

**Market Position Statement
for the care and well-being
of people with Mental Health
conditions
2013/14**

A sense of direction

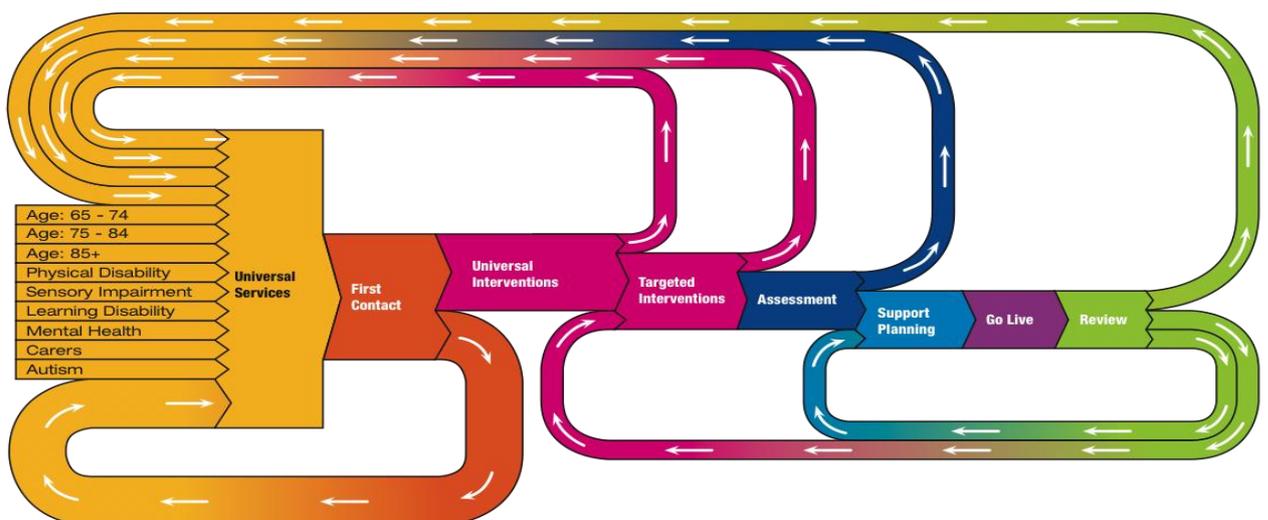
Walsall Council and Walsall Clinical Commissioning Group (CCG) wish to stimulate a diverse market for care and well-being services offering people a real choice of provision. This may come from existing providers, from those who do not currently work in Walsall or from new start-up providers.

Considerable change is underway in health and social care services. The current financial climate creates a significant challenge to all those who are involved in commissioning, providing or using health and social care services. We have an ageing population and more younger people surviving into adulthood with complex conditions. The new Care Bill 2013 will place far more emphasis upon prevention as a way of assisting people to live as independent a life as is possible for them given their needs and circumstances.

In Walsall we have started to develop a set of services that supports this vision, which includes clear help for people who are in a crisis with an aim to help resolve their crisis. We will continue to build services that support recovery, reablement, recuperation and rehabilitation. When people approach us for help this will be our initial response, to look to see how we can help them in a way that means most people will not need further care and support; for others we may defer the period when they will need care and support, and others still we will assist in a way that helps them (and their carers) best manage to live an independent life where they can manage as much of their care and support as they are able.

We have set this out in the form of an Operating Model which is illustrated in the following diagram:

Walsall Adult Social Care Operating Model



What is prevention?

- **Universal provision**
Community based services which people need assistance to access
- **Preventative provision**
Services that are for people who have some needs but not critical enough to warrant an assessed social care intervention – Supporting People
- **Recovery-based Services**
Services that are supporting recovery, recuperation and rehabilitation which are offered people for whom, if they are successful, they will reduce the need for high intensity care – Reablement or Recovery Therapies
- **Deferred interventions**
Services that are preventative in that they defer people for a time from a poorer outcome and for the need for more intensive care.

FOCUS ON OUTCOMES THAT PROMOTE INDEPENDENCE



Walsall Council

www.walsall.gov.uk

Achieving the Vision

To achieve this vision Walsall Council and Walsall CCG recognise that we need to know how best we can influence, help and support the local market to achieve better outcomes and value. We see our Market Position Statement (MPS) as an important part of that process, initiating a new dialogue with providers in our area, where:

- We will meet the Government's requirements as set out in the Care Bill 2013 and the financial challenge facing the health and social care system. Market information can be pooled and shared.
- The Council and CCG are transparent about the way they intend to strategically commission and influence services in the future and how they wish to extend choice to care and well-being consumers.
- Services can be developed that people with mental health conditions need.

The Walsall Pledge

By March 2014 we will have...

- Had discussions with all the major providers in our area about our future strategic direction based on this document. We will have met with any other provider who requests an interview and held a number of open forums to which all providers will be invited.
- Developed a better analysis of information about people who fund their own care and well-being.
- Conducted a market review of care and well-being consumers' priorities, including those who self-fund their care and well-being provision.
- Produced a more detailed paper outlining the future shape of community based and preventative services.

The Walsall Market Position Statement

This MPS is designed to contain information and analysis of benefit to providers of primarily social care services for people with mental health conditions in Walsall.

It is intended to help identify what the future demand for services may look like and to act as a starting point for discussions between Walsall Council and Walsall CCG as commissioners, and those who provide services.

It contains information concerning:

- What Walsall looks like in terms of current and future demography and service provision
- The views of commissioners about how services might respond to changing needs for care and well-being in the future
- Commissioning intentions for services that support care and well-being for people with mental health conditions

Key messages in this MPS

Based on current demographic trends, there is a common belief that demand for care services is increasing. This is not the case. The overall trend in state funded care home placements over the past five years is decreasing.

Therefore, we must plan for a significant level of reduction in Walsall Council spend on adult social care services during the period 2014 to 2018. This can be achieved if we are successful in maximising independence and well being through the implementation of the new Operating Model (*see page 2*) with an approach that:

- Reduces demand.
- Is focused on supporting people to experience good outcomes.
- Supports delivery of services that actively promote independence and cost savings.
- Supports people to avoid using residential care by keeping them in the community for longer.
- Considers increasing charges for community services.
- Invests in preventative services.

Housing

Data on housing

In Walsall just over 40% of people aged 65 and over own their own property which is lower than the national average. 1 in 3 (34%) of those aged 65 to 74 and more than half (52 %) of those aged over 75 years live alone. By 2020, the total number of people aged over 65 years living alone in Walsall is forecast to increase to nearly 19,330 and of these, nearly 12,890 will be aged over 75 years and 2 in 3 will be women.

Locally, 1 in 4 (26 %) people aged over 65 years said their current home was inadequate for their needs, usually as the house is too expensive to heat, too large, it is unsuitable because of health problems/disability or public transport is inadequate.

Data from the Elderly Accommodation Council, POPPI and Walsall Council PSSEX1.

Across the public and private sectors, many people with mental health conditions remain in housing which they find hard to support and maintain. Walsall Council and Walsall CCG will address this by:

- Working with Registered Social Landlords (Housing Associations) to identify isolated people with mental health conditions who need some support to carry on living at home independently and help them to maintain their own homes and meet some other people. This is the same thing as happens in sheltered housing schemes, but instead of moving people to a scheme, the aim is to connect people together in their local communities. This is sometimes referred to as 'extra care'.
- At the same time, we are encouraging the development of extra care schemes - self contained flats or apartments especially designed for people with mental health conditions - particularly in places like Bentley and Darlaston where there is little of this type of provision at present.
- We will continue to work in partnership with housing colleagues to stimulate growth in new affordable homes. For further detail on commissioning intentions for housing in general see the Walsall Housing Strategy on the Walsall Council website.

The Government White Paper 'Caring for our future' and the Care Bill 2013

The White Paper sets out the vision for a reformed care and support system:

- The new system will focus on people's wellbeing and support them to stay independent for as long as possible.
- The government supports the diverse range of care and well-being providers that currently offer care, well-being and support, including user and care led organisations, small and micro enterprises and social enterprises.
- To strengthen this diversity, the Government will introduce a duty upon local authorities to promote diversity and quality in the provision of services.

From the 'Caring for our Future' White Paper and the Care Bill 2013.

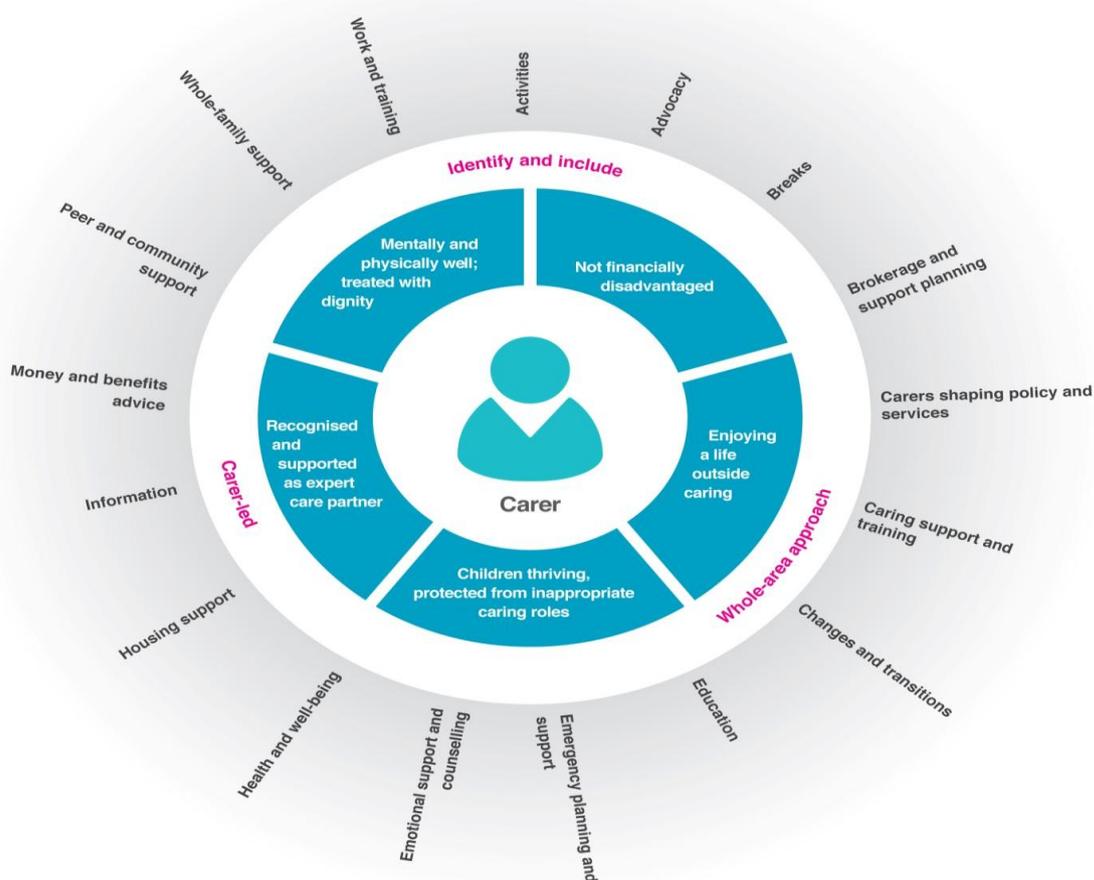
Support to Carers

The enormous contribution made by family carers to supporting their loved ones as an alternative to state funded support is well recognised and appreciated. Walsall Council and Walsall CCG set out a joint commissioning strategy for support to carers in 2012 highlighting four priority areas:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Personalised support both for carers and those they support, enabling them to have a family and community life.
- Supporting carers to remain mentally and physically well.

Walsall Council and Walsall CCG will continue to commission a range of specific services that support carers including respite care; support for carers of people with dementia; the Carers Centre in Walsall Town Centre; summer schemes for carers of people with learning disability; a range of social and leisure groups in the voluntary sector who enable Carers to have a break on evenings and weekends; befriending services; parent support services and support to young carers; and carers mental health and well being.

The diagram below was used at a Carers' Workshop with the Carers Centre on 5th September 2013 and looked at how we can develop and expand the services of the Carers Centre within existing funding to offer a more comprehensive range of services. The outcome of this consultation was that



carers gave support to the continued commissioning of the above range of services and were able to understand the significance of the contribution they make.

Intermediate Care

There has been a change internally at Walsall. The Council run in-house service has recently been restructured to provide:

- Intermediate Care – community based
- Intermediate Care – accommodation based
- Complex Care – community based

- Complex Care – accommodation based

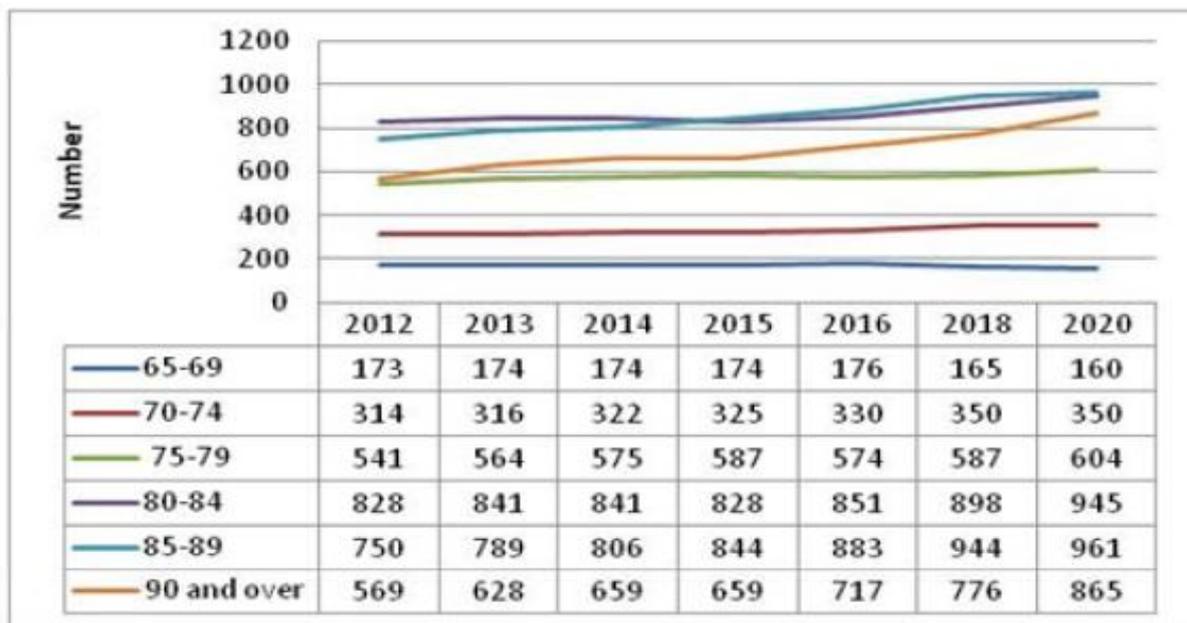
The aim is for the in-house service to provide only short term and urgent care interventions that help people to recover their independence so that they can continue to live at home without ongoing support.

The new role of Council in-house services relates to Block 4 of the Operating Model (see page 2) to flow through the system (step up and step down). We are also utilising the independent sector for this and may continue to do so in the future.

Key statistics

One in four people in the UK will suffer a mental health problem in the course of a year, with one in six in Walsall estimated to be experiencing a mental health problem at any one time. People with mental health problems are twice as likely as the general population to experience a long term illness or disability.

The number of people aged 65 years and over with Dementia will increase by 22.5% (711 extra cases)



Impact: Means that more people services in Walsall will be needed to cope with the extra Dementia cases – in terms of nursing, home care and residential home services.

**National data available from the Office of National Statistics (ONS) and from POPPI.*

Demand for Mental Health Services in Walsall

There is a wide range of social, economic and environmental factors that influence the health and well-being of individuals and populations, and these factors can be used to provide an indication of the potential for mental illness and related conditions.

In Walsall we expect demand for mental health services to be influenced by:

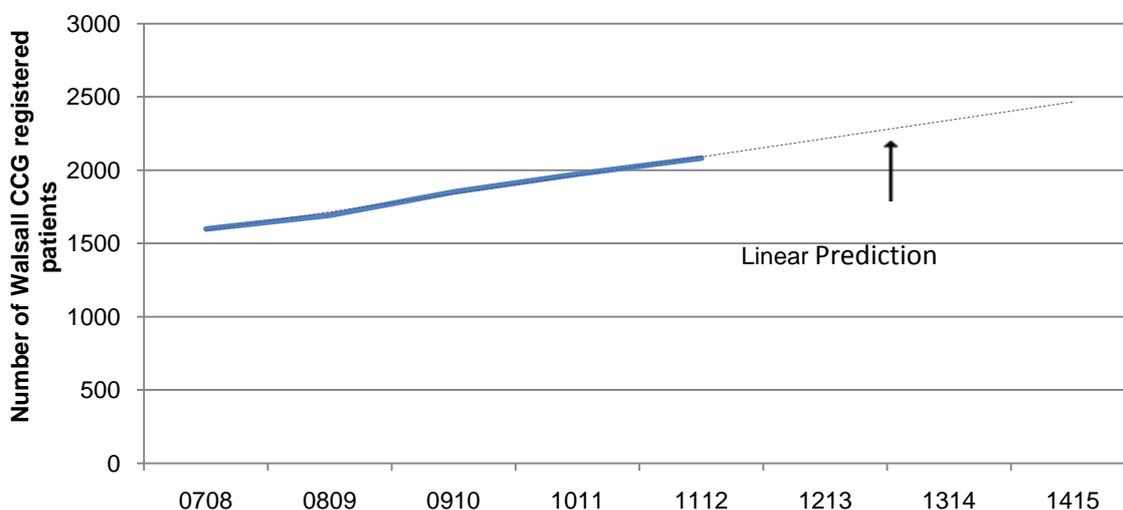
- An ageing population, with 1 in 4 people (25.4%) being aged 65 and over by 2030;

- Social deprivation in some of our communities, with many of our residents living in the 20% most deprived communities in England. Parts of the electoral wards of Bentley and Darlaston South are in the 10% most deprived;
- High rates of unemployment and particularly long-term unemployment. Almost 32% of all out of work benefit claimants have been claiming for longer than 5 years;
- Poor quality of life through physical illness. The number of people with a limiting illness is projected to grow in line with predicted population and demographic change. The majority of this growth will come in the older age groups.
- Low levels of participation in physical activity. Walsall has the 10th lowest rate nationally of adults participating in the recommended level of physical activity and is the 2nd worst performer in the West Midlands in this area.

Levels of mental health & illness

- Dementia rates in Walsall are slightly below the national and regional averages. Office of National Statistics data and projections indicate that over 3,045 people in Walsall suffer dementia, with a small number of these (65 people) being under the age of 65. Whilst the number of 'early onset' cases is unlikely to change dramatically over the next 10 years, projections indicate that the number of older people living with dementia will increase to 3,885 people by 2020.
- Dementia diagnosis in the Walsall CCG area at 43% is lower than the average rates for England (44.2%) and below those achieved by neighbouring CCGs in Sandwell (53%), Wolverhampton (45%) and South Birmingham (54%). Early diagnosis is an essential component of a modernised dementia service as envisaged by the national Dementia Strategy.
- In 2012 around 25,769 people aged 18 to 64 in Walsall suffered from a common mental disorder such as depression, anxiety and obsessive compulsive disorder, with around 61% of these estimated to be women. Much smaller numbers of people are estimated to suffer from personality disorders or psychotic disorders (including schizophrenia and bi-polar disorder) and even fewer (6%) are registered patients with Walsall CCG:

Walsall CCG Mental Health Reported - Prevalence 2007/08 - 2011/12



People aged 18-64 predicted to have a mental health problem, by gender, projected to 2020

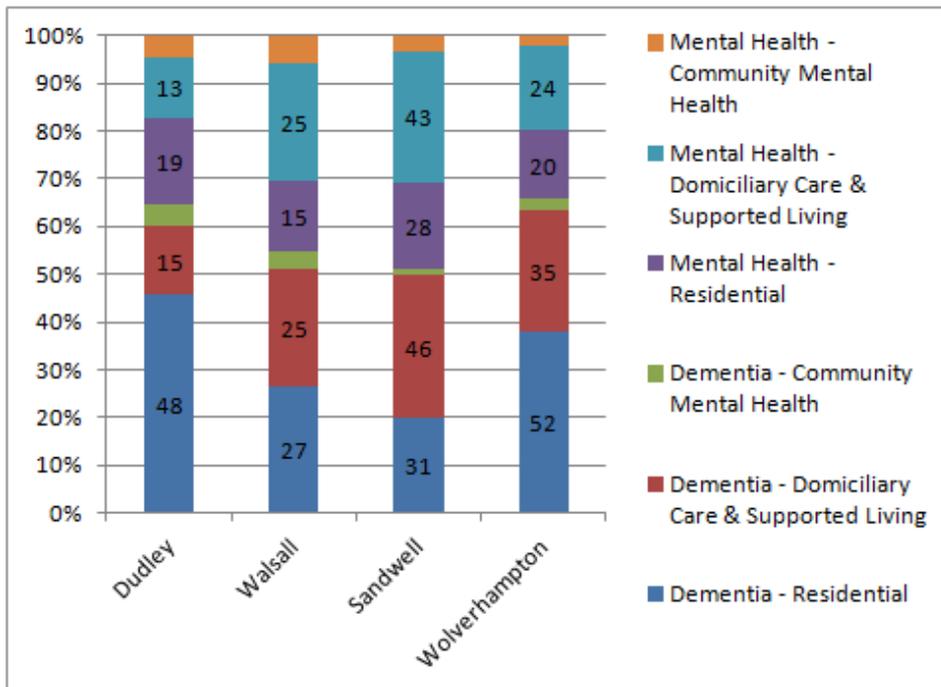
Mental Health – All People	2012	2014	2016	2018	2020
People aged 18-64 predicted to have a common mental disorder	25,769	25,744	25,776	25,887	25,939
People aged 18-64 predicted to have a borderline personality disorder	721	720	721	724	726
People aged 18-64 predicted to have an antisocial personality disorder	558	557	557	559	559
People aged 18-64 predicted to have psychotic disorder	640	640	641	643	645
People aged 18-64 predicted to have two or more psychiatric disorders	11,515	11,501	11,516	11,560	11,582

Understanding the Market

Understanding how the market in mental health works is critical - both for the development of future government policy, as well as for the implementation of existing policy relating to competition and choice. Ensuring CCGs have a clear understanding of the way in which the market currently operates in the mental health sector will be central to developing effective commissioning arrangements and examining how a more level playing field for providers might be achieved.

Our view of the current state of supply

- Overall, the evidence suggests that the mental health market in Walsall is dominated by statutory NHS provision where the focus is on acute needs; those elements of the market concerned with the early identification of emerging problems and community-based support for those with ongoing problems are less well developed.
- Evidenced in the Table below, Walsall Council and CCG have the lowest figures in the Black Country for placing people in residential care, at 27% for Dementia and 15% for Mental Health.



- However, access to information about community-based mental health provision is limited and inconsistently promoted. Both practitioners and people who use mental health services are unaware of information systems that might help them find out more about the non-statutory and community-based providers in their area and the range and quality of services on offer.
- There are indicators of quality within the local market, but little has yet been achieved in terms of making this information accessible to people making decisions about their care and support. There is a need to understand more about quality and in particular to commence a dialogue aimed at driving up quality across both the state-funded and self-funded parts of the market.

What people who use care and support services say

“Provide better support for carers and family members – especially to help them develop the skills & knowledge needed to deal with behaviours, defuse problems etc.”

“Provide more peer support groups and networks so that people with similar problems can meet up, discuss their problems and help keep each other well.”

“Encourage services that build relationships between the service user and the provider and consistency of provision.”

“Make sure that services work together in a joined-up system and help people to access the relevant parts of the system when they need them.”

“Provide better information to people who use services, carers, family members and support workers to make it easier for them to find out about and access a range of community based services.”

“Money spent on poor (in- house) support would be better spent on community-based services.”

“Involve us more in service design & development.”

“Stimulate provision in 3 ways: ‘What else?’ ‘What instead?’ and ‘What next?’”

Treatment and Outcomes

- Walsall has relatively high rates of referral and access to psychological therapies and is the third best performing of the 14 West Midlands authority areas on referrals. However, Walsall has the second lowest recovery performance from its referrals in the West Midlands and is 12th lowest nationally, achieving just 35% recovery, significantly below the West Midlands (43.6%) and England (43.8%) averages. This suggests that either referrals are being made with little hope of successful outcomes, or that treatments are proving ineffective, or both.
- Community psychiatric nurse contacts are significantly higher per 1000 population (312 per 1000) than the West Midlands and England averages (both 169 per 1000), whilst the rate of people per 1000 using adult & elderly NHS secondary mental health services is significantly lower (at 1.8 per 1000) than the West Midlands and English averages both 2.5 per 1000). This might suggest that people remain under Community Psychiatric Nurse and statutory Mental Health service provision for much longer, or have more contact sessions, than people in other areas.
- There was concern expressed that once someone is in the Mental health 'system', they are in for life; there is insufficient focus on 'stepping down' and 'moving on' from acute support and a lack of confidence that community provision exists should these outcomes be achieved.

Walsall CCG

Under the reform of health and social care commissioning in Walsall, responsibility for commissioning mental health services passed to the Walsall CCG, a group of primary care clinicians, to progress with the government's vision of handing the responsibility of buying healthcare services to GPs.

The commissioning budget for mental health services is now managed by Walsall CCG and new budget controls are in place aimed at maximising the value of the money spent on Mental Health provision in the borough.

Levels of Resourcing

In 2011/12, the NHS in Walsall spent £30.7m on mental health services. The cost of NHS funded specialist CAMHS was approx £2m.

The level of spending on Social Care provided in other settings e.g. Support for Living at Home services (SLHS), is significantly below other authorities and reflects the lack of investment in community-based provision.

Investment in prevention and health promotion in Walsall, whilst only marginally behind the national average, at 1.1% was significantly below that in Sandwell (5.9%).

The NHS funding settlement means that in this current three year period there is 2.5% growth against a 4% savings target so a real term reduction in spending when compared against inflation. Therefore we will face continuing pressures on total expenditure and expect our investment in community-based support to help manage down the cost of acute and ongoing support.

Removing the Barriers

Research has identified a number of barriers to entry and movement in the NHS funded mental health market and most of these barriers are 'internal' to the NHS:

1. Block contracts
2. The 'monopoly' of statutory providers
3. Poor integration and partnership working
4. 'Unsophisticated' mental health commissioning
5. Absence of a tariff in NHS mental health services
6. NHS terms and conditions
7. Infrastructure and tendering
8. NHS financial stringencies
9. NHS regulatory framework
10. Attitudes and strategies of In-House providers
11. Access to buildings and capital

In seeking to stimulate new forms of provision, Mental Health commissioners will need to assess the extent to which these barriers are affecting local providers and take actions to remove them.

We're up for the challenge!

Our Commissioning Intentions for Mental Health services

The impact of social care and mental health policy on future commissioning priorities is potentially significant and will require both leadership and capacity in order to achieve both operational and cultural change.

This evidence base reflects an analysis at a 'point in time' and will require ongoing maintenance and ownership if it is to remain both relevant and useful. Ongoing market analysis such as that envisaged by the NHS Confederation's Review of the Provider Market for Mental Health Services will be an essential future capability for commissioners.

The National Service Framework (NSF) for Mental Health was said to have led to the development of a range of services (for example crisis resolution and home treatment teams, assertive outreach teams) that remain cornerstones of current service structures. More recently the national Improved Access to Psychological Therapies (IAPT) programme was identified as contributing significantly to the development of psychological therapy services and the promotion of early intervention in mental illness. It was suggested that current policy initiatives (e.g. Any Qualified Provider) could be a stimulus for further development of the mental health provider market.

The transfer of commissioning responsibilities to Walsall CCG provides an opportunity to re-focus mental health commissioning and market development towards prevention and implementing the Operating Model (see Page 2) by assessing:

- Local need and demand

- Service user views and needs
- Evidence-based services and interventions

The market will need to cater for emerging, acute and ongoing needs – and will need to offer a range of interventions. The challenge for commissioners is to use the evidence as a basis for targeting resources and stimulating provision in the interventions that are likely to produce most benefit. In this context, it will be important to monitor and adapt national initiatives and to move away from historical arrangements.

Evidence Base

This Market Position Statement is based on our analysis of intelligence gathered from a wide range of sources:

Predictive Intelligence – We use demographic analysis of the Borough’s current and future population, applying prevalence and performance data to help forecast need.

Community Intelligence – We maintain and develop links with a wide range of community organisations and have sound relationships with care and support service providers, both directly through our contractual arrangements and indirectly through engagement networks.

System Intelligence – We hold quantitative information about our ‘transactions’ with providers on behalf of people who use care and support services and some qualitative information based on our contract monitoring systems and quality assurance procedures.

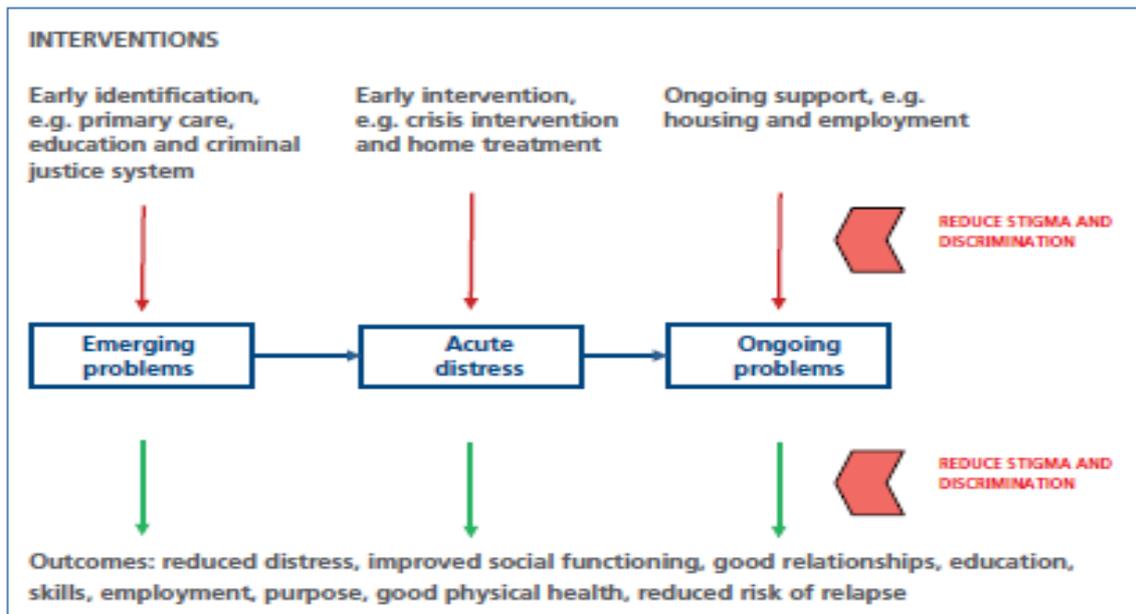
Personal Intelligence – We use local and national surveys, focus groups and ongoing dialogue through our assessment, support planning and review processes to gather the views of people who use services and carers.

Mental Health Care for the Future

Two core principles guide our view of care and support services in the future. The first is that we should do everything we can – as individuals, as communities and as a Government – to prevent, postpone and minimize people’s need for formal care and support. The system should be built around the simple notion of promoting people’s independence and wellbeing.

The second principle is that people should be in control of their own care and Self-Directed support. Things like Personal Budgets and Direct Payments, backed by clear, comparable information and advice, will empower individuals and their carers to make the choices that are right for them. This will encourage providers to be creative and provide high-quality, integrated services built around the needs of individuals. The Joint Commissioning Unit (JCU) will also have a more significant leadership role to play, shaping the local market and working with the wider NHS and others to integrate local services.

The National Mental Health Strategy characterizes three life stages associated with differing needs, with diverse and high quality interventions required at each stage:



In the future we expect the care and support market to provide a broader range of options – in terms of providers and services – across each of these stages. This will require a rebalancing of our investment, supporting people with emerging and ongoing problems better and shortening episodes of acute distress.

Wider commissioning intentions...

- There is a strong desire to forge a new relationship with providers which works well for all who need care and well-being in Walsall. We also aim to ensure that there is a level playing field across all providers, whether private or voluntary, large or small, whilst at the same time we can develop a diverse market that has real choice for service consumers at its heart.
- These are difficult financial times and Walsall Council and CCG will be funding fewer services. However, we wish to use our combined funding to stimulate new forms of care, well-being and support activity rather than wholly fund service provision.
- In particular we will commission more extra care; support for living at home intended to give people more confidence to remain at home longer, particularly those people with dementia and incapacity
- All funding needs to focus on the outcomes that can be achieved for the expenditure made and how it can drive down long term demand. Therefore, we will work with the sector to explore how we best measure outcomes
- We will look to commission more care and well-being jointly with Black Country partners so that joined up health and care and well-being services can be more widely available.
- More people with Mental Health conditions will be accessing providers through Direct Payments, personal budgets and through more people being self-funders. We need to

ensure there is better information about local care, well-being and support services. We also need to better sign-post people to local and national sources of information on quality.

- We will also wish to monitor how that funding gets spent and how we can encourage cost effective provision.
- We will work with providers to ensure there is more comparative data available about care, well-being and support both for consumers and for providers.

...and the providers we want to work with are those who

- Have explicit quality standards and who publish results of their independent monitoring.
- Demonstrate that they have supported people to no longer need their services
- Are prepared to work to an open book accounting approach.
- Are putting forward their understanding of demand and how this is changing over time.
- Are able to show the impact of their activities in terms of the outcomes they achieve rather than in terms of the number of people for whom they provide a service.
- Wish to innovate e.g. with the use of Assistive Technology such as Telecare and Telehealth. For those we are prepared to support and help fund innovation where it reduces demand for care.

Walsall needs you

For further discussion you and your organisation can book a personal appointment to discuss how we can work with you as a potential care and well-being provider. As a matter of urgency we particularly wish to meet with

- Providers who are interested in developing extra care housing for sale, lease or rent.
- Residential care providers who wish to diversify their care and well-being offer e.g. towards Intermediate Care such as Step Up/Step Down and supported accommodation for Adults with Mental Health issues
- Home care/SLHS providers who feel they could take on a wider range of services e.g. providing Personal Assistants.
- Community organisations that wish to extend their work in dementia care e.g. set up Memory Cafes.
- Providers who can deliver innovative care and support to people with challenging behaviours.
- Providers who can deliver local solutions for looked after children with mental health problems

For all providers we would like to welcome you to our Provider Forums (dates to be confirmed) or arrange an appointment through:

- Writing to the Joint Commissioning Unit, Walsall CCG & Walsall Council, Goscote House, Goscote Lane, Walsall WS3 1SJ.
- Phone 01922 602434
- Email: www.JCU@walsall.gov.uk

Further care and well-being for the future

The following items and topics, based on our understanding of the current care and well-being market, our review of demand / supply and the level of resources we expect Walsall Council and CCG to be able to offer, represent the activities we will be engaged in over the next two years.

- **Choice** - Increase choice for people with Mental Health conditions in terms of the services available to them, particularly at home, regardless of how those services are funded. However, Walsall does not see this as simply a choice of provider offering the same or similar services, but a genuine, well-informed choice in terms of what is on offer, when it is available and choice over the person who delivers the service.
- **Increase independence and drive down demand** - Recognise that at times of financial restriction, services purchased using public funds need to drive down demand rather than up, and be cost effective. This applies just as much to broad based community services as high intensity provision. Therefore, on the one hand we will make sure nobody leaves hospital and goes straight to a care home without the offer of reablement and/or intermediate care; and on the other we will assess with the local voluntary sector the nature of their offer to the local community and ensure we are not funding services which may increase the demand for care and well-being as compared to reducing it.
- **Support for self-funders** - Look to provide more support to self-funders and particularly ensure that people are aware of the range of provision that is available to help people remain within the community, as opposed to going into a care home.
- **Information and advice** - We have set up a telephone help line 0845 111 2922 for relatives of family members who may need care and well-being which can offer help and advice about community alternatives. We are developing our website to capture user reviews and our information leaflets to ensure they are written around people with Mental Health condition's needs, expectations and outcomes and not configured around how the Council or CCG delivers services. We will work with Rethink and other local bodies to ensure this is true of all our information material. We also need to ensure that those who advise people with Mental Health conditions about their care and well-being are also well informed about the choices that are available.
- **Diversity** - Encourage the development of new providers, especially user led organisations and micro businesses, to deliver leisure and daytime activities in the future. We would expect people with Mental Health conditions to use Personal Budgets to purchase these services. We wish to find ways to make the Direct Payment process simpler but without lessening Walsall Council and CCG's responsibilities for ensuring public money is well spent.
- **Charges** - We are engaging in a consultation exercise with those whose care and well-being is funded by Walsall Council and CCG and will consider options to reflect the market as required.
- **End of life care and well-being** - Work to identify and improve end of life care services, not only due to the ageing population, but also to the requirement to give people choice about where they receive their care and well-being. Again we will work with Walsall CCG in delivering this aspiration.
- **Residential care** - We wish to continue to reverse the current trend and reduce the reliance on state funded residential care. However, whilst we wish to see this form of care used far less often in line with public expectations, we also recognise that in order to deliver quality care we may need to raise the level of fees paid.

- **Children's provision** - we wish to develop local solutions to prevent children in the looked after system having to find interventions and support in an out of area provision. We are already developing the Transition Pathway into Adult Services. We are developing treatment at home services for a small number of complex cases with the intention of preventing hospital or specialist CAMHS hospital admissions and also to support discharge from such provision.
- **Dementia** - Work force development is key to increasing the diagnosis rate, preventing crisis admissions to hospital, unnecessary moves into care homes and the prescription of antipsychotic drugs. A range of training and dementia awareness initiatives such as Dementia Friendly Communities will help to address these issues.
- **Home care/SLHS** - Seek to expand the range of tasks undertaken by home care through integrating housing related support with home care followed by care and repair and telecare provision. We believe we can only manage to deliver quality provision on less money through integrating community based provision and purchasing on the basis of outcomes to be achieved.
- **Extra care housing** - Expand the use of extra care housing both for social rent and for sale / lease. We will work with registered providers, housing managers and the planning authority in order to offer appropriate packages of land for development with attractive repayment terms as premises come into use. We will seek to accommodate people with Mental Health conditions e.g. Korsakoff's syndrome and Challenging Behaviour; and will welcome schemes developed for culturally diverse groups.
- **Sheltered housing** - Work with registered providers to review the existing sheltered housing stock with an aim of ensuring that in five years' time all sheltered housing is capable of being a home for life in terms of amenities and accessibility.

In summary we will work with the Health and Social Care sector to identify who we think residential care, homecare, extra care and sheltered housing should be for. Walsall Council and Walsall CCG are less preoccupied with choice – more with getting the right short-term interventions.

Sources of information

In addition to the data supplied in this document there are a range of other sources of information:

The Department of Health Provider Quality Profiles aim to allow users to search for local providers within their area and link to CQC reports and information.

<http://www.nhs.uk/carersdirect/guide/practicalsupport/pages/carehomes.aspx>

The regulator of the care sector is the Care Quality Commission. The information they hold is available at <http://www.cqc.org.uk/>

The Elderly Accommodation Council also has supplier information and in particular information about sheltered and extra care housing. <http://www.eac.org.uk/>

The Social Care Institute for Excellence (SCIE) provides information and research abstracts about methods and approaches in social care and well-being. <http://www.scie.org.uk/about/Index.asp>

A number of organisations supply statistical data. For example see:

- The NASCIS data portal, which contains a wide range of information about local authority performance. <https://nascis.ic.nhs.uk/>
- PANSI supplies information about current and future populations of people with Mental Health conditions and projections against a number of key health conditions and indicators. <http://www.pansi.org.uk/>