



# Adult Social Care Services Market Position Statement 2013-2014

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## 1. WOKINGHAM BOROUGH COUNCIL MARKET POSITION STATEMENT KEY FACTS AT A GLANCE

<b>Population and Demography</b>	A population of 154,000 people who generally enjoy good health  BME (non-white British) population is around 16%	A population that is ageing and is doing so more quickly than the national average  24,000 residents are over 65. Projected to rise to 28,700 by 2016	A higher than average population of adults with learning disabilities, with the Council funding support for 450 people with a learning disability	A population with a high proportion of people who fund their own care.
<b>Social Care Spending 2012/13</b>	Total gross cost including health funded services £56 million.	Residential & Nursing Care £24 million (including health funding)	Home Care £6.6 million  Day Services £4 million	Prevention Services £2.5 million  Direct Payments £3.6 million
<b>Social Care Customers 2012/13</b> (totals may include customers receiving more than one service)	Total Customers 2420	220 people funded for Nursing Care  360 people funded for Residential Care	1935 people funded for Community Based Services  585 people funded for Home Care 390 people funded for Day Care 360 people received Direct Payments	
<b>Service Priorities and Gaps</b>	Services supporting people with dementia <ul style="list-style-type: none"> <li>• in their homes</li> <li>• in the community</li> <li>• in specialist (extra care) housing</li> <li>• for people with early onset dementia</li> </ul>	Complex Needs  A greater range of supported living options within the Borough to better meet the needs of individuals with multiple and/or profound disabilities.	Transition services and services for younger adults <ul style="list-style-type: none"> <li>• More options for younger adults moving from children's services</li> <li>• More options for younger adults with mental health problems</li> </ul>	End of Life Care  More specialist support to people and their families in their own homes and in registered care settings to enable more choice of where to receive end of life care
<b>Commissioning Principles</b>	Meet the challenges of living within our means in the current financial circumstances, and the challenges arising from the reforms to social care provision and funding in the Care Bill.	Promote quality, value for money and variety in service provision and ensure that social care providers meet appropriate quality standards and to intervene when this is not the case.	Value the contribution of providers from both the commercial and voluntary sectors and ensure that commissioning and procurement processes allow a level playing field for all providers large and small.	Explore ways to offer support to people who are funding their own care to make good choices about the services they purchase.  Seek to shape the market to encourage provision of the services that people want.

## **2. Executive Summary**

### **Who is this document for?**

The Market Position Statement (MPS) is aimed primarily at providers and commissioners to help them better understand the current state and possible future development of the local market for Adult Social Care services. It will, however, be helpful to a wide range of stakeholders and partners, including customers.

### **What does it contain and what do we hope it will achieve?**

The MPS is, to a large extent, a technical document looking at demographic trends and pressures, patterns of expenditure and types of provision. The aim is to cover:

- Current supply; what we are commissioning and spending
- Future demand; what we need and want to commission in the future
- Desirable models of practice; what sort of services we want the market to offer

In doing this we hope the MPS will also offer a guide to business opportunities and the scope for innovation and development.

In the first part of the MPS we have focussed on what we consider to be the main commissioning challenges and priorities in the immediate future rather than on long term planning.

The more detailed analysis of services in the second part of document is structured around service types. This reflects a more flexible approach to service provision away from traditional approaches based mainly on customer groups.

### **Financial Challenges**

In the current financial climate, it is a matter of priority for the Council to ensure that it is able to provide services to meet its statutory responsibilities within its financial means. Commissioning of services has to take place within the financial context of the Council as a whole looking to make savings of £6 million in 2013/14 following on from £4.5 million savings made in 2012/13.

### **Future Development**

We hope that this MPS will provide a starting point for on-going evaluation and review of the services we commission. We will need to look in detail at the impact of the reform of social care provision arising from the proposals in the Care Bill currently before Parliament and the Government's response to the Dilnot Review on the future of social care funding. This will be subject to a separate exercise when those proposals are clearer.

Our aim is for future versions of the MPS to be developed in co-ordination with our Local Account and Joint Strategic Needs Assessment (JSNA). We also intend that by providing a comprehensive overview at the outset, future versions will be briefer and can be targeted more closely on particular services.

### **3. Introduction**

#### **Background**

This Market Position Statement is designed to identify the key areas in which we want the local market for social care and support services to develop to meet the needs of the local population.

It collects together key information about the provision of social care and support services for adults in Wokingham. This will enable providers, commissioners and customers to understand what is currently provided and how this may need to change to address the social, demographic and financial issues which the Council faces in both the short and longer term.

This document contains relevant data in relation to current spending and provision, projections as to future needs, and an outline of the Council's commissioning and spending plans. The aim is to focus on the areas where the evidence suggests that local provision does not currently offer the range or the capacity to meet the needs of our vulnerable residents, both for Council commissioned services and for people funding their own care.

#### **Market Development and Personalisation**

This document builds on the Council's 2011 Market Development Plan for Adult Social Care which set out how the Council hoped to develop a thriving and diverse local market for social care services in order to fulfil the ambition to transform adult social care through the provision of personal budgets and enable people to have more choice and control over how their care and support needs are met through personalised support plans.

Assessing local needs and provision, and developing appropriate services, is not, however, just about numbers. The Council is committed to ensuring that services used by vulnerable people are safe, are of a high quality and are effective at delivering outcomes. This document therefore also includes information on how the Council will seek to support and encourage the market to deliver this.

As the Council's move towards personalisation increases, more and more services will be commissioned by, or on behalf of, individual customers. Providers will need to adapt to the consequent move away from large block contracts and will need to be competitive in terms of value for money and achieving customers' outcomes.

This will also mean providers having to market their services to ensure that customers can access good information about the services on offer, how much they cost and what outcomes they will achieve.

#### **The Council's Trading Arm – Optalis**

The Council has recently set up Optalis as a Local Authority Trading Company to manage all of the social care and support services previously provided directly by the Council. This includes brokerage and long term support services, Suffolk Lodge residential care home for older people, short term re-ablement and specialised long term home care services, long term occupational therapy and social work support, a physical disability day service, a sheltered housing complex and a range of supported housing and day services for people with learning disabilities. The aim is that Optalis will also be able to develop new services which can be purchased by other authorities or private funders.

In most important respects this means that Optalis continues to act as the Council's in-house service provider as before. The Teckal exemption under EU procurement rules will apply, where appropriate, to services commissioned by the Council, and the Council has provided staff with clear guidance on commissioning from Optalis.

All the Council's statutory duties, such as the assessment of needs, allocation of personal budgets and safeguarding, remain the responsibility of the Council, as does commissioning and contracting.

#### **4. Overarching commissioning aims and principles**

Wokingham is committed to ensuring that residents of the Borough in need of social care services, whether these are funded by the Council or privately, have a wide choice of quality services which:

- meet individual needs and achieve worthwhile outcomes
- are cost effective
- deliver real improvements to people's health and wellbeing
- promote independence

The Council believes that the local social care market should offer:

- choice and control for customers
- diversity of support solutions to achieve people's outcomes
- flexible and responsive service provision to meet individual needs

#### **Council Commissioned Services**

The recent Customer Experience Report on the Council's Adult Social Care Pathway, co-produced by the Council and the Local Information Network (LINK), stated that

*'The Council should ensure that the private and voluntary sector providers are flexible and offer support that is person centred rather than service centred through their commissioning and contracts arrangements.'*

To achieve this the Council will ensure that:

- People whose social care is funded by the Council have a personal budget and a personalised support plan which clearly sets out the resources available to them and how these will be used to meet their needs according to their preferences and choices.
- All social care service providers understand the need to provide high quality person centred services and that the safeguarding of their customers is a cornerstone of their service delivery.
- A wide range of providers can operate within the local market and that the Council and customers can commission a diverse range of services from a wide variety of providers, including small scale (micro), local, voluntary sector and user led organisations.
- The range of services available meets the needs of the local population and has the capacity to respond dynamically and flexibly to develop services as people's needs change.
- Services should be personalised, outcomes focussed and should support people to regain and maintain their independence.

#### **What do we want the market to deliver?**

In order to meet the future demands for services which fulfil our aim to improve choice, independence and wellbeing for local residents within current financial limits, the Council believes local care providers will need to develop and promote:

- A good understanding of the impact of personalisation of services.
- An appreciation of the need to focus on outcomes and cost effectiveness in achieving these.
- An understanding of the Council's financial constraints and a willingness to work in partnership to maintain quality whilst reducing costs.
- Simpler and more transparent pricing that is linked to outcomes, to enable customers and commissioners to make informed choices when purchasing services.
- Greater involvement of customers and carers in planning and managing their own care and support.
- Greater emphasis on maintaining and regaining skills to prolong independence and quality of life.
- Greater use of assistive technology in supporting people in their own homes and communities.
- Greater local engagement to ensure services are part of, and are supported by, the local community.
- Workforce development which focuses on fostering a culture of dignity and respect as well as ensuring technical knowledge and expertise.

The Council is committed to facilitating a local care market which provides choice, quality and value for money for customers. Commissioning services from a wide range of providers will therefore continue to be the Council's preferred approach to the procurement of care and support services.

Commissioning activity will increasingly take place on an individual level with services arranged by customers themselves (or by or with the help of brokers). Providers should work closely with customers to decide how the service is delivered and what outcomes it should achieve, involving co-production of care and support plans. It is anticipated that this will encourage providers towards offering the kind of flexible, individualised services that customers want rather than the, one-size fits all services that were often the result of large scale Council-led, centralised block contracting. Accordingly most block contracts are being ended. It is likely that those that remain will mostly be for prevention and other broadly targeted services.

In addition, pricing frameworks, setting caps or price envelopes, may be developed to assist customers and brokers to plan support more efficiently and find cost effective options more easily.

### **Self-Funding Customers**

The principles above apply equally to providers of services for people who are funding their own care. Providers should ensure that customers can easily access information about services and funding options and that the services they use are responsive to their individual circumstances. This includes transparent information about cost, quality and effectiveness of

services to enable customers to make good, informed choices that are appropriate to their needs.

We are aware that many local elderly residents may have substantial assets in the form of property but limited cash income. This raises issues in relation to people possibly having to sell their homes to fund residential care which are currently under consideration by the Government.

The independent brokerage service for self-funding customers commissioned by the Council from Optalis, can offer advice about care options and signpost to appropriate financial advice. The aim of the service is to make it easier for self-funding customers to make good, affordable, sustainable choices for their care.

## **5. How will we work with and support providers?**

The Council recognises its role in supporting providers to help deliver this challenging agenda.

Well over half of people who benefit from community based (i.e. non-residential) services funded by the Council now have a personal budget and the Council is committed to increasing this number year on year. More and more people are also taking some or all of their personal budgets as direct payments, with the proportion now 16% of all social care customers. As a result, the number of different providers contracting with the Council on a spot purchase basis has grown and the number of large scale block contracts has reduced.

Accordingly it is important for providers to be able to offer services which are competitive both in terms of price and quality and to ensure that brokers and social care customers can access clear and transparent information about this and the outcomes and benefits that their services will provide.

Providers have fed back that they have had to adapt pricing and invoicing arrangements to deal with this. However, there has also been a very positive response by some providers to new contracting arrangements such as Individual Service Funds (where regular payments are made to a provider to fund the flexible provision of services) and to competitive tendering for individual support packages.

In recent years the Council has worked hard to encourage diversity in the market. This included a project to support micro-enterprises, run in conjunction with NAAPS and Community Catalysts. This resulted in a number of small scale providers receiving practical help to establish themselves in the Borough. Services provided included personal care, domestic tasks and support to access community activities. Simpler contracts and procurement procedures have also helped to encourage small scale providers from both the private and voluntary sector to bid for and win council business.

Small scale and non-traditional providers are also taking advantage of the *Support With Confidence* scheme to ensure services meet quality standards and to use their accreditation as a way of marketing their services more effectively. The scheme offers accreditation to providers who do not fall within the remit of the Care Quality Commission and offers training to help providers achieve this. This benefits both providers and customers by providing reassurances about the quality of the service.

To support the ongoing need for providers to adapt to the new commissioning and contracting approaches, the Council will continue its programme of Provider Forums at which providers receive updates about service developments and can share ideas. The Council will also support market place events at which providers can meet brokers and potential customers.

The Council also has an excellent record of working in partnership with the local voluntary sector to develop new services and will continue to do this. Simplified tendering processes and



a thriving Voluntary Sector Forum have supported the local voluntary sector to successfully bid for a number of Council commissioned services as well as to continue to operate much valued independently funded activities.

We know we don't have all the answers and so the Council is keen to hear from providers with innovative ideas for services. We will offer advice about how these might be established to meet local needs. We know that providers can access a wide range of ideas from within their service areas through events and research and making the most of this knowledge will be an important part of the Council's approach to improving services.

## **6. Working with Health Partners: Clinical Commissioning Groups and Public Health**

The Government is keen to promote greater joint working and commissioning of integrated services where this will promote the wellbeing of local people, prevent the development of further needs and improve the quality of care and support. This approach will be enshrined in the new legislation governing social care and local authorities will have a duty to ensure integration of care and support services with health services.

Transfer of Public Health responsibilities and budgets to the Council together with the Wokingham Clinical Commissioning Group (CCG) taking over responsibility for the commissioning of health services, will provide scope for more integrated and jointly funded health and social care services which can be delivered more efficiently.

The Council recognises that there are many areas of mutual interest with the local CCG. We will develop a joint approach to cover support for people with long term conditions as this is an area where there are likely to be significant benefits from health and social care services working closely together to achieve better outcomes.

The recently published Health and Wellbeing Strategy for Wokingham identified a number of priorities to promote the health and wellbeing of local residents (Appendix 5) which the Council will seek to deliver in partnership with Health. The strategy can be viewed in full here

<http://www.bracknell-forest.gov.uk/wokingham-health-and-wellbeing-strategy.pdf>

## **7. Key areas for development**

We have identified the following areas in which we would like to see an increase in the variety, capacity and quality of local service provision.

### **Dementia Services**

We need to ensure that we are able to commission and arrange services that will improve the wellbeing and help maintain the independence of the increasing numbers of people with dementia.

The local JSNA for 2012/13 indicated that numbers of people with dementia are expected to rise in Wokingham by almost 69% by 2025 with the number estimated to be living with dementia rising to over 2,300.

We know that people would rather be supported, where possible, in their own homes and the Council wishes to promote services which do this. Accordingly we would like see the market develop in the following areas:

- Specialist Extra Care Housing for people with dementia.
  - There are currently only 28 specialist dementia care units out of 82 extra care places and 43 enhanced sheltered housing units.

- Extra care housing offers people the opportunity to have secure tenure on a safe and secure home in which they can maintain their independence for long as possible, preferably to end of life, rather than have to move into residential care.
- Extra care housing should be based on a model of provision which enables additional support to be provided as necessary to enable maximum independence within specially built or adapted accommodation.
- Specialist care in the home for people with dementia.
  - Recent surveys have indicated that most people would rather have their care needs met in their own homes.
  - With numbers of people with dementia increasing and a shortage of extra care accommodation, in the medium term we need to ensure the ready availability of specialist high quality dementia home care services.
  - We will work to ensure that telecare and assistive technology solutions are understood and used to enhance independence and to support cost effective care provision.
- Services for younger people with dementia.
  - Early onset dementia places particular stresses on families as people affected may have responsibilities as wage earners, parents and carers. Most dementia services are aimed at older people and are not always able to meet the specific needs of younger people.
  - Services must cater for a wide range of individual needs and personal circumstances, supporting people to live as independently as possible.

All dementia services should be developed in line with our aim to establish a more “dementia friendly” community in accordance with Government policy.

### **Complex needs cases (learning disability)**

As reported in our JSNA, a growing number of adults with a learning disability are living longer, many into older age and experiencing the associated health needs of ageing. This is also true of people with a combination of physical and learning disabilities.

This will result in a population with more complex needs than previously seen, often with multiple coexisting conditions. It is predicted that there will be 80 people aged over 65 with a moderate to severe learning disability living in Wokingham in 2015 with this figure expected to increase to just over 100 by 2030.

The ten most expensive placements currently funded by the Council cost over £1.3 million per year. Nine of these are in registered residential care and six are not local.

- We aim to reduce the numbers of people with learning disabilities in registered residential care, and commission alternatives which enhance their independence and quality of life whilst maintaining their safety and wellbeing.
- We need to develop appropriate adaptable accommodation and support locally to enable people to remain in the Borough and receive the support they require in a more cost effective way.
- We need to ensure that these alternative options are attractive to customers and their families and can deliver better outcomes than existing provision.
- We would also like to have more short break services and options available.

## **Young people in transition from children's to adults' services**

Around 20-25 young people each year move from children's services to adult services. This represents a significant change at a time when, like other young people, they are facing the challenges of becoming adults and increasing their independence. We must support these young people in their choices, whether they wish to remain in education or training, or want to find work or live more independently. Services need to be available to meet a wide range of needs.

- We will closely monitor older children from mid-teens who are likely to need high levels of support and work with them and their families to find appropriate support options when they leave children's services.
- We need to ensure that flexible accommodation and support is available in the Borough to meet a wide range of needs and circumstances, including support to live at home or independently, to attend college and take up training and employment opportunities and to access a range of social activities in the community.
- More options are required to facilitate access to appropriate education and training.

## **Younger adults with mental health and alcohol abuse problems**

Young people with mental health problems require significant support to maintain their independence and in some cases are at high risk of hospitalisation or offending and other anti-social behaviour. We need providers who have the capacity and ability to offer varying levels of support as people's needs fluctuate.

- Without appropriate support services there is a risk that people will be unable to maintain tenancies and access treatment and rehabilitation programmes leading to homelessness, hospitalisation and marginalisation.
- We want to work with landlords and support providers to increase accommodation choices and ensure that younger people with challenging behaviour and widely fluctuating needs can be supported safely and that additional more intensive support is available where circumstances require this.

## **End of life care**

We want to ensure that as many people as possible are able to receive end of life care in the place of their choosing, which for most people will be in their own homes. Although relatively few domiciliary care providers have staff trained in specialist end of life care, all providers are expected to work closely with health care professionals involved in providing palliative care. The Council has also recently established a dedicated end of life carers' support post.

The Council does not currently have a joint End of Life Care strategy. This will be developed with the CCG and other partners to ensure that we identify local needs and promote models of best practice including support for carers based on national strategy and guidance.

In the longer term the Council will work with the local Clinical Commissioning Group (CCG) to provide a jointly commissioned end of life care service.

In the meantime we will:

- Help providers to access specialised training in palliative care. This will ensure that a greater choice of services providing specialised care and support is available to people

at end of life in their preferred place of care, particularly where this requires end of life care at home.

- Continue to encourage close working between domiciliary care providers and health professionals to ensure that we are able to support the provision of palliative care in the home wherever possible.
- Explore and develop outreach work by hospices to enable their expertise to be brought into the community.
- Further develop support for those caring for someone in the last year of life.

### **Services for carers**

The 2011 Census indicated that there are about 14,000 people in the Borough who provide unpaid care for another person, with around 2,300 providing more than 50 hours care per week.

The Council recognises the huge amount of work undertaken by unpaid carers, whether family, friends or neighbours and the stresses that this can bring. We want to ensure that carers can access a wide range of support, from information and advice, to respite and practical support with their caring. Particular areas of priority in the immediate future will be:

- Contingency planning and emergency back-up services
- Support for young carers

**Across all of the above areas providers should work closely with customers and their carers to identify where these services can be improved or new services developed.**

## **8. What our customers are telling us**

The Council has conducted a number of consultation exercises over the past year including a survey on accommodation options for older people, a survey of carers, a report (jointly with the local LINK) on customer experience of social services, feedback for our Local Account, and the annual statutory Customer Satisfaction Survey.

The key messages that have come through from these are:

- The Council's social care customers greatly benefit from the flexibility and personalisation of their care and support. Being able to choose their own support services and having control over who provides this has been described by social care customers as "empowering" and "life changing".
- Having a personal budget has a positive impact on people's lives and they are generally happy with their care and support.
- Having a personal budget has resulted in people feeling that, rather than being passive recipients of services, they are now able to make decisions about their support.
- Although most people feel that they are able to make choices about their services people were often unaware of what is available.
- Not all providers of care services offer flexible support and there are not many opportunities for shared support services. Information about such opportunities should be more readily available.
- Our customers and their carers would like more brokerage options.

- Our customers and their carers have a positive experience of using direct payments.
- People want the Council to ensure that private and voluntary sector providers are flexible and offer support that is person centred rather than service centred.
- The overwhelming majority of people would rather be supported in supported living schemes (e.g. extra care housing) than in a residential care home, should they have to leave their homes because of ill health or disability.
- Despite accessing a wide range of services both for themselves and the person they care for, 85% of carers feel they either do not do anything or do not do enough things that they value and enjoy, and nearly 30% feel they neglect or don't look after themselves enough.
- On the whole there is a very low level of awareness of prevention services among older people, people with physical disabilities and carers.

## **9. Commissioning and Contracting**

The Council will continue to develop its commissioning and contracting activities to ensure we make use of a wide variety of providers.

To meet the aspirations of its agenda for personalising care services, the Council is increasingly moving away from centrally procured block contracts to spot purchased services based on individual support plans co-produced with customers.

In this process, especially for complex services, the Council is looking to increase tendering for individual services in which the customer and family carers take an active role in drawing up specifications and choosing providers.

In working with the voluntary sector the Council is moving away from grant based to contract based funding which gives providers in the voluntary sector an equal status to other providers. However, grants are still used, particularly to fund prevention services and to help share risk for new services.

Tender and procurement processes and service contracts have been simplified to encourage small scale and voluntary sector providers and the Council supports a Voluntary Sector Forum which can offer a wide range of advice and support including bidding for contracts.

All procurement is based on principles of best value, where quality and achievement of outcomes, not just price, are fully taken into account and customers are routinely involved in drawing up tender specifications and provider selection processes.

By working with all our local providers we hope we can make the most of our opportunities to improve the health and wellbeing of our residents and meet the challenges that the future holds.

We will also be looking at ways of piloting more effective outcomes based commissioning and contracting arrangements. This may involve contracts based on payment by results and arrangements where providers are paid to deliver particular outcomes without stipulation as to the type and duration of provision required to meet them. This should introduce more flexibility in provision so that it can be responsive to needs and allow for innovation.

Outcomes, particularly “softer” outcomes which relate to aspects of safety and wellbeing are, however, often difficult to measure as compared to basic input and output measures (such as hours of care provided). We will be looking to work with customers and providers to develop appropriate outcomes for specific services which will show whether services are effective in

meeting needs and achieving outcomes for customers. Monitoring outcomes in this way will require close working between providers and customers which should help to deliver higher quality services and lead to better customer satisfaction. We are currently considering a pilot involving some rehabilitation services, the results from which will be used to inform future initiatives.

We are always happy to advise providers on commissioning and contracts issues and relevant contact details may be found in Appendix 7.

## 10. Impact of Social Care Reform and proposals in the Care Bill

The Dilnot Commission's recommendations and the Government's response, together with the Care Bill, represent a significant change to the way social care services are funded and are likely to have a significant impact on the numbers of people for whom the Council will be required to provide, arrange and fund services, especially as there are a large number of self funders in the Borough. There will also be an impact on the nature and range of services required.

The Council will therefore work closely with providers to ensure that the local market for care services will be ready to meet the challenges of commissioning services for a larger number of people in cost effective ways, and will focus on support and prevention to assist people to maintain their independence and preserve their assets for longer.

As indicated in the Executive Summary above more detailed assessment of the potential impact of the Care Bill will be required at a later date.

## 11. What are our spending plans?

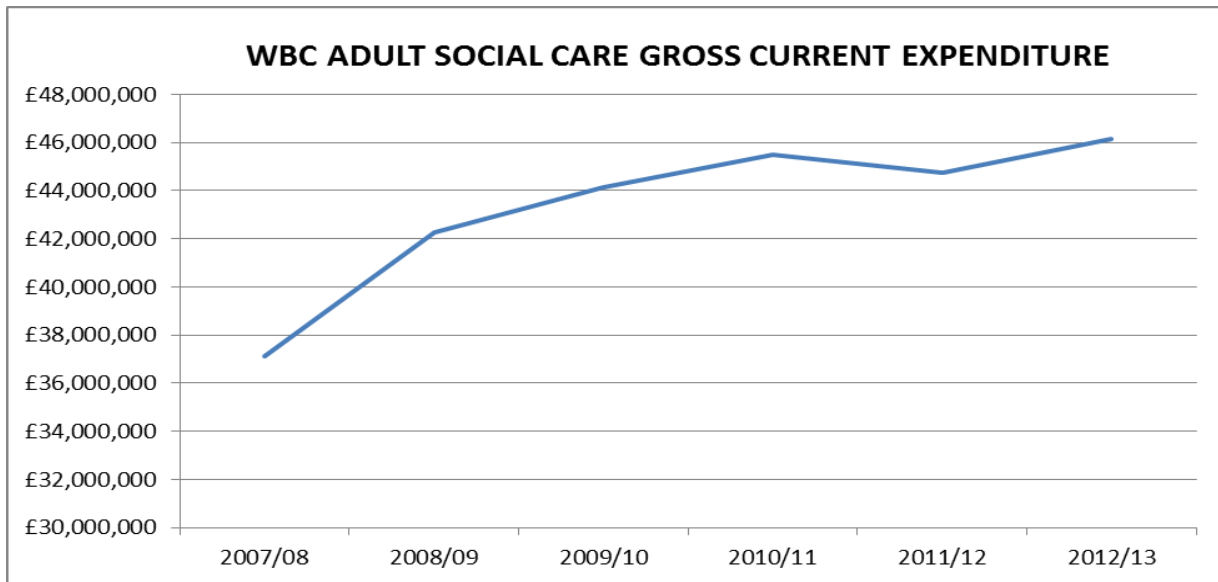
In the current financial climate it is one of the Council's main commissioning priorities to control and, where necessary, reduce costs whilst ensuring that people receive the services they need.

Spending is calculated in different ways with factors such as NHS funding and income from charges having to be taken into account. The figures for the last 5 years are as follows.

	2008/09	2009/10	2010/11	2011/12	2012/13
<b>GROSS TOTAL COST</b>					
Current expenditure including capital charges and cost of NHS funded services	£50,587,000	£52,907,000	£54,827,000	£54,029,000	£56,354,000
<b>INCOME</b>	£12,787,000	£14,026,000	£15,042,000	£15,483,000	£16,131,000
<b>NET TOTAL EXPENDITURE</b>	£37,801,000	£38,881,000	£39,784,000	£38,546,000	£40,223,000
<b>GROSS TOTAL EXPENDITURE</b>	£42,573,000	£44,433,000	£45,768,000	£44,783,000	£46,346,000
<b>NET CURRENT EXPENDITURE</b>	£37,505,000	£38,591,000	£39,513,000	£38,531,000	£40,034,000
<b>GROSS CURRENT EXPENDITURE</b>	£42,277,000	£44,142,000	£45,497,000	£44,768,000	£46,157,000

The difference between total gross cost and other expenditure figures is mainly due to the inclusion in the gross cost of around £7 million funding from the NHS towards the provision of residential care for people with learning disabilities. Funding is also received from the NHS for residential and nursing care for older people and other customer groups.

Taking gross current expenditure as an indicative indicator, the expenditure trend has been generally upwards over the past 5 years.



The Council's recently published medium term financial plan identified that the Council's funding from Central Government will fall by £5 million in 2013/14 with a further reduction of £2.3 million in 2014/15.

Expenditure pressures have resulted in the Council approving a 1.9% increase in Council Tax, which is nevertheless 1% point below the RPI index figure used by the Government to set business rate increases.

The result is that the Council as a whole is looking to make savings of £6 million in 2013/14 as compared to £4.5 million savings in 2012/13. This will take the Council's total savings since 2009/10 to £22 million.

Against this background, the Council will maintain its focus on prevention services and commissioning more cost effective support options that promote independence and reduce or delay the need for more intensive support. We will continue to ensure that statutory services are targeted at the most vulnerable whilst helping them to retain or regain independence where possible.

In order to preserve services whilst controlling expenditure the Council is exploring a range of options and opportunities, these include:

- Identifying services that offer high value for money in terms of quality and outcomes achieved.
- Partnership working with other local authorities to jointly commission cost effective services in the most efficient way.
- Collaborative engagement with providers to identify where efficiencies in provision can be achieved and high cost services can be delivered more cost effectively.
- Closer working with public health commissioners and the local CCG to identify joint projects that can deliver good outcomes and commissioning efficiencies.
- Better use of commissioning tools such as the Care Funding Calculator and Laing and Buisson tools, to identify the most cost effective services.
- Continuous review of prevention services and evaluation of their impact on the wellbeing of the communities and customers they serve.
- Better control of prices through price caps and framework agreements.

- Increasing the availability of extra care housing and supported living accommodation in the Borough as alternatives to high cost residential services.
- Continued investment in community based prevention services to offer more easily accessible support to meet non-eligible care needs.

**The Bigger Picture: How Adult Social Care fits in the wider agenda.**

Our plans for adult social care and health and wellbeing also impact on, and are affected by, other Council plans and policies. These include the Council's Core Strategy, Sustainable Community Strategy, and strategies for Housing and Housing for Older People as well as planning and development policies, including policies on housing for vulnerable adults and affordable housing.

A summary of relevant strategies, plans and policies is included at Appendix 8.



## 12. Borough Profile

### Overview

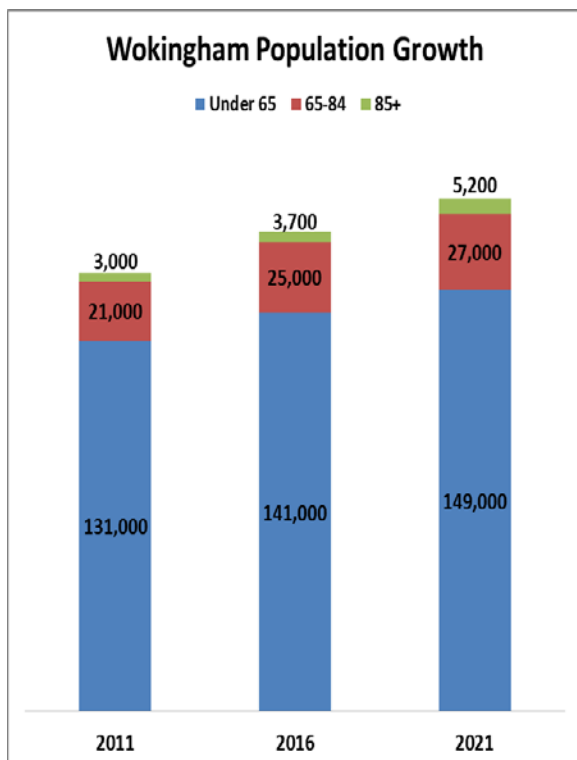
Wokingham Borough is one of six unitary authorities in Berkshire. The Borough covers nearly 70 square miles and has a diverse make up with one-fifth of the population living in the market town of Wokingham, two-fifths living in the urban areas of Woodley and Earley, and the remaining population living in smaller, more rural, areas to the north and south of the Borough.

The Borough is recognised as one of the most affluent areas in the United Kingdom with higher than average earnings and low levels of unemployment. However, there are small areas where economic, social and health prospects are noticeably worse than for the rest of the Borough's population.

### Map of Wokingham Borough showing Town and Parish Council boundaries

**Key facts**

- Area: 70 Sq. miles
- Total Population 2011: 154,400
- Population aged 65 and over: 24,000
- Total Adult Social Care Cost 2012/13: £56 million
- WBC Gross Adult Social Care Spend 2012/13: £46 million



## Population

The population of the Wokingham Borough has grown by almost 3% since 2011. The increase has been most marked for older people, and there are now nearly 6,000 more people aged 65 and over living in the Borough than there were in 2001, an increase of just over 30%.

Wokingham Adult Population projections	2012	2014	2016	2018	2020
People aged 18-65	97,200	100,200	102,800	105,000	106,900
People aged 65 and over	25,400	27,300	28,900	30,300	31,500
People aged 85 and over	3,100	3,500	4,000	4,500	4,900

(source: Pansi and Poppi)

The next decade will continue to see a significant rise in the number of people over 65. Despite the generally good health profile of the Borough's population, the long term impact of this is likely to be significant in terms of demand for care services. This may be exacerbated by the fact that the 2011 Census returns indicated that over a third of the population aged over 75 live on their own (3,686 people).

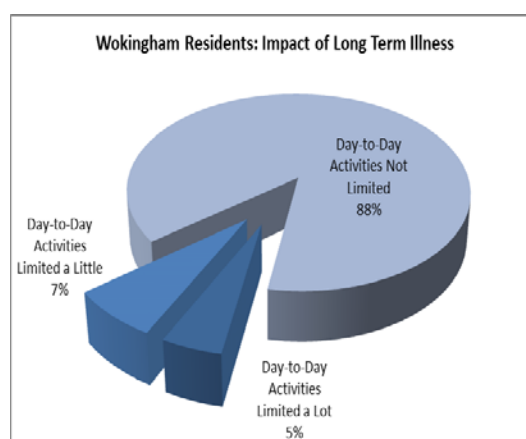
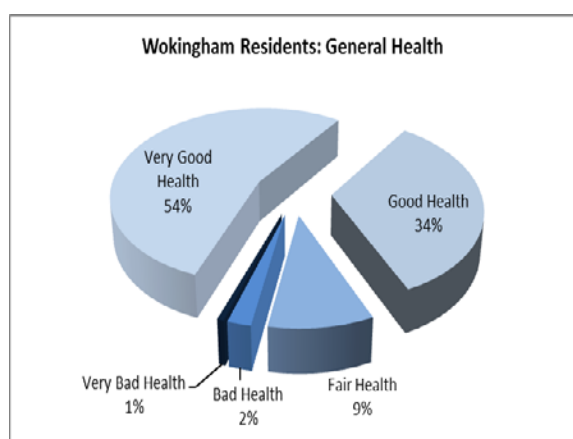
The higher general level of affluence also means that relative deprivation, with its associated impact on health and wellbeing for less affluent neighbourhoods, can be a significant issue.

The local Black and Minority Ethnic (BME) community is relatively small. According to the 2011 census 84% of the population is White British, and for people aged over 65 this rises to over 95% (POPPI). Special care therefore needs to be taken to ensure the specific needs of different cultural groups are not overlooked.

According to the 2011 census 1,579 residents of the Borough are employed in personal caring services.

## Health and Wellbeing

The 2011 census returns showed that generally our residents enjoy good health.



(Source 2011 Census)

The Joint Strategic Needs Assessment (JSNA) for Wokingham for 2012/13 identified the following key factors:

- Wokingham provides or arranges care for fewer people than the national, regional and county averages across all customer groups.

- The population of Wokingham is predicted to age to a greater extent over the next ten years than it will on average across England, and the numbers of older people with specific needs in Wokingham are expected to increase at a faster rate than in other areas of the country. Service commissioning needs to consider how these older people will be identified and supported.
- Over 8,000 people in Wokingham aged 18 to 64 are estimated to have a moderate physical disability and over 2,000 are estimated to have a severe physical disability.
- Nearly 500 adults over 18 registered with a GP in Wokingham are recorded as having a learning disability. This is proportionately significantly more than the regional average.
- 650 people who are registered with GP practices in Wokingham LA are recorded as having schizophrenia, bi-polar disorder or other psychoses. This is proportionately significantly lower than the national and regional averages.

The Joint Strategic Needs Assessment can be found in full at

<http://www.bracknell-forest.gov.uk/wokingham-joint-strategic-needs-assessment.pdf>

### **What does this mean for the demand for services?**

- The increase in the population aged over 65 is likely to mean that the demand for services to meet needs associated with older age, such as dementia, frailty and end of life care will increase.
- We want to support more people to remain in their own homes. This raises issues of social isolation for those who are living alone. However, the range of services available to support people to access their local communities is limited.
- There is over provision of traditional residential care and insufficient capacity in alternatives such as extra care housing which will help an aging but healthy population remain independent for longer.
- There is a strong local demand for services to meet the needs of people with learning disabilities which will enable them to live as independently as possible.
- The local strategic plan provides for the building of over 12,000 new homes in the Borough over the next 20 years. This will bring added pressure on services across the whole range of social care.
- A large number of residents in the Borough fund their own care. The Council will need to support them to find out about and purchase services which will meet their needs in cost effective ways.
- The role of prevention services to help those who currently enjoy good health to retain this will be important to reduce the growth in demand for more intensive services.
- The range of services to support carers, including respite provision, is limited and more options should be available to meet the diverse needs of carers to maintain a life outside of their caring responsibilities.

### **What are we currently providing and who are our customers?**

Despite demographic pressures, the number of people using social care services arranged or commissioned by the Council has been declining slightly. This reflects a national trend.

## Number of people using Council provided or commissioned services 2008/9 – 2012/13

		2008/09	2009/10	2010/11	2011/12	2012/13
<b>Physical Disability</b>	Age 18 to 64	295	295	310	240	235
	Age 65 and over	1855	1640	1675	1210	1155
	Unknown					
	<b>Physical Disability Total</b>	<b>2145</b>	<b>1935</b>	<b>1985</b>	<b>1450</b>	<b>1390</b>
<b>Mental Health</b>	Age 18 to 64	515	475	475	445	380
	Age 65 and over	215	305	195	195	185
	Unknown					
	<b>Mental Health Total</b>	<b>730</b>	<b>780</b>	<b>665</b>	<b>640</b>	<b>565</b>
<b>Learning Disability</b>	Age 18 to 64	405	405	355	420	430
	Age 65 and over	25	25	10	25	25
	Unknown					
	<b>Learning Disability Total</b>	<b>430</b>	<b>425</b>	<b>365</b>	<b>445</b>	<b>455</b>
<b>Other Vulnerable People</b>	Age 18 to 64	0	0	5	5	5
	Age 65 and over	5	5	5	5	5
	Unknown					
	<b>Other Vulnerable People Total</b>	<b>10</b>	<b>5</b>	<b>10</b>	<b>10</b>	<b>10</b>
<b>Total</b>		<b>3320</b>	<b>3150</b>	<b>3030</b>	<b>2550</b>	<b>2420</b>

Source NASCIS – RAP

## Types of services provided or arranged by the Council

	2008/09	2009/10	2010/11	2011/12	2012/13
<b>Community Based Services</b>	<b>2970</b>	<b>2670</b>	<b>2640</b>	<b>2040</b>	<b>1935</b>
<b>Residential Care</b>	<b>440</b>	<b>415</b>	<b>315</b>	<b>400</b>	<b>360</b>
<b>Nursing Care</b>	<b>185</b>	<b>190</b>	<b>195</b>	<b>220</b>	<b>220</b>

Source NASCIS – RAP

## Community Based service provision (main services)

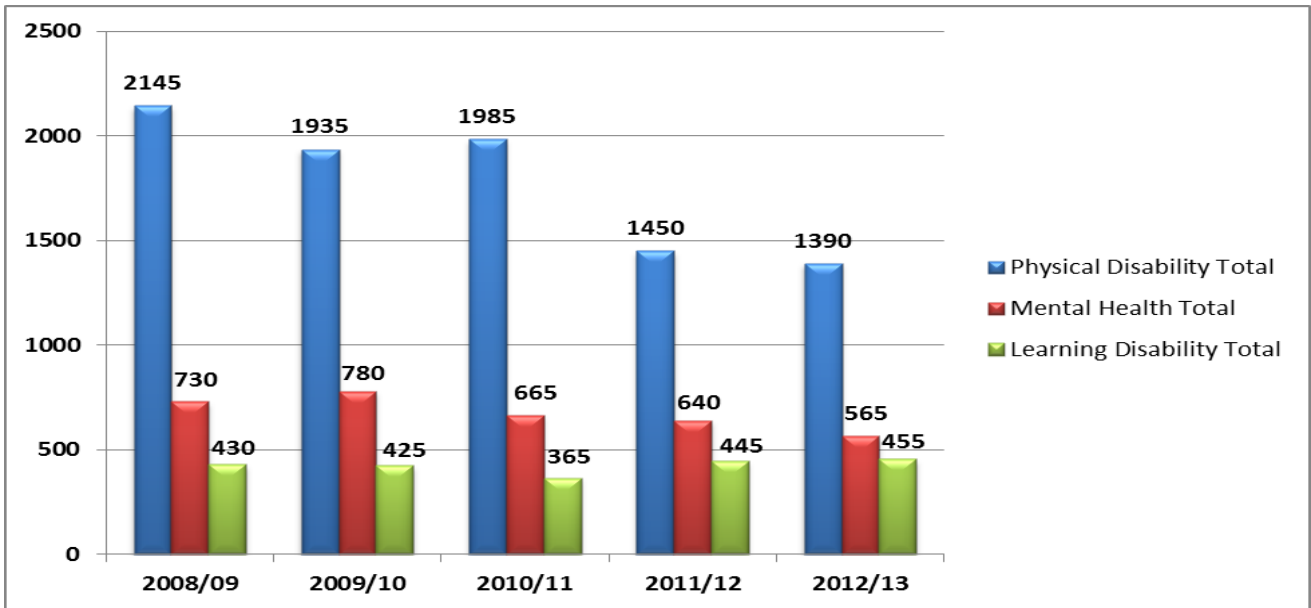
	2008/09	2009/10	2010/11	2011/12	2012/13
<b>Home Care</b>	<b>935</b>	<b>840</b>	<b>865</b>	<b>575</b>	<b>585</b>
<b>Day Care</b>	<b>650</b>	<b>400</b>	<b>510</b>	<b>410</b>	<b>390</b>
<b>Meals</b>	<b>420</b>	<b>375</b>	<b>270</b>	<b>215</b>	<b>150</b>
<b>Direct Payments</b>	<b>255</b>	<b>311</b>	<b>295</b>	<b>335</b>	<b>360</b>

Source NASCIS – RAP

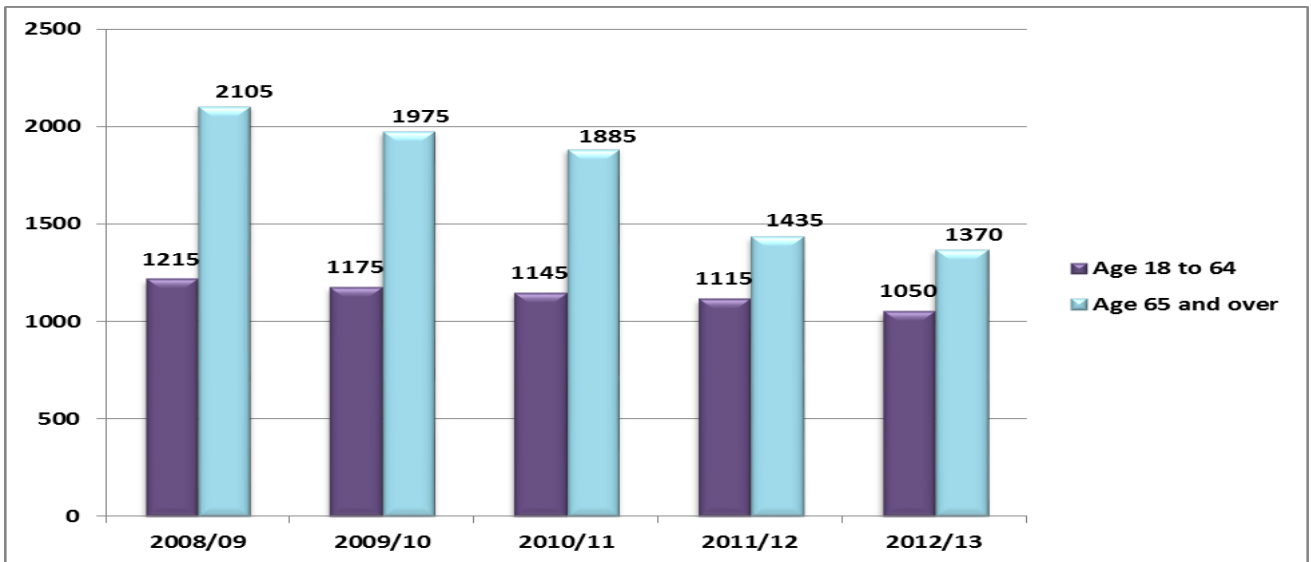
(Note: tables include people who received more than one type of service)

The fall in numbers can be seen mostly amongst older people with physical and mental disabilities. Learning disability and younger mental health numbers have remained fairly stable.

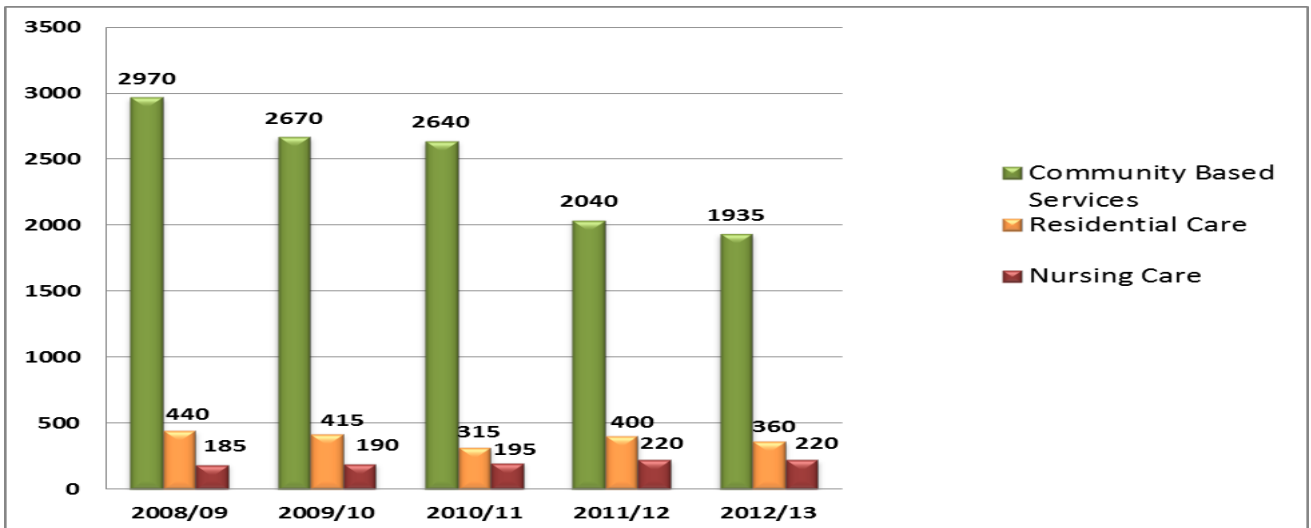
### Customers by Primary Customer Group (mental health includes dementia)



### Customers by Age Group



### Customers by Service Type



The significant drop from 2010/11 to 2011/12 can, in large part, be attributed to changes introduced by the Department of Health so that people receiving short term rehabilitation services are no longer being included in this statistic.

There are a number of reasons why we believe the numbers of people using services has declined. These include:

- the change in eligibility criteria from moderate to critical in 2006
- the impact of short term rehabilitation services enabling people to regain and maintain their independence
- the impact of open access prevention services reducing demand for individual council funded care packages
- the introduction of charging for day services resulting in more people choosing to make their own arrangements.

This trend will however need to be monitored to ensure that future changes in demand, whether requiring commissioning or decommissioning of services, are anticipated and planned for.

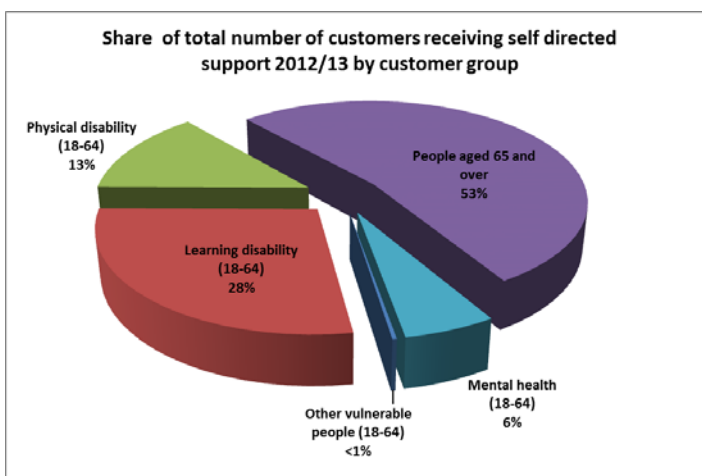
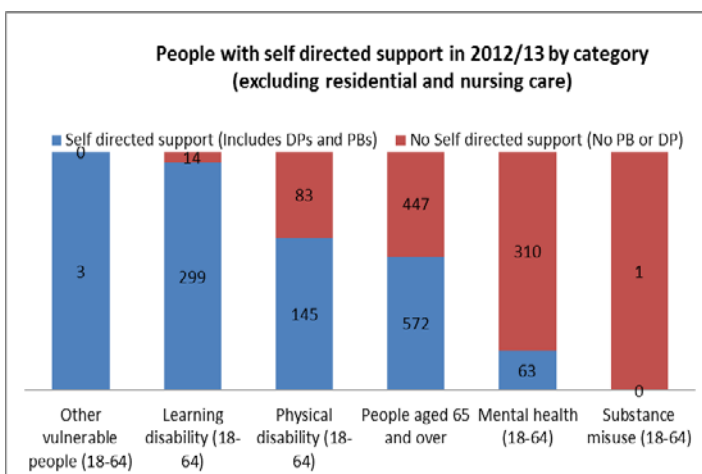
### Self Directed Support

Following *Putting People First* and the introduction of personalisation, over 1,000 people, representing more than half of those receiving community based services, now have personal budgets and the Council has adopted a policy to switch from block to spot contracts to facilitate choice and flexibility for Council funded customers.

Nearly all customers with a learning disability and almost half of older people receiving community based services have a personal budget.

Of people with personal budgets, the split between people under 65 and over 65 is about half and half.

Offering services on an individual level will require providers to develop information, pricing structures and flexibility in service provision that will make them attractive to people who are arranging their own care.



## Direct Payments

The Council also actively encourages and supports people to use Direct Payments and the numbers doing so have increased significantly in recent years. In 2012/13, Direct Payments totalled over £3.5 million.

Together with the large number of people funding their own care, this makes for an extensive independent market where people arrange their care directly with providers of their choice.

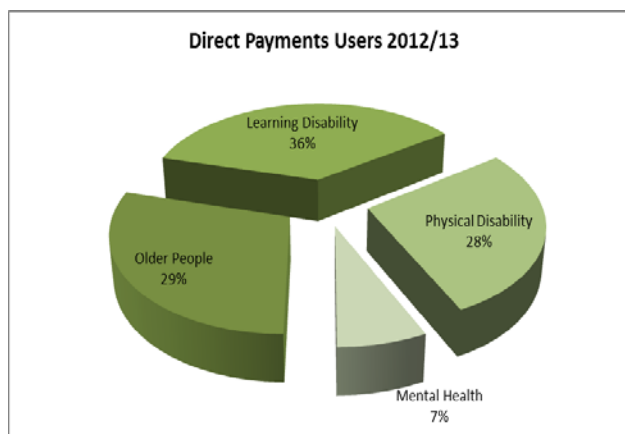
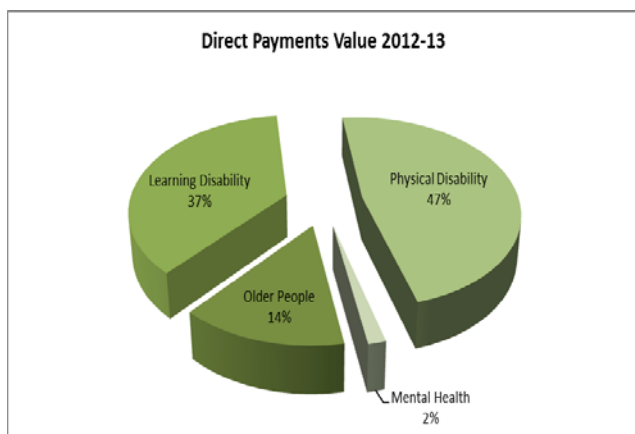
The Council is considering ways to make Direct Payments more accessible and easier to manage and monitor, including the possibility of introducing pre-loaded payment cards.

Wokingham	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Total number of customers receiving Direct Payments	230	255	311	295	335	360
Total number of customers receiving Community Based Services	2590	2970	2670	2640	2040	1935
<b>% of customers with Direct Payments</b>	<b>8.9%</b>	<b>8.6%</b>	<b>11.7%</b>	<b>11.2%</b>	<b>16.4%</b>	<b>18.6%</b>

Source NASCIS RAP/WBC

Direct Payments Value 2012-13	Total
Older People	£520,000
Learning Disability	£1,353,000
Physical Disability	£1,741,000
Mental Health	£56,000
<b>Total</b>	<b>£3,670,000</b>

Direct Payments Users 2012/13	Total
Older People	105
Learning Disability	130
Physical Disability	100
Mental Health	25
<b>Total</b>	<b>360</b>



## **How We Commission Services – The Social Care Pathway**

In order to meet the requirements of delivering Self Directed Support to people with care and support needs, everyone who is eligible for funding for community based on-going social care is allocated a personal budget to meet their assessed needs. Brokers in Optalis will help people to draw up support plans, within the budget set, detailing the services they wish to receive to meet their assessed needs and the costs. The support plans are then signed off by the Council.

This activity is supported by the Council's team of operational commissioners who become involved in more complex cases. The team also meet and work with providers to support the developing market, offering information about commissioning in the Borough of Wokingham.

There is also a dedicated Adult Social Care Commissioning Support team which advises on procurement and contracts where the Council is working with a new provider or commissioning new services.

At all times the Council seeks to ensure that providers meet our high standards of service quality and person centred support. The diagram in Appendix 4 shows the pathway in more detail.

**Further information about current care services is set out in the Council's Local Account**

<http://www.wokingham.gov.uk/socialcare/localaccount/>

### **People funding their own care**

It is difficult to count precisely how many people in the Borough are funding their own care. Research by the Putting People First Consortium in 2010 suggested that nationally around 45% of older people in care homes are funding this themselves, and estimated that over 250,000 people nationally were funding their own home care. Figures in that report suggest that there may be around 750 people over 65 funding their own home care in the Borough compared to around 300 over 65s funded by the Council at any one time and around 500 over the year.

The Council has commissioned a service from Optalis to provide assistance to local people who are considering residential care provision, to help them make the best use of their finances and find services which are right for them. This will include looking at alternatives to traditional residential care such as extra care housing.

The cost and funding of residential and nursing care for private customers has been highlighted in national reports with proposals for caps on the total for which an individual will be liable. The implications of this for the Council will be kept under review to ensure that we are able to plan appropriately when a final decision is made by the Government.



## 13. Detailed expenditure and commissioning intentions

### Overview

The Council's expenditure on care services for the main customer groups is set out below

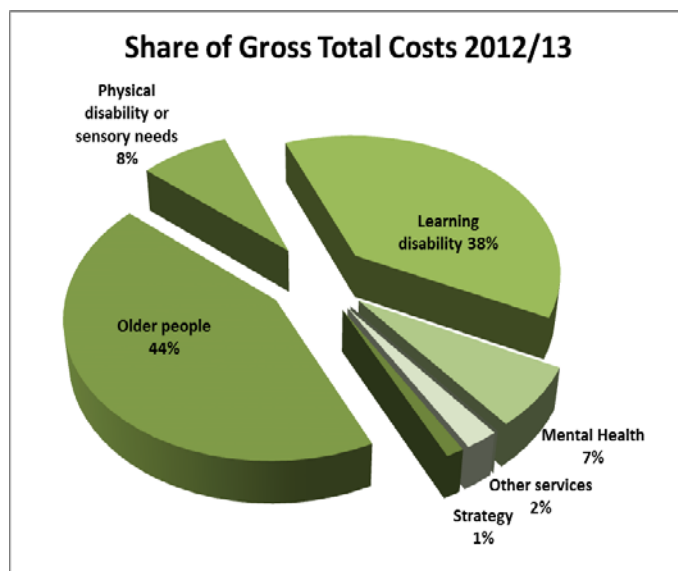
GROSS TOTAL EXPENDITURE	2010/11	2011/12	2012/13	Difference 11/12 to 12/13
<b>People Aged 65 or Over</b>	£22,607,000	£23,147,000	£23,721,000	£574,000
<b>Adults Aged Under 65 With a Physical Disability Or Sensory Impairment</b>	£3,797,000	£3,543,000	£3,887,000	£344,000
<b>Adults Aged Under 65 With Learning Disabilities</b>	£14,077,000	£12,930,000	£14,456,000	£1,526,000
<b>Adults Aged Under 65 With Mental Health Needs</b>	£3,431,000	£4,070,000	£3,570,000	-£500,000
<b>Other Adult Services</b>	£1,699,000	£198,900	£1,195,000	£996,100

(source: PSS-EX returns)

The vast majority of services are purchased from the independent sector.

The increasing use of personal budgets, and a dedicated brokerage service which plans support with customers in a person centred way, means the Council contracts with a wide range of providers, and will do so under spot rather than block contracts.

The Council will normally contract with any provider who is able to provide services to meet the assessed needs of an individual within their budget and who meets our standards in relation to CQC registration and inspection, finances, insurances and references.



The Council currently has contracts with almost 200 providers

- 35+ Domiciliary Care providers
- 45+ Residential & Nursing providers
- 35+ Supported Living providers
- 20 Day care providers
- 45 Other providers

## 13.1 Residential Services

### Commissioning Activity

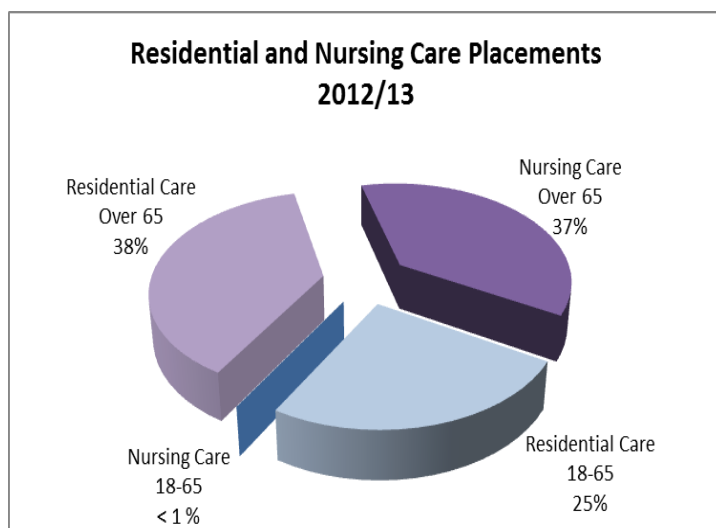
In 2012/13, including health funding, the Council spent over £24.3 million gross (£12 million net) on registered residential and nursing care for 585 customers.

		GROSS TOTAL COST	INCOME	NET TOTAL EXPENDITURE
Older People (65 or Over) Including Older Mentally Ill	Nursing care	£5,983,000	£2,458,000	£3,525,000
	Residential care	£7,147,000	£2,263,000	£4,884,000
Adults Under 65 With A Physical Disability or Sensory Impairment	Nursing care	£78,000	£41,000	£37,000
	Residential care	£252,000	£11,000	£241,000
Adults Under 65 With Learning Disabilities	Nursing care	£0	£0	£0
	Residential care	£10,244,000	£7,354,000	£2,890,000
Adults Under 65 With Mental Health Needs	Nursing care	£4,000	£0	£4,000
	Residential care	£629,000	£142,000	£487,000
<b>Total</b>		<b>£24,337,000</b>	<b>£12,269,000</b>	<b>£12,068,000</b>

#### Total number of people funded by WBC to receive Residential and Nursing care during 2012/13

Residential Care		
Age 18 to 64		145
Age 65+		220
<b>Total</b>		<b>365</b>

Nursing Care		
Age 18 to 64		5
Age 65+		215
<b>Total</b>		<b>220</b>



Most residential and nursing care is purchased for older people and there are over 20 care homes for older people in the Borough offering a total of around 1000 places. At any one time the Council funds approximately 300 residential and nursing places for older people.

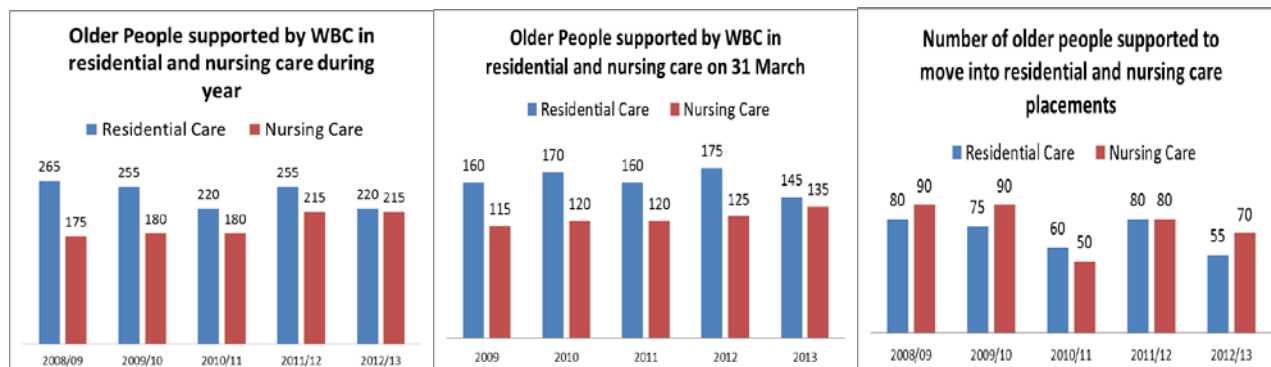
A significant number of people with learning disabilities are still supported in registered residential care settings. Such placements are relatively costly and represent over 40% of the Council's total residential care expenditure.

The Council's aim is that, in future, people will increasingly be in supported living schemes. Such schemes not only offer greater independence for residents with more flexible support but also offer better value for money. This may be achieved through de-registration of existing residential homes or through supporting people to find alternative supported housing, which may involve pooling of personal budgets to commission bespoke support.

## Significant Trends

### Older People

The tables below show for each of the last 5 years the number of older people supported by WBC in Residential and Nursing care over the year, the number of Council funded placements at the end of each year (which gives an indication of the number of Council funded placements at any one time), and the number of *new* permanent placements made during each year.



The number of Council funded residential places is falling slightly and the number of nursing care places is gradually increasing. It is likely that emphasis on support in the home and in the community has contributed to residential care numbers falling despite demographic pressures. Future commissioning by the Council of residential and nursing care places is less likely to be affected by the changes to eligibility criteria but proposed changes to financial eligibility may increase the number of people whose places are funded by the Council.

### Learning Disability

The number of people with a learning disability in residential care has declined over the past five years as more people are supported in the community in supported living schemes.

		2008/09	2009/10	2010/11	2011/12	2012/13
<b>Learning Disability</b>	Community Based Services	360	275	295	305	325
	Residential Care	175	155	80	145	140
	Nursing Care	5	0	0	0	0
	<b>Learning Disability Total</b>	<b>430</b>	<b>425</b>	<b>365</b>	<b>445</b>	<b>455</b>

## Commissioning intentions and implications for provision

### Residential Care and Extra Care Housing

The Council's aim is to reduce the number of people receiving care in registered residential settings and promote a model of extra care housing for older people and supported living for people with physical or learning disabilities or mental health issues so that people can stay independent for longer in a safe and secure environment where their support can be tailored to meet their individual needs.

The importance of also enabling people who are funding their own care to benefit from this approach is recognised and the Council has commissioned a service from Optalis to assist self-funders who are considering a care home place to look at alternatives as well as helping to find appropriate residential care where that is their choice.

The Council has accordingly identified as a priority the need to increase the number of extra care housing places in the Borough. Currently there are just over 80 extra care units which means that for every extra care unit there are 12 residential care beds. We would like to see

that ratio significantly improved within the next 5 years. The Housing LIN model of extra care need, based on 25 extra care places per 1000 people over 75, predicts that by 2015 the Borough will need 320 extra care units (compared to a predicted need for 580 residential care home beds for this group).

Extra care housing enables people to maintain their independence for longer and to exercise greater control over their lives by offering the opportunity for people to find appropriate accommodation before developing more significant care and support needs. A variety of tenure options, including shared ownership, means that schemes offer the opportunity for people to live in their own homes, whilst flexible support options mean they can do so for longer, and in many cases may not need to move again.

We also aim to reduce the number of high cost residential placements for complex needs cases, often outside the Borough. Registered residential care is often no longer the right option for such support and the Council will increasingly look to commission support within supported living settings which can offer flexible services to meet higher levels of needs.

### Nursing Care

Wokingham Borough Council's published strategy for Older People's accommodation supports the development of Extra Care accommodation to meet increasing need and demand from Older People. Given the switch of emphasis from residential care to support at home and in extra care housing, it may be the case that existing residential care providers will find there is a greater need for capacity in nursing rather than residential care. Accordingly they may want to consider increasing nursing capacity by re-allocating some existing residential capacity and, where necessary, changing their CQC registration status.

### Quality and Safeguarding Issues

Recent inquiries into standards in residential and nursing care for vulnerable people have highlighted the need for providers to operate in a person centred way and to ensure that all staff respect the dignity of residents and are aware of their responsibilities to report abuse. Proper management and supervision arrangements, support and training for staff and appropriate quality assurance, whistleblowing and safeguarding procedures are crucial to this. In assisting people to choose a suitable provider, brokers and commissioners will give particular attention to providers' training, practice and policies in these areas.

## 13.2 Domiciliary Care

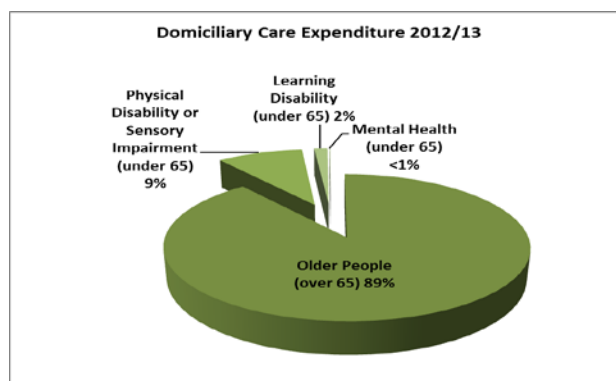
### Commissioning Activity

In 2012/13 the Council purchased around 260,000 hours of home care from over 20 providers at a cost of over £6.5 million. The majority of this support was for older people. At any one time in 2012/13 around 365 people were receiving home care funded by the Council. Over the course of the year the Council funded home care for 585 people.

#### Domiciliary Care expenditure 2012/13

<b>OP Domiciliary Care</b>	<b>£5,894,000</b>
<b>PD Homecare and Support</b>	<b>£605,000</b>
<b>LD Domiciliary Care</b>	<b>£94,000</b>
<b>MH Domiciliary Care</b>	<b>£10,000</b>
<b>TOTAL*</b>	<b>£6,603,000</b>

\*Includes health funded care, and block contracts for Short Term Rehabilitation, and support at Extra Care Housing schemes.



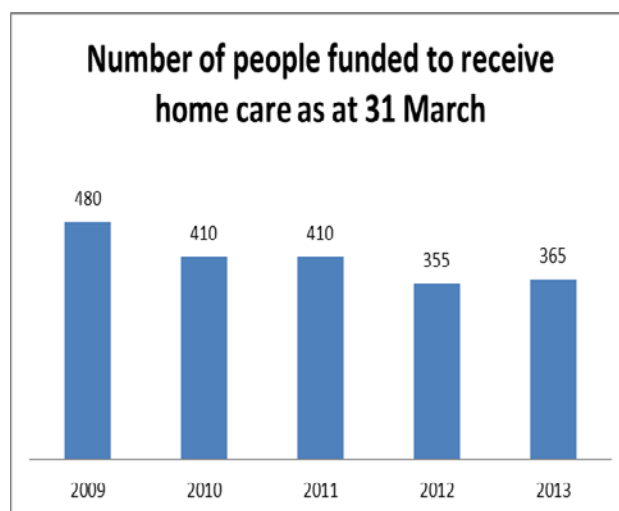
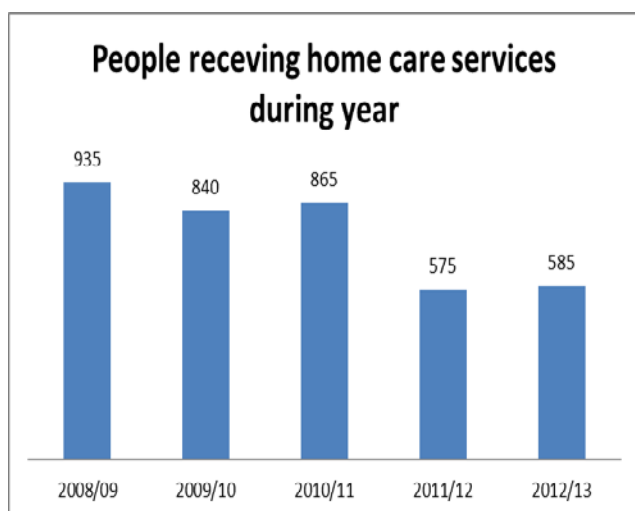
## Significant Trends

The number of people receiving Council funded home care services has been declining. This is most likely due to changes in eligibility criteria and the impact of prevention services which reduce the need for domiciliary care.

The reduction in 2011/12 was mainly due to changes in data returns which meant that about 200 people receiving short term rehabilitation or sitting services as a carers respite service were excluded.

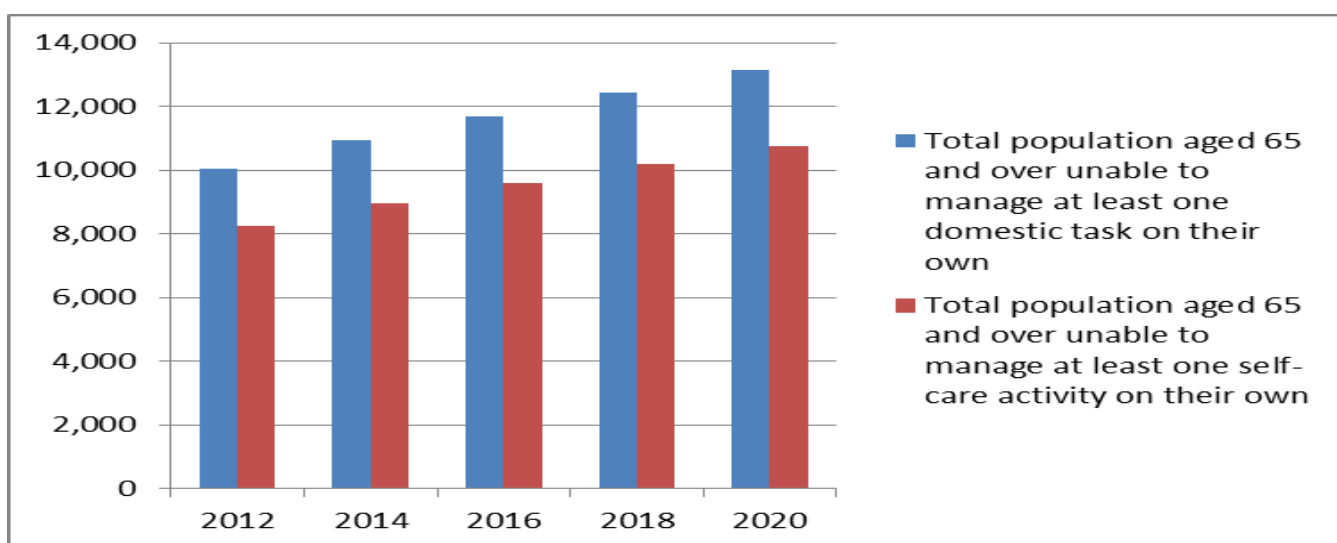
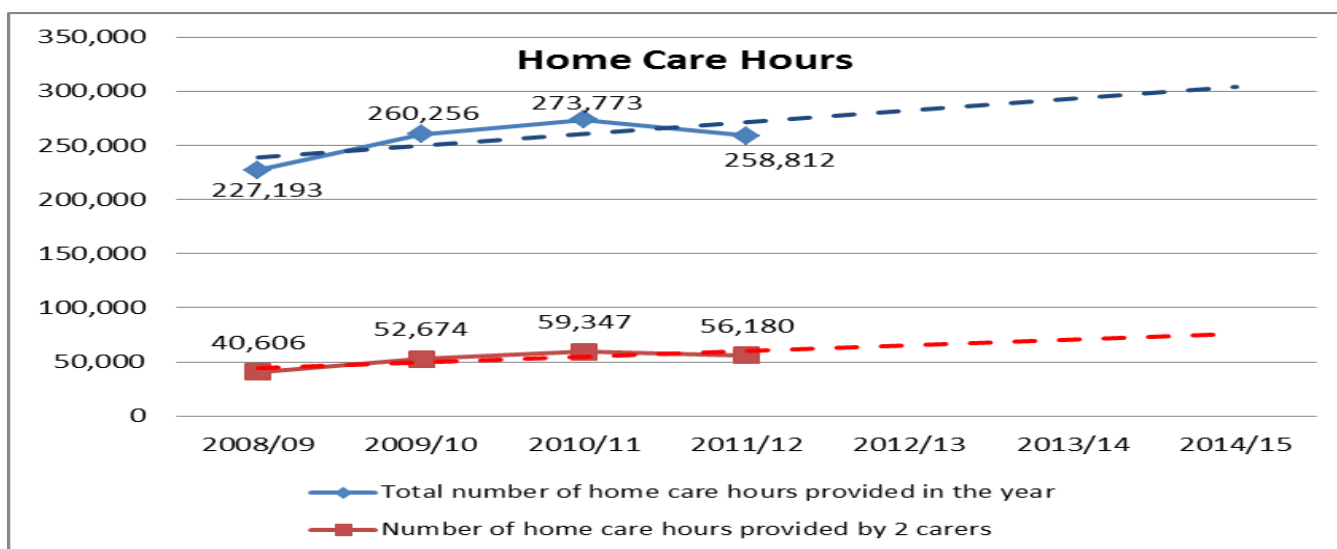
Figures for 2012/13 indicate that the downward trend has bottomed out suggesting that demographic pressures are catching up with preventative measures to reduce the need for home care services.

This is also supported by the numbers of people funded to receive home care services as at 31 March each year which gives a useful snapshot of demand at any one time.



In terms of hours provided however, the trend for home care provision been generally upwards over the last four years, as is the number of calls requiring two carers, both in absolute terms and as a proportion of the total. This reflects the Council's policy to support more people in their own homes in preference to moving into residential care.

	2008/09	2009/10	2010/11	2011/12
<b>Total number of people receiving home care in the year</b>	956	941	952	871
<b>Percentage of customers requiring 2 carers</b>	13.6% (130 people)	16% (153 people)	18% (171 people)	20% (173 people)
<b>Total number of home care hours provided in the year</b>	227,193	260,256	273,773	258,812
<b>Percentage of home care hours provided by 2 carers</b>	17.87% (40,606 hrs)	20.2% (52,674 hrs)	21.7% (59,347 hrs)	27.8% (56,180 hrs)



A map showing the distribution of home care customers and the age profile of wards across the Borough is at Appendix 6.

### Commissioning intentions and implications for provision

Where possible the Council aims to support people to remain living in their own homes for as long as they can. This places a particular emphasis on a good supply of high quality home care which can meet a variety of needs including people with complex needs and those who need end of life care.

Accordingly, there is likely to be a significant increase in the need for home care services. Over the past 5 years there has been an increase in provision of around 15% and the trend suggests that by 2015 we may need up to 15% more capacity to meet future needs. The potential impact of possible changes to the eligibility criteria, currently proposed as part of the draft Care Bill, on demand and supply of home care services is something we will address when these proposals are clearer.

The Council recognises, however, that it may not be easy for providers to expand local capacity and that recruitment and retention of care staff can be difficult for providers given the relatively high employment rate and levels of pay offered by other employers locally. In an attempt to address this, the Council actively engages with providers to highlight staffing issues

including changes in employment law, safeguarding, disclosure and barring checks, and staff development and training initiatives to assist with local workforce development.

Home care services should always seek to promote independence and enable people to retain or regain self-care and other life skills. This may require a different approach for providers and we will increasingly place an emphasis on delivering outcomes which will achieve this.

Services are currently commissioned from large and small providers including micro-providers and the Council is particularly keen to commission services from providers who are able to offer flexible and personalised services.

The Council will also be looking at other options to address the challenge of increased demand for home care services including prevention services, carers support and assistive technology and telecare solutions.

### **Short Term Rehabilitation Services**

Our main provision, known as START and now provided by Optalis, is offered for up to six weeks as a prevention service, meaning no statutory eligibility assessment or criteria are applied. The service is typically used by people leaving hospital and is designed to ensure that they are able to regain maximum independence. A formal social care assessment is undertaken before the end of the six week period to determine whether longer term support is needed.

The service currently supports 30-50 customers per month with 40% fully and 35% partially re-abled. The average period for which the service is provided is 3-4 weeks.

We are aware that there is demand for rehabilitation and re-ablement beyond the six week timescale covered by this service and we would like to see more home care providers offering specialist support in this respect, especially for people with dementia, to continue the work undertaken by the START service.

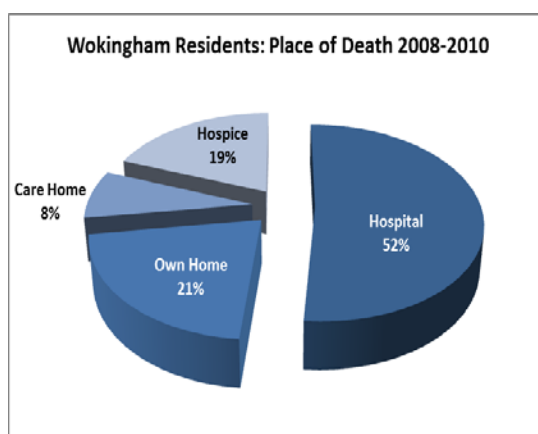
### **End of Life Care**

Figures for 2008-2010 show that of the people who died in Wokingham about half died in hospital. Only 21% died in their own homes, 20% died in care homes and 8% died in hospices.

However, Wokingham's statistics compare well with national figures which indicate that for people dying in the UK each year

- 54% die in hospital
- 18% die in their own home
- 17% die in a care home

(source: National End of Life Care Intelligence Network).



National figures also indicated that:

- 40–50% of those who died in hospital could have died at home
- 70% of people do not die where they choose

## Commissioning intentions

The Council would like to ensure, in line with the Department of Health's End of Life Care Strategy and other national guidance, that whenever possible people are able to choose where they receive their end of life care and that, whatever the location, high quality specialist support will be available to them and their families.

There is a Berkshire End of Life Care group, which includes social care, health and representatives of other agencies, which will work to ensure that we provide integrated services that are planned, commissioned and delivered in a joined up, person centred and outcomes focused way. This will include the development of a joint end of life care strategy with the local CCG to develop integrated services.

In the meantime, the Council will purchase end of life care for individuals as required, working closely with health professionals to ensure that we are able to arrange the necessary social care to enable people to receive their end of life care where they choose.

We also recognise the expertise of the hospice movement in end of life care provision and would wish to engage with hospice providers with a view to developing specialist outreach support based on the hospice. This will enable hospices' expertise to be brought into the community and be available to those who wish to receive their end of life care in their own homes.

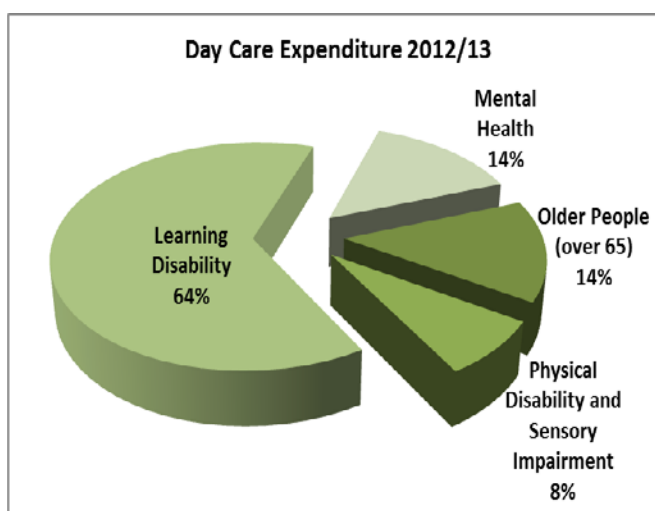
### 13.3 Day Services and Opportunities

#### Commissioning Activity

The Council spent approximately £4 million on day services and support in 2012/13 for 390 people. At any one time around 300 people were accessing day care services funded by the Council.

#### Day Services Expenditure 2012-13

<b>OP Day Care</b>	<b>£596,000</b>
<b>PD Day Care</b>	<b>£321,000</b>
<b>LD Day Care</b>	<b>£2,633,000</b>
<b>MH Day Care</b>	<b>£591,000</b>
<b>Total</b>	<b>£4,141,000</b>



Services purchased include

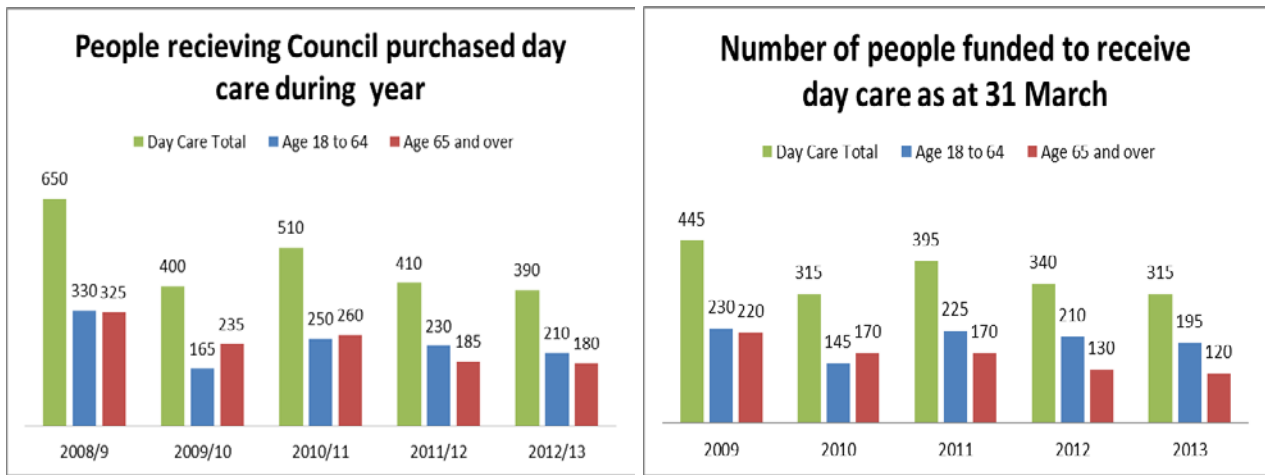
- Day centre places
- Education and training
- Personalised support to access social, leisure and other community based activities and services

#### Significant Trends

The number of people receiving Council funded day care services is slowly declining.

This would appear to be due to growing numbers using direct payments to purchase alternative types of daytime activities and attending open access prevention services such as lunch clubs.





### Commissioning intention and implications for provision

Alongside the provision of home care, access to day time opportunities is a key element in the Council's aim to support people with care needs to be able to live for as long as possible in their own homes, by preventing social isolation and enabling people to engage with their local communities.

It is a commissioning aim to ensure that there is a wide choice of such services and that support planning takes maximum advantage of these opportunities. Activities should promote physical and mental health and wellbeing, through physical and social activities. It should also, where appropriate, seek to enhance economic wellbeing by helping maintain or support pathways back into paid work for those of working age who are able to work. Services should also have a strong element of maintaining and enhancing life skills to prolong independence.

We would like to see more services offering activities in people's own neighbourhoods and these should increasingly take place in the wider community rather than in fixed locations and buildings. This will help maintain people's links with their local communities through accessing local shops, services and amenities.

The decline in Council funded traditional day care will have an impact on providers but it is difficult to give precise numbers in terms of impact on demand. The total number of people at any time directly funded by the Council for day services has reduced by about 10% each year since 2011. For older people there has been a 45% fall since 2009 and for people aged 18-64 a 15% fall. The increasing numbers taking up Direct Payments (see page 23) may be a factor in this, as people often use their direct payments to purchase alternative day activities. However this does not include direct payments users who continue to use traditional day care or people funding their own care. It is also unclear whether this trend will continue or will bottom out to a core group of customers who prefer more traditional provision. Providers of such services will need to monitor vacancy rates and plan for provision of alternative options that are attractive to people who are arranging their own care. They should seek feedback from existing and prospective customers, as well as brokers and commissioners, to ascertain what new services may be required.

Where support is best provided in more traditional day centre settings, these should provide a stimulating environment with a varied range of activities and opportunities for social interaction and relaxation including trips outside the centres. Centres should develop strong links with local community groups.

The Council would also like to see a greater range of appropriate services and activities for people with dementia, including early onset, which will help them to retain their cognitive functioning for as long as possible. These should include support for carers both with respite and with opportunities to take part in activities with the person they care for.

We are currently working with Optalis and other partners on remodelling the physical disabilities day services. We wish to see greater emphasis on re-ablement and on prevention, preferably in multi-use venues and community settings which can be shared with other groups providing a wide range of activities and opportunities.

## **13.4 Prevention Services**

### **Commissioning Activity**

The Council defines prevention services as those which can be accessed without the need for a statutory social care assessment and which are intended to prevent or delay people's health and wellbeing reaching the point where statutory services are needed.

In 2012/13 the Council spent around £2.5 million on prevention services. These included:

- day centres and activities covering all vulnerable groups
- health and fitness activities
- education and training opportunities
- supported living schemes
- housing related floating support
- general and specialised information, advice and support services including advocacy
- practical support such as gardening and handyman services
- home from hospital services, supporting people immediately following discharge
- befriending and visiting schemes
- supported volunteering

### **Commissioning Intentions**

The Council's Prevention Plan (2010) highlighted the importance of prevention services in meeting the Council's aims of supporting vulnerable people to remain independent in their local communities and the need for a good mix of services, from information, advice and support open to all, to more targeted services aimed at specific groups or to meet specific needs. The common theme was that such services were open to all who would benefit from them.

It is important that such services are easily accessible and the Council is therefore particularly keen to encourage local services that are based in, and involve a high degree of engagement with, the local community. It is also recognised that the voluntary sector is particularly well placed to provide such services and Council investment in services of this kind has added value in terms of building social capital and local community capacity.

Prevention services offer good value for money and open access means that they meet needs for people who might not access statutory council funded services for a variety of reasons. Accordingly prevention services will continue to be a key aspect of the Council's commissioning plans. However, in the current funding climate, the Council will increasingly be looking to fund those services which make maximum impact and which support people with particular needs or in specific areas where other support or opportunities might not be readily accessible. We will be looking for services which complement rather than duplicate statutory and other prevention or mainstream provision. Given the health impact of social isolation, prevention services to vulnerable people living alone which offer opportunities for social contact and access to their local communities are particularly important.

In addition, surveys have suggested that many people are unaware of the existence of Council funded prevention services and we will develop an on-going process of promoting these services in the community. When commissioning services, the Council will look to ensure that

providers have planned how the services are to be promoted and publicised and how access will be facilitated.

### **13.5 Carers Support and Respite Services**

The 2011 census return for the Borough indicated that nearly 14,000 Wokingham residents had caring responsibilities.

- 10,200 people were providing 1 to 19 hours unpaid care a week
- 1,400 people were providing 20 to 49 hours unpaid care a week
- 2,300 people were providing 50 or more hours unpaid care a week

The Council funds services for between 100 and 300 individual carers per year. This indicates that the vast majority of carers, even those with a very high level of caring responsibility, are not directly receiving services from the Council in their own right.

Carers support currently falls into two main types, advice and information, and respite (both at home and in residential provision). Services are, in the main, provided by carer organisations which are funded both by core grants and by payments from personal budgets to spot purchase services to meet individual needs. However, residential or domiciliary care required to provide respite for carers is also purchased from the wider care market.

Take up of open access services for carers, including information and advice, social events and respite, appears to be lower than the number of carers suggests should be the case. The increasingly high demands on carers from our growing older population will however mean that take up of these services will increase and services will need to be able to respond to this.

The number of carers supported in any given year varies with the needs of individual carers. This reflects the experience of carers where on-going regular support, for example peer support or regular respite, is mixed with shorter term intervention to deal with specific issues, such as additional support where a cared for person is discharged from hospital. Accordingly, services need to be flexible and able to meet variations in demand. In 2012/13, 498 carers were assessed by Adult Social Care teams and 129 of these carers received a service.

A recent survey of carers in the Borough (based on 200 replies) indicated that:

- 25% had used support or services allowing them to take a break at short notice
- 36.5% had used support or services e.g. a sitting service to have a short break
- 29% had used support or services allowing them to take a longer break
- 59% had used an information and advice service
- 37% had used support from carers groups or someone to talk to in confidence

The Council's Carers Strategy is due to be refreshed and there will be an emphasis on working with CCGs and carer organisations to expand the range of services available.

### **13.6 Services for younger adults**

Although numbers are low, the specialist nature of the support required in some cases, particularly multiple needs cases such as combinations of learning disability and physical disability or sensory needs, can result in very high cost care packages that do not always deliver the desired outcomes. Complex needs and challenging behaviour can result in support arrangements breaking down with few alternative options available. These placements are

often made outside the Borough due to their specialist nature and lack of local provision. For example, affordable ground level accommodation is difficult to source in Wokingham.

We are moving away from residential care to supported living as the preferred model of provision for adults, as this gives people more independence and more rights over their accommodation, affording vulnerable people the same rights of tenure as the rest of the population. This is a particular feature of provision for younger adults. However, in order to achieve this, housing partners are required as well as Supported Living providers and the Council is looking for innovative solutions from providers who are prepared to provide continuity of care in a flexible way as needs and circumstances change.

## **14. Service Quality**

It is of paramount importance to the Council that all services for vulnerable people are provided to high quality standards and that people using services, and their families, can be confident that their wellbeing will be safeguarded. To achieve this, the Council has developed a range of initiatives with the intention of working with providers and supporting them to meet the appropriate standards and to address issues as they arise.

### **Care Governance Board**

The Council has established a robust care governance process which reacts quickly to concerns about providers. Providers are alerted to concerns and the Care Governance team will work closely and intensively with them to address concerns. Information is shared with commissioners, brokers and neighbouring councils. Centrally maintained information enables patterns and trends to be identified and helps prevent situations from escalating.

### **Safeguarding Procedures**

Providers are expected to ensure that they follow the Berkshire safeguarding protocols and that all staff are appropriately vetted and trained and know how to recognise and report suspected abuse. The Council will only commission services from providers who meet our standards in this regard.

The procedures can be accessed at

<http://berksadultsg.proceduresonline.com/index.htm>

### **Dignity in Care**

The Council has recently appointed a Dignity in Care Co-ordinator to promote dignity in care in the Wokingham Borough by engaging with providers to raise awareness of dignity issues and working collaboratively to respond to issues and to find and facilitate solutions to them. The role is accountable to the Wokingham Borough Dignity in Care Board and is delivered in partnership with Berkshire Care Association and Wokingham Borough Council.

### **Support With Confidence**

The Council operates this local accreditation scheme for small scale and low level care services in partnership with West Berkshire and Wokingham Trading Standards. The scheme is aimed at providers or services which are not eligible for registration with the Care Quality Commission. This includes single persons providing personal care, support services which do not include personal care, and services offering support in the community or day activities.

Accreditation is granted only after a robust quality assurance evaluation including mandatory staff training, vetting and financial checks. The Council actively promotes the scheme and encourages brokers to select accredited providers. Training is offered free of charge for

safeguarding and providers are supported to access training in other areas where this is required (e.g. manual handling, food hygiene, risk assessment, health and safety, etc.)

Details of the scheme can be found here

<http://www.wokingham.gov.uk/socialcare/personalisation/confidence/>

### **Achieving quality services**

The above schemes and initiatives provide a framework within which we can support and monitor providers to help them deliver quality services.

In addition, we expect providers to have their own systems in place to achieve this which should also encompass fostering a culture of respect and dignity for customers, staff training and development, management processes such as regular supervisions and appraisals, and robust and well understood complaints and whistleblowing policies.

Ensuring the culture and framework for quality services exists does not necessarily involve excessive additional costs and many services which we commission demonstrate both high quality delivery and value for money and cost effectiveness.

## Appendix 1

### Case Studies - Quality Services: What does a quality service look like?

The examples below are drawn from good practice observed in a range of services and providers to give a composite outline of what a quality service should deliver.

#### 1. A Statutory Service to meet eligible social care needs

A provider was commissioned to deliver a supported living service to people with a learning disability following a tender exercise in which the tenants and their families were fully involved.

What we were looking for:

- A service based on achieving measurable outcomes that matched the individuals' assessed needs.
- A provider owned process to measure quality which supported the customers to be a part of that process in real and meaningful ways, actively demonstrating how people are involved and how that resulted in changes to company policies etc.
- A provider that could support people to develop their independence and so, in time, require less support and who would actively engage with the individual and practitioners to achieve these levels of independence.
- A provider that would actively seek feedback and respond positively to this with the aim of improving their services.

Why we thought the chosen provider would be able to meet these aims:

- An expression of interest showing that the provider understood the individual(s), and which offered a genuinely personalised service, at a price that was reasonable.
- An understanding of how to put together a set of measurable outcomes in partnership with the individuals and social care practitioners.
- Evidence of good partnership working with families, practitioners and other professionals and agencies.
- Evidence of an understanding of the individuals' situation and a willingness to act flexibly, showing definite commitment to being person centred, and open to scrutiny and engagement by the commissioning team and others.

How it has worked out:

- Customers have been able to exercise choice of provider and services and there is a level of ownership and engagement which has enabled the service to get off to a good start.
- Customers have a service provider that has shown that they understand them, and know how best to offer them support tailored to their specific needs.
- By meeting early in the process providers and customers were able to gain a better understanding of how the service would deliver the required outcomes.

## 2. A prevention service for non-eligible social care needs

A provider has been commissioned to provide a service which supports a wide range of individuals with a disability who do not have an eligible social care need for the service.

The provider was chosen following a tender exercise in which customers helped to draft the service specification and choose the provider.

What we were looking for:

- A provider able to offer a service available to people from all disability groups across the Borough who meet the criteria in the service specification.
- A provider that demonstrated an understanding of the aims and outcomes of the service specification and how it would operate in order to meet these within the budget.
- A service managed by staff with experience of working at a local level with volunteers.
- A provider that would be able to establish the service quickly with minimal additional support from the Council.

Why we thought the chosen provider would be able to meet these aims:

- An expression of interest showing that the provider understood the issues in delivering the service within the budget available and how it would address these.
- The service showed a clear willingness to work closely with the Council to achieve the service aims and the potential for delivering added value.
- Evidence of success in providing and developing services of a similar kind.
- Evidence of a good understanding of, and a clear commitment to, the aims of the service.
- Evidence of a willingness to work flexibly and independently to make the service successful.
- Evidence of an understanding of the issues of working with volunteers and a strong local presence in this field.

How it has worked out:

- Customer feedback confirms that the service provides what it is commissioned to and achieves the intended aims and outcomes.
- The service reports regularly to the Council and meets officers to ensure that outcomes are delivered and any issues are addressed.
- The service reports are clear and relevant setting out activity and costs, and including case studies and customer feedback.
- The service advertises widely in the local media and attends numerous local community groups to ensure that potential users are aware of what is on offer.
- The service adds value by signposting people to other services pre-empting crises which might have required more intensive intervention.
- The service is pro-active in seeking to generate income to supplement Council funding and is aware of and actively seeks opportunities to grow and develop.
- The service works effectively in partnership with other services and agencies.

## **Appendix 2**

### **Market Development Plan Summary**

In 2011 WBC Adult Social Care adopted a Market Development Plan with the objective that all customers of social care services can access a variety of diverse services to meet their needs from a range of providers offering high quality services resulting in effective achievement of outcomes whilst providing good value for money. This will be achieved by:

#### **Increasing choice of provider**

- Streamlining procurement and grant procedures to encourage new providers
- Delegating contracting to brokers and customers
- Facilitating entry to market through information and advice
- Encouraging and supporting social enterprises, micro-enterprises, Community Interest Companies, and User Led Organisations
- Providing good information about what is available

#### **Increasing variety and diversity of service**

- Focusing on person centred rather than off the shelf solutions
- Encouraging innovation and diversity
- Involving customers in planning, designing and commissioning services
- Promoting local and community based services
- Facilitating access to existing universal services
- Developing Community Care Traded Services to fill market niches

#### **Ensuring quality of services**

- Introducing framework contracts and approved provider lists
- Operating robust, fair and transparent quality assurance procedures
- Conducting supportive contract monitoring
- Rewarding good practice
- Setting up Support with Confidence scheme

#### **Promoting achievement of outcomes**

- Contracting for outcomes not outputs
- Working to outcomes focused support plans.
- Contracting for payment by results

#### **Getting value for money**

- Adopting transparent costing
- Adopting flexible pricing structures
- Investing in technology

The full plan can be found at <http://www.wokingham.gov.uk/socialcare/information/>



### Appendix 3

**Summary of WBC Commissioned Services** (note: tables show numbers of people using Council funded services - people may receive more than one service).

All Services	2008/09	2009/10	2010/11	2011/12	2012/13
<b>Community Based Services</b>	2970	2670	2640	2040	1935
Residential Care	440	415	315	400	360
Nursing Care	185	190	195	220	220
<b>Total</b>	3320	3150	3030	2550	2420

Community Based Services by type	2008/09	2009/10	2010/11	2011/12	2012/13
Home Care	935	840	865	575	585
Day Care	650	400	510	410	390
Meals	420	375	270	215	150
Short Term Residential – not respite	45	30	70	5	10
Direct Payments	255	311	295	335	360
Professional Support	965	825	1120	670	640
Equipment & Adaptations	870	985	900	585	505
Other	115	55	75	55	55

Customer Groups (by main disability)		2008/09	2009/10	2010/11	2011/12	2012/13
<b>Physical Disability (including sensory impairment)</b>	<b>Total</b>	<b>2145</b>	<b>1935</b>	<b>1985</b>	<b>1450</b>	<b>1390</b>
	Community Based Services	1905	1685	1720	1145	1090
	Residential Care	210	195	185	205	185
	Nursing Care	145	140	165	180	190
<b>Mental Health (including dementia)</b>	<b>Total</b>	<b>730</b>	<b>780</b>	<b>665</b>	<b>640</b>	<b>565</b>
	Community Based Services	690	705	615	580	515
	Residential Care	55	65	50	50	35
	Nursing Care	35	45	25	35	25
<b>Learning Disability</b>	<b>Total</b>	<b>430</b>	<b>425</b>	<b>365</b>	<b>445</b>	<b>455</b>
	Community Based Services	360	275	295	305	325
	Residential Care	175	155	80	145	140
	Nursing Care	5	0	0	0	0
<b>Other Vulnerable People</b>	<b>Total</b>	<b>10</b>	<b>5</b>	<b>10</b>	<b>10</b>	<b>10</b>
	Community Based Services	10	5	10	5	10
	Nursing Care	0	0	5	5	5

## Snap shot of people receiving services on 31 March each year for 2011-13

(All figures are rounded to nearest 5 and accordingly totals may not add up)

Residential and Nursing Care		2011		2012		2013	
		Residential Care	Nursing Care	Residential Care	Nursing Care	Residential Care	Nursing Care
Age 18 to 64	Physical Disability	5	5	10	0	5	0
	Mental Health	10	0	5	0	5	0
	Learning Disability	110	0	165	0	145	0
Age 65 and over	Physical Disability	125	100	125	110	115	115
	Mental Health	30	20	35	15	20	20
	Learning Disability	5	0	15	0	15	0
<b>Total</b>	<b>Number of Residents Supported</b>	<b>280</b>	<b>125</b>	<b>360</b>	<b>130</b>	<b>300</b>	<b>135</b>

### Community Based Services

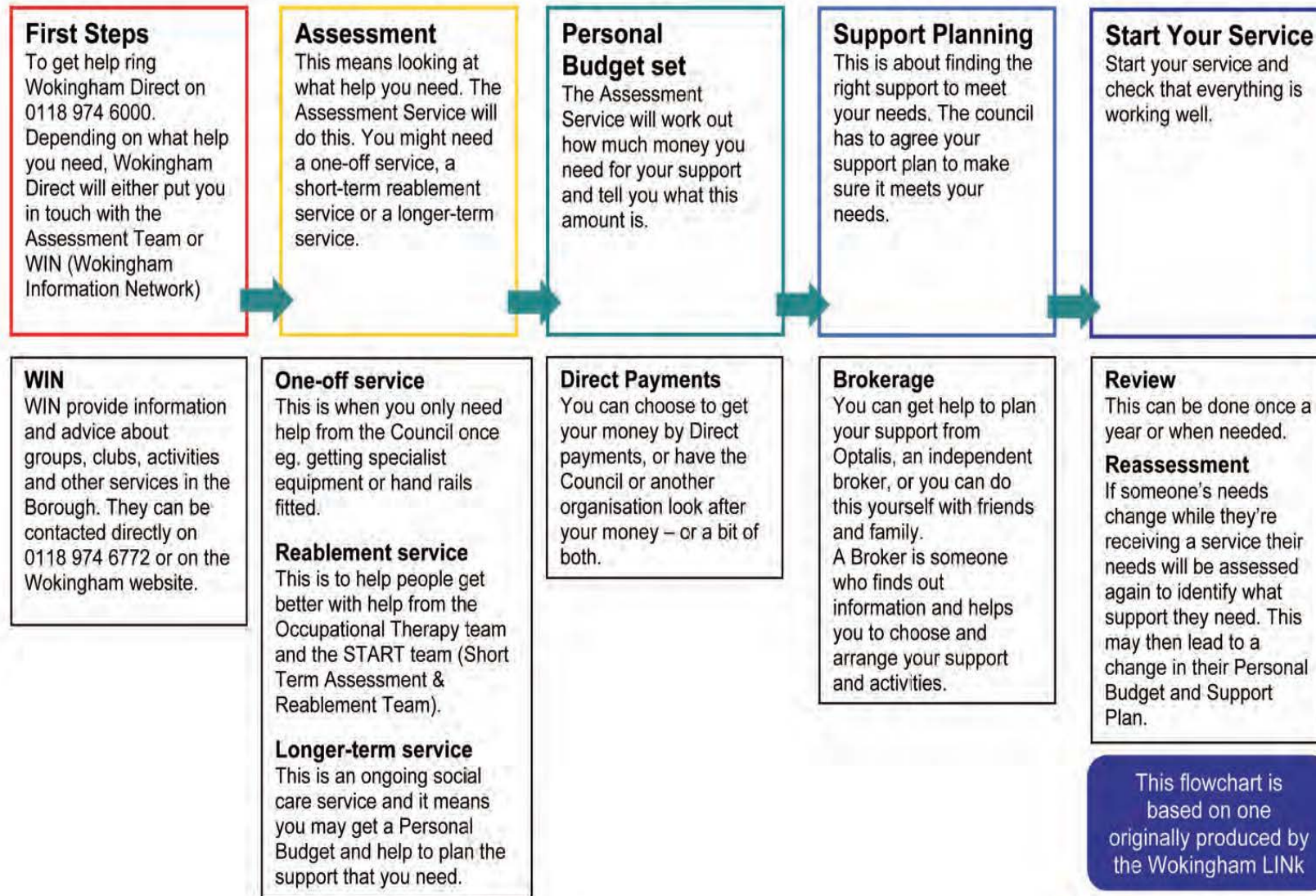
Age group and reason for service		2011	2012	2013
Age 18 to 64	Physical Disability	165	135	145
	Mental Health	240	245	260
	Learning Disability	270	275	295
Age 65 and over	Physical Disability	570	445	395
	Mental Health	90	85	90
	Learning Disability	5	10	10

### Community Based Services

Age group and type of service provided		2011	2012	2013
Age 18 to 64	Home Care	60	60	60
	Day Care	225	210	195
	Meals	10	5	5
	Direct Payments	160	190	230
	Professional Support	420	365	385
	Equipment & Adaptations	55	40	15
	Other	35	25	10
Age 65 and over	Home Care	350	295	305
	Day Care	170	130	120
	Meals	120	95	60
	Direct Payments	65	65	80
	Professional Support	180	55	70
	Equipment & Adaptations	105	70	10
	Other	35	10	15
<b>Total</b>		<b>1345</b>	<b>1195</b>	<b>1200</b>

## Appendix 4

### Wokingham Borough Council Adult Social Care Pathway



## **Appendix 5**

### **Wokingham's Health and Wellbeing Strategy - Summary**

**The key themes of the strategy are:**

#### **1 - Promoting Good Health Throughout Life**

Key priorities under this theme will include:-

- Promoting and facilitating more opportunities for active lifestyles with a focus on those who have long term conditions or who are at risk of developing them.
- Preventing poor emotional health and wellbeing, focusing on reducing stress, anxiety and depression in children and adults.
- Prioritising development of workplace health initiatives reducing absenteeism, increasing economic productivity and increasing the wellbeing of those living and working in the Borough.

#### **2 - Building Health and Wellbeing into New Communities**

Key priorities under this theme will include:-

- The Board becoming a consultee on all major (50 units +) housing developments and regeneration activities in the Borough.
- Influencing the design of the built environment to be maximise wellbeing and sustainable communities.

#### **3 - Improving Life Chances**

Key priorities under this theme will include:-

- Delivering a new health improvement programme focusing on five areas of relative deprivation.
- Working to deliver neighbourhood initiatives in partnership with the community.
- Narrowing the gap between the performance of those children in danger of being left behind in comparison to their peers.
- Building on the existing healthy lifestyles programme for those from a Black and Minority Ethnic (BME) background.
- Increasing engagement with the Traveller and Gypsy communities in all areas of wellbeing to promote behaviour change whilst keeping cultural identity.
- Ensuring employment for all, including young people not in education, employment or training and people with long term conditions and mental health problems.

#### **4 - Emotional Health and Wellbeing**

Key priorities under this theme will include:-

- Improving appropriate access to, and the quality of, Child and Adolescent Mental Health Services
- Aiming for the care of people with dementia to be the best in England
- Increasing awareness of, and reducing the incidence of, domestic abuse.
- Improving patient satisfaction in mental health services (from 25% to 50%).

## **5 - Older People and Those with Long Term Conditions**

Key priorities under this theme will include:-

- Enabling people to keep well and stay in their own homes through empowering them to self care and live independently.
- Supporting Carers, including Young Carers, who are looking after their friends and relatives.
- Ensuring health and social care services are easily accessible, customer focused and reducing duplication of individual care assessments, by improving the integration of services.
- Reducing social isolation in the elderly.
- Creating a new modern community facility that supports people with physical disabilities and long term conditions.

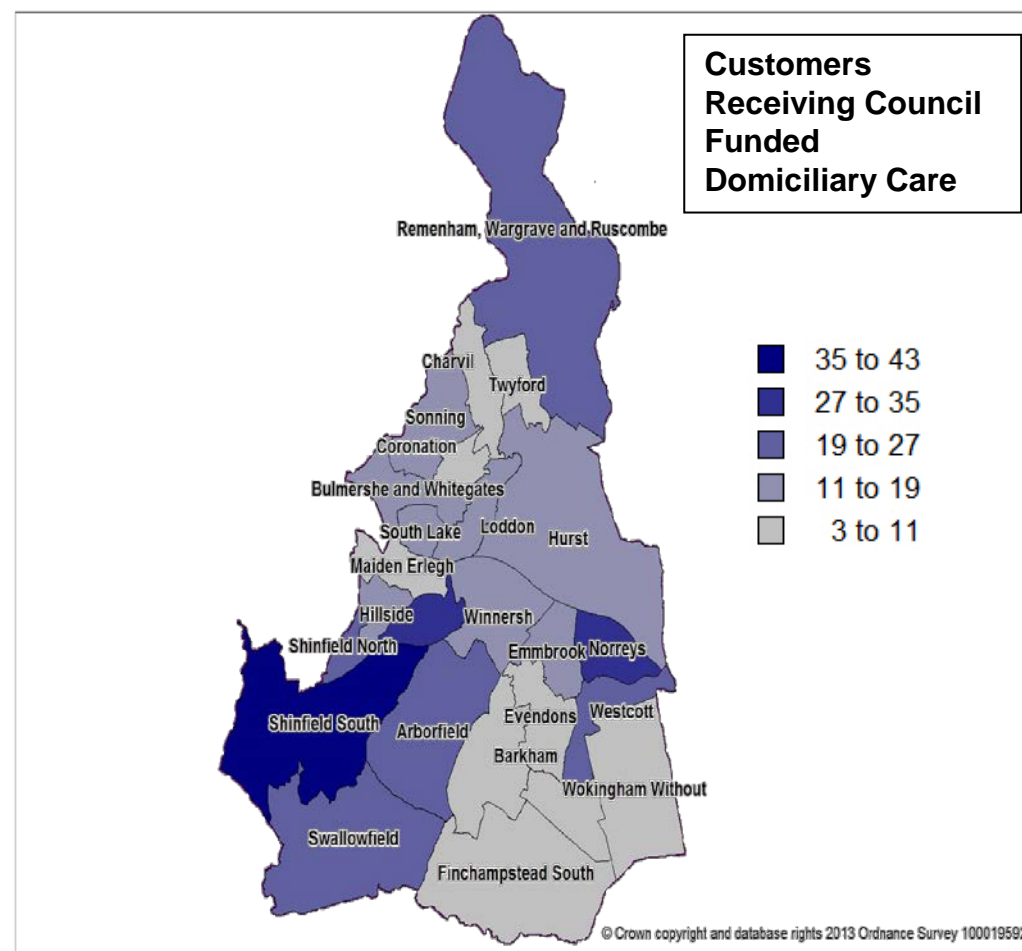
**Key Adult Social Care objectives to address the above priorities include:**

- Create a new centre for physical activity for those with long term conditions offering 5 outreach classes in areas away from the centre.
- Create a new post providing physical activity opportunities for 100 participants.
- Create new day respite for those with young onset dementia.
- Establish an emergency care service and a sitting service for carers of those with dementia.
- Delivery of the Prime Minister's Dementia Challenge project including development of a Dementia Alliance with local businesses and a new intergenerational project.
- Provide advice and support on assistive technology to over 50 adults of working age and to 100 adults aged 65+.
- 85% of people successfully supported to regain their independence without need for on-going services.
- Invest £130,000 of health services funding into supporting over 100 additional carers through short breaks and other Carers Services.
- Publish and circulate 1,000 copies of a Carers Guide providing essential information to carers.
- Provide information and advice to people at point of contact through Wokingham Direct and the Wokingham Information Network service (WIN)
- Everyone with eligible social care needs to have personal budgets and brokerage support to offer bespoke services to meet individual needs
- Extend the range of housing options for older people within sustainable communities to include planned provision of a further 185 extra care housing units across the Borough.

## Appendix 6

### Age Profile of Wards and Distribution of Council Funded Home Care Customers

Ward (ranked by number of people over 65)	All Residents	Total 0-17	Total 18-64	Total 65+	% 65+
Bulmershe and Whitegates	8452	1850	4840	1762	20.85%
Norreys	8653	1887	5148	1618	18.70%
Emmbrook	8051	1708	4746	1597	19.84%
Wokingham Without	8024	1944	4637	1443	17.98%
Maiden Erlegh	8895	2130	5395	1370	15.40%
Remenham, Wargrave and Ruscombe	5421	1041	3111	1269	23.41%
Winnersh	9407	2331	5929	1147	12.19%
Hillside	8386	1843	5422	1121	13.37%
Twyford	5791	1211	3481	1099	18.98%
Coronation	5654	1252	3340	1062	18.78%
Evendons	8691	2143	5494	1054	12.13%
Loddon	9006	2216	5749	1041	11.56%
Wescott	5295	1051	3213	1031	19.47%
Finchampstead South	5514	1268	3267	979	17.75%
South Lake	5424	1017	3546	861	15.87%
Shinfield South	6780	1576	4382	822	12.12%
Finchampstead North	5463	1320	3332	811	14.85%
Hawkedon	9385	2236	6440	709	7.55%
Sonning	3229	703	1823	703	21.77%
Swallowfield	2978	677	1805	496	16.66%
Charvil	3042	784	1843	415	13.64%
Barkham	3603	866	2345	392	10.88%
Hurst	2886	725	1773	388	13.44%
Shinfield North	3490	884	2277	329	9.43%
Arborfield	2860	797	1793	270	9.44%
<b>Totals</b>	<b>154,380</b>	<b>35,460</b>	<b>95,131</b>	<b>23,789</b>	<b>15.41%</b>



## Appendix 7

### Contact Details for Contracts and Commissioning

**General Contracts Enquiries** - For information or queries about existing adult social care contracts

[CommissioningSupportTeam@wokingham.gov.uk](mailto:CommissioningSupportTeam@wokingham.gov.uk)

**Strategic Commissioning** – For information about strategic commissioning issues.

- General

[James.burgess@wokingham.gov.uk](mailto:James.burgess@wokingham.gov.uk) - Senior Commissioning Manager

[Mike.stillman@wokingham.gov.uk](mailto:Mike.stillman@wokingham.gov.uk) - Strategic Commissioning Officer

- Older People and Carers

[Alain.wilkes@wokingham.gov.uk](mailto:Alain.wilkes@wokingham.gov.uk) - Senior Commissioner

### Operational Commissioning

[Julie.stephens@wokingham.gov.uk](mailto:Julie.stephens@wokingham.gov.uk) - Operational Commissioning Manager

### Optalis Brokerage and Support

[Ron.brown@Optalis.org](mailto:Ron.brown@Optalis.org) - Business Area Manager Brokerage and Professional Support

**Optalis Intelligent Purchasing** - (for Domiciliary Care services)

[Roisin.baillie@Optalis.org](mailto:Roisin.baillie@Optalis.org) – Intelligent Purchasing Organiser

**Wokingham Clinical Commissioning Group** - NHS Commissioning

**Contact: Gabrielle Alford** - Director of Joint Commissioning

[WOCCG.administrator@nhs.net](mailto:WOCCG.administrator@nhs.net)

**Web:** <http://www.wokinghamccg.nhs.uk/about-us>

**Appendix 8**  
**Other Council Strategies and Policies Relevant to Adult Social Care**

Affordable Housing Supplementary Planning Document	<p>Provides further guidance on the Council's approach to securing affordable housing through the amplification of policies in the Core Strategy and the Managing Development Delivery Plan</p> <p><a href="http://www.wokingham.gov.uk/planning/policy/housing/adoptedaffordablehousingspd/">www.wokingham.gov.uk/planning/policy/housing/adoptedaffordablehousingspd/</a></p>
Core Strategy	<p>Adopted by the Council in January 2010, the Core Strategy sets out the long term 'spatial vision' for the Wokingham Borough up until March 2026. This includes policies and strategies to provide new housing, schools, roads, places to work and other services. It includes the following:</p> <ul style="list-style-type: none"> <li>• Core Strategy CP2 – inclusive communities – addressing needs of ageing population, children, young people and families, people and groups with special needs</li> <li>• Core Strategy CP5 – sets thresholds and percentages of affordable housing required from new developments, provides for a variety of types and sizes of accommodation, includes provision of lifetime homes</li> <li>• Core Strategy CP9 – scale and location of development – includes affordable housing on rural exception sites, if need demonstrated</li> </ul> <p><a href="http://www.wokingham.gov.uk/planning/policy/ldf/new-ldf-core-strategy/">www.wokingham.gov.uk/planning/policy/ldf/new-ldf-core-strategy/</a></p>
Corporate Plan	<p>Our current corporate plan sets out how we will achieve our Local Area Agreement and our Vision for the Borough. It sets out specific targets for 2008-2018 including:</p> <ul style="list-style-type: none"> <li>• Providing high quality services and value for money</li> <li>• Engaging with our residents on key decisions</li> </ul> <p><a href="http://www.wokingham.gov.uk/council/decisions/plan/">www.wokingham.gov.uk/council/decisions/plan/</a></p>
Housing for Older People Strategy	<p>Sets out the Council's approach to providing housing for Older People (2005, plus update 2008, new policy due in 2014)</p> <p><a href="http://www.wokingham.gov.uk/socialcare/retirement/">www.wokingham.gov.uk/socialcare/retirement/</a></p>
Managing Development Delivery Development Plan Document	<p>Yet to be finalised following comments from the Secretary of State on a draft version</p> <p>Includes the following:</p> <ul style="list-style-type: none"> <li>• Policy TB05 – housing mix – appropriate mix of accommodation that reflects the Council's Housing Strategy and Affordable Housing SPD; proportion of dwellings built to Lifetime Homes Standards.</li> <li>• Policy TB09 – residential accommodation for vulnerable groups – support for extra care, dementia extra care, enhanced sheltered and proposals that allow people to remain in their own homes or purpose built accommodation.</li> <li>• Policies SAL01-SAL03 – sites within these policies allocated for housing include relevant affordable housing in line with CP5 of the Core Strategy</li> </ul> <p><a href="http://www.wokingham.gov.uk/planning/policy/ldf/managingdevelopmentdelivery/submissiondocuments/">www.wokingham.gov.uk/planning/policy/ldf/managingdevelopmentdelivery/submissiondocuments/</a></p>
Sustainable Community Strategy	<p>Produced by the Local Strategic Partnership this sets out the vision for the Borough to 2020. It includes four key priorities:</p> <ul style="list-style-type: none"> <li>• Creating the best place in the country to grow up</li> <li>• Creating a place that enjoys strong economic growth and prosperity</li> <li>• Creating a sustainable place to live, visit, work and do business</li> <li>• Creating a place where everyone can enjoy good health and wellbeing, and where vulnerable people are supported</li> </ul> <p><a href="http://www.the-network.info/Groups/191153/The_Network/Local_Information/Strategic_Partnership/Strategic_Partnership.aspx">www.the-network.info/Groups/191153/The_Network/Local_Information/Strategic_Partnership/Strategic_Partnership.aspx</a></p>







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