

Buckinghamshire County Council

Market Position Statement

Adults & Family Wellbeing

March 2015



Contents

Executive Summary

1. Introduction
2. Overarching Strategic Factors
 - A sense of direction
 - Implications of the Care Act
 - Council priorities
3. Predictions of future demand
 - Changes in the population of Buckinghamshire
 - Profile of change
 - Factors driving demand in the population
4. Responding to key pressure points
5. Current spend on services
 - Spend on care groups
 - Use by care groups
6. Key messages for care groups
 - Older people
 - People with learning disabilities
 - People with mental health issues
 - People with physical disability/sensory impairment / long term neurological conditions
 - People with dementia
 - People with autism
 - Informal carers
7. Facilitating the social care market
8. Next steps and useful resources

Executive Summary

This is Buckinghamshire County Council's first market position statement for Adults and Family Wellbeing (A&FW). This document will be refreshed annually and will set out our vision for the future of the local social care market. The market position statement is designed to contain information and analysis that will be useful to providers of care and support services in planning future business.

Faced by a number of challenges in Buckinghamshire, such as an ageing population, shrinking budgets and changes to the social fabric of communities, the existing model of care and support is deemed to be unsustainable. A sustainable model of adult social care services needs to place greater emphasis on maintaining people's independence and resilience.

The emphasis will be to provide support and services to people in a way that will help to prevent or delay the need for council-funded care as long as possible. The process of planning support will need to look more widely at the full scope of resources available to people – from their own resources and informal networks of support through to what is available in the local community and mainstream services.

In Buckinghamshire we are developing a blueprint for the future state of adult social care and delivery of outcomes for service users, carers and residents of Buckinghamshire. This work will help us to deliver the challenging reforms of the Care Act. The Care Act (2014) confirms

the requirements for local authorities to give consideration to the social care and support needs of the whole population, including those who are not currently eligible for services.

The council is working in partnership with the clinical commissioning groups, district councils, and the voluntary and community sector in Buckinghamshire to deliver new models of service based on prevention and early intervention. This is being designed to address the limitations of the current system by placing a greater emphasis on maintaining people's independence and resilience and preventing deterioration into substantial or critical categories of need.

We believe that everyone has the right to good health and care and we want people living in the county to be healthy, happy and resilient and have access to high quality services if they are needed. The A&FW Portfolio Plan (2014/15) commits to delivering these outcomes:

- Enhancing the quality of life for people with care and support needs, and delaying and reducing the need for care and support.
- Ensuring that people have a positive experience of care and support.
- Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm.
- Improving the health of Buckinghamshire residents

I. Introduction

Adults and Family Wellbeing needs to ensure that there is a strong and thriving voluntary and independent care sector that is able to respond flexibly to the changing needs of local people and communities in Buckinghamshire.

As a local council we have an important role in: stimulating, managing and shaping the market; supporting organisations and social enterprises to flourish; and supporting innovative and creative ways of addressing care and support needs. It is our ambition to shape a prosperous social care market where people with care and support needs, their families and carers, are included and involved in community, economic and social life.

We recognise that the voluntary and independent care market continues to provide valuable care and support for people who are vulnerable in Buckinghamshire. In many communities, providers in this sector are also significant employers, contributing to the livelihoods of many individuals and families.

We intend to facilitate an expanded adult social care market in response to the Care Act (2014) that provides choice for local people in how their care and support needs are met. This requires a strong partnership between the council and those who provide services to care and support individuals, families and communities.

This market position statement is aimed at both our existing and future providers of adult social care. Providers and potential providers in local business development and social enterprise can read about new opportunities in the market and tell us what would help you to come into social care markets and offer innovative and creative services.

This is the start of a dialogue about the vision for the future of the local social care markets with providers, people who use services and for carers. Communication will be on-going through partnership working with our partners and district councils and we will do this through partnership boards and provider forums.

Finally, we would welcome your views on this approach to describe our local market and where there are development needs.

2. Overarching Strategic Factors

A sense of direction

Adult social care refers to the responsibilities of local social services towards adults who need extra support. The legal framework for the provision of adult social services dates back to 1948, and consists of a complex and confusing patchwork of legislation.

The Care Act 2014 represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. For the first time, the Act will put a limit on the amount anyone will have to pay towards the costs of their care.

And, crucially, the Act delivers key elements of the government's response to the Francis Inquiry¹, increasing transparency and openness and helping drive up the quality of care across the system. The Care Act 2014 has created a single, modern law that makes it clear what kind of care people should expect.

The Act introduces numerous changes including putting personal budgets on a legal footing and placing a duty on councils to provide preventive services to support people's health and wellbeing. The legislation also introduces a national minimum eligibility threshold for council-funded social care and a limit on the amount people will have to pay towards their own care costs.

Other measures in the Care Act include:

- A duty on councils to consider the physical, mental and emotional wellbeing of individuals in need of care.
- New powers for the chief inspector of social care to hold poor-performing providers to account.
- A requirement for councils to offer deferred payment schemes so that individuals do not have to sell their homes to pay for residential care in their lifetime.
- New rights for carers including the right to an assessment of their needs and the right to get support if they meet eligibility criteria.

The council is in crucial planning and development stages to respond to these significant reforms so that for the first time Buckinghamshire will have a system that will be built around each person – what they need, how they can best be cared for, and what they want. By providing and legislating for personal budgets in the Care Act we are giving people the

¹ NHS Foundation Trust Public Inquiry was published on Wednesday 6 February 2013.

power to spend money on tailored care that suits their individual needs as part of their support plan.

Care and support is something that nearly everyone in this country will experience at some point in their lives; even if you don't need care yourself, you will probably know a family member or friend who does, or you may care for someone. And many more of us will need care in the future, so it is important for the council and its partners to develop a modern system that can keep up with the demands of a growing ageing population and increased complexity of need in younger adults.

We know that one of the biggest concerns people have is how they will pay for their care. Until now people have unfairly faced losing almost everything they've worked hard for in order to get the care they need – in the worst cases, many have to sell their home or exhaust their life savings.

The new system will cap the amount people have to spend on the care they need, regardless of how much they have in savings or assets. Once that cap on care of £72,000 is reached the state will pay those costs. This will exclude hotel costs, which currently has been proposed at £12,000.

On top of this the Care Act will increase the means testing level so that government help kicks in far earlier than before, meaning people with modest wealth will be eligible for state help towards that cap. This will mean in Buckinghamshire more older people will get help with their care costs when the system comes into force from April 2016.

Implications of the Care Act

The Care Act proposes a number of specific measures that may have some far-reaching consequences for local authorities and the local provider market.

Anyone involved in adult social care today will find they are impacted by the Care Act. While much of the finer detail is still being worked out by government, and will take to the end of 2016 before some of those decisions are made known, there are some key elements that are known and which we all need to be aware of, regardless of our individual or collective involvement in providing or receiving care and support.

Unlike now, the new Act will affect everyone with care and support needs, regardless of their financial status and, indeed, the level of care and support they need. Some of the Care Act elements have already been introduced in Buckinghamshire but for us, as in all local authorities across the country, there is a lot of work being done, and still to do, to ensure we are fully compliant.

Should an individual move to a different part of the country they will be able to receive the same level of care and support they have had in the county they are leaving until the new authority is able to assess the individual.

The Care Act will introduce a countrywide criteria so that wherever you live, your needs will be assessed against the same criteria. Should an individual move to a different part of the country they will be able to receive the same level of care and support they have had in the county they are leaving until the new authority is able to assess the individual.

The local authority will be required to ensure that young people and their carers will have clear information on what services will be available to them as they reach adulthood and work with those young people to ensure care plans are agreed and in place before their critical eighteenth birthday.

Furthermore care and support will be provided within prisons for anyone who has an eligible social care need for prisoners. This is a completely new element for the local authority.

The Care Cap will apply to anyone with eligible care and support needs and will apply to all people of state pension age. Free care and support – in other words a zero cap – for those who turn 18 with eligible needs and for their lifetime. There will be a different CAP for adults over 18 and under 65 who develop care and support needs during their adulthood.

Currently the Care Cap is being stated as £72,000 but this will be confirmed by government in the autumn of 2015. The 'living' costs also need to be confirmed but everyone will be expected to pay for these costs, which cover what a person would normally pay for a roof over their head and their daily living needs.

Care Accounts will be set up by the local authority to record a person's progress towards the cap on care costs. For a person to effect a care account they must be assessed by the local authority as having eligible needs before any costs can be counted towards that cap.

Currently we estimate we provide care and support to 44 per cent of Buckinghamshire residents who need some level of social care. We anticipate this figure will more than double with the introduction of the Care Act, and particularly the Care Cap as demand for assessments, information advice & guidance, and care accounts increases. Decisions on financial support for the introduction of the new legislation and the extra burdens this brings to the local authority have still to be made by government. But should the budget not be forthcoming, we could be looking at an increased financial pressure of £36 million per annum by 2018. Buckinghamshire County Council are looking at how to plan for these financial pressures and how services can be delivered in a more cost efficient way.

From April 2016 residents with eligible needs could start counting their 'care' costs against a 'care account', up to a cap (£72,000 for over 65s), after which 'care' costs would be met by the state. This provides a financial incentive for self-funders in particular to engage with councils in a way that they have not done so before. The Act also requires the splitting out of 'living' costs and 'care' costs, as part of the care accounting, but still allows for the payment of top ups for additional choice, either from self-funders or their families.

These factors would all lead to a greater level of transparency, in particular exposing any differential pricing between 'self-funders' and 'council-arranged' residents and may influence purchasing and supply behaviour which could impact significantly on the overall market for care.

Council priorities

The council has always had a general duty to meet the needs of the whole population of Buckinghamshire as well as specific statutory duties to those people with assessed needs for social care. With the imminent Care Act and its important leadership role for delivering health and wellbeing to residents in Buckinghamshire, the council is working with a range of partners to deliver some key priorities over the coming year.

❖ A joint pathway to health, care and support

The council is working collaboratively with its health partners to ensure everyone receives a properly joined up service, so that people do not fall through the cracks between NHS services and social care and support services provided in the community, because all too often different parts of the system don't talk to each other or share appropriate information and people don't get the support they need.

❖ More choice and control

We will continue to focus on commissioning and delivering services to ensure that people have more control over their own lives and greater choice about the type of support they receive.

Personal budgets have been around for a few years but the new Act means that everyone, including self-funders, should be advised of how much their care and support needs should cost. This enables the individual to understand what they should expect to pay, and what would be considered to be an 'extra' cost – particularly important for self-funders so that they know what will count towards the Care Cap (covered later in this document). Personal budgets and Direct Payments will also be available for carers.

❖ Better information to identify good care

As well as giving people more choice - in line with the Care Act we have to give better information in order for people to identify good care. We are strengthening

our universal offer of information, advice and guidance through effective digital and non-digital solutions, enabling people to easily navigate the care and support options available.

Regardless of whether or not an individual meets the criteria to receive care and support from their local authority, all authorities will have to have a comprehensive Information, Advice and Guidance (IAG) service in place by April 2015 so that those needing any level of care and support will have good information to make informed decisions, whether they pay for their own care or not. This also includes independent financial advice for all.

It won't be good enough to simply signpost people to alternative information points. The Act states that the local authority should provide, directly or indirectly, a fully comprehensive service that gives the individual guidance on what is best for them. For example, for those who have access to the internet it is expected that an individual should be able to complete, online, a self-assessment questionnaire and, depending on the outcome of the questionnaire, be advised as to the next steps that person (or their carer) should take.

The Council will offer much better information, advice and guidance to help everyone understand what support they will need to help them better plan for the future.

❖ Openness and transparency

There will be openness and transparency on the type of care and support provided, giving people an opportunity to give feedback on the service they are getting. We are looking at online solutions that will help people choose, compare and comment on care homes and other care services as well as implementing quality standards for self-directed support and self-funders. A fully open and transparent system like this will leave bad care with nowhere to hide, meaning better standards across the board.

❖ Support to Carers

In an historic step forward the Care Act will allow the council new rights to support carers that will put them on the same footing as the people they care for. In the current system we were not required to provide this level of support to carers. All carers will be entitled to an assessment from April 2015 and if they are eligible for support for particular needs they will have a legal right to receive support, just like the people they care for.

Under the Act the local authority will have a duty to assess a carer's own need for support; currently carers do not have a legal right to support. Carers must receive clear information about available services and support and as yet no decision has been made whether the local authority will charge for that support, but if they do

they will need to carry out a financial assessment. The council is currently undertaking a needs assessment on carers that are not known to us. Carers Bucks our commissioned service for Carers are looking at increasing these numbers.

❖ Deferred payment scheme

As part of the Care Act duties, we are currently looking at solutions to put in place an offer of a deferred payment scheme, meaning no one should be forced to sell their home during their lifetime in order to pay for their residential care. People pay for their care costs now, and will continue to do so in the future subject to the cap, but these changes will give people more choice and control over how they will pay for it.

❖ Quality Services

The new ratings system introduced by the Care Act will have clear and published ratings for health and social care services with clarity about poor as well as outstanding quality. These duties will monitor licensed providers, work with NHS England to set prices for NHS-funded services, prevent anti-competitive behaviour, and work with commissioners to ensure continuity of services when providers get into financial difficulty. The Care Quality Commission (CQC) inspects on standards in hospitals, care homes, community health and care providers, including dentists and GPs, domiciliary care providers and local authorities providing social care.

3. Predictions of future demand

Changes in the population of Buckinghamshire

Buckinghamshire is a relatively affluent county, with average household incomes 29.6 per cent higher than the UK average. Buckinghamshire also has a relatively high cost of living. Almost a fifth of households in Buckinghamshire (18 per cent) are categorised² as 'hard pressed' or 'moderate means'. There are 18,800 people in Buckinghamshire who live in areas that are within the 30 per cent most deprived in England (2010). More than half of these households are in urban areas (57 per cent), more than a third are in market towns (35 per cent), and eight per cent are in rural/isolated communities.

Over a quarter of the population, of 505,300, live in the two main towns of High Wycombe and Aylesbury. Just over a third of Buckinghamshire's residents live in rural areas compared to an average of 22% across the South East.

² Data Source ACORN

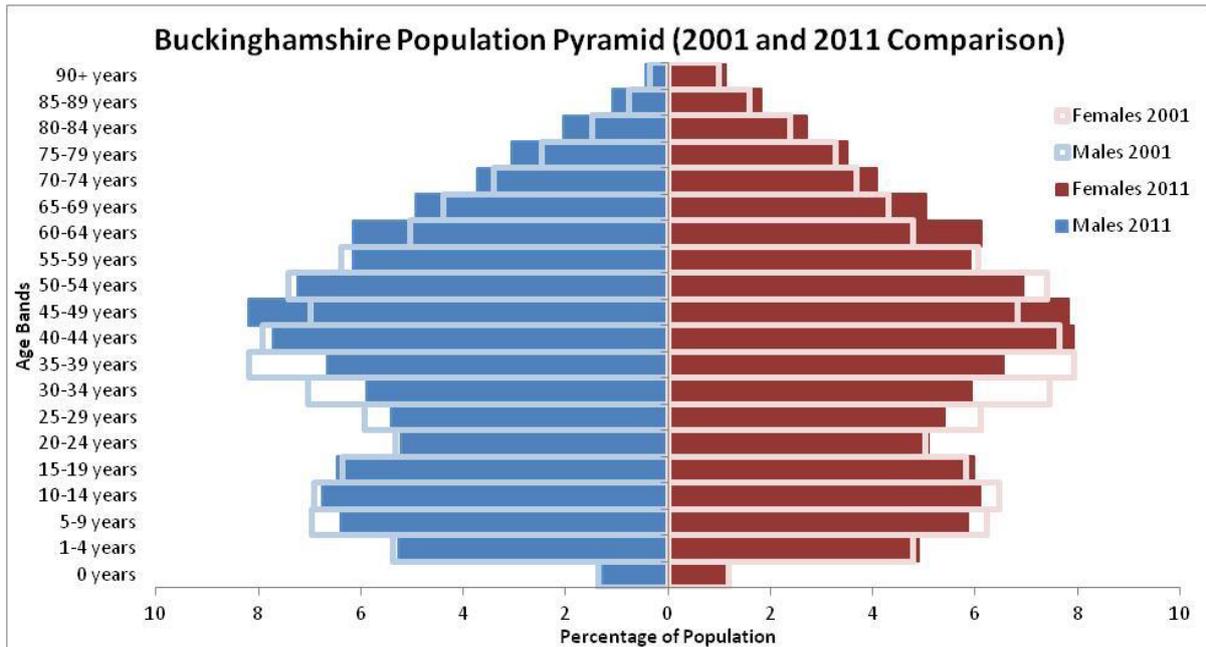


Figure 1: Population pyramid for Buckinghamshire comparing 2001 and 2011

A high proportion of Buckinghamshire residents view their health as good or very good and they are less likely (than the national average) to report having a long term limiting illness. Life expectancy continues to steadily increase and remains significantly higher than the national average. Life expectancy is lower for men than for women in the most deprived areas of Buckinghamshire compared to the least deprived areas.

The main causes of death in Buckinghamshire are from cardiovascular disease and cancers. One in six adults still smoke in Buckinghamshire, with higher levels in more deprived areas. More than a fifth of adults in Buckinghamshire drink alcohol at levels that are a risk to their health.

Drug misuse is lower than national levels. Only three out of ten people in Buckinghamshire eat the recommended five fruit and vegetables a day. Six out of ten adults in Buckinghamshire are estimated to be overweight or obese, with more than a fifth of people obese.

Profile of change

The current population of Buckinghamshire has a population of 505,300 people according to the 2011 Census and there are around 200,000 households.

Two Clinical Commissioning Groups will be responsible for planning, designing and paying for healthcare in Buckinghamshire from April 2013. Aylesbury Vale and Chiltern Clinical Commissioning Groups (CCGs) cover a similar area to Buckinghamshire county, but Aylesbury Vale CCG also includes parts of Oxfordshire around Thame and Chinnor.

524,300 people were registered with general practices within the two CCGs in April 2012, and 96 per cent of these people lived within the county of Buckinghamshire.

The gender split for the county is similar to national and regional averages, with 50.9 per cent females and 49.1 per cent males. The age profile for the county is also similar to the national average at most ages. The largest difference is among those aged in their twenties, with lower proportions in these age groups compared to nationally. 16.7 per cent of the population in Buckinghamshire is aged over 65, compared to 16.3 per cent in England.

At the time of the 2011 census, 13.6 per cent of the Buckinghamshire population (68,600 people) came from a non-white ethnic background, increasing from 7.9 per cent in 2001. 86.4 per cent of the population were from a white ethnic group in 2011, compared to 85.4 per cent in England. 8.6 per cent of the population in Buckinghamshire were from the Asian/Asian British ethnic group, 2.4 per cent were from a mixed/multiple ethnic group, and 2.1 per cent were from a Black/Black British ethnic group. The number of people from a non-white ethnic background living in Buckinghamshire has increased from 37,691 people in 2001 to 68,613 people in 2011 (82 per cent total increase).

Population change

Between 2001 and 2011 the England and South East populations have increased by 7.4 per cent and 7.8 per cent respectively. The Buckinghamshire population has increased by 5.7 per cent (27,400 people). The population pyramid shows how the older population has increased in Buckinghamshire, and that there has been a reduction in the number of people aged 5-14 and 25-39. As the population ages it can be expected that the 65+ population will grow. Currently those aged 40-49 make up a large proportion of the county's population. In twenty years' time they will be aged 60-69 and, with population numbers in the current 20-29 age group fewer than the current 40-49 age group, it is expected that the proportion of older people in the county will also grow.

Currently in Buckinghamshire 16.8 per cent of the population is aged 65+ (84,900). In 2025, it is expected that proportion will have risen to 21.7 per cent (115,300).

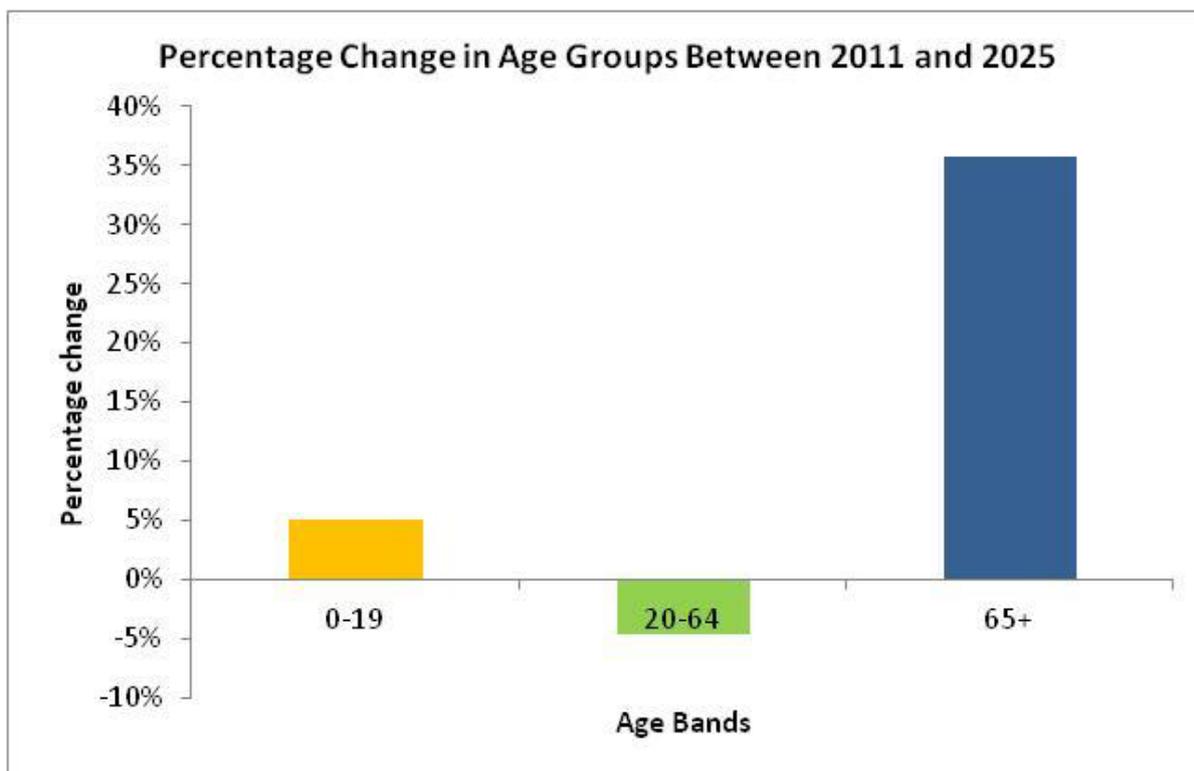


Figure 2: Percentage change in the population in different age bands for 2011 to 2025

The changing demography of the older population will, of course, increase demand for health and social care services³. The specific areas where the increase in demand will be seen are in people affected by dementia and the prevalence of learning disabilities.

As a result of an increasing ageing population, more people will assume a caring role. This is directly linked to people living in older age, especially above 85, which can be associated with the need for higher levels of personal care. The increasing prevalence of dementia in older age will also place an additional burden on the health and care economy, as most of the people with dementia live in the community and wish to continue to do so⁴.

The number of 0-19 and 20-64 year olds is expected to remain fairly stable. However, it is expected that the number of people aged 65 and over will rise from 85,000 in 2011 to 115,300 in 2025; a 35.6 per cent increase.

Whilst less than one per cent of the Buckinghamshire population in the 2011 census were aged 90+ (3,000 people) this figure will increase by almost 300 per cent to just under 12,000 people by 2025, almost two thirds of people aged 90+ are known to social care services, and more will be known to health services, this therefore represents a significant increased demand on social and health care resources over the next 10 years.

³ Department of Health 2001, National service Framework for Older People, DH London

⁴ Buckinghamshire Dementia Strategy 2009

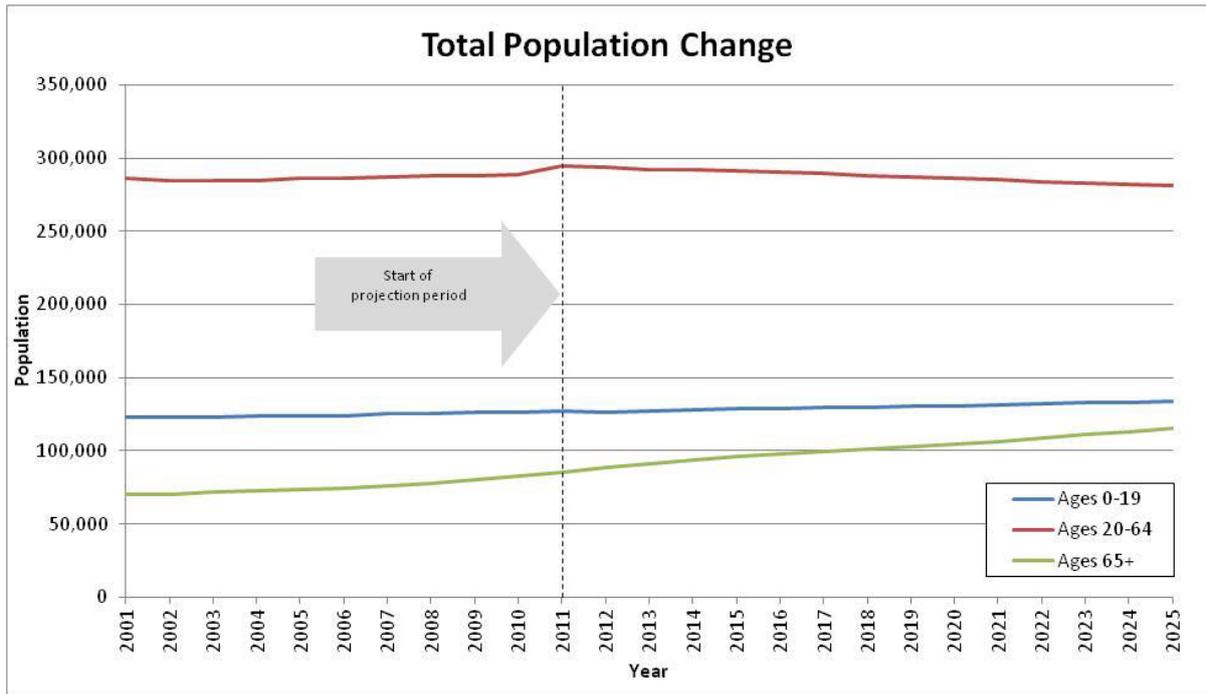


Figure 3: Total population change in Buckinghamshire for all ages between 2001 and 2025 Source: 2001 to 2011 ONS mid-year population estimates and 2012 to 2025 provisional population projections (Dec 2012)

The older population is set to rise. Between 2011 and 2025 the 65-74 age group will increase 16.4 per cent, the 75-84 age group will increase 47.2 per cent and the 85+ age group will increase 83.9 per cent. This will result in an increase of 30,400 people aged 65 and over in 2025 (compared with 2011). Figure 4 shows that the number of **older people** is expected to rise substantially over the next 14 years. This will happen even if there are changes in the fertility rate or the number of house builds.

The number of **adults** (20-64) is expected to fall as there are fewer young people aged 20 and under now than there are currently in the 45-64 age group (who will become 65+ in 2025). The building of new houses mostly affects the younger and middle-aged population as it provides more accommodation for those migrating into the county and those moving within the county. This therefore has an effect on the number of births as migration affects the number of women of child-bearing age in the population. The current planned level of housing may lead to reductions in the number of people who are able to migrate into or within the county.

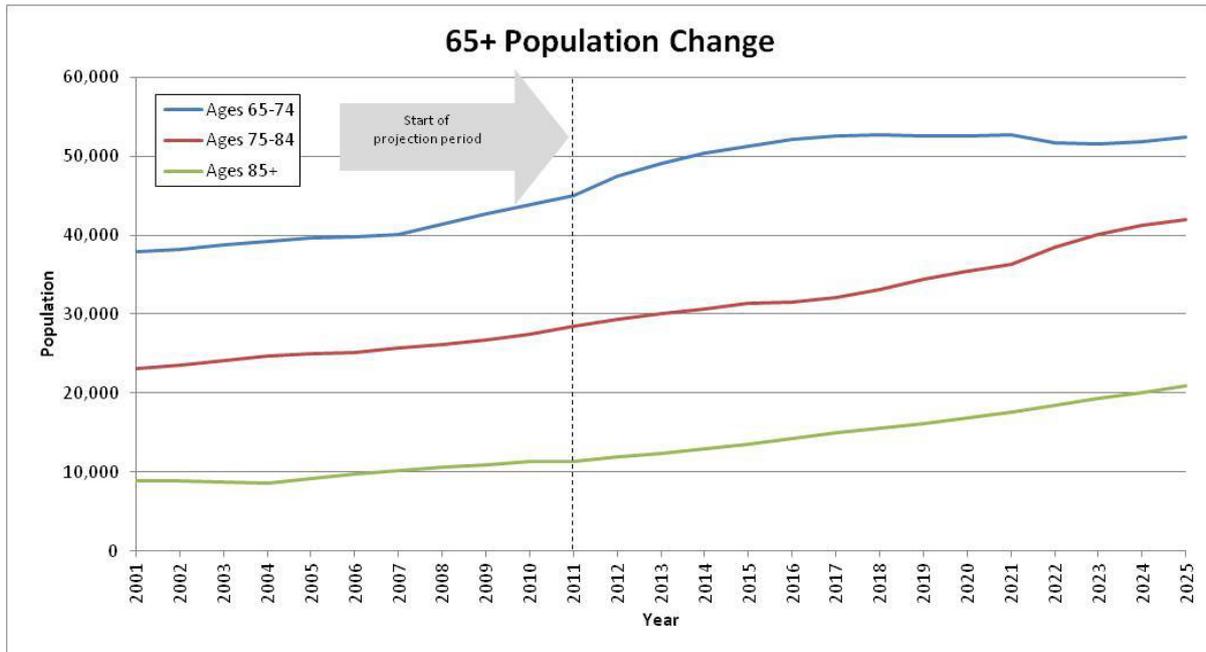


Figure 4: Population change for those aged 65 and over in Buckinghamshire between 2001 and 2025 Source: 2001 to 2011 ONS mid-year population estimates and 2012 to 2025 provisional population projections (Dec 2012)

Factors driving demand in the population

In addition to the rise in the numbers of older people in Buckinghamshire, there are other population groups that may influence potential changes in demand for health and social care.

❖ Dementia

There were 2,444 people with a diagnosis of dementia recorded on Buckinghamshire general practice registers in March 2012 and it is predicted that Buckinghamshire will see a significant increase over time by 2025 to almost 8,000, almost half of whom will be aged 85 and over.

❖ Learning Disabilities

There are approximately 9,359 people with a learning disability currently living in Buckinghamshire. The prevalence of learning disability in adults aged 18-65 is expected to increase in Buckinghamshire by 4.4 per cent to 9,772 by 2020. There are approximately 1,958 people aged 18 and over who have a moderate to severe learning disability currently living in Buckinghamshire. This is predicted to increase by 12 per cent by 2020.

The number of individuals with learning disabilities over the age of 65 is projected to increase by 21 per cent by 2020. This means that there will be a need to increase capacity to meet the needs of older people with a learning disability who are likely to have significant health needs including dementia.

❖ **Physical Disabilities**

It is estimated that in 2012 there were 31,644 adults aged 18-64 who have a moderate or serious physical disability living in Buckinghamshire. This is 10.5 per cent of the Buckinghamshire population (18-64) compared to 10 per cent of the population (18-64) of England. This figure is projected to rise by three per cent in 2030 to a total of 32,537 people.

❖ **Mental Health**

In Buckinghamshire it is estimated that there are 40,530 adults with a common mental health problem (which represents 12.7 per cent of the adult population compared to 15 per cent in the region). Between 2011 and 2031 the number of people with a common mental health problem will stay relatively unchanged in Buckinghamshire compared with increases of three per cent in the region and seven per cent across England⁵. (Strategic Needs Assessment for mental health, Planning4Care, 2012).

Depression is widely acknowledged to be the most common mental health problem among older people. For people aged 85 and over, levels of depressive symptoms reach 40 per cent for men and 43 per cent for women. The demographics for the county show the population size for older people as being the largest group increase.

❖ **Autism**

Current estimates on the prevalence of autism in England indicate that there around 1.1 per cent of people have autism. An estimated 70 young people aged 17-18 could be eligible for adult services and out of the 70 an estimated 50 per cent have a primary need of Autism. This could increase with the implementation of the Care Act as this looks to the local authority to assess as early as possible anyone who would significantly benefit from this assessment. There is also a marked increase in the number of older adults in line with growth in the population aged 65 and over.

❖ **Carers**

There were 9.8 per cent (9.7-9.9 per cent) of the total population of 505,300 who identified themselves as carers in 2011. 1.7 per cent (CI = 1.6 -1.7 per cent) of the population identified themselves as providing care more than 50 hours a week in 2011. These are carers who would have likely been referred for a carer's assessment as they are most likely to be viewed as providing 'substantial and regular care'.

A random survey of 13,340 patients registered with GP practices (GP Patient Survey 2014) in Buckinghamshire's two Clinical commissioning groups (CCGs) showed that the proportion of self-identified carers in the population on average was 18 per cent in July 2014. Buckinghamshire has a similar proportion of carers compared to the national average. One in 10 people are carers according to the 2011 census data but

⁵ Strategic Needs Assessment for Mental Health, Planning4Care 2012

a 2014 GP patient survey revealed a higher proportion (two in 10 people) could be carers in Buckinghamshire. Analysing 2011 census data and 2012 Carers Bucks survey data reveals that potentially 88 per cent of carers are unknown to services.

❖ **Transitions**

In Buckinghamshire there are:

- An estimated 3,650 disabled young people which is 3.2 per cent of the child population which is in keeping with the 2001 census (Aiming High for Disabled Board 2010)
- 3,271 statements of Special Educational Need (SEN) were made in 2011/2012 which is an increase of 4.8 per cent (SEN ONE database)
- 1,365 of those with statements of SEN are due to turn 18 in the next five years (SEN ONE 2012)
- Over 50 per cent of those turning 18 this year are currently in special schools (SEN ONE database)

The number of those 17+ with a statement will gradually increase over the next five years with a slight decrease in 2016/17.

❖ **Minority Ethnic Groups**

Data from the 2011 census shows that 13.6 per cent of the Buckinghamshire population were from a non-white ethnic background, increasing from 7.9 per cent in 2001. 86.4 per cent were from a white ethnic group in 2011, slightly higher than 85.4 per cent in England as a whole. The number of people from non-white ethnic groups in Buckinghamshire has increased by 82 per cent between 2001 (37,691 people) and 2011 (68,600 people). 8.6 per cent of the population in Buckinghamshire were from Asian/Asian British ethnic group in 2011, 2.4 per cent from mixed/multiple ethnic group and 2.1 per cent from a Black/ Black British ethnic group (Table 1).

Almost one in five (19 per cent) of people living in the Wycombe District Council area are from a non-white ethnic group, mainly Asian or Black ethnicities, compared to 16 per cent in South Bucks, 10 per cent in Aylesbury Vale and nine per cent in Chiltern. After White British, the next largest ethnic group in Buckinghamshire is Pakistani, with 4.2 per cent of the population, and 7.6 per cent of the population in Wycombe. In South Buckinghamshire the largest ethnic group is Indian with 7.1 per cent of the population. White Other (white excluding British or Irish) ethnicities are the largest ethnic groups in Aylesbury Vale and Chiltern.

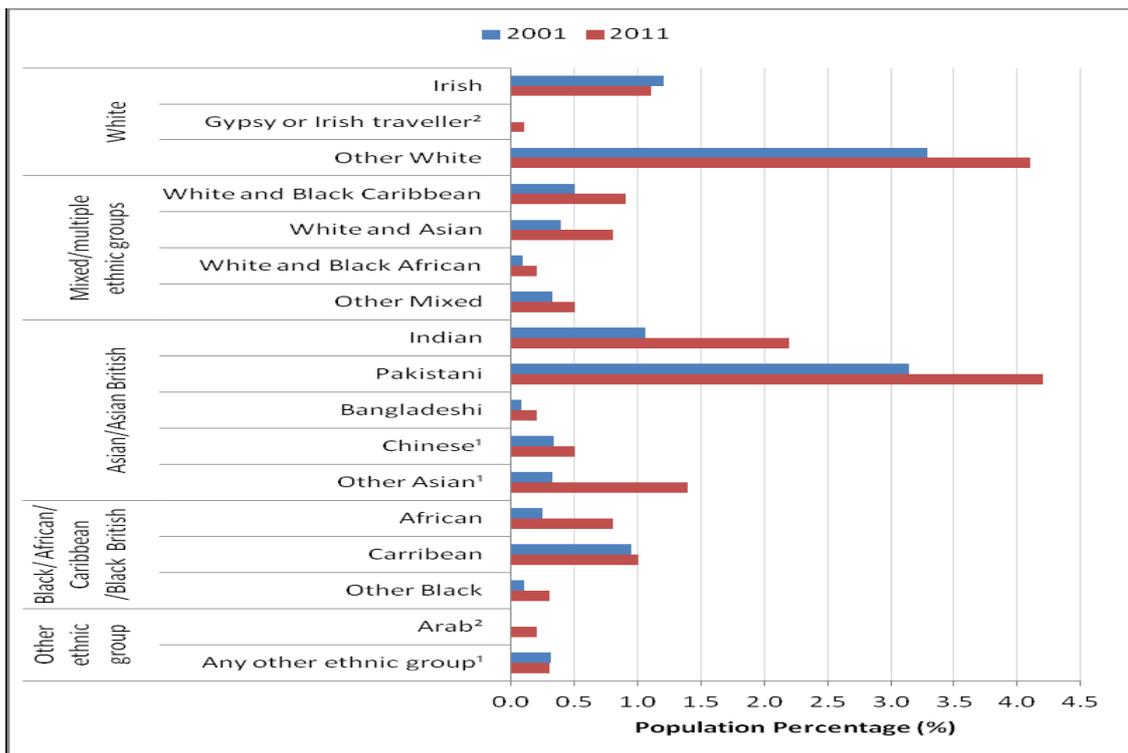


Figure 5: Ethnic Groups other than White British, 2001 – 2011

Source: Census 2001 and 2011, Office for National Statistics

All health promotion and health and social care services in Buckinghamshire are available to everyone regardless of their ethnic background. All services should take into account the needs of people in minority ethnic groups and, for example, have translation services or leaflets available. Recording the ethnicity of people accessing services can help identify if any groups are underutilising the service so this can be addressed.

Some services in Buckinghamshire are delivered with a particular focus on ethnic groups who may be at particular risk of ill health or who find it more difficult to access universal services.

❖ 'in-Touch' service Buckinghamshire

'in-Touch' is a telephone assessment, advice, information, signposting and review service for adults. The service will give locally-specific advice and information centred on the assessed needs of the service-user or their carer.

The service may signpost people towards voluntary and community services and/or information that will allow people to make informed choices about their needs. The service will follow up the initial contact and advice with a telephone call two times a

year to maintain contact and see what further support may be required. The service has been developed for all adults, across all for people who have moderate needs and not yet eligible for mainstream services (under current FACs eligible criteria) or to those who decline to receive services from social care.

Table I below shows the number of service-users using the council’s ‘in-Touch’ service (June 2014).

Service Category	Client Numbers
Learning Disability	137
Adult Mental Health	237
Physical, Sensory and Disability	591
Older People aged 65-74	773
Older People aged 75-89	2,332
Older People 90+	633

Table I: Number of service users contacting the ‘In-Touch’ Service

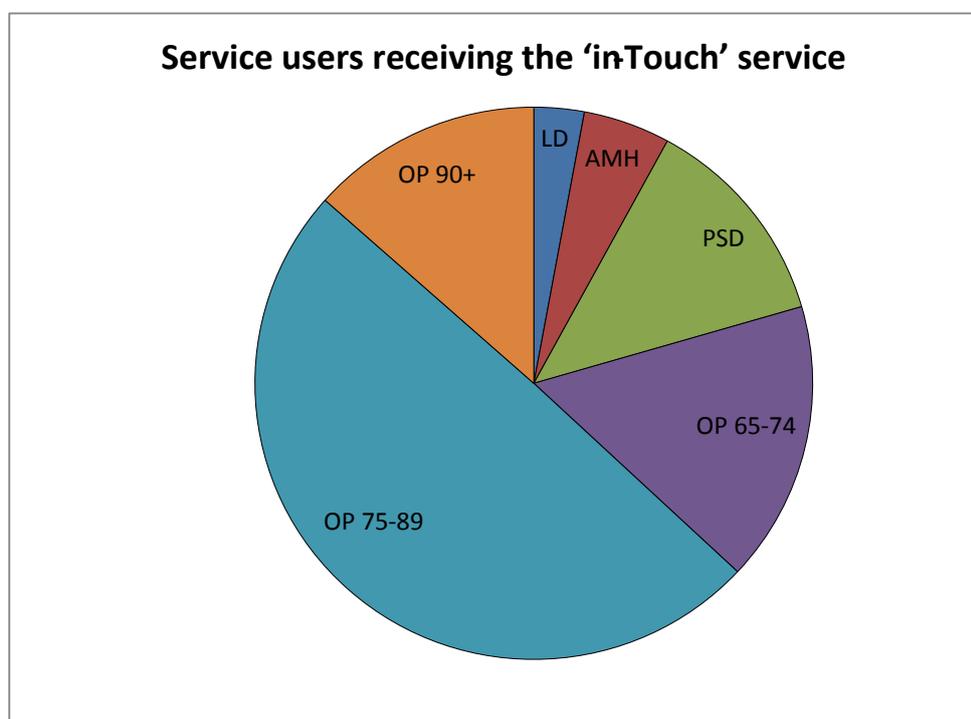


Figure 6: Breakdown of service users using the ‘in-Touch’ service

4. Responding to Key Pressure Points

Key Pressure Points

Over the coming year the council will be responding to a number of key pressure points by developing strategic plans for the key care groups and responding to the Care Act reforms.

❖ Meeting increasing demand

With the increasing numbers of older people and those with dementia and complex care and support needs; Buckinghamshire will undoubtedly see an increase in demand for social care services, with most people wanting to remain in their own homes and as the level of care improves, older people are returning to independent living. This is likely to see an anticipated growth in the domiciliary care market and a levelling off of general residential care home placements.

❖ Delivering to rising expectations

Over the last ten years we have seen expectations rise about what care should be available, its quality, and when and how that care should be delivered. Many providers have already responded to personalisation, the challenge going forward will continue to be to deliver more choice and control to people whilst improving quality and outcomes. The council will need to continue to provide support in the community so that people are able to access a wide range of services. We will need to continue to provide good quality services to prevent hospital admissions and support hospital discharge.

❖ Budget pressures

There is no proposed change to the current eligibility criteria for Adult Social Care which will remain at 'critical and substantial' and so council funding for individuals will be focused on managing the more complex social care needs. Buckinghamshire's Medium Term Financial Plan (MTP) has set an overall savings target of £7,812,000 by 2016. This presents significant challenges for the Council.

❖ Investing in prevention

The effectiveness of preventative services in later life has been most clearly demonstrated by the national evaluation of POPPs⁶ (Partnership of Older People Pilots). POPPs offered a range of services to promote health, well-being and independence, to understand how this might prevent or delay the need for higher intensity (and more expensive) care. The evaluation found that hospital stays were reduced by 47 per cent and use of Accident and Emergency (A&E) departments by 29 per cent.

⁶ Joseph Rowntree Foundation, Budget Cuts and Preventative Care, September 2010

The result: for every extra £1 spent on the POPP services, there was approximately a £1.20 additional benefit. Working closely with partners and providers the Council is committed to delivering the Prevention Matters programme across the county.

With a rapidly growing population of older people, we are talking about significant savings to public spending through prevention. The challenge is that many preventative services rely heavily on user charges and increasing these will undoubtedly restrict access. They also need volunteers, who are often older people themselves. Stimulating and sustaining volunteer-based support will be essential.

❖ **Shaping the social care market**

The Care Act has placed specific duties on local authorities to provide information and advice and shape the local market. The council will need to work very closely with partners and providers to stimulate, manage and shape Buckinghamshire's social care market place, by supporting communities, voluntary organisations and social enterprises to flourish and develop innovative and creative ways of addressing care needs. As part of the Care Act the council is looking to establish a framework for market facilitation and support the implementation of a range of practical measures to deliver effective community care services. We will do this by working with providers to identify sources of market intelligence, analysis of supply and demand that will help define future market position statements. We will need to work closely with our partners and providers to address gaps in provision and minimise unmet demand.

❖ **Responding to care and support funding reforms**

The Care Act seeks to define the legislative context for care and support practice for many years to come. In this context 'practice' embraces a wide range of activities that collectively define a person's journey through the care and support system. The council will need to be ready to face challenges around these new reforms to be introduced in April 2016, in which the Act will allow self-funding service-users to request an assessment to be considered for a 'cap' on their care costs. A recent LGA poll⁷ of 152 local authorities found that councils had "major" concerns over the cost of the policy. Under the cap policy, self-funders aged over 65 would start receiving free care and support once the sum that their council would have spent on meeting their unmet eligible needs – had it been doing so – reaches £72,000.

❖ **Protecting adults from abuse or neglect**

The council has the lead responsibility to coordinate the investigation of possible or actual abuse and ensure that measures are in place to prevent further abuse taking place. The council is currently reorganising the adult safeguarding team to make it more effective, working in partnership with other local services to better identify

⁷ AUGUST 2014 COMMUNITY CARE

people at risk, put measures in place to help prevent abuse or neglect, and to protect people. We want to work with all our care and support providers to ensure all vulnerable adults are protected from abuse or neglect.

❖ **Delivering the law reforms for carers**

The council is preparing in readiness to respond to the law reforms in the Care Act for carers in order to build a more consistent and supportive system. This will be a challenging process.

❖ **Responding to market oversight and provider failure**

The Care Act imposes clear legal responsibilities on local authorities where a care provider fails. In Buckinghamshire we have a diverse number of care providers and some that cross other authority boundaries. The council will have a temporary duty to ensure that the needs of people in either residential care or receiving care in their own homes continue to be met if a provider fails, until the market place has stabilised. The council wants to ensure there are mechanisms in place that support providers by keeping an oversight of the market and fulfil our responsibilities of ensuring in such circumstances people continue to receive on-going care.

5. Current Spend on Services

With the increase in demand for services within a climate of economic constraints there is a need to increase efficiency and effectiveness of service provision through new ways of working. We have started to see a shift towards more locally based services with a strengthening of intermediate and community based care. In Buckinghamshire we will continue to focus on prevention to maintain independence and giving choice and control to individuals supported by greater access to good information and advice.

Spend on care groups

In Buckinghamshire spend on adult social care services in the last financial year (2013/14) was around **£84 million**.

Table 2 below shows the spend by the key social care group

Care Group	Spend £ m	Percentage
Learning Disability	37,110	44%
Mental Health	5,137	6%
Physical, Sensory and Disability	8,806	10%
Older People	33,099	39%
	84,152	

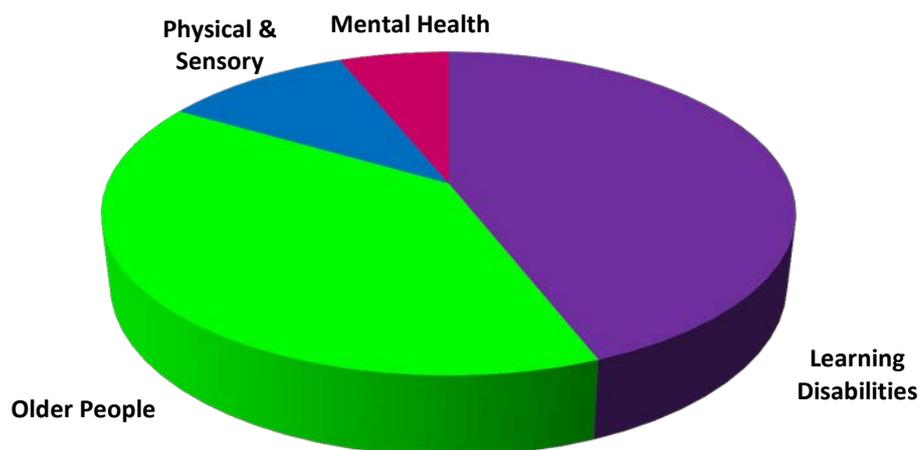


Figure 7: Breakdown of Spend by Care Group

The highest spend is on services for people with learning disabilities, followed by older people. The most significant proportion of people receiving services is those over the age of 65 who represent 35 per cent of the overall spend in 2013/14. This is likely to increase further with the population demands for this care group.

The current market (including council-commissioned and self-funded care home placements) shows that in Buckinghamshire, according to CQC registrations, 31 nursing care homes for older people are offering 1,518 Places. Of these, nine indicate a focus of support for dementia clients with up to a capacity of 493 places. There are 42 residential care homes 1,335 places and of these eight indicate a focus of support for dementia clients with capacity of up to 376 places.

402 older people use direct payments to purchase their care services instead of receiving arranged services by the Council.

6. Key Messages for Care Groups

Key messages for the care and support of older people

Currently the council is purchasing just over 1,200 older peoples residential and nursing care beds split roughly 50:50 between residential and nursing. Of these around 170 are purchased out of the county.

Population projections for Buckinghamshire show an increase of 8.6 per cent in the number of older people who will require some level of support by 2015.

The number of people aged 85 and over in the county is projected to increase by 31 per cent up to 2020.

	2014	2015	% growth by 2015	2020
Number aged 65+	94,500	96,800	2.4%	107,900
Number aged 65+ unable to carry out at least one self-care activity on their own	31,480	32,339	2.7%	37,042
Number aged 65+ unable to carry out at least one domestic activity on their own	38,338	39,405	2.8%	45,249

More than 10,000 older people in the county need help looking after themselves, as indicated by the numbers claiming Attendance Allowance: more than one third (36 per cent) of those aged 85-89, and more than half (56 per cent) of those aged 90 and over claimed Attendance Allowance.

Future demand projections for residential, nursing and extra care suggest an increase in purchasing of an additional 840 places by 2033 by the Council. Projections for whole county consumption, which include the self-funder market, are forecast to be in excess of over 2,000 places by 2033 (Planning4Care).

At a conference held in March 2014 concerns raised by older people included: availability and accessibility of public transport in rural areas; a need for a one-stop-shop for accessing information and advice; need for easier access to independent financial and legal planning;

clearer and holistic advice about staying healthy; need for more befriending services to address isolation particularly in rural areas.

❖ **Market Opportunities**

- The County Council's purchasing trends show that the utilisation of its block contracts for older people nursing care are at full capacity and we are increasingly resorting to the nursing care market to buy spot placements. The costs of these are increasing as it is becoming more difficult to negotiate on the council's MUP (Maximum Usual Price). The activity and costs in spots are showing the biggest increases for EMI (Elderly Mentally Infirm) placements. The pressure in finding available placements at the council's MUP is likely to increase when we are predicting a shortfall in the supply pipeline of nursing care accommodation.
- Befriending services for people who are socially isolated who do not want to participate in activities outside their home.
- Innovative community transport schemes to help older people access community activities.
- 'Earn' and 'spend' opportunities as part of time bank development: organisations to offer 'spending' opportunities for individual, e.g. leisure activities, venues for new community groups, training/skills development opportunities. Organisations to offer 'credit' opportunities e.g. for participation in consultation, volunteer activity.
- More community based, personalised support services.
- Development of improved information and advice services and opportunities to assist with the assessment requirements on future care needs.
- More providers who can be flexible and adaptable in meeting the holistic needs of the people they support. Integrated approaches that meet both health and social care needs and prevent or delay the need for more costly interventions e.g. hospital or nursing home admissions.

Key messages for the care and support for people with learning disabilities

There are currently around 1,200 adults with a learning disability in receipt of eligible services in Buckinghamshire.

A new transitional supported living provision for young people is planned for later this year, offering the opportunity of an interim supported living provision before moving to more independent accommodation as an alternative to traditional residential care.

Buckinghamshire Care is a local authority trading company established in October 2013 and delivering countywide day opportunities. Alongside this we have embarked on a major re-development of our day opportunities buildings; developing modern, flexible space for a range of services, including work-based training and respite.

New community based services; social enterprises and a personal assistant hub have been developed.

The construction of a new Life Skills Centre and Independent Living Centre, a collaborative project run by the council in partnership with Aylesbury College and Amersham & Wycombe College, provides unique learning facilities designed to provide young people with learning disabilities the skills to help them become more independent and work ready.

❖ Market Opportunities

The council will continue to commission supported living services for people with a learning disability, moving away from residential care settings where appropriate. However, it is recognised that there will be a continued need for residential care for some people. Therefore we want to explore the development of a wide range of accommodation and support arrangements for eligible services users:

- To enable more individuals to live in their own homes, as tenants, with control of the types of support in place to meet their needs.
- Supporting young people in transition to aspire to live more independently.
- To develop accommodation and day opportunities appropriate to meet the needs of older people learning disabilities; with models of care for those with dementia.

We want to work with providers in further developing the market to ensure that innovative, flexible and responsive services are available for those choosing to have a personal budget. We will continue to support providers in recognising and utilising the growing direct payment opportunities. Specific areas of development are:

- Early intervention services, supporting people at risk of social isolation, such as befriending services.
- Support into paid employment linked to work related day opportunities.
- Travel training for young adults.
- Specialist bespoke packages for individuals with complex needs associated with autism and/or challenging behaviours.
- Increasing the options for flexible breaks available to individuals and their carers (moving away from the traditional “respite” beds).

We aim to continue to build on good practice and collaborative working between health and social care by developing services with providers who can be flexible and adaptable in meeting both health and social care needs.

Key messages for the care and support of people with mental health issues

In Buckinghamshire it is estimated that there are 40,530 adults with a common mental health problem (which represents 12.7 per cent of the adult population compared to 15 per cent in the region). Between 2011 and 2031 the number of people with a common mental health problem will stay relatively unchanged in Buckinghamshire compared with increases of three per cent in the region and seven per cent across England (Strategic Needs Assessment for mental health, Planning4Care, 2012).

Depression is widely acknowledged to be the most common mental health problem among older people. For people aged 85 and over, levels of depressive symptoms reach 40 per cent for men and 43 per cent for women. The demographics for the county show the population size for older people as being the largest group increase.

Social deprivation is a major influence on mental wellbeing – psychiatric hospital admission rates for those of working age are more than three and a half times higher for those living in the most deprived quintile of Buckinghamshire compared to those in the least deprived quintile.

In Buckinghamshire it is estimated that there are 940 adults with a psychotic disorder (which represents 0.3 per cent of the adult population compared to 0.41 per cent across the region). Between 2011 and 2031 the number of people with psychosis will remain fairly unchanged in Buckinghamshire compared with increases of three per cent in the region and nine per cent across England (Strategic Needs Assessment for mental health, Planning4Care, 2012).

In Buckinghamshire 11.5 per cent or 36,830 people have psychiatric comorbidity (lower than the England figure of 14.3 per cent). Between 2011 and 2031 the number of people with psychiatric comorbidity is projected to increase by one per cent in Buckinghamshire compared with an increase of seven per cent across England (Strategic Needs Assessment for mental health, Planning4Care, 2012).

❖ **Market Opportunities**

The evidence shows that mental health needs in the adult population in Buckinghamshire will remain mostly unchanged over the period 2011-2031.

Prevention, promotion, treatment

We will prioritise evidence-based interventions that promote health and prevent ill health as well as treating patients who are mentally ill.

We will work with Public Health and other local government colleagues to better understand the needs of people living in Buckinghamshire.

We will target resources on those who are at highest risk of developing mental ill health – including those on low income, BME groups, and those with physical ill health.

We will honour national covenants and guidance for groups requiring specific levels of support

Parity of esteem

We will ensure opportunities are maximised to offer ‘holistic’ health interventions - by promoting mental as well as physical health and treating mental illness to the same quality standards as physical ill health. This will include improving the physical health of those with a serious mental illness.

Promoting supported self-care and services closer to home - family and carer support

We will prioritise services that offer the least intensive, least intrusive interventions to meet need - applying a stepped approach to care and enhancing services that enable families and carers to provide for their loved ones in their own homes.

Co-production, co-location and co-delivery

We will commit to maximising opportunities to develop and deliver services with patients and clinicians, including primary care clinicians and specialist mental health practitioners.

Common mental illness

We will continue to lead the way in the commissioning of psychological therapy (Improving Access to Psychological Therapies) for those with common mental health problems - identifying new ways of meeting local demand and national requirements.

Perinatal mental health

We will offer better support to new mothers, fathers and infants to minimise the risks and impacts of perinatal mental ill health.

Veterans

We will honour the covenant.

- Service delivery can be redesigned to take into account better approaches to mental health care and an increase in preventative services.
- With the new adult mental health teams providing the full range of functions previously operating as assertive outreach, crisis and home treatment, early intervention etc., there has been some improvement in community services. These improvements now require consolidation and further development.
- The development of round-the-clock services has been welcomed and seven-day-per-week services are now in place – these will need reviewing as they become common place.
- Specialist psychiatric services need to continue to be more outward looking and encouraging of prevention.
- With the implementation of ‘Care Clustering’ and ‘Payment by Results’, there is scope for increased clarity about pathways of care for people so that they are equipped with information regarding their support and treatment.

Key messages for the care and support of people with physical disabilities /sensory impairments /long term neurological conditions

It is estimated that in 2012 there were 31,644 adults aged 18-64 who have a moderate or serious physical disability living in Buckinghamshire. This is 10.5 per cent of the Buckinghamshire population (18-64) compared to 10 per cent of the population (18-64) of England. This figure is projected to rise by three per cent in 2030 to a total of 32,537 people.

The biggest areas of spend for the council's physical disability (PD) services are for residential (including nursing) and domiciliary care. Currently the council purchases 29 nursing placements of which 12 are recorded as out-of-county, 51 residential places of which 22 are recorded as out-of-county and seven supported living placements of which two are recorded as out-of-county placements. No block contracts are in place and all are commissioned on a spot purchase from 40 different service providers.

What the council knows of the current market in Buckinghamshire is that there is one nursing specialist PD care home supporting 19 clients. In addition to this there are four non-nursing care homes supporting up to 55 PD clients. This gives a total PD Provision of 74 clients. This is further supplemented by a specialist care home without nursing for 22 acquired brain injury (ABI) clients.

Domiciliary care has the most number of PD clients. 2,235 people with PD use direct payments to purchase their care services instead of receiving arranged services by the council.

Aylesbury Vale District Council with Buckinghamshire County Council have a joint strategy with the aim of Aylesbury to become fully disabled accessible and a top location for disability tourism, i.e. hotels, shops and facilities to be disabled accessible and friendly in the Aylesbury Vale district.

❖ **Market Opportunities**

- There are opportunities for diversification where different types of accommodation and support arrangements could be offered to meet individual needs in a more personalised way, in other words, moving away from traditional models of residential care.
- Meaningful day opportunities, linked with work preparation and access to employment opportunities is another key area of demand for people with PD and this is likely to grow under the council's day opportunities programme. Providers are encouraged to develop innovative services to meet these needs.
- Payment for services is likely to be through direct payments or individual budgets rather than council contract arrangements.
- Developing services in the market that prevent, delay or reduce the need for social and health care will continue to be a strong theme for the council and the clinical commissioning groups.

- As the technology becomes more advanced and low cost, increasing the use of assistive technology will become a key priority in supporting people to be independent within their own homes and communities.
- Increase demand means that the council's 'Prevention Matters' programme is looking for more providers to contribute to the development and support of volunteer schemes and time-banking initiatives.
- There are opportunities for providers to engage with universal service providers to help improve their customer service and service offer. Similar opportunities apply to providers offering advice to other businesses around employing disabled people.

Key messages for the care and support for people with dementia

There were 2,444 people with a diagnosis of dementia recorded on Buckinghamshire general practice registers in March 2012. This was 0.47 per cent of the total population registered with Buckinghamshire clinical commissioning groups, compared to 0.53 per cent in England.

The number of people on general practice dementia registers increased by 40 per cent between 2006/07 and 2011/12. There are approximately 7.6 per cent of the 65+ population are predicted to have dementia. The number of people with dementia in Buckinghamshire is projected to increase significantly over time due to the increasing number of older people. The number of people with late onset dementia is expected to increase by 2025 to more than 8,000, almost half of whom will be aged 85 or over.

Currently, in Buckinghamshire, there are a number of social care and integrated health care services for people with dementia from advisory services to assessment clinics within communities.

We have developed a 'Dementia Challenge' initiative, which highlighted the importance of raising local awareness and understanding of memory concerns (i.e. Dementia) within the community. The memory friendly communities service in Buckinghamshire aims to reduce the stigma and social isolation associated to memory loss, support communities to respond positively towards those individuals with memory concerns and enable people to live independently for longer through partnership working.

❖ Market opportunities

- We are looking to address the issue of social isolation amongst people with memory concerns. We are also looking to explore the use of telecare and assistive technology products for vulnerable adults including those with dementia,

which will enable people living with dementia to remain in their own homes for longer and will also reduce hospital admissions and admissions to residential care provision.

- In response to the increasing prevalence of people living in Buckinghamshire with dementia, future plans will very likely include the requirement for other services to be commissioned, and need for more local options to prevent out of area placements.
- Recent mapping of services shows that the focus has been on the diagnostic pathway in order to increase the diagnostic rates in primary care.
- Memory service advisors now assist those who are diagnosed with accessing services. For the near future we need to attend to the gaps in services post-diagnosis – how and what will be offered to support individuals to continue their lives. We will also need to review and develop some of the services in order to see a coherent approach across the county. What is absolutely clear is that the size of the older population is increasing and will continue to increase in Buckinghamshire and as such the need for services will increase as well.

Key messages for the care and support for people with autism

Current estimates on the prevalence of autism in England indicate that there around 1.1 per cent of people have autism.

An estimated 70 young people aged 17-18 could be eligible for adult services and out of the 70 an estimated 50 per cent have a primary need of an autism service. This could increase with the implementation of the Care Act as this looks to the local authority to assess as early as possible anyone who would significantly benefit from this assessment. There is also a marked increase in the number of older adults in line with growth in the population aged 65 and over.

Currently there are specialist services to meet the complex needs of adults with autistic spectrum disorders in Buckinghamshire. These services are delivered by Buckinghamshire Care (the local authority trading company) and a small number providers of support packages to individuals. Alternative specialist provision is sought in out-of-county placements. Over the last twelve months we have also developed the following:

- For young people with autism, in transition to adulthood, leaving school and wishing to access training towards achieving paid employment, newly developed centres are in place in Buckinghamshire colleges.

- A pilot project using assistive technology has successfully provided the 'tools' for young people with high functioning Asperger's to be independent, access mainstream services and minimise crisis interventions.
- A clear diagnostic pathway has been developed, including the commissioning of a diagnostic assessment for those not currently able to access diagnosis through mental health or learning disability services.
- Our autism development worker post is a key element of the pathway; providing expert advice, skills and information to individuals affected by autism; working alongside both clinical and social care teams (a similar role is planned for the children's services).
- Supported living provision for four adults with complex support needs associated with autism has been commissioned and opened in October 2014.
- There is a countywide network of support groups for individuals/carers/parents delivered by the voluntary sector and through our commissioned carers support service, Carers Bucks.

❖ **Market opportunities**

- We want to develop low level, ongoing interventions for people with autism, to help maintain tenancies, independence and employment.
- As part of this ongoing support we are looking to further develop the opportunities offered by assistive technology in helping individuals maintain their independence.
- Development of a wide range of bespoke care packages to meet the diverse needs of individuals with autism; whose behaviour may challenge complex communication and physical needs; in supported living settings or living independently in the community.
- Support services for those in the community (non-FACs eligible) that are at risk of social isolation, advice and guidance.

Key messages for the care and support of informal carers

In 2012 there were 5,981 known carers in Buckinghamshire from:

- BCC

- Carers Bucks
- SUCO
- Young Carers
- Age UK

Of these carers 869 have received an assessment in the last 12 months (01.10.13 – 01.10.14). The number of newly identified carers last year was 655 with an involvement role of carer (01.10.13 – 01.10.14).

Carers can also register with the local charity ‘Carers Bucks’:

Their report on a carer’s survey conducted by them in 2012 included 5,920 registered with them.

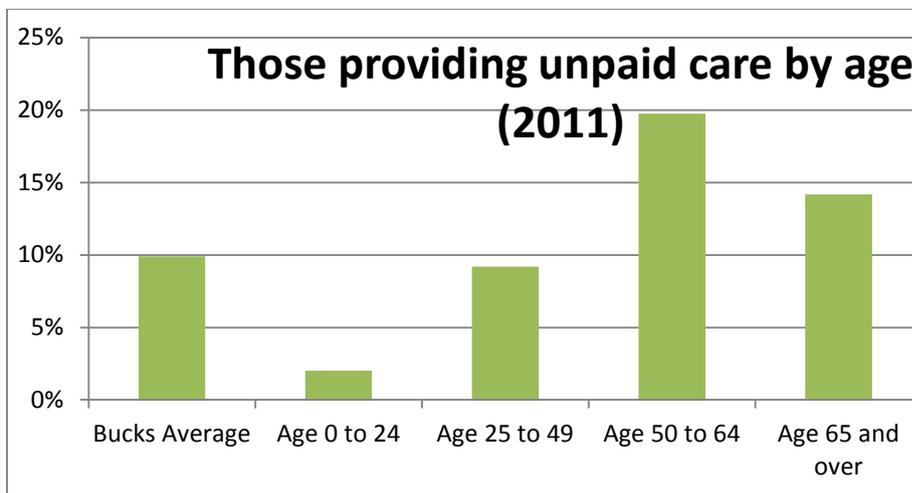
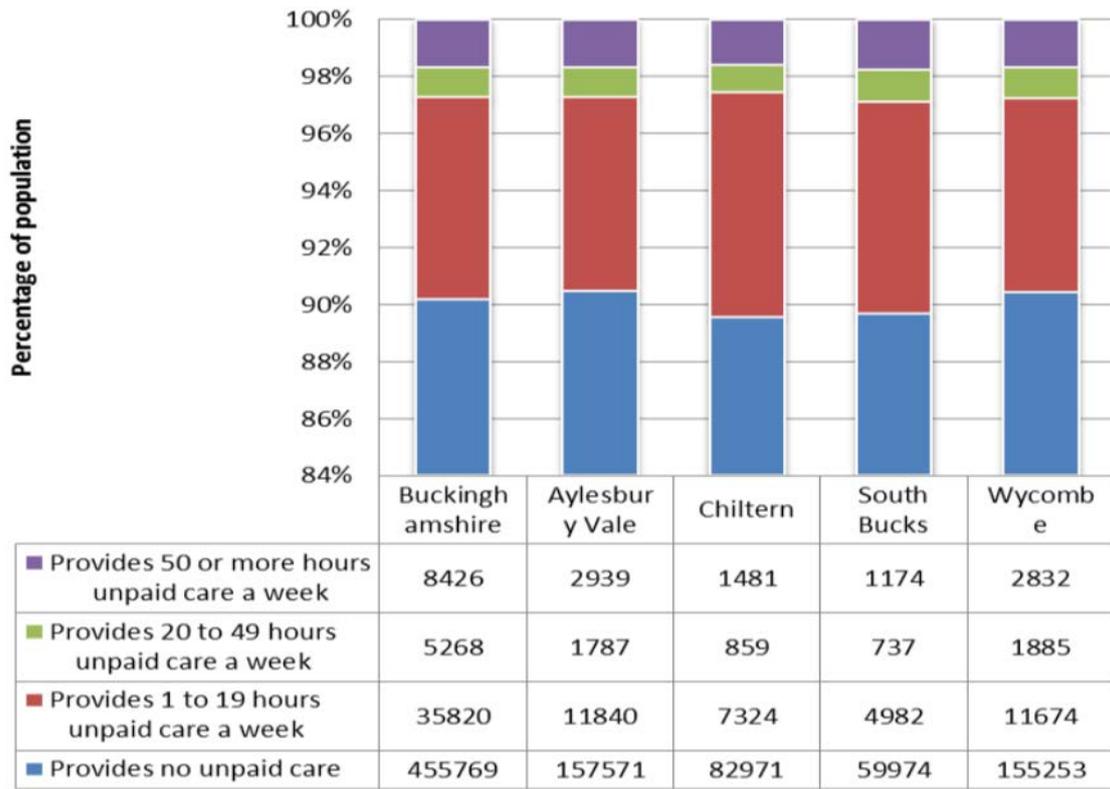
On average Carers Bucks 102 new referrals are received per month. This is expected to rise following new appointment of a new Communications Manager.

A substantially majority (52 per cent) of carers who replied to this survey question did not seek a carer’s assessment as they “don’t know” about it.

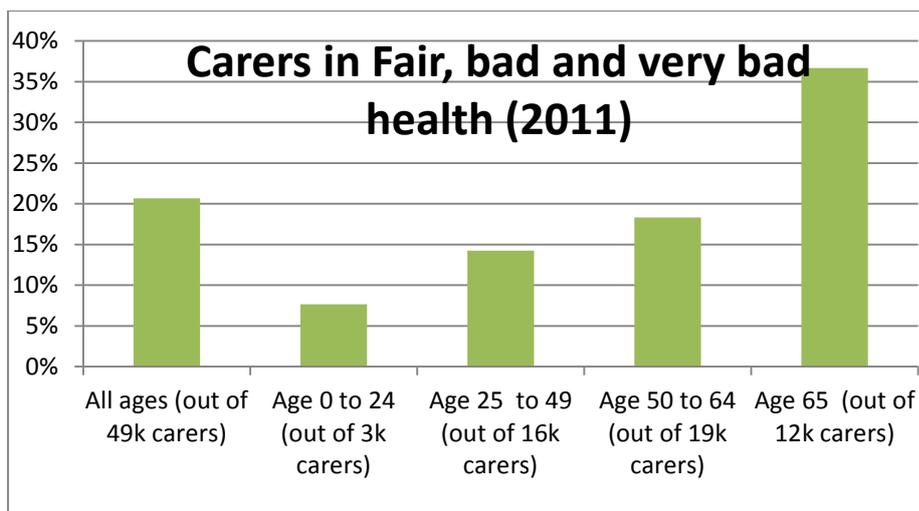
The majority of known carers provided more than 50 hours care/week. However, it appears in the general population of carers they are a minority. Majority of carers appear to provide 1-19 hours care/week. Previous emphasis was on placed on carers who provided substantial care. Therefore those providing less than 50 hours care were less likely to self-identify or be referred to services and are more likely to be ‘hidden’.

In 2011 49,500 people were self-identified as carers in Buckinghamshire (census 2011). Potentially, therefore, nine in 10 carers are hidden.

Prevalence of Carers in BCC



Carers in fair/bad/very bad health - % increase with age



There has been a large increase (38 per cent) in the number of people providing 20+ hours of care per week from 10,000 people in 2001 to 14,000 people in 2011.

In Buckinghamshire's two clinical commissioning groups (CCGs) showed that the proportion of self-identified carers in the population on average was 18 per cent in July 2014. Buckinghamshire has a similar proportion of carers compared to the national average.

Carers Bucks are the Council's commissioned service for carers. Carers Bucks are in contact with over 9,000 carers and receive funding from Buckinghamshire County Council. This funding is used by Carers Bucks to support carers through a range of services including advice and support, training, support groups and tailor support to help carers. The service is being developed with the aim of delivering closer alignment to care management services:

- A streamlined pathway for carers to access services and support.
- A range of tailored support for carers including training, emotional and financial support.
- A focus on the needs of older carers.

'Flexible Breaks' for carers health funded payment service has continued from an initial pilot agreed between Buckinghamshire County Council and Buckinghamshire NHS clinical commissioning groups, Aylesbury Vale and Chiltern. The health payment is for carers over eighteen years of age who, without payment, look after or provide regular and substantial help to family members, neighbours and friends who are sick or disabled, vulnerable or frail.

The fund is aimed at carers whose health and wellbeing may be affected to access a range of flexible breaks to improve this and to sustain them in their caring role. So far 1,935 carers have been supported by the 'Flexible Breaks' service.

Below is a breakdown of how people have used the payment.

Usage of Health Payment	%
A short break or holiday	44
To look after the person I care for	16
Travel expenses to attend appointments	4
Alternative therapy sessions e.g. counselling, massage, reflexology	12
Membership fees e.g. health social or leisure activity	8
Other	16

❖ Market Opportunities

- A new carers strategy will be developed early 2015, incorporating the Care Act implications on carers.
- Uptake of carers assessments:
 - In 2012-2013 in Buckinghamshire 2,440 carers were offered an assessment. Of these 98.6 per cent accepted a carers assessment. 51 per cent of carers who received an assessment were aged between 18-64, while the remaining were older carers over 65. The rate of declining assessments was slightly higher in the younger age group (1.6 per cent) compared to older carers (1.3 per cent).

Although the uptake of assessments might be slightly lower in hidden carers (particularly as they are more likely to be younger and providing fewer hours of care) it is expected that the majority of carers offered assessments will accept them. Unfortunately no data is currently available regarding the receptiveness of assessments or services in hidden carers.

- Carers services offered:
 - In 2012-2013 in Buckinghamshire 2,405 carers received any form of services (including information only). Of these 51 per cent were aged between 18-64, while the remaining were older carers over 65. The majority of them received carer specific services (90.6 per cent). Again 51 per cent of those who received carer specific services were aged between 18-65, while the remaining were older carers over 65.

- Increased carers assessment will result in more carers qualifying for services, particularly as changes in carer's assessment will result in greater emphasis on supporting carer's own needs in addition to their caring responsibilities.
- Further standardisation of carer support may increase the services needed to be provided. Capacity for both carer specific services and information-only services will need to be stepped up. In particular as more hidden carers who provide less intensive care may be assessment more 'information' only services may need to provide.
- There appears be a small under-representation of ethnic minority groups in the local databases of known carers. For example, seven per cent of carers were Asian in the 2011 census estimates, but the local survey of known carers reported a fewer proportion of Asian carers (5.8 per cent). This is supported by literature that due to cultural barriers ethnic minority carers were less likely to access services and remain hidden.
- Carers from the southern part of Buckinghamshire are more actively interacting with services and thus better known to services. The northern part of the county is more rural and therefore might have poorer access to services.
- An increase in demand from services is expected from the implementation and awareness brought about by the Care Act, above and beyond the expected increase seen over the last few years.

Market opportunities for other service areas

Residential and extra care housing

Learning Disability

It is predicted that in order to meet the anticipated demand an additional 200-220 units of specialist accommodation will need to be developed before 2035. This equates to an average of 8-12 units of accommodation per year.

However in the first five years we would wish for an accelerated provision so as to maximise transition from the current market position to one that meets current needs and demand and as such we would wish to see growth of approximately 16-24 units each year for the next five years.

Mental Health

It is predicted that in order to meet anticipated demand an additional 25-30 units of specialist accommodation will need to be developed by 2035. There is a need for eight units

of accommodation to be delivered within the next two years and then a further eight units every following five to six years.

Physical Disability

It is predicted that in order to meet anticipated demand an additional 20-25 units of specialist accommodation will need to be developed by 2035. There is need for six to 10 units of accommodation to be delivered within the next three years and then a further six to 10 units every following five to six years.

Older People

It is predicted that in order to meet anticipated demand an additional 2,000 units of specialist accommodation will need to be developed by 2035. There is need for 100 units to be delivered each year in a mix of approximately 50 per cent nursing care and 50 per cent residential / extra care.

Community Based Support

The council commissions a range of community based services including homecare and reablement services, domiciliary care, day opportunities, equipment and adaptations, respite and meal provisions. The most predominant community-based service used is day opportunities by adults with learning disabilities.

- During the early part of 2015, BCC will be working to develop a new strategy for domiciliary care services across the county. We will engage with local stakeholders as part of this work to help shape the future model in readiness for the retender of current services in line with contract end dates in 2016.
- There are several thousand people in Buckinghamshire who could benefit from a hot meal delivery, but currently we deliver to only 500. The choice around supermarket meals and home delivery, etc., has increased considerably in recent years – reducing need for traditional meals on wheels services.

The Community Meals service is currently being re-commissioned, with the new provider contract in place from early 2015. We pay a subsidy towards the cost of a meal if client eligible, otherwise, they can use the service as a self-funder.

The provider market is quite small, with Apetito (our incumbent supplier) being the most prolific provider of hot meals. As part of the re-tender, we have emphasised that the new provider will be expected to work with other services such as 'Prevention Matters' to promote wellbeing at home. They are also being asked to increase self-funder activity across Buckinghamshire. It seems difficult for small local suppliers to break into this market as it is a cost and volume contract (like telecare), which relies on economies of scale and most local suppliers e.g. a local pub, struggle to keep cost and quality balanced.

- As part of the development of the new carers strategy we will be looking at how we can offer more flexible and affordable respite services for carers.
- A small cohort of young people aged 18-25 years old with complex needs, including severe learning disabilities and challenging behaviour, will need a structured environment providing behavioural intervention which families cannot provide and which will prevent further deterioration, or produce an improvement, in the young person's behaviour at home and or in the community, as well as intensive support regarding daily living.
- As a council we are committed to ensuring that service-users and carers have choice and control of what, how and when support is delivered to meet their assessed eligible needs. A direct payment can be used to purchase identified social care needs such as:
 - Personal Care
 - Day activities
 - Respite Care
 - Support for daily living including maintaining household
- Buckinghamshire County Council Assistive Technology (AT) is currently delivered to approximately 4,000 service users. The AT 'system' is made up of assessment, installation, monitoring and response. The AT market is very local authority and NHS driven, with many of the suppliers not focussing on private retail customers and, instead, on public sector contract arrangements. With the changing demographic, coupled with difficult economic conditions, there is a greater need for BCC to investigate the use of innovative technology in supporting care delivery.
- In the current financial climate and changing demographic, BCC will be looking at how it can support a greater private market offering, by influencing the commissioning of services that can cater for both social care eligible and non-eligible users, both in terms of quality, for example; Telecare Services Association Code of Practice accreditation) and price.

There will be greater emphasis on BCC to develop a vibrant retail market and for the consumer to have greater choice on equipment available to them. The challenge for the existing AT provider market is to consider how they can make what has been historically a local authority driven business, much more appealing to private retail. This could be in the form of an end-to-end service, or a tiered series of AT packages which will enable the consumer to pay dependent on choice or need.

We know that there are a large number of residents in Buckinghamshire that could benefit from some form of AT and most will not be eligible for social care services.

In an underdeveloped market, a private AT retail offer could be of great worth to innovative providers.

➤ **Day Opportunities Centres**

The 'Day Opportunities Transformation' programme is well underway with the Aylesbury Opportunities Centre opening in January 2014 and the Buckingham Opportunities Centre opening in October 2014. The Chesham Opportunities Centre is due to open in April 2015, the Burnham Opportunities Centre in October 2015 and the High Wycombe Opportunities Centre in 2016. All centres have a kitchen where hot meals are provided, a training kitchen for clients to increase their skills, a sensory room, a range of activity rooms, adapted toilets facilities and some have a hydrotherapy pool.

These centres all provide a range of services to meet a variety of needs, including people with a learning disability, a physical disability, older people, and others who may wish to use the centres.

- The 'Prevention Matters' programme seeks to link individuals with local activities and services that could prevent a future need for social care or health services. As part of this programme we are continuously reviewing the availability and capacity of services that may support individuals at an earlier stage of need, with a view to increasing capacity or developing new services where required. During the early part of 2015, BCC will be working to develop options for the future of 'Prevention Matters' beyond the end of current contracts in 2016.

7. Facilitating the social care market

Implications for providers

- ❖ Responding to the future profile of Buckinghamshire
- ❖ Meeting increasing demand
- ❖ Better and easily accessible information and advice
- ❖ Providing good quality care and support provision
- ❖ Opportunities for more choice and control
- ❖ Developing flexible, innovative and creative solutions to services
- ❖ Reaching people funding their own care

Commissioning

The council aims to ensure that we put people at the centre of everything we do and actively support choice enabling people to take more control of their own lives and get good quality services that are value for money. Our strategic commissioning activities incorporate joint commissioning with health to deliver integrated services, so that people experience seamless pathway of health, care and support services. This focuses on our commitment to deliver the outcomes of our portfolio plan bringing health, adult social care and public health together⁸.

This will mean:

Enhancing the quality of life for people with care and support needs

By ensuring the market has a robust community and voluntary sector committed to delivering quality services and other opportunities. In Buckinghamshire we have carried out an extensive modernisation of day opportunities with a focus on a new delivery model for these services. We are also looking at new ways of providing home care and accommodation and support, including supported living, extra care and residential and nursing care.

Delaying and reducing the need for care and support

By providing better preventative models of care and support and moving to more flexible arrangements that are more responsive to the needs and choices of people, based on affordability, choice, quality and accountability. In 2013/14 we developed a new model to promote and deliver preventative services, 'Prevention Matters'. This is to promote

⁸ Buckinghamshire County Council Health and Wellbeing Portfolio Plan 2014/15

independence, prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability and delay the need for more costly intensive services. In August 2013 we launched a new home care reablement service providing seven-day-a-week cover helping to facilitate timely discharge from hospital. We also continue to commission low level housing support preventative services in partnership with the district council. Our community equipment and assistive technology services play a prominent role in delivering this outcome and we continue to develop innovative care solutions.

Ensuring that people have a positive experience of care and support

By helping people to make informed choices about their care and support and how this is provided and shifting the balance of care from institutional settings to community based support which is reinforced by a wider range of accommodation options. Over the last year we have optimised our self-directed support pathway to support and different options for people to take a direct payment. The support brokerage service has also been extended to people in hospital who fund their own care. In line with the Care Act requirements we want to further improve our carers experience We have already developed much better clear and accessible information and advice, with improved website information.

This will require:

- Commissioning teams to focus on the outcomes that the person wants to achieve, the level of response required and active monitoring of improvement in their health and wellbeing.
- A focus on the needs of individuals rather than by care group, purchasing specialist and quality services when needed.
- A much closer working relationship with service-users, carers and with providers to promote and encourage alternatives to council provided services.
- Providers to demonstrate an outcome-based approach, high quality care, cost effectiveness and value for money.
- Commissioners to look at new ways of working and openness to innovative commissioning approaches in order to encourage new services and new providers.
- Commissioners to shape the market ensuring there is a robust community and voluntary sector that are reliable and committed to delivering quality services and other opportunities.
- Firm evidence-based monitoring of commissioned services and outcomes and feedback from people to inform future commissioning.

- Build up good relationships with providers and information sharing on market intelligence to better understand needs and potential gaps in provision.

Market readiness

Buckinghamshire, in recent years, has seen the social care market become more diverse both in scale and geographical distribution. However, there are gaps in provision that need to be addressed. Over recent years both the council and providers have strived to improve and develop positive relationships and we are keen to continue to do this with both our commissioned providers and potential providers to make the best use of joint intelligence, knowledge and skills.

The Adults and Family Wellbeing market provider forums are going from strength to strength with an increase in attendance over the last year of 30 per cent. The forums have received positive feedback and we will continue to use these as a platform to develop relationships and create an on-going dialogue with our providers.

The forums aim to:

- Ensure that information for meeting care and support needs and the types of services needed is available to providers.
- Give providers information on the current and likely future demand for new services and how they can help meet this demand.
- Help ensure the market place continues to be sustainable and foster continuous improvement in the quality of services and encourage innovation.
- Update providers on Adults and Family Wellbeing's strategic commissioning intentions, business opportunities and policy decisions.
- Give providers opportunities for greater collaboration.
- Hear the voice of customers and what they want.
- Listen and discuss big issues for providers.

What change is expected from providers?

- ❖ With the support from the council through the provider forums and workshops to get a good understanding of the implications of the Care Act on the social care

market and on providers of social care services, for instance looking at understanding specific costs for care and support and living costs.

- ❖ Be responsive to bespoke packages of care and support through direct payment.
- ❖ Recognising the diversity of purchasers, that is commissioning of services from the council, personal budget holder and people funding their own care.
- ❖ With the support from the council a better understanding of contracting and procurement processes so that a diverse range of providers are able to bid for future council contracts.
- ❖ Looking at new and creative ways to involve customers and carers in service design and improving general ways of working.
- ❖ Focus on quality and achieving good outcomes. Personalisation and the increased use of direct payments has seen price competition in the market. Equally and increasingly important are the differentials on quality and reliability that is being provided. By focusing on demonstrating outcomes providers are more likely to secure business.

Procurement Plan

The council is committed to working in partnership with local providers when new opportunities arise. Our procurement activity is carried out to the highest standards of fairness and transparency.

- ❖ Buckinghamshire County Council has developed a preferred provider list for commissioning of adult services for all client groups, excluding older people. Providers have been assessed for quality, financial standing, health & safety, quality assurance, CQC registration and insurances and subject to acceptance on to each list, providers will be held on the relevant client group list until 2017.
- ❖ When opportunities for care and support services become available a mini competition is issued to the relevant list(s) asking for detailed project plans, costings and relevant experience to enable the provider demonstrating best value for money to be selected.
- ❖ The list is in place until 2017 and is open every six months for new

applications. This opportunity and other procurement opportunities for development of accommodation and or care and support will be advertised over the South East Business Portal.

Procurement Opportunities 2015/16

Domiciliary Care – re-commissioning during 2015

Home from Hospital Service – re-commissioning early 2015

Home from Hospital Service – re-commissioning early 2015 with new services commencing from August 2015

Stroke Community Support Services – looking to the local market to provide individual support/training services for stroke survivors & carers that can be purchased via a direct payment or personal health budget from September 2015

Community Support Services

We are currently reviewing all our supporting people services in Buckinghamshire with the intention of re-commissioning a range of services over the next year.

Accommodation and Support

Preferred Provider List

The purpose of this application is to assist Buckinghamshire County Council in deciding which suppliers should be considered for inclusion on the Preferred Provider List for the Provision of Supported Living and Residential Care Services.

The providers who are successful in their application form will be placed on the Preferred Provider List for the client groups they believe they are capable of providing. These are Learning Disability, Mental Health, Autism, Transitions, Physical & Sensory Disability & Acquired Brain Injury.

The Preferred List commenced on the 6th February 2014. The list opens every six months and is subject to the Council approval process. The Preferred List will be in place for 3 years until 2017. If you are already on the list, you do **not** need to re-apply.

The Specialised Housing Market Position Statement (SHMPS) is published over the South East Business Portal (SEBP) as an opportunity with a one year end date.

- Developers are encouraged/ supported to develop specialised housing

services independently. This will be in line with SHMPS but not part of formal tender processes

- Specific opportunities arising from SHMPS will be promoted formally over the SEBP
- The SHMPS will be refreshed annually and re-published
- Varied negotiation / partnership approaches are required to maximise opportunities

8. Next Steps and Useful Resources

The council will continue to encourage and support providers to shape their services to the needs of personalisation, requirement of the Care Act, deliver improved models of good practice and outcomes.

This market position statement is an important step towards achieving a common understanding with providers, and open a dialogue about how best we can work together and offer support to all providers including small providers, supporting voluntary and community organisations and groups to recognize and respond to the challenges that providers face in the market.

The market position statement will be reviewed annually by the A&FW Strategic Commissioning Team.

❖ Feedback

- How helpful have you found the market position statement?
- Which areas were useful?
- How can we keep you updated?

Contact: Bharti Quinn, bquinn@buckscc.gov.uk or 01296 383950

Useful Resources

Care Act

- BCC website will be kept up to date at new and existing websites, respectively: www.careadvicebuckinghamshire.org and www.buckscc.gov.uk

- Fact sheets from the government website www.gov.uk/publications
- Nationwide public campaign begins February 2015.

Assisted technology

- www.3millionlives.co.uk
- www.gov.uk/government/publications/whole-system-demonstrator-programme-headline-findings-december-2011

Residential and extra care housing

- Market position statement: Specialised housing for vulnerable adults 2014–15 and update March 2015