



People Services  
Commissioning Unit

# Adult Social Care

## Market Position Statement 2016/17

April 2016

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## Introduction

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### National and Local Context for Adult Social Care and the Market

Nationally there is a drive to focus on prevention, personalisation and outcome focused interventions. The growth in choice and control will mean that we need to ensure a diverse market delivering quality and cost effective services. The provision of enablement services and community based alternatives to residential care that help people to remain within their own home is a government expectation. This, along with increased life expectancies, means people will be going into residential and nursing care later in their lives but with increased complexity of needs. Organisations across all sectors will need to provide personalised care and support at all levels with the ultimate aim of preventing or delaying the need for care home or hospital admissions. The market will need to respond to this demand innovatively.

Financial constraints will provide a challenge to delivery of our commissioning plans and, in turn, for our care and housing providers. Welfare reforms are impacting on social care customers aged 18 to 64 and their carers. Collaboration to produce solutions to these challenges is crucial.

The vision for adults living in Redcar and Cleveland is for a sustainable support and care system which maximises independence for as long as possible. There is recognition that effective strategic commissioning and strong relationships with providers can drive transformation to deliver this vision for Adult Social Care.

The aim is to shift investment across a continuum of support to allow more people to be helped at an earlier stage and to reduce or delay their need for continued support.

Efforts will be made to make better use of existing community assets, as well as secure funding from a range of sources and aligning resources with partners.

Approaches will include:

- Proactive work alongside other Council departments and partners supporting communities to provide the solutions which work for them to enable people to live and age well.
- Integrated models of commissioning and delivery across health and social care
- Exploring outcome based commissioning
- Enabling providers to have more influence over design and delivery of services as long as the agreed outcomes are achieved.

### What is the Purpose of a Market Position Statement and who is it intended for

A Market Position Statement (MPS) provides intelligence to providers on current and future supply and demand within the market. It summarises commissioning priorities and highlights the models of service provision that the Local Authority wishes to develop. The MPS aims to enable providers to make proactive business

and investment decisions and to be responsive to Local Authority commissioning intentions. It also outlines support available to providers to assist in their development.

This MPS addresses provision for older people; adults with mental health problems; learning disabilities; physical disabilities and Carers. It is for existing and potential providers of support and care services for the above groups of people; this includes the voluntary and community sector, preventative support services, carers services, extra care and sheltered provision, day services, supported living schemes, transitions services and personal assistants as well as Care at Home providers, residential care and nursing homes.

It is a central part of an approach where the Local Authority becomes a market facilitator rather than a just a procurer of services.

We need to work in partnership to fully understand the state of the current market and it is hoped that providers will be encouraged to respond to future demand. We recognise that providers are an important source of intelligence about the size and characteristics of our local market and by sharing market intelligence and working together we can provide better quality and choice.

## Understanding our Borough & the Demand for Services

The Borough is one of contrasts. We have outstanding natural landscapes, an industrial heritage and a mix of towns and villages covering 25,000 hectares across urban, coastal and rural areas. We are geographically the largest Borough in the Tees Valley and we have its second highest population at around 135,100.

We continue to experience relatively high levels of deprivation and health inequalities across the Borough. Overall, Redcar and Cleveland is ranked the 48th most deprived borough in England.

Grangetown continues to be our most deprived ward, estimated to be the 12th most deprived in the country. Life expectancy is 12.5 years lower for men and 8.5 years lower for women in the most disadvantaged areas compared to the wealthier areas. People from poorer backgrounds are more likely to smoke, have a poor diet, not get enough exercise or drink too much alcohol. Hutton, our least deprived ward however, has shown a significant improvement, which suggests that the gap between our most deprived and the least deprived wards is growing.

### Older People

For the purposes of this report an older person is someone aged over 65. In Redcar and Cleveland the demand for care and support for older people will continue to increase as the older population rises. There will be a significant increase in the number of people over 80, an increase in the number of men aged 80 – 89, and an increase in the number of people living with dementia. Existing service provision comprising of traditional nursing, residential, care at home and day services will need to adapt to meet changing needs.

	2016	2020	2025
Under 18	26,900	27,200 1%	27,300 1.5%
Working Age Adults 18 – 64	78,300	76,400 -2.4%	73,800 -5.7%
Older People 65 +	29,600	31,300 6%	33,900 15%
Older People 80+	7,600	8,800 16%	10,300 36%

Source: PANSI and POPPI

The number of people over the age of 65 living in the borough is expected to increase by 6% by 2020.  
The percentage growth in the numbers of people aged over 80 is expected to reach 16% by 2020.

Redcar & Cleveland has relatively high numbers of older people compared to working age people and this proportion is set to rise further by 2020. This may create problems in supporting older people to continue to live at home if they have fewer local family members and fewer people to undertake carer's roles.

The table below shows the anticipated increase in the numbers of older people with specific long term conditions which require a high level of support from health and social care services. Total population aged 65+ predicted to have the following:

	2016	2020	2025
Dementia	1,998	2,252 13%	2,592 30%
Heart attack	1,443	1,530 6%	1,674 16%
Strokes	682	728 7%	805 18%
People aged over 65 who cannot manage 1 self care activity	9,725	10,522 8%	11,740 21%

Source: POPPI

The increase in the number of people who have strokes is of concern since 33% of strokes result in severe disability and loss of independence.

There will be a significant increase in the number of people with dementia. This is linked to the rise in the numbers aged over 80.

Projection of number of people with dementia and early onset dementia and percentage change:

	2016	2020	2025
Working Age Adults 18 - 64	37	38 3%	38 3%
Older People 65 +	1,998	2,252 13%	2,592 30%

In line with the general growth in the older population, we will also see an increase in the number of older people with dementia, whilst the number of people with early onset dementia is expected to remain stable.

Some further facts to help us understand the older population of Redcar and Cleveland:

According to the National Adult Social Care Intelligence Service (NASIC) 2011-12		
Admissions aged over 65 to residential care	2,180 per 100,000 population	24% more than in peer authorities 59% more than England average
Aged over 65 and receiving community care services	9,847 per 100,000 population	28% more than in peer authorities 59% more than England average
According to the Atlas of Variation in NHS Care 2009-10		
R&C is in the highest quintile for admission rates of people aged over 74 to hospital from private residential and nursing homes		
People with dementia aged over 74 have a higher than average number of hospital bed days per year		

In recent years there has been a high level of demand for health and social care services for older people in Redcar and Cleveland, this is thought to be due, in part, to the limited range of services available particularly a lack of alternative housing options and limited provision for carers.

## Mental Health

National statistics show that at least 1 in 4 people will experience a mental health problem at some time in their life and 1 in 6 adults has a mental health problem at any one time. Mental health needs in Redcar and Cleveland are demonstrably higher than the national average. Connection to socio-economic deprivation is well established.

The following shows the expected changes in numbers experiencing mental health problems based on national statistics. Local information however indicates some differences and further exploration and validation of data are needed.

	2016	2020	2025
Working Age Adults with common mental health problem	12,662	12,346 -2.5%	11,966 -5.5%
Working Age Adults with 2 or more psychiatric disorders	5,636	5,499 -2.4%	5,327 -5.5%
Older People with Depression	2,544	2,688 5.6%	2,914 15%
Older People with Severe Depression	807	850 5.3%	955 18%

The number of working age adults in Redcar and Cleveland who have mental health problems is expected to decrease.

Local data indicates higher numbers of people with a common mental health problem, actual figures for 2011/12 record 18,030 people in the Borough who have a common mental health problem such as anxiety or depression.

## Learning Disabilities

Over 2% of the population nationally have a learning disability and there are estimated to be around 2,500 adults with a learning disability in Redcar and Cleveland, it is estimated that over 500 of these adults will have a moderate or severe learning disability. Approximately 500 people are known to adult learning disability services.

There is projected to be continued decrease in the number of working age people with a learning disability and an increase in the numbers of older people with learning disabilities due to increased life expectancy.

Projection of number of working age adults and older people predicted to have a moderate or severe learning disability and percentage change:

	2016	2020	2025
Working Age Adults 18 - 64	431	420 -2.6%	407 -5.6%
Older People 65 +	84	87 3.5%	92 9.5%

The number of working age adults with a learning disability is predicted to decline slightly by 2020. The amount of older people is expected to grow 7% by 2015 and mirrors the national trend of increased life expectancy for people with learning disabilities.

People with learning disabilities face a number of inequalities:

- People with learning disabilities are disproportionately represented in the criminal justice system.

- People with learning disabilities are more likely to live with family members this often continues over the age of 40 with older family carers or extended family.
- People with learning disabilities are more likely to live in residential care rather than in their own accommodation.
- Less than 8% of people with learning disabilities are in paid employment and worklessness is also linked to social and health inequalities.
- People with learning disabilities are more likely to suffer from physical and mental health problems, have lower levels of access to screening programs, have undiagnosed sensory impairment and face barriers to accessing health services.
- People with learning disabilities are still more likely to die before the age of 50 and to die from a preventable cause.

### Autism Spectrum Conditions

Approximately 1-2% of the population are estimated to be on the Autistic Spectrum. The condition has traditionally been considered as being more prevalent in males, however, there is an increasing recognition of the prevalence in females. The number of people with autism spectrum disorders is likely to increase nationally over the next 20 years.

	2016	2020	2025
Working Age Adults 18 - 64	766	749 -2.2%	724 -5.5%

A detailed understanding of the numbers of local people on the autism spectrum and their circumstances is needed which will inform future commissioning intentions.

Some health and social care services for people with autism who also have a learning disability have been commissioned to enable people with complex needs to receive appropriate support. There now needs to be a realignment of other services and commissioning to reflect autism provision for people who may have associated mental health issues. Support for people with high functioning autism spectrum conditions needs to be integral in the delivery of community services.

### Physical Disabilities

Projection of number of working age adults predicted to have a moderate or serious physical disability and percentage change:

	2016	2020	2025
Moderate physical disability	6,453	6,411 -0.7%	6,210 -3.7%
Serious physical disability	1,950	1,965 0.8%	1,924 -1.3%

We are expecting to see a decrease in the number of working age adults with moderate and serious physical disabilities over the coming years within the Borough.

National predictions suggest that in the region of 3,950 working age adults in Redcar and Cleveland will require personal care in connection with a moderate or serious disability by 2020. The take up of personal budgets within this customer



area has been high suggesting that people are exercising significant choice and control in support provision.

People with physical disabilities are more likely to be subject to inequalities in housing and employment.

## Sensory Impairment

**Visual Impairment:** The number of adults with a serious visual impairment in England is predicted to rise to almost 1.3 million by 2020. In line with the national trend we are expecting to see a significant increase in those aged over 65.

	2016	2020	2025
Working Age Adults 18 – 64 with Serious Visual Impairment	51	50 -2%	48 -6%
Older People aged 65 plus with Moderate or Serious Visual Impairment	2,562	2,766 8%	3,109 21%
People aged 75 plus with Registrable Eye Condition	851	954 12%	1,139 34%

The most significant cause of age related sight loss is macular degeneration, approx 50% of people over the age of 75 with a serious visual impairment have treatable conditions.

**Hearing Impairment:** The number of adults with a hearing impairment in England is predicted to rise to almost 6 million by 2020. We can expect to see a significant increase in the borough attributed to those over the age of 65.

	2016	2020	2025
Working Age Adults 18 – 64 with a Moderate or Severe Hearing Impairment	3,421	3,444 0.6%	3,348 -2%
Older People aged 65 plus with Moderate or Severe Hearing Impairment	12,291	13,343 9%	15,339 25%
Working Age Adults 18 – 64 with a Profound Hearing Impairment	31	32 3%	31 0%
Older People aged 65 plus with a Profound Hearing Impairment	321	345 7%	400 25%

Over 5 million adults in England are predicted to have moderate, severe or profound hearing loss. Rates of hearing impairment are related to age, only a small number of people have significant impairment from birth or early years.

## Dual Sensory Impairment

The significant projected increases in the numbers of people over 65 with a visual or hearing impairment will lead to an increase in the number of people over 65 who have significant visual and hearing impairment.

## Carers

A carer is someone who is caring, unpaid, for an ill, frail or disabled family member or friend. As a result of this care the cared for person is able to continue living in their own home for longer than otherwise would be the case. The Authority recognises and values the contribution carers make and is committed to supporting carers' well being.

11.4% of the population aged over 65 in Redcar and Cleveland are classed as carers. This is a higher proportion than in any neighbouring authority.

	2016	2020	2025
65+ providing unpaid care to a partner, family member or other person	4,286	4,459 4%	4,783 12%
65+ with poor health providing unpaid care to a partner, family member or other person	811	857 13%	

The number of carers over 65 will increase, additionally the number of carers over 65 and in ill health themselves will rise.

The Borough also has a higher comparable number of hours provided by carers per week than the national average. These carers will need a wide range of effective support solutions to continue in their caring roles.

## Housing

Various accommodation types are covered in this document and are, in the main, included in the various subsections relating to either client group or provision. Residential and nursing provision will be dealt with separately.

A major strategic challenge for Redcar and Cleveland Borough Council is to ensure a range of appropriate housing provision. Adult Social Care want residents of the Borough to be encouraged and supported to maximise their independence, remain safely in their own homes and be part of the local community for as long as possible. We recognise how important it is for people to live in suitable accommodation and how housing issues in the Borough can impact on individuals and the outcome they achieve.

Significant parts of the commissioning plans and the key messages that are contained in this market position statement are dependent on delivery of key elements of the Council's Housing Strategy 2012 - 2017.

To enable some of the key objectives of the Housing Strategy the Council will work with partners to overcome the obstacles and drive opportunities to develop new housing opportunities for vulnerable people.

Housing Strategy Key Objectives to address the Social Care agenda:

- Increase accommodation options for single people
- Develop appropriate accommodation, including accommodation with care and support, to meet the needs of an ageing population
- Develop independent living options for vulnerable groups
- Expand the use of telecare services to promote

A number of national changes will impact on the availability and supply of local housing provision and residents' ability to manage their financial situation in relation to housing.

The Homes and Communities Agency (HCA) is the single national housing and regeneration delivery agency for England. They have now moved to a four year bidding cycle for capital money to develop housing.

Welfare reform, a work bill introduced a 1% rent reduction on the net core rent component of the total rent charged. We are now faced with a similar issue in relation to the application of the Local Housing Allowance (LHA) Cap. This creates great uncertainty in the housing sector which is delaying the development of new supported housing projects because of the uncertainty about restrictions on rental income.

In 2012 it was stated that enhanced housing benefit which divides intensive housing management that finds additional services for people with additional needs will be devolved to a local level. This could bring additional budget pressure to the local authority.

The impact of the welfare reforms needs to be specifically reviewed in conjunction with housing provision and the potential affects the changes will have on individuals, particularly Social Care Customers aged 18 to 64 and their carers. The introduction of Universal Credit, a new Council Tax Support Scheme, changes to the social fund and discretionary housing payments and there will also be a benefits cap introduced. Personal Independence Payment (PIP) will replace Disability Living Allowance. Supported housing will be funded outside Universal Credit in broadly the same way as it is now provided exempt accommodation rules apply. The most vulnerable will need additional support to manage this transition and as the Council need to focus on Statutory Services it has limited funding for housing related support.

By 2026 single households are projected to account for more than 35% of all households in the borough.

*Tees Valley Unlimited*

There are currently in the region of 58,000 households in the Borough and this is set to rise by 7% to 62,000 by 2026. Almost all of the projected rise will be accounted for by single households. The number of one bedroom properties in the Borough currently totals 2,436, falling significantly short of both existing and growing demand.

Single households are finding it increasingly difficult; the introduction of the single room rate for housing benefits for customers under 35 years of age, under occupancy rules further impacting on single households aged 18 to 64 thus reducing the number of housing options for single vulnerable people.

We also need to take into account the ageing population of the Borough and how this will affect the demand for types of housing provision. Over the coming years more people will require some form of domiciliary or extra care, this combined with the increasing numbers of people with dementia means we need to find suitable alternatives to enable older people to remain in their own homes. Sheltered and extra care housing is covered in further detail below.

Supported accommodation is another area of consideration which will be affected by the changes of the welfare reform. Although we are seeing reducing numbers of working age adults with mental health problems, learning and physical disabilities there is still a need for more suitable housing options providing care and support.

We recognise that a settled and suitable home is important for health and well being and for other interventions to be effective. As we face a challenging financial climate we appreciate more than ever that partnership and innovation are two key strengths to addressing the needs of the residents of the borough.

## Current Supply, Future Delivery Requirements & Models

This section will present the key issues in relation to current services and what may be required in the future.

The information for specific client groups and service types is set out under the headings of Prevention, Recovery & Enablement and Continued Support. This is followed by the two cross cutting areas of the Strategy of Carers and Housing.

### Prevention

The increase in the older population is becoming evident. We want to promote resilient communities where families, social networks and all community assets have a clear role to provide support until such a point where social care has a statutory duty. Individuals need to be supported to build networks to prevent isolation and loneliness.

Prevention will focus on identifying low level need and ensuring people are aware of and connected to support mechanisms within their own community. Working together we need to increase the capacity, choice and availability of community support enabling our residents to identify and access support facilities themselves.

The Authority will assist and support the preventative agenda through building capacity within and through Voluntary and Community Sector Groups. Support will be available to the sector in establishing and further developing projects and quality standards. Pump priming funds may be available for set up costs but services need to become self sustaining whilst retaining their original focus. Voluntary community groups are encouraged to become established to serve local peoples needs and links to community based transport facilities would be beneficial. The development of User Led Organisations will be supported by the Authority.

**Information Services:** In order to give all our customers the information they need to make informed choices Redcar and Cleveland Borough Council, in conjunction with voluntary and community sector organisations, has produced a web and paper based service directory.



If you work with or provide services to people 18 plus you can register your details through the following link.

[www.redcar-cleveland.gov.uk/pin](http://www.redcar-cleveland.gov.uk/pin)

### **Proposed - Vetted Service Directory**

This will build on the work of the Peoples Information Network to create a directory and use it as one of the promotional tools for the micro economy.

Applicants to the directory would undergo background checks including consideration of qualifications and experience, customer service and compliance with legal standards. Approved scheme members are vetted and trained before they join and agree to

Information on services, activities and support needs to be widely circulated throughout the Borough and assistance from all partners is required to aid distribution and help to engage hard to reach groups.

**Social Prescribing:** Social Prescribing is a non-medical intervention that offers a mechanism to identify and refer people with social, emotional or practical needs to a range of local services often provided by the VCS to improve wellbeing and support resilience and self-help. It is a critical form of early intervention that connects and supports the individual to manage their own issues and reduce reliance on health and social care and thereby manage demand across the health and social care system.

It is proposed that the Council will build on existing “social prescribing” type of initiatives, ie Community Agents and Transformation Challenge Team, in the development of a Social Prescribing Model in Redcar and Cleveland. The model will allow us to harness the network of opportunities that the VCS organisations provide in terms of reaching the whole community to support early intervention and prevention.

**Assistive Technology:** The role of technology in supporting the independence of vulnerable people in the community is well established. When offered alongside other low level support mechanisms such as aids and adaptations and community services it can avoid or delay the need to increase the support package.

The Authority will continue to support and invest in the assistive technologies agenda to assist people to remain in their own homes. We need to further maximise the benefits of assistive technology and expand the range of solutions available to people.

**Handyperson scheme:** There is strong evidence about the impact of handyperson type intervention on improved well being, independent living and easier access to services. Small repairs reducing the risk of falls can result in savings in relation to hospital admissions and on going care.

**Older People:** There is a recognised need for services which would assist individuals with shopping, domestic help, gardening etc. These services whilst outside the remit of social care funding are essential in maintaining people to remain in their own homes. Volunteering services could assist in bridging this gap; alternatively there is an opportunity to develop a private market. By providers adapting their services and activities to engage with these clients and meet their needs, sustainable businesses and social enterprises can be

The Tees Valley Strategic Housing Market Assessment 2012 provides a wealth of information on the requirements of people living in Redcar and Cleveland who may never receive services from Adult Social Care.

**Dementia Services:** We will see a significant increase in the number of people developing dementia. We are working in partnership with the NHS to develop the Dementia Advisor Service, provided by Carers Together, and to provide assessments for carers of people with dementia. Carers Together has also taken a lead in working with local organisations, public sector organisations and businesses in Skelton and other wards, to promote a dementia friendly approach to their work by raising awareness and an understanding of how to support people with dementia.

**Mental Health:** We need to ensure there is a raised awareness of mental health issues and through initiatives such as Better Health at Work we are assisting local organisations and businesses to recognise signs and support employees using tools such as Mental Health First Aid and Youth Mental Health First Aid.

**Training Hub:** We will continue to increase mental health knowledge & skills across a range of services, particularly to those organisations most likely to come into contact with those most at risk of poor mental health.

Additionally social prescribing models will provide support to individuals in the community and will assist at pre-primary and primary care level. Community based support activities will be expanded and targeted based on locality needs analysis data. There will be significant development opportunities for the VCS in this area.

There are existing organisations providing information, advice, support and activities for people with mental health problems. General support services have been identified as a requirement where support would include, but not be limited to stresses around finances, cost of living, job losses, and the impact of where customers live and transport links. Business models are expected to be self sustaining and explore the possibility of social enterprise.

Further working needs to be undertaken with Child and Adolescent Mental Health Services (CAMHS), South Tees Clinical Commissioning Group (CCG) and Tees Esk and Wear Valley (TEWV) Mental Health Trust to ensure children are given the right support, at the right time, in the right place. We need to support children to be resilient and reduce reliance on services in adulthood.

**Learning Disabilities:** Local people with learning disabilities say that the most important things for them are:

- Good Health
- Good Support
- Feeling Safe
- Friendships and Relationships

In recent years a significant amount of work has been undertaken to increase access to health services while promoting awareness and uptake of these services by people with learning disabilities. Primary objectives in achieving this are an



increase in Annual Health Checks which contribute to Health Action Plans and uptake of Health Screening. Secondary to this is ensuring that people with learning disabilities have the information and opportunity to maintain and improve their health with support. The role and responsibility that providers can take in this is key and it is being included in contractual arrangements where appropriate.

The views and wishes of people with learning disabilities are central to good support. Information services need to consider specific areas for people with learning disabilities, for example target their provision towards older carers providing advice and support on transition plans, wills etc. It is also vital that providers incorporate support in making decisions within all services so that people with learning disabilities can take on and develop their ability to exercise choice and control in their lives. Providers can play a key role in supporting self-advocacy and developing the skills of staff in advocating on behalf of people when required and appropriate. There is also a need to promote opportunities for people with learning disabilities to engage with their peers and others in the community outside of paid services wherever possible. In situations where paid advocacy is required the Tees Advocacy Hub provides increased access to services, though referrals to these services remains limited beyond statutory requirements.

Significant work has been undertaken to raise awareness of Hate Crime and develop Safe Places in the community to support people with learning disabilities to gain and maintain greater independence. Providers can engage in these initiatives and develop policies around positive risk management that enables people to have greater independence, choice and control.

A network of friendships and relationships is essential to an active life in the community. Support with this can be difficult to provide and paid services can in many situations become a barrier. There is a need for more innovative approaches to ensuring that people with learning disabilities have opportunities to develop friendships and relationships that arise from roles, responsibilities, common interests and mutual attraction.

**Autism Spectrum Conditions:** Universal services and the community as a whole need to better understand the needs of people with autism, services need to develop so they are more accessible to people with autism thus supporting people to achieve maximum independence within the community. Advocacy services are developing to respond to the needs of people with autism spectrum conditions and their families.

**Physical Disabilities:** Voluntary and community sector service developments should be inclusive and aware of people with physical disabilities, links to community based transport facilities would widely be beneficial. Community based support services are required to support people to access and attend education, training and employment. The development of more user led organisations would be supported as would services supporting people to navigate personal budgets. Advocacy services are available through the Tees Advocacy Hub.

**Sensory Impairment:** Support for people with a visual impairment is currently provided through three services that offer practical assistance and enablement. There is a specific service under development to address the needs of people with a hearing impairment. Cross authority arrangements are currently being explored.



Voluntary and community sector service developments should be inclusive and aware of people with sensory disabilities.

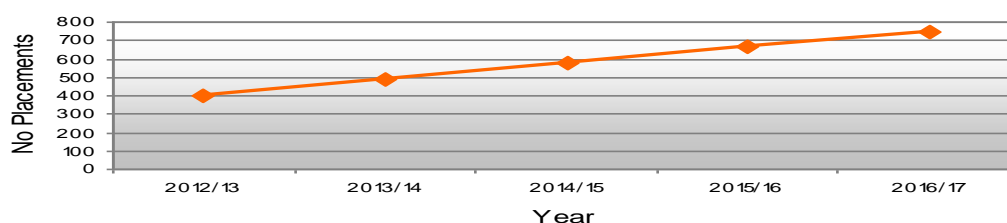
### Recovery & Enablement

**Older People:** The in house Recovery & Independence team provide a reablement service 7 days a week between 7am – 10pm to support people who have been discharged from hospital to regain their independence and to help people form the community whose independence is jeopardised by a reduction in their health or capabilities. The focus of the service is on helping people to relearn how to 'do for themselves' rather than having things done for them. The scheme is available for a maximum of 6 weeks, free of charge to people over 18, who request support with personal care in order to remain living at home. The only exclusions are for adults who have no potential to improve, have advanced dementia, have moderate to severe learning disabilities or who have an end stage terminal illness.

A Rapid Response service is also available to meet the personal care needs of a person at home who experiences a trauma or crisis that previously may have resulted in them being admitted to hospital or a care home unnecessarily. The team respond to the referral within 2 hours of its receipt and offer care, free of charge for a maximum of 7 days. If suitable, the person will then move onto the reablement service to regain skills and confidence.

The outcomes of the service are closely monitored and show an increased number of people being able to return to their own homes with either no care at home input or a reduced package of care. The possibility of developing enablement services for people with learning disabilities is still being considered.

Anticipated growth of the number of older people using the current reablement service



In conjunction with the CCG and the Better Care Fund the Local Authority has been expanding the range of intermediate care services available in the borough. Bed-based reablement and intermediate care has been developed over the past 18 months to provide step up and step down options in order to provide the best environment for individuals to recover and ensure that the assessment of their needs is based on a realistic review of their capabilities. These services aim to prevent delayed transfers of care in hospital, prevent or delay admission to long term residential care and prevent unnecessary admissions to hospital. A recent tender for these services was only partly successful and a range of options for delivery in future will be explored in the coming year as part of an integrated approach with the NHS and delivery of the Better Care Fund objectives.

**Mental Health:** Mental health services need to address the historic view that support is for life. A recovery model is promoted to enable individuals' greater independence and life choices. Consideration of how best to expand the range of

services for this client group needs to be done in partnership with providers and service users. An enablement service needs to be developed to those accessing services for the first time or to known customers showing decline. The service would work in partnership with key agencies and provide support to individuals to give them the resilience and skills to cope and prevent further deterioration.

The service could also be utilised to support individuals through transition periods in their lives. The service would be time limited and form part of a step up step down pathway model for mental health.

**Learning Disabilities:** There has been significant change in the focus of commissioning to ensure that all services have an emphasis on enablement.

There are two main transition periods which provide opportunities for people with learning disabilities to make significant change:

- when leaving school to go on to post 16 education, training or employment
- when leaving the family home to live in alternative accommodation

Families of young people comment on the difficulties they face in the transition from childhood to adult life. The commissioning of services has recognised these difficulties and attempts have been made to remove age boundaries from services where possible to maintain continuity.

Two services have been established to support people with learning disabilities to gain the skills to live in their own home in either a supported living scheme or supported tenancy. There has also been a significant increase in the number of supported living schemes and tenancy arrangements that are available to provide long-term accommodation with support and more are planned to ensure options are available across the borough.

Recent commissioning activity has increased the range and flexibility of services available to support people with learning disabilities in the community. This allows person centred support to be engaged to meet individual needs in a range of settings and reduce the reliance on building-based services.

There is now a wide variety of Day Opportunities available to people through use of direct payments. These offer a range of services based on care, support, learning, creative and leisure activities. There is a need to complete the process of establishing some consistent approaches to funding, quality and outcomes to ensure there is an appropriate level of scrutiny.

**Autism Spectrum Conditions:** Enablement services are required to assist people with autism spectrum conditions through transitional phases in their life and community based day opportunities for people with complex autism are a particular requirement. Providers will be required to adapt and develop new models of support to meet the diversity and flexibility required to support people well. Sensory assessment has been recognised by a number of families as being significant in understanding the support needs of young people with autism spectrum conditions and greatly assists in their development and transition periods.

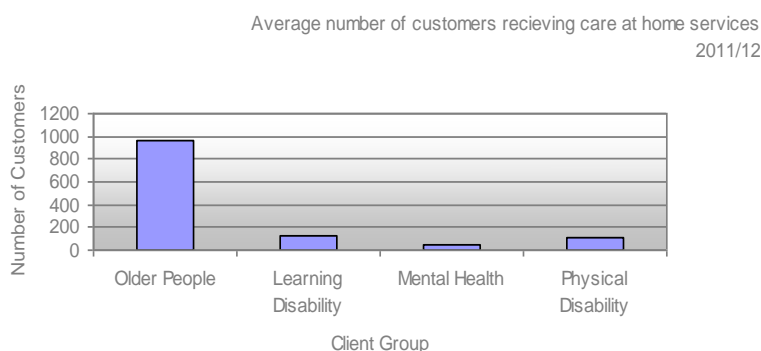
**Physical Disabilities:** Enablement services are required to promote a skills development approach through key life stages and at other times of change. Generic flexible housing related support services have been commissioned.

**Sensory Impairment:** There is a proposal to develop a specific service to address the needs of people with a hearing impairment that will complement and enhance the existing services for people with a visual impairment.

## Continued Support

## Community Support

Community Care and Support is an essential service that allows people to remain living in the community and flexibly receive care and support to meet their needs. Community Support is available from approximately 20 different agencies and supports in the region of 1,235 people at any one time.



The majority (78% based on 2011/12 data) are older people, people with learning disabilities accounting for 10%, physical disabilities 9% and people with mental health problems 4%. In the region of 14,500 hours of care are provided every week across all client groups.

The new contract for Care at Home provision through a framework of providers starts on 1 May 2016. This aims to ensure coverage and expertise across Redcar & Cleveland and all client groups. There have been issues relating to capacity to deliver in some areas of the borough which the contract also aims to address and this will be closely monitored. The new model of delivery is based around length of calls – short (up to 2 hours) and long (over 2 hours) – to address the different business models required and cost pressures faced by providers.

It will require clarity of support planning by Social Workers and a flexible approach from providers who may be delivering a mix of short and long call services to the same person.

As the older population is increasing and people are encouraged to remain living in their own home for as long as possible we expect to see growth in Care at Home provision. This said we have to be mindful of the re-ablement agenda which will balance the impending growth with assisting people to relearn the skills they have lost or finding alternatives to enable people to remain independent.

There are significant opportunities for Care at Home providers to expand their service delivery options. Providers should recognise that there is a shift in purchasing power away from the authority to individuals themselves and ensure their business model is geared up for direct marketing to both existing and future customers; those who are known to social care and those who are not. There is a

requirement for general support, for example shopping, domestic tasks etc which will may not be funded by the Authority but for which there is an increasing private market.

We need to raise awareness with agencies, providers and within the community setting of the increasing number of older people with learning disabilities and how this will impact on families, services and community resources.

The Tees Valley Strategic Housing Market Assessment 2012 (2011 Household Survey) show that the households in Redcar and Cleveland require a range of assistance as follows:

Help with repair and maintenance of home	28.1%
Help with gardening	22.2%
Help with cleaning	17.2%
Help with other practical tasks	14.5%
Help with personal care	10.3%
Want for company/friendship	6.9%
Do not require any additional assistance	0.8%

Opportunities clearly exist for commercial and not-for-profit enterprises to explore the potential of this market.

Source: Tees Valley Strategic Housing Market Assessment 2016 Pg70

**Older People:** We will see an increase in the number of people with dementia and additionally need to recognise the increase in the number of older people with learning disabilities and mental health problems. Staff need to be adequately trained to care for people with dementia and complex behaviours where relevant.

**Mental Health:** The average number of people supported through care at home for 2011/12 was 45, accounting for 4% of all care at home customers. The demand for Care at Home services for people with a mental health problem are expected to significantly reduce due to the promotion of a time limited enablement model. Existing traditional care at home provision would be limited and focus on more complex behaviours. Existing providers need to acknowledge the shift in provision and build their business models accordingly.

**Social Prescribing:** The care providers will support the Council in delivering its social prescribing initiatives. This will require linking people to activities in the community that may be of benefit, through connecting people to no-medical sources of support e.g. befriending, adult learning, voluntary etc.

**Learning Disabilities:** Care and Support is available from a number of frameworks. The Care and Support Framework will commence from May 2016 and will cover a range of models of provision. The Tees Complex Care and Support Framework can support people with ongoing issues that require expertise in the management

of health or behaviour. The Tees Autism Framework is available for people who have Autism and may also have a learning disability.

**Autism Spectrum Conditions:** As above

**Physical Disabilities:** As above

**Sensory Impairment:** As above

A summary of the factors, opportunities and challenges facing the Care at Home market are illustrated in Appendix 1. Both existing and future providers of Care at Home services should take these into consideration when planning how services and business models of the future should be developed.

## **Day Opportunities**

The term day opportunities covers a diverse range of services and activities, which cater for a variety of people and needs, and serve a number of different purposes, most of which are broadly preventive. Day opportunities have traditionally been an accommodation based provision arranged around a specific client group offering a range of activities and the opportunity to socialise. The market in this area is changing and future provision needs to adapt to the requirements and expectations of customers, the changes in funding and strategic direction.

Existing services need to consider the move away from “day services” to “day opportunities”, the term now commonly being used to describe alternative, often non-accommodation based provision.

Services should be designed around each person’s needs and wishes ensuring variety and control for individuals, be more flexible and able to provide greater choice rather than everyone receiving the same standardised service based in specific buildings. This would include assisting more people to access local resources such as education and leisure and to make best use of the new community facilities being developed. Individual social networks should be encouraged to develop through these activities.

We would also like to receive more detailed information from existing independent organisations providing services so we can monitor and evaluate outcomes which are identified through support planning.

Further development of the external market in day opportunities needs to ensure a broader range of cost effective support options from a mix of providers, including the third sector. In providing a greater choice of opportunities for individuals we need to ensure appropriate awareness and links are made with safeguarding.

**Older People:** Day opportunities for older people are essential in reducing isolation, providing both physical and mental stimulation and allowing carers to have a break. There are 2 in house day services and 2 external, commissioned providers delivering services throughout the borough based in Redcar, Eston and Guisborough. The provision includes a specialist dementia day centre. The in-house day opportunities services at Westmorland Road & St Germain's Grange have relaunched as Activity and wellbeing services with a focus on reablement and encouraging people who have regained skills to move on to other community based activities. Services are designed around each person's needs and to meet the outcomes identified in their support plans.

The commissioned day opportunity services complement the Activity & Well-being services and are available to self-funders as well as social services clients.

Day opportunities will be included in the range of reviews being undertaken by the Council in 2016 to ensure the best model of delivery to meet need and manage demand.

Attendance at day opportunities is a valuable service to some older people and those with dementia, offering socialisation as well as respite for their carers. There is a need to explore other models of community support provided by voluntary organisations & community interest groups perhaps provided in clients own homes or in different venues and offering services to people with different interests and needs, some of whom may have taken up direct payments to give them more flexibility in how they are supported.

Providers should consider the changes required to manage the increasing number of people with dementia; staff need to be appropriately trained to deal with dementia and complex needs, the planning of activities and services need to consider specific needs requirements and awareness needs to be raised in relation to building dementia friendly communities. We would expect to see a reduction in demand for dedicated provision for frail older people as the take up of direct payments increases. In providing a greater choice of opportunities for individuals

**Mental Health:** Day services have undergone some quite significant changes over the last couple of years with more emphasis being placed on community settings and involvement.

There are currently two services in the borough for people with mental health problems. Services need to continue to be innovative in their approach to service delivery given the overarching financial direction of independent sustainability whilst managing to retain their original focus. Social enterprise and capture of the private market combined with direct payments are models currently being adopted.

**Learning Disabilities:** There are a number of services provided across the Borough by both in house provision and external organisations who are funded via the direct payments route. In house bases have adapted to deliver Activity and Wellbeing Services.

There is now a wide variety of Day Opportunities available to people through use of direct payments. These offer a range of services based on care, support, learning, creative and leisure activities. The Council will be establishing consistent



approaches to funding, quality and outcomes to ensure there is an appropriate level of scrutiny.

**Physical Disabilities:** There is limited provision in this area and level of demand needs to be established. The Authority would encourage the move to more community engaged based models where possible.

### **Personal Assistants**

Personal Assistants are professional carers that have a variety of skills, experience and qualifications. A Personal Assistant (PA) is someone who supports vulnerable adults to live their lives more independently. With the drive towards personalisation and more individuals developing their own care packages, we should be seeing a growth in the number of personal assistants. They are usually directly employed by the service user though some are employed through care provider organisations.

There are significant opportunities for development within this area. Skilled Personal Assistant Services are required to deliver high quality care and support on a flexible basis. New providers operating a Personal Assistant Agency would be welcomed, as would individuals working alone. Existing Care at Home agencies may wish to consider extending their service delivery options. Additionally support services to assist people in understanding and organising their own care will be required. The Authority wants to work with PAs and organisations to promote a sustainable and safe PA workforce fit which can deliver high quality support to individuals through initiatives such as the Vetted Service Directory.

**Mental Health:** We have seen a slow uptake of direct payments and it is anticipated that the usage of PAs in this area will be less than for customers with learning or physical disabilities.

### **Short Stay & Respite**

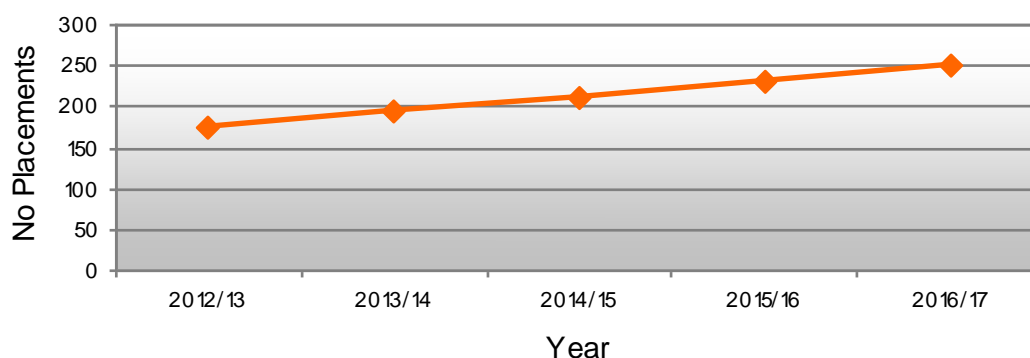
This section should be read in conjunction with both the Carers and Residential sections. There is an increase in demand for respite and there has been a shortage of provision for planned respite care in the Borough. Carers have recently benefited from the short breaks scheme which is funded by the CCG and

provides up to £300 for a carer to use for a short break to benefit their own health and wellbeing.

**Older People:** There is a reported demand for planned respite, particularly for Carers of people with dementia. Social work teams have sometimes had difficulty finding beds in the borough and some respite placements have been made in Middlesbrough. A pilot project has been set up with 3 residential care homes in Redcar and Cleveland each of which is funded to reserve 1 bed for planned respite care for frail elderly people and those with dementia. Uptake will be monitored to see if it is possible to develop a rota of sufficient users so that the scheme will be self-financing for the homes.

Manual data collection exercises indicated a total of 45 people requiring respite for 6 weeks per annum, 18 of these people had dementia.

Anticipated increase in the number of respite beds required for older people to 2017



**Mental Health:** There were two respite beds provided in the Borough as part of the crisis provision. This has now been remodelled to a supported living model and the beds are no longer available. This presents an opportunity for providers to offer this service.

**Learning Disabilities:** Alternative respite / short break models need to be developed to allow carers a rest period. Respite provision in the traditional sense will see a reduced demand, new innovative solutions need to be developed, for example host family services where a person with a learning disability goes to stay with another family and builds a relationship with the host family for future visits.

**Physical Disabilities:** As with learning disabilities we are going to see an increase in the number of ageing carers, the demand for respite care may therefore increase.

**Nursing and Residential** **THE DATA TABLES BELOW NEED UPDATING AND IT MIGHT BE WORTH LEAVING 2012 FIGURES IN AS A COMPARISON**

The majority of placements for both nursing and residential care homes are attributed to older people, and we know there will be a substantial increase in the number of over 65s, and particularly the over 80s evident over the coming years. This alone would imply that the future demand for both residential and nursing placements will increase and the market may

People who do need residential or nursing care should be able to expect high quality service provision and



There are currently 59 registered care homes in the Borough providing both residential and nursing provision across all client groups.

Client Group	No. Homes	No. Beds
Older People	31	1,160
Learning Disabilities	17	133
Mental Health	7	104
Physical Disabilities	2	55
<b>Total</b>	<b>57</b>	<b>1,452</b>

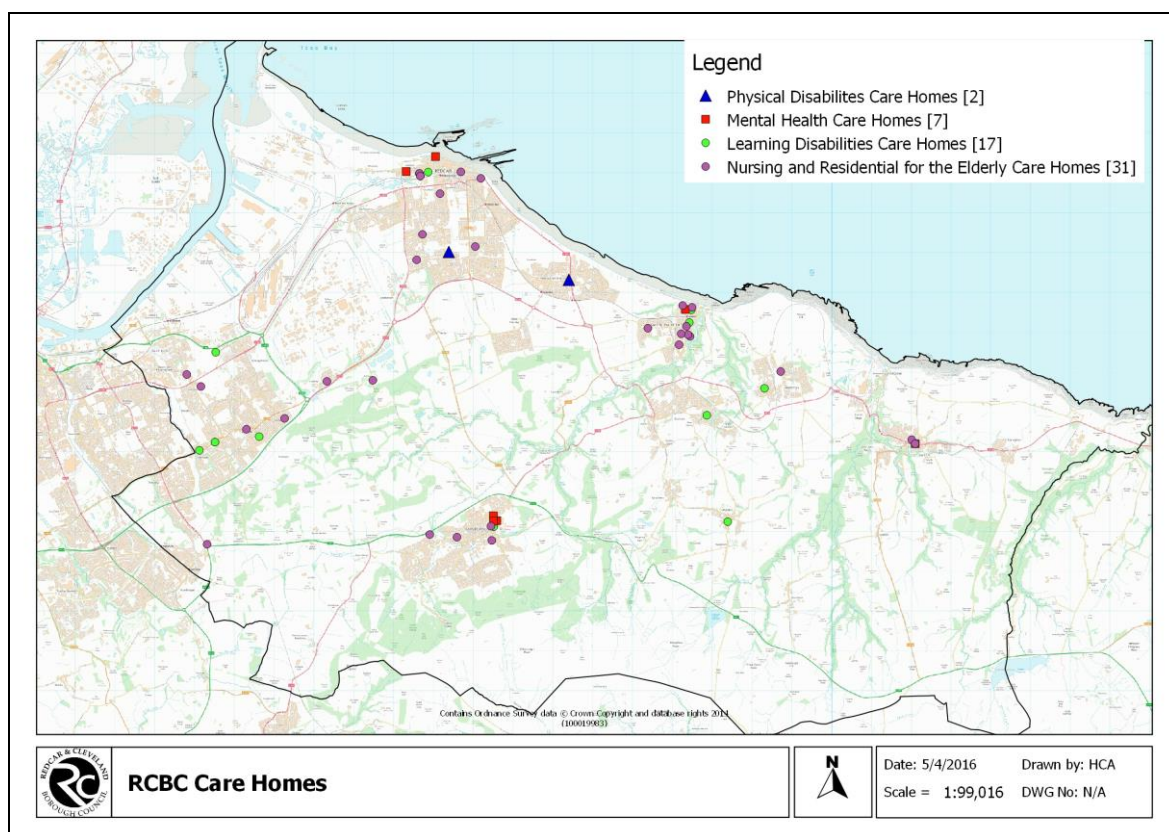
Approx 45% of these beds operate on a fluctuating residential/nursing provision capacity.

Recent data indicates that homes are operating on average at 91% capacity. Approx 22% of placements are made out of authority. Similar percentage is attained in relation to homes in the borough accepting other LA placements. It is estimated that private funders make up approximately 20% of the customer base.

Source: Preferred Provider List for Residential Care Home Services in Contract with Redcar and Cleveland

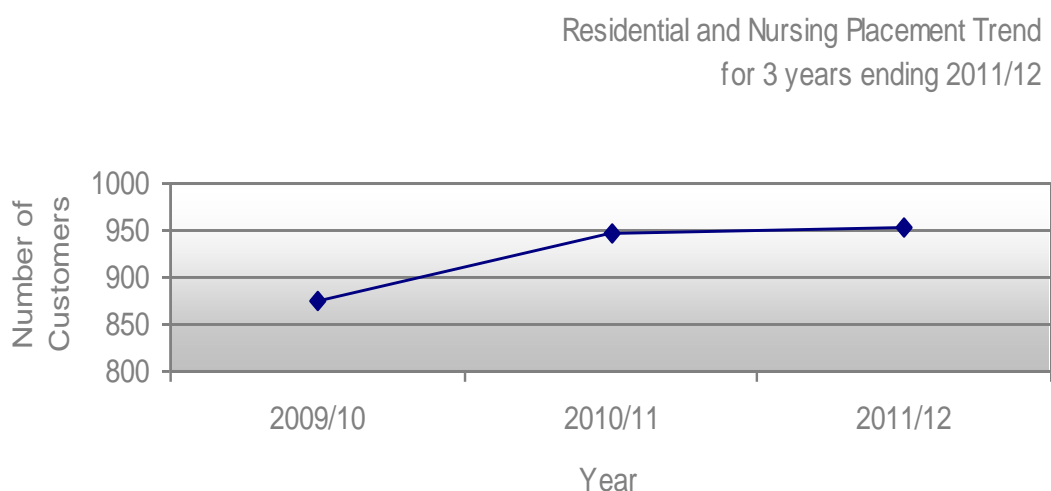
There are a number of care home developments either with planning permission or application stages which will increase capacity by approximately 268 beds over 2013 and 2014 with potential for a further 195 beds in addition to these.

Mapped distribution of residential and nursing homes.



Source: Preferred Provider List for Residential Care Home Services in Contract with Redcar and Cleveland

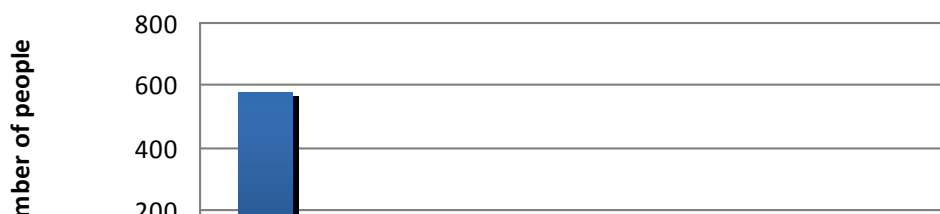
The graph below shows the total number of people living in residential and nursing care homes from 2009/10 to 2011/12 (funded via Social Care, including out of area placements).



Figures taken from Adult Social Care Return for 2011/12; figures are representative of an end of year snapshot

Combined residential and nursing placement data indicates a relatively steady state for the last 2 years. However further analysis in relation to split of provision and client area shows further more detailed trends developing as set out in the sections to follow.

This chart shows the number of people living in residential and nursing care homes by client group for 2011/12 (funded via Social Care, including out of area placements).



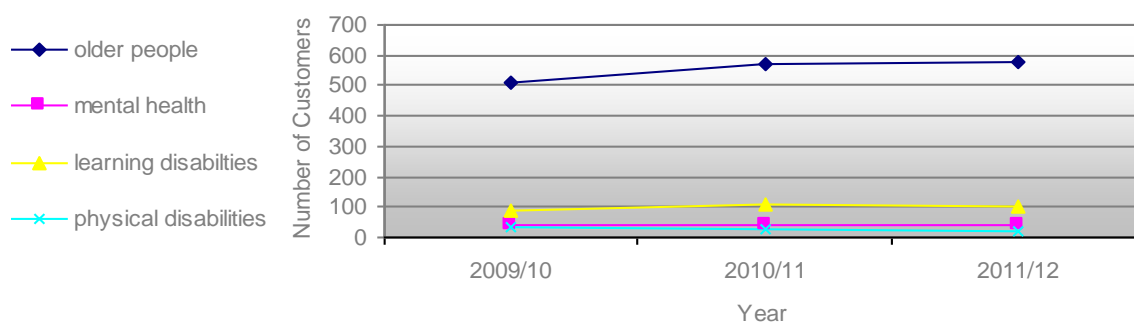
Figures taken from Adult Social Care Return for 2011/12; figures are representative of an end of year snapshot.

<p>Current usage shows the split in provision and client group for 2011/12. Overall the ratio of residential to nursing shows a 77:23 mix, predominantly calculated from the older people grouping.</p>	Client Group	Older People	Mental Health	Learning Disabilities	Physical Disabilities
	Residential : Nursing % ratio	77::23	63:37	90:10	79::21
<p>However individual analysis on mental health, learning disabilities and physical disabilities shows a different picture.</p>					

Included in the representations above are out of area placements. These placements are usually associated with high costs and / or specialist provision. We would like to explore opportunities to bring these clients back into the Borough and provide appropriate accommodation, care and support for these individuals.

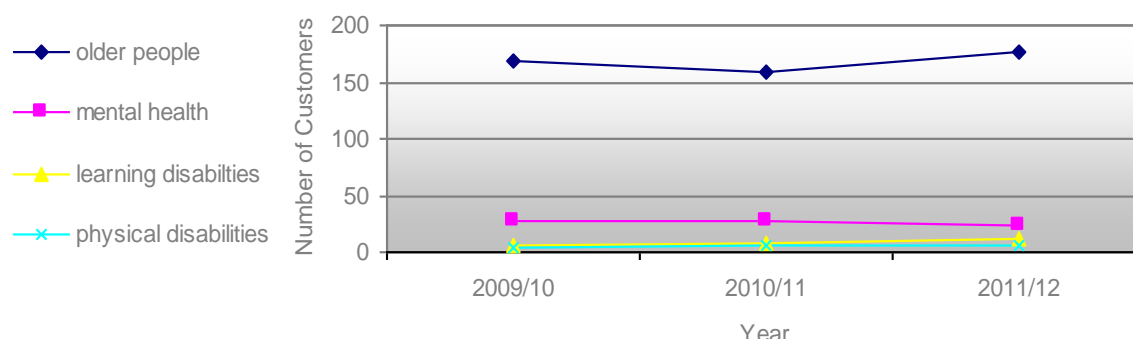
**Trends in Residential Provision:** We can see a similar picture emerging for mental health, physical and learning disability customers; the last three years shows little movement. There is an overall increase in older persons' placements of 13% from 2009/10, although the increase in the last year has been minimal.

Residential placement trend for 3 years ending 2011/12



**Trends in Nursing Provision:** The graph below shows a reasonably steady state in the number of people living in nursing provision over the last three years, obviously older people making up the majority of placements.

Nursing placement trend for 3 years ending 2011/12



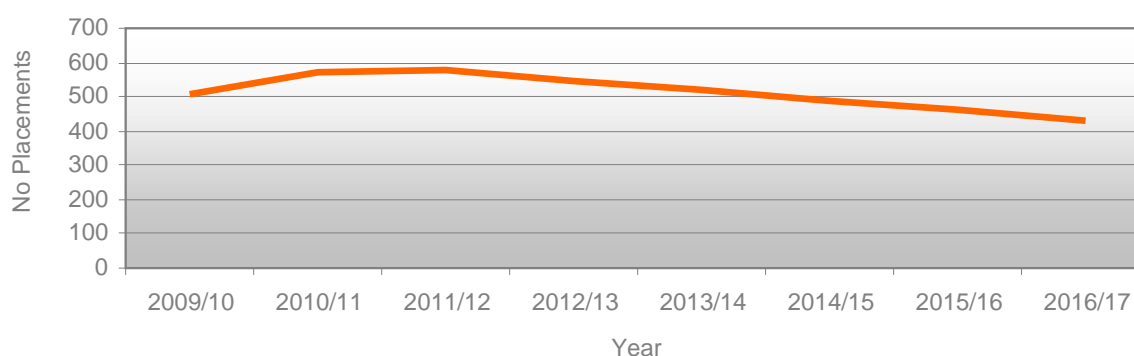
In the following sections we will consider and interpret these trends in more detail per client area. Additionally we will attempt to outline future predictions based on demographic changes, strategic influence and budgetary considerations.

A challenge for the Council will be to encourage the sharing of information from providers regarding the levels of self funding. This information will help us make more informed future predictions in relation to this area of provision.

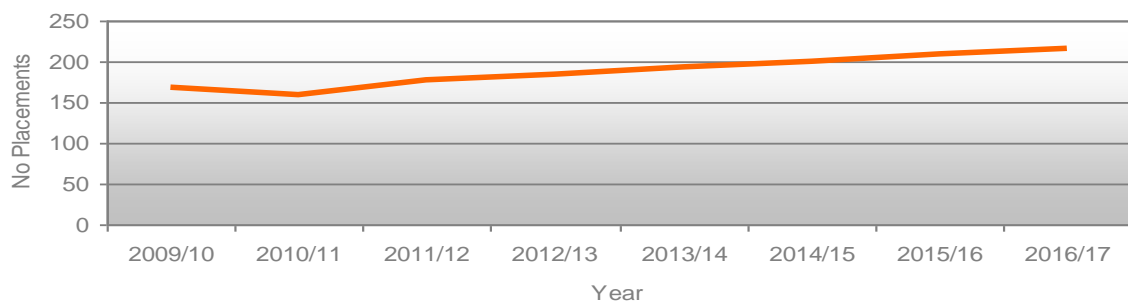
**Older People:** There are currently 30 registered care homes in the borough providing both residential and nursing care for older people. This provides 1,046 beds in total.

It is anticipated that residential demand will reduce due to a strategic focus on assisting people to remain in their own homes. However, the projected increase in the over 80's, who are substantial users of health and social care services, is expected to result in a rise in nursing requirements. It is likely that this will be required at a later stage in life with increased complexities of need. We will see a significant increase in the number of people with dementia and associated challenging behaviours. In recent years there has been a reduction in nursing beds for the frail elderly and those with dementia. This remains the area of highest unmet demand. Organisations should build this into their business forecasts. In light of these changes we expect the residential to nursing ratio to shift from 77:23 to 66:33. Below are some initial estimations of what the future trends may look like in residential and nursing placements.

Anticipated Residential Placement Trend to 2017



Anticipated Nursing Placement Trend to 2017



Commissioners will be consulted on planning applications for new build homes and will seek to work with developers to provide relevant information in order to shape provision across the Borough. Further Residential provision will not be encouraged and provision will need to meet the requirements for nursing care for dementia and management of complex behaviours. Alternatives to residential developments are being developed with a significant expansion in the numbers of units available in extra care housing across the borough and for the first time in the Redcar area.

**Mental Health:** Looking at data from the last three years (page 37) we can see a relatively steady state in residential placements, and a slight decline in nursing. Placement data for 2011/12 indicates a ratio of 63:37 residential : nursing.

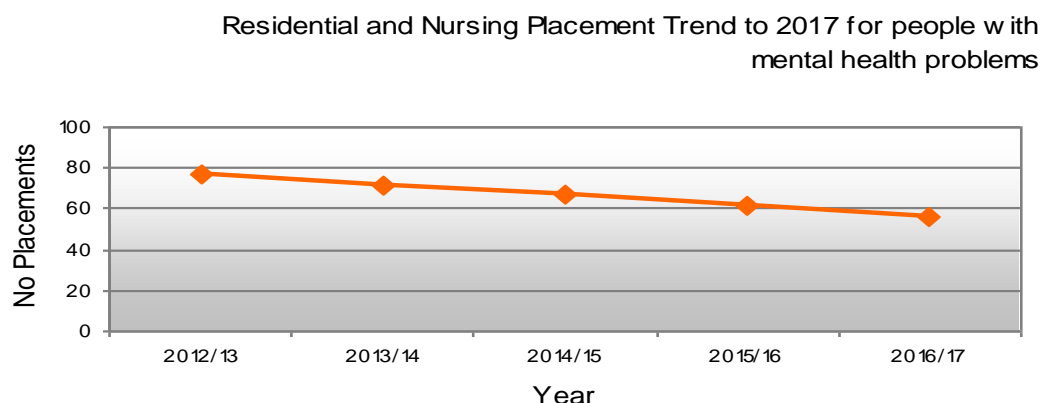
However comparatively there are more placements and higher costs than other areas within the Tees Valley. We are currently providing double the number of residential placements that it is predicted to be and while statistics predict a decrease in the number of people with mental health problems the most recent local data does not necessarily correspond.

Furthermore approximately 6 customers per annum cannot be appropriately placed and supported as their behaviours prove to be too challenging to existing traditional services. This results in exhausting local options, a higher number of residential and nursing placements for under 40's and poor outcomes for individuals.

We are also seeing an emerging picture in relation to the increase in the number of older people with mental health. At least two of our adult mental health residential/nursing homes have a substantial number of residents who are over the age of 65 who have functional mental health problems.

Lack of local facilities mean that places are sought in adult services, therefore shifting the role of these establishments, which need to be formalised through contractual arrangements.

Ongoing data collection will inform the developing trends further; that said we need to work towards reducing the usage of residential and nursing provision.



Given new pathways are to be developed and that the enablement agenda may well impact on the number of residential placements, providers should consider remodelling residential towards supporting living requirements.

With an increase in the number of older people with functional mental health problems, demand should be met where possible within people's own homes but where residential or nursing care is required the provision should be available. Current capacity is adequate to meet future needs however providers need to consider adapting their current service offer to meet the needs of older people with mental health problems.

Some people do need care for life but this does not mean the residential care is the only or most appropriate option. We need to consider extra care schemes as well as supported living. People have been placed in, and remain longer in residential care due to the lack of alternate provision.

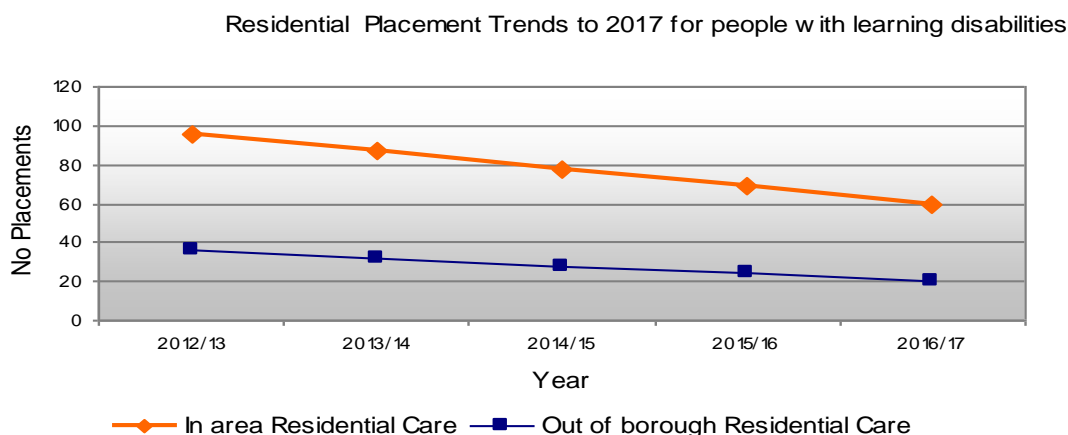
**Learning Disabilities:** In the past there has been an over reliance on residential placements and this is being addressed by supporting residential providers to adapt to changes in demand that may be evident through higher vacancy levels or difficulty in meeting the changing needs of residents. Options to achieve these changes have included focussing on a specific area of need, planned reduction in capacity and de-registration. Residential care still has a valuable role to play in the matrix of service provision but only where it offers specific advantages in care and support for particular individuals for periods of time when it is appropriate. In general there will be a continued trend for accommodation to be provided in settings where people with learning disabilities have rights of occupation and some separation between accommodation and support providers.

**There is no requirement in R&C for the development of large residential care home accommodation for people with learning disabilities.**

Residential care providers need to address the changing requirements for residential placements and look at new models for development within the sector. Residential settings can still promote independence through structured accommodation changes and service provision. One example would be the development of a hybrid service that was registered as residential care but offered many of the features of supported living.

There is a limited need for some high quality nursing care provision available within the Borough or South Tees area.

As we have previously stated we will see an increased demand for services for older people with a learning disability and consideration should be given to widening access to generic older people's services and developing limited specific services for older people with learning disabilities.



**Autism Spectrum Conditions:** There has been a significant reliance on specialist out of area educational and residential placements to meet the needs of people with autism spectrum disorders. We now have two dedicated specialist residential care services for people with Autism Spectrum Conditions in the Borough.

**Physical Disabilities:** There are currently 2 homes in the Borough providing care for people with a physical disability. There are a total of 55 beds across these two homes. There has been a significant decline in the number of residential placements. Existing residential and nursing providers are experiencing current prolonged vacancies which may be as a result of not only the reduction in the number of working age adults but due to the uptake of personal budgets.

As all Councils are encouraging the use of alternatives to residential settings existing providers may wish to consider the impact this is having on the services they currently provide and the future directional shift that is needed.

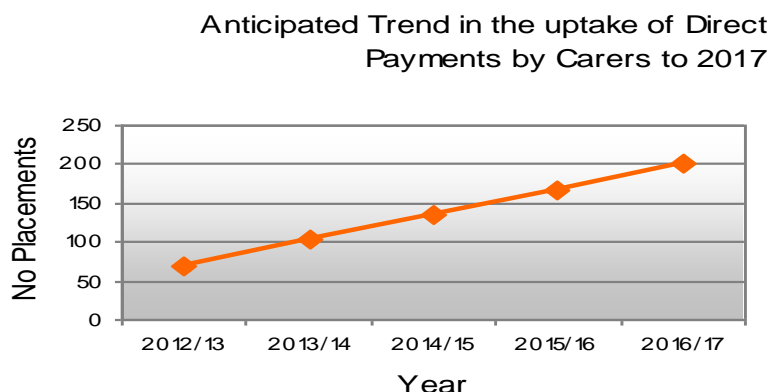
## Carers

In conjunction with the CCG the Local Authority provides and commissions a range of support for carers in line with our Care Act 2014 obligations. The services are being developed through additional resources from the Better Care Fund. There are carers in Redcar and Cleveland who are not known to the statutory or voluntary sector and we need to encourage engagement with these individuals. Carers can become isolated due to their caring responsibilities and where possible this needs to be prevented. The CCG is keen to increase support from GPs for carers and to raise their awareness of how to make their services more carer friendly.

Since 2014 Carers Together has been commissioned to carry out carers assessments on behalf of the council. They use a joint agreed self assessment form which social workers also use and they develop support plans with the carers which are then uploaded on the Care First. Carers are encouraged to make a wide use of community facilities and services provided by Carers Together as well as



some carers benefitting from Local Authority commissioned services and direct payments. There has been an increase in the number of assessments and personal budgets as a result of the involvement of Carers Together. We also carry out proportionately more assessments on carers aged 18 to 65 than other authorities in England but fewer assessments on those aged 65 plus.



We anticipate a three fold increase in the number of carers taking direct payments and need to be mindful of the impending welfare reform changes that will directly and indirectly affect carers.

We currently have in the region of 2,800 registered carers (46% living in the Redcar area, 29% in East Cleveland and 25% in Eston).

Existing services provide telephone contact, one to one sessions, home visits and group sessions. Carers are also supported outside the Authority.

We have reviewed the Peoples to provide the most up to date and accessible source of information to carers about the services that are available in Redcar & Cleveland Carers Together offer a wide range of services for carers eg counselling; welfare benefits; legal services; complementary therapies; peer support groups etc as well as services specifically for people with dementia and their carers eg singing for the brain; dedicated peer support groups; training & courses in Caring with Confidence.

Together we need to ensure we provide personalised support for carers and those they support to enable the continuation of family and community life. Carers need to be supported to remain physically and mentally well, and fulfil their educational and employment potential.

Carers also have access to the recently developed community agents provided through Tees Valley Rural Development Council who signpost older people to services and opportunities that are relevant to their needs; and a recently developed befriending pilot run by AgeUK. Further such community and neighbourhood based approaches to developing new befriending and volunteering services which could support carers and provide a sitting service would be welcomed. The Authority will support and encourage the development of VCS programmes to support and assist carers.

The Emergency Card Scheme operates free of charge and is designed to give carers peace of mind should they become ill or are involved in an accident. Temporary respite for the cared for person of up to 48 hours is available within this scheme. We will continue to encourage increased uptake of this scheme and will explore with Carers Together whether this could be provided as an automatic entitlement to every carer as part of their self-assessment.



**Learning Disabilities:** We need to recognise, in relation to carers of people with a learning disability, that we are anticipating an increase in the number of older people with learning disabilities and how this will impact on aging parents and of their family units. Information services need to expand and target their provision towards older carers, for example advice and support on transition plans, wills etc.

**Physical Disabilities:** Further development around support for carers of physically disabled people is required, again particularly older carers.

There will be increased demands on carers due to more people being supported in the community as a result of reablement services. This will reduce the number of new people needing care at home but there will be an increase in the number of more dependent people who need community support, day care, telecare and respite care to support their carers.

## Housing

**Single person accommodation:** We have seen that the requirement for single households will grow significantly and there is already currently an undersupply of this type of accommodation. This will particularly have an impact on service users with mental health and learning disabilities when move on accommodation is sought. Partners are asked to assist the Authority in finding solutions to this issue. Single person accommodation is urgently required in appropriate locations, bearing in mind the vulnerabilities of these client groups. In developing such provision we need to be aware of the impact the welfare reforms will have on housing benefit levels, particularly for the under 35's. Provision needs to be both appropriate and affordable in line with benefit income levels.

Single person accommodation is also required for those with a physical disability; provision again needs to be appropriately located, affordable and suitably adapted.

**Shared tenancies:** This is an area that has been explored in the past, particularly for people with a learning disability. Benefits include reducing the cost to individual care packages as some elements of provision will be shared. Companionship and security are additional benefits. However when circumstances change for one individual and they move on problems can occur finding a suitable match, bringing associated financial problems for the remaining individual. Due to the recent benefit reforms, particularly the under occupancy charge some existing social landlords are exploring such models further.

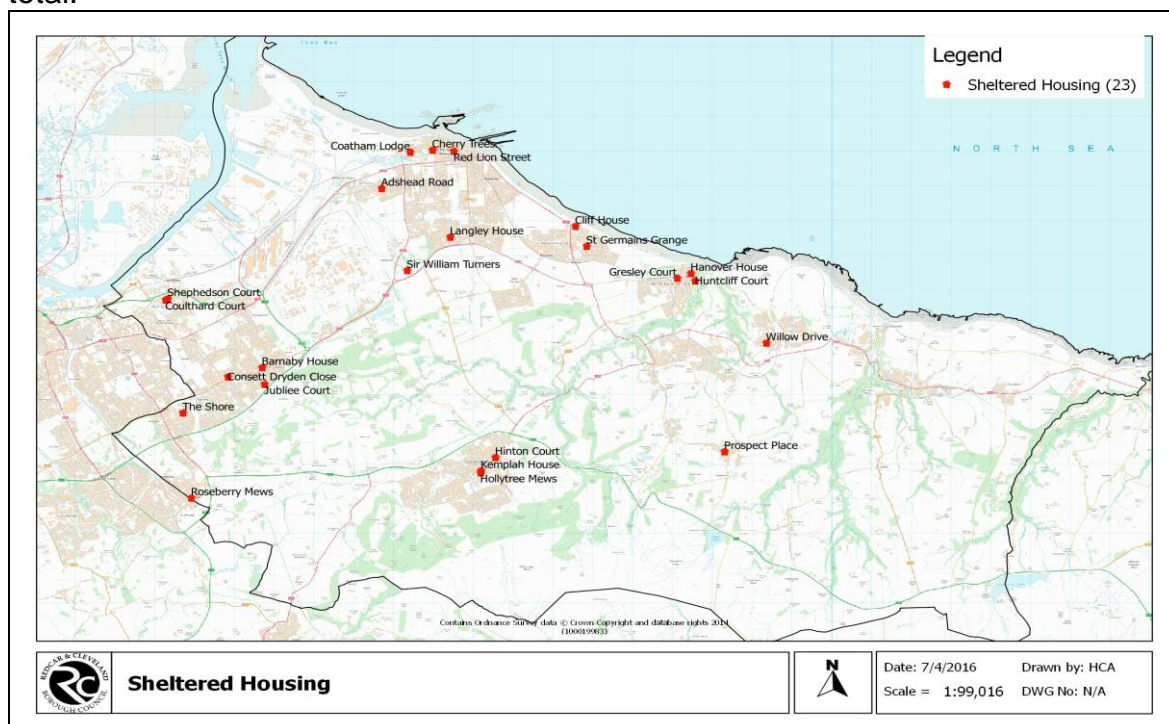
**Adapted Housing:** The Local Authority spends in the region of £1m on adaptations in both private homes and rented properties. Currently there is a waiting time of 12 months for major adaptations. The Local Authority needs to review its statutory duty and consider alternative methods of assisting people to access adapted properties.

**Extra Care, Sheltered Housing & Alms Houses:** A major strategic challenge for Redcar and Cleveland Borough Council is to ensure a range of appropriate housing provision and support for the growing older population.

The Tees Valley Strategic Housing Market Assessment 2012 found that there is a degree of interest in a variety of older persons' accommodation with 20.5 % of people surveyed interested in renting sheltered accommodation, 15.4% renting extra care accommodation; a further 27.7% would consider renting from a housing association and 17.5% buying on the open market. This evidence suggests a need to continue to diversify the range of older persons' housing provision. Multiple new schemes have been introduced across the Borough covering provision for Learning Disability, Older People/Dementia and Mental Health.

**Sheltered Housing:** Sheltered Housing allows older people to live semi-independently whilst being able to access 24 hours emergency support through an alarm system. This type of provision usually has a scheme manager or warden who may live on or off site. Accommodation normally comprises of self contained flats or bungalows with access to community areas and facilities. Alms houses are a type of sheltered provision run by charitable trusts.

Sheltered Housing provision in the borough is well established. There is in the region of 12 schemes distributed throughout the borough providing 278 units in total.



Source: Commissioning Unit

Due to the increase in the older population of people with learning disabilities and mental health problems we would like to see schemes actively encouraging the use of their provision for these client groups

Whilst sheltered accommodation offers a valuable alternative for older people the demand for this type of provision may be decreasing as a result of people now having to fund their own support charges. Further consideration should be given to the impending welfare reforms and the impact this may have on this sector.

**Extra Care:** Extra Care provision has increased in popularity over the last decade, enabling older residents to live in their own apartments in a designated

development with 24 hour care and some support services on site. Comprehensive communal facilities are available in such developments. We currently have 3 extra care schemes in the borough; two in Eston and one in Marske. Further schemes are being developed to meet the increasing need for this type of accommodation and support.

The demand for extra care is likely to grow significantly but again may be affected by the changes to welfare reform mentioned under the Housing section. Existing providers need to consider adapting their models to support older people with learning disabilities or mental health problems. New developments are to be supported at specific sites in Redcar, Guisborough and Brotton. We would prefer that new schemes include a dementia wing and that providers ensure that staff are appropriately trained to care for people with complex needs and dementia.

**Supported Housing and Move on:** There is no prescriptive model for supported housing, service design and delivery can differ significantly depending on a persons' level of need. Support could range from a few hours per week to round the clock support. Tenure can differ also from an individuals own property, a rented flat for one, a shared house or a scheme development.

The Borough already has a number of supported housing options available to people with learning disabilities and mental health problems. This area has seen steady growth over the last 8 years and it is anticipated that the need will continue to grow. However we need to be aware of the impact the welfare reforms will bring and how this will affect this type of model and the people living there.

There are a combined total of **41 units of supported accommodation across the borough; 31 designated for learning disabilities and 10 for people with mental health problems.**

Schemes vary in size from 3 to 10 units. Schemes are situated in Saltburn, Guisborough, Redcar and Normanbv.

It has been identified that a range of accommodation and support types are necessary to respond to varying levels of need. Individual self contained units with direct access to communal areas; care and support services are needed in addition to single dispersed tenancy arrangements with individual lower level support. Support services will ensure life skills are acquired and independence is promoted, gained and maintained. There is a need for sufficient and flexible provision in each locality.

**Shared Lives Project:** The Borough currently has one successful Shared Lives scheme for adults with mental health difficulties. 3 adults who previously lived in residential care now live with a host family and the outcomes have been startling. They are actively engaging in the community and have developed independent living skills. Shared lives can be used as a stepping stone for someone to get their own place/tenancy.

**Mental Health:** The existing provision for mental health needs to be remodelled so clearer pathways are developed; supported housing will form an integral part of the new model.

Existing provision has had very little throughput indicating that supported living is being used as a long term solution as opposed to a stepping stone to independent

living. Within the existing service provision customers could have benefited from an intensive enablement approach resulting in less intensive long term support, greater independence and improved outcomes.

**Learning Disabilities:** Local pathways need to be developed for people leaving forensic services and to prevent re-admission, this would be achieved in conjunction with temporary and permanent accommodation based services and an enablement service, operating on a step up, step down model of care and support.

**Cross Client Group Commissioning:** Local move on services need to be developed in the Redcar area for both learning disabilities and mental health; temporary accommodation where life skills can be developed with a view to moving individuals on to a permanent tenancy.

Multi functional, cross client group placements could be explored in addition to various accommodation arrangements; single and shared occupancies with their own facilities accessing communal space and facilities.

Consideration could be given to developing models in conjunction with older peoples services, particularly extra care. Neighbouring provision could provide mutual benefits and improved outcomes for elderly carers who have support needs for their sons or daughters. Forward accommodation and support planning could assist in successful transitions, particularly for people with learning disabilities.

Suitable single persons accommodation is also needed with some urgency to facilitate move on pathways both with and without support for learning disabilities, physical disabilities and mental health customers. The Authority would be interested to discuss options around encouraging this type of accommodation.

## Direction of Travel and Key messages

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There needs to be a significant change in culture in terms of the expectations we have of our residents and the way the Council operates to enable people to do things for themselves, rather than doing things for people.

Underpinning this, there will be a much stronger focus on:

- Increasing the range of choices individuals have to meet their care needs
- Enhancing the quality of life for people with care and support needs
- Ensuring that people have a positive experience of care and support
- Involve people in making decisions about the future of their services
- Social inclusion
- Delaying and reducing the need for care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm
- Engaging with and supporting providers through this changing agenda, and increasing community capacity
- Promote diversity and value for money in all future service provision
- Work closely with colleagues in the NHS and CCG to ensure integration of services and seamless provision of support to local residents.

Working together based on the framework as set out on the following page we can deliver a diverse range of cost effective high quality services to our customers.

This is followed by a summary of key messages for providers in relation to each client group.

ISSUE	RESPONSE		
<p>Demand for care and support continues to increase</p> <p>Rises in demand will not be matched by resources available</p>	Implement Commissioning Strategy Key Themes:		
	<p><b>Prevention</b></p> <p>Identify low level need and connect people to support in their community</p> <ul style="list-style-type: none"> <li>► Implement Aging Better Strategy</li> <li>► Improve access to information and advice about community support, social and health care services</li> <li>► Increase the number, availability and choice of low level support mechanisms</li> <li>► Change our Culture</li> <li>► Manage risk and Safeguard Vulnerable People</li> <li>► Use of equipment and assistive technologies</li> </ul>	<p><b>Recovery &amp; Enablement</b></p> <p>When people need health or social care support they are enabled to achieve as full a recovery as possible, thus maintaining their independence</p> <ul style="list-style-type: none"> <li>► Promote recovery and not dependence</li> <li>► Re-ablement Service to provide:</li> <li>► Information, advice and signposting</li> <li>► Intensive short term care and help from multi-disciplinary teams</li> <li>► Better provision for carers</li> <li>► Assistive technologies</li> <li>► Specific services aimed at older people, people with a learning disability or with mental health problems</li> </ul>	<p><b>Continued Support</b></p> <p>People who do need health or social care support will be able to make choices from a range of options that would best suit their needs</p> <ul style="list-style-type: none"> <li>► Encourage the development of the VCS and new social enterprises to provide day time activities</li> <li>► Encourage new personal care providers, the development of sheltered and extra care, and supported housing</li> <li>► Ensure services are outcomes focused and there is quality provision</li> <li>► Reduce or cease investment in residential care, unsuitable buildings, services who do not meet quality standards or where there is insufficient demand</li> </ul>
	Ensure value for money & promotion of quality services through efficient & joint commissioning processes. Support existing and new provider development to allow us working in partnership to build capacity & encourage investment.		



# OLDER PEOPLE

ISSUES	RESPONSE
<p>► There is an increasing number of older people and a significant increase in the 80+ range who are substantial users of health and social care services.</p> <p>► There is an increase in the number of people with dementia.</p> <p>► There is an increase in the number of people who will have a stroke and heart attack, leading to high levels of support needs from social care.</p> <p>► Social isolation leads to a rapid loss of independence for older people and those with dementia.</p> <p>► Reducing working age population potentially problematic in supporting older people to live at home.</p> <p>► Over reliance on residential provision, admission levels significantly higher than in other areas.</p> <p>► Higher proportion of older people receiving community care services compared to peer authorities and nationally.</p> <p>► High level of existing demand for health and social care services due to limited range of services available.</p>	<p>Ensure your services are registered with the Peoples' Information Network. Signpost customers to the PIN. Help us to circulate information on services and advice throughout the Borough, particularly to hard to reach groups</p> <p>Continue to build capacity within the preventative sector through VCS groups to deliver community based services and activities..</p> <p>Volunteering organisations and the private market need to develop services to assist with domestic support, i.e. shopping, cleaning, gardening etc</p> <p>Explore and increase the usage of assistive technology. Consider using assistive technologies in care home settings.</p> <p>New Extra Care schemes are in development in Eston, Redcar and Marske.</p> <p>Expand the range of service available to carers and target those carers who are not known to us. Develop befriending and sitting services, alternative day opportunities and respite provision.</p> <p>The Authority will continue to support, invest and promote the re-ablement service to assist with recovery and continued independence. Providers need to consider how this will impact on their organisations. Future consideration should be given to combining Care at Home services with this type of provision.</p> <p>Care at Home agencies should consider expanding their market offer in relation to the private domestic market and the increasing demand for Personal Assistants. Ensure the workforce is appropriately skilled to care for people with dementia and complex needs. Providers need to address the shortage of male carers.</p> <p>Community based and alternative day opportunities will replace traditional dedicated provision for frail older people as direct payments become more common. Organisations providing day opportunities need to ensure their workforce is appropriately trained to support people with dementia and complex needs.</p> <p>Demand for residential care will reduce. New residential home developments are not required. Existing providers need address the required change in residential to nursing ratio from 80:20 to 66:33. There will be a rise in nursing requirements at a later stage in life for people with more complex needs and dementia.</p>

ISSUES	RESPONSE
<p>► The wider social determinants of poor mental health are projected to have a greater impact, and for a longer period of time, in Redcar &amp; Cleveland compared to nationally.</p> <p>► A culture of ‘support for life’ has developed which needs to be addressed.</p> <p>► Recovery is not promoted widely enough.</p> <p>► Providers of early interventions are facing challenges associated with service transition, personalised funding and developing self sustaining social enterprise models.</p> <p>► There is a lack of move on accommodation (single person) and supported accommodation.</p> <p>► There are a lack of facilities for older people with mental health problems (not dementia, Alzheimer’s or EMI).</p> <p>► People are placed and remain longer in residential care due to a lack of alternate options.</p>	<p>Ensure your services are registered with the Peoples’ Information Network. Signpost customers to the PIN. Help us to circulate information on services and advice throughout the borough, particularly to hard to reach groups</p> <p>We will continue to build capacity within the preventative sector through VCS groups to deliver preventative community based services and activities, and early intervention pathways. Support would include, but not be limited to stresses around finances, cost of living, job losses, the impact of where you live and transport links. Individuals need to be supported to build their own networks so prevent isolation and loneliness. Pump priming funds available for set up costs but services to be self sustaining, retaining original focus.</p> <p>The VCS need to be able to provide services to customers through personal budgets. The VCS could also play an important role in assisting customers to understand and plan their services through their personal budget.</p> <p>Working in partnership with providers, VCS and other neighbourhood groups we need to develop ways to evaluate the views of customers to inform continuous service improvements and future commissioning plans.</p> <p>A reablement model needs to be developed to ensure intensive support is provided earlier to facilitate recovery and improve outcomes for customers, thus enabling customers to live independently and manage their mental health outside of services. Support transitions groups and ensure entry into adult services is undertaken with a necessary skill base ie life skills, qualifications, employment and housing pathways determined. This needs to be done in partnership with Job Centre Plus, VCS, education and housing, all providing advice and support to maximise recovery potential.</p> <p>Increase provision in supported housing: The LA will work in partnership with housing providers to develop council owned properties into a range of housing options/supported housing, which will assist customers with their mental health recovery, independent tenancies and living arrangements.</p> <p>Landlords need to increase the availability of suitable single persons’ accommodation in the Borough which is required after individuals have successfully progressed through the pathway model. Rent levels need to comply with LHA.</p> <p>Existing Care at Home providers need to anticipate a reduction in general demand, where care at home provision is required customer will have more complex needs.</p> <p>Extra care models need to include provision for older people with functional mental health problems (not dementia, Alzheimer’s or EMI)</p> <p>Residential and nursing provision will be required for older people with mental health problems. The demand for residential provision for under 65’s will reduce.</p>



ISSUES	RESPONSE
<p>► The number of adults is expected to decrease; the numbers of older people with learning disabilities is expected to increase.</p> <p>► The number who are receiving social care support has increased and people are requiring a more diverse range of services.</p> <p>► Traditional day services need remodelling to meet customer requirements.</p> <p>► There is a shortage of flexible, high quality PA services which need to adopt a person centred approach.</p> <p>► There is a lack of supported and single persons' accommodation in the Borough.</p> <p>► There is a lack of provision for people with autism in the Borough.</p> <p>► There has been an over reliance on residential care and out of area placements (particularly out of area educational placements).</p>	<p>Ensure your services are registered with the Peoples' Information Network. Help us to circulate information on services and advice throughout the Borough, particularly to hard to reach groups. Information and carers services need to expand and target their provision towards older carers.</p> <p>Explore and increase the usage of assistive technology.</p> <p>Existing sheltered, extra care and residential providers need to develop their services to include older people with LD.</p> <p>There is a need for an independent support and life planning service.</p> <p>Community based support services and PA services are required to support people to access and attend education, training and employment.</p> <p>There is no requirement in Redcar and Cleveland to develop medium and large residential care homes for people with learning Disabilities.</p> <p>There is still a significant demand for PA services. Both Care at Home agencies and PA services should expand their provision to manage Individual Service Funds. Allocation of annual funding, including repayable build in crisis apportionment, would be managed by providers and operate on a customer call of arrangement. The customer is central to decision making and the provider should respond flexibly. Care at Home providers should consider upskilling staff to be able to provide quality care to an</p> <p>Alternative respite / short break models needs to be developed, for example shared care and shared lives schemes.</p> <p>Day opportunities, including specialist provision, need to be community focused and non-accommodation based, encouraging individual networks and independence to be developed.</p> <p>A range of supported accommodation needs to be developed in addition to single persons' accommodation in appropriately located areas of the Borough which is essential to address successful transitions.</p> <p>Specialist services for older people with a learning disability need to be developed; small sized alternative residential provision would be encouraged. Existing residential homes may wish to consider moving towards a more independent style of provision. Required provision also includes accommodation and support following discharge from hospital</p> <p>There is a need to develop services that promote access to community facilities for young people aged 16-25</p>

ISSUES	RESPONSE
<ul style="list-style-type: none"> <li>► There is a lack of understanding and recognition of autism spectrum conditions.</li> <li>► There have been low rates of diagnosis, perhaps partly due to the incidence of autism with associated conditions.</li> <li>► There is an information gap in relation to needs assessment and strategic direction.</li> <li>► There is no dedicated specialist provision in the Borough, people with autism have historically accessed services designed for people with learning disabilities and mental health problems.</li> <li>► There is an increasing prevalence of Autism Spectrum Conditions in females</li> <li>► There is a lack of involvement of customers and their families in developing services.</li> </ul>	<p>Universal services and the community as a whole need to better understand the needs of people with autism, services need to develop so they are more accessible to people with autism thus supporting people to achieve maximum independence within the community. Services should make reasonable adjustments in order to assist people with autism accessing their provision.</p> <p>Ensure your services are registered with the Peoples' Information Network.</p> <p>Advocacy services need to develop to better support people with autism spectrum conditions and their families.</p> <p>Providers will be required to adapt and develop new models of support to meet the diversity and flexibility required to support people through transitions. Sensory assessment has been recognised as being significant in understanding the support needs of young people with autism spectrum conditions and greatly assists in their development and through transition periods.</p> <p>There is a need for residential provision for young people with complex needs. Local alternatives need to bring people back to the area and reduce future out of area placements.</p> <p>There is a need for consistent post-diagnostic support which will provide advice and guidance and signpost to appropriate services.</p> <p>Community health and care services need to be able to support people with high-functioning autism spectrum conditions</p> <p>There is a need for community based day opportunities for people with complex autism conditions.</p> <p>Providers need to ensure that their services are aware of the rising prevalence in females and ensure that skills and facilities are available to accommodate this within services.</p> <p>There is a need for local residential provision for young people with complex learning disabilities and autism.</p>

# PHYSICAL DISABILITIES

ISSUES	RESPONSE
<p>► Redcar and Cleveland will see a decline in the numbers of people with a physical disability, existing provider should build this into future forecasts.</p> <p>► Transport is a barrier for many disabled people.</p> <p>► There are inequalities in housing and employment.</p> <p>► There is a shortage of suitable single persons' accommodation in the borough for people with a physical disability.</p> <p>► There has been an over reliance on residential care.</p>	<p>Ensure your services are registered with the Peoples' Information Network. Help us to circulate information on services and advice throughout the Borough, particularly to hard to reach groups. Information and carers services need to expand and target their provision towards older carers.</p> <p>Explore and increase the usage of assistive technology.</p> <p>Voluntary community groups are encouraged to become established to serve local peoples needs generically; Community groups are asked to consider links to community based transport facilities which would be beneficial to people with physical disabilities.</p> <p>Advocacy services are needed for people with physical disabilities.</p> <p>There is a need for independent support and life planning.</p> <p>Service users have expressed a need for a support service to assist in navigating personal budgets.</p> <p>An enablement services will be commissioned to promote skills development enabling people to successfully manage their lives at times of change and periods of transition.</p> <p>Community based support services are required to support people access and attend education, training and employment. VCS and PA services should be utilised to support people to access such opportunities.</p> <p>Local move on services need to be developed to help build skills and independence; there needs to be an increase in the provision of suitable accommodation for single people with physical disabilities.</p> <p>Existing residential providers need to consider ways to address the expected reduction in placements. Thought should be given to combining residential provision with a more independent focus, possibly adapting service functionality and provision.</p>

ISSUES	RESPONSE
<ul style="list-style-type: none"> <li>► The number of carers aged 65 and over is expected to increase.</li> <li>► There are an estimated 757 carers aged over 65 in poor health; this is expected to rise over the coming years.</li> <li>► There are carers in Redcar and Cleveland who are not known to the statutory or voluntary sector.</li> <li>► The Local Authority have limited services for carers and are reliant on voluntary organisations such as Carers Together.</li> <li>► Redcar and Cleveland carry out proportionately more assessments on carers aged 18 to 65 than other authorities in England but fewer assessments on those aged 65 plus.</li> <li>► Carers can become isolated due to their caring responsibilities.</li> <li>► Carers find it difficult to book respite care.</li> </ul>	<p>Ensure your services are registered with the Peoples' Information Network. Help us to circulate information on services and advice throughout the Borough, particularly to hard to reach groups Information and carers services need to expand and target their provision towards older carers.</p> <p>Tees wide advocacy services need to be developed.</p> <p>A wider range of services need to be developed via the neighbourhood approach. Neighbourhood Services and Adult Social Care are fully supportive of community building initiatives.</p> <p>New befriending and volunteering services are required to support carers and the cared for person enabling access to community activities. Volunteers would provide company to the cared for person and piece of mind to the carer when the carer goes out. Alternative options for befriending services would also be supported and pump priming funding would be available for some localities.</p> <p>The market need to consider new innovative, cost effective ways of delivering respite care which can be booked in advance.</p>

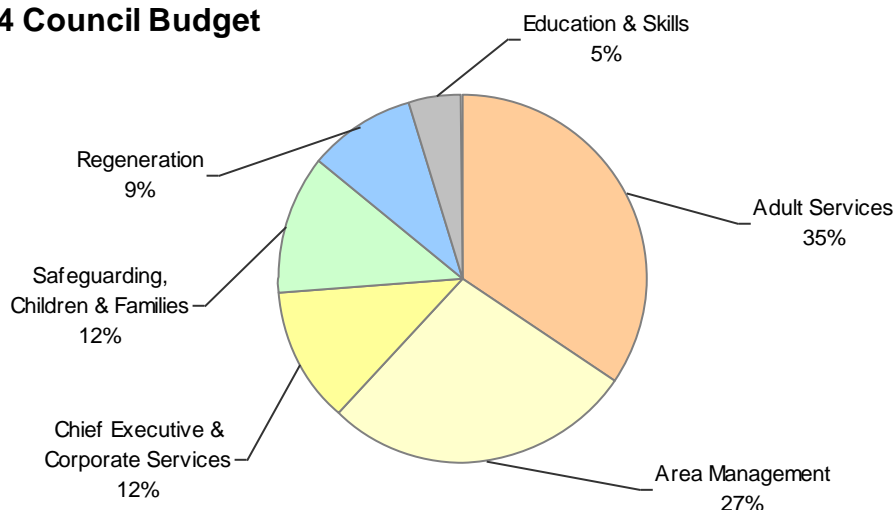
ISSUES	RESPONSE
<p>► Handyman scheme is operating at capacity.</p> <p>► There is currently a waiting time of 12 months for major adaptations.</p> <p>► There is an increasing number of older people and a significant increase in the 80+ range.</p> <p>► The number of older people with learning disabilities, physical disabilities and mental health problems is increasing; finding appropriate accommodation will be a challenge.</p> <p>► There is a lack of supported accommodation and move on housing for people with learning disabilities and mental health problems.</p> <p>► There is a considerable shortage of single person accommodation.</p>	<p>The Local Authority would like to consider methods of expanding the current capacity handyman scheme either by; introducing a charging policy, introducing a membership scheme or increasing the capacity of volunteers in community based services</p> <p>The Local Authority needs to review its statutory duty and consider alternative methods of assisting people access adapted properties. Consideration should be given to; recouping the capital cost of property adaptations through charges been put against a property, manage a register of adapted social housing, and introduce equity release schemes.</p> <p>New extra care developments are being supported at specific sites. New schemes include a dementia wing and providers need to ensure staff are appropriately trained to care for people with complex needs and dementia.</p> <p>We would like to see existing sheltered and extra care schemes providing accommodation and support to older people with learning disabilities, physical disabilities and mental health problems where possible and appropriate, and the development of supported tenancies</p> <p>Various supported accommodation models need to be developed for people with learning disabilities and mental health problems, cross client group provision may be considered. Individual self contained units with direct access to communal areas, care and support services are needed in addition to single dispersed tenancy arrangements with individual lower level support. Support services will ensure life skills are acquired and independence is promoted.</p> <p>The market is urged to assist in responding to the shortage of single person accommodation. Single person accommodation is urgently required, to facilitate move on pathways both with and without support for learning disabilities, physical disabilities and mental health customers. Accommodation should be in appropriate locations, bearing in mind the vulnerabilities of these client groups. In developing such provision we need to be aware of the impact the welfare reforms will have on housing benefit levels, particularly for the under 35's. Provision needs to be both appropriate and affordable in line with benefit income levels.</p>

ISSUES	RESPONSE
<ul style="list-style-type: none"> <li>► There will be a continued focus on safeguarding, improving quality, customer focus and involvement.</li> <li>► We will continue to see a move away from block contracts to individual budgets and direct payments.</li> <li>► The residential to nursing ration is expect to alter; an increase in nursing care staff will be required to care for a client base with increased complexity of needs.</li> <li>► The number of people with dementia will increase.</li> <li>► The number of older people with functional mental health problems and learning disabilities is set to increase.</li> <li>► There is a shortage of personal assistants.</li> <li>► Lack of understanding and recognition of autistic spectrum conditions.</li> <li>► There is a shortage of male carers.</li> </ul>	<p>The voluntary and community sector are encouraged to strengthen its links to safeguarding units, raise awareness of safeguarding issues and reporting requirements.</p> <p>Preferred provider listing to be developed for non statutory care and support services linked to a quality charter mark</p> <p>Local requirements as determined by the local client group will be included in future specifications. Routine and systematic engagement of local people, their family and carers is essential to develop services for the future. Working in partnership with providers, VCS and other neighbourhood groups we need to develop ways to evaluate the views of customers to inform continuous service improvements and future commissioning plans.</p> <p>The development of ULO will be supported by the Authority.</p> <p>Provider forums to be developed to include all providers, share good practice and develop services fit for the future.</p> <p>Working in partnership with the NHS Develop Dementia Advisor Service. Promote dementia friendly communities by raising awareness and an understanding of how to support people with dementia, involve local shops, groups, services etc</p> <p>There will be a continued increase in the use of individual budgets and direct payments. Providers need to ensure their service development strategies include the shift in funding and essentially the customer base. It is necessary to anticipate the necessary back office functions and public marketing drives that are required.</p> <p>Care at Home agencies and PA services should expand their services to manage Individual Service Funds. Allocation of annual funding, including repayable build in crisis apportionment, would be managed by providers and operate on a customer call of arrangement. The customer is central to decision making and the provider should respond flexibly.</p> <p>Providers need to consider up-skilling local workforce in relation to enabling care workers to be able to support older people with learning disabilities, functional mental health problems and dementia. We anticipate having to support people later in life but with a greater complexity of needs.</p> <p>Local care organisations need to gear recruitment towards male carers, particularly care at home agencies.</p> <p>Skilled Personal Assistant Services are required to deliver high quality care and support on a flexible basis. New providers operating a personal assistant agency would be welcomed, as would individuals working alone. Existing care at home providers may wish to consider extending their service delivery options.</p> <p>Future services are expected to be developed for people with autism; the local workforce needs to be upskilled accordingly.</p> <p>Support providers to address required shift in residential to nursing ratio: current split is approx 80::20, future estimate would be 66:33 moving to 50:50. Providers need to consider up-skilling local workforce in relation to resolving recruitment and retention of nursing staff and specialist dementia, complex needs carers.</p>

## Finance

Adult Services spend accounts for a significant proportion of the Councils overall revenue budget. The net cost of providing Adult Social Care and support in Redcar and Cleveland for 2013/14 is estimated to be £42.472 million, attributing to 35% of the overall Council budget.

### 2013/14 Council Budget



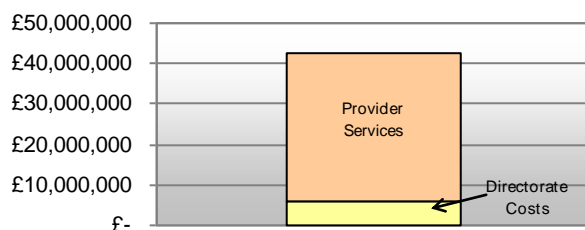
The demand from a rising population of older people requires significant improvement in efficiency and service re-design to respond to need within available resources.

Significant budget reductions are planned and if the approach to supporting people and the models of care do not change there will be a significant budget pressure or large numbers of individuals not having needs met appropriately.

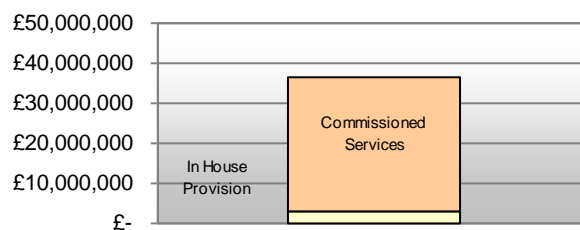
To be in line with the actual resources which are likely to be available over the next five years the distribution of spend, along with demand, needs to be managed differently. The focus of support and funding across the three key areas of Prevention & Early Intervention, Recovery & Enablement and Continued Support will be strategically shifted between now and 2017 with the aim of reducing demand on long term social care services.

Below are some further illustrations of how Adult Social Care spend is distributed and the potential affects that the changing demographics and increased demand will have on funding.

Distributed Spend in Adult Services

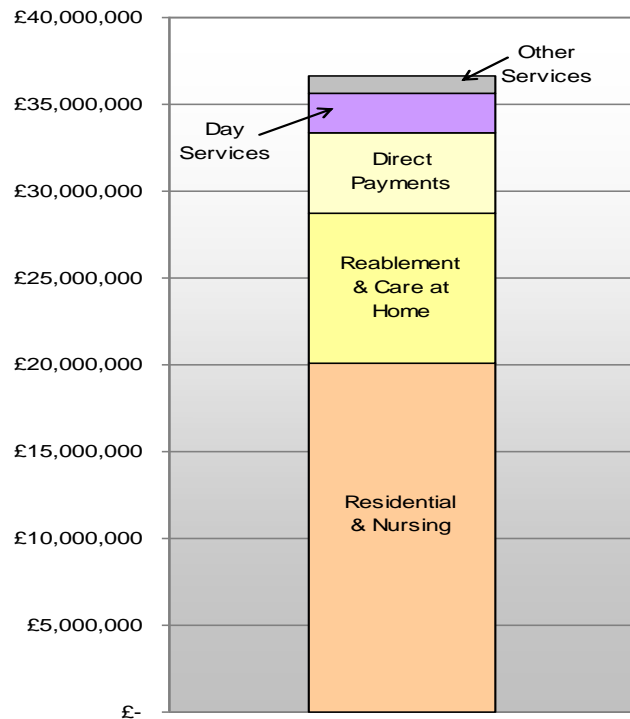


Distributed Spend for Provider Services





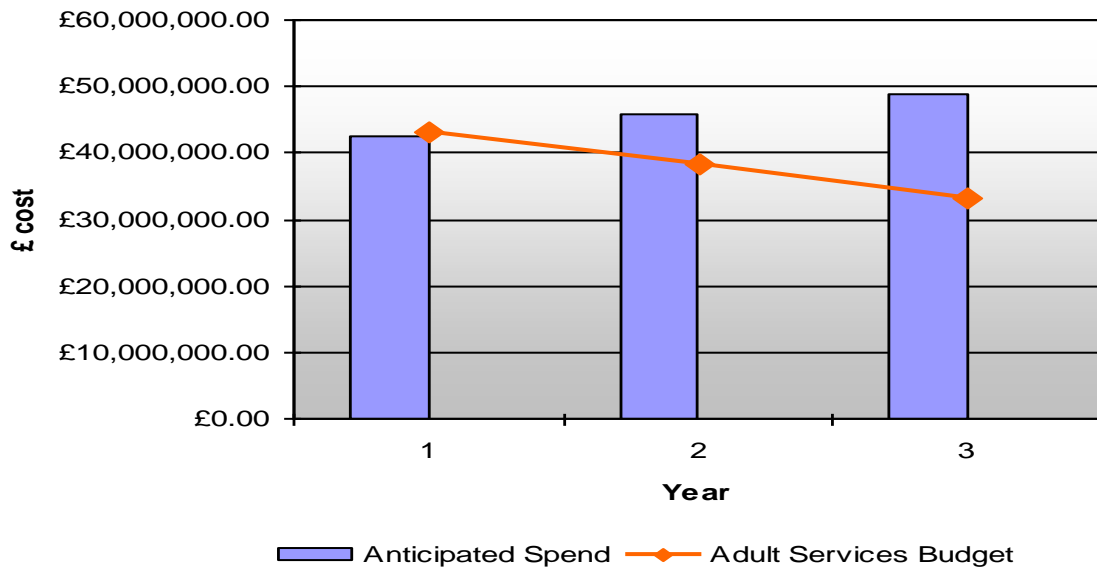
# Provider Spend Analysis



As you can see from the representation below, if we continue to deliver services in the same way as we have previously our resources will be insufficient to meet demand.

We need to address the way we deliver services, how we can do more with less.

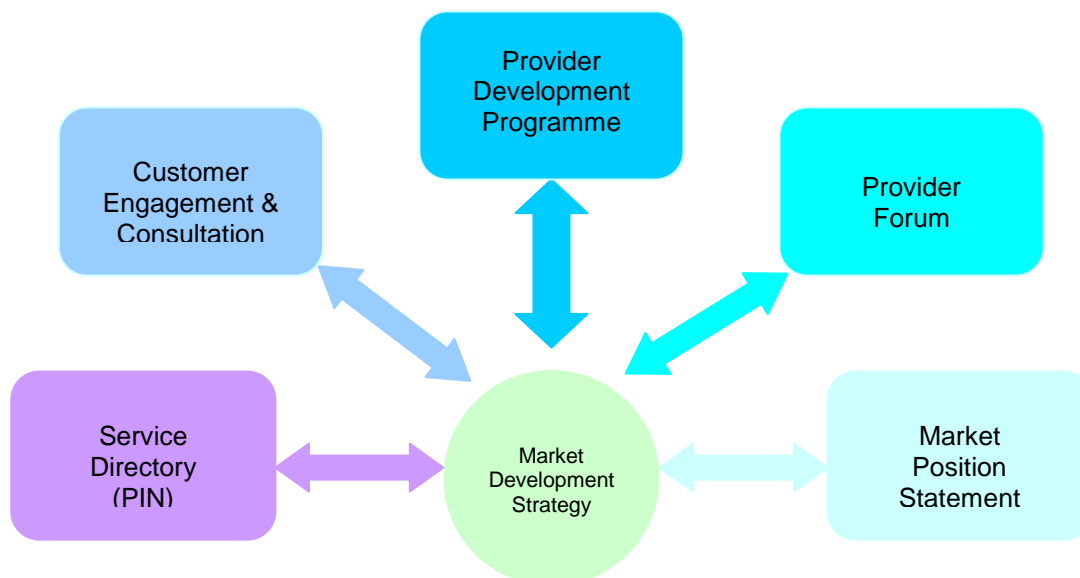
## Representation of anticipated spend compared to Adult Service reducing Budget Allocation



## Market Development Approach

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The development of the Adult Social Care Market in Redcar and Cleveland will be promoted through the elements illustrated below



**The way forward:** We want to work with both existing and new providers to model and test innovative and cost effective approaches. We would welcome ideas on effective short term interventions to reduce continuing care costs. In the longer term we need to consider business process, remodelling, workforce commissioning and planning, and quality. It is also vital to encourage and support new business ideas; to increase our market offer.

**Business Process:** Providers need to be mindful of the changing agendas in relation to block contracted services and the continued move to funding via self directed support. You need to ensure your service development strategies include the shift in funding and essentially the customer base. In this respect organisations should anticipate the necessary back office functions and public marketing strategies that are required.

**Business remodelling:** Existing services in particular areas of provision will need to be remodelled to meet future demands and needs. Some of the areas we have already highlighted through this document are summarised below:

- Generic services to be more inclusive of all of our client groups
- Expansion of the handyman service though charging and volunteering
- Self sustaining community based day opportunities focused around individual requirements
- Alternative respite provision
- Increased reablement focus for Care at Home agencies
- Care at Home providers to capture alternative private market and consider the use of PA's
- Inclusion of elderly client groups with functional mental health and learning disabilities in older peoples general provision

- A more independent style of residential provision for learning disabilities and mental health
- Reduction in residential beds, increase in nursing beds including complex behaviours

We will welcome any communication in relation to the above or other service areas as you think fit.

**Workforce Commissioning:** Adult Services are currently reviewing the workforce development strategy and this will include the wider sector of commissioned and non commissioned care and support services. Workforce commissioning is the strategic approach undertaken to balance workforce demand with supply and needs to be integrated with commissioning and financial plans.

In designing service models and undertaking commissioning processes the Local Authority must take steps to ensure that the current and developing provider markets can deliver a quality workforce. Commissioners need to understand the available workforce and the skills and knowledge required to implement priorities.

It is different from workforce planning which is about the detail of how an employer ensures they have a workforce to meet business objectives and/or personal support plans.

**Workforce Planning:** In order to provide services fit for the future we must ensure that our workforce is available, appropriately skilled and retained. We will welcome information regarding the pressures that providers are experiencing in delivering services in Redcar and Cleveland. One known pressure is the need to upskill the workforce to meet the demands that are anticipated in the future.

We are going to see a significant rise in the number of older people and as such need to ensure our staff have the care and support knowledge to adequately provide services for people with dementia and complex needs.

The number of older people with learning disabilities and functional mental health problems will increase and agencies need to be mindful of the challenges in behaviours and different approaches that are required for individuals. We will need to increase the capacity of staff providing nursing care which may mean upskilling existing residential workers.

The Council working with providers will be interested in exploring new approaches with local colleges to encourage people (especially men) to consider working in the sector as an option and to ensure appropriate training is on offer.

We also have a range of in house training sessions available for providers, for details you can contact our workforce development team.

**Quality:** There will be a continued focus on safeguarding and the delivery of quality services in the Borough. Together we need to develop suitable tools and mechanisms to allow us to monitor, respond and deliver quality services.

Where providers do not meet the expected high standards of quality and care that we and local residents expect they will fail to attract sufficient business to remain viable.

The collection and upkeep of performance information and outcomes data will assist us greatly in planning quality services in the future. We will require the timely submission of new monitoring information from all providers.

We will introduce a non commissioned service charter which will set out the standards customers can expect of organisations providing care and support.

We are currently reviewing the practices around personal assistants with a view to improve safeguarding and quality.

All future contracts will have robust performance mechanisms in place and will be monitored via outcomes frameworks accordingly. Local requirements as determined by the local client group will be included in future specifications. All service specifications will include the active promotion of good health, training and employment.

We need to develop mechanisms to share good practice and improve cross organisational networking through the new provider forum arrangements.

**New Business:** New organisations and business ideas are welcomed in line with our strategic requirements and the needs of the residents of the Borough.

We would also be interested in engaging with local housing providers to find various solutions to the significant shortage of single persons' accommodation that we have.

We continue to recognise the significant contribution of the voluntary and community sector and will support further developments. We will assist the preventative agenda through building capacity within and through Voluntary and Community Sector Groups. The VCS, Community and Faith groups will be encouraged and supported to deliver community based services and activities. Pump priming funds are available but services need to become self sustaining whilst retaining their original focus. The sector needs to be able to provide services to customers through self directed support and strengthen its links to safeguarding units, raise awareness of safeguarding issues and reporting requirements.

The development of micro enterprises and User Lead Organisations will also be supported by the Authority.

Support will be available to the sector in establishing and further developing projects and quality standards.

**Business Support:** Our Commissioners are more than happy to discuss your ideas and plans for the future, and provide information where we can to assist you. There are also business support services available in the Borough:

**Business Growth Team Contacts:**

Margie Oliver – Lead Business  
Investment Advisor - 01642 444351

Ainsley Mullen – Enterprise Advisor  
– 01642 444581

Clare Stanton – Business  
Investment Advisor - 01642 444340

Business advice and support is available to businesses, social enterprises and organisations based in Redcar and Cleveland. If you would like to diversify, set up a new service or grow an existing business or even take enterprising projects out into your community support is available to help you and your organisation.

The Business Growth Team at Redcar and Cleveland Council will work with new and existing small and medium size businesses based in the borough, as well as helping residents who are considering self-employment.

The MPS is more than just a planning document; it will determine how providers of social care and support services adjust to a changing government agenda and remain viable; how we promote preventative provision to ensure reducing resources are allocated appropriately and to those most in need; how future housing provision can be developed; how working together we can ensure a wide range of high quality outcomes based services are delivered to our customers.

**We cannot shape our future market without your input.**

## Appendix 1

### Care at Home Market Development Summary

This illustrates some of the factors, opportunities and challenges facing the Care at Home market. Both existing and future providers of Care at Home services should take these into consideration when planning how services and business models of the future should be developed.

