

Adults Social Care Commissioning & Procurement Market Position Statement **2018-2020**

****Published Version 1 for comment****

Introduction

This Market Position Statement (MPS) provides information to providers on the services Telford & Wrekin Council is committed to commissioning during 2018 – 2020, including the prediction of future demands, the current state of supply and what we are doing going forward.

Our strategy, as outlined in the Council’s Commitment Statement, is:

1. to support preventative services to keep people independent in their communities,
2. where people require services, to work within existing budgets, and
3. reduce the need for unnecessary or unreasonably high cost services

We will concentrate on improving outcomes for people by commissioning with these 4 drivers:

1. **Quality** - the services provided meet the regulatory standards of our commissioning framework and CQC/Ofsted and improve outcomes and keep people safe
2. **Sufficiency** - we have an accurate prediction of future demand to ensure we commission sufficient provision
3. **Price** - we will pay a fair market price, taking account of our resources
4. **Innovation** - working with our providers we will look for different approaches to meet diverse and developing needs

Focussing on 4 key services ...

1. **Personal Care and support**
2. **Housing/ accommodation**
3. **Intermediate Care**
4. **Well-being and preventative services***

In 4 main markets ...

1. **Care and support**
2. **Residential provision (Residential, Residential/EMI, Nursing, Nursing EMI)**
3. **Sheltered Housing/ supported living and Extra-care**
4. **Community provision*/ day care**

*The development of and sustainability of general wellbeing community provision is not within the remit of the commissioning/ procurement service and is not reported on in great detail in this report however it does cover parts detailed in the carers services.

Adults Social Care Commissioning

Setting the Scene

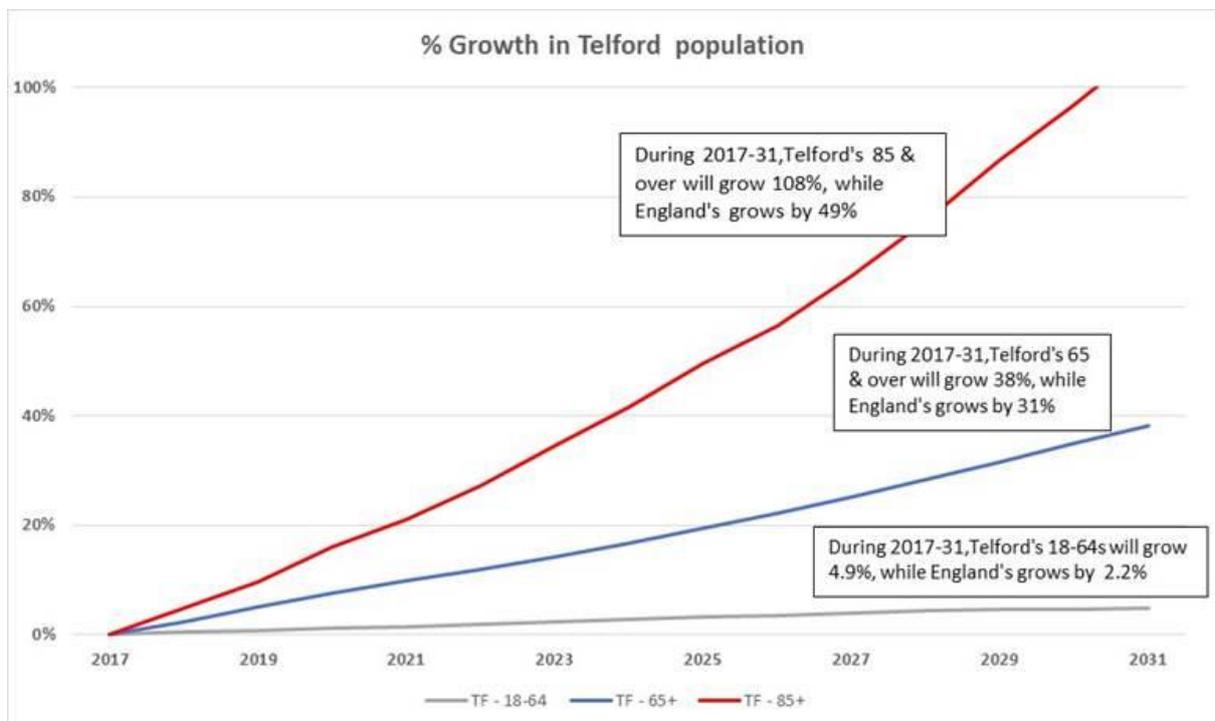
Telford & Wrekin Council has a purchasing budget of around £44m to support the provision of services to older people, adults with learning difficulties (Autism and those with an acquired brain injury) and those with physical (and sensory) and mental health disabilities. The expenditure figure for 16/17 was spent as follows:

	18-64 yrs	65yrs +
Older People		£14,645,000

Adults with Learning Disabilities	£16,228,000	£1,918,000
Supporting Adults with Mental Health issues	£1,541,000	£4,106,000
Supporting Adults with physical and sensory disabilities	£3,823,000	£1,527,000

In addition to the paid services above, we must consider the invaluable support provided by unpaid Carers, who are the backbone of the Care Provision for Vulnerable Adults within the community. We continue to review and re-commission services for our unpaid Carers to ensure we offer as much assistance and support as possible to support their efforts.

When considering our market position statement we must also look at the population of the borough as a whole and the impact growth may have on our strategies. The chart below provides the expected rate of growth across all age adults:



The borough population of over 65yrs is expected to increase by **38%** over the next 14yrs

- 2017 – 29,800
- 2031 – 41,200

The borough population of 18-64yr olds is only expected to increase by **4.9%** over the same period

- 2017 – 105,200
- 2031 – 110,400

The borough population over 85yrs is expected to increase by **108%** over the next 14 yrs

- 2016 - 3170
- 2031 - 6900

Even though more and more people aged 65+ live healthily into old age without any health or social care intervention, it is far more likely that over the next 10+ years, the Council will need to support

more older people than those under 65yrs. Where sensible to do so, and especially for our residents with learning disabilities, physical disabilities and mental health challenges, we shall integrate our commissioning with our Clinical Commissioning Colleagues for the best possible outcomes.

1. Personal Care

Quality

Quality is managed through the Dynamic Purchasing Systems (DPS) that we have in place for Domiciliary Home Care services. It is also addressed when individual packages of care are procured in sectors not yet covered by DPS management systems. Providers have to provide robust quality and safety polices that are thoroughly checked at the outset of any business with them and annually as part of their contract management. Electronic Call Monitoring was introduced in late 2017 for providers on the DPS who deliver more than 10 packages of care. This means that the council pays for the actual care delivered rather than planned commissioned care. It will help providers manage the quality of their services and inform levels of future commissioned care. Implementation will be complete by early 2018.

We currently have 40 providers on the DPS; 28 are rated as good by the Care Quality Commission (CQC), 5 are rated as requiring improvement and 1 is rated as inadequate. 5 are awaiting inspection and 1 offers only support services so does not require CQC registration.

There has been 1 CQC intervention in this market this year.

The Council will not use services rated as inadequate. However, in respect of individuals already receiving services the Council recognises the importance of on-going relationships and will work with individuals, their families/Carers and providers to enable them to improve/change provider as appropriate in the circumstances

45 complaints were received in 2016/17 regarding personal care and all have been managed appropriately

Sufficiency

Last year the council commissioned 740,000 hours of personal care and support delivered in the home; this year this is currently running at 762,000 which is around a 3% increase.

In 2016 we changed the way that we commissioned this service by moving from open market spot purchasing to procurement from the DPS. Providers are able to join the DPS at any time which ensures that we are open to new businesses.

Out of the 40 providers on the DPS, 17 providers have joined the DPS since the system first went live on 1 October 2016. The DPS framework is currently meeting the increasing number of hours within the hourly rates originally commissioned and helping keep more people in their own homes.

We know that the volumes for personal care fluctuate throughout the year with the usual high demands being during holiday periods and over the winter months. We have noticed however, that since August 2017 we have seen a steady increase in the need for this type of care and this is expected given the reduction in residential care placements.

A reactive response to this situation is to build more capacity in the market place, but we also know that care agencies consistently experience problems with recruitment so simply trying to add more manpower will not solve the situation.

This lends itself to a different approach through neighbourhood working. Our social workers and early help practitioners are now looking for community solutions to provide care where actual regulated personal care is not required. For example, we may have a person who is able to wash and feed themselves but suffers from social isolation and wants to take a couple of walks out a week or to visit their church or a social club. These needs could be fulfilled by a community group rather than a CQC registered care agency. We also have nearly 200 clients needing two carers to care for them. There is an opportunity to look at single handed care techniques and equipment to reduce the reliance on that carer ratio.

There is a need to grow the Out Of Hours Service and our Carers Emergency Service. Both of these vital services offer support to our Carers when they themselves become incapacitated and can no longer care for the person they look after and to support our Emergency Duty Team should a vulnerable person need services outside normal working hours.

We would like to encourage more care providers to join the DPS to meet our commissioning intentions going forward but are specifically looking for those providers with the skills and expertise to support the areas mentioned above. It's important to note that through the development of more community led solutions for low level support and take up of direct payments, we will start to see a regular decrease in the routine council commissioned hours provided from 2019 onwards

By 2019/20 our aspirational commissioning targets are:

	18/19	19/20
Dom care hours split into:	568,685	523,685
Older People	298,685	283,685
Adults with Learning Difficulties	170,000	150,000
Mental Health	25,000	20,000
Adults with Physical Disabilities	75,000	70,000

Price

Current price is capped at:-

Basic domiciliary care	£14.68/hr
Complex care	£16.68/hr

A snapshot of average prices at the time of this report show that

Client Group	Average Price at time of publication
Older people	£14.21
Adults with Learning Difficulties	£14.91
Mental health	£14.62

Adults with Physical Disabilities	£14.82
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The average will reflect historical packages as well as very low level support to complex care packages

Prices are managed through the DPS and are tendered (and remain) within this price cap.

There are no automatic contractual price increases. However we budgeted for an uplift to the cap in 2018/19 to take account of the impact of inflationary pressures, primarily the increase in the national living wage to £14.68/£16.68. We will not increase the price for care provided outside the DPS.

Innovation

The proposed uplift of just over 4% does not fully meet the providers identified cost pressures. However, we are expecting the market to be able to manage their businesses more efficiently this coming year with the implementation of the Electronic Call Management (ECM) system that is being included on the DPS. In addition to the uplift, the Council is paying for the providers initial ECM License for year 1 at an approximate cost of £1,236 each for 16 providers. The providers will then be billed for this in following years.

ECM will only be rolled out to those providers who have more than 10 Council funded service users on their books.

We will continue to subsidise training for the care sector with Shropshire Partners in Care alongside MAPA training with Shropshire Council and the introduction of single handed care going forward.

We will continue to support Carers' resilience and well-being and commission further support for Carers including for future planning, emergency and planned respite

We will continue to explore the role of assistive technology and where it can support our residents right through from low level medication prompt calls to wellbeing checking systems. Implementation of increased AT will support the planned reduction in this area.

2. Housing/ accommodation

The older population of the Telford & Wrekin is rising and the Council wishes to see a wider range of housing options becoming available. While residential care is important, the Council recognises that older people want to remain living in their own homes or have a housing with care alternative. The Council wishes to facilitate the provision of a range of housing types (not just extra care housing) to meet the diverse needs of people in Telford & Wrekin as they age.

The Council's most recent Strategic Housing Market Assessment (SHMA)¹ published in 2016 also provides data to support the need for a diverse range of accommodation and homes for life. The Council is keen to progress discussions with investors and providers for all types of special accommodation across all age and ability groups as we recognise a significant shortage in this area.

¹ http://www.telford.gov.uk/info/20172/planning_policy_and_strategy/541/strategic_housing_market_assessment_shma

We look in this section at Residential, Supported Living, Sheltered Housing and Extra-care initially for older people and then finally for adults with learning disabilities, mental health issues and physical and sensory disabilities. It's worth noting that we also have a need for accommodation to support young people (aged 16yrs but not yet 18 yrs old) to live independently. Some of these young people will be care leavers and others may have learning disabilities, mental health challenges or a physical disability. All will need supported accommodation with varying levels of support. There is insufficient supply of this type of accommodation for this group of young people at this time so we would welcome new ideas and providers into the market.

2.1. Residential Accommodation (Older People)

Quality

Quality is managed through a further DPS for Residential Care and Support

Through the DPS Tender requirements and Contract awarded, it is stipulated that Providers must have a better CQC rating than Inadequate to be active within the DPS, whilst the training and several policies of the provider must be deemed acceptable before addition to the DPS and then monitored on an annual basis

We categorise providers as either providing Residential, Residential EMI, Nursing, Nursing EMI

For the providers in Borough we have 1 establishment which is rated as outstanding by CQC, 9 establishments are rated as good, 7 are rated as requiring improvement and 2 are rated as inadequate at this time.

There has been 1 CQC intervention in this market. It should be noted that the CQC Standards have not changed but are being measured using more detailed key lines of enquiry and there is a risk that more homes may be subject to a reduced care rating as a result. This may have a knock on effect in terms of sufficiency for the local market and the Council.

Should a provider be deemed inadequate by CQC, the Procurement Team will work with the provider to review their action plan and carry out a risk assessment for current residents. Great care is taken at this stage as consideration must be given to the fact that for many residents, this may have been their home for some time.

The Procurement team has a plan for managing care home failures. This has been instigated once this year with 1 care home. The home is now improving.

The Procurement Team is also responsible for managing the relocation of residents should there be an immediate closure of care homes. This has happened once this year as a result of the owner not wishing to continue in the market. All 20 T&W residents were found beds in alternative provision within 4 weeks.

We have received 41 complaints regarding Residential care in 2016/17 and all have been managed appropriately

Sufficiency

The residential market is relatively small locally and the Council has limited influence due to the small numbers of providers and the spending power of private funders from in and out of borough.

Some providers have a different charging model for private funders. The council can often secure competitive rates from these providers as it is a frequent purchaser of places. There are undoubtedly pressures on the provider market. These range from the costs of annual increases in the national living wage, employer pension contribution increases, increasing costs of regulation from the CQC, changes in law, and general inflationary pressures – including fuel and food. In some sectors, certainly nursing and specialist nursing EMI, there is also simply not the supply of qualified staff to meet demand currently. We work with Skills for Care to promote caring as a quality career and at a recent event, 30 new carers were recruited.

The needs and ages of the Older People now accessing these services has increased significantly over the past 4 years. We are seeing a higher level need linked to dementia at both residential and nursing stages and the average age of people coming in to services is 83. More frequently we are seeing people in their 90s needing residential services. People are frailer and older when they access residential services, which may be result of being kept at home with care and support for as long as possible and only accessing service nearer end of life.

The Care Home Profile in borough is currently:

Type	No of Establishments*	No of T&W client accessing beds
Residential Beds	28	93 spot beds 9 block beds
Residential EMI beds	22	96 spot beds 15 block beds
Nursing beds	17	96 spot beds
Nursing EMI beds	15	57 Spot beds 26 Block Beds

*** Note**

There is overlap with the same establishments providing varied care

Future commissioning will see a planned reduction in traditional residential care as we aim to keep people in their own homes for longer. Nursing beds will reduce at a lesser rate. It should be noted that these figures represent client numbers at any one time and may fluctuate through the year.

Older People	18/19	19/20
Residential Beds	80	40
Residential EMI beds	70	61
Nursing beds	90	85
Nursing EMI beds	50	45

The Council currently has 26 nursing EMI, 24 residential and 2 residential respite block beds with two providers. Through supplier relationship management we have managed optimum occupation for our block beds, handing some back where it make sense to both parties and increasing where there is a long standing demand

We know the number of beds that are required to be commissioned for the coming 2 years. Commissioners are working to offer commissioned block beds across the sector rather than from a limited number of providers.

Note: This is a delicate balance; too few block beds and the council is subject to the exigencies of the spot market, too many block beds and there is a risk of paying for unoccupied beds.

Price

Prices vary between care homes and because of the level of care and support that is provided. Beds are currently either brokered from block beds or as and when required, from the so-called spot market.

Note: The Council pays a weekly charge for a block bed, whether or not it is occupied; a spot price is negotiated as and when a bed is required and the price is very elastic to supply/ demand at the time that the request is made.

The 17/18 price variations are set out below:

	Minimum P/W*	Maximum P/W*	Annual cost (£)
Residential	£390.00	£750.00	£2,554,000
Residential/EMI	£404.00	£600.00	£2,493,000
Nursing **	£380.00	£906.00	£3,812,000
Nursing EMI**	£437.00	£892.00	£1,848,000
Total			£10,707,000

* Prices can be historically low for people who have been a resident for some time and higher prices, as mentioned are subject to market forces on the day of purchase and can be used to recoup costs for lower price beds.

** Care Homes can claim additional NHS Funded Nursing Care (FNC) of £158.16 per person per week for any resident requiring Nursing. The care home claims this directly from the NHS.

Historically prices have been negotiated and can remain in place for a number of years. This distorts the spot market (and average price) as providers effectively have to subsidise these beds with the spot price of beds for new clients. This brings an inflationary pressure to the spot market. For example some spot prices for Nursing/ EMI beds have been quoted at over £1,000 per week recently.

We are working with individual suppliers to level the prices that we pay. We now have individual relationships with our providers; we understand the specific needs of their business as we recognise that they are all different. We negotiate and agree prices to balance sustainability and value for money. Alongside the implementation of a DPS system for bed provision, this will enable the Council to manage the commissioning of what were “spot” beds and will ensure that fair prices are paid and the sufficiency of the market is protected.

Going forward commissioners are considering block provision of between 2 and 5 beds in care homes, dependant on their size. It will be very unusual for us to commission more than 20% of block beds with any one provider but this might be done for exceptional reasons. This manages the Council’s risk of care home failure and provides support (and thus sufficiency) for more providers. Our research shows that a provider’s over reliance on block beds could risk making their business unsustainable in the longer term.

We will negotiate block beds and look to fix costs on a 2 year term with an option to extend for a further 2 years.

Innovation

We will work with care providers to support their businesses. We are doing this by:

- Grant funding SPIC (Shropshire Partners in Care) to provide support and training for all Adult Care Providers not just SPIC members.
- Understanding the pressures on the market and responding by, for example providing access to specialist equipment that can be loaned/ hired to an individual provider to meet specialist needs – beds/ hoists/ chairs and other assistive technology
- Providing support to people in their own homes or ensuring needs are met in different tenures of housing including extra care and supported living
- Supporting providers to use innovative approaches to provision of care i.e. single handed transfer
- Understanding each care home's innovation plans such as modelling themselves as an outreach hub to provide services to the local community, being part of the digital transformation programme to manage data transfer for residents or being centres of excellence for specific challenges such as dementia
- Where possible supporting recruitment which is now becoming a challenge.

2.2. Residential Accommodation (Learning Difficulties/ Mental Health/ Physical Disabilities)

Quality

Currently the Council spot purchases most residential care. The Council is in the process of reviewing the current specification and terms and conditions for spot purchased placements.

Of the 62 establishments across the 3 service areas, 48 establishments are rated as good, 5 are rated as requiring improvement, 3 are rated as inadequate at this time and the remainder have not yet been inspected.

There have been 3 CQC interventions in this market. It should be noted that the CQC Standards have not changed but are being measured using more detailed key lines of enquiry and we have seen more homes been subject to a reduced care rating as a result. This may have a knock on effect in terms of sufficiency for the local market and the Council.

Quality in this type of care establishment is managed in the same way as it is for older people's residential care establishments.

Sufficiency

There is an ever increasing need for the right accommodation with the right support for people with learning difficulties, mental health issues and physical and sensory disabilities.

Currently we have:

Client Group	Residential beds	Nursing beds
Adults with Learning Disability	97	6
Mental Health	28	9
Physical and Sensory Disability	7	15

All mental health beds are spot purchased to meet specific needs

All physical and sensory disability beds are spot purchased to meet specific needs

27 of the Adults with Learning Disability Residential beds are purchased through a block arrangement with homes, with the remainder being spot purchased.

Our aim is to support all people in these groups to live as independently as possible. This means that aim to reduce the commissioning of residential placements and only use it for essential placements to be made into this type of care. There will always be individuals who need residential and nursing care but for others there is a planned programme of work with families and carers to make the prospect of supported independent living a reality.

The planned beds we want to commission going forward are;

Client Group	18/19 Residential beds	18/19 Nursing beds	19/20 Residential beds	19/20 Nursing beds
Adults with Learning Disability	50	4	40	4
Mental Health	10	4	5	2
Physical and Sensory Disability	4	8	4	7

This reduction means we are looking to reduce current placements. We are aware of the pressures of young people transitioning into Adults services and have plans in place to support them accordingly. Where possible these young adults will be supported to live as independently as possible. There is a significant number of young people or soon to be adults whose behaviours challenge and who are at risk of hospital admission. In addition to this group we have a number of adults who are currently living out of area or are in a hospital placement. For both cohorts robust, adapted and accessible accommodation is essential. Accommodation must be secured that has a basic level of robustness which is uniform to all accommodation. This projected accommodation demand cannot be met within the current accommodation available.

	18/19	19/20
Young People in Transition to Adult Services	17	7

Currently there are number of supported accommodation projects underway where housing is being developed, but comparisons with the table above demonstrates the demand cannot be met.

Discussions are currently taking place about further units of accommodation (of varied tenure). Discussions are in the early stages but evidence the drive towards independent living and we would welcome providers talking to us about any future plans to enter this market in the borough.

We are committed to supporting people to live independently in their own homes. As a result we want to develop more supported accommodation. We want accommodation to support a variety of individuals needs rather than focus exclusively on a particular client group. We want this to cover mental health, physical disabilities and learning disabilities.

Price

Prices vary between care homes and because of the level of care and support that is provided. The lowest and highest prices and annual budget by client group is set out below to illustrate the market variance:

	Minimum	Maximum	Annual Budget
ALD Residential	£351.81	£4892.54	£3,431,960
ALD Nursing*	£398.42	£1433.71	£182,490
MH Residential	£285.69	£1693.50	£621,610
MH Nursing*	£471.81	£1596.30	£211,980
PSD Residential	£589.27	£2300.00	£264,000
PSD Nursing*	£544.94	£1800.00	£375,000

* Care Homes can claim additional NHS Funded Nursing Care (FNC) of £158.16 per person per week for any resident requiring Nursing. This is claimed directly from the NHS. If the Health need is assessed as being more than 50% of the need then Continuing Health Care can also be agreed, payable from the Clinical Commissioning Group.

Innovation

We will work with care providers to support their businesses. We are doing this by:

- Utilising Assistive Technology enable greater independence.
- Supporting providers to remodel their services from residential to supported accommodation
- Reviewing options for supporting night care needs. This is being done provider by provider across all their contracts within Telford. This will give opportunities for providers who want to work geographically.
- We will work with landlords to maximise the amount of housing management services that are provided to help residents maintain their tenancies and remain independent.
- The development of hubs from which to deliver support will be promoted. This will allow support to reach an increased number of individuals including those living in sheltered housing schemes and also those who live in local communities. This will support local communities to become sustainable and self-supporting.
- We will review and commission support services for those leaving acute settings

- Commissioning services to encourage and increase the use of personal budgets and personal assistants

2.3. Sheltered Housing (all age)

Quality

Sheltered Housing quality is managed in different ways:

- The quality of the preventative support provided is managed through the individual support contracts held between the Council and the Sheltered Housing providers.
- Sheltered housing is provided by Registered Providers (housing associations), who are regulated by Homes England (formerly the Homes and Communities Agency).
- Any care provided would be via the Domiciliary Care Market and quality would be managed through the CQC and the DPS that we have in place as previously mentioned.

Sufficiency

We currently support, through grant funding of £333,000 38 sheltered housing schemes across the Borough. Over 30 of these schemes are provided through one provider, Wrekin Housing Trust, the others being provided by different individual housing associations including , Anchor, Hanover, Housing 21, Old Ben and Sanctuary Housing.

There are approximately 1400 units of this type of property and the Council currently commissions approximately 420 hours of support per week to support an average of 440 individuals at any one point in time to enable them to remain safe in their home and communities.

The Council intends to reduce the funding provided for these services in the coming years and is talking to the market and the voluntary sector about how this can be done without affecting the service provided to the most vulnerable service users.

More details of individual sheltered housing schemes can be found on the Council's 'My Life' website.

Price

Hourly rates for the support provided in Sheltered Housing varies but the average across all current providers is £14.90 per hour.

Innovation

Huge amounts of work have taken place over recent years to maximise the amount of housing management services that are provided to help residents maintain their tenancies and remain independent. This has enabled the purchased support to be focused on those individuals with the highest support needs, and this approach will continue to be followed.

These services are also linked to the Community Resilience work that is being led via the Sustainability and Transformation Project (STP). Use of drop in sessions and using sheltered schemes

as hubs from which to deliver support will be promoted. This allows support to reach an increased number of individuals including those living in sheltered housing schemes and also those who live in local communities.

Also by using sheltered housing schemes as community hubs a number of services can be made available to local communities thus promoting sustainable and self-supporting communities.

2.4. Extra Care Housing (over 55)

Quality

Extra care quality is either managed through the individual contracts held with the Extra Care Provider or through the Dynamic Purchasing Systems (DPS) that we have in place for Domiciliary Home Care services in addition to being monitored by CQC.

Providers have to provide the Council with robust quality and safety policies that are thoroughly checked at the outset of any business with them and annually as part of their contract management.

Currently the care provided into all 7 of the Extra Care Housing schemes in Telford & Wrekin is rated as good by CQC.

Sufficiency

The 7 Extra Care schemes in Telford are **Barclay Gardens, Bournville House, Chillcott Gardens, Lawley Bank Court, Oakwood, Parkwood** and Rose Manor. In total these schemes provide 408 units of Extra care accommodation.

These schemes are owned by a range of landlords including Anchor, Bromford, Bournville Village Trust, Sanctuary and Wrekin Housing Trust.

Care is delivered into these schemes by Supreme Homecare, Accord, Coverage Care Services, Sanctuary and Choices.

We have a mixture of block contracted funding arrangements (schemes that are listed in bold above) and spot purchased care using the Domiciliary Care DPS.

The Council currently spends £1.5m via block contracting arrangements to support 200 individuals to live more independently in this type of housing. Other care is spot purchased from other providers as and when required.

It is fundamental to the Council's strategic objectives to concentrate on encouraging people to stay safe and independent at home with the right support.

More details of individual extra care schemes can be found on the Council's ['My Life'](#) web-site.

Both supported living and extra care are effective home settings for some people and the Council encourages the future development of such schemes within Telford.

A recent report, commissioned by the Council and specifically linked to sufficiency of accommodation for older people, states that there is an under supply of suitable housing for older people in general across the borough. This equates to:

Year	Deficit
2017	875
2020	1083
2025	1420
2030	1866

The Council encourages development of a wide range of housing for older people to suit the varying needs of people as they get older in the Borough; we expect that this will be of different tenures and types. We have a team focussed on housing provision that links to strategic housing, planners and commissioners focussing on a range of supply from private ownership, private rented, affordable rents and then extra care (models addressing key issues such as dementia and frailty) and supported living as well as the more traditional residential types of accommodation. Specific work is being commissioned in respect of long term market demand and will be published when completed. We want to work with providers across all these sectors to develop long term (10 years plus) plans for provision for the residents of Telford & Wrekin.

Price/ Innovation

Due to the different funding models and contracts that are in place for these services it is difficult to provide detail around hourly/unit rates. This is due to the fact that different parts of the overall service are/aren't funded depending on the scheme.

We intend to continue working with the current block contracted provider to break down and understand the current funding provided. The intention will be to reduce the funding provided (for anything other than resident's planned care) for these services in the coming years and the Council is talking to the market about how this can be done without affecting the service provided to the most vulnerable service users.

Work will also continue with providers to promote the use of extra care schemes as community hubs, allowing not only residents but also the local community to benefit from a range of facilities and services on offer.

2.5. Supported Accommodation (Long Term, Short Term, Emergency/temporary)

Quality

Long Term Supported accommodation is not CQC or Ofsted regulated, however the market is considering self-regulation. This will give all councils confidence in the market. If personal care is delivered in the supported accommodation, this is regulated by CQC as mentioned previously.

Quality issues are usually brought to the attention of the council through Social Workers or Personal Assistants on behalf of the vulnerable person residing in the premises. We investigate the situation formally with the provider and will issue contract improvement notices if required. This type of supplier is treated no differently to those providers who are regulated.

Care providers delivering care to vulnerable people in these settings may also raise any quality issues.

- Short term supported accommodation quality is managed in different ways: the quality of the preventative support provided is managed through the individual support contracts held between the Council and the support providers.
- The quality of the housing provided is managed by provider registration with Homes England.
- Any care provided would be via the Domiciliary Care Market and quality would be managed through the CQC and Dynamic Purchasing System (DPS) that we have in place for Domiciliary Home Care services.

Emergency/Temporary supported accommodation quality is managed through contract review.

Sufficiency

We have 1 specialised supported living scheme (in Oakengates) for adults with learning and/ or physical disabilities supporting up to 12 adults.

The Council currently supports, through grant funding of £440,000, the availability of 132 units of Short Term Supported Accommodation across the borough and the delivery of 500 support hours per week to be used flexibly across the accommodation based on individual need,

Accommodation and support are provided by the Thrive partnership consisting of Bromford, Maninplace and YMCA.

The service works across all client groups with individuals who may not be in a position, for a number of different reasons, to live independently. The service aims to move people on to independent living as soon as possible, ideally within a timeframe of no more than 2 years.

Although services are currently over utilised and waiting lists are in operation, it is unlikely that any more funding for support into these services will be available in the near future. Work will focus on using existing funding to deliver an efficient service that helps the maximum number of people to reach independence in the shortest timeframe.

Further details of the Short Term Supported Accommodation service can be found on the Council's ['My Life'](#) web-site.

The Council's Homelessness Strategy and the Homeless Reduction Act will impact on our sufficiency for emergency temporary accommodation. To provide temporary emergency supported accommodation for 16-25 year olds and to support Police and Temporary Criminal Act (PACE)

transfers, we have one building with 12 beds. We use this facility to provide intensive support to enable young people to identify the right move or option for them. They are supported in this move on plan and the idea is that the stay here would be up to 6 months.

Price

A large proportion of the costs in supported accommodation is the cost of accommodation itself. This comprises rents and service charges and an intensive housing management charge that is attributed to the higher costs of managing accommodation that is used to house vulnerable individuals. All of these costs would be covered either by the individual themselves or in most circumstances via housing benefit funding.

Care and support is often also provided into these services and the costs can be seen in the sections above

Care and support into Long Term Supported Accommodation services are either purchased via a block contracting arrangement or via spot purchased care using the Dynamic Purchasing System.

Support into Short Term Supported Accommodation services is funded via block contracting and is purchased at an average hourly rate of £16.88 with service users receiving an average of 4 hrs of support per week.

Support into Emergency/Temporary supported accommodation is currently provided by our in-house provision, My Options

Innovation

The Local Authority intends to increase the use of Long Term Supported Accommodation as a more desirable solution to meet the accommodation, care and support needs of individuals. The use of this offer will support the Local Authority to move away from the use of more traditional residential solutions and will help to support individuals to live more independently within existing communities. It also brings with it

- choice over where a person can live and with whom;
- for some increased access to benefits [resulting in increased financial independency](#)
- care and support providers can be changed without the individual having to move from the accommodation;
- the benefits of having an individual tenancy and the legal protection it affords.

Further work will be taking place between Commissioning and Housing Teams to develop a Specialist/Supported Accommodation strategy that will provide more detail around the specific requirements for future supply. This will indicate desirable areas for future provision, building specifications and models that can help individuals with differing levels of need to live as independently as possible.

3. Direct Payments

The Council wishes to increase the number of people who choose to take their personal budget as a direct payment. Direct Payments are a key element of the personalisation agenda, enabling people

who choose to source their own care and support, and to tailor this to their particular needs and lifestyle preferences.

Quality

We will work with an individual to understand how their direct payment can be best used. The individual can choose to use this payment for regulated care such as personal care or support or can choose unregulated care. A wider range of non-traditional care services may be purchased in order to meet support needs, such as accessing community activities. It is then the responsibility of the individual and their support network to manage the quality of service and this will be assessed and outcomes reviewed as and when the person is reviewed.

Sufficiency

As well as using their direct payment to access any of the services mentioned above, it can be used to recruit a Personal Assistant to meet all the care needs. There is a shortage of Personal Assistants across the borough. This is not specific to Telford & Wrekin as most areas across the country report a shortage.

The Council has a dedicated recruitment campaign and support package to attract local people to a career as a Personal Assistant and we welcome enquiries from anyone wishing to consider this. Care and support providers need to consider how they can broaden their services to meet the needs of those with direct payments

Price

Individuals' needs are assessed and a considered financial amount is agreed which can be taken as a direct payment. Outcomes are monitored against this but it is very much in the hands of the individual to use this payment to keep them well, enabled and independent. As individuals are the purchasers of care and support services, we would expect businesses to offer a pricing structure that is at a reasonable price.

Innovation

We are supporting the development of Personal Assistants and local small enterprises designed to widen the range of local support options available for Direct Payment users to purchase directly. Locally we are working with a range of partners to identify local gaps in services and assisting local entrepreneurs (both individuals or groups) to move their ideas into a tangible small business to deliver health and social support offers

4. Support for Carers

Around 19,000 young people and adults provide regular unpaid support to a family member, friend or neighbour across the Borough.

Through the Prevention and Well Being agenda being locally developed and a collaborative approach, everyone is to be mindful of the impact of caring; this should also promote the range of community based solutions which enhances resilience and promotes well-being among our carer population, enabling individuals and families to achieve outcomes which matter to them in life.

Quality

The local universal carer offer has been shaped to address the requirements set out in the Children and Families Act 2014 and Care Act 2014. They address the eight outcomes illustrated in the Carers Strategy being:

- Recognised and supported as an expert carer
- Enjoy life outside caring
- Not financially disadvantaged
- Mentally and Physically well: treated with dignity
- Children will be thriving; protected from inappropriate caring roles

A local provider is currently commissioned to deliver Information, Advice and Support to Carers of all ages across the Borough. This provision includes: Care Act compliant Carers Assessments, GP Link Worker, Hospital Discharge Worker, Young Carer Assessment and age related activities, Young Adults 18-24 years support, Wellbeing activities including Pamper Sessions, One to one support sessions, Phone a Friend: befriending service and development of Carer Champions.

Currently we are aware of 453 young carers up to 18 years who access regular activities, youth clubs and one to one support.

There are 12,744 adults aged 25-64 in Telford and Wrekin who identified themselves as unpaid carers in the last census. They represent 14.4% of all 25-64 year old adults in the Borough. 7,721 adult carers are providing 19 hours of care each week. A further 3,169 are providing 50 hours or more of care each week.

With regard to adults over the age of 65 years, 3,670 adults identified themselves as unpaid carers which represents 15.2% of all adults aged 65 and over in the Borough. There are 1,537 (42%) of adults providing up to 19 hours of care each week. With a further 1,610 (44%) providing 50 hours or more of care each week.

From a Carer's perspective we hear that Carers want support for the cared for to be delivered by well-informed workers who are personable, delivered by the same support worker and / or a team of workers who are familiar with the cared for's needs and where the Carer has established a trusted relationship between all parties. Providing support at times which suit the family lifestyle and the needs of the individual is paramount if individuals and families are to have a life and not a service.

Sufficiency

We currently have a broad universal carer offer. The agenda is shaped through regular conversations with Carers, evaluation and data collated for contract reviews and feedback from the Carers Partnership Board. Collation of information from a range of sources ensures that we target provision where it is needed.

In particular we are focussed on the following:

- taking a look at how Carers take time away from their caring role
- Carers and Employers: supporting a movement that enables Carers to enter and remain in purposeful employment
- Carers can access support in their locality, provision is cost efficient and it is flexible to meet the Carer's needs working towards both Carers and cared for have a life not a service.

- Raising awareness with the general public with regard to caring and what information, advice and support is available without accessing the Social or Health support until it is appropriate.
- Carers becoming part of communities (similar to Dementia Friendly Communities) to enable communities to have greater resilience and self-efficiency for Carers to contribute to the shaping of local business or even becoming an entrepreneur themselves.
- Reflect on Carer personal budgets which enable wellbeing and development of personal resilience.
- What respite opportunities are available for the person they care for and the Carer themselves

A personal budget is awarded to those Carers who have received a Carer's Assessment and have a minimal of one unachieved outcome based on Care Act national eligibility criteria.

In the first instance Carers are signposted and supported to access the universal offer of support which includes: Therapeutic Interventions: Arts, Craft, Drawing, Painting, Singing, Animal Therapy, Carer and Cared for activity days, Access to Ironbridge Museum, Half Price Theatre Tickets, Cookery Workshops.

Support to vulnerable and complex caring needs include:

- Moving and Handling Support
- Admiral Nursing
- Personalised Carer Support (Access to 25 hrs free support) to build up Carers' resilience and wellbeing
- Emergency Carers Response Service: replacement support when the Carer is in a crisis for up to 72 hours. Currently we have over 500 Carers registered.
- Friends and Family support for those who are affected by someone with a drug or alcohol addiction

It is the identification and raising of awareness of Carers of all ages across the Borough which requires particular focus: this demands a continued emphasis on prevention, promoting self-help and accessing community based solutions which focus on the development and enhancement of Carer resilience and well-being.

Price

As part of a regional Adult Social Care Agreement, Carers are not financially assessed or charged for provision which addresses their wellbeing and personal resilience.

As with direct payments, outcomes are monitored and it is very much in the hands of the individual to use this payment to meet their personal needs and outcomes. It is important that services reflect best value both in price and quality of provision. Currently providers who wish to deliver support as part of the universal offer apply to be part of the Carers Support Framework. During 2018 we will review the effectiveness of this framework.

Innovation

It is important to families that they have a range of locally accessible and flexible support. Provision should be person centred and delivered in co-production with the needs of the recipient (cared for) and Carer. Consistency of worker is important to all parties. Person centred services to people who

have memory loss, complex physical conditions, neurological needs as well as end of life support is welcomed.

5. Intermediate/Enablement/Reablement Care

The Council works alongside SATH, ShropCom and other local health services to support people to return home from an unplanned stay in hospital. Care is provided through the following pathways

- Pathway 1 - home recovery with reablement domiciliary care
- Pathway 2 - bed based rehabilitation within a care home setting, reablement from day one
- Pathway 3 - complex needs that require a decision outside of acute services within a care home setting and after 3 days recovery, and where possible, reablement is carried out from day 4

We aim for a 60/30/10 % split between the pathways above accordingly.

We expect up to 40 referrals per week from SaTH.

It's worth noting that people now accessing this service are much older, frailer and more complex than was seen 5 years ago with an average age being mid 80s.

We will continue to review the sufficiency of this service and its development to focus on helping people to achieve as much independence as is realistic and safe.

Providers working with the council are expected to accommodate same day referrals and 7 day week working.

5.1. Reablement Domiciliary Care Service

Quality

A competitive tender has been completed for reablement domiciliary care. This tender was run through the existing Domiciliary Care DPS so quality checks have already been carried out. 3 providers have been chosen for the 3 zones within Telford; North East, North West and South & Central. 2 providers are rated by the CQC as good and 1 as requires improvement.

Sufficiency

	17/18	18/19
No. of Dom Care hours split into:		
North East	3770	4521
South, North West & Night Services	17125	20550
South	13355	16029
	34520	41100

The aspiration for anyone going into hospital is that they will return home. SATH have made changes in their processes and the number of Pathway 1 referrals has risen from 47% to 65% which is positive. The culture is now to assume Pathway 1. In addition, SATH and partners are working to enable discharge decisions to be made at the weekend to achieve 7 day working.

This means that we have aspirations to use less reablement care home beds but will increase reablement domiciliary care over the next two years.

Many providers class reablement as a specialist service and have dedicated teams who focus solely on enablement. Some providers do offer their workers fixed contracts as opposed to zero hours contracts which are more common in this market. This results in a more stable working pattern and provides more consistency for the service user.

The challenge for providers in Telford & Wrekin at this time is recruitment of committed and dedicated workers and so, although demand will increase, the Council is not specifically looking for more providers but to support current providers with recruitment retention and training where possible

Price

This is fixed for two years following a competitive tender and prices range from approximately £14.50- £14.96

Innovation

An overnight service is in place to keep those people at home who may require help during the night such as toileting and turning. This will reduce the need for people to go into reablement residential care or have sleep in support. The cost is currently £14.96 per hour to support the overnight service.

We will better utilise assistive technology, where realistic and safe to do so, so we can move from individual support to floating support services

We work closely with Shropshire Partners in Care to subsidise training for providers.

We will be investing in single-handed care training to maximise the use of resources and meet a diverse range of needs.

5.2. Residential Reablement Care

Quality

We currently jointly commission 3 block arrangements. 2 are rated as good and 1 is inadequate. Quality for these provisions is managed in the same way as for residential care for older people. Providers must demonstrate how they reable residents and how their employees foster a reablement ethos and culture. This must be delivered alongside 'business as usual'

Sufficiency

The Council and CCG are currently working with providers to recommission this service.

The National Audit for Intermediate Care suggests that, based on a formula per 100,000 population, Telford & Wrekin should make provision for a total of 35 pathway 2 and 3 beds

Based on our levels of usage and pathway patterns, the aim is to have a maximum of 25 beds only by Summer 2019. This will rely heavily on a multi discipline team effective approach with providers being an integral part of this team working with health colleagues and therapists to reable residents so that the length of stay is no longer than 21 days by July 19.

	Apr 18	Jul 18	Oct 18	Jan 19	Apr 19	Jul 19
Bed No.s	35	33	27	27	27	25
Length of Stay	1 day max (NAIC ave)	28 day max ave	27 day max ave	26 day max ave	25 day max ave	21 day max ave

The current situation is a variance of between 20-38 beds at any one time. There are a number of block contracts in place for residential, nursing and dementia nursing and we continue to spot purchase outside of these. Winter 2017/18 has been especially demanding and numbers of people accessing these pathways, unprecedented.

Price

Price for the block beds is fixed and other beds are spot purchased through a competitive tendering process.

Innovation

We will encourage the market to embrace the principles of reablement / rehabilitation and recovery in all they do and support them with training where applicable. This has commenced with a market engagement event to understand the pathway challenges and to define excellence. Providers, health colleagues, therapist and support network have been involved with the aim to shape and deliver a long term sustainable solution from March 2019

We are working with the market to co-produce new ways to manage short term care upon discharge from hospital. This will include considering how intermediate short term accommodation in extra care (with a pathway to fast track those people into permanent extra care accommodation if appropriate) can be used.

Commission central equipment store to support quicker discharge for those needing specialised equipment

Commission a Carers service to support Carers when those they care for are admitted/ discharged from hospital