



# What are we doing to improve people's lives?

Updated position March 2015



**ADULT SOCIAL CARE**  
**MARKET POSITION STATEMENT**

## Market Position Statement

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## **1 INTRODUCTION & BACKGROUND**

This Market Position Statement (MPS) is aimed at a wide range of stakeholders the statutory partners we work with including the NHS, residents, service users and family carers, the voluntary & community sector, local providers of care and support and potential new entrants into the adult social care and support market.

The MPS takes into account the requirements of the Care Act 2014 with its purpose to consolidate existing Adult Social Services law into one piece of legislation, reinforce the expectations set out in the Health and Social Care Act 2012 for greater integration between Health and Social Care and introduce funding reforms.

The Care Act also underpins the Government's Better Care Fund (BCF) initiative which provides a substantial opportunity to improve the pathway for adults from hospital back into the community and preventing the need for unnecessary hospital provision. It is intended that from 1 April 2015, a pooled budget will be in place to drive the integration of service provision for alternative solutions to hospital, nursing or residential care.

In December 2014 the Council met with existing independent providers, the voluntary sector and micro-organisations, which provide care and support services in Telford and Wrekin. We provided an outline of the Care Act 2014, commenced the consultation of the draft 'Wellbeing and Prevention Strategy' (WPS). We discussed with stakeholders and gained feedback on our new approach to 'Outcomes Based Commissioning' and commissioning intentions, with a focus on wellbeing, independence and prevention where possible, rather than crisis intervention.

### **1.1 Population Forecasts, Demand and Performance**

Population forecasts are included in this MPS, in order to assist in identifying current and future demand for care and support and the types of personalised community based solutions that are preferred in the transition of adult social care.

In the development of the MPS the key priorities have been identified in the promotion of health and wellbeing of the population, based upon the local Joint Strategic Needs Assessment (JSNA) and links to existing joint commissioning strategies.

The document also links to the 'Adult Social Care Local Account 13/14' (Local Account 13/14), which details the Council's local priorities and is a way of ensuring that communities have an overview of Adult Social Services in Telford and Wrekin.

[Adult Social Care Local Account - Telford & Wrekin Council](#)

## 1.2 Demand Projections and Supply

There is some detail provided in this MPS on the identification of demand for care and support and demand projections. However, in April 2015, a detailed analysis of supply and demand will be taken forward, as we implement a collaborative commissioning approach to personalised solutions and potentially more appropriate types of care and support provision.

## 1.3 Updated Position – March 2015

On 11 March 2015, the Health and Wellbeing Board approved the local authority commissioning intentions for public health, universal whole population and vulnerable children, young people and adults. The commissioning intentions contribute to the Health and Wellbeing Key Priorities and also contribute to the early intervention and prevention priorities of the Clinical Commissioning Group (CCG) Telford and Wrekin.

The Health and Wellbeing Board is encouraging integrated working between local health, social care and health-related commissioners. These intentions will be included within the 'Wellbeing and Prevention Strategy' and can now be taken forward to be considered further with partners, public and the care and support market. (See Appendix One – Models of Practice – Commissioning Intentions).

## 1.4 Progressing Change – Transforming Adult Social Care

We have created this Market Position Statement (MPS) to continue our aim to:

- **Share Progress and Approach** - in line with our Co-Operative Values of openness, honesty, ownership, fairness, respect and involvement in all aspects of our work so that we can deliver our shared priorities for Telford & Wrekin.
- **Population Aspirations** - We would like to identify the population aspirations of Telford and Wrekin, assessing the experiences that people require (TLAP- Make It Real 'I' Statements), and identify more local personalised outcomes for them and also outcomes that enhance Telford and Wrekin.
- **Innovative Solutions** - We will develop more innovative value for money solutions and ultimately how to be more effective with the resources available to and make the Telford pound go further.
- **Adult Care and Support Sector** –We wish to collaboratively work together to develop a care and support sector for the whole of the population in Telford and Wrekin. As a result, we wish to promote independence and ensure there is access to the **right help, at the right time for all our residents.**

## **2 DIRECTION OF TRAVEL**

There are a number of government policies and initiatives which include the implementation of the Care Act 2014 and initiatives that have placed significant responsibility on local authorities.

This includes ensuring that their commissioning approach offers service users choice and control of their care and support provision and ability to select from a range of quality services which focus on people's needs and outcomes.

**In going forward our commissioning and operational practices are taking into account the following national and local commitments:**

**Key National policies** - (Care Act 2014, Health and Social Care Act 2012)

**Key Local Priorities** - (Telford & Wrekin Council-Medium Term Plan 13/14-15/16)

- Priorities include:
  - Protect and support our vulnerable children and adults
  - Improve the health and wellbeing of our communities and address health inequalities.

**Adult Social Care Commitment Statement 15/16** - which sets out the approach to the delivery of an adult social care system, a reducing budget, approaches to managing demand to include changes in local authority resourcing, use of existing community resources, widely available information, advice and guidance (advocacy), community based solutions and focuses on promoting independence in the community whenever appropriate.

**Key Strategies -'Health and Wellbeing Strategy 2013/14 - 2015/16'** (HWBS) - which details the health and wellbeing priorities of the strategy that are based on public consultation and the 'Joint Strategic Needs Assessment' (JSNA), including 'Supporting People to Live Independently.'

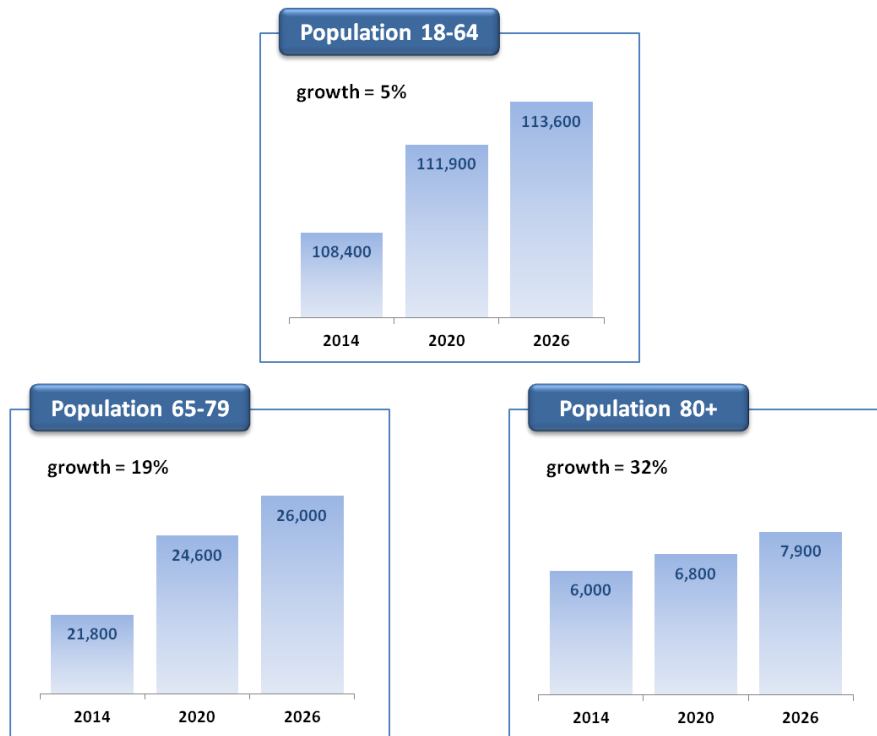
**The 'Telford & Wrekin Multi-Agency Strategy for Carers (2013-2016)'** - which sets out our local vision for Carers services.

**Draft -'Wellbeing and Prevention Strategy'** – which sets out the approach to Outcomes Based Commissioning to meet the legislative requirements as well as local priorities to include our commissioning intentions as we go forward.

## 2.1 Key Challenges-Meeting Demands of an Ageing Population

- **Increasing** – Between 2014-2020, the age profile in Telford & Wrekin is changing, with those aged 65 years and over, ageing more rapidly than the rest of the population.

Over the next 12 years, the Telford adult population is expected to grow unevenly by age



(Chart to show projected forecast – Telford and Wrekin Council – Performance and Data)

**Year 2014** (80+yrs) approx **6,000** increasing in Year 2020 to approx **6,800** with the largest rate of growth of **32%** by **Year 2026** at **7,900**.

**Year 2014** (65-79yrs) approx 21,800 increasing in Year 2020 to approx **24,600** with the second largest rate of growth of **19%** by Year 2026 at **26,000**.

**Year 2014**(18-64) of **108,400** with the smallest rate of growth of **5%** to **113,600**.

- **Illnesses & Long Term Conditions** -The 65+ year group may have a variety of illnesses and long term conditions to including dementia.
- **Young and Adult Carers** - There is a projected increase of both young and ageing carers requiring care and support. Some carers are known to the authority, yet some remain 'hidden.'

## 2.2 Meeting Population Demand and Supply

- The Council is required to identify the whole of the market supply (Care Act 2014).
- It is critical that we work together to develop systems that ensure that both current and future demand for care and support is being met, gaps identified, solutions created and outcomes are being achieved.
- This MPS provides a starting point to continue to work with stakeholders to assess current and future demand and the corresponding supply that will be required for the whole of the population in Telford and Wrekin with reducing public funds.

## 2.3 Promoting Wellbeing/Independence & Prevention

The 'Wellbeing and Prevention Strategy' is currently being developed. We would like to continue to collaborate with stakeholders and apply our local approach to 'Outcome Based Commissioning' to develop joint innovative solutions that- **promote wellbeing, independence and prevention to reduce and delay care and support across a continuum of need.**

## 2.4 Personalisation - 'My Support, My Way' – 'In Control & Safe'

- **Choice and Control** - We will prioritise the review of existing commissioning strategies to ensure flexibility for people and enable them to have choice and control in their provision of care and/or support.
- **Personal Budgets**- Where eligible, individuals and carers will be offered and encouraged to have a personal budget to choose their own Provider for their care and support including 'Personal Assistants.'
- **Affordability and Safeguarding** - When services are directly purchased by the individual, we have expectations that Providers will ensure that services are affordable and individuals are safeguarded.
- **Flexibility** - Council awarded contracts will be as flexible as possible to enable choice for the customer, affordable for the public purse, high quality and value for money.

## 2.5 Developing a Diverse and Sustainable Market

- **Demand** - We need to assess priorities, demand and aspirations of Telford and Wrekin residents
- **Diverse** - We need to jointly develop the adult care and support sector provision to result in a diverse, vibrant and responsive range of Providers including social enterprises (Care Act 2014).
- **Opportunities** - From the analysis of demand, there is the potential for Providers and new entrants to proactively explore potential growth and encourage customers that are self-funding.



## 2.6 Achievement of Outcomes

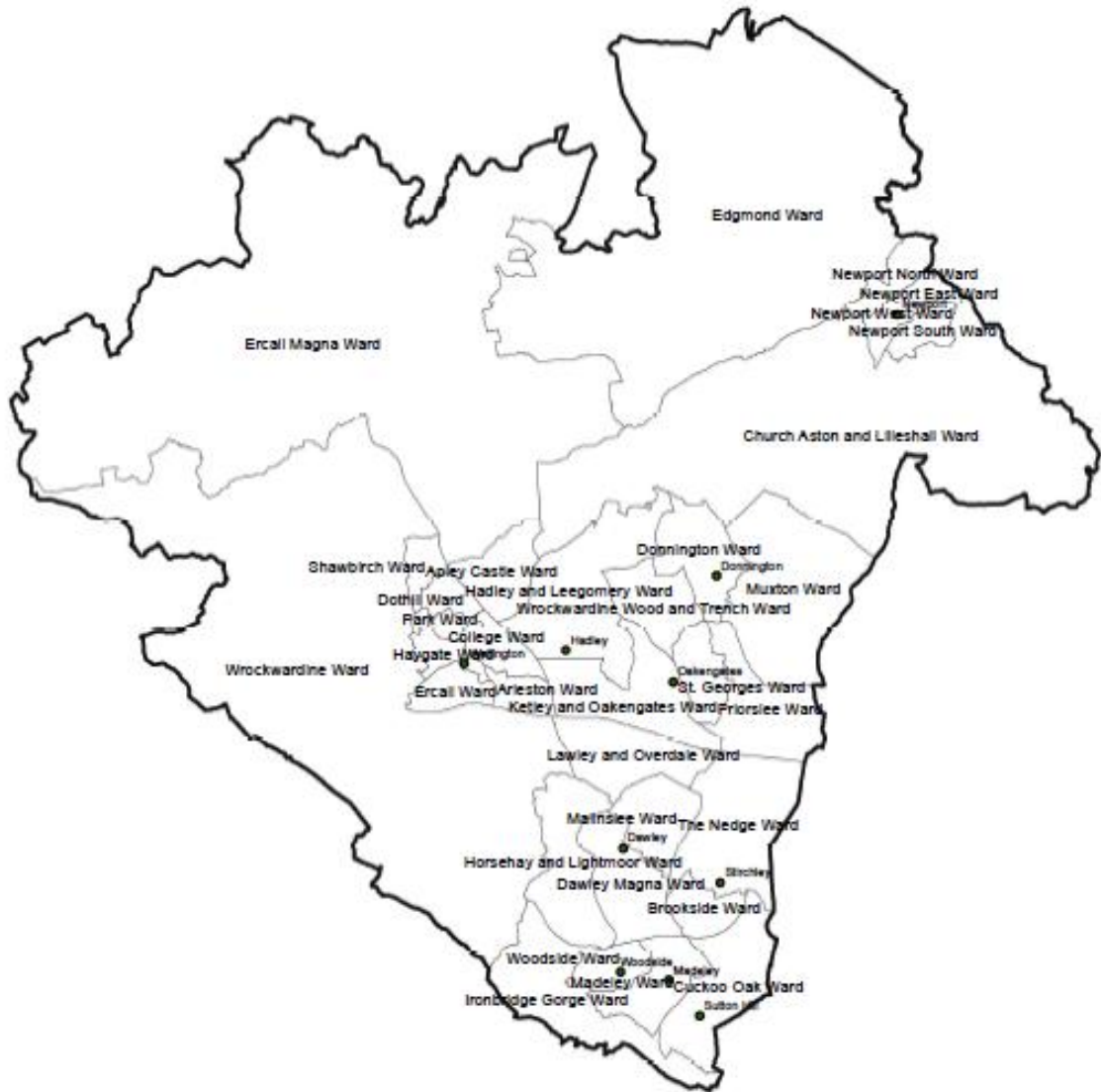
- **Achieving Outcomes** - We wish to work with Providers to ensure that we are enhancing quality of life and achieving the outcomes of reducing care and support.
- **Quality and Affordable** - The Council is encouraging Providers and new entrants to ensure that all care and support provision is also both affordable and of good quality for the recipient of that service.

## 2.7 Business Sustainability

- **Whole Market Supply** - We will need to develop systems to ensure that the Council is aware of the whole of the market supply, not just those Providers that we directly purchase from (contracted services.)
- **Sustainability & Safeguarding** - We will continue to work with the care and support sector to develop systems to ensure the sustainability of supply and safeguard service users.
- **Business Continuity** - We request that Business Continuity Plans are in place and that Providers are in constant communication with the Council to avoid business failure. For further information in this area Providers can access the Council's Civil Resilience Team [www.telford.gov.uk](http://www.telford.gov.uk) who can support businesses.



# Borough of Telford & Wrekin Wards



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# **Demand for Care & Support In Telford & Wrekin**

## **3 DEMAND FOR CARE AND SUPPORT IN TELFORD & WREKIN**

### **3.1 Understanding Current and Future Demand**

#### **3.1.1 Population, Aspirations and Outcomes**

Telford and Wrekin is a unitary district with borough status in the West Midlands.

In order to provide a more detailed understanding of our population demographics and particular aspects of deprivation and key priorities for health and wellbeing, we have produced a number of documents which profile smaller geographical areas of the borough, such as wards -

[http://www.telford.gov.uk/downloads/download/17/2011\\_census\\_ward\\_profiles](http://www.telford.gov.uk/downloads/download/17/2011_census_ward_profiles)

The 2011 Census population of Telford and Wrekin was recorded as 166,641 an increase of 5.2% from 2001. For the purposes of this MPS we are focusing on care and support for the adult population which in 2014 was approximately 136,000. We are aware that the Care Act 2014 requires duties to extend the development of a care and support sector for the whole of the population and our developing of the 'Wellbeing and Prevention Strategy' will assist in meeting this requirement.

The key aspects arising from the Census 2011 characteristics of the population of the Borough is as follows:

- The Borough has a higher proportion of White British residents than regional or national averages.
- Black and Minority Ethnic communities are expected to grow from around 17,500 in 2011 to around 21,800 in 2026.
- The age profile in Telford & Wrekin is changing, with the older age groups increasing most rapidly.
- The 65+ cohort currently accounts for 14.5% of the population (2001: 12.4%) compared to 16.4% nationally.
- There are 12,313 households (18.5% of the total) where all residents are aged 65 and over. 7,113 people aged over 65 are living alone in the borough.

#### **3.1.2 Ageing Population**

Local population projections demonstrate an ageing population with an increase of those aged 65 years and over, who are ageing more rapidly than the rest of the population. These are key challenges detailed in the direction of travel section of this MPS.

#### **3.1.3 Dementia**

Demographic pressures from an ageing population and an exponential growth in age-related conditions such as dementia are likely to place increasing pressure on local budgets as people live for longer with increasing complex needs.

The Health and Wellbeing Strategy identifies 'dementia' as a condition, in its own right as a key priority. The CCG leads in this priority and the Council provides the

social care link. The focus is on services that can be effective at the point of a timely diagnosis, promote independence and preventative support in a community setting. There are key interfaces with the Mental Health, Learning Disabilities and Carers Strategies to ensure integrated service provision.

### **3.1.4 Mental Health**

One in four people in the UK will suffer a mental health problem in the course of a year. The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years (Public Health England).

Deprivation is also recognised as being a wider determinant of physical and mental health problems. From the JSNA (2009), levels of deprivation across the Borough vary considerably, with some areas in the 10% most deprived nationally (areas of Woodside, Malinslee, College and Brookside) and others ranked in the 10% least deprived nationally (areas of Priorslee, Shawbirch, Newport North, Apley Castle and Edgmond).

### **3.1.5 Managing Demand & Promoting Independence**

In 2015/16 the Council's implementation of change continues and is detailed within its operating approaches and commissioning strategies, to promote wellbeing and prevent, delay and reduce the onset of intensive ongoing care and support needs. We are working with NHS and community partners, to help to keep people and their carers safe and independent for as long as possible, whilst ensuring that those with ongoing care and support needs have access to a range of high quality, cost effective services.

### **3.1.6 Effects of an Ageing Population on Public Services**

Adult Social Services expenditure equates to 30% of the Council's net budget and Telford & Wrekin Council's aim is to maintain the services that we provide to protect and support vulnerable people. Since 2010, there has been severe financial pressure from Government funding cuts to local government to the welfare benefits system and local NHS services.

Whilst some savings have been made, the Council has protected services for clients as much as possible. This is at a time when the number of older people is increasing and a growing number of dependent young people are living into adulthood.

Additional pressures have arisen due to the Council's duties which through the Care Act 2014, in respect of the local care and support market, extend to both state-funded and self-funded provision. This requires that the Council ensures the diversity, quality and sustainability of provision, within a severely constrained financial context.

### 3.1.7 Approach to Meeting Aspirations and Resource Effectiveness

- Initially as partners, we would like to identify the population's aspirations to include our commitment to 'Making It Real 'I' Statements' which express what people want to see and experience; and what they would expect to find if personalisation is really working. ([www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)).
- We will develop more innovative value for money solutions and ultimately how to be more effective with the resources available and make the Telford pound go further to achieve these outcomes.

### 3.1.8 Delaying and reducing the need for care and support

Our national and local priorities and strategies will continue to action, monitor and promote wellbeing, healthier lifestyles and prevention in the delay and reduction of the need to access care and support. In doing so we will require more use of community resources and community based solutions if appropriate and safe.

- We continue to aim to keep people independent and living within their own homes for as long as possible and as a result, the number of people who receive low level services such as meals or equipment to help them stay in their own home has increased as planned.
- We aim to make sure people are less dependent on intensive services by ensuring earlier diagnosis, intervention and enablement to prevent their needs getting worse.
- We continue to work hard to ensure that the number of people who have their stay in hospital extended because care and support is not in place for them to return home is low (what we call a 'delayed discharge').
- Our performance in 2013/14 had continued to improve in this area where the delay is fully or partly attributable to social services and we are below the national rate.
- We aim to support individuals to remain at home after a hospital stay and avoid re-admission – the proportion of people who received a reablement service after being in hospital and are still at home 91 days later improved in 2013/14 but we were below the national rate. We aim to improve and work in an integrated way with NHS and independent providers e.g. provision of Homecare, equipment to include assistive technology, to improve in this area and support people in their own home and avoid their needs escalating.

## 3.2 Analysis of Demand by Needs

This section of the MPS provides a summary and overview of particular areas of demand, actions that are being undertaken and further collaborative work required with the Care and Support Sector.

- Regardless of how people access care and support services, there will be a focus in this MPS on provision that promotes independence and reduces and delays care with minimal intervention.
- Our analysis of current and future demand is based on Office for National Statistics (ONS) Census data 2011, local population projections to 2030 and national prevalence data applied to population assessment of performance data from the Council's own systems.

### 3.2.1 Self funders

It is estimated that in England 45% of people are self-funding their care. They occupy nearly 40% of residential care places and 48% of those in nursing homes nationally.<sup>1</sup>

Providers are the only ones who really know who self-funds and there is no central repository for this information. The number of self-funders is currently not known to the Council, but what is known is that numbers will change through a combination of new national eligibility criteria, increased charging, less state funding of community organisations, more people having direct payments and through people who are eligible, topping up their provision from their own means.

Funding reforms being introduced through the Care Act in 2016, will see the amount that people are required to contribute to the cost of care being capped, whilst increased personal asset thresholds will mean that some people who currently don't qualify for funded care will become eligible in the future.

### 3.2.2 Self funders-Residential and Nursing Care

In January 2014, Telford & Wrekin Council commissioned an independent analysis of the supply of older people's residential and nursing (OPRN) care in the area by Impact Change Solutions Ltd. This MPS references elements of the findings to include self-funding of registered residential care a registered nursing home market which nationally is worth £4.9 billion per year.

In relation to self-funders of residential care, the Government has committed to introducing a cap on total care costs of £72,000 and to raise the upper means test

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<sup>1</sup> Older people who self fund their social care: A guide for health and wellbeing boards and commissioners, Miller C, Bunnin A. and Rayner V, for OPM and Sitra, Sept 2013

threshold to £118,000 (i.e. people will only pay 100% of their care costs if they have assets above this amount), which is intended to be implemented from April 2016.

[http://www.telford.gov.uk/directory\\_record/4192/care\\_act](http://www.telford.gov.uk/directory_record/4192/care_act)

Local Authorities are aware that new systems will be required for us to work closely with Independent Providers and individuals to agree care needs and to monitor the amount people spend on their own care up to the cap, after which the state will meet ongoing costs.

As a Council, we are encouraged from the proactive participation of registered independent care homes to be able to start to build an evidence base around self-funders. In August 2014, a Survey was carried out across CQC registered Residential and Nursing Homes by Shropshire Council.

In Telford and Wrekin this Survey covered a total of 1,035 registered beds out of a possible 1,236 beds to include Elderly Mentally Infirm provision (EMI).

The details of the results of the Survey are within the accompanying “Supply Appendix Two” and shows that there was the following self-funding purchasing activity in each of the categories of:

- Older People – Residential (34%)
- Residential –EMI (27%)
- Older People-Nursing (28%)
- Nursing –EMI (25%)
- Young Adults (18-65 years) (2%)

### 3.2.3 Self funders-Domiciliary Care



In 13/14 it was found that in relation to Domiciliary Care, 37% of Older People fund their own packages of care whilst 57% are funded by Telford & Wrekin Council.

(Please refer to: Appendix Two – Supply).

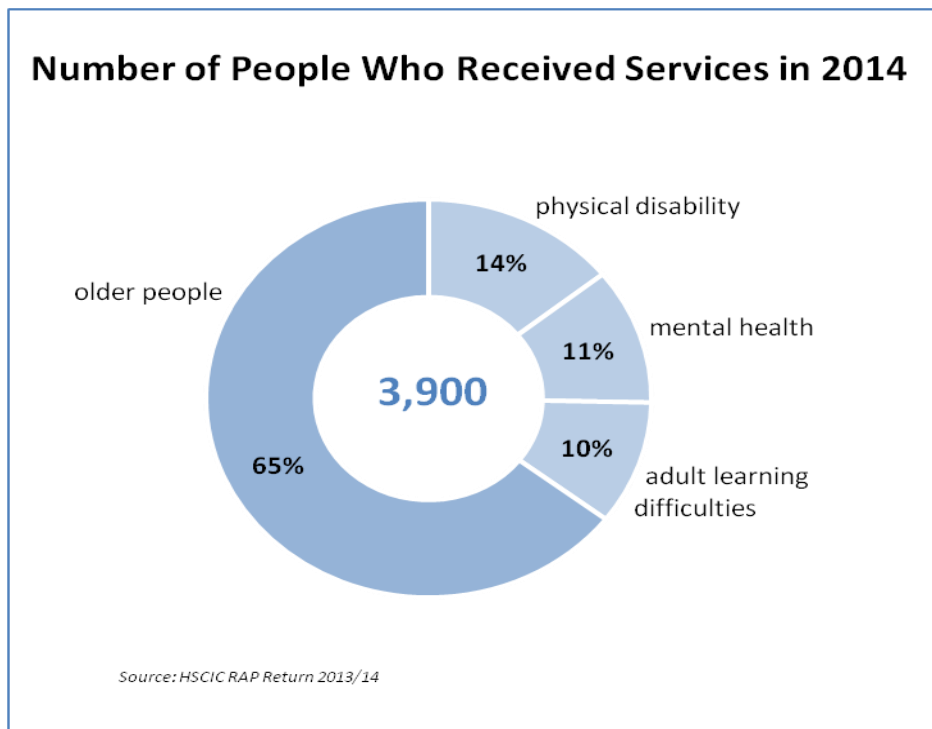


### 3.2.4 Analysis of People in receipt of council funded services

- In 2014, Telford and Wrekin Council provided services to 3,900 people in to the following groups of people with the largest percentage being older people of 64 years and older.

Older People 65%, Physical Disability 14%, Mental Health 11%, Adults with Learning Disabilities 10%

(See Chart below -Number of People Who Received Services)



- By comparing the number of adults accessing the service (3,900) and the total of the adult population (136,200), it can be shown that that **3%** of the total population were accessing social care and support services funded from the Council.

### Way Forward - Promoting Independence for the Whole Population

- We can all assist in promoting independence for the **whole of the population** to ensure that they have **the right help, at the right time**, rather than just those people those accessing adult social care provision.

### 3.2.5 Older Age Groups Rapid Increase with Limiting Illnesses

The age profile in Telford & Wrekin is changing, with the older age groups increasing more rapidly. (2.1 Key Challenges – Meeting Demands of an Ageing Population).

The table below sets out population forecasts for Telford and Wrekin for particular needs and which create potential demand for care and support

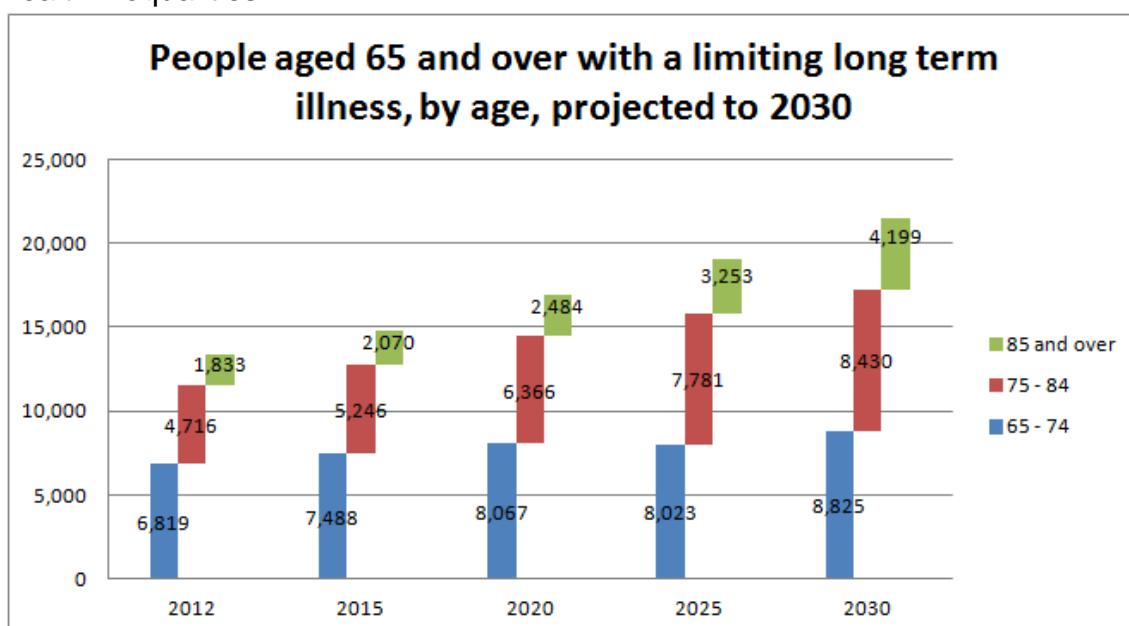
Adults aged 65 years plus	2015	2020	2025	2030
People living with dementia (POPPI)	1,747	2,084	2,551	3,091
People with a limiting long term illness (Office of National Stats.)	14,804	16,917	19,057	21,454
People unable to manage at least one self care task (POPPI)	8,917	10,443	11,983	13,856
People unable to manage at least one domestic task (POPPI)	10,862	12,781	14,696	16,941

Projecting Older People Population (POPPI)- <http://www.poppi.org.uk/>

ONS - <https://www.gov.uk/government/organisations/office-for-national-statistics>

ONS and Census 2011 data shows that those people aged 65+ years and older who may have a variety of illnesses which may include dementia.

- The 'Health and Wellbeing Strategy' has identified key priorities to tackle with the vision 'to improve the health & wellbeing of our communities and address health inequalities.'



Graph to show forecast of limiting long term illness (ONS projections)

**We would like to continue to work with partners and Providers and other stakeholders to ascertain how care and support solutions can be made effective to meet**

- the increase in projected demand and to address the priorities and issues that this age group has.

### **3.2.6 Living Well with Dementia**

The term 'dementia' is used to describe a syndrome which may be caused by a number of illnesses which there is progressive decline in multiple areas of function, including decline in memory, reasoning communications skills and the ability to carry out daily activities. Alongside this decline individuals may develop behavioural and psychological symptoms such as depression, psychosis and aggression which cause problems in themselves which complicate care and which can occur at any stage of the illness.

Data from Projecting Older People Population (POPPI) shows that in Telford and Wrekin in 2015, for people aged 65+years old –

- it is estimated to be that there are approx **1,700 people** with dementia and **rising to 2,000** people in year 2020.

#### **Action-**

- The 'Health and Wellbeing' Board has identified Dementia as one of its key priorities (10). GPs are continuing to ensure an early diagnosis of dementia to promote early treatment whenever possible.

There will be an update of 'Joint CCG (Telford and Wrekin) and Telford and Wrekin Council's Commissioning Strategy – Living Well with Dementia in Telford and Wrekin' (See Appendix One -Models of Practice-Commissioning Intentions)

### **3.2.7 Factors Impacting Upon Ability to Remain in Own Home**

Population forecasts are showing that there will be an increase in the numbers of people over 65+ that will increase with health conditions that may impact on their ability to remain in their own home.

The Council's provision of Adult Social Care (Commitment Statement 15/16), proposes that we will always aim to help people to live in their neighbourhood and community, where this is feasible and affordable.

We will seek to reduce admissions of people to residential care where we can safely meet their assessed needs in a community based setting. This means that we will always seek to use community based solutions such as assistive technology,

community equipment, homecare (domiciliary care), meals and promote independence into the community to support networks.

**Wherever possible we will provide community based solutions to enable people to remain safe and meet their care needs.**

We will also ensure that the assessment is offering more than just a response to a current crisis and that each person is getting the right health, housing and other support alongside their social care to include adaptations to the home. Ultimately, we will seek to reduce admissions of people to residential care where we can safely meet their assessed needs in a community setting.

Other indicators of demand that will impact on meeting people's aspirations to remain in their own home include their ability to carry out personal or domestic tasks.

#### **Self Care Activities (65+years)**

POPPI forecasts show that in 2015, there will be approx **9,000** people who have the inability to manage at least 1 self care activity on their own which **rises to 10,400** year 2020.

#### **Domestic Tasks (65+years)**

POPPI forecasts show that in 2015, that there will be approx **10,800** people who are unable to manage at least 1 domestic task on their own which **rises to 13,000** in year 2020.

#### **Action-**

- At Dec 2014 (Market Analysis), of those that accessed Telford & Wrekin services, **61% of older people** were provided with **community based solutions** (to include Homecare (Domiciliary Care), Community Equipment and Assistive Technology).
- National (Care Act 2014) and local priorities (Local Account 13/14), continue to promote Community Based Solution provision for both eligible and self-funders to continue to reduce and delay care needs with minimal intervention.

### 3.2.8 Those Living Alone (65+years)

It is equally important to make sure that individuals are not isolated and are able to contribute to their own community. We hope to increase the number of individuals who use services who report that they had as much social contact as they would like.

In 13/14 we attained performance of 45.4% compared to a national average of 44.2%. Although we are carrying out a better than national performance rate there are still a number of people living alone who we may not know if they require care and support or not

We are developing our information and advice offer to ensure the development of a service that is accessible, intuitive and direct people efficiently and effectively to appropriate information advice or services in a minimal way to include self help options and promote independence for the whole of the population and also reach those older people that are living alone.

The Census 2011, details that there are **12,313** households (18.5% of the total) where all residents are aged 65 and over.

**7,113** people aged over 65 are living alone in the Borough.

#### **Action-**

##### **Wellbeing, Promoting Independence & Prevention-**

- We need to identify and develop solutions within the community and ensure that these people have access to **the right help, at the right time**.
- By promoting independence and wellbeing we are also ensuring that people are socially included and avoid also have information available when required.

### 3.2.9 Adults with Physical Disabilities and Sensory Impairment

We wish to continue to promote independence and support people with disabilities to live well. In 2014, there were **14%** of people that have physical disabilities (to include those with sensory impairment) that were accessing our adult social care services. We supported those people to remain independent with the assistance of community based services.

- At December 2014, **16% of the Total Community Based Services** provided to people with Physical Disabilities by Telford and Wrekin Council included, Homecare and Community Equipment (Market Analysis Dec 2014).

**At 2015-**from the PANSI forecasts that there are -

**2374** people with a **severe disability** and **8046** with a **moderate disability**.

- **Growth Analysis 2014-2030** Growth for those with Physical Disabilities is shown to be fairly limited from the PANSI forecasts.
- **Recommendation:** Further analysis is required to assess any impact of those children with disabilities that will become adults and those adults that will be aging from 65+ years and 80+ years.

### 3.2.10 Limitation in Carrying out Day-to-Day Activities

Evidence shows (Market Analysis 2014) that of the total population

- There are **9%** of people that have a long term health problem or disability that are **limited a lot** in carrying out day to day activities.
- And **10%** where day to day activities are **limited a little** for them.

➤ From this data, it is likely there is the potential for the market to explore the opportunities for care and support services for potential self-funders who have disabilities or limiting illnesses. (See Appendix Three – Population Maps)

### 3.2.11 Adults with Learning Disabilities (18-64 yrs)

'The numbers of people with a learning disability reported to be in paid employment or who are living in their own home (or with family) has increased this year but remains lower than the national rates.' (Local Account 2013/14)'

We aim to improve our performance in this area and ensure more appropriate community based provision is available if appropriate rather than residential.

In relation to 2015, based on the ONS figures there is a local identification of 1,345 Adults (20+ yrs) with Autism within Telford and Wrekin and 458 children (0-19 yrs)

**Current 2014-**From the PANSI forecasts there is information to show that there are adults with learning disabilities who have been identified as follows:

- **55%** Autistic Spectrum (this may include people with a dual diagnosis – autism and learning disabilities), **31%** with moderate learning disabilities, **8%** with severe learning disabilities and **3%** with Downs syndrome and **3%** with challenging learning difficulties
- **Growth Analysis 2014-2030** The forecasts are similar to Adults with Physical Disabilities (18-64) year, in that growth for this adults with learning disabilities is fairly limited from the analysis of the PANSI forecasts.
- **Recommendation:** Further analysis is required to assess any impact of those children with learning disabilities that will become adults and those adults that will be ageing from 65 + years.

**Action-**

- The 'Health and Wellbeing' Board has identified Autism as is key priority 4. The Board aims to continue its work in the development of the 'Joint Autism Strategy' in line with national direction.
- The Joint Commissioning Strategy for 'Adults with Learning Disabilities' will be reviewed to ensure personalisation and also considers the reduction of inappropriate high cost provision such as residential placements (See Appendix One- Models of Practice-Commissioning Intentions.)

### 3.2.12 Adults with Mental Health Issues (18-64 yrs)

The numbers of adults with secondary mental health services in paid employment, living independently with or without support has increased significantly with performance above average (Local Account 2013/14).

**From the Analysis for Telford and Wrekin we can determine the following:**

- **Common Disorders:** From the **PANSI** forecasts (2014), there are **16,529** of adults that have common mental health disorders.
  - **Other mental health disorders:** personality disorders
    - (borderline personality disorder **462**),
    - (antisocial personality disorder **361**),
    - (psychotic disorder **411** and 2 or more psychotic disorders **7,400**.)

### **Action-**

- The 'Health and Wellbeing' Board and 'Living Well' Board will be taking forward the prioritisation of 'improving emotional wellbeing' (priority 3)
- Reviewing with stakeholders the 'Joint Wellbeing and Mental Health Strategy' ensuring a personalised approach is taken to promote independence in the community.
- Considering the development of the Strategy to include links between all ages.
- The assessment and analysis of the prevention of suicides and self-harm. (See - Appendix One Models of Practice-Commissioning Intentions).

### 3.2.13 Children and Young People with Disabilities going through transition to becoming Adults

Children and young people classed as being in 'transition' are those aged between 13 and 19 years (25 for those with additional needs.) Our aim is that all services for children and young people will be universal, regardless of whether they have a disability or high level of support needs making Telford and Wrekin a truly inclusive place to live, work and enjoy leisure time.

In Telford and Wrekin there are providers who specialise in services for childrens' services and providers for adults' services. A small number of providers deliver services to both children and adults but the number remains relatively low. This has shown that young people going through transition have often had to change to a different service provider when they move from children to adult services.

Projects such as SENDirect ([www.sendirect.org.uk](http://www.sendirect.org.uk)) aim to expand the provision of services for children and young people in Telford and Wrekin to offer more choice and increase the number of services offering a service that will be seamless to support the young person through their transition journey.

Between 2014 and 2016 there will be 63 individual young people transitioning into adult services. Some of those 63 young people are receiving more than one type of support, when looking at individual packages this accounts for 77 packages of support going through transition by 2016.

The care and support market need to be aware when determining its business models that the Council is moving towards offering personal budgets to all children and young people who are eligible for services.



To enable this the Council will be moving away from the use of block contracts in order to transfer this funding to individuals to purchase their own care and support services, therein supporting the personalisation agenda reinforced by the SEND 2014 Code of Practice.



## 3.3 Changing Picture

### 3.3.1 Enhancing quality of life for people with care and support needs

- The projected change in the demographic profile for Telford and Wrekin remains the most significant factor affecting demand for care and support services. An increased number of older people are living longer, with limiting illnesses to include those with dementia.
- The direction of travel for the Council and way forward for preferred service provision for the population is an emphasis on the provision of community resources and community based solutions that maximise independence in peoples own homes.
- It is intended that there is an increase in demand for community based solutions in preference to residential and nursing care provision. We will only use residential care where we have explored other options and have found that this is the only way to meet someone's care and support needs in a safe way (Adult Social Care –Commitment Statement 2015-16).
- As the population changes and grows in age, it is expected that older people will assume more caring responsibilities. The Care Act recognises carers in their own right and they will be entitled to their own individual assessments and require services for carers to include forms of care and support to maintain their own health and wellbeing.

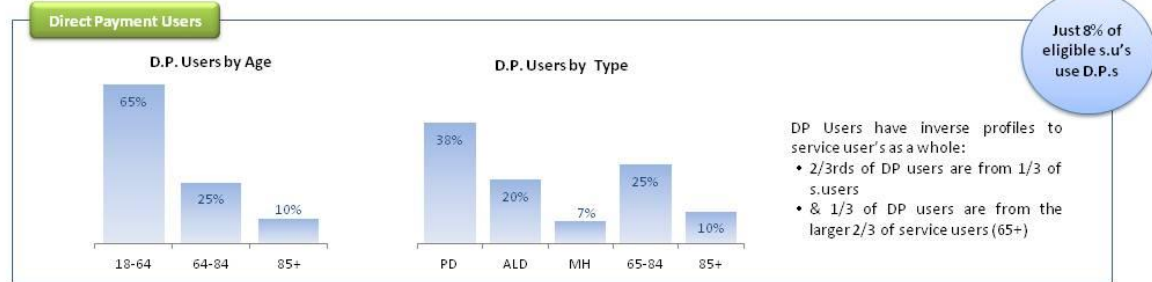
### 3.3.2 Personalisation

We will use alternative purchasing methods to ensure that people requiring longer term care can take as much control over their lives as their needs allow. We wish to encourage older people's uptake of methods that will provide their own choice and control of service provision.

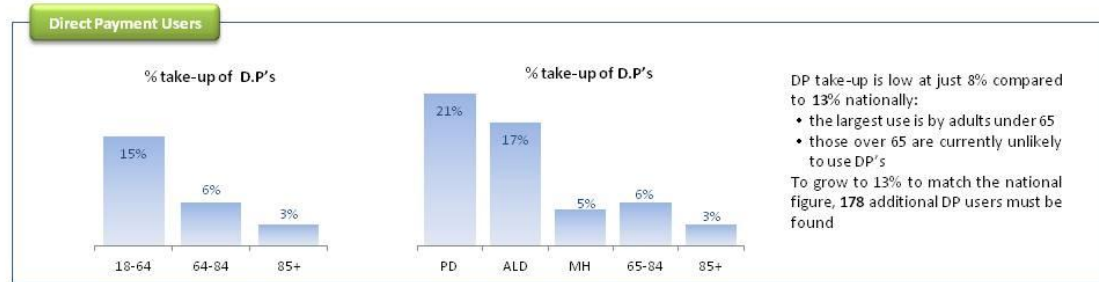
**Personal Budgets** -In 15/16, one of our priorities continues to be to make sure that people can manage their own support as much as they wish. A Personal budget is a sum of money allocated to individuals based on an assessment of their eligible needs' and financial position. This ensures that more people are able to have control over their support. This has continued to improve and all eligible clients are now informed of their personal budget. In 2013/14 2,000 people received services via a personal budget.

**Direct Payments** - Those individuals who are eligible and carers will be encouraged to have choice and control over their own care and support using a direct payment to manage their support. The information below shows that in the majority there is an uptake of Direct Payments by those with Physical Disabilities.

## 2/3rds of the 286 Direct Payments Users in 2013/14 are under 65



## Physical Disability Clients have the highest take up of Direct Payments at 21%



The way forward, is for the Council to encourage and explore the possibility of an increasing the number of direct payments, particularly for older people.

### 3.3.3 Personal Assistants

One of the ways in which people choose to use their Direct Payments is to employ a Personal Assistant. We will aim to improve the take up of direct payments and increase the number of personal assistants employed by individuals to deliver their care and support. At 2013/14 there were 132 personal assistants delivering care and support and so providing choice and control for individuals in the delivery of their care.

In a world of alternative methods of individual purchasing, we will take a balanced view between procuring services on behalf of local people to achieve good value mainly through framework agreements and through encouraging service users to meeting their needs.

This means that the Council will commission proportionately less provision that it does now whilst individuals will increasingly take on the purchasing role. Providers will increasingly need to develop their business so that it attracts the individual/family/carer rather than focussing on statutory purchasers of services.

The market is encouraged to promote care and support services across the whole population ensuring diversity, choice for those that are both eligible and not eligible for publically funded care to promote independence and reduce and delay the need for care.

### 3.3.4 Valuing Carers

We have provided a set of local population profiles to include identification of the wards from the Census 2011, that have identified those that are providing care. A more detailed analysis could be carried out to support the market to identify potential opportunities for identifying more carers, provide accessible information in order for carers to gain the right help at the right time to access the provision of care and support services for carers for the whole of the local population.

In 2013/14 Local Account the figures show that there were 1,500 Carer's assessments and services for carers provided. The Council recognises that there are potentially carers who are unknown to the Council and who may not recognised themselves as a 'carer.' The Multi-Agency Carers Strategy' has action plans and outcomes to assist in attaining the required service provision with the aim to support and assist all carers in their health and wellbeing.

The Multi-Agency Strategy for Carers provides details of 'the journey of developing support and services for carers living within Telford and Wrekin, which are funded by the CCG and the Council (approx £500,000 p.a.). It is also recognised that people may not recognise themselves as a 'carer' and some carers may be on their own or part of a family as 'shared caring.'

We have been working to improve services for carers and regular consultation takes place to include co-working to identify those priorities and outcomes that they have asked us to address. As the Care Act 2014, is implemented we will continue to ensure that carers are valued in their own right and they will have access to a 'Carers Assessment' and potential to have a 'Direct Payment.' At February 2015, the Carers Contact Centre had assisted carers to access 27 Direct Payments.

- ONS data shows that in **2015** of approx **3295 adult** carers provide more than **50 hours** of care per week) with forecasts to increase to approx **3,700** carers in 2020.
- It was estimated (HWS) that in 2013, that there were **16,200** adult carers who were providing unpaid care.
- Approx. **4,000** were providing substantial and intense care
- There were approx **600** young carers.

### 3.3.5 Key Points of Analysis- Carers

- Many people with social care needs will have these met mainly through family carers with whom they live.
- As the aging population increases so will the number of young and adult carers.
- Carers themselves are likely to develop their own support needs as they age.

- As well as impacts on health there is also likely to be impacts on finance for the family to include both the person who is being cared for and the carer which is recognised in the Carers Strategy.

### **Action-**

- We need to continue to identify 'hidden' carers and support all carers to carry on caring through greater recognition of their needs and wellbeing, as set out in the Care Act, 2014.
- Ensure recognition of ageing carers and the availability of care and support for them as well as the person they are caring for to enhance the delay and reduction of care needs escalating.
- In collaboration with carers to include active contribution at the 'Carers Partnership Board,' we must ensure that diverse solutions are developed to assist the carer, as well as the person being cared for.

Identifying Carers – Please refer to additional Population Maps (Appendix Three) to assess the population demographics of Carers based on Census 2011 information.

## **3.4 Demand – Key Messages**

### **3.4.1 Challenges of Demand, Supply and Reduced Public Funded Resource**

#### **➤ Increase in Older Population & Funding Challenges**

- It is a matter of concern that the projected increase in the age profile and the expected rapid rise in the number of people with limiting illnesses and conditions, including dementia, is happening in the context of ongoing austerity and reductions in public sector funding. How we meet the changing needs of the population is a challenge we all share.

#### **➤ Personalisation – Promoting Independence**

- Our local priorities are to reduce and delay care where possible for all of our population and promote more community based solutions within the home.
- However, due to the increased demand of those that are 80+ years, we will also need to consider the demand and supply of nursing provision/ alternative sources of accommodation for those with such needs and are unable to continue to live in their own home.

➤ **Carers**

- As more carers are identified, there is the likelihood that both young and aging carers are likely to require access to care and support service provision as early as possible in order to sustain their own independence, health and wellbeing.



**Supply**  
**The Care & Support Market**  
**In**  
**Telford & Wrekin**

## **4 SUPPLY – THE CARE & SUPPORT MARKET IN TELFORD & WREKIN**

### **4.1 The Current State of Supply**

#### **4.1.1 Whole Population**

The Care Act 2014, places a duty on local authorities to ensure that the total supply within the care and support market meets the needs of the residents of Telford and Wrekin. We would encourage collaboration with key partners to include all provider organisations- public, independent and voluntary – within the care and support sector to meet this requirement.

#### **4.1.2 Current Supply**

This market position statement provides current supply information that has so far been gathered, but will need to be developed and reviewed continually in line with changes in demand.

Through financial management and the prioritisation of our most vulnerable members of society, the Council has already delivered over £70,000,000 of savings and protected front line services as much as possible, well below the national average. However, for 15/16 our main grant from Government has been reduced by over £10 million or 25% - this is the scale of what we are having to deal with year after year [www.telford.gov.uk](http://www.telford.gov.uk)

### **Table to Show the Forecasted Spend for Adult Social Care 2014/15**

The projection for spend for Adult Social Care for 15/16 is being finalised and should be ready for publication in March 2015-[www.telford.gov.uk](http://www.telford.gov.uk)

#### **Forecasted Spend 14/15**

The projection for spend in 2014/15 is totalled as **£57.6 M**

**Details of the main areas of projected spend include the following:**

- **Community Care** e.g. Homecare, Daycare at **£15.1M**
- **Residential and Nursing** at **£23.1M**
- **Equipment** at **£0.4M**
- **Direct Payments** spend is projected as **£2.9M.**

There are funding opportunities to include £1 million to run the Community Pride Fund again in 2017/18, which community groups and businesses can bid for [www.telford.gov.uk](http://www.telford.gov.uk)

The projection for spend in services for Children with Disabilities in 2014/15 is totalled at **£1.39M**

**Details of the main areas of projected spend include the following:**

- **Residential short breaks** at **£675k**
- **Short breaks services** at **£459k**
- **Agency Care and Support** at **£103k**
- **Direct Payments** at **£156k**

The agreed budget for 2015/16 for Children with Disabilities is **£1.22M**

#### **4.1.3 The Impact of Self Funders on Total Care Spend**

Assuming self-funders in Telford & Wrekin account for the same proportion of the market as the national average (45%) this indicates that the total amount spent on care and support services in Telford & Wrekin in 2014/15 ***will be in excess of £100m***. The market is encouraged to consider alternative sources of revenue funding and the promotion of business to self-funders and methods of collaboration between providers and new entrants to develop a diverse care and support market.



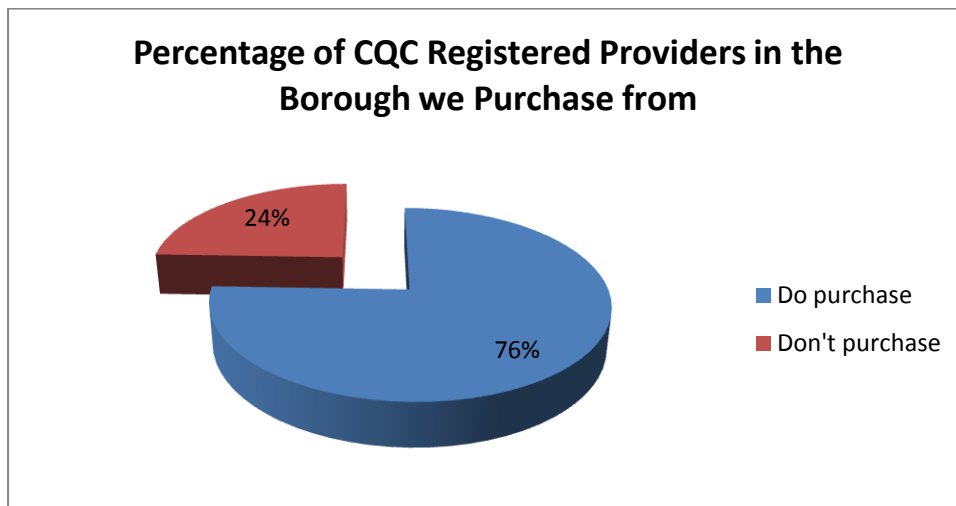
#### 4.1.4 Overview -the Care and Support Market in Telford and Wrekin

From the Care Quality Commission (CQC) information and internal supply information gathered for 13/14 (Appendix Two - Supply), there is a range of registered providers offering a positive and broadly diverse mix of provision in Telford and Wrekin. Whilst the market is being used effectively, there may be emerging pressures on demand and consequently on supply as previously outlined within the demand analysis section. Source: CQC registered providers, March 2015

Telford & Wrekin	National providers	All Providers	Beds	LD	OP	MH	PD
Domiciliary Care, Supported Housing, Extra Care, Shared Lives	17	41	N/A	33	34	31	34
Care Homes – with and without nursing care	22	50	1,237	23	28	7	11

LD Learning Disabilities,  
MH  
PD

OP Older People, Dementia  
Mental Health, People detained under the Mental Health Act  
Physical Disabilities, Sensory Impairments



### ➤ **Wellbeing & Prevention Strategy – Types of Services**

As we manage demand more effectively and aim to help people to continue to live in their neighbourhood and community (where this is feasible and affordable) we will be continuing to meet their assessed needs in a community based setting.

We will be considering community resources so that people can meet their care needs within their own families, their communities and within themselves. We will work with voluntary organisations, service users, partners and our staff to help find creative solutions to meet the outcomes that they wish to achieve.

We will also promote independence and where possible use community based solutions which include the following care and support provision from independent providers- assistive technology, other forms of technology, community equipment, domiciliary care, access to day opportunities, provision of meals, short term breaks (respite) to live in their neighbourhood and community where this is feasible and affordable. We seek to reduce admissions of people to residential care and ensure that the person is getting the right health, housing and support alongside their social care.

However, the exact future demand and supply will need to be collaboratively taken forward and involve the review of population aspirations, review of existing commissioning strategies and intentions and be aligned to supply that promotes wellbeing, independence and prevention and reduce and delay of care needs arising or worsening.

### ➤ **Care and Support Sector Provision - Demand and Supply**

The way forward that will affect market supply is how the Council will commission and operate will be developed and detailed within the 'Wellbeing and Prevention Strategy.'

The diagram in the next section, sets out the 'continuum of need for children, young people and families and for adults. We are considering the Adults Care and Support Sector service for the purpose of this MPS.

### ➤ **Prevention**

The diagram maps out the individual or family journey through the range of preventative services (coded green). There are some elements of prevention that are delivered to the whole population and make up our 'universal offer (coded green).

### ➤ **Reducing and Delaying Care Needs**

Some individuals and families are at a higher risk of experiencing inequalities which may lead to poorer outcomes and as such require a more targeted approach to prevention dependent on the needs identified.

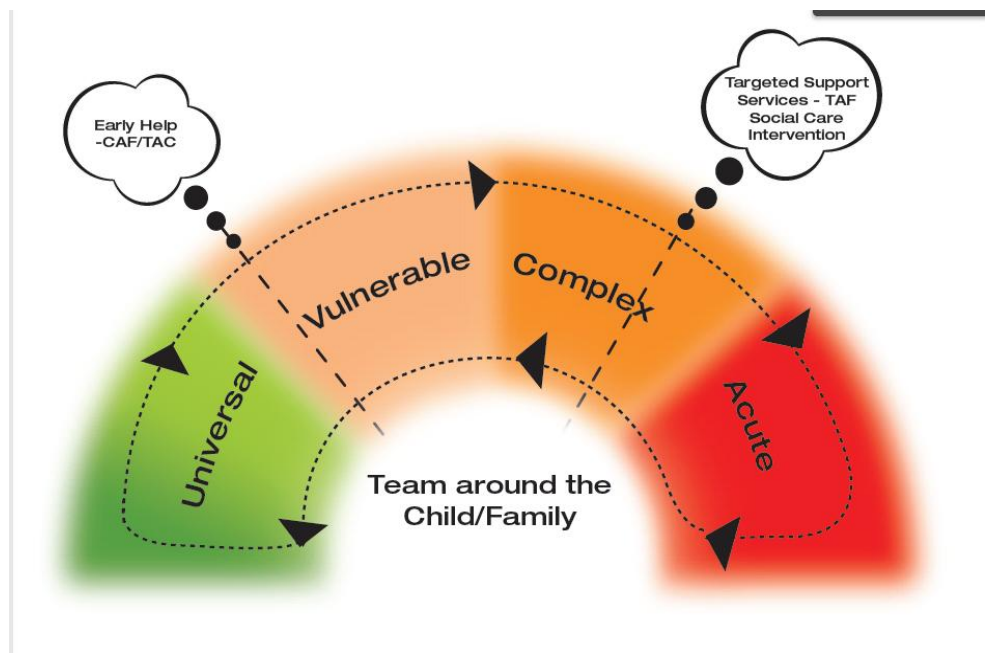
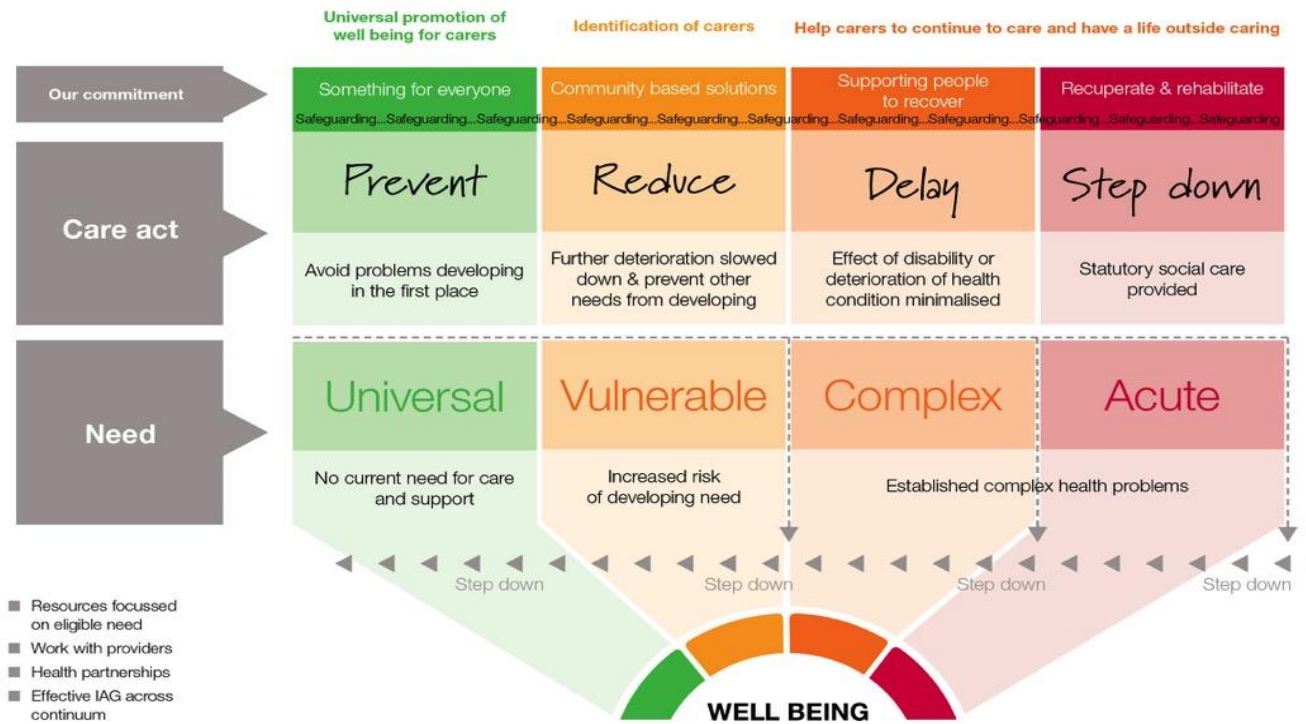
Some area Adults that may need more community based solutions to support their independence (coded as yellow), support people to recover (coded as orange), recuperate & rehabilitate and where appropriate require services that 'step-down'

back into the community setting by reabling, where there need has required acute provision e.g. hospital, nursing or residential (coded as red).

CAF = Common Assessment Framework TAF = Team around the Family

TAC = Team around the Child

**Adult and Social Care Right help, Right time to promote independence**



## Services facilities and resources that are available to prevent reduce or delay needs

Step down		
<b>Involves:</b> <ul style="list-style-type: none"> <li>■ MDT at AMU</li> <li>■ GPs</li> <li>■ Case Managers</li> <li>■ Home from Hospital</li> <li>■ Specialist Independent Advocacy</li> <li>■ Voluntary Sector</li> <li>■ Private sector care providers</li> </ul>	<b>Delivers:</b> <p>Specialist services (acute and complex) with the aim to avoid admission into long term services</p> <ul style="list-style-type: none"> <li>■ Rapid Assessment &amp; Diagnostics</li> <li>■ Design Care/Treatment plan for Community Services</li> <li>■ High End Social Care Accommodation Based Services</li> <li>■ Residential Nursing/EMI</li> <li>■ End of Life</li> </ul>	<b>Outcome:</b> <ul style="list-style-type: none"> <li>■ People who have complex needs which require acute interventions know they will receive high class, specialist care matched to their needs</li> <li>■ Will be supported to be as independent as possible and involved in decisions and discussions about their lives</li> </ul>
Delay		
<b>Involves:</b> <ul style="list-style-type: none"> <li>■ MDT Integrated Team</li> <li>■ Enablement team/Social Workers</li> <li>■ Rapid Response</li> <li>■ Specialist Teams e.g. respiratory, CMHT</li> <li>■ GP practices, Therapy services</li> <li>■ Admiral nursing</li> <li>■ Independent Advocacy</li> <li>■ Voluntary Sector</li> <li>■ Brokerage</li> <li>■ Personal Assistants</li> <li>■ Private sector care providers</li> </ul>	<b>Delivers:</b> <p>Services that the council and CCG have a statutory obligation to provide in the community</p> <ul style="list-style-type: none"> <li>■ Rapid intervention within 2 hours</li> <li>■ Intensive Home Treatment/Care and Reablement</li> <li>■ Domiciliary Care including Telecare</li> <li>■ Community based health care</li> <li>■ FACS eligible social care services</li> <li>■ Social Care Services in the home</li> <li>■ Reduce/delay admissions: care/health/social care residential services</li> <li>■ Carer Support</li> <li>■ Rehabilitation</li> <li>■ Personal Care/Carer Support</li> <li>■ Case Management of individuals (service Users/patients)</li> </ul>	<b>Outcome:</b> <ul style="list-style-type: none"> <li>■ People with complex health conditions including progressive conditions e.g. diabetes receive:</li> <li>■ Rehabilitation so they can carry on doing things for themselves</li> <li>■ Have access to resources or facilities which help them to remain as independent as possible e.g. community equipment</li> <li>■ Receive a seamless service across health and social care</li> <li>■ Know that their carer are also being supported</li> <li>■ Feel more able to cope with the ongoing day to day stress caused by their condition</li> </ul>
Reduce		
<b>Involves:</b> <ul style="list-style-type: none"> <li>■ Team around the GP practice</li> <li>■ Admiral Nursing</li> <li>■ Health Services</li> <li>■ Council Services</li> <li>■ Supporting People services</li> <li>■ Sheltered Housing</li> <li>■ Community Meals/Alarms</li> <li>■ Voluntary sector</li> <li>■ Brokerage/Personal Assistants</li> <li>■ Voluntary Sector</li> </ul>	<b>Delivers:</b> <p><b>Higher level:</b> Services in the community that are preventative and not statutory</p> <ul style="list-style-type: none"> <li>■ Finding and supporting vulnerable people that pose future risk of hitting higher tiers appropriately</li> <li>■ Rehabilitation</li> <li>■ Personal Care, Carer support</li> <li>■ Case Management of individuals (service Users/patients)</li> </ul> <p><b>Lower level:</b></p> <ul style="list-style-type: none"> <li>■ Prevention Strategies, e.g. Falls Prevention</li> <li>■ Maintain skills/abilities to remain independent, with support</li> <li>■ Befriending Schemes</li> </ul>	<b>Outcome:</b> <p>People are helped to stay in the community by:</p> <ul style="list-style-type: none"> <li>■ Receiving early help to deal with 'problems'</li> <li>■ Able to attend a 'falls prevention clinic</li> <li>■ Get help with adaptations to the home</li> <li>■ Can easily 'borrow' things like wheelchairs</li> <li>■ Can use Assistive Technology easily</li> <li>■ Go to screening clinics for health conditions</li> <li>■ Getting advice e.g. how to prevent strokes or heart conditions</li> </ul>
Prevent		
<b>Involves:</b> <ul style="list-style-type: none"> <li>■ Self Care</li> <li>■ Public Health</li> <li>■ Community Engagement</li> <li>■ Voluntary sector Patients/Service Users</li> <li>■ Carers Support Services</li> <li>■ Community Neighbourhood and Voluntary Sector Public Health</li> <li>■ Libraries, Leisure Centres, The Place</li> <li>■ Surgeries, Chemists</li> <li>■ Supermarkets/serving their community</li> <li>■ Religious &amp; belief communities</li> <li>■ Health Champions</li> </ul>	<b>Delivers:</b> <p>Local approaches to keeping people healthy and in control of their wellbeing</p> <ul style="list-style-type: none"> <li>■ Campaigns to increase physical activity</li> <li>■ Lifestyle interventions</li> <li>■ Behavioural and lifestyle campaigns to prevent long term conditions</li> <li>■ Initiatives to reduce excess winter deaths and summer deaths</li> <li>■ The promotion of community safety</li> <li>■ Initiatives to tackle social exclusion</li> <li>■ Drug and alcohol misuse services</li> <li>■ Advice on obesity and nutrition</li> <li>■ Campaigns, support and initiatives to improve emotional health and wellbeing</li> </ul>	<b>Outcome:</b> <ul style="list-style-type: none"> <li>■ People stay healthy, avoid getting ill, keeping active and independent</li> <li>■ Information, Advice and guidance</li> <li>■ Voluntary sector/communities (major input) Individuals/families engage with local communities</li> <li>■ Aware of how to look after themselves: good diet, regular exercise (walking/swimming/gardening) etc.</li> <li>■ Befriending schemes in place (link to Voluntary Sector)</li> <li>■ Develop a strong community through peer support and building social capital</li> </ul>

#### **4.1.5 Community Resources -Promoting Independence**

Trough the Council's co-operative values and priorities we are committed to delivering the best quality of services for residents who have care or support needs within the resources available. Where appropriate to do so solutions to meet needs may be more creative and we will encourage our service users, our partners and our staff to help find creative and quality cost effective solutions to meet the outcomes that they wish to achieve.

#### **4.1.6 Information, Advice and Advocacy**

We will aim to improve and enhance our information, advice and availability of advocacy in line with the Care Act 2014 - to ensure the development of a service that is accessible, intuitive and directs people efficiently and effectively to appropriate information, advice or services in a minimal way. The 'Mylife' portal for information, advice and guidance is now up and running. [www.telford.gov.uk](http://www.telford.gov.uk)

#### **4.1.7 Universal Services**

We are looking to work with a variety of people, partners, providers and the voluntary sector to assess what we already provide in the community setting to include our universal services such as leisure centres, parks and libraries ensuring that we offer 'something for everyone.' This will assist in avoiding needs arising and when they do arise will ensure where possible these needs are reduced

#### **4.1.8 Integration with Health**

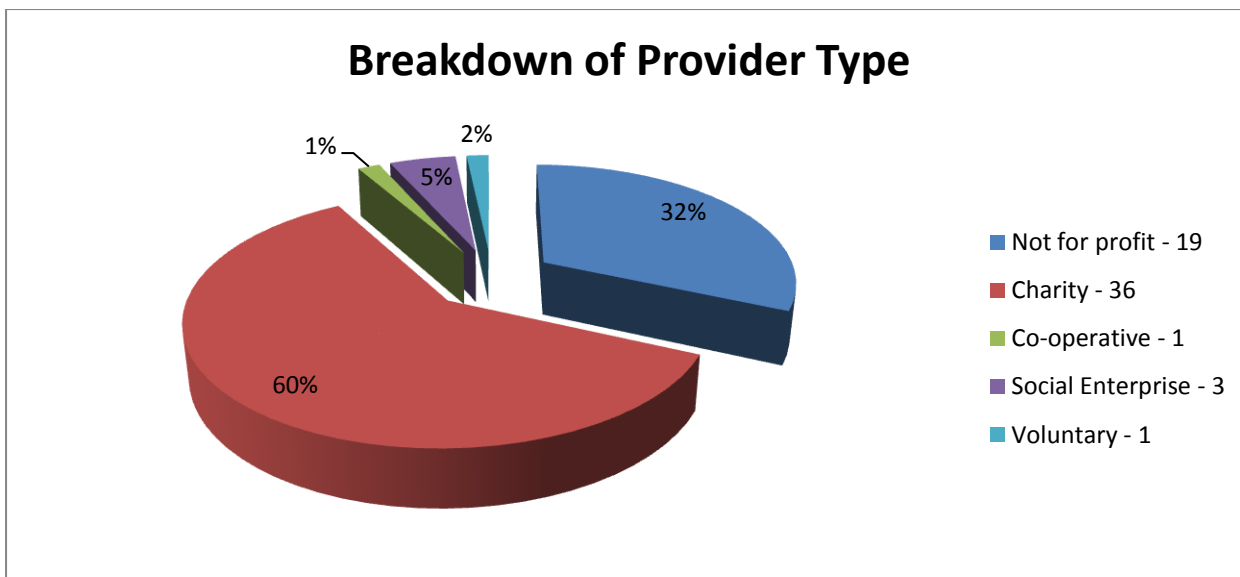
We are continually working on developing a prevention strategy to include the CCG and Public Health to assist in the identification and delivery of preventative services. The main priorities are to increase and build community capacity and enhance and build more community services as an alternative to hospital provision.

#### **4.1.9 Co-Production with Communities and the Third Sector**

As we start to develop the 'Wellbeing and Prevention Strategy'. Further, we are committed to ongoing dialogue with the community and voluntary sector. The aim is that, together we can build upon what works to ensure that we are providing the best outcomes possible for our residents.

During the financial year 2013-14 we commissioned 60 third sector services from 40 different providers at a total cost of approx £10,000,000.

This spend was against a variety of third sector organisations, a breakdown of this is represented as 60% of the third sector spend was for services from charities whilst 32% was spent on buying services from not for profit organisations.



We recognise that the current financial climate makes it even more critical that we explore opportunities and take the journey through service transformation in a joined up way.

#### 4.1.10 Assessment and Support Planning

We have developed our approach to support planning to create alternative solutions to meet agreed need in more cost effective ways. Locality working is being piloted together with commissioned independent support brokerage which will enable more creative outcomes based solutions for individuals to be chosen to support their care and support needs.

#### 4.1.11 Housing Based Support Services & Floating Support

Housing-based support services have been redesigned to offer a cross borough service to anyone requiring support to maintain their independence. These services are provided through a partnership arrangement of local providers each offering specialist support to help meet a range of needs.

This is a discretionary area of spend which supports people to live independently. All housing support services provide support to individuals with the aim of establishing and maintaining independence, offering individuals “support to do,” and avoid an increase in need and avoidance of “caring” services.

Since October 2015, we have been reviewing the current provision of these services with independent Providers including Registered Social Landlords to ensure that they are in alignment with Telford and Wrekin’s vision.

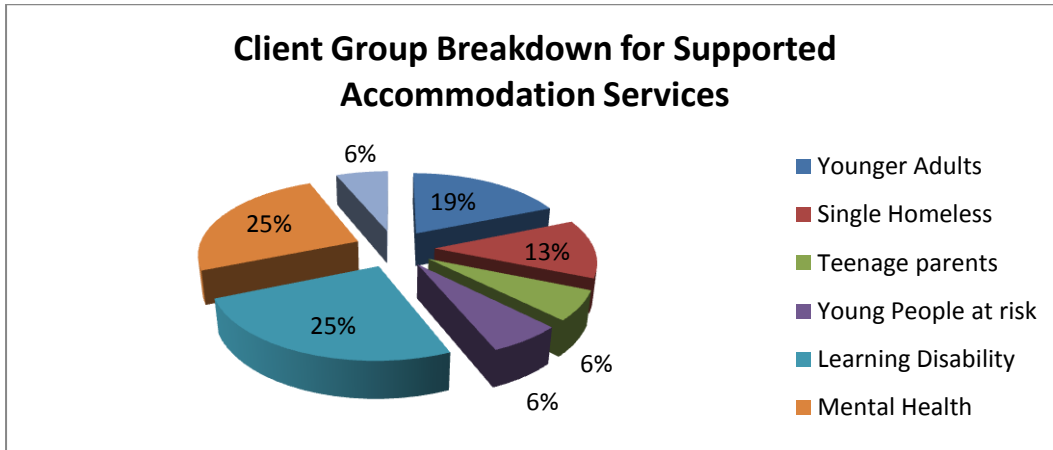
We are working with this sector to ensure the promotion of independence by considering wellbeing and prevention and reviewing provision with people and Providers.

Please see Appendix Three for the geographical representation of current support accommodation provision that is currently in place. This accommodation covers the main areas of need to include both young and older people within Telford and Wrekin.

**Way Forward - Support Services (previously Supported People)**

We wish to encourage that those that are most in need of this type of support provision is still provided, but not in the historical form of block contracting arrangements. This method then aims to promote flexibility with a discretionary spend that is used as effectively as possible.

We wish to identify areas of need within the population ensuring that Housing Based Support is available to support people to help themselves. There are a variety of Client Groups being supported across the 12 supported accommodation bases across the most deprived areas of Telford and Wrekin to include younger adults and single homeless people.



**Floating Support**

There are 2 Floating Support Providers in Telford & Wrekin operating 2 services, in the financial year 2013-14 we purchased from both block contracted services. The total number of hours purchased with the associated cost can be seen below:

Total spend 2013/14	£737,108.00
Total Number of Hours purchased per week	900

Although this is an area of ‘discretionary’ spend (Approx £700k 13/14), the Council is endeavouring to ensure that these people remain independent by considering, with Providers (Registered Social Landlords) and service users how more flexible and personalised contracting can be taken forward and continue to ensure that these particular groups of people remain independent and safe.

(See Appendix One-Models of Practice Commissioning Intentions).

## 4.2 The Role of the Housing Market

The Borough has an ageing population. The proportion that are over 65 is forecast to increase by 37% by 2026 and the over 85s are forecast to increase by 17%.

Additionally, around 8,300 residents aged 18-64 have a moderate physical disability and a further 2,500 have a severe physical disability. These issues pose a significant challenge facing the housing market with dramatic increase in the size of the older population and in the number of older households which have a family member with a disability.

Specific forms of housing will be needed to meet increased demand from an ageing population. Many older people are seeking to live independent lives in their own homes and, with increasing care costs, the ability to stay at home, or defer a move to residential accommodation, will help to contain these costs. Flexible or adaptable housing (lifetime homes) will allow older people to stay in their homes for longer and can help meet the needs of people with disabilities. This would reduce the demand for adaptations arising from declining mobility in old age and help older people avoid remaining in under-occupied and unsuitable homes.

Through the Local Plan, we need to consider and help to shape how to meet the needs and aspirations of the "active older people" and also ensure that housing can continue to remain suitable as they become "less active". Bungalows are often identified as well suited to meeting the needs of older people and retirement communities could be encouraged.

"Less active" older people have specific needs in terms of type of housing and location. Sheltered housing and extra care housing are needed. Sites meeting these needs will need to be well located in order to provide good access to public transport, health, leisure and other facilities.

The Local Plan aims to encourage a greater range of options and choices for older people. A criteria-based policy to guide the provision of housing appropriate for the needs of older people and people with disabilities could be included and in particular the Local Plan could require an element of supply on larger sites is lifetime homes compliant. The size of qualifying sites and the percentage requirement would need to be defined.

The Council proposes to include a policy setting out a requirement for a broad mix of different types and sizes of housing on all large housing development sites. Such a policy would help meet the full range of housing needs in the borough as identified in an updated *Strategic Housing Market Assessment*. This approach aims to deliver mixed communities, meet changing demographic needs and encourage housing affordability. The implementation of this policy would also need to be supported by the new *Strategic Housing Market Assessment*.



In summary, there is an increased demand for affordable housing and an understanding of the effect of Welfare Benefit Reform to be taken into account.

All current accommodation has been mapped to suitable locations according to population need however there are potential opportunities for Housing Providers to work with us to consider the challenges and issues faced of an aging population together with a variety of different younger client needs (to include those with learning disabilities, physical disabilities and mental health wellbeing), to live in a community setting that promotes networking, independence, health and wellbeing.

The aim of the Strategic Housing Land Availability Assessment (SHLAA) is to identify sites with housing potential, make an assessment of their deliverability, and of how many dwellings could come forward and when. This will assist the Council in identifying the capacity of the borough to accommodate new housing development, to view potential sites identified for housing development:

[http://www.telford.gov.uk/info/20172/planning\\_policy\\_and\\_strategy/126/strategic\\_housing\\_land\\_availability\\_assessment\\_shlaa](http://www.telford.gov.uk/info/20172/planning_policy_and_strategy/126/strategic_housing_land_availability_assessment_shlaa)

For further information on commissioning intentions for Extracare and Sheltered Accommodation, please see Appendix One – Models of Practice.

- For further information on supply and spend 13/14, for Extracare and Sheltered Accommodation please see Appendix Two – Supply.
- For further information on location of existing Sheltered Accommodation and Extracare Providers that we purchase from and their geographical location within Telford and Wrekin please see Appendix Three – Accommodation Based Services.
- The Housing Market Assessment 2014 and Shaping Places (Local Plan), can be found on our website [www.telford.gov.uk](http://www.telford.gov.uk).

### 4.3 Council Funded Provision

In determining the type of supply required for now and the future we will consider models of practice with stakeholders to assist in improving the achievement of our key priorities detailed more fully in the Local Account 13/14 in order to **‘Enhance the quality of life for people with care and support needs’** and **‘Delay and reduce the need for care and support’**

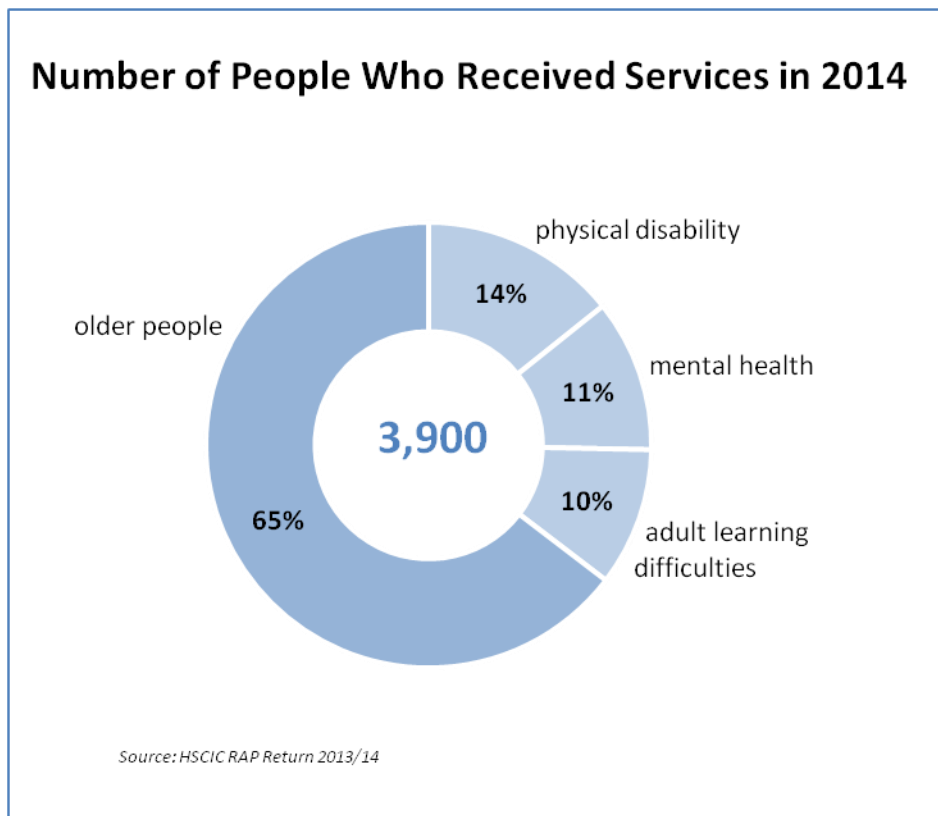
The Council will continue to develop its approach to wellbeing and promoting independence within the communities of Telford and Wrekin.

Any care and support solutions for all client groups will be aimed at preventing, reducing and delaying long-term care and support needs and will offer short-term

reablement support aimed at helping people to recover and regain their independence.

In 2013/14, Telford and Wrekin Council provided services to **3,900** people in 2014 to the following groups of people:

**Older People 65% Physical Disability, 14% Mental Health, 11% Adults with Learning Disabilities 10%** are represented in the chart below:



### Types of Local Authority Provision Being Accessed (Market Analysis Dec 2014)

- **80%** Community Based Services  
(includes Homecare, Day Opportunities, Assistive Technology, Meals, and Short-Breaks.)
- **11%** Residential Care
- **9%** Nursing Care

### Types of Care and Support Provision - (Local Account 13/14)

- **1,600 Equipment or adaptations** to homes to help people live independently
- **1,400** short-term enablement help to restore or maintain people's independence
- **800** Day services and Short Breaks
- **1,600** Care at Home, including ExtraCare Housing
- **800** in Residential or Nursing Homes

## 4.4 Community Based Services

- From the '**Key Findings of the Analysis of Demand**' in this MPS, the population forecast for those over 65+ years is indicating that the demand for this area of care and support will increase in order to retain people in line with their wishes to remain in their own homes.
- It is the intention of the Council to encourage the market to **promote existing community resources**, identify existing community assets and a preference for the purchase, where appropriate of community based solutions to include low-level services. ('**Delaying and reducing the need for care and support**'-Local Account 13/14)
- It would be considered from the population forecasts, that there are potential customers within Telford and Wrekin that may consider self-funding or if eligible, receive a personal budget to purchase this type of care and support provision from a Provider.

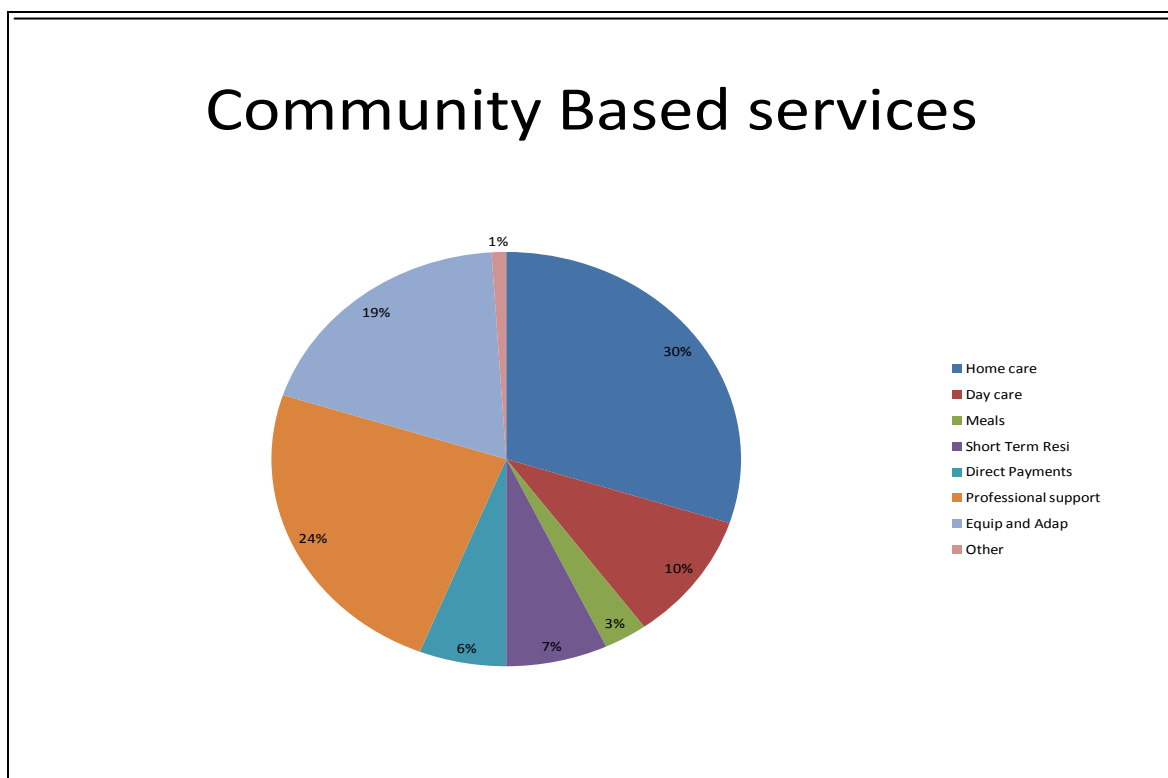
## Community Based Provision

The key components of **community based provision** are likely to be the main care and support service provision that that will assist Telford and Wrekin, in continuing to improve on the promotion of independence, and delaying and reducing the need for care and support.

We wish to continue to increase the use of support to people in their own homes and avoid individuals having to be permanently admitted into residential and nursing care (Local Account 13/14).

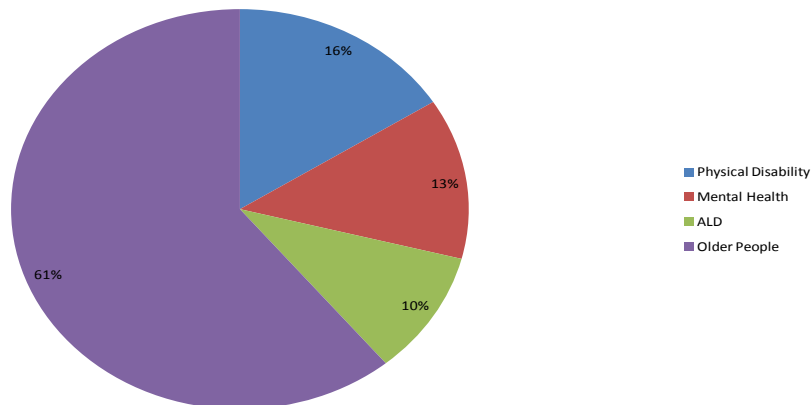
From the Market Analysis (2014), it was identified that the preferred types of community based services are being provided to those accessing publicly funded service provision. The largest percentage of provision is 'Homecare,' to the older population (61%), which promotes independent community living rather than residential or nursing provision.

### Community Based Services – Type and Uptake of Services



The type of supply that is being provided to those accessing our Community Based Services includes Home care (Domiciliary Care) (19%), Day care (10%), Meals (3%), Short Term Breaks (Respite) (7%), Direct Payments (6%), Professional Support – Social Worker 24% Equipment and Adaptations (19%) Other (1%).

## Community Based service by client group



### 4.4.1 Community Meals

#### 'Meals on Wheels'

The Council has a current contract in place with 'I-Care' for the delivery of both hot and frozen meals (meals on wheels').

The service aims to provide vulnerable people, who often live alone and cannot cater for themselves, with nutritional meals. The service is available to older people and anyone with a physical disability and/or sensory impairment living in our area.

#### 'Lunch Clubs'

We are also carrying out mapping work to identify luncheon clubs in the area and develop a 'Resource Directory,' to provide people to have a chance to socialise and meet friends and get a hot meal for people over 65. Usually they open for just a few hours each day.

They also provide the opportunity to get out of the home, socialise with others and meet up with old and new friends. All members of the community are welcome and the clubs try hard to cater for everybody's different dietary and cultural needs.

We are encouraging Providers, the third sector and communities to work with us to identify further types of similar provision that we could identify and consolidate as part of an on-going 'Resource Directory' for the population.

#### 4.4.2 Day Care Opportunities

As we develop community based service provision with partners, there is a potential to develop more community networking to encourage people to stay active and healthy with a variety of outcome based activities and promote independence and community support through this type of provision.

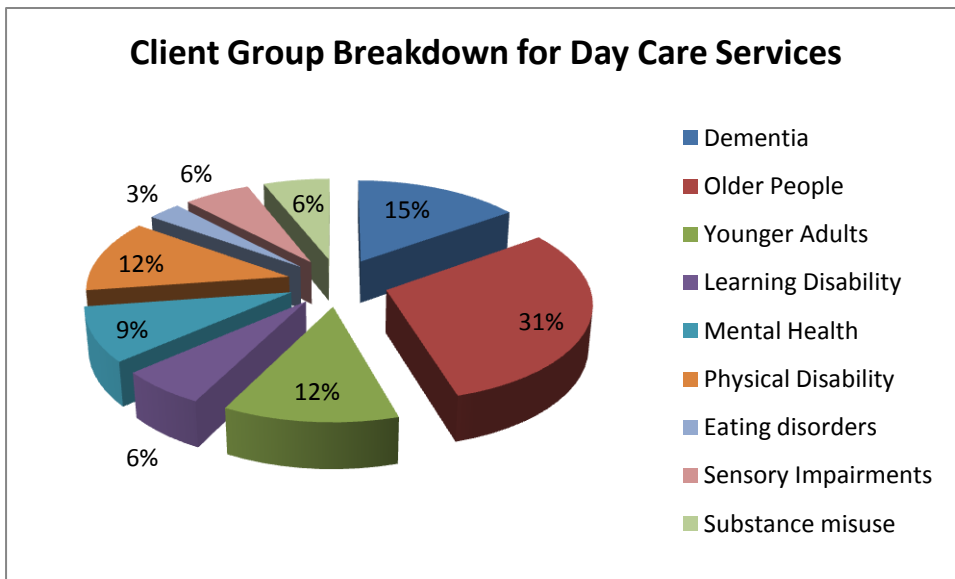
In order to determine the demand and supply of day service provision, we have started to plot out those day centres that we purchase from geographically. From the analysis it can be shown that there are a variety of client groups that attend day opportunities.

In 2013/14 we purchased from 12 Day Care providers for a variety of client groups to support them in a community setting.

We assume that there are only 12 Day Care Centres that are operating in the Borough, but through our identification of community resources with the sector we may identify additional facilities.

#### Client Group

The table below details the breakdown of who these services are aimed at:



We have mapped the centres we purchase from geographically across Telford and Wrekin. We will assess with the market if there is any further independent provision that also needs to be recognised that would meet this community need. (See Appendix Three).

We would like to work collaboratively with the market in this care and support provision of day opportunities in order to gain a current view of service user feedback of the types of activities provided.

Currently, this is an area of service that is purchased on a 'SPOT' basis and we may consider if there are alternative forms of purchasing for individuals

Nationally, there are independent enterprises that provide day centre provision and some individuals purchase provision with their personal budget or direct payment

### **Purchase Level and Cost**

The approximate number of days purchased by the Council and the approximate associated cost can be seen below.

Total spend 2013/14	£1,060,427.08
Total Number of days purchased	19,895

### **Way Forward-Day Opportunities**

We would need to take this work further to identify service user satisfaction and if their personal outcomes are being achieved. The aim would be to encourage creative community solutions and ensure outcomes are met rather than a 'building based provision' in itself.

#### **4.4.3 Technology & Community Equipment**

We will encourage the issue and use of Assistive Technology equipment (gadgets) to help with everyday living (Local Account 13/14). We are promoting equipment and adaptations to support with independent living in the person's own home.

### **Community Alarms**

- T&W Council currently have a contract with Wealdon and Eastbourne Lifeline (WEL) which ends in March 2017. When the contract commenced in 2012 all existing Lifeline equipment was replaced with new equipment. The current contract with WEL is for the supply, fitting, maintenance and call handling of 1000 community alarms for vulnerable people but does not include the provision of a Fast Response service.
- The Community Alarm Service is free to eligible clients (currently those in receipt of Housing Benefit). All other clients have to self fund and have the choice of providers to choose from. Market place costs vary.

## Assistive Technology

- For Assistive Technology we have a selection of a 'top10 pieces' of technology that we currently hold a small stock of equipment within office locations within Telford for easy accessibility by staff.
- These items are purchased from the most competitive Provider. We hold a small stock of these items so staff can access them quickly.
- For any other assistive technology (or what we called specialist orders) we again go to the market for the best quote.
- These items are identified by the assessment and ordered through the prevention team. This method of purchasing gives the Council, individuals and carers the most flexible method of provision as we have no obligation/contract to a particular company.

## Way Forward-Technology

We now need to maximise the use of technology with our partners to include the care and support market and ensure the effective promotion of independence for people in their own homes.

For information on further types of technology provided please see [Virtual Smarthouse](#) This is a virtual house with equipment that shows you how it can assist the person at home.





#### 4.4.4 Home Care – Domiciliary Care

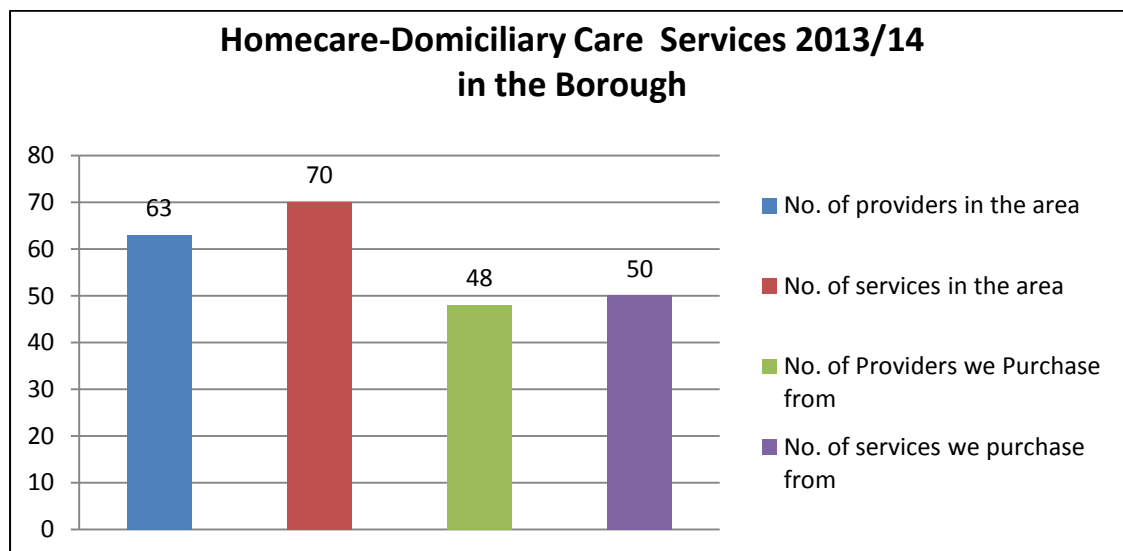
'Home Care' is also known as 'Domiciliary Care' and is a registered service with the Care Quality Commission (CQC). It is the provision of 'personal care' to people in their own homes, helping them to live as independently as possible, rather than using residential, long term or institutional based care.

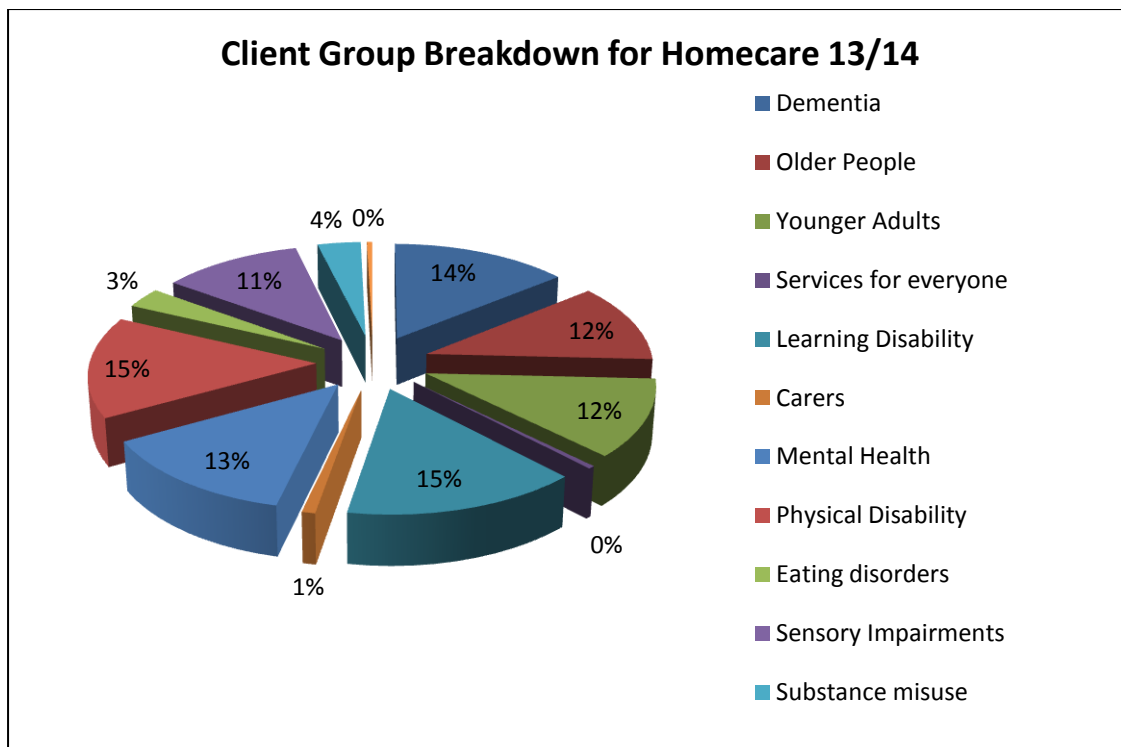
At January 2015 our financial data provided the following details within the table below.

##### **Number of Domiciliary Care Providers and Number of Service Users 14/15**

Council funded provision	Number
Number of homecare providers from whom care purchased 14/15	56
Number of service users	1,224
Total projected annual hours	490,136

In 2014, in response to the United Kingdom Home Care Association (UKHCA) Homecare Deficit' Telford and Wrekin were paying an average of £15.56 per hour. Our domiciliary care purchasing includes a variety of 'care packages' to include our framework provision and spot purchasing to meet different client needs. The price for Homecare recently recommended by UKHCA is £15.74 per hour, based on their financial model. The price that Telford & Wrekin pays compares favourably against the regional average rate, with the lowest being Birmingham at £11.56 per hour.





### Way Forward- Home Care (Domiciliary Care)

We would like to work with Providers to establish and develop a care and support market that identifies the areas of particular areas of need/demand within Telford and Wrekin requiring domiciliary care provision.

### Demand and Supply Analysis

- **Demand** - From the data, there is evidence to suggest that there is sufficient demand for Providers to promote their businesses to all client groups within Telford and Wrekin. In particular the older population is forecasted as an increasing age group 65+years and 80+ years to include self-funders and also provide choice for those that are eligible and have personal budgets.
- **Choice and Control** -To meet continued demand and enable personalised choice, the Council currently has a 'Pre-Preferred Framework' of 26 registered Domiciliary Care Providers in place. There are 63 CQC registered Domiciliary Care providers in total based in Telford & Wrekin.
- **Sustainability of Supply** -We would like to have a sustainable supply of Providers across Telford and Wrekin. A sustainable supply is also essential when we come to pressured periods for example when individuals need to return to their home from more acute care settings e.g. hospital etc. The Council has a duty under the Care Act 2014 to oversee market sustainability and we will work with providers to ensure that the risk of provider failure is well managed.

- **Diversity** - The Council's Framework is to be re-opened to ensure that we gain a wider selection of high quality Framework Providers. For full details (See Appendix One – Models of Practice.)

Census 2011- We have provided 'Maps' within this MPS (Appendix Three), that provide information on areas of Telford and Wrekin where there is likely to be key areas of density of the population that may require this type of care and support provision to include those that are 16+ with Long-Term Illness or Disability and carers that are providing unpaid care. .

- The Percentage of the Population 65 & Over with Long-Term Illness or Disability
- The Percentage of the Population 16-64 with Long-Term Illness or Disability
- The Percentage of the Population Providing Over 50 hrs Unpaid Care per week
- The Percentage of the Population that are 65 & Older Providing Unpaid Care
- The Percentage of the Population that are 16 to 64 Year Old's Providing Unpaid Care

### Community Setting Services

A variety of more services in the community setting, have now been taken forward to include support for carers. Our 'flagship' service is 'Admiral Nursing' which is a specialist service that provides support to the service user, carer and their family.

- The 'Admiral Nursing Service' provides assessment, information and support enabling carers to be experts by experience. This is a vital service in line with the Care Act 2014, guidance, is readily accessible in the family home and empowers the carer to support the person.
- The care and support market have the opportunity to work together with us to promote more community working and promote an awareness of Dementia for the public as this population grows. The Dementia Action Alliance has now been re-established with the support of the Alzheimer's Society.
- A range of providers and community stakeholders are in attendance to support the development of Dementia Friendly communities in Telford and Wrekin by identifying priorities and an action plan based on the outcomes of required by service users and carers.
- Providers are encouraged to be part of the review of the Dementia Strategy and assist in the development of more community based solutions and dementia friendly communities.

[http://www.dementiaaction.org.uk/local\\_alliances/9742\\_telford\\_and\\_wrekin\\_dementia\\_action\\_alliance](http://www.dementiaaction.org.uk/local_alliances/9742_telford_and_wrekin_dementia_action_alliance)

## 4.5 Residential and Nursing Care

As personalisation and independence is promoted the aim is for all individuals to be assisted in a community setting rather than a long term residential placement.

However, there are residential and nursing placements being made which will be inevitable due to an ageing population. Nevertheless, the aim is ensure that placements are appropriate and where possible the person returns to a community setting with support if appropriate and safe to do so.

**Locations** -At 2014, there were approx 50 active locations in Telford & Wrekin that were registered to provide residential or nursing care which provides capacity for approximately 950 residents showing that there is a limited balance between demand and supply

**Demand** -In January 2014, the Council commissioned an analysis of Nursing and Residential Care Home provision. At that time, it was estimated that the demand for residential and nursing home care for Telford and Wrekin was over 900 beds. We have information (Supply Appendix Two) that shows that this is the largest area of service provision and that we have a proportion of 'out-of-county placements. This is likely to be due to capacity issues locally or that the person has specialised needs (complex cases) that are not catered for within Telford and Wrekin.

### Telford & Wrekin Council Funded Residential/Nursing Placements

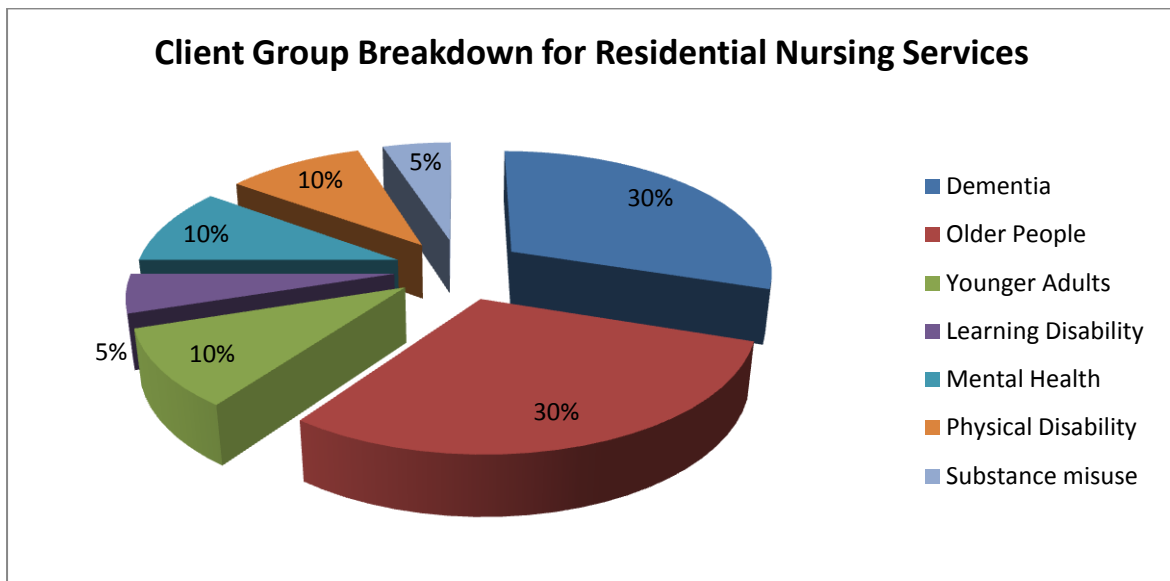
#### Snapshot January 2015

People	Residential/ Nursing	Residential Only
Adult Learning Disability (ALD)	123	116
Adults with Mental Health Issues– (Under 65 years)	33	26
Older People – 65+	492	254
Adults with a Physical and/or Sensory Disability – Under 65 years of Age (PSD)	26	9
<b>Total</b>	674	405

### Supply

The supply data is being assessed further to identify which groups of the population are within Residential and Nursing settings. We are starting to carry out a review to ensure that these individuals have appropriate service provision.

The Table below provides an illustration of those groups that are within a Residential Nursing setting as an example of the different client groups placed. (Appendix Two)



### Way Forward - Residential and Nursing Service Provision

In trying to enable individuals to live as independently as possible, we want to see the number of individuals who are permanently admitted to residential and nursing homes reduce with our preference always being to support people to stay living independently at home for as long as possible. Our aim over the coming 12 months will be to reduce the number of people permanently admitted to residential and nursing homes.

- From the Market Analysis in 2014, evidence shows us that in (2014) Older People 9% - of those people that are 65+years, of the population were living in Residential Nursing Care Homes.

Currently we are performing at below the national average for people who are aged 65 and over, and slightly above the national average for people aged 18-64.

### Way Forward Integrated Working – (Better Care Fund)

- In the case of individuals who have been referred to acute settings, the aim is for our workforce, to include NHS and Providers, to encourage re-ablement and work with us to 'step-down' provision where possible back into the community.
- Our workers will take into account family/carer and community support networks as part of a sustainable support plan to be enabled to remain in their community.
- Positively, we can demonstrate that there are more older people having access to Community Based Solutions rather than residential care provision which supports independence rather than on high cost provision.

## Recent Pressures

Although alternative community provision is preferred, in recent months, there has been an increased demand for nursing provision for older people and those with dementia. As a result, we will be carrying out a more detailed a needs analysis with the CCG and the care and sector market to assess the demand, needs and wishes of the older population and corresponding supply.

## Alternative Outcome Based Solutions

We would like to consider a variety of solutions with stakeholders in relation to the appropriate accommodation setting (if not the person's own home), for older people that have nursing needs. This type of provision would support the person if there is limited capacity in nursing home provision within Telford and Wrekin, together with focus on returning to the community with carer and support required as appropriate and safe to do so.



## Way Forward -Personalised Services for All

### Learning Disability Provision (including Profound Multiple Learning Disability)

#### Supply

From the CQC registered supply information there is a limited supply of residential provision. However, this is not presenting too much of a concern in relation to demand as we now continue our personalisation programme to ensure the most appropriate community setting is provided as an alternative provision.

During 2014 and continuing into 2015, remodelling is taking place all clients within Residential Care which has commenced with Mental Health and Learning Disability Service Provision, to ensure that they are less reliant on residential care and are provided with a more integrated and personalised model of care.

The numbers of people with a learning disability reported to be in paid employment or who are living in their own home (or with their family) has increased this year but remains lower than the national rates. We would aim to improve our performance in this area over the next 12 months in order to be more in line with national averages.

We can show that those people with sensory and physical disabilities have been provided with community based solutions where at all possible in preference to residential provision.

#### **My Options – Activity Wellbeing and Care Services**

A review of our in-house services has been undertaken to consider the best way to deliver personalised care for adults with learning disabilities and other people included an extensive consultation with service users, family carers and staff during 13/14.

Management responsibility for the in-house provider services was separated from commissioning and operational services in January 2014 and is now called 'My Options' - Activity Wellbeing and Care Services which provides a broad range of quality care and support services to vulnerable people.

The aim of this provision is to enhance the quality of life for people with Care and Support needs by offering flexible, support with greater emphasis placed on the promotion of independence, self care and community Involvement, and commitment to enabling people to live life the way they choose.

#### **My Options – Activity and Wellbeing and Care Services:**

- Residential Services
  - Downing House, Wellington and 16 Carwood, Storchley
- Community Support Services
- Shared Lives

- Activity and Wellbeing Services – Community
- Activity and Wellbeing Services - PMLD and Complex Care needs
- The Skills and Enterprise Hub

### **March 2015 - Current numbers of clients accessing our services are:**

- Residential: Downing house and Carwood: 25
- Activity and Wellbeing services PMLD and Complex Care needs: 25 – 30 per day
- Community Activity and Wellbeing services: 90 – 100 people per day
- The Skills and Enterprise hub: 30 – 35 people a day
- Shared Lives: 65 people
- Community support : 40 clients (Support ranges from 2 to 5 hours inc to 24/7)

### **The Skills and Enterprise Hub**

Health and Social Care Services have a key role in enabling disabled people to become as independent as possible, which includes supporting people to move into the world of work.

The Skills and Enterprise Hub offers information, guidance and support to adults with disabilities to gain essential skills for work.

The service offers a wide range of work based training/activities for people with disabilities including, preparing for work and computer skills

People accessing the service deliver a number of services such as TWIGs - a community gardening service for vulnerable people in Telford and Wrekin

The Skills and Enterprise Hub sees people put their skills into action by producing rustic goods and crafts items which are sold at community markets, schools and community groups

The service then looks to support people moving on to work by working closely with Telford and Wrekin's Supported Employment Services (EEAST).

### **Way Forward - Mental Health Provision**

The approval to commence a review of our 'Joint Mental Health and Wellbeing Commissioning Strategy' has been approved by the Health and Wellbeing Board on 11 March 2015, which will involve a variety of stakeholders to include providers as part of the review and ensure continued prevention rather than crisis.

Community based mental health services delivered in partnership with South Staffordshire and Shropshire Foundation Trust (SSFT) have been developed to provide community based support on the basis of reduced acute hospital provision.

A review of modernisation of mental health services is also taking into account a reduction of acute psychiatric beds (including the Redwoods hospital development)



and placing a greater emphasis on supporting more people with mental health problems in the community with the aim of improving recovery rates.

## Residential Nursing Services for those with Dementia

Telford and Wrekin has areas of the population with a high prevalence of dementia, to include Wellington, Newport, Oakengates and Woodside. As the age of those over 65 is rising, the way forward is to continue the preventative approach of ideally identifying early onset dementia for early support as much as possible.

The Prime Ministers Challenge is to ensure that GPs are diagnosing dementia as early as possible to enable more appropriate care for the person. The overall dementia diagnosis rate for Telford and Wrekin is 52.4% (Nov 2014 Quality and Outcomes Framework (QOF) data) indicating a gap of around 207 people who would benefit from an early diagnosis.

The supply data (Appendix Two) shows that there is a high use of Residential Nursing bed capacity is being used by older people with dementia. From the analysis of our current nursing and residential provision for those with Elderly Mentally Infirm (which includes dementia there is a limited supply of this type of provision within Telford and Wrekin.

## Way Forward- Living Well for those with Dementia.

The effect on service provision for the way forward is that if an earlier diagnosis is made, than more effective community based service provision for the person can be provided. Although there is a limited supply of EMI it is an 'acute' setting which can be distressing and disorientating for individuals that have this condition. e.g. hospital, nursing or residential settings.

As part of the review of the 'Joint Commissioning Living Well with Dementia Strategy' we will be assessing demand and supply of nursing and respite.

Following a 'Priority Update Report' being provided in January 2015, Health and Wellbeing Board members continue to champion Dementia, which is mainly a disease of people aged over 65 years but its impact on families and carers is far reaching and can affect people of all ages. Dementia is regarded as a priority across the Health and Social Care Economy and members.

By 2015, the Department of Health's aim is that two-thirds of people should have a diagnosis with appropriate post diagnosis support. There is an estimated prevalence of 1,774 people living in the borough who are likely to have a diagnosis of dementia.

The 'Joint Dementia Living Well Strategy' will start to be reviewed to be led by the CCG. It is vital that we gain an update of the review which will be inclusive of a

variety of partners and stakeholders to include service users and their carers as appropriately as possible.

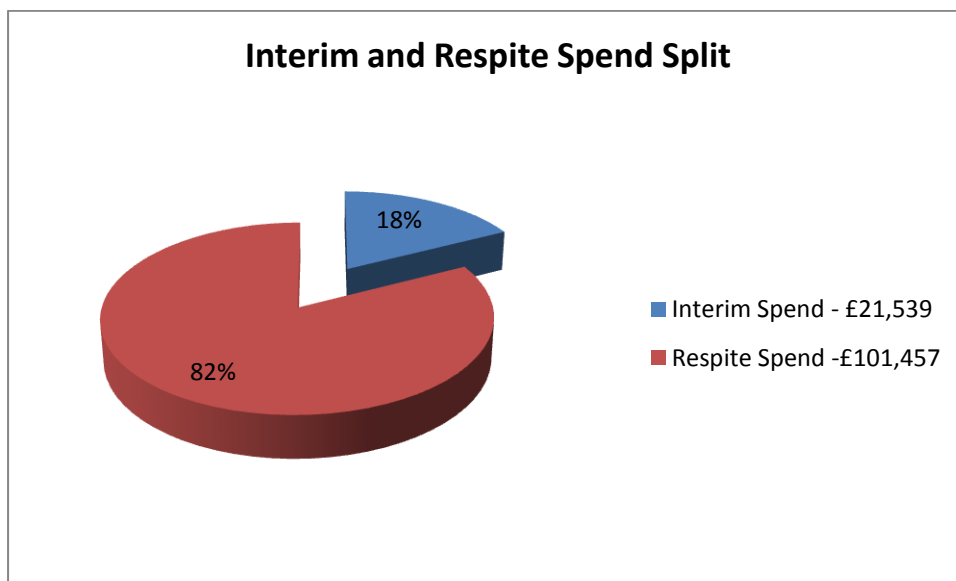
**Respite Care** - We have limited Respite provision (block contracted) Care Home Beds, which are funded by both the Council and the CCG.

This provision is used to provide the ability for those with dementia and other client groups to be supported, and provide essential respite for carers so that their own health and wellbeing is recognised.

#### **‘Step-Down’ - Intermediate Care**

As part of our commissioning strategies, we will need to ensure that there is sufficient Intermediate Care and explore ‘Progressive Support’ types of solutions. The aim is to provide an appropriate return for older people to include those with dementia and client groups who have been admitted to an ‘acute’ setting to include hospital, nursing or residential provision back to the person’s family home.

(See Appendix One – Commissioning Intentions)’



## **5 QUALITY**

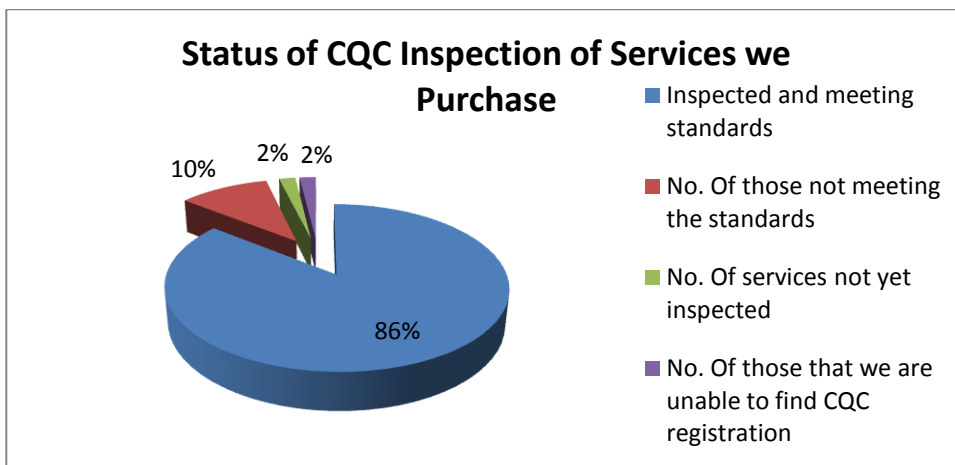
### **Service User Satisfaction**

- The Local Account 13/14 has recorded a positive satisfaction response and a further ‘Adult Satisfaction Survey 15/16’ has been issued to gain a more recent understanding of satisfaction.
- We wish to work with the market to develop evaluation methods and tools to measure outcomes and ensure that our markers are being achieved against Make It Real ‘I’ Statements and Adults Social Care Framework Outcomes.

- We have supported Healthwatch Telford & Wrekin to identify areas of public concern before they escalate into serious incidents. They will be working with the Council to provide the public's views on services.

### Registered Providers –Legislative Compliance

- All Providers that wish to deliver residential, nursing or domiciliary care are required to be registered with the Care Quality Commission (CQC). Local Authorities are under a duty to promote quality across the whole of the market. There are 91 Providers that are registered in Telford and Wrekin and 86% of these are compliant to the CQC key essential standards.



### Council - Internal Monitoring

We are aiming to improve the monitoring of personalised outcomes with providers and are also working with CQC and other stakeholders to ensure the active safeguarding of service users.

### Collaborative Monitoring and Evaluation of Quality

We would expect the market to work with us to encourage the continued quality of service provision for all everyone. However, in order to do this we need to develop systems that will enable the delivering of quality services, potentially the market developing a sharing of resources such as training and workforce initiatives.

### Performance Measures

The Adult Social Care Outcomes Framework (ASCOF) is the Department of Health's main tool for setting direction and strengthening transparency in adult social care. In order to assess if our purchased services are effective and can demonstrate that we are reducing and delaying care needs, we are measured by the Adult Social Care Outcomes Framework 2015/16 measures to include other areas of performance.

<http://ascof.hscic.gov.uk/>

# **Changing Practice & Way Forward**

## 6 **CHANGING PRACTICE**

- The population forecasts show that there are increases of demand which is set to rise from the age of 65+ and 80+years.
- The Council will continue to develop its approach to wellbeing and prevention and promoting independence as well as managing demand.
- It will consider models of practice with stakeholders to assist in improving the achievement of our key priorities:
  - **‘Enhancing the quality of life for people with care and support needs’** and **‘Delaying and reducing the need for care and support’** (Local Account 13/14).

There have been improvements to meet priorities (Local Account 13/14) to reduce and delay care needs by assisting people to live in their own home with the provision of prevention and utilise existing **community based resources** and **community based solutions**.

- From the **‘Key Findings of the Analysis of Demand’** in this MPS, the population forecast for those over 65+ years is indicating that the demand for this area of care and support will increase in order to retain people in line with their wishes to remain in their own homes.
- It is the intention of the Council to **promote existing community resources** and community based solutions. (**‘Delaying and reducing the need for care and support’**-Local Account 13/14)
- It would be considered from the population forecasts, that there are potential customers within Telford and Wrekin that may consider self-funding or if eligible, receive a personal budget to purchase this type of care and support provision from a Provider.

### 6.1 **Locality Working**

- Our workers will be working with partners and Providers to focus on promoting independence as much as possible in the community, using **Community Resources** and **Community Care Based Solutions**.

### 6.2 **Inclusive Working –Better Care for All-Reablement**

- In the case of individuals who have been referred to acute settings, the aim is for our workforce, to include NHS and Providers, to encourage re-ablement and work with us to ‘step-down’ provision where possible back into the community.

- Our workers will take into account family/carer and community support networks as part of a sustainable support plan to be enabled to remain in their community.

### 6.3 Assessment and Support Planning

- The separation of assessment and support planning will enable the Council to have a team that are to develop systems to improve our working alongside communities and individuals to reduce the need for acute services.
- We have now commissioned an independent support brokerage –the ‘**Support Planning Service.**’ This ‘pilot,’is in place for a short period from January-June 2015 and the results will be considered at that point.

## 7 FUTURE LEVELS OF RESOURCING

- *Telford & Wrekin Council must cut **around £10.5 million from its budget** for **adult social care over the next two years** less than one fifth of this is *expected to directly affect service users.*’ (**Budget Consultation 2015/16**)*

- We need to strengthen our development of alternative outcome based solutions to include partners, the public and stakeholders in order to achieve a diverse and sustainable care and support sector due to the combination of growing demand, the population’s aspirations and experiences required.

**We** are aware that we need to **regularly assess supply** and ensure that together we are meeting the **challenges of an ageing population** and **addressing the wider determinants of health and mental health** so that people can **remain healthy and independent** for as long as possible.

## 8 FACILITATING THE MARKET

There are a number of measures the Council wishes to undertake to support the market as follows:

- **Accessibility& Demand** –Ensure that there is available access to information, advice and guidance for our residents, to include families and carers, to receive the **right support** at the **right time**.
- **Involve**-The Council aims to continue to encourage local people to help influence local commissioning decisions and will always consult with its residents to shape the services they want and to do what is right for Telford & Wrekin and promote independence, wellbeing and prevention
- **Innovation**-We wish to consider, with care and support providers, the issues around stimulating new and innovative forms of outcomes based provision.
- **Investment**-We will want to explore ways in which social investment can be leveraged in order to facilitate development.
- **Supply & Diversity** - We want to encourage a diverse range of sustainable and high quality market provision to include a variety of different business types and charities ensuring there is a mixed economy of suppliers.
- **Workforce**- We are engaging with the care and support market to identify issues such as recruitment and skills base within the care sector. Our Business Development Team is supporting the facilitation of this issue together with identifying a ‘Care Sector Champion’ to progress further as part of wider discussion.



## **9 NEXT STEPS**

**The main areas for further development and analysis will be considered with stakeholders:**

### **Focusing on -**

#### **➤ Wellbeing and Prevention**

- Continuing to work collaboratively with stakeholders and other parties in order to continue identify and develop solutions that promote wellbeing and independence for our residents.

#### **➤ Identifying Demand & Customer Wishes**

- There is a rapidly ageing population (65 years plus and 80 years plus) and those that have limiting illnesses and conditions in this age range.
- We need to ensure that appropriate community based solutions are provided to reduce and delay more acute care provision and assist them to live in their own homes.
- The volume of young carers and adult carers are increasing and it is vital that we continue to support their health and wellbeing.

#### **➤ Identifying Supply**

- Information on supply is readily available for those Providers which are registered for the provision of Nursing, Residential Care and Domiciliary Care.
- Further work is to be progressed in order to fully identify the supply base in Telford and Wrekin for non-contracted and non-registered services.

#### **➤ Developing a Diverse, Vibrant and Responsive Care & Support Sector**

- Continuing our discussions with stakeholders in line with Telford & Wrekin Council's Co-Operative values to developing the care and support sector, to ensure that our residents' aspirations and required experiences are met.

In summary, this MPS continues the discussion between the Council, residents, partners and local organisations to collectively deliver the best we can for Telford and Wrekin with the combined resources we have. We will take the MPS and actions forward as a Co-Operative Council with our values of Openness and Honesty, Ownership, Fairness and Respect and Involvement.



## **APPENDIX ONE-MODELS OF PRACTICE-COMMISSIONING INTENTIONS**

- In accordance with our Local Account priorities, requirements of the Care Act 2014, this Market Position Statement (MPS) identifies a key summary of the emerging population profile, demand, supply and challenges in diminishing resources to develop personalised outcomes based solutions.
- We are collaboratively developing the 'Wellbeing and Prevention Strategy', which sets out our local approach to promoting wellbeing and independence across the continuum of need.
- A universal offer of services will prevent need from developing in the first place. Where needs do develop care and support services will be arranged with a view to reducing and delaying that need.

**This section provides existing commissioning intentions that provide avenues through an outcomes based commissioning approach to-**

- Explore and provide models of practice that combine a variety of existing universal community resources
- Provide high quality, personalised affordable services for self funders
- Provide a variety of collaborative solutions for those requiring contributions from reducing public funds

### **Commissioning Intentions**

#### **1.1 Understanding Community Resources**

Partners have started to identify current preventative services that are termed as 'primary prevention' by the Care Act. We are going to be analysing this information with the market and partners to start to assess what we have already within the community, promote voluntary organisations and encourage the development of social enterprise.

#### **1.2 Social Inclusion - Lunch Clubs**

We are considering developing the links that have been made by the implementation of Community Meals and other available social opportunities, such as luncheon clubs. We are currently developing a 'Directory' to support social networks, nourishment and encourage social inclusion.

#### **1.3 Carers – Emergency Support (Tender)**

We will re-commission the emergency service which supports carers and vulnerable people in terms of crisis and emergency (Rapid Response)

#### **1.4 Information, Advice and Guidance (Tender)**

We are developing on improving and enhancing our information and advice offer and developing an 'Information, Advice and Guidance' Strategy and will tender IAG services to ensure we are Care Act Compliance.

We are also encouraging Providers within their own marketing strategies to promote information, guidance and advice for all of our residents with the right help at the right time.

#### **1.5 Carers-Self Support (Tender separate LOT within IAG Tender)**

We are collaboratively working with carers and the market to encourage partners to implement social enterprises.

This initiative will result in the successful organisation providing information, advice and guidance as well as developing and enabling self-sufficiency for 'carers to help carers.'

#### **1.6 Advocacy (Tender separate LOT within IAG Tender)**

We will commission services to ensure that people have access to advocacy support where they have substantial difficulty in being involved in their assessment, support planning, review, or safeguarding event, where there is no one appropriate to support their involvement.

#### **1.7 Supporting people to help themselves**

This is a discretionary area of spend which supports people to live independently. Since October 2015, we have been reviewing the current provision of these services to ensure that they are in alignment with Telford and Wrekin's vision. These are services that aim to establish and maintain independence, offering individuals "support to do," and avoid an increase in need and avoidance of "caring" services.

Where individuals have an increased risk of developing needs we are working together to provide collaborative solutions which help slow down or reduce further deterioration. There will also be a focus on preventing other needs from developing. We will be tendering services for short term and long term supported accommodation.

#### **1.8 Domiciliary Care – Preferred Provider Framework**

As part of the original change programme a Preferred Provider Framework (PPF) for Domiciliary Care (Adults & Children) was developed. The Framework came into effect from October 2014 following a competitive tender process this Framework will be reopened.

#### **1.9 Nursing and Residential Provision**

It is projected that there is an ageing population and we are currently assessing the potential impact of limited supply of residential and nursing care home provision in Telford and Wrekin.

In the short-term we will be having discussions with the whole of the market to assess the risks and identify and assess options for the way forward.

### **1.10 We are evaluating the option of commissioning ‘Progressive Support Services’**

These will outcomes based services which aim to achieve maximum independence for a wide range of individuals against a personalised support plan to:

- Enable customers (vulnerable adults and young people) to improve and maximise their independence and enable individuals to step down from residential provision to the community
- Promote independence and resilience utilising community based solutions

### **1.11 Joint Mental Health Strategy**

We shall be reviewing the ‘Joint Mental Health and Wellbeing’ Commissioning Strategy and will take into account national policy and local context. It is anticipated that the Strategy will be ‘All Age’ to enable smoother transitions, and to enhance links with programmes such as Strengthening Families.

We will focus on a strategy being outcomes focused to promote wellbeing, independence and recovery.

We will fully involve stakeholders including NHS, Social Care, and Public Health and service users.

### **1.12 Joint Adults with Learning Disabilities Strategy**

We will review our existing strategy and provision across the economy taking into account the Care Act principles of prevention and our priority of delaying and reducing the need for care and support and exploring a wide range of housing options.

### **1.13 Joint Strategy ‘Living Well with Dementia Strategy’**

The ‘Health and Wellbeing’ Board has identified ‘dementia’ as one of its key priorities and this strategy will be collaboratively reviewed with a variety of stakeholders.

The CCG is the lead and the Council will ensure that the social care elements are developed further to promote living well in the community to include those with dementia and their carers.

### **1.14 Extra Care Housing (ECH) in Telford**

We will be reviewing ‘Housing’ Strategies and strengthen links with a variety of stakeholders who will have a role in sharing information about future demand for ECH.

A variety of factors impact the uptake of ECH that include the profile of need of future residents (an ageing population) and also the opportunity for choice to opt for ECH to provide accommodation and when the time is right appropriate support and care services e.g. Domiciliary Care and other provision at the scheme e.g. alternative support and day activities.

We will focus on how ECH can support the increasing emphasis on personalisation, including the flexible deployment of personal budgets and direct payments.

The Council plans to engage with providers and service users during 2015 to explore new service models, the opportunity to remodel existing services and the new services that might be required in the future.

### **1.15 Autism**

To take forward the work outlined in support of the CCG as lead for the Autism Strategy and Action Plan (previously presented to the H&WB Board (January 2014).

## **APPENDIX TWO-SUPPLY INFORMATION 2013/14**

Appendix Two – Supply Analysis.

## **APPENDIX THREE-GEOGRAPHICAL REPRESENTATION OF SERVICES AND POPULATION CHARACTERICS**

Population  
Providers

## **USEFUL LINKS**

Making it Real (Think Local Act Personal);  
<http://www.thinklocalactpersonal.org.uk/Browse/mir/>

MyLife;  
<http://telford.mylifeportal.co.uk/home/DefaultAlt2.aspx>

Volunteer Telford & Wrekin;  
<http://volunteertelford.co.uk/#s>

Invest in Telford;  
<http://www.businessintelford.co.uk/>

Delta eSourcing – register to receive updates for Telford & Wrekin Council tenders;  
<https://www.delta-esourcing.com>

Care Act Factsheets;  
<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets--2>