

# **‘Making Care and Well-being Our Business’**

## **Market Position Statement for the care and well-being of older people 2013/14**

**Draft for consultation**



## A sense of direction

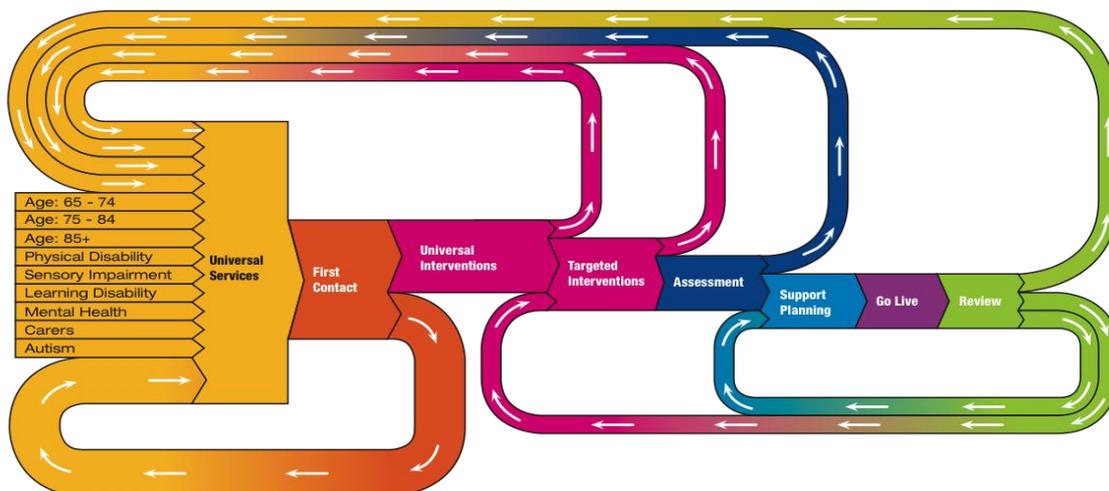
Walsall Council and Walsall Clinical Commissioning Group (CCG) wish to stimulate a diverse market for care and well-being services offering people a real choice of provision. This may come from existing providers, from those who do not currently work in Walsall or from new start-up providers.

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



## 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 with a range of prevention services;
- 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.*

### 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](http://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 older people 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 older people 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 older people

## **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 older people 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 older people 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 with older people in mind - 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.

## Dementia

There are a growing number of older people with dementia (rising from around 3,000 or so people in Walsall in 2010 to nearer 4,000 people by 2020).

Historically, people with dementia have often been cared for in care homes or by care that is delivered in the home by traditional domiciliary care services. Respite care to give carers an opportunity to have a break from their role has also been available. Increasing numbers of people with dementia means that larger numbers of people are aware of the condition and media coverage has sometimes been quite negative, presenting a picture of a very challenging experience for the individual and their family.

Care providers have traditionally supported people at the end of the dementia journey, offering personal care and support as people reach the end of life and have high needs. There is now an opportunity to move further 'upstream' (Blocks 1 to 4 of the Operating Model on page 2), take the expertise that they hold through staff training, existing services and years of caring for dementia and

apply that to help people with the condition to remain at home and integrated within their local communities. We need to support people with dementia and their carers to be more confident about living with the condition as part of everyday life.

We are:

- Creating greater awareness of how people with dementia and their family carers can remain at home;
- Supporting community wide programmes of dementia awareness (e.g. with staff in supermarkets or in public service areas such as libraries) so that people with dementia and their family carers have greater confidence to go out and about;
- Commissioning a range of specific services that support people with dementia and their family carers in their local communities (i.e. dementia cafés and dementia support workers).
- Helping people to use reminiscence techniques and new hand held technology such as I pads which have specific applications to help people with dementia and their carers. For instance we have recently been leaving IPads in some care homes and found that the residents are really interested in using them. Some younger family members have been showing their grandparents how to use them, and this has created an opportunity for the grandparents to tell their grandchildren some stories about their lives.

For further detail on commissioning intentions to support people with dementia and their carers, please see the Walsall Dementia Programme Plan on the Walsall Council or Walsall CCG websites.

## **Support to Carers**

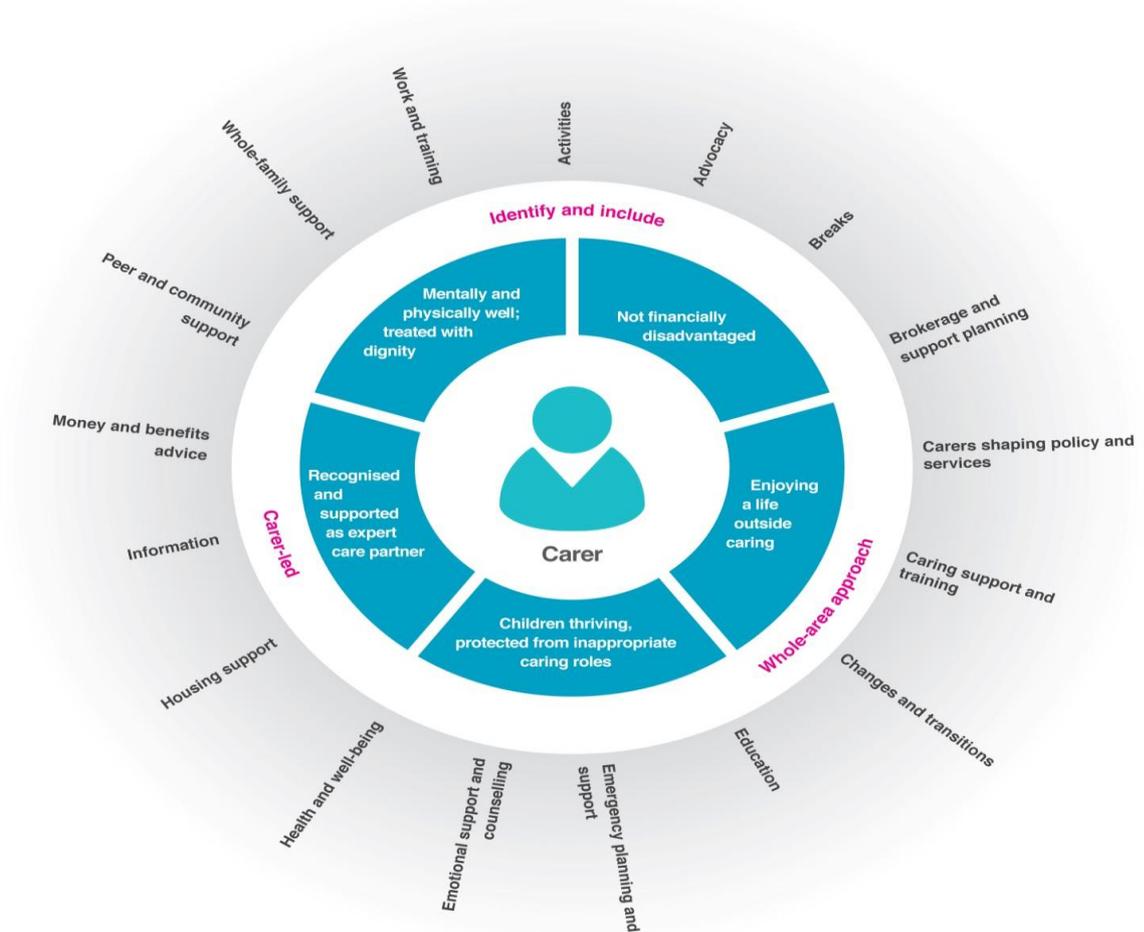
The enormous contribution made by family carers to supporting their loved ones as an alternative to state funded support is well recognised and appreciated. Walsall Council and Walsall CCG set out a joint commissioning strategy for support to carers in 2012 highlighting four priority areas:

- 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 down). We are also utilising the independent sector for this and may continue to do so in the future.

## Key statistics

By 2020 Walsall will have around 15,600 people who are aged 80 and over.

Male life expectancy at birth in Walsall in 2010 was 77 years and female 82 years, compared to 79 years and 83 years nationally. Life expectancy in Darlaston South Ward was below the national rate for men and women, 72 years and 77 years respectively. Men and women in Aldridge Central & South live 8 years and 7 years respectively longer than men and women in Darlaston South.

Walsall's older population is predominantly White British at 95% of the 75 and over population. 3.4% is Asian British.

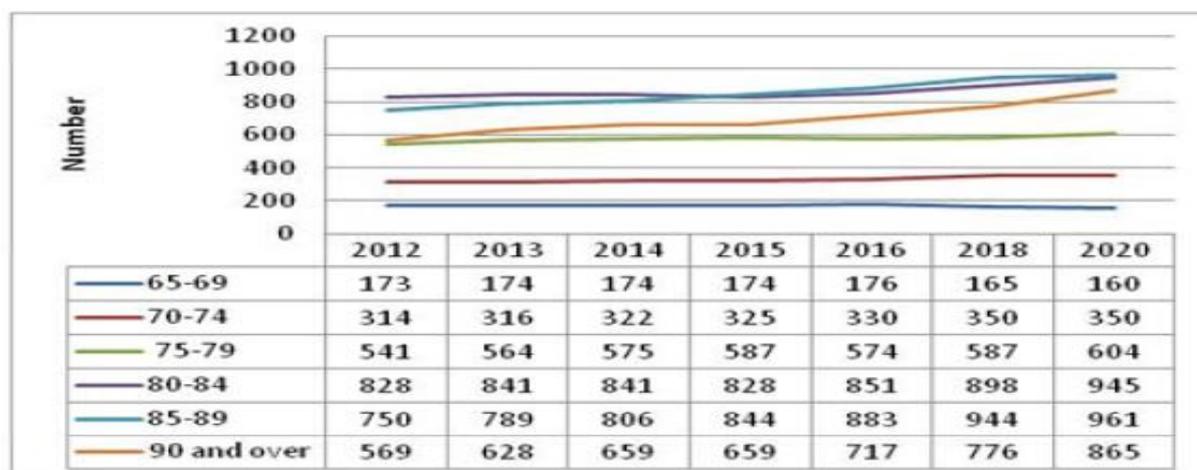
National data available from the Office of National Statistics (ONS) and from POPPI.

## Demographic Changes

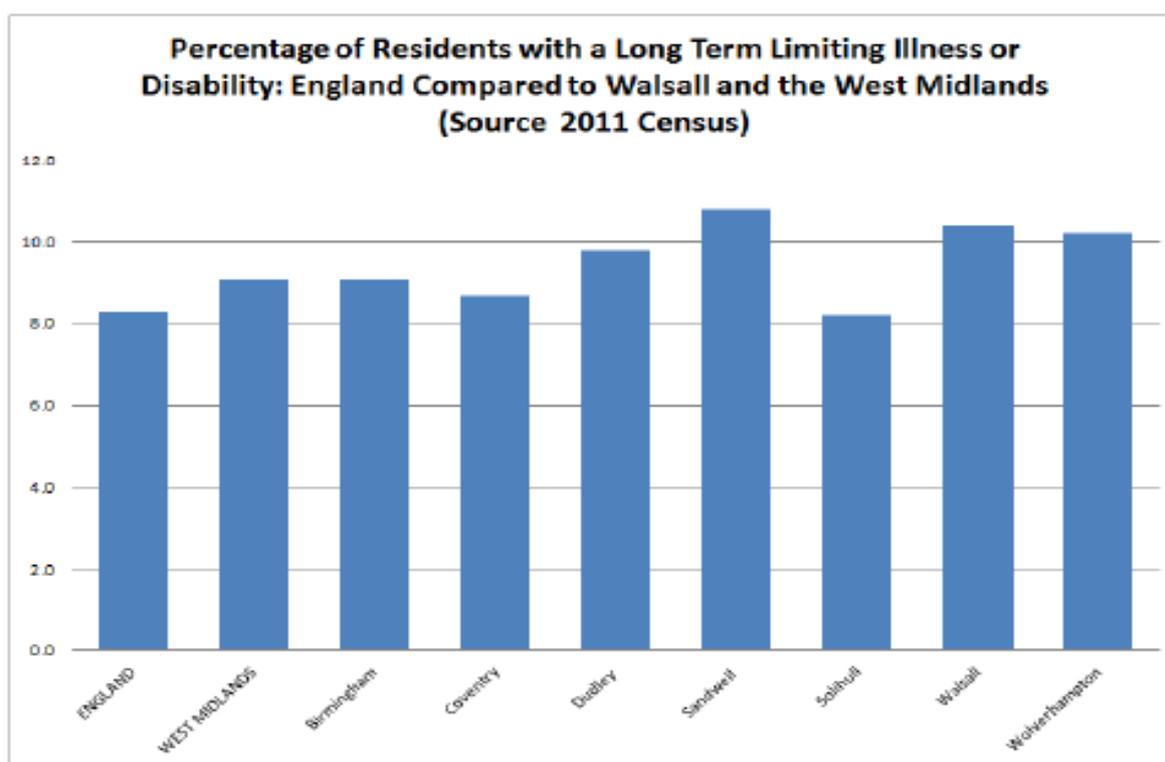
### Walsall Older Peoples Indicators: If Current Trends Continue: 2012 to 2015

Walsall Older Peoples Indicators	2012	2016	% Increase	Extra People / Cases
People aged 65 and over Living Alone	17,271	18,394	7%	1,123
People aged 65 and over living in a care home with or without nursing	1,473	1,656	12%	183
People Aged 65 Years and Over with a limiting long-term illness	25,013	26,411	6%	1,398
People Aged 65 Years and Over predicted to have dementia	3,174	3,531	11%	357
People aged 65 Years and over unable to manage at least one activity on their own	8,475	9,222	9%	747
People Aged 65 Years and Over unable to manage at least one domestic task on their own	18,999	20,489	8%	1,490
People Aged 65 Years and Over unable to manage at least one self-care activity on their own	15,559	16,783	8%	1,224

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



Over 10.4% of Walsall residents have a Long Term Illness or Disability



**11.4% (or 30,632 people) in Walsall provide Unpaid Care to another person. 3.3% (or 8,777 people) in Walsall provide over 50 hours of care**

Area	Provides no unpaid care	Provides unpaid care: Total	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Walsall	88.6%	11.4%	6.3%	1.8%	3.3%
West Midlands	89.0%	11.0%	6.8%	1.5%	2.7%
England	89.0%	11.0%	6.8%	1.5%	2.7%

However, advancing age does not automatically mean incapacity or poverty. There is little evidence to show that increasing numbers of older people will mean greater demand for social care services.

Nationally, it is estimated that half of all housing equity is held by people aged 65 and over. In Walsall fewer people aged 65 and over, own their own property. Again this distribution varies widely from one ward to another as does value. In the more affluent east of the authority the average value of a detached property is much higher than the less affluent west.

In Walsall more of the population claim pension credit than the West Midlands region and a lot more than the UK average, again this shows a different pattern in the western wards, namely Darlaston South and Bentley compared to the eastern wards.

Although the number of people with own assets is increasing, there are fewer self funders in Walsall than the West Midlands region and far fewer than the UK average.

## Walsall’s picture of the current profile of residential and nursing care accommodation.

There are currently 56 registered care homes for older people in Walsall, providing around 1,745 places; one of these homes (Hollybank Intermediate Care Centre) is operated jointly by the Council and Walsall Healthcare Trust, the remainder by the independent sector. The Council’s information systems indicate that Walsall Council (841 Service Users) and Walsall CCG (222 Patients) currently purchase around 60% of all places on behalf of Walsall residents. The remainder can be accounted for by:

- Walsall residents (and others) who buy their services directly (self-funders);
- Vacancies
- Other local authorities around Walsall, just outside of the Borough and further afield by exception

The two tables below show the summary:

**Table 1 – Number of Service User placements in & out of the borough by care type (res/nursing)**

In/Out Borough	Residential or Nursing	Provider Name	Total
Out of Borough	Nursing		154
	Residential		168
<b>Total</b>			<b>322</b>
In Borough	Nursing		173
	Residential		346
<b>Total</b>			<b>519</b>
<b>Grand Total</b>			<b>841</b>

**Table 2 – Number of providers in & out of the borough by care type (res/nursing)**

In/Out Borough	Residential or Nursing	Provider Name	Total
Out of Borough	Nursing		49
	Residential		78
<b>Total</b>			<b>127</b>
In Borough	Nursing		15

<b>Total</b>	<b>56</b>
<b>Grand Total</b>	<b>183</b>

Walsall Council currently has 7 extra care schemes offering 301 housing units. These are all provided by registered providers. Of the 7 schemes, 5 include shared ownership units, but there is little extra care accommodation for sale. Walsall has one of the lowest levels of sheltered housing of anywhere in the country.

There are a number of care homes that are in single ownership and some of these providers have stated in Forums that when the property market improves, they intend to retire and sell their property. Some care homes are finding it difficult to maintain their financial viability. The Care Quality Commission (CQC), Walsall Council and Walsall CCG undertake Quality Audits of all care homes.

### **Predicted Rate of admissions in Walsall over the next 5 years**

The number of Residential Care Home admissions has been reducing and this reduction is expected to continue. The overall number of residential care homes is therefore expected to fall. The number of nursing home admissions has been constant, and this is expected to continue as well. However, the health needs and dependency of older people entering nursing homes is increasing, therefore nursing homes will need to be able to provide care to people who have complex needs

Walsall Council and Walsall CCG commissioning intentions are to support people to remain in their own homes for longer with a variety of preventive services such as telehealth and telecare, or through the development of additional Extra Care and Supported Living accommodation.

Nursing Home Care rates of admission may rise, but there is expected to be more people needing end-of-life care, and/or more people with co-morbidities (more than once medical condition) and very frail care needs. This would mean that lengths of stay may decrease such that nursing homes will experience higher turnover of residents.

### **Walsall's picture of the current state of supply: Community services**

In 2012/13 there were 2,531 Service Users in the community in Walsall. The independent sector delivers approximately 20,000 hours of care at home per week from over 50 different providers. A small number of these are part of larger regional or national companies, but most are small family run businesses.

Since 2009 it has been the policy of the government that all people who need long term support in the community for their care needs should do this through a Personal Budget. Walsall is a strong supporter of this approach and has been offering personal budgets since 2011.

A growth in personal budgets has seen Service Users move away from wanting traditional time and task services so in late 2012 we tendered our Support for Living at Home services (SLHS) as an accreditation outcomes based framework with no guaranteed business.

Personal budgets can be taken by a Service User/Carer in one of two ways;

Direct payment; where the customer is given the money that has been allocated to them as a cash sum and they then take responsibility to arrange for their own care and support services and  
Managed Account; whereby the council completes the assessment with the customer and develops the support plan.

22 % of older people with assessed needs to be met by the Council are receiving Direct Payments. The numbers of older people receiving services in this way has increased by 50% over the last 12 months, and we expect this rate of increase to continue so that higher numbers of older people will have a greater say over the purchasing of their own care services. All older people in community based services (i.e. non-residential) will be offered a Personal Budget during 2013/14.

There are a small number of day centres, and they are all operating on a commercial basis whereby those people attending are paying for their service from their own personal incomes or from their Personal Budgets.

Walsall has a vibrant set of voluntary and community organisations that help to support older people within the community. Walsall Council and Walsall CCG will continue to help commission some of these, but generally we expect voluntary and community organizations to support older people without depending upon state funding. Where these services do continue to be commissioned, there will be a much stronger link between funding and outcomes.

The design of the Support for Living at Home Services (SLHS) specification for the new framework contract is based upon the following principles:

- That the Council will have a direct contractual relationship with SLHS providers and with Direct Payments Support Organisations (DPSO) providers;
- That the Council will continue to choose providers via an internal brokerage function if a managed account is the preferred option;
- That the Council will continue to make payments directly to SLHS providers and DPSO providers;
- That the specification will be divided across a number of zones to be determined and for all Service User groups, but predominantly SLHS for older people.
- That the Council will restrict the number of providers within each zone;
- That the quality assurance mechanism will be based upon both outcomes experienced by Service Users and delivery according to time and task. An electronic monitoring system will be introduced;
- That providers will set standard prices on an annual basis, and that the Council will set ceilings for prices of services varying between zones;
- That the Framework will be adopted by Walsall CCG for commissioning of SLHS for people who are eligible for Continuing Health Care;
- That a review process will be conducted between the contract award and 'go live' of the new framework to support Service Users who wish to retain their service from a provider which is not on the new framework to receive a direct payment, or to support the Service User to choose a provider from the new framework.

## The current and future level of resourcing

### Resources

In 2013/14 Walsall Council and CCG budget a net spend of £33.65 million on services for Older People:

- Older People Extra Care = £9.15m
- Older People Commissioning = £13.5m
- Older People Continuing Healthcare = £11m

In addition to the above expenditure, we estimate that a further £16 million will be spent on care and well-being services in Walsall by older people funding their own care and well-being in 2013/14.

Walsall Council sets its threshold for eligibility for state-funded care at 'substantial'. However, under the proposed new care and support system;

- There is a vision for a modern system that promotes people's well-being by enabling them to prevent and postpone the need for care and support, and puts them in control of their lives so that they can pursue opportunities, including education and employment, to realise their potential. The Care Bill will implement this vision, through the introduction of a new legal framework that will set out the responsibilities of local authorities and individuals' rights and entitlements. Moreover, the Care Bill will also provide for reforms of how care and support is funded, including the cap on care costs.
- Assessment will remain an integral part of the system, as they are now. However, rather than acting primarily as a gateway to the adult either receiving care and support or not, the future system will place more emphasis on the role of the assessment process in supporting people to identify their needs, understand the options available to them, plan for meeting care needs and for caring responsibilities and reduce or delay needs where possible. It will be supported by new duties on the local authority to make information and advice available for all people, and put in place universal services which are aimed at preventing, reducing or delaying care and support needs, and to ensure that services are integrated locally to remove gaps and build services around the needs of people.
- Any adult with any level of need has a right to an assessment, including carers, for whom this is an extension of existing rights. This will see authorities having early contact with people who have low level needs. Our proposals for funding reform should also incentivise more people to engage with their local authority earlier. Assessments will identify what type of proportionate intervention the local authority might make to support the individual, depending on their needs. If the person's needs are not "eligible" at that time, the local authority will nonetheless be under a duty to provide people with advice about how to meet the needs they do have, and the information about what might be available in the community, or from other sources, to support them. This earlier contact by authorities can help to delay needs increasing, or even in some cases may prevent people from needing care and support in the future. Walsall's Operating Model (*see page 2*) reflects this approach.

*Information from "Draft national minimum eligibility threshold for adult care and support"*

During the last three financial years there has been a consistent proportionate decrease in expenditure on residential care for older people. We will be continuing this so that an even greater proportion of the budget is spent supporting people to live at home and a smaller proportion spent on residential care.

*Fee levels residential care*

<b>Per Service User per week</b>	
Residential Care	£362.47
Residential Care with Elderly Mental Infirmary (EMI)	£388.88
Nursing Care /Nursing with EMI	£479.51

We wish to give older people greater control over their services and create a care and well-being economy that is based on cash for outcomes rather than cost and volume contracting. We also recognise the need for greater financial certainty within the market.

**The health of older people in Walsall**

People aged 65 years and over have poorer health functioning than those aged under 65 years. The gap is greatest in physical functioning and experience of pain. Older people in Streetly and Aldridge have significantly better health than in Walsall overall; in Darlaston South Ward, they have significantly worse health. However, levels of mental health problems in both areas are the same as Walsall overall.

*Walsall JSNA 2012*

**Where are we now – a summary of supply and demand?**

**The current perspective:**

- Changes in the way adult social care services operate means that during the last few years the rise in the oldest old population has not led to rising demand for care services.
- Demand for care, well-being and support services will be heavily influenced by the decreasing level of public spending over the next three to four years.
- Life expectancy is increasing and entry into all care services are likely to be later in life from people with more complex support needs.
- Older people’s housing is a key part of their well-being, yet in Walsall specialist social housing is of variable quality and there is little in the way of supported living accommodation such as sheltered housing or extra care
- There is growth in the number of older people with dementia. It is anticipated that there will be around 4,000 people with dementia in Walsall by 2017. Only one third of these currently receive a diagnosis. We will need to continue our efforts to promote greater awareness of how people with dementia can be supported to remain at home and have confidence in getting out and about.

- Further work is underway to develop the stroke care pathway and the falls care pathway to become more effective at supporting people to avoid hospital admissions.
- We expect the population in residential care to decline, become frailer and be in care for a shorter period of time.
- The end of life care pathway needs to more effectively support people to die with dignity in the place of their choice.
- We will continue to support family carers to support their loved ones and to have life of their own through commissioning specific services such as respite care and the Carers Centre.
- The information, advice and guidance provided by Walsall Council and Walsall CCG on health and social care services will be improved to support people to make informed choices about the care and support they may need.

### **Our commissioning intentions...**

- Walsall Council and Walsall CCG will continue to develop a positive working relationship with providers so that together we support older people in the Borough. We will ensure that there is a level playing field across all providers, whether private or voluntary, large or small, state run or in the independent sector, and develop a diverse market that has real choice for service consumers at its heart.
- Walsall Council will be funding fewer services. The Council working with the CCG will continue to use state funding to stimulate new forms of care, well-being and support activity rather than wholly fund service provision.
- We will commission more extra care and support for living at home services that give people more confidence to remain at home longer, particularly for 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 and introduce payment by results mechanisms
- We will look to commission more care and well-being jointly with Walsall CCG so that joined up health and care and well-being services can be more widely available.
- There will be more people who pay for their services directly, either through Personal Budgets or through being self-funders. We will ensure there is better information about local care, well-being and support services. We will also improve our signposting of people to local and national sources of information on services and 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.

## Care and well-being for the future

Over the next two years we will:

- Increase choice for older people in terms of the services available to them, particularly at home, regardless of how those services are funded. This is not 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. We recognise that at times of financial restriction, services purchased using public funds need to increase the degree of independence and thus drive down demand, 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 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.
- Improve our provision of 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 older people's needs, expectations and outcomes and not configured around how the Council and CCG deliver services. We will work with Age UK and other local bodies to ensure this is true of all our information material. We also need to ensure that those who advise older people about their care and well-being are also well informed about the choices that are available.
- Encourage 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 older people 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 responsibility for ensuring public money is well spent.
- Increase Charges We have already engaged in a consultation exercise with those whose care and well-being is funded by Walsall Council and will consider increasing charges 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.

- We will continue to 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.
- Support People with 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.
- Recommission Home care/SLHS. We will 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.
- Expand 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. We will seek to accommodate older people with challenging needs e.g. Korsakoff's syndrome; 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.**

## **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
- 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.

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](mailto:www.JCU@walsall.gov.uk)

## 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/>
- POPPI supplies information about current and future populations of older people and projections against a number of key health conditions and indicators.  
<http://www.poppi.org.uk/>