

Appendix A

Sutton Council's

Adult Social Care

Market Position Statement

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1. Executive Summary

This Market Position Statement (MPS) is aimed at existing and potential providers of adult social care and support. It represents the latest phase of the on-going dialogue between the council, care providers, carers and people who use services about the future of local social care markets.

The role of the council is changing – moving away from direct contractual relationships with providers and towards an enabling role that helps to shape the social care market and ensure it is able to meet the needs of Sutton's residents.

The MPS describes the council's vision for the adult social care market, including services for self-funders, personal budget holders and those that the council will continue to directly commission. The document covers services for older people, people with physical/sensory impairments and long-term conditions, people with learning disabilities, people with mental health issues, carers and a range of other vulnerable people who need support to remain independent.

However, while looking to shape the adult social care market to meet the needs of Sutton's citizens, the council faces a significant funding gap in 2015/16 and over the medium term, due to the reduction in government grants. At the same time the council is facing increasing demand for services due to demographic pressure and the consequences of other government policies, such as welfare reform. The combined impact of these pressures means that Sutton Council has a projected funding gap of £9.3m for 2015/16, with further gaps in the following years, resulting in a cumulative gap of £38m by 2018/19.

£15.8m of this gap needs to be bridged by the Adult Social Services Health and Housing Directorate. This means that, while we have strong ambitions for social care, health and housing (as reflected in this document), it may not be possible to deliver upon all of these ambitions within the resources at our disposal. We remain focused on maximising the wellbeing of Sutton's residents, although our limited financial resources will reduce our capacity to successfully work *alone* in our mission to improve the range of social care services available in the borough, reduce health inequalities and deliver more affordable housing.

Increasingly, we will be *working with partners* in the private and voluntary sectors to attract additional resources to Sutton, as well as seeking to stimulate a diverse, active market where innovation and energy is encouraged and rewarded with business opportunities, and where poor practice is identified and tackled. This document should therefore be read not as a Sutton Council plan for delivery but as a statement to the market on the range of business opportunities we believe is available for discussion and development.

In this light, we would like current and potential providers of adult social care services to use this document in order to understand:

- Current and anticipated future demand for adult social care services
- How the council spends its money within the social care market
- The council's intended direction of travel for the adult social care market
- Opportunities for developing social care services that the council or personal budget holders are likely to want to purchase
- Areas of current adult social care service activity where the council is seeking to withdraw investment in the short to medium term.

Summary of business opportunities for providers

Service area	Business opportunity	Document ref
Delegating existing council functions	In order to continue to support wellbeing in the face of rising demand, we are exploring the option of a 'Delivery Partner' model of service, engaging with the 'Sutton Together' voluntary sector consortium to explore delegating a range of functions, including support planning, care management reviews and brokerage. Provider staff with the required skills and training would work alongside the council to build an effective service for Sutton's residents.	
	Specialist support planning services	Section 6d page 66
	Independent brokerage services	Section 6d page 66
Carers	Assessment/Demand Management services	Section 7
Carers	Carers Identification services	Section 7
Carers	Flexible in breaks and respite services (including dementia respite care)	Section 7
Carers	Services to increase the number of carers in employment	Section 7
Support for people with Direct Payments	Support for people wanting to take or maintain a direct payment	Section 6d
Advice	Information and Advice services Specialist independent financial advice	Section 6d
Advocacy	Independent advice and advocacy services (linked to new Care Act requirements)	Section 6b
Personal assistants	Developing the PA market for people with Direct Payments	Section 6b
Supporting people into employment	Services to help people with disabilities into employment	Section 6b

Service area	Business opportunity	Document ref
Homecare	Reablement model of homecare	Section 6c
Homecare	Payment by results model for homecare providers	Section 6c
Housing support	A range of housing support services being commissioned over the next 1-3 years	Section 6b
Floating support	Floating / community based support for people in the community in their own homes (including chargeable services for self funders)	Section 6b
Supported Living and supported housing	Development of supported living and supported housing for people with disabilities as an alternative to residential care Greater investment into supported living including conversion of existing residential care homes that are no longer financial viable	Section 6a
Housing for older people	Independent accommodation and older people's housing for those with no support needs but who wish to live in a community of older people (affordable housing and for self funders)	Section 6a
People with dementia	Specialist community based and accommodation based care for people with dementia (including for self funders)	Section 6a
Residential care	Reablement and payment by results models of service built into residential care	Section 8
Residential care	Any providers wishing to develop more residential care in Sutton will need to discuss with the council their evidence based approach to increasing existing provision	Section 8

Providers wishing to discuss any of these areas should contact Sutton Council's Commissioning, Contracts and Quality Assurance Team. Please send an initial enquiry to commissioningteam@sutton.gov.uk.

2. Context

National direction

People are living longer, with more complex health and social care needs. The demand for care and support services will rise but will not be matched by a similar increase in public spending. To cope with this challenge, there is a national drive for:

Preventative services that aim to tackle the main reasons for social care need:

- Health, mobility and rehabilitation problems
- Poor or inappropriate housing and environment
- Lack (or breakdown of) informal care arrangements
- Social reasons including loneliness, abuse

Self-help and community support to enable people to build up their own resilience and capabilities including:

- Local community organizations offering assistance and non-traditional support
- Volunteer support networks

Services that focus on maintaining or increasing people's independence such as

- Services with a focus on reablement and rehabilitation
- Alternative models of housing offering personalized care and support
- Telecare and telehealth technologies

Personalised social care services that allow people to choose from a menu of options and which are focused on meeting the specific needs and outcomes required by the user.

Services that are accessible to people regardless of the method of payment, whether self funded, paid for by a service user with a personal budget, or commissioned and paid for by a local authority including

- Accessible at convenient locations and times
- Accessible via the web including online payment

A reduction of traditional services such as residential care and day care. Demand for these services will continue to decrease as a proportion of overall social care spend – replaced with a greater focus on responsive and accessible mainstream services that support people to stay well and independent for as long as possible.

The Care Act has significant implications for the council and the care sector as a whole. It reinforces existing national priorities including:

- Personalisation of care and support
- Choice and control
- Requirements for integrated working between health and social care and support for carers.
- Reablement
- The use of assistive technology

More significantly, the Care Act:

- Creates a new focus on preventing and delaying needs for care and support
- Reforms the funding system for care and support by introducing a cap on the care costs that people will incur in their lifetime
- Puts carers on the same footing as those they care for

- Puts personal budgets on a legislative footing for the first time, which people will be able to receive as Direct Payments if they wish
- Provides for a single national threshold for eligibility to care and support
- Gives new guarantees to ensure continuity of care when people move between areas
- Includes new protections to ensure that no one goes without care if their provider fails, regardless of who pays for their care

Sutton's Vision

Sutton Council's vision for social care services is to enable residents in need to live safe, healthy and independent lives. To do this we will:

- Ensure that users of services are in the driving seat in deciding how their desired outcomes will be achieved within available resources.
- Shift from providing long-term institutional services to providing time-limited support that helps people regain independence in the community.
- Achieve sustainable change by supporting individuals and communities to help themselves and each other.
- Use up to date, evidence based approaches to services, which are more efficient and effective.
- Ensure the whole community has a role to play in keeping people safe, healthy and independent. Through integrated working with health and other partners, we will commission services that draw on existing networks and community capacity.

Sutton Council's 4 themes to deliver the vision to 2015 are:

- **An Open Council** - Work collaboratively ensuring we involve and listen to residents; help individuals and communities to work together and help themselves
- **A Fair Council** - Building safe, strong and healthy communities; increase economic growth and investment in Sutton making it a place of choice to live and work
- **A Green Council** - Make Sutton more attractive and sustainable to build on our reputation as a green borough
- **A Smart Council** - Transforming our ways of working to manage reduced budgets and increasing demand; developing an engaged, skilled and entrepreneurial workforce

Sutton's Health and Well-Being Strategy 2013-16 has been developed by the council and Sutton NHS to increase the opportunities for all to enjoy a healthy, safe and fulfilling life and reduce health inequalities between communities. Our collective vision is to re-shape health, social care and wellbeing services so that people are supported to remain well for longer in their own homes, rather than becoming unwell and requiring hospital, residential and nursing care support. Link: <http://www.sutton.gov.uk/CHttpHandler.ashx?id=18919>

The council and the NHS share an ambition to deliver on a number of goals:

Prevention: helping people remain healthy by stopping them becoming unwell or preventing their condition exacerbating, avoiding unnecessary admission to hospitals or care homes

Supporting people to maintain their independence: providing more support in communities to help people effectively manage

their own health and well-being

Reducing admissions and length of stay in acute hospitals: providing alternatives to admission, improving discharge and building more effective reablement services to maximise people's independence

Improving quality of care: ensuring that people receive the right services, in the right place and at the right time following an episode of ill-health or crisis

3. Adult Social Care in Sutton

Key facts and issues

There were 191,123 people living in Sutton at the time of the 2011 Census – projected to rise to around 222,000 by 2021.

The proportion of older people is increasing disproportionately – by 2021 the number of over 65 year olds is predicted to increase by 19%. Older people make up around 73% of adults with eligible social care needs in Sutton. Demand is increasing as the population ages and is set to increase significantly with the introduction of the Care Act in 2015, which will lead to an assessment, a “Care Account” and/or a support plan to be provided by the council, even if they continue to arrange and pay for their own care.

An estimated 60% of social care in Sutton is not arranged or funded by Sutton Council but by self-funders.

The gross expenditure on adult social services was £68 million in 2013-14, including the costs of assessment and care management. The majority of this budget is spent commissioning care from private and voluntary organisations. For 2013-14, Adult Social Services spent:

- £20 million on care home placements;
- £15 million on personal care and day care (including around £7m on supported living); and
- £5 million on Direct Payments.

These figures include just over £19 million of expenditure on services for people aged 65 and over (36% of the total).

The council faces a *significant funding gap* in 2015/16 and over the medium term. The coalition government has followed a policy aimed at reducing the public sector deficit and as a result Sutton Council and other local authorities have faced major reductions in their funding from government grants. We expect government austerity to continue for the foreseeable future.

At the same time the council is facing increasing demand for some services due to demographic pressure and the consequences of other government policies, such as welfare reform.

It is likely that, on the current trajectory, all revenue support grant to local government will cease by 2019/20. Whilst this will clearly have a significant impact on the services the council can afford to provide, it will also potentially change the nature of the relationship

between central and local government. Sutton currently receives £42m of revenue support grant for the £152m it needs to spend on delivery of general fund services.

While we have already delivered efficiency savings of £30m, the combined impact of demographic and financial pressures means that Sutton Council has a projected funding gap of £9.3m for 2015/16, with further gaps in the following years resulting in a cumulative gap of £38m by 2018/19.

This gap takes into account £2.867m of savings already planned meaning that savings totalling nearly £41m need to be delivered by the council has a whole over this period. Of this amount the ASSHH Directorate is expected to achieve £15.8m of savings. Only part of these savings has been identified to date.

In meeting this major challenge, our approach is driven by

- *Getting the basics right* – ensuring the borough is safe and clean
- *Supporting and growing the local economy* – by securing inward investment and helping existing business to prosper and grow
- *Working in partnership with local people* – by harnessing their enthusiasm for Sutton so they can play an even bigger part in our future success
- *Helping people to help themselves* – encouraging and empowering our residents to manage their own lives and reducing their dependence on us
- *Managing our resources carefully* – by looking for better and more efficient ways of doing things, including delivering services at a more local level and reducing the cost of back office support functions
- *Transforming the council* – by using the skills and expertise of our staff and listening to them to help improve the way we all work.
- *Getting value for money* from care procured from private and voluntary organisations.

We want to work with providers to **develop preventative services** that can demonstrate significant benefits in helping people to keep well, lead independent active lives without the need for more intensive social care services (whether publicly funded or not):

- Information and advice services focused on people living well and independently, accessing the right services for their needs
- Advocacy services to assist care service users who have capacity as well as those who do not
- Specialist services, support and training to carers to support them in their caring role and in their everyday lives, including specialist information and advice services (including those caring for someone with dementia)
- Practical support services including handy person services widely available at reasonable cost
- A variety of preventative services for older and disabled people including services accessible to self-funders.
- Activities programmes across all settings of care and all care groups

The council's investment in community-based services will continue with funding for voluntary organisations delivering preventative services aligned with required outcomes to prevent, reduce or delay the need for more expensive services.

We need a **greater focus on helping people into a position of greater independence** rather than increasing reliance on statutory services:

- Shorter term services with a focus on rehabilitation and reablement, particularly after an episode of ill health and hospitalisation

- Services that enable people to regain skills or retain existing skills and independence including services that offer or utilize telecare and telehealth care

For those who require them, we need **personalized, social care services for people with increasingly complex needs:**

- Transition from childhood to adulthood
- Long term disabilities
- Frail older people including people with dementia and end of life services
- People with mental health issues

Housing will remain a critical ingredient to well being, helping people to maximize their choice, control and independence. We want to work with providers to develop:

- Supported housing options including housing with care that incorporates specialist design for people with disabilities (physical and learning), dementia and mental health issues
- Greater access to private sector housing in partnership with landlords and investors
- Affordable housing

To do this we will:

- Use the planning system (including section 106 agreements) to negotiate with private providers options for securing housing provision that addresses the complexities of need arising from factors such as an ageing population
- Actively encourage experienced specialist providers to develop sites in the borough to ensure an appropriate tenure mix
- Support private landlords with grant aid to bring properties up to the required standard for letting
- Ensure that appropriate support mechanisms are in place where private landlords are providing accommodation to vulnerable adults, e.g. through floating support services.

For all the above, we need **services that are able to demonstrate the quality and the added value they offer:**

- By ensuring that training and development is given to staff involved in caring for and supporting people with long term conditions to help increase their skills, knowledge and confidence
- By measuring the achievement of outcomes for service users

As a commissioning local authority, we will seek to stimulate the market to increase the range of providers and therefore the range of choice for personal budget holders:

- We will replace traditional block agreements with more flexible arrangements (such as framework agreements) to enable greater competition and better value for service users
- We will introduce new providers in a planned way to ensure sufficient capacity to meet demands.
- When tendering services we will do so in ways that encourage new, smaller providers (including third sector) into the market
- We will also work with partners (including health partners) to collaboratively commission care and support services in order to maximise economies of scale

Direction of travel for all social care markets

The council is a commissioning organisation focused on ensuring that services are developed and provided by the market rather than by the council. Enabling vulnerable adults to remain at home and for carers to get the support they require will continue to be key priorities for council commissioners.

Council-arranged personal care services will reduce and be replaced services commissioned by individual service users holding Direct Payments.

There will be a greater degree of joint commissioning with the Sutton Clinical Commissioning Group (CCG) so that care pathways are integrated and services more focused on reducing in-patient or institutional care, with subsequent increases in care at home and in the community with support from health and social care professionals.

There is a need for more social housing and more supported housing for vulnerable people (including older people) to live within independent, community-based settings.

There is an oversupply of residential care homes for older people in the borough with 40 care homes in Sutton (19 with nursing and 21 without) and over 100 homes within a 5-mile radius of Sutton's Civic Offices. There is no evidence of further need and the council does not therefore support the development of new care home developments within the borough.

We will:

- Identify where there are barriers to market entry where new resources are needed and identify with providers how these might be overcome
- Look for potential diversification amongst existing organisations
- Look to delegate existing council functions to social care providers, including the voluntary sector, where this approach can be shown to deliver better outcomes for service users. We will work with providers on an "open book" accounting model to cost out any new developments and innovations
- Review the way we work with providers to help the market respond to what we need, including improving the dissemination of market information and demand data, more pro-active work with providers in advance of tendering to develop services and service specifications which reflect an outcome-based approach, linked to an asset-based model of social value and a stronger commitment to co-production
- Develop social enterprise organisations where the need exists
- Offer access to training that commissioners and providers agree can improve performance and is focused on delivering the model of care.
- Promote local *Which*-type care guides that adopt a consumer perspective.

Outcomes we are seeking to achieve

Benefits for Residents	Success Measures
<ul style="list-style-type: none"> • An increase in preventative services focused on helping people to live well • Improvements in support for carers • An improved universal offer of information, advice and guidance • Increased range of local service providers offering quality, value for money services • A strong focus on prevention and helping customers to manage for themselves • More services commissioned and paid for by personal budget holders users • A greater role for social networks and the community • An increase in “payment by results” 	<ul style="list-style-type: none"> • Reducing the number of people supported in institutional care • Increasing the number of people supported to live at home • Improving the level of satisfaction of service users with the level of choice and control they have over the services they receive • Increasing the percentage of older people still at home 91 days after hospital discharge following a period of rehabilitation and/or intermediate care

Personal Budgets and Direct Payments

Direct commissioning by the council will continue to reduce over the next few years, as service users are supported to commission, pay for and control their own social care and support services.

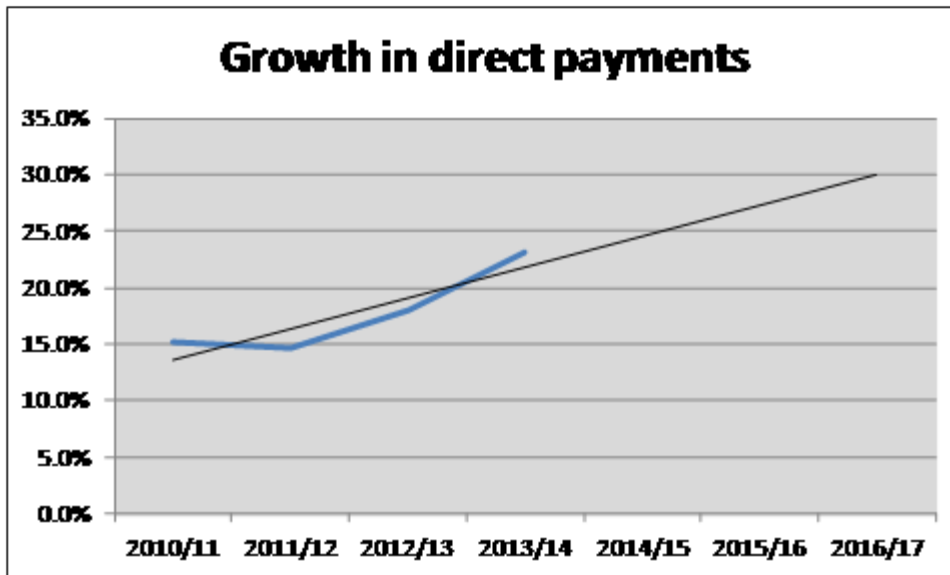
The council has a duty to make Direct Payments available to eligible people who wish to assume greater choice and control over their own social care and support needs, with support where needed. Direct Payments will increasingly be used by service users with a spectrum of needs – in relation to both intensive packages and low level services, long and short-term provision and preventative and rehabilitative services.

There are currently 3,430 eligible adult social care service users in Sutton including carers. 23% of these (795) are currently receiving a direct payment. A further 459 eligible service users are disabled children and young people. 39% of these (180) are currently receiving a direct payment.

People choosing to take Direct Payments tend to come from the following groups:

- Older People
- Younger adults with physical disabilities
- Children under 16
- People with Learning Disabilities (including ASD)

The chart below estimates the projected number of Sutton clients with a Direct Payment until 2016/17 (longer black line), based on the trajectory of the past 4 years (shorter blue line). [Data from NASCIS and amalgamated from RAP]



The chart uses national data modelling. While the increase in the volume of people taking a Direct Payment is difficult to predict accurately, the national estimate is conservative taking into account the current pattern of take up. *We estimate that 40% of our service users will be using Direct Payments within the next few years.*

Direct payments and future commissioning of services

Historically, local authorities have entered into block contracts with providers. The growth of Direct Payments means that this will not be sustainable in the future.

Currently, Sutton Council still commissions the majority of care and support directly for eligible service users, often through a framework of Providers. Increasingly, service users with Direct Payments will select their own provider, either from an existing council framework or directly from the market. Sutton's website has an adult social care directory, *Our Sutton*, <http://our.sutton.gov.uk/kb5/sutton/asch/home.page> where providers can advertise their services to service users.

4. Responding to increasing demand

In order to help existing and potential future providers of social care services, this chapter presents a range of information on the current and projected future demand for adult social care services.

Current demand is reflected in Table A – current gross expenditure on adult social care in Sutton Council and in Table B – numbers of people supported by Sutton Council's adult social services department.

Projections of people receiving care up to 2020 is shown in Table C.

The remainder of the chapter presents demand information on specific services including services for older people, services for people with a disability and housing support services.

TABLE A: Gross Expenditure on Adult Social Care 2013-14		£000s
Strategic Management, Assessment and Care management		15,042
Older people (65+)		19,129
Of which	Nursing and Residential care	8,749
	Personal care and day care (including supported living)	5,920
	Direct Payments	817
	Other	3,643
18-64 Physical Disability		4,823
Of which	Nursing and Residential care	765
	Personal care and day care (including supported living)	524
	Direct Payments	2,223
	Other	1,311
18-64 Learning Disability		25,839
Of which	Nursing and Residential care	9,399
	Personal care and day care (including supported living)	8,150
	Direct Payments	1,817
	Other	6,473
18-64 Mental Health		1,980
Of which	Nursing and Residential care	951
	Personal care and day care (including supported living)	259
	Direct Payments	296
	Other	474
Services for other client groups		92
Equipment and adaptations		904
Total Expenditure		67,809
<i>Source: Personal Social Services Expenditure and Unit Costs return (PSS EX1) 2014</i>		

TABLE B: People supported by Sutton Council (Social Services) - April 2014

Table B shows a snapshot of the number of people supported by the council's adult social services department (excluding those who are only receiving equipment and adaptations).

Age group	Residential Care	Nursing Care	Direct payment only	Direct payment and Domiciliary care	Direct payment and other services	Domiciliary Care	Supported living	Other services	Grand Total
18-24	4	1	58	3	11	3	6	13	99
25-34	20	2	32	2	16	2	17	10	101
35-44	29		27		12	9	11	7	95
45-54	68	4	40	5	19	22	36	15	209
55-64	53	11	31	5	17	42	32	13	204
65-74	37	20	29	6	15	57	25	22	211
75-84	53	34	32	9	17	125	7	22	299
85-94	57	61	39	12	11	174		36	390
95+	16	19	5		5	31		6	82
Total	337	152	293	42	123	465	134	144	1690

TABLE C – Projections for Sutton Citizens receiving care 2014 – 2020

Sutton's Overall Projected Population and Care Needs – 65 and Over				
	2014	2016	2018	2020
Total population	200,000	206,100	212,300	218,500
Population aged 65 and over	29,800	30,500	31,100	32,100
Population aged 65 and over as a proportion of the total population	14.90%	14.80%	14.65%	14.69%
Total population aged 65 and over unable to manage at least one self-care activity	10,031	10,368	10,607	11,033
Total population aged 65 and over living in a care home	1,023	1,056	1,108	1,153
Sutton's Overall Projected Population and Care Needs - 18 - 64				
	2014	2016	2018	2020
Total population	200,000	206,100	212,300	218,500
Population aged 18 - 64	121,600	124,700	128,300	132,000
Population aged 18 - 64 as a proportion of the total population	61%	61%	60%	60%
People aged 18-64 predicted to have a moderate or serious personal care disability, by age, projected to 2020	5,498	5,636	5,840	6,078

Table C indicates an upward trend in the number of Sutton citizens who may develop a care need over the next six years, with 9-10% rises in both the 65s and over and 18-64 age groups.

General Socio-Economic Factors

The most prevalent socio-economic groups living in Sutton can be broadly categorised as affluent (as illustrated by **Table D and Map A**). Most adults within these groups are in stable employment with a significant number in professional jobs attracting above average to high salaries. These groups are:

- Likely to own their own home and have significant assets.
- More likely to be able to arrange their own care and support and less likely to be reliant on publically funded care
- Likely to have good social and family networks that support them and to remain active into older age.
- Likely to have high expectations of the services they use and able to use a variety of sources of information and advice to access the services they need.

However, there is likely to be a significant proportion amongst these groups who may have complex financial circumstances and whereas their incomes may be higher than the average, they may experience challenges in funding their own care in the longer term. There may also be an increasing financial challenge arising from the Care Act, which will limit the level of assets councils can take account of when assessing financial support for care. A significant proportion of people in these groups may arrange their own care services that cost above what Sutton Council usually pays and then apply for council funding as their disposable sources of funding diminish. Therefore, it is critical that both the council and local suppliers develop their services to ensure that these groups are able to maximise their financial resources to pay for their own care and support.

A sizeable minority of Sutton citizens who are less affluent are living in areas such as St Helier, the Wrythe and Wandle Valley. However, 36% of households in these areas are in stable employment and are likely to own their own home, although they are more likely to live less healthy lifestyles that may result in an increased dependency on care later in life.

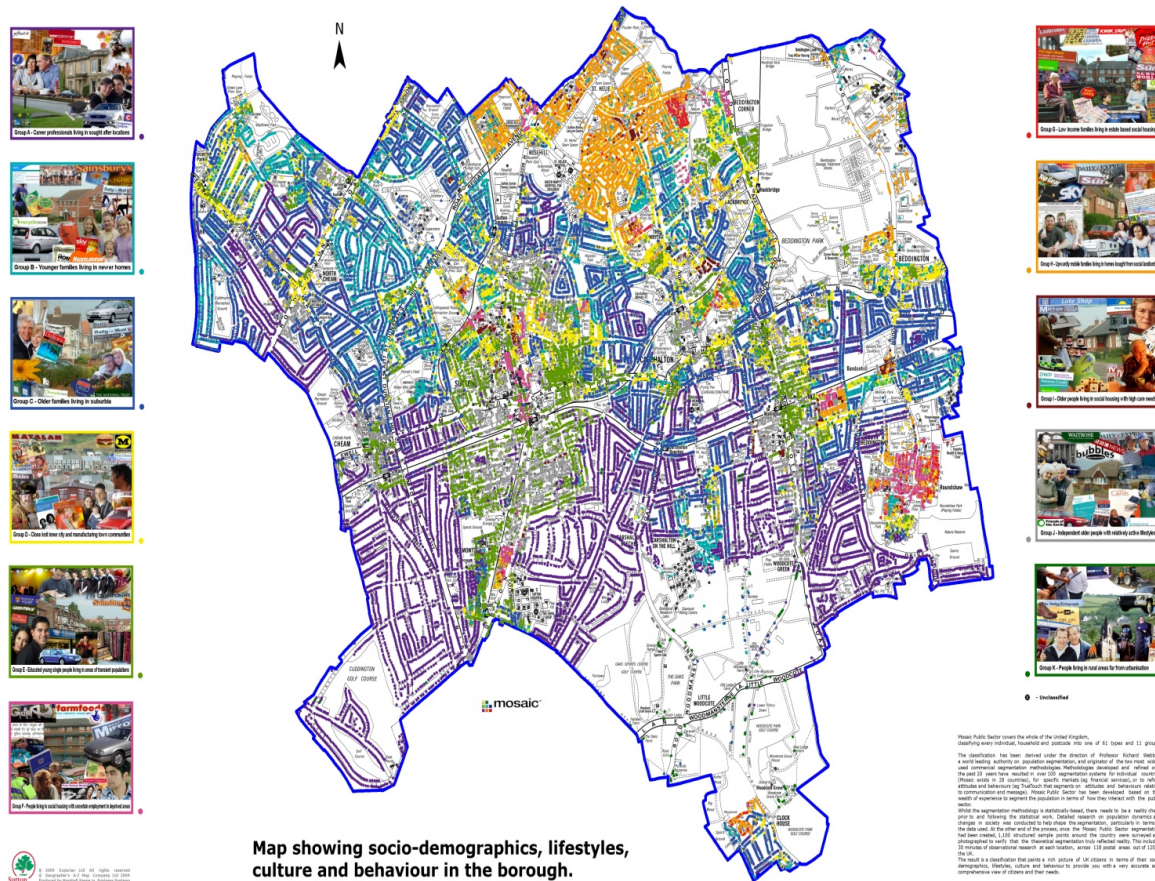
The households who are more likely to qualify for full council funding for their care will have the poorest levels of health in Sutton and may require more expensive and complex forms of care. They are more likely to live in social housing; will be less resilient to a change in their social and financial circumstances and live in communities where there are very limited social networks to support them.

Council commissioned support and care suppliers will need to develop an approach that helps these groups develop and maintain social networks. Services need to develop and maintain close links with other support services in the statutory and local voluntary sector to ensure service users maintain their independence for longer.

Table D – Summary of Socio-Economic Profiles for Sutton (Mosaic)

Group		In Sutton	Description
A	Symbols of success	14%	Career professionals living in sought after locations
B	Happy Families	10%	Younger families living in newer homes
C	Suburban comfort	23%	Older families living in suburbia
D	Community ties	11%	Close knit inner city and manufacturing town communities
E	Urban intelligence	17%	Educated young single people living in areas of transient populations
F	Welfare borderline	3%	People living in social housing with uncertain employment in deprived areas
G	Municipal dependency	1%	Low income families living in estate based social housing
H	Blue collar enterprise	8%	Upwardly mobile families living in homes bought from social landlords
I	Twilight subsistence	1.5%	Older people living in social housing with high care needs
J	Grey perspectives	9%	Independent older people with relatively active lifestyles

Map A



Demand information: Services for older people

The population is predicted to increase, not only in size through increasing birth rates and migration, but the population is also increasing in age. One of the key consequences of longer lives is that people are more likely to develop long-term conditions, particularly if they have less healthy lifestyles and/or are disadvantaged. These long term conditions are likely to become increasingly complex over time, requiring additional support either in peoples own homes or in residential or nursing accommodation, if preventative services (primary and secondary) are not in place early to avoid this.

Differences between communities within the borough will also have an impact on the types of health conditions being seen and the services required. Given the projected increase in the population overall, at a time when financial resources are becoming more scarce, council commissioning needs to focus on preventative services and early interventions to control increasing demand in future years and to focus existing services on higher levels of need.

In addition, Sutton’s ethnic structure and cultural diversity over the last 10 years has changed and this is likely to continue over the next 10 to 20 years. The implication for services is that there will be a continuing and increasing need for sensitivity to diverse needs among older people. Specific culturally tailored services may become necessary to meet the needs of the increase in older people of Black and Minority Ethnic origin.

TABLE E Sutton population by age (Source: POPPI data)

Age group	2012	2014	2016	2018	2020
65-69	8,700	9,200	9,200	8,300	8,300
70-74	6,200	6,500	7,100	8,200	8,400
75-79	5,400	5,500	5,400	5,500	5,900
80-84	4,200	4,200	4,300	4,400	4,500
85-89	2,600	2,800	2,800	2,900	3,000
90+	1,500	1,600	1,700	1,800	2,000

Key facts:

- Sutton has more 85 year olds and over than average – accounting for 2.1% of the population in Sutton compared to 1.5% in London.
- Older people currently make up 73% of adults with eligible social care needs.
- Sutton's older people are mainly living in Cheam, Nonsuch and Wallington South.
- However, older people who are more disadvantaged are living in the Northern wards, predominately St Helier ward.

Health, housing and older people

Health outcomes for people in Sutton are generally better than for London overall and are largely in line with or above the rest of England. However, there is a difference in life expectancy of about 8 years for both men and women between the most and least deprived areas within the boroughs.

The 2011 census reported that 84.3 % of Sutton's residents had good health. This is higher than both the London and England (83.8) and Wales (81.7) average figures and has increased by 1.1 % since 2001.

Older age groups in Sutton were the most likely to report that their day to day activities were 'limited a lot' by disability / old age and that their health was bad or very bad: 24% of those aged 65 and over had limited day to day activities compared to the lower age bands.

However, the demand on all health and social care services and therefore the financial challenge in Sutton is significant, and in order to achieve a sustainable health and social care system fit for the future, service models in Sutton will need to adapt.

A key issue to note is that older households between 65 and 74 years of age are more likely to own their own home, with much older residents more likely living in rented accommodation. Table F illustrates this. This is significant in that this older group is more likely to qualify for council funded care and more likely to experience more complex health conditions and more expensive forms of care.

Table F – Housing Tenure for over 6

	Aged 65-74	Aged 75-84	Aged 85 +
Owned	81.15%	74.26%	66.56%
Rented from council	11.99%	15.53%	16.54%
Other social rented	3.38%	5.85%	9.27%
Private rented or living rent free	3.48%	4.36%	7.63%

People with dementia

Care for people with dementia is a key commissioning challenge. Increasing the number of people diagnosed early with dementia is critical, in order that they can access appropriate advice and support.

Currently there are estimated to be 2,000 residents in Sutton living with dementia, with only 700 of these having a dementia diagnosis. Of these at least 150 with a primary need of dementia are currently supported by social services. The number of people living with dementia is expected to increase by 18% to 2,360 by 2021, increasing the demand and pressure on both health and social care services.

One of the targets within the Joint Health and Wellbeing Strategy is to increase the diagnosis so that 1,178 people with dementia are diagnosed and offered appropriate support during 14/15.

Demand information: Services for people with a disability

People with moderate or severe learning disabilities live with family carers, in ‘ordinary’ housing, in supported living and in residential care. A significant number (about 40%) live at home with parents during their twenties and thirties, and then move on to other accommodation in their forties and fifties as their parent’s age.

A small number of people with a moderate or severe learning disability (less than 10%) will display challenging behaviour.

TABLE G - People predicted to have moderate/severe learning disability (*PANSI data*)

	2014	2016	2018	2020
18 - 24	92 (30)	91 (30)	90 (30)	87 (29)
25 - 34	149 (42)	157 (44)	163 (46)	169 (47)
35 - 44	189 (51)	196 (53)	203 (55)	211 (57)
45 - 54	156 (35)	160 (36)	165 (36)	165 (37)
55 - 64	99 (23)	104 (24)	112 (26)	120 (28)
Total population 18 - 64	685 (181)	708 (187)	732 (192)	752 (197)

Figures in brackets are predictions for people with a severe learning disability only

TABLE H - People predicted to have moderate/severe physical disability requiring personal care support

	2014		2016		2018		2020	
	<i>Mod</i>	<i>Severe</i>	<i>Mod</i>	<i>Severe</i>	<i>Mod</i>	<i>Severe</i>	<i>Mod</i>	<i>Severe</i>
18 - 24	88	59	87	58	86	57	83	56
25 - 34	414	118	428	122	438	125	445	127
35 - 44	890	184	919	190	951	197	986	204
45 - 54	1455	327	1495	336	1529	343	1529	343
55 - 64	1760	340	1848	357	1971	381	2121	410
Total population 18 - 64	5636		5840		6078		6304	

There are currently no designated supported living schemes in Sutton for people of working age with a physical disability. People live in their own properties, in their family home or in a residential care setting.

TABLE I - People predicted to have a serious visual impairment

	2014	2016	2018	2020
18 - 24	10	9	9	9
25 - 34	19	20	20	21
35 - 44	20	21	21	22
45 - 54	19	20	20	20
55 - 64	13	14	15	16
Total population 18 - 64	81	83	86	88

TABLE J - People predicted to have a moderate or severe hearing impairment

	2014	2016	2018	2020
18 - 24	22	22	22	21
25 - 34	146	151	155	158
35 - 44	444	460	475	492
45 - 54	1,668	1,710	1,748	1,751
55 - 64	2,283	2,398	2,543	2,735
Total population 18 - 64	4,563	4,741	4,943	5,156

TABLE K - People predicted to have a profound hearing impairment

	2014	2016	2018	2020
45 - 54	13	14	14	14
55 - 64	25	26	28	30
Total population 18 - 64	39	40	42	44

Note - PANSI data not available for people younger than 45

In the 2011 Census, 2% of Sutton citizens aged 16-24 said their day-to-day activities were limited “a lot” by a disability, rising to 7% of Sutton citizens aged 50-64. The corresponding figures for people whose activities were limited “a little” were 3% to 11%.

Employment status of people with disabilities and long-term conditions

The council’s data collection systems do not currently enable us to examine the employment status of people in receipt of social care services. We do have one measure - the number of clients with a learning disability aged 18-64 known to the council who are in paid employment. For 2012/13 this was 20 people - 4.1% compared with the London average of 9.1% and an England average of 7%. While we believe this is an under representation of the true picture for the year, due to the way the data has been collected, we cannot be complacent.

Increasing the proportion of people in work is a priority for the council. To support this aim we have recently reviewed the delivery model for our supported employment service and re-commissioned the service.

Demand information: Housing Support Services

Housing support services help people to avoid homelessness and maintain their independence in a wide variety of circumstances:

- People suffering domestic violence
- People with mental health issues
- Offenders
- Single people and young people facing homelessness
- People with substance misuse issues

TABLE L – Number of people entering services

	2012-13	2011-12	2010-11	2009-10
Mental health problems	109	98	42	104
Physical or sensory disability	10	3	6	6
Single homeless with support needs	20	21	62	70
Alcohol misuse problems	10	10	3	10
Drug misuse problems	12	12	2	10
Offenders/at risk of offending	7	11	2	13
Mentally disordered offenders	1	0	1	
Young people at risk	57	53	52	37
Young people leaving care	17	9	13	8
People with HIV/AIDS	1			1
Homeless families with support needs	8	7	14	36
Teenage parents	2	8	6	12
Rough Sleepers	1			
Gypsies/Travellers with support needs	1	1	15	6
People at risk of domestic violence	96	76	32	36
Generic/Complex needs	41	24	17	13

Total:	393	333	267	362
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Statutory homeless figures give an indication of the patterns of homelessness. Homeless acceptances have been steadily increasing in Sutton from 2009 to date. In 2013/14 8% of the 197 acceptances had a mental illness.

Year	07/08	08/09	09/10	10/11	11/12	12/13	13/14
Applications	553	485	312	314	313	288	378
Acceptances	220	202	144	150	171	160	197
Proportion of applicants accepted	39.78%	41.65%	46.15%	47.77%	54.60%	55.56%	52.11%

Most people using housing support services do not own their own home. There is an increasing need to provide support to help clients find and maintain private accommodation.

Increasingly clients have multiple needs. For example, many homeless people have mental health and/or substance misuse related needs and may also be victims and/or perpetrators of violence.

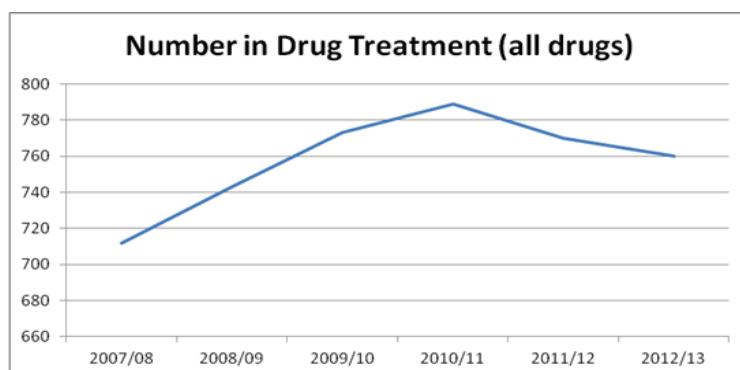
The number of young people has increased following duties to homeless 16 and 17 year olds arising from the Southwark Judgement and the subsequent commissioning of Sutton Time Out Project (STOP), supported accommodation and mediation service in 2010.

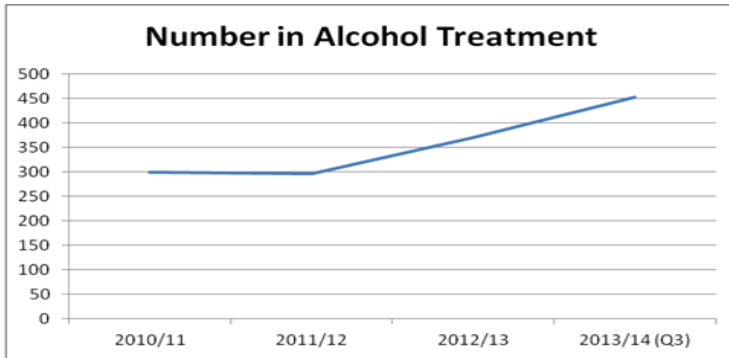
Domestic Violence

Anybody, regardless of background, can experience domestic violence (DV). The most vulnerable are at far higher risk, and due to the fact that they have fewer practical/emotional resources, are less able to escape the cycle of abuse. People engaged with housing support services are far more likely to be living with DV, experience long-term, cyclical abuse, and have more complex issues (mental health, substance misuse, housing need, child protection, safeguarding etc.).

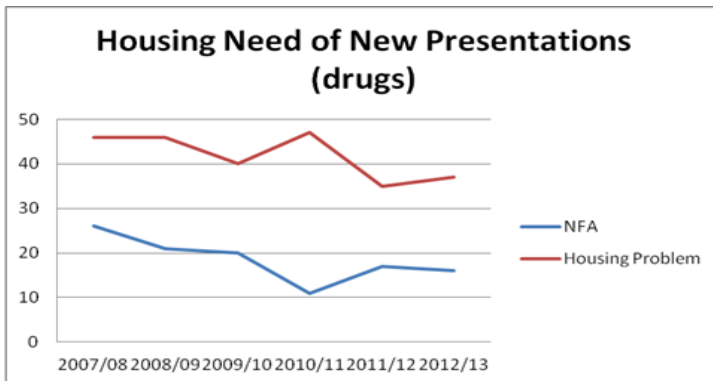
Substance Misuse

The following charts present demand information for drug and alcohol services funded by the Council.





There is a continuing significant rise in the number presenting to alcohol treatment.



Council Spend

TABLE M – 13/14 Council spend on care and support services for individual service users

	People aged 18-64 with a physical disability (£m)	People aged 18-64 with a learning disability (£m)
Nursing and Residential care	0.8	9.4
Personal care and day care (including supported living)	0.5	8.2
Direct Payments	2.2	1.8
Other	1.3	6.5

Source: Personal Social Services Expenditure and Unit Costs return (PSS EX1) 2014

TABLE N – Projected Spend on Housing Support 2014-15

Substance Misuse	£77,908
Ex-offenders	£66,153
Frail Elderly	£58,758
Generic	£226,161
Learning Disabilities	£473,802
Mental Health	£631,241
Older People	£362,199
Physical Or Sensory	£41,712
Single Homeless	£235,651
Teenage Parents	£53,038
Women At Risk Of Domestic Violence	£155,179
Young People At Risk	£365,256
Total Value Contracts	£2,873,792

Other areas of spend include;

- A supported volunteering and supported employment service for people with disabilities (as part of a service also supporting people with mental health needs)
- £184K+ on Independent Mental Capacity Advocacy (IMCA), Independent Mental Health Advocacy (IMHA), Professional Advocacy and support for user involvement for people with learning disabilities.

The key to adapting to Sutton's changing needs

Future providers of health, housing and social care services need to:

- Focus on delivering services that keep people living well and prevent the need for greater intervention
- Deliver services that focus on improving quality and outcomes rather than outputs – the focus of service in future will be recovery and independence rather than delivery of a fixed set of hours over an indefinite period of time.
- Be ready to respond to a range of “service commissioners” rather than only council commissioners – personal budget holders and people with Direct Payments will have an increasing role in the market place, wanting to commission bespoke services that meet their needs. Find out from service users and carers what services people want to pay for and how they should be best delivered to meet their needs

- Innovate – develop new methods of service delivery that meet the council’s overall objectives. Be responsive to working with council commissioners on outcome based commissioning, payment by results and other methods of tracking added value.

Quality Assurance

A range of sources of information will continue to be used to gauge the quality of commissioned services including

- Inspections from the council’s Contracts and Quality Assurance Team
- Care Quality Commission (CQC) reports (available on the CQC website <http://www.cqc.org.uk>)
- Complaints
- Surveys of service users and other forms of feedback
- Self assessments from providers

The council works with HealthWatch and CQC to improve the quality of services.

There is regular dialogue with care providers through provider forums and in one to one discussions with commissioned organisations.

5. Market Position Statement: Social care preventative services

The purpose of this MPS

The council works closely with, and supports, the voluntary sector to deliver services to Sutton's residents who need help to live independently in their own homes.

Fifteen contracts, referred to as the Prevention Prospectus, were awarded to twelve voluntary sector organisations from 1st October 2012 for a three-year period with the aim of preventing, reducing or delaying reliance on support from statutory adults' social services. The total cost of all services was £932,521 per annum.

This statement outlines the council's approach, provides details of the services currently funded and provides information on the council's future direction of travel.

Outcomes we are seeking to achieve

These services are commissioned to deliver against the following outcomes:

- People live their own lives to the full; maintain and improve their health and wellbeing by accessing and receiving high quality information and advice
- Carers balance their caring roles and maintain their desired quality of life, which may include employment
- People maintain and improve their level of independence through accessibility of help with practical tasks
- People are able to develop/maintain a family and social life and contribute to community life, avoiding loneliness or isolation
- People with dementia are supported to enable them to remain living in their own homes.

Service users for these preventative services are a mix of people that are eligible for social services and people that are not - either because they do not have an eligible need or due to their financial circumstances. Some of the services are free to the user (e.g. information and advice) while in others service users are expected to contribute toward the cost (e.g. cycling, lunch clubs and home support).

What the current market looks like

The table on the following pages outlines the services currently funded by the council as part of the Prevention Prospectus.

Provider	Service	Outline of the service
Alzheimer's Society	Advice & Information	<ul style="list-style-type: none"> • Advice and information to people with dementia, carers, family and friends. • Information about dementia, rights and entitlements of people with dementia, local services and available professional support.
	Peer support	<ul style="list-style-type: none"> • Providing a range of established peer support groups at various locations across the borough • Providing emotional and practical support, sharing experiences and advice
	Carers Training	<ul style="list-style-type: none"> • CrISP: Training course for carers consisting of 4 structured sessions • Providing information about dementia, local resources, support and services.
EcoLocal Services	Healthy Sutton Outdoors	<ul style="list-style-type: none"> • Inclusive Cycling Sessions (AKA Gear Up). Provision of accessible cycling sessions in a controlled off road environment, developing fitness, confidence and volunteering opportunities. • Therapeutic Food Growing Sessions. Growing fruit and vegetables, opportunities to learn healthier cooking and eating skills using produce grown.
Volunteer Centre Sutton	Befriending Plus	<ul style="list-style-type: none"> • Befriending – A cohort of trained volunteers offering between 1 and 2 hours per week to visit a socially isolated person (usually elder person or disabled person or person with long term condition). Motivating people to be more physically active and socially engaged • Befriending Extra - A cohort of trained volunteers who offer their time to provide additional support to people to be involved in their community e.g. support with trips to shops, libraries, fun activities and new groups. Encouraging people to be independent of formal support. • Tele-befriending - Offering a weekly (or more frequent) phone call from a trained volunteer, aimed at people who would not like a home visit but would appreciate a chance to chat to someone regularly on the phone.

Provider	Service	Outline of the service
Friends of the Elderly	Home support	<ul style="list-style-type: none"> • Providing practical and emotional support to older people with dementia living in their own homes. • Help and support with practical tasks both in the home and community; involving the person as much as possible to promote independence and prevent de-skilling people.
SCILL	Advice & Information	<ul style="list-style-type: none"> • Advice and Information service based at 3 Robin Hood Lane, offering advice and information. • The project is able to offer benefits checks and debt advice.
	Activities on the road	<ul style="list-style-type: none"> • Preventative project, aiming to support people to live at home longer. The service supports community groups to set up and run social activities for people with a long-term view to supporting the group to run independently of support from SCILL. • The groups aim to keep people physically active, reduce loneliness and isolation, build social networks, promote inclusion, and develop people's skills to live independently.
Sutton CAB	Information & Advice	<ul style="list-style-type: none"> • Advice and information service, but also working with volunteers from SCILL, offering training so that volunteers can provide benefits checks and debt advice.
Stroke Association	Advice and Information, Health promotion events and fitness programmes	<ul style="list-style-type: none"> • Information and Advice Service providing information to people recovering from stroke, looking to reduce the likelihood of subsequent further strokes, signposting stroke sufferers to other services to support their needs. • Attending health promotion events in the community to offer blood pressure checks, advice and information about how to avoid strokes. • Fitness programmes focus on sustainable group exercise programmes e.g. dance, gardening, walking etc. and will also have a social and networking focus.
Age UK	Homeshare	<ul style="list-style-type: none"> • Provides an opportunity for people to meet in the homes of trained volunteers who support a small group of older people once a week including the provision of a home cooked meal • AgeUK provide a bespoke Homeshare service for specific community groups.

Provider	Service	Outline of the service
Royal Assoc. for the Deaf	Information and advice service	<ul style="list-style-type: none"> • A weekly advice service to all deaf sign language users living in Sutton. • Supporting deaf people with financial matters, benefits, debt advice, employment issues, discrimination, health and social care issues, education, family etc.
Sutton Vision	Community Vision Service	<ul style="list-style-type: none"> • A set of three integrated services offered at the SAB resource centre and through community outreach: <ul style="list-style-type: none"> ○ Awareness Training (for newly diagnosed, family/carers, and staff and volunteers of voluntary/statutory services) ○ Community outreach service offering assessments, direct support and signposting to other services and means of support. ○ Resource information and advice including demonstration of low vision aids, CCTVs and specialist computer software.
Sutton Carers Centre	Information, Advice, Support	<ul style="list-style-type: none"> • The service provides 4 different levels of support from low-level support (including signposting) to intensive whole family support over a period of time.
Sutton Mental Health Foundation	Connect, Learn, Support	<ul style="list-style-type: none"> • Support aimed at people with severe and enduring mental health problems, who are not FACS eligible, living independently in the Borough of Sutton. • Support and a programme of groups and activities based on three core issues or Connect, Learn and Support.

How we want this market to develop

We want people in the community to take the lead in supporting one another, developing support networks and groups that meet the diverse needs of the community.

In addition to the Prevention Prospectus, there are a wealth of services and support available in the community, run by sports groups, faith groups, local organisations and local volunteers. These offer a natural and easily accessible set of opportunities to improve people's wellbeing.

In 2014 a Faith Audit was undertaken by Safer Sutton Partnership Service, which captured the range of service being offered by the faith communities in the borough. Building on the results of this, an audit of *all* available services is being undertaken to provide a better understanding of the market. It is estimated that the council commissions only 10% of these local services, which support approximately 2,000 people.

A better understanding of what is available in the community is therefore well underway which will help inform our future commissioning intentions for prevention.

Broadly speaking, funding for preventative services will be focussed on services providing a short-term intervention which links people into support/activities that are already available in the community. These services will be measured against the outcomes listed on Page 27. In addition grant-funding opportunities will be available for small community organisations to ensure their future sustainability.

6. Market Position Statement: Support in the Community

The purpose of this MPS

This Market Position Statement is focused on helping people to live independently within the community. This includes Sutton citizens who are:

- Living in their own homes with support to help maintain or improve independence
- Living independently within a form of supported accommodation
- Receiving personal care at home
- Receiving care that is paid for by the council as well as those who arrange and pay for their own services

Services in this category cover a wide spectrum of people and situations including:

- People of working age who either have a:
 - Physical disability, sensory impairment or long term health condition; or
 - Learning disability, cognitive impairment or acquired brain injury, including people with learning disabilities who also have an Autistic Spectrum Disorder (ASD)
- Older people receiving care and support in their home including sheltered housing or housing with care
- People of all ages needing support to live independently – either in their own home or within specialist accommodation

Categories of community-based services covered in this MPS are also wide ranging including:

- Supported living
- Housing support
- Home care
- Advocacy services.
- Personal assistants
- Supported employment and volunteering and support with daytime activities
- Supported transport

Sutton's vision for the market

The health and wellbeing of Sutton citizens are key priorities for the council. We will continue to focus on promoting and maintaining the independence of Sutton citizens as well as on reablement where people have lost abilities, skills or confidence and need help to regain them.

It is estimated that by 2025 Health and Social Care services will be providing care or related services for an additional 3,800 people with a long term limiting illness and 2,100 people with a physical or visual disability.

The difficult financial climate and further reductions in public funding place further emphasis on

- ‘Investing upstream’ to prevent or reduce needs for social care support
- Integrated working between health and social care
- Maximising peoples’ ability to draw on support from their communities and from services that are universally open to all.

Where people do need care and support, personalisation is as important as ever, so that people with disabilities and long-term conditions are in control of their own care.

Local priorities

- Services are designed around individuals and people have choice and control
- There is a reduction in the number of people living in residential care
- There are clear pathways and support options for young people including those in transition from children’s services
- Younger people with learning disabilities have an opportunity to live with peers in supported housing as a preparation for moving to a home of their own
- More people with disabilities and long term conditions are able to find and retain paid employment
- The local market offers an increased range of opportunities for people to use their personal budgets, or their own income, to meet their needs in the way they choose.

The Care Act sets out a broad remit for how local authorities (and central government) must act to provide information and advice to enable people understand the options and resources available and navigate their way through a complex care system.

The Act also creates a specific additional duty on local authorities to provide access to independent advocacy for the people who most need support to engage with key care processes (such as needs assessment and care and support planning) if they do not already have someone to support and represent them.

Outcomes we are seeking to achieve

- People with more complex support needs live in the community - rather than in residential care
- People have a home of their own, either in general housing or a designated supported living scheme
- Younger people with learning disabilities develop their skills and confidence in living more independently
- People with disabilities and long term conditions are able to be in paid employment where they choose to do so
- People with disabilities and long-term conditions are able to exercise choice and control in how they are supported and by whom.

6a) Supported Living

Supported Housing for Older People

As more people live longer and want to lead independent lives in their own homes, social care and housing services face a consequent challenge of being able to respond to the additional demand.

There has been a significant increase in the number of ‘Extra Care / Housing with Care’ schemes since the early 1990’s. This is part of the increased focus on prevention, increasing services that are available to help people live independently and avoid having to move into institutionalised forms of care. The priority is to ensure that older people with care needs and dementia receive the most appropriate housing care and support for their needs.

Sutton Council wants to ensure that Sutton’s older people including those with dementia have:

- A range of housing options to choose from, depending on their needs and requirements
- The support services they need and required and that these are modelled according to their assessed needs
- Opportunities to engage and participate in the community and receive support to do this if needed.

TABLE O – Projections of older people living alone (Source: POPPI, Sutton JSNA)

2012	2015	2020	2025	2030
10,498	10,931	11,761	13,311	15,005

The potential for older people to spend their later years living in isolation is a key concern with implications for health and social care. Also, single older people disproportionately occupy properties in poor condition.

TABLE P - Current housing register waiting list

Women over 60	Men over 60	Total
309	249	558

Sutton Council commissioned research into the housing needs of older people in 2009/10, including the projected numbers of specialist or supported accommodation required. These are included within the table below:

TABLE Q - Projected numbers of specialist accommodation required

2009-2011	445
2011-2016	1013
2016-2021	1239
2021-2026	2709

The figures assume that, in future, all people living in the social rented sector who need to move will need to transfer to specialist or supported housing. While the research needs to be refreshed in order to be relied upon more heavily, it indicates a continuing need for more supported accommodation for older people in Sutton.

The continued demand for traditional sheltered housing is possibly skewed by the council's current allocation policy that people over 55 who are seeking alternative housing are required to bid for sheltered housing schemes. Providers of sheltered housing can be frustrated with this policy as this means that many people are allocated sheltered housing properties, even though they have no support needs. The council will review this policy during 2014.

Looking ahead, there are a range of needs that need to be met on an **on-going** basis including:

- Affordable housing with care with 24 hours care and support on site
- Supported accommodation for self funders
- Older people's housing with housing support on site or "floated" in
- Housing for independent older people with little or no social care needs

Supported Living for People with Disabilities

There is an upward trend in the number of people with disabilities and long-term conditions requiring support. Improved health care means that more children born with significant disabilities and health issues are living into adulthood.

Greater investment is required in supported living with a further reduction in residential placements. One of the targets within the Joint Health and Wellbeing Strategy is to increase the proportion of people with learning disabilities living in settled accommodation from the baseline of 56% (2009/10) to 75% by 2015.

What the current market looks like

Older people's supported housing

The council commissions housing with support services from a number of providers, as shown on the following table. There is a range of older peoples housing, including small blocks of flats, communal purpose-built sheltered schemes, housing with care and dementia care. Some schemes have a visiting or floating support service, others have a

manager based on site, some have a shared manager, while the housing with care schemes have a 24 hour care team based on site.

TABLE R – Older people’s Supported Housing

Provider	Number of units	Number funded as of April 2014	Projected annual cost
Abbeyfield NonSuch	15	3	5,109
Anchor	44	38	9,642.88
Croydon Churches	141	98	39,031.20
Housing and Care 21	114	60	34,668.40
Sutton Housing Partnership (Council’s arms length management organisation)	545	425	£366,294.80
Sutton Housing Society	298	212	92,417.52
Totals	1157	836 (72%)	547,163.80

In addition to services commissioned by the council, there are a range of providers in the local market offering housing options for rent and purchase.

At the moment, most of the supported housing for older people is traditional sheltered accommodation, not all of which is “fit for purpose”. In addition, while not all of the people living in sheltered housing require the support that is provided, older people living in the community may not be receiving any support at all to help maintain them in their home.

There is increasing demand for ‘Housing with Care’ schemes that are designed for vulnerable older people with independent flats and communal facilities within a 24-7 care and support environment. These schemes are developed as dementia friendly environments too.

Supported Living for people with disabilities

The council is also committed to making supported living a real option for people with learning disabilities who are eligible for social care support, including those with complex support needs.

We have been actively engaged in service development for the past decade and with partner housing providers have developed twelve designated supported living schemes offering a total of 83 self contained flats (57 in Sutton and 26 out of borough through a specific agreement with the NHS). Care and support in these schemes has been commissioned from a range of providers and is now managed through our Personal Care Framework. Some supported living residents also purchase some of their own care and support using a direct payment.

Given that 63% of spending on community services is on a small number of supported living services, the council has initiated a strategic review of these services to consider

the outcomes and value for money they offer against other services that support Sutton citizens with complex needs. The review will conclude during 2014/15 with the aim of setting out future commissioning and procurement options for each existing scheme.

New schemes under development

New schemes that are in the process of being developed include:

- Elizabeth House in Cheam, which has a total of 118 properties for older people, comprising tenanted, shared ownership and leasehold, six accessible flats for people with physical and sensory disabilities under 55, and nine flats for people with learning disabilities.
- Dymond House in Wallington, which has 40 units for older people with dementia and 9 for older people with a learning disability. This is due to open in January 2015.
- The redevelopment of Camperdown (an existing shared scheme in Wallington) will provide twelve new flats for people with learning disabilities.

Sutton is able to 'call off' providers from the Personal Care Framework who can deliver skilled care service to this very vulnerable group of Sutton citizens. A flexible personal care service will be available at both Dymond and Elizabeth Houses that is self-directed by the service users in receipt of Direct Payments.

Providers in Sutton have developed other supported living arrangements independently of the council and the social work team refers people into these schemes, where appropriate, to meet the needs and wishes of an individual service user. All such arrangements are made through an individual contract for that person.

Shared Lives

In a Shared Lives scheme, an adult who needs support and/or accommodation becomes a regular visitor to, or moves in with, a registered carer. Shared Lives carers and the people they support are matched for compatibility with the carer acting as 'extended family', so that someone can live at the heart of their community in a supportive family setting. Carers receive a weekly payment of between £200 and £355 for each person they support (up to a maximum of three people). Service users also pay a contribution of £150 each for their living expenses such as rent, fuel and meals.

An in-house team currently provides Sutton's Shared Lives service, supporting 38 people with a learning disability or mental health need in long-term accommodation and providing four respite places.

Homeshare

The Homeshare model brings together a householder (a person with a home they are willing to share and who is in need of some help and support) with a home-sharer (a person who needs accommodation and is willing to provide some assistance). The Homeshare agency ensures an appropriate and safe match, so the householder has the help and security they require and the home-sharer receives a suitable home, both at

reasonable cost. At the present time Sutton does not have a Homeshare agency.

How we want the market to develop

More fit for purpose supported housing for older people

There should be a range of housing options available to older people with the appropriate choice based on their assessed needs.

Existing schemes must be fit for purpose. A number of the properties currently designated as sheltered housing are not designed for the purpose for which they are being used and may not have adequate provision of space or appropriate facilities.

Sutton Council wants to encourage the development of a range of accommodation and support services including:

- Independent accommodation and older people's housing schemes for those with no support needs but who wish to live in a community of older people (affordable housing and for self funders)
- Sheltered accommodation for people who are assessed as needing more support
- Housing with care for people requiring 24 support on site which
 - Develops capacity to live independently
 - Reduces the number of people entering residential or nursing care
 - Reduces emergency admissions to hospital
 - Increases the number of people able to remain in the community setting of their choice
- "Assessment" flats and "rehabilitation" flats within existing and new schemes to provide short-term accommodation for older people, after a hospital stay for example
- Specialist 'community and accommodation based dementia care'
- Floating support services for older people are also likely to be required to meet the needs of older people regardless of tenure.

We are looking to meet with providers who can offer new models of service delivery, particularly those with dementia expertise in accommodation-based services.

The council anticipates a programme of change in the way that sheltered housing services are delivered in the future in response to demographics, style and condition of property types, as well ensuring that the assessed care and support needs of older people are met.

One of the key areas of development will be an increased focus on community development, engagement and participation – meaning that existing schemes should reach out to the wider community of older people (often without any support) as well as within to existing residents. This may require some providers to remodel their accommodation charges and eligible housing benefit service charges as the service transitions to a new model.

A number of older sheltered properties are not fit for purpose without significant investment in the remodelling of the properties to enable full mobility. An options appraisal is currently under way to determine how the current sheltered housing services can be re shaped to meet future demand, and any proposed changes will require consultation with providers and service users.

Future care and support services need to ensure that the range of options and models as well as the recruitment process for staff reflect the increasing levels of dementia in the community. Within housing with care schemes, on site staff need to be particularly skilled in:

- Dementia Care and Dementia Management skills
- Mental health
- Long term effects of Drugs and Alcohol usage

More supported living and supported housing options for people with disabilities and long term conditions

The council is looking for the market to offer the most effective and outcome based care and support for people with disabilities and long-term conditions.

We want to increase and improve community based opportunities in Sutton to meet the needs of younger people who are not able to return home after leaving college as well as people of middle age living in the family home with older parent carers who are becoming less able to continue in their caring role. We want to continue to reduce reliance on residential care, giving people more independence as well as reducing the costs of institutional forms of care.

To support our aims **we will**:

- Undertake a strategic review of all commissioned supported living services to ensure that arrangements are delivering value for money services promoting peoples' independence, wellbeing, choice and control and identified care outcomes. Services will be market tested where this is appropriate and timely.
- Undertake a review of the potential need to develop additional supported living options in Sutton. As part of this review we will identify people of people of working age currently living in residential care who would benefit from moving to supported living and ensure we are planning effectively for groups such as young people in transition and people with disabilities currently living with older parents

- Develop the Shared Lives service to offer a wider range of opportunities for a broader group of people including older people who are physically frail or have dementia; people with learning disabilities; and young people with disabilities or mental health needs. As part of this we will look at how best to ensure the most effective longer-term management of this service.
- Explore options for establishing a Homeshare Scheme in Sutton to provide an early intervention and preventative service for older people who are physically frail or have dementia and people with physical disabilities.
- Offer workforce training in Safeguarding and the Mental Capacity Act

We want the market to:

- Access funding to develop value for money care and support services for people with learning disabilities within a supported housing setting
- Reflect the council's preferred model of supported living, which is one that offers a clear separation between housing and care - allowing people to change their care if they wish without any impact on their housing.
- Develop self-contained accommodation so that no one needs to share with someone else unless this is an active choice.

We are also interested in hearing about *other* proposed supported living and supported housing models, where these offer evidenced opportunities for choice, control and independent living and are clearly distinguishable from high cost residential care.

Summary of business opportunities

- ✓ Development of good quality/good value supported living and supported housing for people with disabilities as an alternative to residential
- ✓ Independent accommodation and older people's housing for those with no support needs but who wish to live in a community of older people (affordable housing and for self funders)
- ✓ Specialist community care and accommodation based care for people with dementia (including for self funders)

6b) Support to live independently

Context

There has been an increase in demand for community based floating support services for older people. These enable a more flexible response to meeting people's need, regardless of where they live.

There are increasing numbers of older people with dementia in Sutton, either living with a carer or living alone. Caring for more people with dementia – whether self funded or publicly funded – is a key challenge for the council.

More people with disabilities and long-term conditions will need support to live in the community.

More people with disabilities and long term conditions will also need advice and support in order to gain and maintain paid work, especially during times of economic difficulty where people with support needs may face additional barriers in entering and staying in the job market.

A range of people in different circumstances will continue to need housing support services to maintain or increase their independence and help them to avoid homelessness.

What the current market looks like

Housing Support Services

Housing support services focus on avoiding homelessness by enabling vulnerable people to establish and/or maintain an independent home in the community. Services promote nationally defined outcomes - Manage Money; Enjoy and Achieve; Be Healthy and Stay Safe and have an important preventative role to play. Audit Commission research published in 2009 found that housing support services delivered net benefits to the Exchequer of £3.4 billion for a £1.6 billion investment.

While Sutton as a whole is relatively less deprived than most places in England, some parts of the borough are within the 20% most deprived areas in the country. People in these areas are more likely to have housing support needs. Many live in the private rented sector where there is less security of tenure, rents are higher and the poverty trap deeper. Being able to live in your own home as independently as possible, for as long as possible, can make a big difference to quality of life, life expectancy and mental wellbeing.

Along with other local authorities across the country, Sutton is experiencing substantial financial pressures, but has a continued commitment to invest in strategically relevant housing support services that deliver excellent outcomes and down line savings.

Sutton’s priorities for Housing Support

- Good quality, short-term outcome focused services that deliver a positive and long-term impact on the lives of customers.
- Partnership working with Health, Probation, Social Services and Safer Sutton to deliver safe and effective services.
- Mitigating risks to vulnerable people arising from Welfare Reform
- Supporting more people to find and maintain private rented accommodation.
- In summary, services that reduce the duration, frequency and cost of interventions and can evidence their positive impact.

Outcomes sought

The service level outcomes required for all housing support services are to:

- Prevent homelessness and reduce rough sleeping by supporting people to find and maintain private sector accommodation
- Support rehabilitation from homelessness and institutional living, recovery and re-integration.
- Address the housing needs of adults facing social exclusion with poor mental and physical health, including rough sleepers.
- Release savings for statutory services based on preventing and/or reducing need.

TABLE S – Detailed outcomes for housing support services

Client Group	Outcomes	Evidence
All Services	Prevention or avoidance of homelessness Establish and maintain a home in the community – most likely within the private rented sector. Effective resettlement from homelessness or institutional living (prison, hospital, care). Clients able to budget, organise repairs, behave in a tenant like manner and control the behaviour of visitors. Engaged in education, training, work, volunteering or work like activity Safe from harassment and violence, Financial and social inclusion. Personal resilience, recovery, increased choice and control.	Evictions and tenancy breakdowns prevented; LPI (PRA) Service users receiving appropriate benefits. Evidence of success 6-12 months after service termination. Evidence of distance travelled over duration of the service e.g. analysis of progress with outcomes star or equivalent. Evidence of additional value, creativity, innovation and service impact.
Domestic Violence services	Action taken against perpetrators Enable victims and their families to become safe in their current home.	Records of successful legal proceedings Short term outcome returns

Client Group	Outcomes	Evidence
	<p>Support victims to become survivors.</p> <p>Support around culturally specific violence</p> <p>Minimise the impact of DV on children</p>	
Mental Health services	<p>Improved mental health and recovery,</p> <p>Increased independence, self confidence, well being</p> <p>Improve physical health</p> <p>Develop resilience and access to emotional support</p> <p>Prevent loss of tenancy</p>	Short term outcome returns
Offender services	<p>Provide stable base to prevent recidivism</p> <p>Abstinence or reduced substance misuse</p> <p>Work ready</p> <p>Increase Community Safety</p>	Short term outcome returns
Single Homeless services	<p>Social Inclusion</p> <p>Reduce rough sleeping</p> <p>Causes of homelessness identified and addressed</p>	Short term outcome returns
Substance Misuse services	<p>Work towards abstinence where possible or harm minimisation.</p> <p>Community Safety</p>	<p>Short term outcome returns</p> <p>Entering treatment/ treatment outcomes</p>
Services for Teenage Parents	<p>Health and Safety of mother and baby</p> <p>Develop good parenting skills (signpost to appropriate services)</p> <p>Healthy relationships - Identify and stop domestic violence (Link DV 1 stop shop)</p> <p>Develop skills to provide a safe and stable home to raise child.</p>	Short term outcome returns
Young People	<p>Return to live with family – Where possible and safe</p> <p>Positive transition to adult life</p> <p>In Education, Employment or training</p> <p>Safe and healthy relationships</p> <p>Stop substance misuse</p>	Short term outcome returns

All current services are short term and non chargeable. The Housing Centre Gateway makes all referrals with the exception of referrals for domestic violence.

Domestic violence services

- **Refuge** - 12 very short term crisis units, for both single women and women with children fleeing domestic violence.
- **Floating Support** - 18 units of very short term floating support. Available to women, men, heterosexual or LGBT, families, couples and currently single people if experiencing DV and housing associated risks

Generic services

- **Floating Support** - 115 units of short term visiting tenancy sustainment /resettlement. The service works with single people and families; including intentionally homeless families, Travellers and victims of domestic violence.

Mental Health services

- **Supported Accommodation** - 54 units of supported accommodation for people who are homeless or moving on from institutional living. 15 units have access to staffing 24/7 including out of hours concierge based on or near accommodation. The remaining 39 units are in various locations, some grouped, some dispersed, all with daytime visiting staff.
- **Floating Support** - 105 units of floating / visiting support for people with mental illness and / or substance misuse and /or complex needs. The aims are to avoid tenancy breakdown or resettle from homelessness / institutional living.

Offender services

- **Supported Accommodation** – 18 units with very short term visiting day time support, for probation clients who are homeless that will take probation through the door referrals

Services for Single Homeless People

- **Supported Accommodation Pathway** - 44 short-term units in a variety of locations. The pathway includes a very short term assessment service with out of hours staff, who responds to the needs of an average of 1 rough sleeper a week with seasonal variation. Following assessment clients with no support needs are supported to find private rented accommodation. Some clients are referred to mental health or substance misuse supported accommodation; others remain in the short-term part of the homeless pathway.

Substance Misuse services

- **Supported Accommodation** – There are 12 units of very short term accommodation, 8 units for homeless people with addictions, 4 post treatment dry / clean units. The

focus is on supporting people to work towards abstinence where possible or harm minimisation. The clean units will take people on scripts.

Young People Supported Accommodation (55 units)

- **Sutton Time-Out Project (STOP)** -12 units very short term supported accommodation for 16/17 year olds who are homeless. Day staff and night concierge. Focus on mediation with family and return where safe to do so.
- **Supported Accommodation** – 36 units of short term supported accommodation for homeless 16/17 year olds and care-leavers
- **Teen parent / mother and baby** - 7 short term units of supported accommodation

The target utilisation across all housing support services is 97%. The utilisation rate for 13-14 has slightly missed target at 96.01%. Services for homeless / social exclusion client groups are generally well utilised. There is no current evidence of reducing demand.

Personal Assistants (PAs)

Some people prefer to arrange their own support, for example by directly employing one or more PAs.

Sutton's market for PAs is relatively under-developed. Anecdotal evidence suggests the majority of PAs employed to date already have a relationship with the person employing them, often as a relative/family member or friend or as someone previously employed through a care agency. People who wish to find a new person to support them may face challenges recruiting someone who is a good match and has the relevant skills and experience, particularly where the person is looking for support beyond the relatively straightforward tasks of personal care or domestic assistance.

Currently PAs are not subject to quality control by a national regulator - unlike personal and residential care services, which are regulated by the Care Quality Commission (CQC).

Supported employment, volunteering and support with daytime activities

The council recently redesigned and commissioned a supported employment and supported volunteering service for people with a disability, long term condition or mental health need who require additional help and support to prepare for, find and retain work. This resource is targeted at people who need assistance beyond that available from employment support services provided or commissioned by the Department of Work and Pensions (DWP).

There is a small number of small-scale work preparation initiatives in Sutton for people to purchase individually through a personal budget.

In addition four providers currently offer a specific 'support with daytime activities' service for Sutton citizens with a learning disability.

Transport

Sutton citizens with disabilities and long-term conditions primarily arrange and fund their own transport through their personal income, including benefits and/or a direct payment where applicable. If necessary the council will arrange transport on the person's behalf through our Passenger Transport Framework but this would only be where no other option is available.

Advocacy

Advocacy services help to deliver the council's aim of maintaining a community where people at all levels of need are confident in communicating their wishes and make decisions based on the best information, advice and support. The council commissions the following statutory and non-statutory advocacy services to a total spend of around £200k:

Statutory services

- Independent Mental Health Advocate (IMHA) Service – specialist advocacy support for qualifying patients under the Mental Health Act (1983). The service is delivered in Springfield Hospital in Tooting and also where appropriate in the community. It will be recommissioned in 2014/15.
- Independent Mental Capacity Advocacy (IMCA) Service – provides specialist advocacy for a person where that person is deemed to lack the capacity to make an important decision, for instance about a medical treatment or moving home.

Non-statutory services

- Professional Advocacy – this service provides short term, issue based advocacy to eligible service users. It also supports people who are at risk of becoming social services clients due to their vulnerability or lack of other support.
- User Involvement Service for People with Learning Disabilities – the service supports people with a learning disability to have a stronger voice. The service is currently being recommissioned, with increased investment, to ensure that both established self-advocacy groups have the capacity and skills to shape services that affect them and that people with multiple and complex learning disabilities, potentially at risk of isolation are included in shaping the services that affect them.

Services for people with dementia

To increase care at home for people with dementia a range of personal care providers who are registered with CQC have been procured and are available on a Personal Care

Framework – from this, self funders, social workers, service users, carers and relatives can procure personal care in their own home.

Other current services supporting people with dementia in the community are:

- Alzheimer’s Society - Dementia Support Service, information service, peer support service
- Avenues Trust - Dementia Community Support Hub
- Admiral Nursing Service - Counselling, education, emotional support and practical advice to carers.
- Assistive Technology - Discrete monitoring system in the community and in specialist housing schemes for older people which provides professional or family members with a means to recognise how the person with dementia is functioning when home alone.

How we want the market to develop

Housing Support Services

There are a number of issues we want existing and future housing support providers to address. We anticipate increasing needs due to: (a) Lack of affordable housing and (b) the impact of Welfare Reform (single room rent restrictions for people under 35, social size room restrictions, the move from Disability Living Allowance to Personal Independence Payments, the total benefits cap and Universal Credit.)

Welfare reform is likely to increase the number of vulnerable people on low incomes moving from inner London boroughs, which are not affordable, to Sutton where they may have no friends, family and support networks, increasing stressors.

General issues for all services

- Evidence of distance travelled, long term service impact and down line savings are increasingly required
- Offering support to find and maintain shared accommodation for under 35’s
- Encouraging and supporting saving and use of credit unions (rather than loan sharks)
- Giving service users employment and volunteering opportunities to increase skills and we particularly want to support organizations that successfully employ former service users
- Developing peer support, community support and user led organizations to meet on going needs following service termination is encouraged
- Empowering service users; including involvement in service design and delivery moving towards co-production

- For supported accommodation, good understanding of housing management and ability to work with housing management agreements and leases is required. Ability to use management tools like behaviour contracts and injunctive remedies where necessary is essential for challenging behaviour of residents and / or their visitors

Payment by results

It is likely that Sutton will move to Payment By Results contracts over the duration of the Framework Contract (2014-17). The CLG is currently running 10 pilots and is due to report back later in 2014, once each pilot has run for 12 months. After this, there is likely to be a market consultation about how this could best be tested and implemented in Sutton.

Housing support for people with a learning disability

In Sutton, an in-house team provides housing support for 80 people with learning disabilities. The council is reviewing the options for this service including externalisation.

Mental Health

The 'Our Place Strategy' is a current government-funded initiative to better co-ordinate mental health related services, with a particular focus on the Sutton town centre area and supporting access to work. The initiative is about smarter and better partnership working, rather than new investment.

Work is under way to develop a joint working protocol between all housing support providers, mental health/ substance misuse treatment and social care professionals. New providers will be expected to sign up to this protocol.

The short-term and outcome-focused nature of the service must be made clear from the outset. Exit planning needs to start early and include developing networks for emotional support and crisis planning for relapses. Creative and innovative approaches are welcome, including but not restricted to peer support, group work and developing user led organisations.

Substance Misuse

The Health and Well Being Strategy notes increases in hospital admissions for alcohol related harm above national and regional increases. Sutton is keen to manage increase in demand by offering outcome focused services aimed at abstinence where possible.

Complex Needs - Repeat Homelessness

In 2014 Public Health are working in partnership with Revolving Doors to look at housing and treatment pathways for people with complex needs including offending, substance misuse and repeat homelessness and treatment interventions. This work will inform future commissioning.

There is potential for development of a pilot Housing First service.

Young People

Sutton educational attainment is good overall but there is a large gap in attainment for our vulnerable children. Greater skills and educational attainment is needed for our more disadvantaged communities.

Domestic violence (specific and non specific services)

Independent Domestic Violence Advocate (IDVA) training is the benchmark for domestic violence specific services. We would like increased IDVA training for staff working with client groups with a high incidence of DV (teenage parents, young families, homeless teenagers, care leavers). For these services a focus on developing healthy inter-personal relationships is also important to prevent repeat incidents and minimize risk.

All current services will be exposed to competition as call off from the Housing Support Framework (HSF) contract. Providers were competitively selected and signed up to the HSF for 4 years from April 2013.

A decision will be taken by the end of 2015/16 on the replacement of the Sutton Framework. Any new Sutton Framework contract would be open to tender in Q1 2016-17. Alternatives for consideration are cross authority or regional commissioning or possibly 2 stage tenders.

Where a completely new service or substantial remodelling of a service is required all potential providers will be invited to a soft market testing event so that we can share intentions and consult with providers on service models and solutions.

Time period	Service Procurement
Dec 2014	Young People Supported Accommodation
April – June 2015	Refuge and DV Floating Support
April – Sept 2015	Offender services - The date may need to change in response to the Probation changes currently under way
July – Sept 2015	Single Homeless Supported Accommodation
April – June 2016	Possible commissioning of new housing support Framework
April – June 2017	Mental Health Supported Accommodation
July – Sept 2017	Generic Floating Support

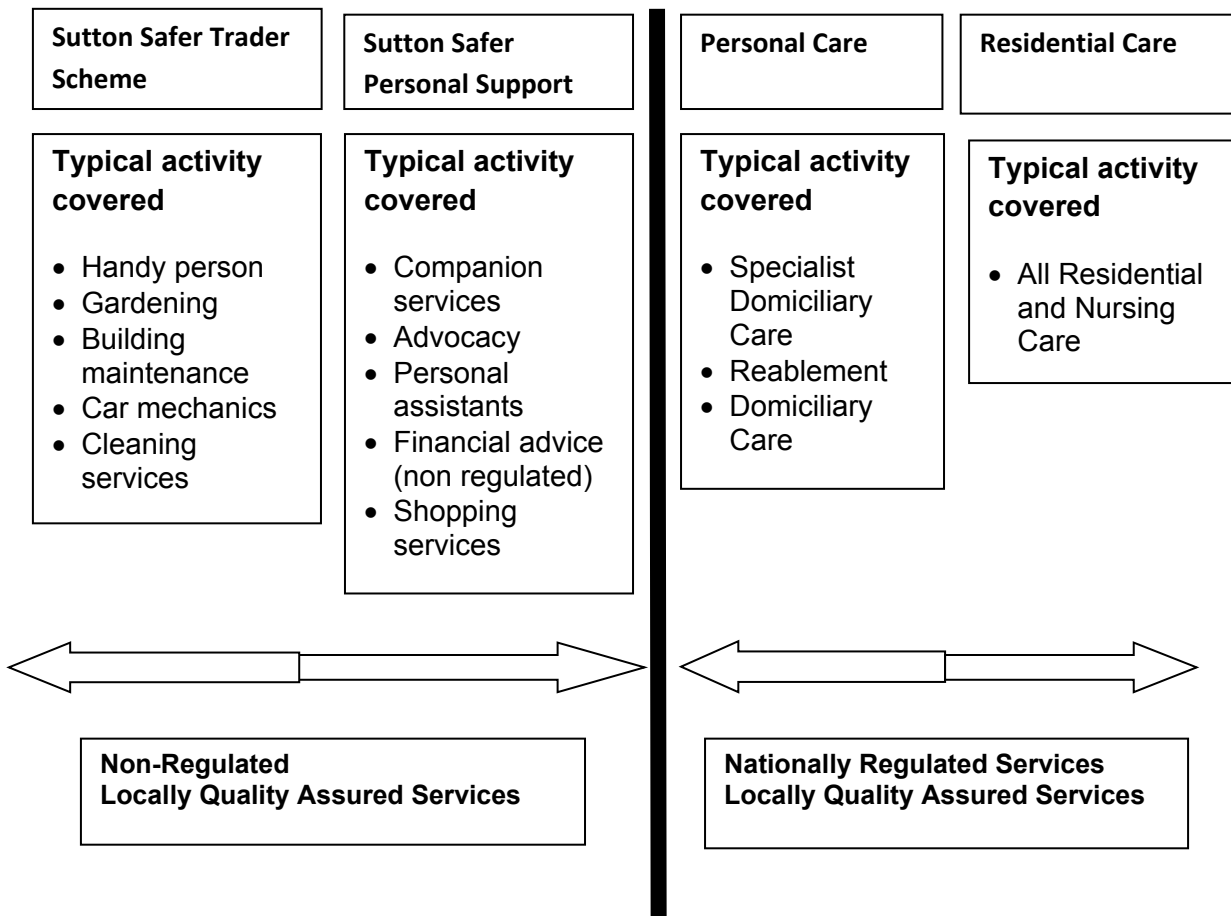
The Housing Support Procurement Plan above sets out current intentions for call off. The plan is subject to change as it must be responsive to a number of internal and external factors including provider failure or withdrawal.

More personal assistants (PAs) to enable people to arrange their own support

As the number of people taking a direct payment increases, the requirement for more high quality PAs will grow, as will the need for robust quality assurance mechanisms. This creates both a challenge and a development opportunity for the market.

For the council, issues of safety and skills are critical - in particular making sure that PAs are subject to DBS checks, are appropriately trained, have good communication skills and are able to respond appropriately to local cultural norms. In Sutton we have established a Safer Trader scheme to ensure all citizens including people with support needs can identify and feel confident about employing a trader. The next step is to explore the option of also developing a ‘Safer Personal Support’ scheme incorporating an accreditation process for PAs. The diagram below shows how this approach could fit into a broader quality framework.

Proposed Quality Framework



We also need to better understand how to attract more potential PAs in Sutton. Ways forward could potentially include:

- Establishing a loan system so people can afford to have a DBS check (identified as a barrier to entry)
- Sponsoring courses in key areas such as communication and diversity awareness through partners such as SCOLA

- Establishing a career path for PAs - potentially leading into other areas of social care and support

Key partners will be learning and development providers.

More low level floating support for older people living in their own homes in the community

While there are older people living in supported accommodation without support needs, there are people living on their own in the community without support. Floating support helps to address this by being adaptable and tenure-neutral.

More people with learning disabilities in work

We want to see more people with disabilities and long-term conditions, who are able to work, in paid employment. If people are volunteering, we want this to be for a time-limited period to gain work experience and skills, unless the person has made an informed choice that longer term volunteering is the best option for them.

We will undertake a review of current daytime support services to ensure they are meeting our strategic priorities and are commissioned in the most effective way. This will include a review of how we commission shared support services.

We want the market to work with the council and our partners to develop a co-ordinated approach to employment opportunities for Sutton citizens with disabilities and long-term conditions.

We also want all services supporting people with daytime activities to be ambitious about enabling people to develop work related skills and access work related experiences.

Creative transport options

Although we will undertake some commissioning activity during 2014/15 to ensure we have continuing arrangements for those citizens with most need for a council arranged transport service, our over-riding priority will continue to be to maximise peoples' ability to make and fund their own transport arrangements.

We want the market to:

- Develop creative support options such as travel buddies
- Enable more people to access and make best use of mobility benefits.

A wider range of independent advice and advocacy services

The council will directly commission advocacy services to meet our statutory duties, including the new Care Act duty to ensure people have support to engage with key care processes such as needs assessment and care and support planning. There needs to be

a well-developed market of providers who can work flexibly and innovatively with a range of people with differing needs.

We want the market to develop and deliver:

- A skilled workforce trained to deliver a range of advocacy options
- Volunteers who can provide mentoring and peer support
- Providers and individuals who understand the locality and are committed to growing resilience and participation of its population
- Providers who can work with statutory services to ensure individual outcomes are consistently met.
- Specialist providers with the knowledge, expertise and proven record of delivering advocacy

Summary of business opportunities

- ✓ Developing the PA market for people with Direct Payments
- ✓ Support services to help people with disabilities into employment
- ✓ Independent advice and advocacy services
- ✓ Floating / community based support for people in the community in their own homes (including chargeable services for self funders)
- ✓ A range of housing support services being commissioned over the next 1-3 years

6c) Care at home

Profile of service users

A Government guide¹ estimated that in England approximately 20% of home care services are provided to people who fund their own care services (self-funders). However, our local analysis suggests that self-funding in Sutton is significantly above the Government's overall estimates for England. Self-funding of home care services by Sutton citizens is estimated to be 38% of local care packages - between 1,200 and 1,500 Sutton citizens who fund their home care service.

During 2012/13 the council funded care for 3,265 Sutton Citizens in their own home. However, **Table T** shows that between 2010 and 2013 there was a 17% reduction in the number of Sutton citizens who required council funded care in their own home. These reductions in dependency on council funded care have been achieved through the council's greater focus on reablement services that promote independence and prevent or reduce the need for council funded care. This is illustrated by **Table U**, which shows that 30% of Sutton citizens who received reablement support from the council did not require long-term support and care. Only 1% were referred to care homes and of those who did need long term care, between 40% and 42% required lower levels of care.

Table C shown on Page 13 indicates an upward trend in the number of Sutton citizens who may develop a care need over the next six years, with 9-10% rises in both the 65s and over and 18-64 age groups. This does not, of course, take into account the continued success of the council's reablement services. If the current trend continues then the number of Sutton citizens requiring council funded care in their own home may further reduce to 2,710 by 2016.

Table T – Sutton Citizens receiving council-funded Community-based services 2010-2014
(Source: Referrals, Assessments and Packages of Care (RAP) returns, table P1)

	2010/11	2011/12	2012/13	2013/14	Projected 2015/16
65 years and over	2,820	2,350	2,375	2,280	1971
Between 18 and 64 years old	1,130	970	890	935	739
Overall Total	3,950	3,320	3,265	3,215	2710
	Decrease on previous year	630	55	50	555
	% Decrease	16%	2%	2%	17%

¹ <http://www.opm.co.uk/publications/older-people-who-self-fund-their-social-care-a-guide-for-health-and-wellbeing-boards-and-commissioners/>

This projection is partly based on data produced by the Health and Social Care Information Centre (HSCIC)², which suggests an average yearly England wide reduction in the provision of community services of 10%. Furthermore, there are socio-economic factors that may mitigate the demand for the more traditional forms of care in Sutton as detailed on page 16.

Table U – Reablement Outcomes

Short Term Assessment and Reablement Team (START) Referrals July 13 to April 14		
Type	Number	%
Hospital	790	73%
Care Home/Rehab Discharge	51	5%
Community (self, family, GP, Social Worker etc.)	234	22%
Total Referrals	1075	

Outcomes		
Type	Number	%
Outcome not Determined	73	7%
Re-admitted to hospital	227	21%
Required a care home	10	1%
Health – Admitted to rehab bed; taken over by District Nurse & admitted to hospice	18	2%
Ongoing council funded care needed	138	13%
Self-supporting – No on-going care needed	318	30%
Self funding	102	9%
Other – Died; left the area etc.	119	11%
Discharge cancelled	70	7%

² <http://www.hscic.gov.uk/catalogue/PUB13148/comm-care-stat-act-eng-2012-13-fin-rep.pdf>

Required Levels of Care:	Number	%
Ongoing council funded care needed - Reduced	58	42%
Ongoing council funded care needed – Same level	73	53%
Ongoing council funded care needed – increased level	7	5%
Self funding – Reduced care needed	41	40%
Self funding – Same level needed	61	60%
Self funding – Increased level needed	0	0%

Outcomes sought

We have two very clear priorities that will drive the development and delivery of directly commissioned and funded services:

- Investment in preventative services to reduce the number of service users who are Fair Access to Care Services (FACS) eligible and/or eligible for financial support from the council under the new National Minimum Eligibility Criteria from April 2015
- Investment in more care for adults who use care and support services in their own home and less care in registered care homes.

The Current Market

Community services commissioned by the council

63% of council spending on community support/care services for people living in their own homes is with national third sector suppliers. Most of these services are provided by 4 suppliers linked to the reprovision of housing for former residents of Orchard Hill Hospital and offer intensive supported living for Sutton citizens with complex physical and learning disabilities needs.

20% of overall spend on community services for people living in their own home is with small privately owned businesses (with 11% spent with a single nationwide company mainly delivering home care services).

The Personal Care Framework (PCF)

In 2013 the council commissioned the Personal Care Framework, which provides the contractual and quality assurance framework for all community care services

commissioned by the council. The PCF includes 31 support and care suppliers and was designed to offer choice while at the same time delivering cost effective and value for money pricing for council commissioned care and for citizens who have chosen to directly commission their services via a direct payment.

The PCF is divided into four tiers that reflect the pricing, service requirements and standards covering four levels of complexity in need

- Tier 1: Community support (without personal care) e.g. personal assistants – in the region of £10 - £12 per hour
- Tier 2: Personal care services, including domiciliary and homecare services – in the region of £12 - £14 per hour
- Tier 3: Highly skilled care for people with complex needs such as learning disabilities and complex physical disabilities – in the region of £14-16 per hour
- Tier 4: Services for people needing skilled support and care with complex behavioural needs – in the region of £16-18 per hour

Most community services commissioned by the council are delivered by tier 2 suppliers, which make up over 41% of the care hours purchased by the council. Less than 1% of services are commissioned from suppliers under tier 1 who provide basic support without personal care.

Where the council is unable to purchase from the PCF (e.g. due to capacity difficulties of providers) non-PCF providers can be approached. In these circumstances the council will **not** purchase homecare at a cost above the PCF rates listed above.

Home care for people with a disability or long term condition

The market for home care providers offering support for Sutton citizens with a disability or long term condition who fund their own support is relatively well developed. Some of these providers are on our Personal Care Framework and work with people whose care and support is arranged by the council's social work and brokerage teams.

Capacity Challenges with Tier 2 services

Map B on Page 59 shows where most tier 2 type domiciliary care services commissioned by the council are delivered (January 2014). This shows that much of the current capacity is focused in the north, west and east of the borough and in and around Sutton Central, with little capacity being provided in the south and central Carshalton.

During 2013 it became apparent that capacity challenges were emerging, with tier 2 suppliers unable to respond to a number of care packages the council wanted to commission. A review identified workforce and recruitment issues as key factors affecting capacity. In response to these challenges the council worked closely with suppliers to develop a locality commissioning approach based on six locations, which are detailed in **Map B**. This approach is being rolled out during summer 2014 and will be evaluated in the autumn.

Socio-economic data points to a local workforce dominated by households who work in professional roles outside of the borough with above average salaries. This links with the high number of working families with school age children may limit the number of care workers able to provide care during unsocial hours, such as the early mornings, late evenings and at weekends. In response the council worked with Job Centre Plus and Opportunity Sutton on setting up a highly successful recruitment fair, which resulted in care suppliers filling a number of vacancies. The council is planning a programme of regular health and social care recruitment events to support local suppliers with the recruitment of good quality care staff

Table V – Community Services Funded by Sutton Council by Provider Type

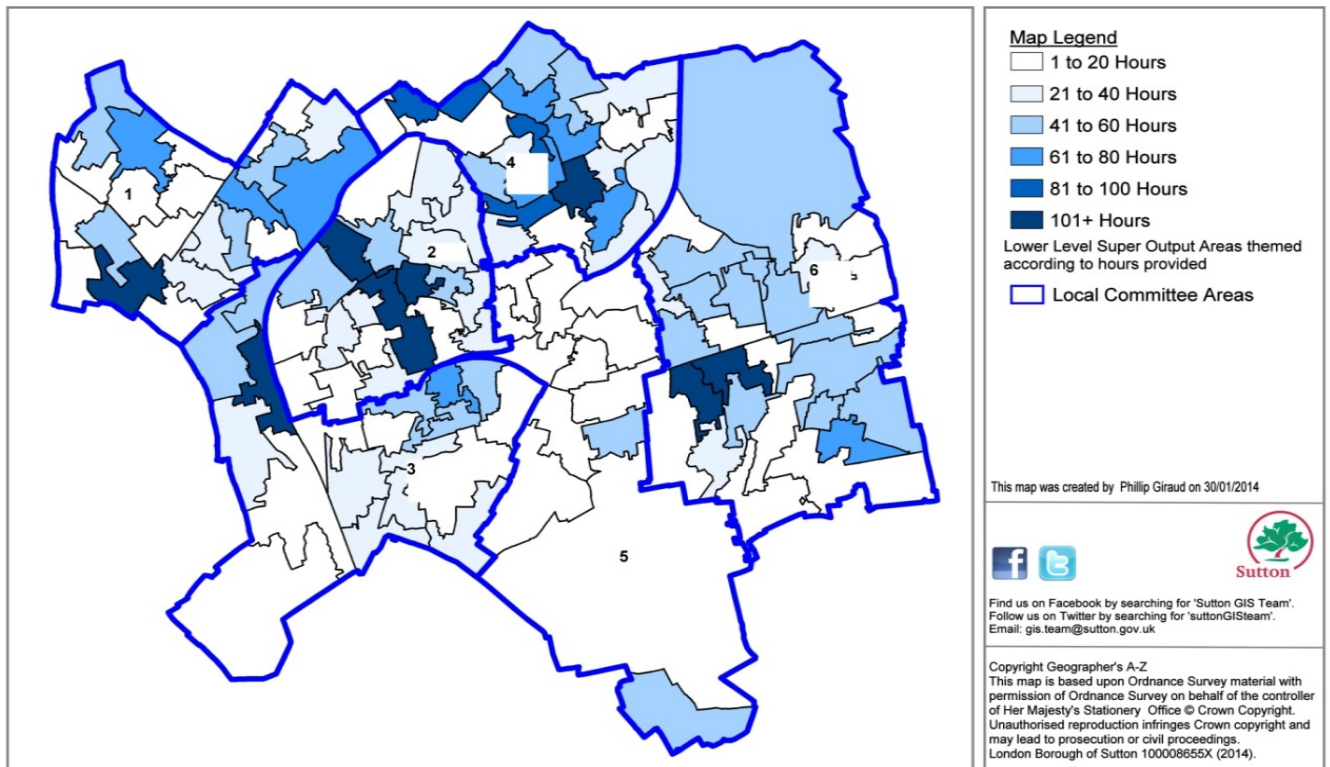
Sector	Number of Companies	Total Weekly Spend	% Weekly Spend
National Third Sector	7	£111,664.94	63%
PLC - Large National Group	1	£20,013.56	11%
Private - National Company	4	£2,949.12	2%
Private - Part of National/International Group	3	£8,128.53	5%
Private – SME	6	£34,698.68	20%
Grand Total	21	£177,454.83	

Table W – Personal Care Framework - Community Services Funded by Council

Tier/Sector	Number of Companies	Total Weekly Spend	% Weekly Spend
Tier 1			
Private - Part of National/International Group	1	£171.00	56.9%
Private – SME	2	£129.55	43.1%
	3	£300.55	0.2%
Tier 2			
National Third Sector	3	£6,823.56	9.6%
PLC - Large National Group	1	£18,756.93	26.5%
Private - National Company	3	£2,800.36	4.0%
Private - Part of National/International Group	2	£7,957.53	11.2%
Private – SME	3	£34,506.13	48.7%
	12	£70,844.51	39.9%
Tier 3			
National Third Sector	4	£104,841.38	98.8%
PLC - Large National Group	1	£1,256.63	1.2%
Private – SME	1	£63.00	0.1%
	6	£106,161.01	59.8%
Tier 4			
Private - National Company	1	£148.76	100.0%
	1	£148.76	0.1%

Map B - Demand for Council Funded Tier 2 Domiciliary Care

Total Home Care Demand by LSOA



Personal Care Framework (PCF) Tier 2 Localities

Locality 1 Worcester Park, Stonecot, Nonsuch, Cheam **Locality 2** Sutton North, Sutton Central, Sutton West

Locality 3 Sutton South, Belmont **Locality 4** Wandle Valley, St Helier, The Wrythe

Locality 5 Carshalton Central, Carshalton South & Clockhouse

Locality 6 Beddington North, Beddington South, Wallington N, Wallington S

How we want the market to develop

All services

- Marketing, developing and delivering services that are more responsive to the specific requirements of individuals and communities - understanding the differing requirements of self funders and residents whose care is funded by the council
- Understanding the health inequalities affecting local residents who may need to use support and care, and the impact of these upon the level and type of care they need; their potential to be reabled and what particular approaches may be needed with particular groups to address health and lifestyle deficits and/or expectations

Community Based Support and Care

- A core principle of reablement built into all services including at the front line. Workers being trained and supported to work with individuals to enable them to reacquire skills within a framework of jointly understood positive risk taking.
- Up-skilling the care workforce to enable the above to happen through a review of local training programmes and more access to accredited training; joint work with Skills for Care and reviewing pricing, staff pay and terms and conditions to support the creation of 'salaried' senior workers/practitioners in key agencies
- Commissioning PCF suppliers through premium payments against an enhanced reablement/enablement specification based on the above principles
- Payment by results in terms of achieving positive outcomes against reablement/enablement and improved health and well being for Sutton citizens qualifying for council commissioned services

Summary of business opportunities

- ✓ Reablement services built into homecare
- ✓ Payment by results models for providers willing to work in partnership with the council and innovate

6d) Support to direct payment users

The council wishes to support the growth of independent support services to help people get the greatest benefit from their direct payment or to help people consider whether to go down the direct payment route.

Support services need to deliver the following benefits:

- Service Users have choice and control over key aspects of their life.
- Service Users and parents/carers feel supported in using their Direct Payment through a seamless process.
- Increased Service User and parent/carer knowledge of and confidence in how to manage their direct payment.
- Increased Service User and parent/carer confidence that they/their child are engaging in positive activities.
- Service User and parent/carer satisfaction with the service.
- Increased take up of Personal Budgets and Direct Payments.
- Individuals have access to a safe, high quality and appropriately trained workforce to meet their care and support needs.

At the moment, the council is directly commissioning a Direct Payment Support Service. An allocation is put into a person's direct payment to pay for this. The service focuses on four key areas of support:

- Initial Contact includes checking that the client understands the implications of Direct Payments and the individual roles and responsibilities of the support service, the service user, social work team and local authority Direct payment team
- Provider services covers support with budget planning, identifying optimum services within the market and assist in brokering that service (for instance a personal assistant or PA)
- Employment Support includes supporting the service user regarding the recruitment, selection and retention of PAs. The provider is not an employment/recruitment agency but is expected to have a good knowledge of the market to ensure that service users find suitable support quickly and confidently
- Targeted monitoring covers supplementary monitoring and tailored support, by request from the council, for a DP user with their own account where it has been identified that they are not coping well with the requirements.

Separately funded, again through an individual's direct payment, are Payroll Services and Managed Accounts, which are available in the voluntary sector:

- Payroll Services provide support for a service user who employs their own PA
- Managed Accounts service provides an ongoing managed bank account for service users that have been identified as unable to manage one for themselves.

TABLE X - Estimated Direct Payment Support activity 14/15

Activity Type	Adult Transactions	Children's Transactions
Initial Contact	175	25
Provider Services	215	50
Employment Support	85	15
Payroll Service	350	150
Managed Accounts	250	100
Targeted Monitoring	100	90

The council has been commissioning the Direct Payments support service as a block contract. However, in line with the direction of travel, in both national and local commissioning the council is seeking to foster services from the market that are paid directly by service users (from their Direct Payments).

The growth of people using personal budgets, alongside existing self funders, means that there is likely to be a need for a range of support services offering help to people to navigate through the complexities of the social care market as well as identify community activities that help people to meet their care and support needs.

Summary of business opportunities

To deliver a truly diverse, innovative and pluralistic market of Direct Payment support services, Sutton wants to attract organizations and individuals to work with both social services clients and self-funders in the public, private and third sector can:

- ✓ Delivering support for people wanting to take or maintain a direct payment
- ✓ Understand the changing market and can bring innovation and capacity to the market
- ✓ Provide specialist independent financial advice (either as a new service or by adapting an existing service, included those provided by the voluntary sector at the moment)
- ✓ Deliver specialist support planning skills
- ✓ Provide independent brokerage services
- ✓ Assist with the employment of personal assistants who have the skills to work with vulnerable clients to ensure their quality of life and dignity are maintained at an optimum level

7. Market Position Statement – Support for Carers

The purpose of this Market Position Statement

The Carers Trust defines a carer as anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. From 2015, the Care Act will place new duties on local authorities to assess and provide support to carers. These changes are likely to increase the demand for carer's services at a time of reductions in health and social care funding. It is therefore critical for commissioners and providers to work together to build sustainable and cost-effective models of carers support.

This statement aims to support this process and help existing and future providers with their business planning, providing information on levels of need, expected future trends and demand and future commissioning intentions for carers.

The National Picture

In 2010 the Government refreshed the **National Carers Strategy** (Department of Health) and outlined four priorities for carers, based on what carers say is most important to them:

1. Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages
2. Enabling those with caring responsibilities to fulfil their educational and employment potential
3. Personalised support both for carers and those they support, enabling them to have a family and community life
4. Supporting carers to remain mentally and physically well

In 2015, the Care Act will introduce changes to both the legal entitlements of carers, providing a right to an assessment and to support and the operating framework from which care and support can be provided. This will also allow local authorities to devolve statutory functions (e.g. assessment and care planning, commissioning and review functions). For the market, this means that the number of carers in receipt of support is likely to increase and the avenues for providers to engage with and provide services to carers will also increase, with providers potentially able to deliver assessment, commissioning and review functions, as well as support services.

The Local Picture

Sutton's Joint Health and Wellbeing Strategy and its Better Care Fund submission to integrate health and social care set out a commitment to promote positive health and wellbeing for carers and enable them to maintain and balance their caring role in the community. Carers support is an important component to achieving the broader preventative aims laid out in these strategies to maintain people with care needs in the community and out of residential and nursing settings.

What outcomes does Sutton want to achieve for Carers?

Sutton wants to achieve the outcomes from the National Carers Strategy for carers, in addition to local outcomes laid out in our Prevention Prospectus. Carers support should also help to maintain people with care needs in the community:

Outcome Type	Outcome Source	Outcomes
Carers Outcomes	National Carers Strategy	<ul style="list-style-type: none"> Carers will be respected as expert care partners with access to the integrated and personalised services they need to support them in their caring role. Carers will have a life of their own alongside their caring role. Carers will be supported to avoid financial hardship due to their caring role. Carers will be supported to stay mentally and physically well and treated with dignity.
	Prevention Prospectus	<ul style="list-style-type: none"> Carers will balance their caring roles and maintain their desired quality of life, which may include employment
Preventative Outcomes	Local outcomes	<ul style="list-style-type: none"> Reduction in residential and nursing admissions as a result of carer breakdown Reduction in hospital admissions of carers and people with care needs Increase in the number of people supported to live at home Increasing the percentage of older people still at home 91 days after hospital discharge following a period of rehabilitation and/or intermediate care

Carers in Sutton – Current Need and Demand Projections

Numbers of carers in Sutton

As of the 2011 census, 18,298 people identified themselves as carers. This represents an increase of 13% since the 2001 census (16,100 carers). The actual number of carers now is likely to be higher still, given the increasing number of older people and people with disabilities needing care and support, while many carers do not identify themselves as carers.

Over the next 10-20 years, the number of carers in Sutton is projected to increase further. The Carers Trust estimate that nationally in the next 30 years the number of carers will increase by 3.4m (around 60%). Although we cannot accurately predict the exact nature of the increase, we expect the carer population in Sutton to grow in the future because of:

- The improved legal entitlements afforded to carers through the Care Act, which may increase self-identification because of strengthened eligibility for services
- Projected demographic changes in relation to social groups likely to need a carer (e.g. over 65's currently make up 14% of the boroughs population - expected to grow to 18% by 2021)

Of the 18,298 carers in Sutton:

- 58% of carers are female, 42% are male
- 84.3% of carers are white, British.

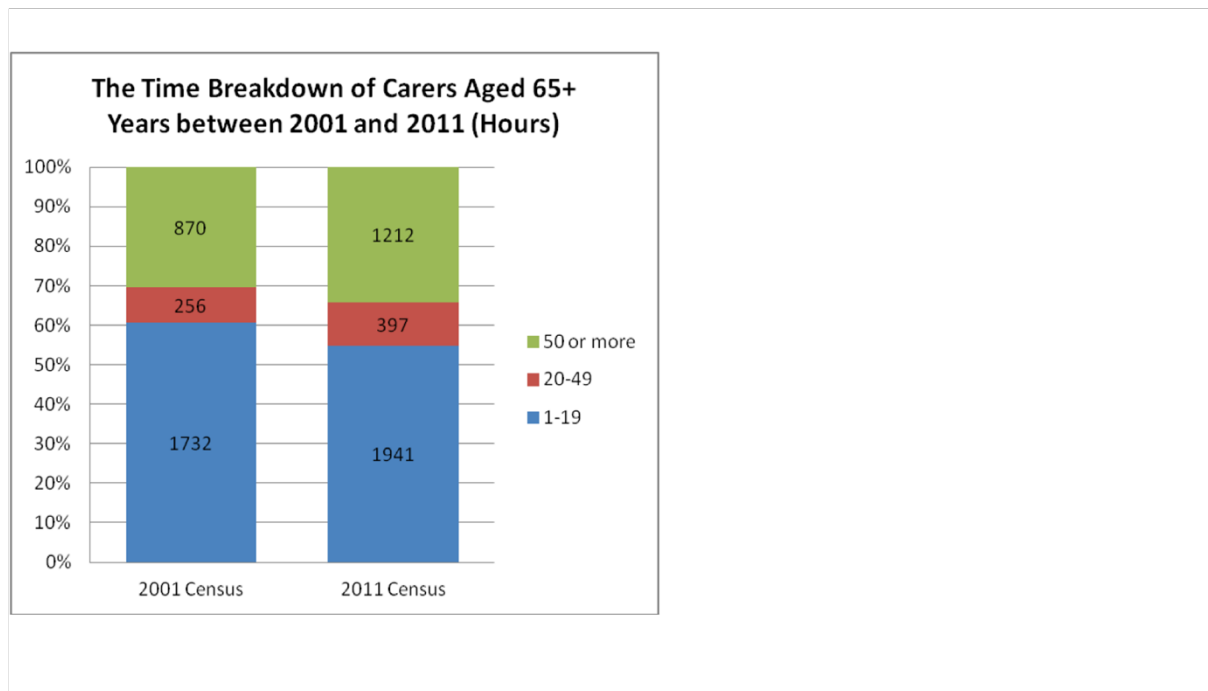
This is higher than the percentage of white British residents in the general population (78%); likely because of the high proportion of carers in Sutton in old age (see below). However, the borough population is becoming more ethnically diverse and as this population changes and ages, a growing proportion of the overall carer population will be composed of carers from black and ethnic minority communities.

Of the 18,298 identified carers in Sutton:

- 12,436 provide less than 20 hours care per week
- 2,242 provide 20-50 hours care per week
- 3,620 provide 50+ hours care per week

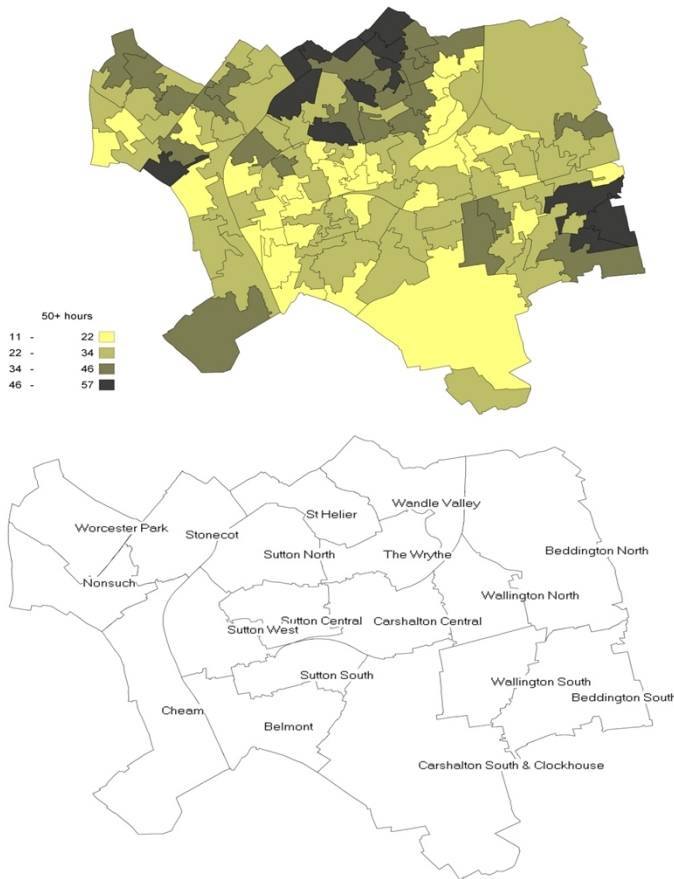
National evidence shows that carers providing regular and substantial care are at greater risk of poverty, poor health and loss or inability to secure or maintain work. Carers UK report that people caring for more than 20 hours per week are twice as likely to be in poor mental health as people not in caring roles. Based on the census data, 5,800+ carers provide over 20 hours care and are therefore of greatest need of targeted, preventative support.

The cohort of carers providing over 50 hours care per week has increased since the last census. This increase is largely attributable to a large increase in over 65's providing over 50 hours unpaid care per week (from 870 to 1,212 2001-11) as shown below.



Geography of carers in Sutton

Carers are located across the borough; however, based on the 2011 Census, they are also disproportionately located in dense, often poorer wards in the borough - notably, St Helier, Wandle Valley and Beddington South. This is particularly the case for carers providing over 50 hours care per week.



Although we acknowledge that the Census does not identify all carers in Sutton, this does give providers an indication of where services for carers could best be targeted.

Carers Health and Wellbeing

There is evidence from the national carer’s survey that Sutton’s carers are less healthy relative to both the general population and carers in other boroughs.

76.4% of carers in Sutton reported good health compared to 84.6% of the general population. Moreover, 5% of the carer population reported ‘bad’ health and this increased with the hours of care being provided (with 11% of carers providing 50 hours care experiencing ‘bad’ health).

Sutton currently ranks 20th out of 32 London boroughs in relation to self-assessed carer quality of life, which is likely to be a product of both the relatively high number of carers providing regular and substantial care in Sutton, and the effectiveness of/numbers accessing support available to improve health and wellbeing.

Carer’s employment rates

Compared to other London boroughs, the proportion of carers in employment is low. 11% of Sutton’s carers are in paid work, which ranks 24th out of 32 London boroughs. This low number may in part be a product of the high proportion of carers providing regular or substantial care. However, 67% of carers provide under 19 hours care per week. A higher

proportion of these individuals could be expected to work (either full-time or part-time), so one would expect the carer employment rate to be higher.

What the Current Market looks like

Spend/Type of services currently available

The types of services accessed by carers can be broadly defined by 3 categories:

- Universal preventative services (predominantly 'information and advice') accessible to all carers
- Targeted preventative services delivered to the cared-for but providing an assessed service for carers following a carers assessment (e.g. respite, assistive technology etc.)
- Targeted preventative services delivered to carers and accessed directly by carers following a carer's assessment (e.g. personal budgets for carers). Some of the targeted provision can also be accessed by self-funding carers.

TABLE Y - 13/14 spend on carers services, demarcating areas of direct expenditure on carer's services and indirect expenditure on carers.³

Direct Commissioned Expenditure on Carers services	2013/14 spend (across CCG and LBS)
Home-based and Adult Placement Respite <ul style="list-style-type: none"> - Home-based respite - replacement domiciliary care and 'sitting services' (£260,000) - Shared Lives respite (£11,000) 	£270,000 (estimated)
Residential Respite <ul style="list-style-type: none"> - Residential Dementia pre-bookable respite (£75,000) - Residential Learning Disabilities pre-bookable respite (£203,000) 	£278,000
Personal Budgets (<i>spend predominantly on carers breaks, but also equipment and training</i>)	£73,000
Universal Support Services for Carers – <i>Information and Advice, Training, Breaks, Peer Support, Benefits support, Whole Family Interventions</i>	£202,000
Support Services for Carers of people with Mental Health Conditions - <i>Information and Advice, Training, Breaks, Peer Support, Whole Family Interventions to prevent carer breakdown, Triangle of Care advocacy</i>	£121,000
Support Services for Carers of people with Dementia - <i>Information and Advice, Training for carers of people with early diagnosis of dementia, Peer Support</i>	£87,000
Carer Engagement, Strategic Partner Funding – <i>funding to represent/engage carers</i>	£29,000
TOTAL	£1,078,000

³ The 'indirect expenditure' on carers data reflects the total expenditure on particular services, rather than expenditure within these services on carers, as this data is not currently recorded. The actual expenditure on carers within these services is therefore likely to be lower than the recorded figures.

TABLE Z - Indirect Commissioned Expenditure on Carers

Area of Spend	2013/14 spend (across CCG and LBS)
Information & Advice (Sutton Association for the Blind; Sutton Citizens Advice Bureau; SCILL)	£206,000
Assistive Technology (Telecare)	£32,000
Befriending (Volunteer Centre Sutton)	£65,000
Home-based support (Friend's of the Elderly)	£39,000
Support for families/individuals with Terminal Cancer (Marie Curie)	£129,000
Continuing Care	£40,000
Non-commissioned services supporting carers (but providing a service principally for cared for)	
Admiral Nursing	£45,000

Current Demand/Unmet need – Universal Services

Of the 18,298 carers in Sutton, fewer than 1,000 are in receipt of services from the council, and around 5,000 are 'known' to voluntary sector organisations providing universal information and advice and support services. Of the carers 'known' to voluntary sector services, fewer than 1,500 of these are in receipt of these services on an annual basis. Indeed, our current voluntary sector providers have stated that some carers are 'known' to a number of services, which suggests that the numbers below may double count some carers who receive services from more than one provider.

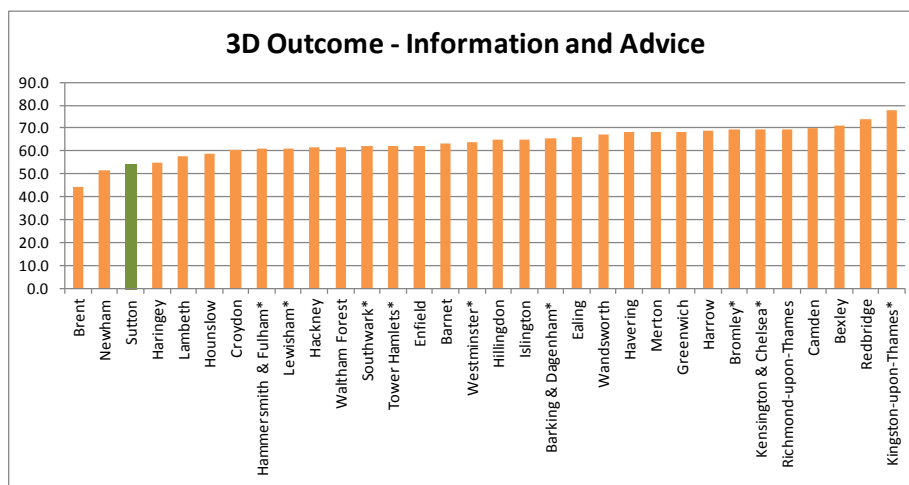
Voluntary Sector Service	Number of Adult Contacts during 2013/14
Sutton Carers Centre (Universal I&A and support services for Adult Carers)	983
Alzheimer's Society (I&A and support services for carers of people with Dementia)	340
Carers Mental Health Service (I&A and support services for carers of people with MH conditions)	200

This indicates that there are likely to be a significant number of carers providing regular and substantial care who are not in receipt of the necessary low-level support services.

The reasons for this could be that:

- Some carers do not require support to maintain their caring role (i.e. because of friends, family and other informal support networks)
- Individuals are not identifying themselves as carers, or are not being readily identified by professionals. This is likely to be a chief reason for lack of carer identification in Sutton, with GP's in particular not routinely identifying carers because of lack of time during consultations and lack of carer/carer service awareness
- Some carers may not be able to attend services because of the time/location of service
- Some carers may not be aware of what services exist in the borough because of difficulties accessing information and advice (which is provided across a number

of providers rather than from a single source). In the 2012 National Carers Survey, 46% of carers found it fairly or very difficult to access information and advice, the 30th worst score across London boroughs



Of the carers in receipt of voluntary sector support services, males are under-represented. Roughly 30% of the carers supported in 2013/14 by voluntary sector providers were male, whereas 42% of carers in the borough are male according to the most recent Census.

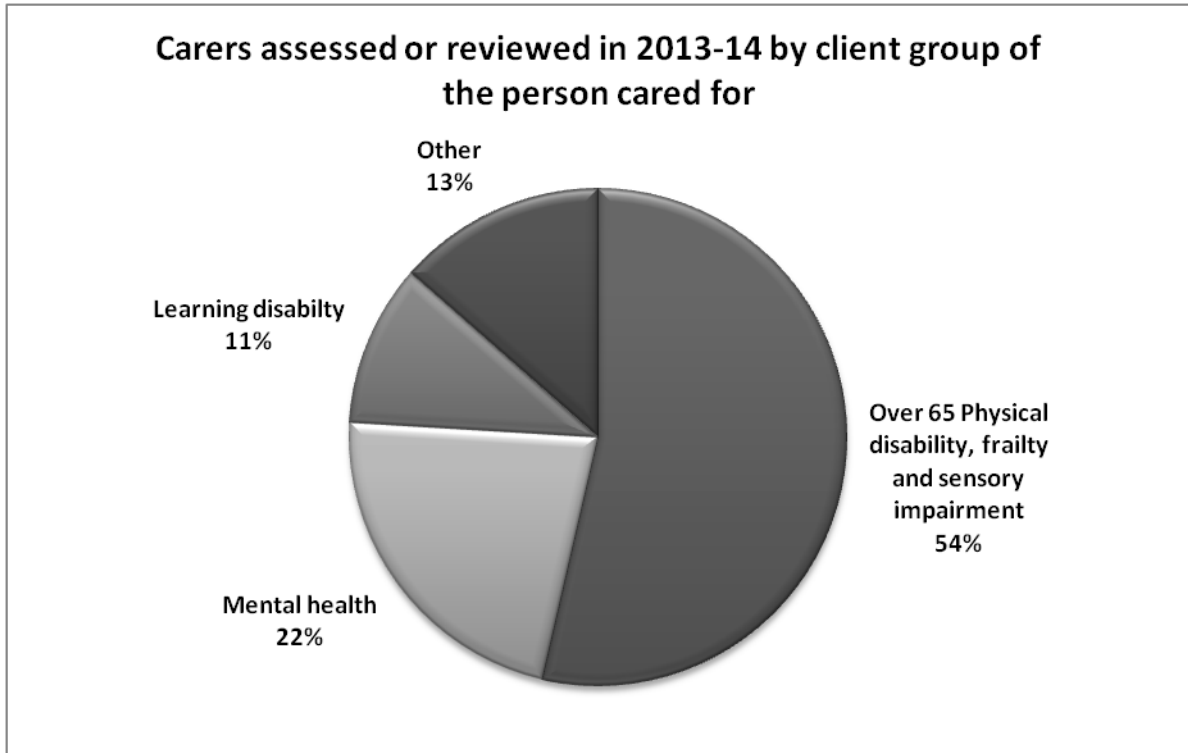
Across Sutton, there are a variety of peer support groups that provide mutual support, information and advice to carers. National research and local qualitative data suggest that these services are valued by carers and have a positive impact on carer wellbeing. This is therefore a service type we wish to encourage, promoting peer support across carer groups. The council also has a long-term preference for these groups to be self-sustaining user-led groups, rather than groups supported and administered by a provider:

Peer Support Type	Location/Peer-led or Provider-led
Asbergers Parent/Carers Support Group	Sutton Carers Centre, Provider-led
Evening Working Carers Support Group	Sutton Carers Centre, Provider-led
LD Carers Support Group	Sutton Carers Centre, Provider-led
MH Carers Support Group	Sutton Carers Centre, Provider-led
'Moving on Group' (ex-carers) Support Group	Sutton Carers Centre, Provider-led
OP in Care Homes Support Group	Sutton Carers Centre, Provider-led
Altogether Peer Support for Carers	Trinity Centre, Provider-led
Demenshare (Circle of Support) Group for OP carers	Age UK, Provider-led
Alzheimer's Society Peer Support	Alzheimer's Society, Provider-led

Demand/Gaps in Carer Assessment and Support

The council carried out assessments or reviews for 636 carers in 2013/14, which is indicative of the number of carers in receipt of targeted support. This means that the council is potentially missing carers who may need help and support to continue with their caring role.

Of the 636 carers, over half (54%) were caring for an older person with a physical disability, frailty or sensory impairment. Nearly a quarter (22%) was caring for someone with a mental health issue (including dementia) and 11% were caring for a person with a learning disability.

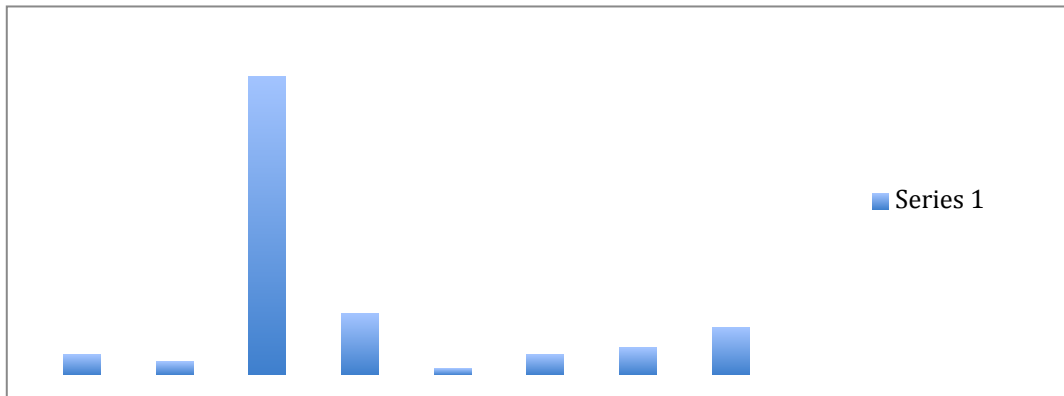


253 carers received a payment from the Carers Flexible Fund during 2013-14.

It is anticipated that, following the introduction of the Care Act 2014, there will be an increase in the number of carers receiving an assessment and services. The increase could potentially be up to 18,000 carers accessing a carer’s assessment, as eligibility for assessment is based on presenting need, and a high proportion of this number will be in need of support services.

Direct Payments

In 2013/14, £73,000 was spent on carers support via Direct Payments. Direct Payments of up to £300 are given to carers with an assessed need to spend on goods or services that positively contribute to their health and wellbeing and capacity to maintain their caring role. In 2013/14 direct payment spend was allocated in this way:



As the number of carers in receipt of a direct payment increases it seems likely that this will lead to an increased demand for carers breaks/holidays for carers (accounting for £44,000 of spend).

Currently, direct payment spend from carers on “household maintenance” services for carers (e.g. gardening, cooking and cleaning) and assistive technologies are low. In the future, we want to work with the market to develop and actively market these areas for carers because they directly facilitate carers’ breaks and allow them to balance their caring role.

Respite provision

Recorded spend on home-based and residential respite is largely similar - with £10,000 more spent on residential respite as shown earlier. Residential respite arrangements are used for all client groups, but is principally used for people with learning disabilities, older people and people with dementia.

The council’s preference is to seek to maintain people’s independence in the community, rather than residential settings, for as long as possible. Future commissioning will therefore look at minimising the use of residential respite for temporary, pre-bookable respite, and also looking at alternative forms of community-based accommodation for respite. Examples of the type of respite arrangements the council want the market to develop include:

- Personal assistants for carer respite
- Home-based respite arrangements for people with complex disabilities and for young adults with disabilities, with outreach components
- Shared lives and homeshare respite arrangements

The council would also like to encourage more ‘menu-based’ commissioning of services via direct payment, whereby service users can purchase ‘respite packages’ made up of various component parts, such as day opportunities or outreach services into the community, coupled with sleep-in services at home.

Carers themselves have identified the following as gaps in relation to replacement care/respite:

- Flexible, sitting services for carers, with an emphasis on social contact/improving people’s social inclusion (e.g. through taking cared for individuals into the community)
- Flexible breaks, including replacement services for general care tasks e.g. laundry, cooking and gardening

How we want this market to develop

In summary, there are a number of issues and future pressures that we want the market to address in partnership with health and social care services:

- A high proportion of carers provide regular and substantial care - this number is expected to grow but the number currently in receipt of statutory services is low.
- Demand for assessment and services is likely to increase as a result of the Care Act, at a time of declining budgets.
- Carers struggle to access appropriate information and advice when needed, meaning they may only have contact with services at crisis points
- Male carers are under-represented in council and voluntary sector services
- Care employment rates and self-assessed health and wellbeing is low compared to other London Boroughs
- The borough is becoming more ethnically diverse and there is a need to consider what specialist support is required to identify and support carers from black and ethnic minority communities
- There is a gap in relation to carers support for carers of people with terminal health conditions
- There is a need to develop a more plural market in respite provision, with a greater emphasis on community-based respite
- There is a need to develop specialist household maintenance services for carers which help facilitate a break (e.g. gardening, cooking and cleaning services)

The following commissioning intentions stem from these issues. These are divided in relation to commissioning approaches, and service development intentions:

All services

We want to see:

- A shift towards more outcomes-focused commissioning for the delivery of all carers services. All services for carers must improve carers' ability to maintain and balance their caring roles.
- A shift away from direct commissioning to an increased use of Direct Payments for targeted provision – encompassing breaks, respite, equipment, training and support provision for assessed carers
- Carers support services re-configuring how they market and deliver support services to meet the needs of people with Direct Payments and self funders
- The development of more joint-commissioned services for carers, involving the provision of support from multi-disciplinary teams to identify carers in the community (e.g. in primary care settings) and support carers of individuals

with particular health needs (e.g. mental health, stroke, cancer and other long-term conditions)

Information and Advice services/Carers Identification

We want to work with the market, in partnership with acute and community-based health and social care services, to increase the identification of carers from across client, social and ethnic groups; and then provide accessible, timely and holistic information and advice which helps carers to maintain their caring role.

Carer Identification

- We want to improve the extent to which carers are actively identified and assessed at the point of contact with health and social care services (e.g. primary care settings, social services assessments, hospital admissions). This may involve a combination of training on 'carer awareness' to professionals or co-location of carers support services in primary care settings
- We will be focusing particularly on 'hidden carers' not accessing services, e.g. male carers, Black and Asian ethnic minority carers and working-age carers; and want the market to develop innovative mechanisms for engaging these groups.

Assessment/Demand Management

- We anticipate that the number of carers requesting assessment is likely to increase. In order to cope with demand, we are looking at the potential to devolve responsibility to voluntary sector providers and to develop mechanisms for carers to undertake self-assessments in 2015.
- We would like providers to market and promote private use/purchase of its services, to prevent need and reduce pressure on social services.

Information and Advice

- We want to ensure that information and advice for carers is accessible to all carers. We also want to ensure that information and advice is delivered in an emotionally sensitive manner, is tailored to all carers groups and that carers can access information and advice on a variety of health, housing and social care matters at a single point.
- We will be seeking to commission I&A services in 2015, and will be looking to the market to develop consortium arrangements to deliver this provision

A plural, self-sustaining market in peer support

We want to work with the market to promote peer support for all carers groups, develop flexible models of peer support which can offer reciprocal support to carers (e.g. replacement care and 'sitting services') and promote the growth and self-sustainment/independence of existing peer support groups.

We also want the market to work with us to facilitate carer engagement in commissioning. We particularly want the market to identify the most appropriate means of providing peer

support to carers across carers groups providing regular and substantial care. This may mean facilitating a mix of day-time and evening peer support groups and being more innovative in terms of the location of peer-support groups to engage with more carers, and carers with higher levels of need (e.g. 'group befriending' models of peer support where carers meet in a carers home; area-based peer support)

Flexible, plural market in breaks and respite services

We will be seeking to develop a plural market in respite and carers breaks to be marketed at private, non-eligible carers, self-commissioning carers and direct commissioning from the council/CCG. This will involve:

- Flexible, pre-bookable home-based respite provision including domiciliary care from the Personal Care Framework as well as a range of low-level replacement care services (e.g. household maintenance services for carers, replacement 'general care' services providing support in cooking, cleaning and gardening etc., and time-banking models which facilitate reciprocal replacement care provision between carers and volunteers)
- Flexible, pre-bookable community-based respite provision designed to meet the particular needs of different client groups outside of residential settings. We will be looking at shifting commissioning away from residential settings to more respite arrangements in the community (e.g. shared lives provision for carers of people with learning disabilities, dementia and mental health conditions; personal assistants for respite; home-based respite arrangements for people with complex disabilities and young adults with disabilities).
- Short-term, reablement-focused residential respite arrangements for groups that need respite in residential settings (e.g. carers of people with learning disabilities or dementia)
- A variety of breaks and activities for all types of carers to access via Direct Payments

Services to improve carers' health and wellbeing and meet the needs of different carers groups

We will be looking to commission evidence-based provision to improve the health and well being of all carers and those with specific support needs. We want to work with the market to develop:

- Evidence-based complementary therapies and low-level counselling services which promote positive health and wellbeing amongst all carers
- Specialist support services for carers of people with mental health conditions, dementia and complex health conditions (e.g. cancer, circulatory diseases, strokes etc.); to deliver holistic, 'whole family interventions' to help carers maintain and balance their caring roles and keep individuals with care needs in the community

We will also work with the broader market, primary care services and public health, to boost the number of carers accessing GP Health Checks. Part of this will involve the

broader market disseminating information about what constitutes 'a carer', and the value of health checks.

We also want to boost the availability and use of assistive technology to help carers balance their caring roles and reduce stress of caring (e.g. telecare).

Services to increase the number of carers in employment

We want to increase the number of carers able to maintain employment and to find work. To do this we want the market to:

- Work with us to develop and deliver employer engagement and training to promote the employment of/retention of carers (e.g. on employment law, value of retaining carers, flexible-working arrangements etc.)
- Work with us to provide accessible information and advice and signposting to services which can help carers to maintain employment (e.g. replacement care, telecare etc.), and also actively seek to identify carers at risk of losing work because of their increasing caring roles
- Develop effective training that enables carers to transfer skills from caring into employment, and work actively with the Job Centre/Work Programme providers to deliver personalised, access-to-work schemes for carers.

Summary of key business opportunities

- ✓ Information and Advice services
- ✓ Carers Identification services
- ✓ Assessment/Demand Management services
- ✓ Flexible in breaks and respite services
- ✓ Services to increase the number of carers in employment

8. Market Position Statement: Residential and Nursing Care

The purpose of this MPS

This Market Position Statement profiles the population of Sutton residents who are currently supported in care homes, including those who are funded by the council as well as those who arrange and fund their own services.

Profile of Sutton Citizens living in care homes

Our local analysis of Sutton suggests that people funding their own care (self funders) purchase a significant element of this market. Care home beds occupied by a Sutton citizen over 65 who fund their own care could be as high as 35% of the market. A significant number of beds (26%) are purchased by other local authorities.

During 2012/13 the council funded care for 605 people to be supported in a care home. However, **Table A1** shows that between 2010 and 2013 there was a 33% reduction in the use of care home places. The council successfully managed a significant reduction in spend on care homes to less than 1 placement per week during 2012/13, with Sutton only purchasing 25% of local care home beds (and with an estimated vacancy rate in the market running at 25%). **Table B1** highlights the figures for December 2013, which show that the council's use of local care homes has further reduced to only 22.5% of local places.

These reductions in the use of institutional care have been achieved through the council's greater focus on reablement services that promote independence and prevent or reduce the need for council funded care. This is illustrated by information shown in **Table U** on Page 56, which shows that 30% of Sutton citizens who received reablement support from the council did not require long-term support and care. Only 1% were referred to care homes and, of those who did need long term care, between 40 and 42% required lower levels of care.

Information shown on **Table C** on Page 15 indicates an upward trend in the number of Sutton citizens who may develop a care need over the next six years, with 9-10% rises in both the 65s and over and 18-64 age groups. This does not, of course, take into account the continued success of the council's reablement services. If the current trend continues then the number of Sutton citizens requiring a council funded care home placement may further reduce to 545.

The national picture for care home use suggests an average yearly reduction of 2%. However, Sutton has significantly outperformed this in the past. Therefore, the 10% projected reduction reflected in Table A may, in some respects, be conservative.

Furthermore, there are socio-economic factors that may mitigate the demand for the more traditional forms of care in Sutton as shown on page 16.

Table A1 – Sutton citizens' in council funded care home placements 2010-14*(Source: Referrals, Assessments and Packages of Care (RAP) returns, table P1)*

	2010/11	2011/12	2012/13	2013/14	Projected 2015/16
65 years and over	625	490	395	410	356
Between 18 and 64 years old	255	225	210	200	189
Overall Total	880	715	605	610	545
	Decrease on previous year	165	110	-5	61
	% Decrease	19%	15%	-1%	10%

Table B1 – Care Home Market - Survey of Care Homes in Sutton Jan 14

Type of funding	Number of residents			% of total	
	Older people	Younger adults	Grand Total	Older	Younger
Total beds analysed	992	368	1360		
No of Vacancies	132	51	183	13.3%	13.9%
No of Sutton Funded Residents	223	82	305	22.5%	22.3%
No of Residents Funded by other Local Authorities	173	181	354	17.4%	49.2%
No of residents fully funded by Health	101	50	151	10.2%	13.6%
No of Self Funding residents	354	1	355	35.7%	0.3%
No of Intermediate care beds CCG Funding	9	3	12	0.9%	0.8%

Outcomes sought

We have two very clear priorities that will drive the development and delivery of services directly commissioned and funded by the council:

- Investment in preventative services to reduce the number of service users who are Fair Access to Care Services (FACS) eligible or the National Minimum Eligibility Criteria from April 2015 and eligible for financial support from the council for personal budgets
- Investment in more care for adults who use care and support services in their own home and less care in registered care homes

The Current Market

Older people and residential/nursing care

In 2013/14, Sutton council's gross expenditure on residential and nursing care for older people (those aged 65+) was around £9 million. This was just less than half of the total expenditure on services for people in that age group. Our data shows the following:

- 300 vulnerable older people in residential and nursing care at an approximate cost of £6.5m.
- Of these, 70 people have a mental health diagnosis; the cost of care is approximately £1.4m.
- As at May 2014, Sutton had 39 placements 'recorded' for people with a dementia diagnosis at a weekly cost of £19,607.

The council has an exceptional track record of reducing care home admissions through a strategy to support people in their own homes and in specialist, independent forms of housing.

There are 26 care homes registered with the CQC for dementia care in Sutton, with a total of 731 beds.

Residential care for people with learning disabilities

Some Sutton citizens with disabilities continue to need to live in residential care services. Where the council purchases residential care, this will be according to the needs of each person and arranged through an individual spot contract. Our priority is for Sutton citizens to live in Sutton wherever possible, with out-of-borough placements only being used in exceptional circumstances. The council is reviewing out-of-borough residential care placements and seeking opportunities to identify alternative housing and support options in Sutton.

In 2013/14 the council supported a total of 154 people with learning disabilities in a residential setting. (Note - this figure includes people over 65 years of age)

Overall Picture

- There are 1361 care home places currently in use in Sutton delivered through 89 care homes
- **Table E1** shows that 50.8% of these places are registered to provide residential care and 49.2 nursing care
- **Table D1** shows that 63.6% of places are provided by private sector small and medium sized businesses and 15% by privately owned national companies (not a PLC and not part of a group company structure)
- The local care home market is not dominated by large national groups with a single nationwide PLC providing just 1.8% of places
- Whereas 16% of places are provided by nationwide third sector bodies and charities only 3% are provided by local third sector organisations

Public sector funding and self-funding

- Sutton Council only commissions 22.5% of local care home places (December 2013)
- **Table D1** shows that the council commissions 64.9% of the places it funds from small private sector care providers, 17% from the national third sector and 15% from national private sector companies
- 26% of local places are commissioned by other local authorities
- **Table C1** shows that Sutton citizens who fund their own care home places make up 26% of local places
- **Table D1** shows self-funders predominantly purchase places from small privately owned homes (56%), with national third sector suppliers as the second largest sector of suppliers to self-funders (29.6%)

Vacancies and Risk of Business Failure

- **Table C1** shows that 13% of local places are vacant
- There a number of homes whose vacancy rates are putting them at risk of financial and business failure
- **Table D1** shows that 74% of all care home vacancies are attributed to local small and medium sized business, with these businesses making up 82% of nursing home vacancies and 64% of residential care home vacancies
- Conversely the local third sector makes up only 4.4% of vacancies, with homes supplied by national private companies making up only 9.3% of vacancies

Table C1 – Commissioning of Care Homes in Sutton

Purchaser	% Sutton Funded Placements	% Self Funding	Sum Funded by other Local Authorities	Sum Fully funded by Health	% Sutton Vacancies
Number Placements	305	355	354	151	183
%	22.5%	26.1%	26.01%	11.09%	13.4%

Table D1 – Analysis of Care Home Places in Sutton

Sector	Total Places in Use	Council Funded Residents	Self Funding	Sum Funded by other LAs	Fully funded Health	Vacancies	% Total Placements	% Sutton Funded Placements	% Self Funding	% Sutton Vacancies
Local 3 rd Sector	45	6	17	2	5	8	3.3%	2.0%	4.8%	4.4%
National 3 rd Sector	219	52	105	25	17	21	16.1%	17.0%	29.6%	11.5%
PLC - Large National Group	24	3	0	18	7	3	1.8%	1.0%	0.0%	1.6%
Private - National Co	207	46	33	57	24	17	15.2%	15.1%	9.3%	9.3%
Private – SME	866	198	200	252	98	134	63.6%	64.9%	56.3%	73.2%
Grand Total	1361	305	355	354	151	183				

Key Issues

- The number of local vacancies combined with the places funded by other local authorities makes up 39% of local care home places, which suggests that Sutton is significantly over supplied.
- This combined with the council's reducing use of care homes and the fact that the local sector is dominated by small medium sized enterprises that may lack the capital to invest in home and service improvements, points to a significant number of homes that may increasingly fail to meet CQC standards.
- Within this context a reduction within the local care home sector may not only be inevitable but also desirable in terms of enabling a smaller number of better quality homes to attract revenues to continue investing in service improvements.

Table E1 – Analysis of Care Home Places in Sutton

Sector	Values Sum of Total Number of Beds	Sum of Sutton Funded Residents	Sum of Self Funding	Sum of Vacancies	% of Total Placements	% of Sutton Funded Placements	% Self Funding	% of Sutton Vacanci es
National Third Sector	44	5	19	5	6.7%	4.1%	10.9%	5.6%
Private - National Company	128	36	33	11	19.4%	29.8%	18.9%	12.2%
Private - SME	487	80	123	74	73.90%	66.10%	70.30%	82.20%
Nursing	659	121	175	90				
Local Third Sector	45	6	17	8	6.4%	3.3%	9.4%	8.6%
National Third Sector	175	47	86	16	24.9%	25.5%	47.8%	17.2%
PLC - Large National Group	24	3	0	3	3.4%	1.6%	0.0%	3.2%
Private - National Company	79	10	0	6	11.3%	5.4%	0.0%	6.5%
Private - SME	379	118	77	60	54.00%	64.10%	42.80%	64.50%
Residential	702	184	180	93				
Grand Total	1361	305	355	183				

How we want the market to develop

There is a large number of residential and nursing care homes in Sutton, of varying standards of accommodation. The council does not support the development of any additional care homes on the basis that there is no evidence of further need. Available development sites for housing should be utilised for supported housing including housing with care for older people.

Our priorities are:

- Managing the market to support the exit of outmoded models and low quality homes (also to discourage other LAs placing in Sutton) and to address services that are no longer financially viable/sustainable but equally working with suppliers who have the capacity to redevelop services
- Commissioning a smaller and more focused range of care homes that are focused on reablement/enablement potential and outcomes and have the facilities and programmes to support this
- A core principle of reablement built into all services including, at the micro level, front line workers being trained and supported to work with individuals to enable them to reacquire skills within a framework of jointly understood positive risk taking
- Developing and encouraging joint working arrangements between care homes and community based providers, within the context of the above and with the aim of enabling resettlement back into the community
- Up-skilling the care workforce to enable the above to happen through a review of local training programmes and more access to accredited training; joint work with Skills for Care and reviewing pricing, staff pay and terms and conditions to support the creation of 'salaried' senior workers/practitioners in key agencies
- Developing a core specification on approach and standard of outcome led support and care required but critically covering the standard of accommodation and facilities that the council expects care homes to offer that support resident dignity and choice but which also support reablement/enablement
- Working with suppliers on better understanding the local self funder market to ensure they have access to a range of good quality options able to cater for differing financial circumstances and which can meet a wide range of personal expectations

Summary of business opportunities

- ✓ Reablement services built into residential care
- ✓ Greater investment into supported living including conversion of existing residential care homes that are no longer financial viable
- ✓ Payment by results models for providers willing to work in partnership with the council and innovate

9. Quality Assurance

Summary

Sutton Council commissions a wide variety of social care and housing support services to meet the needs of its residents. These services tend to be commissioned either on a block or a spot basis and are provided both within and outside the Borough.

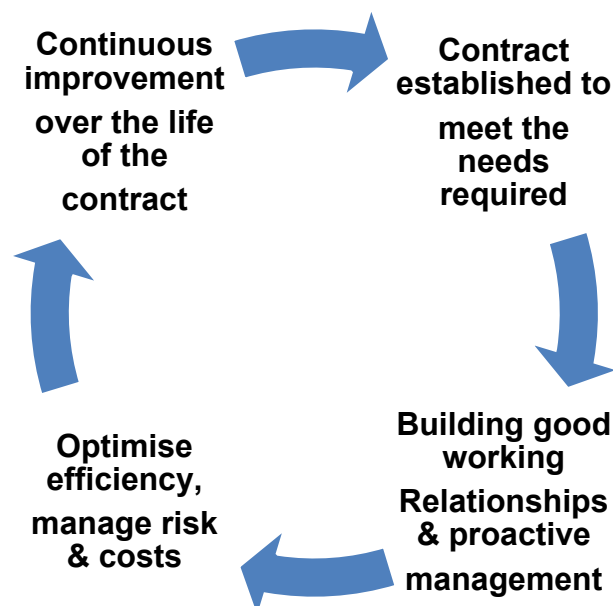
In addition to directly commissioned arrangements, self-funders arrange and pay for their own care and support. In the residential market for example this is the usual situation with council funded care accounting for less than 25% of the market.

As the Care Bill clarifies, Sutton Council is responsible for monitoring the quality of care for the **whole market**, not just directly commissioned care.

This statement sets out how contract management is applied on a day-to-day basis within the adult social care and housing support sector, including how we monitor the effectiveness of services and achieve the following objectives:

- Services meet quality, equality and performance standards
- Services are continuously improved
- Services achieve required outcomes including service user outcomes
- Services provide value for money
- Services treat people with dignity, safeguard vulnerable adults from harm, offer choice and personalised services to service users

Contract Management Cycle



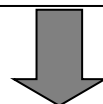
CONTRACT MANAGEMENT AND QUALITY ASSURANCE

Activity

Measurable PIs & outcomes

Compliance requirements

Corrective remedies



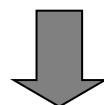
Performance monitoring

Self-Assessment

Financial health

Service User Feedback

Safeguarding/serious incidents



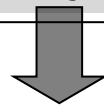
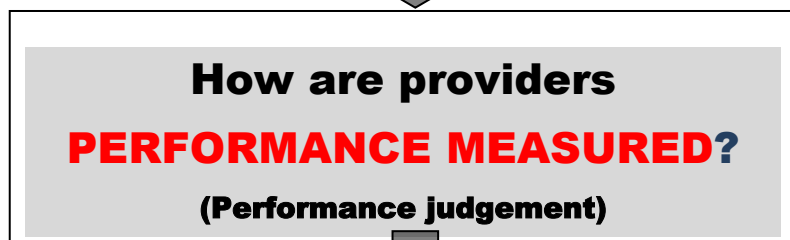
CQC reports

VFM/benchmarking

Utilisation/capacity

Outcome monitoring

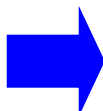
Customer feedback



Performance Targets

Delivery against improvement plans

Contract Meetings



Guiding Principles

Our activities for monitoring service providers are guided by the following principles:

- Clearly defined service specifications must be in place for all providers to ensure clarity about expected performance, quality and service user outcomes. Each specification will clearly define performance measures including specific outcomes for service users and the level of performance expected.
- Regular and systematic monitoring will be undertaken for all providers in order to:
 - Assess compliance with contract requirements and service specifications
 - Measure the attainment of performance/quality standards, service user outcomes being achieved and value for money
 - Promote effective self-regulation and continuous improvement.
- Frequency of monitoring will be proportionate to defined risks – the higher the risk the more frequent the monitoring or intervention.
- There will be an open and transparent approach about the judgement of risk as it applies to a contracted service.
- Feedback from service users and stakeholders is central to our evaluation of services.

Contract Compliance (directly commissioned services)

Contract documentation must include measurable performance indicators and outcomes for monitoring. For directly commissioned services this will be based on the table below, with targets in place for these indicators agreed with the council. The regularity and nature of performance returns required by the council are specified (including self assessments)

Key question	Examples of performance measures
How much did we do? <i>(The amount of service you have purchased)</i>	<ul style="list-style-type: none"> • Number of people receiving the service • Number of referrals made. • Number of training and info sessions delivered
How well did we do it? <i>(The quality of service you have purchased)</i>	<ul style="list-style-type: none"> • % of new referrals being seen within 3 days • % of service users being enabled to leave service or reduce level of service required (throughout) • % of clients reporting they were treated with dignity • % of clients accessing training and/or employment

<p>Is the service user better off?</p> <p><i>(Outcomes for the service user)</i></p>	<ul style="list-style-type: none"> • % of clients reporting they greater independence as a result of the service • % of clients reporting improved quality of life (by using quality of life indicators) • % of clients remaining in employment after 1 year
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Risk Assessment

One of the key purposes of gathering performance and quality information is in order for the council to be able to prioritise monitoring, performance review and compliance activity. The council conducts a basic Risk Assessment of all providers in order to plan an annual programme of contract management meetings.

Performance Judgement

The council is responsible for assuring the service quality of services provided to vulnerable people within the Borough. The Team focuses on assessing the overall quality of the service and the experience of the service user. A number of factors will be reviewed:

- Compliance with national care standards (including information gathered through LBS and CQC Inspections) and Supporting People Quality Assessment Framework
- Other intelligence e.g. complaints, safeguarding concerns, member enquiries, survey results, results, information from CCG etc.
- Self assessments conducted by providers
- Progress against agreed action plans
- Feedback from care managers and review officers on services

In assessing the overall quality of the service, the council will pose a number of questions from the perspective of the service user including:

- What does it feel like to receive a service from this provider?
 - Overall, is the service helping to achieve the outcomes I am seeking?
 - What has changed as a result of the service being provided?
 - Are my needs being met? Consistently? Without delay?
 - If I have specific needs (e.g. medication), are these being addressed by the provider?
 - Is the service helping me to live independently?
 - Am I treated well and with respect?
 - Do I feel safe?
 - Do I have choices in how the service is delivered to me?
 - How easy is it to complain and have my complaint addressed?
 - Are my views used in order to shape improvements in the service?
 - What do I value most about the service?

- What would I most want to change about the service or the way it is provided for me?
- If I live in accommodation from the provider, what is my environment like?
- What systems does the provider have in place to:
 - Ensure office premises and related accommodation is managed well and of sufficient standard?
 - Ensure staff are checked, inducted, trained, supported and monitored to deliver an excellent service?
 - Effectively manage the service including record keeping, quality assurance and safeguarding?
 - Improve the service as a result of engaging with service users?
 - What have they learnt to date as a result of SU engagement and what have they done about it?

The answer to these questions will be determined by the council during site monitoring visits and also from other sources of information including discussion with service users, relatives, family members and other key stakeholders including NHS, HealthWatch etc.

The Quality Assurance visit is an important component of assessing provider performance. However, in order to ensure that quality, value for money and outcomes are delivered, the council also needs to use relevant performance indicators and self-assessment data.

- ✓ Financial health check (using Dunn & Bradstreet)
- ✓ Annual self-assessment (or Quality Assessment Framework if housing support provider)
- ✓ Performance indicators – may be monthly, quarterly, every six months or annual depending on contract
- ✓ Service user outcome data (if housing support provider)
- ✓ Research into service user views on the service
- ✓ CQC Inspection reports if applicable

In the process of assessing quality of a provider, the council will

- Maintain a schedule of inspections based on outcome of risk assessment: The frequency and timing of scheduled and unscheduled visits to specific services are determined by the level of risk identified through the Alert rating process.
- Undertake unscheduled inspections in response to safeguarding issues, complaints or other concerns.
- Gather feedback from service users, care managers, review officers and brokers (in a focused, proportionate and non-bureaucratic way)

Contract Management

Contract management meetings are led by the Contracts & QA Team with active participation from commissioners, brokers and care managers. The purpose of these meetings is to review the performance of the service against the specification, discuss future plans of the council that will impact on the provider and give the provider an opportunity to feedback concerns.

Specifically the following questions need to be considered:

- Has the service met the performance requirements of the contract?
 - If not what remedial action needs to take place?
- Has the service achieved the expected outcomes of the contract?
 - This is a different question to whether they have met performance requirements
- Has the provider met the quality requirements of the contract?
 - If not what remedial action needs to take place?
- Are there other areas where the council is concerned about the service/provider?
- Are there other areas where the provider is concerned about the behaviour of the council?
- What are the plans of the council that will impact on the service/provider?

Action the council may take where standards are not being met

- Work with the provider to identify improvements required
- Develop action plan with provider to make improvements and regularly monitor quality
- Identify good practice the provider is able to learn from and duplicate
- Default notice (if contracted service)
- Embargo of further placements (if contracted service)
- Alert CQC and other local authorities
- Alert residents and families of failing standards

Resources used in preparation of this Market Position Statement include:

Sutton Council and Sutton CCG Joint Strategic Needs Assessment
<https://www.sutton.gov.uk/index.aspx?articleid=16719>

Sutton Council's

- Adult Social Care Commissioning Strategy
- Housing Strategy

Sutton Council and Sutton CCG Joint Health and Wellbeing Strategy
<http://www.sutton.gov.uk/CHttpHandler.ashx?id=18919>

Sutton Council and Sutton CCG Better Care Fund agreement
<http://sutton.moderngov.co.uk/documents/s31362/Better%20Care%20Fund%20submission%20to%20National%20Health%20Service%20of%20England%20Report%20to%20HWB%2010%203%2014.pdf>

Census data

http://www.ons.gov.uk/ons/guide-method/census/2011/index.html?utm_source=twitterfeed&utm_medium=twitter

Data from POPPI - Projecting Older People Population Information
<http://www.poppi.org.uk>

Data from PANSI - Projecting Adult Needs and Service Information
<http://www.pansi.org.uk>

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