



# **Building a Diverse and Quality Care Market in Staffordshire**

A Market Position Statement for Adult Care Services

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# Foreword

Staffordshire is a great place to live, work and invest where most people enjoy a good quality of life. Our county has a proud heritage and bright hopes for the future; well positioned at the heart of the West Midlands to create jobs, growth and prosperity for local people and to make a mark on the world stage.

Today, we all want greater choice and control of our own lives. People's expectations have changed and we are no longer happy to receive what the state says is best. This has profound implications for all public services. Whilst this means that we have to change, we must also maintain our role of protecting the vulnerable in our communities and helping those who need it most. Getting the balance right means looking carefully at how we use our resources to make sure we can target our support where it is most needed.

We have listened to what local people tell us. We are not always the best placed to be the provider of what local people or businesses need - nor do we have a monopoly on good ideas or solutions for the issues faced by our communities. This is why we are redoubling our efforts to work with residents, voluntary groups, partners and the private sector to find new and different ways to improve lives through building stronger communities.

Our approach is about providing the connections and creating the right conditions for Staffordshire people to flourish and prosper, without state interference.

Our ongoing Market Position Statement (MPS) sets out our understanding of social care need, service patterns and other responses across the county. Over time, it will become a vital reference point for all those who play a part in social care in Staffordshire.

**Councillor Alan White**  
Cabinet Member for Care

**Eric Robinson**  
Director for People and  
Deputy Chief Executive

# Introduction

This is the first Market Position Statement (MPS) for Staffordshire. It summarises our vision for the care and support for the residents of Staffordshire. It looks at the demand, supply and our commissioning intentions so that we can support our current and future providers to develop quality care services.

The Market Position Statement brings together intelligence data and analysis, in order to shape the market and enhance effective business planning. It is the first step on a journey to ensure that together we develop the right services to fully meet the needs of people as close to home as possible. Working with the market we will strive for continuous improvement by encouraging innovation and sharing best practice.

At the heart of the Market Position Statement is the County Council's commitment to be responsive to individual needs and preferences and this is coupled with the government's policy for a future where public, private, voluntary and community organisations are accountable in the development of services that meet local need.

The Market Position Statement signals our intention to share information and work more closely with providers to develop services, enhance quality provision and pro-actively make investment decisions to meet future demand. It seeks to outline the strategic vision, commissioning intentions and model of service delivery which Staffordshire County Council wants in the local marketplace.

The market position statement is not a repetition of the Joint Strategic Needs Assessment (JSNA) or the Health and Wellbeing Strategy 'Living Well in Staffordshire, Keeping you well Making life better' but a practical document that is focused on helping providers make good decisions about service development.

The Health and Wellbeing Strategy outlines what partners will do together to improve health and wellbeing outcomes for all citizens in Staffordshire. The JSNA identifies long-term patterns of need and demand.

The MPS draws on intelligence and intentions outlined in both documents, and other policy reviews, to analyse the market and define and support commissioner's intentions for this specific section of the market.

## **Key messages for providers:**

- Demand for care and support services will rise but will not be matched by a similar commitment in public spending
- Life expectancy is increasing and entry into services is likely to be later in people's lives
- Personal budgets and private funding will increasingly allow people to choose from a wider menu of activities and options and demand is expected to decrease for traditional models such as day care. People will be able to choose to use a mix of traditional and mainstream services
- The partnership between housing, support and care will be strengthened; with telecare and equipment enabling people to continue living at home
- There will always be a need for residential and nursing care for people with the most complex needs. Nevertheless older people have told us that they will, wherever possible, choose to remain in their own homes, supported by services that help them keep their independence.

# National Context

There are a number of government policies and initiatives that have placed significant responsibility on local authorities to ensure their commissioning approach offers service users choice and control, and provides quality services which focus on people's needs and outcomes. These, along with local directives, form the basis of how Staffordshire commissions adult social care and support services.

There is a national drive regarding personalisation and prevention and a growth in choice and control which means we need to ensure a diverse quality market place that also recognises the growing demand that will come with changes in both demographics and policy. By 2030 one in ten of the population will be aged 75 or over, this is 2.8m more in this age group than in 2008 and represents a growth of 70% (Office for National Statistics 2011). This may mean supporting people longer, not only to stay in their own homes, but also managing the increasing pressure on residential and nursing care for more complex need support.

The main influence for the County Council is the Care Act which builds on the Draft Care & Support Act published in July 2012 and takes account of the findings of the public consultation, engagement and pre-legislative scrutiny. It also considers the findings of the Dilnot Commission's Report into the Funding for Care and Support and the Francis Inquiry into the failings at Mid-Staffordshire Hospital.

The Act looks to bring care and support legislation into a single statute. It is designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support. To promote individual wellbeing, their needs, views, feelings and wishes should be considered in all aspects of their wellbeing from physical and mental health, through dignity and respect to control over their daily needs, access to employment, education, social and domestic needs and the suitability of their accommodation.

It also requires the promotion of integration of care and support with local authorities, health and housing services and other service providers to ensure the best outcomes are achieved for the individual.

The Act sets out the responsibilities on local authorities to provide comprehensive information and support about the types of services and the providers available in their local area. It requires the authorities to identify all available resources, services and facilities so that the widest range of options are given to people. Local Authorities also need to identify carers of people in their area that have care and support needs that are not currently being met to enable missing services to be developed and provided.

## The Welfare Reform Act

The Welfare Reform Act, introduced in February 2011, and related changes, will bring about a radical reform of the welfare system including changes to benefits and tax credits previously announced as part of the Comprehensive Spending Review in October 2010, and the emergency budget in June 2010. In addition, a number of changes, such as limiting the amount of housing benefit paid to certain households, have already been introduced.

Taken together these reforms will have a significant and cumulative effect that will have a considerable impact on residents. The key issues fall into a number of areas:

### **1. Residents' income and ability to pay**

The reforms will lead to a loss of income that will have a direct impact on households' ability to meet all of their day-to-day living expenses (without a reduction in their costs). This will have a direct impact in terms of loss of income for local authorities and increased costs related to higher numbers of households being eligible for financial assistance, in areas such as care, and also increases in arrears in areas such as council tax.

### **2. Demographics and migration**

The reforms are likely to reinforce and in some cases accelerate existing patterns of migration and settlement. The housing benefit changes in particular mean that existing patterns of inequality will be reinforced. This will occur in two ways: some households will move to cheaper areas in the county from elsewhere; secondly, existing areas that score high on measures of deprivation are likely to see this deepen as existing households reliant on benefits have less disposable income. This has obvious implications in terms of our strategies for health and wellbeing, economic prosperity and educational attainment. It also presents a challenge for families with complex needs.

### **3. Impact on services**

The most discernible areas where the changes are likely to be felt are: homelessness and housing advice (including temporary accommodation); schools in areas where there are high numbers of privately rented properties that could meet additional demands from low income families moving to the area; debt and advice services, where there is an accelerated demand already that will increase further; adult social care, where some existing accommodation arrangements won't be sustainable and where there is likely to be a direct impact in terms of reduced charging income; and also health and wellbeing, where there is likely to a wider range of indirect impacts related to issues such as nutrition, child welfare and health, poor lifestyles, and poor housing conditions.

## The Care Act 2014

The Care Act introduces new social care legislation and takes forward elements of the Francis Inquiry.

The Act is split into three sections: Care and Support, Care Standards and Health Education England and the Health Research Authority. It introduces a cap on care costs, new rights for carers and a national eligibility threshold for care and support.

The Care Act can be found here:  
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>

Explanatory notes are also available here: <http://www.publications.parliament.uk/pa/Acts/lAct/2013-2014/0001/en/14001en.htm>

A summary is attached as Appendix 1

# Staffordshire County Council

Following on from the development of the council's vision, Leading for a Connected Staffordshire, Our vision for 2014 – 2018 the council has produced its business plan, Leading for a Connected Staffordshire; Staffordshire County Council's Business Plan 2014 to 2017, delivering the difference together.

## **Vision:**

<http://www.staffordshire.gov.uk/yourcouncil/strategicplan/Strategic-Plan-2014-18.pdf>

Within these documents the council has identified three priority outcomes:

The people of Staffordshire will:

- 1. Be able to access more good jobs and feel the benefits of economic growth**
- 2. Be healthier and more independent**
- 3. Feel safer, happier and more supported in and by their community**

Along with the vision and the priority objectives the council has identified twelve key operating principles; these have informed the basis of the action plan.

## **The Local Account – Adult Social Care Yearly Review 2013-14**

As part of Government plans to make local authorities more accountable and transparent to their residents, councils are required to produce an annual local account to tell people what their adult social care department is doing. The local account explains how much the Council spends, what it spends money on, what it is doing and future plans for improvements.

Staffordshire's local account is available on the website and explains more about the adult social care available in Staffordshire. It details how we know what kind of support is needed by our residents and how we work with a wide range of organisations to offer the right services. It also outlines some of the adult social care activity delivered by Staffordshire County Council and its providers. In order to produce this summary of key activity in adult social care we have:

- **Liaised closely with our major providers.**
- **Consulted with people and organisations with an interest in adult social care**
- **Looked at what service users and carers have told us about their experience**
- **A copy of the Local Account is available on the council's website.**

## **A Health economy in 'distress'**

Staffordshire has been identified by Government as one of eleven financially challenged health economies in England therefore eligible to receive expert help with strategic planning to secure sustainable quality services for local patients.

Monitor, NHS England and the NHS Trust Development Authority have agreed to fund a series of projects to help groups of NHS commissioners and providers work together to develop integrated 5-year plans that effectively address the particular local challenges they face.

The support has been appointed to develop a plan across four work streams:

- **a diagnosis of supply and demand**
- **solutions development and options analysis**
- **plan development**
- **implementation**

The plan is likely to impact upon future service provision and will be made available in the autumn 2014.

## **Staffordshire's Care Quality Strategy 2013 – 2016**

Staffordshire's care quality strategy demonstrates the council's commitment to ensure people experience excellent quality services and outcomes. The provision of excellent services to the most vulnerable people sit at the heart of our ability to safeguard our citizens. Alongside the strategy sits Staffordshire's Care Quality Compact reflecting the commitment of Staffordshire's health and social care partners to work together to improve the quality of care. Section 4 of the strategy identifies what we mean by excellent quality and the principles that will ensure delivery.

Available at: <http://moderngov.staffordshire.gov.uk/mgConvert2PDF.aspx?ID=43956>

# Staffordshire Context

## Staffordshire's communities

Staffordshire is a large, predominantly rural county covering 2,623sq.km intersperse by five major towns and a network of market towns and villages. Staffordshire does not experience concentrated significant areas of deprivation, although some pockets do exist. The more remote rural areas in the county have their own issues with hidden deprivation, particularly around access to services.

Staffordshire Observatory publishes an annual 'Staffordshire Story' report, providing key insight into the county and the key issues affecting the people of Staffordshire.

This can be found on the Observatory website;

**[www.staffordshireobservatory.org.uk](http://www.staffordshireobservatory.org.uk)**, alongside a wealth of additional information about Staffordshire.

## Population and future demand

The population of Staffordshire is currently estimated at 848,500, an increase of around 42,000 people or 5.2% since the previous Census in 2001. By 2035 we expect a further 98,700 people to be living in Staffordshire.

Staffordshire is a county characterised by a diversity of people and place. Its population has changed dramatically over the last decade and, as with the rest of the country, has experienced a significant ageing of its population. It has seen a 25% increase (31,000) in the number of people aged 65 and over in 2011 than in 2001.

## Current position

Staffordshire County Council commissions in excess of £100 million of care and support services from the care market place each year.

The Health and Wellbeing Board has a key leadership role in ensuring that care reform is part of a wider transformation of local health and care services, alongside public health strategies, to promote wellbeing and reduce future demand for health and care services.

The move towards sharing resources across health and social care and closer alignment of the Council's and Clinical Commissioning Group's (CCG) budgets will change the way we commission services in the future.

Staffordshire is developing an integrated commissioning approach that will define future commissioning intentions for health and social care.

A component of this development is creating the Better Care Fund (BCF) through the pooling of some health and social care budgets. Integrated commissioning will allow both joint and independent commissioning with Staffordshire's CCG's to improve outcomes for those in receipt of health and social care services whilst providing the infrastructure to realise efficiencies and remove duplication.

The County Council and the five Clinical Commissioning Groups (CCG's) across Staffordshire are clear that the quality of services locally is a priority. A commitment to improving quality of services locally has been made through the development of the "Staffordshire's Care Quality Compact."<sup>2</sup>

The compact details our shared vision, aspirations for excellent quality of care and a set of overarching principles to achieve this, alongside this Staffordshire County Council have developed their own Care Quality Strategy.<sup>3</sup> This identifies 15 standards and all providers of services will be asked to formally sign up and deliver to these standards.

<sup>2</sup> Website link: <http://moderngov.staffordshire.gov.uk/mgConvert2PDF.aspx?ID=43955>

<sup>3</sup> Website link: <http://moderngov.staffordshire.gov.uk/mgConvert2PDF.aspx?ID=43954>

## Age demographics of Staffordshire

The overall population of Staffordshire in 2010 is estimated at 831,300, an increase of around 24,600 since 2001 and 39,700 since 19913. Staffordshire's population is ageing. Between the 2006 and 2010 mid-year estimates, the number of people under the age of 15 in Staffordshire has reduced by 4,217 (2.8%) and the number of working age people has reduced by 5,279 (1%). In the same period, the number of people of retirement age (over 60 for females and over 65 for males) increased by 24,168 people (12.1%).

It is projected that this trend will continue in the future, with an estimated increase in the 65 and over population of nearly 110,000 people (75%) between 2008 and 2033 and an increase of 36,900 people aged 85 and over (over 200%). This has considerable implications for Staffordshire.<sup>4</sup>

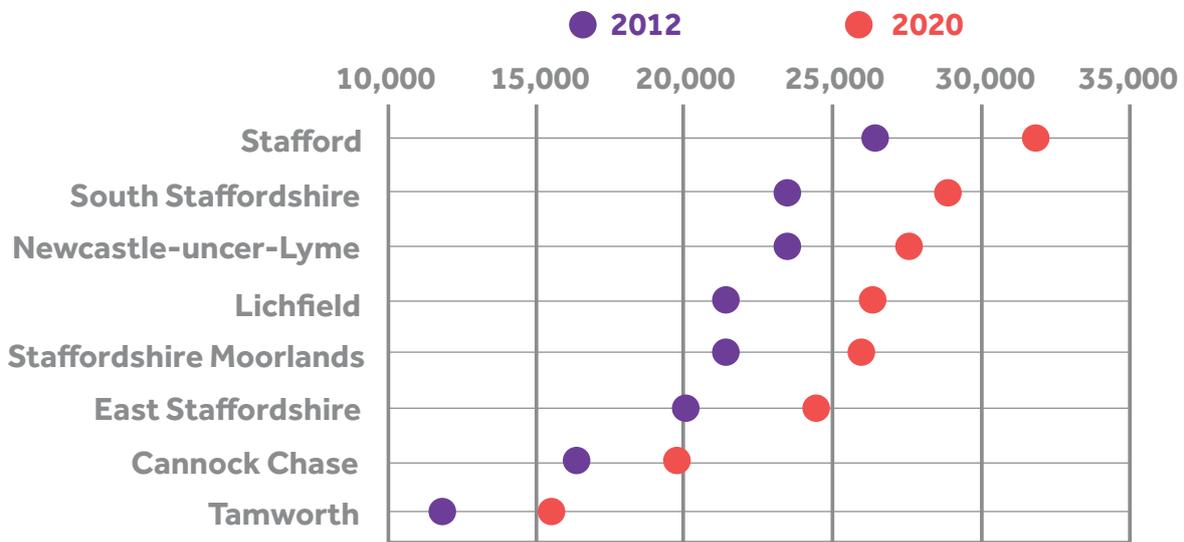


Figure 1: Number of people over the age of 65 by district

13% of Staffordshire's households are currently made up of one person 65 and above, living alone, accounting for 44,800 households in total and representing a 3% increase over the last decade. With general population increases over the next decade, a rise in the number of those aged 65 and above in single person households should be expected.

## Staffordshire's Budget

Recent austerity measures in the UK have resulted in major reduction in spending on local public services. In the 2013 Government Spending review, it was announced that local government resource budget will be reduced by a further 10% in 2015/ 2016 (£2.6 Action). For Staffordshire in 2015/ 2016 this means a further reduction in excess of £10 million.

In light of the national economic situation and the on-going comprehensive spending review, it is imperative that Staffordshire County Council continues to ensure that its funding is spent wisely, to meet the needs of the people of Staffordshire.

<sup>4</sup> Registrar General's Mid Year Population Estimates, Office for National Statistics

## Personalisation

In 2007 the Government introduced the paper 'Putting People First', this paper outlined the Government's vision of enabling individuals to live independently and have complete choice and control in their lives. Historically the "one size fits all" system of individuals having to access, and fit into, care and support services that already exist which have been designed and commissioned on their behalf by Local Authorities would now be transformed. This means universal services such as transport, housing and education should be accessible to all of Staffordshire's residents with a social care need. Within Staffordshire £37 million per annum is spent by 2,200 people using personal budgets, whether managed by the council or by themselves. This is vital to allow people to have the freedom of choice and to instil a feeling of independence and autonomy.

Currently there are many local authorities across England that are utilising a web based system called an e-Marketplace whereby people can search and purchase social care services online as well offering information and advice. Areas such as Birmingham, Bristol, Stockport, the London Borough of Harrow as well as 15 Councils in the Yorkshire and Humber area are currently using an e-Marketplace as part of their social care provision. Within Staffordshire the Local Authority have developed a web based information Resource 'Staffordshire Cares'<sup>5</sup> which includes a provider directory 'Purple Pages' and CareMatch a Personal Assistant register, provider recruitment and workforce development resource. More recently Staffordshire has launched an e-Marketplace and a volunteer matching service.

Within Staffordshire currently 2059 people pay for their care needs by direct payments from Staffordshire County Council, as shown by figure 3, with two thirds of claimants having a physical disability as their primary need. Also of note is that the majority of people with a learning disability who pay for the care needs by direct payments are under the age of 65.

The implications of personalisation affect not only Service users but other individuals such as advocacy workers, carers and personal assistants. It also has implications on groups or organisations such as user led organisations, care home providers, the voluntary sector providers and housing providers.

## Self-funders in Staffordshire

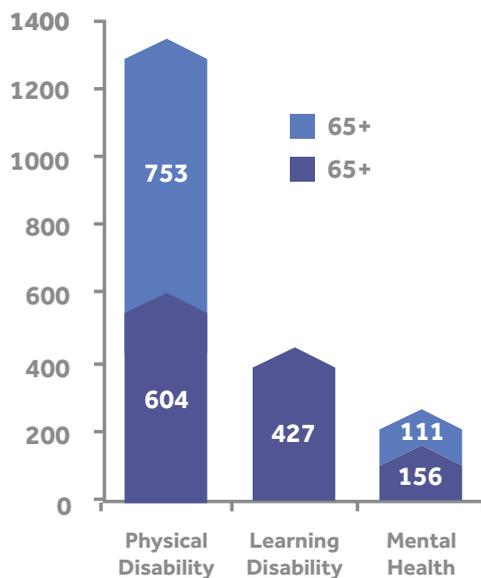
There are a large proportion of people in Staffordshire who pay for their own care maybe through choice, lack of awareness of the support they can have access to, or for the majority, their personal wealth is above the eligibility criteria.

It is estimated that in England 45% of people are self-funding their care. They occupy nearly 40% of residential care places and 48% of those in nursing homes nationally.

Providers are the only ones who really know who self-funds and there is no central repository for this information. The number of self funders is currently not known within Staffordshire, but what is known is that numbers will rise through tighter eligibility criteria, increased charging, less state funding of community organisations, more people having direct payments and through people who are eligible, topping up their provision from their own, means<sup>6</sup>.

However, there is also the possibility of an increasing number of people who currently self fund their care home placements, but may cross over to being council funded if the value of their investments diminish or through increased longevity of life. This is because self-funders' assets may eventually drop below the £23,250 threshold and support would then have to be paid by Staffordshire County Council.

Fig 3 Number of People Claiming Direct Payments by Primary Need



Source: CISS 04/07/13

## Paying For Care

In November 2012 the County launched an initiative with an organisation called Mint Wealth Management to assist self funder's access independent financial planning advice. The County Council has now broadened their offering to self-funding citizens of Staffordshire to include more holistic information and advice in addition to financial planning advice.

From April 2014 a not for profit company called PayingForCare will offer a free information and advice service for older people responsible for paying for their own long term care and those individuals who will benefit from specialist later life financial planning advice will be referred through to Mint Wealth Management.

This will allow our citizens to make informed decisions about how their care and importantly how they pay their long term care, protect any inheritance and stay in the care home or setting of their choosing.

**Paying For Care Freephone 0808 208 9994**

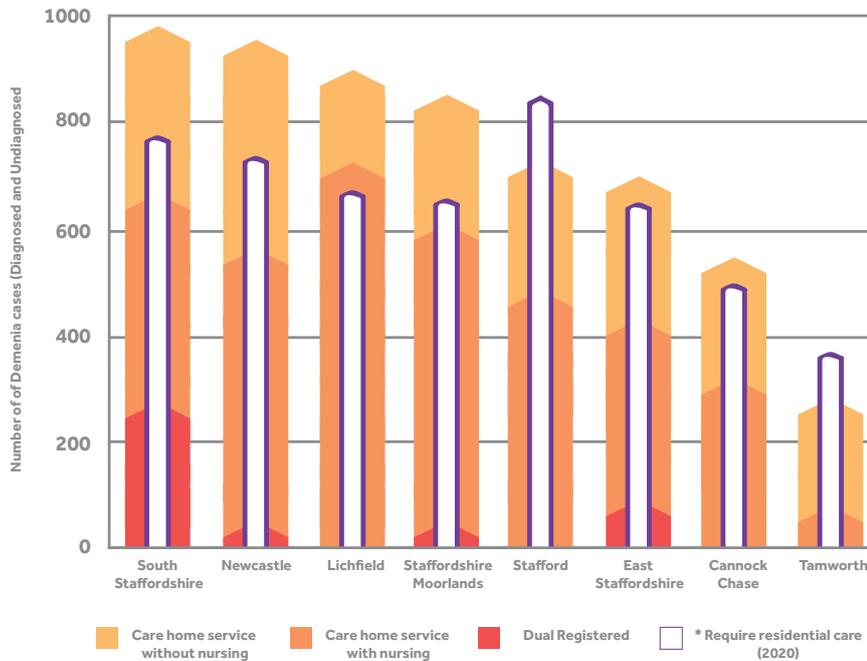
**[www.payingforcare.org](http://www.payingforcare.org)**

# Staffordshire's current needs and market trends

## Dementia

There are now approximately 800,000 people with dementia in the UK and there are estimated to be around 670,000 family and friends acting as primary carers. The current financial cost of dementia is £23 million a year to the NHS, local authorities and families and the cost will grow to £27 Action by 2018.

Retrospectively the number of people with dementia increased by 13% in Staffordshire, from 9,500 in 2009 to 11,000 in 2012. Projecting forward we can see that by the year 2030 the number of people diagnosed will almost double to 20,500.



## Disability

There is no definitive record of the number of people with learning and physical disabilities in Staffordshire. It is, however, possible to estimate the number of people with learning and physical disabilities by combining information collected by Staffordshire County Council about people who access services, along with national census predictions and epidemiological research.

Using the principles developed by Eric Emerson and Chris Hatton from the Institute for Health Research at Lancaster University we can estimate the number of adults with a learning disability in Staffordshire. This research shows that we have approximately 13,300 adults in Staffordshire with a learning disability but as this report will explain below, not all these people are known or have contact with the local authority or healthcare providers.



Figure 4: Number of people predicted to have a learning disability in Staffordshire

## Projected numbers of people with learning disabilities

Changes in the future size and composition of Staffordshire's population and potential changes in the incidence and prevalence of disabilities could lead to a change in the number of people with a disability in Staffordshire. There are three factors in Staffordshire likely to lead to an increase in the prevalence in adults over the next two decades. Firstly, an increase in the proportion of younger adults who belong to Bangladeshi, Pakistani and South Asian minority ethnic communities (among whom evidence suggests there may be a two or three fold increase in the prevalence of more severe learning disability). Secondly, increased survival rates among young people with severe and complex disabilities and thirdly reduced mortality among older adults with learning disabilities. Within Staffordshire we would expect to see a 5% increase by the year 2020 in the number of adults with a learning disability, with the highest prevalence rates being in Newcastle and Stafford districts.

## Mental Health

Staffordshire County Council and its partners have a jointly developed Mental Health Strategy.

Key messages from the Staffordshire context:

- **One in four people will experience a mental health problem**
- **All service provision needs to be recovery focused supporting people to be active citizens in their communities**
- **People need to access the right level of assessment, advice, support and intervention at the earliest opportunity**
- **Support is person centred with shared decision making and information to support choice and control**
- **Intervention and support is delivered in the least restrictive setting**

## Service Users

Whilst most mental ill health is mild and self-limiting and does not reach the level of diagnosis of a disorder, for a significant proportion of the population the effect of mental ill health is chronic and causes moderate disability and for some it can be a lifelong, severely disabling illness.

At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.

- In Staffordshire in 2010 it was estimated that: 13,000 people aged 18-64 had a specific diagnosis of depression with 83,800 people aged 18-64 presenting with some form of common mental health problem .
- Depression is the most common mental health problem in older people and is associated with social isolation. In 2010 it was estimated that 13,300 people aged 65 and over would have depression in Staffordshire. By 2020, these numbers are predicted to increase to 17,100. Around 4,200 people aged 65 and over were estimated to have had severe depression in 2010 rising in 2020 to around 5,500 people. Rates of common mental health problems such as anxiety and depression are higher in women than in men.
- We know that having a mental illness increases the risk of physical ill health and people with poor physical health are more likely to suffer mental health problems – having both a physical and mental illness delays recovery from both, for example, depression increases the risk of mortality by 50% and doubles the risk of coronary heart disease in adults, also, people with drug and alcohol problems have higher rates of other mental health problems.

- Mental illness often carries a stigma, and people with a mental illness are more likely to be living in poverty and be unemployed - unemployed people are twice as likely to have depression as people in work - the number of people unemployed in Staffordshire has increased dramatically since 2008, and now stands at 3% of the working age population claiming Job Seekers allowance. The most recent figures available show that only around 27% of working age adults in England with a mental illness are in employment.
- Across Staffordshire, there are around 40 suicides annually in people aged 18-64. Although suicide rates have fallen nationally, in recent years there was an upward trend in the South where, between 2006 and 2009 the numbers of suicides, and undetermined deaths, doubled from 36 to 73, whilst this has levelled out we are now seeing an upward trend in the North, Suicide Prevention requires a partnership approach.

## Current and projected numbers of selected mental health problems for people aged 18 and over in Staffordshire

	2010	2015	2020	2025	2030
<b>Common mental disorder (adults aged 18-64)</b>	82,038	80,823	80,363	79,869	78,869
<b>Borderline personality disorder (adults aged 18-64)</b>	2,292	2,258	2,244	2,230	2,201
<b>Antisocial personality disorder (adults aged 18-64)</b>	1,790	1,767	1,760	1,753	1,739
<b>Psychotic disorder (adults aged 18-64)</b>	2,038	2,008	1,996	1,984	1,959
<b>Depression (adults aged 65 and over)</b>	13,297	15,559	17,118	18,812	20,788
<b>Severe depression (adults aged 65 and over)</b>	4,186	4,901	5,450	6,207	6,879
<b>Early onset dementia (adults aged 45-64)</b>	237	233	245	250	237
<b>Dementia (adults aged 65 and over)</b>	10,196	12,099	14,413	17,365	20,625
<b>Likely to commit suicide (adults aged 18-64)</b>	38	37	37	37	37
<b>Dependent on illicit drugs (adults aged 18-64)</b>	17,362	17,126	17,042	16,960	16,791
<b>People aged 18 or over with a drug problem in effective treatment</b>	1,976	2,033	2,080	2,129	2,180
<b>Total population aged 18-64 predicted to have alcohol dependence</b>	30,654	30,246	30,103	29,967	29,687
<b>Survivors of childhood sexual abuse (adults aged 18-64)</b>	58,560	57,671	57,329	56,953	56,194

Source: *Projecting Adult Needs and Service Information (PANSI)* and *Projecting Older People Population Information (POPPI)*

## Current market

**Acute Care:** Currently most of the investment in mental health care is focused on acute care such as inpatient care and crisis and home treatment provision that provides a community based service responding to people already known to mental health services and those experiencing mental health problems for the first time. The team acts as 'gatekeeper' for inpatient beds and is involved in any decision to admit someone to hospital. We also have specialist teams such as Assertive Outreach that work with people who need mental health support but find it difficult to engage with mental health services; and Early Intervention in Psychosis teams who work with 14-35 years old experiencing their first episode of psychosis.

We have community mental health teams that are multidisciplinary with Social Workers, community psychiatric nurses, occupational therapists, carer assessment workers and support workers amongst others to support people through and to maintain their recovery.

## Primary Care and Psychological Therapies

Adult Primary Care Mental Health Services have been commissioned to promote, maintain and improve the mental health and emotional wellbeing of adults experiencing mild to moderate, common mental health difficulties, such as anxiety and depression, and thus improve the mental health of our population

Primary Care Mental Health Workers (PCMHW) can deliver a range of interventions including health promotion, guided self-help and psychological therapies both on a one to one and group basis.

## Voluntary and Community Sector Social Inclusion and Recovery Services

We have a number of services focused on improving the support available to people with mental health needs. These services are high quality and outcome focused services that concentrate on:

- Recovery by responding to individual needs and delivering in partnership with the people that use the services; Engaging with people in their communities and reducing social isolation; Promoting independence and offering opportunities for people with mental health problems to provide support to each other and to run their own services; Maximising choice and people making decisions.

They do this through the provision of:

- Wellbeing recovery workshops; Age specific peer support groups; Accredited volunteering and training; Black Minority Ethnic wellness sessions; Mentoring; One to one support in the home or community; Individual placement support for paid employment.

We have 'safe houses'. These delivers a short term intervention service where individuals can stay up to 3 nights per week to receive therapeutic recovery focused support, preventing the need for potential hospital admissions.

The Staffordshire Mental Health Helpline continues to support people in emotional distress during the weekends and evenings.

Housing support services are commissioned for people having difficulty maintaining or obtaining tenancies.

## Domiciliary Care

Domiciliary care is the most frequently used community-based support. It generally describes the sort of support that people receive in their homes on a regular basis, usually to help with everyday tasks, including personal care. It plays a vital role in keeping people independent.

Key messages from the Staffordshire context:

- Ageing population and increasing demand
- Complexity of care as more people supported to remain living at home
- Geographical challenges of a diverse rural county
- As population ages, increased number of people with stroke/ dementia being supported to live at home
- Direct Payments/Personal Budgets necessitates more flexible contracting
- Financial considerations - whilst there are service developments required to meet new priorities and targets there is no additional revenue funding available to support these initiatives.

## Service Users

Domiciliary care is currently provided to over 4000 individuals across the county

## Current Market

As a transition to a fully personalised approach, a portion of 'block' contracts (delivering a certain number of hours at an agreed price) have been maintained. The 'blocks' are supported by a number of services that form a framework agreement.

There are currently nine providers delivering sixteen block generic domiciliary care contracts across Staffordshire. For each of the eight districts there is a primary and secondary provider. The existing contracts have been extended to the 31st March 2015 whilst a strategic review of domiciliary care is undertaken to ensure that services are fit for purpose.

There are 65 framework providers and a further 47 providers under invoice led arrangements delivering domiciliary care.

The framework provides support for people with complex needs, mental health conditions, specific communication needs, people with autism, people with advanced dementia, people with physical disabilities and those that require community support.

## The way ahead

There have been a significant number of issues highlighted with regard to the domiciliary care market in Staffordshire, these include:

- Lack of capacity to meet demand
- Delayed hospital discharge
- Service quality
- Safeguarding issues
- Workforce recruitment and retention
- Sector unattractive to the labour market
- Overly prescriptive referrals/assessments resulting in providers being unable to meet required visit times
- National economic climate impacts on cost of travel
- Established companies and new market entrants with differing levels of provider concentration in rapidly growing markets: new entrants to the market not steered on where best to set up as a result of poor market planning and support.

Staffordshire County Council's aim is to have a range of providers for individuals to choose from, depending upon their own needs and preferences with services providing flexible, responsive and high quality care that allows for a reduction in use of institutional models.

Coupled with the increasing demand and acuity of need, there is a requisite to ensure sufficient capacity within the market and an appropriately skilled workforce whilst providing best value for both the council and individuals.

## Residential Care

The County Council spends circa £58 million on the relevant services (excluding learning disabilities but including Council top ups). The County Council uses between 25-30% of market capacity. Some individual homes have a much larger proportion of County Council placements, but these are not necessarily provided at the County Council Usual Cost and require a top up from a third party.

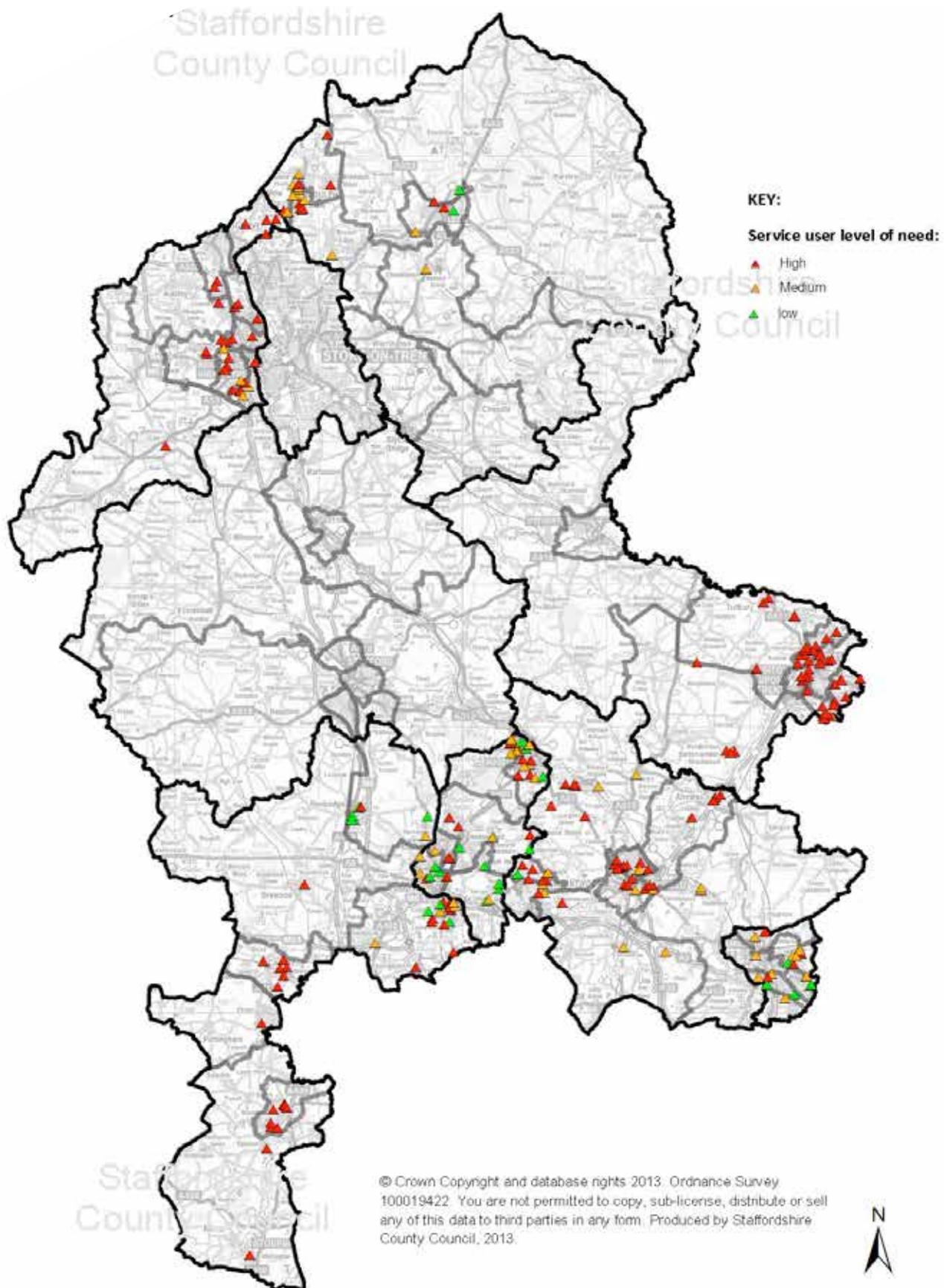
In total there are currently 3,496 service users within Staffordshire who are known to the county council, receiving care within either an in house provision or private care home. These service users include both children and adults, and the ages of these services users range from 14 – 117 and in terms of gender breakdown, there are 2,342 who are female and 1,148 that are male, 6 undetermined.

Our emphasis on excellent quality of service and creating better outcomes for residents means we constantly have to look how we can provide a better, more effective service.

Staffordshire County Council has a duty to assess the care needs of people who reside in Staffordshire. If an assessed need for care home services is identified and the individual is not a self funder of care, the County Council may make arrangements for the provision of that care. A person may choose a different care home, but if the person's choice is more expensive than what the County Council would usually expect to pay, the County Council does not, in most circumstances, have to pay the extra amount.

The County Council sets out what it usually expects to pay before each financial year. This is called the Usual Cost. Government guidance says that the Usual Cost needs to be set taking into account fairly the costs of the providers of the care as well as other local factors and Best Value.

# Older People SCC in-house day centre service users by level of need - January



Our review of fees for care homes for our vulnerable people seeks to strike a fair balance between the costs faced by care home providers and the quality of care available to people. We expect our care homes to offer the highest quality of service to the most vulnerable people in the county, and we will not be afraid to address this in a robust way if they fall short of the quality we and the residents of Staffordshire expect.

Staffordshire County Council, in collaboration with Staffordshire and Stoke on Trent NHS Partnership Trust, have a number of contracts across the County for specialist building based

day centres and support for Older People with complex needs, including people with dementia and other long-term conditions, physical disabilities etc.

The successful providers were able to demonstrate that they can deliver high quality outcomes focused services; a positive result for older people who require these services. We are in the process of completing a further needs analysis across the county with a view to identifying any further gaps in provision that require services to be commissioned to meet demand.

## Service Users

There are currently 294 older people who attend the SCC run day centres and satellites. This figure has reduced by 69%, from 1,246 people in June 2010 as people choose to access a wider range of services in line with the personalisation agenda. In addition, around 400 people access services with our contracted independent providers, whilst other private funders (number unknown) access a range of private day centres and other day opportunities. These figures are accurate as of January 2014 and are changing daily as service users exit our service and new users join. The people who use these services have a wide range of support needs and varying levels of social and physical needs, social isolation and vulnerability

Following a detailed analysis of those older people who currently use SCC in-house services, the level of need has been identified as follows:

- 63% having critical needs
- 24% substantial needs
- 13% moderate/ low level needs

## Current Market

The market for older people day services across Staffordshire County predominantly consists of the following:

The county council run Day Centres and Satellite Units - the total projected spend on these for 13/14 is £4 million. 9 Day Centres and 4 satellites:

- South Staffordshire – Great Wryley Day Centre, Bilbrook House and Oak House satellite unit.
- Cannock Chase – Lea Hall Day Centre
- Lichfield – Lichfield Day Centre and Oakdene Day Centre
- Tamworth – Three small satellite groups
- East Staffordshire – Burton Day Centre
- Newcastle-Under-Lyme – Maryhill Day Centre, May Place Day Centre and Biddulph Day Centre

We hold a number of contracts with independent providers. The council in partnership with SSOPT have commissioned the following specialist contracts for older people with high level needs, - the annual spend on these is around £1.1 million:

- South Staffordshire – Roller Mill Day Centre - Age Uk South Staffs
- Cannock Chase – Bridgetown Day Centre – Age Uk South Staffs
- Tamworth – Tamworth Day Centre – Age Uk South Staffs
- East Staffordshire – Burton and Uttoxeter Day Centres - Approach
- Newcastle Under Lyme – Approach Day Centres
- Stafford Borough – Bradbury House – Age Uk Stafford & District
- Staffordshire Moorlands – Leek and Cheadle Approach Day Centres

We have a wide range of none contracted Day Centres and other day activities accessed via Direct Payments or self funded by the individual users. Also a wide range of independent day centres, and other activities across the county such as leisure activities, lunch clubs that are co-ordinated by local community groups and can be found on the SCC Directory of Services; Purple Pages.

## The way ahead / business opportunities

With the increasing number of older people, comes an increasing need for services to meet these people's needs. We therefore need to ensure that there is a sufficient market place to manage the increasing demands, which provides the best value for money for both the Council and individuals (ensuring quality and safety are key) and that facilitates choice and control to the individual.

The council continues to review all council provided day care services to ensure they are fit for purpose. As part of this modernisation process we recognise that there will always be a need for specialist building based day care for the least independent people who need a service with complex needs e.g. dementia, physical disabilities and stroke. Whilst the council currently hold block contracts with independent providers for these high level needs services, the desired future direction of travel is for people to be assessed onto Direct Payments or managed budgets to access these services and for businesses to become self-sustainable in the future.

For people who need a service who have a medium level of need, we anticipate the trend to continue for these people to access more generic day centres, supported community venues, leisure activities, prevention services including stay at home schemes, day opportunities in Extra Care Housing Schemes. Whilst the council do have a small number of contracts with some generic day centres, the future direction of travel, once these contracts expire, is for these businesses to be self-sustainable with people accessing services via their Direct Payments, managed budgets or self-funding. This has already proved to be successful across a number of areas in the county.

Older people with a low to moderate level need will continue to be signposted to universal services including leisure activities, lunch clubs and other community and voluntary organisations and have access to information and advice with a focus on prevention and maintaining people's wellbeing.

## Assistive Technology

Both 'Caring for our future: Reforming care and support' White Paper (2012) and the NHS Operating Framework 2013-14 recognise the opportunities and efficiencies that can be realised through the appropriate use of assistive technology (AT). They support accelerating the roll-out of AT, through developing the market to offer opportunities for delivering care differently but also more efficiently. Use of telehealth and telecare in a transformed service can lead to significant reductions in hospital admissions and lead to better outcomes for patients and carers.

Through establishing a programme board for Technology enabled care services we intend to better support health and well being and to ensure a coordinated and consistent approach is taken to the development, funding and delivery of assistive technology services across Staffordshire.

Our proposals are designed to ensure our assistive technology services support users in sustaining safe independent living, reduce admissions to hospital and long term care, improve their feelings of general well being as well as assisting with management and monitoring of long term conditions.

## Service Users

There are an estimated 828,700 people living in Staffordshire County. The overall population is projected to rise by around 9% over the next 20 years, to around 904,700 people.

The age structure of the population is also expected to change, with the older age groups making up a greater proportion of the population than at present, and a subsequent reduction in the proportion of population from younger age groups.

<b>Total Population</b>	<b>828,700</b>
<b>Population aged 65 &amp; over (2010)</b>	<b>154,700</b>
<b>Total population (2010)</b>	<b>56%</b>
<b>Population aged 65 &amp; over (2010)</b>	<b>75,433</b>
<b>Population aged 65 &amp; over percentage increase from 2010 to 2030</b>	<b>61%</b>
<b>Population aged 65 &amp; over with a limiting long-term illness</b>	<b>196,430</b>
<b>Population aged 65 &amp; over with a limiting long-term illness percentage increase from 2010 to 2030</b>	<b>8,335</b>

Source: POPPI.

By 2030 there is a projected 26% increase in those aged 50 and over, a 56% increase in those aged 65 and over, an 89% increase in those aged 75 and over, and a massive 146% increase in those aged 85 and over.

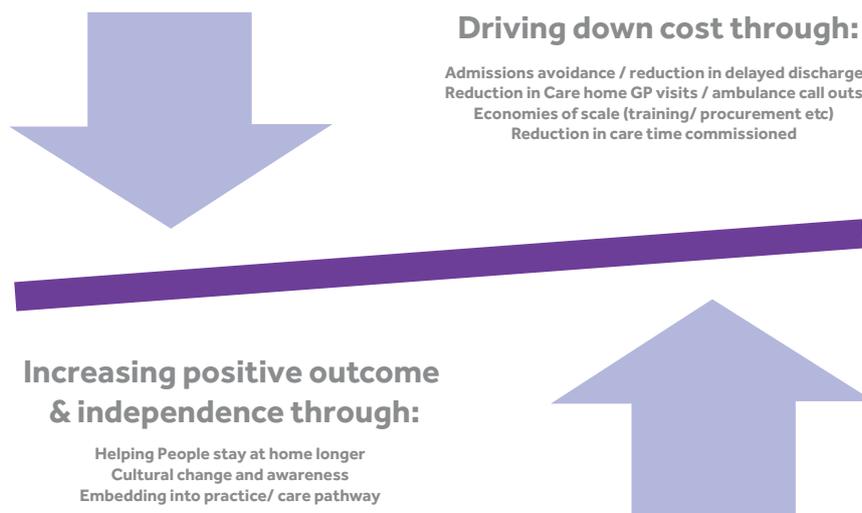
This demographic data alone suggests there will be a significant increase in demand for AT and services which enable greater independence.

In Staffordshire we face a number of challenges which impact on our ability achieve the vision, these are:

- The existing market is not sufficiently consumer driven. Fragmented provision across numerous providers and sub-contractors makes it difficult for consumers to understand who does what and what it costs.
- Contracts have been commissioned in isolation, with little synergy and limited competitive procurement.
- Provision is often not needs led. For example, alarm contracts are mostly property based i.e. the customer receives the service because of where they live, not because they need it. Resources need to be better targeted.
- The market has a legacy of being provider/manufacturer led. There's scope to better promote simple telecare solutions.
- There's a gap in provision in that there is no responder service, resulting in inappropriate use of emergency services.
- Current recording of AT is inconsistent and subject to staff going into the system and adding information rather than there being a mandatory requirement to supply the information. At present we have an "opt in" rather than opt out approach which often means AT is not considered as part of a care packaged until all other avenues have been explored.

## Current Market

Staffordshire currently commissions community alarm and telecare services through a complex set of 150 contracts with 22 provider organisations. The combined annual contract value is over £1.7 million. Most contracts are scheduled to end in August 2012. The majority are community alarms provided by housing organisations. Around 10,000 alarms are delivered in community settings, mostly in socially rented properties, with a further 4,500 in sheltered or extracare housing. There is a slow-growing (too slow-growing) number of alarms with peripheral telecare devices, such as fall detectors, gas sensors, activity monitors, flood detectors, etc.



The services and the interventions available are designed to support both a low level preventative approach to enabling people to remain or return to their home as well as tackling higher levels of need that may be more acute in nature. It will underpin the support given to enable people to optimise their independence and will offer support and reassurance to carers through the proportionate use of technology it will support care closer to home and build awareness and confidence in the use of AT cross the wider community.

## **Integrated Community Equipment Service**

The Integrated Community Equipment Service provided by Medequip is jointly funded by Staffordshire County Council, Stoke on Trent City Council, and 6 Clinical Commissioning Groups, Stafford and Surrounds, Cannock Chase, East Staffordshire, North Staffordshire, South East Staffordshire and Seisdon Peninsular and Stoke on Trent. The service provides equipment to people who require it, free of charge.

On loan by Medequip, the service aims to enable children, young people and adults to live as independently as possible from home, to avoid admission into hospital/residential care and support early hospital discharge.

The service provides a wide range of community equipment as follows:

- Equipment for daily living to help
- Nursing needs at home
- Pressure relieving equipment
- Moving and handling equipment
- Assistive technology
- Sensory equipment
- Minor adaptations such as grab rails, access rails.
- Mobility aids

The service also includes:

- Delivery and installation of equipment at your home address or other alternative delivery address within Staffordshire and Stoke-on-Trent
- Maintenance of equipment on loan to ensure it stays safe to use according to the law
- An emergency 24 hour breakdown service to repair or replace equipment
- Collection service from your home address of equipment when no longer required
- In-depth cleaning of returned equipment through a specialist decontamination process
- Repair and refurbishment of equipment where viable.

## Housing

### Strategic Direction

The strategic direction on housing for older people was set out in the Staffordshire FlexiCare Housing Strategy 2010-2015 "The Best of Both Worlds". With reference national guidance, published good practice and reviews of local services the strategy detailed our intention to:

- Increase the supply of housing for older people that incorporates an on-site care and support service; and
- Transform the way those care and support services would be delivered as part of an integrated provision for the benefit of residents.

The strategy for disabled people in Staffordshire "Living My Life My Way" is aimed at ensuring that disabled people and their families have real choice and control over the way they live their lives. The actions set out in this strategy will mean that all disabled people will have more choices, including the opportunity to live as tenants in their own homes.

## Service Users

The population of Staffordshire aged 65 years and over currently stands at approx. 170,000, with over 86,000 estimated to have a limiting long term illness.

Estimates of the number of people aged 18-64 with a learning disability helped to live independently are taken from key performance indicators. This highlights that 1,860 disabled people were helped to live at home, (predicted to reduce slightly to 1,823 by 2020), compared to 435 disabled people who were supported in residential or nursing care during the year with numbers predicted to remain similar in future years.

## Current Market

There are currently 14 FlexiCare schemes across Staffordshire housing around 1,350 people, with 6 more currently in development which will take the total up to nearly 2,000.

Each scheme is different, but around half of the residents will need care and support which will cost around £6.2m per annum.

## The way ahead

The FlexiCare strategy sets out the demand for new units of housing through to 2020, identifying a need for 2,361 rented units across the County – for which we are currently procuring development partners.

There is also an identified need for 4,498 units for sale, where we are looking for the market to respond.

We have developed proposals for delivering care and support services in a more integrated way and will be working with partners to implement this new approach.

## Carers

The Staffordshire Carers Partnership (SCP) was established in February 2014 to provide governance and accountability for improved Carers outcomes in Staffordshire.

The SCP provides the strategic direction for the Staffordshire 'Carers Whole System Redesign', which is set out within the SCP Framework. The SCP Framework is not a static document and will evolve as the Partnership develops. The SCP Framework will replace the Joint Commissioning Strategy for Carers (2011-16) once formally agreed.

The Carers Whole System Redesign has a focus on the following priorities and for Carers in Staffordshire:

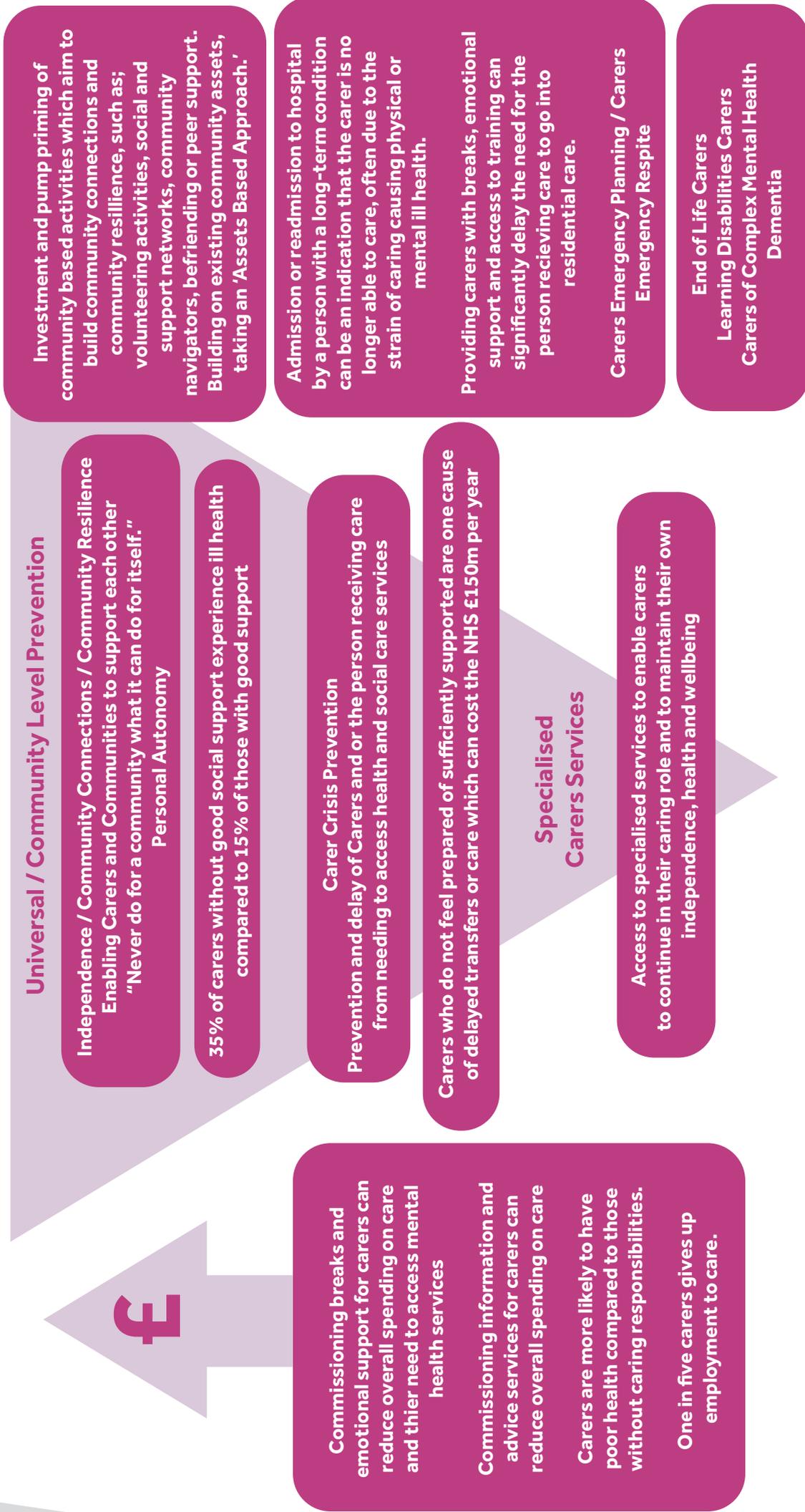
- Health & Emotional Wellbeing
- Carer Awareness & Recognition
- Life Outside of Caring (Breaks from Caring,

Respite, Employment, Social Connections, Education, Training...)

- Information, Advice, Guidance and Advocacy
- Young Carers
- Co-production and co-design
- Care Reform (Care Act, Children & Families Act)
- Early Intervention & Prevention;
- A Locality Approach;
- Building Community Assets, Community

Capacity and Community Resilience to promote 'Individual and Community Autonomy' (while recognising Carers as an asset who provide £1.825 Action of care in Staffordshire per year)

# Carers and Prevention



## Census 2011 Carers: Provision of Unpaid Care in Staffordshire

	Total	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
England	5,430,016	3,452,636	721,143	1,256,237
<b>Staffordshire</b>	<b>98,832</b>	<b>63,791</b>	<b>12,628</b>	<b>22,413</b>
Cannock Chase	11,817	6,947	1,736	3,134
East Staffordshire	11,467	7,492	1,443	2,532
Lichfield	11,569	7,662	1,359	2,548
Newcastle-under-Lyme	14,731	9,235	1,972	3,524
South Staffordshire	13,542	9,145	1,721	2,676
Stafford	15,040	10,208	1,709	3,123
Staffordshire Moorlands	12,551	8,308	1,545	2,698
Tamworth	8,115	4,794	1,143	2,178

The National Carers Survey 2012 sent to 1000 Carers across Staffordshire with a 48% response rate identified that:

- Almost two thirds of Carers are female (64%).
- More than half (51%) are aged 55-74, while almost one in ten is aged 85 or above (8%).
- Almost a third of the people being cared for are aged between 75-84 (29%), while just over a third is 85 or above (35%).
- In respect of the range of physical and/or mental problems experienced by the cared for person, more than a third (37%) has a physical disability, including sight or hearing loss, while one in five has problems connected to ageing (20%).
- Almost two thirds (62%) said that the cared for person lived with them as opposed to elsewhere.
- The majority completed the form without any help (92%).
- Almost half agreed to take part in future research (49%).

## Qualitative Trends:

Comments suggested that carers...	Didn't know who to contact and/or found it confusing to access information, advice, support.	Tried to contact a service but no one replied	Had contact with services but either no information, advice or support was given or it was unhelpful	Difficulty getting through to the right person	Found individual or service helpful
<b>Number of comments:</b>	11	4	19	5	7

## Current Market

Universal Carers Services in Staffordshire are currently provided by: North Staffs Carers Association and Carers Association Southern Staffordshire. These services include:

## Information Advice and Advocacy Service

This service includes an information line and drop in facility. Carers have access to publications, leaflets, website, carers' information pack, bi-annual newsletter, Carers Week and Carers Rights Day activities and promotion. Carers are provided with direct support such as emergency / contingency planning. There is also an Adult Carers Forum to engage with carers their views. Both organisations keep a database of adult carers and a database of carers groups.

## Health and Wellbeing Service

Carer's information and carer awareness in primary and secondary care settings, including training workshops for primary and secondary care workforce. This service includes the delivery of workshops for carers with the aim of improving their health and wellbeing. Carers are supported to access health checks and register as a carer with their GP.

## Breaks Service

Carers Breaks - Carers can apply for funding for replacement care, assistive technology and leisure activities e.g. gym membership. Carers also have access to wellbeing workshops and carer led groups.

## Young Carers

There is specific support available for young carers, who receive an assessment and support plan tailored to their needs. Services available include an advice line, drop in facility, postal information and texting service, one to one support, group support or a combination of support. Young Carers are also supported to be involved in engagement activities.

## Respite Care for Carers

A County wide Respite Care service delivered by the following providers:

- Crossroads Care: Newcastle, Staffs Moorlands, Stafford
- Allied Healthcare: South Staffs and Cannock
- Medline: East Staffs, Lichfield, Tamworth

Carers can access respite care through receiving a Carers Assessment

## **Emergency Respite Care**

Carers can register with Crossroads Care direct to develop a personalised contingency plan to help to in the case of an emergency for example if the carer has had an accident or been taken into hospital themselves. Specific care requirements are registered with Crossroads by the carer who can then be reassured that emergency home based replacement care is provided for a period of up to 48 hours or up to 72 hours if the period of time includes a Sunday or a bank holiday.

## **Carers Pilot Projects**

A number of pilot projects are currently being developed to inform the Carers Whole System Redesign for carers in Staffordshire:

- Carers and Employment (The Dove Service)
- End of Life Carers (St Giles and Douglas Macmillan)
- Older Carers of individuals with Learning Disabilities (The Dove Service)

# Staffordshire's Strategic Direction

## Staffordshire's strategic plan

- 'Leading for a Connected Staffordshire, our vision for 2014 – 2018' details the council's vision and three priority outcomes

*'A connected Staffordshire, where everyone has the opportunity to prosper, be healthy and happy.'*

### Priority outcomes:

The people of Staffordshire will:

Be able to access more good jobs and feel the benefits of economic growth

Be healthier and more independent

Feel safer, happier and more supported in and by their community.

The strategy also identifies an agreed set of values and behaviours that will guide how we will think and work together on a day-to-day basis to help deliver the vision.

The new approach is captured in a series of operating principles that will guide our thinking and choices over the next four years. A new philosophy that will redefine the role of the County Council and how we are organised to deliver:

Evolve our relationship with residents

- Think individual, families and communities first, state last, promoting personal responsibility, resilience and independence in all our actions.

- Give a stronger voice and more clout to the people of Staffordshire on the issues that matter to them, not just those issues we have a statutory responsibility to deliver.
- Encourage and support all Elected Members to be true community leaders, informing and influencing at a local and county level to create great places to live.
- Collaborate with residents and communities to identify the best long-term solutions to problems, whether that's from within the community itself or from the voluntary, private or public sector.

One Staffordshire:

- Focus on leading and influencing for the good of Staffordshire - it doesn't matter who does what as long as it gets done.
- Integrate insight, creative thinking and planning with partners inside and outside Staffordshire as appropriate.
- Integrate back office, delivery and governance with partners inside and outside Staffordshire as appropriate.

Staffordshire County Council will:

- Promote Staffordshire as the place to invest, live, learn and visit.
- Be the passionate advocate for Staffordshire locally, nationally and internationally, seeking to deal with only the things that matter to our residents.

## How we work:

- Get more joined up, locally and corporately, so we can work with residents, communities and partners to meet local needs more effectively.
- Get our financial systems, governance processes and commissioning support aligned to enable delivery of our ambitions.
- Everyone associated with the council (employees, Members, providers etc.) will go out of their way to understand what local people need, put their needs at the centre of what we do and find new and better ways to improve their lives.

Additionally Staffordshire Health and Wellbeing board recently published its Health and Wellbeing Strategy "Living well in Staffordshire"<sup>9</sup>. This strategy details how as individuals will need to take personal responsibility and make choices from those that are open to us, whilst supporting those who are vulnerable and at risk. It clearly defines how we need to move from reactive services and instead allow people to have choice and control of their own lives in order to shape their own wellbeing.

The vision, principals and values set out in this strategy inform how we develop the market locally to build a diverse and quality market place for the people in Staffordshire. Thus this Market Position Statement document must not be read in isolation.

<b>A more diverse range of quality services to support people at home for as long as possible and reduce the reliance on acute services</b>	<b>Our intention is to reduce the level of 'reactive' services we commission and shift resources currently used in these services to invest in services that identify needs at the earliest possible stage and stop those getting worse. Staffordshire will aim to reduce demand by working with providers to develop more preventative services</b>
<b>Flexi-care and Extra care</b>	<b>Our intention is to develop more flexible and extra care as we believe these models support independence, flexibility and better outcomes for less.</b>
<b>Assistive technology (AT)</b>	<b>AT has a significant part to play in supporting people to remain at home, keeping them safe and maintaining their dignity. Establishment of an Assistive Technology strategy that encourages the use of Assistive Technology by the Independent Sector.</b>
<b>Choice and control, personal budgets and direct payments</b>	<b>Providers needs to ensure they can offer flexibility, options and the financial structures to accommodate a higher proportion of self funders and people using personal budgets or direct payments. Providers should market their options to people who use services directly.</b>
<b>Focus on employment opportunities</b>	<b>Day opportunities should focus on volunteering or employment opportunities to promote independence, particularly for younger people eligible for care and support services.</b>
<b>Dignity, respect and compassion</b>	<b>We are looking for providers to provide care in a holistic manner, treating the person rather than providing a one dimensional service. Dignity, respect and compassion will be a focus when assessing service quality.</b>
<b>Evidenced outcomes</b>	<b>We want providers to demonstrate their services make a difference to each person's health and quality of life as well as meeting health and social care outcomes, cost savings and benefits.</b>
<b>Co-operation with other health and adult care services</b>	<b>We are looking for providers to provide care in a holistic manner, treating the person rather than providing a one dimensional service. We encourage and expect providers to work together and learn from each other in order to achieve these outcomes.</b>

<sup>9</sup> Website: <http://www.staffordshirepartnership.org.uk/Health-and-Wellbeing-Board/Health-Wellbeing-Strategy-Staffordshire-2013.pdf>

Better messages on nutrition	Every service that provides food should ensure they are providing nutritious meals and disseminating positive nutritional messages where possible. Malnutrition is a major cause of admission and re-admission to hospital and can prolong hospital stays. We welcome any ideas on how to best promote positive nutrition in the community.
Asset based approach	Providers should make use of existing community facilities and volunteers to add value to their service. People's time, creativity and energy can be more valuable than money in some instances.
Better Awareness of prevalent health conditions	There will be an increase in the number of people with dementia in Staffordshire and all services should train staff in dementia and know where to refer people with dementia and their carers for specific dementia support. Similarly, we want all providers to recognise the signs of a stroke and discourage lifestyles that increase the risk of someone having a stroke.
Third Sector Support	We welcome any ideas from the third sector on where they feel they could add value to the services that our residents receive.
More flexible, accessible services	We want our services to be able to accommodate people with a range of needs. For example, older peoples housing should also be able to support older people with learning disabilities. Furthermore, services should be accessible for disabled people and people with sensory impairments.
Feedback, innovation and ideas	We want feedback on our relationship with providers, our commissioning intentions, what we do well and what we could do better. We also want ideas about ways to deliver services more effectively and efficiently.
Support for workforce development	We wish to work with owners/directors/managers to support the recruitment and retention of a quality workforce. We look for services to develop new and innovative ways of developing a workforce to meet the diverse needs of the users

## What this means for providers

With pressures on funding of public services, social care continues to be a significant national need. However, policy drivers signal a shift away from traditional models and expectations of services. Greater choice and control for service users sits alongside greater responsibilities for individuals and communities. Commissioners and providers are charged with delivering effective and efficient services.

This creates opportunities for providers to continue to deliver high quality services and at the same time develop new and innovative schemes that meet the challenge of personalisation. The challenge is to develop high quality, value for money services that the local population will want to buy, whether through their own funds or through personal budgets.

Commissioners will on behalf of the local population commission services that take into account both national and local guidance and offer high quality personalised care that supports independence.

## **Opportunities to diversify or expand your business**

Personal budgets offer opportunities to create innovative services that offer people greater choice in enabling them to remain independent and live fulfilling lives.

There are opportunities to do things differently and the examples given below are just some ideas that have worked well elsewhere.

### **• Community activities**

You may wish to consider offering recreational, educational, social and support activities in the local community. Helping people to remain active and part of the Community

### **• Day opportunities**

People with personal budgets as well as those funding their own support may no longer want to use traditional day services. You could consider setting up a club or activity that supports people to lead the life they choose.

### **• Community meals**

You may want to consider offering hot meals for people in your local area or to set up a lunch club. We know that for some people cooking or even eating alone is a challenge.

### **• Back office services**

If people are recruiting their own personal assistants they may need support with advertising, recruitment, payroll, Criminal Records Bureau checks or training

### **• Domestic services**

You could consider setting up domestic help, gardening or shopping services, for example helping people to shop rather than doing it for them

## **What do we expect from Providers?**

We would like to work with you as providers to continue to develop and deliver services which meet the needs, expectations and aspirations of people in Staffordshire, whether their care is funded by the Council or by themselves. We expect you to think about the changing demographic picture and what the national and local directives mean to you as providers and the services and support you offer.

As we continue to focus on the personalisation of services with clearly defined person centred outcomes, the increasing need to offer more choice and flexibility in the delivery of support and care will need to be a major consideration for all providers. We know that some people will continue to wish to receive care in the traditional way but many will want something different.

As we redesign services for the future we expect that you as providers will co-produce with people who use your services and their carers, involving them at every stage of service design and delivery.

We will expect that the support that people buy from you will respond to their individual needs and will be cultural sensitive.

Providers of services will deliver quality value for money services in accordance with the Staffordshire's Care Quality Strategy 2013-2016 and the subsequent Staffordshire's Care Quality Charter (Service Quality Standards).

Available at: <http://moderngov.staffordshire.gov.uk/mgConvert2PDF.aspx?ID=43956>

## What should Providers expect from us?

We will commission services relevant to local populations taking into account the views of local people and both existing and potential service users. In designing services we will use a co productive approach to ensure that people are involved at every stage of commissioning.

We will continue to work in partnership with providers and their representative organisations to ensure that between us we develop cost effective high quality services that the people in Staffordshire wish to buy and use. We will utilise and build upon existing arrangements including provider networks, forums and events.

Our approach to commissioning will be one of openness and transparency.

We recognise that providers would like more detailed information about volumes and values of purchasing described at a more local level. This is a high priority for improving this Market Position Statement but it is a complex task. We hope to provide this information in later versions of the Market Position Statement in a statistically relevant and reliable way.

Our Quality Assurance team oversee the way we evaluate and support providers to ensure the best possible quality of service.

This partnership working will make sure that the best possible services are provided for the people of Staffordshire and ensure that organisations are supported should encounter difficulties in delivering services.

For further information please contact The Care Market Development Team on: 01785 355795 or email: [carematch@staffordshire.gov.uk](mailto:carematch@staffordshire.gov.uk)

# APPENDIX 1 -Care Act 2014

## Introduction

Published in May 2013 the Care Act became law in June 2014. The Act is ambitious and has occupied a considerable amount of Parliaments time during the last year. It aims to modernise the previously fragmented social care and health law into one piece of legislation for England and Wales. This single framework reforms the way care and support is accessed, assessed and funded. Most commentators have welcomed the Act and in particular the implementation of the recommendations of the Dilnot Commission on social care funding particularly around the introduction of a Care Cap and new funding arrangements.

The Act also takes forward elements of the government's response to the Francis Inquiry, particularly in relation to the role of the Trust Special Administrator. It also includes reforms to the regulation of health services and care standards, and establishes Health Education England (HEE) and the Health Research Authority (HRA) as statutory non-departmental public bodies.

In creating an updated framework for care and support, the Act fundamentally reforms how the law works prioritising people's wellbeing, needs and goals and for the first time it puts carers on a par with those for whom they care. This aligns strongly with a multi-faceted approach to social care which starts with a holistic approach to health and wellbeing, clear pathways for people moving through the various stages of life and a focus on the independence of people.

Under the Act the local authority will take on an array of new functions, they must ensure people in their area:

- Receive services that prevent their care needs from becoming more serious
- Can get the information they need to make good decisions about care and support
- Have a good range of providers to choose from

The Act makes it clear that local authorities must arrange services that help prevent or delay people deteriorating such as they would need on-going care and support. They should consider what services, facilities and resources are available and how these may help local people. They should also identify people and carers who may have support needs that are not currently being met. Local Authorities will need to provide comprehensive information and advice about care and support to help people understand how care and support services work locally, including funding options available to them. The local authority is also required, by the Care Act, to support a market that delivers a wide range of sustainable high-quality care and support services.

When commissioning services consideration must be given how these might affect an individual's wellbeing. Having a wider range of good quality services will give people more control and help them to make more personalised choices over their care. To support the development of the local market, local authorities are required to develop a market position statement which will provide a signal to the market by identifying the care and support needs across the community and explain how the local authority intends to commission services in the future.

The Act creates a single, consistent route to establishing an entitlement to public care and support for all adults with needs for care and support. It also creates the first ever entitlement to support for carers, on a similar basis. The Act is also clear about the steps that must be followed to work out this entitlement and sets out a new legal duty for adult's eligible needs to be met by the local authority, subject to their financial circumstances.

For the first time in England the Care Act includes legislative measures to protect adults from abuse. Despite current safeguarding provisions not everyone is equally protected with regard to how people receive social care services because the Human Rights Act may or may not apply to an individual, depending on how their care is funded. Those who self-fund or receive home care services from a private organisation tender contract from the local authority are not covered by the Human Rights Act 1998 while those receiving local authority funded care are.

Age UK argues, 'Regardless of how their care is funded the law should protect them against the risk of harm. For two people in the same social care setting to be entitled to different levels of legal protection, depending on how their care is funded makes no practical sense. Moreover, the only realistic way of creating a culture of adult safeguarding is to ensure the same rights apply to everyone in receipt of care, across all settings.'<sup>10</sup>

#### **The Act includes:**

- **Reform of care and support:** It sets out new rights for carers, emphasises the need to prevent and reduce care and support needs, and introduces a national eligibility threshold for care and support. It introduces a cap on the costs that people will have to pay for care and sets out a universal deferred payment scheme.

- **Regulatory Reform:** The Care Act contributes to the Government's response to Francis – a commitment to ensure patients are the first and foremost consideration of everyone who works in health and social care. Accompanying this aim is a reconfiguration of regulation and transparency to more vigorously hold service providers to account.

CQC will take a tougher stance when registering care services and is committed to taking tougher action against services that do not have registered managers in place. CQC will discuss the risks and potential benefits of mystery shoppers and hidden cameras to monitor care, and whether they could contribute to promoting a culture of safety and quality, while respecting people's privacy and dignity.

- **Health Education:** The Act establishes Health Education England (HEE) and the Health Research Authority (HRA) as statutory non-departmental public bodies, giving them the impartiality and stability they need to carry out their roles in improving education and training for healthcare professionals, and protecting the interests of people in health and social care research.
- **Integration of Care:** Another core tenet of the Care Act relates to a new duty on public organisations to cooperate in the planning and delivery of service users' care packages. With constrained funding the creation of the Integration Transformation Fund (the Better Care Fund), a £3.8 Action funding pot will be a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities. It should be noted that the Better Care Fund is not additional funding and that £1bn of the funding is tied to local performance.

The implementation costs of the Care Act will be £470 million for year one, comprising of £335 million set out in the June 2013 spending round and £135 million 'other costs' to be funded through the Better Care Fund. A number of commentators are concerned that in order for the Act to succeed that the future costs are accurately identified and covered by Government.

<sup>10</sup> Age UK, December 2013

# The Issues

The issues that have come to the fore during the passage of the Act include:

**The Demographic Pressure:** The number of older people living in the UK continues to grow in absolute numbers and as a proportion of the total population. This undoubtedly is a major concern and perhaps the biggest single driver for the reform of social care.

The projected rate of increase in the number of people over the age of 85 is unprecedented. Advances in medicine has increased life expectancy significantly but with more people living into older age often means they are more people in the population living with chronic conditions requiring support and care. The number of people aged over 85 has increased by over 250,000 since 2004/05. This cohort is most likely to need social care with councils facing a demographic pressure of around 3 per cent of adult social care budgets per year.

The Kingsfund is concerned that the Act alone will not solve the social care funding challenge nor will it deliver the change needed to meet future needs across the health and social care system.

Currently the population aged over 65 in Staffordshire totals at approx. 170,000 people and accounts for 19.4% of the total population of the County. Over the next 20 years this is projected to increase to 254,000 people which equates to 27.9% of the Staffordshire's population in 2032. More significantly is the projected increase in those over the age of 85. Over the next 20 years this cohort will see a projected increase of 255% from 20,000 people in 2012 to 51,000 in 2032.

The number of working age people with disabilities and long-term conditions needing care will also increase as life expectancy for this group continues to rise.

Age UK, Agenda for Later Life, p.88  
Age UK, December 2013

Office for National Statistics, 2014, The 2012 Mid-year population estimates

Office for National Statistics, 2014, The 2012 based subnational Population Projections

**Charging and the Care Cap:** Social Care funding has declined in real terms by £1.2 Action since May 2010 despite an increase in demand from an ageing population. This shortfall is only likely to widen, therefore, reframing who pays for and how we fund social care and support is critical.

Once a decision has been taken by the local authority on whether an adult has eligible needs, they should work with them to determine how those needs will be met. The Act gives local authorities the power to charge for care and support, however, it may not charge for services which regulations say must be provided for free. If the local authority determines that the person needs a service for which a charge can be made then it must decide if that person can afford to pay.

The amount an individual should pay is governed by specific financial regulations. The Care Act builds on the finding of the independent Dilnot commission in 2011. For the first time it will introduce a cap on the overall level of costs that an individual will have to pay in their lifetime. From April 2016 the maximum lifetime costs will be capped at £72,000 for people of state pension age with the cap being lower for those of working age and set at zero for people who have care needs before the age of 18. The cap only covers direct care costs and excludes general living costs, support not covered in the care package i.e. cleaning or gardening, and any extra costs i.e. Choice of a more expensive available care option. However, many commentators feeling the care cap has been set too high and it is unlikely that many individuals will actually hit the £72,000 threshold. Most older people will have to pay something towards their care and only those with less than £14,250 in savings and having significant care needs will get their care for free.

Spending towards the cap is assessed at the rate that the local authority says it would pay to meet those needs. If this rate is unrealistically low individuals will have to spend more on top-up payments which will not count towards the spending cap. Therefore, there is some concern that people may have to spend a great deal more than the £72,000 before they reach the cap. Age UK has suggested that there should be a requirement on local authorities to take into account actual market conditions when setting its 'usual rate' and make it clear the amount the local authority agrees to pay must be varied if it is necessary to meet the individual's assessed needs and guarantee that third party top up contributions cannot be required unless those two conditions are met. They argue that the expenditure towards the cap should be calculated on the basis of what a person spends and not what it would actually cost the local authority because the local authority often benefits from its considerable purchasing power and economies of scale.

Age UK have welcomed the introduction of the cap but are disappointed it has been set at a level considerably higher than the level recommended in Andrew Dilnot's report. They would welcome a reduction in the limit over time. The Kingsfund also support the introduction of the cap and the decision to implement the other recommendations in the Dilnot report but warn it will not solve the social care funding challenge.

Individuals with eligible needs will have an account that will show the total costs of meeting their needs over time and show progress towards the costs cap. Once the cap is reached the local authority will have to pay any further costs of meeting the person's eligible needs.

### **Assessing Needs and Eligibility Thresholds:**

The Act proposes the introduction of a national minimum 'eligibility threshold' from April 2015 i.e. the level of need at which formal social care support is deemed to be needed and if this is eligible for support from the local authority.

The Care and Support Alliance, among others, supports the introduction of a new national eligibility threshold which will ensure greater consistency across the country about who is eligible for care and replacing the postcode lottery of who is eligible for social care support depending on each local authority determining their own threshold of eligibility.

The proposed national minimum threshold is 'substantial' and three other levels being low, moderate and critical. These changes to the eligibility threshold will impact on the local authority as each person will need to be reassessed to determine whether or not they qualify for support. The reassessments may also mean some people no longer qualify for support. By 'shutting out' people from the system until their needs become much worse could be creating a future increase in demand where more people eventually fall into the 'substantial' category. The Kingsfund echo these concerns:

"Setting the bar at 'moderate' under the Fair Access to Care criteria would increase the number of people helped by 23 percent. We estimate that this would cost an additional £2 Million, but with 87 percent of local authorities' currently only meeting substantial or critical needs, it is hard to see this happening in the current financial climate."

The LGA, ADASS, SOLACE and CSA argue that due to cuts in local government budgets since 2008 eligibility for social care has risen dramatically. In 2005 half of local authorities set their eligibility criteria at 'Moderate'. In 2012/13 88 per cent of local authorities set their eligibility criteria at 'Substantial' or above. They argue that there needs to be a clear mechanism for Government to obtain an accurate understanding of how the new national eligibility threshold is working in practice and the impact this is having on local government finances.

The Care and Support Alliance highlight research by SCOPE that indicates that the current 'national eligibility threshold' risks shutting out 362,000 adults who need care out of the social care system. By setting the threshold at 'moderate' would ensure these people would receive the vital care and support they require.

The Care and Support Alliance also argued that investing in a lower national eligibility threshold for care would realise the ambitions of the Care Act. Using economic modelling by Deloitte's savings of £1.30 for each £1 spent in care of the disabled people with lower level care needs can be achieved. They argue that an investment of £1.2 Million in establishing a lower national eligibility threshold would lead to significant cost savings across the Government, NHS and local authorities.

The assessments:

- Must be provided to all people who appear to need care and support regardless of their financial position or whether the local authority thinks their needs will be eligible
- Must be of the adult's needs and what they want to achieve
- Must be carried out with the involvement from the adult, their carer or independent advocate
- Must consider other things besides services that can contribute to the desired outcomes such as preventative services, information and advice or other types of local support available.

Getting a fair assessment of needs is vital to ensuring that those needs are adequately met. The danger is that older people often under report their problems and with an inappropriate assessment process it could lead to people being wrongly filtered out of the care system. Therefore assessments must be undertaken by professionals with the appropriate rigor that ensures the true nature of an individual's circumstances and need are uncovered and that no-one falls through the net.

Care and Support Alliance, March 2014

Age UK, December 2013

The Kingsfund, 'The Care Act: second reading in the House of Lords' Briefing paper, 2013.

LGA, ADASS, SOLACE and CSA, 'Care Act, report Stage, House of Commons' Briefing paper, February 2014

Scope, The Other Care Crisis, p47, 2013

Care and Support Alliance, March 2014

The Act clearly separates the assessment of need and subsequent consideration of how needs should be met. This is important in ensuring that needs which are met by a carer is recognised and valued. The regulations issued under the Act will set out the assessment process.

As well as determining a person's care support levels the assessments will also form the first stage of the process on tracking eligible care costs which will count towards the care cap from April 2016. Therefore, it is anticipated that more people will ask for an assessment, because it tracks their progress towards the care cap cost of £72,000. The considerable number of new assessments are likely to come from self-funders who previously it would not have been in their interest to go through the assessment process.

It is difficult to estimate the number of new assessments that will come through at this stage. However, additional resources will be needed to meet this surge in demand leading up to April 2016 to handle new assessments when the care cap is introduced. This will put additional demands on front line staff, principally social workers. After the surge in demand it is likely that the number of assessments will level off but overall the number required to be completed each year will be much higher than is currently the case.

### **Direct Payments and Personal Budgets:**

The Act provides everyone with a legal entitlement to a care plan and a personal budget. Ensuring each individual has a care plan and each carer a support plan is a new legal responsibility for local authorities.

Direct payments in residential care will be rolled out in April 2016 alongside the introduction of the care cap funding. Direct payments in residential care will ensure people have a choice whether to take up the local authority offer or use the payment to purchase services from another provider and/or use their own money to top it up to purchase a more expensive service. This relaxation of restrictions on top ups will give greater flexibility and choice for individuals.

**Deferred Payments:** The introduction of a universal deferred payments scheme from April 2015 will mean people will not have to sell their homes in their lifetime to pay for their care, which is currently the case. Payment for care will only be taken following a person's death and paid through their estate.

It is envisaged that financial products will be offered to assist people in paying for their care needs in the future. Local authorities will need to be prepared to offer the correct advice and support on the options available for financial planning. In Staffordshire, Mint Wealth Management is working with the County Council to help people receive specialist advice on funding long term care.

The costs of administering a deferred payment scheme will be the responsibility of the local authority but this can be recharged as management fees and interest applied for each scheme. Issues will arise when individuals receiving care and using a deferred payment scheme move location to another local authority area. It is unclear how portable the deferred payment scheme is as is how these arrangements will be managed between local authorities to ensure each council receives the appropriate amount of recompense from the deferred payment scheme following a person's death.

The LGA has suggested that there should be a national body to oversee and administer the deferred payment scheme on two main grounds: firstly to prevent local government from being exposed to the financial and reputational risk inherent in the scheme; and secondly to create a less complicated and more consistent system that would instil public confidence in its operation.<sup>22</sup>

They argue that a national body overseeing the scheme would be far simpler than having 152 different schemes, it would also create economies of scale by driving down interest rates on loans and associated administration costs.

**Capital Allowances:** From April 2016, the value of a person's property will be taken into consideration in determining whether or not a person will receive financial support towards the cost of their care. This is applicable to those with assets including their property of less than £118,000. If their home is not included in the assessment, the maximum threshold for financial support will be increased to £27,000. The value of a person's home is disregarded if it is still occupied by a partner or dependent.

The principal issue with the introduction of the capital allowance is many owner occupiers in low value properties, principally in the urban areas, will now be included within the threshold. In some of the more deprived urban areas of the country this is likely to have a significant impact and re-assessing financial contributions to cover care costs will also have a significant impact.

#### **Funding, Integration and the Better Care**

**Fund:** The LGA, ADASS, SOLACE and CSA are concerned that inadequate funding for the reforms, and for the system itself, will jeopardise the Act's good intentions. They argue that the success of the Act will be put at risk if the reforms are laid over a system that is itself underfunded. They are seeking assurance that in future years the social care system and reforms proposed in the Act will be adequately funded by central government.

They argue the difference between projected expenditure, maintaining the same level of service provision, and total projected expenditure by 2019/20 is growing at around £2.1 billion a year. This is a significant funding gap and despite local authorities' best efforts to protect frontline services adult social care has not been immune and over the last 3 years adult social care budgets have reduced by £2.68 billion (20% of the budget).

The combination of funding reduction and spending pressures if compounded with a reduction of 8.5% in the local government financial settlement over the next 2 years. Discounting the NHS support for social care, which is not available for shire district councils, the reduction equates to 15.9%.<sup>23</sup>

<sup>22</sup> LGA, 'Care Act briefing in a national body to run deferred payment agreements', February 2014

<sup>23</sup> LGA, ADASS, SOLACE and CSA, 'Care Act, report Stage, House of Commons' Briefing paper, February 2014

The Care and Support Alliance has raised concern that there will be insufficient funding to make the Care Act's 'Well-being principle' a reality, highlighting that it is essential that the care system is adequately funded to ensure all those that need care can get it in order to live as independent and fulfilling lives as possible.

Delivering integrated care is essential to meet the needs of an ageing population and improve services for the growing number of people with long-term conditions. The Act places a duty on local authorities to promote integrated care, working closely in partnership with health colleagues.

There is a realisation that the only way to make the savings required and continue to deliver the quality services needed against a backdrop of increasing demand is to commission and deliver services through a partnership approach. Most commentators have welcomed this new duty.

The Kingsfund argue that one of the central challenges is how to get more resources into the system. It is increasingly clear that a more ambitious approach is needed which aligns NHS and social care resources more closely around the needs of patients and service users. Rather than continuing to 'rob Peter to pay Paul' by raiding the NHS budget to bail out social care. They argue that the 2015/16 Spending Review should be used to move towards a single strategic budget settlement for health and social care and closer alignment of local budgets. They also question whether the largely separate systems for health and social care, established in the post war years, is still fit for purpose and should it be re-examined.<sup>24</sup>

The £3.8 Action Better Care Fund (formerly Integration Transformation Fund) was announced by the Government in the June 2013 Spending Round, to ensure a transformation in integrated health and social care. The BCF is a single pooled budget to support health and social care services to work more closely together in local areas.

The BCF not only brings together NHS and Local Government resources, but also provides an opportunity to improve services and value for money, protecting and improving social care services by shifting resources from acute services into community and preventative settings.

The BCF is not additional funding, it principally is a redistribution of existing funds from the NHS to local authorities which in itself may cause some issues. Nigel Hawkins writing in the British Medical Journal highlighted that the transfers involved (£3.8 bn) is large enough to destabilise many acute trusts but too small to replenish the losses local authorities have suffered in the years of retrenchment since 2010 .

The Better Care Fund is intended to provide a better experience of care to patients and service users and by so doing reduce the pressure on residential care and acute hospitals.

## Operational Considerations

The enactment of the Care Act will have significant implications for Local Authorities and all stakeholders as adjustments are made to accommodate the new legislation both strategically and operationally.

Close analysis is currently underway in terms of the direct impact of the Act. The legislation mainly comes into force in April 2015 with some elements of the Act come into force a year later in April 2016.

<sup>24</sup> The Kingsfund, 'The Care Act: second reading in the House of Lords' Briefing paper, 2013

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