

Adult and Community Services

Market Position Statement
2015-16



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Introduction

I am pleased to present our Adult and Community Services (ACS) Market Position Statement which sets out Suffolk County Council's vision for the care and support of people living in the county, as well as our commissioning intentions. We recognise and value the organisations that we work with in the provision of services for people living in the county and we anticipate that this statement will be of benefit to providers of services by informing them of likely future services and support requirements.

The ACS 'Supporting Lives, Connecting Communities' (SLCC) approach to helping customers help themselves is now fully embedded with local social work teams and commissioners, and it continues to shape how services are commissioned. We are committed to developing and supporting the market place for services that meet the needs and expectations of all our customers and their carers, including self-funding customers.

Suffolk County Council wants to place the customer at the heart of what it does and the customer voice is essential to good co-production of services. Customers are able to influence decision making through varied engagement opportunities and partnership boards. Working in this way gives a strong foundation for the introduction of the new Care Act 2014 which brings a new focus for ACS to provide advice and information for people on how they both pay and plan for their future care needs.

We are committed to working with providers and customers as partners and will be open and transparent in our dealings with them. This approach will form the basis of discussions with providers and customers who inform and influence

our commissioning activity. This autumn, for example, the 'Support to Live at Home' contract will change the way that home care is delivered as the result of consultation with customers and engagement with providers; the service will have a locality focus and allow for care staff to work creatively and flexibly with customers to help them maintain their independence.

Integrated commissioning with health has been a significant development in the way services are commissioned by ACS and the Clinical Commissioning Groups (CCGs) in Suffolk; this is expected to deliver benefits for both providers in the market place and customers. It is a new way of working which has already been piloted in Waveney with the aim of working seamlessly with health so that customers are able to access the help they need when they need it regardless of organisational boundaries.

This statement contains ACS spending and strategies for different service types, information on the state of specific markets in Suffolk and analysis that will be of benefit to providers of services. By setting out our priorities and intentions in this way we are presenting market intelligence, so that providers can plan their businesses with confidence and meet customer expectations. Whether you are a commissioner, provider or other local organisation I hope you will be able to make use of the additional information and resources made available in the document and by web link.

Eve Wheeler

ACS Assistant Director for Commissioning and Market Development

Commissioners' role in transforming the services available for customers

Commissioners lead the work of reviewing existing services, specifying and procuring new services, letting and managing contracts, consulting with customers, members of the public, stakeholders and suppliers in redesign. They also have a role in analysing the impacts of the services which have been commissioned and in interpreting and understanding the population data and trends that will influence the services people will choose to buy in the future.

Commissioners have a strategy to meet the requirements of all customer groups, including self-funders, that is co-produced with stakeholders and statutory partners; the voluntary sector; people who need services, those that represent them and family carers. Commissioners have a duty to be innovative and bold enough to find new ways to meet new and increasing demands. They work with colleagues across the whole health and social care system, including private providers and the voluntary sector, to identify what commissioning or de-commissioning activity is needed to ensure that customers have choices in the care and support marketplace.

Commissioners have to ensure that commissioned services represent value for money in terms of cost, quality and meeting of assessed outcomes for individuals. They will invest in preventative services that reduce the need for more costly interventions later and have to work within the financial constraints which are affecting the whole of the public sector. Commissioners also have a role in establishing effective provider / commissioner governance and procurement arrangements, and in implementing effective performance and quality contract monitoring.

ACS will commission services that:

- Deliver personalised care and support and that enable people to exercise choice and control.
- Deliver the SLCC principles of 'Help to help yourself, Help when you need it and Ongoing Support for those who need it' and focus on enabling people to maintain healthy independence at home.
- Deliver integrated care and support across health, social care, housing and other needs as informed by Suffolk Health and Wellbeing Board.
- Take advantage of pooled funding arrangements (including the Better Care Fund) with CCGs so that the jointly commissioned health and care services are more integrated, deliver better outcomes for customers and make efficient use of resources.
- Enable Health and care staff working in integrated teams (assessing needs, care management and delivery of care and health services) to use their knowledge and expertise in the design of service approaches and specifications so that locally based, person-centred care is developed in communities.
- Complement the support people already have from their carers, families and communities and address the particular support requirements of customers in different community settings including prisons.
- Build on work with CYP and other statutory partners to, for example, offer a single inclusive education, health and care plan for young people with disability.

ACS will work with providers that:

- Recognise that services purchased through public funds have to deliver value and be cost effective.
 - Work with all their customers to promote choice, maintain independence and improve wellbeing.
 - Work with customers in groups and as individuals, with commitment to co-production, equality and diversity.
 - Build upon existing community, the voluntary sector and individual assets available and help customers to lead the most fulfilling lives possible.
 - Share good practice across the care and support sector in Suffolk and encourage communities and organisations to promote active lives and social connections.
 - Are able to develop digital and technological products and make assistive technologies available to customers so that they are able to maintain healthy independence at home.
 - Invest in their workforce to ensure that they have the skills, competence and attitudes needed to deliver good outcomes for customers.
 - Ensure their workforce have the right values, attitudes and behaviours (compassion, respect, empathy, treating people with dignity, integrity, courage, responsibility, imagination and adaptability).
 - Work in partnership with other health and social care providers to share learning and jointly commission workforce development activity.
 - Are prepared to deliver ambitious goals and strive to create realistic outcomes for individuals and the wider community.
- Design solutions that take account of and embrace the many natural and known transitions in life (such as the transition from childhood into adulthood, becoming a parent or carer, coping with bereavement and loss in later years).
 - Plan ahead progressively – this means anticipating and acting on future aspirations for customers in respect of supporting as ‘good a life’ as possible and developing a handover for other providers (if the next step is best covered by other contracts or suppliers) that supports customers in the longer term.

ACS approach to helping customers

ACS has adopted a strategic approach with a focus on providing information, prevention and reablement; summarised in the Supporting Lives, Connecting Communities strategy. Reablement and rehabilitation services are delivered jointly across the Suffolk system so that the right interventions are available at the optimum time and in the right place and customers are supported in a seamless way, in achieving the independence and well-being outcomes they want and value.

At times of change and challenge it is important that ACS continues to meet its statutory duties including achieving change within our resources. Through Supporting Lives, Connecting Communities and our integration with health our aim is to make savings whilst doing our very best to protect frontline services.

This ‘enabling’ ethos is at the core of all service offers to customers and is evident in the behaviours and approaches of the workforce at whatever level services are accessed. ACS will facilitate collaborative working between statutory, independent and voluntary sectors and promote innovation to shift care interventions towards proactive prevention, preparedness and self-care, and timely reactive services in a crisis. Where needed, customers will have a

specific outcomes based reablement and rehabilitation plan that will help them achieve short term goals to restore or maximise the skills they need to retain or regain healthy independence.

All reablement offers will maximise the use of a customer's existing support and assets, promote self-care through the use of Assistive Technology and reduce reliance on care support. This way of working is already accepted and effective; it has been extended beyond the original pilot areas to all local area social work teams in Suffolk. Customers are offered the appropriate level of help using a three tier model:



Help to **help yourself**

- We will work to keep **people living independently**
- We will help people to take responsibility for their lives for as long as possible - **without 'formal care'**.
- We will offer people information about and **connections into their communities**. Knowledge of local communities is essential. How can the local community help?
- We will have information at our fingertips, including advice and signposting. We will capture the **wealth of societies, clubs, services** within the community and link people up with them.
- We will encourage people to **be as active as possible** and to contribute to their community. What are their strengths and interests and how can they build on them?
- We will look to help people manage at home and remain independent through the use of assistive technology.
- Tier 1 is **for everyone in Suffolk**, no matter how straightforward or complex their situation.



Help when you need it, **immediate short term help**

- We will offer short term, often crisis response to **people who are at risk of losing independence**.
- We will work with people to help them **continue to live in their own homes** and communities – this is what people want to do if at all possible.
- We will work to get someone back as close to their previous level of independence as possible. This is called reablement.
- We will work quickly and efficiently to stop someone losing their independence – **this response must be immediate**.
- We will look at the strengths and support that someone already has and how we can build on it. We will work with people and **support their carers** to meet their outcomes.
- We will use technology and personal aids as much as we can to maintain someone's independence. What is important is what will work – this includes **occupational therapy (OT), equipment and assistive technology (AT)**.
- Our response will be **time-limited and monitored** to a point of maximising or achieving a person's independence. See tier three for when ongoing support is needed.
- We will not automatically align customers to services. We will think differently and work with people, asking them what would really make a difference to their lives.
- Each person with a tier two offer will need a **Short Term Enablement Plan (STEP)** to help them on their journey to independence. This will be completed by a case co-ordinator.



Ongoing support for those who need it

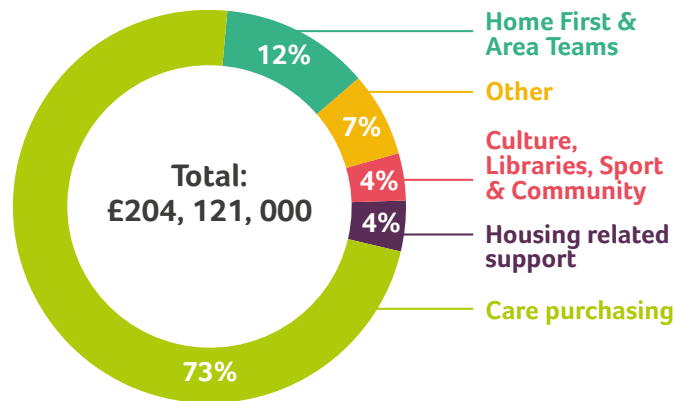
- We will offer **appropriate and timely** reablement and preventative support first, before considering ongoing support.
- We will develop interventions that build on **individual strengths**, rather than creating dependency.
- We will make sure that processes are **simple and easy** for all who use them.
- We will make sure that any response is proportionate and **tailored to people's individual circumstances**. Think what would make a positive difference to people's lives.
- We will provide a **clear and unambiguous** tier 3 offer that enables people to make informed decisions.
- We will enable people to have greater **choice and control** by using the principles of **self directed support** and promoting **Direct Payments**.
- We will use a **Resource Allocation System** that calculates an annual amount which can be spent **flexibly and creatively** to meet the person's **individual minimum outcomes**.
- We will expect people to create their own **support plan** and give them flexibility to amend it.
- We will promote **external support planning** organisations who offer specialist support, advice and guidance.
- We will include Assistive Technology and equipment wherever appropriate in our tier 3 offer, as it can do so much to maintain independence.
- We will work closely with local health care teams where appropriate to help the person manage their condition.



Budget for 2015 - 2016

Adult and Community Services 2015-16 Budget Breakdown

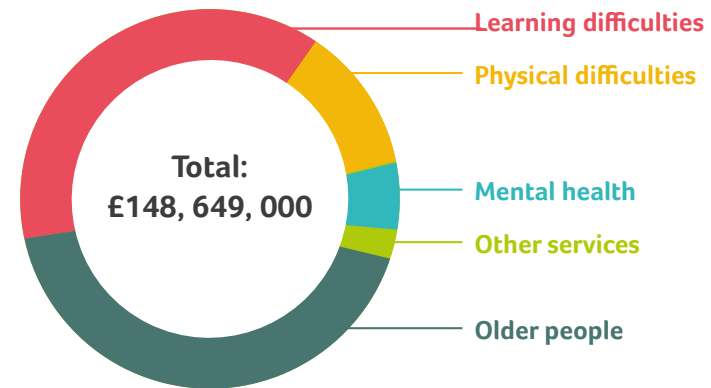
ACS has budgeted a total spend of £204.1 million for 2015-16. £148.7 million of the total budget will be spent on Care Purchasing (73% of total).



Adults & Community Services Budget	2015-16 Budget
	£'000
Management and Support	3,906
Care Purchasing	148,649
Home First & Area Teams	24,129
Community Equipment & Assistive Technology	519
Family Carers Support	2,397
Welfare Rights & Fairer Charging Teams	939
Housing Related Support	8,071
Commissioners & Specialist Services	6,965
Culture, Libraries, Sport & Community	8,546
Total ACS Revenue Budget	204,121

The highest proportion of the Care Purchasing budget will be spent on care for older people (£73.9M), followed by care for people with learning disabilities (£62.2M).

2015-16 Care Purchasing



Care Purchasing Budget	2015-16 Budget
	£'000
Older people	73,897
Learning Disabilities	62,178
Physical Disabilities	18,929
Mental Health	9,305
Other County Wide Services	3,388
Health Funding (Section 256 Funding Transfer)	-14,948
Health & Social Care Integration Savings	-4,100
Total ACS Revenue Budget	148,649

The Health and Social Care Integration programme, which involves joint commissioning with the NHS and service transformation, is expected to make efficiency savings of £4.1M in 2015-16.

The *Supporting Lives, Connecting Communities* programme is expected to save £5.4M in 2015-16.

Joint working with the NHS that makes a positive difference to social care services and improves the outcomes of those receiving care, has levered £14.9M for the Care Purchasing Budget.

Population in Suffolk

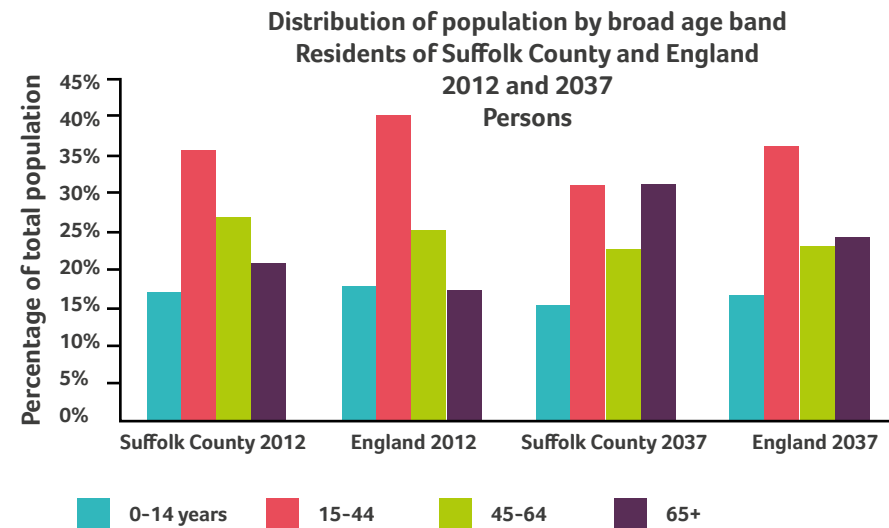
- A total of 743,000 people live in Suffolk¹
- Of these approximately 450,000 are aged 16-64 (61% of the total population)
- It is estimated that there are 167,000 people over the age of 65 in Suffolk (22.5% of the total population, this is significantly higher than the national average of 17.4%)
- The over 65s population in Suffolk is predicted to rise to 204,000 in 2025, when it is anticipated to be 26% of the total population

For detailed information on the current and projected populations in Suffolk see the [Suffolk Observatory](#)

As the graph below shows, it is anticipated that in 2037 there will be less than two people aged 15-64 for every person over 65. This presents a challenge to find innovative solutions to care as the proportion between those of working age and older years narrows.

The ageing population in the UK

- It is estimated that there are 11.1 million people over 65 in the UK (17.4% of the population)²
- By 2050 this is anticipated to increase to over 19 million
- Over 3 million people are over 80

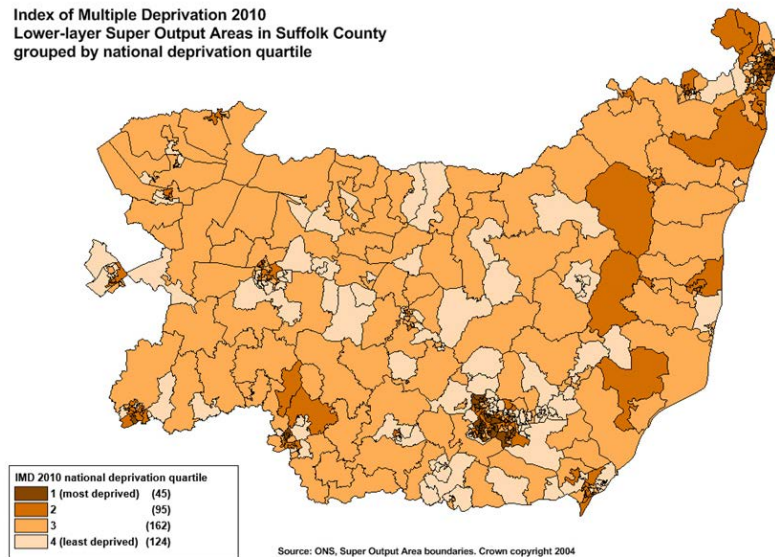


For a detailed overview of the population of older people see [Later Life in the UK](#) published by Age UK.

Indices of deprivation

The map below shows deprivation in Suffolk by Lower Super Output Area (LSOA). It accounts for seven factors: income, employment, health and disability, education including skills and training, barriers to housing and services, crime and living environment.

Index of Multiple Deprivation 2010
Lower-layer Super Output Areas in Suffolk County
grouped by national deprivation quartile



A total of 11% LSOAs in Suffolk fell into most deprived quarter of LSOAs in England, making Suffolk far less deprived than England as a whole. The most deprived areas were mainly in the large towns: Ipswich, Lowestoft, Bury St. Edmunds, Haverhill, Sudbury, Newmarket, Felixstowe and Beccles.

Customer overview

In March 2015 ACS funded care services for 9571 customers over the age of 18 (1.6% of the total over 18s population). These services include home care, day services, specialist housing, direct payments, and residential and nursing care. In total 66% of the customers of these services were older people, 20% had a learning disability, 11% had a physical disability and 1% had a mental health need.

Personalisation and Direct Payments

Everyone who has been assessed as eligible for funding is offered the choice of having care arranged by ACS or a weekly payment. If taking a payment, known as a 'direct payment', the individuals themselves can choose how to spend the money to meet their need. This could include employing a personal assistant, purchasing care from a private agency, buying equipment or one of numerous other options.

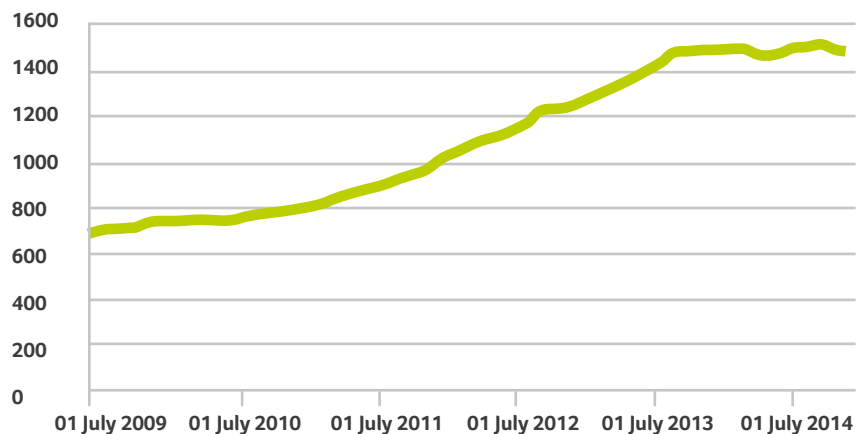
ACS aims to enable customers to maximise control over their care, through direct input into the nature of the care they receive and the way in which it is delivered. Services are commissioned, the market is developed and delivery is organised in such a way as to support this objective. Included in this are services that support people with managing direct payments and providing a range of opportunities to use their direct payment in ways that best suit those individual's needs. ACS has a focus on developing choice in support services and enabling customers to access that support through the use of direct payments.

This means that providers of care and other relevant services can expect to see an increase in the number of people organising care for themselves in proportion to the uptake of direct payments. The number of older people taking direct payments is anticipated to increase with the implementation of Support to Live at Home later in 2015. This will offer all current and new home care customers the opportunity to decide between council sourced home care and purchasing their support from a source of their choice by taking a direct payment.

As the graph below shows, the number of customers receiving direct payments has remained relatively stable around the 1500 mark since January 2014.

ACS aims to encourage greater take-up of direct payments and to broaden the customer groups that take advantage of this way of controlling and managing their care.

Customers receiving direct payments



There were 1530 customers taking direct payments as of January 2015, making up 15.69% of all the adults having a service funded by Suffolk County Council.

Population groups

Direct payments are popular with people with learning disabilities and adults with physical disabilities.

Uptake of direct payments is currently much lower amongst older people who have homecare services.

Customer group	Ratio of home care to direct payments customers
Older people	95% / 5%
Learning disabilities	48% / 52%
Physical disabilities	48% / 52%

It should be noted that there are certain cases where a direct payment cannot be used. Customers staying permanently in residential or nursing homes are not eligible for direct payments.

More information on direct payments can be found on the [Suffolk County Council website](#).

Market opportunity: individual service funds

Customers receiving a direct payment can choose to have their money paid directly to providers who offer what is called an individual service fund (ISF). Providers which offer an ISF can charge a fee in exchange for managing the money and arranging services for the customer. Providers can develop an ISF offer to help customers manage their budgets. Providers looking to develop an ISF offer can find online resources on the [in Control website](#).

Suffolk County Council would like to see providers developing more ISF offers in the market place and will support the development of this option by working with providers and customers to shape what is needed locally.

Social care workforce

In Suffolk there are an estimated 20,300 jobs in adult social care³. These are split between the statutory sector (5%), the independent sector (90%) and direct payment recipients (4%). Across the whole sector, Skills for Care estimates that there are 15,000 direct care workers, 900 managerial and supervisory workers, 1,500 professionals (eg: social workers, occupational therapists, registered nurses) and 2,800 workers in other areas of social care.

The average number of sickness days taken in Suffolk was four in the last year, which is lower than the regional average of five days per year

As of January 2015 Suffolk had a staff turnover rate of 23.6%, which is very close to the national average of 24%. The turnover rate varies depending on job group. Direct care staff have the highest turnover rate (27.2%), followed by professional staff (21.0%) and management/supervisory staff (11.1%).

The majority of the workforce in Suffolk were aged between 45 to 49, with an average age of 43.

Those aged 24 and under represent 12% of the workforce and those aged over 60 represent 11%.

As of January 2015, Suffolk had a vacancy rate of rate of 3.3%.

Of the estimated workforce of 20,300 people, 2,233 workers could be due to retire in the next five years.

The majority of the workforce is female (84%).

Resource for providers: Suffolk Brokerage

Suffolk County Council is committed to working with partners across the health and social care sector to support recruitment and retention. Employers have the responsibility to ensure they have appropriately qualified and competent staff. Employers can find resources to review their businesses and plan ahead, and obtain support and advice on learning and development on [Suffolk Brokerage](#).

Suffolk Brokerage also provides information on policy and legislation. This is available to everyone engaged in adult social care including personal assistants (PAs), direct employers and family carers.

Suffolk County Council, Suffolk Brokerage, the CCGs and Health Education East are also working together to promote careers in social care under the banner 'Care Careers Suffolk'. This promotion includes:

- Joint publications showing career pathways across the sector
- Joint apprenticeships with placements that span across health and social care
- Sharing access to a broad range of learning opportunities through [Suffolk CPD online](#)
- Availability of Suffolk Jobs Direct to support recruitment
- Support of I CARE and Health Ambassadors to promote the sector to school and college leavers
- Using promotional events (e.g. recruitment fairs/open days) to publicise opportunities across the sector

Contracts with ACS will account for the skills and competence of the workforce. This includes the Care Certificate which will deliver the learning outcomes, competences and standards of care that will be expected for all new healthcare assistants and social care support workers employed by regulated organisations from March 2015.



Home care

Overview

In February 2015, Suffolk County Council funded home care for 4368 customers (54 people with 24/7 live in care, 593 with the council's Home First service and 3732 with home care purchased from external providers).

It is estimated that there are 3270 people in Suffolk who purchase their home care privately⁴.

The number of home care hours being purchased by Suffolk County Council each week is approximately 50,000.

Most customers prefer to be looked after in their own home rather than go into a care home. Care at home often helps people do this.

Customer Survey

In a recent survey where customers were asked in which ways care and support services helped them, the most common answers were:

Personal care	(68%)
Feeling safe and secure	(55%)
Meals	(54%)
Keeping my home clean and comfortable	(51%)
To have control over daily life	(49%)
Social contact with people I like	(42%)
Doing things I value and enjoy	(33%)

There was a marked difference in age groups in the following:

Personal care	62% for 65-74s and 73% for 85+
Meals	43% for 65-74s and 62% for 85+
Feeling safe and secure	50% for 65-74s and 58% for 85+
Doing things I value and enjoy	37% for 65-74s and 31% for 85+

Support to Live at Home

A public consultation on home care services that ended in January 2014 found that customers preferred to have more choice and more control of their care and support services. Accordingly, Suffolk is commissioning the Support to Live at Home service that is due to start from September 2015. This is a joint commission with Ipswich and East, and West Suffolk CCGs and has been designed to provide more choice and control for people with care needs.

The Support to Live at Home contract will allow providers to focus on specific areas to deepen their knowledge of services in local areas and engage more with the local community. Care providers will also have more flexibility in how they meet the needs of customers, by providing care and/or something else (eg: arrange transport to visit a friend, assistance with housework, etc).

ACS funded customers will also continue to be able to have their care support funding provided as a [direct payment](#) so that they can make their own care and support arrangements. An additional option called an [individual service fund](#) will also be available which will provide customers with the choice to ask their provider to manage their funds on their behalf.

Commissioning services on a locality basis, and having that locality aligned with both social work teams and CCG areas, will enable services to become more aligned for the benefit of the customer. An additional benefit is that locality based providers will be better placed to recruit more locally, identify community activities/services that are an alternative to or enhance paid for support that enables them to remain an active member of their community and to live at home.

There will be new arrangements for customers with Enhanced Complex care needs. Enhanced Complex needs are defined as specific needs arising from health conditions, injury or disabilities that profoundly affect their communication skills and/or behaviour and/or social functioning. This could include people with a learning disability, a physical disability, sensory loss, autism, acquired brain injury, dementia or other deteriorating long term conditions.

Suffolk is also developing a similar service for the Great Yarmouth and Waveney CCG area with Norfolk County Council with plans for the new service to be in place by Spring 2016.

Home First

Suffolk County Council employs an in-house care service known as Home First. Home First operates across the county and focuses on providing short term support to help customers maintain or return to independence so that at the close of the service the customer is no longer in need of care. If, after this 'reablement' service, care is still required, the customer will be offered a direct payment or care from an external agency.

Home First performs a key role in helping people to live as independently as possible.

Improving quality of care

The ACS Quality and Improvement Team identifies where improvements can be made to raise the quality in care services in Suffolk.

Resource for providers: caring for people with dementia

A survey by the Alzheimer's Society found that 83% of people with dementia want to stay in their own home. Two thirds of people with dementia live in the community³, one third of whom live on their own, often relying on support from home care agencies.

Free resources for caring for people with dementia are available from the [Alzheimer's Society](#) and the [Norfolk and Suffolk Dementia Alliance](#).

The team supports providers in Suffolk to increase the skills of the carer workforce. My Home Life Leadership training is offered for home care managers and has proved to be highly successful. The training aims to strengthen the leadership skills of care home managers to improve the quality of care in Suffolk's care homes. A few outcomes reported by managers already on the programme include:

- Increased workforce resilience
- A calmer more relational environment to live and work
- Reduced staff turnover and sickness
- Care homes creating their own quality agenda
- Improved relationships with external agencies

Managers of care homes looking for further information on this training should contact the Quality and Improvement team by phone (01473 260919) or email (Quality.Improvement@suffolk.gov.uk)

Suffolk has a variety of innovative programs across the Care Sector with the effect of making the act of caring safer, meaningful, tailored to individual

needs and rooted in the local community. An example of this is Aldeburgh Music, based at Snape Malting's Concert Hall, who have gained funding from the Rain foundation and Dunhill Medical Trust to deliver a program to nine care homes over a three year period. Their program for care and cared for in the community is directed at both staff and residents, with the aim to develop positive relationships within the care setting using music as the tool. To access this program providers must nominate at least one member of staff to be trained and involved in 15 weeks of activities, in lieu of any payments. After the completion of the program participants can continue to access support and ongoing professional development to ensure a legacy remains.

Arts, culture and physical activities in care homes ensures that life in care homes is fulfilling, providing residents with meaningful activities. Physical and mental stimulation through leisure and recreational activities can improve people's lives within the home and in the community.

Suffolk Coaching Partnership offers coaching support to care home managers looking to take their business a step further, improve their quality of service and the quality of life for their residents. For further information managers are advised to contact the Quality and Improvement team.



Thank you so much for your support. I would like to say that I find Suffolk inspirational! I have shared loads of your ideas with the whole of my region it's been really helpful and forward thinking.

Care home manager

Day activities

Day activities help people to meet their needs and enjoy themselves in a variety of settings. Day service also play a large role in keeping people connected: the most effective social isolation interventions are known to be group activities, particularly those with an educational or support input⁶.

ACS supports customers by:

- Ensuring provision of a variety of day activities throughout Suffolk, providing choice for people living at home.
- Ensuring provision of high quality day activities to support people's independence and wellbeing.
- Supporting establishment of new day activities by offering providers information and guidance.
- Creating an environment where it is easier for people to choose less formal, more personalised day activities, through the use of direct payments.

The ACS database indicated that in January 2015, Suffolk County Council was funding day centre services for 1548 people at 138 different locations. These services ranged from sociable lunch clubs to outdoor activities at care farms.

The population of council funded customers accessing day services is made up of 37% older people, 52% people with a learning disability and 11% people with a physical disability.

The majority (80%) of Council funded customers accessing day services attend a single day activity, while 16% attend two different activities and 4% attend three or more different activities. The average customer attends two and a half day sessions a week.

There are various other day centres in addition to those attended by ACS funded

customers. Individuals wishing to find out what is available in their area can search on [Suffolk Infolink](#).

Suffolk County Council only makes referrals to accredited services. Day centres seeking accreditation should contact the ACS contracts team for the application. Accredited day centre providers are advised to put their details on Suffolk Infolink, so that potential customers can find them more easily.



Housing and accommodation

Housing is formally recognised as a key component in ensuring the people of Suffolk enjoy good health and well-being outcomes. Suffolk’s Health and Wellbeing Board recognises a number of housing issues as significant determinants of wellbeing and health including; the need for a balanced supply of housing options that ensures both young adults and an increasing number of older people can find suitable accommodation. The Health and Wellbeing board’s draft housing charter identifies the following areas for action:

- A)** Specialist housing for older people
- B)** Meeting the housing needs of vulnerable young people
- C)** Tackling homelessness
- D)** Providing housing that young adults can afford
- E)** Reducing overcrowding
- F)** Increased access to decent homes including improving the supply of affordable housing for all
- G)** Raise awareness of housing’s role in tackling mental health and isolation issues including loneliness

Types of housing and definitions

Many housing providers and social landlords in Suffolk provide supported accommodation of all kinds including; specialist accommodation that provides a stable independent living environment for people with learning difficulties, mental health issues or neurological damage and housing related advice and support that enables people to remain in their own homes.

Although Suffolk County Council is not a housing authority, and it is the district and borough councils which are responsible for the provision of sheltered accommodation, ACS Commissioners work with the local housing authorities (borough and district councils) to influence the quality and the design of homes so that they remain suitable should people develop difficulties in mobility, dementia or other debilitating conditions. Work with developers and suppliers of social housing is focussed on finding innovative ways to meet the challenges of providing sustainable, independent housing for an ageing population.

Sheltered – A collection of self-contained units of accommodation (usually bedsits within a communal block), which have on-site warden support (usually daytime only with on call service at night) and communal social areas and activities.

Enhanced Sheltered – Similar to sheltered accommodation, but with enhanced provision for personal care of frailer older people. On-site support is usually provided on a 24 hour rather than day-time only basis.

Extra Care – An enhanced sheltered housing setting with a focus on the extra care needs of people, often focused on addressing the needs of people with dementia.

	Babergh	Mid Suffolk	Suffolk Coastal	Waveney	St Edmunds	Forest Heath	Ipswich	Total
Extra Care	36	68	148	90	143	34	161	680
Sheltered	453	874	1321	1077	941	492	1586	6744
Enhanced Sheltered	59	29	0	32	32	48	0	200

Provision of Services in Suffolk by district

Estimated need

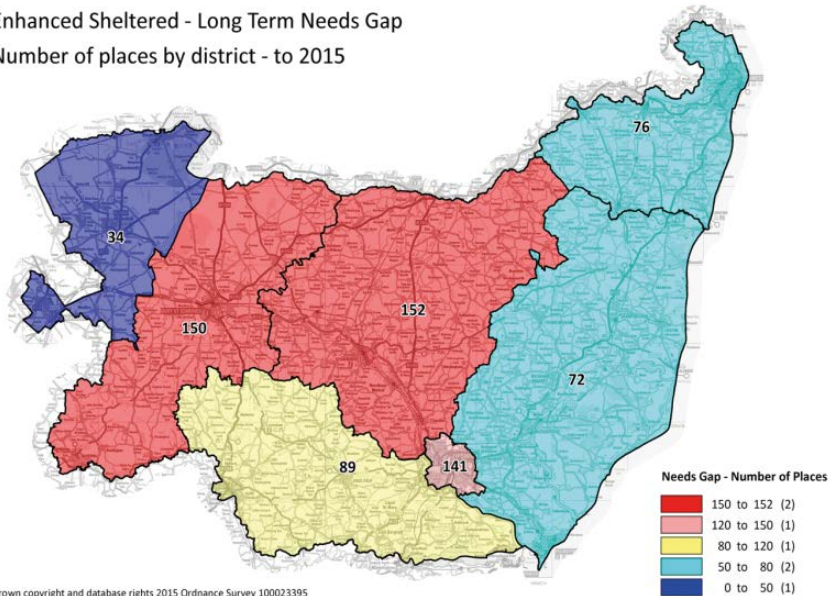
The needs for each housing type were calculated by applying prevalence rates to the over 75s population, with the prevalence rates shown below.

Housing type Prevalence per 1000 people age 75 or over

Enhanced Sheltered	10
Extra Care	12

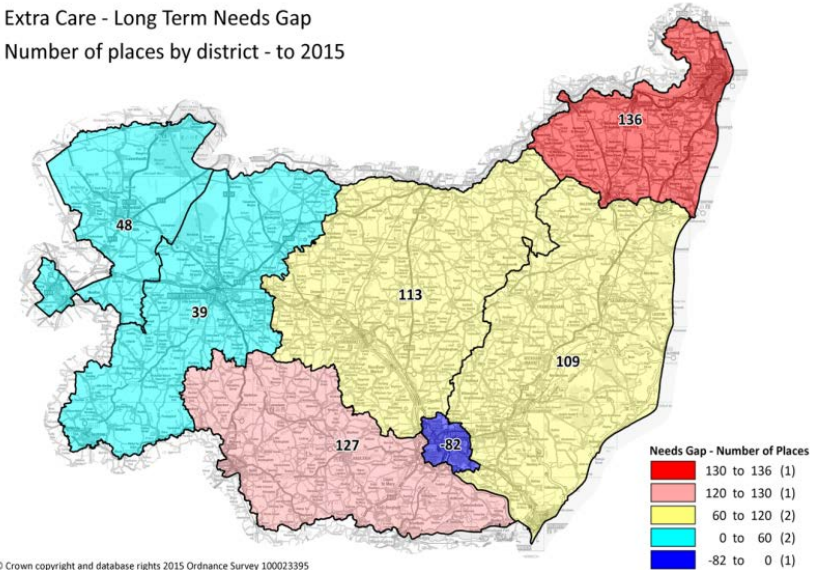
The variance between the number of places available for each housing type and the estimated need in each district is shown below. Mapping variance by district gives an approximation of where demand most outstrips supply.

Enhanced Sheltered - Long Term Needs Gap
Number of places by district - to 2015



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Extra Care - Long Term Needs Gap
Number of places by district - to 2015



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Market opportunity: new types of housing

ACS would like to see an increase in provision and the diversity of specialist accommodation for older people. The positive story of people living longer brings with it challenges and suitable housing is a vital part of meeting these. The current model of specialist accommodation for older people, namely Sheltered, Enhanced Sheltered and Extra Care, will need to be supplemented by new types of housing and accommodation that provide more flexible and innovative approaches to meeting people's needs as they change over time.

New types of accommodation could include housing which is specifically for people in late middle age or older. This housing would be highly accessible and be designed to make it easier for people to remain in as they age.

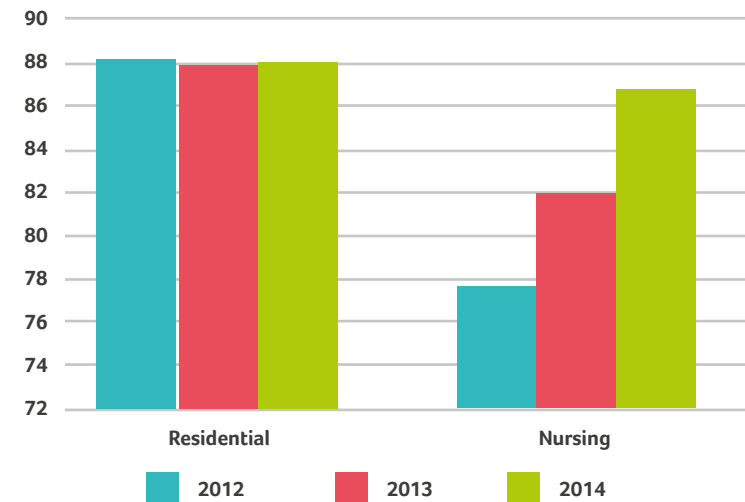
Residential and nursing homes for older people

ACS recognises that care homes provide an important service to people who can no longer safely live at home. As the population ages, older people’s needs are changing and becoming more complex at the time they typically enter a care home.

ACS supports customers by:

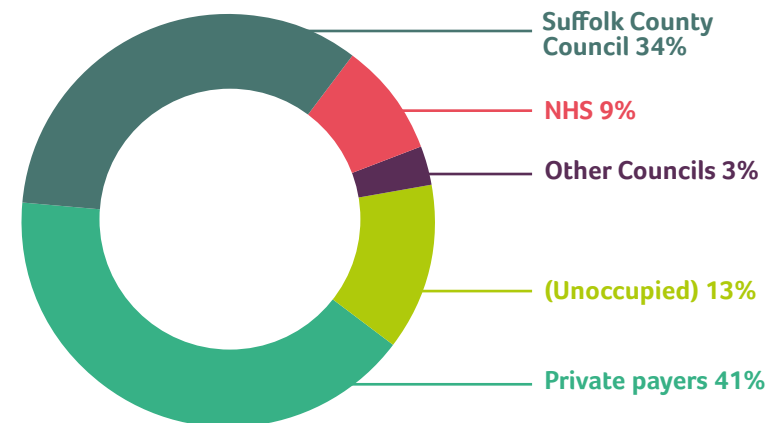
- Enabling the older population to remain independent for as long as possible and fund care home placements for those who are eligible and for whom it is the most appropriate service.
- Ensuring that the care homes market is able to meet the rising needs of people looking for nursing care.
- Ensuring provision of quality services in environments which are pleasant to live in and support people’s independence and wellbeing.
- Working with NHS commissioners to find the fair price for care homes, accounting for the different and increasing needs of residents.
- Ensuring availability of care home services at a fair price throughout Suffolk, giving people choice between services in a diverse and competitive care homes market.

Care home occupancy rates over the last 3 years (%)



Care homes occupancy in Suffolk, found by an annual care home survey of which 95 (61%) of homes responded

Care home places are purchased by



There are 157 care homes for older people in Suffolk. There are a total of 6256 beds, of which 2484 are equipped for residents with nursing needs.

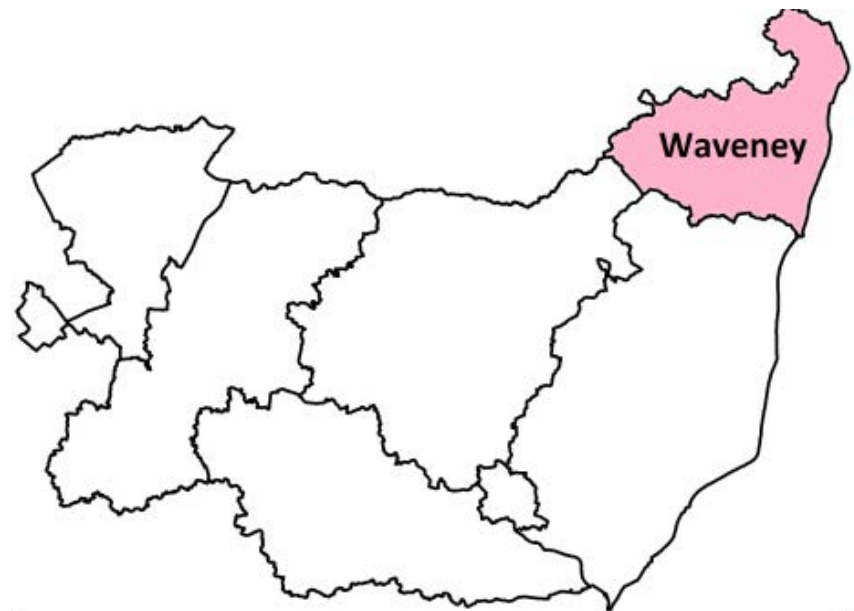
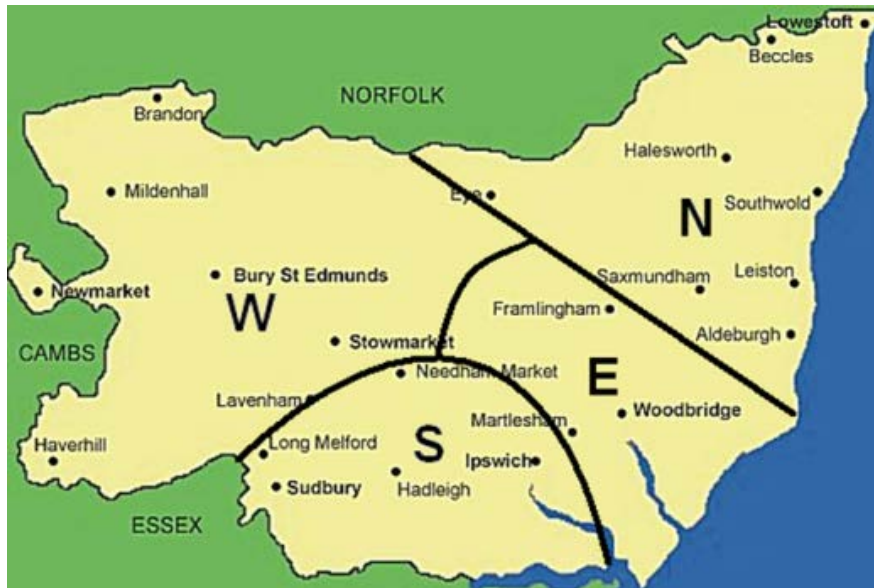
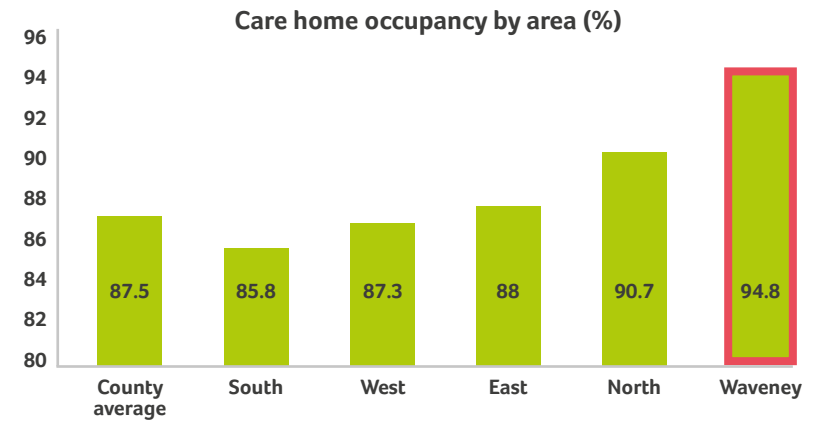
The use of nursing beds has been steadily increasing since 2012.

Occupancy of residential homes has remained consistent around 88%

It is estimated that 2600 residents in Suffolk are funding their care privately

Suffolk County Council funds care for 2500 residents in Suffolk at any one time

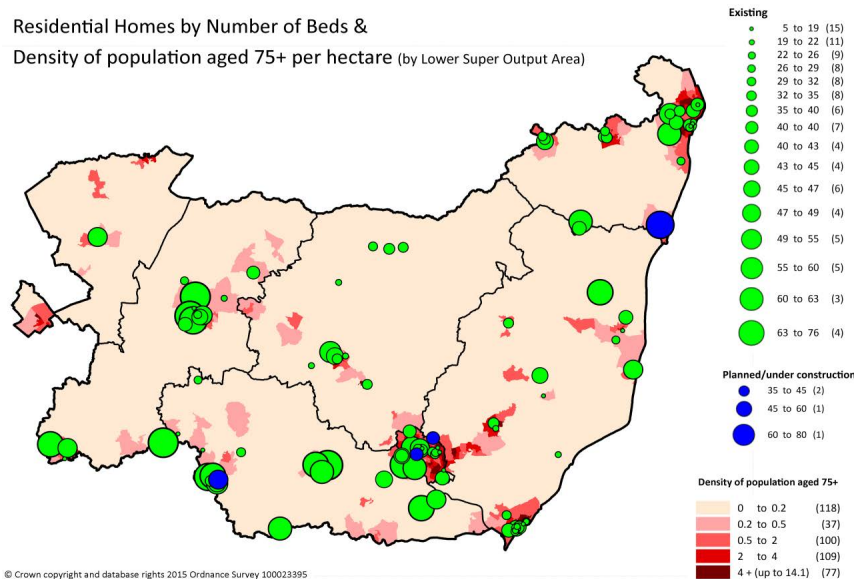
In the map below Suffolk has been split into quarters to give the occupancy rates by areas. The survey found that Northern Suffolk has the highest occupancy rate, with the Waveney district being noticeably higher within that. This indicates that demand most exceeds supply in Waveney.



Distribution of homes by type

Residential Homes by Number of Beds &

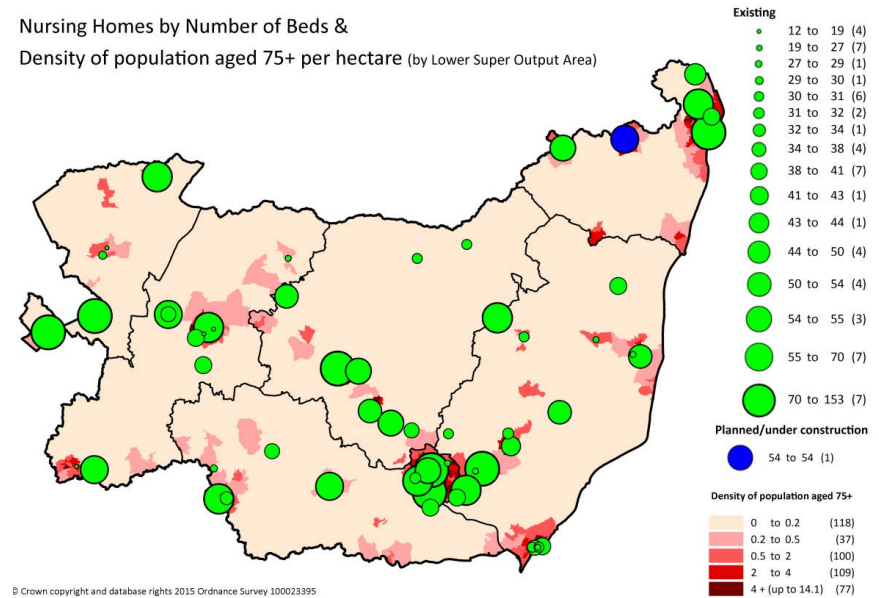
Density of population aged 75+ per hectare (by Lower Super Output Area)



The over 75s population is widely accepted as the threshold age of entry to residential and nursing care⁷. The map above shows existing (green) and planned homes (blue) overlaid onto a map showing the density of the over 75s population. Some homes with nursing have rooms which can be for residents who need either nursing or residential care; these are counted as nursing beds for the purposes of the maps above and below.

Nursing Homes by Number of Beds &

Density of population aged 75+ per hectare (by Lower Super Output Area)



Notes on the maps above:

- Some care homes with nursing have rooms which are dedicated to residential care only. These homes are plotted on both maps, with the bed count split between the two maps to represent the numbers of residential and nursing beds
- All 10 of the new generation Care UK homes have been mapped as complete while none of the 16 previous generation of Care UK homes have been mapped. This will be the case by the end of 2015
- Future sites range from land which has planning permission granted but no physical activity, to homes soon to open. The future homes include all sites with permission granted as of the 31st of March 2014

Demand

Despite an increase in the over 75s population between 2001 and 2011, the total number of people in a care home in England and Wales only increased by 0.3%⁸. Therefore while demand is expected to increase, it may not do so at the rate shown below. It also means that the needs of the average resident are increasing. The rise in nursing home occupancy rates demonstrates that this is already happening, and it is expected that the demand for nursing homes will continue to increase.

	2016	2017	2018	2019	2020
ONS projected increase in over 75's population in Suffolk from 2015	1.69%	4.82%	8.08%	12.39%	16.69%

Working with Suffolk County Council

Suffolk County Council spot purchases care home placements at flat rates, which are determined by the needs of the resident. The rates for 2015-16 are given below, where 'special needs' indicates a complex case of dementia, other mental illness or similar condition.

Care type	Weekly rate (£)
Residential standard	390
Residential special needs	538
Nursing standard	415
Nursing special needs	538

An additional weekly £110.89 is paid for nursing care as Funded Nursing Care (FNC) from the NHS

To take council funded residents care home providers can apply for accreditation through the ACS contracts team.

Market opportunity: gaps in the market

Where there is a high population of over 75s it is likely that there will be a higher demand for care homes. New residential or nursing homes in such areas would be most likely to find customers, particularly where there is low provision at present.

Resource for providers: dementia friendly care homes

Approximately 3300 residents of care homes in Suffolk have dementia (60% of all residents)⁹. This provides a challenge to create a dementia friendly living environment, with the reward for creating such an environment being decreased running costs, fewer falls and happier residents. To help homes create such an environment a free assessment tool can be found [here](#). The University of Stirling have also created a [Virtual Care Home tool](#) which highlights opportunities for making homes more dementia friendly.

Block contracts and sustainability in the care homes market

Suffolk County Council transferred its 16 care homes and eight community wellbeing centres to Care UK in December 2012. Care UK have developed 10 new purpose built care homes and wellbeing centres to replace them. All the new homes will be open the end of 2015. The buildings of the homes previously run by the council are each being returned to the council for decisions to be made about future use. In total the new homes have 690 beds providing specialist nursing and residential care, including dementia care.

In 2012 the UK's first passivhaus standard care home was [built in the UK](#). The exceptional energy efficiencies of the home increased the cost of design and construction by 6%, however this is predicted to pay for itself within eight years of operation. The nature of care homes makes them particularly cost effective for high energy standards. Companies considering building new care homes are encouraged to investigate the environmental, financial and quality advantages provided by constructing homes to passivhaus standards.

Dementia

There are approximately 11,000 people with dementia in Suffolk (4000 males and 7000 females). This is predicted to rise to 14,500 people by 2021.

For a more detailed overview of the needs of the dementia population in Suffolk see the [Dementia Joint Strategic Needs Assessment](#). This Needs Assessment identifies the range of current services available to support the needs of people affected by dementia. It also makes a range of recommendations, including the need to:

- Avoid the current fragmentation of services
- Focus services more toward early intervention and support, allowing people

to live well with dementia for longer and to have fewer, less frequent incidents of crisis

As a consequence ACS is looking to develop services to address the needs of increasing numbers of people affected by dementia and meet the recommendations within the Dementia Needs Assessment under the following outcomes:

- People have the information and advice they need to cope with the impact that dementia has on their lives
- People are able to live well with dementia, maintaining their independence at home for longer than currently
- People are supported through periods of crisis
- People are able to forward-plan their end of life care

Market opportunity: dementia support services

Suffolk ACS are working together with the CCGs in Suffolk to develop integrated post-diagnosis dementia support services to achieve these outcomes for people affected by dementia. When further information is available this will be advertised on the Official Journal of the European Union (OJEU) and other sources.

Estimated dementia prevalence in the UK by age and sex²

	Males	Females
Age (years)		
30-34	0.01%	0.01%
35-39	0.01%	0.01%
40-44	0.01%	0.02%
45-59	0.03%	0.03%
50-54	0.06%	0.06%
55-59	0.18%	0.10%
60-64	0.20%	0.12%
65-69	1.50%	1.00%
70-74	3.10%	2.40%
75-79	5.10%	6.50%
80-84	10.20%	13.30%
85-89	16.70%	22.20%
90+	27.90%	30.70%

Many services bought and provided by ACS include people with dementia as their customers. These are predominantly in the home care and care homes sectors. There are also several services which are specifically for people with dementia:

- Dementia support service. This provides people with personalised support services and offers opportunities for peer support;

- Flexible Dementia Service. This service responds at moments of crisis to support people with dementia and their family carers through the crisis. It is a short-term home care service that is flexible to the person and family's needs, aimed at stabilising the situation and informing an assessment of ongoing needs. The service is currently purchased through a Framework contract with four different providers. The current contract runs until March 2016, and over 200 people are supported through the service over the course of a year.

There are also many more services which are not commissioned directly by ACS which address the needs of people specifically with dementia. These include specialist counselling, various leisure activities and dementia cafes where individuals and their carers can come together to access information and support.

Housing Related Support (HRS)

HRS services (previously known as supporting people) provides support to approximately 6,000 people in Suffolk. This is delivered by 45 providers on 60 contracts. Suffolk County Council currently funds HRS for people living in Suffolk.

HRS is support to help individuals gain and retain the skills needed to live independently for as long as possible. Services can be provided on-site in a supported housing scheme, or as an outreach service (floating support) in people's own homes.

Types of support

Short term accommodation based support services: There is a range of services currently available, including hostels for single homeless people (aged 16 and over), young families and people getting away from domestic abuse, and short stay supported housing. There are also more specialist services that provide support for offenders or homeless families with additional needs.

Floating support: If someone lives in Suffolk and is struggling to live independently in their accommodation, a support worker can visit them in their home and help them with things like maintaining their home, managing a budget, getting into employment or education or keeping healthy.

Community support: This type of support is similar to floating support but can be provided for a longer period and is available to people with more complex needs – for example a learning and/or physical disability. Some people may have to pay for this service.

Sheltered housing: Sheltered housing is aimed at older people and offers smaller easier-to-manage accommodation with additional advice and support available either on-site through a warden or through a community-based outreach service.

These include services that are targeted at, but not limited to, the following customer groups:

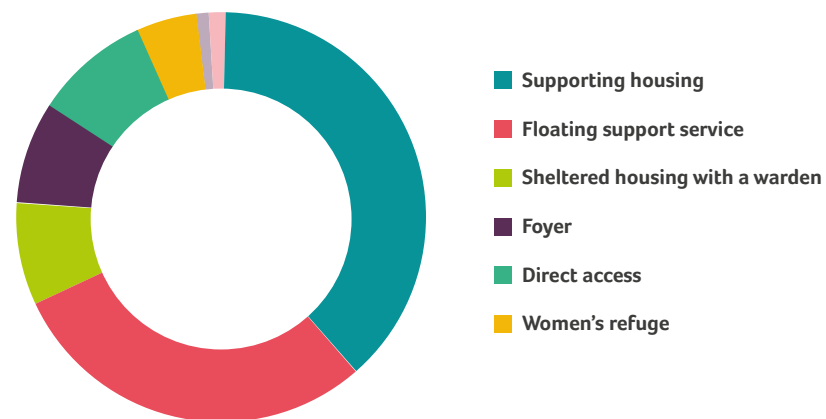
- Homeless people
- Older people
- People with learning difficulties
- People with autistic spectrum conditions
- People with sensory impairment
- Offenders
- People with mental health problems
- Young people leaving care
- Women experiencing domestic abuse

- Vulnerable Gypsies and Travellers
- Young Families (Teenage parents)

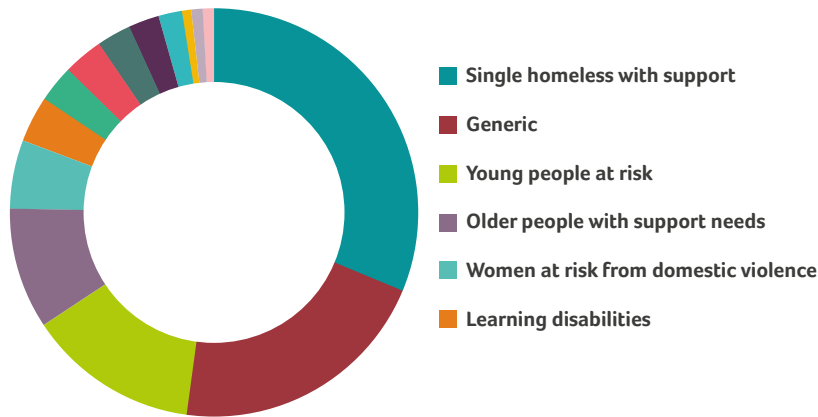
Spend by service type

Supported housing	39%
Floating support service	30%
Sheltered housing with a warden	8%
Foyer	8%
Direct access	9%
Women’s refuge	5%
Accommodation for teenage parents	1%
Outreach service	1%

Spend by service type



Spend by customer group



Customer record forms and outcomes data for short term services are collected by St. Andrews Centre for Housing Research, providing data and information about access to HRS in Suffolk and outcomes achieved.

HRS services are being redesigned to strengthen alignment with the ACS 'Supporting Lives, Connecting Communities' and CYP 'Making Every Intervention Count' transformation programmes. This will ensure all future HRS service provision accessible to front-line social worker practitioners and part of an integrated offer to customers to meet their needs within their local community.

Market opportunity: redesign of services

ACS is currently reviewing the way HRS is provided and evaluating options for the service in the future to ensure best use of the resources available. During 2015 ACS will be consulting and engaging with the market to redesign HRS services. It is likely that services will go out to the market in 2015/16 with services effective from 1st April 2016.

Carers' services

A carer is someone of any age who cares for another person who cannot manage without help because of illness, frailty, mental health need, substance misuse or disability. Carers are not paid and do not always live with the person they care for. They may be caring for a partner, friend, neighbour or relative. Most carers do not make a conscious choice to become a carer and do not think of themselves as carers. This means that they may not be aware of the services which exist in their local community, virtually and nationally to support them.

The UK has an ageing population and longer life expectancies. It is estimated that from 2017 onwards, the number of older and disabled people needing long term care is predicted to outstrip the number of family members able to provide it¹⁰.

The model of delivery of services for carers means that Suffolk County Council will be:

- Investing in preventative services to prevent more costly interventions later
- Developing communities where people can live more independently of public services
- Co-designing and co-producing services with customers, stakeholders and providers
- Promoting cost effective delivery models
- Building on the assets of individuals and communities, focussing on what people can do, rather than what they cannot do and recognising those skills and strengths
- Ensuring that help and support promotes independence, and that individuals will have choice and control over their lives

Market opportunity: services for carers

ACS will continue to co-produce new services and support for family carers and to encourage providers and communities to present innovative and exciting choices for family carers. ACS is doing this by changing the way services for family carers are commissioned, working in an integrated way with stakeholders and listening closely to providers, front line practitioners and carers themselves.

At present there is a large variety of services available to carers in Suffolk, with a full list available in the [Carers Joint Strategic Needs Assessment](#).

Both a needs assessment and carers review identified that carers required good quality information and accessible communications. Information is available through ACS Voluntary Sector partners ([Suffolk Family Carers](#) and [Age UK](#)), GP surgeries, [NHS Choices website](#) and through [Infolink](#).



Learning disabilities

Population

There are approximately 14,000 people over the age of 18 in Suffolk with a learning disability of any type¹¹. Of these, approximately 3,000 are estimated to have a disability categorised as moderate or severe.

The Institute of Public Care projects that there will be 8% more people with a learning disability in Suffolk by 2030

Strategy

ACS recognises that good lives happen for people when they are supported in their communities. This means being connected to people and places in neighbourhoods and beyond.

ACS aims to support people to work towards being as independent as they can, promoting progression wherever possible throughout a person's life. ACS vision for the social care market is underpinned by the principle that wherever possible people should be supported to achieve greater independence, focusing on what people can do. The ACS vision is that all are supported to be active citizens, included in their community with the right support, at the right time from the right people.

- All people with a learning disability that are eligible for care will have an annual review that will result in a personal budget and support plan, including young people transitioning into adulthood
- Information about help and support will be clear and easy to obtain
- ACS will have agreed rates with approved providers
- All people with their learning disability recorded on a GP register will be offered an annual health check
- Housing and support options will be wide ranging and will be individualised to each person Young people will have a person-centred review from the age of 14-19

Commissioning and contracting will be redesigned to support personalisation for people with learning disabilities. Providers, people with learning disabilities and their families, will be fully engaged in this redesign.

Market opportunity: community opportunities

Suffolk County Council is committed to ensuring that the community is welcoming place where opportunities are accessible and inclusive of all. All providers will be asked to demonstrate how they are supporting people to connect and be part of their community e.g. volunteering, employment.

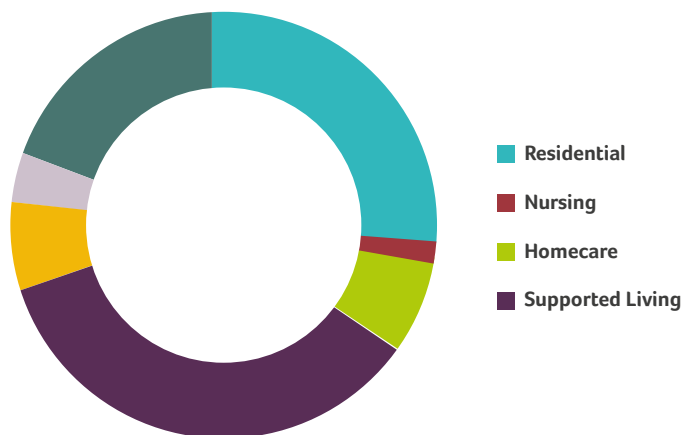
Age	Babergh 2014/2030*	Fst Heath 2014/2030	Ipswich 2014/2030	Mid Suffolk 2014/2030	St Ed'bury 2014/2030	S Coastal 2014/2030	Waveney 2014/2030
18-24	146/134	162/188	352/357	171/164	228/223	203/185	225/207
25-34	197/182	266/261	533/508	242/227	359/319	261/249	294/279
35-44	255/238	182/230	444/496	282/288	341/352	339/330	309/325
45-54	310/244	175/178	415/408	350/287	373/320	436/344	371/297
55-64	270/304	147/180	331/389	306/354	295/348	397/441	335/370
Total	1178/1103	933/1037	2075/2158	1350/1319	1595/1561	1636/1548	1534/1477

Learning disability population estimates by age for Suffolk districts: 2014 and 2030

Joint commissioning with the NHS

Suffolk County Council and the three CCGs that cover Suffolk are jointly developing a new five year commissioning strategy for people with learning disabilities including those who also have low functioning autism. The joint strategy will describe system wide commissioning intentions and the outcomes that these will be expected to deliver. These will be determined by talking to people who use services, family carers and other stakeholders including health and care professionals.

2015-16 Budget for Learning Disabilities



During May 2015 the improved outcomes that the strategy will deliver will be set out and after this the implementation plan will be developed. Initial work suggests that the joint strategy will include the following commissioning priorities:

- Improving people's health through better access to universal and specialist health services and through better integration across health and social care

- Enabling people to meet the ambitions they have for their lives – including employment options and playing a part in their community
- Securing innovative affordable housing options to give people choices that meet their needs
- Supporting people with the most challenging behaviour and complex needs with real choice and support to live locally

Supported Living for people with learning disabilities

There are approximately 175 supported living schemes and supported housing services across the County. These services provide care and support for approximately 670-700 people. The majority of these people have a learning disability though some will have an acquired brain injury, physical or sensory disability or other disability.

Supported living is defined where people live in accommodation where either:

1. The accommodation has been made available for the provision of contracted care and support services to meet people's needs, and for which there is a specific agreement with the landlord that the accommodation will continue be made available for people with appropriate needs in the future through an agreed process of allocation.

Or:

2. The contract for care and support is shared across more than one individual, whether or not the accommodation itself is self-contained.

ACS wants to transform the way services are commissioned so that customers have access to the widest range of options for their care and support arrangements. Services in the future will need to:

1. Take account of personalisation, choice and control and the [Quality of Life standards](#) for customers with Learning Disabilities.
2. Implement the 'Progression' model of service delivery so that providers proactively support customers to maximise their potential and enhance their sense of independence in all aspects of their life.
3. Provide value for money

ACS is reviewing the way supported living and housing services are commissioned in the future and is currently facilitating engagement sessions with customers, providers and other stakeholders. ACS expects that some if not all of the services will be procured through open market tender during 2015/16.

Market opportunity: innovative supported living models

The council will engage with providers as part of the planned market engagement to support service transformation.

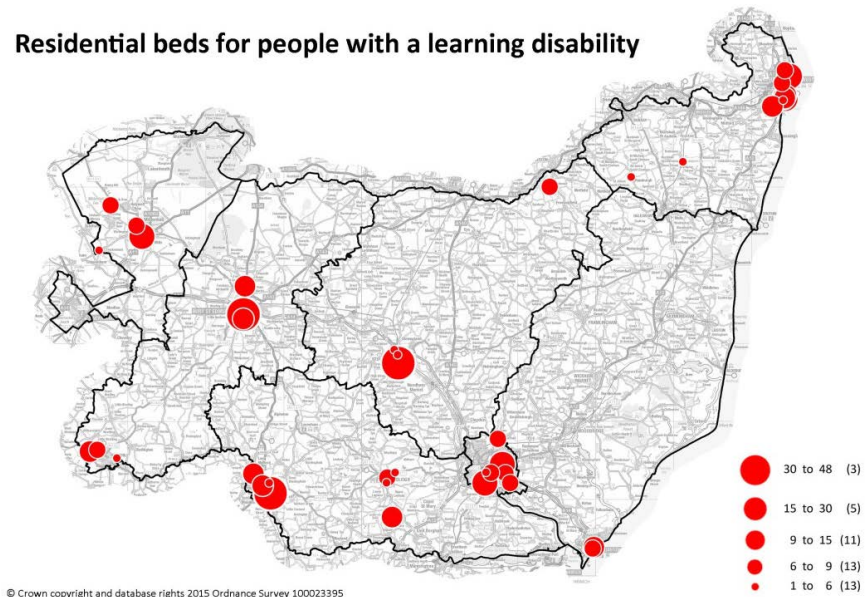
ACS will encourage new models of supported living that offer greater flexibility regarding the nature and delivery of support arrangements so that customers will be able to have care and support that is highly personalised and outcomes based.

Residential care for people with learning disabilities

There are currently 43 residential care homes for people with learning disabilities in Suffolk, with a total of 464 rooms between them. The number of rooms in each home ranges from 1 to 48. The homes are mapped by size below.

A total of 225 of these places are purchased by ACS, who purchase an additional 83 places outside of Suffolk for people with learning disabilities.

Residential beds for people with a learning disability



75 companies are registered to provide home care for people with learning disabilities on the Care Quality Commission (CQC) website as of November 2014.

Resource for providers: caring for people with learning disabilities

For resources on caring for people with learning disabilities see '[Perspectives on ageing with a learning disability](#)' by the Joseph Rowntree Foundation and '[Involve Me](#)' by MENCAP.

A more detailed picture of the population with learning disabilities in Suffolk and the services available to them can be seen on the [Joint Strategic Needs Assessment](#). Further information can be found on the [Suffolk County Council](#) website.

Autism

The prevalence of autism is estimated to be at least 1% of the adult population¹². In Suffolk this equates to approximately 6,000 adults across the county, although it is acknowledged that there is a significant under diagnosis of females across England. The National Autism Society estimates that between 44% and 52% of the autistic population also have a learning disability (between 2,500 and 3,000 adults in Suffolk).

ACS follows the national adult autism strategy issued by the Department of Health which can be found on the [central government website](#).

ACS supports customers by:

- Creating autism aware communities and increasing community capacity to support the journey towards independent living and employment
- Improving data collection, creating more joined up and readily available advice and information services

- Innovating in all service provision (particularly technological)
- Improving training. Encouraging awareness training for transport operators
- Exploring the potential for multi-agency local autism teams (something that could be community based in Suffolk with link practitioners)

ACS has also funded Autism Anglia to provide support to local volunteer 'Autism champions' who share best practice across communities and build community networks.

Many agencies in Suffolk focusing on mental health (e.g. Suffolk Libraries) also offer some support for people on the autistic spectrum. There are also several third sector organisations providing services for people with autism, which can be found through [Suffolk Infolink](#).

ACS has received a €18,500 capital grant from the Department of Health to fund the requirements of the national Autism Strategy. This will be allocated to Suffolk New College, West Suffolk College and Lowestoft College to help people with autism improve social skills, find employment, live more independently and engage more with the community. This will be managed by the social enterprise Autism and ADHD.

Mental Health

Population

A summary of the population of people with a Mental Health need is given below. For more detail available see the [Mental Health Joint Strategic Needs Assessment](#).

- Anxiety and depression currently affect approximately 83,000 people in Suffolk aged 16-74.
- Up to 29% of adults aged 16-74 experience minor mental health issues including sleep disturbances, irritability, worry and stress related symptoms

- Severe mental illness which includes psychotic disorders and bipolar disorder are estimated to affect 0.4% of the population (2,100 people in Suffolk)
- The number of people with personality disorder is approximately 24,000 people aged 16 to 74 in Suffolk, with more men affected than women

Future mental health needs

Detailed tables for depression, dementia, personality disorder and psychosis are included in the [Joint Strategic Needs Assessment](#). These projections are based on estimated population change, including the ageing of the population.

Strategy

Suffolk County Council and the three CCGs in Suffolk are jointly developing a five year Adult Mental Health commissioning strategy. The joint strategy will describe system wide commissioning intentions and plans on how to improve outcomes for individuals. The strategy has been co-produced by people who use services, family carers and other stakeholders including health and care professionals. The strategy will be published in July 2015 and will detail Suffolk's ambition for mental health services for the next five years. It will also include clear plans of how ACS and the NHS expect to achieve the joint outcomes.

ACS supports customers by:

- Ensuring that mental health is everyone's business not just health, social care and the voluntary sector but employers, education, and the criminal justice system
- Increasing access to support for improving the emotional health and wellbeing of children, including access to child and adolescent mental health services
- Ensuring that there is seamless mental health provision – across agencies but also for those with multiple problems such as drug and alcohol misuse and mental ill health.

- Bringing together all the elements of physical and mental wellbeing in recognition that mental and physical health are inter-dependent.

ACS is focused on 'Recovery' orientated services for mental health support. Good mental health is linked to effective coping strategies, social inclusion and the development of valuable social networks.

Market opportunity: Local focus

ACS need to provide support to a greater number of individuals by delivering locally focused community support to people within their own homes, identify new pathways of support to individuals that is both time limited and personalised. ACS will advertise market engagement events Prior Indicative Notification on the Official Journal of the European Union (OJEU).

Housing for people with mental health needs

A range of supported accommodation options are provided which offer people choice in identifying the best route towards maximising their independence. Currently the majority of supported accommodation is delivered via four locality based suppliers, as well as some private landlords. ACS aims to increase the scope of work to include greater community influence. Providers will need to consider how to support people to become independent and sustain independence, allowing people to remain healthy at home for longer. This means enabling people to maintain good physical, mental, social and emotional wellbeing as active citizens in their communities.

Employment and other services

ACS commissions employment services to support vulnerable adults in finding sustainable, paid work. The aim of the employment service is to provide support to people with a learning disability, autism or mental health problems to enable them to gain and retain paid employment.

The service recognises and responds to the wide range of abilities, aspirations and strengths that people have in order to enable them to access the right employment for them. It will also give adults from 18 years plus with Learning Difficulties, Mental Health problems or a diagnosis of Autism a gateway into paid, sustainable and valued employment they aspire to.

This leads to improvements in the individuals' self-confidence, self-esteem and financial and social independence. Employment is a major factor in helping to encourage people to play an active part in into the local community.

There are also a number of privately funded physical activity projects for people with Mental Health illnesses, the current [Action for Happiness](#) programme and a number of self-started Mental Health focused groups that meet periodically.

With the continuing increase in personalisation and personal budgets there is greater scope for culture and sport organisations to play a large part in helping people with a mental health condition recover. Dance, drama and sport can all help people manage their condition and recover.

Market Opportunity: finding employment

ACS will look to identify tailored opportunities for vulnerable adults to find employment. There will be opportunities to influence current mainstream Department for Work and Pensions (DWP) provision and develop innovative ways of working with Individual Access to Professional Therapies (IAPT) services to provide a pathway for individuals from pre-employment through to sustained job outcomes.

Sensory impairments

Nationally 9% of people of working age, and 61% of those over 65, have some form of hearing loss^{13,14}. Approximately 141,000 people in Suffolk have some form of hearing loss. There are over 5000 people with sight loss and over 700 people with dual sensory loss in Suffolk.

ACS supports approximately 350 customers at any given time.

ACS supports customers by:

- Working more creatively with both existing and new partners, helping to shape the market and expand the services and resources available to people in Suffolk with sensory impairments
- Setting up new services
- Increasing the take up of personal budgets for people with a sensory impairment
- Generating income, which is reinvested to improve services for the benefit of customers and local communities.

There are over 20 organisations in Suffolk that provide specialist services for people with a sensory impairment. To see all organisations operating in a specific area in Suffolk search on [Infolink](#).

Assistive Technology (AT)

Strategy

The AT Strategy for ACS is currently under review, with the new strategy to be created in partnership with the NHS. This will allow common themes to be identified and ensure the best use of Health and Social Care resources.

The vision for Suffolk is that people are able to access AT alongside all other aspects of health and social care to enable them to live well and remain independent. AT encompasses a range of devices and systems that are available to people to support them to remain as independent as possible in the community. These include daily living equipment, telecare equipment and equipment for people with a visual and hearing impairment. Telecare solutions can vary between simple monitoring equipment such as a pendant linked to a community alarm, to more complex linked assistive technology including alarms, sensors and notifications. New AT solutions hold huge potential to give people the support and confidence they need to live at home.

AT should be:

- Easy to access and use
- The solution to individual needs
- Contributing to reduced care costs
- Cost effective

AT should contribute help people to live more independently by:

- Postponing or avoiding the need for Care packages and placements in Care homes
- Supporting family carers
- Enabling early discharge from hospital
- Promoting self-management and independence
- Reducing admission to hospital

Services available in Suffolk

- Suffolk Careline delivers the only countywide 24/7 monitoring and responder service. It also provides advice and guidance on AT solutions to customers and front line practitioners. The number of people using the service is increasing rapidly, with the total number of customers in 2014/15 being 2700, which is more than double what it was two years ago.
- *Ipswich HEARS* operates a monitoring and responding service exclusively in the borough of Ipswich.
- There are numerous national and local providers offering monitoring only services that offer Suffolk customers a broad choice.
- There are a number of local AT equipment, telecare and general equipment suppliers. These provide customers and practitioners with a range of options.
- The Integrated Community Equipment Service for both social care customers and health patients delivers a wide range of complex and simple equipment for people, to meet assessed need and is currently delivered by SERCO. A new Provider will be delivering this service from Oct 2015.
- ACS is utilizing the *Just Checking* home monitoring system across of customer groups (eg: learning disability, dementia, etc) and is involved in a national research project using this equipment.
- [SmartAssist](#): an online equipment self-assessment tool launched by Suffolk County Council, designed to help people purchase daily living equipment with confidence and live more independently. The website also provides information on local resources, self-help groups, and national organisations which offer support to people who live with long term conditions, disability or are finding things difficult as they get older.

ACS would most like to encourage

- Companies to respond to gaps in provision with appropriate *solutions* rather than *services*.
- The development and introduction of solutions that will help to prevent or delay escalating care needs
- Solutions that provide assurance for individuals, families and carers
- More innovative, ICT based solutions linked to mobile devices /smartphone apps
- Solutions that have a high degree of flexibility so that they can be used in a variety of situations with as broad a range of customer groups as possible.

Market Opportunity: new AT solutions

AT holds huge potential to enable people to remain living independently in their own homes at less cost than paying for homecare or another service. People are becoming increasingly willing to pay to use assistive technology in their homes; this is a rapidly expanding market. It is likely that providers of innovative AT solutions will find new customers in Suffolk.

Moving into Adulthood

Young Adults Demand Forecast: 2015-16 and 2016-17

Between 80 and 110 young adults are estimated to transfer to adult services in 2015-2016 and 2016-2017, based on the number people transferred in previous years. The date a young person transfers is from their 18th or 19th birthday depending on their personal circumstances, and/or when education ends (and there are circumstances where a young person may transfer up to the age of 25).

Strategy

ACS is keen for young people having experiences of adolescence that enable them to become as independent, connected, healthy and confident in adulthood as they can be.

People with disabilities or additional needs may experience a combination of disabling factors that make it harder to access good experiences of adolescence. ACS is working with partners in schools, colleges, Children and Young People's services, community organisations and health services to overcome these barriers for young people as they move into adulthood.

ACS plans for services have been informed by a dialogue with young people with additional needs and disabilities, parents and family carers, service providers, commissioners and partners. It is also informed by national evidence, national policy in the Care Act, the special educational needs and disability (SEND) reforms in the Children and Families Act, and the local implementation of Suffolk Signs of Safety and Wellbeing.

During 2015-16 ACS wants to work with community organisations and service providers to reach the following outcomes for young people:

1. “My family and I are able to prepare for change from adolescence to adulthood.”

ACS encourages support that is appropriate for adolescence, as well as enabling people to prepare for changes in expectations and service provision upon reaching adulthood.

This could include opportunities for:

- Conversations with young people and carers that share knowledge and know-how about the transition to adulthood
- Young people developing relationships and networks
- Young people learning how to look after themselves and access opportunities, in the home, in the community, with friends and partners

2. “I can manage my own health and wellbeing as much as possible.”

ACS encourages services to support young adults in learning how to understand and look after their health, and how to get support when moving from paediatric to adult’s services.

This could include opportunities for:

- Young people to learn about their long-term health conditions and what helps them to manage their own health
- Young people to be involved in decisions about their health
- Young people and parents to understand access to specialist and universal healthcare, and community based health, leisure and wellbeing

3. “I am preparing for getting a job, and am supported to access work opportunities.”

ACS encourages services which help young people access meaningful education and learning opportunities, experiences of work, and progression into work.

This includes opportunities for:

- Young people to plan their education and learning around progressing into work opportunities
- Young people to access support to progress from school into further education and learning
- Young people to access a range of meaningful work based learning experiences
- Young people to access support to be able to participate in and contribute to the economic and social life of Suffolk

The programme of work is managed by the Moving into Adulthood team, who can be contacted through [email](#).

Suffolk Libraries

Libraries in Suffolk are operated by Suffolk Libraries, an independent not-for-profit company.

The services provided are:

- Loaning books, eBooks, sound and vision material
- Offering free access to computers and the internet
- Offering Wi-Fi access, usually for free, and loaning eBook readers and Chromebooks
- Providing access to printed and digital information, and assistance to navigate to the information required
- Informal learning courses, supporting people back into work by offering assistance with access to training and job sites on the internet, and offering material designed for people who have literacy development needs.

- Activities and events – Most are designed to attract everyone, with some targeted at specific groups like parents and children, older people, or people with mental ill-health.
- Mental Health and Wellbeing Service
- A mobile library service and a volunteer-delivered home library service which offers access to library services to those unable to reach a library building.
- There are 44 libraries in Suffolk, which are distributed so that everybody is within 20 minutes' drive of one. In total 3.1 million visits are made to these libraries annually. There are 95,000 active library cards used in Suffolk, many of which are used by more than one person. A list of libraries is available at <http://suffolklibraries.co.uk/branches>

Sources of community information

Suffolk InfoLink is an online directory of community information, voluntary and statutory organisations, local clubs, societies, childcare providers and services. It is designed:

- to be a search and signposting tool for people
- to present information that helps people make choices that are best for them
- to give organisers of local activities and services an easy and effective means of promotion
- to provide information on what activities are on offer and how services can be accessed

Each community organisation's record is provided and maintained by the organisation. Every organisation and service is contacted at least annually to

update their information. There is no charge to use Suffolk InfoLink, whether to look for information or to maintain a record on the directory.

There is a simple to use online form for organisations to submit new records, or changes to existing ones.

Infolink can be found on the [Suffolk County Council](#) website

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3. **National minimum data set for social care (NMDS-SC): Carers workforce information**
<https://www.nmds-sc-online.org.uk/>
4. **Miller, Bunnin and Rayner: Older people who self fund their social care**
<http://www.opm.co.uk/wp-content/uploads/2013/10/Older-people-who-self-fund-their-care-report.pdf>
5. **Alzheimer's Society: Support. Stay. Save**
http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1030
6. **Cattan, et al: Preventing social isolation and loneliness among older people**
<http://journals.cambridge.org/action/>
7. **HousingLIN: More choice, greater voice**
<http://www.housinglin.org.uk/>
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11. **Institute of Public Care: Estimating the prevalence of severe learning disabilities in adults**
<http://ipc.brookes.ac.uk/publications/index.php?absid=722>
12. **National Autistic Society: Statistics**
<http://www.autism.org.uk/about-autism/myths-facts-and-statistics/statistics-how-many-people-have-autism-spectrum-disorders.aspx>
13. **Action on Hearing Loss: Hearing Matters**
<http://www.actiononhearingloss.org.uk/supporting-you/policy-research-and-influencing/research/hearing-matters.aspx>
14. **ONS: 2011 Census, Population estimates by single years of age and sex for Local Authorities in the United Kingdom**
<http://www.ons.gov.uk/ons/rel/census/2011-census/population-estimates-by-single-year-of-age-and-sex-for-local-authorities-in-the-united-kingdom/index.html>

Resources

Needs assessments for specific population groups

<http://www.healthysuffolk.org.uk/joint-strategic-needs-assessment-jsna/reports/NA/>

Suffolk Observatory (written reports and population data for Suffolk)

<http://www.suffolkobservatory.info/>

Projections of older people's population (POPPI)

<http://www.poppi.org.uk/>

Care Quality Commission (CQC)

www.cqc.org.uk

Suffolk Brokerage

www.suffolkbrokerage.org

Infolink

<http://infolink.suffolk.gov.uk/kb5/suffolk/infolink/home.page>

Suffolk County Council Adult Social Care page

<http://www.suffolk.gov.uk/care-and-support/adult-social-care/>

Age UK factsheet: Later Life UK

http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

Alzheimer's Society: information for caring for people with dementia:

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2582

Norfolk and Suffolk Dementia Alliance: information for caring for people with dementia:

<http://www.learning-location.com/content/dementia/framework.pdf>

Kingsfund: Dementia friendly homes assessment tool

<http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-design-dementia>

University of Stirling: Virtual Care Home (for creating a dementia friendly living environment)

<http://dementia.stir.ac.uk/design/virtual-environments/virtual-care-home>

Passivhaus cost calculations

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Joseph Rowntree Foundation: Perspectives on ageing with a learning disability

<http://www.jrf.org.uk/sites/files/jrf/ageing-and-learning-disability-summary.pdf>

Mencap: Involve me

https://www.mencap.org.uk/sites/default/files/documents/Involve%20Me%20practical%20guide_full%20version.pdf

Alzheimer's Society: Dementia UK

http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2323

Action for Happiness

<http://www.actionforhappiness.org/>

HousingLIN (details and locations of specialist housing types in Suffolk)

<http://www.housinglin.org.uk/>

In Control: Individual Service Funds for Homecare

<http://www.in-control.org.uk/publications/reports-and-discussion-papers/individual-service-funds-for-homecare.aspx>

Get in touch

Contact ACS by writing to:

Strategic Commissioning and Development Team
Adult and Community Services
Suffolk County Council
Endeavour House
Ipswich
IP1 2BX

To contact the Contracts team:

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Endeavour House
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To contact the Quality and Improvement team:

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01473 260919
Quality.Improvement@suffolk.gov.uk

To contact the Moving into Adulthood team:

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