

Royal Borough of Windsor & Maidenhead

The Future Care Market: Meeting Residents' Needs 2013



THE ROYAL BOROUGH OF
WINDSOR AND
MAIDENHEAD

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1. Executive Summary

This document has been developed as a tool for existing and potential providers of Care Services for the adult population in the Royal Borough of Windsor & Maidenhead. It's intended to highlight the opportunities for developing services that local people need and want.

National reports indicate that what people want to meet their care and support needs is help to keep them safe in their own homes, feeling confident, and supporting them to manage their own needs as far as possible. They want to feel in control, and not feel they're a burden on others. This information has been supplemented by local responses and applied to our local setting.

Both local residents and the Council want to see a local market for care services which gives people the ability to choose their own support, and manage that in a way that suits them best.

The Council is buying less residential care for all age groups. And even though cases of dementia are on the rise, it's also buying less nursing care through using community care more effectively.

More people who the Council funds to meet their Adult Social Care needs are now getting their own care budgets and these numbers will increase over the coming year. We know that when people are in control of their own budgets, they make different decisions about the type of care they buy, often using Personal Assistants in place of more traditional forms of care. Providers are going to have to think and react more flexibly, and be prepared for dealing with individual buyers, rather than the Council or the Primary Care Trust as block buyers.

The new Clinical Commissioning Group which represents the majority of the Borough's General Practitioners, is focused on the impact of the rise of dementia which this document anticipates. For providers of care services, this will mean more specialist skills and training for staff. The community as a whole can also play a really positive role in this, and we're already seeing the development of ideas such as 'safe places' – shops and local businesses where people can go if they become confused or lost - and timebanking solutions where both people with care needs and volunteers can offer support to others.

Money from Government, the local Council and Health will reduce, and this will call for innovative approaches to supporting the most vulnerable people in our community. We've seen that the local community can rise to the challenge already, through ground-breaking innovations such as Carebank¹, and award-winning support like Ways into Work². We are sure that more such innovations will grow as people realise just how important their contribution is in creating a local society which values and helps those people who need care and support.

¹ An IT-based scheme matching volunteers and people with needs locally run by WRVS

² The Council-run employment service for people with care needs

2. Key Themes from The Future Care Market: Meeting Residents' Needs

This document sets out the vision for Adult Social Care in the Borough and highlights opportunities for providers in the developing of new and existing services aligned with what Borough residents want to be available to meet their outcomes.

The Council's vision for Adult Social Care

To Improve Health and Wellbeing by providing a high quality service that makes a difference to residents of RBWM by offering choice and enabling outcomes while ensuring a zero tolerance to abuse. Developed and coordinated in a clear and transparent way.

Choice and Control

- Residents want to manage their own needs and be in control of their services/support, whilst feeling safe in their own homes
- Need to enable more people to use Direct Payments, giving them better choice and control to meet their needs and outcomes
- Residents want to stay/feel part of their community
- Residents want to be in control of when their care and support is delivered and not when an agency can get there
- Residents want Personal Assistants to help them live at home with independence and in control of when they want their care and support

Universal Support

- The Community as a whole must be supported, not just those who are eligible for council financial support
- Need to provide better and more coordinated information to ALL borough residents with Social Care needs
- Need to provide residents with the best information, advice, and services all in one place
- Need to make it easier for people to find, book and pay for their care and support
- Need to ensure that all services are of a good quality and are safe for residents

Creating a Personalised and self-supported environment in the Borough

- Create the ability for better joint working with care and support supplier, voluntary organisations, customers and carers
- Create an increase in customer/carers involvement in service development
- Create a greater availability of advocacy services
- Create the availability of independent support planning and brokerage services
- Create Direct Payment support to encourage a greater use of Direct Payments in the Borough

Developing specific services

- There will be an overall increase in residents in vulnerable groups over 65's, learning disability and dementia (significant increase in dementia)
- There are very high numbers of people with a Learning Disability that are placed out of the Borough due to the lack of suitable care and support services
- Develop a greater number of housing solutions for people with Mental Health needs and younger adults with learning disabilities
- Develop a Shared Lives service in the Borough capable of supporting the numbers of people who want it (increase capacity significantly)
- Develop more services to support carers in the Borough
- Develop alternatives to expensive respite care such as overnight residential and day centre care, so that the high costs do not deter carers from using the support
- Develop specialist services / access to housing for younger adults with learning disability to maintain / increase their independence and to meet the growing demand
- Develop an approach to promoting the use of non-traditional social care services to meet needs and achieve outcomes – use leisure and library services, college courses, travel clubs etc.

Council Objectives

- The Council needs to increase the cost-effectiveness of services to ensure it can meet the future demands of Borough residents with finite funds
- The Council sees the use of residential care as a last resort to meeting residents needs / outcomes
- The Council promotes residents' independence and will facilitate their ability to have choice and control over the support they need to meet their outcomes
- The Council will facilitate the care and support market to meet the ongoing and changing needs of the Boroughs' residents.

Council led Initiatives already underway

	Start	Timescales Delivery	Implement
Seeking approval to create an online care services portal available to all to provide best information, advice and directory of available services in the Borough	Winter 2012	2013	Spring 2014
Develop the Care service portal so that users can book and pay for services		as above	
Reviewing its approach home care in the future and how the services can be more person focused through outcome based commissioning	Winter 2012	Spring 2013	Summer 2013
Shared Lives - re-tender for service expansion	Winter 2012/13	Spring 2013	Summer 2013
Growing Personal Assistant Capacity in the Borough	Autumn 2012	Winter 2012/13	Feb-13

3. Introduction

Chapter Summary

There are national as well as local drivers to create care services which are based on individual choice, people controlling their own access to care and getting better outcomes which help them to remain as active and independent for as long as possible. Reducing the use of residential care and increasing community support is key to this.

This document is intended to help providers make proactive business and investment decisions and provides information on current and future demand for services.

3.1 National context for Adult Social Care

Nationally there is a drive to create care services which help avoid the need for more care, which cater for the individual's wants and needs, and which deliver clear outcomes aimed at reducing people's dependency. These changes mean that there will need to be a diverse market with a broad range of providers offering high quality services. Reducing the number of people in long term residential care placements through the provision of alternatives in the community that help people to maintain their independence is an expectation of government as laid out in their vision paper for health and social care. The national trend for the numbers of placements in nursing and residential care is a declining one particularly for long term residential care placements as Councils and the NHS invest more in alternative and preventative services in the community. Increased life expectancies and people being supported in the community for longer has meant that people are going into residential and nursing care later on in their lives with increased complexity of needs. The variety and level of support needed in the community is increasing.

The planning and purchasing of health services is also changing, with some areas piloting personal health budgets. Councils have taken over responsibility for Public Health planning and delivery, and closer working relationships are being developed between Councils and General Practitioners through their Clinical Commissioning Groups.

3.2 What is The Future Care Market: Meeting Residents' Needs and why have it?

This a document provides information to providers on current and future supply and demand within the market. It summarises commissioning priorities and highlights the models of service provision that the Local Authority and local General Practitioners wish to encourage. It will enable providers to make proactive business and investment decisions. It will outline any support available to providers to assist in their development.

3.3 Who is this document intended for?

This document is aimed at existing and potential providers of adult social care and support.

- **Private, public and Third Sector providers** of adult social care can learn about the residents' intentions as purchasers of services, and their views on how services might respond to the personalisation of adult social care & support.
- **Voluntary and community organisations** can learn about future opportunities, build on knowledge of local needs in order to develop new activities and services and can contribute evidence to the process.

-
- **People interested in local business development and social enterprise** can read about new opportunities in the market and tell us what would help them to enter social care markets and offer innovative services.
 - **Social care providers and organisations not currently active** in RBWM could find opportunities to use their strengths and skills to benefit local people and develop business.

This document can, by its nature, reflect a picture of the market at a given point only; information contained will be updated at regular intervals, as the market adapts to the changes necessary to implement the personalisation and wider agendas.

3.4 Population and market segment this document aims to address

This document looks at the care and support needs of adults (18+) in the Royal Borough of Windsor and Maidenhead.

4. Understanding the needs of RBWM's population

Chapter Summary

The Borough is a relatively prosperous one, with low levels of deprivation and good health. The population of 145,000 is set to rise by almost 15% by 2030. The number of people over 65 will rise by 46%, dementia cases will rise by 71% and the number of people with moderate and severe learning disabilities will rise by 11% in the same period. There will be a real challenge in meeting the needs of these growing numbers of people. The local Council provides care services to approximately 2,300 adults in the Borough.

4.1 Borough statistics

RBWM is a relatively prosperous unitary authority. It was formed in 1998 and sits alongside 5 other unitary authorities that made up the county of Berkshire. Its main centres of population are Maidenhead, Windsor and Ascot. 61.3% of the borough is rural and 83% is designated as green belt. In 2010, around 143,000 people lived in approximately 61,000 households. 55% of households are employed in professional, managerial or technical occupations, compared to 38% in Great Britain³. There are pockets of deprivation scattered across the Borough, although the general high standard of living can hide these. In 2009 the average annual gross salary for all workers within RBWM was £33,789 pa - higher than both the Berkshire average (£33,465) and that for England (£27,111)⁴, however, the Berkshire Economic review (2010) showed a rise in Job Seekers Allowance claimants of 117% in the year to June 2010 in RBWM indicating that the recession hit Berkshire more than the rest of the Southeast (average rise of 81%) and the rest of the UK (63%).⁵

75% of RBWM residents enjoy good health (69% nationally) and it is the 12th healthiest authority in the country⁶. Areas of concern are above national rates for hip fractures, atrial fibrillation, cancers, dementia, depression (18+) and hyperthyroidism.⁷ Approximately 10% of the population is from Black and Minority Ethnic communities.

4.2 Demographics

The demographic of RBWM is changing. The population of the borough is increasing and people are living for longer. The total population is set to increase from 145,400 in 2012 to 166,200 in 2030.⁸ The number of people over 65 years of age is forecast to increase by 46% by 2030 – from 24,200 in 2012 to 35,300 in 2030⁹. This increase is above the overall percentage increase of England (43%) – and poses a real challenge in terms of developing services to meet future demand.

Approximately 85% of the over 65 population is White, with the second largest over 65 ethnic group being Asian or Asian British at approximately 2.5%. This rises significantly in the under 65's population to a high of 11.5% in the age group 25-34, but dips again to 9.2% in the age group 18-24.¹⁰

³ NDTi report for Windsor & Maidenhead May 2011 v5, p.28

⁴ NHS Berkshire East Joint Strategic Needs Assessment (JSNA) 2010, p.218

⁵ NHS Berkshire East Joint Strategic Needs Assessment (JSNA) 2010 - Executive Summary, p.17






⁶ NDTi report for Windsor & Maidenhead May 2011 v5, p.28

⁷ NHS Berkshire East Joint Strategic Needs Assessment (JSNA) 2010

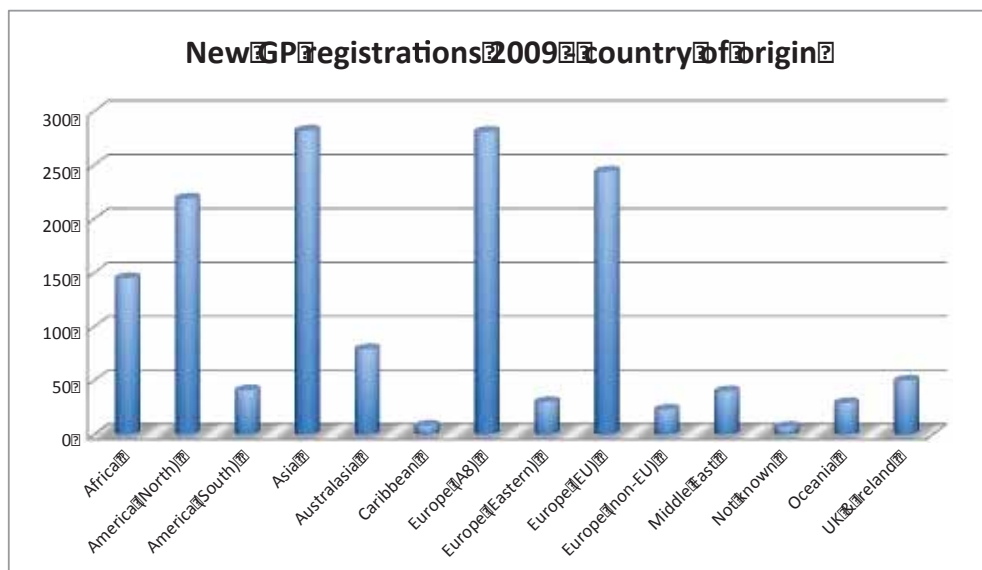
⁸ <http://www.pansi.org.uk>, "Projecting Adult Needs and Service Information System"

⁹ <http://www.poppi.org.uk>, "Projecting Older People Population System"

¹⁰ <http://www.pansi.org.uk>, "Projecting Adult Needs and Service Information System"

	People aged 18-24	People aged 25-34	People aged 35-44	People aged 45-54	People aged 55-64
 White (this includes British, Irish and Other White)	83.79%	80.84%	84.35%	88.94%	92.86%
 Mixed Ethnicity (this includes White and Black Caribbean; White and Black African; White and Asian; and Other Mixed)	2.90%	1.97%	1.47%	0.97%	0.67%
 Asian or Asian British (this includes Indian; Pakistani; Bangladeshi; and Other Asian or Asian British)	9.26%	11.51%	9.23%	6.48%	4.32%
 Black or Black British (this includes Black Caribbean; Black African; and Other Black or Black British)	1.70%	2.14%	2.38%	1.65%	0.65%
 Chinese or Other Ethnic Group	2.32%	3.47%	2.55%	1.98%	1.49%

While RBWM is not a particularly ethnically diverse borough, there are some areas of note which may impact on future service design. The rise in new General Practitioner registrations¹¹ of people of Asian origin may indicate an increase in Muslim service users and a requirement for same-sex care staff, and single-sex residential care provision.



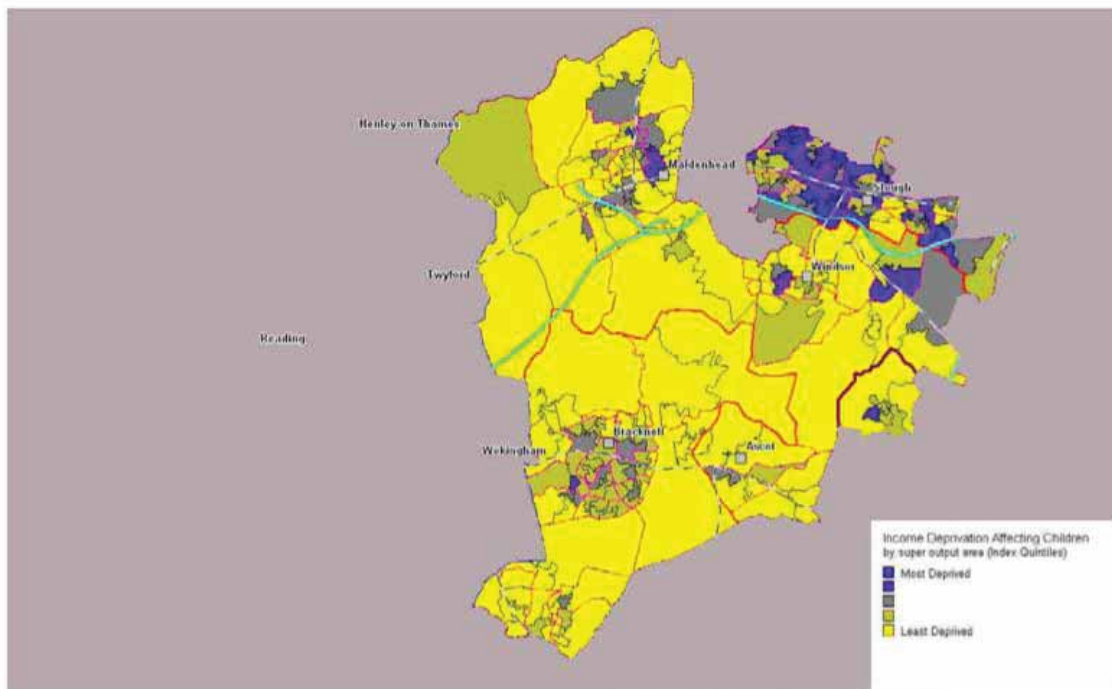
4.3 Levels of (child) deprivation

There are some pockets of deprivation in the urban areas of Windsor and Maidenhead, and part of Datchet, but levels of deprivation remain relatively low.¹²

¹¹ NHS Berkshire East Joint Strategic Needs Assessment (JSNA) 2010 p.53

¹² NHS Berkshire East Joint Strategic Needs Assessment (JSNA) 2010 p.142

Income Deprivation Affecting Children



4.4 Service user group demographics

Services are provided to the following number of people in the borough (grouped by type of need):

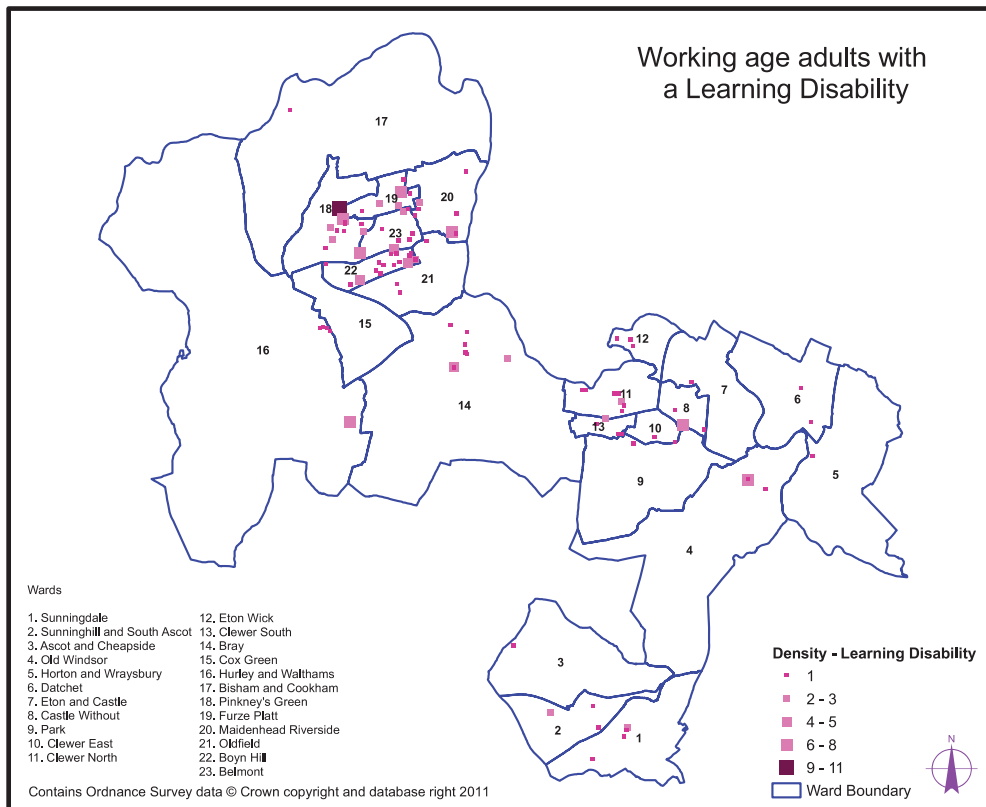
Main User need	social care	health
Learning Disability	225	17
over 65's	1828	1
Physical disability	168	22
Mental Health	150	55
Other (terminal)	0	4
TOTAL	2371	99
All statutory-funded clients	2470	

source: RBWM Service Managers, PARIS data, Cont. Health Care PCT data

Note: Numbers are drawn from a variety of sources and should be treated with some caution.

4.4.1 Learning Disabilities

The map below indicates prevalence of people aged 18-64 with a learning disability, who are in receipt of social care support. Areas of high prevalence are likely to reflect residential care or group homes. The map does not differentiate between people in receipt of care in the community and those in residential or nursing care.



The number of people in RBWM reported to have a moderate or severe level of Learning Disability in 2012 is 476¹³. In total the number of people with a learning disability reported to be in receipt of services funded by the Council is 225 and the number of people with a learning disability in receipt of Continuing healthcare-funded support is 17.

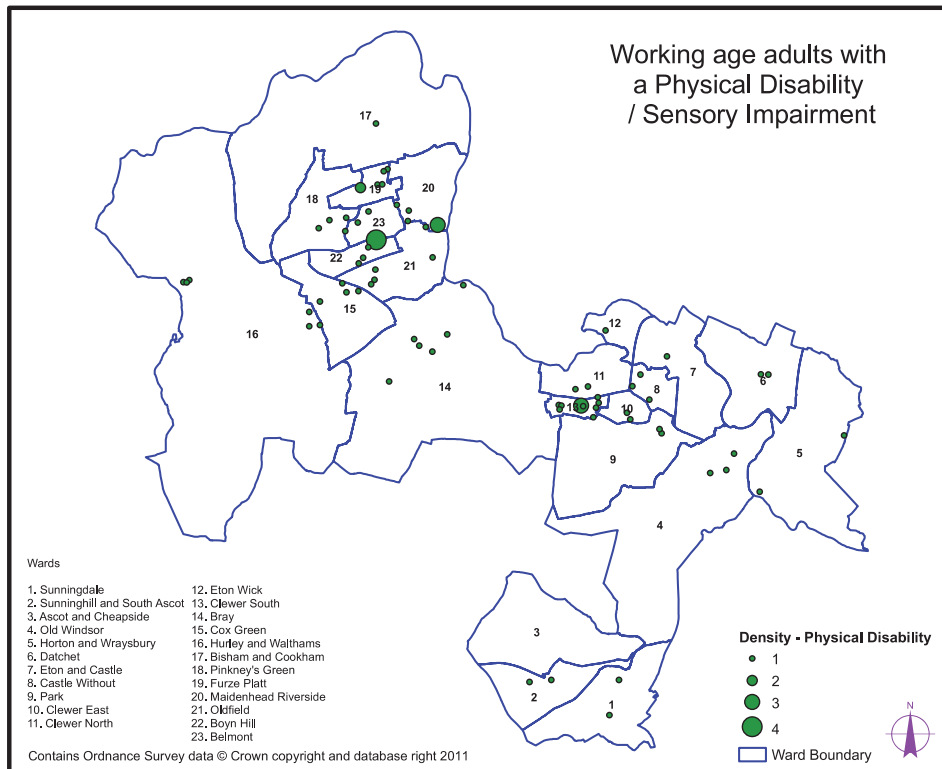
The pattern is fairly spread, although there are concentrations in the Maidenhead area. Approximately 65 people with a learning disability are placed in residential care within the Borough, with an estimated 69 placed outside the Borough. Due to the ageing population, we expect to see a rise in the number of older people with learning disabilities and increasing levels of frailty. Some of these people will have been looked after by their parents in the past, but with their parents' increasing frailty, as they too age, this will get to a point where it will no longer be possible. There will be an opportunity here for the development of innovative solutions to support these families.

4.4.2 Physical Disabilities

The map below indicates prevalence of people aged 18-64 with a physical disability, who are in receipt of social care support. There are no care homes in the Borough catering specifically for people with a physical disability under the age of 65; the clusters shown are not caused by care home provision.

The number of people in RBWM reported to have a moderate or severe level of Physical Disability in 2012 is over 9,000, the majority of whom will not require, or not be eligible for statutory funding for their support and care, but are likely to require support of some kind, such as transport services, assistive technology, and personal assistance. In total the number of people with a physical disability reported to be in receipt of services funded by the Council is 168 and the number of people with a physical disability in receipt of Continuing healthcare-funded support is 22.

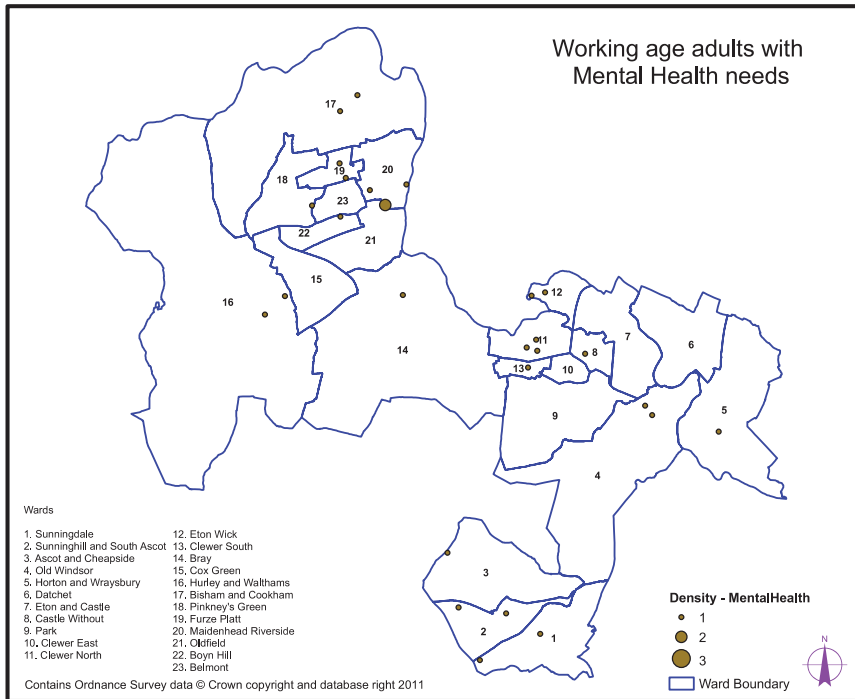
¹³ <http://www.pansi.org.uk>, "Projecting Adult Needs and Service Information System"



4.4.3 Mental Health

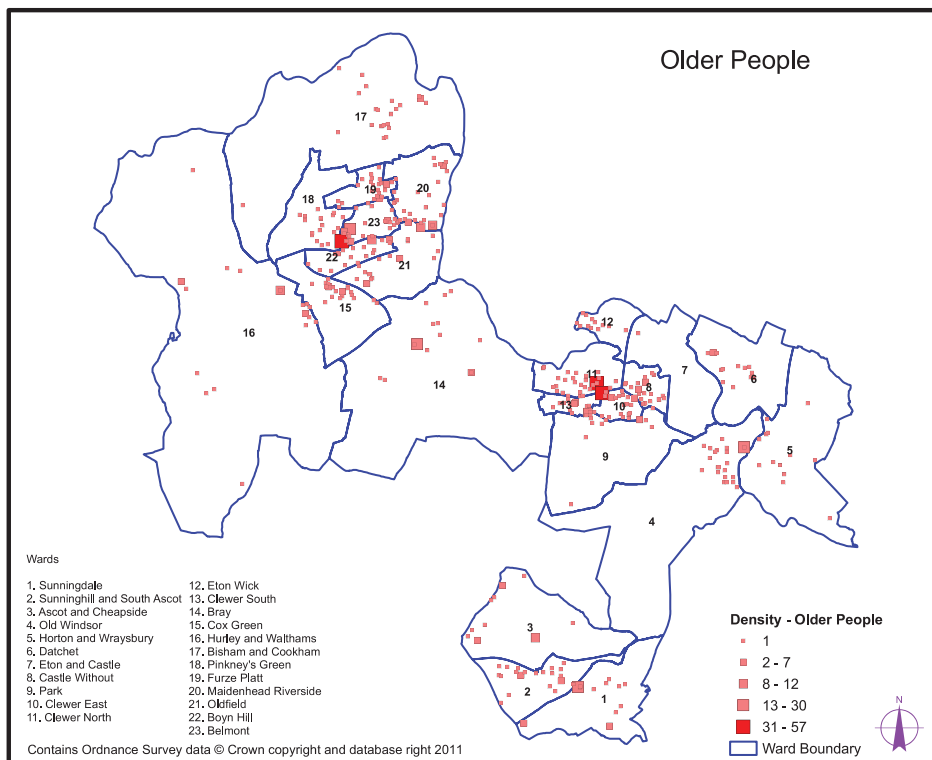
The map below indicates prevalence of people aged 18-64 with a mental health need, who are in receipt of social care support. There are no care homes in the Borough catering specifically for people under the age of 65 with mental health needs; some small clustering can be noted around Maidenhead and Windsor; these will be based on population densities, not care home provision.

The number of people in the Borough reported to have a moderate or severe level of Mental Health need in 2012 is 6,200, the majority of whom will not require, or not be eligible for statutory funding for their support and care, however, they are likely to need some form of support at some time. In total the number of people with a mental health need reported to be in receipt of services funded by the Council is approximately 150 and the number of people with a mental health need in receipt of Continuing healthcare-funded support is reported to be a further 3.



4.4.4 Older People

The map below indicates prevalence of people aged over 65 who are in receipt of social care support. Areas of high prevalence are likely to reflect residential care or group homes. The map does not differentiate between people in receipt of care in the community and those in residential or nursing care.



The number of people reported to be over 65 in the Borough in 2012 is over 24,000, the majority of whom will not require, or not be eligible for statutory funding for their support and care. In total the number of older people reported to be in receipt of services funded by the Council is 1,828 and the number of people over 65 in receipt of Continuing healthcare-funded support is 53. A further four terminal placements in nursing care are funded by Continuing Healthcare in the Borough.

4.4.5 Dementia

There are estimated to be 37 people of working age (18-64) with early onset dementia in the Borough¹⁴. The majority of dementia sufferers are over the age of 65. Borough General Practitioner registers (2009) listed 688 dementia sufferers¹⁵. Actual numbers of people with dementia in the Borough is estimated for 2012 to be 1,724.¹⁶

¹⁴ <http://www.pansi.org.uk>, "Projecting Adult Needs and Service Information System"

¹⁵ Berkshire East Joint Commissioning Dementia Plan 2009-2014, p.23

¹⁶ <http://www.poppi.org.uk>, "Projecting Older People Population System"

5. What do people want?

Chapter Summary

What people who enter the care system want from it is well documented. People want to continue to live at home as long as possible, they want to feel part of their community, feel respected and not be a burden on their family or partner. Locally these things are also true, but there are additional concerns which people in the Borough have raised. These include the impact on carers of a lack of affordable respite care to enable them to continue caring; a wish for better information on support available locally, preferably all in the one place; concerns around the impact of the proposed move of NHS services and what this will mean for people locally in terms of travel time and costs; people would like to have their care needs met at times that suit them, for example, domiciliary care providers sometimes struggle to meet demand at peak morning and evening times, and the rise in dementia locally is of particular concern, and whether support services will be able to meet demand in the future. There are some good news stories also, showing how tiny amounts of grant funding have had a huge impact, such as a carer who was able to get respite with a grant of £20 a month which enabled them to visit relatives who now help with their caring role.

What do people want?

The desires and wishes of people entering the care system are well documented. The national picture given below is supported by responses from people in the Borough.

The vast majority of older people do not want to end up in a residential or nursing home. They want to¹⁷:

- Stay connected or part of the community
- Not be a burden on their family/partner
- Enhance and maintain their lifestyle
- Not communicate failure to their neighbours/friends/family.
- Receive help from people they know or recognise as part of their community
- Not mention the 'nuclear option' – residential care
- Use language they understand, not jargon (e.g. sheltered "accommodation" sounds like a temporary bivouac)
- Be shown empathy with their values, history and achievements not just seeing them as an old person who needs care
- Feel respected for what they can do, not labelled for what they can't.

Additionally with regard to Personal Budgets:

- Research by Demos (Wood, 2010¹⁸) nationally suggests an appetite for change in social care, with 55% of people funded by councils keen to change their care arrangements when they receive a personal budget. However, a low awareness of personal budgets in the general population is recorded.
- Most people appear to wish to be as independent as possible, and have access to local facilities such as leisure services. Differences exist between client groups, with people with mental health needs most likely to spend on leisure pursuits; older people least likely to do so¹⁹.
- The most popular choices identified by Demos on how money would be spent through a personal budget were: holidays (44%); personal assistants or home care (both 38%); leisure activities (42%); transport (36%) and day centres (36%). However, use of personal assistants was found to have increased to 76% once people had a personal budget or direct payment. Further evidence from the IBSEN study²⁰ and a range of small scale

¹⁷ Department of Health website, accessed 18/10/12

¹⁸ Wood, C. (2010) *Personal Best* Demos: London

¹⁹ IBSEN, (2008) National evaluation of the individual budgets pilot programme

²⁰ IBSEN, (2008) National evaluation of the individual budgets pilot programme

evaluations suggests that people are most likely to spend their personal budgets on personal assistants (about 75%).

The wishes of local people echoes these things, but there are some more local issues and wishes which have been expressed:

- People would like domiciliary care to be provided at the times they need it, and this can sometimes be an issue locally, with providers struggling to meet demand at peak morning and evening times;
- For people with dementia, they report receiving different carers which causes confusion and concern, and visits often feel rushed;
- The move of NHS services is a cause for concern, people are not sure how they're going to manage the extra journey time or cost of travel;
- Self-funders with care needs after a hospital stay or the 6-week support following hospital discharge, can feel abandoned and left without adequate support in finding appropriate ongoing help.
- People would like better information about what's available locally to help them meet their needs, and there's a lot of support for a single website locally that brings information together in one place.
- There's real concern locally about the future impact of the expected growth in dementia rates. Dementia in the Borough is under-identified and plans are in hand to improve the identification of dementia earlier so that it can be delayed by use of medication and appropriate support. Local voluntary organisations like Alheimers Society and Alzheimer Dementia Support run cafes, supported weekends away, and out and about sessions, all of which are already over-subscribed. People are worried about whether there'll be enough support services as more people develop dementia, or are identified with a need for dementia support.
- More people are choosing to stay in their homes for longer, and while this is adamantly what people want, a knock-on effect is that people tend to lose their social networks as they age or lose partners, and they become increasingly isolated;
- Carers need to be supported so they can continue to provide care, and enable their loved ones to continue living at home; people locally report often being property-rich but money-poor, and therefore the recent increase in charges for respite and day care have had a major impact on carers.
- People are keen to use telecare and telehealth to support them in their homes, particularly people who live on their own as it help them to feel more confident that they're safe and supported.

Small grants can make a huge difference:

A local carer received a grant of £60 to cover the cost of a 3-month railway season ticket. This enabled the carer to travel with the person they cared for to relatives where they stayed a couple of days a month, effectively receiving respite for those 2 days a month. The carer felt supported and able to continue caring at a cost of £20 a month.

A local support group for young carers bought a tv and wii machine with some dance and sports games. This proved hugely successful with young carers, to the extent that staff sometimes had to make sure they were shared fairly. The equipment stays with the support organisation, and is used by over 70 young carers. It provides them with exercise and the chance to play and socialise. It's been so successful that it's freed up staff time so they can now offer more one to one sessions.

6. Current and Future Market Supply

Chapter Summary

There is a large amount of residential and nursing care provision for older people in the Borough and it is likely that the Borough is an 'importer' of people moving into residential or nursing care from London and neighbouring Boroughs. There is an inadequate provision of appropriate local options for adults with Learning Disabilities to support the Council's needs, and the Council therefore makes a large number of residential care placements outside the Borough.

The use by the Council of residential and nursing care is reducing, with an increased emphasis on supporting people to live for longer in their own homes, through community based care, such as the use of Personal Assistants. The focus on rehabilitative support is increasing with increasing numbers of people being referred to the Council's Short Term Support and Rehabilitation team. The use of Assistive Technology will grow and new supported housing for people with Learning Disabilities is being equipped with Assistive Technology to enable these people to live more independently.

45% of local residential and nursing care provision is bought by self-funders nationally, however, due to the relative wealth of the Borough residents, locally estimates are as high as 80%.

There is no dedicated residential care provision in the Borough for people with mental health needs or physical disabilities, and a high need for affordable accommodation and specialist therapeutic provision particularly for those with mental health needs.

Occupancy levels for residential and nursing care for older people in the Borough appear to be generally high.

The chart below shows an estimate of provision and purchasing locally. For the sake of this graph, we have estimated 65% of older people's local provision to be bought privately. However, Council estimates are closer to 70%, which indicates that a proportion of people choose to pay for their own care outside the boundaries of the Borough.²¹

TYPE OF HOME	BED CAPACITY	RBWM	Berks East	other	
		Council purchased	PCT purchased	Self-funder estimate	Council/PCT estimate
LD	126	65	17	0	44
OP-residential	380	124	0	247	9
OP-nursing	821	164	53	534	70

Given the growth in older people expected, and the clear wish stated by most people to continue living in their own homes, demand for domiciliary care and Personal Assistants is likely to grow, particularly from private payers, however, isolation for older people as they become more frail but continue to live at home is a growing issue and better low-cost solutions are needed to help meet this need.

There is almost no 'Shared Lives' provision and inadequate low-cost housing locally. There is only one shared housing scheme for people with Learning Disabilities locally and more are needed.

The number of local carers are thought to be significantly under-counted, and will require better support especially low-cost respite support. People with learning disabilities are living longer and more are likely to need statutory

²¹ By increasing the self-funder estimate to 70%, the total number of purchasers (Council, PCT & self-funder) locally exceeds the total bed capacity in the Borough. Therefore we believe that the number of self-funders may be slightly lower, and/or that a number of self-funders in the Borough purchase their care from outside the Borough.

support as their carers become older and are unable to continue caring. Self-funders report a lack of choice for dementia care respite.

The Council's own provision includes Day care, residential care for people with Learning Disabilities and a Short Term Support and Rehabilitation service. The current Learning Disability respite service is highly regarded, but inflexible and expensive to run and alternative models of respite provision are needed. There is no respite locally for people with a Physical disability or long-term conditions such as MS.

There is a wide range of voluntary sector organisations active in the Borough, with approximately 30 receiving some form of grant funding from the Council.

There has been a rise in General Practitioner registrations of people of Asian origin which may impact on the need for same-sex carers and single-sex residential care provision in future.

Other areas identified where there appear to be gaps in provision currently:

- A wider range of support to enable people to die at home is likely to be needed.
- Personal Assistants who are trained in lifting and handling / physical disability
- Domiciliary care agencies providing care at peak morning and evening hours
- Approaches which enable or prevent people needing further care or hospitalisation, e.g. falls prevention

6.1 Care Homes

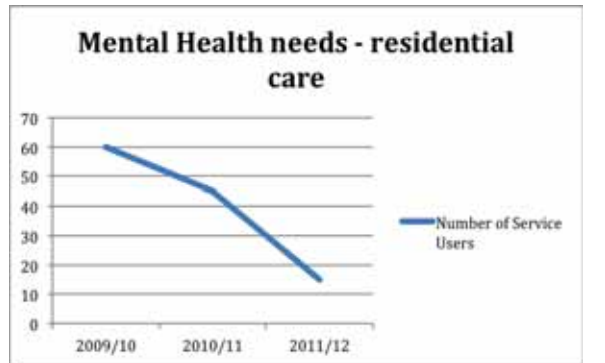
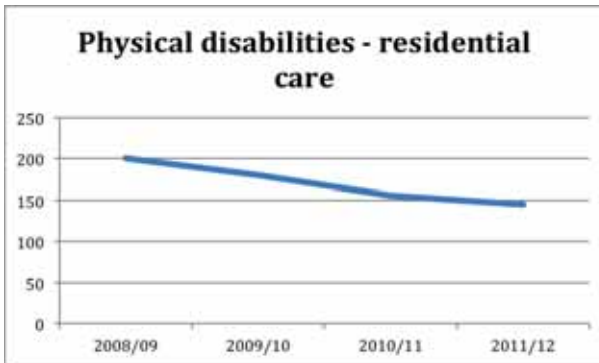
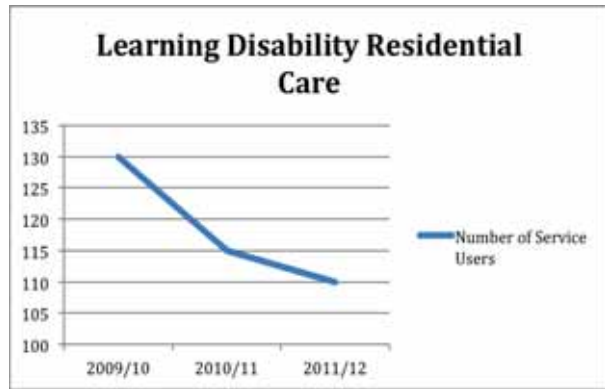
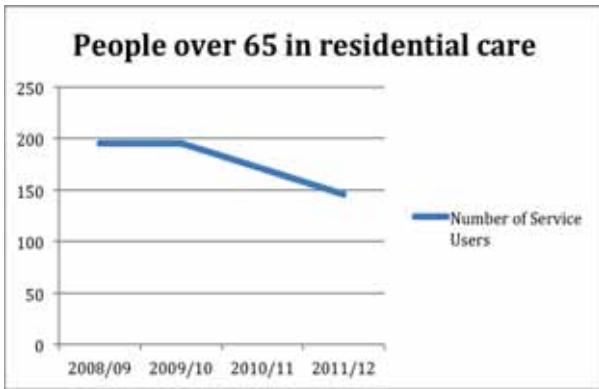
6.1.1 Care Homes – purchasing trends

Most people want to live and die in their own homes, rather than have to move into residential care or nursing care late in life. The Council is working to achieve this wish by encouraging the development of support and care services which can help people to stay at home for longer. This is being achieved through a wider variety of community-based services, including innovative services such as Carebank, a timebanking system recently launched in the borough by WRVS to provide volunteer support to people with social care needs. Other ways to support people for longer in their own homes is through improving access to re-ablement and rehabilitation services, working more closely with health to provide joint support solutions, making increased use of assistive technology and developing cohorts of Personal Assistants who can provide more specialist care to people living in the community. Isolation can become an issue for people living in the community as they become more frail, however, and better solutions need to be developed to help people who are in danger of becoming increasingly isolated.

The rise in new General Practitioner registrations²² of people of Asian origin may indicate an increase in Muslim service users and a requirement for same-sex care staff, and single-sex residential care provision where this is appropriate.

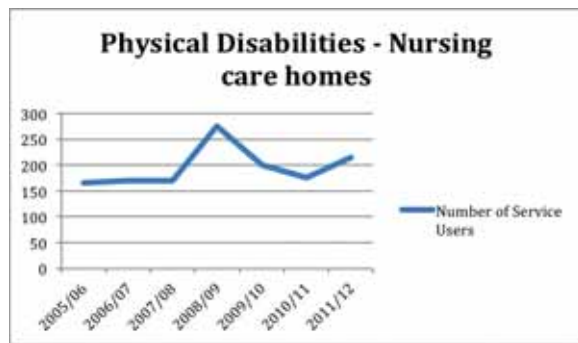
While spend in residential care still takes up a large part of the Council's Adult Social Care budget, the overall numbers of people across all user groups for whom the Council buys residential care is reducing, trend graphs are shown below:

²² NHS Berkshire East Joint Strategic Needs Assessment (JSNA) 2010 p.53

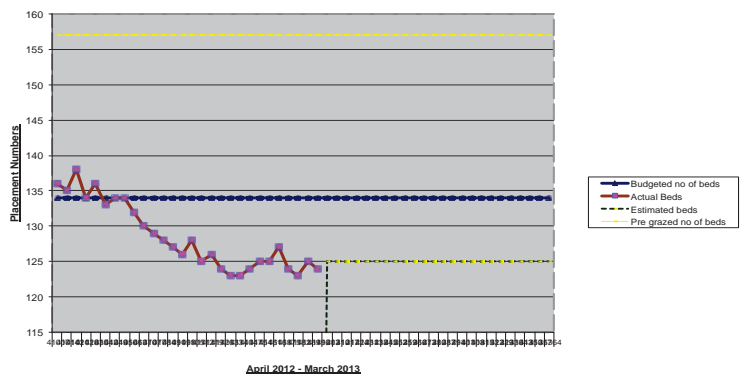


Nursing Care

The purchase of Nursing Care Home²³ places by the council has not shown the same pattern until recently. Due to life expectancy increasing, and more preventative services in the community, people are entering residential and nursing care later in life with increasingly complex needs. This rise in complex needs coupled with the rise in dementia, is likely to have contributed to the rising demand for specialist nursing placements as shown over the last 6 years. However, more recently, the Council has increased use of community care support coupled with an increase in the use of community health support, which has resulted in a sharp decrease in nursing care placements for older people.



Spot Nursing Placements - Older People - 12-13



²³ <https://nascis.ic.nhs.uk>, National Adult Social Care Information Service

Places for people with Mental Health needs and Learning Disabilities in Nursing Care Homes are so minimal as to not warrant inclusion here.

Self-funded care

With a relatively wealthy and growing local population of people over 65, there are large numbers of people who pay for their own residential and nursing care. In general, people paying for their own care choose to enter care homes earlier than those paid for by statutory services, and may be at risk of using up their money earlier than necessary.

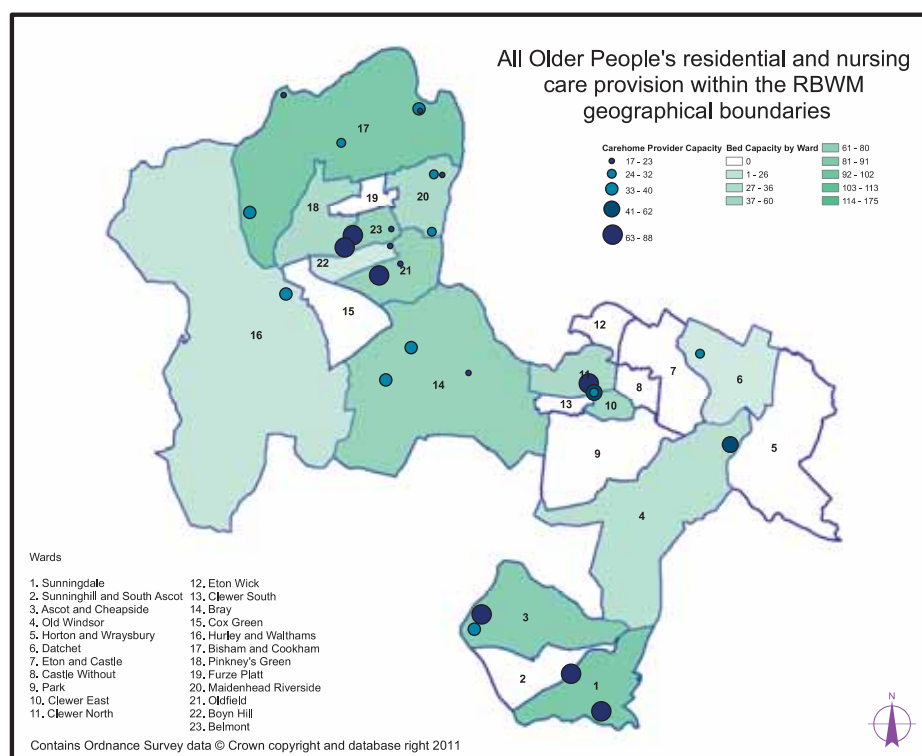
At a national level, about 45% of care home places are estimated to be bought by people paying for their own care²⁴. Firm data on self-funded care is not available for the Borough, but this document uses an estimate of 55% due to the relative wealth of the area.

While it is possible that the pattern of self-funders entering residential or nursing care will continue as before, the Council is seeking to influence people who pay for their own care to find alternative ways of supporting their needs which enable them to stay in their own homes for longer.

6.1.2 Care homes- Current provision

Older People's residential and nursing care

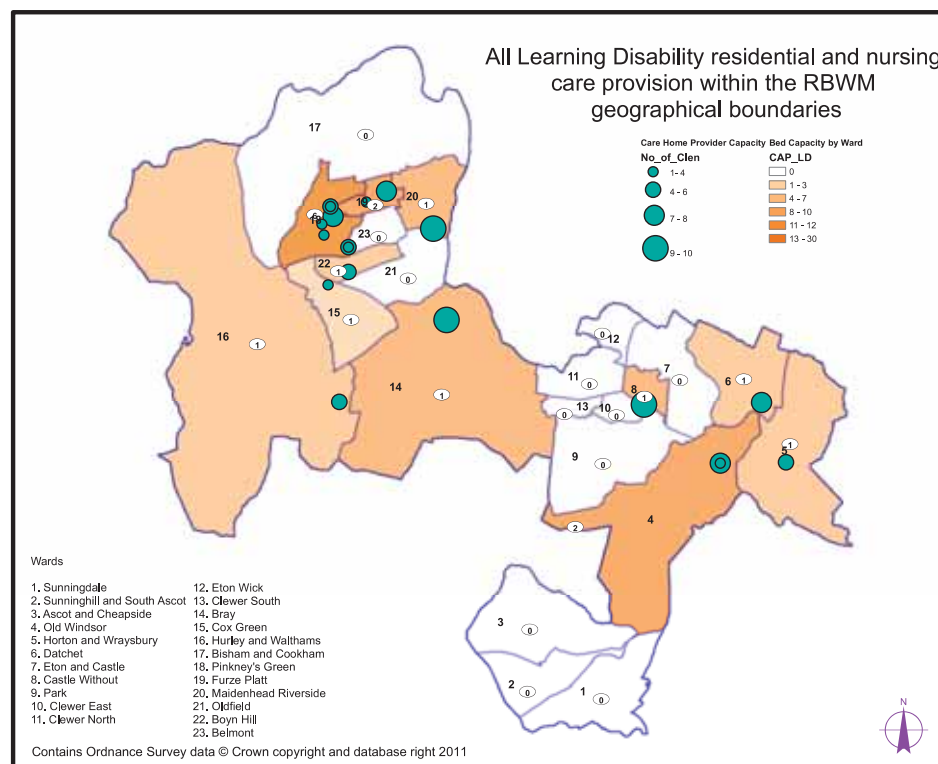
Total capacity of older people's residential care is 11 homes with a total of 380 beds, for nursing care (including dementia and rehabilitation) there are 16 homes with a total of 821 beds. The geographical spread is shown here. Of this the Council buys approximately 124 residential care beds and 164 nursing care beds.



²⁴ CQC, The state of health care and adult social care in England, 2010-11. p9

Learning Disability residential and nursing care

Total capacity of residential care in the Borough is 20 homes with a total of 126 beds. 3 of these homes are run by the Council. The geographical spread is shown here. The Council purchases 65 of the places currently available in the Borough, and purchases a further 69 places in residential care outside the Borough. The remainder of local placements are likely to be bought by other local authorities and Primary Care Trusts.



Physical Disability and Mental Health residential and nursing care

There are no homes listed specifically for people under 65 with physical disabilities or mental health issues. There is a need for specialist placements such as therapeutic communities for Adults with mental health needs, or care for people with very challenging behaviours. When needed, these are currently sourced outside the Borough

Occupancy levels in care homes

Care homes in the Borough were surveyed, a small number of responses were received, with none received for care homes without nursing. An average occupancy rate has been generated from the responses received.

RBWM	Older people (Residential)	Older people (Nursing)	Learning disabilities	Mental health	Physical disabilities
No. beds	380	821	126	0	0
Occupancy	not known	95%	99%	0%	0%

6.2 Living at home

The number of people being supported by the Council to live at home is changeable and does not show any particular pattern year on year. In 2012, the Council is supporting 540 people with domiciliary care, 128 people with Personal Assistants and 131 people are in receipt of funding from the Council to pay for their own care.

Domiciliary Care, Personal Assistants and ‘Floating Support’

A survey of local domiciliary care providers had just under a 90% response rate. Of those responding, providers said they provided almost 5,800 care hours per week, with capacity to expand to approx. 6,800 care hours per week. Factoring in non-responders, we estimate that currently domiciliary care is provided at a level of over 6,300 care hours per week, with capacity within the current cohort of providers to expand to approx. 7,400 care hours per week. The Council currently purchases in excess of 4,100 hours of domiciliary care per week, with private payers buying the remaining 2,200 hours per week.

There is a lack of Personal Assistants who are trained in lifting and handling / physical disability and existing agencies struggle to meet demand for home-based support during peak morning and evening hours. Additionally, the availability of skilled support for people who present the most challenging behaviours and/or Autistic Spectrum Disorders is problematic²⁵

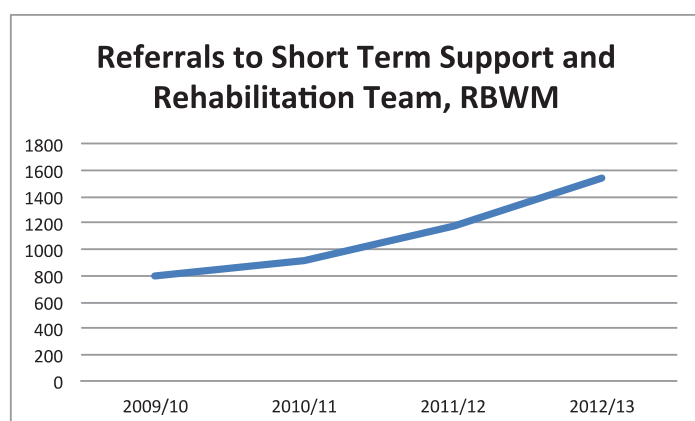
Given the growth in older people expected, and the clear wish stated by most people to continue living in their own homes, demand for domiciliary care and Personal Assistants is likely to grow, particularly from private payers.

A number of specialist agencies offer ‘floating support’ connected with housing for people with a learning disability. Agencies include Dimensions and Radian. Similar support is available for people with Mental Health needs, providers here include Comfort Care, Ability Housing and Housing Solutions.

Due to the ageing population, we expect to see a rise in the number of older people in general with support needs to enable them to live for longer in their own homes. We also expect to see an increase in people with learning disabilities and increasing levels of frailty. Some of these people will have been looked after by their parents in the past, but with their parents’ increasing frailty, as they too age, this will get to a point where it will no longer be possible. There will be an opportunity here for the development of innovative solutions to support these families.

Short Term Support and Rehabilitation

The Short Term Support and Rehabilitation service provided by the Council is serving to support people coming out of hospital to regain their independence and support their return home. Referrals are rising sharply year on year, and will be partially responsible for the drop in use of domiciliary care hours, residential care, and nursing care.



Note: numbers for 2012/13 are extrapolated from the 1st 2 quarters of the year

This service also supports people at home when they near the end of their lives. National research has shown that while 58% of deaths occur in hospital, and only 18% in the home²⁶ 70% of people asked said they would prefer to die in their own home²⁷. It is likely therefore, that an increase in capacity, and a wider range of support for people

²⁵ NDTi report for Windsor & Maidenhead May 2011 v5

²⁶ End of Life Strategy (2008), Department of Health

²⁷ NatCen survey on attitudes towards dying, death and bereavement, 2009. Available at www.dyingmatters.org

at the end of their lives is needed. Models such as the 'Douglas for the Dying'²⁸ may be helpful particularly within the self-funder market.

Preventative approaches

Preventative approaches include Falls Prevention, which is highlighted as a gap by both the local authority and the Clinical Commissioning Group representing local General Practitioners and plans are in hand to develop a coordinated approach to prevention between the Council and the Clinical Commissioning Group. Crisis response is also key to preventing unnecessary hospital and care home admissions, and a development of the local Council-run Short Term Support and Rehabilitation service is in early stages to provide 2-hour emergency response. Support to Carers, particularly improving access to the Black and Ethnic Minority population is needed, with better access and support targeted at General Practitioner diagnosis stage and discharge from hospital. Development of support networks for people who live at home has been identified as a need. While some provision exists through the voluntary sector, it is probable that more such support could be effective in reducing isolation and sustaining people in independent living longer. The Council will be moving forward with a joint strategy with local health partners in support of this aim.

Employment Support

Ways into Work provides employment support locally, and currently supports over 160 people to gain or retain employment. This is an award-winning service with a proven track record of training people to work in all kinds of environments. The service can offer providers with a source of trained employees locally. The service does not currently support people under the age of 18, which is seen as a gap by young people's services.

Assistive Technology

The use of Assistive Technology to support people to live more independently at home is not used extensively in the Borough and there is scope to expand this in order to improve people's ability to live independently.

Respite Care

Apart from the respite afforded by the day centres, overnight planned respite care is available for people with a learning disability through the Council's provision. There is no local provision of respite care for people with a Physical Disability or Long-Term Conditions such as MS. Locally self-funders caring for people with dementia report that choice for dementia respite is very limited particularly since one local home has reduced the number of respite beds. Respite care is an area of need where options for further development are likely to be welcomed.

6.3 Housing

Supported Housing for younger adults

There are currently 5 homes for people with learning disabilities supported with care provided by Dimensions. Only one of these homes is deemed suitable for people living independently and there is a desire to see the remainder of this housing provision re-provided in more suitable buildings elsewhere. There are also seven tenancies in a group of 1 and 2 bedroom flats in Maidenhead. One shared ownership scheme exists for four adults with learning disabilities.²⁹ More shared ownership options need to be developed with providers who can work with people who have care and support needs.

There is a need for improved housing solutions for people with mental health needs, young people with learning disabilities and for people with Autistic Spectrum Condition. With the changes to housing benefit, younger people (under 35) are unable to find suitable accommodation locally and are having to move out of area. This has cost implications for the management and delivery of support, and takes people away from their family and friends, thus

²⁸ <http://www.livingwelldyingwell.net>

²⁹ NDTi report for Windsor & Maidenhead May 2011 v5, p. 32

reducing their ability to find support through existing networks. There is a large gap for people with high level needs, especially challenging behaviour – at present these people have to be housed in residential care outside the Borough.

Housing currently available for adults with learning disabilities is not suitable for younger people coming through transitions with care and support needs, as much of this housing stock has shared bathroom facilities.

Over 50 people are housed in Supported Housing schemes with linked support provided by local providers. A new scheme for 9 people is due to come on line in November 2012. The average age of such schemes is 8 years, the oldest, at 20 years, is scheduled for refurbishment³⁰. There will be a continuing need for this type of housing with care support and more such schemes will be needed.

The Council has no social housing stock but has strong relationships with the Stock transfer Housing Associations. There is a commitment to use social housing stock to house vulnerable people and to develop innovative non institutional schemes.

All new housing provision in the Borough for people with Learning Disabilities is fitted with appropriate Assistive Technology to aid independence.

There is a very small Shared Lives scheme in the Borough which currently supports 8 people, 2 of whom live outside the area. Shared Lives care offers people an alternative and highly flexible form of accommodation and/or care or support using the Shared lives carer's home as a resource. Shared Lives arrangements are set up and supported by Shared Lives schemes and the care and accommodation people receive is provided by ordinary individuals, couples or families in the local community. Ategi, a specialist organisation providing Shared Lives in Buckinghamshire and other parts of the country, are now working with the Council to manage and develop the existing scheme. The Council intends to re-tender for this service in the next 18 months, and is committed to developing a much expanded Shared Lives provision locally. This type of provision, if expanded, could offer a range of cost-effective high quality support to all age and needs groups.

Supported Housing for older people

The Council has contracts with 7 providers covering 32 sheltered housing sites locally, which provide housing for 666 people. There are a further 20 sheltered housing, or housing with support schemes listed online in the Borough.³¹ The Council also contracts for Extra-Care housing provision at Maudsley (provided by Carewatch) and Lady Elizabeth House (provided by Fremantle) both in Maidenhead. The council has 72 units of Extra-Care provision across the two schemes. Christian Smith House in Maidenhead is also listed online as offering Extra-care Housing locally.³²

6.4 Carers

A small number of carers are known to the Council's Adult Social Care services, it is likely that this is a small % of those actually caring for others. Current support available to carers includes a range of services provided by the voluntary sector, statutory sector and private sectors:

³⁰ Internal report, Paul Sweeney, dd. 19/10/12

³¹ <http://www.housingcare.org/sheltered-housing/area-2-windsor-and-maidenhead.aspx>

³² <http://www.housingcare.org/assisted-living-extra-care-housing/area-2-windsor-and-maidenhead.aspx>

- PRT Carers Service – information including quarterly newsletter, signposting, emotional support both telephone and face-to-face, local carer support groups and information stalls (including hospitals)/ events to raise awareness of support available to carers.
- Council services that carers are referred to include: - Advice & Information Team, Adult Care (OT's, Short Term Support, Telecare equipment), Assessments & Interventions Team who provide financial assessments, and welfare and benefits advice, SMILE (physical activities) and Library services (including mobile and home).
- Council services include Emergency Carer Card scheme and Carers Time Out Scheme.
- Other services referred to include: Citizens Advice Bureau, Thames Hospicecare, lunch clubs, Continence Advisory Service, Benefits/Pension service, transport (voluntary groups/ Wheelchair Accessible taxis/People to Places/), Talking Newspapers, Optalis³³, Exhibitor's Cinema Card, Fire & Rescue safety check service, food delivery (Oakhouse Foods, Wiltshire Farm Foods/ Sainsbury's Shopping & Delivery service (telephone ordering), Telephone Preference Service, Crossroads Care, Alzheimers Dementia Support, The Alzheimers Society and ordering and delivery of medication by local pharmacies.

Especially highly valued are the Emergency Carer Card (peace of mind), Carers Time Out Scheme (for those who are active).

The Council has recently changed the charges made for respite care and day care to more closely reflect the cost of delivery of such services. While the charges remain heavily subsidised, they have increased and this is likely to result in fewer people feeling able to access these services. More low-cost support is needed to provide respite to carers.

Responses from a questionnaire sent to user groups highlighted the following gaps in provision:

Young Adult Carers – very few services for younger aged carers in 19-30 age band in relation to social support, education, employment.

Support to get into/back into employment for all carers of working age.

Support for carers (and cared for) from BME communities – no choice and only limited support available that does not meet people's needs

6.5 Young people coming into adult services

Windsor & Maidenhead Borough has a higher than average population of children with special educational needs who may require some care and support as adults. At May 2011 there were 674 school age children and young people from the Borough with a statement of Special Educational Needs. 2.87% of school age children have a Statement of SEN, compared to 2.7% nationally³⁴. There is a significant increase in children with medical needs and children with profound and multiple learning disabilities in school years 1-7. A high number of these are diagnosed with Autistic Spectrum Disorder. 27.9% of Statemented children in the Borough have Autistic Spectrum Disorder as their primary need compared to approximately 20% in a local comparator borough and a national average of 18.8% in 2010.

Of these, a minority will require, or be eligible for support from adult Social Care services. Young people with disabilities who are currently in residential care and who will transfer into adult care are expected in the following numbers:

³³ Wokingham Borough Council's social care services are now delivered through a private company and available to self-funders <http://www.optalis.org>

³⁴ NDTi report for Windsor and Maidenhead May 2011 v5, p.4

Financial year	Number transferred to adults	Number due to transfer to adults	Total
2010-11	1		1
2011-12	2		2
2012-13	4	2	6
2013-14		1	1
2014-15		0	0

A further eight young people between the ages of 15-17 are funded through the Council's children's services and are expected to transfer to adult services from 2015 onwards. Healthcare currently funds 11 children who are likely to need care going into adulthood. The age range is set out below:

Child's age in 2012	2	4	5	7	10	14	15	17	18
no.	1	2	1	1	1	1	2	1	1

These young people will require improved access to housing, specialist care support, more specialised respite care, and supported employment.

There is likely to be demand for more varied and meaningful daytime activities, such as the development of micro-enterprises run by people with care needs.

Ways Into Work, the Council-run supported employment service, has seen a significant increase in the number of young people aged 18-25 that it supports, almost doubling in a year from 36 during 2009/10 to 67 young people now.³⁵

6.6 Autistic Spectrum Condition

The recent draft Autism Strategy identifies the specific needs of this group of people locally. 70 people with Autism are currently supported by the Council's Autism Team, and there are 41 young people between 16-18 years already receiving support who are expected to need support from the Council's Adult services. It is estimated that actual numbers of people on the Autistic Spectrum in the Borough would be 1,298 males, and 144 females with an expected 9% growth in numbers between 2010 and 2020.³⁶ Top priorities for this group were: Help with finding employment; more information about what support and services are available, and more opportunities for social inclusion and befriending.

6.7 Substance Misuse

The substance misuse service is run by SMART, and provides an integrated drugs and alcohol service. The service has seen a steady rise in people presenting for treatment, numbers rose from 183 in 2009/10 to 225 in 2010/11. Drug users in treatment rose from 281 in 2009/10 to 348 in 2010/11. There were 137 people in alcohol treatment in 2010/11. This year has seen a significant rise in both General Practitioner and self-referrals for alcohol treatment, the influx of alcohol misuse referrals has meant the service is now at saturation point.

³⁵ NDTi report for Windsor and Maidenhead May 2011 v5, p.4

³⁶ Windsor, Ascot & Maidenhead CCG (2012), Draft Commissioning Strategy for Adults with Autism 2012, p. 24

While demand is growing, it is unlikely that resources will increase to match demand. Statutory services are planning for increased demand, but it is likely that voluntary sector support, especially for those people who are drinking at a non-dependent but harmful levels, would be welcomed to help reduce the demand on services.

The service was re-tendered in 2011 and won by SMART, which now provides the integrated drug and alcohol service. The service will be up for re-tender in 2014.

6.8 Voluntary and Community Sector services

There are approximately 30 local voluntary sector organisations which are receiving some grant funding from the Council to enable them to deliver valuable services within the community. These cover support such as advocacy, a range of dementia services, a buddy scheme, support for people with autism and bereavement care.

There is support locally for crime reduction through agency Blue Sky, a not for profit company which provides paid work to people coming out of prison to enable them to move into long-term employment. Over 5 years this organisation has employed 300 people of whom only 15% have re-offended³⁷

A wide range of voluntary agencies operate in the area, offering services from crime reduction, domestic violence support, through to bereavement counselling.

6.9 In-House services

The following services are provided by RBWM.

User Group	Provision Type	detail	daily capacity
ALL	Short term support and rehabilitation	usually for hospital discharge, 6-week rehab. Service	good
OP	day Services	Windsor Day Centre	15-20
		Gardner House, Maidenhead	20
		Boyn Grove Dementia, Maidenhead	15
LD	day Services	Boyn Grove Resource Centre, Maidenhead	40-70
		Oakbridge Day Centre, Windsor	23-30
LD	Respite care	AR respite residential care	4
LD	Residential care	WC	8
		HC	8

The two Day Services for people with learning disabilities are relatively newly opened, and provide a valuable resource for **daytime activity** and daytime respite for carers. However, there does not appear to be a wide variety of choice for users in terms of daytime activity. Alternatives may be attendance at colleges, or one to one support. There are examples of councils working with providers elsewhere in the country to develop new services which provide more choice in terms of meaningful daytime activity and reduce social isolation in ways other than the traditional day centres. An example is the approach taken by Southampton City Council working with service users to develop alternatives to traditional day care which provide employment opportunities and develop small businesses.³⁸

Information on the purchasing patterns for people with personal budgets is not yet available, and we cannot therefore determine whether such traditional service provision remains popular with service users purely because that is what's available, or whether people would seek out alternatives if they existed. However, the Council is

³⁷ Berkshire East NHS Primary Care Trust, *NHS Berkshire East Joint Strategic Needs Assessment* (JSNA) 2010, p. 249

³⁸ see Appendix 3, case studies can also be found on <http://www.socialcare.improvementefficiency.org.uk/>

committed to encouraging choice in the market, to enable people to decide for themselves, and would welcome early discussions with providers with innovative approaches to this.

The overnight **respite care** currently offered by the Council is highly valued, and can cater for people with high levels of learning disability needs. Regular and dependable respite care is important in order to help family carers continue in their caring role. This 4-bed unit, is, however, a high cost resource, and is not deemed suitable for younger people coming into adult services. "RBWM's four bed residential respite unit for adults with learning disabilities is not currently fit for purpose to meet any of these needs [of children with special educational needs in their entirety]"³⁹. The Council would welcome discussion with providers on alternative, more flexible ways to meet the need for respite care.

6.10 Quality and Safeguarding

The Council is committed to ensuring that vulnerable people locally are safe and receive good quality services. The Council monitors the quality of services and will step in to offer support or manage issues where concerns arise. Safeguarding adult alerts have risen sharply since 2006, from 69 in 2006/7 to 184 in 2009/10⁴⁰. However, this is seen as positive in that it is believed this is likely to be due to a rise in awareness and training of staff, leading to higher reporting levels rather than a rise in incidence of issues.

For a link to the safeguarding manual and policy, see Appendix 1.

³⁹ NDTi report p. 7

⁴⁰ Berkshire East NHS Primary Care Trust, *NHS Berkshire East Joint Strategic Needs Assessment (JSNA) 2010* p. 207

7. Population changes

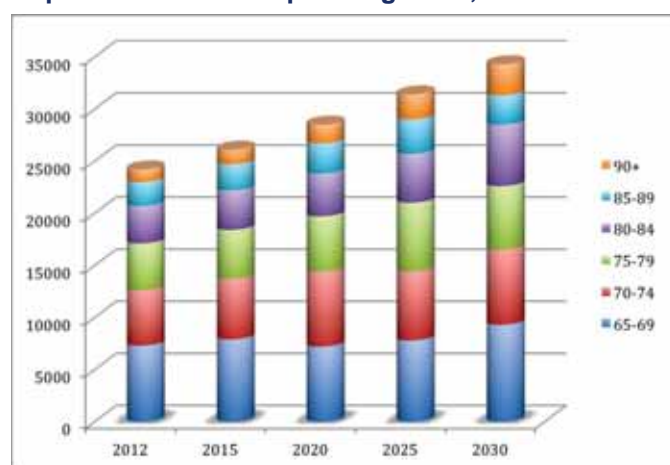
Chapter Summary

Population numbers are due to grow in the Borough, with total population growth of approximately 14% by 2030. Critical growth groups are the over 65's group, which will increase by 46%, with dementia rates rising by 71%, and learning disability rates rising by 11% by 2030. A bulge of OP can be anticipated going forward, currently seen in the age group 65-69 from 2020 onwards. Population increase projections are likely to be offset slightly by the number of people who move out of the Borough following retirement.

7.1 Overarching Population changes

The population in the Borough is set to grow by approximately 14% by 2030, and those needing care and support will also increase. Predicted growth numbers for specific user groups most likely to need social care and support are set out below.

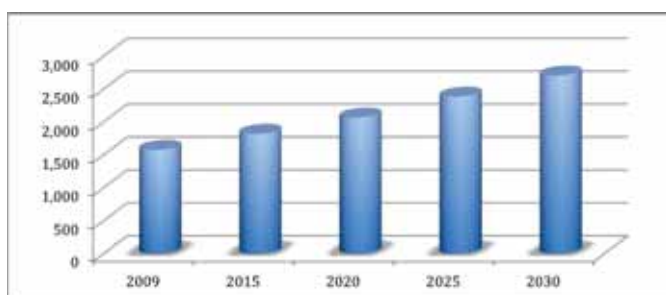
Population over 65 expected growth, 2012-2030



The population increase for people over 65 is set to rise by 46% by 2030.

	2012	2015	2020	2025	2030
People aged 65-69	7,300	7,900	7,200	7,800	9,300
People aged 70-74	5,300	5,800	7,200	6,600	7,200
People aged 75-79	4,500	4,700	5,300	6,600	6,100
People aged 80-84	3,600	3,800	4,100	4,700	5,900
People aged 85-89	2,300	2,500	2,900	3,300	3,800
People aged 90 and over	1,200	1,400	1,800	2,400	3,000
Total population 65 and over	24,200	26,100	28,500	31,400	35,300

Dementia cases expected growth, 2012-2030

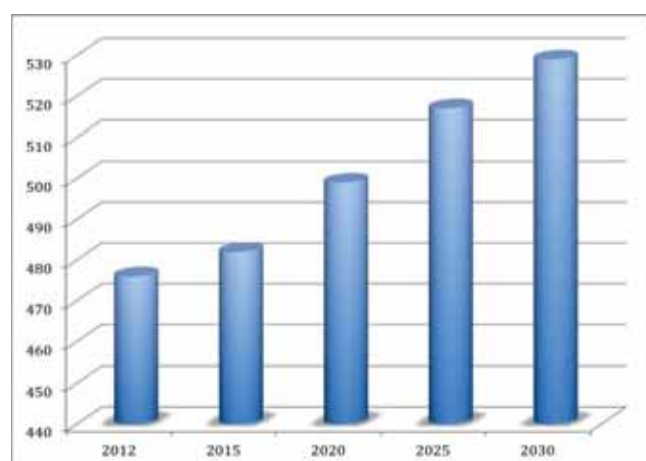


The number of people with dementia will rise by 71% between 2009 and 2030.

	2009	2015	2020	2025	2030
Total population aged 65 and over predicted to have dementia	1,577	1,820	2,067	2,384	2,705

source: Berkshire East Joint Commissioning Dementia Plan 2009-2030

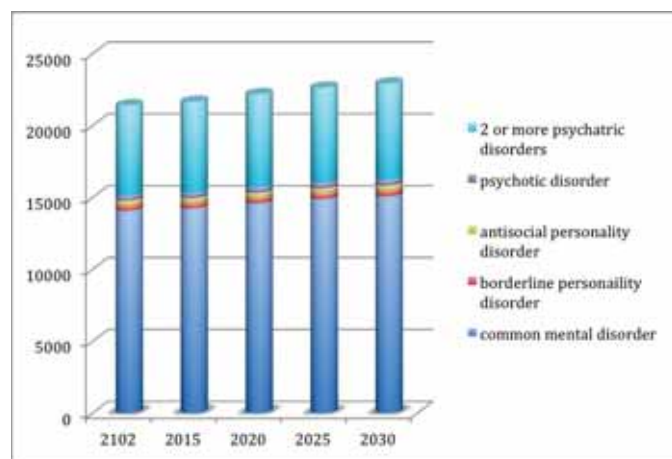
Learning Disabilities, age 18-64 – moderate and severe need, expected growth 2012-2030



There will be an increase in people with a moderate and severe learning disability by 2030.

Show percentage change	2012	2015	2020	2025	2030
People aged 18-24 predicted to have a moderate or severe learning disability	58	52	49	51	56
People aged 25-34 predicted to have a moderate or severe learning disability	86	92	100	101	101
People aged 35-44 predicted to have a moderate or severe learning disability	137	135	135	142	147
People aged 45-54 predicted to have a moderate or severe learning disability	113	120	120	118	120
People aged 55-64 predicted to have a moderate or severe learning disability	82	83	95	105	104
Total population aged 18-64 predicted to have a moderate or severe learning disability	476	482	499	517	529

Mental Health, age 18-64, expected growth 2012-2030



There will be an increase in people with mental health needs by 2030.

Mental health - all people	2012	2015	2020	2025	2030
Show by gender					
People aged 18-64 predicted to have a common mental disorder	14,068	14,238	14,587	14,882	15,075
People aged 18-64 predicted to have a borderline personality disorder	394	399	409	417	422
People aged 18-64 predicted to have an antisocial personality disorder	303	305	311	319	323
People aged 18-64 predicted to have psychotic disorder	350	354	363	370	375
People aged 18-64 predicted to have two or more psychiatric disorders	6,281	6,348	6,500	6,636	6,722

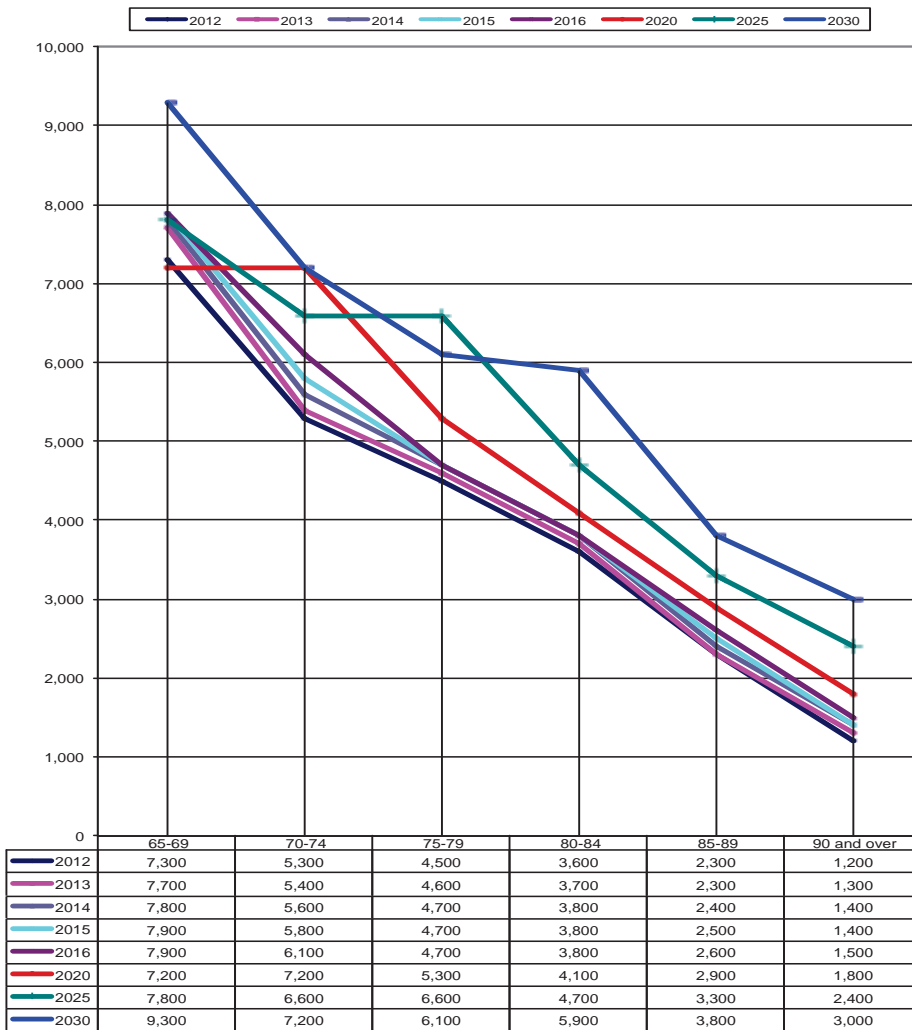
41

7.2 Specific issues regarding the Older People population

There is a predicted 'bulge' of older people predicted in the age group 65-69 from 2020 onwards, as seen in the graph set out below.

⁴¹ All data in section 5.1 with exception of data on dementia, obtained from <http://www.pansi.org.uk>, and <http://www.poppi.org.uk>

POPULATION PROJECTIONS FOR ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD



Overall predictions in growth will be offset by a small number of people following retirement who move out of the area. In 2012 it was estimated that of a total of 9,700 people in the age groups 65-71, approximately 450 will move away from the Borough, a pattern which is likely to continue while property prices remain high in the area. ⁴²

⁴² Source: Royal Borough Windsor & Maidenhead internal figures

8. Delivering services in the future

Chapter Summary

To meet reducing budgets, the Council is looking for ways to increase cost-effectiveness, including joint procurement with other local councils, and re-tendering for service types, such as 'Shared Lives' which are seen to offer high quality care and support at far lower cost than traditional residential care.

Support will be offered by the Council to help local people develop micro-enterprises - business with 5 or less staff – with innovative approaches to delivering care and support in the Borough. The Council will continue to consider small grant funding of voluntary sector organisations offering cost-effective solutions.

There are also a number of things which providers can do differently to meet the demands facing the provision of care services. For example, providers can collaborate more and work with service users to develop new services which are more suited to helping people remain independent and at home.

The Council is also working to increase the personalisation of care, and the development of new ways of meeting people's care needs, for example through the development of brokerage support, support for people using Direct Payments as a method of paying for their own care, an e-marketplace to increase knowledge of the variety of care and support services available, and better advice and information for people who pay for their own care, as well as those who are funded by the Council. Support to develop micro-businesses is also in hand.

8.1 How can the market deliver change?

- Provider collaboration.
- Increased service user and carer involvement in service development.
- Open dialogue with health, and health and social care commissioning services to facilitate change.
- Increased market responsibility for quality and monitoring.
- Increased self-awareness and openness to change.
- Increased attention to facilitating service user choice through the personalisation of services as people with support and care needs assume commissioning power.

8.2 Future impact of procurement law changes

EU procurement legislation is undergoing review at present and may impact on future procurement exercises the Council or local health organisations undertake. The outcome of any changes is not yet known.

8.3 Quality and Efficiencies through procurement

The Council will be exploring joint procurement opportunities with other authorities in Berkshire to ensure that best value is obtained on goods and services bought.

Re-tendering for certain specific services, such as Shared Lives, which are deemed to provide both better value and improve quality of life for clients will take place over the next 18 months.

Plans are under way to develop an e-marketplace, which will improve access to service, information about them, and increase the ability of people with Personal Budgets to purchase services direct from providers.

8.4 Impact on providers

With the move towards Council-funded individuals having their own care budgets, service providers will need to adapt in order to manage this change. The government is encouraging the piloting of individual budgets for use with residential and nursing care, and it is therefore likely that over the next 5 years,

individual budgets will increasingly be used to purchase residential and nursing care as well as community-based solutions. This change will require of providers that they have flexible administrative structures and purchasing systems to support the change from a small number of major purchasers (health and local authority) to a large number of individual purchasers. The type of service provision is expected to change, with increased demand for advocacy, brokerage, preventative and re-ablement services, as is the demand for services that are not traditionally perceived as providing 'social care', such as leisure activities. There will be increased emphasis on the community's role in supporting vulnerable adults and delivering change. Lower public sector budgets and higher numbers of people needing support will place greater challenges on finding cost-effective solutions to meet the needs of more vulnerable people.

8.5 Systems to support personalisation

The Council is exploring the option of web-based solutions which would provide a one-stop shop for care and support services, including information and advice. The work is in the early stages, with a business case and options appraisal having been commissioned. The outcome of this will advise the Council on the best course of action to implement this. Consultation with service users is being undertaken, and key concerns, such as user groups unable to access the internet, will be addressed.

The Council uses a Resource Allocation System (RAS) to identify the indicative budget for each person meeting the eligibility criteria for services from the Council. With this guide budget, the council is then able to work with that individual to determine how best to meet the outcomes they require and then confirm the exact amount needed to deliver this. People contacting the Council for support will be assessed based on a needs check and a financial check. If they are eligible for Council-funded support, their needs will be calculated using a standard system. The personal budget may be managed 100% by the person in receipt of the budget, or they may choose to ask the Council to jointly or wholly manage it on their behalf. Some personal budgets are paid out via a mechanism known as Direct Payments, whereby the person receives a payment direct to their bank account and are responsible for employing their own care staff.

A similar system is not yet in place for health personal budgets.

8.6 Crafting the environment for personalised care services

8.6.1 Brokerage

A key part of the process of enabling people to exercise choice and control over their care arrangements is access to Brokerage support whereby trained staff can advise on the options for support and care available, identify where such care can be found, and help to negotiate the cost of the care. Teams within the council are currently being trained to deliver this support, but external provision is also key to the range of choice available to people. In other areas of the UK some voluntary agencies offer this kind of support, working with and complementing the Council's in-house provision.

8.6.2 Support for people with Direct Payments

A major barrier to people wanting to employ staff directly is obtaining an understanding of employment law and managing the employment process. This kind of support is not available in the Borough and is very much needed to help people make better use of Personal Budgets.

The Council is working on developing information packs explaining employment law and related information for people wanting to directly employ care staff, but this is not yet available.

8.6.3 Personal assistants

The provision of Personal Assistants is not yet wide-spread. Domiciliary agencies currently offer this as a service, but the charges to people with their own budgets are high, and the range of activity people will undertake is reported to be limited. A cohort of people who can offer to support people in a way which

develops their independence, which works with them rather than doing things for them, is a vision the Council is keen to put into practice.

8.6.4 Supporting self-funders

People who pay privately for care may not be aware of the potential options and sometimes make poor choices which lead them to run out of funds earlier than necessary, which can lead to painful decisions at a point in their lives when they are most vulnerable. Providers have a duty to advise people appropriately when they are considering moving into residential or nursing care, and the Council will support this decision-making by providing better information and advice through the website development discussed in section 7.5, and current discussions with housing support provider My Care My Home⁴³ who can offer a free care advisory service and care assessments.

8.6.5 Supporting micro-businesses and SME's

Support is in place to develop micro-suppliers to deliver care services. A 'Support with Confidence' scheme is being established, the scheme vets unregulated services and micro-businesses in order that people locally can have confidence in the safety and quality of the services offered.⁴⁴ Support will also include coaching and mentoring for start-up social care businesses, and training and support for people who want to become self-employed Personal Assistants and Brokers. Full Lives, a voluntary sector organisation, has been brought in to provide expertise and support.

⁴³ see <http://www.mycaremyhome.co.uk/>

⁴⁴ for information on a similar scheme in East Sussex;
http://www.eastsussex.gov.uk/socialcare/athome/approvedproviders/default.htm?utm_source=shortURL-supportwithconfidence&utm_medium=printpress&utm_content=supportwithconfidence&utm_campaign=buywithconfidence-supportwithconfidence

9. Resourcing Services in the Future

Chapter Summary

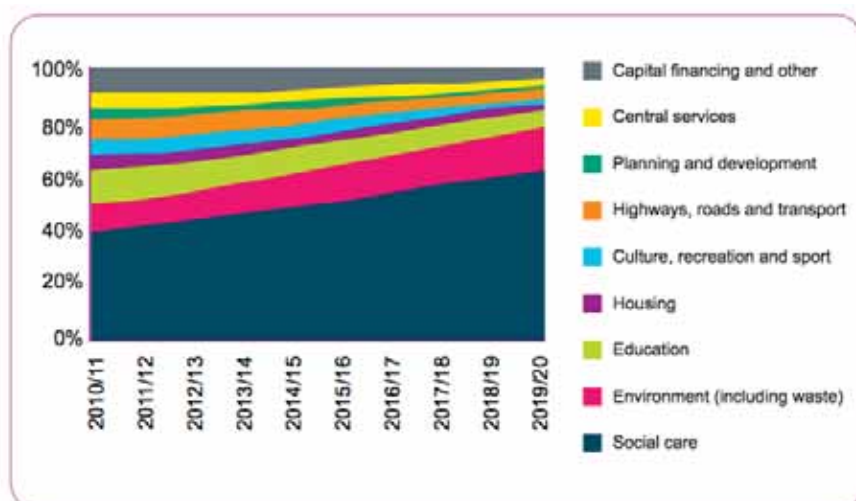
There will be far less money available to meet the needs of a growing number of people who will need services. New and innovative types of services which meet the needs of people at far lower cost will need to be developed.

The Council's expenditure on Adult Social Care this year is expected to be £46million.

9.1 The realities: increasing expectations and decreasing budgets

The Spending Review settlement for local government set out cuts in funding from central government – a reduction to local authority budgets of between 26%-28% over the next four years. There will be cuts in Communities and Local Government core funding of 7.25% on average a year (in real terms) but the reductions are significantly front loaded as shown in the table below.

Communities and Local Government Resources Departmental Expenditure Limit	£ Billion	Annual Change
2010/11 Baseline	28.5	
2011/12	26.1	-8.4
2012/13	24.4	-6.5
2013/14	24.2	-0.8
2014/15	22.9	-5.4
Four Year Cash Change (Real Change)	-19.6%	(-27.0%)



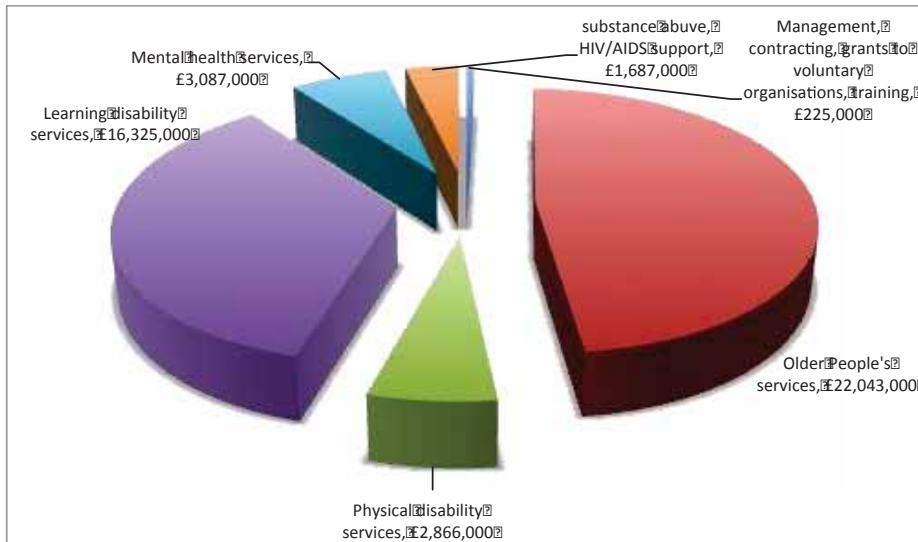
With the impact of changing demographics and reducing budgets, the Local Government Association recently proposed that Councils would be almost unable to provide any other services than social care and waste if no changes in service delivery takes place – see graph to the left. It is clear that change in service delivery must be transformational if people are to be adequately supported in future.⁴⁵

⁴⁵ Funding outlook for councils from 2010/11 to 2019/20, Local Government Association, p. 9, www.local.gov.uk

9.2 Current spend

The Council's expenditure for Adult social care in 2011-12 is a total of £46,233,000.

The highest spend areas are for older people's services, and learning disability services, where the biggest demographic impact is likely to be over the next 25 years, as set out in section 6.



10. Reviewing this document: A Partnership Approach

The needs and aspirations of the Borough's local population will never remain static – neither will the legislation and guidance directing the improvement and delivery of effective services for vulnerable adults. There will be gaps in our knowledge of current supply, as services change and provision evolves, and this document can only provide estimates in relation to population change.

For this reason we ask for constructive contributions from the market to inform the revision and renewal of this document, and keep this document 'live'. Sharing knowledge on the changing needs of older people and adults with support needs has never been more important, and provider dialogue is welcomed to help shape future services in partnership.

The document will be refreshed and shared with the market on an annual basis as an ongoing mechanism for engagement and market development.

APPENDIX 1: Local Strategy and Policy Context

Key local strategies and policies that may be of interest include:

RBWM Joint Strategic Needs Analysis 2010

<http://www.berkshireobservatory.org/Health/JSNA/Berkshire-East-JSNA/>

RBWM Local Account 2011

http://www.rbwm.gov.uk/public/social_adult_care_quality_report.pdf

Health & Adult Social Care strategy 2008-2020

http://www.rbwm.gov.uk/web/social_publications_strategies.htm

Health and Wellbeing Strategy (draft form only)

Not yet in published format

Equality and Diversity policy

http://www.rbwm.gov.uk/web/corp_equality_policy.htm

Safeguarding Adults policy

http://www.rbwm.gov.uk/web/social_berkshire_safeguarding_adults.htm

APPENDIX 2: Strategic Partnerships for delivering change

The following Partnership Forums exist to promote and deliver change in accordance with local priorities. These are supported and attended by members of the Council and local health representatives:

Stakeholder Group	Contact	Organisation	Email	Telephone
Learning Disability Partnership Board	Sumita Rajput	Royal Borough of Windsor and Maidenhead	sumita.rajput@rbwm.gov.uk	01628 670117
User Led Organisation Network	Michaela Helman	Royal Borough of Windsor and Maidenhead	Michaela.helman@rbwm.gov.uk	
Local Involvement Network	Michaela Helman	Royal Borough of Windsor and Maidenhead	Michaela.helman@rbwm.gov.uk	
Patient Participation Group		Royal Borough of Windsor and Maidenhead		
Carers Partnership Board	Cait Kidd	Royal Borough of Windsor and Maidenhead	c.kidd725@btinternet.com	
Mental Health Partnership Board	Debbie Dickenson	Royal Borough of Windsor and Maidenhead	debbie.dickenson@rbwm.gov.uk	
Older Peoples Partnership Board	Sheila Holmes	Royal Borough of Windsor and Maidenhead	sheila-holmes@o2.co.uk	078875 10033
Older Persons Advisory Forum	Sheila Holmes	Royal Borough of Windsor and Maidenhead	sheila-holmes@o2.co.uk	078875 10033
Access Advisory Forum	Lynne Penn or Jim Sloan	Royal Borough of Windsor and Maidenhead	lynne.penn@rbwm.gov.uk or jim@sloanshouse.co.uk	
Sensory Needs Partnership Board		Royal Borough of Windsor and Maidenhead		
Provider Forum	Anjum Sheikh	Royal Borough of Windsor and Maidenhead	anjum.sheikh@rbwm.gov.uk or 01628 683625	

APPENDIX 3: Southampton Case Study

Title	Transformation in Social Care	
Organisation	Southampton City Council	
Contact	Name	Jane Brentor
	Email address	Jane.brentor@southampton.gov.uk
	Tel. Number	023 8083 3439
One paragraph overview		
<p>By supporting choice and increased access to universally available services, the staff of Bedford House and Sembal House in Southampton have reduced their allocated budget by two thirds and re-provided traditional day services with innovative new projects that support employment, self management and greater personal control.</p>		
Full description		
<p>Day services for people who have experienced mental ill health or physical disability were used in Southampton by people who had become increasingly reliant on buildings based provision which, although caring, was creating dependency and reluctance to change. Previous attempts to close the provision had met resistance, high levels of media attention and even legal challenge and were abandoned. It was clear that a more innovative approach, which could be owned by the users, was needed, focussing on reprovision rather than closure and identifying the expressed preferences of users and their carers.</p> <p>Despite being aware that their own jobs were at risk as a result, staff worked in groups and with individuals, using the identification of personal budgets or individuals own financial resources to help users to develop their own alternatives to traditional provision. It became clear that this alone, which is relatively common practice now in social care, was not to be enough. The result has been that users themselves have created options which they are starting to run but which will be universally available, increasing market options for both new potential social care users and non social care eligible members of the public. Two new social cafés, a woodwork workshop to provide skills development and support move on employment and a ceramics workshop to foster artistic ability are all being created by the people who were our day service users. These are planned to be self funding, run by ex users with vastly reduced Council staffing involvement. The retained service, although mostly for people with physical disability will offer a combined supportive environment, in a single building rather than the previous two buildings, for people with physical and mental health disabilities.</p> <p>Our target of saving two thirds of our budget is met whilst the key objective of reducing dependence and creating independent choice and control is clearly being achieved. What was unexpected is that, out of these aims, has come several new universally available services. Instead of closing services, community provision has emerged led by people with a 'can do' culture and a willingness to be flexible.</p> <p>A major risk of the project was the expected staff and user resistance which, it was thought, would lead to high political profile and withdrawal of Councillor support. Because of the dedication of staff, strong and supportive management with a belief in the value of the outcomes and full and transparent involvement and ownership by the users, this risk was minimised and political support positively</p>		

retained.

The project was carefully planned, with appropriate governance structures and accountability and good recording. There was a communications group and a user group supported by an independent advocacy agency. All meetings were recorded and shared so that there was a high level of transparency. Management at all levels of the Division were involved at appropriate intervals. Importantly the project set realistic time scales. This meant that there was time for innovation and maximisation of user involvement and reassurance which nurtured an acceptance and an increasing level of openness to new ideas rather than resistance and suspicion. Slowly people have moved on to different activities without disruption and by choice rather than force.

As well as making savings in times of recession so reducing the impact of reduced funding on other services in the Council, this project has created small non profit making businesses initially supplying catering to a local industrial estate and expected to provide a secure and accessible social café space with specialist facilities for people in the community who may not have the confidence to use city centre provision. At the same time one of the old environmentally unfriendly buildings will be released and the remaining building will be refurbished with more environmentally friendly resources.

The approach that has been taken in Southampton has not followed experiences elsewhere but developed local solutions which could be shared and built upon in other authorities. Importantly, because in house provision is not available to Direct Payment users, an approach which supports self management and self provision increases choice for these people.

As a result of these projects, the approach to changing another small, financially unviable day service has been modified using the learning about transparency and staff and user involvement. Staff and users were initially given the opportunity to increase the viability of the service and asked to create a business case for development and expansion. This demonstrated, to their own agreement, that such a case was not possible, leaving the way open to re-provide the service by suggesting a self managed approach.

The Bedford House and Sembal House projects have demonstrated an innovative approach, which can be shared and has already benefited a later project; they have shown results that exceed the original aims providing community benefit and real cultural change. Although the project has resulted in redundancies, the Council has supported staff with the option of a doubled severance package for those wishing to take voluntary redundancy. All members of staff have had clarity about their options and have made choices about how to manage these.

Most importantly services which were resistant to change, providing traditional approaches and inadvertently failing to foster choice and control have been converted into options which encourage involvement in universally available resources or better community provision.

APPENDIX 4: Details of Grants 2012-13

Organisation	SLA/ Service Funded Amount	Revenue Amount	Capital Grants Amount	TOTAL GRANT	Further details
Age Concern Slough (ACSABE) - Advocacy in RBWM	£0	£2,000	£0	£2,000	Information, Advice and advocacy services; new lunch club
Age Concern Slough (ACSABE) - I & A Maidenhead	£0	£2,000	£0	£2,000	
Age Concern Slough (ACSABE) - I & A Windsor	£0	£2,000	£0	£2,000	
Age Concern Slough (ACSABE) - Project TBC	£11,500	£0	£0	£11,500	
Age Concern Windsor	£24,000	£0	£0	£24,000	
Alzheimer's Dementia Support (ADS)	£5,000	£4,000	£0	£9,000	Management and running of Spencer Denny Centre
Alzheimer's Society, Maidenhead Branch	£16,000	£0	£0	£16,000	Befriending, advice and support, drop in, help lines, carer support
Ascot District Day Centre Project 1	£0	£2,000	£0	£2,000	Support for alzheimers sufferers including appropriate activity groups (eg gardening) and days out
Ascot District Day Centre Project 2	£0	£2,000	£0	£2,000	Revenue – day centre activities
Ascot District Day Centre Project 3	£0	£0	£7,000	£7,000	Capital application – improving the gas supply
Ascot Project (Ascot Society on Cabinet minutes)	£1,000	£0	£0	£1,000	Retirement fair – August 2013
Ascot Volunteer Bureau	£0	£400	£0	£400	Driving service for elderly residents to their medical appointments
Berkshire Autistic Society	£0	£3,000	£0	£3,000	
Braywick Heath Nurseries	£0	£0	£2,165	£2,165	Training programmes to support people with autism and learning difficulties
Crossroads	£52,590	£0	£0	£52,590	Respite care for carers at homes and day centres at the weekends
Cruse Bereavement Care	£0	£500	£0	£500	
Elizabeth House	£0	£1,500	£0	£1,500	Running of day centre – Elizabeth House
Eton Wick Wednesday Club (WAGs on Cabinet minutes)	£500	£0	£0	£500	
King George VI Club	£4,000	£6,000	£0	£10,000	
Maidenhead & District Stroke Club	£0	£450	£0	£450	Social club/support for stroke survivors
Maidenhead Mencap	£6,000	£0	£0	£6,000	Support for people with learning disability: cost of support worker
Old Windsor Day Centre	£17,500	£0	£0	£17,500	Independent day centre for the elderly
Older Persons Advisory Forum	£1,000	£0	£0	£1,000	
PRT Carers Service (Princes Royal Trust)	£73,558	£0	£0	£73,558	Support for carers – (formerly Princess Royal Carers Trust)
S.M.I.L.E (So Much Improvement with a Little Exercise)	£13,000	£0	£0	£13,000	
Thames Hospice (Thames Valley Hopicecare - Pine Lodge on Cabinet minutes)	£1,000	£0	£0	£1,000	
Thames Valley Positive Support (TVPS)	£15,000	£0	£0	£15,000	Emotional and practical support to those affected by HIV
Triple A	£13,000	£0	£0	£13,000	Dementia support out reach programme
United Voices of Windsor & Maidenhead	£30,500	£0	£0	£30,500	Advocacy service for adults with learning disabilities in East Berkshire
Vitalise	£645	£0	£0	£645	Care breaks for disabled people
Windsor & Ascot Driving Group for the Disabled	£0	£500	£0	£500	
Windsor Mencap (Buddy Scheme)	£0	£5,000	£0	£5,000	Support/social opportunities for those with a learning disability, their carers and families.

APPENDIX 5: Sources

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