Birmingham’s Market Position Statement for Older Adult Social Care
Local Councils are facing considerable challenges in terms of providing services with decreasing budgets, whilst demographic demands and expectations are constantly rising. We all have a part to play in ensuring adult social care delivers the required outcomes within the resources available as laid out in the Council’s Plan “Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity” approved by the Cabinet in March 2014. The Council remains ambitious to achieve ‘best in class’ when compared with other Councils, particularly by improving the ability of our citizens to self-care and remain independent in their communities, whilst delivering cost effective and personalised solutions for those with care needs.

The Care Act of 2014 also emphasises the importance of Local Authorities working with providers to shape the market and ensure information is shared. With this in mind, Birmingham’s Market Position Statements set out our vision for care and support, along with commissioning intentions for services locally. They are aimed at providing care organisations with information about the Council’s agreed direction and policy intent, key information on local population needs, service demand and trends, as well and our ambition for quality provision and new service innovations.

The latest Market Position Statements are a series of openly available web-based documents that are intended for provider organisations to understand the opportunities to address local need and demand. Potential providers can find out what it takes to deliver services in Birmingham, including support available through the Commissioning Team. We are striving to create a care market that delivers good quality care and better outcomes, in way that is safe and promotes independence.

If you have any comments or feedback on Birmingham’s Market Position Statements or suggestions for how we can improve the information made available, please email: richard.doidge@birmingham.gov.uk

I am really pleased to welcome you to our updated suite of Commissioning Market Position Statements. This edition covers the Older Adults sector of the social care market. Over recent years, those involved in commissioning services have developed a better understanding about the demands and pressure on the health and social care system. This has enabled us to target resources more effectively to achieve better outcomes for our citizens; especially during this sustained period of scarce, indeed diminishing resources.

We want to maintain a diverse, efficient, sustainable market, which continues to provide high quality services to meet citizens needs. The Market Position Statements provide useful information and ‘signals’ to ensure the market remains vibrant and develops in an appropriate way.

Jon Tomlinson, Director for Joint Commissioning
As people live longer and the older population grows, the number of people with dementia is expected to double over the next 30 years.

Birmingham has a relatively young population compared to England as a whole, as illustrated by the population pyramid shown to the right. However, Birmingham is the largest local authority in the country, which means the actual number of people aged over 65 is very large; with challenges and opportunities for the council and providers of care.

There were estimated to be 143,800 people aged 65 and over living in Birmingham in 2014; of which almost 42,000 are aged 80 and over. The challenge for Birmingham is to shape the market to meet the future needs of older people. People are living longer, which means that the population aged over 65 is predicted to increase by 29% by 2030; and in particular there will be around 58,000 people aged over 80, which is a significant increase of almost 40%.

The number of people estimated to have dementia is also predicted to increase in step with this; over 14,000 people by 2030.

Source: Projecting Older People Population Information System

“As people live longer and the older population grows, the number of people with dementia is expected to double over the next 30 years”
Birmingham’s older adult population is distributed unevenly across the city. The map shows the concentration of people aged 65 and over, per Ward. Areas coloured dark green have higher numbers of older people, lighter colours less.

The outer Wards have the highest numbers of older people; Sutton Coldfield and Oscott in the north of the city, with other large concentrations in the south of the city in Northfield and Selly Oak constituencies, and those constituencies bordering Solihull in the East.

The central areas of Birmingham; Ladywood and neighbouring Wards, have a much younger population and fewer older people.

There are differing levels of economic deprivation across the city, along with diverse ethnic backgrounds; and so the needs of the population can be very different.

Linked to this, the ethnic profile of the older adult population will change significantly in the coming years, with a large predicted increase in people from an Asian (particularly Pakistani) background passing the age of 65.

The chart to the left illustrates the ethnic makeup of Birmingham’s older population, and also shows the proportion of people from each ethnicity in receipt of services from Birmingham City Council. Around 74% of people aged over 65 in Birmingham are from a White UK background. It is interesting to note the differing ethnic makeup of people using different types of service; Asian people are noticeably under-represented amongst residential and nursing home residents, but there is a much higher proportion of people from Asian and Black backgrounds using both Direct Payments and Day Opportunities (this service data does not include self-funders).

Later in the Market Position Statement we will show service mapping and market capacity for different types of care; and this shows that the locations and types of services available do not always correlate with the levels and types of need in each area of the city.
Birmingham has a large and established market for residential and nursing homes for older adults. Currently within the Local Authority area there are 83 residential care homes, and 51 nursing homes caring for people aged over 65. There are around 2,500 beds within residential homes, and 2,200 beds within nursing homes within the city. Generally, homes or older adults are larger than those for younger adults; the average size of an older adult home in Birmingham is around 35 beds.

Around half of the older adults care homes in the city say they are suitable for people with dementia. More specialist dementia beds are required, particularly in nursing homes.

Birmingham City Council also purchases care home beds for citizens outside of the city boundary (details of which are on page 6); and likewise many of the beds within Birmingham are used by other local authorities, along with significant numbers of self-funders.

The distribution of care home capacity is uneven across the city, and does not closely match the areas in which the highest numbers of older people live; as shown by the thematic maps.

**Commissioning Intentions:**

- Reduce high dependence on residential care by offering alternative options to newly assessed clients
- Increase the number of older people using Direct Payments and self-directed support
- Improve the quality of care home provision in Birmingham
- Ensure that quality care home provision is available in the areas in which people want to live.
- Shape the market to ensure there is adequate provision of specialist dementia care in nursing homes.

Birmingham has a mixture of provider types. As shown above, over 80% of capacity in the city is privately-owned, with the remaining 20% being a mixture of Third Sector, Council and NHS.
Care Homes

In addition to high levels of residential care in Birmingham, there are also significant numbers of Birmingham citizens living in care home placements outside of the city; in some cases far outside the West Midlands, as illustrated in the map shown to the right.

There are currently over 260 Birmingham citizens aged 65 and over in care homes more than five miles outside the city boundary; including many in the wider Midlands region, and in the south of England. This is around 9% of total care home clients. Additionally, more than 400 people live within five miles, but still outside of the city of Birmingham.

In some cases this can present problems for service users and their families, if home placements have been commissioned out of area due to a lack of appropriate capacity in the city; although in many instances people have chosen to move to other parts of the country to be near family.

This can presents issues for Commissioning because of the difficulty in quality monitoring services in other parts of the country.

Specifically, there is a need for more specialist dementia care in nursing homes. Care brokers often experience difficulty in finding vacancies that meet service user need and outcomes when commissioning for these types of care packages.

Respite Care:

Although almost half of older adult care homes in Birmingham say they provide respite care, it is often difficult to find appropriate vacancies, particularly at short notice; which is when families need respite care most in the case of emergencies.

There are at least 20 people at any given time in need of respite care, and often these places are commissioned out of area.

Commissioning Intentions:

- Ensure there is appropriate provision of services catering for specialist needs within the local area, to reduce unnecessary placements outside the city.
- Commission additional respite care beds for older adults within Birmingham to meet demand promptly when people need it.
- Improve the quality of care home services within Birmingham, to give service users and self-funders more confidence in choosing Birmingham homes.
Commissioning has developed a Framework Agreement for the commissioning of many services; currently all Home Care and Older Adults Care Homes. This involves providers signing up to a framework contract, if they wish to bid to provide packages of care. Services are then tendered through a micro-procurement system, called Sproc.net. Providers who have stated they can provide care appropriate to the individual client’s needs can then submit person-centred bids, stating how they will provide the care and what rate they will charge.

An associated quality ratings system has been developed which determines which providers are successful. Quality ratings are calculated via quarterly Self-Assessment Questionnaires completed by providers, CQC information, commissioner assessment visits and from feedback from citizens and their families.

Successful bids are assessed by weighting **quality at 60%** and **cost at 40%**, so that quality of service and personalisation determine success.

**Commissioning Intentions:**
- All bed-based care and domiciliary care will be commissioned by micro-tendering through Sproc.Net.
- Providers wishing to work with the Council must sign up to the Framework Agreement.
- Improve quality of providers on Framework; less than 10% should be rated as Poor.
- Make ‘live’ provider quality ratings publicly available
- Integrate service user and care feedback through the use of Healthwatch.
- Make information about available services publicly available on [www.MyCareInBirmingham.org.uk](http://www.MyCareInBirmingham.org.uk)

**Figures taken from Q1 performance calculations from the Birmingham Commissioning quality ratings system.**
Home Care and Supported Living

Home Care is provided in people’s own homes, as well as in sheltered accommodation such as Extra Care Housing and Sheltered Housing. As with care homes, and Homecare is quality monitored, as providers are subject to the Framework contract and micro-tendering process.

There are over 100 home care providers operating in and around Birmingham, with offices in the city. Not all of these providers are signed up to the Framework to provide services to Birmingham City Council service users; but may provide homecare to self funders and people with Direct Payments.

Birmingham City Council directly funds around 3,600 people who are in receipt of home care services. There are at least 1,200 people self-funding homecare in the city that the Council is aware of; which is likely to be an under-estimate.

The council currently commissions almost 50,000 hours of homecare for older people each week across the city. The map shows the distribution of these care hours in different Wards. This fairly closely matches where higher concentrations of older people live; with the exception of Sutton Coldfield, where there are likely to be more people funding their own care.

The Care Act places a greater emphasis on local authorities to ensure that people’s personal outcomes for care are met. This makes it even more essential that care packages involving home care are shaped to meet individual needs; for example provided at the times of day that the service user requires, and with flexible care options and tasks.

Birmingham intends to increase the use of Direct Payments and personalised care, and it is envisaged that there will be an increase in older people choosing to commission their own care, with support from the Council. In line with personalisation and the Care Act, people will be encouraged to think more creatively about the mix of care that would suit them best; which may mean an increase in service models such as Personal Assistants and a reduction in emphasis on traditional homecare.

Commissioning Intentions:
- Providers wishing to work with the Council must sign up to the Framework Agreement.
- Work with the market to improve the quality of homecare provision.
- Pilot the use of electronic clocking-in systems to ensure care is delivered at agreed times and for appropriate lengths of time.
- Work with providers to ensure homecare staff have the appropriate training and competencies to ensure a high quality of care and safeguarding to citizens.
Extra Care and Sheltered Housing

There are more than 20 providers of Extra Care accommodation in Birmingham, with more accommodation being developed. Extra Care and Sheltered Housing is seen as a viable alternative to care homes, with the potential to provide more personalisation and better outcomes for people. The current capacity of the market in the city is just over 1,500 places, which shows the size of the market has grown to an appreciable proportion of the size of the traditional care home sector.

Extra Care establishments provide people with somewhere to live with their own front door; with domiciliary care provided either by the accommodation owner, or by another provider chosen by the service user. Choice and control is key, with quality monitored by commissioning to ensure a good standard of care.

Home Care can be provided in communal establishments, in hub-and-spoke models of clustered supported living, and in people’s own family homes.

Commissioning wants to see a vibrant market in Birmingham, to provide high quality options for people with Direct Payments.

Extra Care and sheltered housing premises are not regulated by the Care Quality Commission, so there is greater responsibility on the Council to check on quality and appropriateness of provision. New providers should work with Commissioning to ensure that their proposes services are fit for purpose, and meet the needs of the citizens of Birmingham.

Commissioning will seek to improve contract and quality monitoring of Extra Care schemes, as the sector grows and develops.

Commissioning Intentions:
- Work with providers to encourage Extra Care as an alternative to traditional care home models for older people.
- Use enablement and quality home support to help people live more independently in Extra Care and Sheltered Housing schemes.
Direct Payments

Commissioning Intentions:
- Promote personalisation through Direct Payments as the preferred option for new packages of care.
- Where appropriate, encourage direct payments and personal budgets for existing service users for all or part of their care.
- In line with the Care Act, encourage people with direct payments to think more creatively when creating their own personalised packages of care.

Individual Service Funds:
Birmingham City Council is looking into the feasibility of commissioning Individual Service Funds as an alternative model to run alongside Direct Payments. An Individual Service Fund (ISF) is when someone wants to use their individual budget to buy support from a provider. It means that:
- The money is held by the provider on the individual’s behalf
- The person decides how to spend the money
- The provider is accountable to the person

The provider commits to only spend the money on the individual’s service and the management and support necessary to provide that service (not into a general pooled budget).

Birmingham has a lower-than-average take up of Direct Payments, compared to other Local Authorities in England. Personalisation of services; putting people at the heart of their care, and giving them control over how there is provided, has long been a key objective in Birmingham.

The importance of this has been re-emphasised in the Care Act of 2014; we must operate a more ‘hands-off’ approach to commissioning, managing the market so that people can commission their own personalised packages of care and support. Because of this, and as part of the Service Review, Direct Payments will be a priority. Birmingham intends to offer Direct Payments as an option to new service users wherever possible, and will also look to offer existing clients with council-commissioned packages of care the option to move onto Direct Payments where appropriate.
Direct Payments

Commissioning Intentions cont’d:
- Commission a Community Brokerage function to promote Direct Payments, and provide support planning and DP support services.
- Consider the use of pre-paid cards for Direct Payments, to improve the financial safeguarding of vulnerable citizens.
- Develop a Framework Agreement for providers of direct payment support and related services.

Direct Payment Support Services:
- Support and advice
- Care brokerage
- Managed accounts
- HMRC and financial returns
- Payroll services and Employing an Personal Assistant

Historically, DP support services, including managed accounts, were commissioned on a Block Contract basis with Penderel’s Trust. In line with personalisation and an open market approach, this changed so that currently the DP support market in Birmingham is open to any appropriate provider who registers their services on MyCareInBirmingham. The Commissioning Team is currently looking into the possibility of moving to a Framework Contract for provision of these services in future.

Currently around 6% of all older adults receiving social care services from Birmingham City Council are in receipt of Direct Payments. Increasing this level of take-up is one of our priorities.

In particular, it is notable that people from a White UK ethnic background are less likely to be in receipt of DP than those from Black or Asian backgrounds (see table above). With this in mind, there may be opportunities to work in future with external brokers to help improve the take-up of direct payments for groups who may be less willing to commission their own care.
Commissioning Intentions:

- Encourage the diversification of activities available to citizens using day services, in line with the personalisation agenda.
- Encourage day centres to market their services, using MyCareInBirmingham, so that self-funders and people with Direct Payments can have a wide choice of services to purchase from.
- Consult the market on adopting the micro-tendering Framework and performance ratings principles for use in the Day Services market.
- Improve value for money in Council-run day centres by ensuring any vacancies are filled as a priority.

There are 60 Day Centres in Birmingham that cater for older adults. Many of these are run by Third Sector organisations, but Birmingham City Council still runs some day centres internally, including in the Care Centres.

The council intends to improve the efficiency of its internal day centres by ensuring that any vacancies are filled, so that extra money is not spent unnecessarily when commissioned places already exist.

Although there are no direct plans to increase the number of commissioned day care/day opportunities placements, it is envisioned that the planned increase in people with Direct Payments may present opportunities for providers to develop innovative models of care, with a focus on activities and social integration. MyCareInBirmingham offers a useful portal for promoting services to people with Direct Payments, as well as self-funders.
Other Services & Self Funders

Adults Commissioning currently funds 27 third sector organisations to provide services and support to older people in Birmingham. The level of funding last year was £1.25 million; but the budget for next year is as yet undecided.

Service types currently funded are: Day Opportunities, Support Planning, Luncheon Clubs, Transport, Befriending, Palliative Care and Health & Wellbeing.

The map to the right shows the location services, and thematically maps the number of older people who used council-supported older adults third sector services in the last twelve months. The council made efforts to ensure that there is a fair distribution of services across the city, and this is evidenced by the relatively uniform spread of service locations shown; but there is a clear north-south split in terms of service use. The southern and western parts of Birmingham show a high use of these services; whereas Sutton Coldfield in the north, and Wards in the east of the city show much lower usage. Sutton Coldfield has significantly lower levels of deprivation than much of Birmingham, despite having a higher older adult population. This indicates that people here are self-funding their care and support.

There may, however, be unmet need in the east of the city, and efforts need to be made to identify why this might be, and what barriers are to accessing these services.

Self Funders

Data collected from the quarterly Self-Assessment Questionnaire sent to all care homes and domiciliary care agencies on Birmingham’s Framework indicates that there are at least 800 older people funding their own care home place in the city, and at least 1,200 older people funding their own homecare. These figures are likely to be an under-estimate, but give an indication of the additional opportunities for providers if they offer care of the types and quality that people want to buy.

By publishing quality ratings online, the Council will seek to help self funders to choose good quality, care options.

Commissioning Intentions:

- Maximise the use of council-run day centres by ensuring all vacancies are filled before commissioning external placements.
- Improve efficiency of existing council-run Day Centres.
- There are real opportunities for providers such as day centres, to provide a greater range of activities and opportunities for socialising and meeting new people, potentially with more flexible timings to capture users with personal budgets who may be seeking to engage in activities outside normal centre hours.
- Await outcome of Service Review into commissioning grants budget available to Third Sector providers.
Other Services

Telecare and Telehealth:
- Commissioning intends to combine the contracts for the existing Birmingham Telecare Service (BTS) with the Community Alarm provision provided by CareLine (through the Place Directorate). This is intended to be in place by April 2016. There are currently around 12,000 service users for BTS, and 15,000 for CareLine.
- The council will work with colleagues in the NHS to review the provision of Telehealth.
- Around 11,000 items of equipment is provided per month through the Community Equipment contract. A new service specification will be drawn up in 2016.

The Joint Commissioning Team
The Adults Joint Commissioning Team is now beginning a process of internal re-design of it’s team structure and functions. An integrated commissioning function is being considered as a potential future operating model; which would bring together commissioning teams from adult social care, children’s social care, Public Health and Supporting People. This integration has the potential to make the service more efficient and effective, bringing together commissioning and contracting practice, sharing of intelligence and resources, and enabling a joined-up strategic planning and decision making process.

This re-design will inevitably have some implications for providers in the future, and we will work to ensure that the market is kept informed of developments.