hotspot: The development of high quality specialist dementia and nursing capacity for adults over 18 and under 65.

Respite and interim beds

The Council has contracted with a range of independent sector residential providers to supply interim and respite residential, dementia care and nursing care residential placements. Interim beds provide up to four weeks of residential support for people whose needs cannot be met within community settings. This is usually as a result of needs increasing in the community or at discharge from hospital. The respite beds are used to support emergency support requirements when community support temporarily breaks down, for example, when a family carer is taken ill and so cannot support the person with the support needs. These beds are also used for planned respite to give family and unpaid carers a break from their caring roles.

Service	No. of beds	Total annual value
Residential and dementia interim Block	2	£57,000
Residential and dementia interim Spot	8	£275,000
Nursing interim	5	£165,000
Respite	3	£75,000
TOTAL	**18**	**£572,000**

Short-term residential and nursing placement capacity aimed at facilitating hospital discharge are also commissioned by the Clinical Commissioning Group and Peterborough and Stamford Hospital Foundation Trust. Comprehensive information on the number and type of placement is not currently available but will be picked up in the development of more integrated management of residential and nursing placements in the near future.

There is some evidence that use of interim beds leads to dependency on support and to long-term residential and nursing placements.

Hotspot: The development of reablement placements within residential and nursing settings that support people to regain their independence and to return to community support provision.

Sheltered housing and extra care housing (housing with care)

Peterborough currently has 65 extra care housing schemes offering 310 units including specialist dementia units and units for couples.

Peterborough has around 2,400 units within 45 sheltered housing schemes. The Council's housing strategy states the Council's intentions that older people should continue to be granted life-time tenancies.

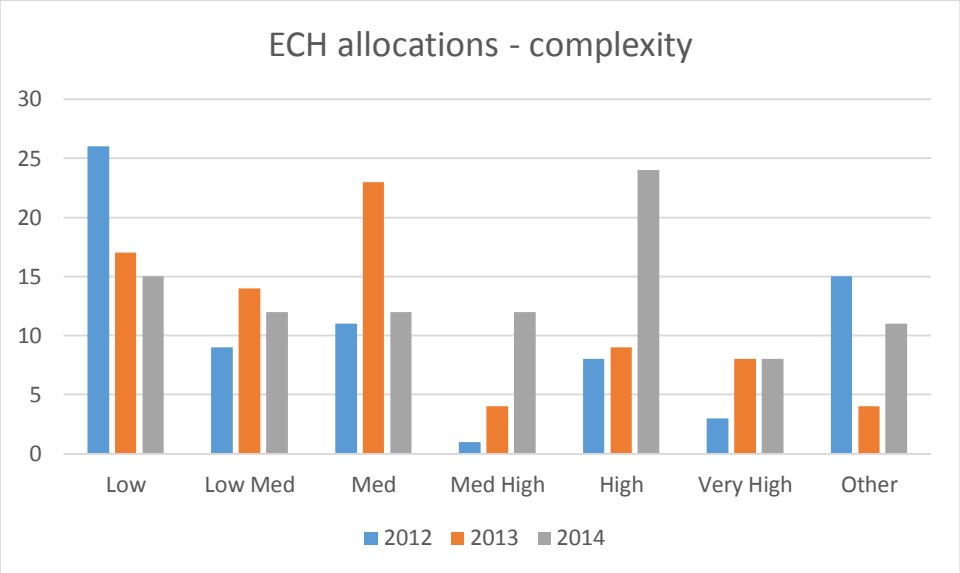
The newest extra care scheme, Kingfisher Court, opened in 2014. This offers 79 units for people over 55, including people with dementia. 55 of these units are for couples and 24 for single occupancy.

Peterborough is in the top-quartile of local authorities in terms of availability of extra care – recent analysis indicates that further capacity in extra care is not currently required although this will be kept under review.

There are 16 active supported accommodation placements for this group.

Peterborough has a specialist supported living scheme for deafblind adults called Rainbow Court offering 16 flats. The scheme has just opened a digital centre to support people with dual sensory impairment to access online and ICT resources.

Analysis of allocation panel data for 2012, 2013 and 2015/16 (using an annualised projection from 8 months data) shows that increasing complexity of need for ECH applicants is a steady trend.



As can be seen, in 2012 36% of applicants were 'low', 29% 'low-medium' to 'medium-high' and 15% 'high' and 'very high'. By December 2016 this is projected to change to 16% 'low', 38% 'medium' bands and 34% 'high' bands. This indicates an increase in complexity of need for people wishing to move into ECH locally.

Learning Disability and/or autism spectrum condition

The Council is committed to providing a range of independent housing options for adults with a learning disability and/or autism spectrum condition and have commissioned a Learning Disability Accommodation Strategy to provide the strategic framework to deliver this. The Council will work with local Registered Social Landlords and Private Landlords to ensure local accommodation is made available to the residents of Peterborough. This will promote best outcomes for local people with a learning disability and/or autism spectrum condition and minimise the risk of ordinary residence for the Council.

The Council, in keeping its Learning Disability Accommodation Strategy, will works with partners to develop a range of housing options to meet existing and emerging need.

Supported Living: There are currently 74 people living within supported living services provided by Registered Social Landlord and Private Landlords. The Council has developed a Learning Disability Accommodation Strategy and has been successful in securing a range of accommodation options to meet current needs other than for the small cohort who have profound physical disabilities requiring bespoke accommodation.

The Council operates a small Shared Lives service as a pathway into supported living or as an alternative to this provision. The service currently supports 6 service users. It is the intention of the Council to significantly expand this service.

Hotspot: We will explore the concept of Shared Lives service and will be undertaking a strategic review of this during 2016/17 with a view to significantly expanding the provision. The input from providers will be essential in successfully completing this review.

Residential and Nursing Home Provision: There are 82 units of in-area residential home provision across 9 services provided by the independent sector. There is an oversupply of learning disability residential care home provision, with an average 20% void level within the provision at any one time. The short to medium term intention is to work with providers to re-model some of the provision into supported living.

The Council has 58 people placed in out-of-area residential care home provision and the Council is undertaking a high cost placements project to review these placements to ensure value for money is achieved and where possible and appropriate support their return to Peterborough into independent accommodation.

There is no in-area specific learning disability nursing provision and the Council does not intend to commission this.

Adults with a primary support reason of Learning Disability receiving Adult Social Care who are living independently or with family:

SALT 2015-16 Table LTS004 2a			
Table 2a Settled Accommodation by Gender	**Males aged 18-64**	**Females aged 18-64**	**Total**
Owner occupier or shared ownership scheme	11	6	17
Tenant (including local authority, arm's length management organisations, registered social landlord, housing association)	33	39	72
Tenant - private landlord	11	8	19
Settled mainstream housing with family / friends (including flat-sharing)	96	82	178
Supported accommodation / supported lodgings / supported group home (i.e. accommodation supported by staff or resident care taker)	56	52	108
Shared lives scheme	3	5	8
Approved premises for offenders released from prison or under probation supervision (e.g. probation hostel)	1	0	1
Sheltered housing / extra care housing / other sheltered housing	1	0	1
Mobile accommodation for Gypsy / Roma and Traveller communities	0	0	0
Sub-total	212	192	404

Hotspots: The analysis highlights the successfully working with social and private landlords in securing single tenancies and supported living services for people with a learning disability and/or autism spectrum condition and effectively managing the accommodation available to the Council.

Equally important is the role played by family carers in supporting family members to live in the family home; however this also poses a potential risk with family carers becoming older and unable to maintain this accommodation. This is termed mid-life transitions.

Adults with a primary support reason of Learning Disability receiving Adult Social Care who are not in Settled Accommodation:

SALT 2015-16 Table LTS004 2b			
Table 2b Unsettled Accommodation by Gender	**Males aged 18-64**	**Females aged 18-64**	**Total**
Rough sleeper / squatting	0	0	0
Night shelter / emergency hostel / direct access hostel (temporary accommodation accepting self-referrals)	0	0	0
Refuge	0	0	0
Placed in temporary accommodation by the council (including homelessness resettlement)	1	1	2
Staying with family / friends as a short term guest	0	0	0
Acute / long term healthcare residential facility or hospital (e.g. NHS Independent general hospital / clinic, long stay hospital, specialist rehabilitation / recovery hospital)	1	0	1
Registered care home	46	22	68
Registered nursing home	2	1	3
Prison / Young offenders institution / detention centre	0	0	0
Other temporary accommodation	1	1	2
Unknown	0	0	0
Sub-total	51	25	76

Mental Health

The Adult Social Care Accommodation Strategy sets out to 'develop a clear pathway to access appropriate housing for people who experience mental ill health'. The key priorities for Peterborough, as set out in that document, are to develop:

- Supported housing;
- Alternative to hospital admission; and Crisis Care
- A residential facility that would support and care for those with complex needs.

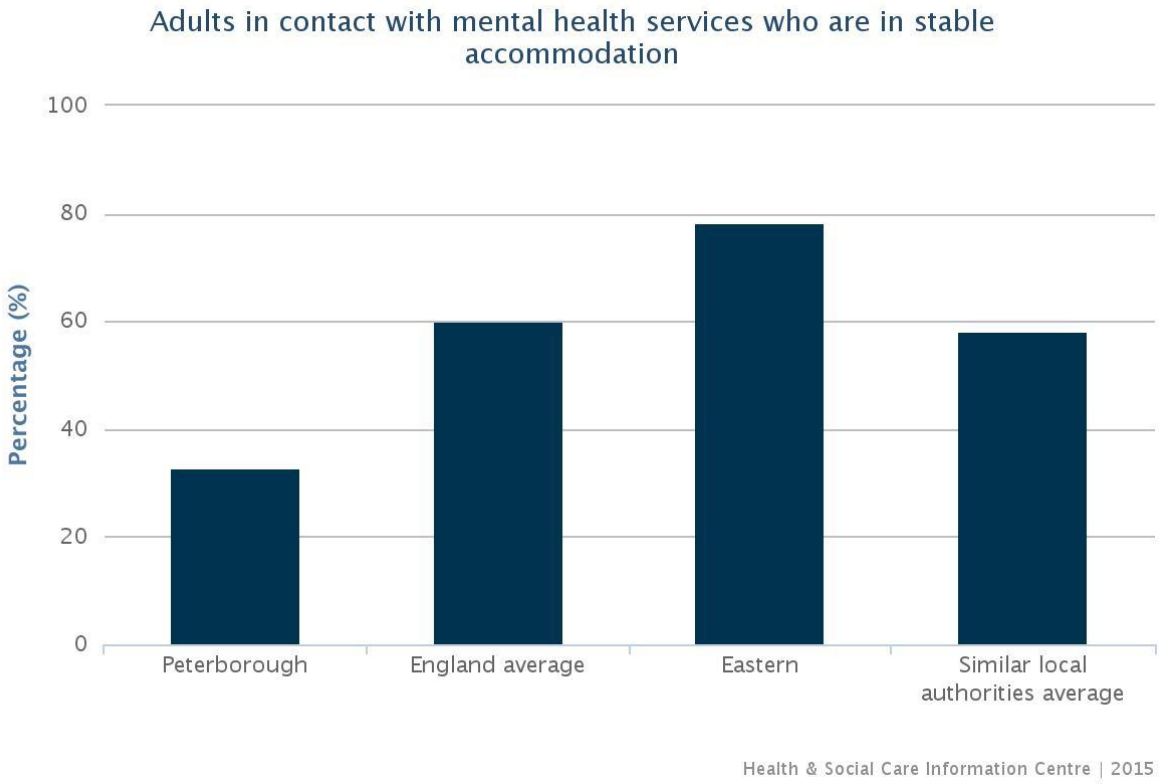
Accommodation needs for people with mental health needs

The ASCOF Comparator Report 2016/17 states:

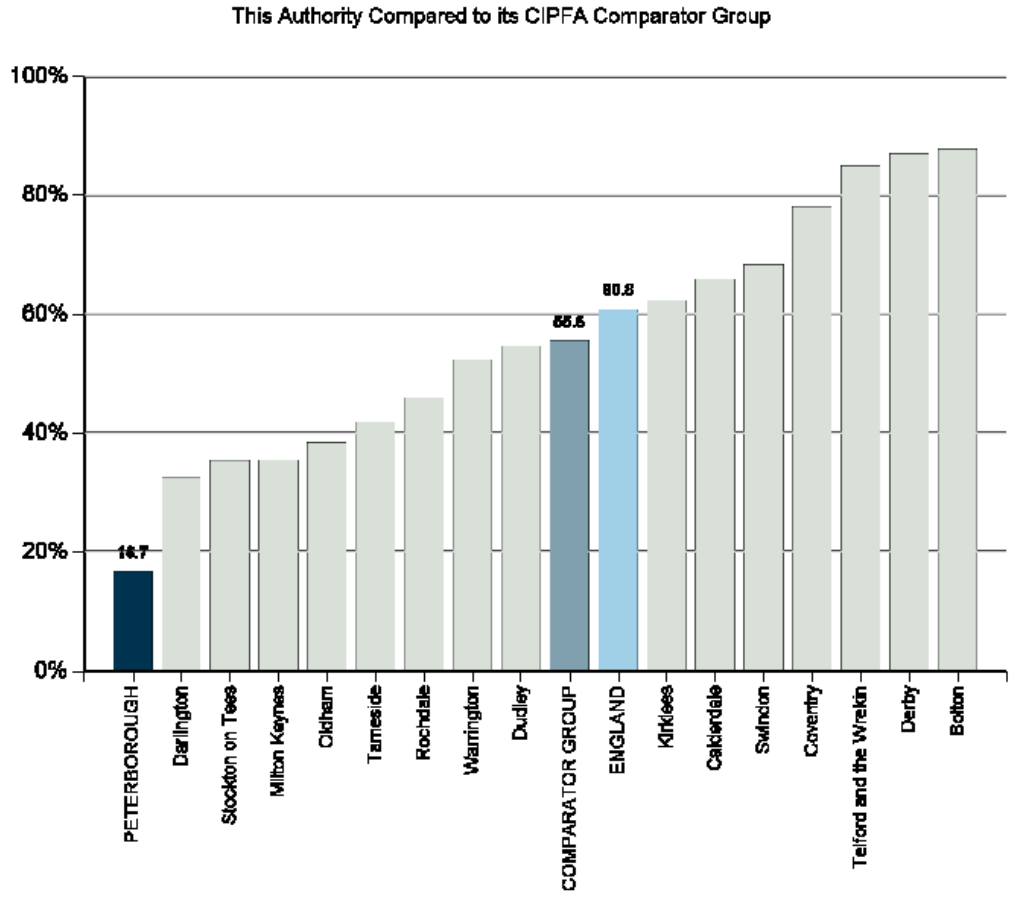
> "Stable and appropriate accommodation is closely linked to improving safety and reducing risk of social exclusion"

Figure below shows how Peterborough performs in regard to Accommodation in comparison to our comparators.

Figure: Peterborough Accommodation in relation to comparator sites



1H - Adults in contact with secondary mental health services living independently, with or without support, expressed as a percentage, 2013-14



Latest published data from Health and Social Care Information Centre 2014/15

Guidance for Commissioners of Mental Health Service for Young People (see Reference 13 below) suggests that the Commissioner should ensure crisis and recovery houses are in place as a standard component of the acute crisis care pathway and people should be offered access to these as an alternative to admission or when home treatment is not appropriate.

The Council also aims to follow the good practice examples, such as in City and Hackney CAMHS, to create additional capacity to support young people aged 18-25 when they seek to move from child to adult services (period of transition).

Hotspot: Work is underway to develop a clear pathway to access appropriate accommodation. The development of crisis accommodation (alternative to hospital admission) and a complex care facility has begun and the Council aims to commission 21 -32 places for people with complex mental health needs.

Accommodation types and usage locally:

Category	Numbers
Residential Home Setting	2
Owner occupied/shared ownership scheme	0
Independent Living	118
Private landlord	1
Settled mainstream housing shared with family/ friends (inc flat share)	0
Supported accommodation /supported group homes	32
Adult Placement Scheme (Shared Lives)	0
Sheltered/Extra care	0
Mobile accommodation for Gypsy/Roma and Traveller Community	0
TOTAL	**153**

Pathway developments have led to service users moving through the different housing types, which particularly in terms of the short-term accommodation, provides the opportunity to support the return to Peterborough of service users from high cost out-of-area placements.

Accommodation types and usage outside of Peterborough:

Category	Numbers
Residential Home Setting	23
Medium Secure Hospital	11
Supported accommodation /supported group homes	1
Private Tenancy or Social Housing Landlord	0
Owner Occupier	0
TOTAL	**35**

12. Next Steps

In this section of the document we have described our plans for future engagement. We recognise the fundamental importance of the relationship between commissioners and providers and see the publication of this document as the start of a process to work with you in developing and strengthening our relationship going forward.